Southwest Michigan
BEHAVIORAL HEALTH

2018 Quality Assurance Performance Improvement and Utilization Management Program Evaluation

Reporting Period for Medicaid Programs and Services:
October 1, 2017 through September 30, 2018
Evaluation Period for MI Health Link Programs and Services:
January 1, 2018 through December 31, 2018

Board Meeting: April 12, 2019

Introduction

The Michigan Department of Health and Human Services (MDHHS) requires that each Prepaid Inpatient Health Plan (PIHP) has a documented Quality Assessment and Performance Improvement Program (QAPIP) and Utilization Management Plan; that meets required federal regulations: the specified Balanced Budget Act of 1997 (BBA) as amended standards, 42 CFR § 438, requirements set forth in the PIHP contract(s), specifically Attachment P.6.7.1.1.

The Purpose of the QAPI/UM Evaluation

The Quality Management and Utilization Management Plans are approved annually by the SWMBH Board. The authority of the QAPI department, the UM department, the Quality Management Committee (QMC) and Regional Management Committee (RUM) is granted by SWMBH's Executive Officer (EO) and Board.

SWMBH's Board retains the ultimate responsibility for the quality of the business lines and services assigned to the regional entity. The SWMBH Board annually reviews and approves the Quality and Utilization Management Effectiveness Review/Evaluation.

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2018 Quality Performance Activities and Results Overview

Key Performance Indicator	Results
Michigan Mission Based Performance Indicators (MMBPIS)	The Region met 66/68 indicators at the State indicated benchmark of 95% or better. This is a ***97% compliance rate***, which is the best result SWMBH has achieved in it's 5 years of existence thus far.
(Medicaid) Consumer Satisfaction Survey	Overall improvement on 2018 Customer Satisfaction Survey Scores: MHSIP (adult survey) = **+ 4.43%** improvement YSS (youth survey) = **+ 2.38%** A total of 1,598 surveys were completed, which is 531 more than the previous year.
Recovery Self - Assessment (RSA-r)	Scores by Year: 2017= 4.13 2018 = 4.22 **(+ 0.9 improvement)**
Critical Incidents – Event Reporting	Total Ave. Incidents by Year: 2014 = 25.33 2015 = 22.25 2016= 19.83 2017=25.3 2018=26.0
Jail Diversion Data	Total Diversions: 2017 =330 2018 = 301 **(decrease of 30 diversions)**
MI Health Link Reporting	• **Achieved 95%** of possible Quality Withhold Bonus Metrics. • **Met 100%** of Level II Assessment and Call Center Metric Goals.
External Reviews and Audits	• **Achieved (Full) NCQA – MBHO Medicare Accreditation.** • HSAG – PMV Audit: 100% of Standards reviewed achieved full compliance. • HSAG – EQR Audit: 90% of Standards reviewed achieved full compliance. • Aetna UM and Customer Service Audit: 100% of Standards reviewed. achieved full compliance. • Meridian Delegated Credentialing Audit: 100% of elements reviewed achieved full compliance. • **Achieved 100% of possible bonus award on Performance Bonus Incentive Metrics Report.**
(MI Health Link) Consumer Satisfaction Survey	2017 Ave Score: 82.43% 2018 Ave. Score: 88.14% **(+ 5.71% improvement)**

Utilization Management Performance Activities and Results

Key Performance Indicator	Results
Fair Hearings	**11/11 or 100%** of Administrative Medicaid Fair Hearings were decided in SWMBH's favor during the measurement period.
Access Timeliness of Authorizations Analysis	Urgent Request (24 hours) • 4/4 = **100%** Concurrent Request (72 hours) • 870/875 = **99.40%** Routine Nonurgent Request (14 days) • 1553/1553 = **100%** Retrospective Post service (30 days) • 189/189 = **100%**
Adequate Timely Access to Services Call Center (MHL Business Line)	All required call performance metrics stayed within acceptable ranges during 2018. Please find the current breakdown of call metric averages for 2018: • Call Abandonment Rate: 2017 = 2.55% **2018 = 1.98%** • Call Answer Time: 2017 = 12.9 seconds 2018 = 18.01seconds • Average Incoming Calls per Month: 2017 = 790 calls 2018 = 610 calls • Average Outgoing Calls per Month: 1,311 calls (all lines)
Access and Authorizations for Services Level II Assessments	During 2018 Level II Assessments Timeliness Standard of follow-up within (15 days) **2018 = 99.81%** 2017 = 99.77% 2016 = 99.16% 2015 = 98.53%
Grievance and Appeals	Total # of Medicaid Grievance, Appeals and 2nd Opinions: 2018 = 396 2017 = 397 Total # of MI Health Link Grievance, Appeals and 2nd Opinions: 2018 = 26 2017 = 19 Total # of Medicaid Consumer Complaints: 2018 = 15 2017 = 21 Total # of MI Health Link Consumer Complaints: 2018 = 11 2017 = 14

2018 Quality Management Committee (QMC) Goal Status

✓ **Completed**

Implementation and oversight of a Regional Report Users and Analysis Group (By: 12/30/2018)

i. Determine who the members of the report users and analysis group will be.
ii. Send out calendar invites to selected report user group members.
iii. Formulate a charter, which defines the purpose and roles of the report users and analysis group.
iv. Determine schedule reports will be build and reviewed on, based on Regional priorities and needs.
v. Users Group to perform analysis, identify trends, improve function of reports.
vi. Users Group to present reports to relevant Regional Committees for feedback and use.

✓ **Completed**

Formulate a series of instructional videos/tutorials, which live on the SWMBH SharePoint Portal for SWMBH and CMHSP access (By: 12/30/2018)

i. Perform a gap analysis to identify Regional Education needs, based on current contractual/oversight obligations.
ii. Identify Training resources and software/tools we will use to create educational resources.
iii. Identify the list of Regional Trainings to be developed and prioritize them for development.
iv. Form sub-groups within QMC to put together materials/trainings and present trainings.
v. Test Access to the trainings/tutorials and ensure all CMHSP/SWMBH users have access to them.
vi. Present trainings to relevant Regional Committees or Internal SWMBH/CMHSP departments.
vii. Review Priority-Training Development List and make adjustment for ongoing development as necessary.
viii. Review Process and formulate ongoing report improvement and access strategies

1. **2019-2020 Target Goals will Include:**
   i. Review of Regional Critical Incident Reporting Procedures and Requirements.
   ii. Review of Risk Event tracking, analysis and monitoring for consistency across all CMHSPs.
   iii. Review of Regional Jail Diversion processes, training and State reporting measures.
   iv. Review of Regional Grievance and Appeals tracking, notices, letters against HSAG and Managed Care guidelines.

Additional Successes and Accomplishments Quality Assurance and Performance Improvement

- ✓ Development of (180) new reports/dashboard in our Tableau Visual Analytics software, which provides access to real time data/reports for internal and external stakeholders and partners.
- ✓ Implementation of a Regional Report Users Workgroup to help SWMBH and CMHSP team members learn how to access and use available reports.
- ✓ Development of (4) New Educational Trainings for providers, internal and external staff available for access via the SWMBH portal on:
  - Critical Incident Reporting
  - Performance Indicator Reporting
  - Jail Diversion Reporting
  - SWMBH SharePoint and Tableau Navigation
- ✓ SWMBH's MMBPIS Indicators (66/68) have met or exceeded the MDHHS established benchmark, resulting in: 97% compliance for the 4 quarterly reporting period in 2018.
- ✓ SWMBH received notice of Full (3 year) Managed Behavioral Health Organization (MBHO) – Medicare Accreditation status on March 2, 2018.
- ✓ Achieved 95% of possible (Demonstration Year 1 and 2) Aetna Performance Measure Quality Withhold measures to capture additional bonus payments.
- ✓ Met 100% of MI Health Link contractual obligations and access/call measures.
- ✓ Improved MI Health Link Level II Assessment follow-up rates: (follow-up 15 days or less)
  - Year 2016 – 98.83% Year 2017 – 99.73% Year 2018 – 99.75%
- ✓ Overall improvement on 2018 Customer Satisfaction Survey Scores:
  - MHSIP (adult survey) = +4.43% improvement YSS (youth survey) = +2.38% improvement
- ✓ Overall improvement in 2018 Self Recovery (SUD) Survey Scores:
  - Year (s) 2017 – 4.12 Year (s) 2018 – 4.22 *(+ 0.9 improvement over 2017 scores)*
- ✓ Improvement in MI Health Link Member Satisfaction Scores:
  - Year(s) 2017 – 82.43% Year(s) 2018 – 88.14% *(+5.71% improvement over 2017 scores)*

2018 Utilization Management Committee (RUM) Goals Status

- ✓ Provided Recovery Coaches in Emergency Rooms and Track Utilization and Outcomes.
- ✓ Developed and Implemented a Regional Outlier Management Process.
- ✓ Begin process to ensure consistent use and application of medical necessity criteria and Level of Care guidelines are implemented.
- ✓ Implemented the Managed Care Functional Review workgroup to select and implement nationally recognized medical necessity criteria for SMI, SED, I/DD and SUD across the Region.
- ✓ Work to achieve collaborative performance metrics with Integrated Care Teams launched with all 7 Medicaid Health Plans.
- ✓ Work to positively impact Population Health through coordination of care.
- ✓ **All established goals have been successfully completed!**

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Additional Successes and Accomplishments Utilization Management

- ✓ Completed 946 MI Health Link Level of Care Utilization System (LOCUS) Assessments.
- ✓ Completed 1743 MI Health Link Care Coordination Plans.
- ✓ Completed 33,301 total authorizations for service.
- ✓ Completed 13,637 Prospective Review SUD events (ASAMs are in a portion of these).
- ✓ Handled 14,360 incoming SUD calls.
- ✓ Handled 7235 incoming MHL calls.
- ✓ Completed approximately 3,266 American Society of Addiction Medicine (ASAM) assessments for clients diagnosed with a Substance Use Disorder (SUD).
- ✓ Completed 11 Lunch and Learn programs for internal and external stakeholders.
- ✓ 95.27% of qualifying consumers received a timely (SIS) assessment.
- ✓ 93.30% of qualifying consumers received a timely (LOCUS) assessment.
- ✓ 89.77% of qualifying consumers received a timely (ASAM) assessment.
- ✓ Established regional review of Utilization Management function including consistent Screening and Access protocols and a sub-workgroup that is establishing Level of Care guidelines to assure continuity of care across the region.
- ✓ All clinics passed inter-rater reliability testing.

Quality Assurance Improvement Program Evaluation

Southwest Michigan Behavioral Health
2018 Customer Satisfaction Survey Analysis

Results and Analysis of Each Survey Identified are Presented in this Report

1. Mental Health Statistics Improvement Program (MSHIP)
2. Youth Services Survey (YSS)
3. MI Health Link Member Satisfaction Survey (MHL)
4. Recovery Self Assessment in Recovery Survey (RSA-r)

To access the survey results listed above on the SWMBH Portal go to:
SWMBH→QAPI→2018 Consumer Satisfaction Survey Results and Analysis (MHSIP,YSS, & RSA-r)
Or
Click Here.

Survey Process and Preparation

SWMBH begins preparing for the annual consumer satisfaction survey process in September, with the goal of completing 2,000 surveys by the end of the year. To ensure the survey process is valid, SWMBH selects a vender to administer the surveys and collect feedback from consumers who have received 3 or more services within the measurement period (April – August 2018). Barnes Research was selected as the vender for the 2018 consumer satisfaction survey project. Barnes Research brings over 25 years of experience to the table, working with a variety of healthcare organizations to gain feedback from consumers using a variety of methods including: surveys, focus groups, mystery shopping and other types of consumer engagement techniques.

The 2018 consumer satisfaction surveys were completed using a telephonic process. The survey tools that were used include the Mental Health Statistics Improvement Program (MHSIP) survey for consumers 18 years of age and older and the Youth Services Survey (YSS) for consumers under the age of 18 years old. SWMBH is contractually obligated to utilize the MHSIP and the YSS survey tools, as they are required for use by the Michigan Department of Health and Human Services (MDHHS). The MHSIP and YSS survey tools offer a wide range of flexibility in capturing feedback from members with a variety of Mental Health disorders. The MSHIP and the YSS survey tools also offer comparisons against other State and National results. Currently the MHSIP and YSS surveys are being implemented in 55 States/Territories, so comparison data is easily obtainable. You will notice throughout the presentation, SWMBH provides comparisons against State and National results and has out preformed both State and National results in every category of its 2018 survey results.

The primary goal in completing the annual consumer satisfaction surveys is to gain valuable feedback from consumers on the services they have received. After the analysis of the survey scores and consumer feedback is completed, the SWMBH Quality Team presents the data to the primary Regional Committees including the: Regional Consumer Advisory Committee, Regional Utilization Management Committee, Regional Operations Committee, Regional Compliance Committee and the Regional Quality Management Committee, for review and feedback. SWMBH takes the consumer feedback they receive very seriously and works directly with providers and Community Mental Health Service Providers (CMHSP) to help improve Mental Health and Substance Abuse services and programs throughout the 8-county service region. SWMBH's survey preparation and processes have improved tremendously over the past 5 years and that can be directly attributed to the feedback received from the Regional Committees and Consumers we serve.
If you would like further information on the annual consumer satisfaction survey projects, please don't hesitate to contact the SWMBH Quality Assurance Department at: 269-488-8922 or via email at: jonathan.gardner@swmbh.org

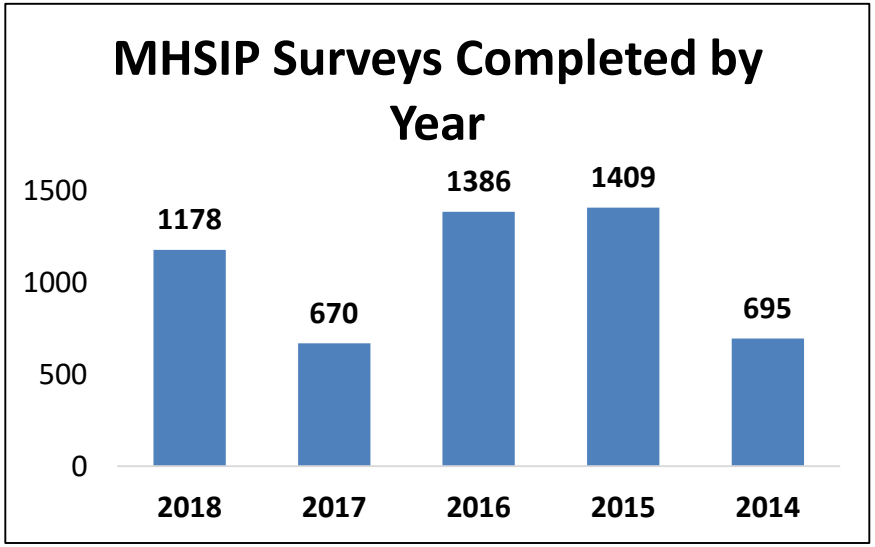
MHSIP Survey Information

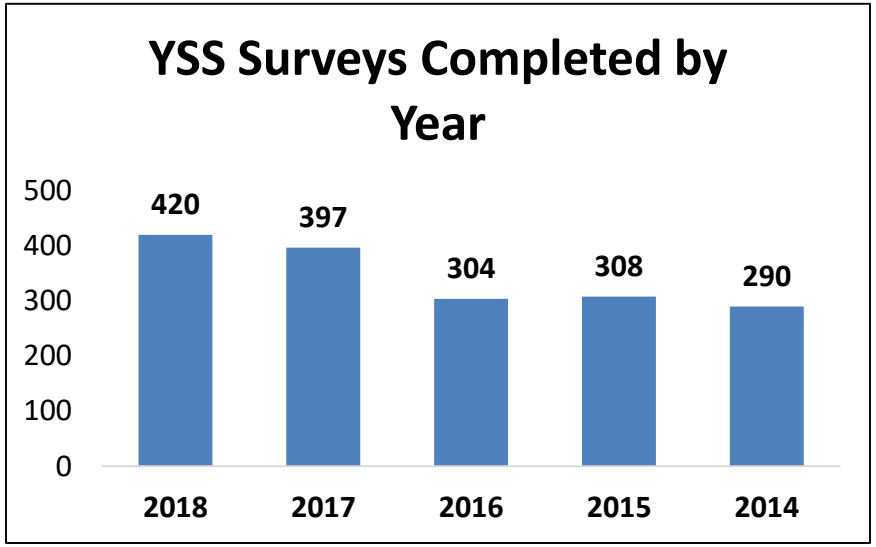
- The Mental Health Statistics Improvement Program (MHSIP) Consumer Surveys measure concerns that are important to consumers of publicly funded mental health services in (7) different areas including:
  1. Access
  2. Quality/Appropriateness
  3. Outcomes
  4. General Satisfaction
  5. Social Connectedness
  6. Participation in Treatment Planning
  7. Functioning
- The MHSIP consists of 44 questions.
- Use of the MHSIP survey tool is a contractual requirement by MDHHS (42 CFR 438.230).

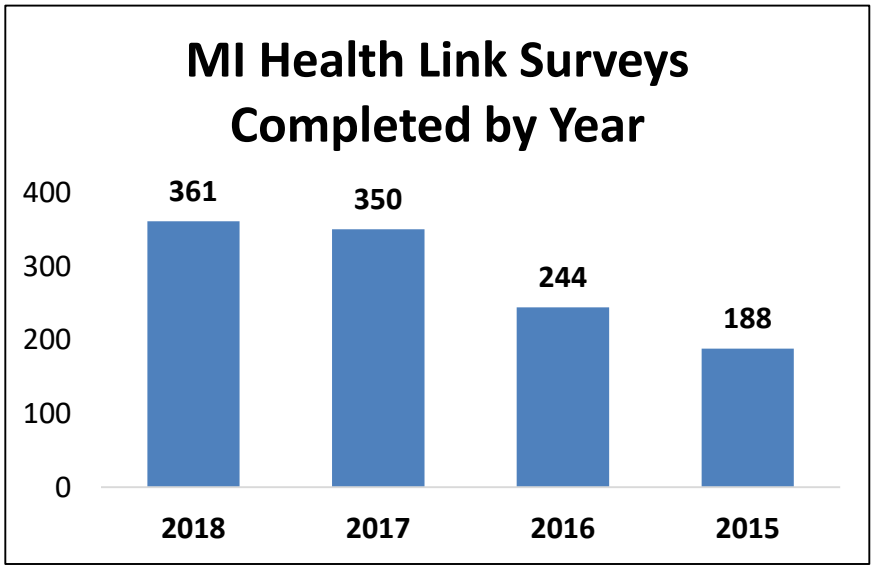
YSS-F Survey Information

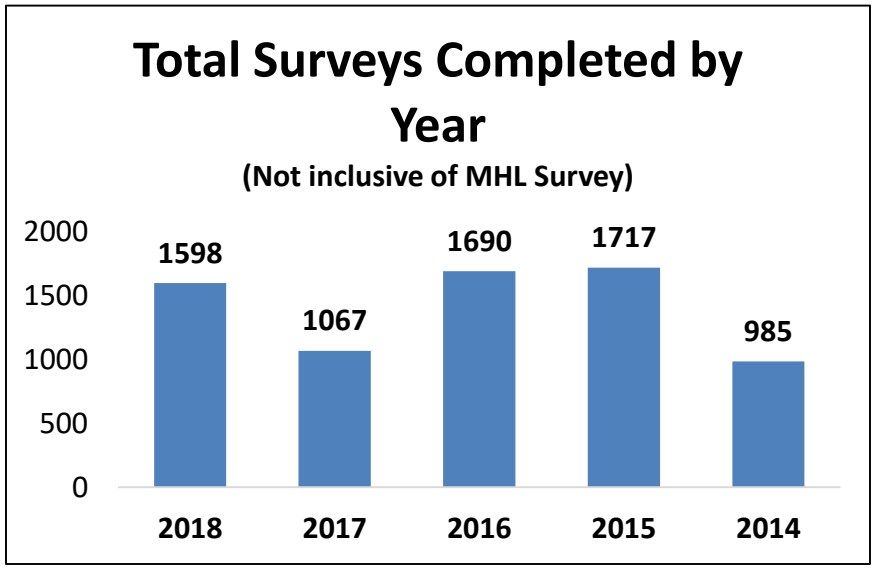
- A modification of the MHSIP survey for adults, the Youth Services Survey for Family (YSS-F) assesses caregivers' perceptions of behavioral health services for their children aged 17 and under.
- The YSS creates (6) domains that are used to measure different aspects of customer satisfaction with public behavioral health services including:
  1. Access
  2. Appropriateness
  3. Outcomes
  4. Social Connectedness
  5. Cultural Sensitivity
  6. Participation in Treatment
- The YSS-F consists of 46 questions.

How Many Surveys Were Completed

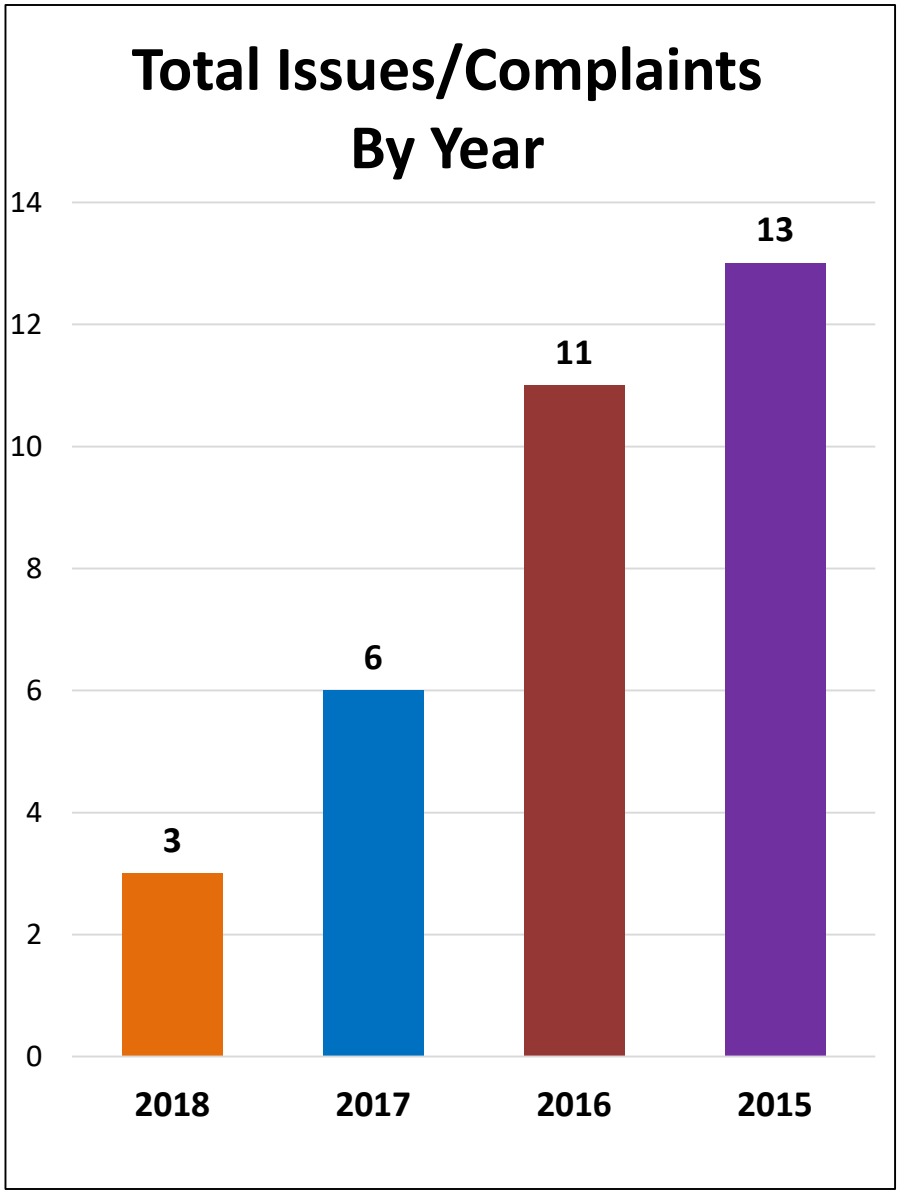


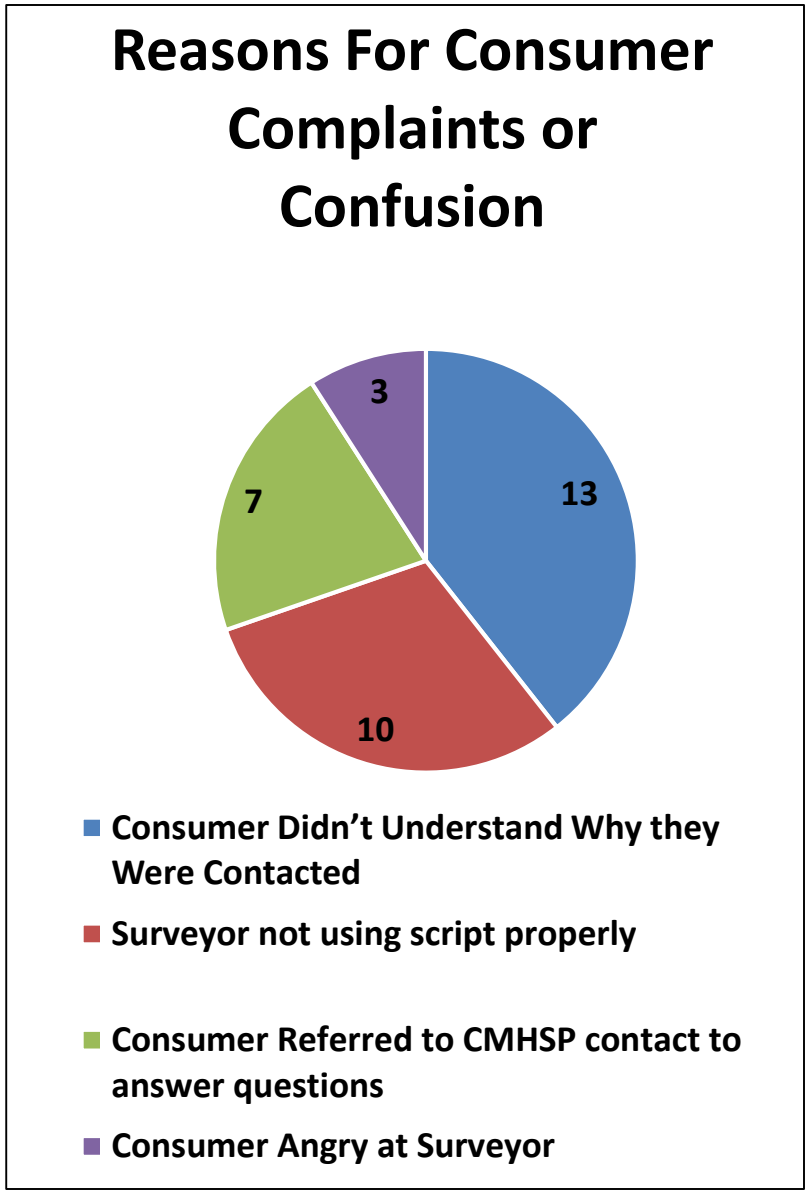






Consumer Issues and Complaints





33 Total Across All Year's

Questions asked on the MHSIP Survey (44 Questions Total)

For each item, circle the answer that matches your view.		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1.	I like the services that I received.	SA	A	N	D	SD	NA
2.	If I had other choices, I would still choose to get services from this mental healthcare provider.	SA	A	N	D	SD	NA
3.	I would recommend this agency to a friend or family member.	SA	A	N	D	SD	NA
4.	The location of services was convenient.	SA	A	N	D	SD	NA
5.	Staff were willing to see me as often as I felt it was necessary.	SA	A	N	D	SD	NA
6.	Staff returned my calls within 24 hours.	SA	A	N	D	SD	NA
7.	Services were available at times that were good for me.	SA	A	N	D	SD	NA
8.	I was able to get all the services I thought I needed.	SA	A	N	D	SD	NA
9.	I was able to see a psychiatrist when I wanted to.	SA	A	N	D	SD	NA
10.	Staff believed that I could grow, change and recover.	SA	A	N	D	SD	NA
11.	I felt free to complain.	SA	A	N	D	SD	NA
12.	I was given information about my rights.	SA	A	N	D	SD	NA
13	Staff encouraged me to take responsibility for how I live my life.	SA	A	N	D	SD	NA
14.	Staff told me what side effects to watch for.	SA	A	N	D	SD	NA
15.	Staff respected my wishes about who is and who is not to be given information about my treatment services.	SA	A	N	D	SD	NA
16.	Staff were sensitive to my cultural/ ethnic background (e.g., race, religion, language, etc.).	SA	A	N	D	SD	NA
17.	Staff helped me obtain the information I needed so that I could take charge of managing my illness or disability.	SA	A	N	D	SD	NA
18.	I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.)	SA	A	N	D	SD	NA
19.	I felt comfortable asking questions about my treatment, services, and medication.	SA	A	N	D	SD	NA
20.	I, not staff, decided my treatment goals.	SA	A	N	D	SD	NA

Questions asked on the YSS-F Survey (46 Questions Total)

YOUTH SERVICES SURVEY FOR FAMILIES (YSS-F)
DRAFT URS/DIG Revised Version: February 17, 2006

Please help our agency make services better by answering some questions about the services your child received **OVER THE LAST 6 MONTHS.** Your answers are confidential and will not influence the services you or your child receive. Please indicate if you **Strongly Disagree, Disagree, Are Undecided, Agree, or Strongly Agree** with each of the statements below. Put a cross **(X)** in the box that best describes your answer. Thank you!!!

	Strongly Disagree (1)	Disagree (2)	Undecided (3)	Agree (4)	Strongly Agree (5)
1. Overall, I am satisfied with the services my child received					
2. I helped to choose my child s services					
3. I helped to choose my child s treatment goals					
4. The people helping my child stuck with us no matter what					
5. .I felt my child had someone to talk to when he/she was troubled					
6. I participated in my child s treatment					
7. The services my child and/or family received were right for us					
8. The location of services was convenient for us					
9. Services were available at times that were convenient for us					
10. My family got the help we wanted for my child					
11. My family got as much help as we needed for my child					
12. Staff treated me with respect					
13. Staff respected my family s religious/spiritual beliefs					
14. Staff spoke with me in a way that I understood					
15. Staff were sensitive to my cultural/ethnic background					
As a result of the services my child and/or family received:					
16. My child is better at handling daily life					
17. My child gets along better with family members					
18. My child gets along better with friends and other people					
19. My child is doing better in school and/or work					
20. My child is better able to cope when things go wrong					
21. I am satisfied with our family life right now					
22. My child is better able to do things he or she wants to do					
As a result of the services my child and/or family received: please answer for relationships with persons other than your mental health provider(s)					
23. I know people who will listen and understand me when I need to talk					
24. I have people that I am comfortable talking with about my child's problems.					
25. In a crisis, I would have the support I need from family or friends.					
26. I have people with whom I can do enjoyable things					

27. What has been the most helpful thing about the services you and your child received over the **last 6 months**?

_____

_____

28. What would improve the services here? _____

_____

Answer the following questions to let us know how your child is doing.

29. Is your child currently living with you? ☐ Yes ☐ No

30. Has your child lived in any of the following places in the **last 6 months**? (CHECK ALL THAT APPLY)

- ☐ a. With one or both parents
- ☐ b. With another family member
- ☐ c. Foster home
- ☐ d. Therapeutic foster home
- ☐ e. Crisis Shelter
- ☐ f. Homeless shelter
- ☐ g. Group home
- ☐ h. Residential treatment center
- ☐ i. Hospital
- ☐ j. Local jail or detention facility
- ☐ k. State correctional facility
- ☐ l. Runaway/homeless/on the streets
- ☐ m. Other (describe): _____

31. In the last year, did your child see a medical doctor (or nurse) for a health check up or because he/she was sick? (Check one)

☐ Yes, in a clinic or office ☐ Yes, but only in a hospital emergency room ☐ No ☐ Do not remember

32. Is your child on medication for emotional/behavioral problems? ☐ Yes ☐ No
32a. If yes, did the doctor or nurse tell you and/or your child what side effects to watch for? ☐ Yes ☐ No

33. Is your child still getting services from this Center? ☐ Yes ☐ No

34. How long did your child receive services from this Center?

- ☐ a. Less than 1 month
- ☐ b. 1 -5 months
- ☐ c. 6 months to 1 year
- ☐ d. More than 1 year (skip to questions 41)

Please answer the following questions to let us know a little about your child.

