IX. SUBSTANCE USE DISORDER OVERSIGHT (SUD) POLICY BOARD REPORT

X. AD HOC COMMITTEE REPORTS

A. Policy/Bylaw Committee
B. Strategic Plan Committee
C. Board Building Committee

XI. UTILIZATION MANAGEMENT (UM) ANNUAL PROGRAM EVALUATION FY 21/22 REPORT

XII. FY 2022-2023 RESOLUTION #3 – RESOLUTION APPOINTING MEMBERS TO THE SUBSTANCE USE OVERSIGHT POLICY BOARD

XIII. PRESIDENT AND CEO MONTHLY REPORT

A. Update on Crisis Care Center
B. Update on Provider Stability Plan
C. Update on Integration Pilot
D. Update Long Term Residential Care
E. Update Student Athlete Campaign

XIV. UNFINISHED BUSINESS

Staff Recommendations:

A. BA#23-05 (Revision 6) – Detroit Wayne Integrated Health Network (DWIHN) FY23 Operating Budget *(Finance)*
B. BA#23-27 (Revision 4) – Substance Use Disorder (SUD) Treatment Services Provider Network FY 23 – Naloxone/Xyalzine/Lakeridge Conference *(Program Compliance)*

XV. NEW BUSINESS

Staff Recommendations: None

XVI. PROVIDER PRESENTATION – None

XVII. REVIEW OF ACTION ITEMS

XVIII. GOOD & WELFARE/PUBLIC COMMENT/ANNOUNCEMENTS

Members of the public are welcome to address the Board during this time for no more than two minutes. (The Board Liaison will notify the Chair when the time limit has been met.) Individuals are encouraged to identify themselves and fill out a comment card to leave with the Board Liaison; however, those individuals that do not want to identify themselves may still address the Board. Issues raised during Good and Welfare/Public Comment that are of concern to the general public and may initiate an inquiry and follow-up will be responded to and may be posted to the website. Feedback will be posted within a reasonable timeframe (information that is HIPAA related or of a confidential nature will not be posted but rather responded to on an individual basis).

XIX. ADJOURNMENT

DETROIT WAYNE INTEGRATED HEALTH NETWORK
FULL BOARD
Meeting Minutes
Wednesday, June 21, 2023
1:00 p.m.

BOARD MEMBERS PRESENT

Kenya Ruth, Chair
Dr. Cynthia Taueg, Vice Chairperson
Dora Brown, Treasurer
William Phillips, Secretary
Angela Bullock
Eva Garza Dewaelsche
Angelo Glenn
Commissioner Jonathan C. Kinloch
Kevin McNamara
Bernard Parker

BOARD MEMBERS EXCUSED: Ms. Karima Bentounsi

BOARD MEMBERS ATTENDING VIRTUALLY: Dr. Lynne F. Carter

GUEST(S): Honorable Judge Darnella Williams, Ms. Jen Bingaman, Executive Director; Ms. Maryjo Harris, Director of Programs and Administration; and Ms. Marianne Langlois, incoming Board President of he Family Center.

CALL TO ORDER
The Board Chair, Ms. Ruth, welcomed everyone to the meeting. The meeting was called to order at 1:16 p.m.

ROLL CALL
Roll call was taken by Dr. Taueg, Board Vice Chairperson and a quorum was present.

APPROVAL OF THE AGENDA
Ms. Ruth, Chair called for a motion on the agenda. **It was moved by Commissioner Kinloch and supported by Ms. Garza Dewaelsche approval of the agenda with action Item XIII. Unfinished Business – Staff Recommendations and action XVI. New Business – Staff Recommendations to immediately follow item VIII. Swearing in Ceremony.** Discussion ensued. **Motion carried; agenda approved as amended.**

MOMENT OF SILENCE
The Board Chair, Ms. Ruth called for a moment of silence. Moment of Silence taken.

APPROVAL OF BOARD MINUTES
The Chair called for a motion on the Board minutes from the Full Board meeting of May 17, 2023. **It was moved by Commissioner Kinloch and supported by Mr. Glenn to accept the Full Board minutes of May 17, 2023 with any necessary corrections.** There was no further discussion. **Motion carried unanimously.**

RECEIVE AND FILE
The approved minutes from the Program Compliance Committee meeting of May 10, 2023 were received and filed**.** The approved minutes from the Finance Committee meeting of May 15, 2023 were deferred to the July 5, 2023 Finance Committee meeting.

ANNOUNCEMENTS
Network Announcements
Ms. Tiffany Devon, Director of Communications reported. It was reported that a Free Youth Resource Night will be held on July 7th 2023 at Umoja Village. An event entitled "Courageous Conversations" for student athletes on mental health will be held on Wednesday, July 12th at the Piston's Performance Center and on Saturday, July 22nd there will be a free B-B-Que Bash held at Riverside Park 3085 W. Jefferson Ave. Detroit, Michigan. All of the events are hosted by DWIHN Youth United Department.

DWIHN has received two awards from the National Association of Counties – one award was for Crisis Intervention and the second award was for System Transformation. The award ceremony will be held in Texas.

Board Announcements
Ms. Ruth announced that it would be great to invite the women at Mariner's Inn to attend one of a Detroit Wayne Integrated Health Network Full Board meeting; this will provide an opportunity for them to view the meeting and hear about the type of work that is performed at DWIHN. She was looking forward to seeing this take place.

SWEARING IN CEREMONY – Honorable Judge Darnella Williams
The Honorable Judge Darnella Williams performed the swearing in ceremony by administering the oath for Ms. Angela Bullock who is a City of Detroit appointee was appointed by Mayor Duggan. Pictures were taken with the Board and Executive Leadership Team and roses that were provided by Ms. Ruth, Board Chair were given to Ms. Bullock.

UNFINISHED BUSINESS
Staff Recommendations:

A. BA#21-28 (Revised) – Janitorial Services (STEP) – The Board Chair called for a motion on BA#21-28 (Revised). **It was moved by Dr. Taueg and supported by Mr. Parker approval of Board Action #21-28 (Revised).** M. Maskey, Director of Facilities reported. DWIHN is requesting board approval for continuation of janitorial services with the vendor Services to Enhance Potential (STEP). Board Action #21-28 was originally approved in the amount of $178,000.00 for a 3-year term. Facilities is requesting to exercise the one-year renewal option for services in the amount of $72,785.04. This would bring the contract value not to exceed in the amount of $250,785.05 and extend the contract term to September 30, 2024 Discussion ensued regarding the location of the services; the type of services provided; the term of the contract; and an RFP being submitted for services at the Woodward and Milwaukee buildings. There was no further discussion. **Motion carried.**

B. BA#22-66 (Revision 2) HPS Consulting Services for NCQA Accreditation – HPS Consulting LLC. The Board Chair called for a motion on BA#22-66 (Revision 2). **It was moved by Commissioner Kinloch and supported by Dr. Taueg approval of BA#22-66 (Revision 2).**

Staff requesting board approval to extend the term on the professional service contractual agreement with Diana Hallifield dba HPS Consulting, LLC to February 9, 2024. HPS Consulting, LLC provides clinical care consultative support to DWIHN as it prepares for the NCQA Accreditation. Discussion ensued. **Motion carried with Mr. Phillips voting Nay.**

C. BA#23-01 (Revised) Multicultural Integration Programs FY23 The Board Chair called for a motion on BA#23-01 (Revised) **It was moved by Dr. Taueg and supported by Commissioner Kinloch approval BA#23-01 (Revised)**. A. Smith, Director of Innovation and Community Engagement. Staff requesting board approval of amendment 2 for Comprehensive Services for Behavioral Health. FY 23. There is a one-time increase in the budget for the Multicultural Integration Programs in the amount of $222,529.00. There was no further discussion. **Motion carried.**

D. BA#23-05 (Revision 5) DWIHN FY 2022-2023 Operating Budget. The Chair called for a motion**. It was moved by Mr. Glenn and supported by Ms. Brown approval of BA#23-05 (Revision 5).** S. Durant, VP of Finance reporting. Requesting amendment to the FY23 Operating Budget. Certification of additional State General Funds revenue of $222,529 per Amendment 2 of the Comprehensive Services for Behavioral Health-2023 between DWIHN and the Michigan Department of Health and Human Services. The amendment authorizes the use of unspent FY22 Multicultural Program funds for the FY23 Multicultural Program; Certification of additional Federal Grant funds per MDHHS award of $424,137.69 of unspent FY22 COVID Supplemental funds for use in FY23; Certification of $682,982 of Local Funds to comply with Michigan House of Representatives mandate establishing a minimum requirements for budgeting Public Act 2 (PA2) funds; Decertification of Federal Grant Funds of $27,732.00 per MDHHS Modification of the Compulsive Gambling Prevention and Treatment funds; The revised FY23 Operating Budget of $1,032,828,326.69 consists of: $21,852,710 (State General Funds); $798,256,944 (Medicaid, DHS Incentive, Medicaid-Autism; Children's/SEO Waiver, HAB); $9,886,123 (MI Health Link); $140,914,218 (Healthy MI-Mental Health and Substance Abuse); $17,686,447 (Wayne County Local Match Funds); $4,723,521 (PA2 Funds); $7,294,100 (State Grant Portion of OBRA and SUD grant funds). There was no further discussion. **Motion carried.**

E. BA#23-07 (Revision 5) DWIHN Provider Network System FY22/23. The Chair called for a motion. B. Taylor, Director of Managed Care Operation reporting. **It was moved by Commissioner Kinloch and supported by Dr. Taueg approval of BA#23-07 (Revision 5).** Provider Network System FY 23 – Additional Provider Added – Staff requesting board approval to add a new provider to the DWIHN's provider network and requires no budget increase due to re-allocation of funds within the total budget. There was no further discussion. **Motion carried.**

NEW BUSINESS

Staff Recommendations:

A. BA #23-67 – Detroit Wayne Integrated Health Network (DWIHN) Call center and Business Phone Systems. The Chair called for a motion**. It was moved by Commissioner Kinloch and supported by Mr. Phillips approval of BA #23-67.** M. Singla, Executive VP of Operations and J. Davis, Clinical Officer reporting. This board action requests funds for TTEC Government Solutions LLC to replace and consolidate services currently held by four contracts -BSB Solutions, Octavia Data Center, BCMl and Mitel. The vendor was selected through a RFP based on eight (8) proposals received; however, two (2) were deemed nonresponsive as they did not meet the DWIHN qualifications. The new solution will provide a cloud-based phone solution to replace the current DWIHN phone system in use at the Call Center as well as the business offices. The selected solution will be capable of handling the DWIHN current call volume, which ranges from about 24,100 to 36,000 calls per month, plus the anticipated additional call volume of the crisis center. The solution will be in use at all DWIHN facilities and remote locations. Finally, the proposed solution will allow DWIHN flexibility to grow as our needs grow. This contract will be initiated and effective upon Board approval for a term of three (3) years. Discussion ensued and included software capabilities; the enhanced benefits of the system; who will have access to the data; the collection of data; scheduling of staff during high volume calls; the resolution of the three complaints that were received which after our review and due diligence noted

that none of the emails or phone numbers could be tracked and our records show the calls were never made or received by the Call Center; and employee training. **Motion carried.**

B. BA#23-68 -Juvenile Day Treatment Program – Team Wellness - The Chair called for a motion. **It was moved by Ms. Garza Dewaelsche and supported by Mr. McNamara approval of BA#23-68.** E. Reynolds, Clinical Officer reporting. Staff requesting board approval to enter to a contract with Team Wellness for the Juvenile Justice Restorative Program for the timeframe of June 22, 2023-September 30, 2024 for an amount of $2,800,000.00. This is a collaborative between DWIHN, Team Wellness, Wayne County JDF, Third Circuit Court, CMOs and MDHHS. DWIHN is awaiting approval of a funding request submitted to MDHHS as there are components of the program that are non-Medicaid eligible. Team Wellness was selected as the provider as they currently have a contract through Michigan Department of Corrections for a similar program with adults; this program is an extension of the existing program however serves children and adolescents and services are mandated by the judge in order for the adjudicated youth to remain in the community under tether. The Team Wellness Center Juvenile Restorative programming provides comprehensive, integrated behavioral health services that work in conjunction with the juvenile justice system. The purpose of the alternative program is to help the youth to appropriately respond to the covert, as well as the overt, influencers and social determinants that impact whether they exude behavior that is deviant or normed. Defiance, truancy, violence and the abuse of alcohol and/or other drugs, mental illness, childhood trauma, family dysfunctions, or other indicators and their related criminal and/or civil judicial actions, are directly treated in order to reduce recidivism and further involvement in the juvenile justice system. This program is Court ordered. The program provides comprehensive, integrated behavioral health services that work in conjunction with the juvenile justice system. A robust discussion ensued including the services; the potential unmet needs of kids; the requirements of youth eligible for the program; wraparound services; how many kids may or may not receive services; youth that may not be in the program; cost reimbursement; placement for the youth after the completion of the program and if the State has a plan for housing; the hours of the program; the uses of Medicaid dollars; the different phases of the program; quarterly reporting to the court system; school partnerships; on line education program and physical education; ability to treat youth with co-occurring issues. Mr. T. Adams Chair, SUD Oversight Policy Board provided information per the request of Ms. Ruth, Board Chair on his involvement of which was noted that he was familiar with the financial components and would be available to assist with what was required for the program per the given perimeters. Ms. Ruth requested the program be delayed for a month so that everything could be right. It was noted that this is the first time we have done a program such as this and the program is at the request of the State, county and courts and would there be a RFP at the end of the contract period. Mr. Doeh requested three months so that the program could be implemented to determine what changes needed to be made. It was noted that during the Program Compliance Committee meeting it was requested that the fixed and variable costs be provided – this information was sent to the board prior to the Full Board meeting. It was also requested that clearly defined outcomes of the program; reports on recidivism and quarterly reports be provided at the Program Compliance Committee meeting. **Motion carried with Ms. Ruth abstaining.**

BOARD COMMITTEE REPORTS

Board Chair Report

Ms. Ruth, Chairperson gave a verbal report. It was reported the Board building tour took place on Wednesday, May 17th; several board members visited the Milwaukee and Woodward buildings. A second tour will be scheduled for any Board members that were unable to attend the tour. The Community Mental Health Association of Michigan (CMHAM) Summer Conference was held in Grand Traverse in June; she along with Mr. Glenn; Ms. Brown and several staff members were in attendance; it was a very good conference and was well attended. She noted this conference is a good introduction to CMHAM. Ms. Blackwell gave an update on CMHAM appointments; it was

noted that Mr. Doeh and board member Kinloch were both reappointed to the CMHAM Legislative and Policy Committee and Board member McNamara was reappointed to the CMHAM Regional Bylaws Committee. It was reported that CMHAM voted to donate one of their monthly stipends to CMHAM PAC which was advocated by our Treasurer who also sits on the CMHAM Board – this will assist with pushing our legislators to speak for behavioral health concerns throughout Lansing and across the State. It was also noted that DWIHN nominated Mr. Josh Landon from Fox 2 to receive the Jim Neubacher Media award for his work in Wayne County for advocating conversations around behavioral health care. The CMHAM Fall Conference is scheduled for October 23rd and 24th 2023 in Grand Traverse, Michigan and the Chamber of Commerce 2024 Policy Conference is scheduled on Mackinac Island May 28th – May 31st 2024; board members were encouraged to attend the Fall CMHAM conference and those interested in attending either conference should notify the Board Liaison. There was no further discussion on the Board Chair report. The report was received and filed.

Executive Committee

Ms. Ruth, Chairperson gave a verbal report. It was reported that the Executive Committee met on Tuesday, June 20th, 2023. Board Effects has successfully replaced Directorpoint. Additional training for Board members will be provided as needed. The new Board Member Virtual Orientation is scheduled for Friday, June 23rd board members were encouraged to attend to meet our newest board member. DWIHN is hosting the Metro Region Meeting on Thursday, June 29th and will be held via Zoom from 6:00 p.m. to 8:00 p.m. The Board Study Session is scheduled for Wednesday, July 19th at the P.A.L. Corner Ballpark; board members have been requested to submit agenda topics. The Full Board Annual Meeting is scheduled for Friday, July 21st at Greater Grace Temple located at 23500 W. Seven Mile Road in Detroit; the Board meeting will begin at 11:00 a.m. and will be an abbreviated meeting; the luncheon and program will start at 12:30 p.m. and will recognize incoming and outgoing board members, officers, and community partners; the Keynote speaker will be Senator Stabenow. The Budget Hearing – Joint Finance and Program Compliance Committee Meeting will be held on Wednesday, August 2, 2023. Each board member has a copy of the Budget schedule as discussed at the Finance Committee meeting. There was no further discussion. The Executive Committee report was received and filed.

Finance Committee

Ms. Brown, Committee Chair provided a verbal report. It was reported the Finance Committee met on Tuesday, June 20th 2023. Effective March 29, 2023, the formula for PA2 distributions to the PIHP is 40% of the liquor tax compared to 50%. The legislation states the amount cannot be less than September 30, 2022, which was $4,723,521. County/PIHP revenue will increase due to resetting the formula. Amount of the increase is undetermined until payment for FY23 are received. Although we currently have multiple investment managers we are looking to expand and diversify our portfolio according to the board approved investment policy and will include a new investment with Huntington bank. We will begin to review early stability payments to skilled building and supported employment providers. Finance is looking to submit a budget to the board on June 30th with questions that you may have related to the new budget being due by July 10th . The committee also reviewed and moved for approval three board actions which have been presented and approved earlier in the meeting. It was also reported that liquidity remains strong and cash flow is sufficient to support operations. There was no further discussion. The Finance Committee report was received and filed.

Program Compliance Committee

Dr. Taueg, Committee Chair provided a verbal report. It was reported the Program Compliance Committee met on Wednesday, June 14, 2023. There were a number of reports that were received such as Access Call Center; Children's Initiatives, Integrated Health Care; also received information on the Workplan for Quality Assurance. The committee also received a robust presentation on Crisis Care Continuum from Dr. Faheem. We are looking at the Crisis Now Model as being something we want to implement here in Wayne County. The Committee requested information to be synthesized into a table to be presented at the August meeting. There were five board actions that have been considered; we were all recommended by the Committee for approval. There was no further discussion. The Program Compliance Committee report was received and filed.

Recipient Rights Advisory Committee

Mr. Glenn, Chair reported the Recipient Rights Advisory Committee did not meet in the month of June. There was no report. The next meeting is scheduled for August 7, 2023. The Committee is in the process of polling its members and allowing them to review the attendance policy and recruiting new members. There was no further discussion.

SUBSTANCE USE DISORDER (SUD) OVERSIGHT POLICY BOARD REPORT

Mr. Adams, Chair of the Substance Use Disorder Oversight Policy Board reported. He noted that it was a pleasure to be at the meeting today, the SUD Oversight Policy Board did not meet as there were no action items at the time. A Board retreat, which was an awesome activity, was held and it gave them an opportunity to really get into the details and meet their newest board members and gave them an opportunity to know who they are – there is a wealth of knowledge being brought together and it gave them an opportunity to go through the entire organization and understand what each and every department delivers in the organization and what we can expect from them. It was noted for the record that we have an extremely fine setup and fine board at the upper level and this is a tremendous organization and it was a pleasure to be here. There was no further discussion. The report was received and filed.

Ad Hoc Committees Reports

Policy/Bylaw Committee

Dr. Taueg, Chair of the Policy/Bylaw Committee noted the committee did not meet during the month of June; a meeting has been scheduled for July 25th 2023 and a report will be forthcoming. There was no further discussion.

Strategic Plan Committee

Ms. Maria Stanfield, Director of Strategic Plan reported on behalf of Dr. Carter, Chair of the Committee and noted the body approved FY 2023-2025 Strategic Plan; there were some revisions that were requested and the changes have been made and approved by the Dr. Carter the Committee Chair. A roll out of the plan will be done internally and externally and when finalized it will come before the board for review and discussion. There was no further discussion. The report was received and filed.

Board Building Committee

Mr. Parker, Chair of the Board Building Committee gave a verbal report. It was reported the committee did not meet for the month of June. The next meeting is scheduled for July 12th before the Program Compliance Committee meeting. There was no further discussion.

PRESIDENT AND CEO MONTHLY REPORT

Mr. Doeh CEO and President provided a written report for the record. It was reported that much of his focus is on the funding request and preliminarily there has been a lot of discussions between the legislators and Executive branch. The Governor has made her intentions clear along with the legislators in terms of focusing on additional dollars for K-12. In terms of construction, the expectation still remains for the Fall for the Care Center and the Administration Building. There have been conversations in regards to the generator. There is also a lot being done as far as processes and procedures for crisis services, the Department is doing its due diligence, some of it may affect the certification process and the board will be kept informed. It was noted that there has been outreach in terms of the skill building providers and as a result of COVID there has been a downturn in revenue for these providers so we want to make sure we continue to subsidize them. In terms of the pilot programs we are doing much with Henry Ford along with the other two partners we can see things in real time and care coordination has been taking place. He thanked all of the board members, as well as Mr. Parker and Mr. Glenn who made the trip to Lansing; and Mr. McNamara who had conversations with Legislators. He felt those conversations have proven to be very valuable and fruitful. A brief overview was provided on the media report as it pertained to the new Piston's coach. There was an article in the Free Press by Mitch Albom about the coach and he was on the cover of Sports Illustrated and ESPN and that we should get in contact with him as he would be a valuable resource for DWIHN. There was no further discussion. The report of the CEO and President was received and filed.

COMMUNICATIONS AND SOCIAL MEDIA REPORT

The Board Chair, Ms. Ruth noted the report was in the Full Board agenda packet and she was pleased with the information in the report. She encouraged board members to review the report. There was no further discussion.

PROVIDER PRESENATION – The Family Center

Ms. Jennifer Bingaman, Executive Director; MaryJo Harris, Director of Programs and Administration and Marianne Langlois incoming Board President of the Family Center presented. A PowerPoint presentation with pictures that depicted their programs was provided for the record. It was reported the Family Center has been serving the Grosse Pointe and Harper Woods area for 23 years. They provide mental health, substance use prevention, family dynamics, childhood development; and resources for the community – this work is done through a variety of programs and resources. The mission statement for the organization is to help build happier, healthier families and their Vision is to be the first source for building connected resilient families who thrive at every stage. It was reported they provided over 100 programs for families and community member including many programs in the schools. They will be coordinating the healthy Grosse Point and Harper Woods Coalition. The Coalition will have a focus on drug prevention in the schools in the community. The website has a list of therapist providers, articles, podcasts and webinars. An overview was provided of the Narcan Rescue and QPR Training; Public Safety

Night; Addiction Panel and Women's Health Night. Highlights were given of the Special Needs Resource Alliance including the 1st Annual Special Needs Resource Fair; Teen Wellness Series in Partnership with the Grosse Pointe Public Library; Preschool Playtime; and their School based Mental Health Wellness and Prevention Programs. It was also noted that their 7th Annual Suicide Prevention Walk wah held on the east side of Detroit. Ms. Langlois noted how she was impressed with the engagement of the board and the knowledge of the members. Discussion ensued regarding the special needs fair and the location of the fair. The board thanked the Family Center for their presentation and for attending the board meeting. There was no further discussion.

REVIEW OF ACTION ITEMS

a. RFP to be considered for BA#23-68 Juvenile Day Treatment Program at the end of the contract. Provide specific outcomes for BA#23-68 at the Program Compliance Committee meeting as well as quarterly update on a number of items including information on recidivism.

GOOD AND WELFARE/PUBLIC COMMENT

The Chair, Ms. Ruth read the Good and Welfare/Public Comment statement.

1. The Board Chair and the Board of Directors wished Dr. Carter, and Ms. Brown a happy birthday.
2. Mr. Parker and Mr. McNamara inquired about information that had been received during the meeting. Legal advised that the information was a privileged letter and would be discussed after the meeting.
3. Ms. K. Morrison – Educator for 26 years; related a story about her brother, interactions; children being in a mental health crisis and the importance to get programming correct before youth become a part of the legal system. The Board thanked Ms. Morrison for her comments.
4. Ms. Constance Rowley – former DWIHN Board member for over 20 years noted that DWIHN should be proud of the coalitions that have been made with the State and the Tri-County area. DWIHN should be proud to have a member on the CMHAM board and proud of the member that is serving as well as DWIHN recognizing how far they have come. Also noted that under the leadership of Mr. Doeh, DWIHN is recognized all over the State and other States as what community mental health can do. She congratulated the new board members and recognized the staff for the work their work and accomplishments. She encouraged board members to visit the providers and requested that an update be provided to Merit AFC Home. She thanked the board for their time.

ADJOURNMENT

There being no further business, Ms. Ruth, Chair called for a motion to adjourn. **It was moved by Mr. Parker and seconded by Mr. McNamara to adjourn. The motion carried unanimously.** The meeting adjourned at 3:24 p.m.

Submitted by:
Lillian M. Blackshire
Board Liaison

PROGRAM COMPLIANCE COMMITTEE

MINUTES **JUNE 14, 2023** **1:00 P.M.** ***IN-PERSON MEETING***

MEETING CALLED BY	I. Dr. Cynthia Taueg, Program Compliance Chair at 1:10 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Dr. Cynthia Taueg, Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	**Committee Members:** Angela Bullock ***(Virtual)***; Dr. Lynne Carter; Commissioner Jonathan Kinloch; Bernard Parker; William Phillips; and Dr. Cynthia Taueg **Board Member(s)** – Kenya Ruth (Board Chair) **SUD Board Chair:** Tom Adams **Staff:** Brooke Blackwell; Yvonne Bostic; Jacquelyn Davis; Dr. Shama Faheem; Monifa Gray; Sheree Jackson; Cassandra Phipps; Vicky Politowski; Ebony Reynolds; April Siebert; Manny Singla; Andrea Smith; Maria Stanfield; and Brandon Taylor **Staff (Virtual):** Stacie Durant

AGENDA TOPICS

II. Moment of Silence

DISCUSSION	The Chair called for a moment of silence.
CONCLUSIONS	Moment of silence was taken.

III. Roll Call

DISCUSSION	The Chair called for a roll call.
CONCLUSIONS	Roll call was taken by Lillian Blackshire, Board Liaison and there was a quorum.

IV. Approval of the Agenda

DISCUSSION/ CONCLUSIONS	The Chair called for a motion to approve the agenda. **Motion:** It was moved by Mr. Phillips, supported by Commissioner Kinloch to approve the agenda. Dr. Taueg asked if there were any changes/modifications to the agenda. There were no changes/modifications to the agenda. **Motion carried.**

V. Follow-Up Items from Previous Meetings

DISCUSSION/ CONCLUSIONS	A. **Residential Services –** Provide an update on the Hawthorn move to Walter Reuther Psychiatric Hospital (WRPH) – ***This follow-up will be included in Dr. Faheem's Chief Medical Officer's Report.***

VI. Approval of the Minutes

DISCUSSION/ CONCLUSIONS	The Chair called for a motion to approve the May 10, 2023 meeting minutes. **Motion:** It was moved by Mr. Parker and supported by Dr. Carter to approve the May 10, 2023 meeting minutes. Dr. Taueg asked if there were any changes/modifications to the May 10, 2023 meeting minutes. There were no changes/modifications to the meeting minutes. **Motion carried.**

VII. Reports

DISCUSSION/ CONCLUSIONS	A. **Chief Medical Officer** – Dr. Shama Faheem, Chief Medical Officer submitted and gave an update on the Chief Medical Officer's report. Dr. Faheem reported: 1. ***Mobile Crisis Presentation –*** The key components of a Behavioral Health Continuum of Care are prevention and early intervention services, crisis services and treatment and recovery support services. There was an overview of the current Crisis System versus the Ideal Crisis System shown on YouTube at www.youtube.com/watch?v=GWZKW8PLIgQ. Various states have already transitioned to the Crisis Now Model and more are moving in that direction because this is the Best Practice Guidelines that SAMHSA has incorporated. DWIHN's consultant from R.I. International, looked at our numbers, need, putting in some numbers of Wayne County's population, the average crisis episodes and the length of stay that happens on the inpatient side and provided information of the overall need for this operation. The current Wayne County ED/Inpatient System currently cost around $277 million and the Crisis Now Model would cost around $123 million. If the system changes from using emergency departments and inpatient only to mobile crisis team, the overall need for acute inpatient beds/stays is going to go down. Manny Singla, Executive VP of Operations, informed the committee that DWIHN's portion of inpatient hospitalization expense is currently approximately $70 million and is on an upward trend. DWIHN is working very closely to reduce both recidivism as well as the length of stay through our hospital liaison program, but the Mobile Crisis is to provide the right amount of care that is needed from a medical necessity standpoint. Dr. Faheem gave an overview of a chart that showed the population areas in Wayne County with the highest crisis needs based on the crisis calls and that we are building crisis centers in those areas. The core elements for the Ideal Crisis System are a regional crisis call center, crisis mobile team response and crisis receiving and stabilization facilities. The Ideal Crisis Call Center should have status disposition for intensive referrals; 24/7 outpatient scheduling; crisis bed registry; high-tech, GPS-enabled mobile crisis dispatch; and real-time performance outcomes dashboard. Dr. Faheem gave an overview of the expectations, best practices to operate and the essential functions of the Mobile Crisis Teams as well as the components of DWIHN's existing Crisis System (Mobile Crisis). Update on the MDHHS Adult Mobile Crisis Response and the MI Kids Now Mobile Intensive Crisis Response and Stabilization were given. Dr. Faheem gave an overview of DWIHN's steps toward an Ideal Crisis

System to the committee. DWIHN will be posting a new Crisis Continuum of Service RFP very soon. The Chair opened the floor for discussion. Discussion ensued. The committee requested the following information: 1) Out of the $317 million, What is DWIHN responsible for? 2) Who is paying for the system now? 3) What is the system costing DWIHN? 4) Who is paying for the changes? 5) What are the savings to DWIHN? 6) What is the financial increase/decrease to DWIHN? 7) Provide the number of beds. 8) Coordinate the Board touring the Walter Reuther Psychiatric Hospital with Dr. Faheem. ***(Action)***

2. ***State Hospital Update (Follow-Up from Previous meeting) –*** Provide an update on the Hawthorn move to Walter Reuther Psychiatric Hospital (WRPH) – MDHHS has announced the location of a new inpatient psychiatric hospital located at the current site of the Hawthorne Center. This is being covered by a $325 million FY23 budget allocation by Governor Whitmer and the Legislature for a 264-bed facility that will house 80 children/adolescents and 184 adults. The children at Hawthorn will be accommodated at the Walter Reuther Psychiatric Hospital (WRPH) for the next 2-3 years. The youths will have their own living and dining areas, kitchen and elevators separate from the adults. Phase 1 includes the move of 32 youths to WRPH between June 28 – July 5, 2023. Phase 2 will include more work on the 3rd floor before it is ready as a living and dining area for additional youth with the expectation of a 60-bed capacity before the end of the year. A tour of WRPH has been requested by Dr. Faheem, DWIHN's Chief Medical Officer for the latter part of July.
3. ***Peer Respite Program – Building Empowerment Support Transition (B.E.S.T.) Program -*** DWIHN's 707 W. Milwaukee location will have a peer-run unit, Building Empowerment Support Transition (BEST) Program, a peer-run residential setting for individuals who have entered DWIHN's Crisis Care Center (DC3) and have completed their Crisis Stabilization and/or Crisis Residential admission but are not ready for community discharge.

B. **Corporate Compliance –** Sheree Jackson, Corporate Compliance Officer, informed the committee that she will be presenting quarterly reports instead of monthly reports due to the amount of time it takes to complete investigations, audits and conducting interviews. This will allow them the opportunity to provide accurate findings based on what was determined in the investigations. The Chair opened the floor for discussion. Discussion ensued. The committee requested that Mrs. Jackson provide a recommended-criteria when items may be reported to the Program Compliance Committee or Board of Directors outside the quarterly report. ***(Action)***

The Chair noted that the Chief Medical Officer report has been received and placed on file.

VIII. Quarterly Reports

DISCUSSION/ CONCLUSIONS

A. **Access Call Center** – Yvonne Bostic, Director of the Access Call Center submitted and gave highlights of the Access Call Center's quarterly report. Ms. Bostic reported that there was an increase in call volume by 2,697 calls; abandoned calls decreased from 3.7% to 2.6% (1.1%); service level increased by 6.2% for the Access Call Center Rep Unit and 10% for the Clinical (MH) unit; and there was an increase in calls offered and handled with a decrease in service level from Q1 to Q2.

1. ***FY 22/23 Q2 Accomplishments*** – Decreased the number of calls abandoned by 29.4% from Q1; filled vacancies; hired two part-time Call Center Clinicians and one part-time SUD Tech; completed silent monitoring for 275 calls. A data analysis will be presented in Q3 to discuss silent monitoring in more detail. ***(Action)***
2. ***Area of Concern*** – Caller and provider complaints about long-hold times. Staff is working with I.T. and the phone vendor to improve the hold process, hiring more staff and streamline screening process.
3. ***Plans for FY 22/23 (Q3)*** – Continue reviews of phone system options; continue to show a decrease in the number of abandoned calls and increase service levels; and continue to work with staff to address quality improvement.

Dr. Taueg opened the floor for discussion. Discussion ensued.

B. **Children's Initiatives** – Cassandra Phipps, Director of Children's Initiatives submitted and gave highlights of the Children's Initiatives' quarterly report. Mrs. Phipps reported

4. ***Clinical Services Outcomes –*** There were 5,749 youths received SED services; 4,045 youths received I/DD services; and the average of unduplicated youths who received services in FY 22 was 11,522. *Child and Adolescent Functional Assessment Scales (CAFAS)* – FY 23 (Q1), the initial average total score was 65.6% and the most recent score of 66.2%; FY 22, the score was 75% and the most recent average score was 61% (14% decrease). *Preschool and Early Childhood Functional Assessment Scale (PECAS)* – FY 22, the average initial total score was 63% and the most recent average score was 52% (11% decrease); FY 23 (Q1), the initial average total score was 96.6% and the most recent score is 48.1% (33.5% reduction in the total score). *Patient Health Questionnaire Adolescent (PHQ A)* – Children Providers continue to exceed the compliance goal of 95% of completing PHQ A during intake. The quarterly PHQ A has consistently been a challenge during FY 22 but there was an improvement during FY 23 (Q1), 73.8%.
5. ***School Success Initiative Updates*** – There was a total of 122 new SSI referrals; 13 discharges and 12 youths received a crisis screening; in which, two crisis incidents resulted in partial hospitalization and 10 crisis incidents resulted in inpatient hospitalization. In October 2022, SSI providers, Access and the I.T. departments were trained on the Redcap/MH-WIN data merger. The training presentation and materials are uploaded to MH-WIN as a resource for providers. *GOAL Line* – DWIHN renewed the partnership with GOAL Line during October 2022. FY 22 (Q1), there were 587 students served; 57 interventions were utilized at school and/or at the Northwest Activity Center to assist students in addressing any emotional and/or behavioral concerns.
6. ***Mental Health Care: Putting Children First –*** Additional flyers were added to the Children's Initiatives' website; Dr. Faheem completed four back-to-school videos on YouTube focusing on stress management, maintaining a routine, removing distractions, organization skills and self-care; various

children related videos were added to DWIHN's website; and SUD facilitated the "Collective Call to Action Workshop Series". Staff facilitated/participated in various focus groups, lunch and learns, suicide prevention conference and summits to make sure the community is aware of the services that DWIHN can provide for children and their families.

7. ***Trainings*** – The Children's department facilitated a variety of trainings to the provider network – The Self-Care Training Learning Series (Practice What You Preach); Children's Mental Health Lecture Series: Wayne County Juvenile Justice 101; Quarterly Leadership Training Series; and a two-day CLS Training during FY 22.

Dr. Taueg opened the floor for discussion. Discussion ensued. The committee requested the number of people that attended the Suicide Conference; and provide information regarding why we are seeing less children. Is it because there is less of a need or are there other reasons? ***(Action)***

C. **Integrated Health Care –**Vicky Politowski, Director of Integrated Health Care submitted and gave highlights of the Integrated Health Care's quarterly report. Mrs. Politowski reported that the State of Michigan and the Health Department announced their plan to promote testing and treatment with the SUD population for Hepatitis C during FY 21 (Q4). DWIHN is working with all providers on this initiative.

