



Detroit Wayne Integrated Health Network

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PROGRAM COMPLIANCE COMMITTEE MEETING Wednesday, January 12, 2022 2nd 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**
 - A. Year-End Reports (Clinical Practice Improvement) – Provide more information/plan and feedback for Returning Citizens' initiative.**
- VI. Approval of the Minutes – November 10, 2021**
- VII. Report(s)**
 - A. Chief Medical Officer
 - B. Corporate Compliance
- VIII. Quarterly Reports**
 - A. Crisis Services
 - B. Utilization Management
- IX. Strategic Plan Pillars**
 - A. Customer
 - B. Quality
- X. Quality Review(s)**
 - A. QAPIP Work Plan Update
- XI. Chief Clinical Officer's Report – *Deferred to February 9, 2022***

Board of Directors

Angelo Glenn, Chairperson
Dorothy Burrell
Kevin McNamara

Kenya Ruth, Vice-Chairperson
Lynne F. Carter, MD
Bernard Parker

Dora Brown, Treasurer
Michelle Jawad

Dr. Cynthia Taueg, Secretary
Jonathan C. Kinloch



XII. Unfinished Business

- A. **BA #20-49 (Revised2)** – OBRA/PASARR Services – Neighborhood Service Organization (NSO)
- B. **BA #21-13 (Revised 3)** – Wayne County Health, Human and Veteran’s Services - Third Circuit Court, Clinic for Child Study
- C. **BA #21-69 (Revised)** – DWIHN Proposed General Fund Program Allocation – The Children’s Center Foster Care Program

XIII. New Business

(Staff Recommendations):

- A. **BA #22-41** – Michigan Child Collaborative Care Program (MC3) and the Behavioral Health Consultant – Starfish Family Services
- B. **BA #22-42** – Substance Use Disorder (SUD) Parenting Postpartum Women Pilot – Elmhurst Home, Inc.
- C. **BA #22-43** – Wayne Health-Mobile Outreach Clinic – Wayne State University Physicians’ Group
- D. **BA #22-44** – Infant and Early Childhood Mental Health Consultation in Home Visiting (IECMHC-HV) – Development Centers, Inc.

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

NOVEMBER 10, 2021

1:00 P.M.

VIRTUAL MEETING

MEETING CALLED BY	I. Dr. Cynthia Taueg, Program Compliance Chair at 1:00 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Dr. Cynthia Taueg, Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	<p>Committee Members: Dorothy Burrell; Michelle Jawad; and Dr. Cynthia Taueg</p> <p>Committee Members Excused: Dr. Lynne Carter</p> <p>Board Member(s): Board Vice-Chair, Kenya Ruth</p> <p>Staff: Miriam Bielski; Brooke Blackwell; Jacquelyn Davis; Judy Davis; Eric Doeh; Dr. Shama Faheem; Shirley Hirsch; Bernard Hooper; Melissa Moody; Cassandra Phipps; Rhianna Pitts; Vicky Politowski; Ebony Reynolds; April Siebert; Yolanda Turner; Michele Vasconcellos; Daniel West and June White</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 Board Liaison, Lillian Blackshire at 1:00 p.m. There was no quorum. Roll call was retaken at 1:20 p.m. There was a quorum.

IV. Approval of the Agenda

DISCUSSION/ CONCLUSIONS	The Chair called for approval of the agenda. Motion: It was moved by Ms. Jawad and supported by Mrs. Burrell to approve the agenda. Dr. Taueg asked if there were any changes/modifications to the agenda. There were no changes/modifications to the agenda. Motion carried
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V. Follow-Up Items from Previous Meetings

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. DWIHN Jail Diversion Initiatives – Provide more information on DPD Co-Response for all precincts – Andrea Smith, Director of Workforce Training and Program Development submitted and provided more information on DWIHN’s Jail Diversion Initiatives. Mrs. Smith reported that efforts continue with the Third Circuit Court, 36th District Court and Wayne County Sheriff’s Office to move the Jail Navigator program along. Police departments continue to express interest in the CIT program. Central City Integrated Health (CCIH) serves as the lead behavioral health provider for the homeless outreach team. CNS and Team Wellness continue to support law enforcement through our co-response partnership with the Detroit Police Department. This partnership is sponsored through grants for a two-year period – Flinn Foundation (\$200,000/\$100,000 per year); Hudson Webber (\$400,000/\$200,000 per year); COTS (\$241,768); and Ballmer Foundation (\$400,000/\$200,000 per year). DWIHN has also contributed \$800,000 annually for this partnership.</p> <p>B. QAPIP Work Plan Update for FY 20/21 – Have a discussion on providing board members with a one-page talking point on the findings of DWIHN’s Reviews with MDHHS – April Smith, Director of Quality Improvement submitted to the committee a one-page talking point summary on the findings of DWIHN’s Reviews with the Michigan Department of Health and Human Services (MDHHS).</p>
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VI. Approval of Meeting Minutes

<p>DISCUSSION/ CONCLUSIONS</p>	<p>The Chair called for approval of the October 13, 2021 meeting minutes. Motion: It was moved by Ms. Jawad and supported by Mrs. Burrell to approve the October 13, 2021 meeting minutes. Dr. Taueg asked if there were any changes/modifications to the meeting minutes. There were no changes/modifications to the meeting minutes. Motion carried.</p>
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VII. Reports

