



Detroit Wayne Integrated Health Network

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PROGRAM COMPLIANCE COMMITTEE MEETING Wednesday, August 10, 2022 St. Regis Hotel, 1st Floor Conference Room 1:00 p.m. – 3:00 p.m.

AGENDA

- I. Call to Order**
- II. Moment of Silence**
- III. Roll Call**
- IV. Approval of the Agenda**
- V. Follow-Up Items from Previous Meeting - *None***
- VI. Approval of the Minutes – July 13, 2022**
- VII. Report(s)**
 - A. Chief Medical Officer
 - B. Corporate Compliance - *None*
- VIII. Quarterly Reports**
 - A. Managed Care Operations
 - B. Residential Services
 - C. Substance Use Disorder
- IX. Strategic Plan Pillar**
 - A. Access
 - B. Quality
- X. Quality Review(s) – *None***
- XI. Chief Clinical Officer’s Report**

Board of Directors

Angelo Glenn, Chairperson
Dorothy Burrell
Jonathan C. Kinloch

Kenya Ruth, Vice-Chairperson
Lynne F. Carter, MD
Kevin McNamara

Dora Brown, Treasurer
Eva Garza Dewaelsche
Bernard Parker

Dr. Cynthia Tauog, Secretary
Michelle Jawad
William Phillips



XII. Unfinished Business

- A. **BA #22-17 (Revised 4)** – DWIHN’s SUD Department – Michigan Celebrate Recovery Walk, Novaceuticals and DWC ASAP

XIII. New Business

(Staff Recommendations)

- A. **BA #22-67** – DWIHN Additional General Fund Program FY 21-22
- B. **BA #23-03** – Michigan Rehabilitation Services (MRS)

XIV. Good and Welfare/Public Comment

Members of the public are welcome to address the Board during this time up to two (2) 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).

XV. Adjournment

PROGRAM COMPLIANCE COMMITTEE

MINUTES

JULY 13, 2022

1:00 P.M.

IN-PERSON MEETING

MEETING CALLED BY	I. Michelle Jawad, Program Compliance Chair at 1:05 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Michelle Jawad, Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	<p>Committee Members: Dorothy Burrell; Dr. Lynne Carter; Michelle Jawad; Commissioner Jonathan Kinloch; William Phillips; and Dr. Cynthia Taueg</p> <p>Staff: Brooke Blackwell; Lucinda Brown; Jacquelyn Davis; Eric Doeh; Sheree Jackson; Melissa Moody; Emily Patterson; April Siebert; Manny Singla; Andrea Smith; Maria Stanfield; Yolanda Turner; and Dan West</p>

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 Sonya Davis, Executive Assistant. 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 Commissioner Kinloch and supported by Dr. Taueg. Mrs. Jawad asked if there were any changes/modifications to the agenda. There were no changes/modifications to the agenda. Motion carried.
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V. Follow-Up Items from Previous Meetings

DISCUSSION/ CONCLUSIONS	<i>There was no follow-up item(s) from the previous meeting to review.</i>
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VI. Approval of the Minutes

DISCUSSION/ CONCLUSIONS	The Chair called for a motion to approve May 11, 2022 and June 8, 2022 meeting minutes. Motion: It was moved by Commissioner Kinloch and supported by Mr. Phillips to approve the May 11, 2022 and June 8, 2022 meeting minutes. Mrs. Jawad asked if there were any changes/modifications to the May 11, 2022 and June 8, 2022 meeting minutes. There were no changes/modifications to the May 11, 2022 and June 8, 2022 meeting minutes. Motion carried.
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VII. Reports

DISCUSSION/ CONCLUSIONS	<p>A. Chief Medical Officer – <i>The Chief Medical Officer's report was deferred to August 10, 2022.</i></p> <p>B. Corporate Compliance Report – Sheree Jackson, Corporate Compliance Officer submitted and gave an update on the Corporate Compliance Report. Mrs. Jackson reported:</p> <ol style="list-style-type: none"> 1. Old Business – DWIHN received notification from the Michigan Office of Inspector General (OIG) requesting an investigation of Pro Care Unlimited for employee credentialing related concerns. The investigative findings are pending to date. 2. New Business – Corporate Compliance submitted the quarterly report to the OIG and received a pass/met standard. <ol style="list-style-type: none"> a. The OIG referred eight (8) providers for investigation from February-April 2022 – one remains opened (referenced under “Old Business”; seven were resolved; four were substantiated with recoupment amounts pending (DWIHN has requested a formal plan of correction regarding non-compliance with all provider network requirements); and three were unsubstantiated. b. Compliance received four non-OIG referrals for internal review that are pending investigation. The referrals derived from DWIHN’s internal auditing mechanisms and Recipient Rights’ complaints. c. Provider Contract Termination – DWIHN received notification that the Chi Chi AFC Home, a provider of DWIHN, employed staff that did not have work authorizations. Corporate Compliance investigated and the findings identified the provider is contractually required to ensure staff are credentialed. DWIHN is requesting board approval to terminate the contract with this provider. d. Provider Contract Termination – Corporate Compliance was notified that the owner of Halo Harmony, Inc. passed and the registered agent did not notify DWIHN in a timely manner. To date, DWIHN has not received supportive documentation of the current ownership and authority to operate. DWIHN is requesting board approval to terminate the contract with this provider. <p>Mrs. Jawad opened the floor for discussion. Discussion ensued. The committee was informed that all steps were followed before bringing to the committee the request to terminate the provider contracts for Chi Chi AFC Home and Halo Harmony, Inc. Yolanda Turner, Deputy Chief Legal Counsel informed the Chair that a motion would need to be made to place Chi Chi AFC Home and Halo Harmony, Inc. on the agenda, under “New Business” for approval of provider contract termination. The Chair called for a motion to place Chi Chi AFC Home and Halo Harmony, Inc. on the agenda, under “New Business” for approval of provider contract termination. Motion: It was moved by Commissioner Kinloch and supported by Dr. Taueg to place Chi Chi AFC Home and Halo Harmony, Inc. on the agenda, under “New Business” for approval of provider contract termination. The Chair opened the floor for further discussion. There was no</p>
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further discussion. **Motion carried.** The Chair noted that the Corporate Compliance report has been received and placed on file.

VIII. Quarterly Reports

- A. **Crisis Services** – Daniel West, Director of Crisis Services submitted and gave highlights of the Crisis Services’ quarterly report. Mr. West reported that there was a 15% decrease in the number of requests for service for children and the number of overall requests increased slightly for adults. The diversion rate for children decreased slightly in the third quarter as compared to the second quarter. The Crisis Stabilization Unit (CSU) at COPE saw an increase in the number of individuals served compared to the second quarter (593 served in Q2, 629 served in Q3). Team Wellness saw a decrease in individuals served at 366 in Q3, compared to 544 served in Q2.
1. **FY 21/22 Q3 Accomplishments** – There were 58 crisis alerts received for this quarter and 71% of those were diverted from inpatient; DWIHN received 902 AOT orders for Q3 slight decrease from Q2, 904; DWIHN’s Mobile Outreach Clinician continues to attend events in the community to support access to services based on mapping population data for need; DWIHN’s Crisis Services’ Discharge Liaison met with 22 CRSPs’ Providers to provide introductions and process orientation for crisis warnings within our system; and a quarterly crisis screeners group was established 4/29/22 to review clinical documentation within the pre-admission reviews.
 2. **FY 21/22 Q3 Area of Concern** – DWIHN has since closed a crisis residential site and is in discussion with providers to gain another site.
 3. **Plans for FY 21/22 Q3** – Effectively complete scheduling crisis alerts meetings with the provider network to gain feedback on the discharge planning/crisis alert process; continue discussions and recommendations for the clinical care center; work to solidify scheduling and invitation processes with the mobile outreach clinician and work toward developing mobile crisis intervention for adults; working and mutually solidify efficient relationships with MDHHS for the benefit of our shared members, especially children; continue discussion with first responders peer program in Dearborn for firefighters; and utilize quarterly screeners groups to gain feedback and provide education related to optimizing pre-admission review clinical documentation and level of care justification.
- Mrs. Jawad opened the floor for discussion. Discussion ensued. The committee requested updates on the plan to address staffing issues and obtaining a replacement for the closed crisis residential site. **(Action)**
- B. **Innovation and Community Engagement** – Andrea Smith, Director of Innovation and Community Engagement submitted and gave highlights of the Innovation and Community Engagement’s quarterly report. Mrs. Smith reported that staff strive to provide continuous support to the community through educational outreach and engagement while placing an emphasis on recovery and supporting resilience.
1. **Justice Involved Initiatives** – DWIHN, Team Wellness and Community Network Services (CNS) continue to support law enforcement through our co-response partnership with the Detroit Police Department (DPD). In the months of April, May and June there were 1,208 encounters, 320 individuals were connected to service. Individuals are provided various resources for assistance with mental health, substance use and homelessness. DWIHN continues to oversee and manage the Mental Health Jail Navigator Project.

Individuals booked in the Wayne County Jail charged with misdemeanor offenses who are also DWIHN participants are identified within 24-72 hours of booking for participation in this program. During this quarter 19 individuals were screened and evaluated to be placed in this program and 13 did not meet the criteria or were released from jail prior to the formal administrative jail release process; therefore, six (6) are monitored and connected to Team Wellness Center and/or Detroit Rescue Mission Ministries for outpatient and/or substance use inpatient services. DWIHN continues to have a Behavioral Health Specialist (BHS) embedded at DPD's Communication Center to assist with any calls that need mental health support and resources. There were 36 individuals referred for follow-up, 12 received various mental health resources/supports, and 23 denied services or was unable to be reached by phone. Central City Integrated Health continues to serve as the lead behavioral health provider for the homeless outreach team. There were 973 encounters, 22 received mental health resources/supports and 67 were connected directly with homeless outreach services.

2. ***Crisis Intervention Teams (CIT)*** – This team creates partnerships between law enforcement, mental health providers, hospital emergency services and individuals with mental illness and their families and help divert people with mental illness away from jail and to treatment. DWIHN hosted two CIT 40-hour blocks for this quarter and provided training to 34 officers from various Wayne County Police Departments and the Wayne County Sheriff's Office.
3. ***Special Projects – Reach Us Detroit 24/7 Virtual Therapy Line*** – This program continues to be offered to Wayne County residents, 14 years old and up. ***Tri-County Strong*** – This initiative encompasses the Crisis Flood Grant where nearly \$4 million was awarded for strengthening services and supports to children as well as training our networks on implicit bias and strengthening our ability to serve members within Southeast Michigan. As of yesterday, there have been 900 encounters, 56 group encounters and over 15,000 homes touched through this initiative. Over 680 practitioners have been trained on Implicit Bias in Healthcare (three additional training dates are scheduled for the next quarter). There were over 100 school staff and practitioners in attendance at our first Behavioral Threat Assessment and Management Training.
4. ***Network Training*** – There were nearly 60 events during this quarter - Training was provided to increase knowledge in Sexual Orientation Gender Identity and Expression (SOGIE); participation in the Children's Center Crisis-to-Connection Stakeholders' meeting continues; in partnership with the Detroit Police Department, staff presented and helped plan a Teen Wellness Summit where there over 200 youths and adults in attendance; DWIHN hosted a First Responder Appreciation Seminar and brunch that recognized officers and behavioral health professionals for their commitment to the jail diversion and citizen wellness; a skating party was hosted providing information to youths and parents on suicide awareness and prevention (over 300 individuals attended); and 330 individuals were trained in Mental Health First Aid and QPR, this quarter (faith-based sector, general community, security and law enforcement sectors).

Mrs. Jawad opened the floor for discussion. Discussion ensued. The committee requested a report on the success rate of the Justice Involved Initiatives hosted by DWIHN. **(Action)**

	<p>C. Utilization Management – Lucinda Brown, Interim Director of Utilization Management submitted and gave highlights of the Utilization Management’s quarterly report. Ms. Brown reported that there were 1,002 Habilitation Supports Waivers filled and 82 were opened as of 6/30/22 for utilization rate of 92.4%. The Autism, Serious Emotional Disturbance Waiver (SEDW) and the County of Financial Responsibility (COFR) have been consistent each quarter. There were 1,052 authorization approval requests for General Fund for Q3; 52 of which were for the Guidance Center. Advance Notices issued for adjustments to requests totaled 843. Data for FY ’22 Q3, reflects 2,586 inpatient, Crisis Residential and Partial Hospitalization admissions. Staff continues to conduct bi-weekly case conferences with DWIHN’s physician consultant to review inpatient admissions with lengths of stay equal to or beyond 14 days, promote treatment in the least restrictive environment and interdepartmental collaboration to address recidivism to decrease the average length of stay and hospital admissions. There were 5,442 authorization approved in Q3 for outpatient services, 25.7% decrease from Q2 (6,843). There were 140 MI Health Link authorizations across all ICOs for Q3 compared to 117 authorizations in Q2, 19.7% increase. State hospital bed shortages, quarantine limits and staff shortages continue to limit availability and extend wait times for admissions in state facilities. MDHHS and DWIHN have been successful in focusing efforts on discharge and diversion programs. There were 1,023 urgent SUD authorizations for Q3, 1,021 or 99% were approved within 72 hours. There 3,019 non-urgent authorizations with 2,964 or 98% approved within 14 days by SUD UM reviewers. DWIHN and other PIHPs are currently using the MCG Behavioral Health Guidelines to screen for inpatient hospitalization, crisis residential and partial hospitalization. New hire Interrater Reliability (IRR) testing continues to occur for new hires within the Learning Management System. There was a total of 16 denials that did not meet the Milliman Care Guidelines (MCG) medical necessity criteria for continued inpatient hospitalization. There was a total of 12 appeals for Q3, out of the 12 two were upheld, nine were overturned and one partially upheld. Mrs. Jawad opened the floor for discussion. Discussion ensued.</p> <p>The Chair noted that the Crisis Services, Innovation and Community Engagement, and Utilization Management’s quarterly reports have been received and placed on file.</p>
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IX. Strategic Plan Pillar - Quality

DISCUSSION/ CONCLUSIONS	<i>The Strategic Plan Quality Pillar was deferred to August 10, 2022.</i>
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X. Quality Review(s) -

DISCUSSION/ CONCLUSIONS	<p>A. QAPIP Work Plan FY ’22 Update – April Siebert, Director of Quality Improvement submitted and gave an update on the QAPIP Work Plan FY ’22. Ms. Siebert reported:</p> <ol style="list-style-type: none"> Goal II - Access Pillar (Quality of Clinical Care and Service) – <i>Michigan Mission Based Performance Indicators (MMBPI)</i> – The 2nd quarter Performance Indicator data was submitted to MDHHS on June 30, 2022. Standards were met for all populations for all Performance Indicators with the exception of Indicator 10 (Recidivism or Readmission within 30 days) for adults for Q2. An overall compliance score of 16.31% (which is an
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	<p>increase of 1.38 percentage points from Q1) was achieved. The standard is 15% or less. This remains an opportunity of ongoing improvement. Staff continue with the efforts to meet the standard and will continue to evaluate the effectiveness of the interventions. The Standards for PI#1 (Children and Adults), 4b (SUD) and 10 (Children) have continued to be met. Indicator 10 (Adults) data (April 1-June 30, 2022) is due to MDHHS on September 30, 2022, which is currently at 15.56%. Staff will continue ongoing collaboration and efforts with providers to target recidivistic individuals. Master level clinicians' shortages continue to be a reported barrier by several of DWIHN's providers and a contributing factor for Indicator 2a (Completion of a Biopsychosocial within 14 days of a Non-emergency request for services). Staff continue to review providers' data, meeting with CRSPs every 30-45 days to discuss their staffing recruitment strategy, member engagement and making same day appointments to avoid member no shows and cancellations.</p> <ol style="list-style-type: none"> 2. Goal V – Quality Pillar (Safety of Clinical Care) – Performance Monitoring Activities of the Behavior Treatment Advisory Committee (BTAC) – DWIHN will offer training on the Technical Requirements for Behavior Treatment Plan Review processes focusing on the required steps/documents of the Behavior Treatment Plan/Functional Behavior Assessment. The mandatory training for DWIHN's contracted Psychologists, Supports Coordinators, Case Managers and the Provider Network's Behavior Treatment Plan Review Committee (BTPRC) staff will be held on August 9, 2022 via Zoom. This training will be offered to our Habilitation Supports Waiver (HSW) and CWP providers as well. The PowerPoint Training slides will also be available on DWIHN's website for providers to reference. Staff continues to provide systemwide consultation to all that is involved in the Behavior Treatment related issues. 3. Goal IV – Finance Pillar (Quality of Service) – Staff currently working on the first half of the fiscal year (October 1, 2021-March 31, 2022) Medicaid Claims Verification reviews. A total of 1,779 of Paid Encounters/Claims were randomly selected for verification. The second half of the fiscal year (April 1, 2022-September 30, 2022) will begin on July 31, 2022. <p>Mrs. Jawad opened the floor for discussion. Discussion ensued. The Chair noted that the QAPIP Work Plan FY '22 Update has been received and placed on file.</p>
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XI. Chief Clinical Officer's (CCO) Report

<p>DISCUSSION/ CONCLUSIONS</p>	<p>Melissa Moody, Chief Clinical Officer submitted and gave highlights of her Chief Clinical Officer's report. Mrs. Moody reported:</p> <ol style="list-style-type: none"> 1. COVID-19 Recovery Housing/Recovery Support Services – There was a significant decrease in COVID-19 Recovery Housing utilized in June (3) compared to May 2022 (30). 2. COVID-19 Pre-Placement Housing – There were no members serviced for Pre-Placement Housing in June 2022. 3. Residential Department (COVID-19 Impact) – There were five (5 members that tested positive for COVID-19 with no related deaths in June 2022. There were no residential staff that tested positive for COVID-19 and no related deaths in June 2022. 4. Vaccinations – Residential Members – There has been a 9%-11% increase in boosters in the licensed facilities and a 10%-25% increase in boosters in the unlicensed facilities for the month of June.
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5. **Integrated Services/Health Home Initiatives –Behavioral Health Home (BHH)** – As of yesterday (July 12, 2022), there are 30 members that are currently enrolled in this initiative. The barriers have been staffing turnover and difficulty hiring (there is a minimum staffing model that providers are expected to meet to provide BHH). Staff have met individually with each provider to discuss barriers, expectations and recommendations, strategized and created a message to help people served see the value and assuage concerns they have about enrolling in the program and adding additional providers to this service array. **Opioid Health Home (OHH)** – There are 280 members currently enrolled for the month of June (May-268, 5% increase). **Certified Community Behavioral Health Clinic (CCBHC) – State Demonstration** – There are currently 3,150 members enrolled in June 2022 (May-2,739), a 15% increase. **Certified Community Behavioral Health Clinic (CCBHC) – SAMHSA Grant** – DWIHN has submitted its’ application for the SAMHSA CCBHC Expansion. This is a \$1,000,000.00/year grant (up to 4 years total being awarded) to 156 organizations nation-wide. Anticipated award date is September 16, 2022 with a project start date of September 30, 2022.
6. **Putting Children First** – The goal of this initiative is to increase Access, Prevention, Crisis Intervention and Treatment Services for children. MDHHS announced a plan to discontinue using CAFAS and PECFAS and replace with the Child and Adolescent Needs and Strengths (CANS) in the near future.
7. **Autism Spectrum Disorder Services** – Total opened cases in the WSA for the month of June is 2,314 which is an increase of 23 cases from the previous month. There was a total of 174 comprehensive diagnostic evaluation scheduled by the Access Call Center for the month of June, which is an increase of 14 referrals from the previous month. The ABA providers continue to describe significant staff shortages which has impacted the timeliness of access to services. DWIHN uploaded the network on the modification of progress review standards for IPOS and progress reviews have been decreased from quarterly to six (6) months.
8. **Clinical Practice Improvement (CPI) – 1915(i) SPA** – MDHHS 1915(i) SPA Waiver Support Application rollout process is scheduled to begin July 1, 2022. A single page document will need to be completed and uploaded to the State’s Waiver Support Application (WSA) database following a PIHP’s review and approval for individuals receiving any 1915(i) SPA service and who are not currently receiving waiver services. Per MDHHS, this is a requirement from Center Medicaid and Medicare (CMS) in which the State has to issue final approval for all requests for 1915 waiver support services. DWIHN has identified all leads at the CRSP level to complete this process as well as internal staff that will review and upload submission of this application. Training is currently being provided by MDHHS.
Case Management Assessment – A workgroup has been formed, which include the Clinical Officer and staff of CPI to meet the needs of individuals assessed and determined to benefit from case management services. The workgroup is close to finalizing a process that will allow clinicians operating within their scope of practice to complete readmission and annual assessments. This will reduce the burden on the provider network with regard to the assessment requirement and Master’s level staff. Stakeholders’ feedback was included in the development of this model through a workgroup of DWIHN’s adult/children service providers, and I/DD. The implementation is slated for mid-August. Mrs. Jawad opened the floor for discussion. There was no discussion. The Chair noted that the Chief Clinical Officer’s report has been received and placed on file.

XII. Unfinished Business

DISCUSSION/ CONCLUSIONS	<p>A. BA #22-43 (Revised) – Mobile Outreach Clinic – Black Family Development, Inc. – Staff requesting board approval of a 14-month contract for fiscal year ending September 30, 2023 for an amount not to exceed \$760,000.00 with Black Family Development, Inc. (BFDI). Black Family Development, Inc. will replace Wayne Health in the partnership with DWIHN to provide mobile outreach and mobile crisis intervention services for behavioral health screening. Services will be centered on prevention, early intervention, treatment and integrated recovery. Mrs. Jawad called for a motion on BA #22-43 (Revised), Mobile Outreach Clinic. Motion: It was moved by Commissioner Kinloch and supported by Mr. Phillips to move BA #22-43 (Revised), Mobile Crisis Clinic to Full Board for approval. The Chair opened the floor for discussion. Discussion ensued. Motion carried.</p> <p>B. BA #22-46 (Revised) – Behavioral Health Homes – Staff requesting board approval of this revised board action to add on another provider, Community Living Services (CLS). Community Living Services is an existing partner in DWIHN’s network and has experience with the Behavioral Health Home (BHH) program. CLS aims to enroll 50 individuals in the last two months of FY ‘2022. Behavioral Health Home will provide comprehensive care management and coordination services to Medicaid beneficiaries with select Serious Mental Illness/Serious Emotional Disturbance (SMI/SED) diagnoses. Mrs. Jawad called for a motion on BA #22-46 (Revised), Behavioral Health Homes. Motion: It was moved by Commissioner Kinloch and supported by Dr. Tauog to move BA #22-46 (Revised) to Full Board for approval. The Chair opened the floor for discussion. Discussion ensued. Motion carried.</p>
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XIII. New Business: Staff Recommendation(s)

DISCUSSION/ CONCLUSIONS	<p>A. BA #22-66 – HPS Consulting, LLC – Staff requesting board approval for a Professional Service Contractual Agreement with Diana Hallifield, R.N. dba HPS Consulting, LLC to provide clinical care consultative support as DWIHN prepares for the National Committee for Quality Assurance (NCQA) Re-Accreditation. We would like to extend the previous purchase order term to January 31, 2023 and increase the requested amount of \$49,250.00 to the current amount of \$48,875.00 for a new total of \$98,125.00. Mrs. Jawad called for a motion on BA #22-66, HPS Consulting, LLC. Motion: It was moved by Dr. Tauog and supported by Commissioner Kinloch to move BA #22-66 to Full Board for approval. The Chair opened the floor for discussion. There was no discussion. Motion carried.</p> <p>B. Chi Chi Group Home, Inc. - The Chair called for a motion for provider contract termination of Chi Chi Group Home, Inc. Motion: It was moved by Mr. Phillips and supported by Dr. Tauog for the provider contract termination of the Chi Chi Group Home, Inc. be moved to Full Board for approval. Mrs. Jawad opened the floor for further discussion. There was no discussion. Motion carried.</p> <p>C. Halo-Harmony, Inc. - The Chair called for a motion for provider contract termination of Halo-Harmony, Inc. Motion: It was moved by Mr. Phillips and supported by Commissioner Kinloch for the provider contract termination of the</p>
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	Halo-Harmony, Inc. be moved to Full Board for approval. Mrs. Jawad opened the floor for further discussion. There was no discussion. Motion carried.
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XIV. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS	Eric Doeh, President and CEO of the Detroit Wayne Integrated Health Network informed the committee that DWIHN is slated to received \$45 million dollars from the State for constructing and integrating a Crisis Care Center on the 7 Mile and Southfield road site. Once signed by the Governor, there will be more information coming before this Board.
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ACTION ITEMS	Responsible Person	Due Date
1. Quarterly Reports:		
A. Crisis Services – Provide updates on the plan to address staffing issues and obtaining a replacement for the closed crisis residential site.	Dan West	TBD
B. Innovation and Community Engagement – Provide a report on the success rate of the Justice Involved Initiatives hosted by DWIHN.	Andrea Smith	TBD

The Chair called for a motion to adjourned the meeting. **Motion:** It was moved by Commissioner Kinloch and supported by Dr. Taueg to adjourn the meeting. **Motion carried.**

ADJOURNED: 2:54 p.m.

NEXT MEETING: Wednesday, August 10, 2022 at 1:00 p.m.

Program Compliance Committee Meeting
Chief Medical Officer's Report
Shama Faheem, MD
August 2022



Behavioral Health Education:

DWPHN has continued outreach efforts for behavioral health services

- This month's Ask the Doc addressed the outbreak of Monkeypox and FAQs related to it. <https://www.dwphn.org/ask-the-doc>
- Interview for Detroit Public television on Social Media and Youth (July 2022)
- Interview for WXYZ/Channel 7 on 988 and Crisis Services for Wayne County: <https://www.wxyz.com/news/7-in-depth/988-hotline-how-it-can-help-michiganders-with-mental-health-emergencies> (July 2022)
- Presentation on "Self-care and Wellness" for members as part of EVOLVE series (June 2022)

Putting Children First:

DWPHN has continued its efforts for "Putting Children First" Initiative. Key highlights during this period:

- Children's Initiative team presented about Putting Children First and DWPHN services at NAMI and Annual Board Conference. Children's Director attended Constituent Voice meetings to educate on Children Services. Tri County Initiative meeting with Macomb, Oakland, and DWPHN focused on brainstorming back to school events for the fall school year. Decision for each county to host a back to school event.
- Universal Infant Mental Health Screening tool was created to make it standardized and replace different screening tools used by different organizations.
- On 7/1/22 we launched a pilot with DHHS North Central Office for youth involved in child welfare system ages 3 to 17 who will have trauma screening completed and submitted to DWPHN and Access Department to complete screening for community mental health services.
- Meetings held with Children Providers and Juvenile Detention Facility to brainstorm ways to address mental health needs for youth detained. Identified updating policies and processes to continue services until adjudication decision.
- Sexual Orientation Gender Identity Expression (SOGIE) updates to the Integrated Biopsychosocial Assessment in MHWIN were presented at Improving Practices Leadership Team (IPLT) on 7/5/22 and the CRSP Meeting on 7/11/2022 with next steps of sending memo communication to Providers about the updated SOGIE language.

Crisis Care Center (Milwaukee Ave):

Our Crisis Care Center had the groundbreaking in July. We are looking forward to a facility that will be able to provide evidenced-based treatment in the least restrictive environment while reducing length of stay in the emergency department. The integrated setting will help people in crisis and ensure they get connected with treatment services which should reduce future episodes of crisis. Overall goal is to improve quality of care for children, youth, families and adults in crisis and proactively address the needs of the community.

We have started working with our Consultants from RI International on developing our Project Plan. DWPHN Floor plan was reviewed and some feedback was provided on minor changes that can be accommodated. We have identified some key staff and drafted job descriptions. Chief of Crisis Service position has been posted. We will focus on those areas of recruitment over the next some months.

Community engagement events and work on policies and procedures will continue in next some months.

Quality Department:

- DWIHN received a full compliance with HSAG Source Code Verification. This process verifies that the data and logic behind the Performance Indicators is complete and accurate.
- For the 2021-2022 submission, DWIHN has identified existing racial or ethnic disparities within our provider network for populations served which is based on our review and analysis of the Michigan Mission Based Performance Indicator (MMBPI) reporting data for PI# 4a (The percentage of discharges from a psychiatric inpatient unit that were seen for follow-up care within 7 days). The goal is to reduce racial and ethnic disparity with African Americans for the percentage of discharges from a psychiatric inpatient unit that were seen for follow-up care within 7 days. The write-up of the PIP was submitted to HSAG for validation on July 15, 2022.
- HSAG reviewed DWIHN second half of the three-year Compliance Review on July 25th, 2022. We had some findings that will require a Corrective Action Plan. DWIHN will receive a draft Compliance report on September 22, 2022, with an opportunity to provide feedback to HSAG on or before September 29, 2022. A final report will be issued by HSAG by October 2022. The Quality Team will continue to work internally with each Department to assure implementation of the CAPs. HSAG will do the final review (Year 3) in Summer of 2023 and a final score will be aggregated.
- Regarding Performance Indicators, DWIHN continued to meet the standards for PI#1 (Children and Adult), 4b (SUD) and PI#10 (Children). However, for Indicator 10 (Recidivism), we have noticed a slight uptick in the Q2 data for Adult (16.31%) from Q1 (14.93%), and Q3 Preliminary data (April 1 – June 30, 2022) which is due to MDHHS on September 30, 2022, is at (17.83%). We will continue our ongoing collaboration and efforts towards working with providers and target recidivistic individuals. Some of our initiatives include:
 - Continue to work with DWIHN's Crisis Team to identify potential delays in care.
 - Continue engagement and collaboration with members' outpatient (CRSP) providers to ensure continuity of care and when members present to the ED in crisis but may not require hospitalization.
 - Continue efforts to chart alerts which notify the screening entities and the Clinically Responsible Service Provider (CRSP) of members who frequently present to the ED.
 - Provide referrals to Complex Case Management (CCM) for members with high behavioral needs.
 - Continue coordination and collaboration with crisis screeners on measures to decrease inpatient admission.
 - Working on expansion of "Med Drop" Program to improve outpatient compliance with goals to decrease need for higher level of care inpatient hospitalizations.
- Access of services or Biopsychosocial within 14 days of request (PI#2a) has been declining over the last two quarters. Percentage decrease of 23.42 percentage points from Q2 (59.61%) to preliminary (35.81%) in Q3 appears to be directly linked to workforce shortages. No standard has been implemented. The average score for the state is noted at 59.61% for Q1. Our Departments have been continually reviewing providers' data and meeting with CRSPs every 30-45 days to discuss their staffing, recruitment strategies, member engagement and encourage making same day appointments to avoid member no shows and cancellations. DWIHN will continue internal talks as well as working with our provider network to try and alleviate this ongoing challenge.