1. ***Health Plan Pilots*** – *Health Plan 1* and IHC meet monthly to review members; DWIHN and Health Plan 1 have agreed to coordinate 100 members next year; and 11 members received care coordination services with three having gaps in care resolved; *Health Plan 2* – The shared platform will be used to find more members to provide gaps in care. FY 23, Q2, 22 members were given care coordination and seven of them had gaps in care resolved; and *Health Plan 3* and DWIHN are working together to reduce the number of individuals who come into the emergency room and increase the coordination of care. Baseline data for FY 21-22 had been obtained and is being used in FY 22-22 to see if there is improvement in a reduction of hospitalizations through increased coordination of care.
2. ***HEDIS Scores 2023, Health Effectiveness Data and Information Set*** – DWIHN and Vital Data created a HEDIS Scorecard that enables DWIHN to provide all CRSP, Medicaid Health Plans and Integrated Care Organizations data as to how the network is doing as a whole and individually based on alignment.
3. ***Medicaid Health Plans*** – Staff continues to perform Care Coordination Data Sharing on a monthly basis with each of the six Medicaid Health Plans (MHPs) serving Wayne County. These mutually served individuals met risk stratification criteria, which includes multiple hospitalizations and emergency department visits for both physical and behavioral health and multiple chronic physical health conditions. During this quarter, 155 cases were reviewed and 44 of those had gaps in care resolved.
4. ***MI Health Link Demonstration*** – There are 7,156 individuals currently enrolled in the MI Health Link program. This is a decrease from the number of members enrolled in services and an increase in number of members served as of last quarter. There were 1,438 behavioral health care referrals completed and submitted to the ICOs; Care Coordination was provided to 201 MI Health Link members to support engagement in behavioral health services; Transitions of Care Coordination was provided to 211 MI Health Link members who were discharged from a psychiatric hospitalization during this quarter; 84 LOCUS assessments were completed by staff this quarter.

	5. ***Complex Case Management (CCM) –*** Staff continues to offer and provide Complex Case Management services to DWIHN's members as a part of DWIHN's NCQA Accreditation. There were 34 CCM active cases within the quarter; 15 new cases were opened; 12 cases were closed; and eight cases were closed due to the members meeting their identified Plan of Care goals. Complex Case Management information was sent to staff at 99 different providers, including hospitals, CRSPs and a residential provider. 6. ***OBRA/PASRR*** – DWIHN decided not to renew OBRA RFP for FY 23 and will be providing the PASRR assessment internally starting April 1, 2023. There were over 300 assessments there were needed in the 14-day queue after DWIHN took over the contract and staff has completed all overdue assessments. All staff needed for the OBRA program has been hired. Dr. Taueg opened the floor for discussion. Discussion ensued. The Chair noted that the Access Call Center, Children's Initiatives, Integrated Health Care's quarterly reports have been received and placed on file.

IX. Strategic Plan Pillar

DISCUSSION/ CONCLUSIONS	***There was no Strategic Plan Pillar to review this month.***

X. Quality Review(s) -

DISCUSSION/ CONCLUSIONS	A. **QAPIP Work Plan Update FY 23 –** April Siebert, Director of Quality Improvement submitted and gave an update on the QAPIP Work Plan Update FY 23. Ms. Siebert reported 1. ***Goal II – Access Pillar (Quality of Clinical Care and Service)*** – Michigan Mission Based Performance Indicators (MMBPI) – The second quarter Performance Indicator data reporting (January 1-March 31, 2023) is due to MDHHS on June 30, 2023. DWIHN met the standards for PI#1 (Children and Adult); PI#4a (Children and Adults); 4b (SUD); and PI#10 (Children). The reporting percentage for PI#2a (Access of Services or Biopsychosocial within 14 Days of Request) continues to show improvement. This indicator remains a large area of focus and will continue to be until the rates see substantial and consistent improvement. No established standard for Indicators #2 and #3 has been set by MDHHS. DWIHN continues to have high rates in the 80%-90% for PI#3 (Completion of a Follow-up Service within 14 days of a Completed Biopsychosocial). The final rate for all populations was 89.62% and the average score for the State is 81%. For PI#4a (Follow-Up Service after Psychiatric Inpatient Hospitalization within 7 Days), the average rates were above the MDHHS standard of 95% for each quarter of FY 22. DWIHN's final rate was 96.14%. For PI#4b (Follow-Up Service within 7 Days of Discharge from a Detox Unit) had nearly perfect rates for all of FY 2022. The final rate was 99.73% and the MDHHS standard is 95%. For PI#10 (Hospital Recidivism), slightly above the MDHHS standard of 15% or less for FY 22. The final rate for Q2 was 15.04%; Child final rates was 8.24%. DWIHN will continue ongoing collaboration and efforts towards working with providers and target recidivistic individuals to ensure all of MDHHS' standards are met and achieved during future quarters.

	2. ***Goal V – Quality Pillar (Safety of Clinical Care) Critical/Sentinel Event Aggregate Data Comparison, Q1 and Q2*** – There continues to be an upward trend in Serious Challenging Behaviors often related to the standard of care provided by clinicians new in the field of practice or direct care workers who could benefit from more intensive training. There has been an uptick in Recipient Rights' complaints. Quality staff continues a close collaboration with ORR reviewing investigations and individual staff involved in events. Staff has implemented a trial for Q3 to monitor the preventable events and report them through the Risk Matrix providing each CRSP with an opportunity to review areas of risk on a consistent basis. The additional trends identified in Q1 continue with very slight improvement. Quality staff met with the Credentialing department to discuss ongoing reporting of staff providing services with inappropriate and/or expired credentials that will assist in ensuring an appropriate standard of care. *Aggregate Data Comparison – Quarter 1 and 2 – Behavior Treatment Plan Review Committee (BTPRC) Reported Data* – Staff working to improve the under-reporting of the required data of Behavior Treatment beneficiaries that includes 911 calls, deaths, emergency treatment and us of physical management; conduct training for network providers on the Technical Requirements of Behavior Treatment Plans; and continuation of Case Validation Reviews of randomly selected cases as a step towards continuous quality improvement at the PIHP level. 3. ***Goal VII – External Quality Reviews (Quality of Clinical Service)*** – HSAG will be conducting the Performance Measures Validation (PMV) review on July 10, 2023 and the process verifies that the data and logic behind the indicators is complete and accurate; HSAG will conduct the final compliance review (year 3) on August 19, 2023 and will cover the implementation of Year 1 (SFY 2021) and Year 2 (SFY 2023) Corrective Action Plans (CAPs). DWIHN's Performance Improvement Project Topic – Reducing racial and ethnic disparity with African Americans for the percentage of discharges from a psychiatric inpatient unit that was seen for follow-up care within 7 days. The data pull currently shows an overall disparity rate of 8.7% which is an increase from the 4.5% baseline rate. Staff is currently discussing barriers/interventions to work on reducing the racial disparity in our network with its' Black/African American members when it comes to follow-up after hospitalization appointments. The next scheduled reporting measurement period for DWIHN's PIP to HSAG will include data from January 1, 2023-December 31, 2023. Dr. Taueg opened the floor for discussion. Discussion ensued. The committee requested a specific detailed plan with dates on the PIP of how we are making changes to the racial disparities regarding discharge from a psychiatric inpatient unit for follow-up care within seven (7) days in August. ***(Action)***

XI. VP of Clinical Operations' Report

DISCUSSION/ CONCLUSIONS	***The VP of Clinical Operations' Report was submitted, received and placed on file.***

XII. Unfinished Business

DISCUSSION/ CONCLUSIONS	A. **BA #22-66 (Revised 2)** – HPS Consulting Services for NCQA Accreditation – HPS Consulting, LLC - Staff requesting board approval to extend the term on the professional service contractual agreement with Diana Hallifield dba HPS Consulting, LLC to February 9, 2024. HPS Consulting, LLC provides clinical care consultative support to DWIHN as it prepares for the NCQA Accreditation. The Chair called for a motion on BA #22-66 (Revised 2). **Motion:** It was moved by Dr. Carter and supported by Commissioner Kinloch to move BA #22-66 (Revised 2) to Full Board for approval. Dr. Taueg opened the floor for discussion. Discussion ensued including opportunities to rebid the contract. **Motion carried** with Ms. Ruth and Mr. Phillips voting Nay**.** B. **BA #23-01 (Revised)** – Multicultural Integration Programs FY 23 – Staff requesting board approval of amendment 2 for Comprehensive Services for Behavioral Health. FY 23. There is a one-time increase in the budget for the Multicultural Integration Programs in the amount of $222,529.00. The Chair called for a motion on BA #23-01 (Revised). **Motion:** It was moved by Mr. Phillips and supported by Mr. Parker to move BA #23-01 (Revised) to Full Board for approval. Dr. Taueg opened the floor for discussion. Discussion ensued. **Motion carried.** C. **BA #23-07 (Revised 5)** – Provider Network System FY 23 – Additional Provider Added – Staff requesting board approval to add a new provider to the DWIHN's provider network and requires no budget increase due to re-allocation of funds within the total budget. The Chair called for a motion on BA #23-07 (Revised 5). **Motion:** It was moved by Dr. Carter and supported by Commissioner Kinloch to move BA #23-07 (Revised 5) to Full Board for approval. Dr. Taueg opened the floor for discussion. There was no discussion. **Motion carried.**

XIII. New Business: Staff Recommendation(s)

DISCUSSION/ CONCLUSIONS	A. **BA #23-68 –** Juvenile Restorative Program – Team Wellness - Staff requesting board approval to enter to a contract with Team Wellness for the Juvenile Justice Restorative Program for the timeframe of June 22, 2023-September 30, 2024 for an amount of $2,800,000.00. This is a collaborative between DWIHN, Team Wellness, Wayne County JDF, Third Circuit Court, CMOs and MDHHS. The program provides comprehensive, integrated behavioral health services that work in conjunction with the juvenile justice system. The Chair called for a motion on BA #23-68. **Motion:** It was moved by Commissioner Kinloch and supported by Dr. Carter to move BA #23-68 to Full Board for approval. The Chair opened the floor for discussion. Discussion ensued including the services; the potential unmet need of kids; wraparound services; how many kids may not be receiving services; youth that may not be in the program; fixed and variable costs; Team Wellness staff; and the eligibility of children that would be in the program. The committee requested that staff provide the following information at the Full Board meeting next week: A) Provide the variable and fixed costs before the Full Board meeting on Wednesday, June 21, 2023; B) Clearly specify outcomes – quarterly basis; C) Define outcomes for the program as it pertains to

	recidivism; D) What is the process for approving new programs; E) How does the Board find out about the new programs and how is it communicated to the Board? ***(Action) Commissioner Kinloch called for a roll-call vote.*** **Motion:** A roll call vote was taken- **Motion carried** with Dr. Taueg, Commissioner Kinloch, Mr. Phillips and Dr. Carter – voting Yea; Mr. Parker –voting Nay; and Mrs. Ruth – Abstained.

XIV. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS	***There were no comments for Good and Welfare/Public Comment to discuss this month.***

ACTION ITEMS	Responsible Person	Due Date
1. **Chief Medical Officer's Report (Mobile Crisis Presentation)** - 1) Out of the $317 million, What is DWIHN responsible for? 2) Who is paying for the system now? 3) What is the system costing DWIHN? 4) Who is paying for the changes? 5) What are the savings to DWIHN? 6) What is the financial increase/decrease to DWIHN? 7) Provide the number of beds. 8) Coordinate the Board touring the Walter Reuther Psychiatric Hospital with Dr. Faheem.	Dr. Shama Faheem	**July 12, 2023** ***Please note, #8 has been completed***
2. **Corporate Compliance** – Please provide a recommended-criteria when sensitive items may be reported to the Committee or Board outside of the quarterly report.	Sheree Jackson	**July 12, 2023**
3. **Access Call Center Quarterly Report** - A data analysis will be presented in Q3 to discuss silent monitoring in more detail.	Yvonne Bostic	**September 13, 2023**
4. **Children's Initiatives' Quarterly Report –** Please provide the number of people that attended the Suicide Conference; and provide information regarding why we are seeing less children. Is it because there is less of a need or are there other reasons?	Cassandra Phipps	**July 12, 2023**
5. **QAPIP Work Plan FY 23** – Please provide a specific detailed plan with dates on the PIP of how we are making changes to the racial disparities regarding discharge from a psychiatric inpatient unit for follow-up care within seven (7) days in August.	April Siebert	**August 9, 2023**
6. **New Business (Staff Recommendations) – BA #23-68 – Juvenile Day Treatment Program – Team Wellness -** A) Provide the variable and fixed costs before the Full Board meeting on Wednesday,	Ebony Reynolds	**COMPLETED**

ACTION ITEMS	Responsible Person	Due Date
June 21, 2023; B) Clearly specify outcomes – quarterly basis; C) Define outcomes for the program as it pertains to recidivism; D) What is the process for developing/initiating new programs; E) How does the Board find out about the new programs and how is it communicated to the Board?	Brooke Blackwell/ Eric Doeh	**July 12, 2023**

The Chair called for a motion to adjourn the meeting. **Motion:** It was moved by Mr. Parker and supported by Mr. Phillips to adjourn the meeting. **Motion carried.**

ADJOURNED: 3:14 p.m.

NEXT MEETING: Wednesday, July 12, 2023 at 1:00 p.m.

FINANCE COMMITTEE

MINUTES **JUNE 20, 2023** **2:00 P.M.** **3071 W. GRAND BLVD. DETROIT, MI 48202 (HYBRID/ZOOM)**

MEETING CALLED BY	I. Ms. Dora Brown, Chair, called the meeting to order at 2:10 p.m.
TYPE OF MEETING	Finance Committee Meeting
FACILITATOR	Ms. Dora Brown, Chair
NOTE TAKER	Nicole Smith, Finance Management Assistant
ATTENDEES	**Finance Committee Members Present:** Ms. Dora Brown, Chair Mr. Kevin McNamara, Vice Chair Ms. Eva Garza Dewaelsche Mr. Angelo Glenn **Committee Members Excused:** Ms. Karima Bentounsi **Board Members Present:** Ms. Kenya Ruth **Board Members Excused: None** **Staff:** Ms. Stacie Durant, Vice President of Finance; Mr. Manny Singla, Executive Vice President of Operations; Ms. Monifa Gray, Associate Vice President of Legal Affairs; Sheree Jackson, Vice President of Compliance; Ms. Brooke Blackwell, Vice President of Governmental Affairs and Chief of Staff; Mike Maskey, Facilities Director **Staff Attending Virtually:** Jody Connally, Vice President of Human Resources; and Ms. Yolanda Turner, Vice President of Legal Affairs **Guests:** Mr. Thomas Adams, SUD Oversight Policy Board Chair

AGENDA TOPICS

I. Roll Call Ms. Lillian Blackshire, Board Liaison

II. Roll Call Roll Call was taken by Ms. Lillian M. Blackshire, Board Liaison and a quorum was present. **III. Committee Member Remarks** Ms. Brown, Chair called for Committee member remarks. Ms. Ruth acknowledged Ms. Stacie Durant, Vice President of Finance and Ms. Dhannetta Brown, Deputy Chief Financial Officer for Network's books balanced. She also acknowledged that women are playing an instrumental role at DWIHN are on the leadership staff; DWIHN Committees and Board of	

Directors. She would like to bring in young ladies and gentlemen to the meetings to observe women in these positions and in action. There were no other remarks.

IV. Approval of Agenda:
The Chair, Ms. Brown called for a motion on the agenda. There were no changes or modifications requested to the agenda. **Motion:** It was moved by Mr. Glenn and supported by Ms. Dewaelsche approval of the agenda. **Motion carried.**

V. Follow-up Items:
There were no follow-up items reported.

VI. Approval of the Meeting Minutes:
The Chair called for a motion on the Finance Committee minutes from the meeting on Monday, May 15, 2023. The approval of the minutes was deferred until the scheduled Finance Committee Meeting on July 5, 2023. **Motion:** It was moved by Mr. Glenn and supported by Ms. Ruth to defer meeting minutes from Monday, May 15, 2023 to the Finance Committee meeting of July 5, 2023. **Motion carried**.

VII. Presentation of the Monthly Finance Report
S. Durant, CFO presented the Monthly Finance report. A written report for the three months ended April 30, 2023 was provided for the record. Network Finance accomplishments and noteworthy items were as follows:

Effective March 29, 2023, the formula for PA2 distributions to the PIHP is 40% of liquor tax compared to 50%. However, the legislation states the amount cannot be less than September 30, 2022, which was $4,723,521. County/PIHP revenue will increase due to resetting formula. Amount of increase is undetermined until payments for FY23 are received. Discussion ensued regarding the change in the formula.

Finance will be expanding our investments to Huntington Bank. Huntington Bank will invest in accordance with the Board approved investment policy. Discussion ensued regarding the current investments.

Consistent with prior years, Finance will be reviewing early stability payments to skilled building and supported employment providers.

Cash and Investments – comprise of funds held by three (3) investment manager, First Independence CDARS, Comerica, and Flagstar accounts. This amount includes the $21.3 million cash held in collateral for the two building loans.

Due from other governments – comprise various local, state and federal amounts due to DWIHN. Approximately $8.0 million in SUD and MH block grant due from MDHHS. Approximately $11.6 million for the 2nd quarter and April pass through HRA revenue. Approximately $2.9 million due from MDHHS related to FY22 CCBHC cost settlement.

Accounts receivable/Allowance - Accounts receivable consist of $2.1 million in cost settlement due from the fiscal intermediaries related to FY22. In addition, approximately $2.1 million due from Wayne County 2nd Quarter PA2, $700,000 in actual Quarter 1 PA2 and $1.4 million due from the County for the April local match payment. Finally, Team Wellness $1.0 million related to prior year receivable outstanding. DWIHN recorded $.5 million in an allowance for two SUD providers due to length of amount owed and likelihood of collections.

Prepayments and deposits – DWIHN provided The Children's Center an early provider stability payment totaling $3.5 million. TCC expressed concerns regarding its ability to meet cash flow needs.

IBNR Payable – represents incurred but not reported (IBNR) claims from the provider network; historical average claims incurred through April 30, 2023, including DCW hazard pay, 10% rate increase and $1.00/hr. DCW wage increase, was approximately $469.5 million however actual payments were approximately $410.4 million. The difference represents claims incurred but not reported and paid of $59.1 million.

Due to other governments – includes $8 million due to MDHHS for death recoupment; $1.8 million due to MDHHS for FY20 general fund carryover in excess of 5%; and $8.5 million related to FY22 DCW hazard pay cost settlement. In addition, there is approximately $2.2 million due to MDHHS for state hospitals and IPA tax payment.

Federal grants and contracts– The $5.0 million variance is primary due to timing of several SUD grants and a year-end reclassification entry to move 18% of revenue to state grants. In addition, approximately $2.6 million relates to the mobile crisis grant whereby DWIHN has not incurred any expenses to date.

SUD, Children and IDD services - $26.6 million variance to timing and reduction in expenses. DWIHN anticipates providing stability payments in October/November 2023.

There was no further discussion. The Chair, Ms. Brown noted the Finance Monthly Report ending April 30, 2022 was received and filed.

VIII. Unfinished Business – Staff Recommendations:

a**. Board Action #21-28 (Revised) – Janitorial Services (STEP)** M. Maskey, Facilities Director reporting. DWIHN is requesting board approval for continuation of janitorial services with the vendor Services to Enhance Potential (STEP). Board Action #21-28 was originally approved in the amount of $178,000.00 for a 3-year term. Facilities is requesting to exercise the one-year renewal option for services in the amount of $72,785.04. This would bring the contract value not to exceed in the amount of $250,785.05 and extend the contract term to September 30, 2024. (Action) Ms. Ruth requested additional information for review at final full board approval. Staff to report number of employees that will be on site. Staff to report plan of action for construction cleanup process. The Chair called for a motion. **Motion:** It was moved by Mr. Glenn and supported by Mr. McNamara approval of BA #21-28 (Revised) to Full Board. **Motion carried.**

b**. Board Action #23-05 (Revision 5) – DWIHN FY 2022-2023 Operating Budget** Presented by S. Durant, CFO requesting amendment to the FY23 Operating Budget. Certification of additional State General Funds revenue of $222,529 per Amendment 2 of the Comprehensive Services for Behavioral Health-2023 between DWIHN and the Michigan Department of Health and Human Services. The amendment authorizes the use of unspent FY22 Multicultural Program funds for the FY23 Multicultural Program; Certification of additional Federal Grant funds per MDHHS award of $424,137.69 of unspent FY22 COVID Supplemental funds for use in FY23; Certification of $682,982 of Local Funds to comply with Michigan House of Representatives mandate establishing a minimum requirements for budgeting Public Act 2 (PA2) funds; Decertification of Federal Grant Funds of $27,732.00 per MDHHS Modification of the Compulsive Gambling Prevention and Treatment funds; The revised FY23 Operating Budget of $1,032,828,326.69 consists of: $21,852,710 (State General Funds); $798,256,944 (Medicaid, DHS Incentive, Medicaid-Autism; Children's/SEO Waiver, HAB); $9,886,123 (MI Health Link); $140,914,218 (Healthy MI-Mental Health and Substance Abuse); $17,686,447 (Wayne County Local Match Funds); $4,723,521 (PA2 Funds); $7,294,100 (State Grant Portion of OBRA and SUD grant funds); The Chair called for a motion. **Motion:** It was moved by Ms. Ruth and supported by Mr. Glenn approval of BA #23-05 (Revision 5) to Full Board. **Motion carried.**

IX. New Business – Staff Recommendations:
a. Board Action #23-67 – DWIHN Call Center & Business Phone Systems Presented by M. Singla, Executive VP of Operation reporting. This board actions requests funds for TTEC Government Solutions LLC to replace and consolidate services currently held by four contracts -BSB Solutions, Octavia Data Center, BCMl and Mitel. The vendor was selected through a RFP based on eight (8) proposals received; however, two (2) were deemed nonresponsive as they did not meet the DWIHN qualifications. The new solution will provide a cloud-based phone solution to replace the current DWIHN phone system in use at the Call Center as well as the business offices. The selected solution will be capable of handling the DWIHN current call volume, which ranges from about 24,100 to 36,000 calls per month, plus the anticipated additional call volume of the crisis center. The solution will be in use at all DWIHN facilities and remote locations. Finally, the proposed solution will allow DWIHN flexibility to grow as our needs grow. This contract will be initiated and effective upon Board approval for a term of three (3) years. The Chair called for a motion. **Motion:** It was moved by Ms. Ruth and supported by Mr. Glenn approval of BA #23-67 to Full Board. **Motion carried.**

X. Good and Welfare/Public Comment – The Chair read the Good and Welfare/Public Comment statement. There were no members of the public addressing the committee.

XI. Adjournment – There being no further business; The Chair, Ms. Brown called for a motion to adjourn. **Motion:** It was moved by Ms. Ruth and supported by Mr. McNamara to adjourn the meeting. **Motion carried**. The meeting adjourned at 2:57 p.m.

FOLLOW-UP ITEMS	a. Provide a list of current investments.

FINANCE COMMITTEE

MINUTES **MAY 15, 2023** **2:00 P.M.** **3071 W. GRAND BLVD. DETROIT, MI 48202 (HYBRID/ZOOM)**

MEETING CALLED BY	I. Ms. Dora Brown, Chair, called the meeting to order at 2:15 p.m.
TYPE OF MEETING	Finance Committee Meeting
FACILITATOR	Ms. Dora Brown, Chair
NOTE TAKER	Nicole Smith, Finance Management Assistant
ATTENDEES	**Finance Committee Members Present:** Ms. Dora Brown, Chair Ms. Karima Bentounsi Mr. Angelo Glenn **Committee Members Excused:** Mr. Kevin McNamara, Vice Chair **Committee Members attending Virtually:** Ms. Eva Garza Dewaelsche **Board Members Present:** Ms. Kenya Ruth, Board Chair **Board Members Excused:** None **Staff:** Ms. Stacie Durant, VP of Finance; Mr. Manny Singla, Executive VP of Operations; Ms. Monifa Gray, Associate VP of Legal Affairs; Ms. Sheree Jackson, VP of Compliance; Ms. Brooke Blackwell, VP of Governmental Affairs and Chief of Staff; Ms. Tiffany Devon, Director of Communications; and Ms. Jean Mira, Administrator of Procurement **Staff Attending Virtually: Mr.** Jody Connally, VP of Human Resources; Ms. Yolanda Turner, VP of Legal Affairs **Guests:** Alisha Watkins, Partner, and Tyler Luce, Manager, Plante Moran

AGENDA TOPICS

I. Roll Call Ms. Lillian Blackshire, Board Liaison

II. Roll Call Roll Call was taken by Ms. Lillian M. Blackshire, Board Liaison and a quorum was present. **III. Committee Member Remarks** Ms. Brown, Chair called for Committee member remarks. There were no committee remarks.	

IV. Approval of Agenda
The Chair, Ms. Brown called for a motion on the agenda. There were no changes or modifications requested to the agenda. **Motion:** It was moved by Ms. Ruth and supported by Mr. Glenn approval of the agenda. **Motion carried.**

V. Follow-up Items:
There were no follow-up items reported.

VI. Approval of the Meeting Minutes
The Chair called for a motion on the Finance Committee minutes from the meeting of Wednesday, March 1, 2023. **Motion:** It was moved by Mr. Glenn and supported by Ms. Bentounsi approval of the Finance Committee minutes from the meeting of Wednesday, March 1, 2023. There were no corrections to the minutes. **Motion carried**. Minutes accepted as presented.

VII. Presentation of FY22 Financial Statement, Single Audit and Compliance Examination Reports
Stacie Durant, CFO acknowledged the Finance Team and noted that Ms. Toni Jones, Manager of Audit and Provider of Fiscal Oversight and Ms. Dhannetta Brown, Deputy CFO were instrumental for completion of the FY22 Audit.

The FY22 Audit was presented by Plante Moran staff lead Ms. Alisha Watkins, and Mr. Tyler Luce. An overview of the audit was provided to the committee. VP of Finance, Ms. Durant provided an overview of the AU260 Letter and noted this was a communication to the Finance Committee which is charged with Governance. The Financial Report is the Financial Statement on the audit and is a requirement with the State of Michigan Department of Treasury; the Compliance Examination is the report required by the Michigan Department of Health and Human Service in accordance with the PIHP and CMHA contracts and the last report that will be reviewed is the Federal Award Supplemental Information which is referred to as the Single Audit which is required by the Federal Government. Ms. Watkins gave kudos to the team for their hard work and noted that DWIHN hit the one-billion-dollar mark in revenue this year which was tremendous.

Ms. Alisha Watkins from Plante Moran presented along with Mr. Tyler Luce the FY22 AU260 letter; the Financial Report; the Federal Awards Supplemental Information and the Compliance Examination. Written documents of each audit report were presented to each committee member and provided in the Finance Committee agenda packet.

Financial Report with Supplemental Information- Highlights of the report was provided. It was reported that page 8 was the report letter. DWIHN was issued an unmodified opinion and that is the highest level of assurance that they are able issue as auditors; it means that everything is in material respects in accordance with generally accepted accounting principles (GAAP). The letter also highlights our responsibilities as management which include the preparation and presentation of the financial statements ensuring all accounting is in accordance with GAAP as well as maintaining and implementing internal controls. It was noted the Management discussion and analysis was on pages 12 through 18 and is a high-level summary of different transactions that took place. The Statement of Net Position on page 19 was highlighted; this represents the balance sheet and a comparison was provided as to DWIHN's position compared to last year's position, it was noted there was an increase of $36.8 million dollars which did not include the restricted cash line and that is really favorable and was attributed to the concerted efforts by management. An overview

was provided on page 20 which noted the operating income; the amount collateralized amounts for the construction loans which are set aside for the administrative building and the new Care Center; the capital assets; restricted cash; assets not subject to depreciation; long term debt under the liability section; and the total operating revenue increase which primarily this year would be due to the increase in the Medicaid rate from the State of Michigan. It was noted the operating expense costs actually went up from last year which was due to the overall provider costs actually increasing due to a 10% increase in fee service codes provided as well as an increase in utilization and services as we rebound from COVID-19. It was reported there was investment loss which was noted as an investment paper loss because assets have to be valued at market value on September 30th. It was noted that the monies are still in the investment account and hopefully the market will rebound.

The Statement of Revenue, Expenses and Changes in Net Position was highlighted. It was noted we received money from a variety of sources, but the increase was primarily due to an increase in the Medicaid rate. The Notes to Financial Statements page 29 was highlighted. It was noted that there was an increase this year of $6.4 million dollars relative to construction projects, the Care Center and the Administration building; there was a note that referred to the construction commitments and is part of the standards required and disclosure is relative to any remaining commitments at year end. An overview was provided on the Long-Term debt; it was noted that in December 2022 both of the notes payable were actually paid off in their entirety and the footnote discloses what those amounts are for, and what the actual debt proceeds are going to be used for, there is no outstanding debt because there are no draws as of September 30, 2022; the balance sheet shows no amount relative to these new projects outstanding as of year-end. A highlight was provided of page 33 – Other Supplemental Information which provided information of budget to actual, it was noted that we budgeted and allocated resources overall very positively; total operating revenue actually came in at just over one billion dollars and that was as increase to budget of roughly $36.3 million dollars which was fantastic news. There were some operating expense line items that had some unfavorable differences as compared to budget which were chalked up to increase utilization beyond what could have been predicted in terms of coming back from COVID-19 as people are becoming more able to be out and are able to use resources that are available to them as well as the additional financial stability payments to certain providers which would have also been included in some of those amounts which the bottom line is a $24 and a half million dollar increase in that position. It was noted that revenue was significantly more than anticipated; however, the expense side was still managed and there are still threats out there that have to be managed; we have got people that need to be served; we have to keep the providers having people employed and serving the population that needs to be taken care of; so it really feels like a healthy balance of putting money back into the organization, but also making sure we are restoring and maintaining the working capital and that is the savings that is important - DWIHN had a really strong year.

Federal Awards Supplemental Information – An overview was provided of the Federal Awards Supplemental information; it was noted this is the report issued for the Federal Awards audit. The Schedule of Expenditures of Federal Awards was highlighted on page 7 and it was noted that this page shows all of the Federal dollars that were spent by the organization during the year; for FY22 it was $24 million dollars of federal grants that were expended; the page is laid out by Department or the Grant or who issues them and the different types of programs that are covered are very broad and very significant. The Schedule of Findings and Questioned Costs on page 10 was highlighted. There were two additional programs that needed to be audited; Ms. Durant noted that a board action had been brought forth to increase their fees because when they initially responded to the RFP it only contemplated two major programs, so as we get more Federal programs it increases

the scope; if there are other Federal Programs and funding that we receive it will go up as well. Discussion ensued regarding the Women's Specialty Program and human trafficking. Ms. Ruth requested the name of the Human Trafficking program from SUD. The Summary of the Auditor's Results was presented; it was reported there was a material weakness identified; there were no significant deficiencies identified that are considered to be material weaknesses and no compliance matters related to the financial statement audit. There were four (4) major programs that were audited and unmodified opinions were given for all four and they did test the programs at length. It was also reported that DWIHN did not qualify as a low risk which is because of the finding last year related to HUD which is really a State of Michigan Finding which is how the rules work. Page 11 is the finding which is the one exception on the financial Statement Audit and was not identified by Plante Moran, but was identified and corrected by the DWIHN management team. The Finding type was noted as a Material Weakness. An overview was proved that noted that DWIHN corrected a prior error as it thought it owed money to a particular ICO in the past; the funds were brought into revenue for fiscal year 22 the year that we audited and the position to do that was supported by Plante Moran which felt that the change in position is supportable, but that change in position also meant the prior positions were not correct and the rules state that it is an internal control issue in prior years as we are correcting a prior error; where the team landed is very favorable for the organization and we are able to keep the money in the bank account and book the revenue. VP of Finance, Durant gave an overview of the money that was thought to be owed and noted that after consultation with both their attorneys and our attorneys it was concluded that within the four walls of the contract that we did not owe the money and were able to retain the dollars. There were no further questions on the Federal Awards.

Compliance Examination – There was no findings, issues or internal control matters to report in the Compliance Examination. It was noted that page 31 was the Summary of Accountant's Results and it indicates the type of accountants' report issued on compliance was Unmodified.

The final document highlighted was the letter that was required to be issued to the governing body following every audit that is conducted. It was explained that the correction was also noted in the letter as it was a separate legal document and one of the required reporting areas is if a transaction from a prior year was corrected in the current year the Auditors have to include that; which is why is shows up in the letter. The Corrected and Uncorrected Misstatements were discussed which noted that during the audit procedures they identified corrections that were required to be made to the financial statements related to certain accrued liabilities being under reported by approximately $2.6 million as of September 30, 2022. The first was a $1.2 million adjustment to increase cash and increase accrued wage liabilities for retention payments made in December 2022. The second was a $1.4 million adjustment to increase salaries and wages expense and increase accrued wage liabilities for amounts paid to employees subsequent to year end for dates worked during the fiscal year ended September 30, 2022; these items are important to identify but did not rise to the level of being a finding or an internal control efficiency. Ms. Watkins noted the level of information that was provided to them us allowed Plante Moran to complete the audit and secondly Ms. Durant and her team have done it again on managing these finances; a job well done was extended to Ms. Durant who was thanked for her hard work. Ms. Ruth, Board Chair thanked Ms. Watkins and her team for accommodating her work schedule and noted to Ms. Durant that a good job reflects leadership and thank you for a good report. The Chair called for a motion on the FY22 Financial Statement, Single Audit and Compliance Examination Reports and the AU260 Letter. **Motion:** It was moved by Ms. Ruth and supported by Mr. Glenn

to move the FY22 Financial Statement, Single Audit and Compliance Examination Reports to Full Board for approval. There was no further discussion. **Motion carried.**

VIII. Presentation of the Monthly Finance Report

S. Durant, CFO presented the Monthly Finance report. Ms. Durant noted that there were no noteworthy items to report as the three annual audit reports had been presented by Plante Moran. A written report for the three months ended March 31, 2023 was provided for the record.

Cash and Investments – comprise of funds held by three (3) investment manager, First Independence CDARS, Comerica, and Flagstar accounts. This amount includes the $21.3 million cash held in collateral for the two building loans.

Due from other governments – comprise various local, state and federal amounts due to DWIHN. Approximately $6.7 million in SUD and MH block grant due from MDHHS. Approximately $8.7 million for the 2nd quarter pass through HRA revenue. Approximately $5.8 million for PIBP for FY22. Approximately $2.9 million due from MDHHS related to FY22 CCBHC cost settlement.

Accounts receivable/Allowance - Accounts receivable consist of $2.1 million in cost settlement due from the fiscal intermediaries related to FY22. In addition, approximately $2.4 million due from Wayne County estimated 2nd Quarter PA2 and $700,000 in actual Quarter 1 PA2. Finally, Team Wellness $1.1 million related to prior year receivable outstanding. DWIHN recorded $.5 million in an allowance for two SUD providers due to length of amount owed and likelihood of collections.

Prepayments and deposits – DWIHN provided The Children's Center an early provider stability payment totaling $3.5 million. TCC expressed concerns regarding its ability to meet cash flow needs.

IBNR Payable – represents incurred but not reported (IBNR) claims from the provider network; historical average claims incurred through March 31, 2023, including DCW hazard pay, 10% rate increase and $1.00/hr. DCW wage increase, was approximately $399.8 million however actual payments were approximately $336 million. The difference represents claims incurred but not reported and paid of $63.8 million.

Due to other governments – includes $8 million due to MDHHS for death recoupment; $1.8 million due to MDHHS for FY20 general fund carryover in excess of 5%; and $8.5 million related to FY22 DCW hazard pay cost settlement. In addition, there is approximately $4.1 million due to MDHHS for state hospitals and IPA tax payment.

Federal grants and contracts– The $5.2 million variance is primary due to timing of several SUD grants and a year-end reclassification entry to move 18% of revenue to state grants. In addition, approximately $2.2 million relates to the mobile crisis grant whereby DWIHN has not incurred any expenses to date.

SUD, Children and IDD services - $22 million variance to timing and reduction in expenses. DWIHN anticipates providing stability payments in October/November 2023.

There was no discussion on the above items. The Chair, Ms. Brown noted the Finance Monthly Report ending March 31, 2023 was received and filed.

IX. FY 23 2nd Quarter Board Report for Procurement Non-Competitive under $50,000K and all Cooperative Purchasing

The 2nd Quarter Procurement Report was presented by Ms. Jean Mira, Procurement Administrator. The written report was provided to the Finance Committee and was included in the agenda packet for informational purposes. Noteworthy information includes purchasing percentages: Contract Percentage for Wayne County is 26.47% and Out of County is 73.53%; Funding Percentage w/o IT for Wayne County is 55.27% and Out of County is 44.73%. Amounts include Total under 50K or Cooperative purchasing is $640,493.53 Wayne County is $169,510.00, IT totals is $333,795.79. There was no further discussion. The FY23 2nd Quarter Procurement Report was received and filed.

X. Unfinished Business – Staff Recommendations:

a**. Board Action #23-05 (Revision4) – DWIHN FY 2022-2023 Operating Budget** Ms. Durant, VP of Finance reported. DWIHN is requesting the following amendments:

De-certification of $200,000 - Federal grant revenue --MD HHS Amendment #3 to reduce the Residential Gambling program by 50%.