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. Chief Medical Officer – Dr. Shama Faheem, Chief Medical Officer submitted and gave highlights of her Chief Medical Officer’s report. Dr. Faheem reported:</p> <ol style="list-style-type: none"> 1. Behavioral Health Outreach – Staff continue to facilitate, train and provide information on mental health education and awareness and suicide prevention to the community, teachers, students, hospitals and law enforcement in Wayne County. 2. Quality Improvement – DWIHN continues to meet most of the Performance Indicators except in the following areas – Crisis screening in three hours (adults only); Access of services or Biopsychosocial within 14 days of request has been relatively lower than other regions throughout the State but does not have a standard compliance cut-off yet; Seven-day hospital follow-up (children only); and Recidivism or readmissions in 30 days (adults only). Trends of increasing compliance of more than 1% each quarter indicates a chance to meet this number in FY 2022 (Q1). 3. DWIHN-EMS Initiative – Data sharing has occurred between the two entities and more than 30% of EMS callers have been identified as DWIHN’s clients. An internal process has been developed to refer individuals with high medical calls to complex case management and those with behavioral health calls will be referred for case consultations with CRSP.
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	<p>4. DWIHN Justice Involved Initiatives – Continued efforts with the Third Circuit Court, 36th District Court and Wayne County Sheriff’s Office to move the Jail Navigator program along – 5 members engaged and being monitored by the Navigator.</p> <p>Dr. Tauег opened the floor for discussion. Discussion ensued. The Chair noted that the Chief Medical Officer’s report has been received and placed on file.</p> <p>B. Corporate Compliance Report – Bernard Hooper, Director of Corporate Compliance submitted and gave an update on the Corporate Compliance report. Mr. Hooper reported:</p> <ol style="list-style-type: none"> 1. United States Secret Service – Corporate Compliance has been collaborating with the U.S. Secret Service regarding alleged financial crimes involving service providers. It was determined that none of the alleged entities were DWIHN’s service providers. Corporate Compliance referred the U.S. Secret Service’s agents to Michelle Warstler , MDHHS/OIG. 2. Potential Conflict of Interest regarding Autism Spectrum Disorder (ASD) Assessment – During the course of an ASD RFP, a clinician was identified as engaging in employment or consulting with various ASD Providers Intake Assessments. This is considered a conflict of interest and hinders the intentions of DWIHN to increase the capacity of ASD intake assessment clinicians within the system. Corporate Compliance and the ASD Network have notified the clinician in question and will notify providers regarding hiring the same clinicians within the ASD Network to provide intake and progress assessment services. <p>Dr. Tauег opened the floor for discussion. Discussion ensued. The Chair noted that the Corporate Compliance update has been received and placed on file.</p>
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VIII. Year-End Reports -

	<p>A. Access Call Center – Miriam Bielski, Director of the Access Call Center submitted and gave highlights of the Access Call Center’s year-end report. Ms. Bielski reported the Call Center is meeting all standards and above standards for the month of October. Since the inception of the Call Center, staff has maintained abandonment rate and almost at 100% in many areas. There were a few concerns with the pandemic and staffing shortage in August and September with ProtoCall during the transition of the Call Center but working on a resolution. The Call Center was redesigned by leveraging phone equipment to enhance call flow. The backlogged resulting from the transition has been resolved. Dr. Tauег opened the floor for discussion. There was no discussion. The Chair noted that the Access Call Center’s year-end report has been received and placed on file.</p> <p>B. Children’s Initiatives – Cassandra Phipps, Director of Children’s Initiatives submitted and gave highlights of the Children’s Initiatives’ year-end report. Ms. Phipps reported:</p> <ol style="list-style-type: none"> 1. Children Services – DWIHN served a total 16,769 children, youth and families of Wayne County with Serious Emotional Disturbance (SED) and Intellectual/Developmental Disability (IDD) this fiscal year with Intensive Services and Evidenced-Based Practices. 2. Youth United – This youth-led initiative promotes youth voice and youth partnership in the Wayne County System of Care (SOC). They have hosted the Annual Youth Spotlight Awards; a bowling fundraiser at the Garden Bowl; facilitated various courageous conversation discussions, anti-stigma busting workshops and virtual game nights. They also hosted a statewide
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Youth Summit "Aftermath of Trauma and provided the Empowerment Grant of \$500 to a young adult to coordinate a youth-led event in the community.

3. **Special Projects** – DWIHN's I.T. Department and Children's Providers gifted about 230 laptops and iPads to the youth in the community; DWIHN's Finance Department and Children's Providers worked together to develop a value-based incentive model to incentivize providers and offer stability to the provider network; Staff has begun the process for two Children's Providers (Starfish and Community Living Services) to offer Wrap-Around services to those with intellectual and developmental disabilities; and Development Center now provides additional services for infant and early childhood programs through the Home Visiting Grant.

Dr. Tauzeg opened the floor for discussion. There was no discussion. The Chair noted that the Children's Initiatives' year-end report has been received and placed on file.