Improvement in Practice Leadership Team (IPLT):

IPLT is charged with developing work plans, coordinating the regional training and technical assistance plan, working to integrate data collection, developing financing strategies and mechanisms, assuring program fidelity, evaluating the impact of the practices, and monitoring clinical outcomes. In the month

of August, the committee looked at PIPs focusing on HEDIS measures and Updates on Steps taken by Integrated health department in response to FY 21 Population assessment.

Med Drop Program:

As part of our Clinical Practice Improvement activities, we identified the success of Med Drop pilot program in terms of reducing inpatient admissions and readmissions. Based on the results, we identified a goal of increasing enrollment in Med Drop program. 49 Current Open members: as of July 1, 2022. III.

Med Drop Intakes Completed from July 1st to July 31st = 4

Integrated Health Care:

- 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 July, there are currently **12** active cases, **2** new case opened, **5** case closures, and no pending cases. Four (**4**) case were closed due to meeting treatment goals and one (**1**) member was incarcerated.
- Follow up after hospitalization was completed with **89** consumers to help identify needs and **24** individuals who had hospital recidivism.
- DWIHN contracts with Neighborhood services Organization (NSO) to perform the OBRA screening. NSO/DWIHN has been on a performance improvement plan with the MDHHS for the number of pends they have received on assessments
- The DWIHN Clinical Specialist OBRA/PASRR continued to monitor the MDHHS OBRA/PASARR assessment que on an ongoing basis to review assessments that have been submitted by the OBRA/PASARR provider, Neighborhood Services Organization (NSO), to MDHHS. Congruence rate between OAS recommendations and MDHHS determinations is 96% for the month of June 2022.



Detroit Wayne Integrated Health Network (DWIHN)
 3rd Quarter Report
 April - June 2022
 Contract Management --Managed Care Operations (MCO)

Managed Care Operations

Contract Managers and Providers:

Contract Processing for FY 22/23 has started, the pre-contracting documents were sent out to over 400. Contract will be sent out early September.

New Providers Changes to the Network /Provider Challenges:

Residential as well as Outpatient providers continue to struggle with staff shortages to maintain staff in homes as well as outpatient service sites resulting from the pandemic statewide. As we monitor and notice changes in the network we will add more providers to our network depending on need. This has resulted in the need to add 5 new providers to our network in the next coming months.

Merger/Closures Data:

Listed below are the summary of closures YTD, please note YTD closures for the FY21/22 totaled 77 closures mostly related to home closures which is very similar to this Fiscal year. Provider are required to give us a 30-day notice prior to closing.

Closure recap for the 3rd Quarter are as follows:

Provider Closure/Mergers FY 21-22					
Description	1 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr.	YTD Totals
Licensed-Residential Homes	1	4	2	10	17
Unlicensed /Private Home Services (SIL's)	3	11	11	9	34
Clubhouse services	1				1
Outpatient-services, SUD services	4	6	1	1	12
Provider Organization Merger(s)	2				2
Total	11	21	15	19	66



Although our network continues to experience challenges with staffing we have supported the network through the following initiatives:

- a. Through training, and educating providers
- b. Pushing out incentive and retention payments to the network to assist providers with retaining staff due to the staff shortage.
- c. Advocating at the State level to reduce the overburden reporting requirement.
- d. Finding ways to automate process/procedures to reduce stress on providers
- e. DWIHN also continues to meet with providers to find solutions that will better all during these times.

SERVICE AVAILABILITY – PROVIDERS:

The most common challenge faced by providers is the staff crisis/ shortage, providers have continued to downsize their locations and AFC homes to address the staff shortages.

MHWIN system cleanup of records/Online Directory:

The following gaps were identified and addressed over the last quarter the MCO team continues to clean up records in MHWIN.

- a. We have added SAM.GOV unique ID numbers to better review and identify providers for monitoring compliance with actively registering with SAM.gov
- b. Completed cleaned up Staff records in MHWIN, that need NPI #'s
- c. Working with internal depts on the MHWIN functions in an effort to make the our system more manageable and data friendly this will assist with sending reporting documents to the State.

Internal /External-Training Meetings Held:

- a. Met with 16 of our Clinically Responsible Service Providers (CRSP) regarding the performance indicators most providers continue to experience staff shortages in the intake department for new intakes as well as ongoing services they provide
- b. Access Committee Meeting held to discuss network adequacy and provider gaps in services, it was identified due to many residential providers closing AFC homes and staffing of unlicensed homes we will add about 5 new providers to the network.
- c. Finalized our Provider Manual for 2022, and is posted on the website for providers to review and adhere to.
- d. Weekly meetings with Continuum of Care Board (COC), to discuss HUD/Homeless projects.



PIHP Email Resolutions and Phone Provider Hotline:

For the month of July, we received/answered and resolved provider related concerns. There were 100 emails and 15 phone messages from providers with concerns related to claims billing, IT concerns, Procedure Code changes, Single Case agreements, and changes with the FY 2022 State Code/Modifier changes.

NEW PROVIDER /NEW PROGRAMS:

We will add 4 new residential providers and 1 outpatient providers once the providers have been credentialed and presented to the board. We keep a log of all request we receive from new vendors looking to become part of our network currently we have over 50 requests for July.

Provider and Practitioner Survey 2021

The Provider/Practitioner survey is a way for DWIHN to get feedback from providers and practitioners on how well we are doing as a manager of care, this survey also helps us identify any gaps in process or procedures as well as reveal any areas for improvements. This survey allows us to gain a better understanding of how we can support and maintain a strong provider network that will provide high quality supports and services to our members.

Goals Executed/ Achieved:

- Improve relationships with providers through training and one on one provider virtual visits quarterly.
- Improved the Online Provider/Practitioner Directory.
- Enhance/improve our Provider Manual
- Monitor compliance and non-compliant providers in regards to recipient rights complaints, timely billing and proper utilization of service codes.
- Ensure our compliance and network adequacy with state regulations based on members served to the number of provider/ practitioners and type of services.
- Improve/implement a network adequacy process/procedure that will assist in structuring our network based on the needs of the members to identify any gaps in services we offer

Provider /Training Meetings Held:

There were several informative and training meetings held with the providers over the quarter, where providers have made note the meetings have been extremely helpful in their day to day work.

Upcoming meetings.

On August 5, 2022 -Outpatient and Residential Providers Meeting:

On August 22, 2022 CRSP Provider Meetings

Submitted by June White 7/30/22



FY 2021-22 Department Summary: Quarter #3
Residential Director, Shirley Hirsch
Report Date Range: 4/1/22 – 6/30/22

Residential Assessments

	2021 Fiscal Year				
	QTR #1	QTR #2		QTR #3	
	931	772		680	
Total Received Referrals	513	646		621	
Assessments in current Specialized Settings	30	18	-40.0%	82	355.6%
Crisis Residential (Oakdale House BCR)	11	19	72.7%	19	0.0%
CRSP	203	151	-25.2%	195	28.5%
Detroit Veteran Affairs Medical Center	1	4	300.0%	0	-100.0%
Emergency Departments	33	58	75.8%	51	-12.1%
Inpatient Hospitals	195	335	71.8%	226	-32.5%
Nursing Homes SNFs	15	30	100.0%	14	-53.3%
Pre-placement (C.O.P.E.)	10	7	-30.0%	12	71.4%
SD-to-Specialized Residential Requests	3	14	366.7%	15	7.1%
Youth Aging Out (DHHS)	12	10	-16.7%	11	10.0%
• Variable Comparisons:			(25.9%)		(-3.9%)

- Implemented Corrective Actions:
 - **Emergency Department: Decrease of 12.1%**
Residential monthly department meetings with specialized providers and CRSP emphasizing the adherence to the emergent residential processes that specifies immediately pick-up members from ED.
 - **Assessments in current Specialized Settings: Increase of 300<=**
Continuation of review for over-/under-utilized specialized settings that will continue through fiscal year.
 - **Nursing Home: Decrease of 53.3%**
Residential staff continue review nursing home referrals assuring an *Omnibus Budget Reconciliation Act of 1987* (OBRA) clinical determination is completed to reflect members were clinically and medically stable for discharge to specialized community settings.
 - **Self-Directed (SD) into Specialized Residential services: Increase of 7.1%**
Since beginning of the fiscal year. Residential Services continues to work in coordination with SD Administrator assuring timely review of specialized residential needs.
 - **Youth aging out through DHHS: Increase of 10.0%**
During the fiscal year, we have seen an increase of DHHS requests for youth aging out of foster care system. We established quarterly meetings and presentations with DHHS supervisors/case workers; monthly meetings with foster care workers for prospective youth; and development of current CRSP to expand service activities to meet the specific needs of this growing population.

3rd Quarter Unit Metrics

RECEIPT NOTIFICATION: Residential Administrative Specialist’s measuring of timeliness to complete emailed receipt notification to Referring Agents on same day or next business day if received after 2 PM.

- Completed same day 393
- Next business day 134
- After management review (for staff assignment) 94

FIRST CONTACT: Residential Care Specialists (RCS) measuring of timeliness to complete *First Contact* to referring agent. The measure is within 24 hours or by next business day.:

- o Completed within 1-2 days 497
- o 3-5 days 95
- o 6 or more days 29

ASSESSMENT DATE: RCSs measuring of timeliness is to complete the Residential Assessment within 1-3 business days after *First Contact*.:

- o Completed within 1-5 days 340
- o 6-10 days 68
- o 11 or more days 213

• Metric Barrier Trends

- Cancellation/rescission of requests by Referring Agent after case assignment date or after *First Contact*.
- CRSP response time from *First Contact* to confirm requested appointment with Referring Agent, member, guardian and/or current residential provider to assure member’s availability to attend.
- Members inpatient or in the ED may not be clinically stable enough to speak with RCS complete needed assessment.

State Hospitals

	<i>QTR #1</i>	<i>QTR #2</i>	<i>QTR #3</i>
Walter Reuther Psychiatric			
# of Carryovers	16	14	13
New Referrals	13	10	9
# Placed	12	12	8
Caro			
# of Carryovers	1	1	0
New Referrals	0	0	0
# Placed	0	0	1
Kalamazoo Psychiatric			
# of Carryovers	0	1	1
New Referrals	1	1	1
# Placed	0	0	1
Center for Forensic Psychiatry			
# of Carryovers	1	1	1
New Referrals	1	1	1
# Placed	0	0	1

• Placement Barriers

- Age of patient (younger)
- Bed Availability requests NGRI committee requests (outside Detroit/Wayne County)
- Noted behaviors (history of aggression, property destruction, etc.)

	<u>QTR #1</u>	<u>QTR #2</u>	<u>QTR 3</u>
HAB Waiver Requests			

Requests to CRSP to complete HAB Waiver application for new specialized residential placements of eligible IDD members.

8	13	5
---	----	---

Service Authorizations

- | | | | |
|---|-------|-------|--------------|
| • Authorizations Completed: | 2,693 | 3,024 | 2,484 |
| • Internal Requests (Residential Staff): | 424 | 545 | 112 |
| • Authorization Entries for Service Gaps: | 104 | 125 | 190 |
| • MHWIN Queues Requests: | 2,165 | 2,354 | 2,182 |

COVID-19

- | | | | |
|-----------------------------------|----|----|-----------|
| • COVID-19 Positive cases | 35 | 69 | 17 |
| • COVID-19 Related deaths | 4 | 2 | 0 |
| • Quarantine Facility Utilization | 20 | 18 | 0 |

Facility Closure Suspensions

- | | | | |
|-------------------------|-------------|----|-----------|
| • Facility Closures | 13 | 17 | 14 |
| • # of Members Effected | 38 | 48 | 58 |
| • MCO Suspensions | <i>N/R*</i> | 2 | 7 |

**N/R: No specified reporting until January 2022.*

3rd Quarter Department Trainings & Meetings

- | | <u>Frequency</u> | <u># of Meetings</u> | <u># of Attendees</u> |
|---|------------------|-----------------------------|-----------------------|
| • CRSP (Supervisory)/Residential Services | Monthly | 44 | 231 |
| • Clinical Alignment of Documentation Refresher | Monthly | 6 | 188 |
| • CRSP DWIHN Residential Service Authorization Refresher | Monthly | 8 | 154 |
| • IDD CRSP/Residential Providers Meetings | Monthly | 4 | 127 |
| • AMI CRSP/Residential Providers | Bi-monthly | 2 | 49 |
| • DWIHN Residential Provider/CRSP Advisory | Monthly | 3 | 52 |
| • Residential Provider Wellness Check-in/COVID-19 Reporting | Monthly | # of Vendors Contacted: 189 | |

Department Goals

Staffing

- Continue to interview for posted positions for (2) Residential Care Specialists and (1) Residential Care Coordinator.
- Continue to assess department staffing needs based on increased number specialized referral and emergent placement requests.

Members' Services

- Overview of specific MDHHS (direct) specialized placement referrals from nursing home identifying staffing and specialized residential facility needs.
- Identify number of increase requests for first time IDD member CRSP requests entering specialized placements from family homes.
- Develop specific programs as it pertains to increased placement requests for of DHHS age-out foster kids and LGBTQI+ community.
- Work with identified CRSP to develop programming to meet increase service needs of the DHHS foster care and LGBTQI+ community.
- Implementation of quarterly meetings with guardianship corporations to begin dialog addressing needs and concerns as it relates to DWIHN members.

Facilities

- Review current specialized residential facilities to develop service gap analysis of over- and under-utilized facilities.
- Overview and reinstatement of DWIHN pre-placement facilities and providers with quarterly meetings to review policy and procedures.

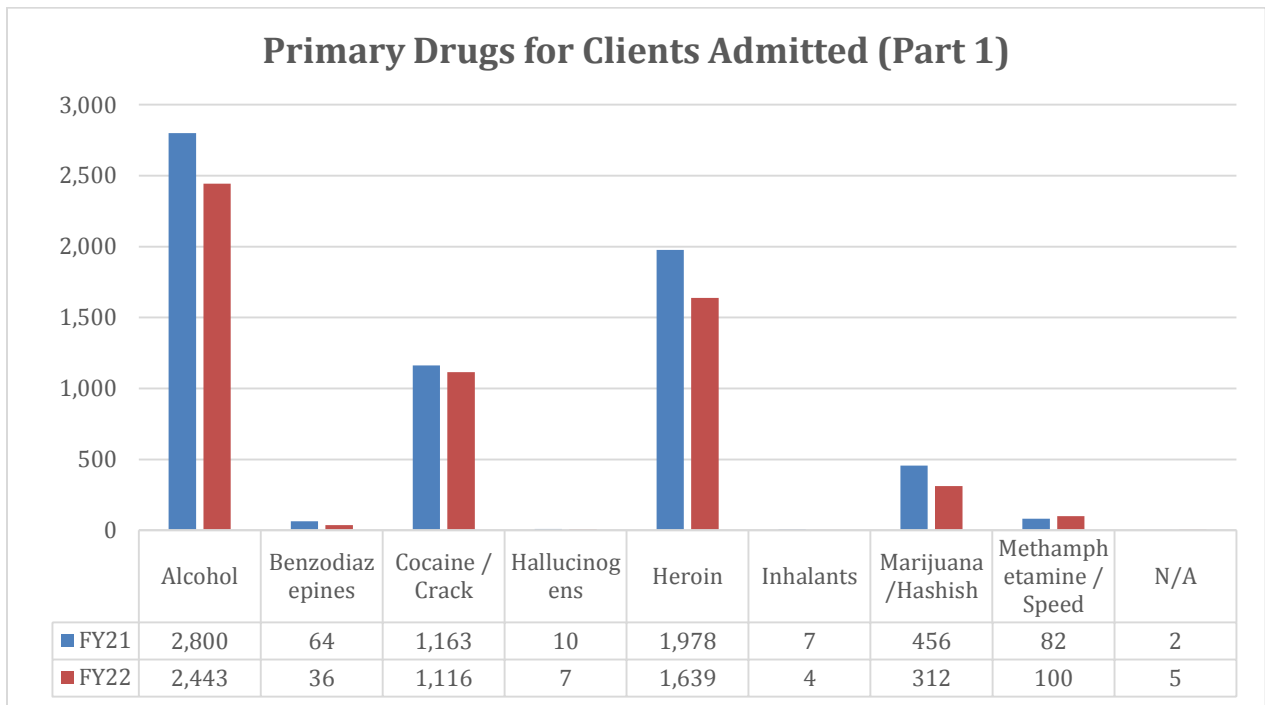


Detroit Wayne Integrated Health Network (DWIHN)
3rd Quarterly Report FY 22
April to June 2022

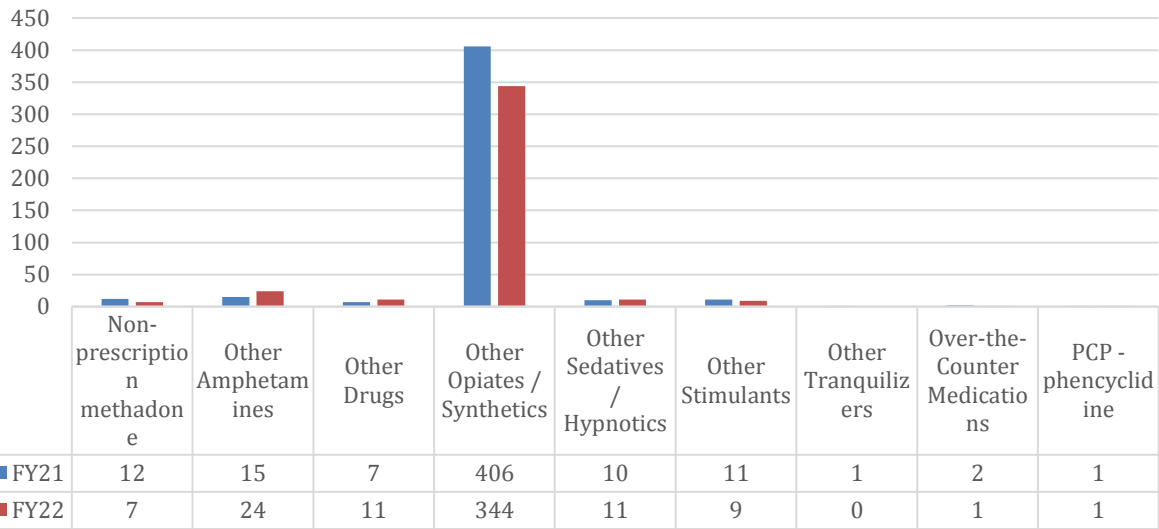
Substance Use Disorders

DWIHN/SUD offers an array of prevention, treatment and recovery services for Wayne County residents. SUD enrolls members into service based upon the intensity of services offered that correspond to the frequency and duration of services established by the American Society of Addiction Medicine (ASAM) levels of care.

Our data collection shows that alcohol and opioid use are higher in our region, and while some areas experience greater consequences, use and associated problems are spread throughout the region. DWIHN believes that there is a continued need for SUD education and having a recovery-oriented system of care.



Primary Drugs for Clients Admitted (Part 2)



The drug problem has escalated and there is a need to create new innovative initiatives that addresses Heroin/Opioid addiction in the Detroit Wayne County area. DWIHN is dedicated to reducing the number of accidental overdose deaths due to opioids. DWIHN continues to train the community on how to reverse an opioid overdose. To that end, providers, law enforcement, community organizations may now request naloxone trainings via DWIHN website by completing the form on the following link:

<https://app.smartsheet.com/b/form/172e55fa4bde4bfd88d99b088bdaebb4>

The number of drug overdose for the 3rd quarter are as follow:

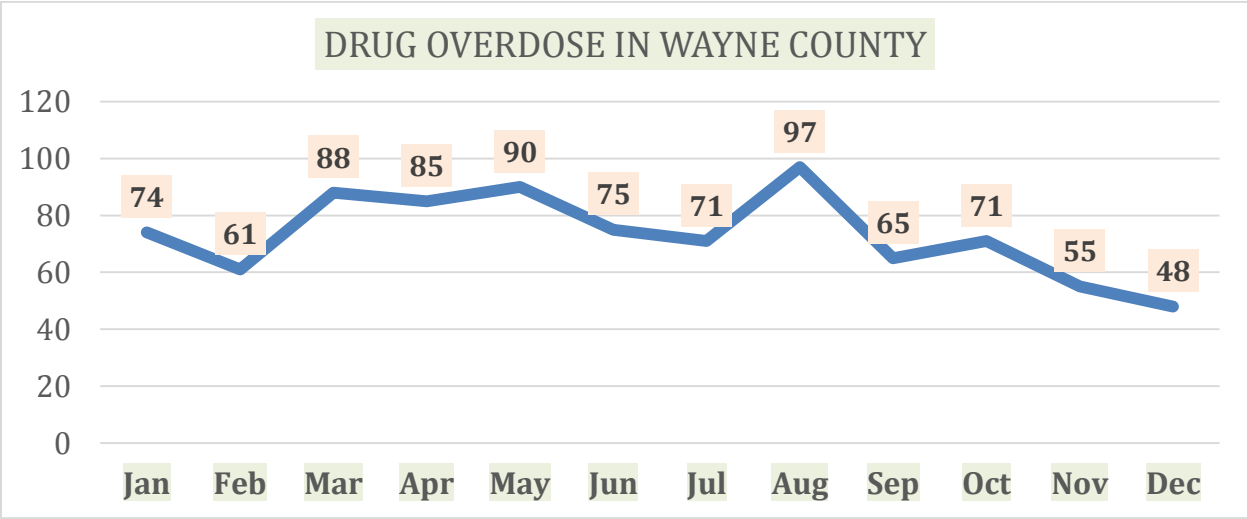
APRIL- JUNE 2022 (3RD QUARTER)

<i>Month</i>	<i>Successful Save</i>	<i>Unsuccessful</i>
<i>April</i>	9	0
<i>May</i>	9	0
<i>June</i>	6	0

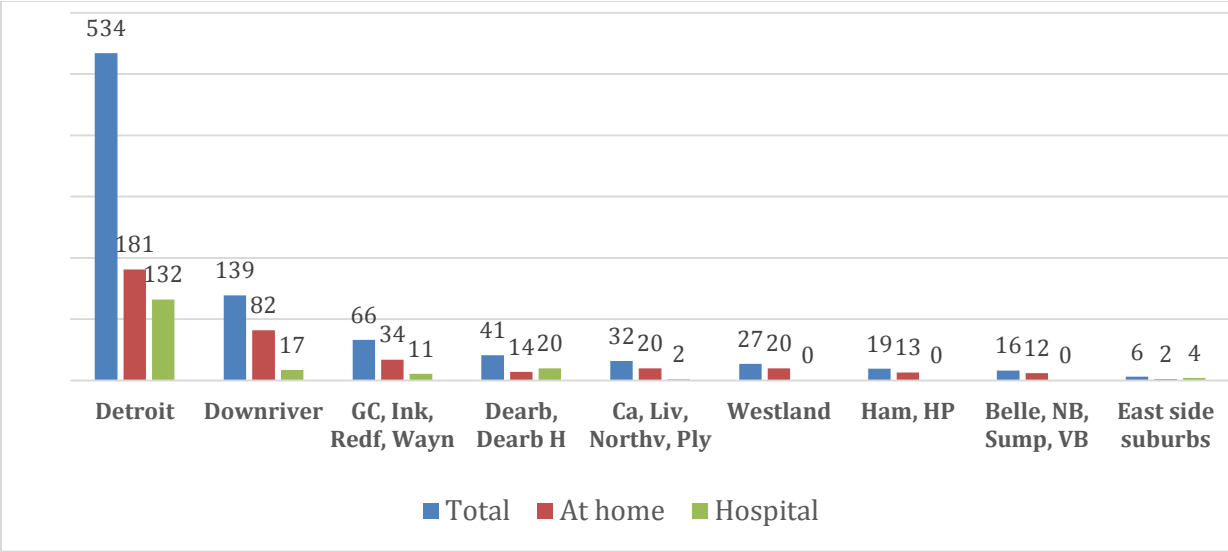
Naloxone Initiative Update

DWIHN’s Naloxone Initiative program has saved **876** lives since its inception and up to *July 2022*.

The medical examiners data suggest that drug related deaths continued to decline, even with a spike during the first wave of the COVID pandemic. The decline in number of deaths was evident among Whites; among African Americans the number of deaths increased. Detroit location, accounts for over half of the deaths in Wayne County. Males account for 70% of the deaths. Few adolescents died. However there continued to be a different age distribution by race among the decedent. Fentanyl continues to be the predominant cause of death, overall and Cocaine is second followed by heroin as the third cause of death.

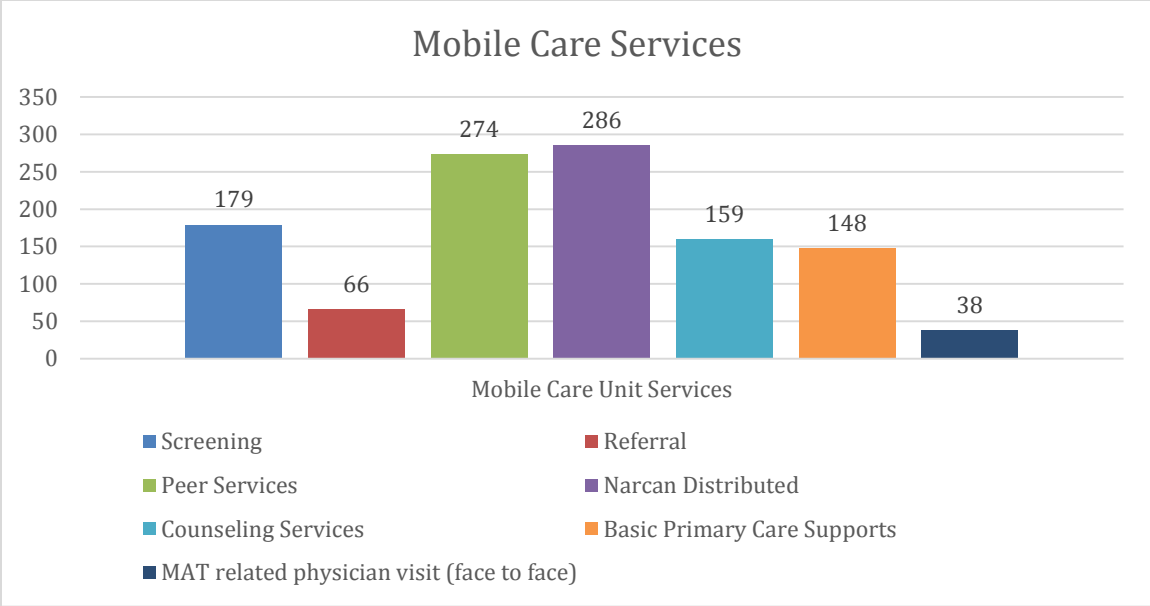


Region and locations for the drug overdose deaths



Mobile Units

DWIHN has two providers that provide mobile unit services: SUD screenings for services, referrals to treatment, peer services, drug screenings, therapy and relapse recovery services, naloxone trainings and distribution, SUD counseling, screenings, and basic primary supports.