Certification of $100,000 Federal Grant revenue per the MD HHS approval to use FY22 unspent American Rescue Plan Act (ARPA) dollars to fund the cost of staff (Salary/Fringes @$90,909; Indirect costs @$9,901) to assist with the Post-Partum Women's Pilot and GPRA Programs.

Board approval is also requested for the use of Medicaid Reserve dollars of $573,380 to fund:

One (1) Assisted Outpatient Treatment (AOT) Case Manager position -- in conjunction with BHU -- to better coordinate hospital discharges and follow-up. The estimated cost of $84,000 funds the annual salary and fringe benefit cost of $60,000 and $24,000 respectively.

Four (4) Masters level Residential Specialists for Residential Services to address the increase in workload through new initiatives and the gap in capacity to do annual assessments. The estimated cost of $434,380 funds the annual salary and fringe benefit costs of $310,272 and $124,108, respectively.

Digital Media Campaign, $55,000, which utilizes social media influencers to bring an awareness to youth about DWIHN and the services available to youth and community.

The revised FY23 Operating Budget of $1,031,526,410 consists of the following revenue: $21,630,181 (State General Funds, CCBHC General Funds); $798,256,944 (Medicaid, DHS Incentive, Medicaid-Autism; Children's/SED Waiver, HAB); $9,886,123 (MI Health Link); $140,914,218 (Healthy MI-Mental Health and Substance Abuse); $17,686.447 (Wayne County Local Match Funds); $4,040,539 (PA2 Funds); $7,294,100 (State Grant Portion of OBRA, SUD); $31,036,858 (Federal Grants/Federal Block Grants); $241,000 (Local Grant Revenue); $500,000 (Interest Income); and $40,000 (Misc. Revenue).124,108, respectively. The Chair called for a motion. **Motion:** It was moved by Mr. Glenn and supported by Ms. Ruth approval of BA #23-05 (Revision4) to Full Board. Discussion ensued regarding the Post-Partum Women's Pilot for Substance Use Disorder; the posting of the position; salary and fringes and that the posted position noted that the position was available based on the availability of funding. **Motion carried.**

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XI. New Business – Staff Recommendations:

a**. Board Action #23-63 – DWIHN Community Outreach** Ms. Tiffany Devon, Director of Communications reported. The Communications Department is requesting funding in the amount of $155,000 for additional community outreach, sponsorships and costs associated with contracting with several social media influencers. As the organization expands and grows, so too do the obligations of the Communications department. There are many more ways of reaching our audiences and one of them is through paying social media influencers to share mental health and substance use disorder messaging. There have been double the amount of sponsorship requests this year which also means the department has to purchase additional community outreach supplies to keep up with the demand of the requests. The Chair called for a motion. **Motion:** It was moved by Mr. Glenn and supported by Ms. Bentounsi approval of

Board action #23-63 to Full board for approval. Discussion ensued regarding the amount that would be used for influencers; the amount of money that was included in the previous budget adjustment that was identified for media; the specific influencers that were being identified and utilized and if these influencers would be used on the campaign of giving mental health a swag and primarily geared toward student athletes as this was a part of the CEO Objectives; the group that the social media would be targeted towards; how the Capital Brand and the Youth Choir fit into the athlete campaign; youth athletes that we have attempted to contract with, but they were not interested in participating with DWIHN; advocacy of children; professional level athletes; contacting particular athletes that are willing to work with DWIHN and being an Ambassador and DWIHN working with those individuals; cost associated with ambassador contracts; the group that was previously hired to do social media for DWIHN; conversations regarding Mr. Kemp; and utilizing Mr. Smooth who has a relationship with all of the high schools. Ms. Ruth requested the Board action be tabled as she had further discussion and there seemed to be more communications. The Chair, Ms. Brown noted that there was motion on the floor. Ms. Devon noted the dollars attached to the board action are for more than just the student athlete campaign and includes other outreach items such as the NAMI Summer Conference and other additional operational items that we have as outreach for the remainder of the summer; we are also in the midst of mental health awareness month. The Chair called for the vote. Motion carried with Ms. Bentounsi, Mr. Glenn, and Ms. Brown voting Yay; and Ms. Ruth voting Nay. There were no abstentions. **Motion carried.**

XII. Good and Welfare/Public Comment – The Chair read the Good and Welfare/Public Comment statement. There were no members of the public addressing the committee. Mr. Glenn, Board member recognized Ms. Tiffany Devon, Director of Communications for being recognized in Crain's Magazine and Mr. Doeh and Mr. Phillips as being recognized and receiving the Michigan Chronicle Men of Excellence award. The event will take place on June 30th 2023. Congratulations were expressed to all.

XIII. Adjournment – There being no further business; The Chair, Ms. Brown called for a motion to adjourn. **Motion:** It was moved by Mr. Glenn and supported by Ms. Ruth to adjourn the meeting. **Motion carried**. The meeting adjourned at 3:22 p.m.

FOLLOW-UP ITEMS	a. DWIHN to investigate securing an Ambassador/Social Influencer to assist DWIHN with Social Media messaging in the community. -Search ongoing

Detroit Wayne
Integrated Health Network
707 W. Milwaukee St.
Detroit, MI 48202-2943
Phone: (313) 833-2500
www.dwihn.org

FAX: (313) 833-2156
TDD: (800) 630-1044 RR/TDD: (888) 339-5588

June 2023 SUD OSPB Meeting Report

Conducted on June 23rd, 2023, at 10:15 am.

- **SUD OSPB Board Members in Attendance**
  Thomas Adams, Angelo Glenn, Jonathan Kinloch, Margo Martin, Maria Avila, Ronald Taylor, Darryl Woods, Sr., and Antoine Jackson.

- **Remarks of Eric Deoh, President and CEO**
  During the meeting, the board discussed various matters related to SUD, including updates on the budget, the Care Center and Administrative building construction, and adjustments to the Access Call Center.

- **New Business**
  They discussed new business, including an overview of the Oakwood Beaumont Taylor Teen Health Center and a finance update from the Vice President of Finance. The board recognized Vice Chairperson Dr. Cynthia Arfken and recommended Dr. Kanzoni N. Asabigi for a new board member position.

- **Board Action**
  They approved SUD's request for funds to support the Naloxone initiative and the Lakeridge Conference.

- **Informational Reports**
  The meeting concluded with informational reports from the SUD Director, Treatment Manager, Prevention Manager, SOR Manager, Grant Manager, and Complex Case Manager.

- **Additional Comments**
  No public comments were made.

- **Adjournment**
  The meeting was adjourned.

Next Oversight Policy Board Meeting July 17th, 2023, via Zoom Link Platform

Detroit Wayne Integrated Health Network

Utilization Management Department

Annual Evaluation FY 2021-2022

Submitted by:
Leigh Wayna – Director, Utilization Management

Presented to UMC on
Presented to QISC on
Submitted to PCC on
Presented to and Approved by Full Board of Directors on

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Overview

As a part of continuous quality improvement, the Utilization Management (UM) Program is evaluated annually and incorporated into the Quality Assurance Performance Improvement Plan (QAPIP). This report is submitted to the DWIHN Utilization Management Committee (UMC), to the Quality Improvement Steering Committee (QISC) and the DWIHN Board of Directors for approval. DWIHN's Board of Directors is committed to the provision of effective, consistent and equitable behavioral health services that produce functional outcomes, as articulated in the Strategic Plan. The Board is also responsible for ensuring overall quality of the behavioral healthcare services delivered to Wayne County residents, including oversight of UM functions.

The Chief Medical Officer (CMO) has substantial involvement in the development, implementation, supervision and evaluation of the UM program as evidenced by participation in the Utilization Management Committee (UMC) and Quality Improvement Steering Committee (QISC). On an annual basis, the Chief Medical Officer also reviews and approves all UM policies and procedures within the policy management system, as well as providing oversight of key UM documents.

The UM Department consists of 31 staff with responsibility for reviewing authorization requests and making medical necessity determinations for the following Benefit programs and Levels of Care: Inpatient psychiatric treatment, Outpatient services, HAB Waiver, ASD Benefit, General Fund, Partial

Hospital, Crisis Residential, Substance Use Disorder services, Autism, MI Health Link population, and the processing of denials and appeals associated with service requests. Staff receive cross-training to fill in for periods of staff absence or high demand to ensure timely, continuous and consistent UM services. Of note was the coverage provided until the vacated UM Director, COFR Coordinator and SUD Technician positions were filled.

In accordance with the "Appropriate Professionals" UM policy, physicians and PhD clinical psychologists continue to be the only staff credentialled to deny medical necessity. This was achieved through a partnership with the Michigan Peer Review Organization MPRO) served as the independent review organization.

The UM Director continues to assess staffing needs based upon departmental operations and the volume of requests across the multiple programs and levels of care managed within UM.

Adequacy of Utilization Management Resources

The following chart is a summary of the positions currently in the UM department, and outside departmental staff with the percentage of their time allocated to UM activities:

Title	Department	Percent of Time allocated to UM
UM Director	UM	100
3 UM Administrators	UM	100
21 UM Clinical Specialists	UM	100
4 UM SUD Mental Health Technicians	UM	100
3 UM Administrative Supports	UM	100
1 UM Grievance Coordinator	UM	100
1 Utilization Manager	UM	100
1 Chief Clinical Officer	Administration	.15
1 Clinical Officer	Clinical Practice Improvement	.15

Utilization Management Committee

During FY 22, the Utilization Management Committee (UMC) met monthly. The Chief Medical Officer is the chairperson, and the UM Director is the committee co-chair. Membership includes staff from the UM Department, Customer Service, Children's Initiatives, Managed Care Operations, Finance, Quality, Substance Use Disorder, Residential and Member Engagement. Other staff, departments or entities are invited as needed. The committee routinely addresses the following topics, and many are included in this evaluation for annual trending/reporting purposes:

- Appeals and Denials
- Waiver Program Reports
- Autism Reports
- General Fund Exception Reports
- Substance Use Disorder
- Authorizations (Preservice, Concurrent, Retrospective)
- Timeliness Reports

- Benefit Grid/Benefit Clarification
- Hospitalization Reports/MI Health Link Data
- Over and Under Utilization
- IT or Technology Assessments/Project Enhancements
- Macmillan Care Guideline (MCG) issues
- Medical Necessity
- Inter-rater Reliability Testing Results
- Policy and Procedure Development and Review

The following MMBPI results and analysis are reviewed by the UMC annually:

- Follow-up within 7 and 30 days after a behavioral health hospitalization
- State measurement of readmission data

Review and analysis of the above reports, dashboards, and measures in relation to UM are addressed within the UMC with interventions to address opportunities for improvement.

Utilization Management leadership and staff also participate in multiple routine and ongoing collaborative committees and meetings with the provider network, consumers, heath plans, and departmental meetings which address and improve issues related to utilization management and are critical to the success of the UM department. Some of these are as follows: Hospital UM Provider Meetings, Provider Network meetings, Managed Care Operations meetings, Integrated Care Organization(ICO) meetings, COFR Committee, Recidivism Work Group, Habilitation Waiver work group, Quality Improvement Steering Committee, Improving Practice Leadership Committee, Substance Use Disorder Bi-monthly Provider meeting, Michigan Consortium for Excellence quarterly meetings, Procedure Code Work Group meetings, Hospital Liaison meetings, COPE Crisis Huddle bi-weekly meetings, Children's Crisis Huddle bi-weekly meetings, Collaborative meetings, Behavioral Health Learning Collaborative and Assertive Community Team (ACT) monthly forums.

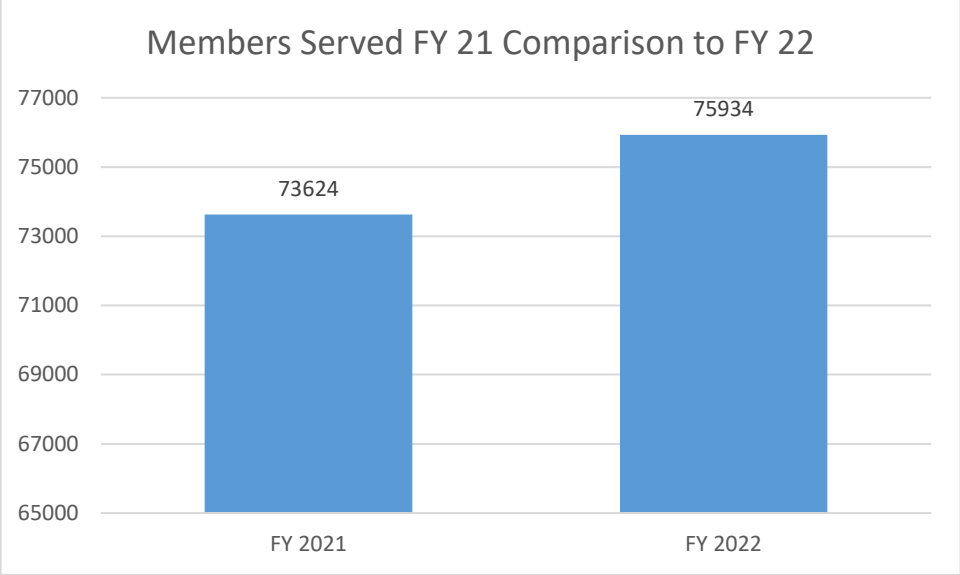
Additionally, the department collaborated with the Quality Department to develop the Discharge flow process including the creation of a discharge queue to support Michigan's Mission Based Performance Indicators 4a and 10. In FY21/22, Members of the UM Team participated in interdepartmental focus groups to address the notification of CRSP providers when members present to the ERs and/or admissions and discharges, ensuring members are scheduled for timely discharge appointments, managing ACT referrals, increased use and implementation of Assisted Outpatient Treatment orders and utilization of Substance Use services for members with co-occurring disorders and frequent inpatient psychiatric admissions. In FY 22/23, the UM Team has developed and implemented a process by which Higher Level Of Care Providers (Inpatient Hospitals, PHP, CRU) contact the UM Reviewers directly to obtain aftercare appointments for members leaving those levels of care. We are hopeful that this will strengthen the collaboration between the Hospital, DWIHN and the CRSP with regard to member aftercare.

The FY 2022 annual Utilization Management Program Plan Evaluation report includes the following elements:

I. Populations Served
II. Status of Utilization Management Program and Strategic Plan Goals
III. Status of UM Department Technology/ Recommendations and Initiatives
IV. Opportunities for Improvement FY 2023 - 2024

I. Population Served

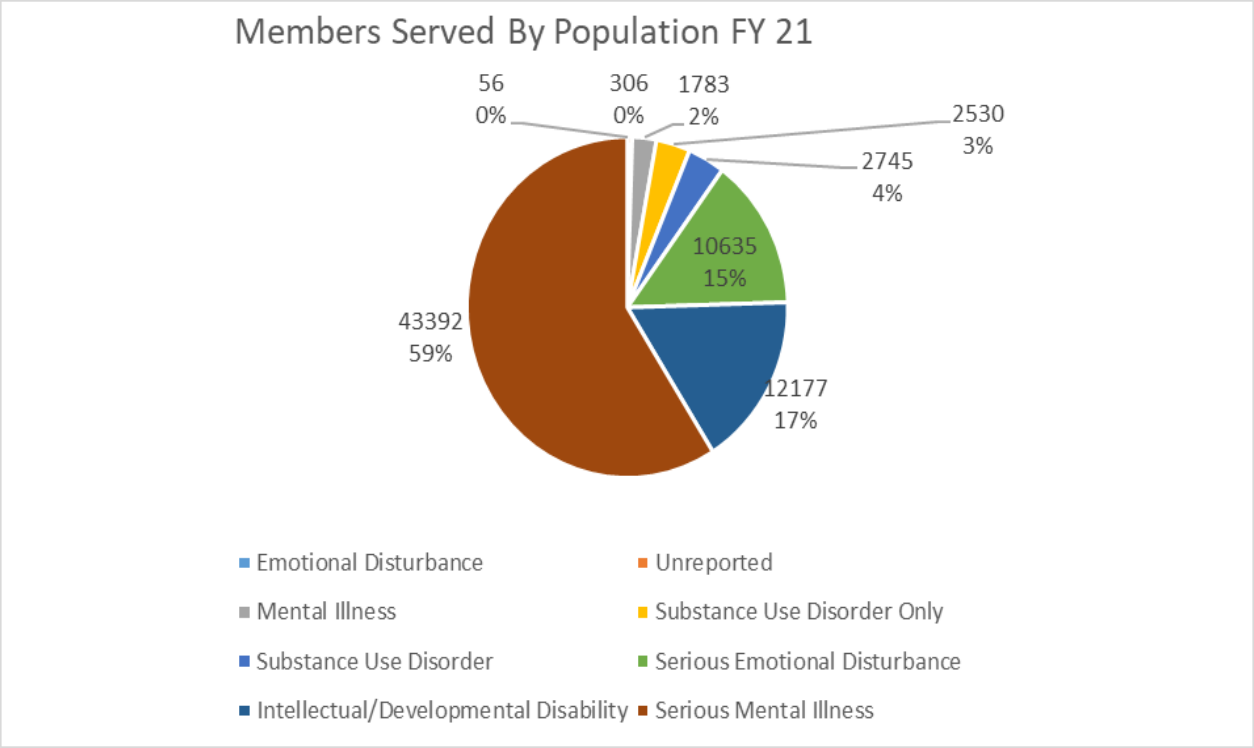
The chart below indicates the trend of unique members served based on the past two (2) Fiscal Years (FY). As can be seen from the chart, there was a 3% increase in the number of unique individuals served from FY 21 to FY 22.

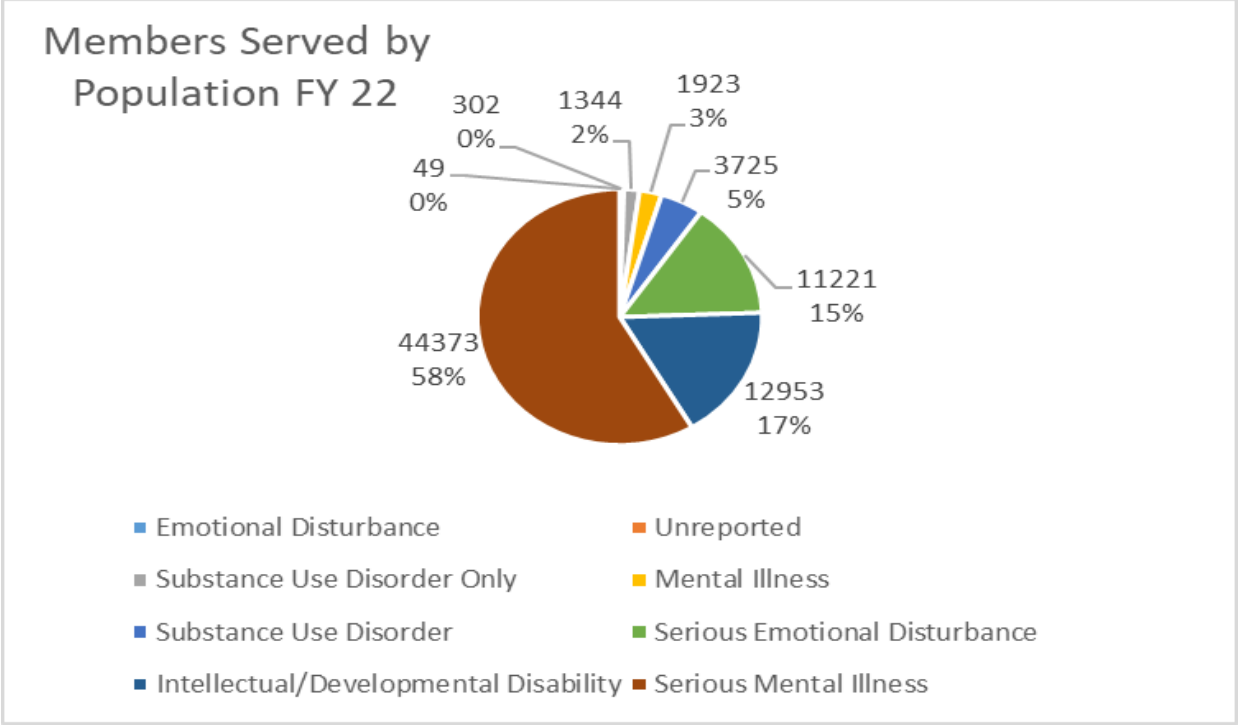


Source: Agency Power BI Dashboard 5/30/23

Disability Designation

The pie chart below details members served by population and disability designation. DWIHN oversees and monitors services that are provided to Individuals with Serious Mental Illness (SMI), Children with Serious Emotional Disturbances (SED), Individuals with Substance Use Disorders (SUD), and Individuals with Intellectual and Developmental Disabilities (IDD). With the federal demonstration program, MI Health Link, DWIHN also serves individuals with Mild to Moderate Mental Illness (MI). Individuals with Substance Use Disorders may also be reflected in multiple categories due to co-occurring diagnoses. The unreported designation is either due to consumers being admitted to the system in unconventional pathways (not via the Access Center) or consumers that do not have an updated disability designation.



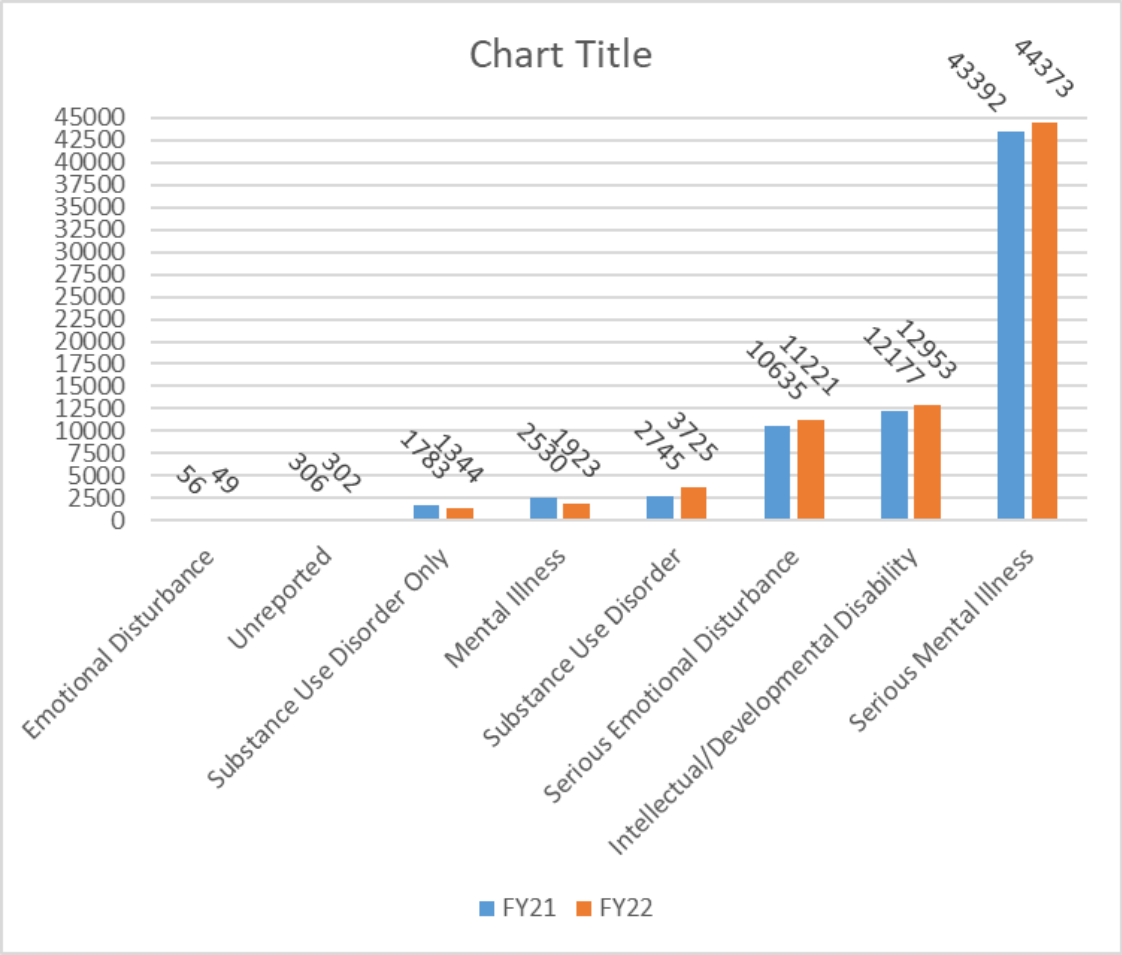


Source: Agency Power BI Dashboard 2/16/23

Disability Designation 2-year Comparison

As previously noted, the number of total members served this fiscal year increased by 3%. The graph below indicates the change in disability designations served over the last 2 fiscal years. Several categories showed an increase. Individuals with serious mental illness showed an increase of 2%. Individuals with developmental disabilities showed an increase of 6%. Unreported members decreased by 1% indicating the

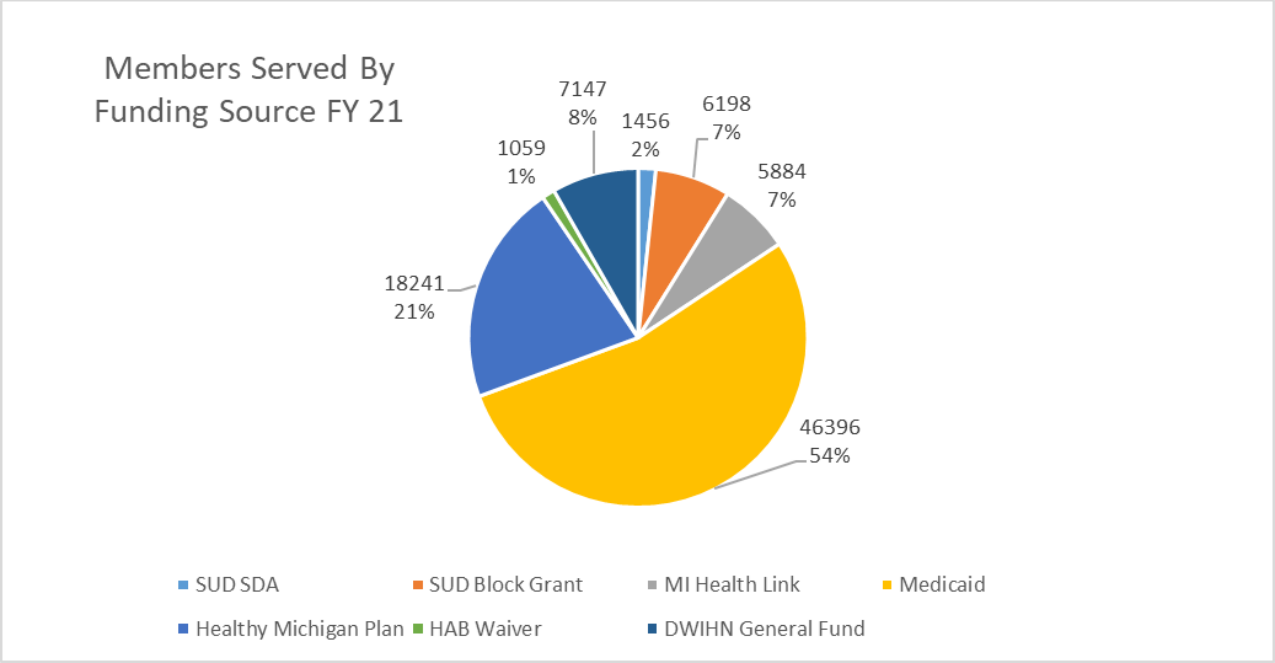
review and process improvement in the reporting and change process associated with disability designation has had a positive effect. Children with serious emotional disturbance showed an increase of 6%. Members designated as SUD only increased by 36% in FY 22 from FY 21. Unique members served for SUD and SUD admissions are referenced later in this report and are obtained from SUD admission records.

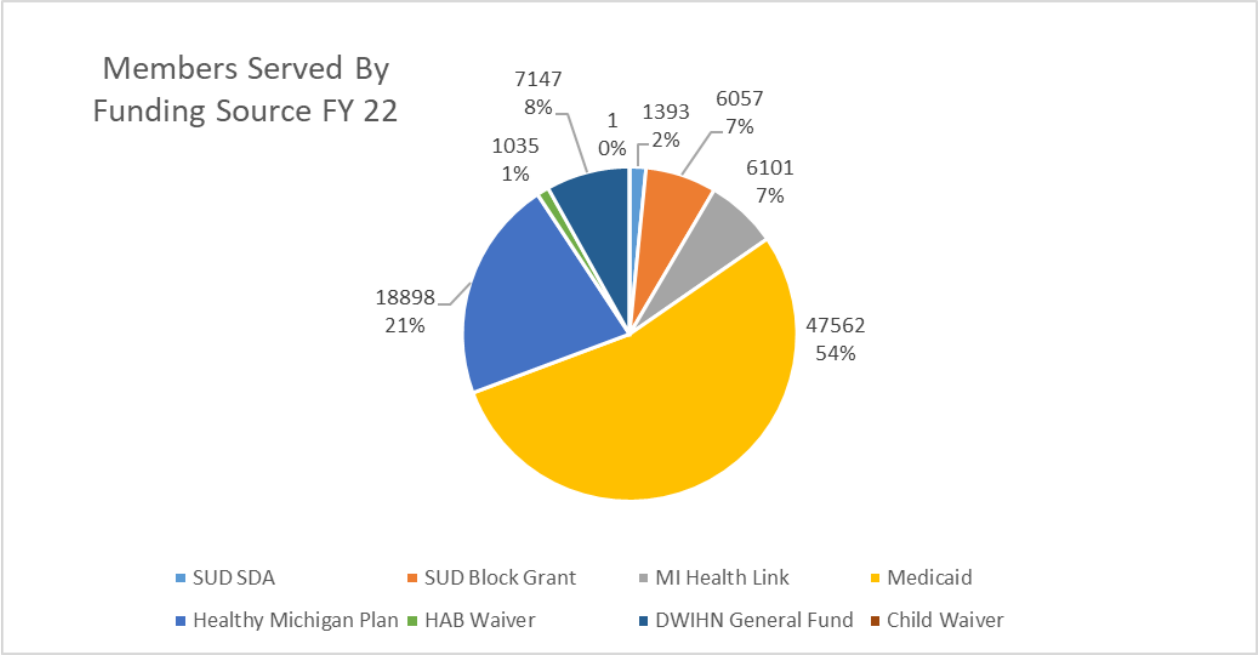


Source: Agency Power BI Dashboard 2/16/23

Funding Sources

The charts below indicate a comparison of funding sources utilized to pay for an individual's service in FYs 21 and 22. When combining general Medicaid (54%), Healthy Michigan (21%), Habilitation Waiver (1%) which are all Medicaid, this accounts for 76% of the funding sources utilized. Utilizing last year's report, Medicaid funding sources were at 73%. Block Grant and State Disability Assistance (SDA) which is used to pay for SUD and Room and Board with Substance Use Disorders is reflected as funding sources totaling 7%, FY 21 was also 7%. General Fund is reflected at 8% for FY 22, in FY 21, GF was also 8%. MI Health Link is at 7% and saw no changes between FY 21 and FY 22.





Source: DWIHN Power BI dashboard, 2/16/23. Funding Source is the funding source that paid for the service. This is a potentially duplicated count as an individual's services can be paid for by multiple Funding Sources throughout the year.

II. Status of Utilization Management Program Description Goals and Strategic Plan Goals

The UM evaluation is based on six (6) pillars that are identified in DWIHN's Strategic Plan. These include the Customer Pillar, Access Pillar, Workforce Pillar, Finance Pillar, Quality Pillar and Advocacy Pillar. (UM Program Description p.15-16)

CUSTOMER SERVICES PILLAR

A. Utilize Provider and Practitioner Satisfaction Surveys related to service access and Utilization Management, make recommendations for improvement regarding service provision, treatment experiences and outcomes.
B. Enhance provider satisfaction by ensuring a more meaningful experience through use of customer service driven language to improve network relationships.

ACCESS PILLAR

C. Evaluate DWIHN's UM Program Description to assure effective and efficient utilization of behavioral health services identifying any barriers, analyzing metrics, utilization trends and quality of care concerns.
D. Monitor the use of specialty behavioral health waiver programs: Autism-Spectrum-Disorder (ASD) benefit, Habilitation and Supports Waiver (HAB), Children's Waiver Program (CWP) and Serious Emotional Disturbances Waiver (SED) through the development and on-going review of DWIHN policies and procedures and monthly monitoring reports.
E. Analyze other populations served, examining services received and services available to identify any gaps.

FINANCE PILLAR

F. Promote collaboration and provide guidance to the system by identifying patterns of behavioral health service utilization by funding source and by monitoring over- and underutilization of services using dashboards.
G. Develop a system that helps track over- and underutilization.

WORKFORCE PILLAR

H. Assure fair and consistent UM/review decisions based on MCG, Local Coverage Determination (LCD), National Coverage Determination (NCD) and/or American Society of Addition Medicine (ASAM) medical necessity criteria by monitoring the application of the applied criteria and service authorizations for behavioral health services (including substance use disorders) using a standard inter rater reliability process system wide.

QUALITY PILLAR

I. Monitor the effectiveness of processes that promote clinical review procedures established from accrediting and regulatory agencies by evaluating the efficiency of targeted metrics during UM activities through interdepartmental collaboration.
J. Provide oversight of delegated UM functions through use of policies that reflect current practices, standardized/inter-rater reliability procedures and tools, pre-service, concurrent and post-service (retrospective) reviews, data reporting (ie. timeliness of UM decisions and notifications), outcome measurements and remedial activities.

ADVOCACY PILLAR

K. Promote need for enhanced use of Social Determinants of Health in making clinical decisions within standardized guidelines as part of the clinical review process.

The UM evaluation reflects ongoing activities throughout the year and addresses areas of timeliness, accessibility, quality and safety of clinical care, quality of services, performance monitoring, member satisfaction and performance improvement projects. The data collected analyzes the year-to-year trends of the overall effectiveness of the UM program, indicating progress for decision making to improve services and the quality of care for members served.

The Program Compliance Committee is responsible for oversight of DWIHN's UM Program Evaluation. The UM Program Evaluation is reviewed and approved annually by DWIHN's governing body. Through this process, the governing body gives authority for implementation of the plan and its components. The UM Program Evaluation report is submitted to the Program Compliance Committee for review and approval annually. Below is a review of the Strategic Plan Pillars and UM Program Description Goals.

Customer Services Pillar

Strategic Plan Goal:

• Build infrastructure to support the implementation of Self Determined/PCP/Shared Decision Making
• Develop components to support the Self Determination by enabling individualized budget, agreements in the MHWIN system along with standardized IPOS
• Increase the competencies around Self Determination, Shared Decision Making and Person-Centered Planning
• Self-Determination and Self-Directed Arrangements across all populations served.

2022 Goal Status: __X_ Met __Partially Met __Unmet

Consumer/Member Involvement

There is member representation at the **monthly UM meeting**s.
The Consumer Voice (Persons Points of View) is a quarterly newsletter, edited and written by consumers, that is distributed throughout the provider network. Each of the FY 2022-2023 editions contained language regarding the UM "Affirmative Statement." Here, members are advised that UM decision making is based only on appropriateness of care and no rewards or financial incentives influence those decisions.

DWIHN's Customer Service Department instituted a Rapid Response process for inquires coming from consumers and other stakeholders via the DWIHN website. Questions are forwarded by IT to Customer Service staff and then directed to the appropriate department for a rapid response. The goal is to provide a prompt, positive, productive experience for anyone regarding DWIHN processes, clinical programs or procedures, or other practices impacting the community. Customer Service reported that six inquiries were directed to UM for FY 22 and 5 were resolved satisfactorily, it is not clear what the outcome of the sixth inquiry was.

Standardized Individual Plan of Service (IPOS)

Having a standardized Individual Plan of Service (IPOS) provides a method for the network to consistently document the Person-Centered Planning process. Clinically Responsible Service Providers (CRSP) continued to use their electronic health record to be able to transfer the essential elements of the standardized Individual Plan of Service (IPOS) to DWIHN or they entered the IPOS directly into MHWIN.

Throughout the year, UM continued efforts to collaborate with the other Clinical Departments to build the skillset of the network in the area of Person-Centered Planning. Person Centered Planning and IPOS Development training sessions were held in Quarter 1 of FY 23 and will continue to be held quarterly. Service Utilization Guidelines (SUG) were used throughout the year to offer a transparent and consistent guideline for

service delivery. Services that did not fall within the guidelines, required an additional review for medical necessity prior to being authorized by the UM Department. April 1, 2022, HSAG identified a PIHP Corrective Action Plan for Standard V—Coordination and Continuity of Care Requirement: Home and Community-Based Settings (HCBS). The UM Department collaborated with several other DWIHN departments to modify the standardized IPOS to included the HCBS Waiver Service Information. A comprehensive training was developed and presented to the network. A total of 854 individuals attended one of the three trainings.