- C. **Clinical Practice Improvement (CPI)** – Ebony Reynolds, Clinical Officer of Clinical Practice Improvement submitted and gave highlights of the Clinical Practice Improvement's and Autism Spectrum Disorder's year-end reports. Ms. Reynolds reported:

1. **Assertive Community Treatment (ACT)** – CPI completed the annual ACT Fidelity Reviews. The Guidance Center, Community Care Services and Lincoln Behavioral Services met the benchmark and an overall score of 93%. There were nine ACT Providers in the DWIHN Network, four of which received the hospital incentive for being below the threshold of 6.73 hospital days.
2. **MedDrop** – There are eight providers that participate in this program. There have been 49 admissions with no re-admissions. There were three successful discharges and one deceased individual. Members are between the ages of 20 to 75 years old.
3. **Jail Services** – DWIHN has a partnership with Probate Court for the Assisted Outpatient Treatment (AOT) program which began July 1, 2021. The AOT orders are shared between DWIHN and Probate Court to help coordinate care for members. Wayne County Jail Mental Health Unit saw 1849 new admissions and 1309 were treated from October through June. The contract with Wellpath ended September 30, 2021 and staff coordinated with the new provider, Naphcare to improve services and outcomes. There were 393 members released from jail and connected with a DWIHN provider. Staff developed an Infant Mental Health Screening to bring 0-6 months population access screening to DWIHN to ensure equitable access to children and their families.
4. **Autism Spectrum Disorder (ASD)** – Two new Independent Evaluators were added to improve the timeliness standards and potential bias of ABA providers providing diagnoses. There were 2009 open cases at the end of (Q4) FY '20/21. An ASD RFP was issued to the public to meet the growing demands of access to services in specific demographic areas in Wayne County. Two new ABA providers were awarded, increasing members' choice of locations to five new sites bringing the total sites to receive ABA services to 31. There are a total 16 ABA providers across Wayne County.

Dr. Tauzeg opened the floor for discussion. Discussion ensued. The committee requested more information/plan and feedback for Returning Citizens' initiatives. (Action) The Chair noted that the Clinical Practice Improvement's and Autism Spectrum Disorder's year-end reports have been noted and placed on file.

- D. **Crisis Services** – Daniel West, Director of Crisis Services submitted and gave highlights of the Crisis Services’ year-end report. Mr. West reported that Diversion rates improved for children but a slight decrease of 1% for adults. Staff continue to improve communication with CRSP providers and community contacts to alleviate re-admissions to an inpatient level of care and assisting in appropriate discharges of members into the least restrictive environments. A newly mobile outreach clinician has been added providing education and access to DWIHN’s services through the partnership with Wayne Health. There has been 447 Crisis Alerts received for the year and the diversion rate is 64%, which positively impacted recidivism. DWIHN developed a Steering Committee with providers from the network to develop a plan for reducing psychiatric inpatient and recidivism. A procedure has been implemented for Assisted Outpatient Treatment (AOT) orders received from Probate Court and staff coordinates with the member’s CRSP to develop or revise their treatment plan. All Crisis Screening Providers have resumed face-to-face screening. For FY 21/22, Crisis Services’ department plans to establish a contract with Beaumont Hospital Psychiatric Inpatient Facility; implement the next phase of the mobile outreach to include mobile crisis services and expand to shelters; implement recommendations from the Steering Committee to reduce psychiatric inpatient and recidivism; apply for RFP for Crisis Stabilization Unit with the State; and develop a workplan and RFP for the Crisis Care Center. Dr. Taueg opened the floor for discussion. There was no discussion. The Chair noted that the Crisis Services’ year-end report has been received and placed on file.
- E. **Customer Service** – Michele Vasconcellos, Director of Customer Service submitted and gave highlights of the Customer Service’s year-end report. Ms. Vasconcellos reported that their main focus for FY 20/21 has been on improving customer experience with service; ensuring appropriate engagement in choice of service and care; ensuring customer’s enrollee rights and satisfaction; enhancing customer and public information awareness; meeting NCQA re-accreditation and other contractor regulatory compliance expectations; and ensuring members continue to receive uninterrupted customer service during the pandemic. The Call Center and Welcome Center received a combined total of 25,657 calls of which the abandonment rate exceeded 11% (standard abandonment rate is less than 5%). Family Subsidy handled 6,456 calls and processed over 1,220 applications remotely without any interruption of services during this fiscal year. The Grievance division processed 324 calls, addressed 96 actual grievances and provided numerous trainings to address updates and technical assistance. The Appeals division processed 355 appeals related calls, 21 were addressed and there were no State Fair Hearings conducted this fiscal year. A system-wide appeals training was conducted to the CRSP network. Thirty-nine CRSP provider site reviews were conducted to ensure compliance standards were addressed and maintained in the areas of Customer Service, Grievances, Appeals and Enrollee Rights. Dr. Taueg opened the floor for discussion. There was no discussion. The Chair noted that the Customer Service’s year-end report has been received and placed on file.
- F. **Integrated Health Care** – Vicky Politowski, Director of Integrated Health submitted and gave highlights of the Integrated Health Care’s year-end report. Ms. Politowski reported staff processed over 4,400 MI Health Link referrals for services from the ICOs during this fiscal year and behavioral health care was coordinated for over 1,000 members. Staff performed monthly Care Coordination Data Sharing meetings with each of the eight Medicaid Health Plans (MHP) serving Wayne County. Staff participated in the integration pilot projects with Blue Cross Complete of Michigan and Total Health Care/Priority

Health Care. Hepatitis A vaccination clinics were set up at DWIHN's SUD provider sites through collaboration with the Detroit Health Department. The division managed six Quality Improvement Plans in the areas of follow-up visit with a Mental Health Practitioner after psychiatric hospitalization, adherence to Antipsychotic Medication; adherence to Antidepressant Medication; decreasing the use of multiple antipsychotic medications; diabetes screening for people with Schizophrenia or Bipolar Disorder who are receiving Atypical Antipsychotic Medication; and Hepatitis A risk reduction. Sixty-three Complex Case Management cases were opened and the majority of these members met their plan of care goals and connected to behavioral and physical health care providers. The department applied for and was awarded block grant funding for this fiscal year in the area of Integrated Care. Dr. Taueg opened the floor for discussion. There was no discussion. The Chair noted that the Integrated Health Care's year-end report has been received and placed on file.