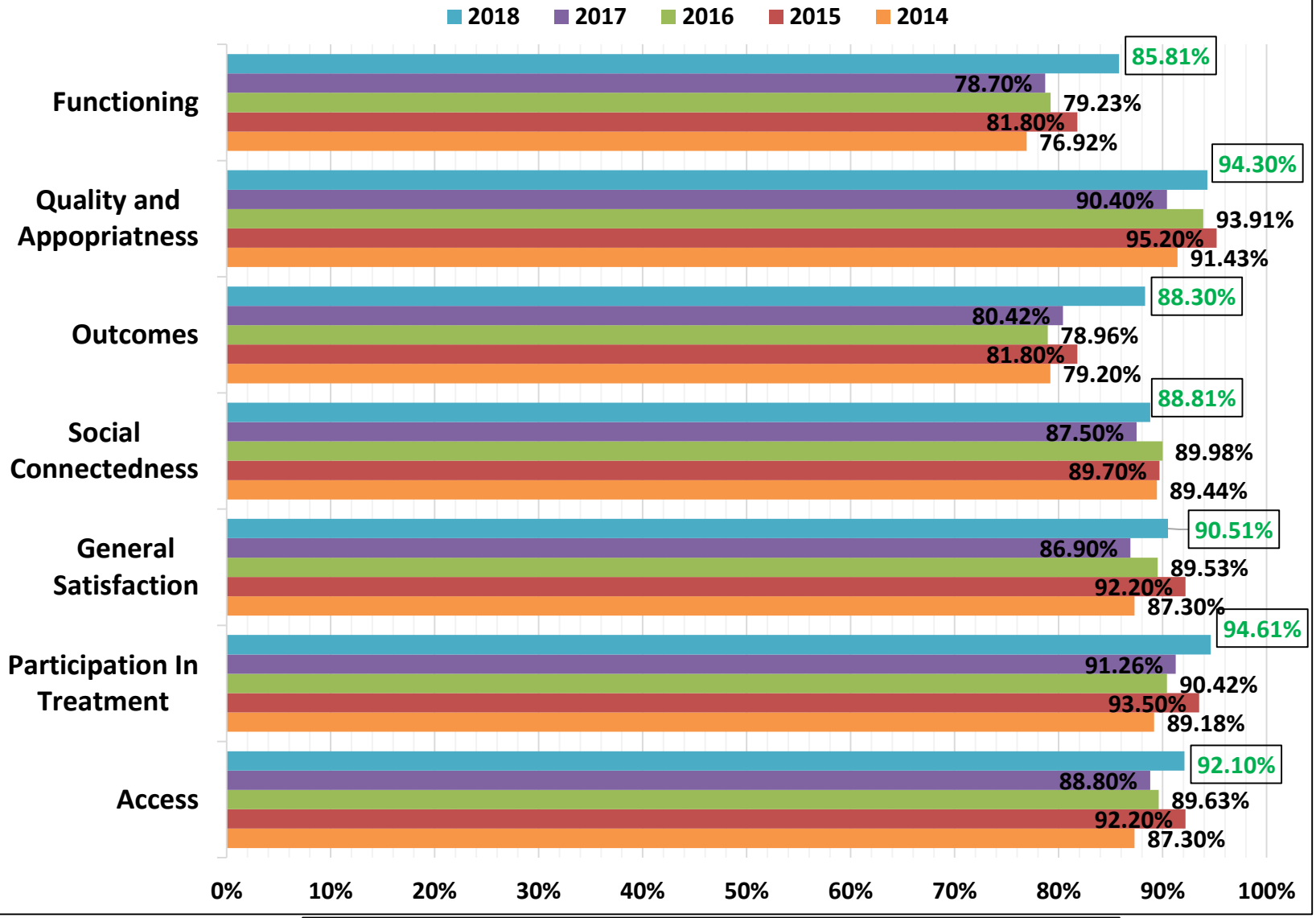
41. Was your child arrested during the last 12 months? ☐ Yes ☐ No
42. Was your child arrested during the 12 months prior to that? ☐ Yes ☐ No
43. Over the last year, have your child's encounters with the police…
    - ☐ a. been reduced (for example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program)
    - ☐ b. stayed the same
    - ☐ c. increased
    - ☐ d. not applicable (They had no police encounters this year or last year
44. Was your child expelled or suspended during the last 12 months? ☐ Yes ☐ No
45. Was your child expelled or suspended during the 12 months prior to that? ☐ Yes ☐ No
46. Over the last year, the number of days my child was in school is
    - a. ☐ Greater
    - b. ☐ About the same
    - c. ☐ Less
    - d. ☐ Does not apply (please select why this does not apply)
      - i.☐ child did not have a problem with attendance before starting services
      - ii.☐ child is too young to be in school
      - iii.☐ child was expelled from school
      - iv.☐ child is home schooled
      - v.☐ Child dropped out of school
      - vi.☐ Other: _____

35. Was your child arrested since beginning to receive mental health services? ☐ Yes ☐ No
36. Was your child arrested during the 12 months prior to that? ☐ Yes ☐ No
37. Since your child began to receive mental health services, have their encounters with the police…
    - ☐ a. been reduced (for example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program)
    - ☐ b. stayed the same
    - ☐ c. increased
    - ☐ d. not applicable (They had no police encounters this year or last year
38. Was your child expelled or suspended during since beginning services? ☐ Yes ☐ No
39. Was your child expelled or suspended during the 12 months prior to that? ☐ Yes ☐ No
40. Since starting to receive services, the number of days my child was in school is
    - a. ☐ Greater
    - b. ☐ About the same
    - c. ☐ Less
    - d. ☐ Does not apply (please select why this does not apply)
      - i.☐ child did not have a problem with attendance before starting services
      - ii.☐ child is too young to be in school
      - iii.☐ child was expelled from school
      - iv.☐ child is home schooled
      - v.☐ Child dropped out of school
      - vi.☐ Other: _____

A. **Are either of the child's parents of Spanish/Hispanic/Latino?**

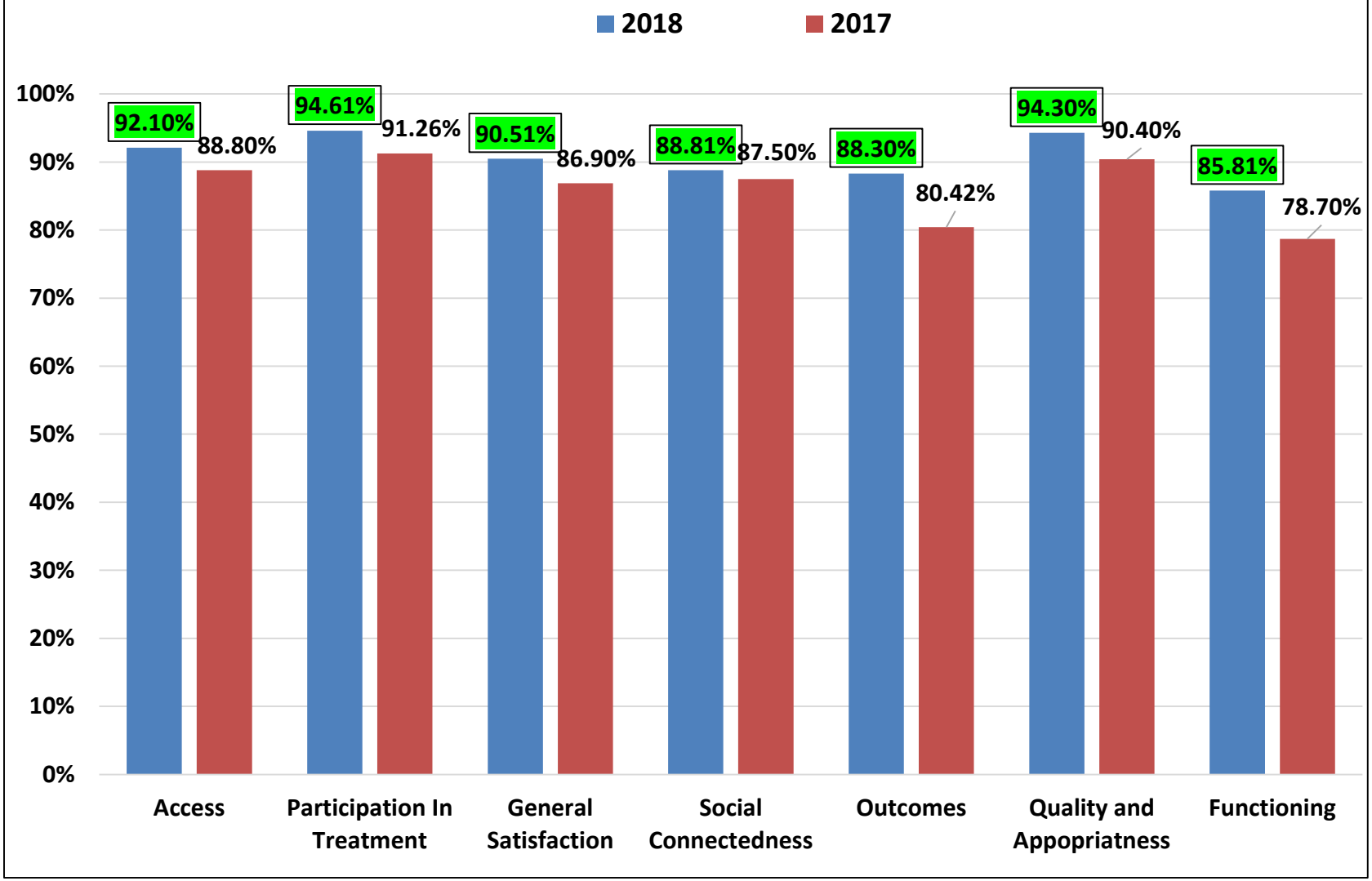
☐ Hispanic or Latino Origin ☐ Not of Hispanic or Latino Origin

MHSIP Score Comparison By Year Analysis



Green = Improvement in score compared to previous years results

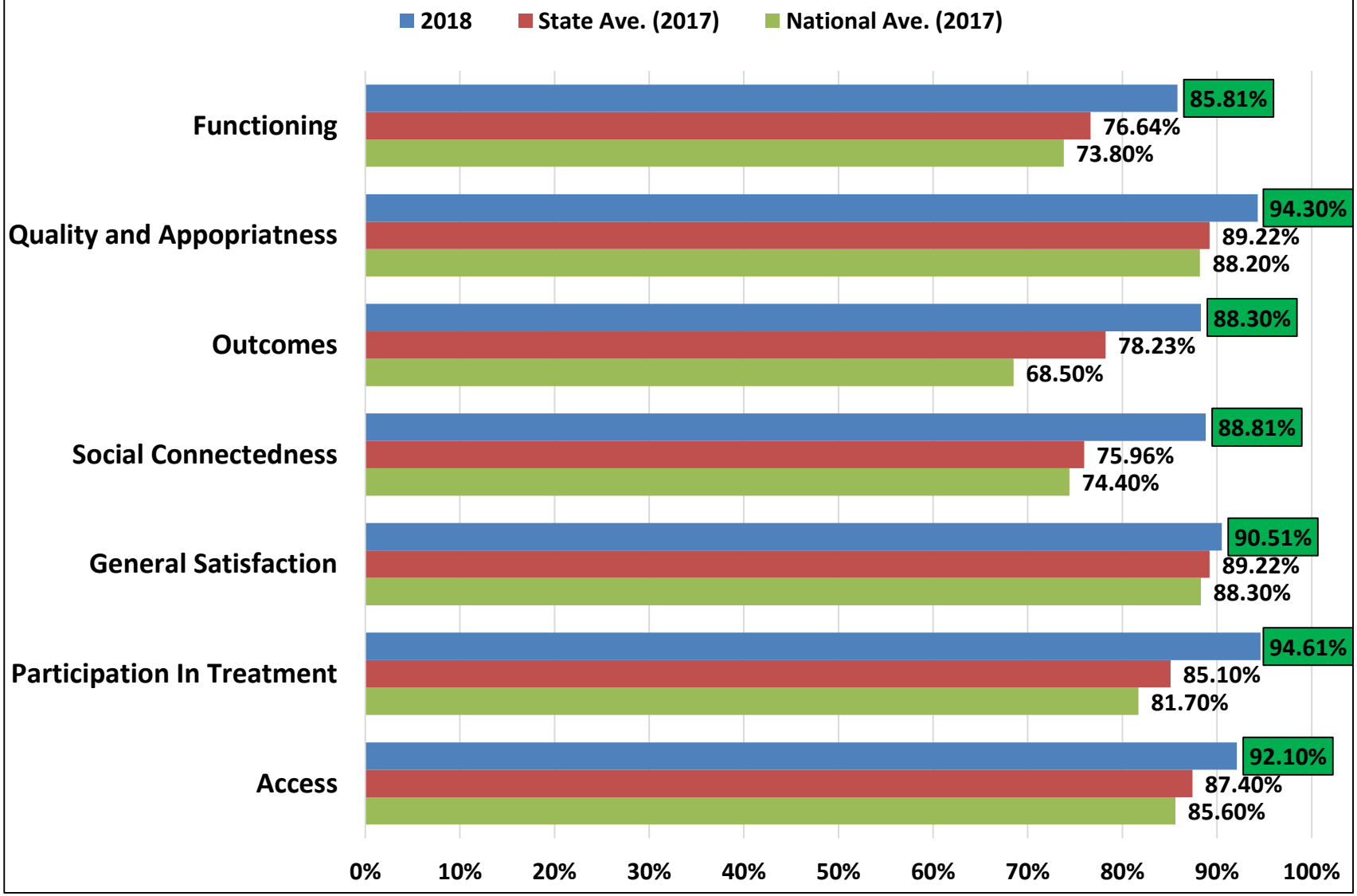
MHSIP Score Comparison 2018 vs. 2017



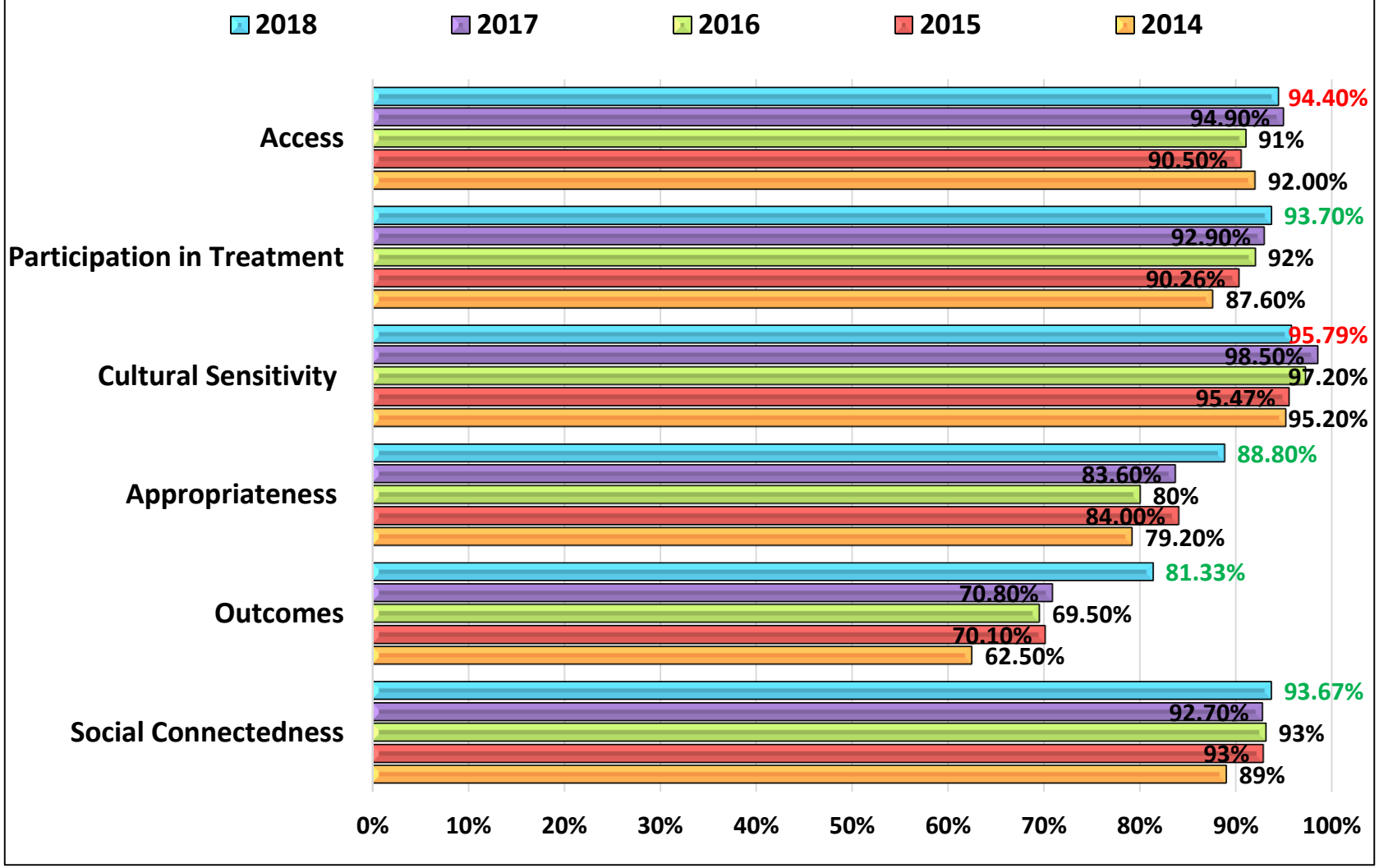
2018 Ave. Score = 90.63%
2017 Ave. Score = 86.20%
2018 = +4.43%

Green Highlighted Values Represent an Improvement Over the Previous Year's Results

2018 MHSIP State and National Score Comparison



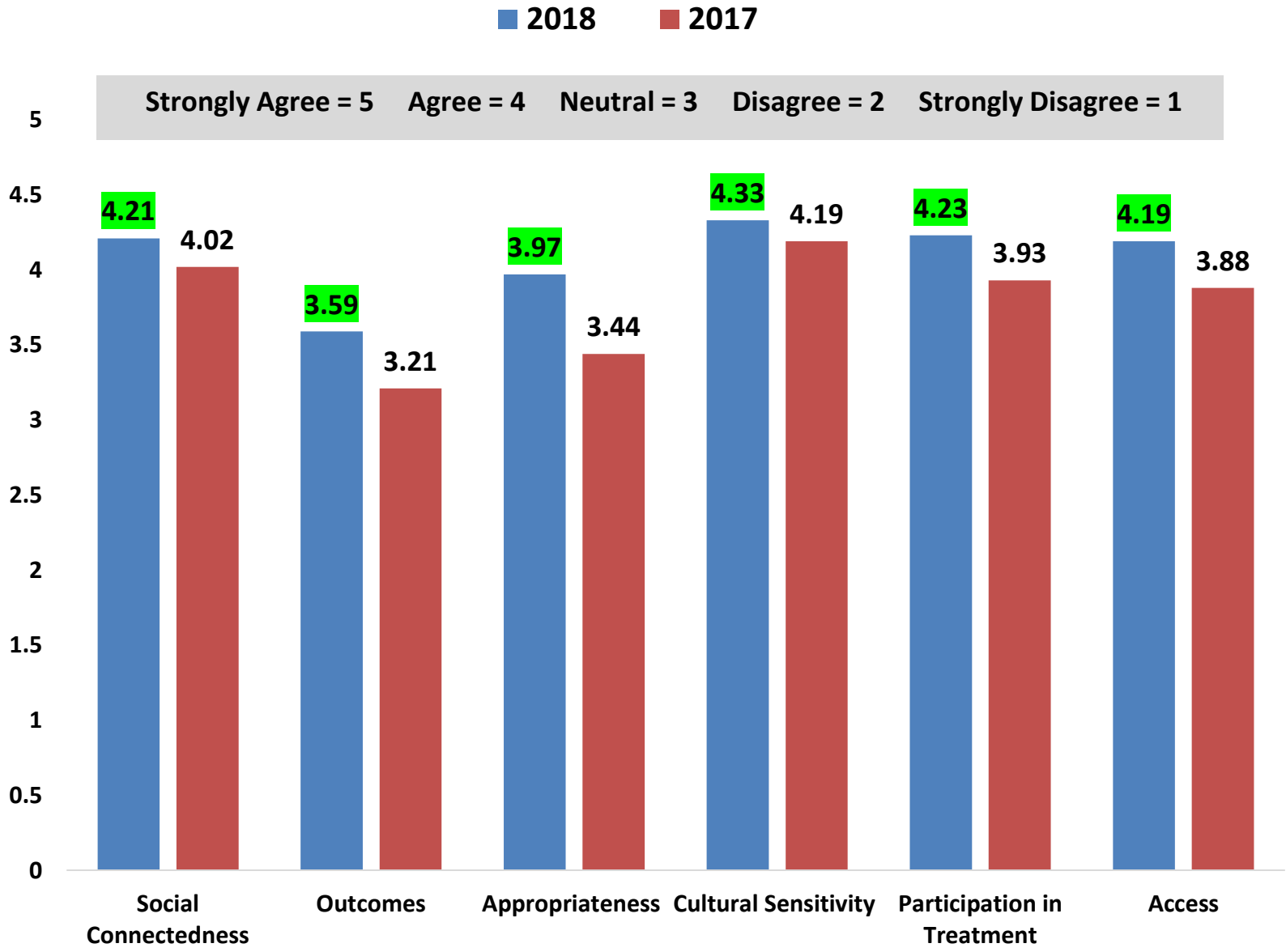
YSS Score Comparison By Year



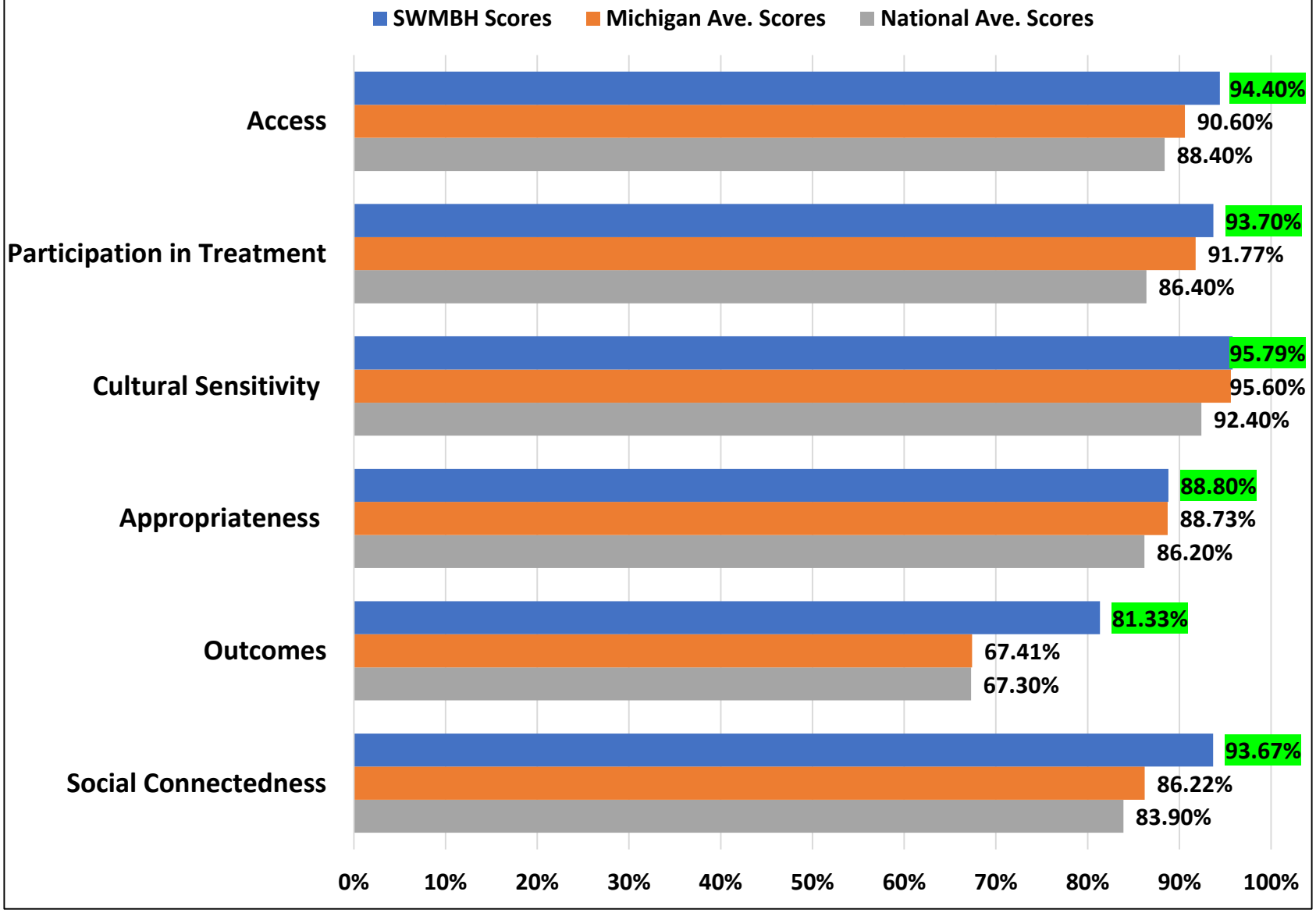
2018 Ave. Score = 91.28%
2017 Ave. Score = 88.90%
2018 = +2.38%
Improvement

Green = Improvement in score compared to previous years results
Red = Decrease in score compared to previous year.

2018 vs. 2017 YSS Mean Score By Category



YSS State and National Score Comparison



How Did We Do?

MHSIP Results

- 2018 Aggregate Score: 90.63%
- 2017 Aggregate Score: 86.28%

+4.43% Percent Improvement over 2017 Scores

YSS Results

- 2018 Aggregate Score: 91.28%
- 2017 Aggregate Score: 88.90%

+2.38% Percent Improvement over 2017 Scores

Overall Result

+6.81% Percent Improvement

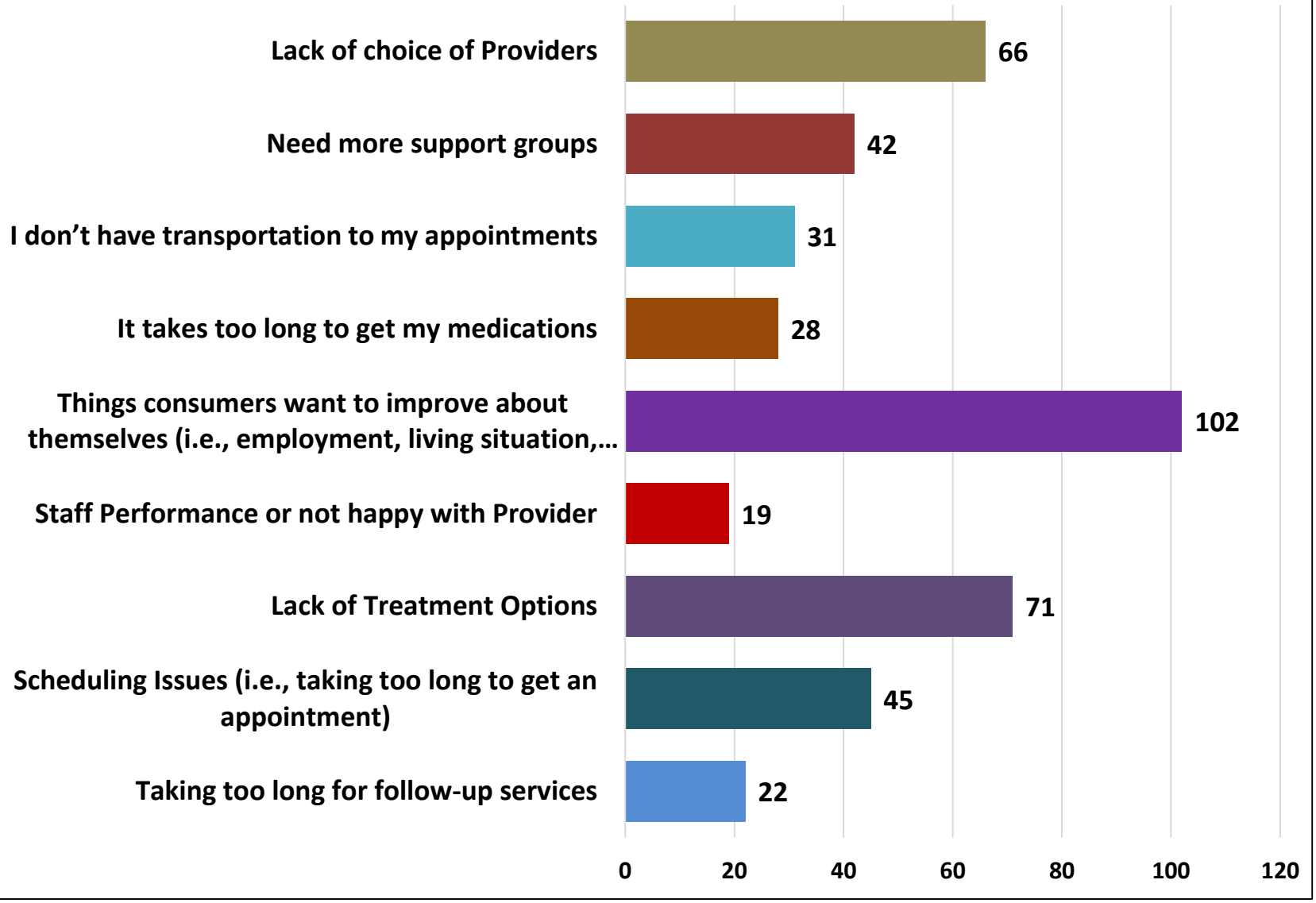
How Did Your County Do?
FY 18 MHSIP "In Agreement" Percentages by County

CMHSP Participant	Statistic	General Satisfaction	Access	Quality and Appropriateness	Participation in Treatment	Outcomes	Improved Functioning	Social Connectedness	Total Ave Score All Categories
Barry	Percent in Agreement	87.0%	91.4%	92.9%	94.9%	85.8%	88.5%	89.8%	89.56%
Berrien	Percent in Agreement	87.1%	92.8%	94.9%	93.5%	86.4%	84.3%	87.6%	89.51%
Branch	Percent in Agreement	90.2%	91.7%	93.7%	90.8%	87.2%	83.9%	90.3%	89.61%
Calhoun	Percent in Agreement	89.3%	88.8%	92.7%	89.3%	85.2%	82.8%	80.7%	86.97%
Cass	Percent in Agreement	94.3%	93.6%	95.2%	96.2%	84.1%	85.5%	92.4%	91.61%
St. Joseph	Percent in Agreement	91.2%	89.8%	92.8%	93.8%	87.1%	83.7%	88.2%	89.80%
Kalamazoo	Percent in Agreement	90.3%	94.8%	95.8%	95.9%	87.6%	85.1%	90.5%	91.43%
Van Buren	Percent in Agreement	90.6%	93.7%	94.6%	93.3%	86.8%	87.4%	90.4%	90.97%
Total SWMBH 2018:	Percent in Agreement	**90.5%**	**92.1%**	**94.3%**	**93.6%**	**86.3%**	**85.3%**	**88.8%**	**90.56%**
Total SWMBH 2017:	Percent in Agreement	**86.9%**	**88.8%**	**90.4%**	**91.2%**	**80.4%**	**78.7%**	**87.5%**	**86.27%**
National Ave (2017)	Percent in Agreement	**88.3%**	**85.6%**	**88.2%**	**81.7%**	**68.5%**	**73.8%**	**74.4%**	**80.07%**
State of MI Ave. (2017)	Percent in Agreement	**89.2%**	**87.4%**	**89.2%**	**85.1%**	**78.2%**	**76.6%**	**75.9%**	**83.09%**

How Did Your County Do? FY 18 YSS "In Agreement" Percentages by County

CMHSP Participant	Statistic	Access	Participation in Treatment	Cultural Sensitivity	Appropriateness	Outcomes	Social Connectedness	Total Ave Score All Categories
Barry	Percent in Agreement	94.2%	92.7%	94.2%	92.9%	81.1%	95.1%	91.70%
Berrien	Percent in Agreement	92.7%	95.7%	96.0%	85.6%	79.6%	94.7%	90.72%
Branch	Percent in Agreement	96.6%	94.8%	98.1%	86.2%	81.3%	95.2%	92.03%
Calhoun	Percent in Agreement	92.9%	94.4%	96.3%	87.7%	83.6%	94.9%	91.63%
Cass	Percent in Agreement	91.4%	93.2%	96.8%	84.4%	83.2%	93.9%	90.48%
St. Joseph	Percent in Agreement	94.5%	91.2%	95.5%	83.7%	77.4%	94.1%	89.40%
Kalamazoo	Percent in Agreement	96.7%	95.3%	97.1%	88.9%	84.1%	95.8%	92.98%
Van Buren	Percent in Agreement	95.9%	94.1%	92.3%	86.5%	83.9%	95.3%	91.33%
Total SWMBH 2018:	Percent in Agreement	**94.4%**	**93.7%**	**95.7%**	**86.9%**	**81.77%**	**94.8%**	**91.20%**
Total SWMBH 2017:	Percent in Agreement	**94.9%**	**92.9%**	**98.5%**	**83.6%**	**70.8%**	**92.7%**	**88.90%**
National Ave (2017)	Percent in Agreement	**88.4%**	**86.4%**	**92.4%**	**86.2%**	**67.3%**	**83.9%**	**84.10%**
State of MI Ave. (2017)	Percent in Agreement	**90.6%**	**91.77%**	**95.6%**	**88.7%**	**67.4%**	**86.2%**	**86.71%**

2018 Consumer Satisfaction Consumer Feedback



2018 Customer Satisfaction Survey Analysis - Next Steps – Opportunities for Improvement

- Publish results widely (*i.e., newsletters, share with stakeholders and regional committees)*
- Develop CMHSP Specific Reports for all (8) Counties.
- Perform a Causal Analysis on Results for all (8) Counties.
- *Analysis and Evaluation of Comments Received by Customers*.
- Identify any Common Denominators or Patterns in Comments Received by Customers.
- Determine Course of Action to Address Customer Feedback and Concerns.
- Evaluate Improvement Strategies and Opportunities for Improvement through QM, RUM, RCP, and other Regional Committees for the 2019 Customer Satisfaction Survey Process.