Self-Directed Services

MDHHS put forth concerted efforts to distinguish the difference between Self-Determination and Self-Directing services. Self-Determination (SD) is the right of all people to have the power to make decisions for themselves; to have free will. On an individual basis, the goals of SD are to promote full inclusion in community life, to have self-worth and increase belonging while reducing the isolation and segregation of people who receive services. Self-Determination builds upon choice, autonomy, competence and relatedness which are building blocks of psychological wellbeing. Self-Direction (Self-Directing Services) is a method for moving away from professionally managed models of supports and services. It is the act of selecting, directing, and managing ones services and supports using an individual budget. People who self-direct their services can decide how to use their CMH dollars on authorized services to meet the outcomes identified in their Individual Plan of Service. Various Clinically Responsible Service Providers (CRSP) were trained on Self-Determination and Self-Directing services throughout the year. Weekly meetings have been added to welcome new families, answer any questions regarding self-direction, and sign agreements.

The UM Department further demonstrated its commitment to support our members' ability to exercise autonomy over their life by developing the infrastructure so that all populations could Self-Direct their services if they choose to do so. Individual budgets were developed in MHWIN and standardized agreements were developed. By October 2022, DWIHN had transitioned the oversight of all Self-Directed services from a contractual provider to direct oversight. Between January 2022 and October 2022, the UM Department transitioned and began direct oversight for 690 Self-Directed arrangements which were previously had oversight by a contractual provider. This year DWIHN supported a total of 1029 individuals, primarily with IDD, in Self-Directed Arrangements.

Strategic Plan Goal: Improve person's experience of care and health outcomes and ensure 80%-member satisfaction

2022 Goal Status: ____ Met _X_Partially Met __Unmet

1. Enrollee Member Satisfaction Surveys

Crisis Consumer Satisfaction Surveys

The Childrens Center: 8.58% or 32 individuals were among the respondents to the organization's satisfaction survey. Overall, the 2022 NPS Client satisfaction score was 75%. This score will serve as the benchmark for improving scoring in FY 2023-2024.

COPE

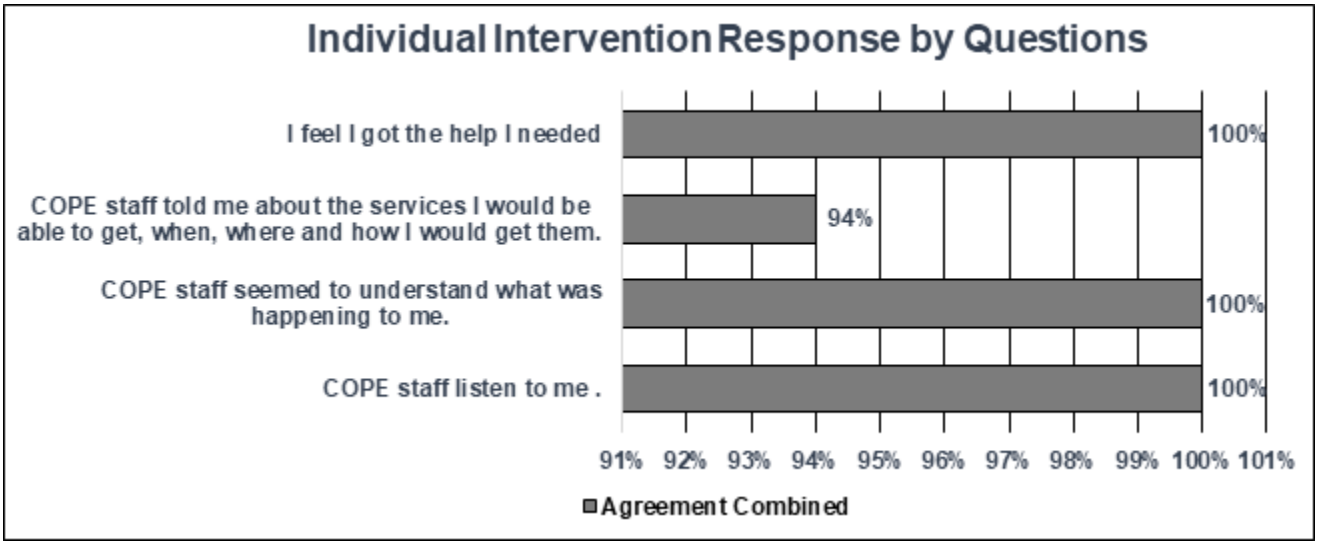
The surveys completed reflected good outcomes and overall consumer satisfaction with services received at COPE. Each of the 3 service entities shared the following survey results:

COPE Intervention

During the fiscal year, 322/5% of the 7,056 eligible population were asked to complete a COPE Perception of Care Survey before the end of an on-site Crisis Services Unit Intervention service, which is a 124% increase when compared to last fiscal year (144), which is due to the increase in individual participation. Of this total 322 or (100%) of the individuals responded, which remained the same when compared to the previous year.

In comparing the responses by month, the highest response rates were in December 2021, June 2022, July 2022, August 2022 and September 2022, with 100% of the individuals satisfied with Intervention services, which remained the same when compared to last fiscal year (100%). There was no data collected for the month of January 2022.

Individual responses to this section showed the positive perception rate for this fiscal year as 99% of 322 survey responses. Of those surveyed, 63% of the responding population chose "Strongly Agree" and the remaining 36% percent of individuals selected "Agree", which remained the same when compared to the previous year (99%).



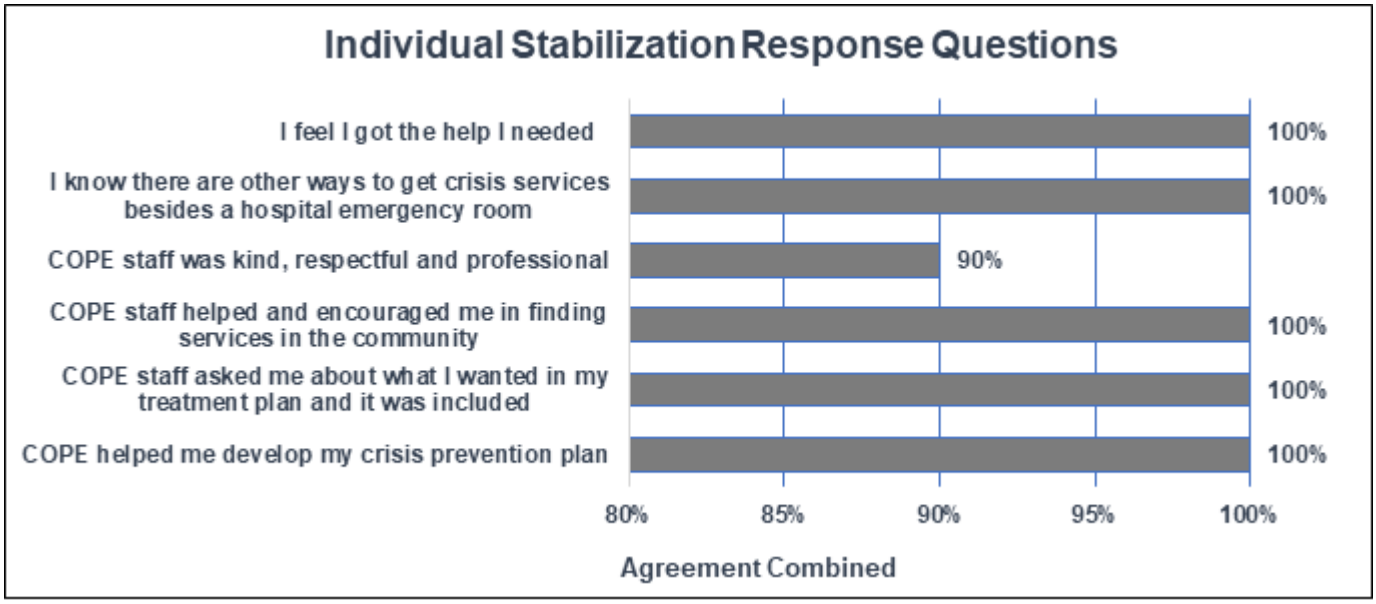
Source: COPE Perception Survey Results Provided By COPE Director 5/31/23

COPE Stabilization

During the fiscal year, 88/9% of the 947 eligible individual population were asked to complete a COPE Perception of Care Survey while receiving services through the Mobile Stabilization service, which is a 7% decrease when compared to last fiscal year (95). Of this total 88 or (100%) of the Individuals responded.

In comparing the responses by month, the highest response rates were in December 2021, February 2022, June July and September with 100% of individuals responding positively about Stabilization services. The percentage remained the same when compared to the last fiscal year (100%). There was no data collected for the month of March 2022.

Individual responses to this section showed the positive perception rate for the fiscal year as 99% of 88 survey responses, which remained the same when compared to the previous year (99%). Of those surveyed, 78% of the responding population chose “Strongly Agree” and the remaining 21 percent of individuals selected “Agree”.



Source: COPE Perception Survey Results Provided By COPE Director 5/31/23

COPE ED On-Site

There were 23 individuals asked to complete a COPE Perception of Care Survey, survey data was only received during the month of February 2022 and March 2022. There was no data to compare to the previous year. Of this total 23 or 100% of the individuals responded.

During the fiscal year, response rates were only available for the months of February and March with 100% of individuals responding positively about ED On-Site services, there was no data collected for the remaining months of January. There was no data to compare to the previous year.

Individual responses to this section showed the positive perception rate for the fiscal year as 100% of 23 survey responses to ED On-Site. Of those surveyed, 27% of the responding population chose “Strongly Agree” and the remaining 73 percent of Individuals selected “Agree”, there was no data to compare to previous quarter.

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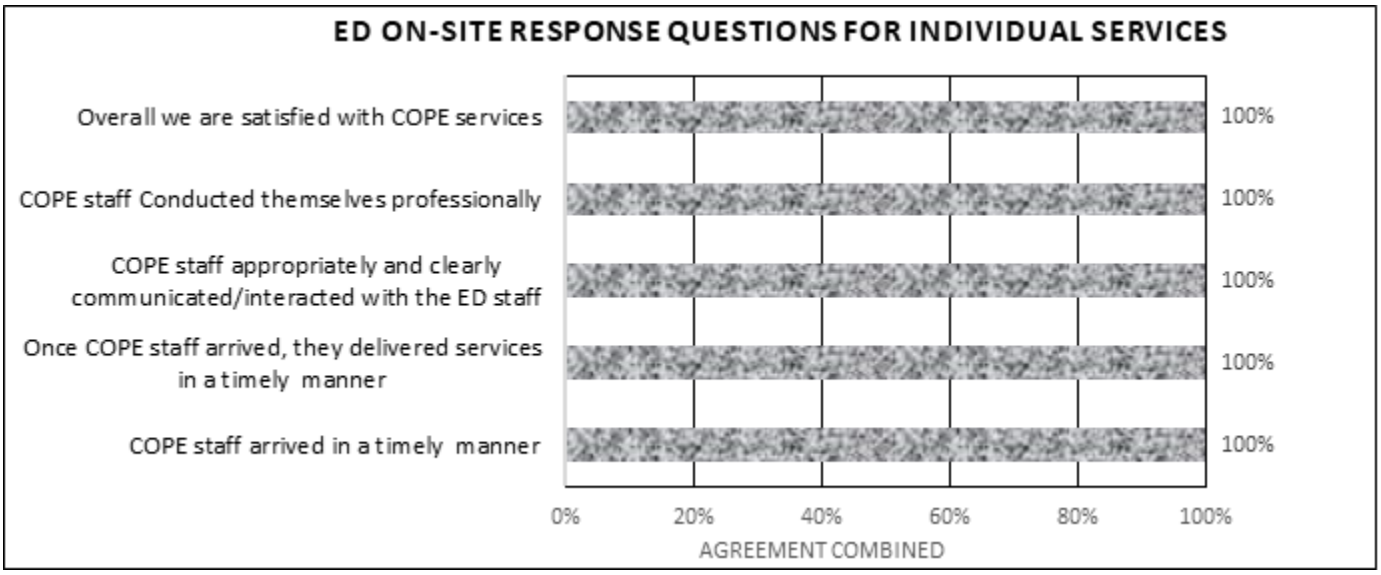


DWIHN Member Satisfaction Surveys –

Data from the 2022 the Customer Service Department Experience of Care and Health Outcomes (ECHO) survey for adults and children was not yet available at the time of this report. Historically, each department including UM, reviews findings to determine if there are opportunities for improvement.

In 2021, there were two specific survey question directly related to approvals for services:

Getting Treatment and Information from the Plan or MBHO Getting Treatment and Information: Score is the percentage of respondents who answered "Not a problem"

Q39: In the last 12 months, how much of a problem, if any, were delays in counseling or treatment while you waited for approval?

Not a problem = 51%

It is unclear how much of this response was directly related to DWIHN's Utilization Management Authorization approval process. The UM department continues to work to ensure all DWIHN, Access Center and Crisis Vendor practitioners and employees representing DWIHN in providing critically important services to individuals who suffer from mental illness, developmental disabilities, or substance use disorders and who make Utilization Management decisions, understand the importance of ensuring that all consumers receive clinically appropriate, humane and compassionate services of the same quality that one would expect for their child, parent or spouse by affirming the following:

1. Utilization Management decision making is based only on appropriateness of care and service and existence of coverage.
2. The organization does not specifically reward practitioners or other individuals for issuing denials of coverage or services.

3. Financial incentives for Utilization Management decision makers do not encourage decisions that result in underutilization.

2. DWIHN Provider Network Satisfaction –

Strategic Plan Goal: Enhance the Provider experience and ensure 80% Provider Satisfaction
UM Program Description Goal (2) A: **Utilize Provider and Practitioner Satisfaction Surveys related to service access and Utilization Management, make recommendations for improvement regarding service provision, treatment experiences and outcomes.**

UM Program Description Goal (2) B: Enhance provider satisfaction by ensuring a more meaningful experience through use of customer service driven language to improve network relationships.

2022 Goal Status: __X_ Met __Partially Met __Unmet

The 2022 DWIHN Provider Satisfaction Survey reported the UM department was among the three departments with the highest scores in "Ease of Reach of DWIHN Staff"

Each of the crisis vendors, including COPE, New Oakland, The Childrens Center and The Guidance Center are UM delegates. They were invited to provide feedback regarding their experience with the UM department as part of their FY 2022-2021 annual program review. Feedback was as follows:

UM Function	Narrative of Opportunities for Improvement
Written DWIHN UM decision-making criteria that are objective and based on clinical evidence.	**No Comments or Recommendations**
Written DWIHN policies for applying decision-making criteria based on individual needs.	**The policies are difficult to locate. Criteria differs between MHWIN (page 13 of the par) and MCG Indicia i.e. days authorized**
Written DWIHN policies for applying decision-making criteria based on an assessment of the local delivery system.	**During this year, timely access to Partial Hospitalization/Day Treatment Program level of care was made more consistent and does not appear to be an area of improvement any longer (as it was in the previous year).**
The DWIHN Provider Appeal process for denials.	**No Comments or Recommendations**
Access to knowledgeable DWIHN Utilization Management staff.	**DWIHN UM staff are always available to answer questions**
DWIHN administered staff Inter-Rater Reliability.	**MCG Indicia and MHWIN Standards continue to be evaluated and aligned with each other. At times, DWHIN may enter a "variance" in the MCG Indicia record that indicates why authorized days are not consistent with the MCG Suggested amount of days. This is documented in MHWIN.**

MH-WIN authorization functions.	**MHWIN disposition options need to be updated to include 23-hour hold and transitional housing.**
DWIHN UM communication of changes, expectations, alerts, opportunities for input.	**In the previous year, we had received feedback that changes are implemented without provider input and prior notice which causes confusion, disruption in administrative operations, and challenges with service delivery. The UM Department and the Crisis Services Department have worked to improve this communication and provide more opportunities for provider input and prior notice of changes.**
DWIHN UM requests for reports, audits, information, tasks, etc.	**Often there are reports that are asked for that have information that is already provided in another report.** **Condense reports that have similar content** **Standardized and consistent communication between applicable departments would be helpful. Having timely and regular communication about key contact persons could improve timeliness and quality of responses.**

Access Pillar

UM Program Description Goal (4) C: Evaluate DWIHN's UM Program Description to assure effective and efficient utilization of behavioral health services identifying any barriers, analyzing metrics, utilization trends and quality of care concerns. -

2022 Goal Status: X Met __Partially Met __Unmet

The Benefit Plans/UM Service Utilization Guidelines were finalized May 2020 and embedded in the MHWIN system June 1, 2020. There are Service Utilization Guidelines for the following levels of care: Seriously Mentally Ill (SMI), Intellectually Developmentally Disabled (IDD), Autism Spectrum Disorders, Uninsured and Underinsured Adult and Child, Substance Use Disorder (SUD) and MI Health Link. The guidelines were implemented to automatically provide authorization for services that are found medically necessary for the assigned level of care. Requests for authorization that fall outside the guidelines, are reviewed by the UM Department's Clinical Specialists for medical necessity. For the substance use disorder line of business, service packages are auto-generated at the point of referral by the Access Department. The initial SUD service package includes a select and limited number of services such as assessment, urine drug screen and withdrawal management or residential services. All subsequent authorization requests are approved by SUD UM reviewers.

All guidelines are consistently reviewed and modified to meet members' needs and provider feedback is also taken into consideration when changes are made. The UM Department also participates in monthly provider meetings to share any changes and address provider concerns regarding the authorization process and guidelines.

UM Program Description Goal (3) **D**. Monitor the use of specialty behavioral health waiver programs: Autism-Spectrum-Disorder (ASD) benefit, Habilitation and Supports Waiver (HAB), Children's Waiver Program (CWP) and Serious Emotional Disturbances Waiver (SED) through the development and on-going review of DWIHN policies and procedures and monthly monitoring reports.

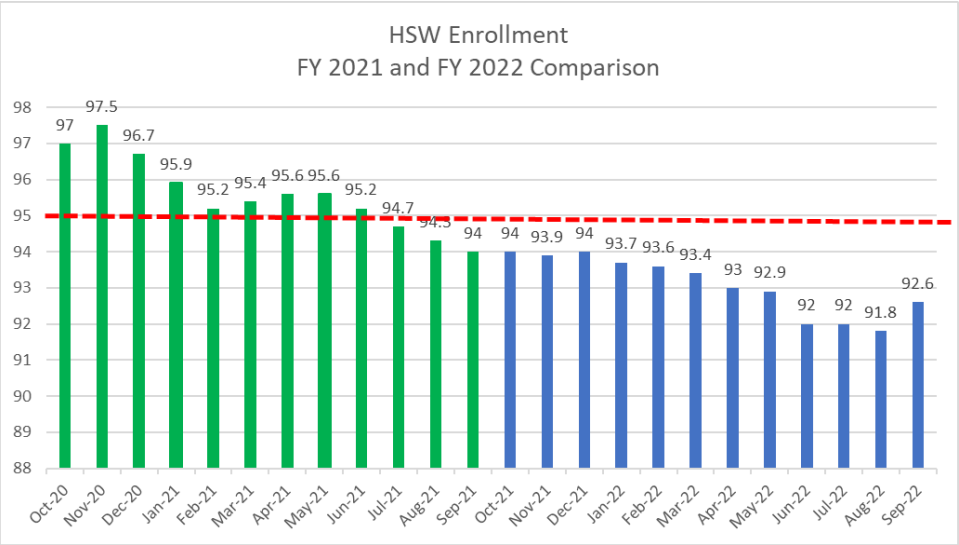
Goal Status: _X__ Met __Partially Met _ Unmet

1. Habilitation/Supports Waiver (HSW) -

Detroit Wayne Integrated Health Network (DWIHN) is awarded 1084 enrollee slots and receives enhanced funding for participants enrolled in the 1915(b) Habilitation Supports Waiver (HSW) ranging from $3,500.00 to $5,500.00 per member/per month from the Michigan Department of Human Services (MDHHS). In order to be enrolled in the HSW program, applicants must meet the following requirements:

- Have an intellectual disability (no age restrictions),
- Reside in a community setting,
- Be Medicaid eligible and enrolled,
- Would otherwise need the level of services similar to an Intermediate Care Facilities/Individuals with Intellectual Disabilities, and
- Once enrolled, receive at least one HSW service per month

DWIHN modified the HSW rate structure in July of 2020. The revised structure was designed as an incentive program that provided a one-time payment of $1,000 per enrollee for contracted supports coordinator agencies. Additionally, the monthly payment rate for Supports Coordination was increased by 7%. For FY 2022, there were 60 new enrollees but 7% (76 enrollees) were disenrolled due to the members passing away or requiring skilled nursing care facilities; this greatly impacted the overall enrollment falling below MDHHS' required 95% in FY 2022. At current writing of this report (May, 2023) our enrollment was at 94% of the MDHHS Requirement. Efforts are being made to collaborate with DWIHN'S Residential Department to identify and enroll individuals who are eligible for this service. Efforts are also being made to work in tandem with CRSP agencies to monitor timelines for completion of enrollments.
HSW Utilization Below:



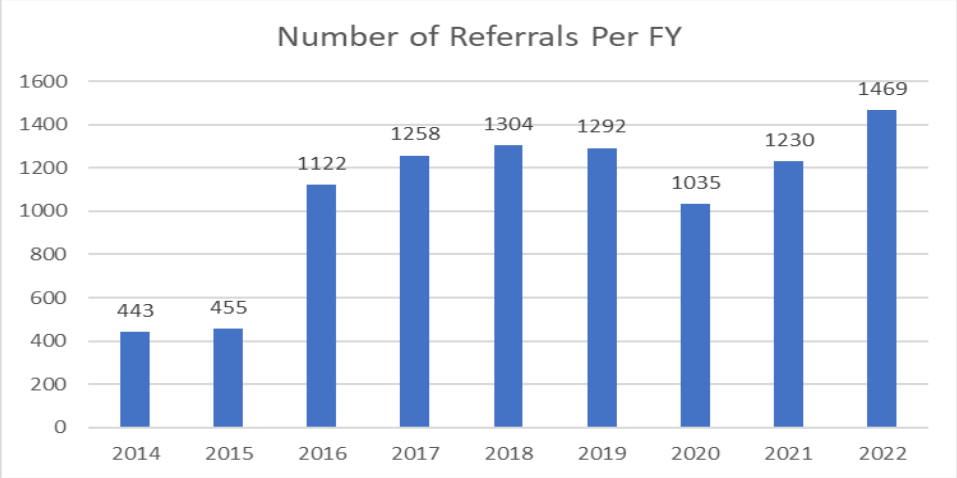
HSW Planned Interventions for Upcoming Year

- HSW team will continue provision of direct support and technical assistance to providers.
- Continue to host quarterly provider meetings and discussion forums – Occurs quarterly; ongoing
- Host meetings with individual providers, as necessary, to identify and review potential HSW participants, suggest approaches to enrollment, discuss and address barriers, and offer direct provider support.
- Provide ongoing education to providers on ways to properly complete a waiver application with minimal errors and avoid disenrollment.
- Collaborate with other departments in the identification of potential HSW applicants.

2. Autism-Spectrum-Disorder (ASD) Benefit –

The ASD benefit is a MDHHS program that funds Applied Behavior Analysis (ABA), an evidenced based treatment for autism spectrum disorder. Medicaid consumers are eligible through age 21 years old. All referrals begin with DWIHN's access department. Parents wishing to have their child screened for the benefit call DWIHN's access department who completes a preliminary screening. Should the screening test positive, the member is then scheduled for an appointment for an in-depth evaluation to determine if the member has a diagnosis of autism spectrum disorder and if they are eligible for the ASD Benefit.

Please refer to the graph below which illustrates the number of yearly referrals since the benefit launched. Referrals decreased with the onset of the COVID-19 pandemic but have since steadily increased, reaching its highest number in FY 2021-2022.



Source: State of Michigan Waiver Support Application System 1/10/23

As of the of the fiscal year, there were 2,709 cases open in the ASD benefit. Of those, 1,326 are assigned to the comprehensive level of care (16 hours or more of ABA per week) and 495 members are assigned the focused level of care (1-15 hours of ABA per week). 675 open members do not have a level of care assigned. This typically occurs when a member has been opened in the WSA for the benefit but has not yet begun ongoing services. DWHIN has identified a primary cause of the delay between open members and the start of services is provider staffing issues that have occurred since the onset of the COVID-19 pandemic in conjunction with record referral numbers. DWHIN has been working closely with existing providers to identify areas of opportunity in the hiring

and retention of staff and will be releasing a RFQ in early 2023 with the intention of adding providers to the ASD Benefit network to help decrease wait times for services. DWHIN also hosted a job fair in 2022 to allow the ASD network providers to recruit staff.

The table below reflects the number of individuals served by DWIHN since the launch of the Autism Benefit in 2013, along with their assigned levels of care.

Status	Level of Care		Did Not Receive ABA Direct Services	Total
	Focused Behavioral Intervention (*Lower Level of Care)*	**Comprehensive Behavioral Intervention** *(Higher Level of Care)*		
Closed	908	1,599	4,670	7,177
Open	495	1326	675	2,709
Total	1,403	2,925	5,345	9,886

Source: State of Michigan Waiver Support Application System 1.10.2023

Members who are indicated as open but have not received ABA Direct Services account for members who are currently open in the benefit but have not yet followed up on receiving direct services following their eligibility evaluation.

Please see table below for a breakdown of reasons for 4,670 members who are now closed and did not receive ABA direct services.

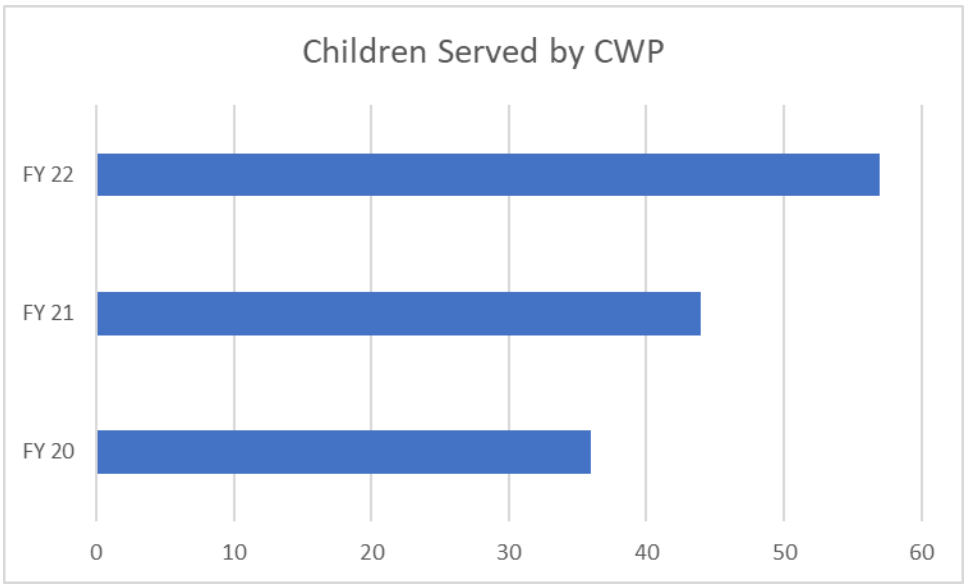
Closed Members Who Did Not Receive Services (All Data Since 2013)	
Rationale	**Number of Closed Members**
Not Qualified	2108
Not Interested	1325
Approved but Declined Services	787
Voluntarily Disenrolled from Services	288
Aged Out of Benefit	35
Re-evaluation Did Not Meet Medical Necessity	22
No Longer Eligible for Medicaid	17
Moved Out of State	26
No Longer Meets Requirements	9
Other	53
Total	**4,670**

Source: State of Michigan Waiver Support Application System 1.10.23

3. Children's Waiver Program –

The Children's Waiver Program (CWP) makes it possible for Medicaid to fund home and community-based services for children with Intellectual and/or Developmental Disabilities who are under the age of 18 when they otherwise wouldn't qualify for Medicaid funded services. Three Provider Agencies deliver services to children and youth on this waiver: Community Living Services (CLS), Neighborhood Services Organization (NSO) Life

Choices, and The Guidance Center (TGC). During FY 22, DWIHN had 57 children, youth and their families served by the different agencies on this waiver. This is a 30% increase from FY 21 where 44 children were served which was an increase of 22% from FY 20 where 36 were served.



Source: DWIHN Reports (2/24/23)

4. Children's Serious Emotional Disturbance Waiver (SEDW) -

Children's Serious Emotional Disturbance Waiver (SEDW) provides services that are enhancements or additions to Medicaid State Plan coverage for children and youth through age 20 with SED. The SEDW enables Medicaid to fund necessary home and community-based services for children and youth who have a serious emotional disturbance and meet criteria for admission to the state inpatient psychiatric hospital (Hawthorn Center) and/or are at risk of hospitalization without waiver services. Wayne County has five providers that serve children' and youth in the SEDW, they are: Black Family Development Inc., Development Centers, Southwest Counseling Solutions, The Children's Center and The Guidance Center. During FY 21, Wayne County was able to serve 91 children and youth in the waiver.

5. Serious Emotional Disturbance Waiver (SEDW) –

# of youth expected to be served in the SEDW for FY 21-22	65
# of active youth served in the SEDW, thus far for FY 21-22	90

UM Program Description Goal E Analyze other populations served, examining services received and services available to identify any gaps.

2022 Goal Status: _X__ Met __Partially Met __Unmet

1. General Fund Exceptions –

UM Program Description Goal E Analyze populations served, examining services received and services available to identify any gaps.

Many enrollees are without health care benefits at the time of the start of behavioral health services, while receiving services or upon returning for services. General Fund is a 90-day safety net to allow for the continuity of services while the consumer/family/guardian pursue the measures necessary for acquisition/reinstatement of Medicaid. If the request for services exceeds the 90-day period, the dates are adjusted in accordance with Service Utilization Guidelines (SUGs). An Advance Notice is uploaded in the consumer chart to explain any such modifications to the authorization.

The following chart shows the FY 2021-2022 number of approved authorization requests, the number of Guidance Center CCBHC approvals and the number of Advance Notices for corrections to requests and Administrative Denials issued. The chart shows the trend in requests for General Fund Exception remains steady.

General Fund Fiscal Year 2021-2022															
	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	FY TOTAL	FY 20-21 TOTAL	FY 19-20 TOTAL
Approvals	366	433	387	343	348	402	366	341	345	308	300	275	**4,214**	**3,599**	**4,014**
The Guidance Center	20	31	57	15	17	16	17	14	21	34	15	24	**281**		
Advance Notices*						273	255	292	296	239	208	189	**1,752**		

*Data recording began in March 2022

Of special note, a 4th quarter study was done to track trends in requests for General Fund. The findings were as follows:

<u>Frequency of Requests for General Fund</u>

- During July, August, September 2022, 47%, 41% and 45% of requests for General Fund had *no prior* General Fund Exception requests. The overall 4th quarter percentage of requests for General Fund had *no priors* was 45%.
- One prior request was 24% in July, 20% in August and 24% in September. The overall 4th quarter percentage for one prior request was 23%.
- *Two* prior requests was13% in July, 14% in August and 13% in September. The overall 4th quarter percentage for two prior requests was 13%.

- Fifteen percent had 3, 4 & 5 previous requests in July, 25%. Twenty-five percent had 3, 4 & 5 previous requests in August and 18% had 3, 4 & 5 prior requests in September. The overall 4th quarter percentage for 3, 4 & 5 prior requests was 19%. Many of those with 3, 4 & 5 prior requests consumers in the Guidance Center CCBHC. There is no other discernable profile for this population.

Source of General Fund Requests

•There are no HIE automated General Fund approvals.

•A small number of General Fund requests are manually entered in MHWIN. That entry process asks for reasons for the lack of insurance benefits as well as any efforts to assist the consumer, family or guardian with this.

•The overwhelming majority of requests are auto generated at the time of the completion of the IPOS, as well as after expiration of the 90-day authorization period. Unlike the manually entered requests, the automated request process *does not* include attention to reasons for the absence of insurance benefits or identification of provider efforts to assist.

Frequency of General Fund Requests By Provider

The providers with the highest volume of outpatient consumer populations are proportionately the providers with the highest volume of General Fund Exception requests.

Reasons For Lack of Insurance Benefits

Eighty-two percent of General Fund requests in July, 90% in August and 91% were auto generated per the IPOS and the reason for the consumer being without health care benefits is not captured in this process. That having been said, the majority of General Fund Exception requests that were *manually* entered in MHWIN did *not* include the reasons for consumers not having health insurance benefits. Of those that did identify the reason, the main cause of requests for General Fund Exception was the *consumer's or guardian's lack of participation* in the insurance acquisition/resumption process.

General Fund Exception Program Goals:

FY 2021-2022 Status

- Network wide implementation of the Genoa Healthcare pharmaceutical program for General Fund eligible consumers.

  Outcome: This was done through posting on the DWIHN website for Providers and meetings with the provider network. However, there were no requests for prescription assistance through this program during the fiscal year. The reasons for this are speculative and the most likely explanation is the complexity of the request and acquisition process is intimidating.

- Reduction in existing consumer need for General Fund Exception through a prevention messaging campaign.

  Outcome: Messaging to providers regarding the need to work with consumers/parents/guardians when there are 2 or more repeat requests for General Fund in sequential time periods in order to secure health care insurance, is a standard part of the review and disposition process. The 4th quarter data study mentioned above revealed 45% of requests were for consumers with no prior requests and 23% had one

prior request. This totals 68% of all requests during the quarter. The overall 4th quarter 19% of requests with 3, 4 & 5 priors were mostly for consumers in the Guidance Center CCBHC. These are acceptable levels that are consistent with previous studies and can be generalized as ongoing trends with confidence. There are no indicators of the need to take additional actions beyond the ongoing communication that occurs

FY 2022-2023 General Fund Goal:

The pharmaceutical resource to allow for General Fund eligible consumers to obtain psychotropic/physical health medication and medical equipment through an agreement with Genoa Healthcare, using CPT code T1999, Misc. Therapeutic Items was rolled out to the provider network, but is not being utilized.

2. County of Financial Responsibility (COFR)

UM Program Description Goal E Analyze populations served, examining services received and services available to identify any gaps.

County of Financial Responsibility ("COFR") provides a contractual basis with the Michigan Department of Health and Human Services ("MDHHS") for determining financial responsibility and a process for resolving disputes, regardless of funding source. The COFR Committee's main objective is to review and render a decision on the Out of County cases, as well as provide the mechanisms for contracting and payment for those members ongoing. The COFR Committee is composed of members from various departments, including Finance, Legal, Managed Care, and Utilization Management.

All referrals result in an open case. In FY22, there were 39 new COFR requests that came before the COFR Committee. The COFR Committee continues to meet twice weekly. The full committee meets at the start of the week to render decisions on new and existing cases. A sub-committee meets at the end of the week to provide follow-up on work completed outside of the committee meeting. There are no pending or systemic changes statewide that may impact the work of the COFR Committee in 2022. There are also no unmet needs or resources the committee requires of DWIHN in general, or of the UM department.

3. Out of Network Requests/Service Authorizations -

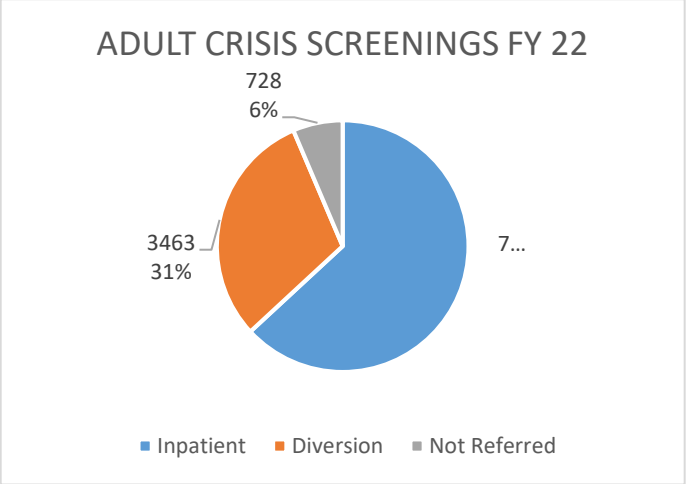
UM Program Description Goal E Analyze populations served, examining services received and services available to identify any gaps.

Out of Network requests for authorization require interdepartmental collaboration between Managed Care Operations, UM and Claims to ensure the request is processed within the appropriate timeframe and payment rendered to the provider for the service. Requests of this type also require a single case agreement to determine an agreed upon rate and for entry of the provider into MHWIN for authorization purposes. Out of network requests for urgent, pre-service authorizations are reviewed and processed within 24 hours, if UM is notified of the admission. Post-service requests from non-contracted providers are typically managed internally by DWIHN's UM staff within 30 days.