- G. **Managed Care Operations** – June White, Director of Managed Care Operations submitted and gave highlights of the Managed Care Operations' year-end report. Ms. White reported that they have processed 400 contracts for signature to our provider network for FY 2022. The Provider Survey was distributed to approximately 400 providers' organizations and had a 35% increase in responses which is 13% more than last fiscal year. The Practitioner Survey received 280 responses, a 17% increase from last fiscal year. The department received and reviewed over 1,500 quarterly reports from providers to ensure contractual compliance. Future projects for FY 2022, streamline and implement a Network Adequacy analysis of the Network; improve our online Provider/Practitioner directory on our website; enhance our Provider Manual to be more user friendly; create a sanction module in our MH-WIN system; train providers on the Risk Matrix; set up Provider Orientation meetings for new and existing providers; and streamline letters and reports from providers and staff for better monitoring. Dr. Taueg opened the floor for discussion. There was no discussion. The Chair noted that the Managed Care Operations' year-end report has been received and placed on file.
- H. **Residential Services** – Shirley Hirsch, Director of Residential Services submitted and gave highlights of the Residential Services' year-end report. Ms. Hirsch reported that staff has held trainings for the Standardized Progress Note Refresher and Residential Tracking of COFR cases. The department has developed a Quality Improvement Residential Provider Case Record Review Checklist, CRSP Case Management Monthly Monitoring Note, and a Residential Authorizations Appeal Letter for providers. Staff has also implemented a Residential Acceptance/Denial for Brokering Letter for Specialized Placements. Staff has received training from the I.T. department on Claims Cube. The Residential Review Committee was created to conduct comprehensive reviews of complex cases presented by the CRSP. The department continue ongoing reporting on COVID-19 positive cases, deaths, vaccinations and booster shots as they become available. Dr. Taueg opened the floor for discussion. There was no discussion. The Chair noted that the Residential Services' year-end report has been received and placed on file.
- I. **Substance Use Disorder** – Judy Davis, Director Substance Use Disorder submitted and gave highlights of the Substance Use Disorder's year-end report. Mrs. Davis reported that DWIHN has administered more than 10,000 Narcan kits in the community and ensured adequate access to treatment for individuals seeking recovery from opioid use disorder, including Medication-Assisted Treatment (MAT) services. Two treatment programs have been identified to distribute free Naloxone kits through the use of vending machines (Abundant

	<p>Community Recovery Services and Quality Behavioral Health). There is no cost to the provider to implement a vending machine for naloxone distribution. In FY 2021, DWIHN has enrolled 152 members into opioid health home services. The majority enrolled were African American males over the ages of 55. The mobile care unit programs continue to exceed expectations increasing access to services and Naloxone. DWIHN has received over \$3M in revenue to respond to the COVID crisis in FY 21 and continued revenue growth in FY 22 through MDHHS' prioritization of dollars directed service delivery, emphasis on COVID. There were 23-SUD provider staff who tested positive, 148 clients and 7 deaths reported during FY 21. There were 145 members treated and provided SUD services in the implemented COVID recovery homes for individuals that either tested positive and/or experiencing COVID symptoms. Dr. Tauег opened the floor for discussion. There was no discussion. The Chair noted that the Substance Use Disorder's year-end report has been received and placed on file.</p> <p>J. Utilization Management – Rhianna Pitts, Utilization Management Administrator submitted and gave highlights of the Utilization Management's quarterly report. Ms. Pitts reported that at the end of September 2021, 1,037 slots out of 1,084 Habilitation Supports Waiver slots have been filled. There were 1,470 Autism authorization requests approved during the 4th quarter. There are 2,112 cases currently opened in the benefit. There were 1,152 approvals for the General Fund authorizations for Q4. There were 2,257 Inpatient Admissions for Q4, 44% increase from Q3. There was a total of 105 MI Health Link authorizations across all ICOs, a 13.2% decrease from Q3. There were 1,159 approvals within 24-hours for SUD urgent authorizations for Q4. Staff continue to review member's length of stay utilizing the Milliman Care Guidelines (MCG) and criteria for continued stay. There were 18 denials that did not meet the guidelines for Q4. Dr. Tauег opened the floor for discussion. There was no discussion. The Chair noted that the Utilization Management's quarterly report has been received and placed on file.</p>
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IX. School Success Initiative (SSI) Update – PowerPoint Presentation

<p>DISCUSSION/ CONCLUSIONS</p>	<p>Ebony Reynolds, Clinical Officer of the Clinical Practice Improvement submitted and gave an update on the School Success Initiative. Ms. Reynolds reported that Phase I (Accessibility of Services and Phase II (Standardization of Services) of the School Success Initiative have been presented and approved by DWIH's Board of Directors. There are currently five preschools that the School Success Initiative is delivering services to. DWIHN has developed a School Success Initiative Flyer in three languages (English, Spanish and Arabic); partnered in outreach events to explain the services; and added more children's billboards that are showcased in Wayne County to increase awareness of services. Staff is currently working on Phase III (Coordination with Teen Health Clinics). DWIHN has partnered with three school-based health centers (Ascension, Beaumont and Henry Ford Teen Health Clinics) to refer students to the clinic for health needs and to DWIHN's Access Department for community mental health needs. Over the past year, 11,268 SSI services were delivered to 1,334 students. The SSI services are currently located in 71 schools in Wayne County (25-Detroit schools and 46-Out-Wayne). Dr. Tauег opened the floor for discussion. There was no discussion. The Chair noted that the School Success Initiative Update has been received and placed on file.</p>
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X. Strategic Plan Pillar - Customer