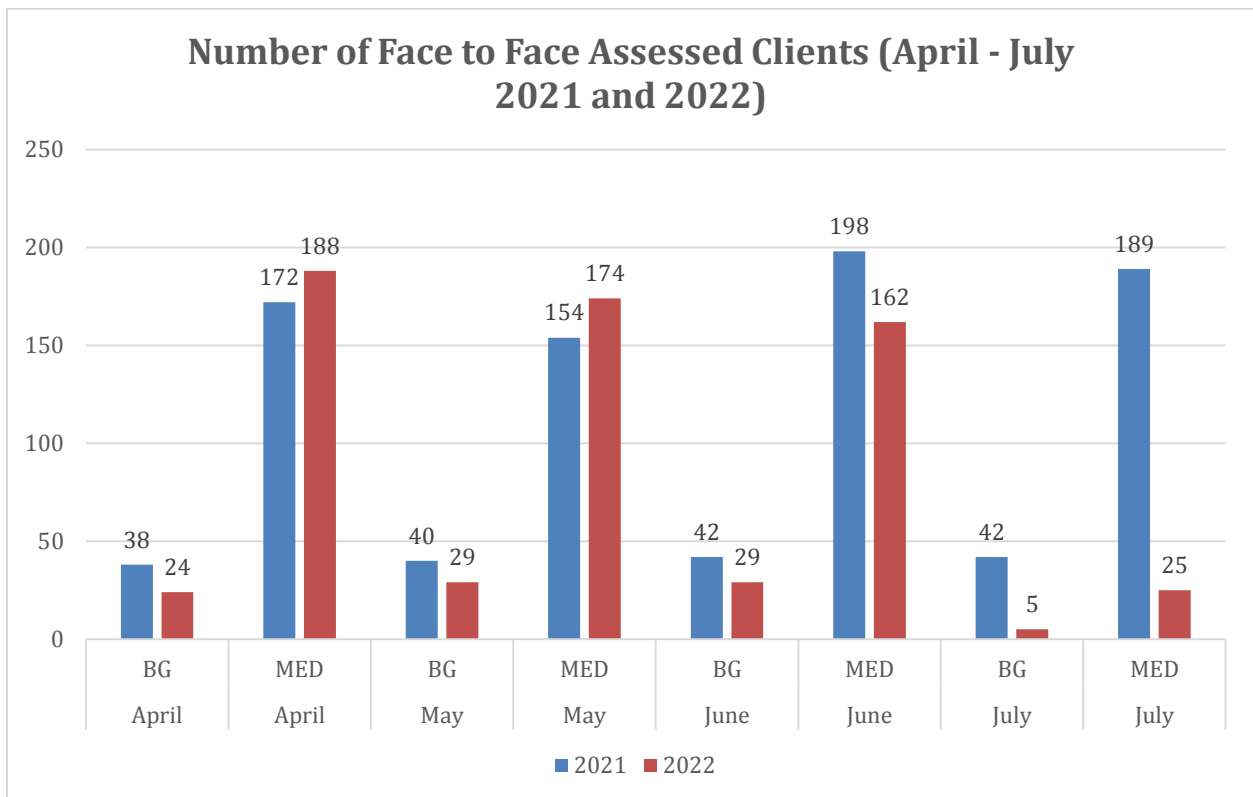
Evidenced Based Practices - SUD

SUD Providers utilize evidence-based practice in the context of prevention, treatment and recovery models. Below is a list of evidence-based practices employed by various SUD Providers in the DWIHN network:

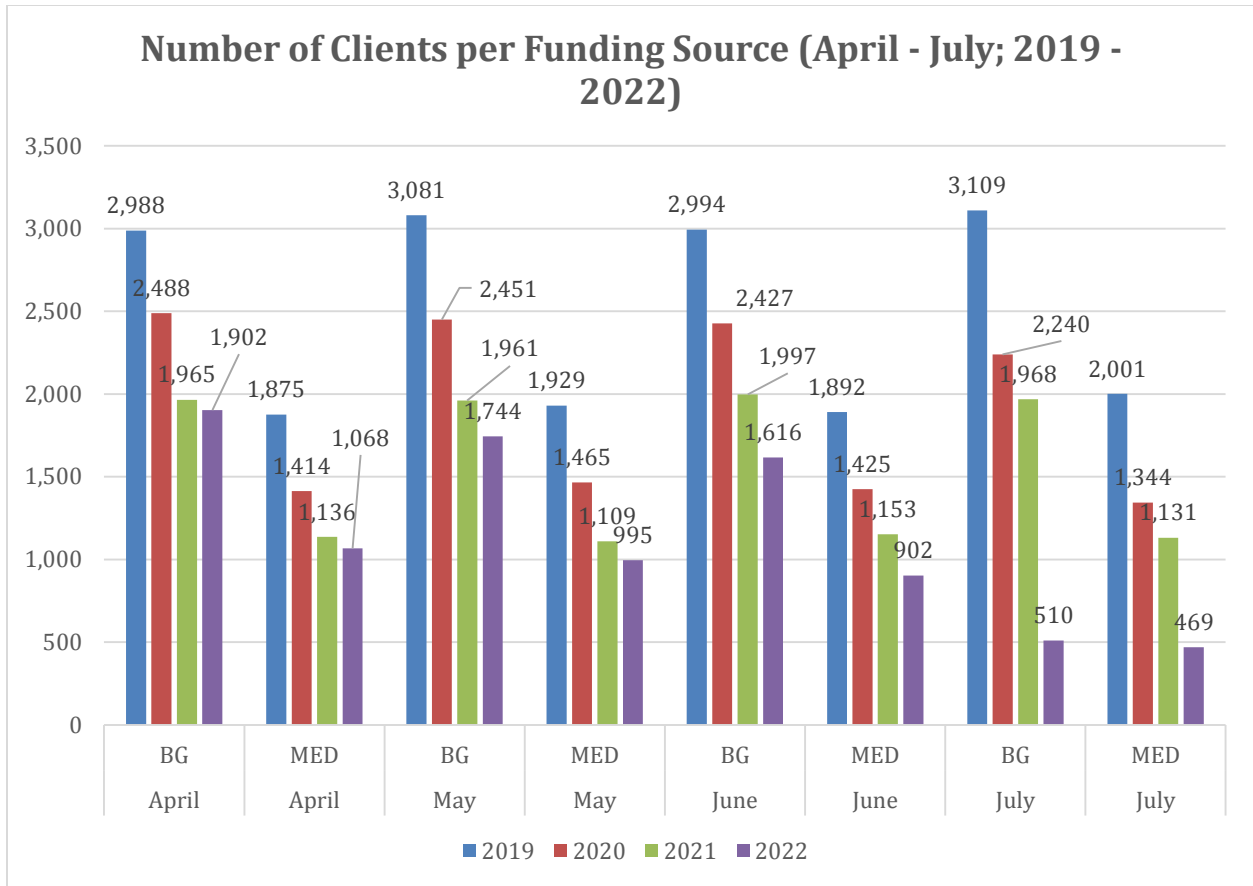
Focus	Evidenced Based Practices
Prevention	<i>Stack the Deck</i>
Prevention and Treatment	<i>Anger Management</i>
Prevention	<i>Project Toward No Drug Use</i>
Prevention	<i>Choices</i>
Treatment	<i>Cognitive Behavioral Therapy (CBT)</i>
Prevention	<i>QPR Suicide Prevention</i>
Prevention	<i>Seeking Safety</i>
Prevention	<i>Strengthening Families</i>
Treatment	<i>Tobacco Cessation</i>
Treatment	<i>Contingency Management</i>
Treatment	<i>Dialectical Behavior Therapy (DBT)</i>
Treatment	<i>Motivational Interviewing</i>
Treatment	<i>Screening Brief Intervention, Referral to Treatment (SBIRT)</i>
Prevention	<i>SYNAR Compliance Checks</i>
Treatment	<i>Trauma Recovery & Empowerment Model (TREM)</i>
Prevention	<i>Parenting Wisely</i>
Recovery	<i>CCAR</i>
Treatment	<i>American Society of Addiction Medicine</i>
Treatment	<i>GAIN I-CORE</i>

SUD Assessment Face to Face

Assessment includes an evaluation by a qualified clinician that investigates clinical status including: presenting problem, history of present illness, previous medication history, relevant personal and family history, personal strengths and mental status for the purpose of determining eligibility and the treatment needs of the member.



The concern if DWIHN SUD have adequate number of providers continues to monitored and addressed. The chart below demonstrates the number of members admitted into service during the COVID pandemic.



Anticipated Changes for Medicaid Beneficiaries

In March 2020, the Centers for Medicare & Medicaid Services (CMS) temporarily waived certain Medicaid Program requirements and conditions. The easing of these rules helped prevent people with Medicaid from losing their health coverage during the pandemic. However, states will soon be required to restart Medicaid eligibility reviews. According to some estimates, when this process is reinstated, up to 15 million people could lose their current Medicaid coverage through a process called “unwinding.” In an effort to minimize the number of people that lose Medicaid, DWIHN is working with providers to inform people about renewing their coverage, updating their contact information and exploring other available health insurance options if they no longer qualify for Medicaid.



August 10, 2022

Strategic Plan – Access Pillar

PCC Status Report

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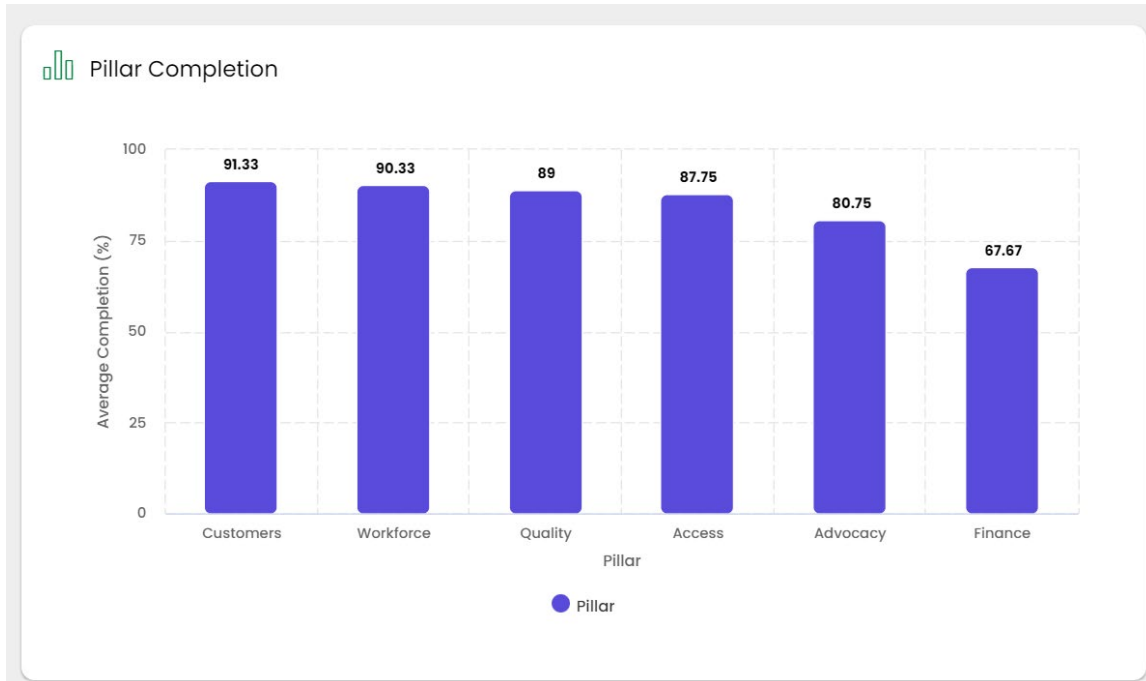
Strategic Plan – Access Pillar _____	1
To our board members: _____	2
Pillar Summary _____	3
Summary of Pillar Status _____	3
Access Pillar _____	5

To our board members:

Our commitment to social responsibility includes a dedication to transparency, collaboration and stakeholder engagement as a core component of our business and sustainability strategy, our monthly reporting process, and our activities within the county.

Our Strategic Planning Status Report is our report to our board members. It tells how we are performing against key indicators that measure our performance against the Customer, Access and Quality pillars and impact the areas that matter most to our stakeholders.

Pillar Summary



There are three (3) pillars that are under the governance of the Program Compliance Committee: Customer, Access and Quality.

Summary of Pillar Status

Quality is under the leadership of April Siebert. Overall, we are at 89% completion on this pillar. There are four (4) high level organizational goals under this pillar. They range from 78% - 100% completion.

QUALITY

Title	Completion
Ensure consistent Quality by 30th Sep 2022	78%
Ensure the ability to share/access health information across systems to coordinate care by 31st Dec 2021	100%
Implement Holistic Care Model: 100% by 31st Dec 2021	98%
Improve population health outcomes by 30th Sep 2022	80%

Customer Pillar

Customer is under the leadership of Michele Vasconcellos, Director of Customer Service. Overall, currently reaching 91% completion on this pillar. The three (3) high-level goals range from 85% to 99%.

Title	Completion
Enhance the Provider experience by 30th Sep 2022	85%
Ensure Inclusion and Choice for members by 30th Sep 2021	99%
Improve person's experience of care and health outcomes by 30th Sep 2022	90%

Access Pillar

Access is under the leadership of Jacquelyn Davis, Clinical Officer. Overall, we are at 88% completion on this pillar. There are four (4) high-level goals. They range from 75% - 100% completion.

Access		88%
Title		Completion
Create infrastructure to support a holistic care delivery system (full array) by 31st Dec 2022		86%
Create Integrated Continuum of Care for Youth by 30th Sep 2022		90%
Establish an effective crisis response system by 30th Sep 2022		75%
Implement Justice Involved Continuum of Care by 30th Sep 2022		100%

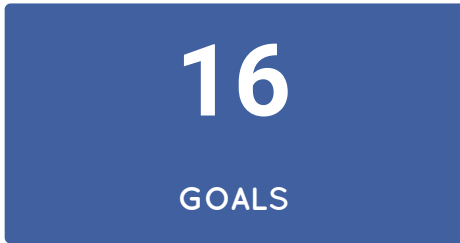
A detailed report of this pillar will follow.

Access Pillar

Detailed Dashboard

Program Compliance Committee Meeting

August 10, 2022



● Draft ● Not started ● Behind ● On Track ● Nearly There ● Overdue ● Complete → Direct Alignment --- Indirect Alignment

DWHN FY 2020 - 2022 STRATEGIC PLAN

ACCESS

Goal	NCQA Stand...	Owner	Due Date	Task	Update	Current Com...
Create infrastructure to support a holistic care delivery system (full array)	Quality of Clinical Care, Members' Experience		12/31/2022	<p>Create infrastructure to support a holistic care delivery system (full array) Implement Restorative Practices as a technique to assist with completion of overarching goal.</p> <p>Due: Mari 07/01 a /2022 Stan field <input type="checkbox"/></p>		86%

Goal	NCQA Stand...	Owner	Due Date	Task	Update	Current Com...
→ Create a satellite network: 100%	Quality of Clinical Care, Members' Experience	Manny Singla	12/31/2022		<p>NEW</p> <p>Update: DWIHN continues to expand the service array by implementing Clinical programs. The award for the expansion grant from SAMHSA for the <i>Certified Community Behavioral Health Clinic (CCBHC)</i> will move this goal % completion higher upon award (September 2022). Cumulatively we have expanded thru the <i>Certified Community Behavioral Health Clinic (CCBHC)</i> demonstration program), Opioid Health Homes which will extend Access, Care coordination. We have also enabled partnerships with multiple Health plans to ensure care coordination and holistic care models covering both physical and behavioral health services can be provided. As part of this rollout, we also enabled a care coordination platform to avoid data duplication and certified HEDIS measures as part of measuring quality of services.</p> <p>Challenges: <i>No value</i> 08/01/2022</p>	87% 86.67 / 100%
→ Ensure all BH Providers receive 80% or greater on Risk Assessment/Score Card: 100%	Quality of Clinical Care, Quality of Service, Members' Experience	June White	12/31/2022		<p>NEW</p> <p>Update: Monthly assessments of the Risk Scorecard prompted additional refinements in the assessment of the data The IT group is working on the inclusion of the following components into the overall Risk Score.</p> <ol style="list-style-type: none"> 1. Quality annual audits 2. Customer Service Reviews 3. Adjustments to the Michigan Mission Based Performance Indicators 4. BH-TEDs records <p>Challenges: <i>No value</i> 08/01/2022</p>	85% 85 / 100%

Goal	NCQA Stand...	Owner	Due Date	Task	Update	Current Com...
Create Integrated Continuum of Care for Youth	Quality of Service		09/30/2022		<p>Progress is noted regarding the coordination of care with children in Wayne County. This is evidenced by developing a School Success Initiative Referral Flowchart and improving the School Success Initiative Referral Form in MHWIN. In addition, within the last 90 days the Children's Initiative Department developed a Case Consultation spreadsheet to track coordination between Providers, Parents, and other Professionals. Children's Initiative Department also increased outreach efforts in the community to explain about children services.</p> <p>Challenges: <i>No value</i></p> <p>10/07/2021</p>	90%
Deliver Integrated model of Care of Care for Children: 100%	Quality of Service	Cassandra Phipps	09/30/2020		<p>There are 2 Programs that the Children's Initiative oversees through the System of Care Block Grant: Screening Kids in Primary Care Plus (SKIPP) and Michigan Child Collaborative Care (MC3)</p> <p>Screening Kids in Primary Care Plus (SKIPP) SKIPP began as a System of Care Initiative related to Pediatric Integrated Healthcare. The project focuses on breaking down silos of care for children by embedding a Behavioral Health Consultant (BHC) in the pediatrician's medical team to provide mental health consultation, resources, screenings, psycho-education, and action plans for pediatric patients. The BHC determines level of care for mental health services and works to ensure patient entry into the correct system for mental health care as needed.</p> <p>Michigan Child Collaborative Care (MC3) Program DWIHN and the University of Michigan MC3 program have teamed up to provide a tele-psychiatry consultation model to pediatric practices in Wayne County. The partnership currently provides 1 BHC who is placed on the medical team at Detroit Riverview Pediatrics. The BHC and the MC3 team work together to provide the education, support, and technical assistance to allow physicians access to a pool of psychiatrists who they can consult with for patient mental health and medication needs. The MC3 program is currently seeking out additional practices interested in receiving same-day psychiatric consultations from the University of Michigan's team of pediatric and OB/ GYN psychiatrists.</p> <p>Challenges: <i>No value</i></p> <p>10/08/2021</p>	96% 95.84 / 100%
Ensure anyone in Wayne County can access crisis services	Members' Experience	Dan West	09/30/2022	Increase # of Liaisons - Dan <input checked="" type="checkbox"/> West Improve access to emergent and urgent services by increasing # of DWIHN Hospital and Community Liaisons who 36 of 162	<p>NEW</p> <p>Update: The way we are ensuring access to crisis services for anyone in Wayne County at this time is providing availability within a large network of service providers and options for SMI, I/DD, and SUD diagnoses for adults and children. Access to DWIHN crisis services is publicized via social media, billboards,</p>	75%

NCQA Stand...	Owner	Due Date	Task	mobile outreach efforts within data driven areas in need of behavioral health resources, brochures, a distributed QR code, and continuous education to network providers. Over the last 36 months, the crisis services department has hired a mobile outreach clinician and additional hospital liaisons.	Current Com...
			<p>assist in helping individuals access emergent and routine BH services.</p> <p>Increase DHHS Staff processing Medicaid Benefit Applications Due: Dan <input checked="" type="checkbox"/> 03/06 West /2020</p> <p>DWIHN identified that we had a need to increase the number of Administrators processing applications in a timely fashion.</p> <p>DWIHN to hire 2 new staff to process these applications.</p> <p>Additional Crisis Stabilization Services Due: Dan <input checked="" type="checkbox"/> 04/13 West /2020</p> <p>COVID 19 escalated our efforts to establish a second Crisis Stabilization Unit (CSU).</p> <p>Psychiatric Urgent Care Units Due: Melis <input checked="" type="checkbox"/> 04/20 sa /2020 Mood y</p> <p>Established 2 Psychiatric Urgent Care Facilities in Wayne County.</p> <p>Activate Crisis Assessment Center Due: Dan <input type="checkbox"/> 09/30 West /2022</p> <p>This task will mark our full implementing of crisis services of DWIHN's Crisis Assessment Center upon admission of the first individual.</p> <p>This will cover crisis access for both Children and Adult. Moving 2021 target to</p>	<p>Challenges: Emergency departments are currently experiencing longer than usual wait times for placement and acceptance into an inpatient level of care, and therefore members are not receiving the immediate level of care requested upon arrival into a crisis encounter without widely available options for a lower level of care. One of the solutions will be the ultimate implementation of the clinical care center at 707 W. Milwaukee.</p> <p>04/25/2022</p>	

	NCQA Stand...	Owner	Due Date	Task	Update	Current Com...
				9/30/22 to reflect Woodward Building build-out.		
→ Establish means to enable interoperability using Health Information Exchange to share care plans across providers: 100	Quality of Service	Manny Singla	09/30/2020		All CRSP providers are now on the HIE platform Challenges: No value 09/30/2020	100% 100 / 100
Establish an effective crisis response system	Quality of Service		09/30/2022	NCPI Crisis Response System Incorporate CPI Nonviolent Crisis Intervention Training Crisis Prevention Institute (CPI) as a way to safely manage disruptive and assaultive behavior.	Due: Mari 06/06 a /2022 Stan field <input type="checkbox"/> NEW Update: DWIHN provides Crisis Services as a continuum of services and ensures it is provided to individuals experiencing a psychiatric emergency. DWIHN core crisis services include crisis stabilization/observation beds, short-term crisis residential services and crisis stabilization, mobile crisis services, 24/7 crisis hotlines, and warm lines. DWIHN is expanding Crisis Services as the Care Center build-out/remodel of 707 W. Milwaukee is beginning in April 2022. Challenges: No value 05/05/2022	75%
→ Ensure all technology aspects are addressed to ensure connectivity, redundancy and access for mission critical operations: 100%	Quality of Service	Manny Singla	09/30/2022		New enhancements are being made to MH-WIN to notify a CRSP when someone presents to the ER so that they can get involved with the member early in the crisis episode. Challenges: No value 02/03/2022	90% 90 / 100%
→ Ensure anyone in Wayne County can access crisis services	Members' Experience	Dan West	09/30/2022	Increase # of Liaisons Improve access to emergent and urgent services by increasing # of DWIHN Hospital and Community Liaisons who assist in helping individuals access emergent and routine BH services. Increase DHHS Staff processing Medicaid Benefit Applications	- Dan West <input checked="" type="checkbox"/> NEW Update: The way we are ensuring access to crisis services for anyone in Wayne County at this time is providing availability within a large network of service providers and options for SMI, I/DD, and SUD diagnoses for adults and children. Access to DWIHN crisis services is publicized via social media, billboards, mobile outreach efforts within data driven areas in need of behavioral health resources, brochures, a distributed QR code, and continuous education to network providers. Over the last 36 months, the crisis services department has hired a mobile outreach clinician and additional hospital liaisons.	75%

NCQA Stand...	Owner	Due Date	Task	Challenges	Current Com...
			<p>DWIHN identified that we had a need to increase the number Benefit Administrators processing applications in a timely fashion.</p> <p>DWIHN to hire 2 new staff to process these applications.</p> <p>Additional Crisis Stabilization Services Due: Dan <input checked="" type="checkbox"/> 04/13 West /2020</p> <p>COVID 19 escalated our efforts to establish a second Crisis Stabilization Unit (CSU).</p> <p>Psychiatric Urgent Care Units Due: Melis <input checked="" type="checkbox"/> 04/20 sa /2020 Mood y</p> <p>Established 2 Psychiatric Urgent Care Facilities in Wayne County.</p> <p>Activate Crisis Assessment Center Due: Dan <input type="checkbox"/> 09/30 West /2022</p> <p>This task will mark our full implementing of crisis services of DWIHN's Crisis Assessment Center upon admission of the first individual.</p> <p>This will cover crisis access for both Children and Adult. Moved 2021 target to 9/30/22 to reflect Woodward Building build-out.</p>	<p>Emergency departments are currently experiencing longer than usual wait times for placement and acceptance into an inpatient level of care, and therefore members are not receiving the immediate level of care requested upon arrival into a crisis encounter without widely available options for a lower level of care. One of the solutions will be the ultimate implementation of the clinical care center at 707 W. Milwaukee.</p> <p>04/25/2022</p>	

→ Implement Crisis Project Plan: 100%

Quality of Service | Dan West | 09/30/2022

60%
60 / 100%

Goal	NCQA Stand...	Owner	Due Date	Task	Update	Current Com...
↳ Ensure individuals are placed in the least restrictive environment	Members' Experience	Dan West	09/30/2022		<p>NEW</p> <p>Update: As a part of a continuous quality improvement philosophy, DWIHN Crisis Director has identified that while there are available Pre-placement beds available as a component to help ensure individuals are placed in the least restrictive environment, these do not fall within the realm of Respite. Two goals have been added to increase Respite options for Adults and Children. DWIHN will look at creating an RFI for FY 23 to address this need.</p> <p>Challenges: <i>No value</i></p> <p>06/02/2022</p>	60%
Implement Justice Involved Continuum of Care	Quality of Service		09/30/2022			100%
↳ Conduct gap-analysis of the Sequential Intercept Model	Quality of Service	Ebony Reynolds	06/28/2019		<p>The Wayne County Jail Diversion Council met December 2020 to review each intercept on the model.</p> <p>Challenges: <i>No value</i></p> <p>01/19/2021</p>	100%
↳ Implement improvements to existing programming	Quality of Service	Ebony Reynolds	09/30/2020		<p>A team has been reviewing supplemental training to identify gaps that would allow the recommendation and addition of new educational topics.</p> <p>Challenges: <i>No value</i></p> <p>10/04/2021</p>	100%
↳ Implement new programs within the Sequential Intercept Model	Quality of Service	Julie Black	09/30/2020		<p>In upcoming fiscal year 20-21, three new programs will be implemented for Jail Diversion. Central City Integrated Health will develop and provide programming for the Detroit Homeless Outreach pilot in collaboration with law enforcement. This collaboration is between the City of Detroit, homeless outreach providers and behavioral health providers with the goal of getting the homeless off of the street utilizing available resources, and reducing the negative issues associated with homelessness and behavioral health challenges (SMI/SUD). Northeast Integrated Health and Team Wellness are collaborating with the Detroit Police Department to pilot a Detroit Co-Response Team. The program is founded on the understanding that by working together, behavioral health specialists and law enforcement can respond appropriately to the needs of individuals in the community who are in crisis. Police and behavioral health specialists are being trained on the CIT model. Each provider will participate in the collaborative process including monthly team meetings with DWIHN.</p> <p>Challenges: There are no barriers to report.</p> <p>10/02/2020</p>	100%



August 10, 2022

Strategic Plan – QUALITY PILLAR

Program Compliance Committee Status Report

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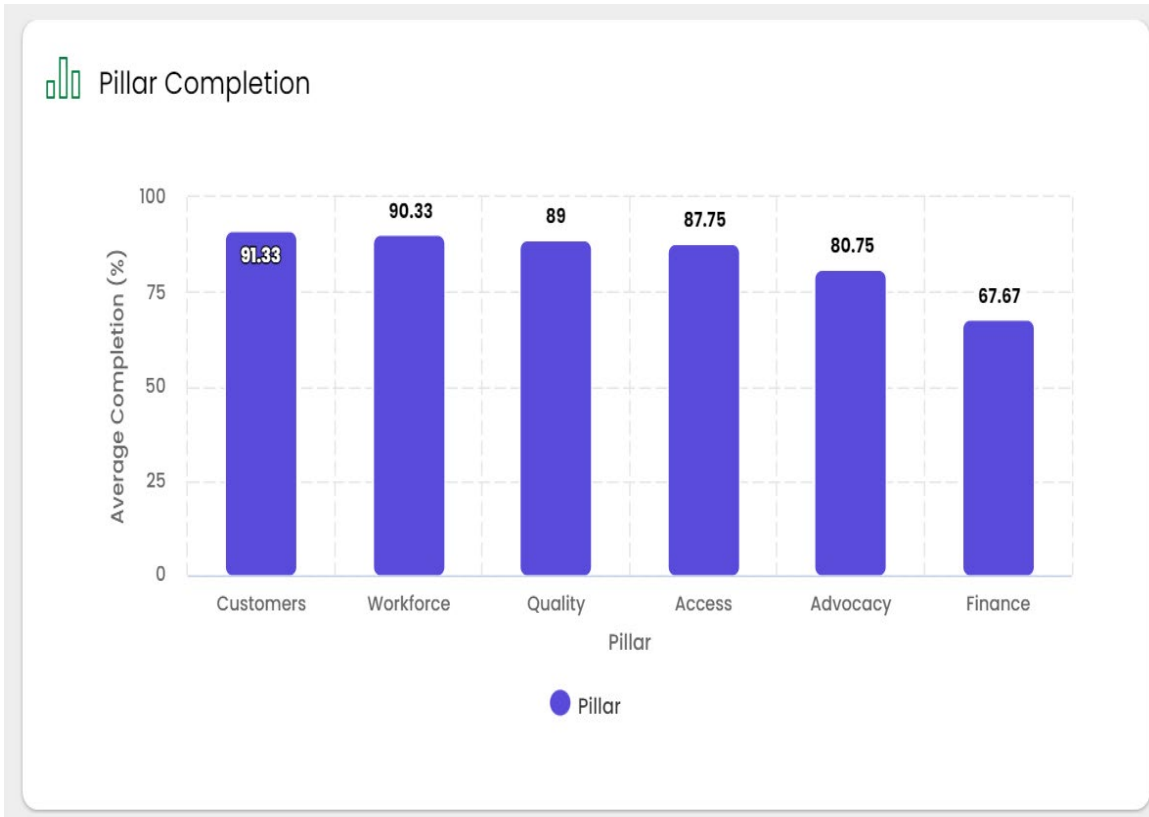
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To our board members:

Our commitment to social responsibility includes a dedication to transparency, collaboration and stakeholder engagement as a core component of our business and sustainability strategy, our monthly reporting process, and our activities within the county.

Our Strategic Planning Status Report is our report to our board members. It tells how we are performing against key indicators that measure our performance against the Access, Customer and Quality Pillars and impact in the areas that matter most to our stakeholders.

Pillar Dashboard Summary



There are three (3) pillars that are under the governance of the Program Compliance Committee: Access, Customer and Quality.

Summary of Pillar Status


Access Pillar is presented under the leadership of Jacquelyn Davis, Clinical Officer. Overall, we are at 88% completion on this pillar. There are four (4) goals under this pillar. They currently range from 75% - 100% completion.

Title	Completion
Create infrastructure to support a holistic care delivery system (full array) by 31st Dec 2022	86%
Create Integrated Continuum of Care for Youth by 30th Sep 2022	90%
Establish an effective crisis response system by 30th Sep 2022	75%
Implement Justice Involved Continuum of Care by 30th Sep 2022	100%

Customer Pillar is presented under the leadership of Michele Vasconcellos, Director of Customer Service. Overall, we are at 91% completion on this pillar. There are three (3) goals under this pillar. They range from 85% - 99% completion.

Title	Completion
Enhance the Provider experience by 30th Sep 2022	85%
Ensure Inclusion and Choice for members by 30th Sep 2021	99%
Improve person's experience of care and health outcomes by 30th Sep 2022	90%

Quality Pillar is presented under the leadership of April Siebert, Director of Quality. Overall, we are at 89% completion on this pillar. There are four (4) organizational goals. They range from 78% to 100% completion for the high-level goals.


Quality

89%

Title	Completion
Ensure consistent Quality by 30th Sep 2022	78%
Ensure the ability to share/access health information across systems to coordinate care by 31st Dec 2021	100%
Implement Holistic Care Model: 100% by 31st Dec 2021	98%
Improve population health outcomes by 30th Sep 2022	80%

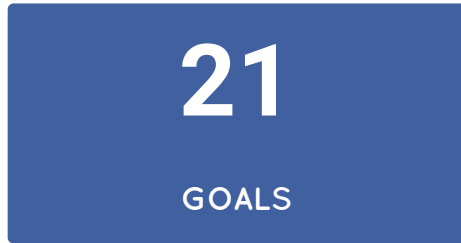
A detail report of this pillar will follow.