4. Community Hospitalizations -

UM Program Description Goal E Analyze populations served, examining services received and services available to identify any gaps.

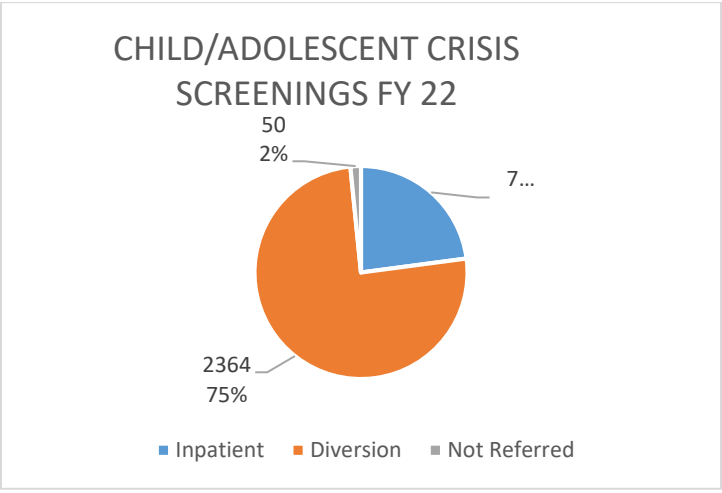
The following pie charts indicate the volume of requests for service received by COPE and the Children's Screening Entities. The screeners for children and adolescents are The Children's Center, The Guidance Center, and New Oakland Family Services. A preadmission review is conducted to determine need for hospitalization. Hospitalization is the most restrictive and expensive level of care. Diversions are not only cost effective but provide a less restrictive environment for consumers. UM is actively involved with both Adult and Children's bi-weekly huddles to address hospital and diversion issues/request. This includes but is not limited to: COPE, hospital liaison and children's huddles. UM staff enter the discharge summaries in MH-WIN after hospitalization to assist in tracking after-care appointments and success of consumer engagement.



Source: MH-WIN 5/30/23

Results and Analysis

The above chart indicates that COPE screened 11,362 consumers. Sixty eight percent (63%) were hospitalized and the other 31% diverted to the other levels of care which include outpatient, crisis residential, partial hospital, SUD residential, withdrawal management and other. The not referred category, or category of "no" within MH-WIN are for other referral categories not within the DWIHN system, and may include home, health plans or other community resources. The disposition breakdown is very similar to last year.

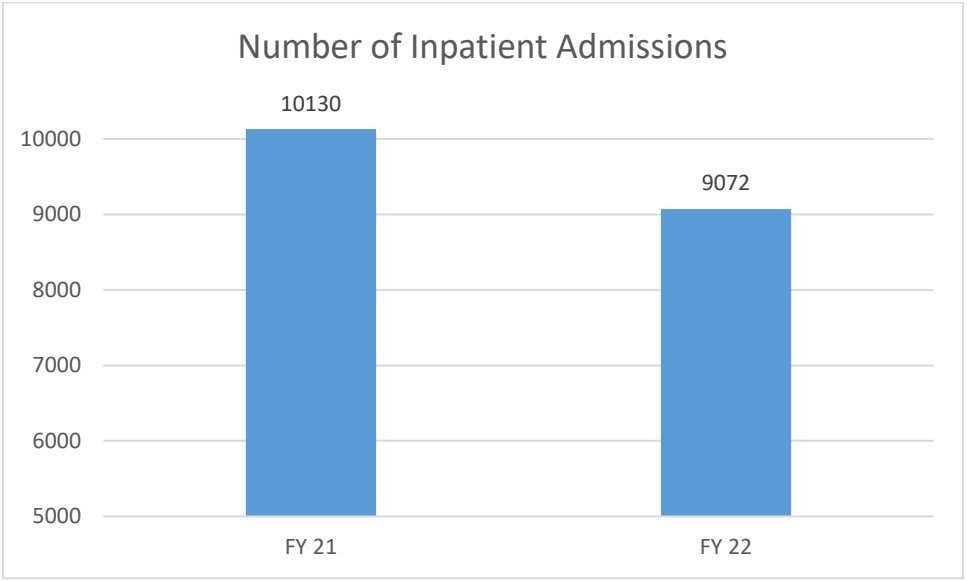


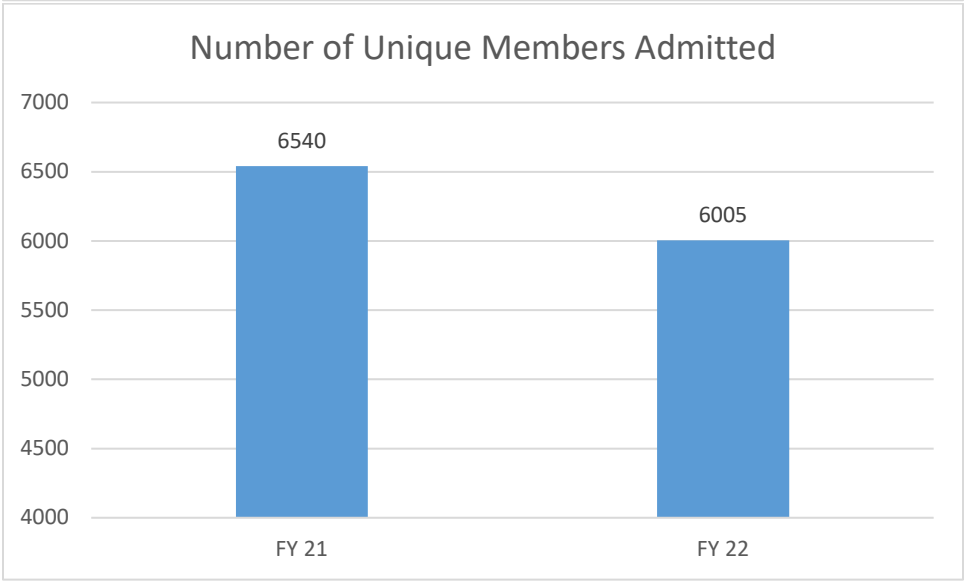
Source: MH-WIN Reports 5/30/23

The chart above indicates children's screeners received 3131 requests for services, 75% were diverted to settings other than the hospital. The remaining 717, or 23% were hospitalized. The not referred category (2%), or other referral categories not within our system, may include home, health plan or other community resource.

Inpatient Admissions and Other Metrics

The bar graph below depicts the number of hospital admissions for both FY 21 and FY 22. The number of admissions was reduced 10% from FY 21 (10,130) to FY 22 (9,072). Unique members hospitalized was decreased by 8% from FY 21 (6,540) to FY 22 (6,005).

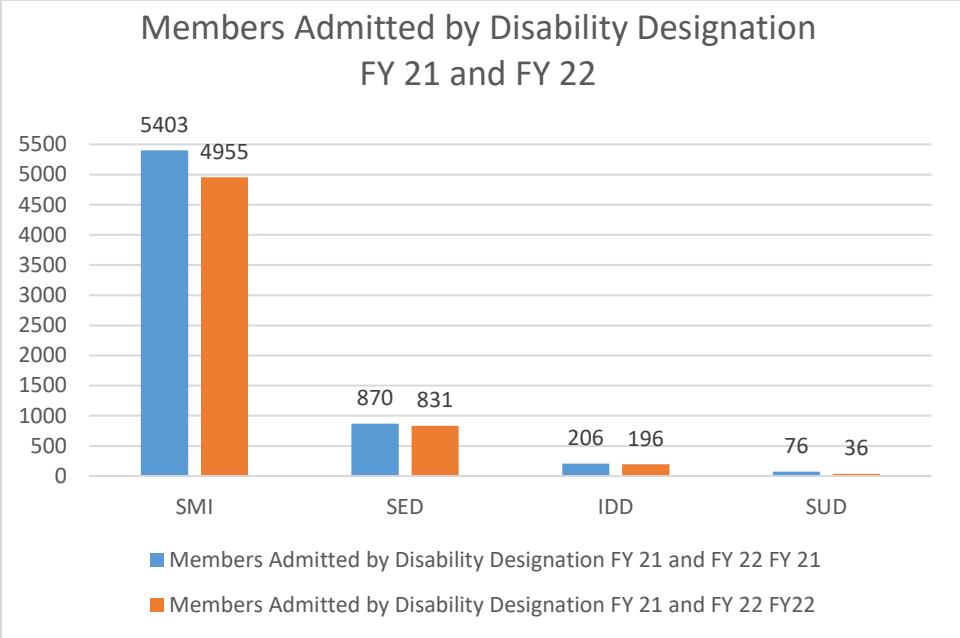




Source: Power BI Dashboard (6/1/23

As indicted below, adults with mental illness (SMI) account for a large majority of the hospital admissions in both FY 21 and FY 22.

The bar graph below depicts the trend of Inpatient Admissions by disability designation admitted network wide for the past two fiscal years.



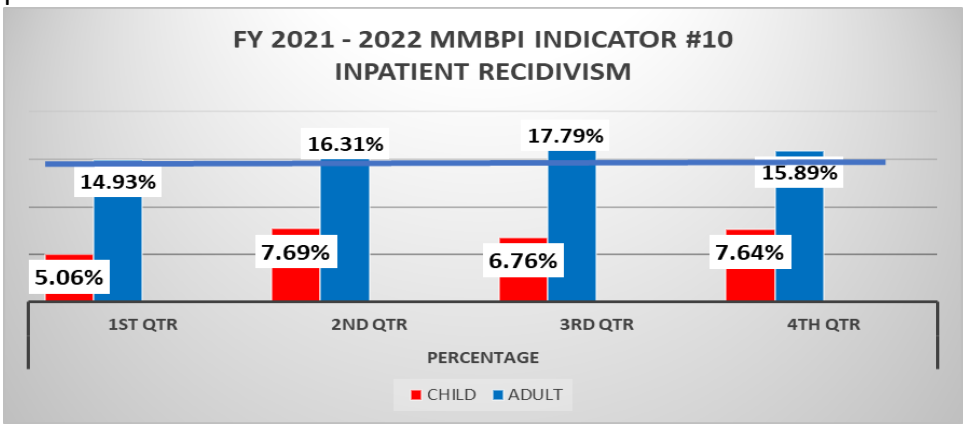
Source: Power BI Dashboard 2/2/2022

Results and Analysis

As indicated in the above bar graph and data table there is little variation of the disability designation mix from FY 21 to FY 22.

Hospital Recidivism

MMBPI INDICATOR #10 - INPATIENT RECIDIVISM The percentage of readmissions of children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge Population # of Discharges from Psychiatric Inpatient Care within 30 days of hospital discharge. Standard = below 15%. The following table depicts the fiscal year performance.



Source: MHWIN MMBPI PIHP Report FY 2021 –2022 (01/2023)

Results and Analysis

The number of children admitted within 30 days of discharge remained below the 15% threshold. Rates of recidivism for adults was over the 15% state threshold, except for the 1st quarter.

Interventions During FY 2021 - 2022

The Quality Department led DWIHN's interdepartmental efforts at reducing the number of members who are readmitted. The DWIHN Recidivism Workgroup oversaw multi-directional approaches, including:

- Collaboration with members' outpatient (CRSP) providers to ensure
  - Continuity of care
  - Notification when members present to the ER in crisis including those members who may not require hospitalization and those that require treatment
- Mobile Crisis Stabilization services
- Chart alerts in MHWIN which notify the screening entities and CRSP of members who frequently present to the ER i.e., "Familiar Faces"
- Diversion to medically appropriate lower levels of care
- Referrals to Complex Case Management for consumers with high behavioral needs
- Increased tracking of members with court orders for treatment including an area in MHWIN designated for court activities
- Onboarding of 3 additional Hospital Liaisons to the Crisis Services team to enhance Discharge Planning and Crisis Planning.
- Implementation of the Behavior Health Homes to provide comprehensive Care Management, Care Coordination and Referrals to Community Social Supports Services
- Development and participation of UM staff in the Outcomes Improvement Committee lead by Clinical Practice Improvement

FY 2022 - 2023 PLAN

Continuous efforts towards the reduction of hospitalization recidivism includes:

- Ongoing interdepartmental collaboration including adequate use of the resources within the Provider Network i.e., Med Drop Program, ACT services and Complex Case Management
- Continued internal case conferences and discussions involving the Provider Network regarding members who require frequent, high intensity services due to severity of illness.

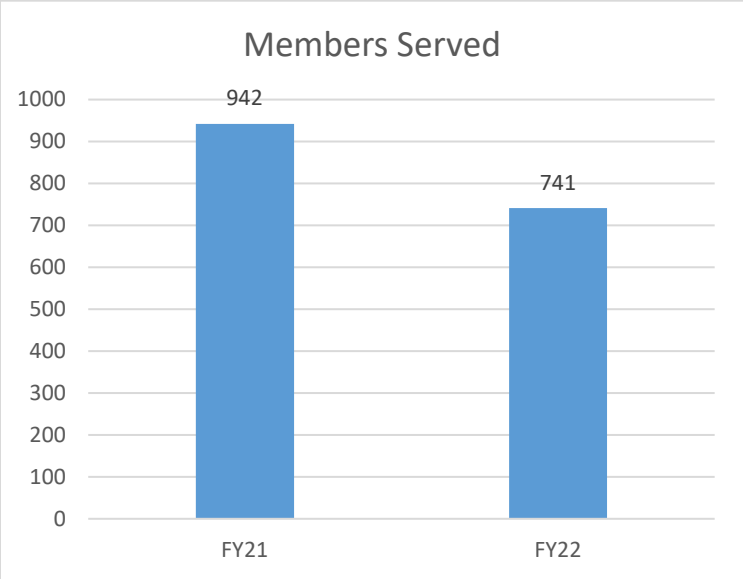
5. Diversions from Hospitalization -

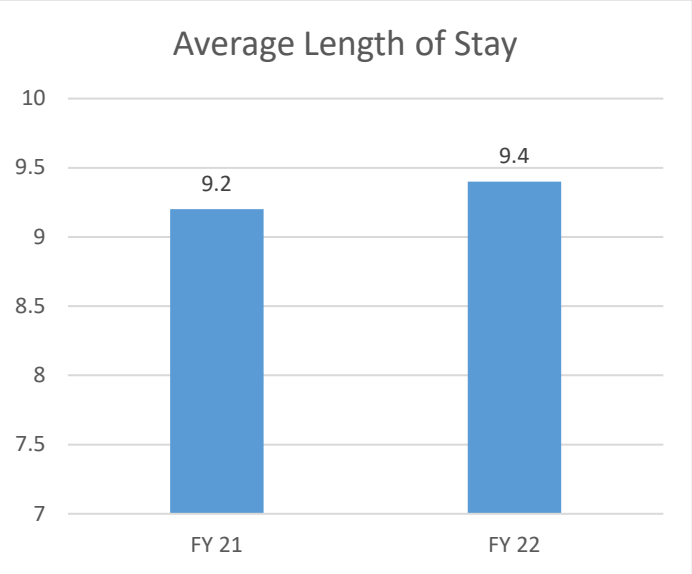
UM Program Description Goal E Analyze populations served, examining services received and services available to identify any gaps.

Partial Hospitalization

Partial Hospitalization is a cost-effective diversion from inpatient hospitalization. New Oakland Child-Adolescent & Family Center (NOFC) served 741 consumers in FY 22. This was 201 consumers less (21%) than in FY 21 (942 served). NOFC continued to serve DWIHN consumers throughout the COVID-19 pandemic and

adhere to all CDC guidelines, however due to the pandemic, the number of individuals served took this downturn. Average length of stay for Partial in FY 22 was 9.4 days which was up slightly from FY 21 which was 9.2 days.



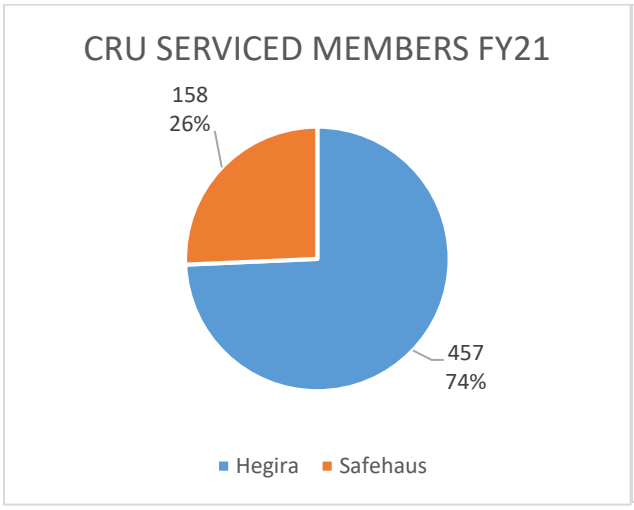


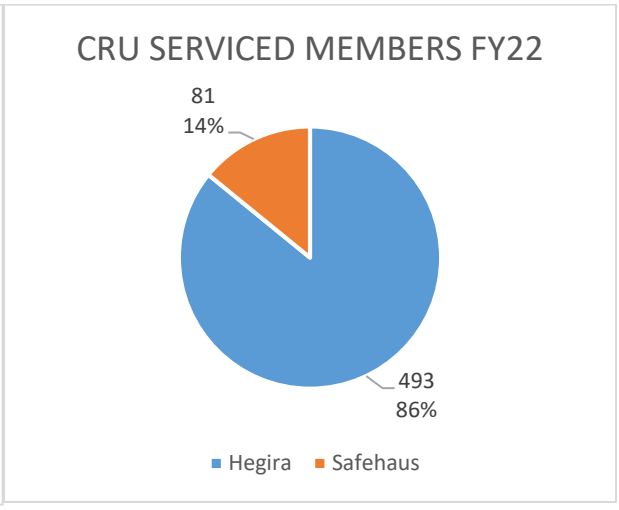
Source: DWIHN Claims database as of 6/5/23

Crisis Residential Units

Hegira is now the sole CRU adult provider with one (1) location, Oakdale House. Their second location, Boulevard, closed in June 2022. Safehaus Crisis Residential serves children with serious emotional disturbance

During FY 21, Hegira served 457 Members at it's two locations (one location after June 2022). Safehaus served 158 Members. During FY 22 Hegira served 493 (an increase of 7.9%. Safehaus served 81 members (a decrease of 48.7%.





6. State Hospitalizations -

UM Program Description Goal E Analyze populations served, examining services received and services available to identify any gaps.

DWIHN monitors the admissions and discharges of all Wayne County consumers in the state hospital system. The system consists of the Center for Forensic Psychiatry, Hawthorn Center for Children and three psychiatric hospitals for adults: Caro Center, Kalamazoo Psychiatric Hospital, and Walter Reuther Psychiatric Hospital. Walter Reuther is the assigned hospital for the Detroit-Wayne area, but consumers are placed according to their individual treatment needs. Specific to UM, the State Hospital Liaison is embedded within hospitals to facilitate coordination of activities between state hospital facilities and network providers such as discharge planning and NGRI oversight. The Liaison also provides technical and subject matter expertise on DWIHN policies and procedures to ensure the best utilization of resources by managing state hospital length of stays via admissions and discharges.

Throughout FY 21-22, state hospital bed availability was limited resulting in extended wait times for admission. At the end of the fiscal year, wait times in excess of twelve months were standard as hospital admissions were placed on hold to reduce census counts. Intermittent COVID exposures and quarantines also exacerbated wait times as state hospitals were forced to implement increased restrictions to limit and prevent COVID transmission among patients and staff. To address wait times, MDHHS triaged referrals and prioritized expedited admissions for complex cases. In addition, DWIHN coordinated hospital reviews to facilitate alternative placement options for state hospital requests. DWIHN also continued participation in the MDHHS diversion programs; the DCPP (Direct-to-Community-Placement Program) and the MCTP (MDHHS Community Transition Program) to expedite state hospital discharges.

Results and Analysis

During FY 21-22, state hospital admissions were quickly reduced resulting in a steady decline of hospital census counts and available beds for the SMI and IDD population. State hospital facilities serve to provide the highest level of care for the most psychiatrically acute and intellectually impaired. Inpatient members are often highly recidivistic, resistant to treatment, and hospital dependent. Ninety-three percent face community barriers such as minimal family support, substance use dependency, long criminal history, and co-morbid health conditions. On average, 50% of state hospital admissions are admitted following the Forensic process and engagement with law enforcement.

While hospitalized, inpatient members are provided psychiatric treatment for stabilization and return to the community. State hospital services include physical health care, medication management, psychosocial education, and a variety of therapies including work therapy, individual and group therapy, and activity therapy. Liaison services provided are case management, treatment and discharge planning, and service coordination. All services are directed toward discharge and facilitated at admission. Inpatient member participation in services with both liaison and hospital staff is self-directed but on average 87% of members participate in treatment services. High participation rates are attributed to continuous and consistent care, collaborative discharge planning, and peer-to-peer interaction.

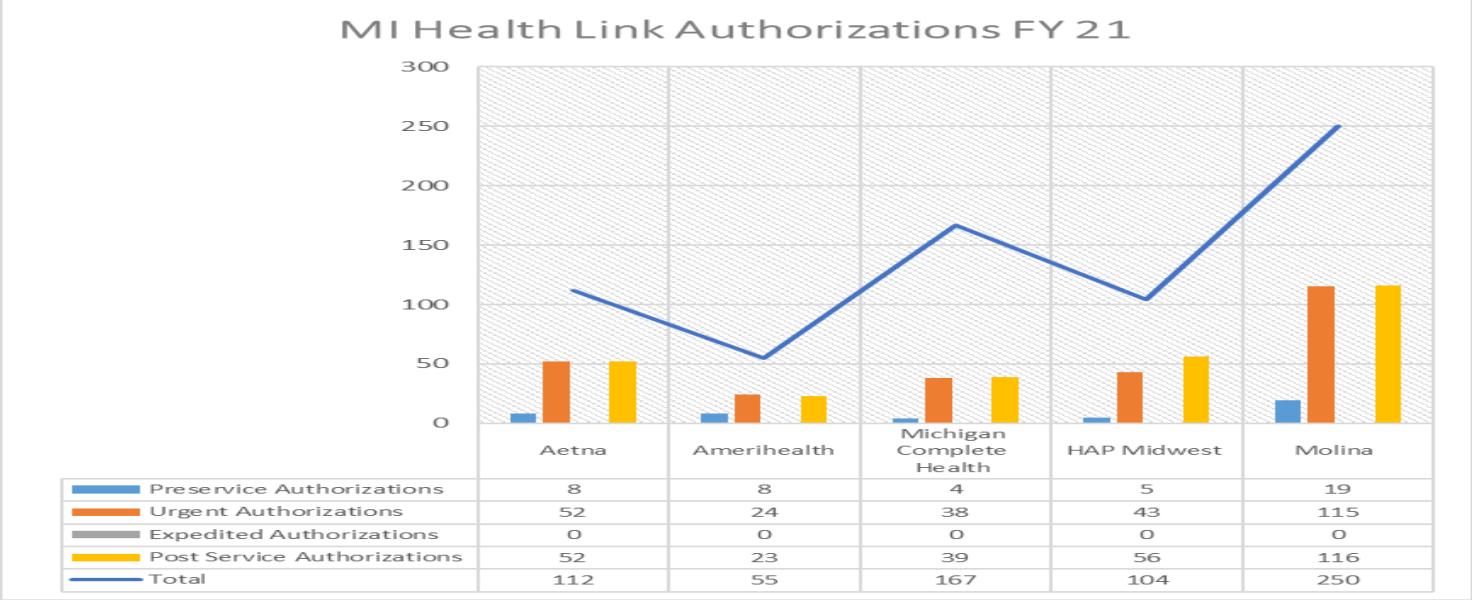
State hospital wait lists maintained by DWIHN will continue into the next fiscal year. Wait times have been increasing since the beginning of the fiscal year as MDHHS mandates have reduced census counts and placed a hold on admissions. Wait times were initially 9 months but increased to 12+ months as state hospital beds were restricted. DWIHN has explored multiple options to divert state hospital admissions, but inpatient requests continue, highlighting the need for state hospital level of care. To address this ongoing issue, DWIHN must continue to work collaboratively with MDHHS to further define criteria for state hospital admission, expedite discharges, and educate community hospitals on appropriate state hospital referrals. CRSP provider supports must also be strengthened to support diversion efforts, decrease recidivism, and increase member engagement. Peer support services, vocational rehabilitation, and intensive case management will connect members to the CRSP provider and assist with community reintegration, mirroring the continuity of care at the state hospital level while preserving the member in the community.

7. MI-Health Link (Dual Eligible) Program -

UM Program Description Goal E Analyze populations served, examining services received and services available to identify any gaps.

MI Health Link is a health care option for Michigan adults, ages 21 or over, who are enrolled in both Medicare and Medicaid. MI Health Link offers a broad range of medical and behavioral health services, pharmacy, home and community-based services and nursing home care, all in a single program designed to meet individual needs. Also, there are no co-pays for in-network services and medications.

For MI Health Link enrollees, all behavioral health services covered by Medicare and Medicaid are managed by Michigan Pre-paid Inpatient Health Plans (PIHPs). Behavioral health services are delivered through the local Community Mental Health Service Providers (CMHSP). DWIHN provides behavioral health services for members dually enrolled in one of 5 ICOs: AmeriHealth, Aetna, Michigan Complete, Molina and HAP Midwest. The Agency Profile within I-Dashboards indicates 6,115 MI Health Link consumers were enrolled with DWIHN in FY 22, compared to the 5,199 members reported as enrolled last fiscal year. MI Health Link enrollees are a significantly small subset of DWIHN members. (8.05%).



	Aetna	Amerihealth	Michigan Complete Health	HAP Midwest	Molina
Preservice Authorizations	8	8	4	5	19
Urgent Authorizations	52	24	38	43	115
Expedited Authorizations	0	0	0	0	0
Post Service Authorizations	52	23	39	56	116
Total	112	55	167	104	250

Source: Monthly ICO Authorization Reports 2/2022

Results and Analysis

The ICOs request data for authorizations that required manual approval. Outlined above are the number of authorizations by type per ICO for FY 21. Molina continues to have the largest volume of authorizations, with a total of 250 and Amerihealth has the smallest amount, with only 55 at the end of the FY. There were 112 authorizations for Aetna, 167 for Michigan Complete and 104 for HAP Midwest. From Quarter 1 to 2, there was a 24.7% decrease in authorizations. Authorizations increased 14.9% from Quarter 2 to 3 and decreased 13.2% from Quarter 3 to 4.

The UM Department was able to collaborate with IT to develop a monthly ICO report during FY 21 to provide a more accurate description of the number of authorizations by type and ICO. Further developments include a method for providers to request expedited authorizations and dismissal of authorizations entered in MHWIN. The Department continues to participate in monthly ICO meetings with each entity to ensure compliance with CMS and Medicare standards of service provision.

8. Outpatient Services -

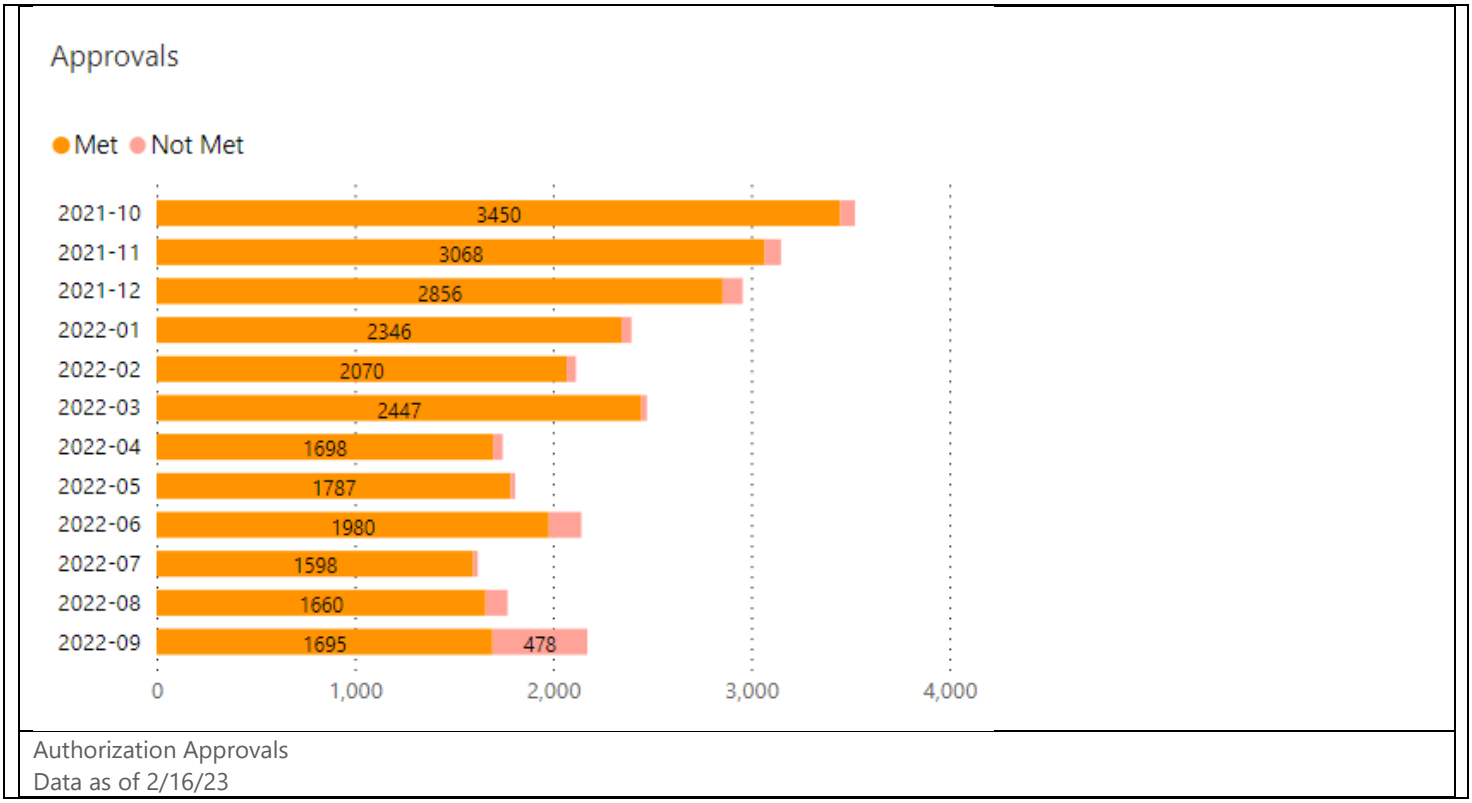
UM Program Description Goal E Analyze populations served, examining services received and services available to identify any gaps.

Service Utilization Guidelines (SUG) were developed and embedded into MHWIN for many of the outpatient services provided throughout the network. Requests for services are auto approved in MHWIN unless they fall outside of the SUG. This requires a manual review for medical necessity by UM Clinical Specialists within 14 days of the request. Updates to reporting and accessibility to data during FY 22 allowed for closer monitoring of the number of approvals by each UM Clinical Specialist as well as the volume of approvals beyond the 14-day timeframe for standard requests.

During FY 21, there were 49,200 outpatient authorizations manually approved by UM Clinical Specialists for adults and children within the Seriously Mentally Ill (SMI), Intellectually Developmentally Disabled (IDD), MI Health Link (MHL) and Serious Emotional Disturbances (SED) lines of business. There were 107,316 authorizations auto approved; meaning the request fell within with service utilization guidelines and required no involvement from the UM Clinical Specialists. This is inclusive of the lines of business outlined above. Out of the 49,200 authorizations, 8.1% were authorized beyond the 14-day timeframe while 91.9% were approved within 14 days, which is 1.9% above the 90% timeliness standard.

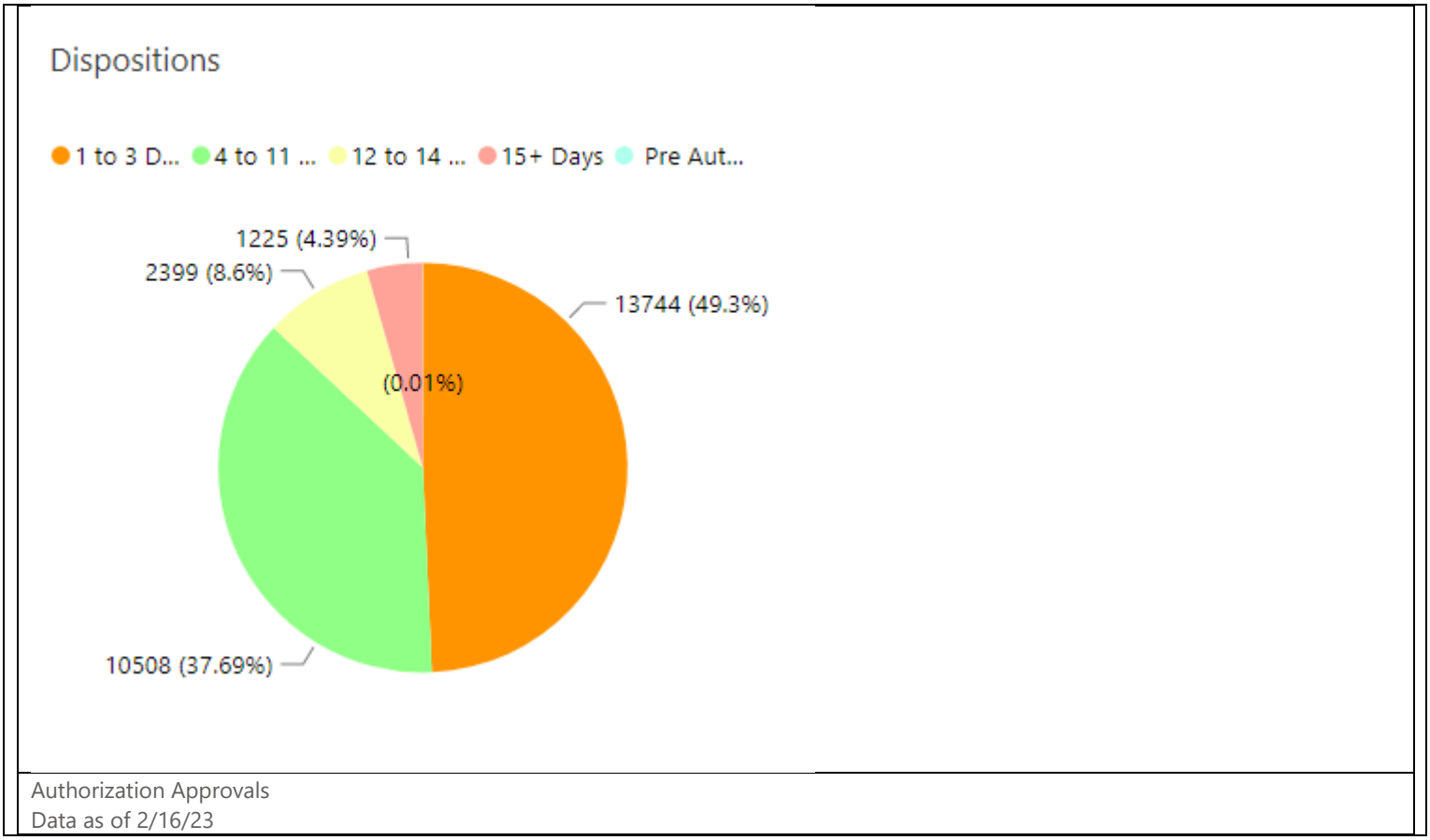
March 2022 had the highest number of authorizations with 19,773, while there were only 14,866 in July of 2022. Planned Interventions for FY 23:

- Continued in-depth analysis of the number of auto-approved authorizations versus those authorizations that required manual review, by each line of business per population
- Continued review of the authorization process including reducing the number of provider errors resulting in returned requests
- Continue to track the implementation of an administrative denial process for UM outpatient requests that require additional information, but the provider has been unresponsive or no provided the requested updates



Source: Power BI Authorization Approvals

"Dispositions" are approved, denied, returned to requester. This is a "Timeliness" study*



Source: Power BI Authorization Approvals

9. Substance Use Disorder Services (SUD) -

UM Program Description Goal E Analyze populations served, examining services received and services available to identify any gaps.