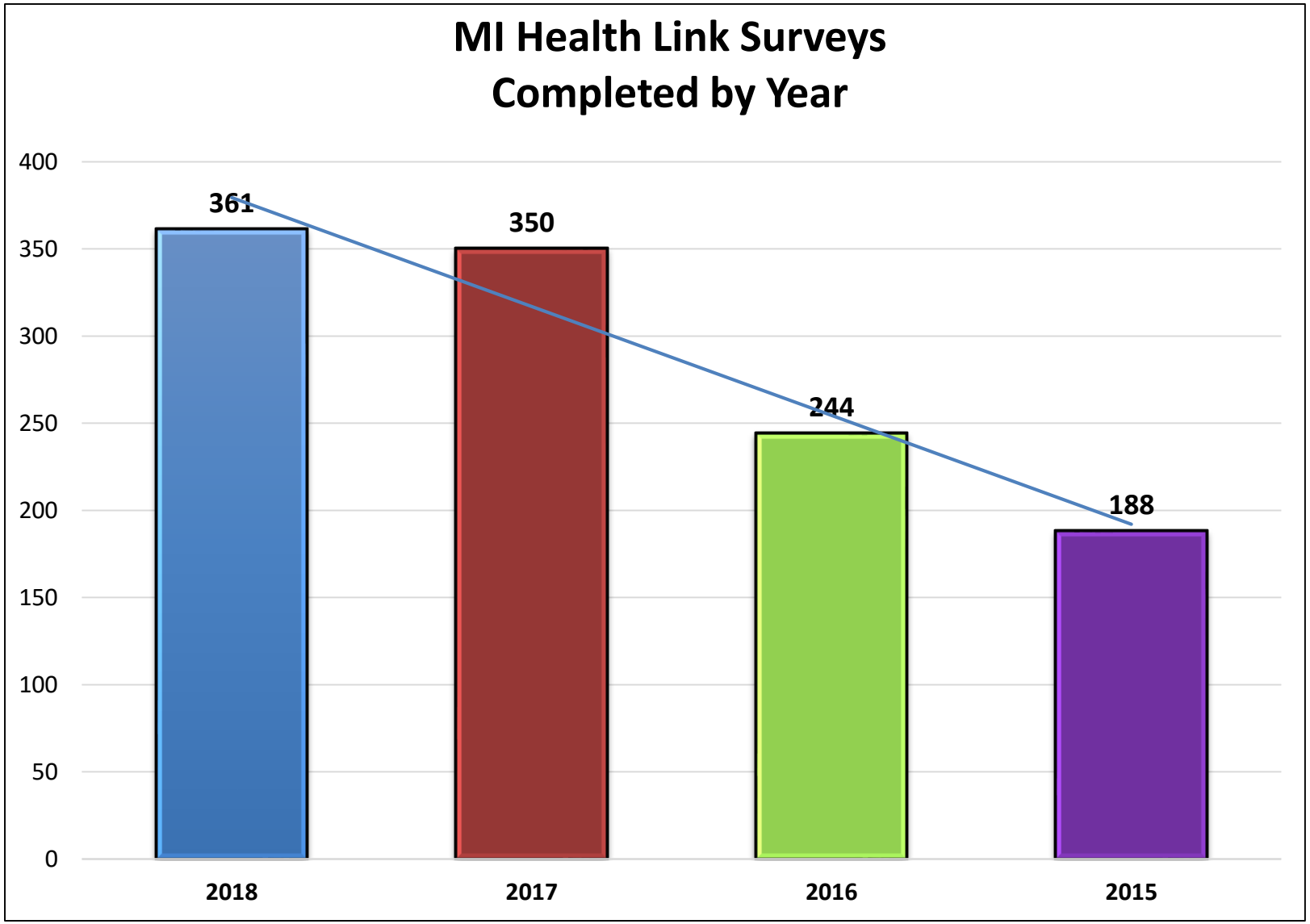
2018

MI Health Link Member Satisfaction Survey (MIHL)

MIHL Survey Information

- MI Health Link is a program that joins Medicare and Medicaid benefits, rules and payments into one coordinated delivery system, which began in March 2015.
- MI Health Link health plans provide Michigan Pre-paid Inpatient Health Plans (PIHPs) payments to provide covered services.
- SWMBH:
  - Region 4 consist of Southwest Michigan: Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph and Van Buren counties.
- The MIHL survey was conducted by calling SWMBH MI Health Link consumers.
- The MIHL survey measures concerns that are important to consumers of MI Health Link Services including: Improved Functioning, Quality and Appropriateness, Outcomes, Social Connectedness, General Satisfaction, Participation in Treatment, and Access.
- Completing the survey is a core contractual deliverable to our Integrated Healthcare Partners (*Meridian Health Plan and Aetna Health Plan*)

How Many Surveys Were Completed



*841 calls made with 361 surveys completed = 42.9% response rate.

MIHL Survey Questions (44 Questions Total/3 Additional Comment Sections)

- The first 36 questions are the same as the MHSIP Survey.
- The questions shown below are additional for MI Health Link Members.

Please answer the following questions to let us know how you are doing.

37. Are you currently (still) getting mental health services from this Provider? ☐ Yes ☐ No

38. How long have you received mental health services from this Provider?
    - ☐ a. Less than a year (less than 12 months) *(continue to Question 39)*
    - ☐ b. 1 year or more (at least 12 months) *(Skip to Question 42 on page 3)*

39. Were you arrested since you began to receive mental health services?
    ☐ Yes ☐ No
40. Were you arrested during the 12 months prior to that?
    ☐ Yes ☐ No
41. Since you began to receive mental health services, have your encounters with the police...
    - ☐ a. been reduced (for example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program)
    - ☐ b. stayed the same
    - ☐ c. increased
    - ☐ d. not applicable (I had no police encounters this year or last year

42. Were you arrested during the last 12 months?
    ☐ Yes ☐ No
43. Were you arrested during the 12 months prior to that?
    ☐ Yes ☐ No
44. Over the last year, have your encounters with the police...
    - ☐ a. been reduced (for example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program)
    - ☐ b. stayed the same
    - ☐ c. increased
    - ☐ d. not applicable (I had no police encounters this year or last year

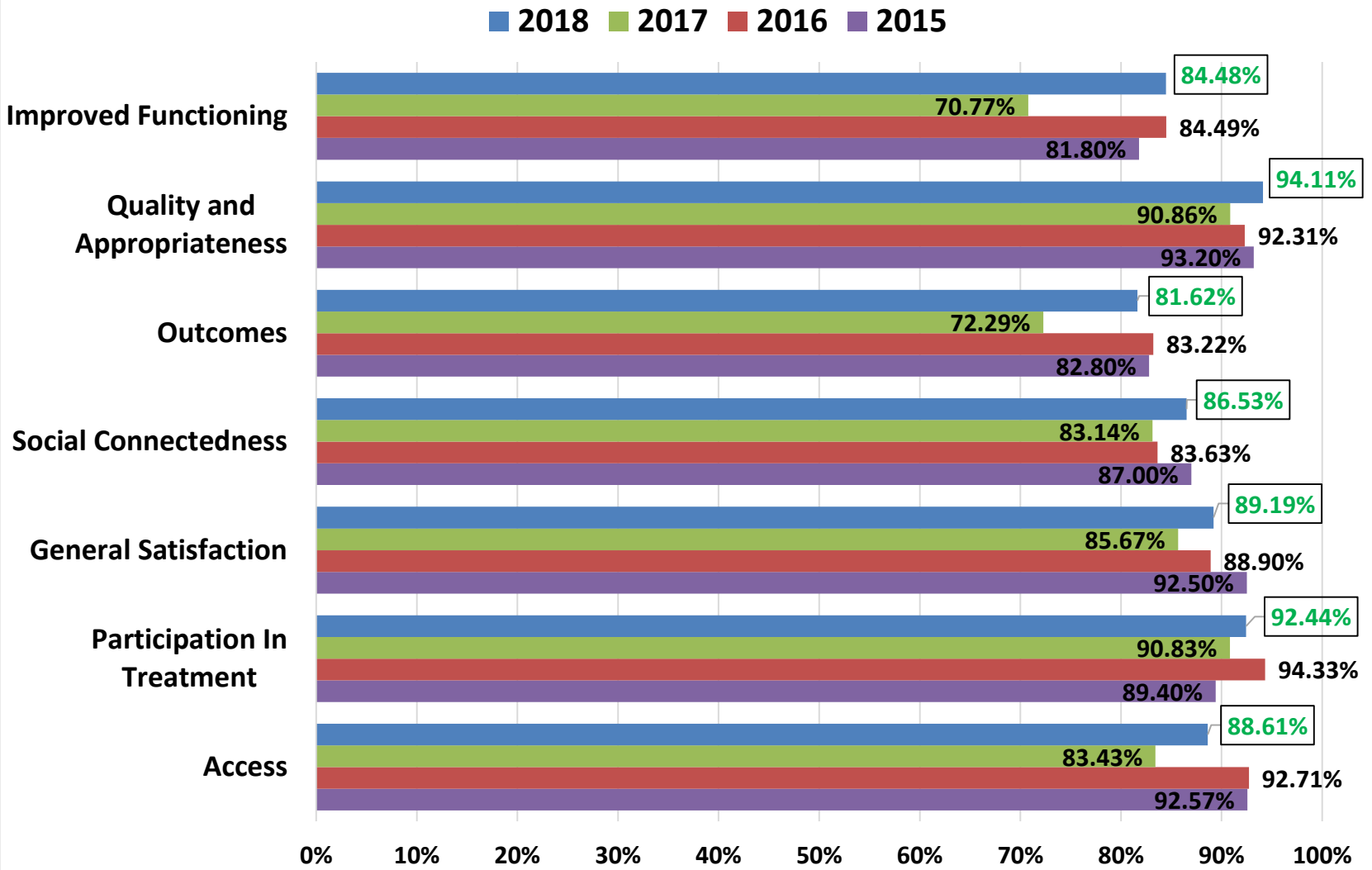
ADD COMMENT (VERBATIM):

A) Regarding your service experiences, has there been anything that has been particularly beneficial for you (describe in detail)?

B) Has there been anything you would like to improve?

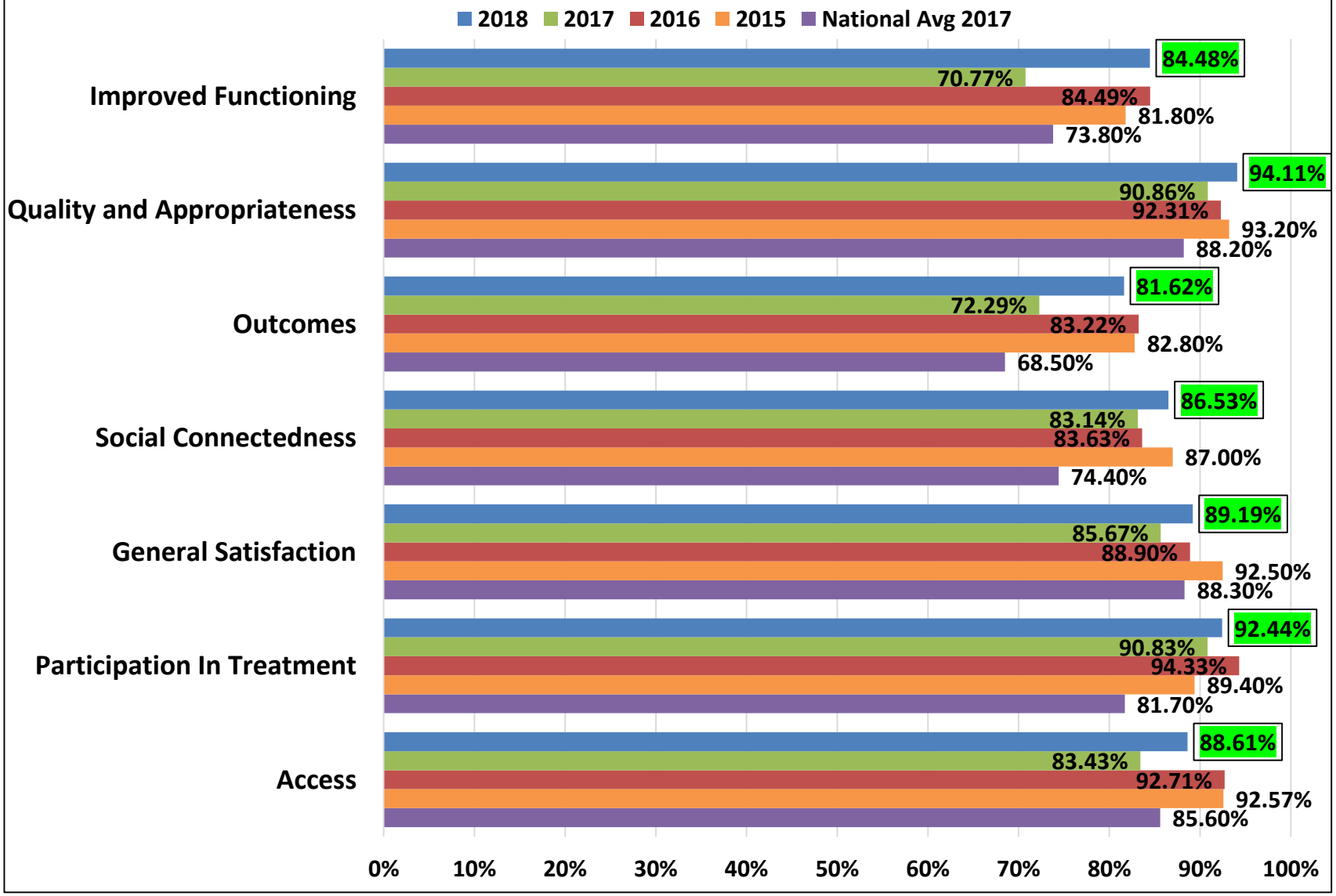
C) Anything else you would care to add?

MIHL Consumer Satisfaction Survey Score Comparison By Year



Improvement over previous years scores in all (7) categories

MIHL Consumer Satisfaction Survey Score By Year vs. National Average



How Did We Do?

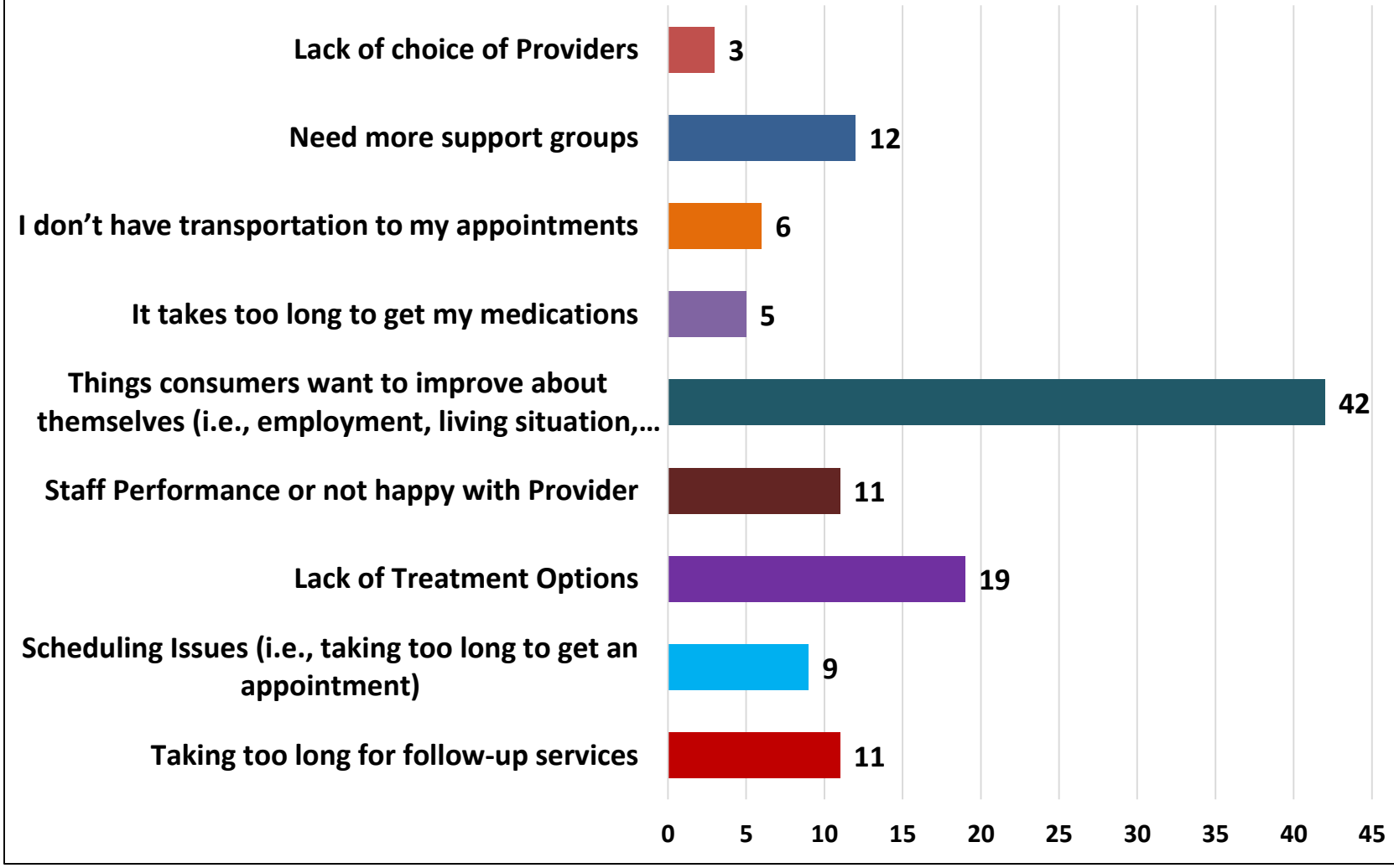
MIHL Results

- ❑2018 Aggregate Score: 88.14%
- ❑2017 National Ave Score: 80.07%
- ❑2017 Aggregate Score: 82.43%

+5.71% Percent Improvement over 2017 Scores

+8.07% Percent Improvement Over National Ave Scores

2018 MI Health Link Consumer Satisfaction Constructive Criticism



2018 MIHL Satisfaction Survey Analysis – Next Steps – Opportunities for Improvement

Summary of Finding:

In summary, (361) valid surveys were completed and (841) total calls were made, resulting in a 42.9% response rate. This response rate is very good and attributed to the letters and advertisement efforts taken before the survey implementation. The current 2018 results are a significant improvement over the 2017 results. The percentages of 'In Agreement' ratings across domain areas are also higher this year, netting an average 'In Agreement' score of 3.98 on a 5.0 scale, in comparison to the 2017 average 'In Agreement' score of 3.44. The Quality Department will continue to evaluate consumer survey participant feedback to identify common denominators and trends associated with the 2018 survey process.

The current results tend to reflect national trends for the respective MHSIP survey tool domains, and also tend to reflect results reported by [some] states that employ credible survey methods for MHSIP URS (SAMSHA) reporting (i.e. – Oregon / Utah / Ohio / California…) which have similar evaluation and validation processes as Southwest Michigan Behavioral Health.

Speculatively, one hypothesis is that current performance differences may be related to sample variation – (though there are many potential factors that could come into play). With this, it may be interesting to compare the proportion of CMH-served vs Non-CMH served cases across specified survey time periods. Other factors that may have attributed to the improved survey scores may include: timing of study (i.e., the survey started earlier this year and avoided key Holiday times of Thanksgiving and Christmas); data collection processes; or new research crews hired by the new contracted survey vender we used to conduct this years survey.

Improvement Measures:

During the 2018 survey process and evaluation, it was identified that increased vender oversight and monitoring needed to occur. In 2017 it was found that some surveyors were inconsistent using scripts and identified themselves incorrectly to consumers. This caused some confusion for the consumers and understanding the significant of their participation in the survey. Due to this finding, SWMBH sent out letters to all potential members who may be selected to receive a survey call. The letter informed the consumer of the purpose of the survey and how their responses will be used to improve programs and services. Additionally, SWMBH Management made (2) random visits to the vender/survey location to observe consistency in scripts and survey protocol was being followed correctly. It was found that the 4 surveyors evaluated were using the appropriate scripts and techniques they had been educated on.

Next Steps:

Consumer feedback will be evaluated to identify potential trends and common denominators. Identified/realized trends will be acted on by internal SWMBH workgroups and Regional Committees (i.e. Quality Management Committee, Regional Utilization Management Committee and Consumer Advisory Committee) to improve processes, interventions and overall consumer outcomes.

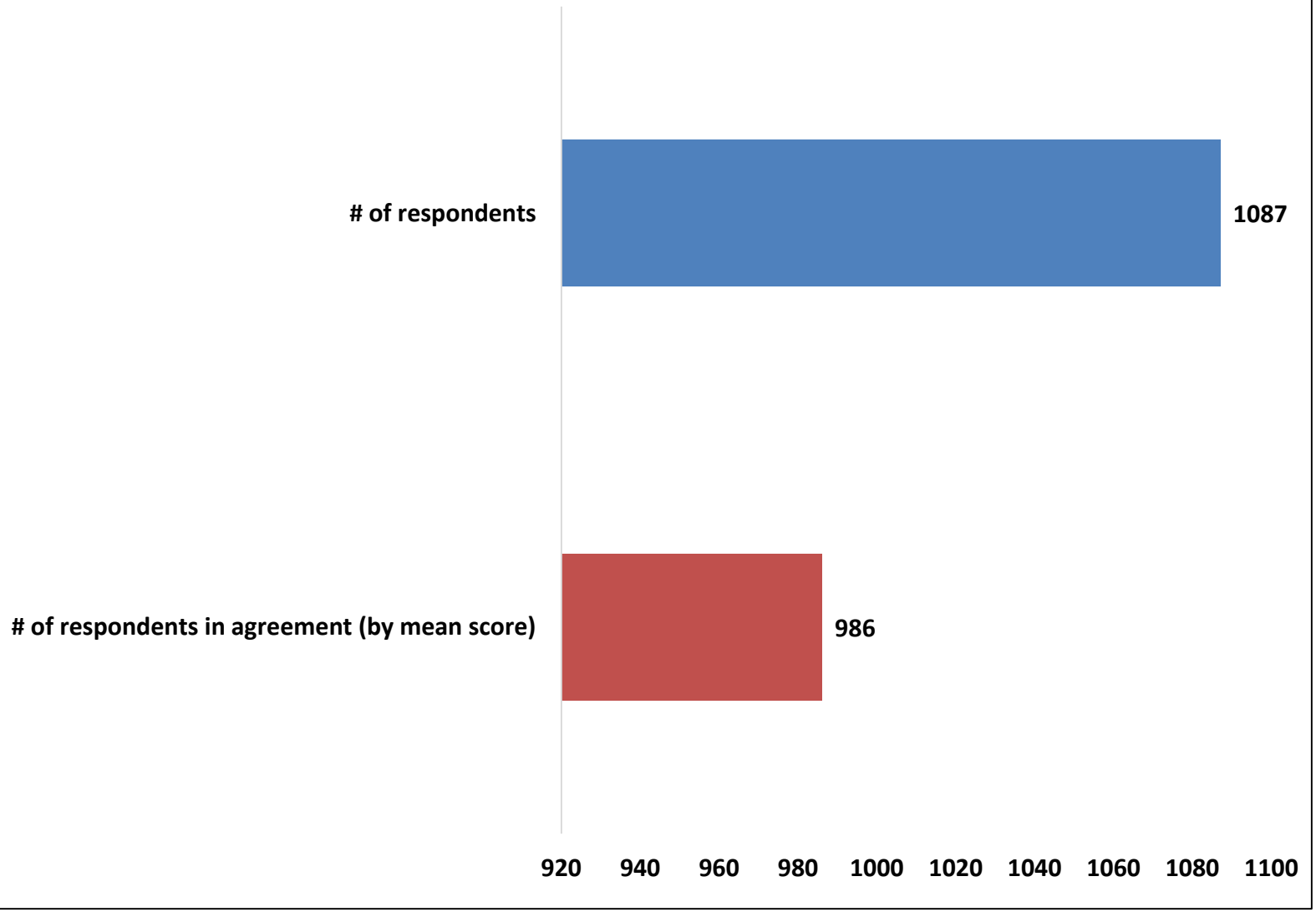
2018

Recovery Self-Assessment– Person in Recovery Survey (RSA-r)

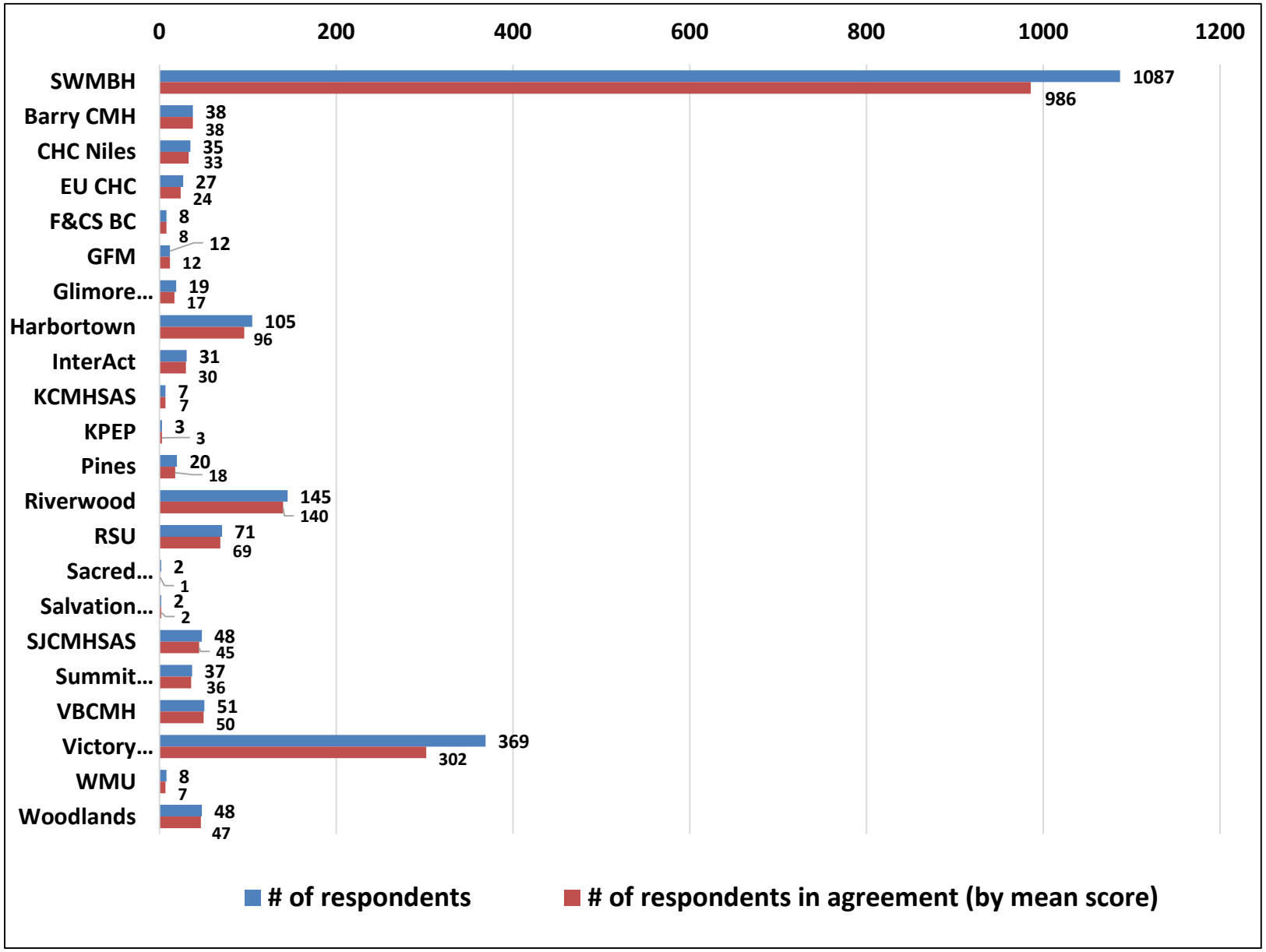
Recovery Self Assessment (RSA-r) Survey Information

- The Recovery Self-Assessment – Person in Recovery Survey (RSA-r) is:
  - A 33 question tool
  - Designed to gauge the degree to which programs implement recovery oriented practices
  - A reflective tool designed to identify strengths and target areas of improvement, geared toward improving consumer outcomes and treatment modalities
- Consumers of substance abuse services complete the surveys, which were administered through their provider.
- The survey's administration period was from: 9/24/2018 to 11/2/2018.

Total Number of RSA-r Respondents & Agreement



Number of Surveys Completed by Provider



Questions asked on the RSA-r (33 Questions Total)

Code:_____

County/Provider:

_____

RSA-R
2018
Person in Recovery Version

Please circle the number below which reflects how accurately the following statements describe the activities, values, policies, and practices of this program.