Quality Pillar

Detailed Dashboard

Program Compliance Committee Meeting

August 10, 2022



● Draft ● Not started ● Behind ● On Track ● Nearly There ● Overdue ● Complete → Direct Alignment ---> Indirect Alignment

DWHN FY 2020 - 2022 STRATEGIC PLAN

QUALITY

Goal	NCQA Stan...	Owner	Co-owners	Tracking T...	Update	Current Co...
Ensure consistent Quality	Quality of Clinical Care, Safety of Clinical Care	-	-	Child Goal Average		78% 18% behind
→ Achieve NCQA Re-Accreditation: 100 Unit	Quality of Clinical Care, Safety of Clinical Care	Allison Smith Strategic Planning Project Manager	Tania Greason	Manual Slider	<p>NEW Allison Smith:</p> <p>Update: Successful reaccreditation was achieved with DWHN receiving Full 3-Year MBHO. The new 3-year strategic plan will include a goal to attain re-accreditation status by the next onsite in 2024. Areas that were not 100% will be a strong focus of attention:</p> <ul style="list-style-type: none"> • QI: Health Services Contracting, Availability of Practitioners and Providers, Accessibility of Services, Member Experience, Complex Case Management, Effectiveness of the QI Program • CC: Continued Access to Care • UM: Appropriate Professionals, Delegation of UM 	92% 92.49 / 100 Unit 8 Unit behind
					<p>Challenges: No value</p> <p>08/01/2022</p> <p>Page 48 of 162</p>	

Goal	NCQA Stan...	Owner	Co-owners	Tracking T...	Update	Current Co...
→ Address gaps in care based on Annual Needs Assessment: 100%	Quality of Service	April Siebert Director of Quality Improvement	Tania Greason	Task Completion	<p>NEW Allison Smith:</p> <p>Update: The following is a summary of the Priority Needs and Planned Actions based on the feedback received from the Needs Assessment survey. The top 5 priority needs identified by the respondents were:</p> <ol style="list-style-type: none"> 1. Workforce Shortage 2. Increase Access to Services 3. Increase Support for Families with Children 4. Basic needs and resources (i.e. housing, food, paying for utilities, and access to technology) 5. Issues around health disparities and health outcomes. Attached is a brief explanation of the issue (in order of priority), the reason for the priority, and what action is being planned in that area. <p>Challenges: No value</p> <p>08/01/2022</p>	100% 100 / 100%
→ Assist Utilization Management in developing a system that helps tracks over and under Utilization: 100%	Quality of Service	Manny Singla CNO/CIO	-	Manual Slider	<p>NEW Nasr Doss:</p> <p>We now have Health Information Exchange (HIE) process that transfers various datasets from the major CRSP systems to MHWIN. IT also worked and still working (because this is a Continuous quality improvement matter) with UM and Residential departments on generating various authorizations reports to assist them to analysis over and under utilization.</p> <p>Challenges: No value</p> <p>03/03/2021</p>	100% 100 / 100%
→ Deliver Annual HEDIS measures to support NCQA requirements: 100%	Quality of Clinical Care, Safety of Clinical Care	Manny Singla CNO/CIO	Jacquelyn Davis	Manual Slider	<p>NEW Allison Smith:</p> <p>Currently, the Vital Data system is up and running in production mode and is capable of generating all NCQA required HEDIS measures.</p> <p>Challenges: No value</p> <p>01/12/2022</p>	100% 100 / 100%
→ Ensure all BH Providers receive 80% or greater on Risk Assessment/Score Card: 100%	Quality of Clinical Care, Quality of Service, Members' Experience	June White Director of Network Management	Manny Singla	Manual Slider	<p>NEW Allison Smith:</p> <p>Update: Monthly assessments of the Risk Scorecard prompted additional refinements in the assessment of the data The IT group is working on the inclusion of the following components into the overall Risk Score.</p> <ol style="list-style-type: none"> 1. Quality annual audits 2. Customer Service Reviews 3. Adjustments to the Michigan Mission Based Performance Indicators 4. BH-TEDs records <p>Challenges: No value</p> <p>08/01/2022</p>	85% 85 / 100% 12% behind

Goal	NCQA Stan...	Owner	Co-owners	Tracking T...	Update	Current Co...
→ Ensure all eligible network providers (organizations) are Credentialed/Re-Credentialed FY 22 within 60 days of a clean file	Quality of Service	Ricarda Pope-King Director of Credentialing	Junae Tabb	Child Goal Average	<p>NEW Allison Smith: Update: Q1 and Q2 Combined report to MDHHS shows that 36 Organizations were Credentialed. 11 of 36 were done in 60 days or less. The Q3 and Q4 Report is due to MDHHS by November 15th.</p> <p>Challenges: A root cause analysis of any organization credentialing outside of the 60 days will be conducted to improve efficiency. 08/01/2022</p>	16% 68% behind
→ Ensure compliance with monitoring standards: 3.67478% to 100%	Quality of Clinical Care, Safety of Clinical Care	April Siebert Director of Quality Improvement	-	Child Goal Average		88% 87.97 / 100% 12% behind
→ Ensure fidelity Reviews	Quality of Clinical Care, Safety of Clinical Care	Shama Faheem Chief Medical Officer	Ebony Reynolds	Child Goal Average	<p>NEW Sherry Scott: Update: Annual fidelity reviews have been completed for all 9 ACT providers for 2020 and 2021. Attached are the ACT providers scores for 2020 and 2021.</p> <p>Challenges: No value 04/04/2022</p>	45% 55% behind
→ Ensure Practitioners are credentialed/recrede: in 60 days FY 2021: 100%	Quality of Service	Ricarda Pope-King Director of Credentialing	Junae Tabb	Task Completion	<p>Ricarda Pope-King: All Clinically responsible Service Providers and Autism providers have been trained in ProviderSource. After the roster is sent from MHWIN outreach is conducted and the link for the practitioner application is sent.</p> <p>Challenges: Barrier is that providers do not enter correct data elements in MHWIN therefore it prevents the Credentialing Specialist from sending a clean list to Medversant for outreach 09/30/2020</p>	83% 82.86 / 100% 17% behind
→ Ensure Practitioners are credentialed/recrede: in 60 days FY 2022: 100%	Quality of Service	Ricarda Pope-King Director of Credentialing	-	Child Goal Average	<p>NEW Allison Smith: Update: The Q3 and Q4 Credentialing report will be delivered by November 15, 2022 to MDHHS.</p> <p>Challenges: No value 08/01/2022</p>	47% 46.75 / 100% 28% behind
→ FY20 - Meet the External Quality Review (EQR) Standards: 100%	Quality of Clinical Care, Safety of Clinical Care	April Siebert Director of Quality Improvement	Tania Greason	Child Goal Average	<p>NEW Tania Greason: Performance Improvement Project (PIP) Increase Diabetes Screening for members with Schizophrenia or Bipolar Disorder who are dispensed Atypical Antipsychotic Medications.</p> <p>Overall, (85) percent of all applicable evaluation elements received a score of Met. However, The identification and prioritization of barriers through causal/barrier analysis and the selection of appropriate active interventions to address these barriers are necessary steps to improve outcomes. DWIHN's choice of interventions, combination of intervention types, and sequence of implementing the interventions are essential to the DWIHN's overall success in achieving the desired outcomes for the PIP. The three areas in which DWIHN received a</p>	94% 94 / 100% 6% behind

Partially Met and/or Not Met include the following:

- DWIHN failed to describe the eligible population in the denominator description rather than listing the exclusion criteria (Partially Met).
- DWIHN failed to demonstrated improvement in the study indicator result (Not Met).
- The study indicator did not achieve statistically significant improvement over the baseline (Not Met).

Performance Measure Validation (PMV)

DWIHN met all required reportable areas during the HSAG Performance Measure Validation (PMV) review for FY20, with the exception of BH-TEDS Data Elements (*Disability Designation) during the HSAG Annual Review Validating that DWIHN's systems and processes successfully captured critical data elements needed to calculate performance indicators in alignment with MDHHS' expectations and codebook. In FY19, DWIHN implemented several quality improvement initiatives to address challenges and improve indicator rates. In June 2019, DWIHN initiated a Performance Indicator Provider and Internal Workgroup to review past performance, address challenges to improving rates, and define quality improvement initiatives. This workgroup meets quarterly and includes both DWIHN staff members and members of its provider network. Additionally, we worked with PCE to enhance the reporting module within MH-WIN that allows the provider to review the performance indicator data prior to submission to the PIHP. This system and process change was designed to address data quality issues and address the completeness and accuracy of information impacting performance. Finally, DWIHN develop a Recidivism Workgroup to review and implement interventions targeted at addressing non-compliance with Indicator #10.

Compliance Review

DWIHN received a total compliance score of (79) percent across all standards reviewed during the 2018–2019 compliance monitoring review, which was equal to the statewide average. DWIHN scored above (90%) indicating strong performance in the following areas: QAPIP Plan and Structure, Members' Rights and Protections, and Coordination of Care standards. DWIHN scored (75) percent, (75) percent, (67) percent, (81) percent, (56) percent, and (50) percent respectively in the Quality Measurement and Improvement, Practice Guidelines, Staff Qualifications and Training, Utilization Management, Credentialing, and Confidentiality of Health Information standards, indicating that additional focus is needed in these areas. DWIHN's performance measure rates were above the MDHHS established MPS for one of the two reportable indicators, indicating strengths in this area. DWIHN's MPS related to timely preadmission screening for psychiatric inpatient care for new Medicaid members for children was not met, indicating opportunities for improvement in this area.

Challenges: Performance Improvement Project (PIP) Increase Diabetes Screening for members with Schizophrenia or Bipolar Disorder who are dispensed Atypical Antipsychotic Medications.

DWIHN determined the following barriers:

- Lack of knowledge among providers to recommend diabetes screening for members with schizophrenia and bipolar disorder.
- Physicians' belief that diabetes prevalence is low in their practice.
- Lack of follow through by enrollees/members to have labs drawn when ordered.

NCQA Stan...	Owner	Co-owners	Tracking T...	Update	Current Co...
				No barriers identified at this time.	
				<p>Compliance Review</p> <p>To address the areas requiring improvement, DWIHN will prioritize areas of low performance. The strategy will include data trends and root cause analyses with actionable and measurable goals, benchmarks, and interventions, addressing development and implementation of mechanisms for sustaining and spreading improvement in health outcomes, member satisfaction, and other focus areas. In addition, DWIHN will take proactive steps to ensure a successful PIP, including identifying any barriers to success and subsequently implementing interventions to address those barriers timely.</p> <p>03/01/2021</p>	

→ FY21 Meet the External Quality Review (EQR) Standards: 100%

Quality of Clinical Care, Safety of Clinical Care	April Siebert Director of Quality Improvement	-	Child Goal Average	<p>NEW Tania Greason: Performance Measure Validation (PMV)</p> <p>HSAG validated a set of performance indicators that were developed and selected by MDHHS for validation. The reporting cycle and measurement period were specified for each indicator by MDHHS. The performance indicators are calculated by the PIHPs for specific populations for the first quarter of state fiscal year (SFY) 2021, which began October 1, 2020, and ended December 31, 2020. All performance indicators were reported as "Reportable", with no corrective action plan required.</p> <p>Performance Measure Validation (Compliance)</p> <p>DWIHN demonstrated compliance in 50 of 65 elements, with an overall compliance score of 77 percent, indicating that some program areas had the necessary policies, procedures, and initiatives in place to carry out many required functions of the contract, while other areas demonstrated opportunities for improvement to operationalize the elements required by federal and State regulations.</p> <p>Performance Measure Validation (PIP)</p> <p>DWIHN submitted the Design, Implementation, and Outcomes stages of the PIP for this year's validation. Overall, 80 percent of all applicable evaluation elements received a score of Met.</p>	<p>86%</p> <p>85.67 / 100%</p> <p>14% behind</p>
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Challenges: During the PMV session of the virtual review, it was identified that DWIHN MH-WIN system was capturing little to no detail from providers in

regard to any follow-up conducted by the providers for members that no showed or cancelled as it related to Indicator #1. In addition, DWIHN did not capture any explanation as to why a disposition, assessment, or service request might have fallen out of compliance due to an extended amount of time. Supporting documentation provided by Detroit Wayne from August 2019 acknowledged the issues within an on-site meeting agenda and noted discussions on how to address the issue.

During the opening session of the virtual review, DWIHN noted that for Indicator #2a, the PIHP reporting percentages were the lowest amongst regions. There has been a low turnout of new persons receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service. While HSAG noted that a workplan has been implemented by DWIHN, which includes current reporting being sent to the providers to review the status of the indicator and missing gaps of information that needs to be populated by the provider, HSAG recommends for Detroit Wayne to conduct an additional root cause analysis of why members are not receiving follow-up services within 14 days of a completed assessment.

12/23/2021

Ensure the ability to share/access health information across systems to coordinate care

Quality of Clinical Care

-

Child Goal Average

Nasr Doss:

Vital Data has been selected as vendor of choice to produce HEDIS measures, same vendor will also work with us in an integrated care platform to be used with MHP in pilot projects.
Currently we are working diligently with the vendor to build up the system and data exchange specs.

Challenges: No value

09/30/2020

100%

-

Enable Interoperability using HIE to share data between care coordinating agencies, providers, health plans, hospitals to provide the provider the holistic view of the health of the individual.: 100%

Quality of Clinical Care,
Quality of Service

Manny Singla | CNO/CIO

-

Manual Slider

Nasr Doss:

Our goal is to achieve TOTAL HIE (Health Information Exchange) platform with our major providers (CRSPS) by the new fiscal year 2021.

Challenges: No value

09/30/2020

100%
100 / 100%

-

Goal	NCQA Stan...	Owner	Co-owners	Tracking T...	Update	Current Co...
Implement Holistic Care Model: 100%	Quality of Clinical Care		-	Child Goal Average	<p>NEW Allison Smith: DWIHN was approved for inclusion in the Michigan BHH Pilot (Estimate January 2022 for implementation). Certification tool for inclusion as a BHH partner has been developed and shared with potential providers and review will occur in Oct/Nov.</p> <p>Challenges: <i>No value</i> 09/02/2021</p>	<p>98% 98.25 / 100% 2% behind</p>
→ Ensure consistent and standardized model of care: 100%	Quality of Clinical Care	Melissa Moody Chief Clinical Officer (CCO)	-	Child Goal Average	<p>NEW Allison Smith: DWIHN continues move to a holistic care model by ensuring care coordination is occurring between BH & Physical providers as we move towards the BHH and OHH models and the CCBHC model. OHH Medicaid funding begins 10/1/21. Integrated Health Care unit is working to implement a strategy to ensure better transitions in care (Kids aging-out, or levels of needed care).</p> <p>Challenges: <i>No value</i> 09/02/2021</p>	<p>97% 96.5 / 100% 106% behind</p>
→ Obtain leadership buy-in for the Behavior Health Home Model	Quality of Clinical Care, Quality of Service	Chief Network Officer (Unappointed)	-	Manual Slider		<p>100% -</p>
Improve population health outcomes	Quality of Clinical Care		-	Child Goal Average		<p>80% 15% behind</p>
→ Manage performance improvement outcomes: 100%	Quality of Clinical Care	April Siebert Director of Quality Improvement	-	Child Goal Average	<p>NEW Tania Greason: NCQA Upload for the Effectiveness of the QI Program (QI 11). Performance Improvement Projects submitted include:</p> <ul style="list-style-type: none"> • Phone Abandonment • Habilitation Supports Waiver • PHQ-A • PHQ-9 <p>Challenges: No barriers identified at this time. 03/01/2021</p>	<p>61% 60.83 / 100% 39% behind</p>
→ Implement MED DROP Program (genoa healthcare): 100	Quality of Clinical Care, Quality of Service	Sherry Scott Manager of Clinical Practice Improvement	Shama Faheem Ebony Reynolds	Task Completion	<p>NEW Sherry Scott: DWIHN implemented ACT step down model with the hopes of decreasing hospital recidivism and identifying members who no longer met medical necessity for the ACT program. However, since implementing the ACT Step down model, DWIHN has since went from fee for service to PMPM model for ACT as well as putting hard stops in place which stops any other billing that was outside of the H0039 bundled cpt code. Once those things were put in place there was a decrease in how much DWIHN paid out in ACT services.</p> <p>Also, DWIHN found that ACT members whom were stepping down from ACT did not want to participate in the Med drop/ ACT step down program and some ACT members did not meet medical necessity for the ACT program. With that being said DWIHN expanded the med drop/ ACT step down program to members who do not meet medical necessity for ACT but needed more intensive services then the traditional case management services.</p>	<p>100% 100 / 100 -</p>

6 cases were closed in December:

CCS- closed 12/30/21- the client would not attend a med review, so no medications could be prescribed.

CNS- closed 12/7/21- dropped out- She did not want to do anymore. Thought was managing meds just fine. Was not what she expected after the fact.

CNS- closed 12/1/21- dropped out- this was the client who has having the issues with PCP not allowing meds to move over to Genoa. He did not want to continue to fight about this.

CNS- closed 12/17/21- the client did not attend scheduled med reviews, so medication drops did not start. This was an orientation only.

DCI = closed 12/10/21- dropped out- changed his mind. He was very organized and really did not need our help.

LBS- closed 12/16/21- moved out of county

Challenges: COVID 19 became a barrier with initially implementing the program. Since implementing the ACT Step Down/ Med drop program, members were apprehensive about someone coming to their home and being in close proximity due to COVID concerns. Another barrier was that some members were not interested in participating in the ACT Step Down/ Med drop program. Another challenge is hiring and keeping staff. Since COVID 19, there were a number of staff who had reside. All of our network providers has a staffing issue which in turn providers were not able to hire enough case managers to implement the program. Due to all of these reasoning DWIHN expanded the population to members in outpatient, receive AOT orders and those that have a high hospital admission rate.

01/20/2022

**CHIEF CLINICAL OFFICER EXECUTIVE SUMMARY
PROGRAM COMPLIANCE COMMITTEE
August 10, 2022**

COVID-19 RESPONSE PLAN:

DWIHN’s Covid-19 Response Plan includes maintaining and creating an infrastructure to support a holistic care delivery system, with access to a full array of services. Planning will continue for COVID-19 to ensure access, placement and specialized programs for individuals served by DWIHN.

COVID-19 & INPATIENT PSYCHIATRIC HOSPITALIZATION

	# of Inpatient Hospitalizations	COVID-19 Positive
May 2022	707	6
June 2022	710	4
July 2022	685	3

Inpatient Hospital Admission Authorization data as of 8/1/2022.

COVID-19 INTENSIVE CRISIS STABILIZATION SERVICES - Intensive Crisis Stabilization Services are structured treatment and support activities provided by a multidisciplinary team and designed to provide a short-term alternative to inpatient psychiatric services. Services may be used to avert a psychiatric admission or to shorten the length of an inpatient stay when clinically indicated.

Crisis Stabilization Service Provider	Services	July 2022- # Served
Community Outreach for Psychiatric Emergencies (COPE)	Intensive Crisis Stabilization Services (MDHHS Approved)	232 (June-301)
Team Wellness Center (TWC)	Intensive Crisis Stabilization Services (MDHHS Approved)	139 (June-139)

*15% decrease in CSS in July compared to June 2022.

COVID -19 RECOVERY HOUSING/RECOVERY SUPPORT SERVICES

These individuals must be receiving outpatient services from a licensed SUD provider in DWIHN’s network via telehealth or telephone communications. The providers may provide up to 14 days for this specific recovery housing service for individuals who are exhibiting COVID-19 symptoms and/or tested for COVID-19 and positive.

Provider	# Served- July 2022
Quality Behavioral Health (QBH)	23 (June-1)
Detroit Rescue Mission Ministries (DRMM)	0 (June-1)
Abundant	6 (June- 1)

*Significant increase in Covid-19 SUD Recovery Housing utilized in July compared to June 2022.

SUD COVID Numbers Month of July 2022:

Members Covid Positive- 59

Staff Covid Positive- 19

*Two (2) providers had to temporarily close admissions in July due to the Covid outbreak.

**CHIEF CLINICAL OFFICER EXECUTIVE SUMMARY
PROGRAM COMPLIANCE COMMITTEE
August 10, 2022**

COVID-19 PRE-PLACEMENT HOUSING - Pre-Placement Housing provides Detroit Wayne Integrated Health (DWIHN) consumers with immediate and comprehensive housing and supportive services to individuals who meet DWIHN admission criteria and eligibility. Pre-Placement Housing provides funding to residential providers contracted to provide short-term housing for a maximum stay of 14- days, meals, transportation and supportive services that promote stable housing and increase self-sufficiency. Due to the COVID-19 emergency, DWIHN Credentialing Department provisionally impaneled the following residential providers, to provide services for those persons identified as COVID-19 positive or symptomatic (mild to moderate).

Provider	Services	# Beds	July 2022- # Served
Detroit Family Homes	Licensed Residential Home- Adults	4	0 (June-0)
Kinloch	Licensed Residential Home- Adults	3	0 (June-0)

RESIDENTIAL DEPARTMENT- COVID-19 Impact:

	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022 (Oct 1, 2021- current)	July 2022
Total # Covid-19- Members	169	76	124	3 (June-5)
<i>Related Deaths</i>	34	7	3	0 (June-0)
Total# Covid-19 Staff	71	59	56	3 (June-0)
<i>Related Deaths</i>	3	0	1	0 (June- 0)

VACCINATIONS- RESIDENTIAL MEMBERS:

	# of Members Fully Vaccinated	Vaccine Booster 2022
Licensed		
City of Detroit	649 (88.7%)	411 (63%)
Western Wayne	1,246 (91.4%)	952 (76%)
Unlicensed		
City of Detroit	93 (61.1%)	62 (66%)
Western Wayne	678 (68.2%)	381 (56%)

*No change in vaccination status since in July 2022

**CHIEF CLINICAL OFFICER EXECUTIVE SUMMARY
PROGRAM COMPLIANCE COMMITTEE
August 10, 2022**

COVID-19 MICHIGAN DATA:

Michigan COVID-19 Cases: August 1, 2022 update: The total number of confirmed COVID-19 cases in Michigan is 2,672,312 with 37,428 confirmed deaths. Wayne County reported 305,293 confirmed Covid-19 cases and 4,604 deaths. The City of Detroit reported 150,042 confirmed Covid-19 cases with 3,586 deaths. (Source: www.michigan.gov/Coronavirus)

Michigan COVID-19 Vaccination Updates:

Area	First dose- Initiation	Fully Vaccinated
State of Michigan	67.6%	61.1%
Wayne County	70.3%	64.3%
City of Detroit	47%	39.8%

Clinical Updates:

Tobacco 21 Legislation Update: On July 21, 2022, Governor Whitmer signed a legislation package to raise the state age for tobacco sales from 18 to 21. The legislative package brings Michigan in line with the Federal Tobacco 21 legislation, raising the state age for tobacco sales from 18 to 21. The package amends several acts to raise the age of sale for retailers, prohibit anyone under 21 from entering a tobacco retail store, and prohibit tobacco sales through the mail to anyone under 21. The package also revises the disbursement of proceeds from the tax on cigarettes and other tobacco products.

House Bill 6108 amends the Youth Tobacco Act to raise the minimum legal sale of tobacco products, vapor products and alternative nicotine products from 18 to 21, in alignment in with federal law. Penalties for the sale of tobacco products to under-age individuals remain up to \$100 for the first offense, up to \$500 for the second offense, and up to \$2,500 for third and subsequent offenses.

Autism Services: The Autism benefit continues to grow monthly. The current number of children enrolled in the benefit for the month of July is 2336. The total comprehensive diagnostic evaluation referrals scheduled by the Access Call Center have continued to increase since April 2022. or the month of July there were 186 referrals, which is an increase of 10 referrals from the previous month.

Infant Mental Health: Clinical Officer and the Children’s Initiative Director continue to work with contracted Infant Mental Health providers on multiple pathways to screen children ages 0-6 for IMH services. A universal Infant Mental Health screening tool is being updated in MHWIN and is ready for test mode. Target date of implementation into the provider network is no later than October 2022.

Trauma Informed Services: A pilot to complete trauma screenings for children in child welfare (ages 3-17) began in July between Department of Health and Human Services (DHHS) North Central Office and the DWIHN-Access Center. The goal is to identify symptoms of trauma to support development of treatment goals for children. The number of children screened with this pilot will be reported in the Children’s Initiatives reporting.



CHIEF CLINICAL OFFICER'S REPORT
Program Compliance Committee Meeting
Wednesday, August 10, 2022

CHILDREN'S INITIATIVES – Director, Cassandra Phipps

Pillar 1 Clinical Services & Consultation	Pillar 2 Stability & Sustainability	Pillar 3 Outreach & Engagement	Pillar 4 Collaboration & Partnership
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Mental Health Care: Putting Children First

Goals	Updates
Access	<p>Outreach:</p> <ul style="list-style-type: none"> Children's Initiative Director Cassandra Phipps presented at Constituent's Voice on 7/15/22 update on progress with Putting Children First Initiative children flyers that were created and Hawthorn admission and discharge eligibility criteria requires. Refer to Youth United events below. <p>Screening:</p> <ul style="list-style-type: none"> <u>Ages 0 to 6:</u> Working with the Infant Mental Health (IMH) Children Providers to develop a universal screening for children ages 0 to 6. Next Steps: IT Department updating the screening tool with recommendations. <u>Ages 18 to 21:</u> Children's Initiative Director Cassandra Phipps presented at Improving Practices Leadership Team (IPLT) on 7/5/22 the updated guidance from MDHHS to include members ages 18 to 21 for children services. DWIHN Children Diagnostic Treatment Services (CDTS) policy has been updated to align with MDHHS expectations. Next Steps: Create a guidance for screening eligibility and update MHWIN. <u>Foster Care:</u> 7/1/22 launched a pilot with DHHS North Central Office for youth involved in child welfare system ages 3 to 17 will have trauma screening completed and submitted to DWIHN Access Department to complete screening for community mental health services. <p>New Opportunities:</p> <ul style="list-style-type: none"> Creating a single case contract with Great Lakes Center for Autism tentatively to begin August 2022.
Prevention	<p>Conferences / Workshops:</p> <ul style="list-style-type: none"> 7/20/22 Youth Involvement Specialist Bianca Miles presented Putting Children's First Initiative and Youth United at the All People Meeting in Livonia, MI. 7/25/22 Children's Initiative Director Cassandra Phipps presented at the NAMI Conference Putting Children First Initiative presentation (11 attendees). <p>Schools/Tri-County Initiative:</p> <ul style="list-style-type: none"> Tri County Initiative meeting was held 7/5/22 with Macomb, Oakland, and DWIHN with the focus of brainstorming back to school events for the fall school year. Decision for each county to host a back to school event. <p>Summer Prevention Activities:</p> <ul style="list-style-type: none"> Distrusted a survey monkey to Children Providers and School Success Initiative due by 7/8/22 for youth to express interest in participating in STEAM and Chemistry workshops. Finalized DWIHN Release of Information form with the collaboration with DWIHN Legal Department.
Crisis Intervention	<p>Juvenile Justice:</p> <ul style="list-style-type: none"> Meetings held with Children Providers and Juvenile Detention Facility to brainstorm ways to address mental health needs for youth detained. Identified updating policies and processes to continue services until adjudication decision.
Treatment	<p>Workforce:</p> <ul style="list-style-type: none"> Identified a solution to simplify CAFAS/PECFAS reports that was discussed with CAFAS/PECFAS facilitators on 6/30/2022 and Children Providers during Children System Transformation (CST) meeting on 7/29/2022. 6 Children Providers were selected by MDHHS to participate in the Components for Effective Clinician Experience and Reducing Trauma (CE-CERT) Learning Collaborative to begin August 2022. 7/22/22 Children's Initiative Director participated in a panel discussion for high school students involved in the Biomedical Career Advancement Program (BCAP).

	<ul style="list-style-type: none"> Children’s Initiative Department continues to attend meetings with Children Providers to address capacity barriers and solutions. <p>Diversity / Equity / Inclusion:</p> <ul style="list-style-type: none"> Presented Sexual Orientation Gender Identity Expression (SOGIE) updates to the Integrated Biopsychosocial Assessment in MHWIN at Improving Practices Leadership Team (IPLT) on 7/5/22 and the CRSP Meeting on 7/11/2022. Next Steps: Send memo communication to Providers with the presentation and updated Screening in MHWIN with SOGIE language as well. <p>Quality of Services:</p> <ul style="list-style-type: none"> Children’s Initiative Department assisted with providing requirements for the HSAG Review on 7/25/2022 in which requirements were met. Postponed the Service Utilization Guidelines Training for CLS and Respite services for children to incorporate 1915i Behavioral Health State Plan Amendment (SPA) requirements from MDHHS.
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School Success Initiative (SSI)

SSI Provider meeting: was held 7/14/2022. Worked with Providers to update the monthly SSI narrative form. Providers submit list of schools for fall school year. **Redcap/MHWIN:** IT Department updated MHWIN to transfer data from the Redcap system. Currently the SSI flow is in Test Mode and 3 Children Providers were selected to pilot the changes. **Spotlight Awards:** 2 students were identified to present with awards in August 2022. **GOAL Line:** Informed Community Education Commission of the budget allocation of \$500,000 for FY 23 to do the initiative in 13 schools at the Northwest Activity Center. **Michigan Model for Health:** Next training with Wayne RESA scheduled for August 2022. **School Success Initiative Handbook:** 75% completed.

Youth United

Region	Updates
Advocacy	<ul style="list-style-type: none"> Youth MOVE Detroit attended The Children’s Center of Wayne County candidate’s forum on 7/7/22 in person. The group were able to participate in a form of political advocacy by having an opportunity to engage with current House and Senate candidates who are on the ballot. This allowed them to first hand meet political candidates and engage in a Q&A where they were able to voice personal concerns as it relates to their community and home life. There were four (4) Youth MOVE Detroit members in attendance.
Training	<ul style="list-style-type: none"> 7/12/22 Youth United facilitated a Focus Group with Communities First Summer Program in Detroit, MI. Youth engaged in an open discussion regarding youth interests, barriers, and activities within their community. Identified needing better transportation (5 attendees). 7/25/22 Youth United hosted the first Transitional Age Youth Forum-Moving On, Moving Out, at the Durfee Innovation Society in Detroit, MI. The event consisted of a resource fair, panel discussion, and giveaways. Resource tables included local community housing resources and other youth related organizations dedicated to assisting youth move into independency (25 attendees).
Anti Stigma	<ul style="list-style-type: none"> 7/15/22 facilitated a “Stigma Against Black Youth Voters” event virtually. The event consisted of a presentation on the history and importance of voting (17 attendees).

System of Care / Special Projects

Children Services Administrative Forum: 7/8/10/22 MDHHS clarified expectations the criteria and eligibility for admission and discharge planning at Hawthorn. **CAFAS Initial Training:** 7/26/22-7/27/22 (23 attendees). **CAFAS Booster Training:** 7/19/22 (6 attendees) **PECFAS Initial Training:** 7/12/22-7/13/22 (15 attendees). **Children’s Mental Health Lecture Series (CMHLS):** 7/21/22 Special Project Specialist Marika Orme facilitated “Art Therapy for Youth Development”. The purpose of this training was to provide basic information about Art Therapy and its benefits for youth throughout the developmental stages (57 attendees). On 7/18/22 Marika Orme also facilitated “Working With Adolescents: Redefining Co Occurring as a Substance Use and Trauma.” This session focused on the process of self-assessment to use with clients to identify the cost of trauma, in terms of specific obstacles they encounter, and building a recovery system around them (13 attendees). **CRSP Meeting:** Children’s Initiative Director (Cassandra Phipps) presented updates for SOGIE Integration, DWIHN Access Screening for youth connected to North Central DHHS Office, and summer prevention workshops. **Integrated Practices Leadership Team (IPLT):** Children’s Initiative Director Cassandra Phipps presented updated Children Diagnostic Treatment Services (CDTS) policy to include services for ages 18 to 21 and SOGIE Integration in MHWIN. **Outcomes Improvement Committee (OIC):** Children’s Initiative Department continues to support members discussed at OIC.