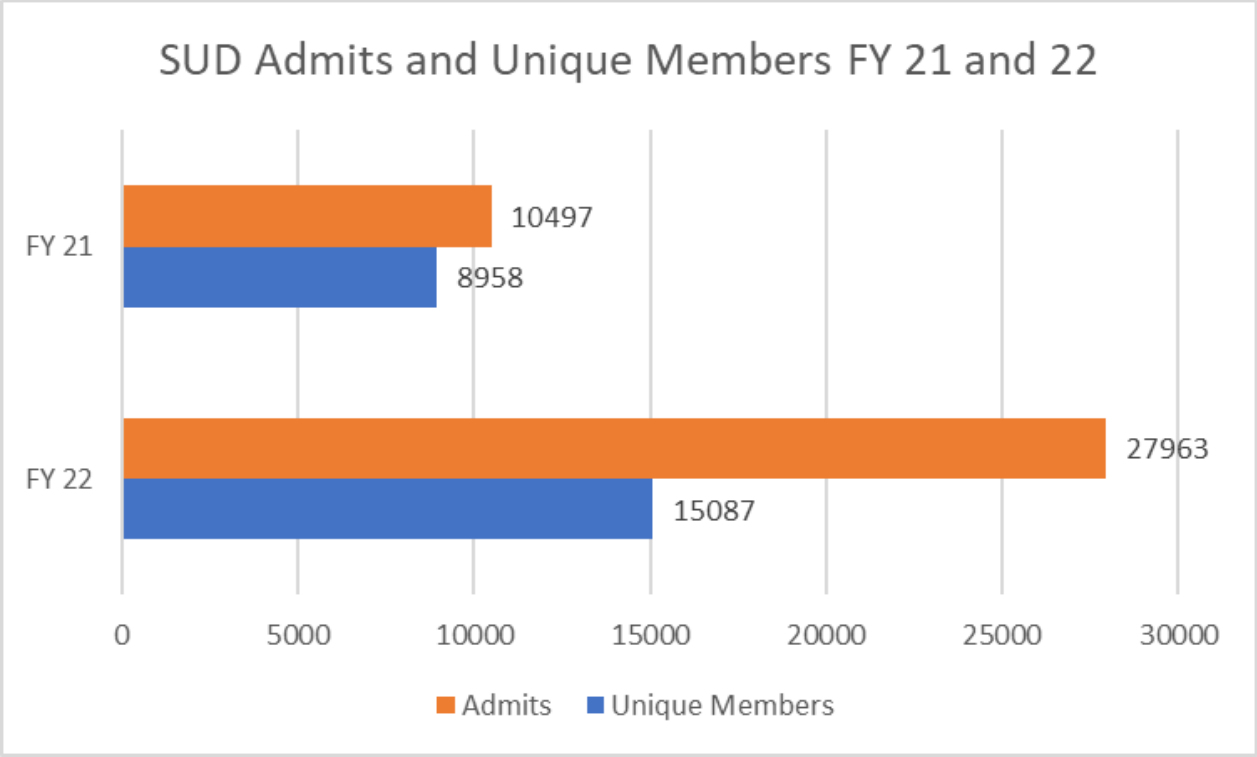
DWIHN'S access center conducts initial screening and referral for SUD services based on the American Society of Addiction Medicine (ASAM) level of care and medical necessity criteria. The UM Department's SUD Review Specialists provide medical necessity reauthorization determinations of SUD services for all levels of care including withdrawal management, residential services, medication assisted treatment (MAT), intensive outpatient, outpatient, and recovery services. UM SUD staff completed 13,812 authorizations in FY 22.

There were 15087 unique individuals that received SUD services for FY 22. This is a 68% increase from FY 21 with 8,958 unique individuals served. Unique members can also be referred to as unduplicated clients. This increase can be attributed to the discontinuation of previous pandemic quarantine orders and a return of in person services in both residential and outpatient settings.

Results and Analysis

The bar graph below shows the trend of admissions and the number of unique individuals served for the past 2 fiscal years. From FY 21 to FY 22, there has been a 68% increase in the number of individuals served. The

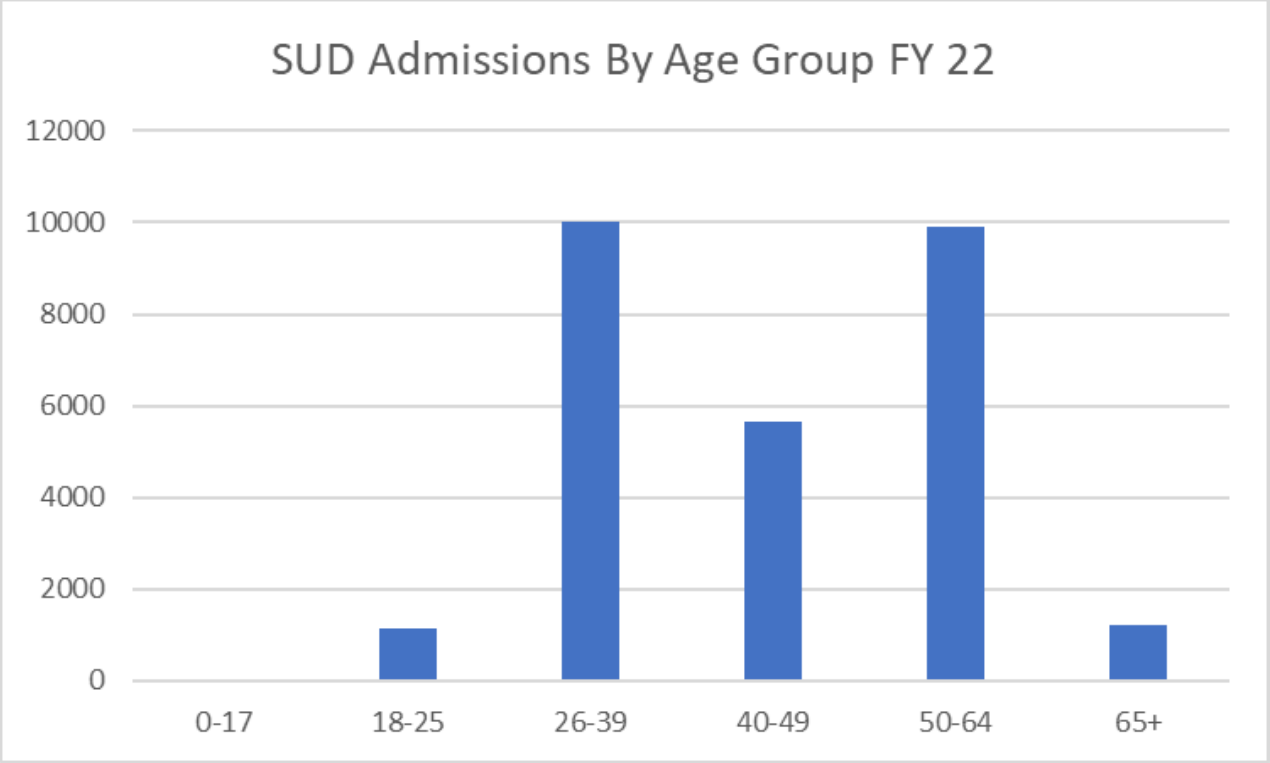
decrease in persons served in FY 21 from FY 22 This increase can be attributed to the discontinuation of previous pandemic quarantine orders and a return of in person services in both residential and outpatient settings. Each change in level of care is considered an admission. Some individuals receive more than one level of care, such as withdrawal management, followed by residential services and outpatient and/or recovery services.



Source: MH-WIN Admission and Discharge Records 2/16/23

Results and Analysis Continued

The age distribution metric has remained relatively constant over the last several years. During FY 22, 36% percent of individuals admitted were between 26-39 years of age. Thirty-five percent (35%) of individuals admitted were between 50-64 years of age; 20% were between the ages of 40-49 years of age; 4% were for individuals between 65+ years of age and 4% were for individuals aged 18-24, and less than 1% were admissions individuals between 0-17.



Source: MH-WIN Admission and Discharge Records 1/7/2022

Finance Pillar

UM Program Description Goal (5) **F**. Promote collaboration and provide guidance to the system by identifying patterns of behavioral health service utilization by funding source and by monitoring over and underutilization of services using dashboards.

2022 Goal Status: ____ Met _X_Partially Met __Unmet

UM Program Description Goal G. Develop a system that helps track over- and underutilization

***Strategic Plan Goal**: Develop a system that helps track over and under utilization*

2022 Goal Status: ___ Met __Partially Met _X_Unmet

SUGs and Over and Under Utilization –

The UM Department has access to data to help monitor the over and underutilization of all behavioral health services. Adjustments to the Service Utilization Guidelines (SUGs) are also made based on the analysis of the data, feedback from the Provider Network and the volume of requests within the authorization queue for certain services. During FY 22, the UM Department continued to collect information and feedback regarding the volume of requests for certain services and continued to discuss any needed changes to the SUGs.

Overutilization can highlight an increased need for services due to changes in the assessed needs of the members. Further, an increased use of community-based services suggests that members may be receiving more treatment at lower levels of care. Contrarily, requests for increased number of units without clinical justification, highlights a potential need for education at the Provider level including discussions around waste and abuse. The Department will continue to explore and analyze factors contributing to over and under-utilization of codes and services in collaboration with Quality and the Provider Network

Workforce Pillar

UM Program Description Goal (8) H - Assure fair and consistent UM/review decisions based on MCG, Local Coverage Determination (LCD), National Coverage Determination (NCD) and/or American Society of Addition Medicine (ASAM) medical necessity criteria by monitoring the application of the applied criteria and service authorizations for behavioral health services (including substance use disorders) using a standard inter rater reliability process system wide.

2022 Goal Status: __X_ Met __Partially Met __Unmet

MCG-Indicia –

DWIHN was the first Prepaid Inpatient Heath Plan (PIHP) to implement use of the MCG Behavioral Health Guidelines in 2017. When first purchased and rolled out, the interactive software, Indicia was a stand-alone product, with users having to log into multiple applications. DWIHN actively participates in a consortium of the Prepaid Inpatient Health Plans called the Michigan Consortium for Health Excellence (MCHE). Due to requirements from the Parity Act, CMS (the Centers for Medicare and Medicaid Services) mandated MDHHS to have standardized medical necessity criteria to assist in demonstrating parity of behavioral health services statewide. MCHE initiated a Request for Proposal process and after review purchased the use of MCG Behavioral Health Guidelines in 2019. The majority of the PIHPs are using either the static (encyclopedic version of the guidelines) or interactive software in 2021. In FY 21, MCHE negotiated and signed a new three-year agreement for use of the MCG Behavioral Health Guidelines and interactive software, Indicia.

The guidelines are currently used to screen consumers for inpatient and partial hospitalizations as well as crisis residential services. During FY 22, our adult and children's' screening entities and ACT programs screened consumers using the MCG product, Indicia. As of September 30, 2022, 11,856 cases have been entered into Indicia, which averages 45 cases per day since the beginning of the FY 22.

Each year, MCG updates the guidelines after an extensive review and analysis of research and literature. The updates are shared with various committees such as the Utilization Management Committee (4/2022 meeting) and are available for review in both the MCG Learning Management System and within the guidelines. Each year the Improving Practice Leadership Committee (IPLT) and the Medical Director approve use of the guidelines. DWIHN is currently using the 25th Edition of the MCG Behavioral Health guidelines which were presented and we are preparing to begin use of the 26th Edition.

DWIHN recognizes that demonstrating consistent guideline application and identifying staff improvement opportunities can help improve the consistency and delivery of services. As a result, DWIHN purchased the inter-rater reliability (IRR) module from MCG to be used with the screening entities, providers, and DWIHN UM staff. All staff who make UM decisions are tested with the IRR module to ensure consistent application of the

guidelines and medical necessity criteria. During 2022, a total of 932 case studies were completed. Of those case studies, staff received and passed cases studies score of 90% or above 55% of the time.

Quality Pillar

UM Program Description Goal I: Monitor the effectiveness of processes that promote clinical review procedures established from accrediting and regulatory agencies by evaluating the efficiency of targeted metrics during UM activities through interdepartmental collaboration.

Strategic Plan Goal E- *Ensure compliance with monitoring standards*

UM Program Description Goal 6: *Engage community stakeholders in the development and implementation of processes that promote clinical review procedures, practices and correction actions to ensure systemwide compliance with DWIHN, State, Federal regulations and National Committee for Quality Assurance (NCQA).*

2022 Goal Status: _X__ Met __Partially Met __Unmet

1. Timeliness of UM Decision-Making –

NCQA UM 5: Timeliness of UM Decisions, Element A: Timeliness of UM Decision Making, Element B: UM Timeliness Report

The UM Program Description articulates the need to ensure fair and timely utilization decisions. Below is a breakdown of the timeliness of decision making for FY 22 by delegated entity and DWIHN lines of business. Timeliness of electronic or written notification of the UM decision is also required in accordance with the turnaround time frame given for the type of request. The Timeliness of UM Decisions Making and UM Notification is reported on a quarterly basis during the Utilization Management Committee meeting.

Results and Analysis

The delegated entity met the 90% threshold for timeliness of urgent preservice UM decision making during FY 22.

The MI Health Link program met the 90% threshold for timeliness for Urgent Concurrent and Post-Service reviews during FY22.

Timeliness of UM Decision Making-DWIHN MI Health Link Program

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post-Service
Numerator *	638	0	99	42
Denominator#	638	0	139	42
Rate	100%	0%	71.2%	100%

Source: MI Health Link Master Data Tracking log & Power Bi 1/2023

Timeliness of UM

Decision Making- Substance Use Disorder -

SUD met the 90% threshold for timeliness of both urgent concurrent UM decision making and Non-Urgent Pre-service of UM decision making during FY 22.

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post-Service
Numerator*	2906	N/A	9794	N/A
Denominator#	3004	N/A	10,173	N/A
Rate	96.7%	N/A	96%	N/A

Source: DWIHN Power Bi 1/2023

Timeliness of UM Decision Non-Urgent Preservice Decision Making – Autism-

Timeliness for UM Decision Making for Autism has met the 90% threshold for non-urgent preservice UM decision making.

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post-Service
Numerator*	N/A	N/A	4535	N/A
Denominator#	N/A	N/A	4586	N/A
Rate	N/A	N/A	98%	N/A

Source: DWIHN Power Bi 1/2023

2. Denial and Appeal Category Analysis –

Denials and appeals are one of the UM "must-pass" standards for NCQA accreditation. During FY 22, a review of all denials and appeals indicated each of the following was handled according to established procedures. During the NCQA accreditation review, all requirements in this area were met. However, there was an **HSAG FY 21 PIHP Corrective Action Plan for Standard VI-Coverage and Authorization of Services**. The timeline for completion of the corrective action plan was April 1, 2022. During FY 22, the corrective action plan was completed, sent to HSAG and all changes were accepted. Also, during FY 22, the Michigan Peer Review Organization (MPRO), now known as Improve Health, served as DWIHN's independent review organization.

Outlined below are denials that did not meet MCG medical necessity criteria for continued inpatient hospitalization. Also included are administrative denials due to the provider not adhering to timeliness guidelines for submission of authorizations. Lastly, are the total number of appeals and appeal dispositions.

	Denials	Appeal Disposition

	Medical Necessity Denial	Administrative Denials	Medical Necessity Appeals	Administrative Appeals
	59	392	42	68
Upheld			20	38
Overturned			20	21
Partially Denied			2	9

*Administrative denials issued due to provider not adhering to timeliness guidelines for submission of authorizations.

3. Interrater Reliability (IRR) -

The following is a graph indicating the # of Individuals that received and passed case studies during the testing period. Some of the staff required corrective action, and some of the corrective action plans deadline extends beyond the fiscal year.

GROUP	# OF STAFF SUCCESSFUL AFTER 1ST/2ND ADMINISTRATION	# OF STAFF REQUIRING CORRECTIVE ACTION PLAN	#Successfully Passed as of 11/30/22
COPE	26	1	26
New Oakland	15	0	15
Children's Center	8	0	8
TGC	8	1	8
DWIHN Residential Unit	17	0	17
DWIHN UM, MDs, SUD, Autism	22 (1 Autism; 2 MDs; 4 SUD)	0	22
ACT Staff – TGC, NEG, CCIH, LBS, AWB, CCS, Hegira, DCI, Team	39	1	39
TOTALS	135	3	135

RECOMMENDATIONS FOR FUTURE

Due to the ongoing pandemic, there continues to be significant staffing issues. Clinical staff have also left employment in addition to changes in supervisory staff. Users were found to be inactive, terminated, or in rare circumstances, not entered in the system.

Recommendation: Ensure all entities using LMS, notify system administrator(s) of staffing changes as they occur and on an ongoing basis.

*Note: There were many Corrective Action Plans required this year. System administrator(s) believes that due to COVID, many staff including new hires worked remotely, and there were supervisory changes which sometimes resulted in testing delays.

A significant amount of time was devoted to assisting staff in the log-in process, training new supervisors, and ensuring staff are accessing the correct edition of the guidelines for testing.

Recommendation: Continue to distribute detailed instructions to assist users in accessing the Learning Management platform and the correct version of the guidelines. Ensure new hires are trained by their supervisors or designated coworker on the functions of the Learning Management System and inter-rater reliability testing.

The LMS system has a function to determine average test scores of all study attempts. However, based on our testing parameters, we are unable to maximize use of this. System administrators must review completion reports to ensure accuracy of testing administrations and testing results.

Recommendation: Continue to work with MCG to assist in developing functionality that are user-friendly to both front end users and system administrators.

MCG develops new behavioral health care case studies on a quarterly basis and enhances the Learning Management Platform throughout the year. (e.g., timed reminders to staff during testing period, answer feedback, adding social determinants to case studies, enhanced report writing, etc.)

Recommendation: System Administrators(s) will review which enhancements will improve the DWIHN Inter-rater reliability testing process and workflow and implement those applicable to the DWIHN workflow. ***NCQA UM 2, Element C, Factors 1 and 2***
11/4/2022

4. UM Compliance With Regulatory Agency Standards –

DWIHN continuously monitors compliance with all Regulatory Agency Standards. The UM Department works closely with the Quality Department to review said compliance and provide data and information to that end. In the event that there is an area identified that has fallen below the compliance standards, the UM Department works quickly to rectify it within a reasonable time frame

5. UM Policies & Procedures -

Quality Pillar

UM Program Description Goal (7; 4) J: Provide oversight of delegated UM functions through use of policies that reflect current practices, standardized/inter-rater reliability procedures and tools, pre-service, concurrent and post-service (retrospective) reviews, data reporting (ie. timeliness of UM decisions and notifications), outcome measurements and remedial activities.

2021 Goal Status: Met

2022 Goal Status: _x__ Met __Partially Met __Unmet

1. Appropriately Licensed Professionals –

NCQA UM Standard 4: Appropriate Professionals: Qualified licensed health professionals assess the clinical information used to support UM decisions. Each of the crisis vendors have presented a chart of crisis staff credentials, license dates and supervision of limited licensed staff by fully licensed staff.
Documentation submitted by each of the UM delegated entities shows staff are currently licensed throughout the network. Documentation submitted by each of the UM delegated entities shows limited licensed staff are appropriately assigned to a fully licensed supervisor

2. FY 2022 – 2024 UM Program Descriptions

DWIHN UM Program Description

The Program Description was approved by the DWIHN Board of Directors on 6/15/2022.

UM Delegates Program Description

The Program Description for UM Delegates was approved by the DWIHN Board of Directors on 10/19/22.

3. Affirmative Statements

Each of the delegated entities provided spreadsheets and copies of Affirmative Statements signed by all UM decision makers throughout the network for FY 2021-2022

4. Timeless of UM Decision Making by Delegated Entities -

Below is a breakdown of the timeliness of decision making for FY 22 by delegated entity and DWIHN lines of business. All the delegated entities met the 90% threshold for timeliness of urgent preservice UM decision making during FY 22.

Timeliness of UM Decision Making-Improve Healthcare (Formally known as MPRO) -

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post-Service
Numerator*	N/A	54	N/A	N/A
Denominator#	N/A	56	N/A	N/A
Rate	N/A	96.4%	N/A	N/A

Source: MHWIHN

Timeliness of UM Decision Making- Children's Center-

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post-Service
Numerator *	**N/A**	**330**	**N/A**	**N/A**
Denominator#	**N/A**	**334**	**N/A**	**N/A**
Rate	**N/A**	**98%**	**N/A**	**N/A**

Source: The Children's Center

Timeliness of UM Decision Making- Guidance Center -

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post Service
Numerator *	**N/A**	**661**	**N/A**	**N/A**
Denominator #	**N/A**	**674**	**N/A**	**N/A**
Rate	**N/A**	**98%**	**N/A**	**N/A**

Source: The Guidance Center

Timeliness of UM Decision Making- New Oakland-

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post-Service
Numerator	**N/A**	**582**	**N/A**	**N/A**
Denominator	**N/A**	**582**	**N/A**	**N/A**
Rate	**N/A**	**100%**	**N/A**	**N/A**

Source: New Oakland

5. Prior Authorized Review (PAR) Audits

Three of the four crisis vendors reported PAR auditing activity, including the following:

New Oakland: None

The Guidance Center: 42 PARS were reviewed utilizing the audit tool created by DWIHN. Upon yearly review, there continues to be a pattern of PAR audits where vitals were not documented as well as full names of Emergency Room Social Workers with credentials. The Crisis Supervisor will continue to train Crisis Screeners regarding obtaining information to ensure compliance with the section within the PAR.

The Childrens Center: The Clinical Supervisor is present and/or available during all operating hours. They are onsite with the team for 8 of the program operating hours and on call days in which the program operates more than 12 hours. When the supervisor is unavailable, the Program Director is on call. The program leadership ensures that staff have provided a clinically sound screening, arrived at an appropriate disposition, consistent with the client's current medical necessity. Also, as mentioned above, psychiatric consultations occur on most clients screened and is available during all operating hours. Additionally, all staff are trained and conduct annual attestation on MCG Indicia. Based on the nature of the program operations, all screening activities and dispositions are known by program leadership on a daily basis.

COPE: Forty PARs were audited. Additional trainings were done on changes in the TEDS, over 2-hour, documentation of PAR disposition given to and changes to MCG indicia had to be conducted to ensure that all clinical staff were appropriately trained to complete a PAR.

6. Interrater Reliability –

DWIHN purchased the inter-rater reliability (IRR) module from MCG to be used with the screening entities, providers, and DWIHN UM staff. All staff who make UM decisions are tested with the IRR module to ensure consistent application of the guidelines and medical necessity criteria. The chart below includes only the delegated entities' performance. They are included again, later in the report, in the comprehensive IRR chart, that includes DWIHN, under the workforce pillar. During FY 2021, all delegated UM decision makers eventually met/exceeded the 90% passing score. There were 16 staff during test administration and report preparation that required corrective action.

FY 21 Interrater Reliability Summary- *Delegated Entities Only*

GROUP	# OF STAFF SUCCESSFUL AFTER 1ST/2ND ADMINISTRATION	# OF STAFF REQUIRING CORRECTIVE ACTION PLAN extending into FY 22	As of 11/30/2022 #Successfully Passed
COPE	26	1	26
New Oakland	15	0	15
Children's Center	8	0	8
The Guidance Center	8	1	8
TOTALS	57	2	57

7. UM Delegate Denials and Appeals –

Two of the crisis vendors reported denials, including:

New Oakland: Number of Denials - 10

Number of Action Notices Sent – 10 New Oakland attributes these numbers to minimal accepting inpatient facilities for the IDD population and families having minimal access to in home resources through their providers. There has been a shift in services available to families with acute behavioral concerns, leaving parents/guardians unhappy when diversions are attempted resulting in denials.

The Guidance Center: During the FY 2021-2022, there were 5 second opinion cases. One appeal request was upheld and 4 appeals were overturned. All second opinion cases involved DHHS and were DHHS placement concerns.

The Childrens Center: None

COPE: None

8. UM Delegate Annual Review, Challenges and Opportunities for Improvement -

NCQA UM Standard 12: Delegation of UM

"The organization uses the findings from the organization's pre-delegation evaluation, annual evaluation or ongoing reports to identify and follow up on opportunities for improvement."

Three of the four crisis vendors reported performance improvement activities. Common themes include staffing shortages/retention, transportation needs, staff training and relationship building with the EDs and with the community.

COPE

-Timeliness is addressed with each clinician per month based on the results of the over 2-hour report and what is reported in the supervisor's monthly productivity reports.

- Medical Necessity training is taught every 6 months to ensure that clinicians, doctors and nurses are aware of the criteria for each level of care.

-Collaboration includes the clinician, the supervisor and the nurse who work with the ED staff to determine the best LOC for the consumer.

-Hegira offers opportunities for career advancement as well as benefits packages that are inexpensive and valuable. Morale and appreciation are discussed often and regarding retention several morale "boosting" events were planned throughout the year.

-Over the past year there have been multiple training courses on working with our new EMR.

-Plans to create a separate mobile crisis team in the downriver area are being worked on to make it easier to meet the 2-hour KPI. Our teams are now using the COPE fleet of vehicles again since they started to take their own cars during COVID.

-Perception of care surveys were updated to meet the needs of assessing specifics to onsite, intervention, stabilization and hospitals.

-Many media opportunities were taken to increase community awareness as well as leadership taught to spend time with community individuals visiting the site and bring their family members and/or clients to be screened.

New Oakland

New Oakland states it has and continues to actively recruit to expand the staffing structure. Increasing our staff enables us to continue being timely in our responses. Our ICS team have ongoing discussions about diversions available for our youth being served to ensure everyone has the most up to date information. The ICS team takes pride when entering into the Emergency Departments that builds rapport and enhances our ongoing relationships with the ED staff. New Oakland's Human Resource Department works very hard in recruiting with multiple outlets to obtain applicants.

The Children's Center

In efforts to increase the community's understanding of a behavioral/mental/psychiatric crisis, TCC Clinical Supervisor and staff within the Crisis Care Center has built relationships with local school districts, Detroit Police Department community officers, and continued our relationship with Wayne State Police Department. This supports resources being used appropriately. It would be optimal if DWIHN could partner with local

school districts, on a system level, to collaborate on the balance between school “no tolerance” procedures and accessing crisis screenings.

This year include transportation. We repeatedly experienced challenges in emergency service vehicles being available to securely transport families from our center to the intended provider (e.g., ED, inpatient facility, crisis residential). Since 2012, we utilized Superior Ambulance but in the past two years, they became unreliable and cited lack of staffing as the issue. We have now engaged two additional resources (one private EMS and one private medical transportation service). Support and guidance from DWIHN for issues such as this would be helpful.

We continue to be challenged with staff retention within the program, experiencing a 100% turn over in clinicians. The major concern reported for reason of resignation is salary. Historically, the late hours of the program (running through 8:00 PM) has also been a problem for retention. We have modified hours of operation to support sustainability of services through use of staff in our intake department during staff shortages. During these times, we communicate changes to internal and external stakeholders.

The Guidance Center: None reported.

Advocacy Strategic Plan Pillar

UM Program Description Goal (9) **K. Promote need for enhanced use of Social Determinants of Health in making clinical decisions within standardized guidelines as part of the clinical review process**.

2021 Goal Status: Met
2022 Goal Status: _X__ Met __Partially Met __Unmet

Michigan Consortium –

DWIHN is an active member of the Michigan Consortium for Healthcare Excellence (MCHE), MCG was awarded the contract for use of its behavioral health guidelines statewide. This workgroup had focused on procurement of the MCG Behavioral Health guidelines to assist in demonstrating parity. The majority of the PIHPs continued to use or began using the static guidelines or interactive software, Indicia in FY 21. A new three-year contract between MCHE and MCG was negotiated and finalized in FY 21 and will expire on 9/30/2024. The Parity workgroup believes the MCG criteria is one tool that assists in determining medical necessity but must also be used in conjunction with standardized assessment tools while preserving person-centered planning values. MDHHS staff, on an as needed basis, attend the Parity workgroup meetings and will incorporate review and use of the MCG Behavioral Health Guidelines into upcoming state audits.

Results and Analysis

The Parity workgroup continues to work with MDHHS to ensure movement toward parity throughout Michigan. The Parity workgroup finalized a Principles of Parity document that includes the history of the

federal mandate including the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). The document describes current assessment tools (Level of Care Utilization System (LOCUS); CAFAS (Child and Adolescent Functional Assessment Scale); SIS (Supports Intensity Scale) and ASAM-PPC (American Society for Addition Medicine-Patient Placement Criteria used in Michigan that assist in application of medical necessity and benefits. Also described is the need for exception processes to medical necessity guidelines which must include documentation to support exceptions and how they are applied to service planning discussions with individuals served.

III. Status of Utilization Management Department Technology and Recommendations – Telehealth

The increased use of telehealth that has been prompted by the COVID pandemic is expected to be a part of the standard of behavioral health care. Barriers to access to care, such as transportation and childcare arrangements have been diminished and continued growth in the use of virtual care is expected to grow. UM proposes the following:

- Technology will need to be developed to track the use of virtual vs. face-to-face care services in the outpatient arena. -- Currently we have been leveraging the data garnered by looking at modifiers and claims data that show the locations of services provided.
- Utilization of this access to service will need to be studied in communities with limited access to broadband and remedial action plans will need to be considered to ensure this does not result in disparity in access to services for the broadband limited communities. -- DWIHN has actively, throughout the pandemic, worked to bridge gaps in access to care by provision of technology resources to members in the community.
- Provider and consumer experience surveys should be adjusted to evaluate the level of success DWIHN achieves at seamlessly and effectively integrating telehealth into its overall clinical delivery strategy and workflows, consumer/provider satisfaction, operational efficiency and clinical outcomes.

DWIHN addresses the inclusion of developments in technology related to service provision in the Proven Behavioral Health Technology Inclusion Application Guideline policy which establishes the mechanisms in which new behavioral health clinical technologies, or adaptations of existing clinical technologies, will be evaluated and accepted as acceptable practices.

Dashboard/Report Development/Technology

The UM Department continues to collaborate with IT on the development of the following dashboards/reports. The status is described below:

- Inpatient Recidivism – *Report is complete and available*
- Enhancements to the hospitalization dashboard – *The previously used software, I- Dashboards was discontinued and DWIHN is currently using Microsoft Power BI. Claims data is utilized and a 2-year fiscal year lookback is available. Recent enhancements were made in the hospital report to include Population Designations, unique members hospitalized and average and median length of stay.*
- Improved metrics for readmissions - *Report is complete and available*

- Disability Designation recommendation - The form used to change disability designation was modified and did not include an SUD category. Impacted departments such as Access, IT and SUD need to address the process for designating and updating disability designation. *UM will collaborate with the Access Department, IT, SUD and Manage Care Operations to review and revise the process for updating members' designations.*
- Telehealth services continued to include screenings and outpatient mental health services. This presents as an opportunity to study the impact of telehealth services on the traditional barriers to treatment, including childcare and transportation issues.

IV. Opportunities for FY 2022-2023 –

Strategic Pillar	Goal and Timeline for Completion	Brief Description	2022 Status	2023 Plan	2023 NEW GOALS
Customer	**80% satisfaction standard for Provider Experience Survey**	**Provider Experience Surveys to improve provider satisfaction**	**Met**	**Ongoing Monitoring**	**Increase Goal to 90% Satisfaction**
Access	**UM will monitor timely written notification of ABA eligibility**	**Delegated functions**	**Met**	**Ongoing Monitoring**	**UM will monitor HSW Enrollment and ensure compliance rate of 95% or above.**
Quality	**Fulfill terms of HSAG Plan of Correction**	**Standards VI, VII, VIII and X**	**Met**	**Ongoing Monitoring**	**Begin to gather and report on data regarding over and under utilization of services.**
Quality	**Ensure 2 provider trainings per year regarding Service Utilization Guidelines (SUGs) by end of FY 21**	**Ongoing collaboration and improvement of service utilization guidelines**	**Met**	**Ongoing collaboration and improvement of service utilization guidelines**	**Schedule SUG Training for FY 2023.**
Quality	**Achieve MMBPI 15% or less hospital recidivism quarterly standard for adults and children**	**Recidivism Source: MHWIN Performance Indicators**	**Recidivism not consistently maintatined at 15% or less.**	**Ongoing collaboration with interdepartmental team to discuss "High Priority" cases of members that have frequent hospitalizations or significant needs that lead to recidivistic episodes of care.**	**Continued from FY 22**

Quality	**DWIHN UM department to have an approved 2022-2024 UM Program Description**	**UM Program Description policy**	**Met**	**Ongoing annual review of Program Description**	
Quality	**Quarterly PAR Audits for UM Delegated Entities**	**PAR Audits tool completion for 25 PARs monthly (75 per quarter)**	**Not completed**	**Quarterly PAR Audits for delegated entities**	**Implement quarterly audit process.** **Report findings to QMC, UM staff, delegated entities.**
Finance	**Ensure application of level of care guidelines, use of assessment tools and application of medical necessity criteria across all service arrays**	**Minimum annual review of Service Utilization Guidelines, Level of Care Assessment tools, and medical necessity criteria**	**Met And Ongoing**	**Minimum annual review of Service Utilization Guidelines, Level of Care Assessment tools, and medical necessity criteria**	**Schedule Provider Network Meetings to review SUGs Level of Care Assessments, and Medical Necessity Criteria.**
Finance	**Over and Under Utilization Reports; Establish schedule and reporting of selected and prioritized data for review FY 21**	**Potentially select high volume, high cost, high risk service codes**	**UM presented data for Quarters 1-3 at the Quality Operations Technical Assistance Workgroup meeting in September. After which, Due to staff turn over, reports became unavailable and needed to be redeveloped. Not met.**	**Ongoing—There were some needed updates to data reporting and now that those have been completed by IT, this information can be tracked more consistently.**	**UM to begin including this in the UMC Monthly reports.**
Quality- Access-Advocacy	**Utilization data rates to be used to identify and improve under- utilization service trends.**	**Population identified as under-utilizing a specific CPT code will be targeted for root cause analysis and intervention(s) to improve rate of utilization**			**HSAG Performance Improvement Project (PIP)**

Advocacy	**Continue bi-monthly meetings and contribution to Michigan Consortium for Healthcare excellence in ensuring access, parity, and uniform application of benefits for Michigan consumers**	**MCG Behavioral Health Guidelines, Interrater Reliability**	**Met: New three-year contract signed by MCHE; meetings moved to quarterly for FY 22**	**Ongoing; MDHHS to begin reviewing use of MCG behavioral health guidelines during audit**	**UM Director has Joined "Statewide PIHP UM Workgroup" that meets monthly to discuss common things faced by UM Departments of the PIHPs across Michigan.**
IT	**Dashboard/Report Development/Technology**	**Work with IT to develop dashboards and reports for above goals.**	**Met**	**Ongoing**	**Using developed reports – track data noted above.**

UTILIZATION MANAGEMENT PROGRAM EVALUATION

FY 2021 – FY 2022

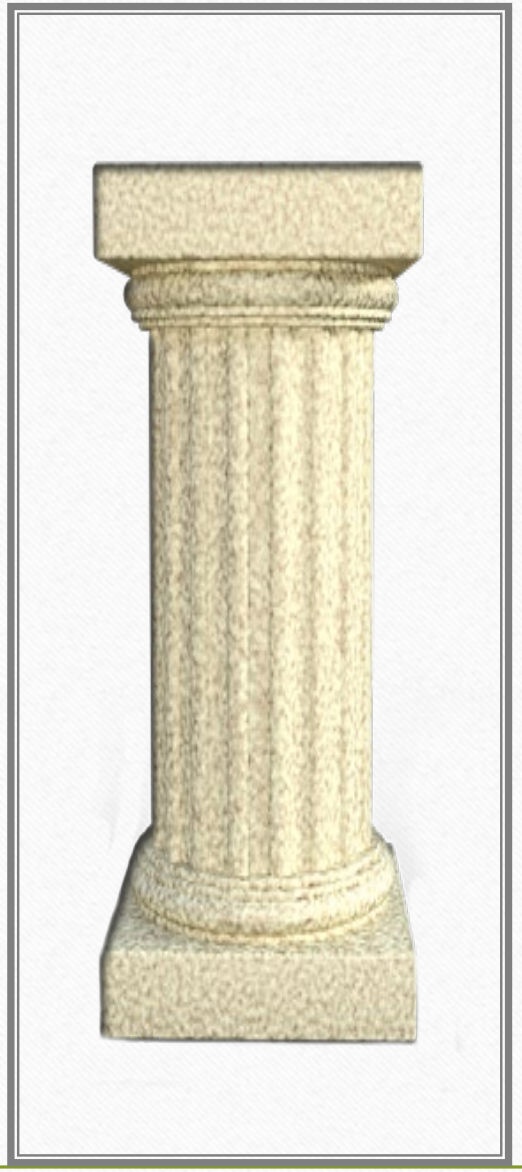
Demographics

	FY 2021	FY 2022
Unique Members Served	**73, 624**	**75,934**
General Medicaid – (Includes Medicaid, Healthy Michigan, Habilitation Waiver)	**73%**	**76%**
General Fund	**8%**	**8%**
MiHealth Link	**7%**	**7%**
Block Grant and State Disability Assistance (SDA)	**7%**	**7%**

Status of Utilization Management Goals FY 21-22

Strategic Plan Pillars

1. Customer Services Pillar
2. Access Pillar
3. Finance Pillar
4. Workforce Pillar
5. Quality Pillar
6. Advocacy Pillar



Customer Services Pillar Goals

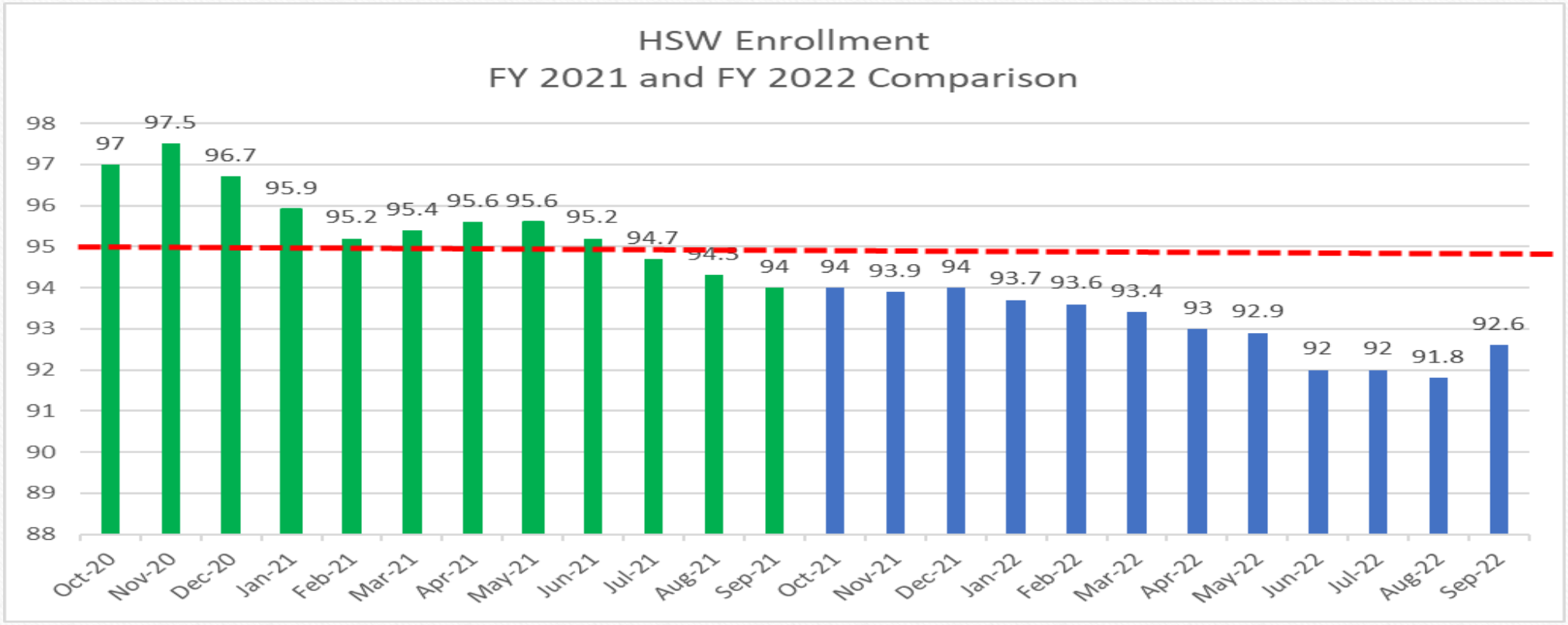
	Met	Not Met
1. Build Infrastructure to Support the implementation of Self Determined/PCP/Shared Decision Making	X	
2. Develop Components to Support the Self Determination by enabling individualized budget agreements in the MHWIN system along with a standardized IPOS	X	
3. Increase the competencies around Self Determination, Shared Decision Making and Person-Centered Planning	X	
4. Self-Determination and Self-Directed Arrangements across all populations served.	X	

By October 2022, DWIHN had transitioned the oversight of all Self-Directed services from a contractual provider to direct oversight. Between January 2022 and October 2022, the UM Department transitioned and began direct oversight for 690 Self-Directed arrangements which were previously had oversight by a contractual provider. This year DWIHN supported a total of 1029 individuals, primarily with IDD, in Self-Directed Arrangements.