1 Strongly Disagree 2 3 4 5 Strongly Agree

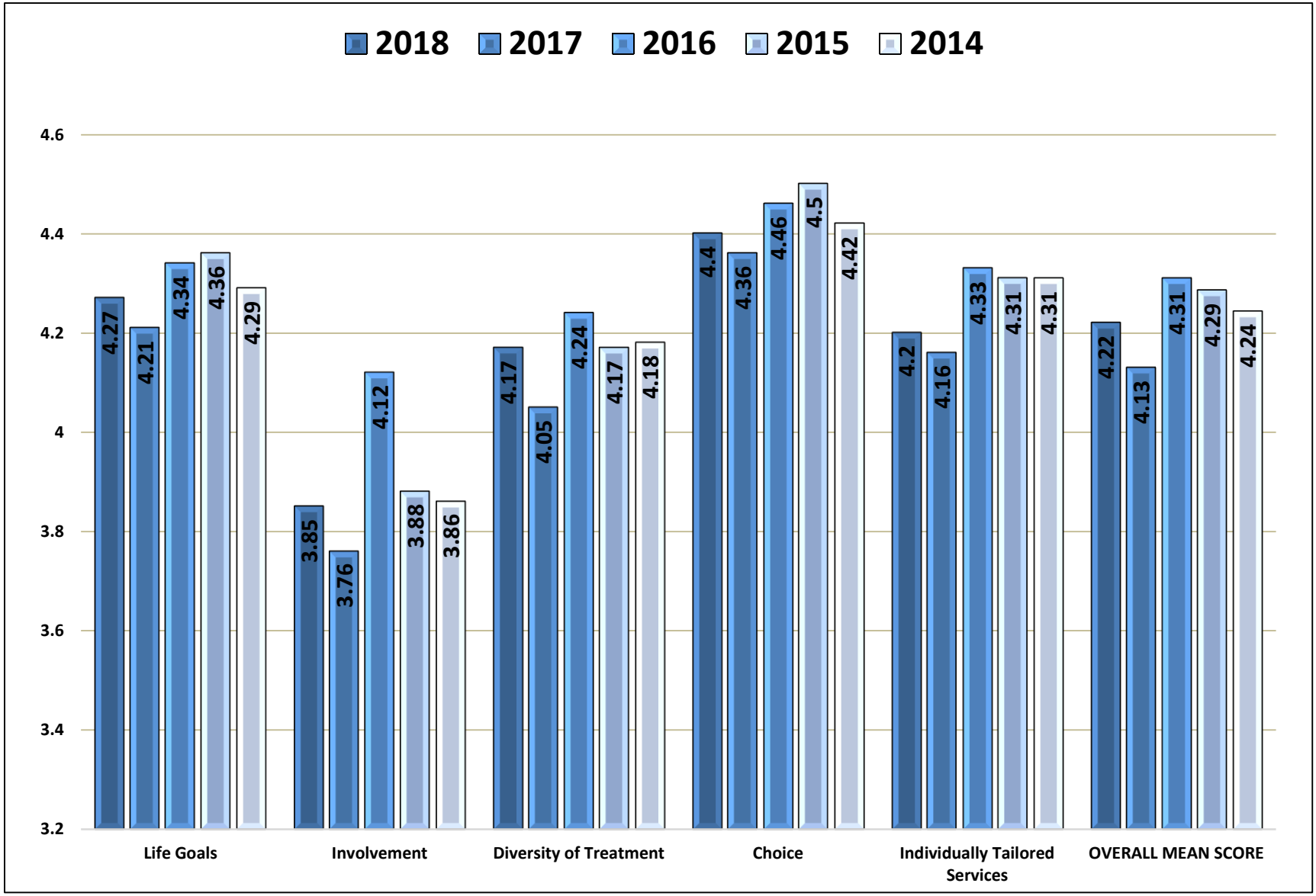
N/A= Not Applicable
D/K= Don't Know

1. Staff welcome me and help me feel comfortable in this program.	1	2	3	4	5	N/A	D/K
2. The physical space of this program (e.g., the lobby, waiting rooms, etc.) feels inviting and dignified.	1	2	3	4	5	N/A	D/K
3. Staff encourage me to have hope and high expectations for myself and my recovery.	1	2	3	4	5	N/A	D/K
4. I can change my clinician or case manager if I want to.	1	2	3	4	5	N/A	D/K
5. I can easily access my treatment records if I want to.	1	2	3	4	5	N/A	D/K
6. Staff do not use threats, bribes, or other forms of pressure to get me to do what they want.	1	2	3	4	5	N/A	D/K
7. Staff believe that I can recover.	1	2	3	4	5	N/A	D/K
8. Staff believe that I have the ability to manage my own symptoms.	1	2	3	4	5	N/A	D/K
9. Staff believe that I can make my own life choices regarding things such as where to live, when to work, whom to be friends with, etc.	1	2	3	4	5	N/A	D/K
10. Staff listen to me and respect my decisions about my treatment and care.	1	2	3	4	5	N/A	D/K
11. Staff regularly ask me about my interests and the things I would like to do in the community.	1	2	3	4	5	N/A	D/K
12. Staff encourage me to take risks and try new things.	1	2	3	4	5	N/A	D/K
13. This program offers specific services that fit my unique culture and life experiences.	1	2	3	4	5	N/A	D/K
14. I am given opportunities to discuss my spiritual needs and interests when I wish.	1	2	3	4	5	N/A	D/K
15. I am given opportunities to discuss my sexual needs and interests when I wish.	1	2	3	4	5	N/A	D/K
16. Staff help me to develop and plan for life goals beyond managing symptoms or staying stable (e.g., employment, education, physical fitness, connecting with family and friends, hobbies).	1	2	3	4	5	N/A	D/K
17. Staff help me to find jobs.	1	2	3	4	5	N/A	D/K
18. Staff help me to get involved in non-mental health/addiction related activities, such as church groups, adult education, sports, or hobbies.	1	2	3	4	5	N/A	D/K
19. Staff help me to include people who are important to me in my recovery/treatment planning (such as family, friends, clergy, or an employer).	1	2	3	4	5	N/A	D/K
20. Staff introduce me to people in recovery who can serve as role models or mentors.	1	2	3	4	5	N/A	D/K

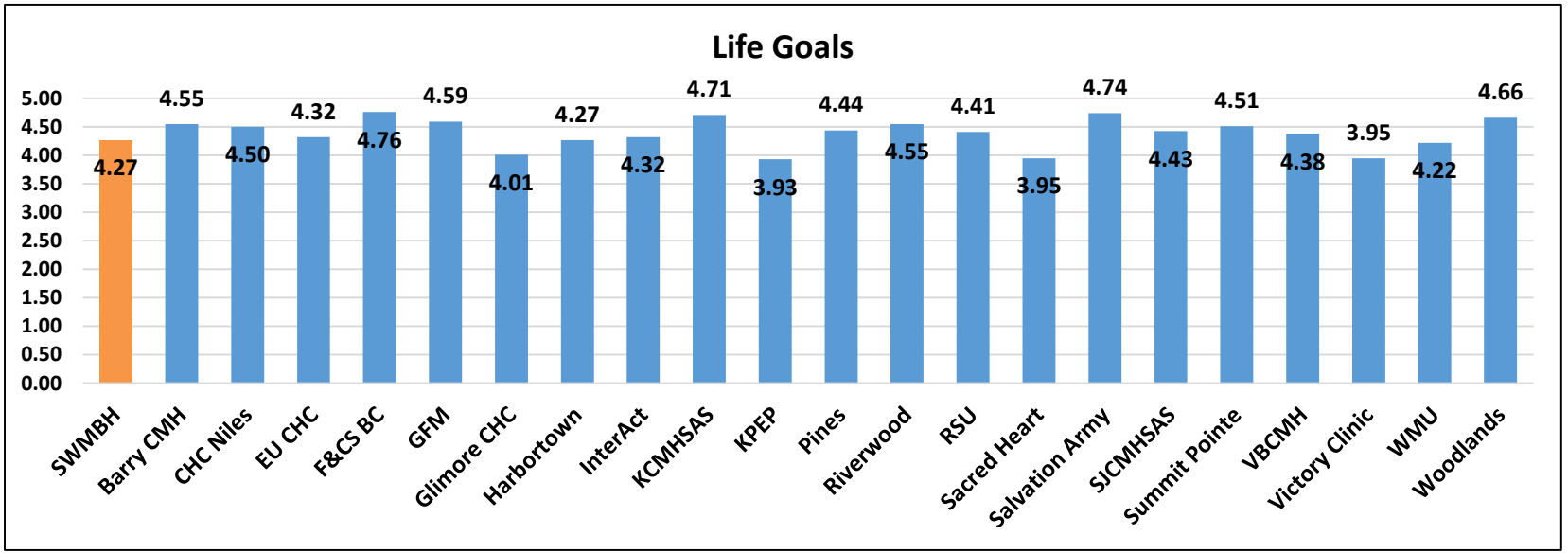
Code:_____

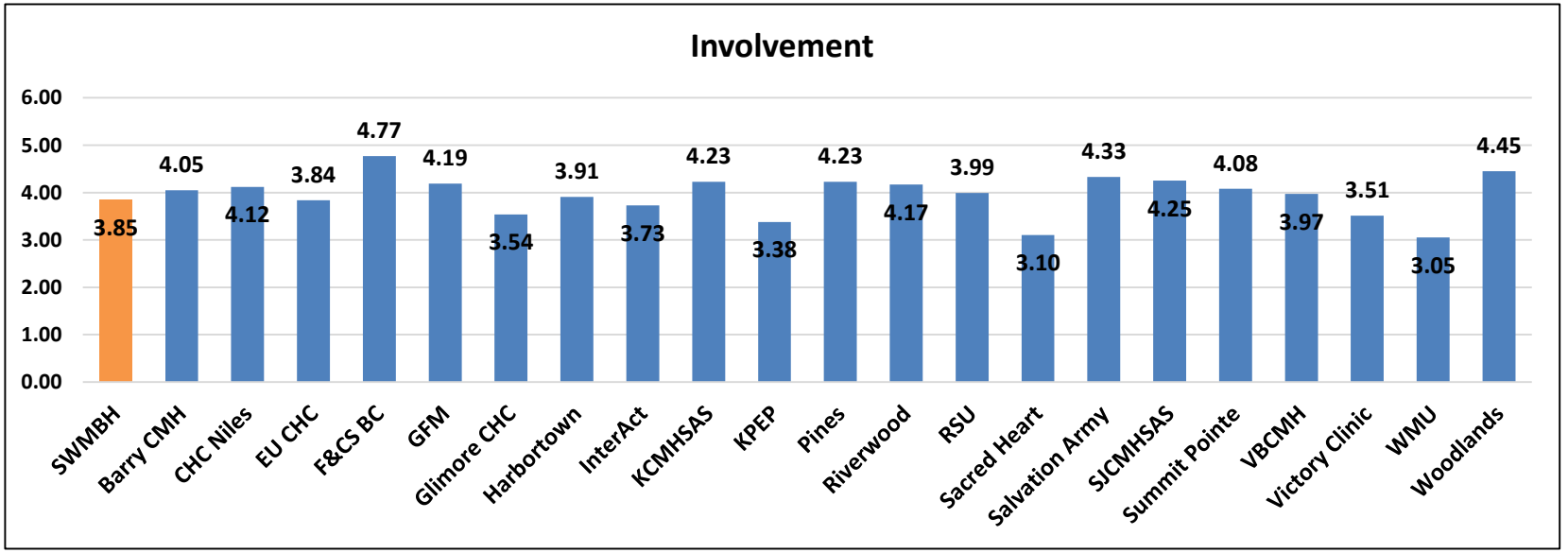
21. Staff offer to help me connect with self-help, peer support, or consumer advocacy groups and programs.	1	2	3	4	5	N/A	D/K
22. Staff help me to find ways to give back to my community, (i.e., volunteering, community services, neighborhood watch/cleanup).	1	2	3	4	5	N/A	D/K
23. I am encouraged to help staff with the development of new groups, programs, or services.	1	2	3	4	5	N/A	D/K
24. I am encouraged to be involved in the evaluation of this program's services and service providers.	1	2	3	4	5	N/A	D/K
25. I am encouraged to attend agency advisory boards and/or management meetings if I want.	1	2	3	4	5	N/A	D/K
26. Staff talk with me about what it would take to complete or exit this program.	1	2	3	4	5	N/A	D/K
27. Staff help me keep track of the progress I am making towards my personal goals.	1	2	3	4	5	N/A	D/K
28. Staff work hard to help me fulfill my personal goals.	1	2	3	4	5	N/A	D/K
29. I am/can be involved with staff trainings and education programs at this agency.	1	2	3	4	5	N/A	D/K
30. Staff listen, and respond, to my cultural experiences, interests, and concerns.	1	2	3	4	5	N/A	D/K
31. Staff are knowledgeable about special interest groups and activities in the community.	1	2	3	4	5	N/A	D/K
32. Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests.	1	2	3	4	5	N/A	D/K
33. Staff and agency help me to access services on a timely basis.	1	2	3	4	5	N/A	D/K

RSA-r 2018 - 2014
Score Comparison Analysis

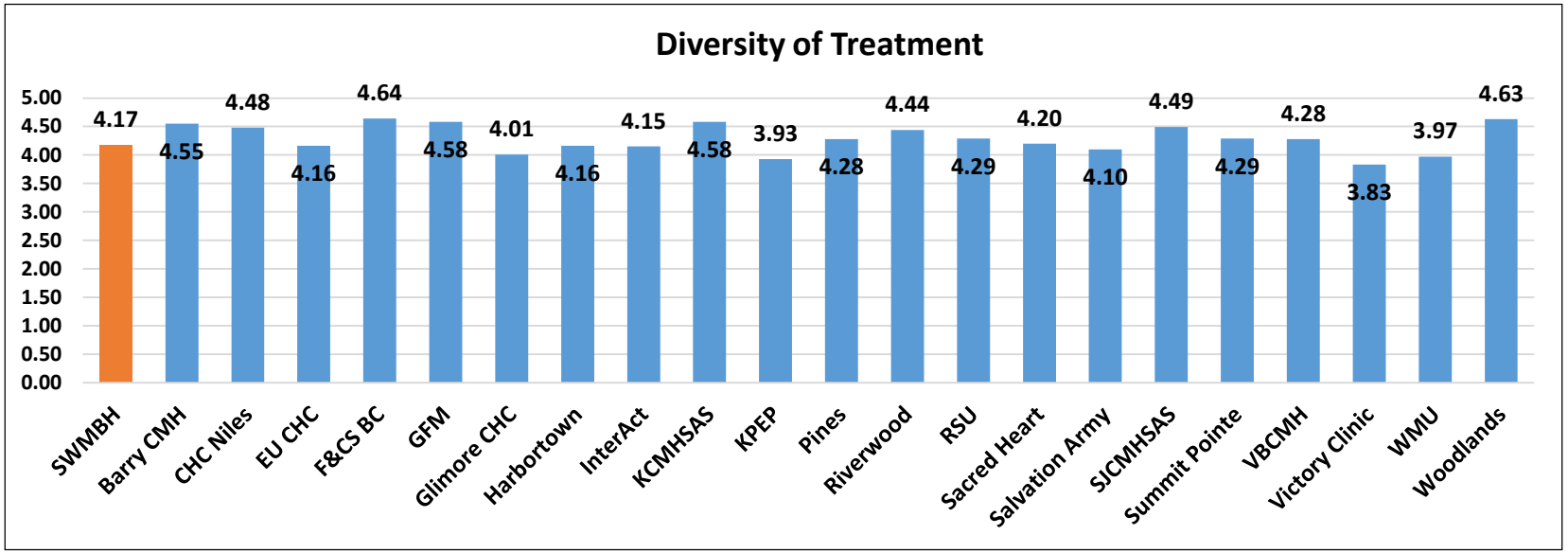


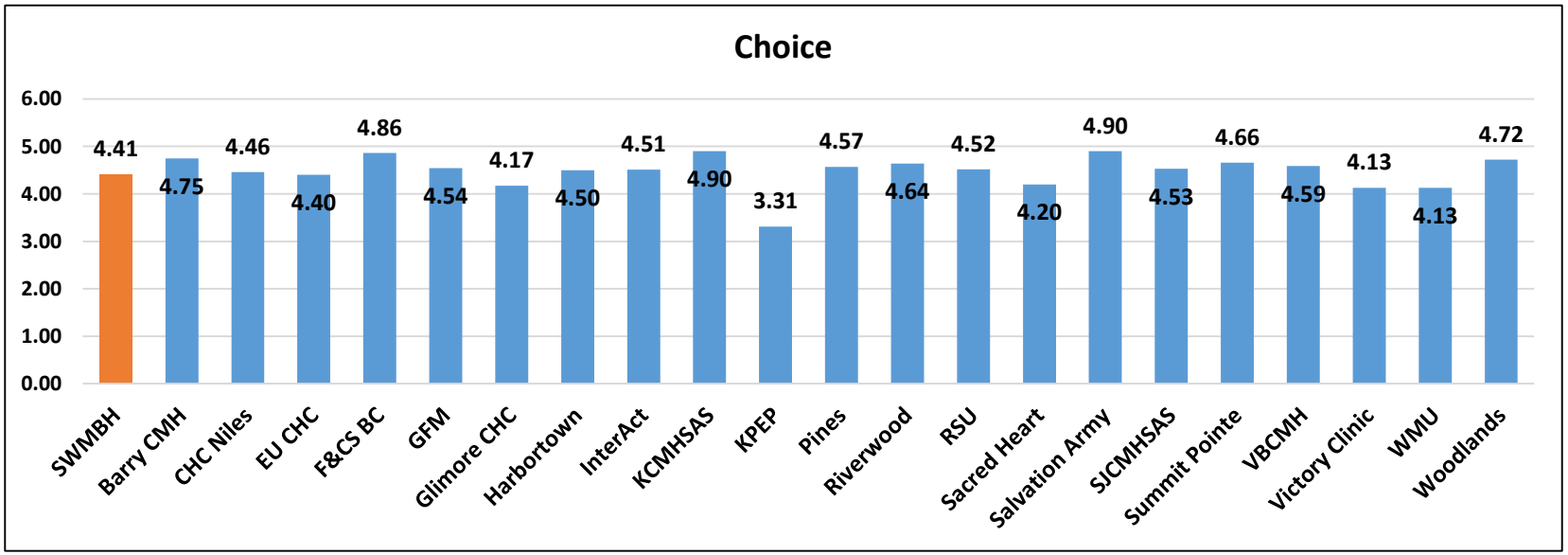
Recovery Self Assessment Survey (RSA-r) Scores by Provider and Category



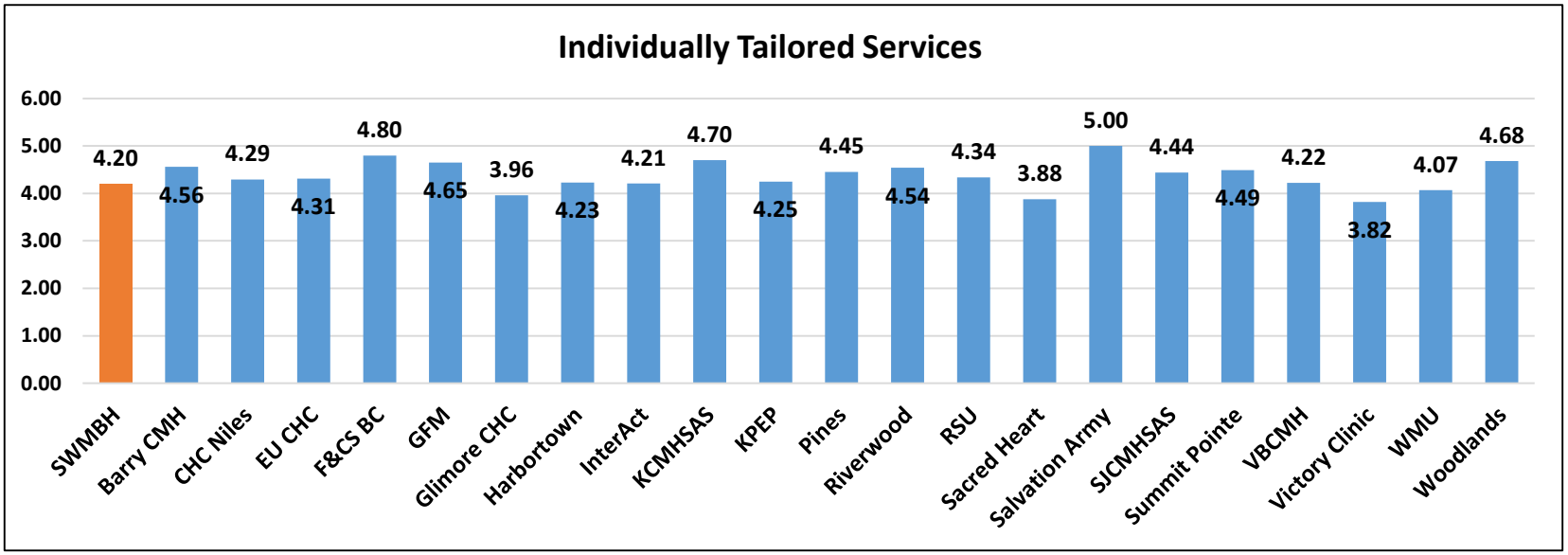


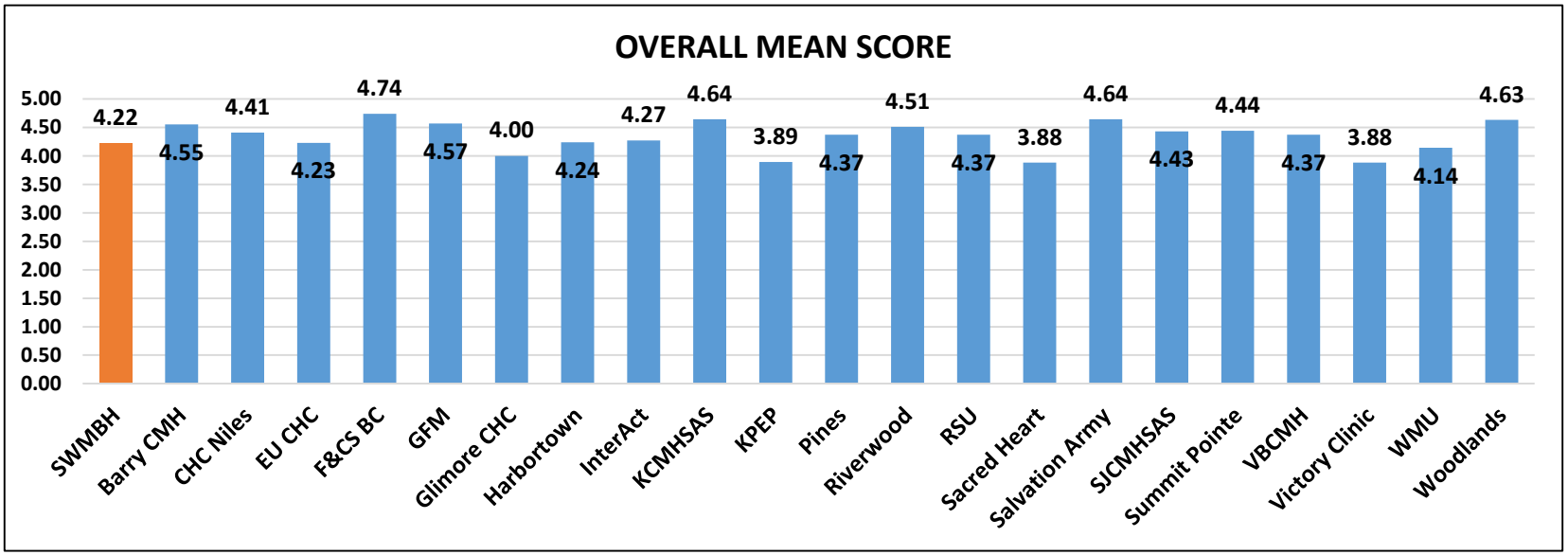
Recovery Self Assessment Survey (RSA-r) Scores by Provider and Category



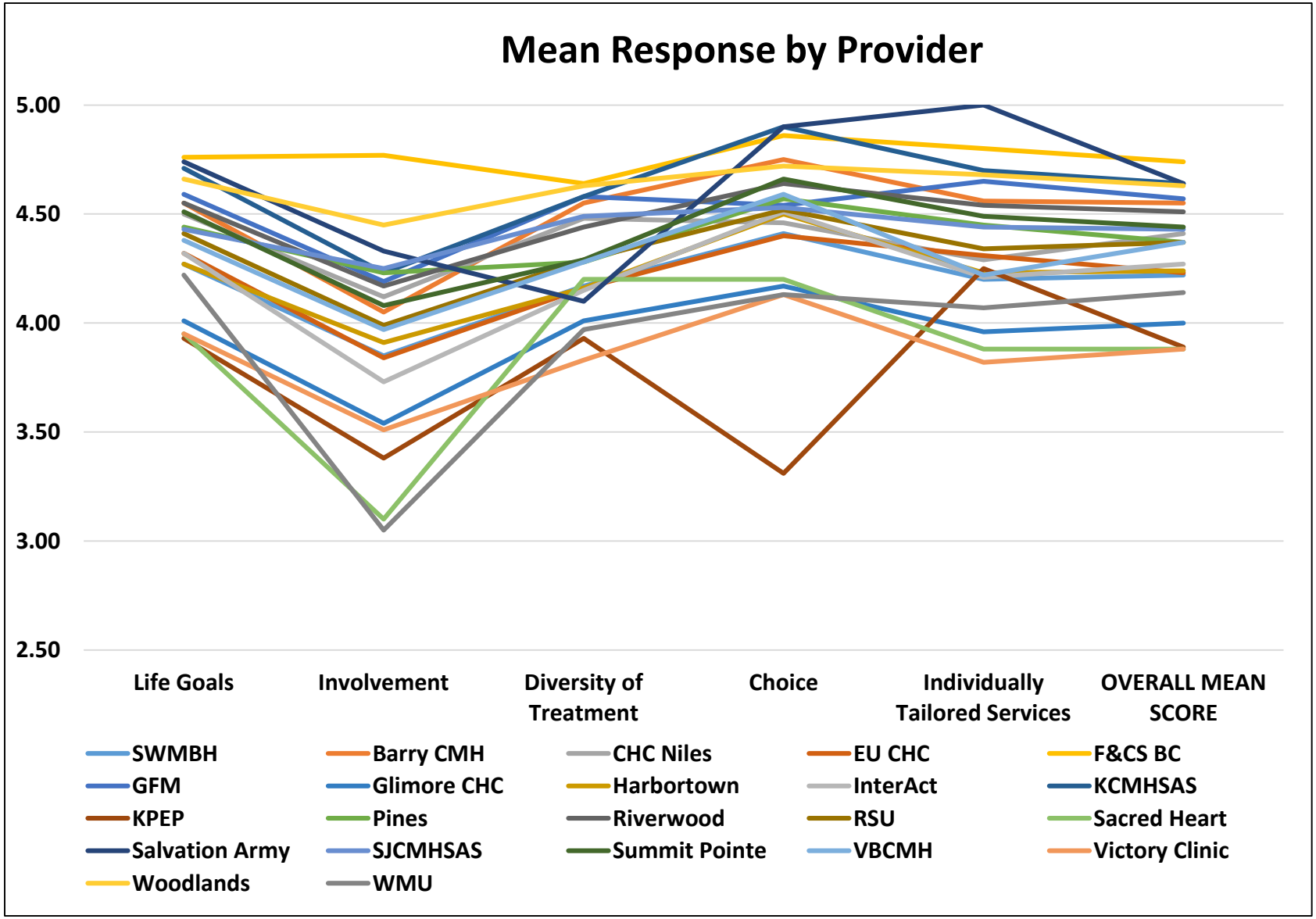


Recovery Self Assessment Survey (RSA-r) Scores by Provider and Category





Recovery Self Assessment Survey (RSA-r)



How Did We Do?

RSA-r Results Year Comparison

- ❑ 2018 Overall Mean Score: 4.22

(+0.09 Percent increase from 2017)

- ❑ 2017 Overall Mean Score: 4.13
- ❑ 2016 Overall Mean Score: 4.31
- ❑ 2015 Overall Mean Score: 4.29
- ❑ 2014 Overall Mean Score: 4.24

Factor	5 Year Average Mean Score
Life Goals (Q3,Q7,Q8,Q9,Q12,Q16,Q17,Q18,Q28,Q31,Q32)	4.29
Involvement (Q22,Q23,Q24,Q25,Q29)	3.89
Diversity of Treatment (Q14,Q15,Q20,Q21,Q26)	4.16
Choice (Q10, Q27, Q4, Q5, Q6)	4.43
Individually Tailored Services (Q11,Q13,Q19,Q30)	4.26

2018 Recovery Self Assessment Survey (RSA-r) Analysis – Next Steps – Opportunities for Improvement

Summary of Finding:

The 2018 RSA-r survey administration period was from: 9/24/2018 to 11/2/2018.

For the 2018 process; SWMBH received total (1087) surveys back, which was an decrease from the 2017 response of (1140) total surveys returned. (22) Different provider organizations participated in the 2018 survey process, which was eight more than the 2017 participation; (16) provider organizations participated. SWMBH's analysis of the overall mean score, represented a +0.09 increase in comparison to 2017 scores.

Improvement Measures:

The data entry process is manual and takes significant time to enter all provider organization results. Furthermore, when completing the surveys sometimes members would circle more than one response. In this instance, the lower score was entered when compiling the data. Also the back of the surveys were not always filled out due to members not knowing that there were additional questions on the other side of the survey. These are all areas of improvement for the survey next year.

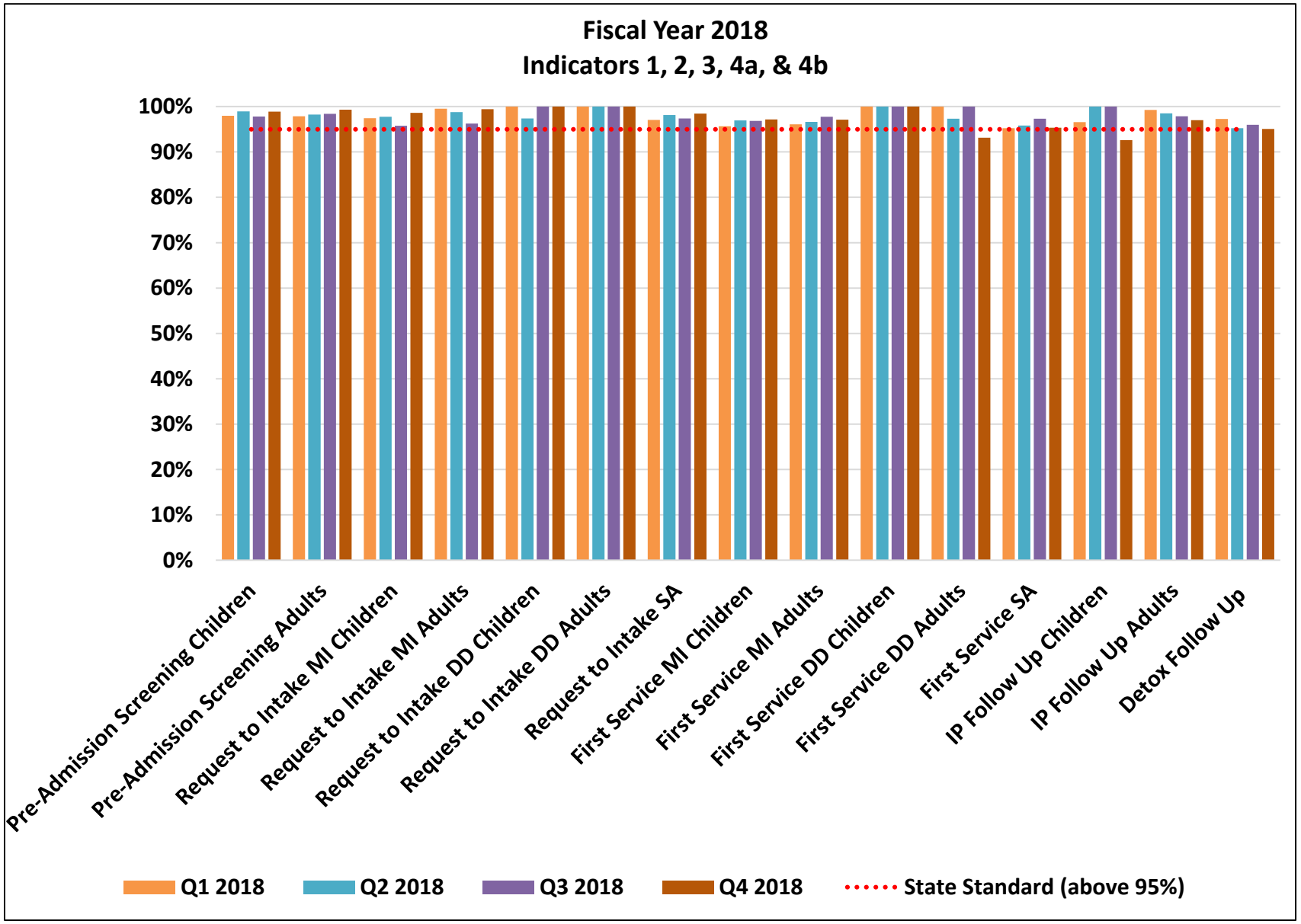
Next Steps:

The QAPI Department is exploring ways to automate the data entry system, to save employee time and speed up the results/analysis process. The QMC will be discussing possible methods of improving this process in 2019. The QMC will also explore ways to improve scores in the Involvement category, which has been the Regions lowest score since 2015. Lastly, the QMC will assess ways to improve the survey process to ensure each survey is completed to its entirety and further to identify strategies to ensure each consumer is only marking one answer per question.