CLINICAL PRACTICE IMPROVEMENT – Clinical Officer, Ebony Reynolds

Individual Plan of Service (IPOS) Home and Community Based Services Rules (HCBS)/1915

For the month of July, the Clinical Practice Improvement department in collaboration with the DWIHN Quality and Utilization Management department will be hosting two (2) IPOS trainings for the entire DWIHN network during the month of August. The training is to support clinicians in understanding the person-centered planning process and to meet person centered planning guidelines. This training is also part of the systemic remediation from the most recent waiver site review in which DWIHN reported a network wide IPOS training will be incorporated into the corrective action plan.

MDHHS requires that all PIHP/CMHSP providers are HCBS compliant by the year 2023. To ensure that DWIHN is on track for compliance with this rule, the CPI and DWIHN Quality department continue to work collaboratively to review the provider network standardized IPOS to ensure that contracted providers have the required information mandated by DWIHN and MDHHS in their standardized IPOS. Providers were given a deadline of May 15, 2022 to incorporate this rule into the IPOS. The DWIHN CPI, Quality and UM department will begin another review in July 2022 to ensure providers are meeting the required deadline. Providers that are out of compliance will be given a timeframe for completion.

The CO has been working alongside the Chief Clinical Officer (CCO) on the 1915 waiver support application rollout process initiated by MDHHS scheduled to begin July 1, 2022. For individuals receiving any 1915 service and who currently is not receiving waiver services, a single page document will need to be completed and uploaded to the state's waiver support application database following PIHP review and approval. Per MDHHS this a requirement from Center Medicaid and Medicare (CMS) in which the State has to issue final approval for all request for 1915 waiver support services. The timeline for completion is October 2023. DWIHN has identified all leads at the CRSP level to complete this process as well as internal staff that will review and upload submission of the waiver support applications.

MED DROP EXPANSION EFFORTS

With regard to Med Drop and efforts to increase enrollment to 150 members, the CO and members of the CPI team continue to work in collaboration with the Chief Medical Officer by meeting with providers and reviewing individuals eligible for enrollment. For the month of July, Med Drop enrollment still stands at forty-nine (49) members which is an increase from forty-six (46) members at the end of May. Med Drop reports there are an additional eleven (11) referrals waiting to be scheduled. Current providers participating in Med Drop are, AWBS, CCS (Hegira-Downriver), CNS, DCI, Hegira-Westland, LBS, Team Wellness, and The Guidance Center.

Since the establishment of the Med Drop program, DWIHN paid \$73,370 in inpatient hospital cost for eligible Med Drop members that were not yet enrolled in the service. Following enrollment of these members, DWIHN was able to reduce inpatient cost of these members to \$14,550.

Case Management Model

A Case Management workgroup, along with the CO and staff on the CPI team was formed and finalized that will allow clinicians operating within their scope of practice to complete readmission and annual assessments for persons that do not require service intensity beyond Case Management level of care. Notice has been sent to providers for immediate implementation. Stakeholder feedback was included in the development of this model through a workgroup of DWIHN Adult service providers, I/DD and children providers. This solution will support staffing related issues experienced by providers with regard to the shortage of clinicians with Master degrees throughout the network.

Children Services/Autism Services

Clinical Officer and the Children's Initiative Director continue to work with contracted Infant Mental Health providers on multiple pathways to screen children ages 0-6 for IMH services. The IMH screening tool is being updated in MHWIN and ready for test mode. The CO and Children's Director will host a few additional meetings with the IMH providers and will move forward with implementation of screening at DWIHN Access no later than October Fiscal Year 2023.

A pilot to complete trauma screenings for children in child welfare began July 1 between Department of Health and Human Services (DHHS) North Central Office and the DWIHN-Access Center. The goal is to identify symptoms of trauma to support development of treatment goals for children. Numbers of children screened with this pilot will be reported in the Children's Initiatives reporting.

The Autism benefit continues to grow monthly. The current number of children enrolled in the benefit for the month of July is 2336. The Autism Administrator and the CO have developed an Autism provider meeting to develop continuity across contracted providers. DWIHN will increase the percentage of supervision allowed for behavior technicians from 10 to 20% in cases where medical necessity criteria is clinically appropriate. The goal of this is to help children meet their gains in treatment at a shorter length of time and increase better outcomes for children on the Autism spectrum.

The CO and the CCO continue to meet to address staffing related issues with the Children's provider network and reduction of paperwork requirements. A workgroup has been developed to receive feedback on what paperwork items need to be completed to capture clinical documentation and meet MDHHS reporting requirements.

Returning Citizens/ Jail Diversion/Mental Health Court

For the month of July, there were one hundred twenty-eight (128) releases from the jail. Of those releases, forty-six (46) were linked back with the provider to follow-up with their members; seven (7) were not eligible because the mental health screening from jail mental health did not meet DWIHN criteria; twelve (12) were sent to another correctional facility (i.e. prison or another county jail); and sixty-three (63) were not assigned to a provider within the MHWIN system.

There were two (2) Returning Citizens for the month of July. The assigned providers for Returning Citizens are CNS; CCIH; Team Wellness; and Hegira.

For the month of July, the Mental Health Court had sixteen (16) participants, five (5) of whom are employed. The current providers for Mental Health Court are AWBS and Hegira.

Assisted Outpatient Treatment orders (AOT)

With regard to individuals on Assisted Outpatient Treatment orders (AOT) there were ninety (90) AOT orders for the month of July. Of the ninety (90) orders, seven (7) were on a hospitalization order; seven (7) individuals were on a continuation court order, three (3) were individuals that have not been opened in MHWIN, twenty-one (21) were referred to the Access Center for provider assignment; fourteen (14) orders were returned from the Access Center with an assigned provider; and fifty-two (52) have an assigned provider who were given notice of the order to follow-up with treatment. Providers have been instructed that upon receiving an AOT notification, they must note the acknowledgment in MHWIN. By providing this acknowledgment it will ensure that the provider has received the AOT in order to comply with the court order. Additionally, DWIHN has also been working with providers to encourage enrollment of Med Drop with this group to increase compliance with the order.

Evidence Based Supported Employment

For the month of July, EBSE providers report improvement in backfilling vacant employment specialist positions. (CCIH, Development Centers, ACCESS, CNS have all backfilled vacant positions)

EBSE providers report they continue to offer a hybrid approach to service delivery based on member choice. DCI announced they have increased their outreach efforts with potential employers to establish partnerships and participated in one community presentation highlighting EBSE/IPS services. Lincoln Behavioral Services reported they will continue to assist its members with job placement as well as provide ongoing benefit planning education with the assistance of one of its employment specialists who is micro-certified as a benefits specialist.

Other Collaborative Efforts by Clinical Practice Improvement

For the month of July, the CO facilitated the Improving Practices Leadership Team (IPLT) which is a requirement of Michigan Department Community Health (MDCH) for all PIHP's to ensure that clinical practice guidelines developed by the PIHP have evidence of stakeholder feedback. The IPLT is also part of the Quality Assurance Performance Improvement Plan (QAPIP) developed by the DWIHN-Quality department. All Performance Improvement Projects (PIP) are brought to the IPLT for approval before being reviewed at the Quality Improvement Steering Committee (QISC) Most PIP's on the IPLT are submitted for NCQA for re-accreditation.

The CPI team began working with the Quality department on participation of the Sentinel Event Review Committee (SERC) to review the clinical documentation to ensure compliance with root cause analysis (RCA) process and provider adherence to the DWIHN policy and procedure of members with critical events.

The CO also hosted the Outcomes Improvement Committee (OIC) meeting as co-facilitator with DWIHN Medical Consultant. This committee consists of participation from CRSP providers in a case consultation format, to address individuals with high risk behaviors and identifies recommendations for treatment. For the month of July, the CPI department will begin tracking outcomes on a quarterly basis of individuals on the OIC to measure the success of the committee. The data the OIC intends to track will include reduction in LOCUS scores, reduction in CAFAS scores, reduction of depression symptoms through the PHQ-9, reduction in emergency room visits and decrease in hospital recidivism to name a few. Once an individual shows meaningful improvement, the member can be removed from the committee.

For the month of July, the CO and the CPI department sent individual list to CRSP providers with individuals on the hospital recidivism list and requested that they present these individuals to the OIC to create a solution to reduce recidivism. With this initiative DWIHN hopes to prevent the recidivism indicator data from increasing which has been trending in the wrong direction as evidenced by preliminary Q3 data. DWIHN will continue to work closely with providers to monitor outcomes of persons tracked on the OIC.

CRISIS SERVICES – Director, Daniel West

Please See Attached Report

CUSTOMER SERVICE – Director, Michele Vasconcellos

Administration/Call Center Operations/ Family Support Subsidy/Medical Records

- There was a total of 3,208 calls offered during the month of July. However, the DWIHN's Customer Service division handled a total of 2,897 calls in the month of July. Front Desk 2,386 with an ABD rate of 0.8%; Call Center 775 with an ABD rate of 12.5%. The ABD rates are out of compliance with contributing factors of phone related issues for the CSRs. These issues are being addressed accordingly within the Unit and IT.
- Family Support Subsidy Activity: Calls (1,609) Increase. Applications rec'd (231 increase) Applications Submitted to State (276) Increase.
- Processed and mailed out "Choice" letters to members as a result of provider closures or discontinuance of services.
- Conducted Customer Service Orientations for new hires of the Access Center.
- Prepared Customer Service Report to address Provider Customer Service Audit process.
- Prepared Bi-Monthly Disenrollment Update Report for Authorization meetings.
- Conducted Bi-monthly staff meetings.
- Processed Unit Cobblestone data entries for Finance processing.

Customer Service Performance Monitoring/ Grievance & Appeals

- Met to discuss the Appeals Adverse Benefit Determination Audit process.
- Provided technical assistance/training to Development Center, ACCESS and Goodwill.
- Participated in multiple provider closure meetings and mailed member choice letters as required.
- Conducted Non-CRSP Disenrollment audits and discharged accordingly.
- Completed 2 CRSP Customer Service Performance Monitoring Audits.
- Conducted meetings to address the Second Opinion Process.
- Facilitated Monthly Due Process Meeting.
- Attended Statewide CS Workgroup meeting.
- Trained New Call Center Staff person on Appeals, Second Opinions, Mediation.
- Attended Aetna JOC meeting.
- Presented Grievance process at the Member E.V.O.L.V.E meeting.
- Completed preparation and work flow to distribute member literature to providers on August 1, 2022.
- Conducted EOB meeting to continue to develop processes and workflow
- Attended Risk Matrix/Provider scorecard meetings.
- Attended meeting with Call Center leadership and Customer Service to discuss/troubleshoot MHL members who were showing closed to NSO

Quality Improvement / NCQA/HSAG

- Participated in UM, Quality Ops, ASD, ICO monthly meetings.
- Attended multiple interdepartmental preparation meetings regarding HSAG audit.
- Submitted appeals for review for NCQA to consultant.
- Due Process conducted mock HSAG audit in preparation for review.
- Participated in/ HSAG audit of Grievances and Appeals file review.
- Submitted additional Grievance evidence to HSAG post review.
- Provided evidence for HSAG audit regarding Member related Practice Guidelines.
- Began implementation process of HSAG recommendations.

- Revisited the Caller Abandonment Project for continuation with the Quality department and NCQA consultant.

Member Engagement/ Experience

- Completed the Spring 2022 Edition of the Persons Point of View.
- Initiated the contracting process for the DWIHN mobile application for Community Engagement with AgreeYa.
- Continued to host monthly member (e.g., EVOLVE) and advisory group meetings (Constituents' Voice general assembly, Leadership etc.).
- Started analysis of data on peer specialist workforce and liaisons.
- Continued to work with MCO, Clinical, Utilization Management, Strategy, Self-Determination, Grievance, Appeals, Quality, Customer Service to solidify a performance improvement process.
- Contributed to the data LTSS survey, MDHHS needs assessment, and CCHBC proposal development.
- Participated in Survey restructure meetings.
- Drafted proposal for the revision of the Ambassador and CV reimbursement process.
- Met to address Clubhouse FSR backlog.
- Finalized Wayne State ECHO Board Action.

INTEGRATED HEALTH – Director, Vicky Politowski

Please See Attached Report

MANAGED CARE OPERATIONS – Director, June White

Please See Attached Report

RESIDENTIAL SERVICES – Director, Shirley Hirsch

Please See Attached Report

SUBSTANCE USE DISORDER – Director, Judy Davis

Please See Attached Report

UTILIZATION MANAGEMENT – Interim UM Director, Lucinda Brown

Please See Attached Report

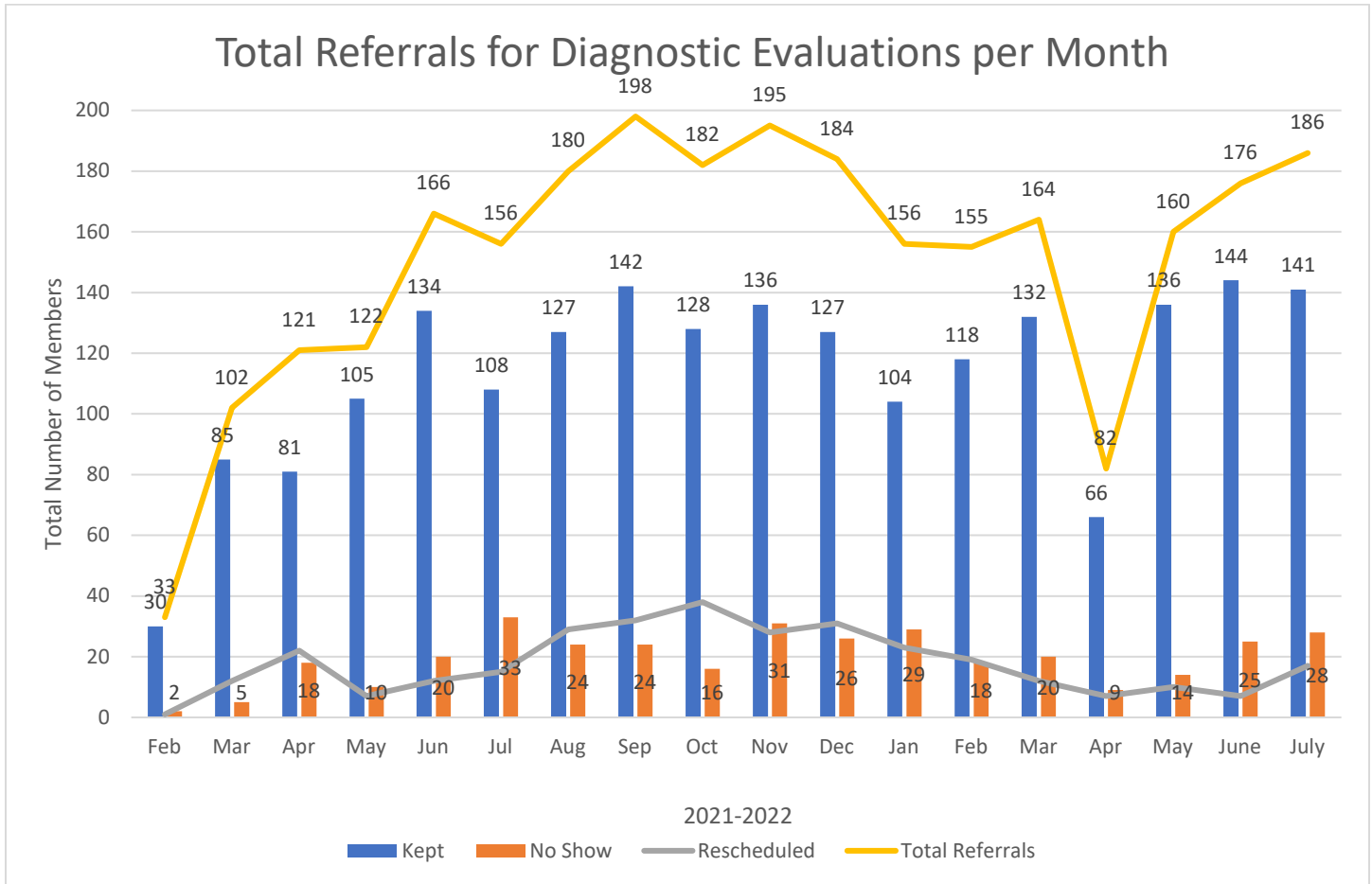
Autism Spectrum Disorder Benefit July 2022 Monthly Report

Enrolled in ASD Benefit

Total open cases in the WSA for the month of July is 2,336 which is an increase of 22 cases from the previous month.

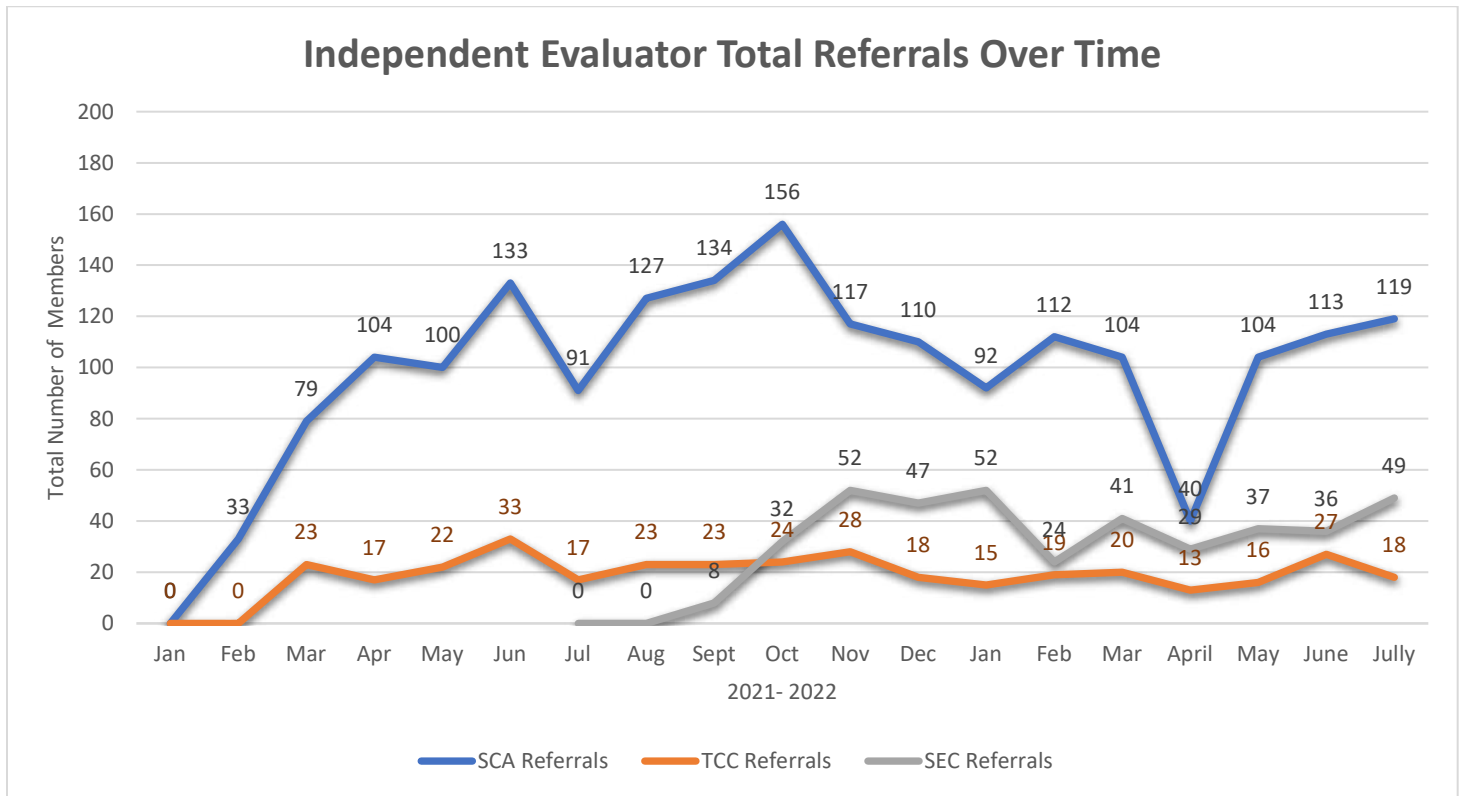
Summary of Diagnostic Evaluations

The total comprehensive diagnostic evaluation scheduled by the Access Call Center for the month of July was 186 which is an increase of 10 referrals from the previous month. Out of the 186 scheduled appointments 141 were kept, 28 were no show appointments, and 17 were rescheduled.



Individual Data Points for Independent Evaluators:

The below graph represents all three Independent Evaluator’s total referrals across January 2021 to June 2022. The average scheduled referrals for Social Care Administration are 87, The Children’s Center reports 17, and Spectrum Evaluation Center reports 35.



Provider Updates

- The ABA providers continue to describe significant staff shortages which has impacted the timeliness standard to access ABA services within the 90-day NCQA standard. Centria Healthcare reduced access to referrals by 50% from the previous month due to shortage of applicants in certain geographical areas in Wayne County. DWIHN has been meeting with Centria and other ABA providers to offer solutions to staffing shortages which include discussion on the rate increase offered to help recruit and retain staff.
- All ABA providers report that they are at capacity and are unable to accept referrals from the Independent Evaluators but are diligently working to recruit candidates. With the DWIHN one-time supplemental rate increase for claims submitted through March 31, 2022 and a second installment for claims submitted April 1-June 30, 2022, providers should be able to recruit staff.
- DWIHN updated the timeliness measures for diagnostic evaluation reports to 10-business days rather than 10 calendar days for evaluations that recommend approval for the Autism benefit. For recommended denials, the time frame will remain the same which is 7 business days.

Crisis Services Monthly Report for July, 2022

Below is the monthly data for the Crisis Services Department for July, 2022 for adults and children.

CHILDREN'S CRISIS SERVICES

Month	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	Crisis Stab Cases
June	210	197	64	30%	142	68%	157
July	183	172	57	31%	118	64%	

- Requests for Service (RFS) for children decreased by 12% this month and the diversion rate decreased 16% as compared to June. Due to ongoing staffing issues, The Guidance Center has been working with The Children's Center to complete screenings when staff are not available (3 such screenings took place this month), and The Children's Center Crisis Care Center will be operating at reduced hours (8am-6pm) until 9/1/22. Members must be present prior to 4pm during these reduced hours to receive screenings.
- There were 101 intensive crisis stabilization service (ICSS) cases for the month of July, a 35% decrease compared to June. Of the 101 cases there were 43 initial screenings.
- There was a total of 10 cases served by The Children's Center Crisis Care Center in July, a significant decrease from the month of June. Of those cases, there were no new cases.

COPE

Month	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	# Inpt due to no CRU
June	958	876	647	68%	293	32%	7
July	972	882	705	72%	251	26%	15

- There was a slight increase in the number of requests for service for adults in July compared to June, and the diversion rate decreased by 14% in July.
- The Crisis Stabilization Unit (CSU) at COPE served 232 cases in this month, a 29% decrease from June at 301.
- The Mobile Crisis Stabilization Team provided services to 43 members in July, down from 57 in June.

CRISIS RESIDENTIAL/HEGIRA

- The number of available beds is 9 due to the Boulevard closing.

Referral Source	Total Referrals	Accepted Referrals	Denials
ACT	0	0	Level of Care change – 0
COPE	23	21	Not medically stable due to SUD – 0
DWIHN Res.	0	0	Not medically stable due to physical health – 0
Step Down (Inpatient)	6	4	Violent/aggressive behavior – 0 No follow-up from SW/Hospital – 0
Total	29	25	Pending: 4 CRU bed unavailable-0 1:1 staffing not available-0 Total - 4

CRISIS CONTINUUM

- For the month of July, Team Wellness Crisis Stabilization Unit (CSU) provided services to 139 individuals, a 9% increase from the month of June.

PROTOCOLL

Month/Year	# Incoming Calls	# Calls Answered	% answer w/in 30 secs	Avg. Speed of answer	Abandonment rate
June	639	625	56%	21s	1.1%

- Protocol is working on some large training classes (between 20-30 new staff per class). As their staffing numbers continue to grow, so do their other areas of support for which they've internally promoted two new Clinical Supervisors and an Onboarding Supervisor.
- July data was not available at the time of reporting this month.

COMMUNITY LAW ENFORCEMENT LIAISON ACTIVITY REPORT JULY 2022:

- The number of ATRs for the month of July decreased by 8.5% (301 completed for this month as compared to 329 in June).
- Community Law Enforcement Liaison engaged 33 individuals this month.
 - 100% have repeat hospitalizations without follow up by the CRSP. CRSP were alerted and engaged in discharge planning. 39% have Team Wellness as a CRSP. 15% not assigned
 - 12% were homeless.
 - 66% were on court orders.
 - <1% needed residential placement.
 - 1% were COPE Alerts with a diversion rate of 0%
- 7 Citizens returned and were connected to DWIHN services upon release from MDOC. 14% missed their initial intake appointment. Communications were sent to MDOC, PCS and CRSP to follow up regarding missed intake and to ensure compliance.
- DWIHN received 148 Assisted Outpatient Treatment (AOT) orders from Probate Court this month and respective CRSPs are notified to incorporate these orders in treatment planning.
- There were 18 ACT consumers referred to COPE: 78% went inpatient, 22% went Outpatient, and 0% were admitted to CRU and 0% PHP. No pre-placement as sought during this reporting period. It should be noted 26% of ACT PARs were completed by COPE.

COMMUNITY HOSPITAL LIAISON ACTIVITY REPORT

- In July 2022, there were 147 contacts made with community hospitals related to movement of members out of the emergency departments, which is a slight decrease in contacts from June at 186. Out of the 153 encounters, 43 were diverted to a lower level of care, an overall diversion rate of 29%. 0 admission were made to Hawthorn, and 0 admissions were made to WRPB and Kalamazoo.
- Hospital liaisons were involved in 4 cases that were NOT on the 23-hour report, and of those cases, all went inpatient.

- Hospital liaisons received 19 “crisis alert” calls collectively and the crisis alert diversion rate was 42% for July which is an increase in diversion rate for crisis alerts compared to June.
- In July, there were 6 members who repeated an emergency encounter at least once, and between the 6 members considered recidivistic there were 13 encounters. Members were diverted on 5 occasions with 3 members going inpatient on each encounter. One member was diverted at each of their 3 encounters.
- No requests were made related to veterans’ affairs.

DATA SPECIFICALLY RELATED TO 23 HOUR REPORT

- Of the 23-hour report activities during this reporting period there were 142 encounters (a 30% decrease from June) related to movement from a 23+ hour wait in the ED.
- 80 of the 142 cases specifically related to the 23-hour list went inpatient, resulting in a 47% diversion rate.

DISPOSITION TOTALS

- For inpatient admissions overall, BCA Stonecrest: 18, Beaumont Behavioral: 6, Detroit Receiving: 4, Henry Ford Wyandotte: 2, Garden City: 6, Harbor Oaks: 5, Havenwyck: 11, Kingswood: 9, Pontiac General: 22, Providence: 2, Samaritan: 6, Sinai Grace: 4, St. John: 2, and St. Mary Mercy: 4.
- Of those diverted overall, discharged with crisis stabilization: 38, Medical admissions: 3, Residential Referrals: 1, and SUD treatment: 1.

DISCHARGE LIAISON TOTALS

The DWIHN Discharge Hospital Liaison was involved in 13 cases in July, a decrease of 7 cases from June. There were 9 referrals from clinical specialists within Utilization Management at DWIHN, 2 were self-referrals from the Discharge Hospital Liaison and 2 from the hospitals themselves. 10 of the referrals already had a crisis alert within the system. Of the 11 hospital discharge appointments scheduled, 2 members kept their appointment while 9 did not. The Discharge Liaison has since followed up with the CRSP for those appointments. 6 appointments are pending at this time.

MOBILE OUTREACH SERVICES

Number of Mobile Events Attended	10
Number of Meaningful Engagements	278
Number of Subsequent Contacts	45
Number of Screenings in the system	0
Current members contacted within DWIHN system	8

July Outreach Summary:

The Crisis Services Department Mobile Outreach Clinician continues to attend events garnered by established relationships in the community, and he is able to maintain scheduling in tandem with Wayne Metro. The number of meaningful conversations that have taken place in the month of July have increased as compared to June, and he has scheduled events through September in order to take advantage of all the outreach already occurring in the community via DWIHN and other entities. DWIHN has solidified the Considine Center to host events in order to invite community partners starting in August.

Integrated Health Care Department

Monthly Report

August 2, 2022

Collaboration with Health Department

During the month of July IHC did not have any presentations on Hep C.

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, Adherence to Antipsychotic Medication, Diabetes Screening for members prescribed atypical antipsychotic medications, and Hepatitis C treatment. Currently implementing a HEDIS certified platform which will display individual CRSP provider data to allow early intervention and opportunity to improve outcomes. The HEDIS certified platform will also include measures for Opioid Health Home and Behavior Health Home. DWIHN and Vital Data continue to work on the HEDIS platforms that show the data for these QIP for providers.

Population Health Management and Data Analytics Tool

DWIHN and Health Plan 2 met on June 22nd to prepare for implementation of the VDT platforms. One for providers to view member encounter information and performance on HEDIS measures. The other for is to coordinate care for shared members, build reports to close gaps in care and for DWIHN to view HEDIS measure performance. VDT continues to make corrections and revisions to both platforms based on feedback from DWIHN. DWIHN and Vital Data are working on a Mobile App for members to access their health chart. This is estimated to be rolled out in September.

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 **36** individuals in July. Joint Care Plans between DWIHN and the Medicaid Health Plans were developed and/or updated, and outreach completed to members and providers to address gaps in care.

Integrated Health Pilot Projects

DWIHN has identified 3 Health Plans for Integrated HealthCare Pilot Projects.

Health Plan 1:

Health Plan 1 and DWIHN met twice in July and Health Plan 1 has decided to increase care coordination and to use the shared platform once built to stratify members for care coordination. Health Plan 1 and DWIHN will meet monthly to create goals and outcomes that will be tracked.

Health Plan 2:

Care Coordination with Health Plan 2 was initiated in September 2020, these meetings occur monthly. There were 8 cases discussed in the month of July for the Pilot program. The plan requests the number of cases to be discussed during Case Review. Health Plan 2 has decided that the shared platform has a benefit and IHC Director, DWIHN IT and Health Plan 2 have discussed how the data will be obtained for the platform. Once VDT has added all Health Plan 2 members in the shared platform gaps in care reports will be created. These reports will be used to better provide services to members and to know where there are gaps in care.