Access Pillar Goals

	Met	Not Met
1. Evaluate DWIHN's UM Program Description to assure effective and efficient utilization of behavioral health services identifying any barriers, analyzing metrics, utilization trends and quality of care concerns. -	X	
2. Monitor the use of specialty behavioral health waiver programs: Autism- Spectrum-Disorder (ASD) benefit, Habilitation and Supports Waiver (HAB), Children's Waiver Program (CWP) and Serious Emotional Disturbances Waiver (SED) through the development and on-going review of DWIHN policies and procedures and monthly monitoring reports.	X	

HSW Enrollment Comparison FY 21-22



Enrollments did drop from Oct 21 to Sep 22, however renewed efforts have been made that have brought enrollments up to 94.3% as of June 23. Further information regarding our ongoing plans and goals will be presented later in this power point.

Finance Pillar Goals

	Met	Partially Met	Not Met
Promote collaboration and provide guidance to the system by identifying patterns of behavioral health service utilization by funding source and by monitoring over and underutilization of services using dashboards.		X	

Achievement:
As explored earlier in this presentation, monitoring and data collection based on assigned funding source has been consistently occurring. Additionally, adjustments to the Service Utilization Guidelines (SUGs) are also made based on the analysis of the data, feedback from the Provider Network and the volume of requests within the authorization queue for services. During FY 22, the UM Department continued to collect information and feedback regarding the volume of requests for services and continued to discuss any needed changes to the SUGs.

Opportunity:
We have recently worked with IT to develop a refreshable data report that will provide information regarding services that are utilized over the SUG recommended amount and/or under the SUG recommended amount. We anticipate that in the coming months we will have analysis of this data that will assist us in informing our next steps with regards to impacting over and under utilization of services.

Workforce Pillar Goals

	Met	Not Met
Assure fair and consistent UM/review decisions based on MCG, Local Coverage Determination (LCD), National Coverage Determination (NCD) and/or American Society of Addition Medicine (ASAM) medical necessity criteria by monitoring the application of the applied criteria and service authorizations for behavioral health services (including substance use disorders) using a standard inter rater reliability process system wide.	X	

We continue to conduct annual Interrater Reliability processes system wide to continue to monitor this measure.

Workforce Pillar Goals

GROUP	# OF STAFF SUCCESSFUL AFTER 1ST/2ND ADMINISTRATION	# OF STAFF REQUIRING CORRECTIVE ACTION PLAN	#Successfully Passed as of 11/30/22
COPE	26	1	26
New Oakland	15	0	15
Children's Center	8	0	8
TGC	8	1	8
DWIHN Residential Unit	17	0	17
DWIHN UM, MDs, SUD, Autism	22 (1 Autism; 2 MDs; 4 SUD)	0	22
ACT Staff – TGC, NEG, CCIH, LBS, AWB, CCS, Hegira, DCI, Team	39	1	39
TOTALS	135	3	135

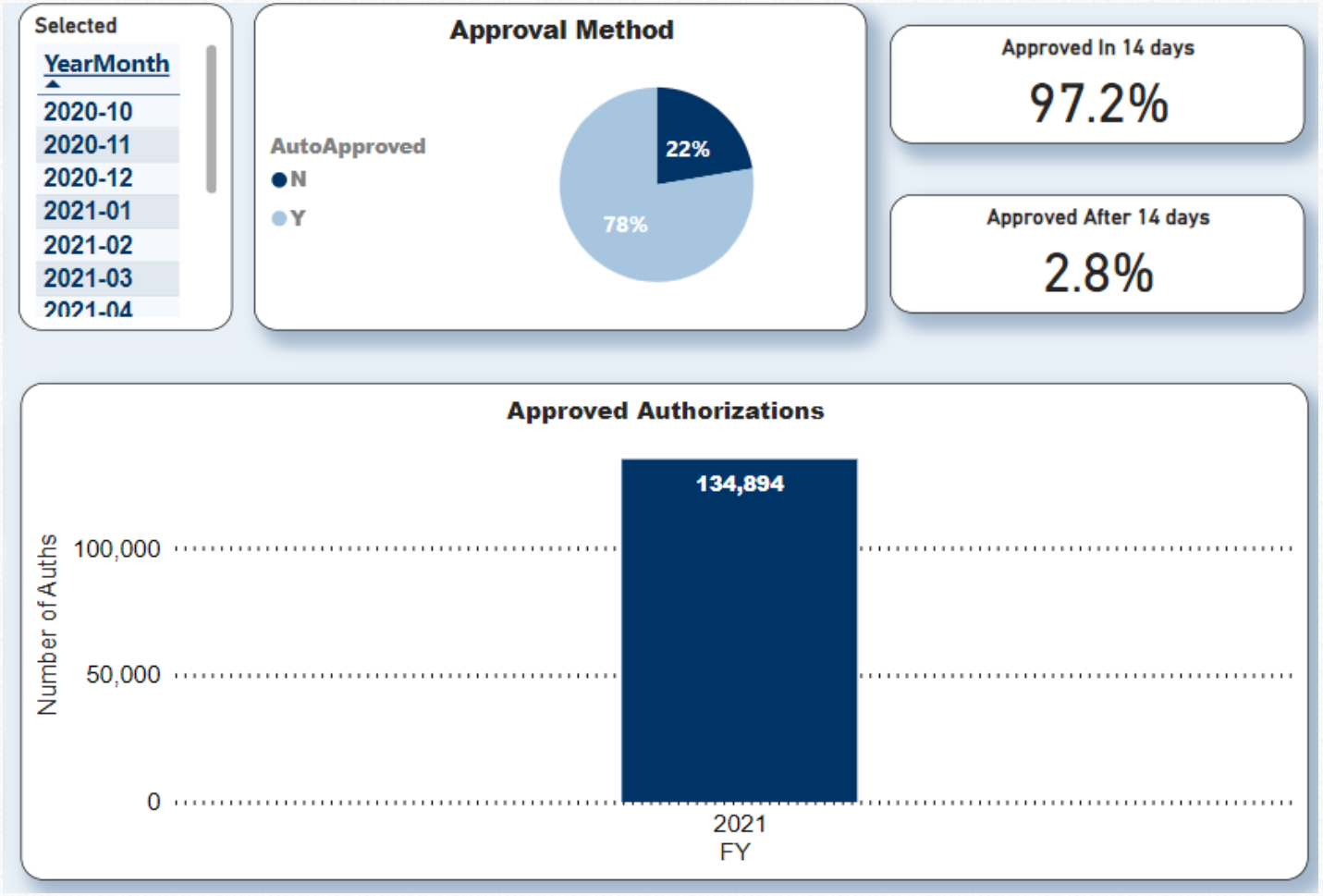
Quality Pillar Goals

	Met	Not Met
Monitor the effectiveness of processes that promote clinical review procedures established from accrediting and regulatory agencies by evaluating the efficiency of targeted metrics during UM activities through interdepartmental collaboration.	X	

Quality Pillar Goals

For FY 2021 the timeliness of UM Reviews met a 97.2% compliance rate (approved within 3 days for urgent pre-service reviews, approved within 14 days for non-urgent pre-service reviews).

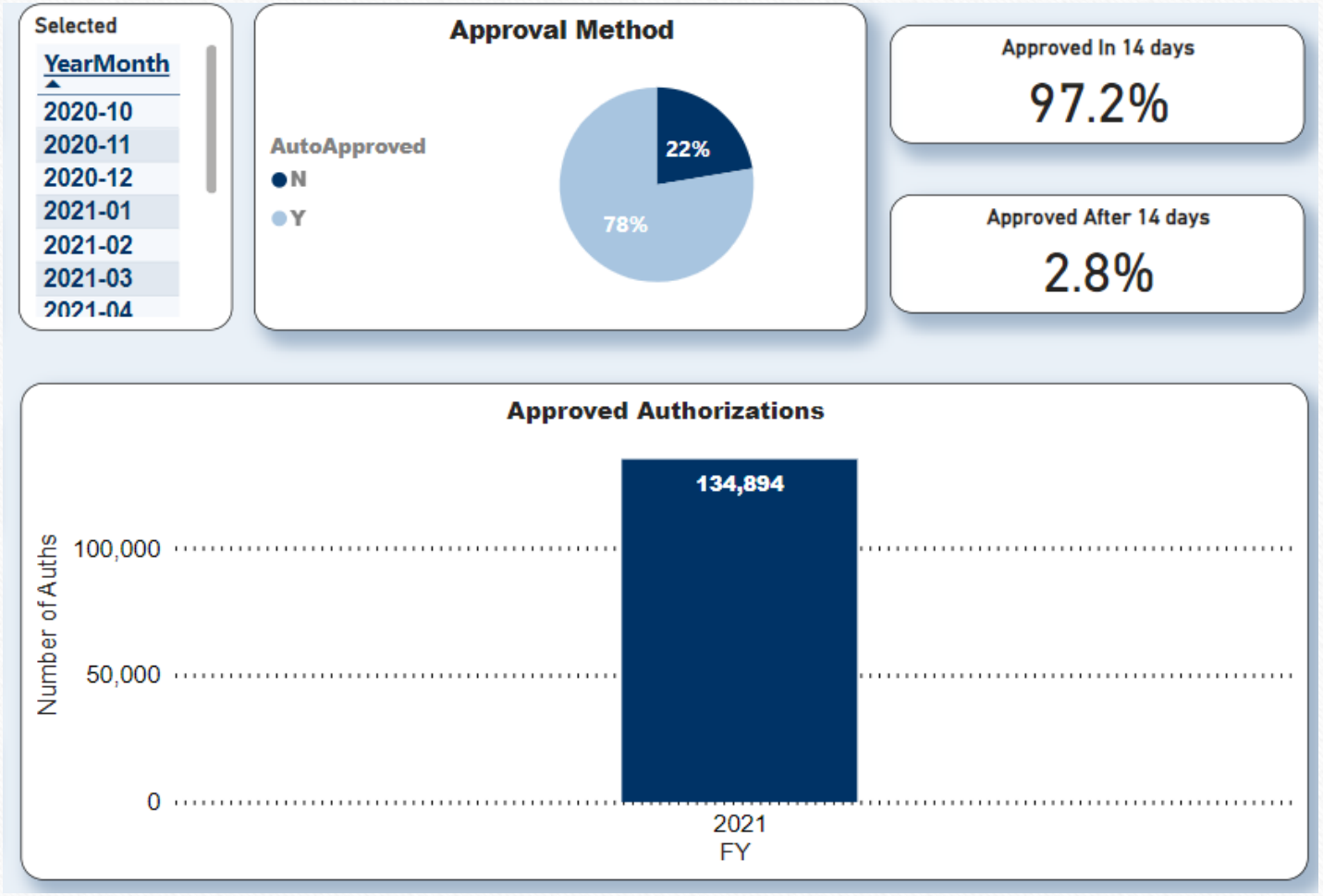
For FY 2021 22% of the authorizations needed manual approval, whereas 78% of requested authorizations were auto approved based upon Service Utilization Guidelines (SUGs).



Quality Pillar Goals

For FY 2022 the timeliness of UM Reviews decreased slightly, however still met a 96.9% compliance rate (approved within 3 days for urgent pre-service reviews, approved within 14 days for non-urgent pre-service reviews).

For FY 2022 the rates of authorizations manually approved versus automatically approved remained the same.



Advocacy Pillar Goals

	Met	Not Met
Promote need for enhanced use of Social Determinants of Health in making clinical decisions within standardized guidelines as part of the clinical review process. -	X	

The Parity workgroup continues to work with MDHHS to ensure movement toward parity throughout Michigan. The Parity workgroup finalized a Principles of Parity document that includes the history of the federal mandate including the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). The document describes current assessment tools (Level of Care Utilization System (LOCUS); CAFAS (Child and Adolescent Functional Assessment Scale); SIS (Supports Intensity Scale) and ASAM-PPC (American Society for Addition Medicine-Patient Placement Criteria used in Michigan that assist in application of medical necessity and benefits. Also described is the need for exception processes to medical necessity guidelines which must include documentation to support exceptions and how they are applied to service planning discussions with individuals served.

GOALS FOR FY 23

Increase Provider Experience Survey Standard to 90% Satisfaction

Achieve and maintain 95% Enrollment Rate for members on HSW

Report on Data Trends Regarding Over and Under Utilization of Services.

Schedule SUGs Training for Provider Network and CRSPs.

Achieve MMBPI 15% or less hospital recidivism quarterly standard for adults and children.

Ongoing Annual Review of Program Description

Implement and report on Quarterly PAR Audits for Delegated Entities.

Schedule Provider Network Meetings to review SUGs Level of Care Assessments, and Medical Necessity Criteria.

Implement and report quarterly on over and under utilization data.

Maintain membership in "Statewide PIHP UM Workgroup".

QUESTIONS?

Board Action Taken

The following Action was taken by the Full Board on the __21st__ day of July, 2023.

X Approved

☐ Rejected

☐ Modified as follows:

_____
_____
_____

Executive Director -initial here:_ _____

☐ Tabled as follows:

_____
_____

Signature: *Lillian M. Blackshire* Date: July 21, 2023
Board Liaison

_

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FY 2022-2023 RESOLUTION NUMBER #3

RESOLUTION APPOINTING MEMBERS TO THE SUBSTANCE USE OVERSIGHT POLICY BOARD

WHEREAS, the Detroit Wayne Integrated Health Network ("DWIHN") is a community mental health authority formed under Section 204 of the Michigan Mental Health Code (P.A. 258 of 1974, as amended) (the "Code") to manage the provision of mental health, intellectual/developmental disability and substance use disorder ("SUD") programs and services; and

WHEREAS, the Code (MCL 330.1287) requires that community mental health entities, including DWIHN, establish a substance use disorder oversight policy board; and

WHEREAS, on or about October 1, 2014, DWIHN entered into an Intergovernmental Agreement with Wayne County to establish the Substance Use Disorder Oversight Policy Board (the "SUD Board") which operates under the Bylaws of the Detroit Wayne Integrated Health Network Substance Use Disorder Oversight Policy Board (the "Bylaws"); and

WHEREAS the Bylaws of the SUD Board require that it nominate prospective DWIHN appointees to the SUD Board, and that such appointees be presented to the DWIHN Board of Directors by the SUD Board Chairperson (or the Chairperson's designee) for consideration and approval at the DWIHN Board of Directors' regular board meeting; and

WHEREAS on June 23, 2023, the SUD Board nominated Dr. Kanzoni N. Asabigi for consideration and appointment by the DWIHN Board of Directors; and

WHEREAS, Dr. Kanzoni N. Asabigi is prepared to provide this valuable service to the community in accordance with the Bylaws, including complying with DWIHN's Conflict of Interest and Standards of Conduct policies and procedures; and

NOW, THEREFORE, BE IT RESOLVED THAT:

The DWIHN Board of Directors hereby appoints Dr. Kanzoni N. Asabigi to the SUD Board, with effective dates of appointment and termination of appointment, as set forth below:

Name	Effective Date of Appointment	Effective Date of Termination of Appointment
Dr. Kanzoni N. Asabigi	July 21, 2023	March 31, 2025

I HEREBY CERTIFY that the foregoing Resolution was adopted by the Detroit Wayne Integrated Health Network Board of Directors on this Twenty First (21st) Day of July, 2023.

_____

Ms. Kenya Ruth, *Chair*

- Assured yearly completion of Supplemental Audits for the Substance Abuse program for the past ten consecutive years without penalties imposed on the City of Detroit by MDCH (a significant improvement compared to prior years).

- Through innovation, converted a paper based appointment/walk-in access process to a 24/7 access to substance abuse services in the City of Detroit using a toll-free number and Internet/web-based applications to increase access to Substance Abuse services and reduce waiting period to zero. This is now a model for behavioral services in the state – "Service on Demand".

- Transformed a paper based operation in Substance Abuse program to over 90% paperless, web-based electronic operation. This increased significantly efficiency, effectiveness and productivity in the service delivery system. It allowed for the utilization of critical data for analysis and strategic planning for the program. The transformation also improved provider performance and quality of data submitted to MDCH and program compliance.

- Implemented web-based Requests for Proposals (RFP) for substance abuse services and contracting that resulted in the elimination of a bureaucratic and lengthy cumbersome city government RFP process. This allowed for local and national reviewers to participate in the review process.

- Designed and implemented a Quality Improvement program for a Health Maintenance Organization (HMO) that improved Healthcare Effectiveness Data and Information Set HEDIS® measures in one year: children and adult wellness measures increased by 20%; cervical and breast cancer screening rates increased by 15%; childhood and adolescent immunization rates increase by 15% and chronic disease management such as diabetes practice standard maintenance by physicians improved by 13%.

- Designed and implemented a strategy to provide free Hepatitis A & B vaccine to vulnerable populations (substance abuse, mental health and homeless) in the City of Detroit and Wayne County for the past three years. Later collaborated with DHWP Immunization Program to add free flu and pneumococcal vaccines.

- Successfully authored the application for one Medicaid Clinic Plan license and one HMO license in Michigan in 1997 and 1998 respectively for two separate organizations.

President and CEO Report to the Board
Eric Doeh
July 2023

LEGISLATIVE EFFORTS

Working with our lobbyists, Public Affairs Associates (PAA), we continue having conversations with legislators and leadership in Lansing surrounding support for DWIHNs Crisis Continuum for persons served throughout Wayne County, including step-down long-term care and offering behavioral health interventions for families to connect them with programs and services.

ADVOCACY AND ENGAGEMENT

July 2023: DWIHN staff kicked off Mental Health Mondays on 910am with Anthony Adams. Discussing everything from Autism supports; children's behavioral health services; and substance use prevention, treatment and recovery programs offered throughout Wayne County.

July 2: Children's Initiatives Director, Cassandra Phipps, was part of a guest panel on Flashpoint with Devin Scillian discussing the impact of social media on today's youth.

INTEGRATED HEALTH REPORT

The Detroit Wayne Integrated Health Network (DWIHN) continues to make progress with integrating with Medicaid Health Plans. Below is a list of updates of the collaborations with Medicaid Health Plan Partners One, Two, and Three.

Health Plan Partner One

DWIHN IHC staff and Health Plan 1 continue with monthly care coordination meetings to review a sample of shared members who experienced psychiatric inpatient admission within the past month. DWIHN and Health Plan 1 use the Vital Data Shared Platform to find new members and see what claims and diagnosis there are. Five members were discussed and three attended the FUH appointment. Six members were discussed in data sharing and two had positive outcomes. Health Plan 1 currently has staffing problems and do not have a assigned care manager to this project. DWIHN will work with the staff covering.

DWIHN and Health Plan 1 are working on individuals who present at the Emergency Department for substance use-related issues. DWIHN pulls data from CC360 and filters the information. DWIHN follows up with open cases and gives other names to Health Plan 2. There was one FUA shared members who had an ED visit in June.

DWIHN and Health Plan 1 met in March to discuss further projects. DWIHN expressed concern over members in the ED and difficulty of coordination. Health Plan 1 agreed this is an area of concern and will take it back to the hospital system to see if a pilot project can be created.

Health Plan 1 stated in June they are working with their leadership and will follow up. DWIHN informed Health Plan of a similar project that is being piloted with another health system. DWIHN will meet with Health Plan 1 on 7/10/2023 to discuss.

Health Plan Partner Two

Health Plan 2 and DWIHN are using the shared platform in care coordination meeting to stratify shared members based on HEDIS measures due and follow up after hospitalization. Six members were discussed

in May for care coordination that had needs after hospitalization. Four of those had successful outcomes. Five members were discussed for data sharing and three had positive outcomes

DWIHN and Health Plan 2 are working on individuals who present at the Emergency Department for substance use-related issues (FUA). DWIHN pulls data from CC360 and filters the information. DWIHN follows up with open cases and gives other names to Health Plan 2. There was three FUA shared member who had an ED visit in June.

Health Plan Partner Three

DWIHN staff are working with Health Plan 3 on a new project of monitoring individuals who utilized the emergency room department or inpatient psychiatric unit and how to perform data sharing.

Health Plan 3 will be able to obtain the CRSP's name for a member in the ED (for any reason) and start coordination of care with that CRSP. There are four CRSP's in the pilot: Neighborhood Services Organization, Lincoln Behavioral, Hegira and Guidance Center. This started on June 16, 2022.

Data was shared in April 2023. One location of Health Plan 3 is making more referrals. Health Plan 3 will look into this. DWIHN met with all four CRSP in May to look at the data. DWIHN will stratify the data per CRSP to see trends. In June PCE created a radio button in the CRSPs EHR's to track the referral from Health Plan 3.

Shared Platform and HEDIS Scorecard

DWIHN and VDT continue to conduct weekly collaboration meetings to review project timelines, tools, and trainings.

DWIHN and VDT continue to work on updating the scorecard with new data feed, adding all members into Carespace, this will allow all Medicaid health plans and CRSP to see shared members and careflow rules created. DWIHN can now filter members by CRSP and Health plan. Member demographics, encounters, conditions diagnosed and physicians can be seen for behavioral health and medical. This has been presented to CRSP's in the 45-day meeting.

DWIHN and VDT met on the mobile app and gave feedback for changes and it was decided not to roll out the trainings until phase two is complete this was to be in May, but it was discovered that there is securities issue with documents coming from a PCE system to the mobile app. IHC is meeting with PCE to discuss other options. PCE has a member portal that all PCE clients have instituted in their EHR's. DWIHN is in discussions with VDT to see if the care gaps can be transferred in to MHWIN.

The HEDIS Scorecard was rolled out to all CRSP providers. DWIHN IHC staff has met with CRSP's individually to help them better understand the platform and the capabilities. IHC has been added to the 45-day meeting with CRSP's and the FUH score is added to the measures tracked. IHC has attended 8 of these meetings in May.

Below are the HEDIS scores as shown in the Scorecard as of April 2023 compared to March 2023. This is all CRSP scores combined.

Measure	Measure Name	Eligible	Total Com	Non Compliant	HP Goal	23-Apr	23-Mar
ADD	Follow-Up Care for Children Prescribed ADHD Medication Contir	0	0	0	70.25	3.45	0
ADD	Follow-Up Care for Children Prescribed ADHD Medication Initiat	43	7	36	58.95	34.69	16.28
AMM	Antidepressant Medication Management Acute Phase	3543	1526	2017	77.32	47.8	43.07
AMM	Antidepressant Medication Management Continuation	3543	726	2817	63.41	27.2	20.49
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics						
APM	Blood Glcose and Cholestrol 1-11 age	451	15	436	23.36	4.71	3.33
APM	Blood Glcose and Cholestrol 12-17 age	887	53	834	32.71	8.46	5.98
APP	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics						
APP	Ages 1-11	61	39	22	67.39	64.89	63.93
APP	Ages 12-17	76	52	24	71.16	75.33	68.42
BCS	Breast Cancer Screening	11706	2124	9582	59.29	17.96	18.14
CBP	Controlling High Blood Pressure	11789	1211	10578	79.08	13.2	10.27
CCS	Cervical Cancer Screening	31826	9540	22286	63.99	30.26	2998
COL	Colorectal Cancer Screening	0	0	0	0		0
FUH	Follow-Up After Hospitalization for Mental Illness 30 day						
FUH	Ages 6-17	136	81	55	70	60.19	59.56
FUH	Ages 18-64	1439	571	868	58	42.83	39.68
FUM	Follow-Up After Emergency Department Visit for Mental Illness						
FUM	Ages 6-17	132	109	23	84.33	84.2	82.58
FUM	Ages 18-64	250	102	148	61.05	47.16	40.8
SAA	Adherence to Antipsychotic Medications for Individuals With Scl	2508	1989	519	85.09	72.48	79.31
SMD	Diabetes Monitoring for People With Diabetes and Schizophreni	846	91	755	85.71	15.89	10.76
SPR	Use of Spirometry Testing in the Assessment	938	154	784	31.48	15.9	16.42
SSD	Diabetes Screening for People With Schizophrenia or Bipolar Dis	3739	1000	2739	86.36	34.52	70.82
UAM45	Use of three or more antipsychotics for 45 or more days	10894	134	10760	<10	1.24	1.23

VICE PRESIDENT OF CLINICAL OPERATIONS

Behavioral Health Home (BHH): Current enrollment - 557 members (May- 546)
DWIHN added an additional provider to the BHH program (Psygenics) with a target start date of August 1, 2023. DWIHN met our MDHHS BHH outcome incentive goal for year 1. DWIHN continues to work with providers on data clean-up and ensuring members are being seen as expected in this program model. A Health Home Coordinator was added to support the administration of these programs.

Opioid Health Home (OHH): Current enrollment - 598 members (May- 601)
DWIHN met the MDHHS OHH outcome incentive for this fiscal year. DWIHN continues to work on increasing OHH enrollment and ensuring enrollment data is accurate in both the DWIHN and State systems. DWIHN is working specifically with one provider on performance-related issues in regard to fulfilling program requirements.

Certified Community Behavioral Health Clinic- State Demonstration (CCBHC):
Current enrollment 3,530 members (May- 3,492). A CCBHC site provides a coordinated, integrated, comprehensive services for all individuals diagnosed with a mental illness or substance use disorder. It focuses on increased access to care, 24/7/365 crisis response, and formal coordination with health care. The Guidance Center is the designated CCBHC provider for Region 7. The Guidance Center met all outcome incentive measure for year 1 of the program.

DWIHN CCBHC Efforts: DWIHN submitted the SAMHSA CCBHC Expansion grant in May 2023. Awards will be announced by September 2023. The State of Michigan has also announced that they are expanding the CCBHC Demonstration in Michigan starting 10/1/23. DWIHN has met with MDHHS advocating to allow us to apply as we have internal firewalls already established. DWIHN will continue to advocate for this expansion opportunity.

New Initiatives:

Juvenile Detention Facility (JDF) Treatment Services: Team Wellness has established an outpatient day treatment program for adjudicated youth. This will be at Team Wellness- Russel location. Currently six (6) youth have been identified for the program, but it has a projected capacity of 70 youth. This program will offer mental health and co-occurring treatment, education, recreational activities, and community living skills. Team Wellness will also be providing Prevention Services within the JDF facility.

RFP Updates: DWIHN will be publishing RFPs for both the Crisis Continuum of Care and the expansion of Children's Services. The Crisis Continuum will include Crisis Stabilization Units, expansion of Crisis Residential Services, and Intensive Crisis Stabilization Services (Mobile Crisis Response), and Pre-Admission Reviews. The Children's Service expansion RFP is in response to provider capacity issues and the need to add additional supports in Wayne County.

CHIEF MEDICAL OFFICER

Behavioral Health Education and Outreach:

DWIHN has continued outreach efforts for behavioral health services

- Ask the Doc Newsletter for July addresses the importance of applying for Medicaid redetermination and also address the importance of post-hospitalization follow-up appointments.

DWIHN Crisis Care Center

CSU: 12 adults (6 recliners, 6 beds), 6 child (beds)
CRU: 15 adult beds
Peer Respite Program (Pilot): 6 beds

Facilities	Construction is going timely. Generator is expected now in November. Certificate of occupancy is dependent on it. Equipment and various other vendors such as food service, telephone/fax, pharmacy and lab are being explored. RFP process has started. RFP's should be ready to begin process by 8/15/23
HR	Updated Draft Staffing plan established with some ongoing changes based on State's draft guidelines. 2nd Unit administrator offer accepted and begins at the end of July. Office administrator position posted and interviews will begin in the next week. Staffing plan has been started including job descriptions, schedules, and staffing plan. Bulk hiring expected in August/ September/ October
Credentialing	Developing expedited Credentialing process for new hires for Care Center. Also started the process to get credentialed by health plans. Credentialing for JCO readiness document completed.
Quality Control, Policies and Procedures	Policies are now being entered into Policystat. Consents with legal for approval. Assessing needs for certificates and licenses.
IT/Electronic Health Record	PCE is working on developing Crisis Module for DWIHN Versions and requirements of assessments such as Intake BH assessment, Nursing assessment, Triage form, Shift note, Progress note, Crisis Safety Plan, Medication Administration Record, Psychiatric evaluation, Psychiatric Progress Note, Bed Board with Bed availability have been created and several added in development mode.

IT/Electronic Health Record (cont.)	Ongoing work in progress with PCE on remaining forms, notes and documents. Other IT equipment needs are being reviewed and assigned to IT department. CPT codes have been finalized.
Finance	Draft version of Operational Budget created Started discussions on codes that are applicable to the setting.
Crisis Clinical Operations	Draft work flows and SOPs created for each unit. Ongoing and adjusting workflows as CSU standards are changing. 6 bed Pilot Project criteria, staffing requirements and SOPs being developed. B.E.S.T program workflows and documentation are currently being created. The team is concentrating on workflows, processes, vendors, cert's and licensing and will be ongoing throughout the month of July. Vendor needs have been addressed and RFP processes will begin by the end of July. Purchasing tab on project plan is being worked on and an area to store items is being worked on with facilities. More line items have been added to the project plan to include objectives for each goal that is being worked on. Percentage of staffing plan goals/objectives completed is 35% with expectations of reaching just over 50% by the end of the month once HR sections/staffing sections are completed.

State Medical Director Meetings/State Hospital Update:

The youth from Hawthorn have moved to the Walter Reuther Psychiatric Hospital (WRPH) site. DWIHN is scheduled for a tour of WRPH on July 18th and information about it has been shared with Board Liaison as requested.

Dr. Pinals, the State Medical Director, scheduled her monthly Medical Director meeting at Caro State Hospital last month on June 27th. The new hospital is a 100-bed facility built with a person-centered approach and the move of hospitalized individuals from the old to new building is scheduled around the week of July 11th.

CRISIS SERVICES

Mobile Outreach: In June, DWIHN's Mobile Outreach Clinician continued their partnership with Black Family Development and Wayne Metro. DWIHN participated in 15 events; educated 846 persons on DWIHN services; made 46 follow-up calls, and referred five (5) persons to the Access Center for services. Several resource vendors were added including Empowerment Zone Coalition, Focus Hope, Save Detroit, Authority Health, Metro EHS Pediatric Therapy, Terra Defoe was made a contact (Advisor to the Mayor of Detroit) and also Sabina Underwood from Jefferson East.

Requests for Service (RFS): Requests for Service (RFS) for children decreased by 37% this month and the diversion rate decreased slightly from 68% to 64% compared to May. There were 77 Intensive Crisis Stabilization Service (ICSS) cases for the month of June, which is a 21% decrease from May. Of the 98 cases, there were 39 initial screenings. The Children's Center (TCC) Crisis Care Center serviced 8 members

this month, a significant decrease from 44 in May. The Children's Center reported that this is largely related to school dismissal as the majority of their referrals come from the schools.

There was a 9% decrease in the number of requests for service for adults in June compared to May, and the diversion rate decreased slightly in June. The Crisis Stabilization Unit (CSU) at COPE served 252 members this month, a 12% decrease from May at 288. The Mobile Crisis Stabilization Team provided services to 59 members in June, down from 87 in May.

Crisis Residential/Hegira (COPE):
The number of available beds is 9.

Referral Source	Total Referrals	Accepted Referrals
ACT	0	0
COPE	38	18
DWIHN Residential	2	1
Step Down from Inpatient	15	7
Total	**55**	**26**

Team Wellness Crisis Stabilization Services (CSU):
Team CSU served 130 (123) members in June which is a 5% decrease from May at 130 members. Thirty-seven (37) referrals resulted in a higher level of care. Fourteen (14) members seen at Team Wellness CSU were on an AOT and one (1) on a Transport Order.

Community Hospital Liaison Activity:
In June 2023, there were 196 contacts made with community hospitals related to movement of members out of the emergency departments, which is a 38% increase in contacts from May at 142. Out of the 196 encounters, 37 were diverted to a lower level of care, an overall diversion rate of 19%. Hospital Liaisons received 38 "crisis warning" calls in June and ten (10) of those members were diverted to lower levels of care (26% diversion rate for crisis warning calls).

HUMAN RESOURCES

The Department of Human Resources hired the following employees:

Hospital Liaison	Access and Crisis Services
OBRA Evaluator	OBRA
Embedded 911 Response Behavioral Health Coordinator	Grants and Community Engagement
Medical Director - Crisis Services	Crisis Services
Manager of Clinical and Practice Improvement	Adult Initiatives
Administrative Assistant	Children's Initiatives

DWIHN HR has continued its Financial Wellness seminars for DWIHN employees and Supervisory Institute for management staff.

COMMUNICATIONS

Student Athlete Campaign/Influencers Update:

Social Media Influencer	# of Posts	Engagement/Impressions
SPS Edge/Lindsay Huddleston	40 posts	1,346 total views

The Capital Brand/Randi Rosario	7 Story Posts, 2 Posts	Over 46.9K total views
Detroit Youth Choir	5 Story Posts, 1 Post	4,450 total Views

Youth United held an introduction "Courageous Conversation" with the Detroit Youth Choir to talk about the importance of mental health. Youth United will meet with DYC for more conversations regarding mental health, college readiness, high school transition and more topics in the future.