DISCUSSION/ CONCLUSIONS	<i>The Strategic Plan Customer Pillar was deferred to the next Program Compliance Committee Meeting.</i>
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XI. Quality Review(s) -

DISCUSSION/ CONCLUSIONS	A. QAPIP Work Plan FY 2021 Update – <i>The QAPIP Work Plan FY 2021 Update was deferred to the next Program Compliance Committee Meeting.</i>

XII. Chief Clinical Officer’s (CCO) Report

DISCUSSION/ CONCLUSIONS	<p>Melissa Moody, Chief Clinical Officer submitted a full report and gave highlights on the Chief Clinical Officer’s report. Mrs. Moody reported:</p> <ul style="list-style-type: none"> A. COVID-19 & Inpatient Psychiatric Hospitalization –As of 10/31/21, Hospitalization’s data showed an increase in admissions for the month of October (632) compared to 623 admissions in September. There were six reported case of COVID-19 Positive inpatient in October 2021 (September 2021 – 1 case). B. COVID-19 Intensive Crisis Stabilization Services – There was an approximate 5% increase in crisis stabilization services provided in October 2021 (456) compared to September 2021 (434). C. COVID-19 Urgent Behavioral Health Urgent Care Sites – There was a slight increase in overall utilization of Urgent Behavioral Health Urgent Care Services in October 2021. D. COVID-19 Recovery Housing/Recovery Support Services – There was a significant rise in persons served in the utilization of COVID-19 recovery homes in the month of October 2021 (44) compared to September 2021 (7). E. COVID-19 Pre-Placement Housing – There were no pre-placement housing for the month of October 2021 (September 2021 – 0). F. Residential Department Report of COVID-19 Impact – There were four new reported cases of COVID-19 in October 2021 and 0 reported deaths. G. Vaccinations – Licensed Residential Homes – A combined total of 90.4% of members in licensed settings have been fully vaccinated. H. Vaccinations – Unlicensed Homes – There was no change noted in vaccinations in the month of October 2021. I. Clinical Initiative Updates <ul style="list-style-type: none"> 1. Certified Community Behavioral Health Clinic (CCBHC) – State Demonstration – The Guidance Center is the designated CCBHC Site for Region 7. Coordinated, integrated and comprehensive services for all individuals diagnosed with a mental illness or substance use disorder are provided through this clinic. It focuses on increased access to care, crisis response, formal coordination with health care providers, care management, linkage to social services, educational services, criminal justice/law enforcement and veteran’s services 24/7/365. This model was launched on 10/1/21 and currently have 255 members enrolled. 2. Opioid Health Home (OHH) – DWIHN currently has 160 enrolled members receiving this comprehensive array of integrated healthcare services.
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Dr. Tauzeg 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.

XIII. Unfinished Business

DISCUSSION/ CONCLUSIONS	<p>B. BA #21-48 (Revised) – Community Foundation of SE Michigan's Opioid Partnership – DWIHN's Provider Network – The Chair called for a motion on BA #21-48 (Revised). Motion: It was moved by Ms. Jawad and supported by Mrs. Burrell to move BA #21-48 (Revised) to Full Board for approval. Staff requesting board approval for a two-month (time only) extension to the FY '21 contract for an amount not to exceed \$151,984 with Wayne State University (\$28,000); Quality Behavioral Health (\$43,000); Wayne County Health Communities (\$30,000); and Abundant Recovery Services (\$43,000). The revised contract term is October 1, 2020 to December 1, 2021. Dr. Tauzeg opened the floor for discussion. There was no discussion. Motion carried.</p>
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XIV. New Business: Staff Recommendation(s)

DISCUSSION/ CONCLUSIONS	<p>A. BA #22-25 – School Success Initiative FY 21/22 – 11 CMH Providers (Listed in Board Action) – Staff requesting board approval for FY 21/22 contract totaling \$3.6 million to extend funding for the CMH entities delivering the School Success Initiative program. The overall performance expectation is to ensure students and their families have access to community mental health services within a school-based setting and provide evidence-based psychoeducation training and intervention to children and school professionals. Dr. Tauzeg opened the floor for discussion. Discussion ensued. Motion carried.</p> <p>B. BA #22-31 – Treatment Foster Care Oregon (TFCO) – The Guidance Center – Staff requesting board approval for a one-year contract between DWIHN and The Guidance Center to continue implementation of the TFCO Initiative for FY 21/22. Funding for this contract is through the State of Michigan, Department of Health and Human Services' grant for \$409,180.00. The state grant is received from Wayne State University. Dr. Tauzeg opened the floor for discussion. There was no discussion.</p> <p>C. BA #22-36 – MI-Health Link Demonstration Project – Adult Well Services - Staff requesting board approval for a one-year contract with the five Integrated Care Organizations to receive and disburse Medicare dollars to reimburse the Affiliated Providers for the calendar year ended December 31, 2022 for an estimated amount of \$9,886,123.00 in conjunction with the MI-Health Link Demonstration Project. Dr. Tauzeg opened the floor for discussion. There was no discussion.</p> <p>D. BA #22-37 – WDIV TV-4 Communication – Graham Media Group – Staff requesting board approval for a one-year contract with WDIV TV-4 for an amount not to exceed \$50,500.00. The campaign includes five months to air 22+ 30-second messages during various time slots including prime time. The funding source is PA2 dollars and the SUD Oversight Board has approved this request. Dr. Tauzeg opened the floor for discussion. There was no discussion.</p> <p>The Chair bundled the board actions and called for a motion on BA #22-25; BA #22-31; BA #22-36; and BA #22-37. Motion: It was moved by Ms. Jawad and supported by Mrs. Burrell to move BA #22-25; BA #22-31; BA #22-36; and BA#22-37 to Full</p>
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	Board for approval. Dr. Taueg opened the floor for further discussion. There was no further discussion. Motion carried.
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XV. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS	<i>There was no Good and Welfare/Public Comment to review.</i>
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ACTION ITEMS	Responsible Person	Due Date
1. Year-End Reports (Clinical Practice Improvement) – Provide more information/plan and feedback for Returning Citizens’ initiative.	Ebony Reynolds	January 12, 2022