Health Plan 3's

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.

DWIHN and Health Plan 3 reviewed data from June 1, 2022 to July 18, 2022 and there were 270,000 queries from Health Plan 3, there were 2400 matches of shared members and 1100 of them had shared documentation. 40 of those matches were members of the four CRSP in the pilot program.

DWIHN IT department is creating dashboards to track outcomes. These dashboards were reviewed and recommendations were made.

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 4 CRSP's in the pilot: Neighborhood Services Organization, Lincoln Behavioral, Hegira and Guidance Center. This started on June 16, 2022

MI Health Link Demonstration

IHC department under the MI Health Link Program received total of 366 request for level II in the month of July 2022 from the following ICO organizations below: Pending = not processed yet, Voided = Member was unable to reach, referred in error, or declined assessment, or declined BH services, Active= Level II was sent to ICO.

ICO	Active	Pending	Voided	Totally by ICO
Aetna	6	20	7	33
Amerihealth	0	0	0	0
HAP	2	5	9	15
Meridian	6	0	7	13
Molina	50	146	108	304
TOTAL	64	171	131	366

Voided referrals reasons are as follows:

	Member Declined Assessment	Member Declined Services	Member not available before deadline	Referrals in error	Unable to reach
Aetna	0	4	2	2	3
Amerihealth	0	0	0	0	0
HAP	0	4	0	0	5
Meridian	0	6	1	0	3
Molina	1	57	5	10	35
Total	1	71	8	12	46

Comparison Data for Voided Referrals:

	Number of Voided Referrals	Member Declined Assessment	Member Declined Services	Member not available before deadline	Referrals in error	Unable to reach
March 2021	182	1	85	13	34	49
April 2021	230	2	113	3	44	68
May 2021	173	0	82	1	27	66
June 2021	156	2	79	5	30	42
July 2021	195	2	102	0	20	69
August 2021	178	0	78	2	31	67

September 2021	184	0	88	4	39	53
October 2021	172	5	85	5	24	53
November 2021	152	11	94	2	9	36
December 2021	186	11	125	5	7	38
January 2022	180	3	120	5	7	45
February 2022	177	2	81	8	25	61
March 2022	153	3	93	3	7	47
April 2022	241	3	48	2	6	28
May 2022	105	3	57	4	11	33
June 2022	66	1	801	16	2	66
July 2022	138	1	71	8	12	46

*Increase in number of Member declined services, process and interventions to be reviewed.

ICO Meridian is still unable to receive level II responses through the Care Bridge, referrals are logged in MH WIN and manually processed by sending to Meridian through secure email. documents have not been received to share internally with DWIHN.

Transition of care services were provided for **7** members who were discharged from the hospital to a lesser level of care, community outpatient, or additional level of service Behavioral Health or Physical Health.

There were **36** LOCUS assessments completed for the MI Health Link Demonstration received from Network Providers who service Nursing Home Facilities for Mild-Moderate population.

Care Coordination Activities for the ICO enrollees **36** individuals who have been identified to have a gap in services. This is a combined effort between IHC staff and the ICOs.

Plan Name	Number of cases requested by ICO	Number of cases DWIHN recommended for Care Coordination for the month	Number of cases DWIHN recommended for Care Coordination for next month	Number of cases to refer to Complex Case Management	Total number of cases touched.
Aetna	8	0	0	0	8

HAP	5	0	2	0	7
Amerihealth	4	0	0	0	4
Merdian	5	1	0	0	6
Molina	10	0	0	0	10

Special Care Coordination Project

Plan Name	Number of cases requested by Medicaid Health Plan	Number of cases DWIHN recommended for Care Coordination for the month	Number of cases DWIHN recommended for Care Coordination for next month	Number of cases to refer to Complex Case Management	Number of case reviewed Total
Health Plan 2	0	4	4	0	8
Health Plan 1	0	0	0	0	0

FUA:

During this reporting period DWIHN has reviewed 109 cases of FUA in which 40 cases 37% were fee for services Medicaid/Medicare with no MHP affiliation. 43 cases 40% have been sent to the respective MHPs as these cases are not open to DWIHN. 26 cases 24% were open to DWIHN providers were notified and members were called of those cases 8 in which less than 2% confirmed connecting with outpatient providers.

There was a total of 26 FUH cases that members attended outpatient appointments due to connecting with IHC Care Coordination team.

Medicaid Health Plan (total)	26
Priority	1
BCC	4
Aetna	4
HAP	4

McLaren	3
Meridian	4
Molina	5
UHC	1

There was a total of 43 FUA Members sent to MHPs (not open to DWIHN)

Medicaid Health Plan (total)	43
Priority	1
BCC	4
Aetna	4
HAP	4
McLaren	3
Meridian	4
Molina	5
UHC	1

There was a total of 32 FUA members that were open to DWIHN that contact was attempted but did not maintain f/u appointment.

Medicaid Health Plan (total)	32
Priority	5
BCC	3
Aetna	1
HAP	3
McLaren	3
Meridian	3
Molina	7
UHC	1
Fee for Service	14

Audits

DWPHN during this reporting month received communication from ICO Amerihealth ICO has received all submissions timely outstanding items are BAA (2020) and Access Center CAP has been removed a new executive summary will be sent first week in August. DWPHN has been placed on a review of the credentialing/recredentialing division to ensure that providers are attesting every 180 days that their credentials are accurate. DWPHN has submitted additional call recordings of referrals awaiting determination of cap. DWPHN will need to improve

efficiencies with Access Center triage of call backs for outbound calls. DWIHN was not selected for the CMS Care Coordination review with this ICO.

DWIHN during this reporting month received communication from ICO Aetna requesting the review of BAA for 2021, DWIHN received redline review of document last week of this reporting period and will review and return to ICO Aetna by next reporting period. DWIHN has been placed on review but not CAP for credentialing and recredentialing due to failure to monitor providers attestation of credential verification every 180 days.

During this reporting period IHC, corrected all outstanding encounter errors from ICO Encounter reports 3 reported errors for the month of July 2022, currently there is no DWIHN process to recoup funds that were paid out under this benefit for error billing from providers.

During this reporting period there were 3 claims submitted from State Hospital, IHC will continue to work with UM department on proper notification of MHL State placements to insure compliance with demo.

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 July, there are currently **12** active cases, **2** new case opened, **5** case closures, and no pending cases. Four **(4)** case were closed due to meeting treatment goals and one **(1)** member was incarcerated.

Care Coordination services were provided to **21** additional members in July who either declined or did not meet eligibility for CCM services. Follow up after hospitalization was completed with **89** consumers to help identify needs and **24** individuals who had hospital recidivism.

Complex Case Management staff have been working to identify additional referral opportunities. IHC completed **22** presentations for DWIHN CRSPs and at Provider Meetings: CLS, Team Wellness, Lincoln Behavioral Services, Development Center, Guidance Center, Wayne Center, Social Security Administration, Michigan Guardian Services, Roderick Bingham Guardian, Beginning Step, Havenwyck, St. Mary's Hospital, Henry Ford Kingswood, Henry Ford Wyandotte, Pontiac General, Samaritan, Beaumont Taylor, Hawthorne.

EMS Friendly Faces:

DWIHN had **51** members for the EMS calls. Three **(3)** members were reached, **21** had wrong phone numbers, **1** answered but disconnected the call, **7** CRSP were contacted, and **1** was engaged for services.

Peer Health Coach Grant:

DWIHN has contracted with four Certified Peer Health Coaches who will be stationed at Central City working with individuals who have multiple medical conditions along with behavior health. All four Peer Health Coaches were onboarded and started May 24th, 2021. This grant will end September 31, 2022.

The Peer Health Coaches are working to reconnect non-adherent clients to therapy. Teaching other peers motivational intervention techniques. Identifying clients diagnosed to have hypertension that may be interested in participating in a hypertension study that will reconnect them to their PCP.

Members who have received face-to-face engagement for the month of July, **127** members were surveyed below are the results for the Peer Health Coaching Participant Questionnaires

1. What would you say your overall health was/is before PHC?

Poor- 0

Fair- 21

Good - 106

Very Good - 0

2. How aware are you of risk factors and ability to manage existing health issues before PHC?

Poor -0

Fair- 5

Good - 122

Very Good - 0

3. Awareness of risk factors and ability to manage existing health issues after PHC?

Poor- 0

Fair - 5

Good - 122

Very Good - 0

15 Satisfaction Surveys were obtained

1. Did the PHC help you understand the importance of follow up care?

Yes- 15

No -

Not Sure -

2. Did the PHC assist and support you to get the care you needed?

Yes - 15

No –

Not Sure – 0

3. Was the PHC attentive and help you work through problems?

Yes - 15

No -

Not Sure -

4. Did the PHC treat you with courtesy and respect?

Yes - 15

No -

Not Sure-

5. How satisfied were you with your PHC?

Very - 15

Some What -

Not Sure -

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

DWIHN contracts with Neighborhood services Organization (NSO) to perform the OBRA screening. NSO/DWIHN has been on a performance improvement plan with the MDHHS for the number of pends they have received on assessments

The DWIHN Clinical Specialist OBRA/PASRR continued to monitor the MDHHS OBRA/PASARR assessment que on an ongoing basis to review assessments that have been submitted by the OBRA/PASARR provider, Neighborhood Services Organization (NSO), to MDHHS. The Clinical Specialist also participated in the monthly meetings with NSO and quarterly meeting with MDHHS during the quarter. In April 2022 NSO was taken off the plan of correction and DWIHN has received the letter from the State of Michigan and has placed it in Cobblestone.

Congruence rate between OAS recommendations and MDHHS determinations is 96% for the month of June 2022.

3/87 (3%) pended in **June 2022**. Reasons include: Psychosocial Issue 2, and 3877/3878 Issue or No SPMI 1.

12/86 (14%) pended in **May 2022**. Reasons include: Psychosocial Issue 5, 3877/3878 Issue or No SPMI 2, Coordinator Issue 3, Other 1, and Presenting Problem 1

11/72 (15%) pended in **April 2022**. Reasons include: Psychosocial Issue 1, Dx Issue 2, Recommendation 2, Coordinator Issue 6.

5/85 (6%) pended in **March 2022**. Reasons include: Nursing Issue 1, Dx Issue 2, and Coordinator Issue 2.

13/66 (20%) pended in **February of 2022**. Reasons include: psychosocial issue 4, Nursing Issue 1, 3877 or No SPMI Letter 3, returned twice 1, Coordinator Issue 3, and other issue

8/67 (12%) pended in **January of 2022**. Reasons include: psychosocial issue 2, Dx Issue 2, spelling and grammar 2, returned twice 1, and presenting problem 1.

14/72 (19%) pended in **December of 2021**. Reasons include: psychosocial issue 2, nursing issue 2, spelling and grammar 1, 3877/78 or no SPMI letters 1, Coordinator 5, other 2, presenting problem 1.

9/59 (15%) pended in **November of 2021**. Reasons include: psychosocial issue 2, nursing issue 2, spelling and grammar 1, 3877/78 or no SPMI letters 1, Coordinator 2, other 1.



Monthly Report

Managed Care Operations

July 2022

MHWIN system cleanup of records/Online Directory:

This month the team continued working on addressing the system clean-up records in MHWIN. There were several gaps identified and addressed

- a. Completed cleaned up Staff records in MHWIN, that need NPI #'s
- b. Working on staff records to have pertinent information be a required field for data reporting to the state. Working with IT Dept in an effort to make the directory more compliant with State requirements Ongoing task

Internal /External-Training Meetings Held:

- a. Met with 9 CRSP providers regarding the performance indicators most providers continue to experience staff shortages in the intake department for new intakes as well as ongoing services they provide
- b. Access Committee Meeting held to discuss network adequacy and provider gaps in services, it was identified PDN and SMI services are needed in our system and will be addressed through opening up the network through RFP's and out of network agreements with provider outside of our contracted network. A Service Delivery Expansion Survey was sent out and is due back by July 15th.
- c. Reviewed all changes to the Provider Manual for 2022, will be finalized and up on the website by end of July 2022, there was a delay in review and responses that was needed.
- d. Attended several monthly meetings with Continuum of Care Board (COC), to discuss HUD/Homeless projects.

PIHP Email Resolutions and Phone Provider Hotline:

For the month of June, we received/answered 115 emails and 35 phone messages from providers with concerns related to claims billing, credentialing issues, Provider change notifications, Procedure Code changes, Single Case agreements, and changes with the FY 2022 State Code/Modifier changes.

New Providers/ Merger/Closures Changes to the Network /Provider Challenges:

We will be adding 5 new providers in the next coming months. Providers continue to struggle with staff shortages to maintain staff in homes as well as staff in general among all of our providers resulting from the continued plague of Coronavirus pandemic.

DW also continues to meet with providers to find solutions that will assist during these unprecedented times.

The network has had several home consolidations for licensed and unlicensed settings, which is a result of the members personal health or staff challenges providers have had causing them to



merge or close the settings. Although the closing was less last quarter the expectation before the year is that we will continue to see more closing or consolidations of homes for providers.

Provider Closure/Mergers FY 21-22					
Description	1 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr.	YTD Totals
Licensed-Residential Homes	1	4	2	10	17
Unlicensed /Private Home Services (SIL's)	3	11	11	9	34
Clubhouse services	1				1
Outpatient-services, SUD services	4	6	1	1	12
Provider Organization Merger(s)	2				2
Total	11	21	15	19	66

Housing Resource and Street Outreach to the Homeless:

As reported by the Housing Urban Development (HUD) Annual Homeless Assessment Report, the report found that the number of sheltered people in families with children declined considerably between 2020 and 2021, while the number of sheltered individuals remained relatively flat. Between 2020 and 2021, the number of veterans experiencing sheltered homelessness decreased by 10 percent. On a single night in 2021, 15,763 people under the age of 25 experienced sheltered homelessness on their own as “unaccompanied youth.” The number of sheltered individuals with chronic patterns of homelessness increased by 20 percent between 2020 and 2021. As we partner with our providers to assist the homeless with housing and reaching individuals on street to -date we continue to see improvement one month at time.

This report is based on a Calendar quarter not a Fiscal year.

No change for this month/Quarter from last month.

Southwest Counseling Solutions - Housing Resource Center		
FY 22 Contract Amount: \$1,089,715		
	1st Quarter	Year-To-Date
# of Persons Served	3054	3054



# of Persons Screened for Mainstream Services	2498	2498
# of Persons who received Housing Assistance	556	556

Neighborhood Service Organization (Detroit Healthy Housing Center)		
FY 22 Contract Amount: \$902,050		
	1 st Quarter	Year-To-Date
# of Persons Served	134	134
# of Persons Receiving Emergency Shelter Services	134	134
# of Persons referred to Permanent Housing	115	115

Neighborhood Service Organization (Housing First – Clinical Case Management)		
FY 22 Contract Amount: \$25,000		
	1 st Quarter	Year-To-Date
# of Persons Served	25	25
# of Persons who applied for Permanent Supportive Housing	14	14

# of Persons who Exited to Permanent Housing	2	2
# of Persons enrolled in Medicaid, Primary Health Care, or Community Mental Health Programs	2	2

Neighborhood Service Organization (PATH - Street Outreach)		
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FY 22 Contract Amount: \$169,493		
	1 st Quarter	Year-To-Date
# of Persons Served	109	109
# of Persons Enrolled in PATH	35	35
# of Persons Connected to SOAR	78	78
# of Persons Enrolled who Exited to Permanent Housing	18	18

Wayne Metropolitan Community Action Agency (PATH - Street Outreach)		
FY 22 Contract Amount: \$75,000		
	1 st Quarter	Year-To-Date
# of Persons Served	47	47
# of Persons Enrolled in PATH	16	16
# of Persons Connected to SOAR	0	0
# of Persons Enrolled who Exited to Permanent Housing	7	7

CNS Healthcare (Covenant House Program)		
FY 22 Contract Amount: \$132,872.25		
	1 st Quarter	Year-To-Date
# of Persons Served	56	56
# of Persons who assessed and referred to the appropriate level of care	42	42



# of Persons experiencing mental health crisis that received crisis intervention services.	14	14
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Central City Integrated Health (CoC PSH Program - Match)		
FY 22 Contract Amount: \$114,754		
	1 st Quarter	Year-To-Date
# of Individuals Served	49	49
# of Households Served	35	35

Central City Integrated Health (Leasing Project - Match)		
FY 22 Contract Amount: \$50,291		
	1 st Quarter	Year-To-Date
# of Individuals Served	38	38
# of Households Served	32	32

Quarterly Goals still in progress:

Quarterly goals set for FY 2022.

- | |
|---|
| <ul style="list-style-type: none"> The Risk Matrix- The Risk Matrix is a web-based software system that our providers can use to coordinate care, manage operations, view cost of services paid and better serve our members. The matrix allows DWHIN to be able to monitor the provider's performance and gain a base line of care services for our members. We are able to track and monitor cost and related services that will assist in finding improvement opportunities in our current care model. Each department is viewing the data for accuracy as this is a new system in place. |
| <ul style="list-style-type: none"> The Provider Manual- is a tool/ guide for the provider. This manual is an extension of the provider contract/agreement that include requirements for doing business with DWHIN. Together the manual, our policies and the contract give the provider a full |



<p>picture of the requirements and procedures to participate in our network. The purpose and intent of the Provider Manual is to strengthen our current and future network providers. The provider manual is in its final stages of approval and should be on our website before Mid- July.</p>
<ul style="list-style-type: none"> • Network Adequacy form/procedure. This internal process will assist in structing our network in a way where we can view our provider services at a glance for better monitoring over our network through this procedure. Evaluated the network in the first quarter of the FY 2022, notified gaps and analyzed for interventions.
<ul style="list-style-type: none"> • Online Directory- Provider/Practitioner. We are working with internal depts (Customer Service/Credentialing unit) to enhance our online contracted provider and practitioner directory to include the type of services along with the disability designations served by the provider or practitioner making the directory more user friendly and informative for the members as well as internal use.
<ul style="list-style-type: none"> • Provider Orientation Meetings – twice a year (March/September 2022, the purpose of this meeting is to assist the network in navigating through out system as we have some many new departments that have been developed over the year.
<ul style="list-style-type: none"> • Quarterly Provider Network Managers “One on One’ with providers- have on going meeting with 350 providers out of 362 since the start of the meetings in January 2022. This is a 97% completion rate.

Annual Provider/Practitioner Survey:

The Provider/Practitioner survey is a way for DWIHN to retrieve feedback from providers and practitioners on how well DWIHN does as a manager of care, this survey also helps us identify any gaps in process or procedures as well as reveal any areas for improvements. The next provider/practitioner survey is scheduled to go out in September, but each department is reviewing the questions and content for accuracy.

**Provider Meetings Upcoming/
Held:**

- a. CRSP meeting held on May 31, there were 116 providers in attendance. The future CRSP provider meeting will be held on July11, 2022, 59 CRSP in attendance
- b. The next Residential/Outpatient Provider meeting was held on August 5th, and every 6 weeks thereafter.
- c. On August 5, 2022 -Outpatient and Residential Providers Meeting:
- d. On August 22, 2022 CRSP Provider Meetings
- e.

Submitted by June White 7/31/22



**Detroit Wayne
Integrated Health Network
Residential Services Department**

Department Monthly Report: July 2022

Residential Referrals 261

Assessments in current Specialized Settings	42
Crisis Residential (Oakdale House BCR)	7
CRSP	72
Emergency Departments	30
Inpatient Hospitals	91
Nursing Homes SNFs	4
Out-of-County Requests	3
Pre-placement (C.O.P.E.)	4
SD-to-Specialized Residential Requests	6
Youth Aging Out (DHHS)	2

Unit Metrics

RECEIPT NOTIFICATION: Timeliness to complete emailed receipt notification to Referring Agents on same day or next business day if received after 2 PM.

- Completed same day 198
- Next business day 51
- After management review (for staff assignment) 12

FIRST CONTACT: Timeliness to complete First Contact to referring agent. The measure is within 24 hours or by next business day.:

- Completed within 1-2 days 110
- 3-5 days 74
- 6 or more days 77

ASSESSMENT DATE: Timeliness is to complete the Residential Assessment within 1-3 business days after First Contact.:

- Completed within 1-5 days 151
- 6-10 days 36
- 11 or more days 174

• **Metric Barrier Trends**

- Cancellation/rescission of requests by Referring Agent after case assignment date or after First Contact.
- CRSP response time from First Contact to confirm requested appointment with Referring Agent, member, guardian and/or current residential provider to assure member’s availability to attend.
- Members inpatient or in the ED may not be clinically stable enough to speak with RCS complete needed assessment.

Service Authorizations

Authorizations Processed	898
Approved >14 Days	732
Returned > 14 Days	166

State Hospitals

	Walter Reuther	Caro	Kalamazoo	Forensic Psychiatry
# of Carry Overs (prior to 7/1/22)	11	0	1	1
New Referrals Received	10	0	1	1
# Members Placed	3	0	0	1
Pending Discharges	18	0	2	0
Referral Locations				
MCTP Program	2	0	0	0
Out-of-County	6	0	0	0
Community	2	0	0	0
Nursing Homes	0	0	1	0

- Placement Barriers

- Age of patient (younger)
- Bed Availability requests NGR committee requests (outside Detroit/Wayne County)
- Noted behaviors (history of aggression, property destruction, etc.)

30-Day/Emergent Member Discharges Notifications - AMI/IDD

Notifications Received: July 2022	19
30-Day Discharges	10
Emergency Discharges	9
<i>Rescinded Requests/Self-Discharges</i>	1

COVID-19

# of COVID-19 Positive Cases: 7/1/22 - 7/31/22	3
AMI	1
IDD	2
Related Death Cases: 7/1/22 - 7/31/22	0
AMI	0
IDD	0
DCW Staff COVID-19 Positive cases	3

**No reported deaths since February 2022*

Vaccine Booster Reporting (attached to report summary)

Residential Facility Closures

Closure Notifications RECEIVED: July 2022	20
Received in July 2022: On-Going/In Process	12
Requests ON-HOLD/PENDING	0
Completion of Facility Closures	8
Members Relocated under alternate DWIHN Providers	61
NOTIFICATION TYPE	
CEO Notifications	1
MCO Notifications	19
MCO Sanctions	0
Provider Notifications	0

Residential Sponsored Meetings and Trainings

	Meeting Date	# of Meetings	# of Attendees
CRSP (Supervisory)/Residential Services	Monthly	14	47
Residential Assessment / Clinical Alignment of Documentation Refresher	Monthly	2	50
CRSP DWIHN Residential Service Authorization Refresher	Monthly	2	47
IDD CRSP/Residential Providers Meetings	Monthly	1	31
AMI CRSP/Residential Providers Meetings	Monthly	1	10
DWVHN Residential Provider/CRSP Advisory	Monthly	1	8
Residential Provider Wellness Check-in/ COVID-19 Reporting	Monthly	# Vendors Contacted: 189	

Department Goals

Staffing

- Continue to interview for posted positions for (2) Residential Care Specialists and (1) Residential Care Coordinator.
- Continue to assess department staffing needs based on increased number specialized referral and emergent placement requests

Members' Services

- Overview of specific MDHHS (direct) specialized placement referrals from nursing home identifying staffing and specialized residential facility needs.
- Identify number of increase requests for first time IDD member CRSP requests entering specialized placements from family homes.
- Develop specific programs as it pertains to increased placement requests for of DHHS age-out foster kids and LGBTQI+ community.
- Work with identified CRSP to develop programming to meet increase service needs of the DHHS foster care and LGBTQI+ community.
- Implementation of quarterly meetings with guardianship corporations to begin dialog addressing needs and concerns as it relates to DWIHN members.

Facilities

- Review current specialized residential facilities to develop service gap analysis of over- and under-utilized facilities.
- Overview and reinstatement of DWIHN pre-placement facilities and providers with quarterly meetings to review policy and procedures



**Detroit Wayne
Integrated Health Network
Residential Services Department**

COVID-19 Cases & Related Deaths

Residential CVD-19 Reporting		Jul-22	
		<u>CVD-19+ Residents</u>	<u>Resident Deaths</u>
July 2022		3	0
FY 2021-22		124	3
FY 2020-21		76	7
FY 2019-20		169	34
Accumulative Total of CVD-19 Positive Residents		369	
Accumulative Total of CVD-19 Resident Deaths		44	
		<u>CVD-19+ DCW Staff</u>	<u>DCW Staff Deaths</u>
July 2022		3	0
FY 2021-22		56	1
FY 2020-21		59	0
FY 2019-20		71	3
Accumulative Total of CVD-19 Positive DCW Staff		186	
Accumulative Total of CVD-19 DCW Staff Deaths		4	

COVID-19 Vaccine Booster Reporting

Licensed Facilities	Members FULLY VACCINATED		Members RECEIVED BOOSTER		# of Initial Vaccine REFUSALS	
	AMI	IDD	AMI	IDD	AMI	IDD
City of Detroit	649		411		82	
	424	225	302	109	47	35
Western Wayne	1,246		952		118	
	557	689	451	501	65	53
•# of Members to be Scheduled for Booster					213	
•# of Refusals (Initially Received Vaccine)					319	
•# of Members NO LONGER in the Facility (since initial vaccine reporting)					*96	
•Initially REFUSED Vaccine; Changed Mind					29	
•Member is NEW ADMISSION into Facility					17	

Unlicensed Facilities	Members FULLY VACCINATED		Members RECEIVED BOOSTER		# of Initial Vaccine REFUSALS	
	AMI	IDD	AMI	IDD	AMI	IDD
City of Detroit	93		62		59	
	48	45	33	29	47	12
Western Wayne	678		381		315	
	137	541	67	314	141	174
•# of Members to be Scheduled for Booster					97	
•# of Refusals (Initially Received Vaccine)					231	
•# of Members NO LONGER in the Facility (since initial vaccine reporting)					*57	
•Initially REFUSED Vaccine; Changed Mind					24	
•Member is NEW ADMISSION into Facility					11	

DWIHN Residential Facility Home Closures: July 2022

Closure Notifications RECEIVED: July 2022	20
Received in July 2022: On-Going/In Process	12
Requests ON-HOLD/PENDING	0
Completion of Facility Closures	8
Members Relocated under alternate DWIHN Providers	61
NOTIFICATION TYPE	
CEO Notifications	1
MCO Notifications	19
MCO Sanctions	0
Provider Notifications	0



Detroit Wayne Integrated Health Network

Director Monthly Report

Reporting Department Substance Use Disorders

For the Month of July, 2022

COVID -19

During this pandemic, substance use disorder residential treatment providers are likely to experience peaks of COVID-19 in their perspective programs. Residential SUD Treatment Programs servicing individuals positive for COVID-19 may utilize Quarantine Services at 3 locations. Suppose a program cannot isolate or quarantine members. In that case, the program should work with the three designated locations regarding where members may be quarantined if they do not have anywhere else they can stay. The three designated locations are as follow Quality Behavioral Health (35 beds), Detroit Rescue Mission (6 beds), and Abundant Community Recovery Services (8 beds), members are safely treated in a virtual outpatient program concurrent with recovery housing. In July, we provided services to 29 individuals for quarantine compared to the previous month (3); this represents a 90% increase.

Detroit Rescue Mission	0
Abundant Community Recovery Services	6
Quality Behavioral Health	23

SUD COVID Numbers for the month of July 2022

#Vaccinated	Client Death	Staff Death	Staff Positive	Ct Positive	Hospitalization
123	0	0	19	59	0

In addition, due to COVID-19 peaks there were 2 providers that had to temporarily close admission due to the outbreak

SHAR House, Hegira

Michigan Certification Board of Addiction Professional (MCBAP)

The Michigan Certification Board for Addiction Professionals announced two important changes. Effective immediately:

- ✚ The face-to-face education requirement has been eliminated from all credential applications.
- ✚ Six months will be added to the expiration date of all development plans that were current and active as of 7/11/2022.

To save your time and resources, there is no need to submit additional paperwork requesting this extension.

Tobacco 21 Legislation Update

On July 21, 2022, Governor Whitmer signed a legislation package to raise the state age for tobacco sales from 18 to 21. The legislative package brings Michigan in line with the federal Tobacco 21 legislation, raising the state age for tobacco sales from 18 to 21. The package amends several acts to raise the age of sale for retailers, prohibit anyone under 21 from entering a tobacco retail store, and prohibit tobacco sales through the mail to anyone under 21. The package also revises the disbursement of proceeds from the tax on cigarettes and other tobacco products.

House Bill 6108 amends the Youth Tobacco Act to raise the minimum legal sale of tobacco products, vapor products and alternative nicotine products from 18 to 21, in alignment in with federal law. Penalties for the sale of tobacco products to under-age individuals remain up to \$100 for the first offense, up to \$500 for the second offense, and up to \$2,500 for third and subsequent offenses.

MEN’s Conference

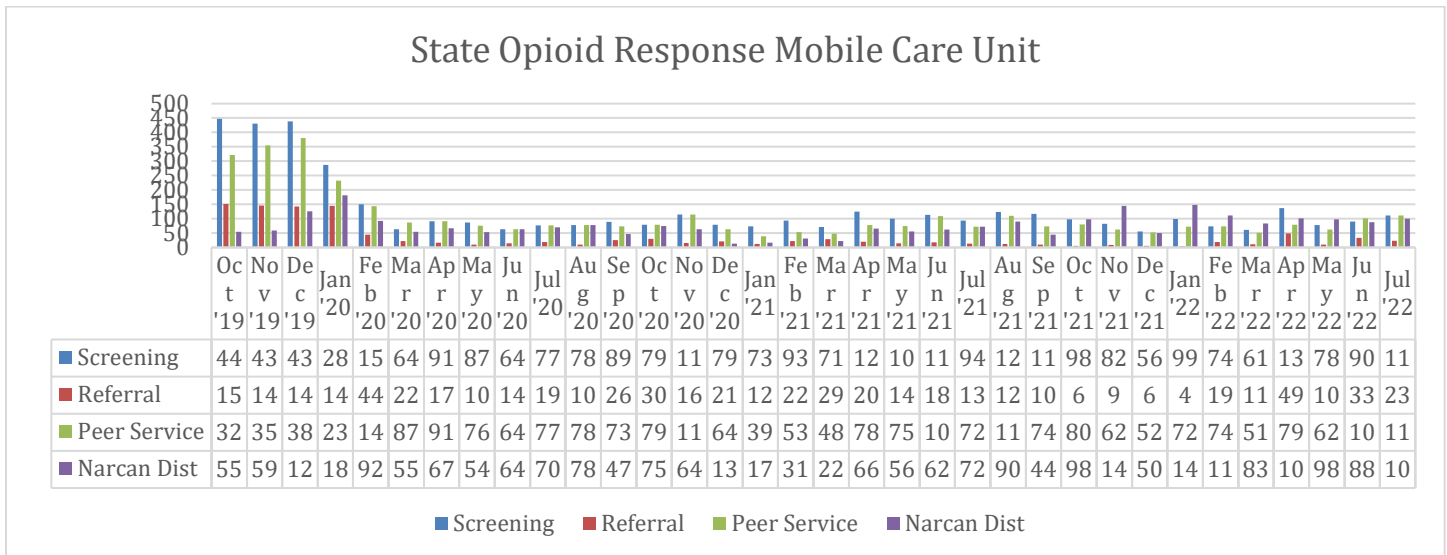
Hosted by: Sobriety House

We had our 6th Annual’s Men’s Conference in the month of July at Sobriety House on W. Grand Blvd in Detroit Michigan. There were over 200 participants and overall goal was to is to create awareness about substance abuse , mental health , men’s health and provide valuable resources.