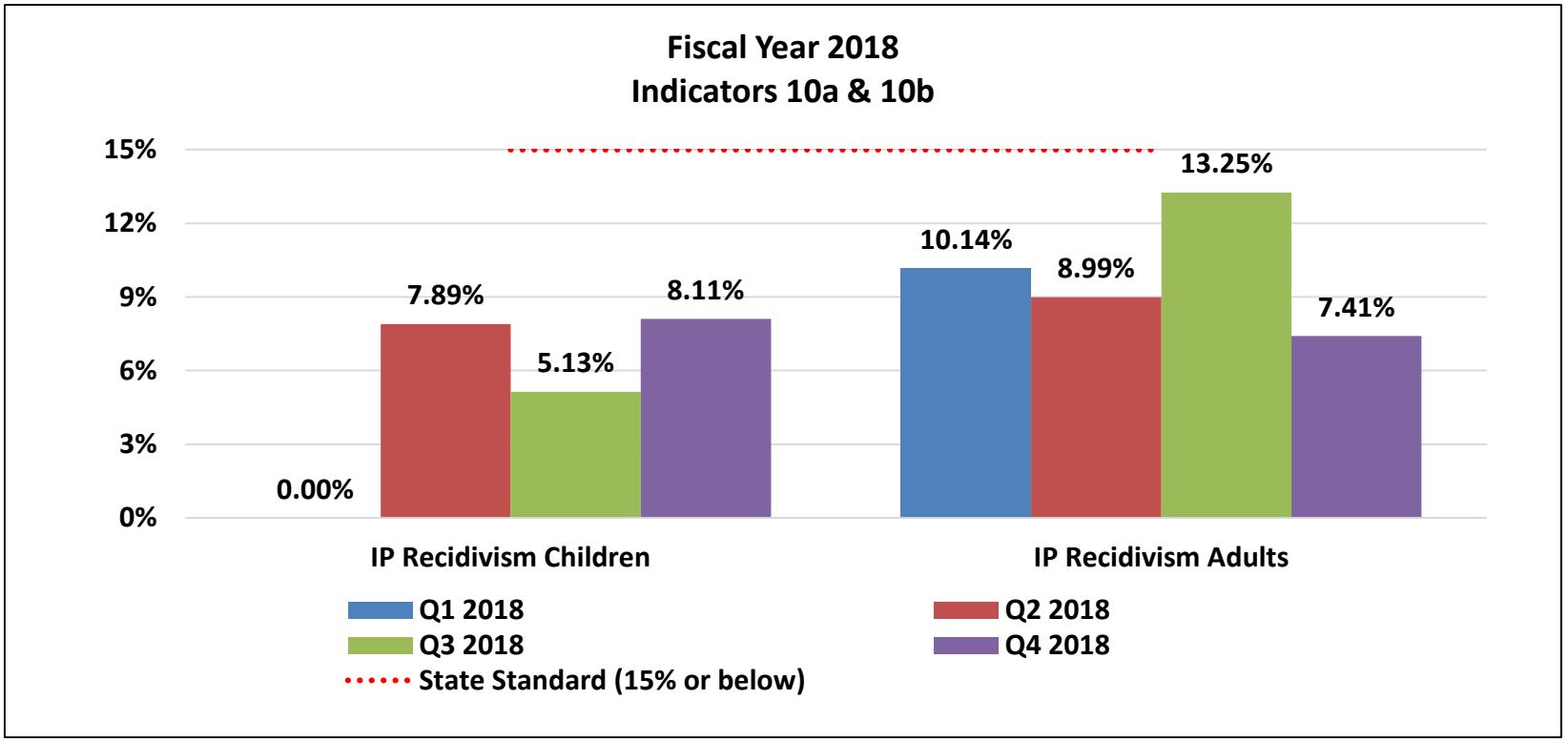
2018

Michigan Mission Based Performance Indicator System (MMBPIS)

MMBPIS - Fiscal Year 2018



MMBPIS - Fiscal Year 2018



Objective:
State defined indicators that are aimed at measuring access, quality of service and provide benchmarks for the state of Michigan and all (10) PIHPs.

Results:
66/68 Total Performance Indicators in 2018 met the State Standard of 95%:

- 1st Quarter = 17/17
- 2nd Quarter = 17/17
- 3rd Quarter = 17/17
- 4th Quarter = 15/17

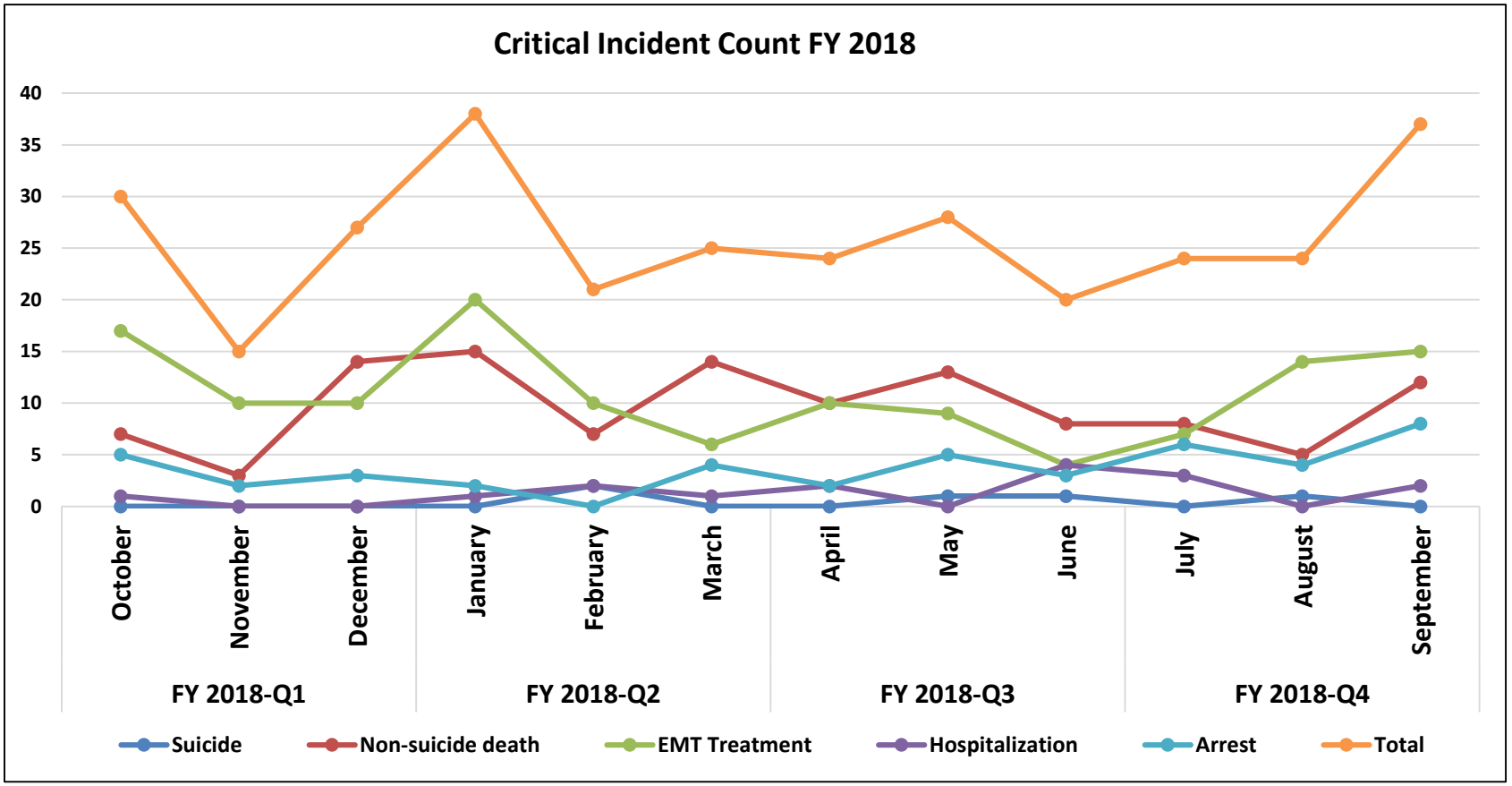
MMBPIS - Fiscal Year 2018

MMBPIS Indicator		Q1 2018	Q2 2018	Q3 2018	Q4 2018
Pre-Admission Screening Children	SWMBH	97.94%	98.91%	97.79%	98.86%
Pre-Admission Screening Adults	SWMBH	97.88%	98.23%	98.37%	99.32%
Request to Intake MI Children	SWMBH	97.43%	97.76%	95.75%	98.60%
Request to Intake MI Adults	SWMBH	99.52%	98.75%	96.24%	99.43%
Request to Intake DD Children	SWMBH	100.00%	97.37%	100.00%	100.00%
Request to Intake DD Adults	SWMBH	100.00%	100%	100.00%	100.00%
Request to Intake SA	SWMBH	97.04%	98.12%	97.36%	98.44%
First Service MI Children	SWMBH	95.67%	96.96%	96.82%	97.18%
First Service MI Adults	SWMBH	96.06%	96.61%	97.75%	97.10%
First Service DD Children	SWMBH	100.00%	100%	100.00%	100.00%
First Service DD Adults	SWMBH	100.00%	97.30%	100.00%	93.10%
First Service SA	SWMBH	95.21%	95.82%	97.30%	95.35%
IP Follow Up Children	SWMBH	96.55%	100.00%	100.00%	92.59%
IP Follow Up Adults	SWMBH	99.25%	98.48%	97.88%	96.98%
Detox Follow Up	SWMBH	97.24%	95.24%	95.97%	95.08%
IP Recidivism Children	SWMBH	0.00%	7.89%	5.13%	8.11%
IP Recidivism Adults	SWMBH	10.14%	8.99%	13.25%	7.41%
Overall Results	SWMBH	17/17	17/17	17/17	15/17

2018

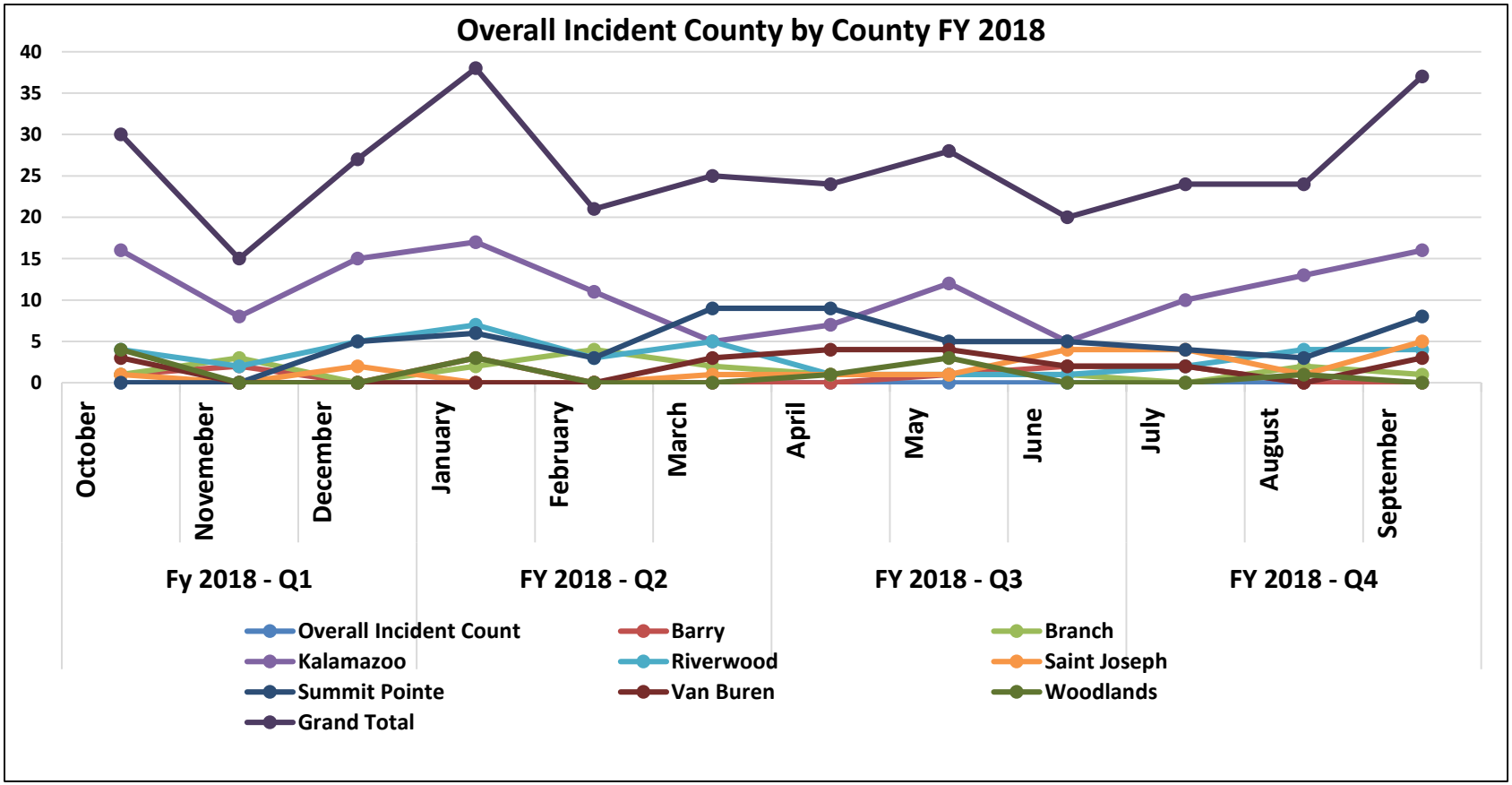
Critical Incident Analysis

Critical Incident (CI) Analysis – Fiscal Year 2018



CRITICAL INCIDENT COUNT														
	FY 2018-Q1			FY 2018-Q2			FY 2018-Q3			FY 2018-Q4				
	October	November	December	January	February	March	April	May	June	July	August	September	Total:	Average:
Suicide	0	0	0	0	2	0	0	1	1	0	1	0	5	1
Non-suicide death	7	3	14	15	7	14	10	13	8	8	5	12	116	23.2
EMT Treatment	17	10	10	20	10	6	10	9	4	7	14	15	132	26.4
Hospitalization	1	0	0	1	2	1	2	0	4	3	0	2	16	3.2
Arrest	5	2	3	2	0	4	2	5	3	6	4	8	44	8.8
Total	30	15	27	38	21	25	24	28	20	24	24	37	313	62.6

Critical Incident (CI) Analysis – Fiscal Year 2018



	FY 2018 - Q1			FY 2018 - Q2			FY 2018 - Q3			FY 2018 - Q4		
Overall Incident Count	October	Novemeber	December	January	February	March	April	May	June	July	August	September
Barry	1	2	0	3	0	0	0	1	2	2	0	0
Branch	1	3	0	2	4	2	1	1	1	0	2	1
Kalamazoo	16	8	15	17	11	5	7	12	5	10	13	16
Riverwood	4	2	5	7	3	5	1	1	1	2	4	4
Saint Joseph	1	0	2	0	0	1	1	1	4	4	1	5
Summit Pointe	0	0	5	6	3	9	9	5	5	4	3	8
Van Buren	3	0	0	0	0	3	4	4	2	2	0	3
Woodlands	4	0	0	3	0	0	1	3	0	0	1	0
Grand Total	30	15	27	38	21	25	24	28	20	24	24	37

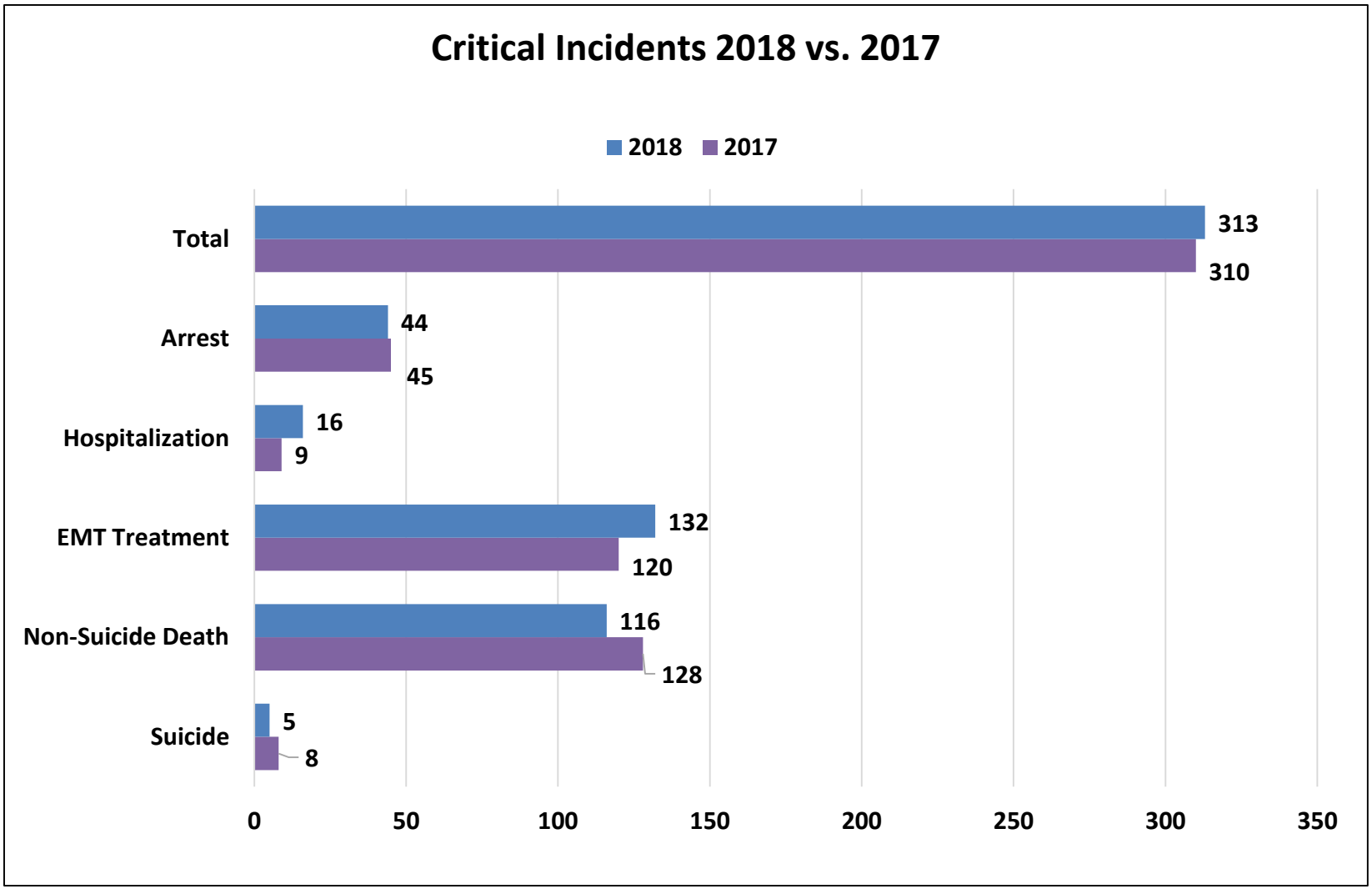
Critical Incident (CI) Analysis – Fiscal Year 2018

1000s Served	FY 2018-Q1			FY 2018-Q2			FY 2018-Q3			FY 2018-Q4		
	October	November	December	January	February	March	April	May	June	July	August	September
Barry	18.57	18.80	18.96	19.16	19.33	19.48	19.66	19.85	20.01	20.19	20.39	20.62
Branch	18.38	18.54	18.67	18.86	19.03	19.17	19.31	19.44	19.61	19.76	19.94	20.10
Kalamazoo	88.70	89.59	90.45	91.23	91.77	92.41	93.00	93.72	94.39	95.04	95.80	96.44
Riverwood	63.88	64.39	64.86	65.40	65.82	66.23	66.58	67.06	67.41	67.86	68.23	68.59
Saint Joseph	27.02	27.27	27.49	27.77	27.93	28.18	28.36	28.58	28.75	28.93	29.14	29.33
Summit Pointe	61.99	62.48	62.94	64.43	63.88	64.37	28.36	65.41	65.88	66.35	66.85	67.26
Van Buren	34.75	35.06	35.34	35.63	35.82	36.07	36.29	36.58	36.90	37.12	37.41	37.66
Woodlands	19.07	19.28	19.44	19.62	19.70	19.86	20.00	20.15	20.27	20.39	20.54	20.67

CRITICAL INCIDENTS PER 1000 SERVED	FY 2018-Q1			FY 2018-Q2			FY 2018-Q3			FY 2018-Q4		
	October	November	December	January	February	March	April	May	June	July	August	September
Barry	0.05	0.11	0.00	0.16	0.00	0.00	0.00	0.05	0.10	0.10	0.00	0.00
Branch	0.05	0.16	0.00	0.11	0.21	0.10	0.05	0.05	0.05	0.00	0.10	0.05
Kalamazoo	0.18	0.09	0.17	0.19	0.12	0.05	0.08	0.13	0.05	0.11	0.14	0.17
Riverwood	0.06	0.03	0.08	0.11	0.05	0.08	0.02	0.01	0.01	0.03	0.06	0.06
Saint Joseph	0.04	0.00	0.07	0.00	0.00	0.04	0.04	0.03	0.14	0.14	0.03	0.17
Summit Pointe	0.00	0.00	0.08	0.09	0.05	0.14	0.14	0.08	0.08	0.06	0.04	0.12
Van Buren	0.09	0.00	0.00	0.00	0.00	0.08	0.11	0.11	0.05	0.05	0.00	0.08
Woodlands	0.21	0.00	0.00	0.15	0.00	0.00	0.05	0.15	0.00	0.00	0.05	0.00

CRITICAL INCIDENTS PER 1000 SERVED BY TYPE (ALL)	FY 2018-Q1			FY 2018-Q2			FY 2018-Q3			FY 2018-Q4		
	October	November	December	January	February	March	April	May	June	July	August	September
Arrest	0.06	0.02	0.05	0.03	0.00	0.06	0.03	0.05	0.03	0.06	0.04	0.08
EMT Treatment	0.19	0.11	0.11	0.22	0.11	0.06	0.11	0.10	0.04	0.07	0.15	0.16
Hospitalization	0.01	0.00	0.00	0.01	0.02	0.03	0.02	0.00	0.06	0.03	0.00	0.03
Non-Suicide Death	0.08	0.03	0.15	0.16	0.08	0.15	0.11	0.14	0.08	0.08	0.05	0.12
Suicide	0.00	0.00	0.00	0.00	0.03	0.00	0.00	0.03	0.03	0.00	0.01	0.00
Total	0.34	0.16	0.31	0.42	0.24	0.30	0.27	0.32	0.24	0.24	0.25	0.39

Critical Incident (CI) Analysis – Fiscal Year 2018

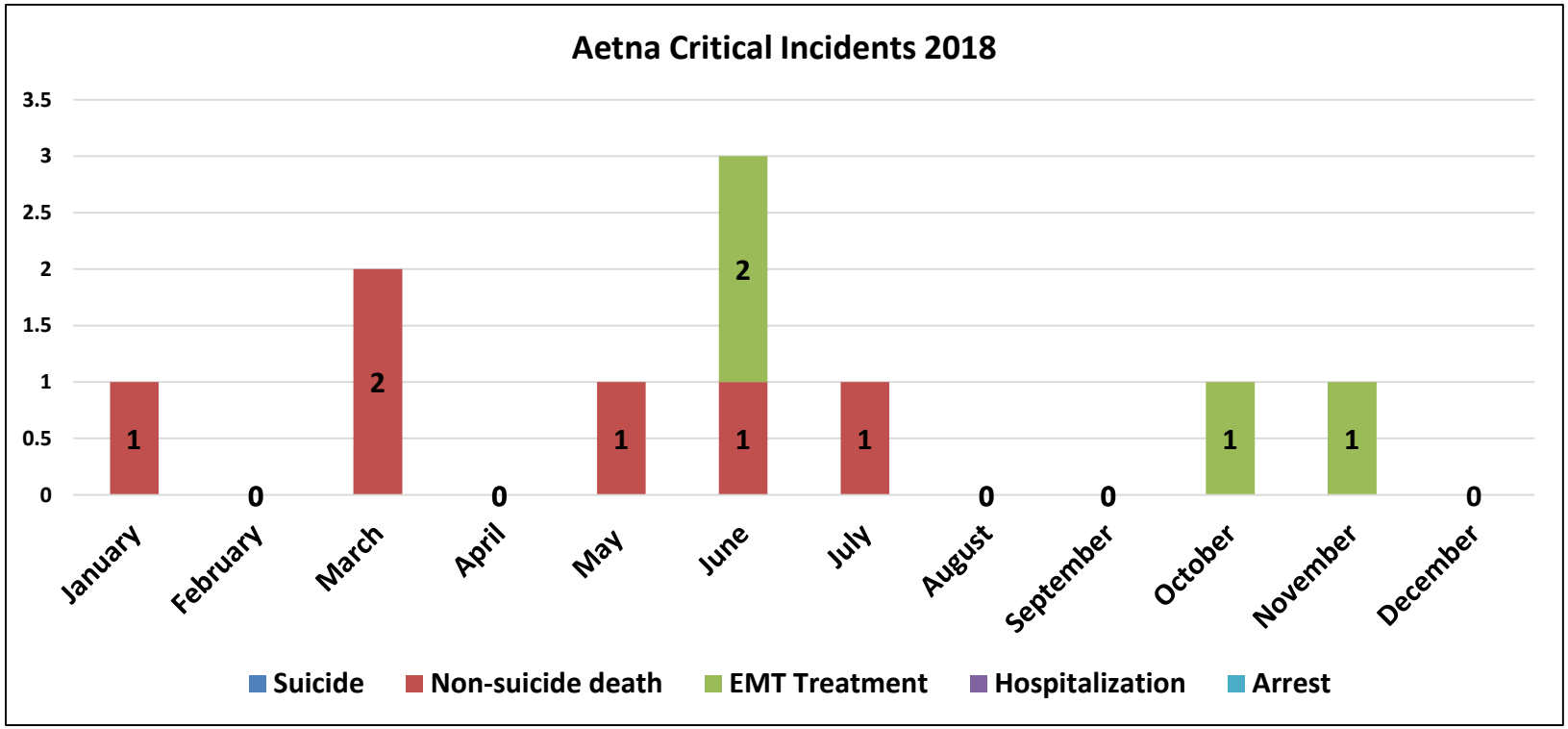


2018

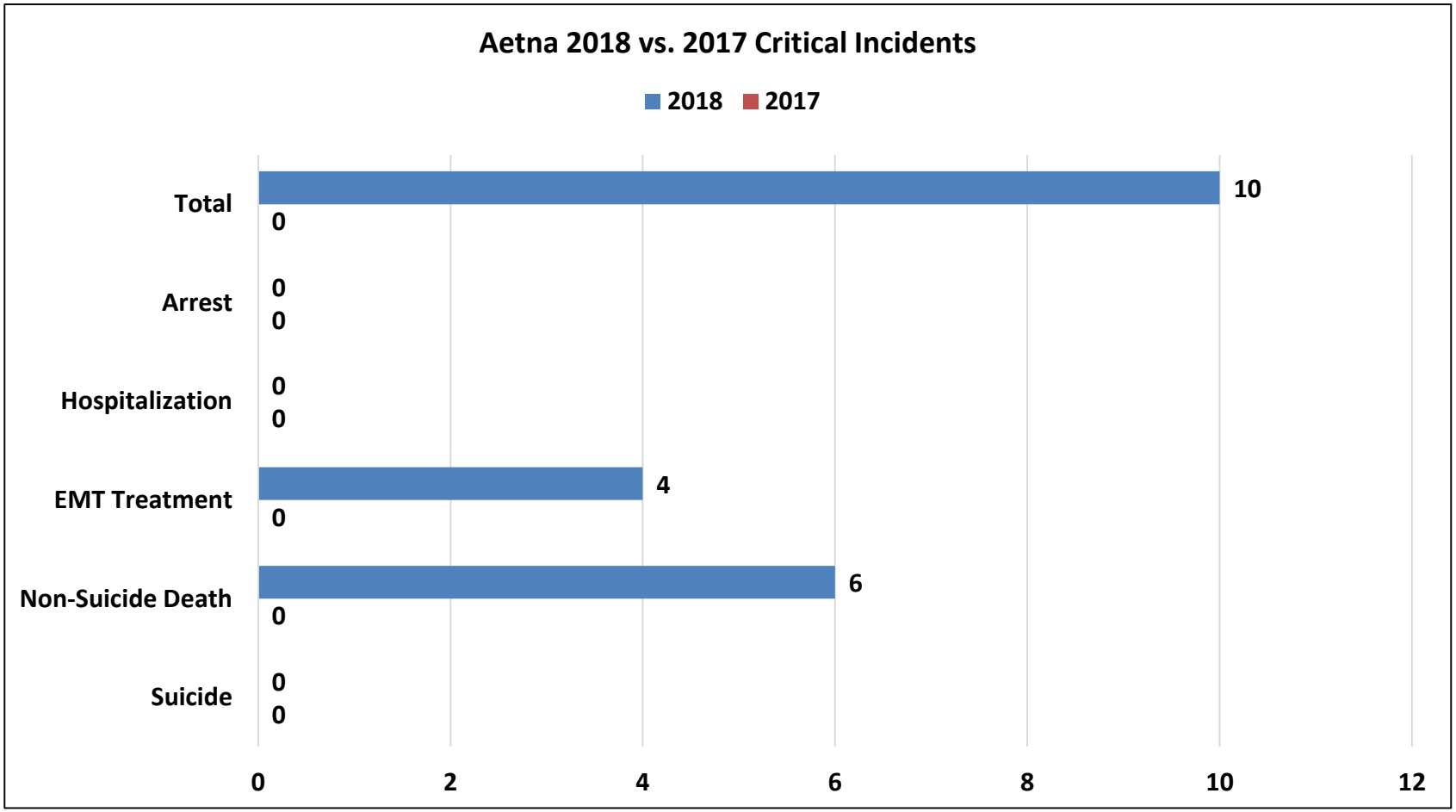
MI Health Link Critical Incident Analysis

Aetna Critical Incident (CI) Analysis Calendar Year 2018

	2018-Q1			2018-Q2			2018-Q3			2018-Q4		
	January	February	March	April	May	June	July	August	September	October	November	December
Suicide	0	0	0	0	0	0	0	0	0	0	0	0
Non-suicide death	1	0	2	0	1	1	1	0	0	0	0	0
EMT Treatment	0	0	0	0	0	2	0	0	0	1	1	0
Hospitalization	0	0	0	0	0	0	0	0	0	0	0	0
Arrest	0	0	0	0	0	0	0	0	0	0	0	0
Total	1	0	2	0	1	3	1	0	0	1	1	0