The Chair called for a motion to adjourn the meeting. **Motion:** It was moved by Ms. Jawad and supported by Mrs. Burrell to adjourn the meeting. **Motion carried.**

ADJOURNED: 3:00 p.m.

NEXT VIRTUAL MEETING: Wednesday, January 12, 2022 at 1:00 p.m.

**Program Compliance Committee Meeting
Chief Medical Officer's Report
Shama Faheem, MD
January 12, 2022**



Behavioral Health Outreach:

- DWIHN organized efforts to provide outreach and assistance to schools, teachers and students after the tragic event of Oxford shooting as well as several other school threats and lockdowns.
 - Developed resource page on our website to address the Oxford school mass shooting as well as other threats and lockdowns. (December)
 - ❖ <https://dwihn.org/news-oxford-hs-grief-counseling-resources-list>
 - We have created Tri-county Workgroup to address Youth Mental Health especially in schools (December -ongoing)
 - DWIHN Virtual Town Hall Meeting “LET'S TALK ABOUT IT” addressing School Safety/Violence, Mental Health, Grief/Loss and Suicide Prevention (December 16th, 2021)
 - Medical Director Newsletter addressing children and parent’s fear about return to school after the shooting (December).
 - DWIHN’s School Success Initiative team and providers also provided support and outreach.
- With the continued rise of COVID-19 cases and the new variant, we have continued our advocacy and outreach efforts towards the pandemic.
 - Biweekly Newsletter highlighting recent data and addressing safety protocols and vaccine hesitancy as well as Askthedoc email responses to people’s vaccination/covid questions.
 - Interview for City of Detroit's Office of Disability Affairs for children, parents and vaccine hesitancy in the disability community (November 2021)
 - ❖ Video 1 <https://fb.watch/9evcm7av7H/> Shama Faheem Part #1 (encouraging people to get the vaccine)
 - ❖ Video 2 <https://fb.watch/9ev7wG2ymn/> Shama Faheem Part 2 (how to gradually resume in-person activities)
 - ❖ Video 3 <https://fb.watch/9ev8RvO-gi/> Cassandra Phipps (vaccines for children and parents)
- We continue to provide mental health support and outreach to our community.
 - Tri-county training on “Is there a healthy response to stress?” to Peer professionals from Wayne, Macomb, and Oakland counties (November 2021)
- **Detroit Police Department/DWIHN Pilot Partnership - *To ensure that reporting is accurate, data for this project will be presented for the previous month.***
- Central City Integrated Health (CCIH) serves as the lead behavioral health provider for the homeless outreach team. There were 611 encounters - 10 people agreed to complete a mental Health Screening as reported by the Detroit HOT team.
- During the month of November CIT Co-Responders made a total of 330 encounters with law enforcement. A total of 25 individuals who were connected to a service. This month we had 5 suicide calls, the CIT team was able to intervene and provide the appropriate interventions to prevent harm to the consumers. There was a total of 9 overdose calls for the month of November.

The CIT team was able to coordinate with both the EMS and Nurses at the hospital where the consumer was conveyed. A total of 98 resource cards were provided and reviewed with consumers for assistance with mental health, substance use, and homelessness.

Quality Improvement Indicators

We have continued to meet most of the Performance Indicators except:

- Indicator 1/Pre-admission Crisis screening in 3 hours: We continued to meet these criteria for children screening. For adults: Despite not meeting the criteria from FY 21 2nd through 4th quarter we have seen improving numbers with an average of 1% increase each quarter. We were at 94.82% in FY 21 4th Quarter (missing the cut-off of 95%) which is the last one submitted to the State on Jan 3rd 2022. We have continued to work with our adult crisis screening team and with their efforts and implementation of plans we have seen the preliminary FY Q1 2022 data indicating 97.14% compliance with expectation of meeting the cutoff of 95% in that quarter.
- Indicator 2a/Access of services or completion of Biopsychosocial within 14 days of request: It has been relatively lower than other Regions though State does not have a standard compliance cut-off yet. This remains as an opportunity of ongoing improvement though we have identified a positive trend from Quarter 2 of FY 2021 (when the downward trend was first identified) until Quarter 4 (last Qtr of FY 2021 submitted to State on 1/3/22) with an increase of more than 8% during these quarters. This has been in the midst of several of our providers notifying us about putting holds on new intakes. We are working closely with those providers on identifying their plan for resuming intakes and working with other providers as well to highlight the importance of meeting this standard. Staffing shortages with Providers putting holds to new intakes as well as to certain types of services has been a significant barrier. Member no-show has been another significant barrier.
- Indicator 4a: Hospital discharge follow-up in 7-days. We continue to meet this standard for adult throughout FY 21. For Children, we had not met this standard (primarily because of few cases given small N) for FY 21 1st through 3rd quarter and met it in 4th quarter (95.41, cut-off is 95%).
- Indicator 10/Recidivism or readmission in 30 days: We have continued to meet this indicator for children. For Adult only: Despite not meeting this standard in last two FY, we have had a trend of increasing compliance with a significant increase between the last two quarters submitted to State (an improvement from 17.03 in 3rd quarter to 15.01% in 4th quarter). We barely missed the cut-off of 15% and our improvement trend as well as the preliminary data from FY 22 indicates possibility of meeting this number in FY 2022 Q1 which will be after 2 years!