State Opioid Response (SOR)

Detroit Wayne Integrated Health Network was awarded State Opioid Response funding in 2019 as a measure to reduce overdose deaths related to opioids in Michigan which are of epidemic proportion. The State Opioid Response Grant is a comprehensive program constructed to combat to the surge of opioid related overdoses tailored to encompass prevention, treatment and recovery services. Prevention services have a two-tier approach to prevent the onset of addiction in high risk population groups, and to prevent fatal overdoses through the distribution of naloxone. Treatment services address the onset and progression of opioid use disorder, designed to help the individual progress to remission. Recovery programs are designed to empower and engage individuals in recovery and prevent relapse.

Mobile Unit Services



Status Overview: Each year thousands of individuals die from opioid overdoses with oxycodone, morphine and fentanyl accounting for a significant number of deaths in Detroit Wayne County. To support the Governor’s initiative to respond to the increase in opioid overdose related deaths and to save lives in the Detroit Wayne County area, DWIHN began providing Naloxone training and kits, March 22, 2016, to all Wayne County residents at no cost. The life-saving drug Naloxone will allow those at risk of

experiencing an overdose the chance to recover and spare families the heartache of losing a loved one. DWIHN is working in collaboration with Wayne State University to combat this crisis and one strategy for achieving such a widespread distribution with few resources and limited staff is through the use of vending machines. The use of vending machines to distribute free naloxone kits has been successful in jail setting across the United States. DWIHN has identified several Opioid Treatment Programs that are interested in a free vending machine to distribute naloxone.

Work in progress: DWIHN continues to support access to naloxone by training health care workers, providers, drug court staff, inmates/jail staff and the community and other organizations that intersect closely with people who use opioids on how to reverse an opioid overdose. It can be easily administered by nasal spray and does not affect someone who has not used opioids. DWIHN is increasing the number of providers that can train and distribute Naloxone in the community and is utilizing the zoom platform to implement these trainings

The Naloxone vending machines are programmed to dispense free naloxone kits. Wayne State University will purchase vending machines and DWIHN will arrange for the machine to be refilled with a provider, who will be responsible for monitoring supply levels and ordering additional naloxone kits as necessary. **There will be no cost to the provider to implement a vending a machine for the purpose of naloxone distribution**

Planned Key Milestones, Activities and/or Events: DWIHN’s Naloxone Initiative program has saved **876** lives since its inception. Again, the saved lives are under reported, especially during this time of COVID pandemic. The logs are coming in slowly from law enforcement and the community. DWIHN only reports those saves that we have documentation to support this initiative.

Month of July 2022 DWIHN reports the following:

Naloxone saves 4

Unsuccessful saves 1

3 were transported to the hospital for further evaluation

Another Naloxone initiative is the Barbershop Talk Tour Initiative is ongoing. Topics include Men’s Health Issues, Male Responsibilities, Substance Use Disorder, Mental Health Police Brutality and Naloxone training. During the month of May presentations were conducted at 4 locations in Wayne County. For the month of July and due to Men’s health awareness month, we will include information about prostate cancer, HIV testing, COVID-19 and the importance of receiving vaccinations and blood pressure checks.

Date	Name	Time	Number of Attendees
7/2/2022	Phat Headz Barbersho	22246 Fenkell	3
7/2/2022	Libarian Hair Braiding	21411 Fenkell	2
7/9/2022	Low’s Barbershop	10326 Britain	2
7/9/2022	Divaz Den & Boutique	18252 Grand River	4
7/16/2022	All Prayed Up Hair & Nail	18714 Grand River	3
7/16/2022	The W Beauty & Barber	18718 Grand River	3
7/23/2022	M & R Barbershop	21548 Grand River	2
7/30/2022	Nappy Cut Rite Barber	21752 Grand River	5
7/30/2022	LLL Hair & Nail Salon	17210 Lasher	4

Michigan Syndromic Surveillance Overdose Report:

The **Michigan Syndromic Surveillance Overdose Report for the month of May** is now available for your review. The statistics in this report were created utilizing syndromic surveillance. Syndromic surveillance is a rapid emergency department (ED) surveillance system that aims to detect spikes in unusual outbreaks and other public health events.

Other Resources

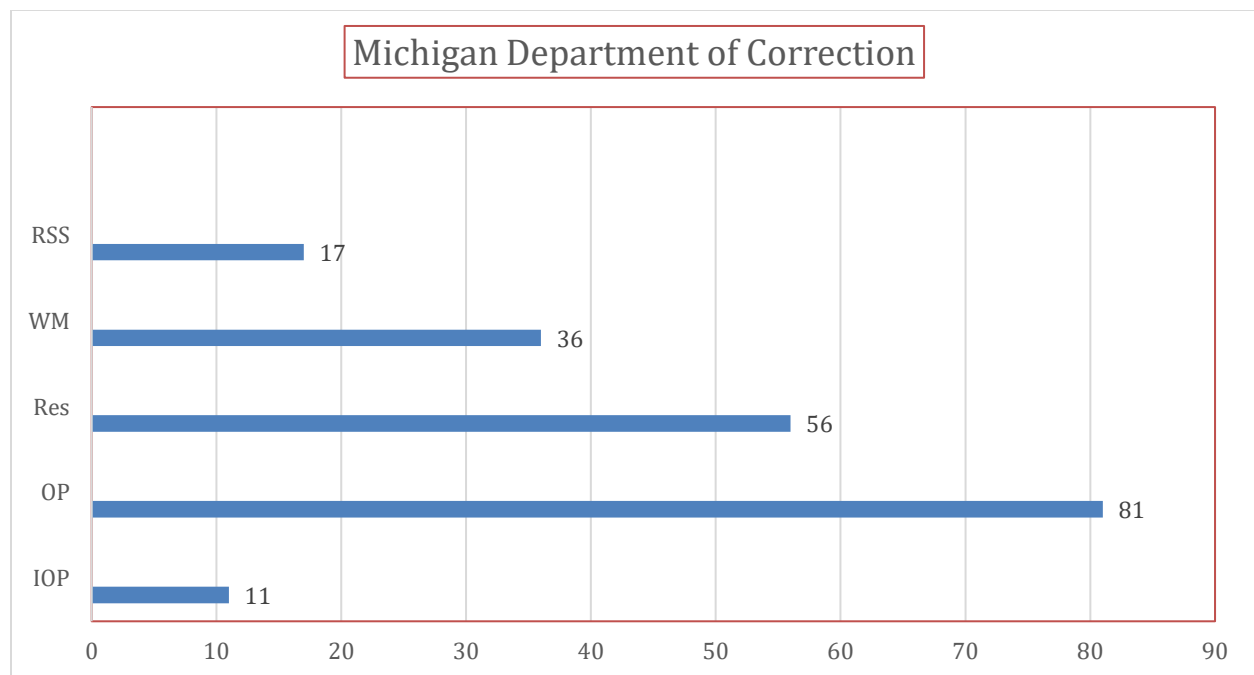
County-level overdose data is available through the following resources:

- MiTracking**
- Michigan Substance Use Disorder Data Repository**
- MODA Dashboard**

Additional resources regarding overdoses are available at **Michigan.gov/opioids**.

Michigan Department of Corrections (MDOC)

***OP- Outpatient *RSS-Recovery Support Services *WM-Withdrawal Management*Res-Residential*IOP-Intensive Outpatient**



There was a total of 3,940 calls received in the Call Center for July, and 264 were from MDOC. The number of MDOC offenders who received a referral for SUD services totaled 201. Majority of the population served were African American between the age of 25-34 with a high school education.



DWHIN UTILIZATION MANAGEMENT MONTHLY REPORT

July 2022

Executive Summary

- **Autism:** There were approximately 229 authorization requests manually approved during the month of July. There were an additional 120 authorizations completed via the auto-approval process for a total of 349 approvals for the month of July. There are currently 2,396 cases open in the benefit. The ASD Benefit utilization report indicates that overall providers were falling below utilization expectations for Q1 and Q2. DWHIN has provided authorization and utilization data to all 16 ABA providers and has begun the process of identifying underlying causes of under-utilization and solutions.
- **Habilitation Supports Waiver:** There are 1,084 slots assigned to the DWHIN. As of 07/26/2022, 1,002 filled, 82 were open, for a utilization rate of 92.4%.
- **County of Financial Responsibility:** The total number of open COFR cases increased by 1 in the month of July. There are currently 58 open cases.
- **Denials and Appeals:** For the month of July, there were three (3) denials reported and two (2) appeals. Of the two (2) appeals, one was upheld and the other was overturned. There were eight (8) service authorization administrative denials and one (1) administrative appeal request pending.
- **General Fund:** Of the General Fund Exception authorization requests reviewed during July 2020, there were 308 approvals, including 34 for the Guidance Center. There were 15 Administrative Denials. There were 239 Advance Notices for corrections to requests and for Administrative Denials.
- **MI Health Link:** The reporting format of MI Health Link authorizations reflects the total number of authorizations requests and the amount of each authorization type for the 5 ICOs. There were 45 MI Health Link authorizations received and processed as of 7/31/22. The number of MI Health Link admissions to inpatient, partial and CRU are also included in the Provider Network data.
- **Provider Network/Outpatient Services:** A total of 778 admissions including Inpatient, MI Health Link, Partial Hospital and Crisis Residential were managed by the UM Department. There were 1332 approvals for non-urgent, pre-service authorizations. This number is reflective of non-SUD, non-ASD, non-urgent pre-service authorizations.
- **State Facilities:** There was 1 state hospital admission for the month and 63 NGRI consumers are currently managed in the community. 6 consumers remain on the wait list. There were no new children's state hospital admissions; one (1) member remains in the admission pool (wait list).
- **SUD:** The Power Bi dashboard indicates SUD UM staff approved 1009 authorizations as of 7/28/2022. Last month there was a total of 1159 authorizations approved.
- **Administrative Denials:** During the month of July, the SUD team issued 9 administrative denials compared to 29 the previous month.
- **MCG:** As of 7/28/2022 there were 822 individuals screened in Indica which is an average of 29 cases per day screened using the MCG Behavioral Health Guidelines. This remains very consistent with our per day average which is usually between 29-32 screenings each day D

General Report

Utilization Management Committee

The monthly UMC Meeting was held in July and minutes are available for review.

HSAG

Autism Spectrum Disorder (ASD) Benefit

DWIHN UM Department has worked with DWHIN IT Department to create a utilization report for the ASD Network. The report uses claims and authorized units to calculate utilization for 97153 (one to one direct service), 97155 (supervision) and 97156 (parent training). There are the three most utilized services within the ASD benefit. Report data must be pulled 60-90 days after the quarter to allow for providers to submit all claims for the quarter, which is data needed to calculate the utilization.

When reviewing the data, please note that it is not completely accurate, as the data does not consider inactivity. Inactivity is **member-driven** temporary suspension of services when services are not provided for a week or more. Inactivity is entered into MDHHS's Waiver Support Application by the providers and ensures the providers are not penalized for inactivity as defined by MDHHS. This data is not in MHWIN and there is no practical way to incorporate the inactivity data into the utilization report. While noting that the utilization data is not going to be completely accurate, the utilization report still gives a general idea of current utilization by provider. Please see below for Q1 and Q2 data.

MDHHS requires the ABA providers to utilize +/- 25% of the units authorized to be in compliance with utilization standards. Data from Q1 and Q2 suggests that providers were generally not meeting expectations in this area. While these numbers may improve when accounting for inactivity, they are much lower than expected. The ASD team has identified the following possible reasons for low inactivity: lack of staffing to support authorized services and units, keeping cases open longer than is appropriate for closed members, not early terminating authorizations appropriately, and possible under billing.

In July, DWIHN's UM Department reached out to give the 16 ABA providers their specific data from Q1 and Q2, including an overall and detailed breakdown of authorization information for the period. DWIHN encouraged the teams to look for the following possible causes: underbilling, failure to early terminate authorizations when closing or transferring members, staff shortages, and under-utilizing and then not updating authorization requests for under-utilization among other possible causes. The providers are to identify areas of opportunity and feedback no later than 8/10/22 at which time the UM department will continue to work with providers to improve utilization numbers.

Chitter Chatter has already begun to identify areas causing the under-utilization. They have indicated putting internal systems in place to ensure they are appropriate early terminating authorizations and closing inactive members, working with the clinical team to ensure they have family commitment to hours being requested and will re-assess how many units they request for parent training, which they are frequently under-utilizing and is a third of their overall utilization score.

ASD Provider Utilization of 97153, 97155 and 97156 for Q1 And Q2 by Provider Site

Provider	Q1	Q2
----------	----	----

Acorn Health of Michigan - Livonia	54.9%	55.5%
Attendant Care - Conner	33.0%	44.8%
Attendant Care - Westland	N/A	25.8%
Autism Spectrum Therapies of Michigan - Site	45.5%	36.5%
Behavior Frontiers - Site	237.2% *	43.1%
Centria Healthcare	68.8%	3.8%
Centria Healthcare - Eleven Mile Site	71.0%	49.4%
Centria Healthcare - S. Gulley Site	64.1%	65.2%
Chitter Chatter - Site	61.4%	37.3%
Chitter Chatter, P.C.	56.3%	47.4%
Dearborn Speech & Sensory Center - Collingwood	56.0%	49.3%
Dearborn Speech & Sensory Center - Sheldon	53.4%	31.7%
Dearborn Speech & Sensory Center -Carlyle	64.4%	68.4%
Dearborn Speech & Sensory Clinic, Inc - North Sheldon RD	46.0%	N/A
Dearborn Speech & Sensory Clinic, Inc - West Outer Drive	54.0%	66.2%
Gateway Pediatric Therapy - Grosse Point Woods	56.5%	37.0%
Gateway Pediatric Therapy - Livonia	65.9%	43.0%
Gateway Pediatric Therapy - Pembroke	79.8%	47.0%
Gateway Pediatric Therapy - Site	60.7%	33.7%
Gateway Pediatric Therapy, LLC	59.9%	30.8%
Gateway Pediatric Therapy, LLC - Bingham Farms	N/A	25.2%
Gateway Pediatric Therapy, LLC - Sterling Heights	N/A	10.4%
HealthCall of Detroit	44.0%	54.4%
Open Door Living Association	63.7%	76.9
Open Door Living Association - Lexington	57.2%	58.3%
Patterns Behavioral Services Inc.	53.2%	
Patterns Behavioral Services - Schaefer Rd	N/A	48.4%
Positive Behavior Supports Corporation-Site	55.5%	11.2%
SEB Connections - Gulley	44.6%	40.9%
The Guidance Center - Bowie	53.7%	5.2%
Zelexa - Site	65.5%	51.3%
Overall Average Utilization Across Provider Sites	56.94% (Behavior Frontiers)	38.95%

removed from Ave)

*Please note that the Q1 data for Behavior Frontiers appears to be a result from trying to bill more claims than authorized, which were not paid out. This was likely part of the learning process and was not an issue in Q2.

There were approximately 229 authorization requests manually approved during the month of July. There were an additional 120 authorizations completed via the auto-approval process for a total of 349 approvals for the month of July. There are currently 2,396 cases open in the benefit.

ASD Authorization Approvals for Current Fiscal Year to Date*

	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept
Manual Approvals	473	450	407	345	251	437	272	257	577	229		
Auto Approvals	132	161	173	160	145	145	151	153	196	120		
Total Approvals	605	611	580	504	396	582	423	410	773	349		

*Numbers are approximate as they are pulled for this report prior to when all data for the month is available. Specifically, data for July was pulled on 7/29/22.

ASD Open Cases and Referral Numbers Per WSA*

Fiscal Year to Date												
	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept
Open Cases	2130	2184	2198	2229	2239	2245	2261	2287	2309	2396		
Referrals	98	47	64	83	113	76	67	126	114	Pending Update from the WSA		

*Numbers are approximate as they are pulled for this report prior to when all data for the month is available. Specifically, data for July was pulled on 7/29/22.

Habilitation Supports Waiver

July Utilization

HAB Utilization	July
Allocated	1,084
Used	1,002
Available	82

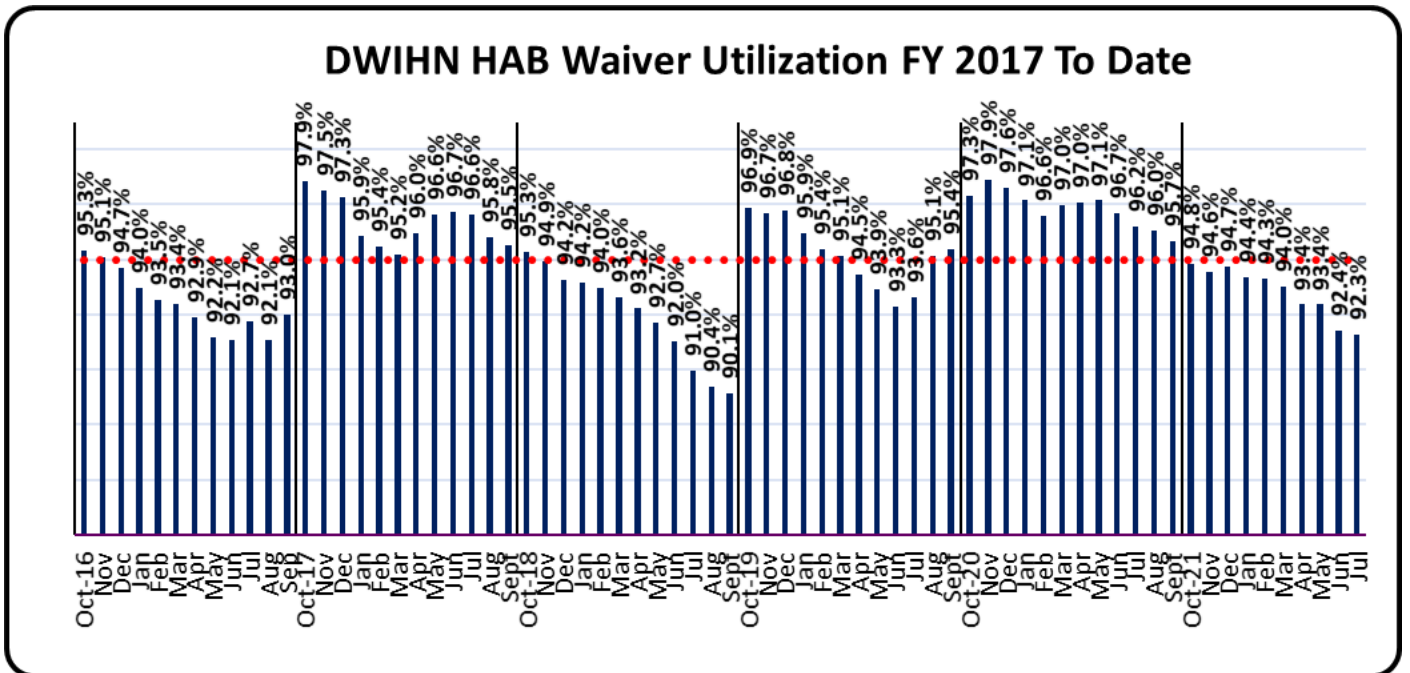
% Used	92.4
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As of 07/26/2022

Program Details for July

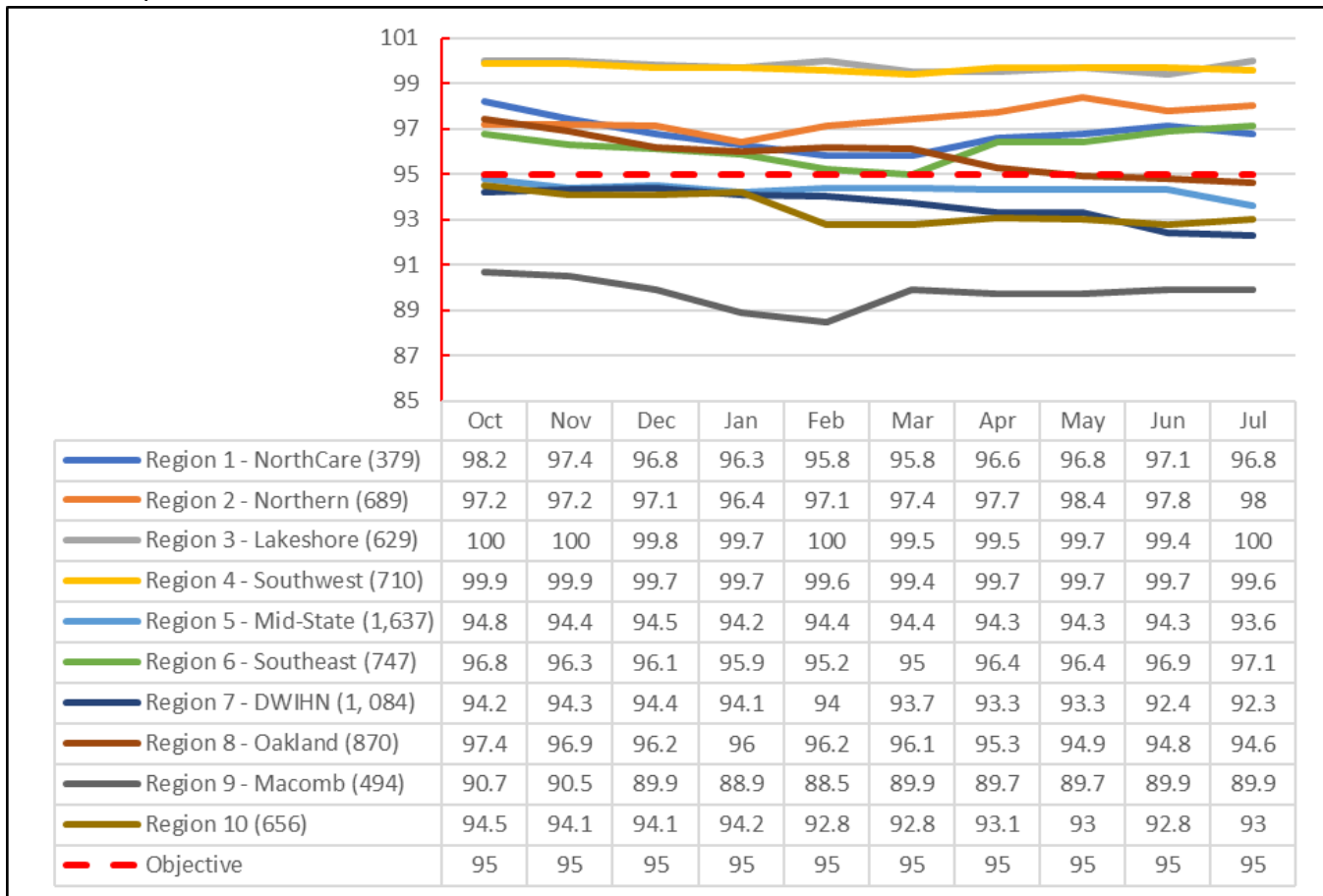
Outcome Measurement	July
# of applications received	5
# of applications reviewed	5
# of app. Pended PIHP level for more information	
#of pended app. resubmitted	
# of app. withdrawn	
Total of application sent to MDHHS.	5 Wayne Center 1 Goodwill 1 CLS 1 MORC 2
# of deaths/disenrollments (recertification forms reviewed & signed)	1
# of recertification forms reviewed and signed	74
# of recertification forms pended	15

Historical Trend



Statewide Utilization by Region

In order to provide context for DWIHN's utilization, below is listed statewide utilization:



In July, data was requested and obtained to determine individuals who have a primary IDD designation and ARE NOT participants in the Habilitation Supports Waiver (HSW) who are among the top quartile of users of Support Services (defined as sum of authorized units of H2026, T1020, H2015 and T2027). Plus individuals who have a SIS Score of greater than 105.

Based on this data, referrals of potential HSW participants will be sent to CRSPs in August to either enroll the individual, determine they are ineligible and provide the basis of that determination, or specify the reason(s) the individual is declining the enhanced services.

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	87
# of youth currently active in the SEDW for the month of July	58
# of referrals received in July	5
# of youth approved/renewed for the SEDW in July	3
# of referrals currently awaiting approval at MDHHS	0
# of referrals currently at SEDW Contract Provider	5
# of youth terminated from the SEDW in July	2
# of youth transferred to another County, pursuing the SEDW	0

# of youth coming from another county, receiving the SEDW	2
# of youth moving from one SEDW provider in Wayne County to another SEDW provider in Wayne County	1

County of Financial Responsibility (COFR)

The COFR Committee continued to meet weekly for one (1) hour during the month of July. Weekly meetings are expected to continue. The total number of open COFR cases Increased by 1 in the month of July. There are currently 58 open cases.

	Adult COFR Case Reviews Requests	Children COFR Case Reviews Requests	Resolved	Open*
July 2022	2	0	2	58

*This is a running total. Recommendations forwarded to Administration and pending determination
 Note: Not all new cases referred are reviewed within the month they are received. All new cases are added to COFR Master List with date referral is received. Cases are reviewed by priority of the committee.

General Fund

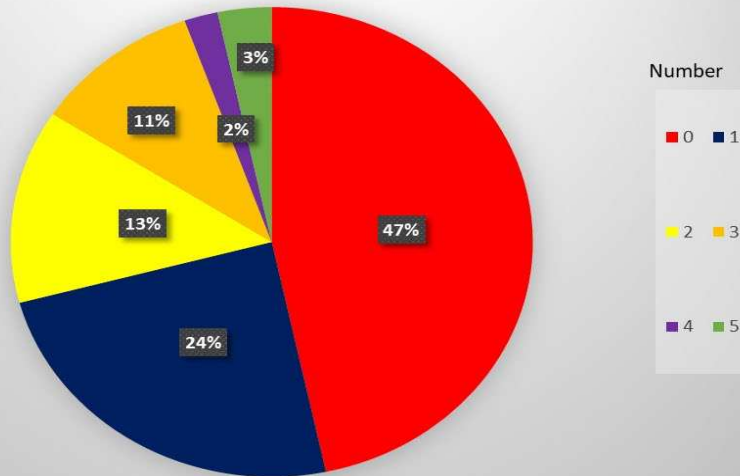
There were 308 General Fund Authorization approvals during July 2022, including 34 for the Guidance Center. Two hundred thirty-nine Advance Notices for corrections to requests and Administrative Denials were issued.

General Fund Fiscal Year 2021-2022 to Date													
	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	FY TOTAL
Manual Approvals	366	433	387	343	348	402	366	341	345	308			
The Guidance Center	20	31	57	15	17	16	17	14	21	34			
Advance Notices						273	255	292	296	239			

The following data study was performed during the month of July:

Chart A

**DWIHN General Fund July 2022
Frequency of Prior GF Approvals**



The findings in Chart A are consistent with previous studies of this population and with daily observations. Findings include:

- Almost half of all Genral Fund requests had *no prior* General Fund Exception requests prior to July 2022 because they are:
 - Without health care benefits at the time of the start of behavioral health services
 - Returning for services without health care benefits after an absence
 - Actively receiving services and experienced a lapse in insurance benefits
- The other half are *repeat requesters* with a history of 1-5 prior requests, with *one* prior request being a prevailing 45%. Only 15 or 9% of General Fund Exception requests had a 4 or 5 repeat request history. Half of these 15 consumers are in The Guidance Center CCBHC and the other half have no discernable profile.

Efforts to encourage providers to work with the repeat requesters to secure health care insurance continue and it is noted that the majority of requests include T1017, Targeted Case Management. This effort may include requests for MDHHS proof of Medicaid application, consideration of possible neglect of duty by the parent or guardian who has not applied for eligible benefits and other measures unique to the consumer's situation.

Chart B

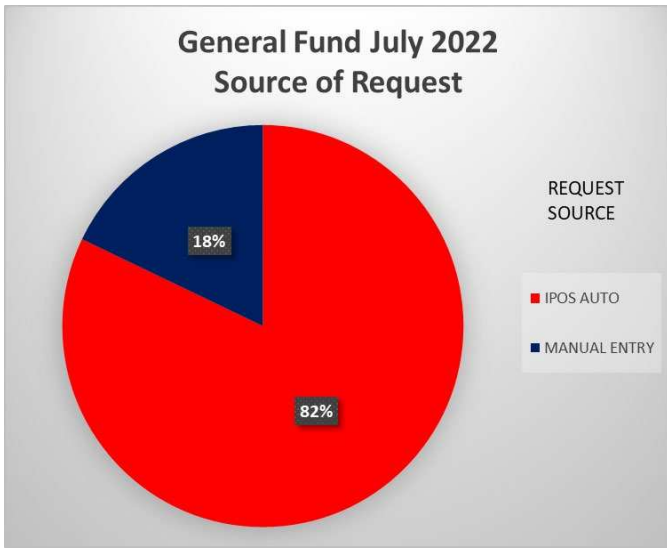


Chart B chart shows:

- 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.