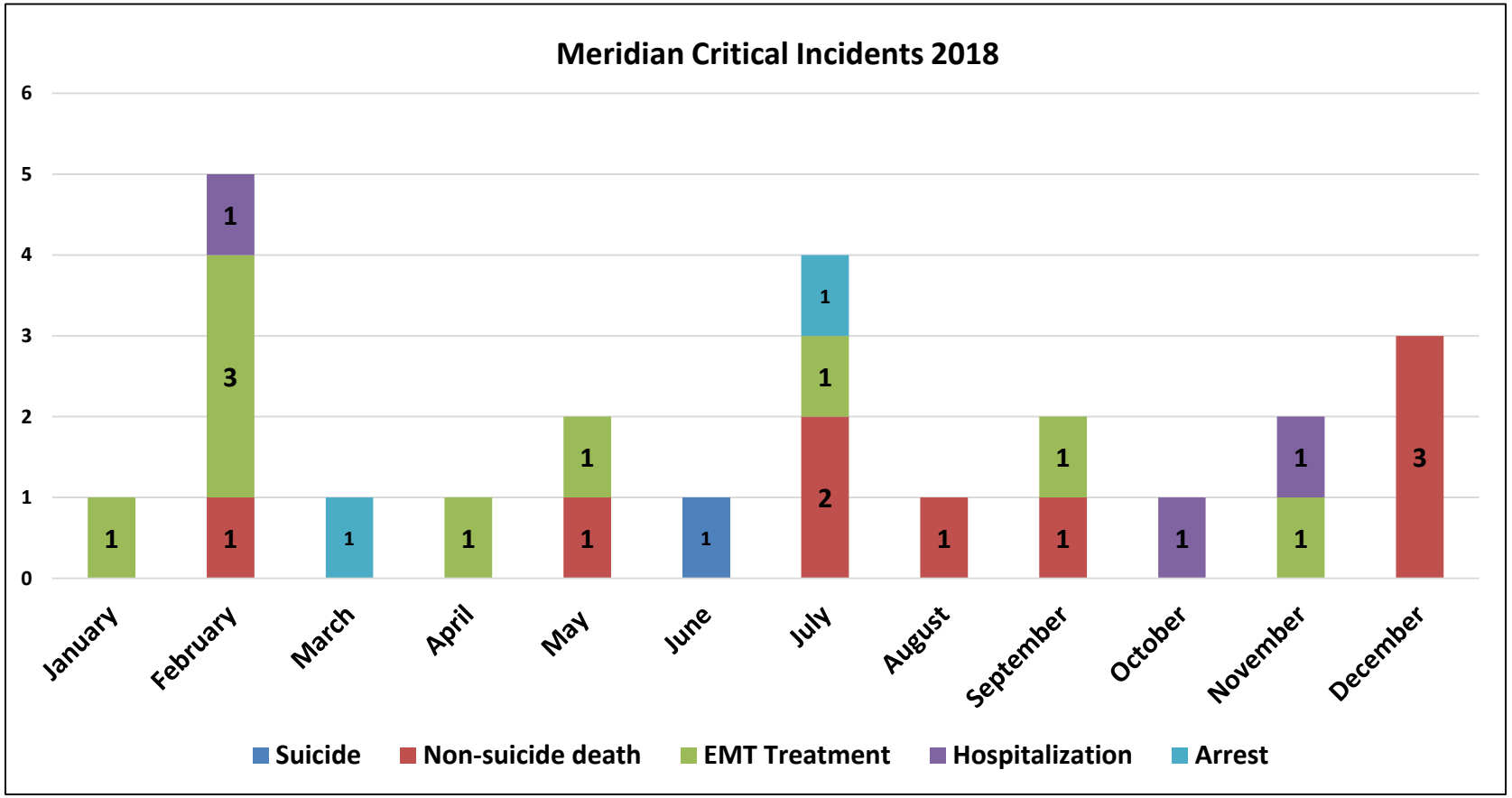
Aetna Critical Incident (CI) Analysis Calendar Year 2018



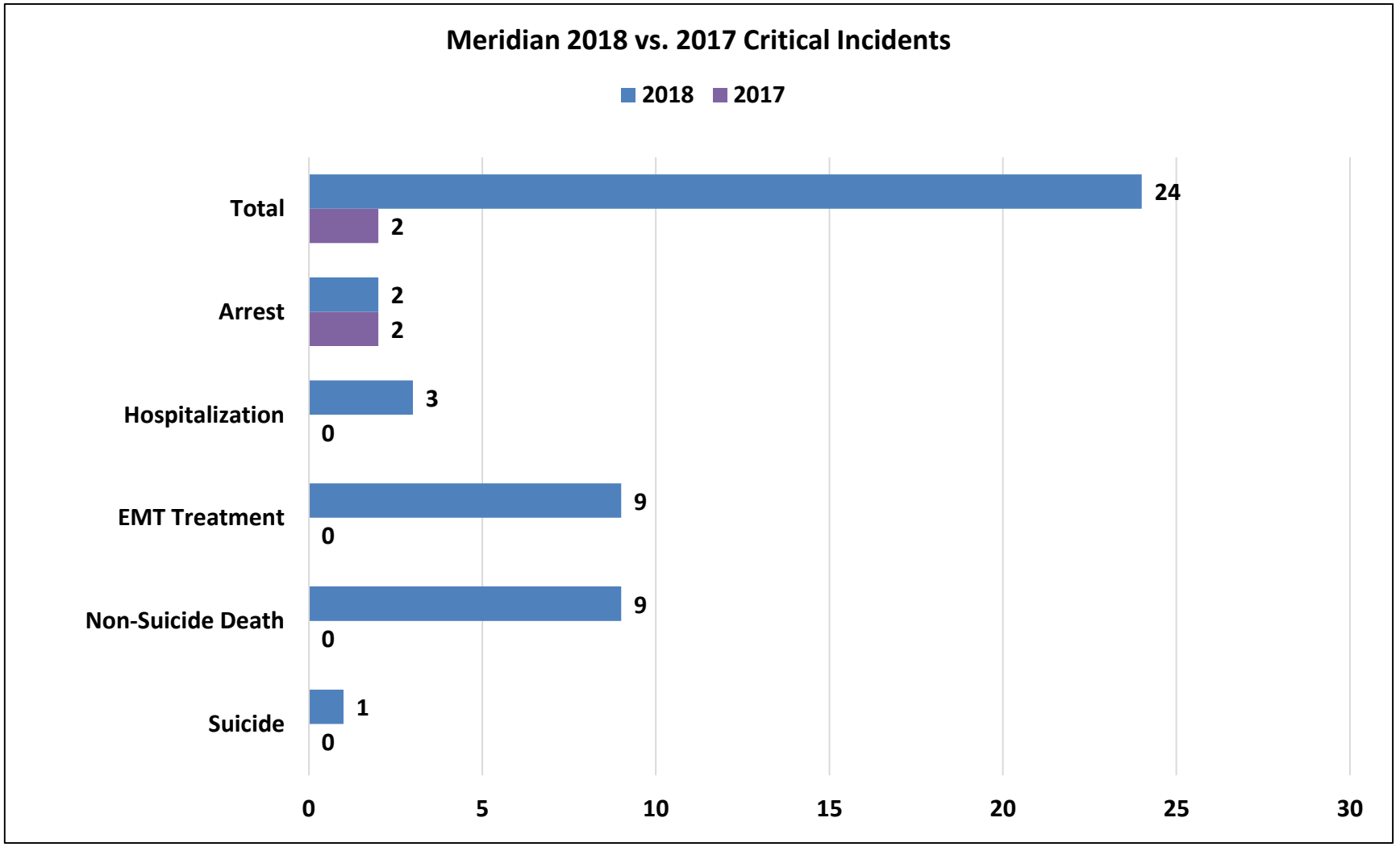
Analysis: In CY 2017, there was a total of (0) Critical Incidents reported to SWMBH for enrolled Aetna Members as compared to (10) in 2018.

Meridian Critical Incident (CI) Analysis Calendar Year 2018

	2018-Q1			2018-Q2			2018-Q3			2018-Q4		
	January	February	March	April	May	June	July	August	September	October	November	December
Suicide	0	0	0	0	0	1	0	0	0	0	0	0
Non-suicide death	0	1	0	0	1	0	2	1	1	0	0	3
EMT Treatment	1	3	0	1	1	0	1	0	1	0	1	0
Hospitalization	0	1	0	0	0	0	0	0	0	1	1	0
Arrest	0	0	1	0	0	0	1	0	0	0	0	0
Total	1	5	1	1	2	1	4	1	2	1	2	3



Meridian Critical Incident (CI) Analysis Calendar Year 2018

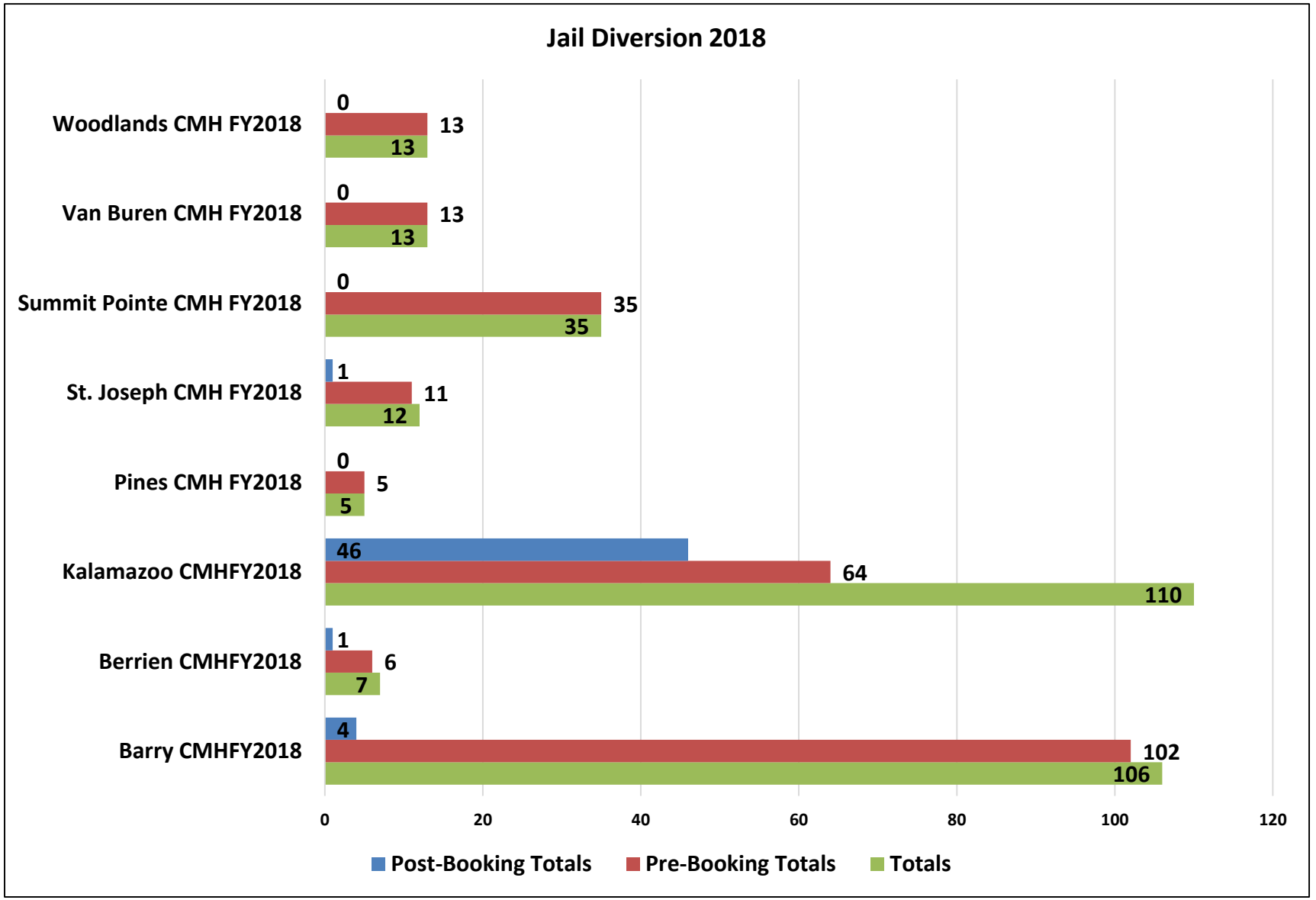


Analysis: In CY 2017, there was a total of (2) Critical Incidents reported to SWMBH for enrolled Meridian Members as compared to (24) in 2018.

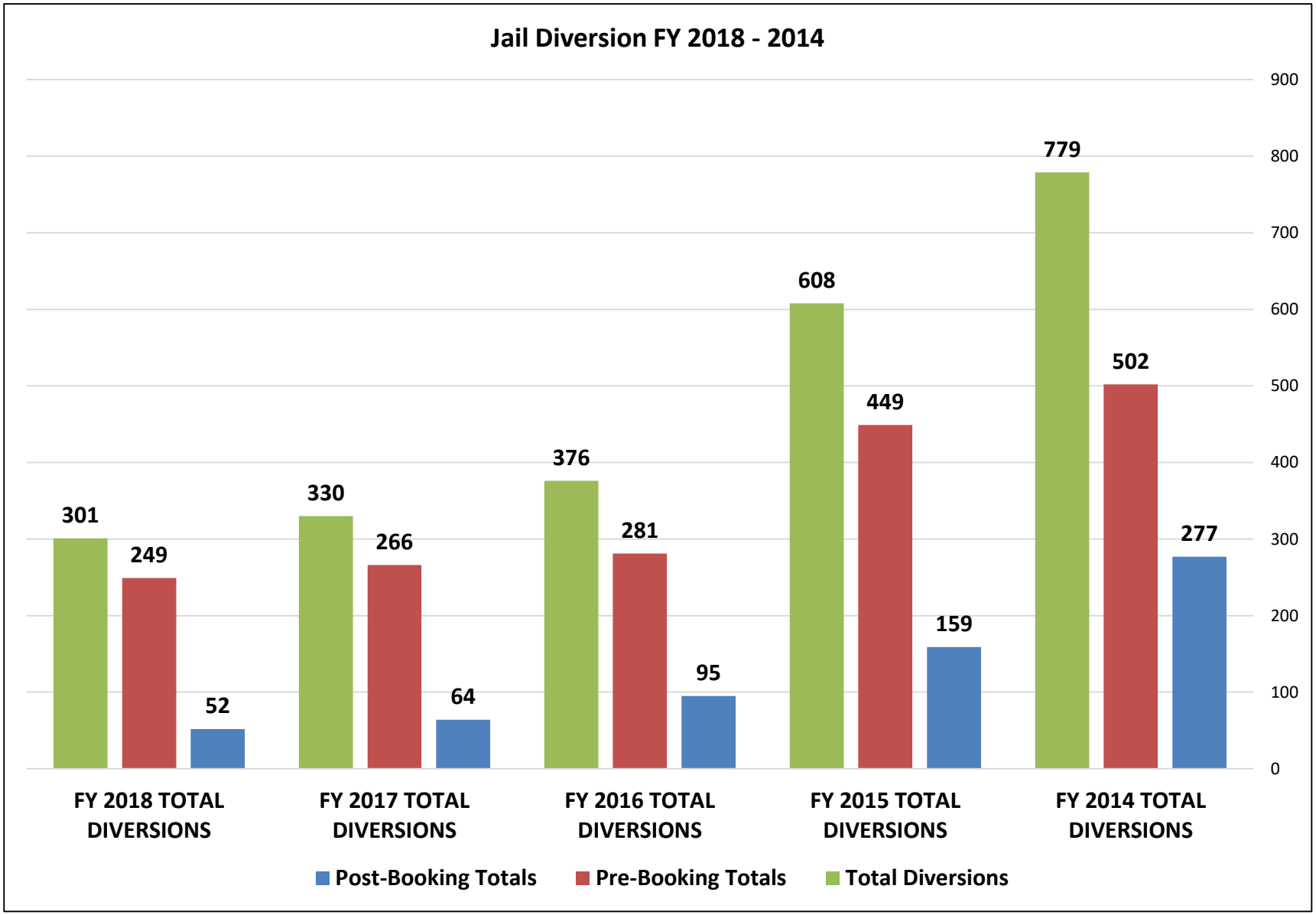
2018

Jail Diversion Data

Jail Diversion Data – FY 2018



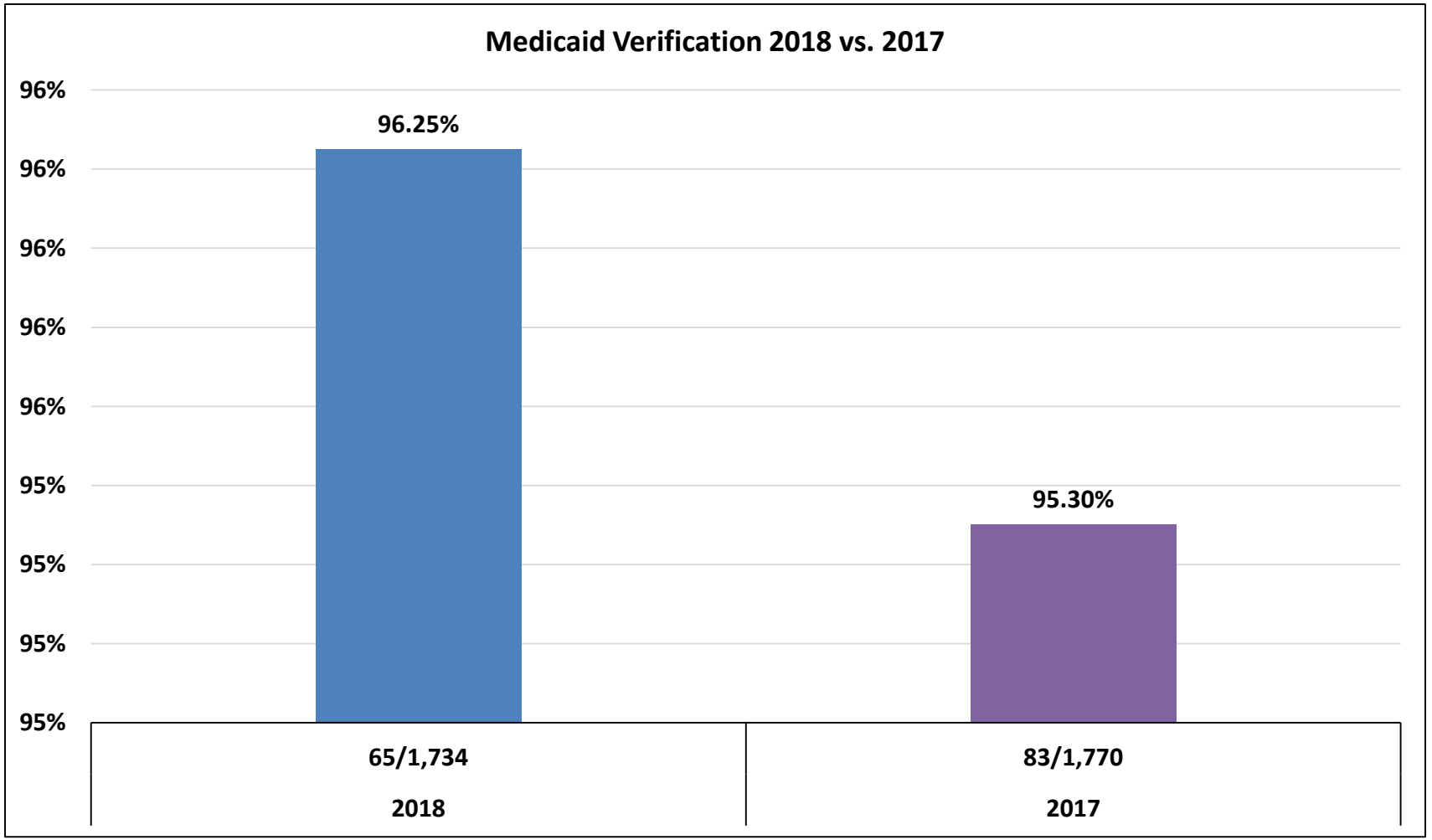
Jail Diversion Data – FY 2018



2018

Medicaid Verification

Medicaid Verification Data – FY 2018



Analysis: SWMBH Compliance Department completed the annual Medicaid Verification review using the sampling methodology in accordance with the Office of Inspector General standards. Overall the score in 2018 was 96.25% with 1,734 Claims were reviewed with a total of 1,669 claims verified to be a valid service reimbursable by Medicaid. A total of 65 claims were noted as having deficiencies and could not be verified during the review.

2018

Site Reviews

2018 Site Reviews

2018 Provider Network CMHSP Site Reviews

Administrative and Delegated Function Site Review Summary Score		
Standard	2018 Section Score	2017 Section Score
Access and Utilization Management	76.9%	*90%*
Claims Management	70.8%	*78%*
Compliance	80.5%	*100%*
Credentialing	98.2%	*97%*
Customer Services	96.8%	*96 %*
Grievances and Appeals	94.2%	*96%*
Provider Network	86.9%	*95%*
Quality	84.6%	*92%*
Staff Training	98.5%	*95%*
SUD EBP Fidelity and Administration	99.0%	*98%*

- Red indicates Section Score decreased from 2017.
- Green Indicates Section Score increased from 2017.

- Red indicates Section Score decreased from 2017.
- Green Indicates Section Score increased from 2017.

2018 Site Reviews

2018 CMHSP Site Review –Quality

Standard	Total
The Participant has developed a written description of a Quality Improvement Plan that details improvement efforts for the current fiscal year.	*100%*
Within three business days of a critical incident the CMH has made a determination of whether it is a sentinel event. If the critical incident is classified as a sentinel event, the CMH has commenced a root cause analyses within 2 business days.	*50%*
All unexpected deaths of Medicaid beneficiaries, who at the time of their deaths were receiving specialty supports and services, must be reviewed and must include: 1. Screens of individual deaths with standard information (e.g., coroner's report, death certificate)	*80%*
All unexpected deaths of Medicaid beneficiaries, who at the time of their deaths were receiving specialty supports and services, must be reviewed and must include: 2. Involvement of medical personnel in the mortality reviews	*90%*
All unexpected deaths of Medicaid beneficiaries, who at the time of their deaths were receiving specialty supports and services, must be reviewed and must include: 3. Documentation of the mortality review process, findings, and recommendations	*100%*
All unexpected deaths of Medicaid beneficiaries, who at the time of their deaths were receiving specialty supports and services, must be reviewed and must include: 4. Use of mortality information to address quality of care	*90%*
The Participant has a BTPR that meets MDHHS technical requirements. The committee consists of at least a licensed Psychologist with specified training and experience in applied behavior analysis, licensed Physician / Psychiatrist and a representative from the office of Recipient Rights.	*100%*
The Participant is providing BTPR information and minutes to SWMBH QAPI Department that meet SWMBH policy requirements	*69%*
The BTPR committee has an established mechanism for expedited review of a proposed behavior treatment plan in emergent situations. "Expedited" means the plan is reviewed and approved in a short time frame such as 24 or 48 hours.	*100%*
MMBPIS indicators correctly identify individuals with Medicaid coverage.	*100%*
MMBPIS indicators correctly identify population.	*94%*
MMBPIS indicators correctly identify exception/exclusion type.	*69%*
MMBPIS indicators correctly identify exception/exclusion reason.	*56%*
Average Regional Score	**84%**

2018

External Audit and Reviews Compliance

NCQA – National Committee for Quality Assurance

On March 2, 2018 Southwest Michigan Behavioral Health (SWMBH) earned full Managed Behavioral Health Organization (MBHO) Accreditation for their MI Health Link Business Line from the National Committee for Quality Assurance (NCQA). NCQA is an independent 501(c) (3) not-for-profit organization dedicated to improving health care quality and has been a central figure in helping to elevate the issue of healthcare quality in the national agenda by driving improvement throughout the health care system.

Accreditation is a nationally recognized evaluation that consumers, providers, and regulators may use to assess managed NCQA behavioral health organizations (MBHOs). NCQA evaluates the implementation of evidence-based standards, measures, programs, and continuous quality improvement practices by organizations striving for excellence in administration and delivery of services. The NCQA review process includes rigorous on-site and off-site evaluations conducted by a team of physicians and managed care experts. A national oversight committee of physicians and behavioral health providers analyzes the team's findings and assigns an accreditation level based on the MBHO's performance compared to NCQA standards. For more information: http://www.ncqa.org/programs/accreditation/managed-behavioral-healthcareorganization-mbho

2018 Health Services Advisory Group (HSAG) Performance Measure Validation Results

The following report represents a Summary of preliminary finding during the Health Services Advisory Group (HSAG) Performance Measure Validation Audit that took place on July 18, 2017 at Southwest Michigan Behavioral Health.

Results:
40/41 or 97.56% Of Total Elements Evaluated received a designation score of "Met", "Reportable", or "Accepted".

This meets *successful completion of our 2017 Board Ends Metric*, which indicates: 95% of Elements Evaluated/Measured, shall receive a score of "Met".

The detailed results for each category and element evaluated can be found below:

Scoring Category	Performance Results
Accepted	3/3 – 100% Data Integration Elements Evaluated were ***"Accepted"*** and met full compliance standards.
Reportable	11/12 – 92.0% Performance Indicators Evaluated were ***"Reportable"*** and compliant with the State's specifications and the percentage reported.
Met	13/13 – 100% Data Integration and Control Elements Evaluated ***"Met"*** full compliance standards.
Met	13/13 – 100% Numerator and Denominator Elements Evaluated **s** full compliance Standards.

Data Integration, Control and Performance Indicator Elements Evaluated:

Standard	Scoring Criteria "Acceptable or "Not Acceptable"	Recommendation
1). Data Integration	Acceptable – 100%	Full Compliance
2). Data Control	Acceptable – 100%	Full Compliance
3). Performance Indicator Documentation	Acceptable – 100%	Full Compliance

2018

Utilization Management Program Evaluation

2018

Grievance and Appeals

2018 Grievance and Appeals

Customer Service Information: (Measurement Period: October 1, 2017 – September 30, 2018)

- In FY 18 Customer Service Fielded 4998 phone calls
- Completed 795 follow up calls
- 705 members were discharged form Substance Use Disorder Residential Settings
- 90 members were discharged from Inpatient Psychiatric setting

In FY 18 Customer Service Managed/provided oversite of 422 grievances and appeals:
❖ MA/HMP/BG Appeals reported: **57**
❖ MA/HMP/BG Grievances reported: **323***
❖ MA/HMP/BG/MHL Inquiries reported: **311**
❖ MA/MHL Fair Hearings reported: **11**
❖ MA/HMP/BG Second Opinions reported: **8**
❖ MI Health Link Grievances reported**: 20**
❖ MI Health Link Appeals reported: **5**

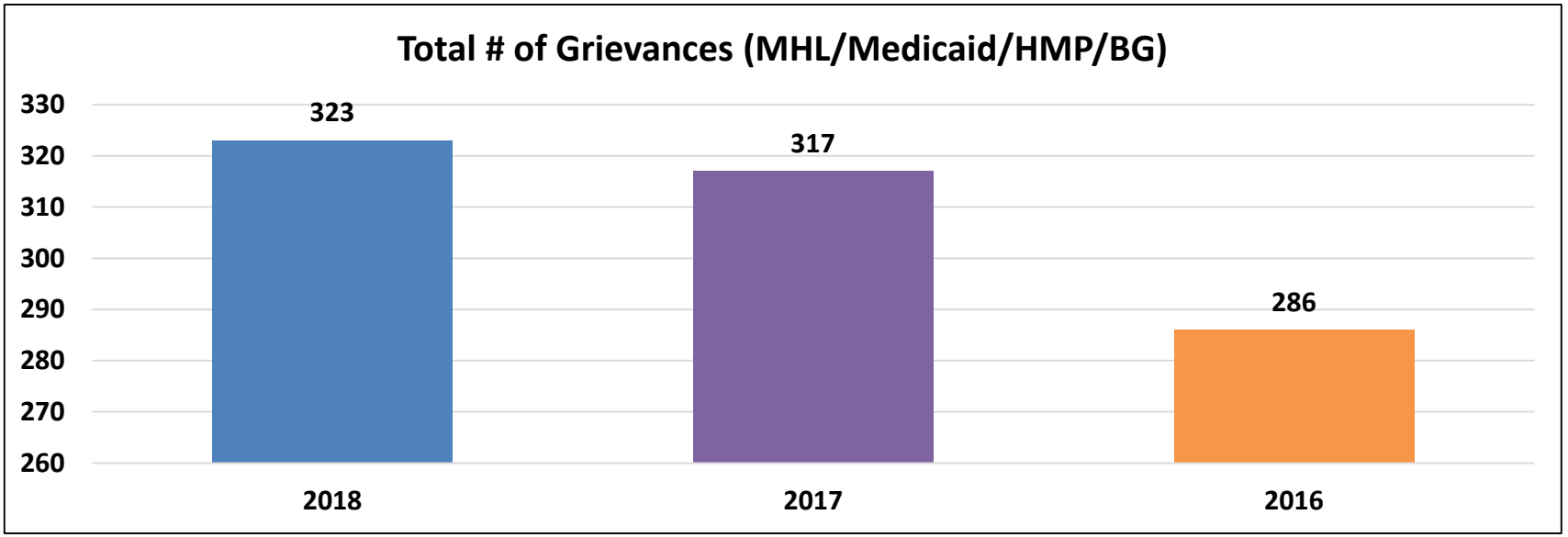
2018 Grievance and Appeals

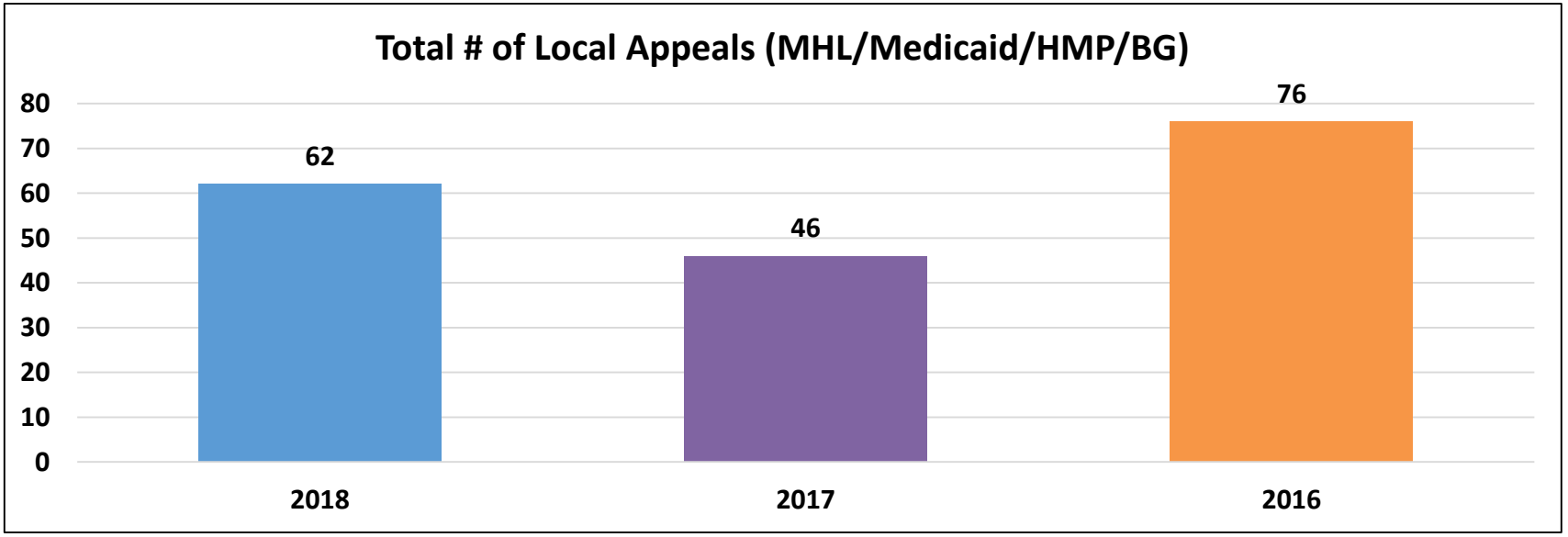
Southwest Michigan Behavioral Health Customer Grievance and Appeal Data FY 2017 - 2018 SWMBH REGIONAL TOTAL (MA/HMP/BG)						
Activity	**Outcome**	**Q1**	**Q2**	**Q3**	**Q4**	**Total Events:**
Local Appeals Including: Termination Reduction Suspension of current services and Denial of additional services	Withdrawn		2	2		**4**
	Decision Upheld/Affirmed	11	7	5	9	**32**
	Decision Overturned	4	4	5	4	**17**
	Settled/Resolved			1	3	**4**
Access 2nd Opinions	Withdrawn					**0**
	Decision Upheld/Affirmed			1		**1**
	Decision Overturned	2				**2**
	Settled/Resolved					**0**
Hospital 2nd Opinions	Withdrawn					**0**
	Decision Upheld/Affirmed		1	2		**3**
	Decision Overturned	1	1			**2**
	Settled/Resolved					**0**
Administrative Medicaid (Fair) Hearing	Withdrawn			2		**2**
	Decision Affirmed	1		1		**2**
	Decision Overturned			1		**1**
	No Show	2		1		**3**
	Settled/Resolved					**0**
Grievances	Withdrawn	4	4	2	4	**14**
	Settled/Resolved	53	69	67	95	**284**
	Recipient Rights Referral	4	5	10	6	**25**
TOTAL Events:		**82**	**93**	**100**	**121**	**396**