Performance Improvement Projects:

Starting 2021, MDHHS/HSAG has notified us about concentrating the upcoming PIP topic to “Reduce racial and ethnic disparities in healthcare and health outcomes.”

We did data analysis for several health measures. On a positive note, we did not find disparities for a number of measures and indicators tested but found some disparity and hence opportunity for improvement with our hospital discharge 7-day follow-up appointment data. We have submitted the brief description to HSAG and awaiting their response.

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 analysis of the data has revealed a racial disparity with the African American population as compared to the White population served. The data demonstrates that there is a 5.47% racial and ethnic disparity with African Americans members keeping their 7-day follow up appointment as compared to the white population served. DWIHN has submitted the Performance Improvement Project Topic: Reducing 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. To date, HSAG has not yet accepted the selected PIP.

Crisis Services 1st Quarter: October-December 2021

Summary Report

Below is the data for the Crisis Services Department, 1st Quarter FY 21/22 for adults and children. Overall, there was an increase in the number of children's requests for service (RFS) in the 1st quarter, and a decrease in the number of requests for service for adults. The diversion rate for children and adults increased in the 1st quarter compared to the 4th quarter. The Crisis Stabilization Unit (CSU) at COPE saw a decrease in the number of individuals served compared to the 4th quarter, whereas Team Wellness Crisis Stabilization Unit saw an increase in individuals served.

FY 21/22 Q1 Accomplishments

- Hospital Liaison staff were involved in a total of 999 cases receiving crisis services during the 1st quarter FY 21/22. This involvement consisted of contacts made with community hospitals related to movement of members out of the emergency departments, and individuals awaiting inpatient placement beyond 23 hours. The overall diversion rate from inpatient care was 48%. There were 43 crisis alerts received for the quarter (48% decrease from the 4th Quarter) and an average of 81% of those cases were diverted from inpatient-a 20% increase from the previous quarter.
- During the 1st Quarter, DWIHN has received a total of 812 AOT orders in collaboration with Probate Court which were uploaded into MHWIN, these orders are monitored monthly in coordination with the CRSP.
- Our DWIHN Mobile Outreach Clinician was involved in 44 community sites in partnership with Wayne Health and meaningful conversations took place with 546 individuals.
- Continued efforts are being made to educate CRSPs on crisis alerts, and coordination of processes are taking place to involve more peer to peer reviews to influence recidivism.
- The Crisis Services Department is working to incorporate BH-TEDs data into the PARs and clean up errors made since the updated PARs began 10/23/21.
- We are working with COPE to address cases on the 23-hour report, with a focus on re-evaluations and increased diversion to least restrictive environment.
- The Crisis Services Department has participated in town hall discussions, a presentation to the UofM school of social work, and has provided orientation in new hire discussions.
- Coordination and planning of meetings are taking place with CRSPs identified for familiar faces case conceptualization.
- We are working with law enforcement in real time to utilize the CSUs as opposed to the emergency departments depending on presenting concerns.
- A "levels of crisis services grid" was created to distribute and clarify prerequisites for levels of care to influence obtaining least restrictive environment.

FY 21/22 Q1 Area of Concern

- Individuals testing positive for COVID in the ED and needing inpatient placements, getting denied.

Plans for FY 21/22 Q2

- Continue efforts to solidify a process to educate and utilize AOT orders with 36th district court and relevant staff.

Crisis Services 1st Quarter: October-December 2021

Summary Report

- Develop RFP for Crisis Assessment Center
- Develop a shared schedule of outreach events in an effort to expand outreach to out-county sites.
- Work with inpatient facilities to address difficulties related to placement with COVID positive members.
- Orient new Hospital Liaison staff to assist with and develop a process for discharge planning.
- Work with CRSPs to establish procedures for crisis alerts to address recidivism.

Crisis Services 1st Quarter: October-December 2021

Below is the data for the Crisis Services Department, 1st Quarter FY 21/22 for adults and children. The month of December does not contain data for the full month. Overall, there was an increase in the number of children's requests for service (RFS) in the 1st quarter, and a decrease in the number of requests for service for adults. The diversion rate for children and adults increased in the 1st quarter compared to the 4th quarter. The Crisis Stabilization Unit (CSU) at COPE saw a decrease in the number of individuals served compared to the 4th quarter, whereas Team Wellness Crisis Stabilization Unit saw an increase in individuals served.

CRISIS DATA

- Children's Crisis Providers: The Children's Center (TCC), The Guidance Center (TGC) and New Oakland (NO).** TGC suspended in person screenings at Children's Hospital 12/9/21-12/23/21. This will be re-evaluated 12/23/21 due to screeners having had exposures to members who were COVID positive.

QTR	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	Crisis Stab
4th FY 20/21	642	564	177	27.5%	451	70%	426
1 st FY 21/22	814	755	177	22%	645	79%	359

- There was a 26% increase in the number of requests for service for children as compared to the 4th quarter. The diversion rate for the 1st quarter increased 9% from the last quarter.
- The number of Mobile Intensive Crisis Stabilization cases decreased 15% from the 4th Quarter.