Chart C

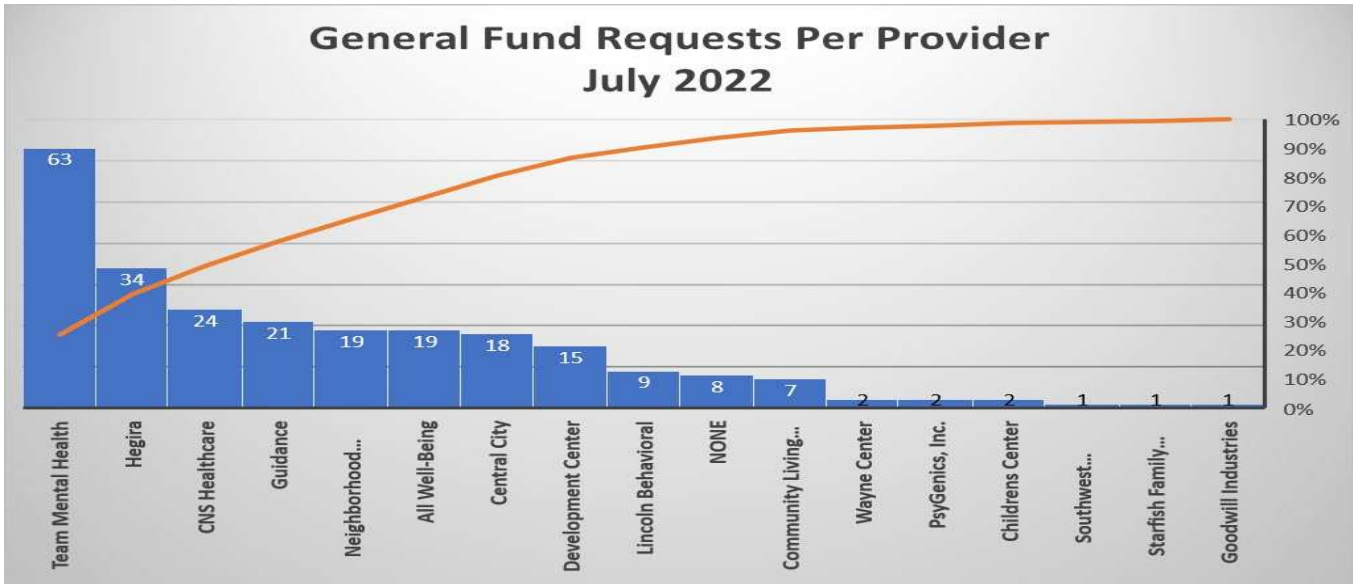
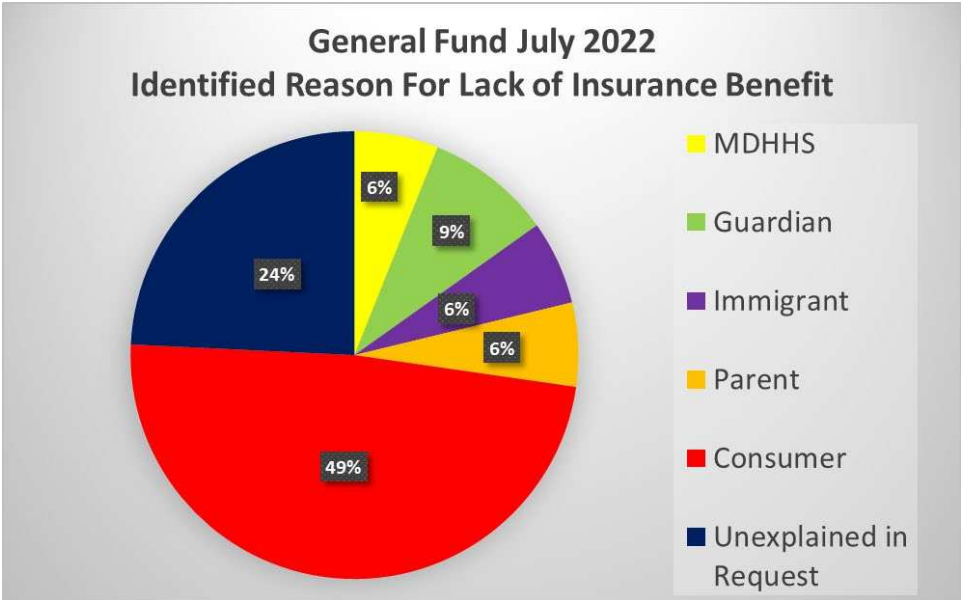


Chart C shows the providers with the highest volume of outpatient consumer populations are proportionately the providers with the highest volume of General Fund Exception requests.

Chart D



As shown in Chart B above, 82% of General Fund Exception requests are 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 information contained in Chart D chart is derived from the 18% of General Fund Exception requests that are *manually* entered in MHWIN. The chart shows the main cause of requests for General Fund Exception is the *consumer's level of participation* in the insurance acquisition/resumption process.

Chart E

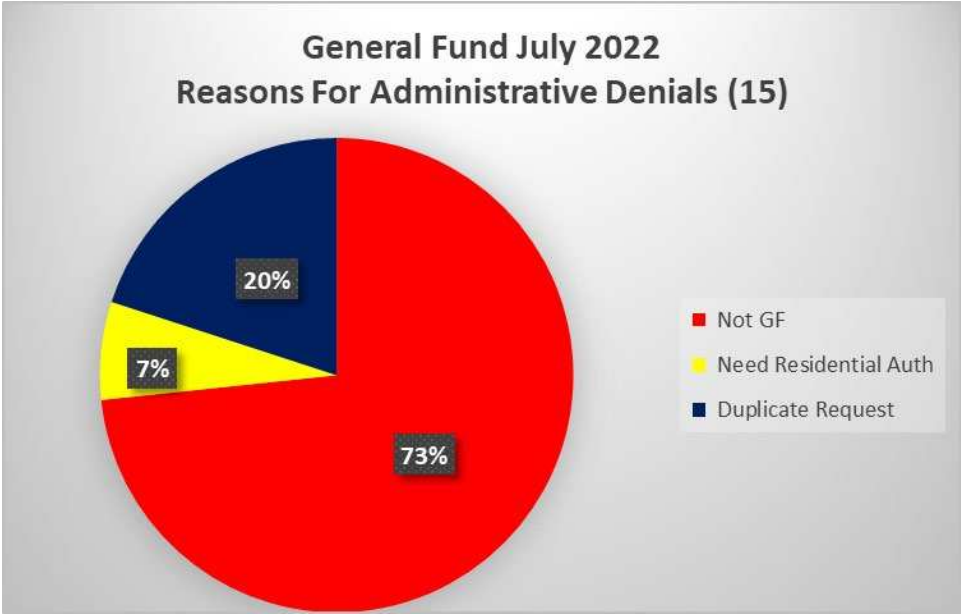


Chart E shows the *main cause* of the 15 Administrative Denials that occurred is the IPOS auto generated and manual generated General Fund Exception requests *misidentified* General Fund as the payor source. Duplicate requests for the same service during the same authorization period is the second prevailing reason. The one denial that represents the 7% in this chart was for a consumer whose guardian is not fulfilling responsibility for securing insurance benefits, resulting in the consumer using General Fund Exception over time. The co-existing reason for this denial is this SMI consumer is without a Residential Services evaluation and

authorization for the required level of care for the time period of the General Fund request. This was all explained to the requester in the “Authorizing Agent Notes” section of the denied request.

Denials and Appeals

Medical Necessity Denials

For the month of July, there were three (2) authorization requests that were sent to the physician for a peer review. Of the three (3) peer reviews sent to the physician, all three (3) reviews were denied due to not meeting medical necessity criteria. There were (2) appeals to report for the month of July. One of the appeals was upheld and the other overturned.

	Oct 21	Nov. 21	Dec. 21	Jan. 22	Feb. 22	Mar 22	Apr 22	May 22	Jun. 22	Jul. 22	Aug. 22	Sept 22
Denial	0	2	4	0	15	8	9	1	6	3		
Appeal	0	0	2	2	7	5	3	9	0	2		

Service Authorization Administrative Denials

During the month of July, there were eight (8) service authorization administrative denials and two (2) administrative appeals. One of the appeals was partially upheld and the other appeal is currently pending for review.

Timeliness of UM Decision Making: Quarter 3 (April-June 2022) Threshold 90%

***Note: COPE, Children’s, and the Guidance Center measures were not available at the time of the report as they do not provide their report until the 15th of the month of July.*

***Source: Power BI 6/2022*

Autism Program

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post Service
Numerator	N/A	N/A	1059	N/A
Denominator	N/A	N/A	1059	N/A
Total	N/A	N/A	100%	N/A

MI Health Link Program

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post Service
Numerator	3	N/A	23	9
Denominator	3	N/A	45	9
Total	100%	N/A	51.1%	100%

Substance Use Disorder (pulled 6/30/2022 Power BI)

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post Service
Numerator	1021	N/A	2964	N/A

Denominator	1023	N/A	3019	N/A
Total	99.8%	N/A	98%	N/A

Children’s Center (NOTE: data not available at time or report)

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post Service
Numerator	N/A	N/A	N/A	N/A
Denominator	N/A	N/A	N/A	N/A
Total	N/A	NA	N/A	N/A

COPE (NOTE: data not available at time or report)

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post Service
Numerator	N/A	N/A	N/A	N/A
Denominator	N/A	N/A	N/A	N/A
Total	N/A	N/A	N/A	N/A

Guidance Center (NOTE: data not available at time or report)

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post Service
Numerator	N/A	N/A	N/A	N/A
Denominator	N/A	N/A	N/A	N/A
Total	N/A	N/A	N/A	N/A

New Oakland

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post Service
Numerator	N/A	N/A	144	N/A
Denominator	N/A	N/A	144	N/A
Total	N/A	NA	100%	N/A

State Hospital Liaison Activity Report

Hospital	Caro Center		Kalamazoo		Walter Reuther	
Census	Total	2	Total	3	Total	89
	NGRI	0	NGRI	1	NGRI	30
	Non-NGRI	2	Non-NGRI	2	Non-NGRI	59
Wait List	0		1		5	

Admissions	Total	0	Total	0	Total	1
	NGRI	0	NGRI	0	NGRI	0
	Non-NGRI	0	Non-NGRI	0	Non-NGRI	1
ALS Status	0		0		63	

- One referral for state hospital admission was received this month. Six total referrals are on the wait list with 5 pending for Walter Reuther and 1 for Kalamazoo Psychiatric. All referred members are being treated in a community hospital inpatient setting and continue to meet criteria for state hospital admission. Liaison staff continue to monitor the wait list with weekly contact and updates provided to community and state facilities. Liaison staff also continue to coordinate with community hospitals to review state hospital referrals and facilitate alternative options to state hospital admission such as crisis residential, crisis stabilization, and structured placement facilities. No wait listed referrals were diverted this month.
- Liaison staff also continue to provide diversion efforts for NGRI members being treated in the community. This month 4 NGRI members were hospitalized and diverted from state hospital re-admission with 3 awaiting community placement. According to MDHHS, state hospital admissions are on hold and restricted to the most acute cases. NGRI re-admissions are not definitive and require MDHHS administrative approval.
- Diversion efforts via the Direct-to-Community Placement Program, DCP, also continue as liaison staff discharged 2 members through this program and are coordinating the discharge of 2 additional referrals. There are currently 16 NGRI consumers in the community that have been released through this program.
- Liaison staff continue to provide NGRI training to DWIHN and CMH partners to support provider staff, maintain and meet target deadlines, and facilitate skill development. 78 individual training contacts were made this month.

Children’s State Hospitalization

As requested, data will now be provided monthly for youth currently admitted or awaiting admission to Hawthorn Center, Michigan’s state hospital facility for children.

As of 7/31/22, there are three (3) youth admissions being funded by DWIHN; there were no new admissions this month. Two (2) of the funded members are discharge ready and awaiting MDHHS placement, with the longest since 4/18/22. There is currently one (1) youth in the admission pool, though this member is being also being considered for other treatment facilities; this youth has been waiting since 6/14/22. During the month of July, Hawthorn removed two (2) youth from the admission pool and declined to add one (1) youth, due to not meeting medical necessity criteria for state hospitalization.

Recently, MDHHS State Hospitals Administration partnered with Hope Network to create the Michigan Children’s Transition Program (MCTP), which is used as a step down from state hospitalization. Currently, there is one (1) DWIHN member in that program. Specifics about this program/treatment modality have been requested, though not provided to-date.

MI Health Link

Monthly ICO Authorization Report – July 2022

Report Filters			
Date Range Selected:	7/1/2022	thru	7/31/2022
ICO's Selected:	AETNA BETTER HEALTH OF MICHIGAN; AMERIHEALTH MICHIGAN, INC.; FIDELIS SECURECARE OF MICHIGAN; HAP MIDWEST HEALTH PLAN, INC.; MOLINA HEALTHCARE OF MICHIGAN INC		

Total # of Auth's Received for the Month	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations (Currently No DWIHN Authorizations labeled as Expedited)		Post Service Authorizations	
	Total Amount Preservice Auth's Received	Total Preservices processed ≤14 days	Total Amount Urgent Auth's Received	Total Urgent processed ≤24 hrs	Total Amount Expedited Auth's Received	Total Expedited processed ≤72 hrs	Total Amount Postservice Auth's Received	Total Post Service processed ≤14 days
45	2	2	22	22	0	0	21	21

***The number of MI Health Link admissions to inpatient, partial and CRU are included in the Provider Network data.*

The data for July 2022 delineates the total number of authorizations requests and the amount of each authorization type for the 5 ICOs. The table(s) account for the total number of authorizations by ICO, the type of authorization and the amount of time taken to process the request. Additionally, the data only includes those authorizations that required manual review and approval by UM Clinical Specialists. It does not include those authorizations that were auto approved because the request fell within the UM Service Utilization Guidelines.

There were 45 MI Health Link authorizations received compared to 53 authorizations during the month of June, a 15% decrease. By ICO, there were 8 authorizations for Aetna, 2 for AmeriHealth, 0 for Michigan Complete Health (Fidelis), 9 for HAP Midwest and 26 for Molina. Of the 45 MI Health Link authorizations reported, 100% of the requests were processed within the appropriate timeframes.

Work with IT continues to increase efficiency in reporting and reduce technical errors with populating authorizations. UM, along with the IT & the assigned Provider Network Manager, continues work with COPE/Hegira Health to ensure crisis vendor staff can enter and/or document MI Health Link-specific authorization information into MHWIN.

Provider Network

As of 7/31/22, the UM Team has managed a total of 778 admissions across the provider network (including MI Health Link members). This data includes inpatient, partial hospitalization, and crisis residential services. In the month of July, there were 685 (non-MI Health Link) admissions for inpatient treatment, reflecting a 3.5% decrease from the 710 inpatient admissions during June 2022. As we continue to gain access & training on available sources, more data will be presented in future reports.

Hegira Health closed their Boulevard crisis residential location on 6/15/22; the Oakdale House location continues to run at reduced capacity. The long-term effect of this change is yet unknown, but will be reviewed via recidivism and over/underutilization data going forward.

SMI/SED	# Admitted Members	# Admissions	Avg Length Of Stay	Median Length of Stay
SUD	4	4	7.25	6.5
IDD	22	22	9.55	9
SED	60	64	7.86	7.5
SMI	570	595	8.49	8
Total	656	685	8.46	8

Source: Power BI - Hospitalizations and Recidivism - Acute Inpatient (Data above reflects Provider Network only, not MHL)

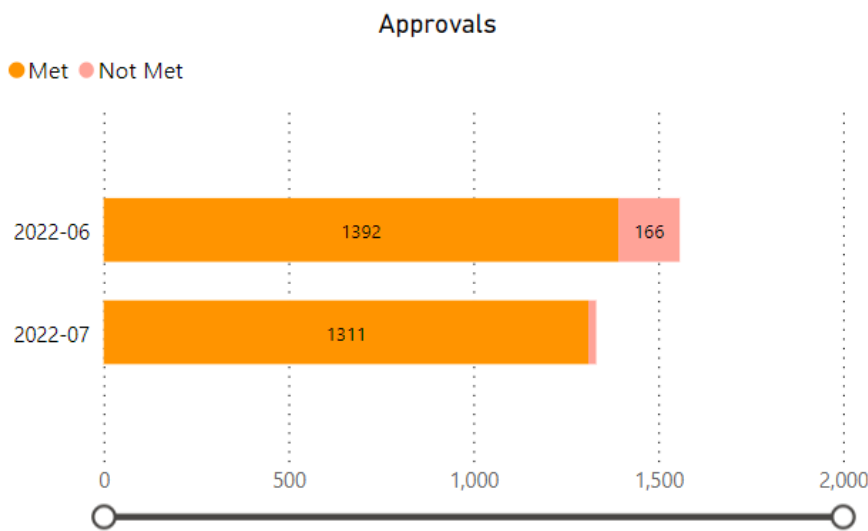
The data outlined below reflects the number of admissions as of 7/31/22:

- Inpatient: 685

- MHL Inpatient: 13
- Partial Hospital: 57
- Crisis Residential (adults-15 and children-8): 23
- Total Admissions: 778

Outpatient Services (Non-Urgent, Pre-Service Authorizations)

As of 7/31/22, there were 1332 approvals for non-urgent, pre-service authorizations (outside of the ASD benefit). These are authorization requests that required manual review by UM Clinical Specialists. The chart below depicts the number of approvals (1332), those that were approved within 14 days of the request (1311) and the authorizations that were approved beyond 14 days (21). For comparison, the number of approvals from June 2022 are also included. Out of the 1332 approvals, 93.53% were approved within 14 days of the request and 6.47% were approved 15 days or more after the submission.



Data Source: Power-BI

Substance Use Disorder

SUD Authorizations

The Power Bi dashboard indicates SUD UM staff approved 1009 authorizations as of 7/29/2022.

Medical Necessity Denials

There were no SUD medical necessity denials this month.

SUD Administrative Denials

There were 9 SUD administrative denials for June.

SUD Appeal Requests and Appeal Determination Forms

There were no SUD administrative appeals received during the month. Administrative appeals have a 30-day response time.

SUD Community Care/Hegira Merger Project

Progress was made ensuring cases were discharged from CCS prior to initiating new treatment referrals to the correct Hegira site. Access assisted in adding treatment referrals to Hegira sites. A recent request was made to complete the sharepoint document to assess project completion status.

SUD Bi-Monthly Provider Meeting

This meeting was held today on 7/29/2022. UM shared a utilization report from Power BI regarding all procedure codes approved and the percentage of units approved. We requested feedback from provider network regarding the report and recommendations for enhancement.

SUD Timeliness Dashboard

As of 7/28/2022, there was a total of 1009 authorizations were approved. There were 333 urgent authorizations approved. Out of the 333, 295(89%) were authorized within 72 hours. This is below our standard of 90% and due to staffing vacancy, which as discussed previously has been filled. There were 676 non-urgent authorizations and 656(97%) were approved within 14 days.

SUD Orientation –New Hire

UM Clinical Specialist and SUD UM reviewers welcomed new hire, Terri Jones that transferred from Access on July 18th. She participated in overview of SUD UM functions and orientation to UM department. There is a schedule for new hire to shadow and work with UM staff. PowerPoints and other training materials were shared with new staff.

MCG

As of 7/28/2022 there were 822 individuals screened in Indica which is an average of 29 cases per day screened using the MCG Behavioral Health Guidelines. This remains very consistent with our per day average which is usually between 29-32 screenings each day.

The Parity workgroup quarterly meeting will be held in August. The roll-out expectation of the 26th edition may be discussed at that time.

IRR

IRR testing continues with new hires. IRR studies were developed by subject matter expert (smes) for Residential, were entered into the system and distributed for annual interrater reliability. Studies were also received by SME expert for annual autism IRR and need to be entered in system. SUD case studies need to be developed. First phase of administration will include DWIHN UM, our physicians and the above groups. These will all be distributed in August. Second phase will include Screening entities and ACT teams.

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: BA#22-17R4 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 8/18/2022

Name of Provider: DWIHN SUD Department

Contract Title: Michigan Celebrate Recovery Walk, Novaceuticals, and DWC ASAP

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 8/10/2022

Proposed Contract Term: 8/18/2022 to 9/30/2022

Amount of Contract: \$ 8,861,022.00 Previous Fiscal Year: \$ 6,291,109.00

Program Type: New

Projected Number Served- Year 1: 3,100 Persons Served (previous fiscal year): 3100

Date Contract First Initiated: 8/18/2022

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).

This board action is requesting the allocation of PA2 funds totaling \$247,500 to the following SUD Programs

The SUD Department is requesting \$10,000 for the National Council on Alcoholism and Drug Dependence in PA2 funds for the annual statewide Celebrate Recovery Walk and Rally. The event will be held at Belle Isle Park, Saturday, September 10, 2022. This event is where people in recovery, their family and friends, addiction professionals and others can fellowship and speak out about the reality of recovery. There will be guest speakers and the message is always prevention and treatment work and recovery are possible.

The SUD Department is requesting \$235,000 in PA 2 funds to purchase 2,500 Naloxone Kits at \$94.00 each from Novaceuticals, LLC. The bid was available to the public from May 13, 2022, and ended on June 3, 2022. The bid contract will be for one (1) year, effective upon Board Approval, with up to two (2) 1-year renewal options. Novaceuticals LLC, was the apparent low Bidder, was deemed responsive and responsible. DWIHN will continue to train and disseminate the medication to residents interested in having the lifesaving medication for our Detroit Wayne County.

The SUD Department is requesting \$2,500 in PA 2 funds to cover being a co-sponsor of the DWCASAP conference. Participation in the program allows DWIHN to showcase the programs and services we offer to our community. The virtual conference will provide interactive opportunities for discussion with renowned experts in Certified Community Behavioral Health Clinics. The conference is scheduled for July 21.

This request is to increase FY 2022 SUD Treatment Program of 8,613,522 by \$247,500 to an amount not to exceed \$8,861,022 to consist of Federal Block Grant 7,208,474 and Public Act 2 funds \$1,652,548 to provide SUD services.

DWIHN has the discretion to allocate the funds among the providers based upon utilization without board approval not to exceed the approved amount.

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

Source of Funds: PA2

Fee for Service (Y/N): N

Revenue	FY 21/22	Annualized
SUD Block Grant	\$ 7,208,474.00	\$ 7,208,474.00
PA 2	\$ 1,652,548.00	\$ 1,652,548.00
Total Revenue	\$ 8,861,022.00	\$ 8,861,022.00

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, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Tuesday, August 2, 2022

Signed: Monday, August 1, 2022

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
SUD OVERSIGHT POLICY BOARD ACTION**

Board Action Number: 22-16S Revised Requisition Number: _____

Presented to Full Board at its Meeting on: August 17, 2022

Name of Provider: Michigan Celebrate Recovery Walk

Presented to Program Compliance Committee Finance Committee at its meeting on: Aug 10, 2022

Presented to SUD Oversight Policy Board on: July 18, 2022 (if applicable)

Proposed Contract Term: FY 22 Amount of Contract: \$ 10,000.00

New Program Continuation of Existing Program/Contract Modification of Existing Program

Projected Number Served: FY21/22 300

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 \$10,000.00 in PA 2 funds for the annual statewide Celebrate Recovery Walk and Rally. The event will be held at Belle Isle Park, Saturday, September 10, 2022. DWIHN will have a table with our ATOD educational materials. Celebrate Recovery Walk and Rally celebrates and honors the successes of the millions of Americans in recovery from alcoholism and drug addiction. This event is where people in recovery, their family and friends, addiction professionals and others can fellowship and speak out about the reality of recovery. There will be guest speakers and the message is always prevention and treatment work and recovery are possible. See attached documentation.

Outstanding Quality Issues: Yes No if yes, please describe _____

Recommendations for contract: Continue Modify Discontinue

Approved for Submittal to Board

Judy Davis

7/28/2022

_____ Date _____

Judy Davis

Director of Substance Use Disorders

Budget
 Not in Budget

ACTION TAKEN

The following Action was taken by the SUD Oversight Policy Board on the 18____day of ____July____, 2022_:

Approved
 Rejected
 Modified as follows: _____

Board Action#

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
SUD OVERSIGHT POLICY BOARD ACTION**

Board Action Number: 22- 18S Revised Requisition Number: _____

Presented to Full Board at its Meeting on: August 17, 2022

Name of Provider: The Detroit Wayne County Association of Substance Abuse (DWCASAP)

Presented to Program Compliance Committee Finance Committee at its meeting on: August 10, 2022

Presented to SUD Oversight Policy Board on: July 18, 2022 (if applicable)

Proposed Contract Term: FY 22 Amount of Contract: \$ 2,500.00

New Program Continuation of Existing Program/Contract Modification of Existing Program

Projected Number Served: FY20/21 300

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 \$2,500.00 in PA 2 funds to cover being a co-sponsor of the DWCASAP conference. Participation in the program allows DWIHN to showcase the programs and services we offer to our community. This will also be a unique opportunity to engage with professionals and offer educational information and resources. The virtual conference will provide interactive opportunities for discussion with renowned experts in Certified Community Behavioral Health Clinics. Speakers include Debbie Stabenow as Keynote speaker, Dr. John Kelly, Professor of Psychiatry in Addiction Medicine, and Dr. Corey Waller, Managing Director for the Institute on Addiction. This conference will be valuable to SUD administrators, directors, and treatment and prevention services providers. The conference is scheduled for July 21, from 8:30 am to 1pm.

Outstanding Quality Issues: Yes No if yes, please describe _____

Recommendations for contract: Continue Modify Discontinue

Approved for Submittal to Board

Judy Davis

7/28/2022

Date _____

Judy Davis
Director of Substance Use Disorders

- Budget
- Not in Budget

ACTION TAKEN

The following Action was taken by the SUD Oversight Policy Board on the _18th____ day of _July____, 2022__:

- Approved
- Rejected
- Modified as follows: _____

Board Action#

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
SUD OVERSIGHT POLICY BOARD ACTION**

Board Action Number: 22- 14S Revised Requisition Number: _____

Presented to Full Board at its Meeting on: August 17, 2022 _____

Name of Provider: Novaceuticals, LLC.

Presented to Program Compliance Committee Finance Committee at its meeting on: August 10, 2022 _____

Presented to SUD Oversight Policy Board on: July 18, 2022 (if applicable)

Proposed Contract Term: FY 22 _____ Amount of Contract: \$ 235,000.00 _____

New Program Continuation of Existing Program/Contract Modification of Existing Program

Projected Number Served: FY21/22 2,500 _____

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 \$235,00.00 in PA 2 funds to purchase 2,500 Naloxone Kits at \$94.00 each from Novaceuticals, LLC. The bid was available to the public from May 13, 2022, and ended on June 3, 2022. The Purchasing Division, on behalf of the Detroit Wayne Integrated Health Network (“DWIHN”), solicited bids to provide Naloxone Overdose Kits for DWIHN Clinical, Substance Use Disorder Division. The bid contract will be for one (1) year, effective upon Board Approval, with up to two (2) 1-year renewal options. The term was carefully established, considering the volatility of pricing, availability of market indices to tie prices to, the potential for a changing pool of available Bidders, departmental needs, and other similar factors. In addition, evaluations were performed with procurement and the SUD Department staff. Novaceuticals LLC, as the apparent low Bidder, was deemed responsive and responsible. The remaining bids (as shown on the attached detailed bid tabulation) were priced as follows. DWIHN will continue to train and disseminate the medication to residents interested in having the lifesaving medication for our Detroit Wayne County. The kits will include (2) 4 mg Narcan Nasal Sprays, (1) a Pair of nitrile gloves, (1) a CPR face shield (1) a Use documentation card.

Outstanding Quality Issues: Yes No if yes, please describe _____

January 29, 2019

Recommendations for contract: Continue Modify Discontinue

Approved for Submittal to Board

Judy Davis

7/28/2022

_____ Date _____

Judy Davis

Director of Substance Use Disorders

- Budget
 Not in Budget

ACTION TAKEN

The following Action was taken by the SUD Oversight Policy Board on the __18th__ day of __July__, 2022__:

- Approved
 Rejected
 Modified as follows: _____

Board Action#

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 22-67 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 8/17/2022

Name of Provider: Children's Center of Wayne County Inc., Starfish Family Services (MH)

Contract Title: DWIHN Additional General Funds Program

Address where services are provided: 30000 Hively, Inkster Mi. 48141

Presented to Program Compliance Committee at its meeting on: 8/10/2022

Proposed Contract Term: 10/1/2021 to 9/30/2022

Amount of Contract: \$ 1,000,000.00 Previous Fiscal Year: \$ 1,400,000.00

Program Type: Continuation

Projected Number Served- Year 1: 1,000 Persons Served (previous fiscal year): 850

Date Contract First Initiated: 10/1/2021

Provider Impaneled (Y/N)? Y

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).

This board action is requesting the allocation of excess general fund dollars totaling \$1,000,000 for the fiscal year September 30, 2022 in which The Children's Center will receive \$500,000 to support the Adoption Program and Starfish will receive \$500,000 to support the Behavioral Health Professionals. The two programs are non-Medicaid programs, that provide benefit to the children we serve, that are currently in place and have incurred expenses for the fiscal year 2022. This board action restores the funding provided in prior year (BA 21-69) that was eliminated due to the current year general fund reduction.

DWIHN will be requesting that funds can be re-allocated without board approval between these specific programs in the event a program is under/over funded up to the total allocation of \$1 million. This flexibility will ensure the funding will be spent by September 30, 2022 and reduce the risk of lapsing funds to the MDHHS.

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

Source of Funds: General Fund

Fee for Service (Y/N): N

Revenue	FY 21/22	Annualized
State General Funds	\$ 1,000,000.00	\$ 1,000,000.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 1,000,000.00	\$ 1,000,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64931.827206.06300

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Friday, August 5, 2022

Signed: Friday, August 5, 2022

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 23-03 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 8/17/2022

Name of Provider: Michigan Rehabilitation Service

Contract Title: Michigan Rehabilitation Services (MRS)

Address where services are provided: 17411 Grand River, Detroit, MI 48227

Presented to Program Compliance Committee at its meeting on: 8/10/2022

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

Amount of Contract: \$ 443,565.00 Previous Fiscal Year: \$ 443,565.00

Program Type: Continuation

Projected Number Served- Year 1: 2,297 Persons Served (previous fiscal year): 2079

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).

This Board Action request a one year contract for fiscal year ending September 30, 2023 for the continued funding for an Inter-Agency Cash Transfer Agreement (ICTA) between Detroit Wayne Integrated Health Network (DWIHN) and Michigan Rehabilitation Services (MRS) for the amount of \$443,565.00.

The agreement was established in 1994 as a means to increase member access to MRS, thereby, enabling members to become employed and self sufficient. DWIHN funding of \$443,565.00 combined with MRS ICTA Federal Share revenue of \$1,199,268.00 brings the program total revenue to \$1,642,833.00 for Wayne County.

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

Source of Funds: General Fund

Fee for Service (Y/N): Y

Revenue	FY 22/23	Annualized
State General Fund	\$ 443,565.00	\$ 0.00

	\$ 0.00	\$ 0.00
Total Revenue	\$ 443,565.00	\$ 0.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64931.827206.07226

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Friday, July 29, 2022

Signed: Friday, July 29, 2022