2018 Grievance and Appeals

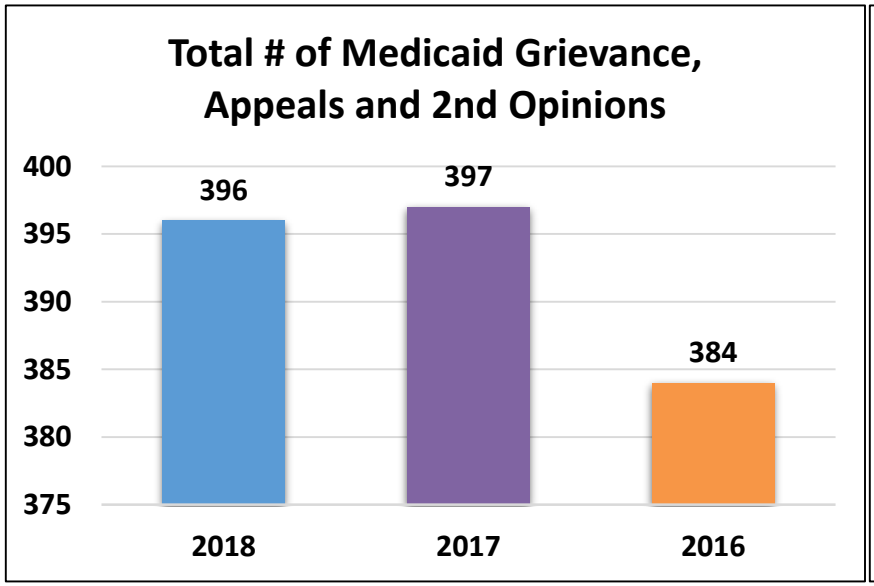
Southwest Michigan Behavioral Health						
Customer Grievance and Appeal Data FY 2017 - 2018						
SWMBH REGIONAL TOTAL (MHL)						
Activity	**Outcome**	**Q1**	**Q2**	**Q3**	**Q4**	**Total Events:**
Local Appeals Including: Termination Reduction Suspension of current services and Denial of additional services	Withdrawn					**0**
	Decision Upheld/Affirmed	3	1		1	**5**
	Decision Overturned					**0**
	Settled/Resolved					**0**
Access 2nd Opinions	Withdrawn					**0**
	Decision Upheld/Affirmed					**0**
	Decision Overturned					**0**
	Settled/Resolved					**0**
Hospital 2nd Opinions	Withdrawn					**0**
	Decision Upheld/Affirmed					**0**
	Decision Overturned					**0**
	Settled/Resolved					**0**
Administrative Medicaid (Fair) Hearing	Withdrawn					**0**
	Decision Affirmed	1				**1**
	Decision Overturned					**0**
	No Show					**0**
	Settled/Resolved					**0**
Grievances	Withdrawn					**0**
	Settled/Resolved	3		12	2	**20**
	Recipient Rights Referral					**0**
TOTAL Events:		**7**	**4**	**12**	**3**	**26**

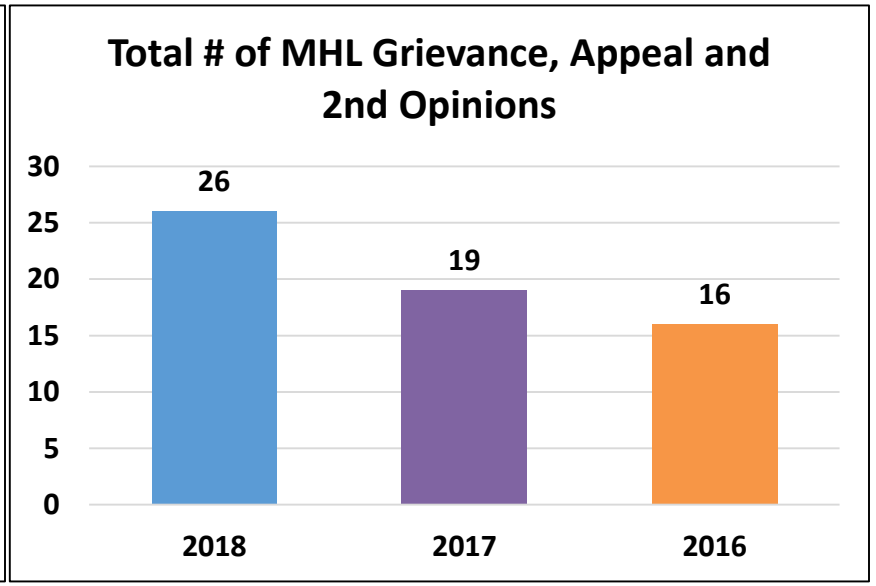
2018 Grievance and Appeals

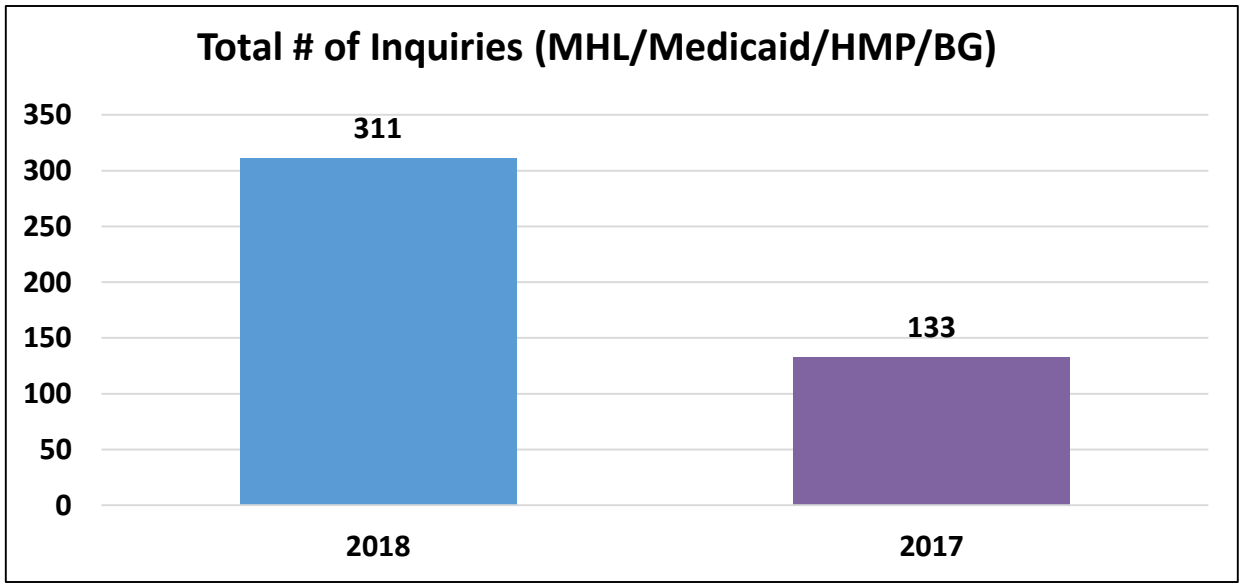




2018 Grievance and Appeals



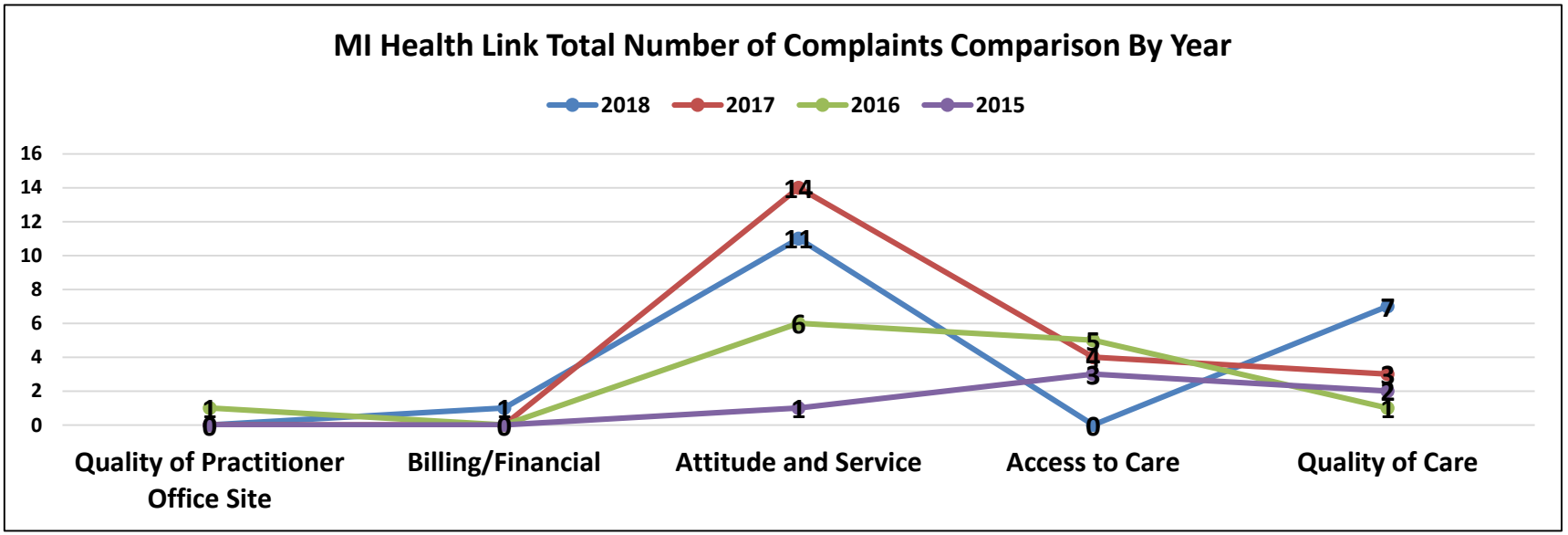


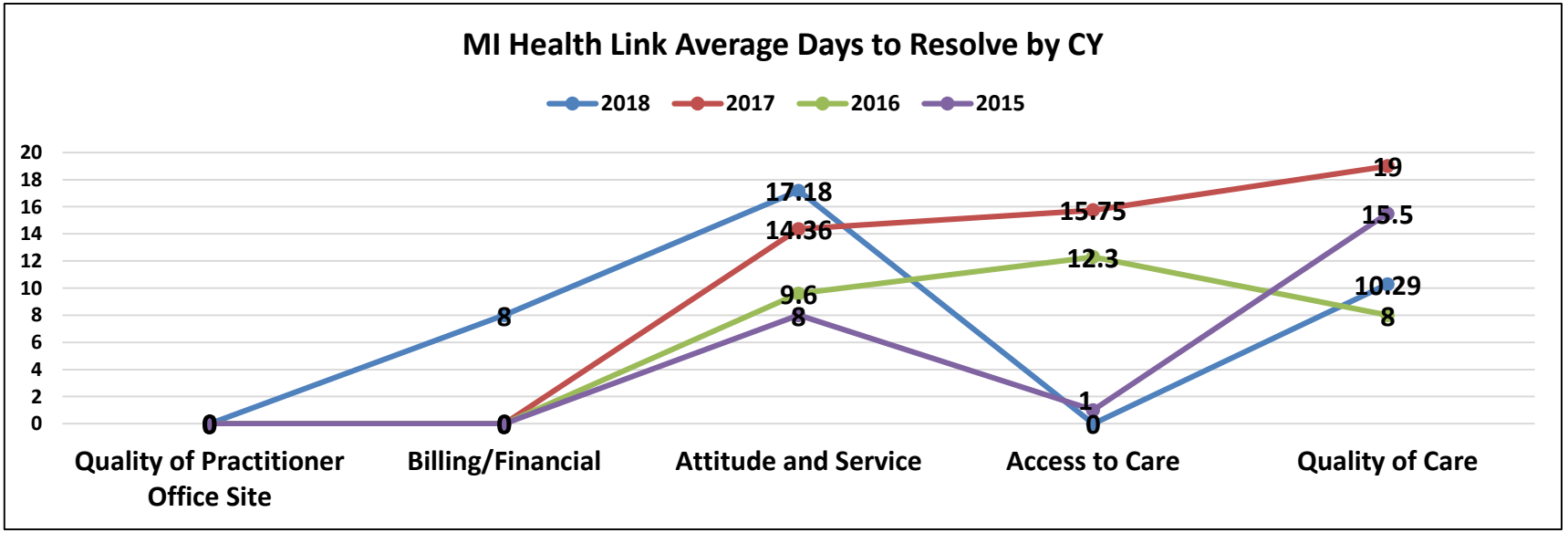


2018

MI Health Link Complaints

2018 MHL Complaints





2018 MHL Qualitative Analysis on Member Complaint Data

Complaints & Grievances- Casual analysis meeting to trend and analyze to access FY 2017 performance, identify opportunities for improvement and implement interventions.

The following table shows the aggregate complaint total and rate per 1,000 MHL members for the past three years

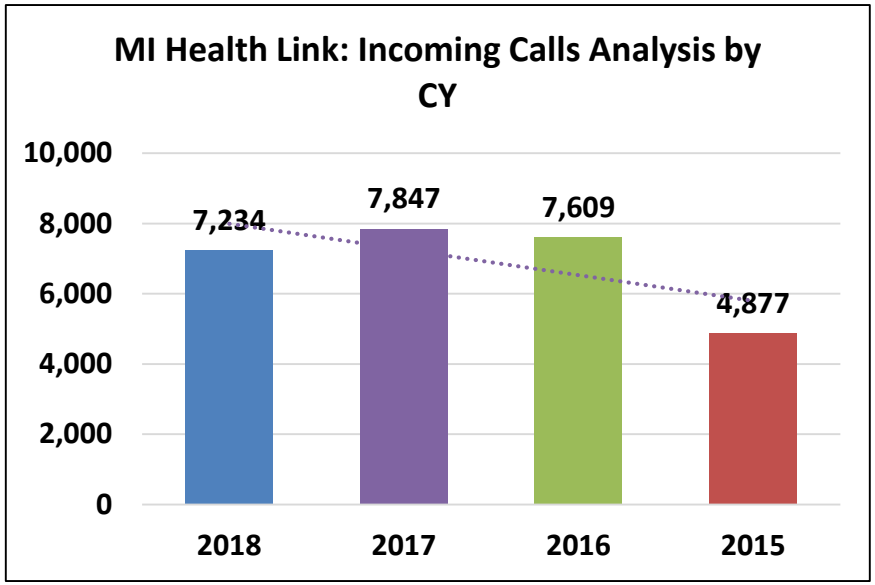
CATEGORY	2018 (9,586 MEMEBRS)	2017 (11,179 MEMBERS)	2016 (8,024 MEMBERS)	2015 (5,186 MEMBERS)
QUALITY OF CARE	3/0.313	3/0.268	1/0.125	2/0.386
ACCESS	0/0	4/0.358	5/0.623	3/0.578
ATTITUDE/SERVICE	11/1.148	14/1.252	6/0.784	1/0.193
BILLING/FINANCIAL	1/0.104	0/0	0/0	0/0
QUALITY OF PRACTITIONER OFFICE SITE	0/0	0/0	1/0.125	0/0
TOTAL	15/1.565	21/1.879	13/1.869	6/1.157

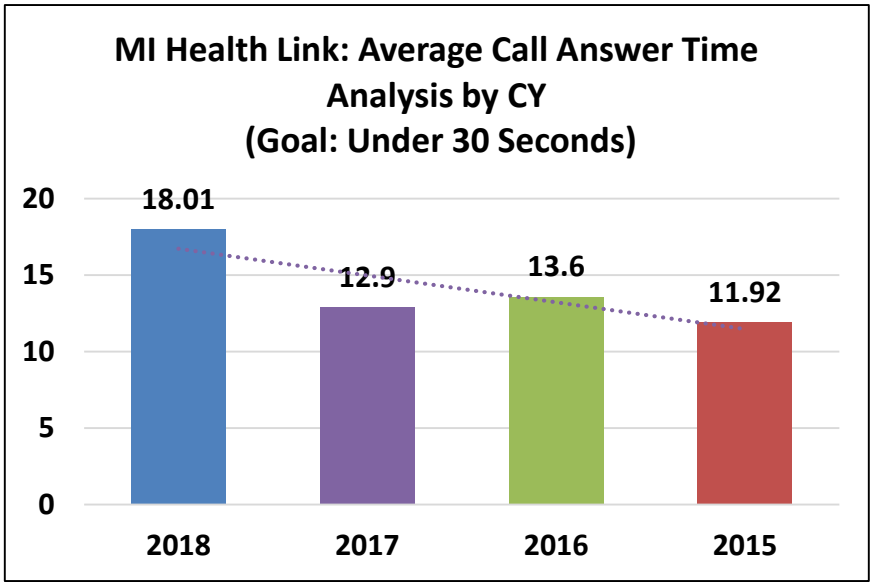
The following table shows complaints calculated by percentage of the above total for each category
Logic: Total Number of Complaint Category Divided by the Total Number of Complaints for the Year.

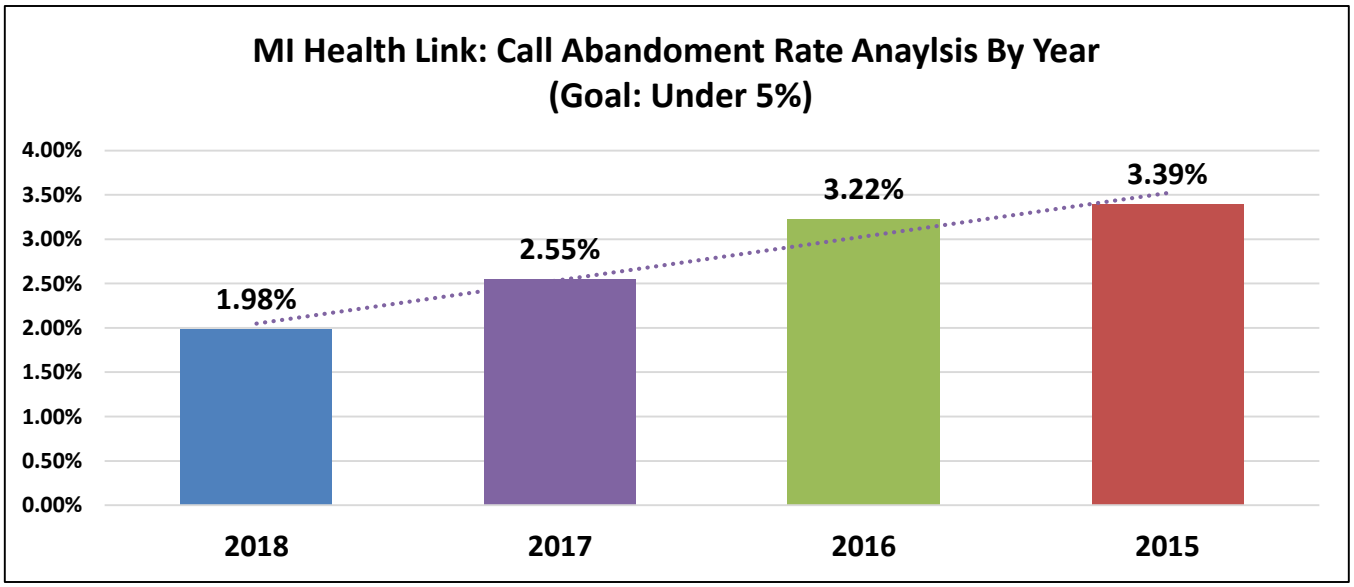
CATEGORY	2018	2017	2016	2015
QUALITY OF CARE	37%	14%	8%	33%
ACCESS	0%	19%	38%	50%
ATTITUDE/SERVICE	58%	67%	46%	17%
BILLING/FINANCIAL	5%	0%	0%	0%
QUALITY OF PRACTITIONER OFFICE SITE	0%	0%	8%	0%

2018
MI Health Link Complaints

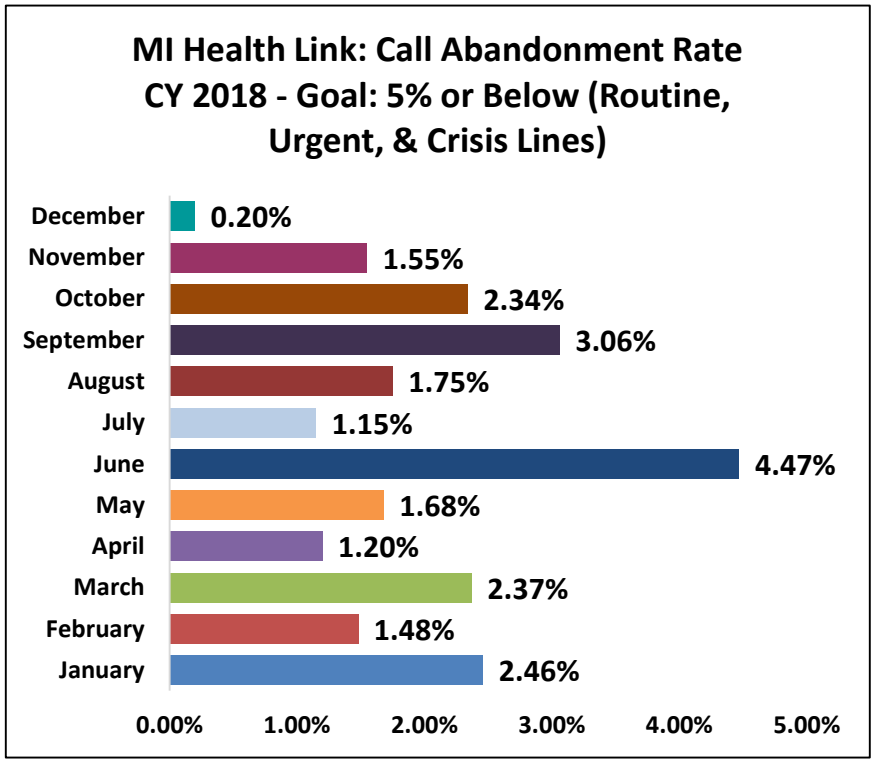
2018 MHL Call Center Data Analysis

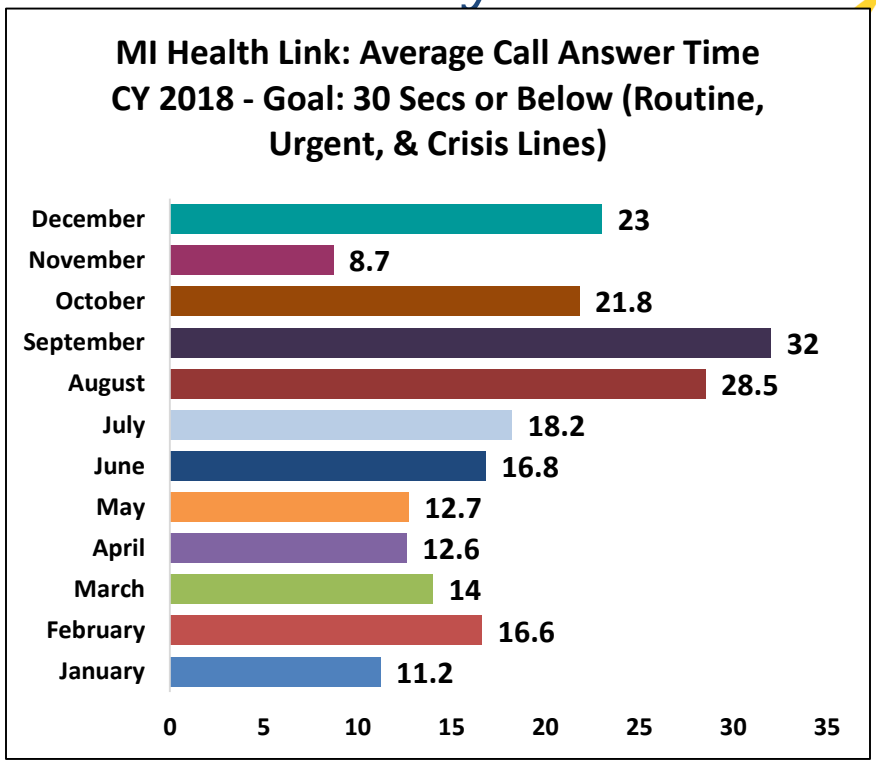


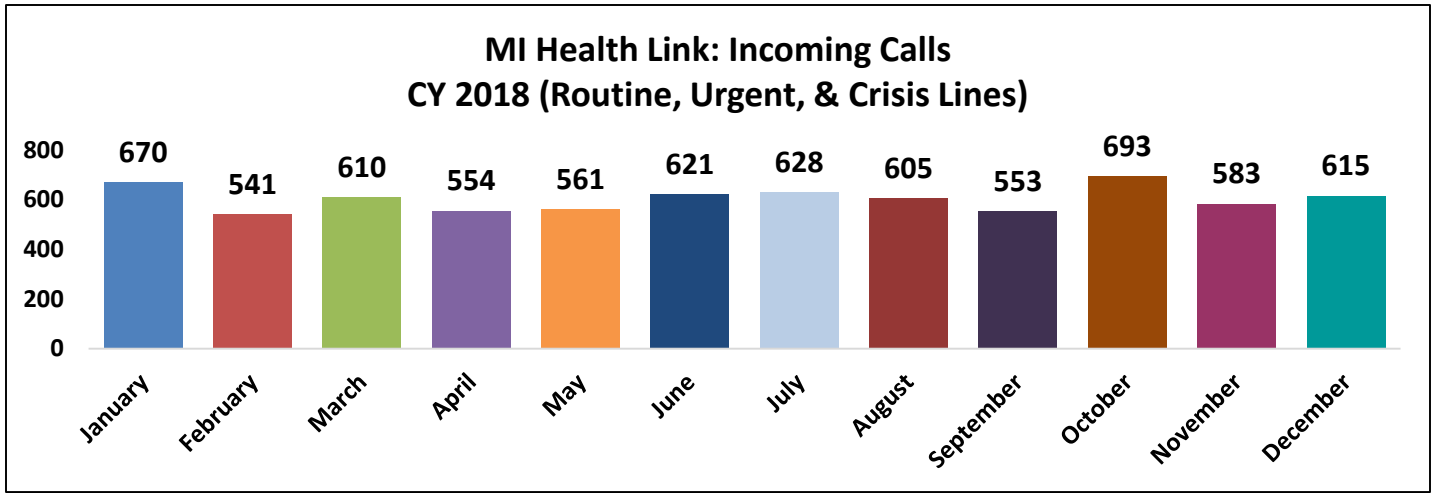




2018 MHL Call Center Data Analysis

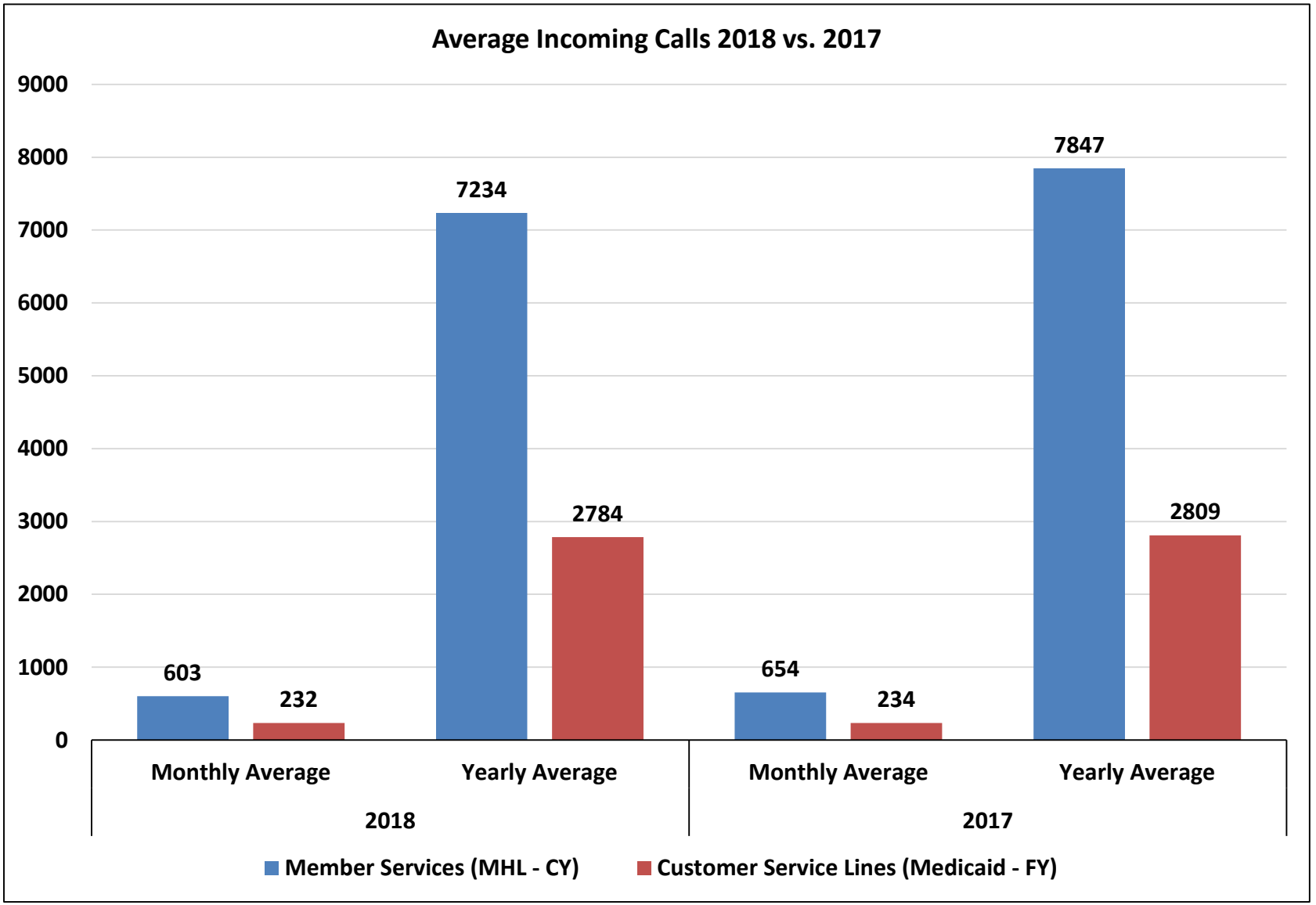






2018
Annual Customer Service Call Analysis by Line

Customer Service Call Center Analysis



2018

Enrollment Eligibility Breakdown in MHL Demonstration

MHL Enrollment by County

*Data includes MI Health Link Business Line for both Aetna and Meridian (ICO Partners) *
Data Snapshot taken 1/23/19