All three influencers assisted in promoting the DWIHN "Youth Mental Health Ambassador" Scholarship as the deadline was extended to July 31st, 2023. June focused primarily on promoting the scholarship in Instagram Story Posts, posts on Instagram, and YouTube video interviews.

Randi Rosario and Detroit Youth Choir partnered to discuss more on the importance of youth in mental health and other topics. (Content from the discussion will be published this month.)

Youth United will hold its Courageous Conversations called, Defining Your Sports Mentality on July 12th at the Pistons Performance Center. An update will be provided in next month's Communications Executive Summary.

An episode of Ask the Doc, DWIHN's YouTube series with the Chief Medical Officer was produced and it focused on Student Athletes. A high school sophomore and college freshman participated in the interview. It will be posted on the DWIHN website and You Tube the week of July 10.

Social Media Performance Report Summary for June

- Impressions: 546,134 down 9.5%
- Engagements: 5,035 down 29.9%
  - *Instagram Engagements Increase 49.4%*
  - *Tik Tok Engagements Increase 33.3%*
  - *YouTube Engagements Decrease 3.8%*
  - *LinkedIn Engagements Decrease 18.7%*
  - *Facebook Engagements Decrease 37.9%*
  - *Twitter Engagements Decrease 36.8%*
- Post Link Clicks: 1,990 down 2.6%
- Engagement rate: 0.9% down 22.8%
- Total Audience Growth: 14,494 3.6% Increase
  - Net audience growth, 507 (3.2% Decrease), Twitter losing followers due to inactive profiles being deleted due to new Twitter guidelines and the introduction of a new platform called, Threads.

Summary:

- Facebook is now the social media channel that brings in the most traffic to the website (previously Snapchat during the SUD campaign).
- The Kids in Crisis video was posted to Facebook had high impressions and engagement.
- DYC interview videos are bringing in more views and subscribers on the YouTube channel.
- The decrease in engagements for June is not a cause for concern. Twitter being one of the biggest decreases in engagement from last month is due to a lot of new guideline changes on the platform. We also noticed increases in engagement on Instagram and Tik Tok, while also still increasing our total audience on all of our platforms.

Google Analytics

- 928 Business Profile Interactions
- 2,419 people viewed the DWIHN Business Profile
  - 2,190 - 91% (Google Search - desktop)
  - 151 - 6% (Google Search - mobile)
  - 58 - 2% (Google Maps - mobile)
  - 20 - 1% (Google Maps - desktop)
- 1,498 Searches DWIHN was shown in users search results
  - DWIHN - 833
  - Detroit Wayne Integrated Health Network - 429
  - DWIHN - 67
  - DWIHN training - 64
  - DWIHN – 31

Website Analytics

- Facebook was the top social media platform driving the most users to the website.
- In June the website received 51,970 page views.
- Average time on page increased 2.44% with an average time of 1 minute and 19 seconds
- Top page views:
  - SUD Page - 11,153 page views (11,019 in May)
  - Homepage - 10,980 pageviews
  - Programs and services-880

MEDIA	TOPIC	TIMELINE
Scripps Media, Channel 7, TV 20, Bounce	Kids in Crisis Smoking	Campaign runs all year includes social media posts and streaming
WDIV	Who is DWIHN?	Campaign runs 5 months (both SUD & Comms campaigns)
Fox 2 Detroit	Addiction	Campaign runs 5 months includes social media posts (July-September)
Cumulus Radio	Kids in Crisis	5-month campaign
MI Chronicle	Monthly stories	Year-long
Latino Press	"	"
Arab American News	"	"
Hamtramck Review	"	"
Yemeni News	"	"
Ask the Messengers	SUD messaging	"
Metro Parent	Addiction Kids & Suicide	May/June/July
Comcast/Effect TV	Addiction	August/September
Mind Matters Dr. Michele Leno	Access Helpline	Year-long
Global Recovery Live	SUD	Year-long
Global Media TV (Middle Eastern TV)	SUD	June-September

Outdoor Media

Between the SUD and Communications campaigns, thousands of people see the DWIHN billboards every day and on average about two million impressions are estimated weekly. Eleven billboards are scheduled to go up in August in time for the International CIT Conference August 13-17, 2023. They will be located in 11 bus shelters and bike racks around the downtown metro Detroit area. Below is a sample.

Community Outreach: DWIHN/Youth United/ Youth Move Detroit

DWIHN participated in numerous outreach events in June, including the Children's Center's Faces of Trauma event, The City of Detroit's Project Clean Slate and Detroit PAL's Wellness Walk.

Youth United facilitated workshops at the MI Teen Conference at Saginaw Valley State University as well as a Courageous Conversation with Detroit Youth Choir and a Youth resource Night at Umoja Village where more than 50 people participated in the event.

CHILDREN'S INITIATIVES

Putting Children First (Access, Prevention, Crisis Intervention, Treatment):

Access:

- 6/1/2023 - The Children's Center Annual Faces of Trauma at the Durfee Innovation Society in Detroit, MI.
- 6/8/2023 – The Children's Center Youth Group Open House for members served
- 6/28/2023 – Ruth Ellis Center Community Resource Fair
- 6/8/2023 - Children's Initiative Director, Cassandra Phipps and School Success Initiative Specialist, Rasha Bradford participated in an interview article focusing on "Back to School Stress."
- 6/20/2023 - Children's Initiative Director, Cassandra Phipps was aired on Anthony Adams Radio Show to discuss Children Services in Wayne County with DWIHN.

Prevention:

- Fatherhood Initiative: 11TH Annual Fatherhood Forum was held 6/22/2023 at Greater Grace Temple in Detroit. Eric Doeh, President and CEO of DWIHN delivered the welcome speech. Cole Williams, a parent, mentor, community leader, social worker, and Executive Director of the Delta Project was the keynote speaker.

- Youth United:
    - 6/13/2023 participated in panel discussion for Parent Forum to address the topic of "Navigating Transitions within our System."
    - 6/14/2023 Presented at the Michigan Teen Summit at Saginaw Valley State University on "Take Charge, Take Care" by discussing self-care for youth and teen.
    - 6/21/2023 Youth MOVE Detroit hosted a Game Night to support the "Returning to Youth Series" at The Children's Center in Detroit, MI.
    - 6/28/2023 hosted "Courageous Conversations" with the Detroit Youth Choir at Marygrove Conservancy.

- Detroit Chempreneurist: 6/20/2023 assisted The Children's Center partner with Detroit Chempreneurist to facilitate a workshop for students grades K-12 on entrepreneurship skills and developing self-care products.

Crisis Intervention:

- Juvenile Justice Partnership:
    - Meetings were held with MDHHS, DWIHN, Children Providers, and Care Management Organizations to brainstorm resources and referral pathways for youth discharging from juvenile justice placements. Children's Initiative, Crisis Department, and Access Departments participated in the subcommittee meetings.
    - Met with Havenwyck Hospital, GrowthWorks, Assured Family Services, and Wayne County to discuss proposal of Inpatient Adolescent Stabilization Program for youth involved in the juvenile justice system who need of inpatient services. Discontinued this initiative due to Care Management Organizations unable to assist with funding the program due to funding regulations.
    - Met with Team Wellness this month to discuss status of the Juvenile Restorative Program and develop quarterly Outcomes Report. Team Wellness has received six (6) referrals for the program and expecting an additional ten (10) referrals and have staffing to manage twenty-five (25) youth. Explained the process for Team Wellness to apply to become a Wrap Around Provider.

Treatment:

- CLS Assessment Tool: IT Department updated the CLS Assessment Tool in MHWIN. Updates include: 1) Definitions in the Medial/Physical section, 2) Fixed a calculation error on the Member Summary page 3) Added additional comment box to provide further clinical justification if needed.
- MichiCANS: DWIHN and The Children's Center was selected to participate in the MichiCANS soft launch pilot to start October 2023.
- Advanced Therapeutic Solutions: New Provider to offer Art Therapy, Music Therapy, and Recreational Therapy for members with SED Waiver and or Children's Waiver.

School Success Initiative: Monthly SSI Provider Meeting was held. Children Providers attended the Michigan Model for Health (MMH) Training this month as well. Children's Initiative Department discussed School Success Initiative Providers plans to transition screenings from DWIHN Access Department to the Children Providers due to various barriers. The barriers included: 1) Families avoiding answering unknown phone numbers when screeners make phone calls, 2) Families not being available to complete the screening. Training on the new screening process is scheduled for 7/13/2023 and launch new process by 8/1/2023.

Goal Line: Monthly GOAL Line meeting was held this month. Discussed GOAL Line implementing the new Social Emotional Learning screening tool as well as parent events and programs. GOAL Line will provide a status report of the new Social Emotional Learning tool and provide a summary of community events.

FACILITIES

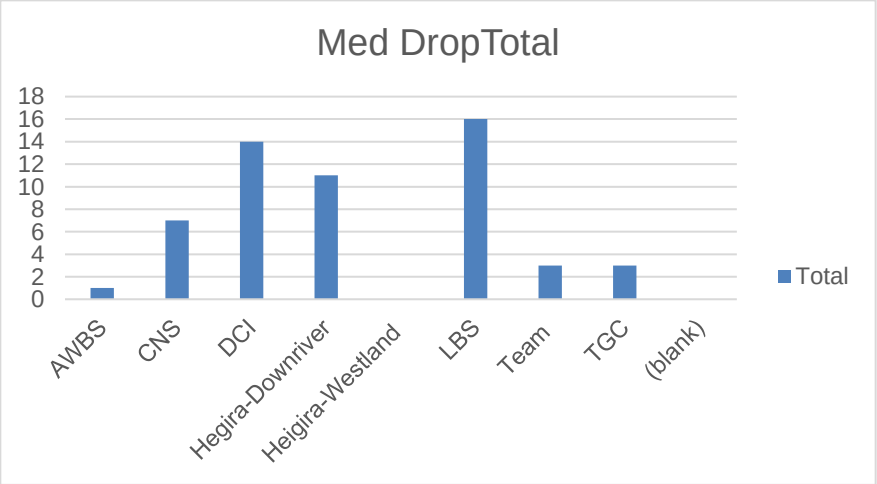
- Clinical Care Center: Construction in-progress. Estimated completion is November 2023.
- Woodward Administrative Building: Construction in-progress. Estimated completion is December 2023.
- 7 Mile Behavioral Health Wellness Campus: Preliminary space planning meetings occurring.
- Downriver Crisis Center: Working to identify site selection for suitable location for services. RFP in progress.

ADULT INITIATIVES

Med Drop: There are currently 70 individuals open in the Med Drop program (May- 64). During the month of June, Adult Initiatives met with Med Drop coordinator to discuss the updates to the med drop referral process and any barriers.

During the 2nd Quarter of 2023, the following outcomes have been noted:

- 84% reduction in the number of psychiatric hospital admissions (compared to pre-Med Drop)
- 100% reduction in jail admissions while participating in the Med Drop Program (compared to the number of jail admissions for the Med Drop clients in the 12 months prior to entering the Med Drop Program).



Evidence-Based Supported Employment (EBSE): The State of Michigan describes Supported Employment as a two-factor program that focuses on assisting people with securing gainful employment in the community, and providing supports that are necessary to increase success in their respective positions.

Outcomes for EBSE this reporting period (3rd Quarter):

- 475 open members
- 276 referrals and admissions
- 21 have maintained 6 months of employment
- 170 obtained competitive employment with an average hourly wage of ($14.30)
- 39 individuals transitioned met their employment goals and moved to a lower level of care

Alternative Outpatient Treatment (AOT): DWIHN received 116 Assisted Outpatient Treatment (AOT) orders from Probate Court this month. Respective providers were notified to incorporate these orders in treatment planning with their members. Deferral Conferences continue with provider engagement.

Wayne County Probate Court (WCPC) received 375 clinical packets for the month of June, which is an increase of 12.61% compared to May.

- Community Law Enforcement Liaison engaged with 56 individuals this month.
- 100% have repeat interactions/ hospitalizations.
- 33% have no CRSP assigned, as they have not been discharged.
- .06% have a history of SUD hx. and .08% homeless.

Eleven (11) Returning Citizens were connected to DWIHN services upon release from the Michigan Department of Corrections, (MDOC). Three (3) were paroled with an active combined AOT order. All members followed up with their initial intake appointments.

1915iSPA: MDHHS, as required by CMS, has implemented its new approval process for 1915iSPA services. These services included Community Living Supports, Respite, Fiscal Intermediary, Housing Support, Supported Employment, Skill Building, Medical Equipment, Environmental Modification, and Enhanced Pharmacy Services. Individuals recommendation for any of these services are first required to be assessed and referred for approval through DWIHN and then MDHHS. DWIHN has approximately 6,000 members that receive at least one of the above-mentioned services. DWIHN has approved and enrolled 2,740 to date (61% increase since last month). All members receiving 1915iSPA services have to be enrolled with the State by 9/30/23. DWIHN is working closely with our provider network to ensure this timeline is met.

DIVERSITY, EQUITY AND INCLUSION OFFICER

The DEI Officer has been requested to serve on the Planning Committee for the 2023 WSU Community-Engaged Research (CEnR) Summit. Groups served include (but not limited to) Middle Eastern and North African (MENA) and Immigrant Health, LGBTQ Health, and Black Health and Racial Equity.

Detroit Community Health Equity Alliance Meeting (D-CHEA) – Kickoff

- *D-CHEA will work to inform and develop initiatives to advance health equity with emphasis on Detroit's persistent poverty areas, where a substantial proportion of the neighborhood has lived in poverty for decades. The committee plans to collaborate to bring about community-level change towards health-promoting opportunities and behaviors. (Funded through CVS Health)*

The DEI Officer met with George Winn from The Children's Center to help facilitate in-person DEI training for staff. Topics are still to be determined.

The DEI Officer presented to BCAP – What is DEI and what does it mean to you? (Teen Summer Program Curriculum with ICE Department)

INFORMATION TECHNOLOGY

Business Processes:

- **CRSP Risk Matrix Revisions**
  - Updated the Complaint logic & currently working on adding the PHQ-A to the matrix
- **Autism Risk Matrix**
  - Working on business rules & logic to be used by the ABA Providers & Diagnostic Evaluators

Applications and Data Management:

- **Henry Ford Joint Project**
  - Linking the dashboard to the HFH Pilot Project status site

- **Dashboards for Behavioral Health Homes and Opioid Health Homes**
    - Currently in the process of creating new PowerBI dashboards for monitoring health home information.
- **Children's Services Dashboard**
    - Delivered the first nine dashboards for Children's services. Continuing to work on additional dashboards.
- **Provider Network Adequacy Dashboard**
    - Adding measures for HSAG reporting
- **Warehouse Data Reconfiguration**
    - Continue testing the restructured tables for performance issues
- **VDT**
    - Converting data feeds to version 2.06
- **EQI reporting**
    - Completed EQI period 1 for MDHHS

Infrastructure / Security / IT Compliance:

1. **Building Construction**
    - Woodward / Milwaukee Network project approved, and the purchases has been submitted through supplier(s).
    - Phone System approved. Navigating transition services between outgoing to incoming vendor.
    - Crisis Center IT Hardware to be purchased to provide Proof of Concept (POC) for hands on use and evaluation.
    - Continuing to work to configure the building security and video camera systems to meet the needs of the new Crisis Center as well as support a Multi-Campus system Going forward.
    - Nutanix migration of virtual machines completed. Physical servers on-hold pending file server migration.
    - Purchasing process underway for badging system camera, printer, and backdrop and other needed items to support the building access system and other security systems.
2. **Security**
    - vCISO project is continuing to identify gaps in various policy and SOP to meet compliance standards.
    - CISA remediations addressed: Multifactor Authentication enablement (underway); Password security and enhancement (underway); Highly Privileged Account separation; Self Service Portal updated to address security vulnerability
    - Standards/compliance required Security Awareness Training program is under development and will soon be introduced as a part of the Cybersecurity Initiatives.
3. **Onboarding/Offboarding**
    - Ongoing and continuous development process with HR to finalize a new automated onboarding/offboarding process in Therefore to meet Access Control standards in compliance frameworks.
    - Developed C# and SSIS tools to retrieve non-sensitive staff information (no Payroll, SSN, DOB, etc.) from ADP on an ongoing bias. This will allow IT to keep Azure, AD, On-boarding/Off-boarding forms up to date as well as perform needed security audit and checks to comply with standards.

QUALITY

State Performance Indicators:

Indicators	Previous Quarter	Most recent Quarter (2nd)	Standard Met/Trend	Plans/interventions completed to address negative trends
1 (Adult)	99.12	98.18%	Continues to meet	Ongoing monitoring with Crisis Screeners to address this.
1 (Children)	99.24	99.11%	Continues to meet	Ongoing monitoring with Crisis Screeners to address this.
2a (Adult)	48.94	55.86%	Improved	Monthly Individual Meeting to address barriers, incentive support to help workforce shortage.
2a (Children)	28.76	31.75%	Improved	Monthly Individual Meeting to address barriers, incentive support to help workforce shortage Plan to post RFP.
2b (Total)	83.38	84.45	Improved	Monthly meetings with SUD providers, expansion of SUD network.
3 (Adult)	82.92	86	Improved	Monthly meetings with providers, incentive payments.
3 (Children)	85.07	91.16	Improved	Monthly meetings with providers, incentive payments.
4a (Adult)	98.14	98.16	Continue to meet	Reminder calls, engagement efforts, incentive pays.
4a (Children)	100	100	Continue to meet	Reminder calls, engagement efforts, incentive pays.
4b (Total)	100	99.43	Continue to meet	Monthly meetings with SUD providers, expansion of SUD network.
10 (Adult)	14.69	15.71	Not met/slight decrease	ADT alerts, Screeners coordinate with CRSP, explore detailed dc plans before recommending admissions.
10 (Children)	7.51	8.24	Met	ADT alerts, Screeners coordinate with CRSP, explore detailed dc plans before recommending admissions.

HSAG Compliance Review:

DWIHN is in Year 3 of the 3-year compliance review cycle where the 2 previous year's CAP will be reviewed for implementation. The deadline to submit supporting evidence is July 25th. Quality Department is currently reviewing the evidence collected by other departments to do a mock review. Final review is scheduled for August.

Behavior Treatment Plan Review:

The quantitative data for Quarter 2 of the Behavior Treatment Plans Report submitted to MDHHS.
Total number of BTPRCs submitted data: 9 (CLS, Development Center, The Childrens Center's, The Guidance Center, Team Wellness, Neighborhood Services Organization, Easterseals-MORC, PsyGenics, Wayne Center)

- Total BTP reviewed: 379

- New: 70
- Continued: 305
- Discontinued: 4
- Reported Psychotropics: 1113
- Anti-Psychotics: 424
- Restrictive Interventions: 328
- Intrusive Interventions: 51* *Many plans overlap in the use of restrictive and intrusive interventions.*
- 911 Calls: 91
- SE/CE: 37

The QI staff continues to work with network BTPRCs to improve the under-reporting of the required data of Behavior Treatment beneficiaries that includes 911 Calls, Deaths, Emergency Treatment, and Use of Physical Management. Staff continues to provide consultation to the twenty Behavior Treatment Plan Review Committees (BTPRC), Performance Monitoring unit, Sentinel Events Review Committee and DWIHN departments (Utilization Management, ORR, Residential, Children's) on Technical Requirements of BTPRC processes and conducts trainings for network providers on the Technical Requirements of Behavior Treatment Plans. The most recent BTPRC training was with Guidance Center clinical team. The BTAC team continues to review complex cases presented by network providers

Critical Sentinel Events Review:
2nd quarter CE/SE were submitted to the State. It was observed that CRSP were not entering the CE/SE as needed so a training was conducted on June 8 for 54 participants. Those who did not achieve an 80% score were not provided access to the MH-WIN module (11 participants scored between 59-79). Further trainings will be provided to narrow the gap.

HCBS Updates:
Quality Residential/HCBS Team presents evidence for the Non-Responder Providers on Heightened Scrutiny who allowed their Identified Members slated to be transferred from their present homes to stay. The Members "suspended" their HCBS Services and Supports to remain in the home and the provider agreed to provide continued HCBS Services and Supports without Payment since March 17, 2023. The Quality HCBS Team's goal through this process is to present these providers as 100% HCBs Ready and currently providing HCBS Services and Supports to their Members. Successful presentation will result in the provider being removed from the Heightened Scrutiny List and being able to receive HCBS Funding for HCBS Services and Supports. One review was conducted in June and services with payments were successfully reinstated after the review. All of the other interviews are scheduled for the month of July.

SUBSTANCE USE SERVICES

Treatment Services: Wayne County residents can access Treatment and Recovery services through funds provided by MDHHS. These services are intended to help individuals maintain sobriety, secure employment, find stable housing, and avoid involvement with the criminal justice system. Over 50 licensed providers offer treatment services, including ancillary services for women and children, case management, and recovery support services**.** 3377 persons received treatment services in third quarter 2023.

Of those reporting daily substance use at their first date of service:

- 78% reported a reduction in use of primary substance at their last date of service *(63% reported complete abstinence).*
- Nearly 60% of members who reported being homeless at the time of their admission into treatment found a more stable living situation by the time they were discharged.
- Over 132 members were unemployed and seeking work at the time of their admission into treatment found employment by the time they were discharged.

- 32 fewer members reported an arrest in the 30 days prior to their discharge from treatment than within the 30 days prior to their admission.
- Providers reported 52 drug-free births to women receiving substance use disorder treatment services, 86% of pregnant women reported being abstinent at discharge.

Age at First Use of primary drug:

12 and under	11%
13-16	37%
17-20	25%
21-24	9%
25-28	6%
29 and older	9%

(Median age 17)

Gambling Treatment: Michigan residents have access to residential gambling services that include a 24-hour helpline (1800-270-7117) and treatment and prevention programs. The state receives restricted revenue for problem gambling services from various sources, such as casinos, lottery, and racetracks. In FY 23, six providers participated in gambling programs to offer education and treatment services to individuals through the SUD network.

FY 2023 Admissions to Problem Gambling	
Agency	***# of members***
Elmhurst Home	11
Mariners Inn	8
Sobriety House	2

FY 2023 Received Education on Gambling	
Agency	***# of members***
Empowerment Zone	350
CCMO	553
LAHC	5812

RESIDENTIAL SERVICES

There were 122 residential referrals for Adults with Mental Illness (AMI) in the month of June 2023.

Total Referrals (AMI)- 122
Cases assigned prior to 6/1/23- 17
Assigned Directly to a Residential Care Coordinator for Brokering- 19
Rescinded prior to assessment completion- 35
AMI assessments complete- 53
Assigned cases with assessments scheduled after 6/30/23- 15

Total Referrals (I/DD)- 52
Assessment completed from provider referrals- 16
Referrals Rescinded- 4
Assessments to be scheduled- 10
Assessments scheduled in July- 8
Incomplete assessments- 14

HAB Waiver cases identified and referred for enrollment- 4
Service Authorizations: There were a total of 858 residential authorizations received in the month of June, with 789 approved:

- AMI Authorizations - 266
- IDD Authorizations – 592
    - Approved in less than 14 Days – 787 (91.8%)
    - Approved in greater than 14 days- 2 (.02%)
    - Returned in less than 14 Days – 69 (8%)

Meeting and Trainings: The Residential Team conducts the following meetings and trainings with the provider network:

- Weekly Residential/DHHS/Specialized Providers/CRSP Collaboration Project
- Monthly CRSP (Supervisory)/Residential meetings
- Residential Assessment and Clinical Alignment of Documentation Training
- Service Authorization Training
- Standardized Residential Progress Note Training
- DWIHN CRSP Presentation: SSA-787 (Payee) Form & Process: Friday, 6/23/23

INTEGRATED HEALTH

Integrated Quality Improvement Plans

The IHC department manages five Quality Improvement Plans (QIPs) that are in alignment with NCQA requirements. The focus of the QIPs includes the following: 7 and 30 day Follow Up After Hospitalization for Mental Illness (FUH), Adherence to Antipsychotic Medication (AMM), Diabetes Screening for members prescribed atypical antipsychotic medications (SSD), and Hepatitis C treatment.

All measures saw an increase in HEDIS scores from March to April except for Adherence to antipsychotics (SAA). In order to address the decline in SAA, we are reviewing provider trends to see which providers have the highest non-compliance. A meeting with those organization's prescribers is being scheduled to understand the barriers with compliance. This will also be addressed at Medical Director's meeting next week.

Measure	Measure Name	Eligible	Total Com	Non Comp	HP Goal	23-Apr	23-Mar
AMM2	Effective Acute Phase Treatment	4052	1937	2115	77.32	47.8	43.07
AMM3	Effective Continuation Phase Treatment	4052	1102	2950	63.41	27.2	20.49
FUH301	Follow-Up After Hospitalization for Mental Illness Age 6 - 17 (	216	130	86	70	60.19	59.56
FUH302	Follow-Up After Hospitalization for Mental Illness Age 18 - 64	2099	899	1200	58	42.83	39.68
SAA	Adherence to Antipsychotic Medications for Individuals With	3267	2368	899	85.09	72.48	79.31
SSD	Diabetes Screening for People With Schizophrenia or Bipolar	4962	1713	3249	86.36	34.52	26.75

MI Health Link Demonstration

IHC department under the MI Health Link Program received total of 735 level II requests in June which was an increase of 704 requests. This increase was Molina was unable to send referrals through the care bridge for several months. Molina sent 537 referrals the first week of June. Access was able to process all referrals within 10 days. Out of these referrals 593 were voided for the reasons:

	Number of Voided Referrals	Member Declined Assessment	Member Declined Services	Member not available before deadline	Referrals in error	Unable to reach
June 2023	593	14	302	43	29	295

DWIHN will be holding discussion with the plans to address the referral errors. Next steps also include coordination with plans to understand the barriers for members whom Access is unable to reach or who decline assessment/services and to discuss alternative plans.

Data Share with Medicaid Health Plans:
In accordance with MDHHS Performance Metric to Implement Joint Care Management, between the PIHP and Medicaid Health Plans, IHC staff performs Data Sharing with each of the 8 Medicaid Health Plans (MHP) serving Wayne County. Mutually served individuals who meet risk stratification criteria, which includes multiple hospitalizations and ED visits for both physical and behavioral health, and multiple chronic physical health conditions are identified for Case Conference. Data Sharing was completed for 35 individuals who had gaps in care and 16 of those were successful in June.

FUH:
In June 582 members admitted of those 300 are still inpatient. IHC staff contacted 162 of those members and 28. attended outpatient appointments due to connecting with IHC Care Coordination team.

FUA:
There was a total 60 FUA members presented at an ED for the month of June. 9 cases were fee for service Medicaid or plan attached. Of the cases 9 were open to DWIHN and 4 kept the appointment.

Complex Case Management:
Complex Case Management Services require the individual to agree to receive services, have Physical and Behavioral Health concerns and experiencing gaps in care. The enrollee must also agree to receive services for a minimum of 60 days. For the month of June 2023, there are currently 15 active cases, 5 new case opened, 3 case closures, and no pending cases. Three (3) cases were closed, 3 met their goals.

Omnibus Budget Reconciliation Act/Pre-Admission Screen Annual Resident Review (OBRA/PASRR) Services:

June Monthly Referrals:

1. # Referrals processed: 529
2. # Referrals requiring an assessment: 236
3. # Referrals requiring as exemption letter: 293
4. Current # of referrals in 14-day que: 12
5. Canceled assessments: 34
6. Current referrals in INP que: 485 (300 of these were left over from NSO)
7. Congruency was unable to be pulled due to the states system.
8. OBRA completed 27 nursing home trainings.
9. 11 no nursing home determination

Completed Assessments:

Type	Full	PAS	PARTIAL	Total
MI	79	13	38	130
130	19	0	1	20

Pends*:* Goal is to have minimal pends. While slight increase in pends was observed during month of May, special attention was given to the reasons for pends with a decrease of pends from 19% in May to 10% in June.

April: 9/54 (17%) assessment were pended for April. Reasons include: Type of eval 3, Diagnostic 1, Late/delayed 1, coordinator 3.
16/86 (19%) assessments were pended for May. Reason include: Type of Eval 2, Diagnostic 4, Presenting Problem 2, Other 2, Coordinator 3, Recommendations 3
12/111 (10%) assessments were pended for June. Reason include: Type of eval 2, Diagnostic 2, Other 3, Spelling 1, Coordinator 3, Recommendations 1.

UTILIZATION MANAGEMENT

Habilitation Supports Waiver (HSW/HAB Waiver): There are 1,084 total slots as of 6/30/23. A total of 1026 slots are currently filled and 58 are open, for a utilization rate of 94.6% (target is 95%). This increase is a direct result of multiple initiatives to boost enrollment.

Fiscal Year to Date												
	Oct	**Nov**	**Dec**	**Jan**	**Feb**	**March**	**April**	**May**	**June**	**July**	**Aug**	**Sept**
Total Slots Owned	1084	1084	1084	1084	1084	1084	1084	1084	1084			
Slots Utilized	1009	1009	1008	1007	1007	1005	1015	1019	1026			
Slots Available	76	76	76	77	77	79	69	65	58			
New Enrollments	9	5	6	2	7	6	13	11	13			
Dis-enrollments	4	8	4	8	8	3	4	6	5			
% Utilization	93%	93.1%	93%	92.9%	92.9%	92.7%	93.6%	94%	94.6%			

Higher Levels of Care (HLOC): The Higher Levels of Care (HLOC) team manages the pre-authorized services of members requiring admission to acute inpatient psychiatric units, crisis residential services, and partial hospitalization programs.

A total of 1,290 admissions including Inpatient, MI Health Link, Partial Hospital and Crisis Residential were managed by the UM HLOC team between 6/1/23 and 6/30/23. This is a 4.5% increase from May 2023. As of 6/30/23, the UM HLOC team managed a total of 936 new admissions across the provider network (including MI Health Link members). This is a 7% increase from 875 new admissions in May 2023.

Inpatient Services:
As of 6/30/23, there were 805 new inpatient admissions. This is an 8.6% increase from the 741 new admissions in May 2023. This does not include most out-of-network admissions, which are not captured via MHWIN authorization reports in real time.

Partial Hospital Program Services:
DWIHN primarily utilizes two (2) partial hospitalization programs: New Oakland Family Centers (10 locations) and Havenwyck Hospital. In June 2023, 98 members attended a partial hospital program, which is an increase from 93 members in May 2023.

Adult State Hospital Services: Transfers continue to occur between the state hospital facilities as MDHHS prepares for the Hawthorn rebuild. Inpatient members considered extremely violent or with a history of violence/aggression have been transferred from Walter Reuther to the out-county facilities. Caro and Kalamazoo continue to accept transferred members as determined by MDHHS CareFlow Workgroup. DWIHN continues to manage and maintain a wait list for all community referrals.

Hospital	Caro		Kalamazoo		Walter Reuther	
Census	Total	7	Total	10	Total	65
	NGRI	1	NGRI	5	NGRI	16
	Non-NGRI	6	Non-NGRI	5	Non-NGRI	49
Wait List	0		0		4	
Admissions	Total	3	Total	5	Total	2
	NGRI	0	NGRI	2	NGRI	1
	Non-NGRI	3	Non-NGRI	3	Non-NGRI	1
ALS Status	0		0		72	

Children's State Hospital Services:
As noted in the Adult State Hospital Services report, MDHHS is preparing for shutdown of the current Hawthorn Center location. Two (2) floors of Walter Reuther Psychiatric Hospital (WRPH) have been designated for continued treatment of Hawthorn Center youth. Safety and transfer protocols have been developed for each youth being transported to WRPH. Two (2) DWIHN-sponsored youth will be moving to WRPH for continued treatment.

In anticipation of this event, the MDHHS State Hospitals Administration coordinated with Pine Rest Christian Mental Health Services to open a second location for the Intensive Community Transition Program (ICTP) stepdown; the first is housed at Hope Network. Three (3) youth monitored by DWIHN were transferred to this program in June 2023. The State Hospitals Administration assumes monitoring of these cases after transfer.

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 23-05R6 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 7/21/2023

Name of Provider: Detroit Wayne Integrated Health Network

Contract Title: FY 2022-2023 Operating Budget

Address where services are provided: None

Presented to Finance Committee at its meeting on: 7/5/2023

Proposed Contract Term: 10/1/2022 to 9/30/2023

Amount of Contract: $ 1,044,928,326.69 Previous Fiscal Year: $ 927,640,119.00

Program Type: Modification

Projected Number Served- Year 1: Persons Served (previous fiscal year):

Date Contract First Initiated: 10/1/2022

Provider Impaneled (Y/N)?

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

Board approval is requested for the following amendments to the FY23 Operating Budget:

1. Certification of $6.3 million in State Grant revenue for payment to the real estate developer on the 7 Mile project.

2. Certification of $5.8 million in Local Funds for the Performance Bonus Incentive Plan (PBIP) through MDHHS.

3. Use of Medicaid Reserves of $97,945 (salary/fringes) to fund four (4) part-time Peer Support Agents in Customer Services.

The revised FY23 Operating Budget of $1,044,928,326.69 consists of the: $21,852,710 (State General Funds); $798,256,944 (Medicaid, DHS Incentive, Medicaid-Autism; Childrens/SED Waiver, HAB); $9,886,123 (MI Health Link); $140,914,218 (Healthy MI-Mental Health and Substance Use Disorders); $17,686,447 (Wayne County Local Match Funds); $4,723,521 (PA2 Funds); $13,594,100 (State Grant portion of OBRA and SUD grants; 7 Mile Project); $31,433,263.69 (Federal Grant/Federal Block Grants); $6,041,000 (Local Grant Revenue); $500,000 (Interest Income); $40,000 (Miscellaneous Revenue)

Outstanding Quality Issues (Y/N)? _ If yes, please describe:

Source of Funds: Multiple

Fee for Service (Y/N):

Revenue	FY 22/23	Annualized
MULTIPLE	$ 1,044,928,326.69	$ 1,044,928,326.69
	$ 0.00	$ 0.00
Total Revenue	$ 1,044,928,326.69	$ 1,044,928,326.69

Recommendation for contract (Continue/Modify/Discontinue): Modify

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)?

Approved for Submittal to Board:

Eric Doeh, President/CEO

Signature/Date:

Eric Doeh

Signed: Friday, June 30, 2023

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

Signed: Friday, June 30, 2023

Board Action Taken

The following Action was taken by the Full Board on the __21st__ day of July, 2023.

X Approved

☐ Rejected

☐ Modified as follows:

_____
_____
_____

Executive Director -initial here:_ _____

☐ Tabled as follows:

_____
_____

Signature: *Lillian M. Blackshire* Date: July 21, 2023
Board Liaison

_

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: BA 23-27R4 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 7/21/2023

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Naloxone and Lakeridge Annual Conference

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 7/12/2023

Proposed Contract Term: 10/1/2022 to 9/30/2024

Amount of Contract: $ 11,689,670.00 Previous Fiscal Year: $

Program Type: Continuation

Projected Number Served- Year 1: 2,500 Persons Served (previous fiscal year): 2500

Date Contract First Initiated: 7/21/2023

Provider Impaneled (Y/N)?

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

The SUD Department is requesting $725,000.00 in PA2 funds:

a. To spend $680,500 to purchase Naloxone Kits at $94.00 each from Novaceuticals, LLC over a two year period. It is important to prioritize the safety and well-being of individuals in the Detroit Wayne County area, especially in regards to drug overdose deaths. DWIHN will be providing Naloxone kits and training for community members interested in having the lifesaving medication.

b. To purchase 5,000 Xylazine test strips at $4.90 each for the total cost of $24,500.00. The purchase of Xylazine test strips will also be beneficial in staying informed about potential harms in the illicit drug supply.

c. To use $20,000 to fund the SUD Annual Conferences -- in coordination with Lakeridge Village-- to bring awareness to important topics in SUD. This conference will be held on August 10, 2023, at 15025 Fenkell, in Detroit

The revised Treatment Services program of $11,698,670 consist of Federal Block Grant of $9,561,670 and Public Act 2 funds of $2,137,000.

Funds may be reallocated between providers up to the not to exceed amount without board approval.

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 22/23	Annualized
SUD Block Grant	$ 9,561,670.00	$ 9,561,670.00
PA2	$ 2,137,000.00	$ 2,137,000.00
Total Revenue	$ 11,698,670.00	$ 11,698,670.00

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)?

Approved for Submittal to Board:

Eric Doeh, President/CEO

Signature/Date:

Eric Doeh

Signed: Wednesday, July 5, 2023

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

Signed: Wednesday, July 5, 2023

Board Action Taken

The following Action was taken by the Full Board on the __21st__ day of July, 2023.

X Approved

☐ Rejected

☐ Modified as follows:

_____
_____
_____

Executive Director -initial here:_ _____

☐ Tabled as follows:

_____
_____

Signature: *Lillian M. Blackshire* Date: July 21, 2023
Board Liaison

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