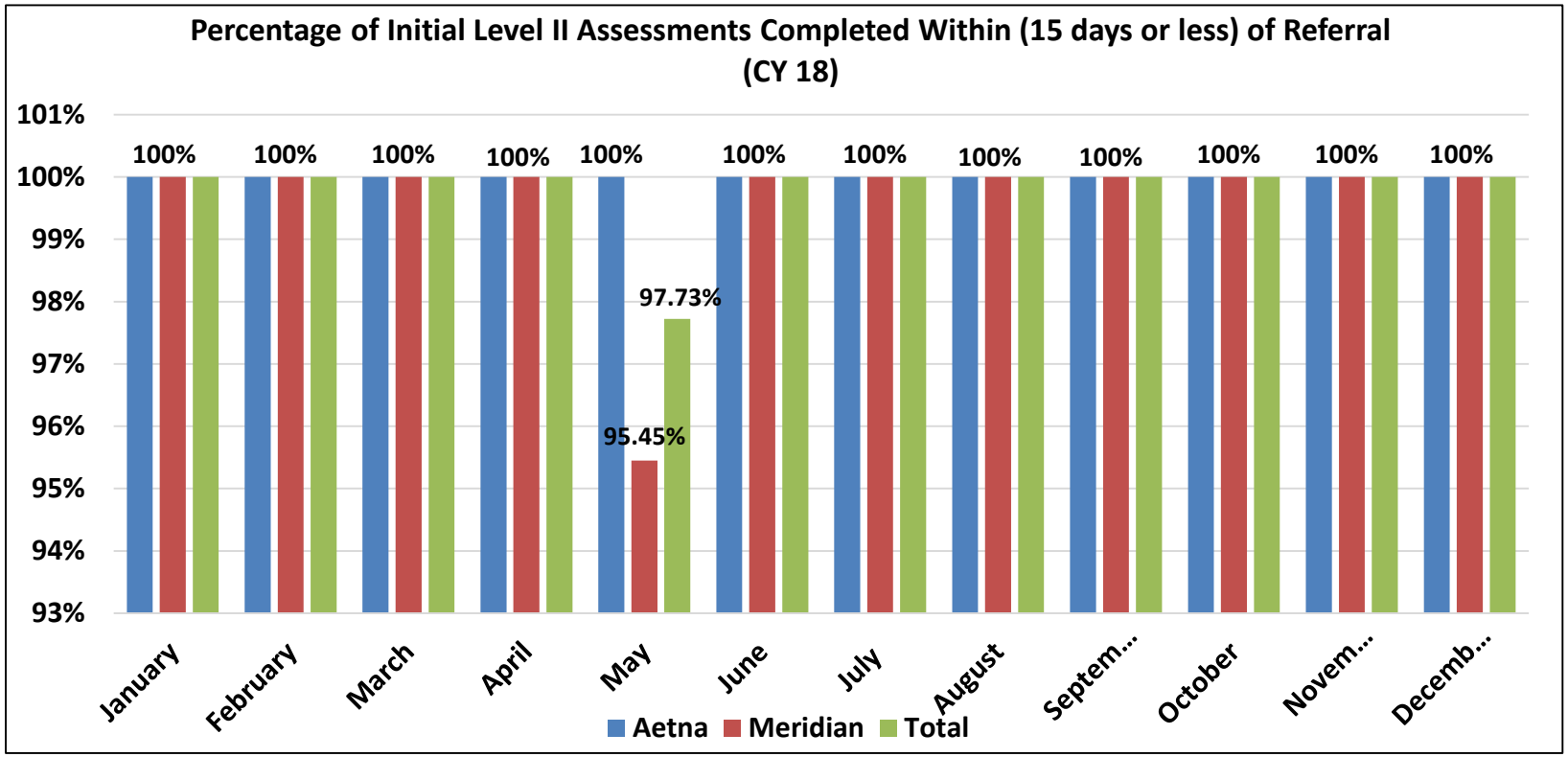
County Name	# Consumers Covered	# Consumers Served	# of Encounters
Kalamazoo	2,413	348	35,900
Berrien	2,097	166	14,000
Calhoun	1,932	282	9,031
Van Buren	1,053	135	7,700
St. Joseph	696	81	4,086
Cass	532	92	5,400
Branch	456	90	4,200
Barry	407	70	1,300
Total:	**9,586**	**1,264**	**81,617**

2018

MI Health Link

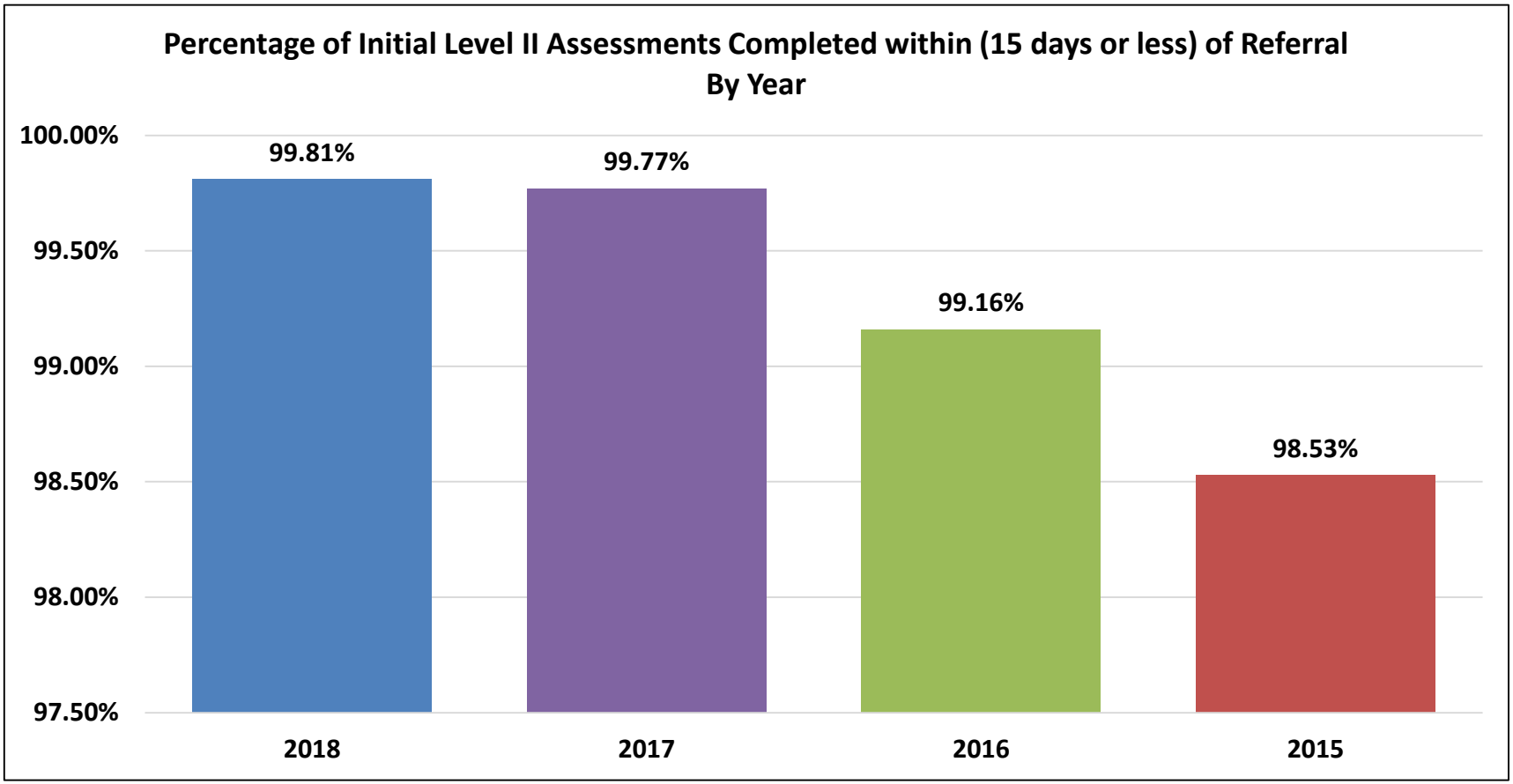
Level II Assessment Timeliness Report

MHL Level II Assessment Timeliness Report



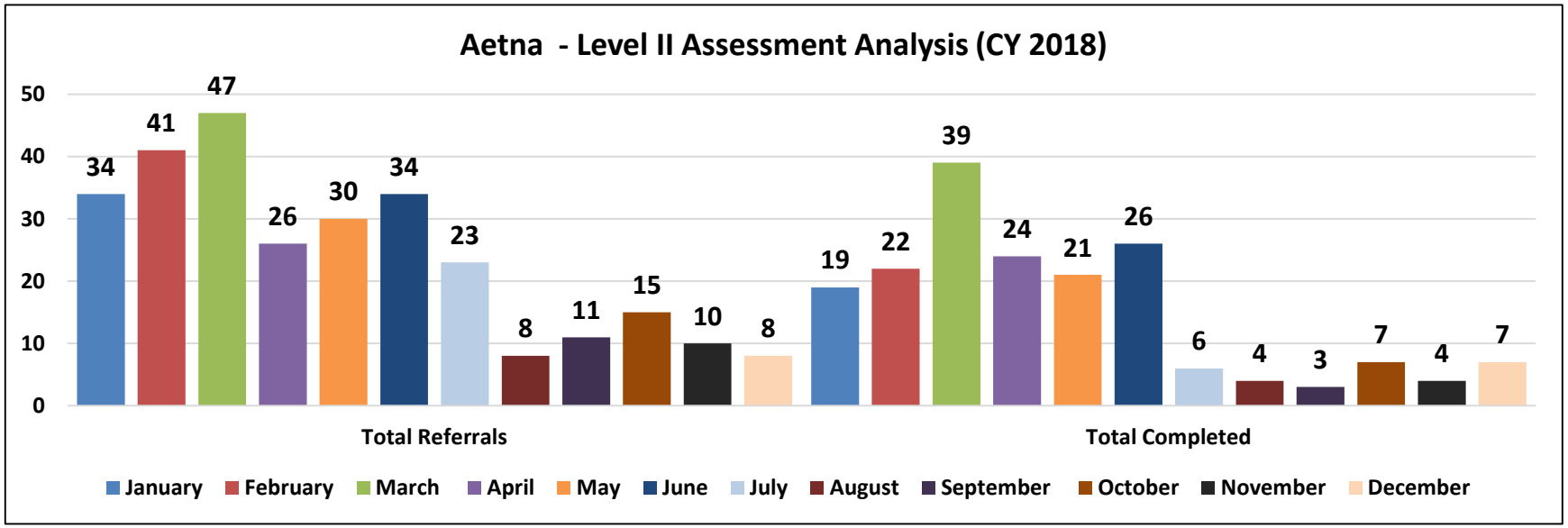
- **Target/Goals:** The MI Health Link Quality Performance Benchmark for the Level II Assessment Follow-up Timeliness Metric within (15 days) is 95% or above.
- In May 2018, 94.45% of Level II Assessments were completed creating an over total in 2018 of 99.81% of Level II Assessments achieved the Timeliness Standard of follow-up within (15 days).

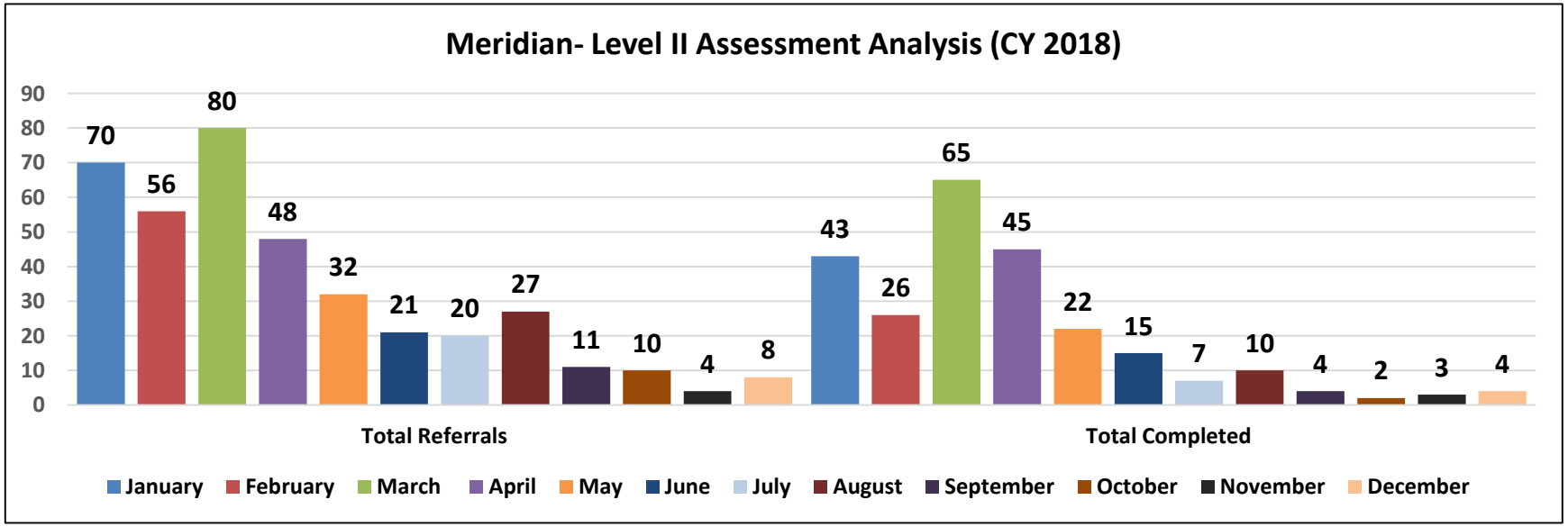
MHL Level II Assessment Timeliness Report



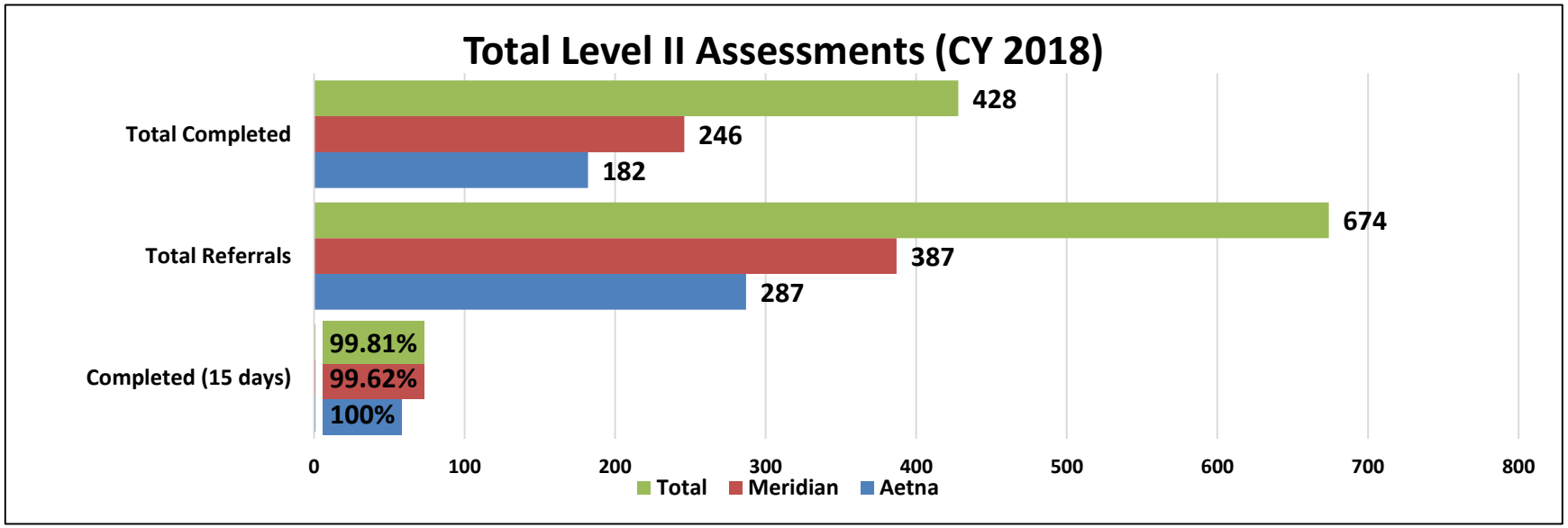
*2018 – 99.81% of referrals/appointments that have been scheduled within 15 days or less.
*2017- 99.77% of referrals/appointments that have been scheduled within 15 days or less.
*2016 - 99.16% of referrals/appointments that have been scheduled within 15 days or less.
*2015 – 98.53% of referrals/appointments that have been scheduled within 15 days or less.
*Report represents both Meridian and Aetna timeliness data.

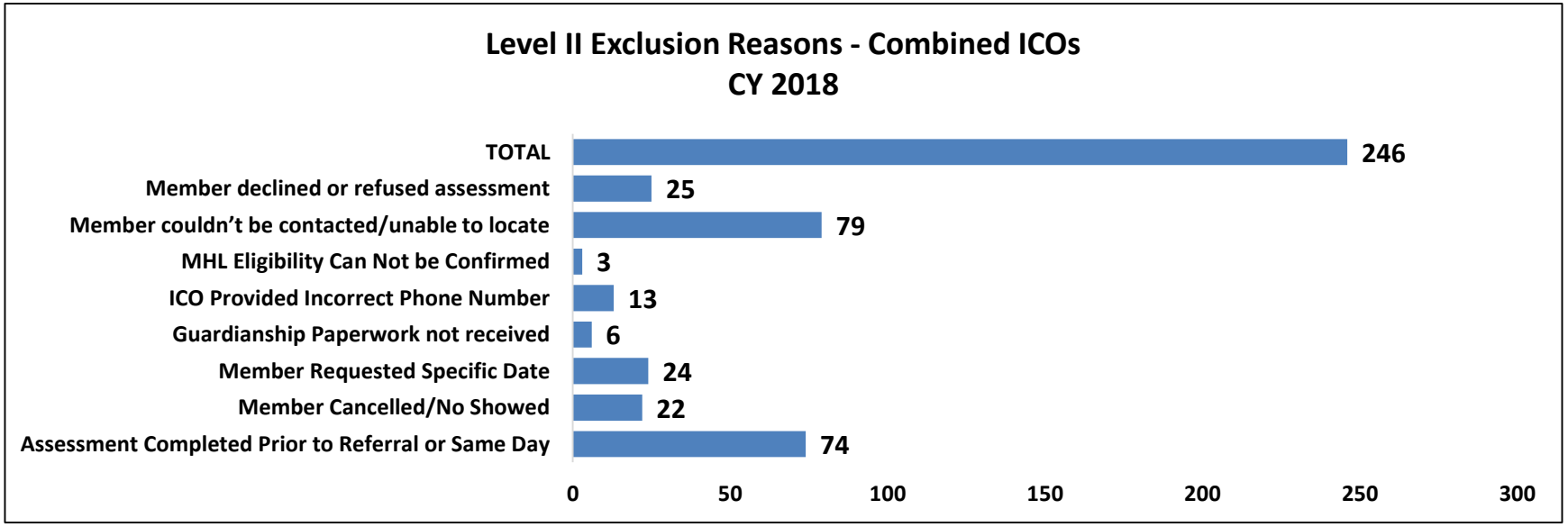
MHL Level II Assessment Timeliness Report





MHL Level II Assessment Timeliness Report





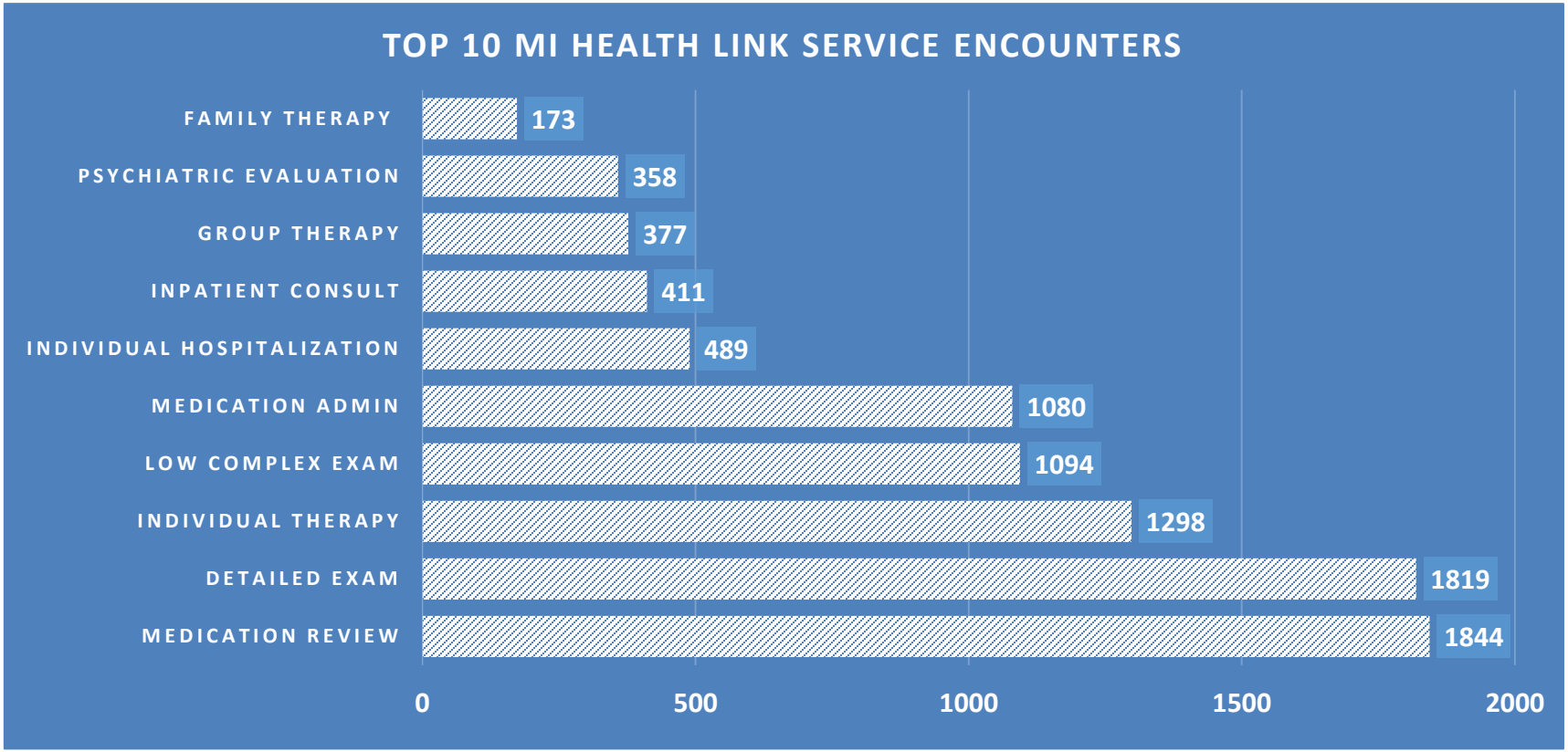
2018

MHL Cases & Encounters Analysis

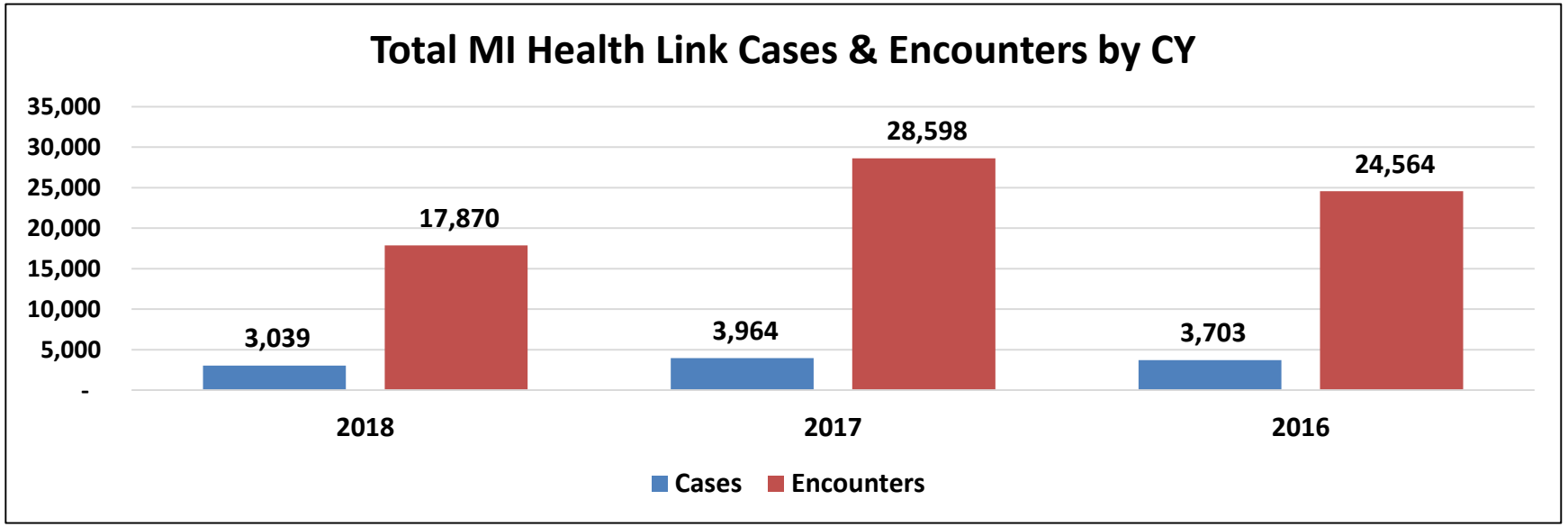
MHL Service Encounters

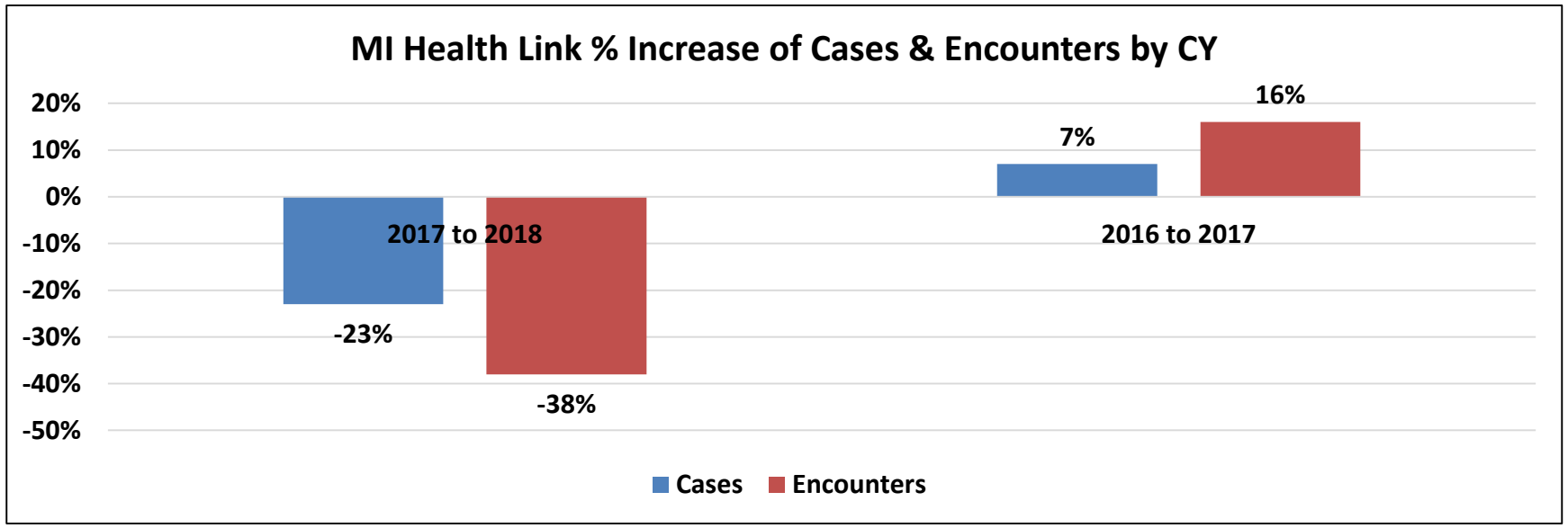
The graph below is the ICO Service Encounter Breakdown (FY2018) of the top 10 MHL services out of the many services offered:

- Service Dates (October 1, 2017 through September 30, 2018)



MHL Cases & Encounters





2018

Coordination of Care

Medicaid ER to Hospitalization with & without Behavioral Health Diagnosis

Medicaid Consumers Only (June 1, 2017 – June 30, 2018)

	Total ER Visits (Behavioral and Non-Behavioral)			Behavioral ER Visits				Non-Behavioral ER Visits			
County	Total ER Visits	ER with No Hospital Admits	ER with Hospital Admits	Total ER Visits	ER with No Hospital Admits	ER with Hospital Admits	% with Hospital	Total ER Visits	ER with No Hospital Admits	ER with Hospital Admits	% ER with Hospital
All	202348	186163	16185	7487	5604	1883	25.15%	194861	180559	14302	7.34%
Barry CMH	9615	8812	803	332	249	83	25.00%	9283	8563	720	7.76%
Riverwood Center	39813	36715	3098	1003	780	223	22.23%	38810	35935	2875	7.41%
Pines Behavioral Health	11536	10726	810	377	254	123	32.63%	11159	10472	687	6.16%
Summit Pointe	35982	32771	3211	1279	991	288	22.52%	34703	31780	2923	8.42%
Woodlands Behavioral Health	10306	9607	699	243	200	43	17.70%	10063	9407	656	6.52%
KCMHSAS	54385	49824	4561	2798	2020	778	27.81%	51587	47804	3783	7.33%
CMHSAS-SJC	15285	14269	1016	423	349	74	17.49%	14862	13920	942	6.34%
Van Buren CMH	20778	19309	1469	582	467	115	19.76%	20196	18842	1354	6.70%

2018

Provider CMHSP & UM Site Review

Provider CMHSP Access & UM Site Review

Standard	Total
The CMH maintains a log for the tracking of denials.	*81%*
Decisions to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested, are made by health care professionals who have appropriate clinical expertise in treating the enrollee's condition.	*75%*
The CMH notifies the requesting provider, and gives the enrollee written notice of decisions to deny a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested.	*75%*
For standard authorization decisions, determination and notice is made as expeditiously as the enrollee's health condition requires but not exceeding 14 calendar days following receipt of the request for service.	*69%*
When an individual is determined ineligible for Medicaid specialty service and supports, he/she is notified both verbally and in writing of the right to request a second opinion.	*50%*
The Access system schedules and provides for a timely second opinion, when requested (3 days for inpt requests, excluding holiday and Sundays).	*67%*
Second opinion determinations are made by a qualified health care professional (in or out of network), at no cost to the customer.	*100%*
The Access System's telephone response system is answered by a live voice and demonstrates a welcoming environment.	*94%*
The Participant CMH is monitoring telephone answering rates and call abandonment rates. Corrective actions are made when call answering rates fall below 95%.	*88%*
The CMH has a written Utilization Management program description that meets MDHHS requirements and SWMBH policy.	*50%*
Compensation for utilization management activities is not structured so as to provide incentives for the individual to deny, limit or discontinue medically necessary services to enrollees.	*88%*
SWMBH level of care tables are utilized for UM decision making (10/1/16 and later); documentation to support medical necessity for exceptional treatment outliers is present when applicable.	*81%*
Consultation with SWMBH Central Care Management is obtained for inpatient psychiatric and crisis residential stays over 10 days in length, if included in MOU.	*67%*

2018

Timeliness of UM Decision Making Analysis

Timeliness of UM Decision Making

	Urgent Request (24 hours)	Concurrent Request	Nonurgent Request (15 days)	Prospective/Preservice Request	Post service Request (30 days)
Numerator	4	875	1553	719	189
Denominator	4	870	1553	711	189
Timeliness Rate	100%	99.40%	100%	99%	100%
Average Days for Approval	0.66	2.22	4.28	2.25	13.04

Questions?