- Community Outreach for Psychiatric Emergencies (COPE): Hegira with Neighborhood Services Organization and Northeast Guidance Center (CNS) as sub-contractors**

QTR	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	# Inpt due to no CRU
4th FY 20/21	3,218	2,901	2,110	66%	1,038	32%	22
1 st FY 21/22	2,686	2,475	1,726	64%	896	34%	12

- Numbers above reflect a 16% decrease in RFS as reported in the 4th quarter. The percentage admitted to inpatient is 64%, and the number of diversions decreased by 142 this quarter (partial reporting period). The available capacity for the crisis residential units (CRU) remains at 16 to comply with social distancing guidelines. The number of individuals going inpatient due to no CRU beds available decreased by 10 cases as reported in the previous quarter.
- COPE Mobile Stabilization services were provided to 255 cases for the quarter, which is an decrease of 90 as reported in the 4th Quarter at 345.

3. Crisis Residential Services

Hegira Crisis Residential Unit Admissions	
4th FY 20/21	141
1 st FY 21/22	118

Crisis Services 1st Quarter: October-December 2021

- There was a 16% decrease in CRU admissions in comparison to the 4th quarter. The capacity continues to be 16 available beds due to COVID social distancing requirements.

4. Crisis Stabilization Units

- COPE: Served 671 individuals for the 1st quarter: A 20% decrease from the previous quarter at 806 individuals served.
- Team Wellness Center: Served 487 individuals for the 1st quarter. An increase of 12% from the previous quarter.

5. ProtoCall:

Qtr./FY	# Incoming Calls	# Calls Answered	% answer w/in 30 secs	Avg. Speed of answer	Abandonment rate
Q4 FY 20/21	1654	1543	75% (avg)	33.5s (avg)	4.2 (avg)
1 st FY 20/21	1488	1142	38%	103s (avg)	11.4 (avg)

- Complete data for the quarter was not available at time of report as there is missing data for December. Numbers above are based on October and November data.
- ProtoCall has shared challenges to their operations over the past few months. They are currently making efforts to attract and retain staff (24 new staff onboarding), and a training class of 16 in January 2022. They continue efforts toward reducing and stabilizing an increasingly unpredictable call volume, and are working toward improvement in upcoming months. DWIHN is continuing to monitor performance outcomes.

6. Mobile Outreach Services: Partnership with Wayne Health

- The Crisis Services Department Mobile Outreach Clinician attended 44 sites during the quarter, an increase from 38 sites visited in the 4th quarter.
- Education and meaningful conversations occurred with approximately 546 individuals who were educated on DWIHN services and provided information (an 82% increase from 4th quarter.)
- 4 individuals were screened, all on-site.
- 57 individuals were reconnected to their CRSP.

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Utilization Management FY21-22 Quarter 1 Report



DWPHN UTILIZATION MANAGEMENT QUARTER 1

EXECUTIVE SUMMARY

**** Data covers the period of 10/1/21 through 12/20/21. Full data for the month of December was not available at time of report. ****

- **Habilitation Supports Waiver:** There are 1,084 slots assigned to the DWMHA. As of December 17th, there were 1,028 slots (94.8%) were filled.
- **Autism:** There were 1,524 authorization requests approved during the 1st Quarter. There are 2,198 cases currently open in the benefit.
- **Serious Emotional Disturbance Waiver (SEDW):** As of December 2021, there are 52 youth enrolled in the SEDW, which is slightly down from the other previous quarters.
- **General Fund:** There were 1074 approvals for Q3, 863 for Q2, 1071 for Q1 (NOTE: Q4 =1152) General Fund Authorizations.
- **Provider Network Hospital Admissions:** There were 2257 Inpatient Admissions for Q4, which is a .44% increase from 2247 admissions in Q3. To decrease the average length of stay and hospital admissions, the Utilization Management department continues to conduct bi-weekly case conferences with DWPHN'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.
- **MI Health Link:** For Quarter 1 of FY 22, there 168 MI Health Link authorizations across all ICOs compared to 142 in Quarter 4 of FY 21, a 18.3% increase. These figures are inclusive of pre-service, urgent, expedited and post-service authorizations.
- **State Facilities:** State hospital census counts remain consistent during the first quarter despite restricted admissions. There were 4 admissions and 17 discharges across all hospitals and 70 NGR consumers are currently managed in the community.
- **SUD:** For the first quarter of FY 22, there were 465 urgent authorizations; 458 or 98% were approved within 24 hours. There was a technical problem regarding the approvals automatically approving by providers for most of the quarter that was fixed on 12/17/2021. These numbers will increase significantly next quarter. There were 2920 non-urgent authorizations with 2520 or 87% approved within 14 days by SUD UM reviewers. This falls slightly below the 90% threshold.

- **MCG:** DWIHN and other PIHPs are currently using the MCG BH Guidelines to screen for inpatient hospitalization, crisis residential and partial hospitalization. COPE, the Children's screening entities, and ACT teams during the 1st quarter of FY 22, screened a total of 2,581 consumers. Data was pulled early on 12/16/2021 due to the holiday. Taking this into consideration, it is anticipated the screening volume will be similar to last quarter's 3,089 cases. DWIHN UM staff continue reviewing member's length of stay utilizing the guidelines and criteria for continued stay.
- **IRR:** Annual testing for FY 20/21 is complete. New hire Interrater Reliability (IRR) testing continues to occur for new hires. The annual IRR report as well as approval of the use of the 25th edition of the MCG guidelines occurred at the Improving Practices Leadership Committee Meeting on 11/2/2021. Each year MCG updates their guidelines, and this usually occurs in the first quarter of the new year.
- **Denials and Appeals:** For the 1st Quarter there were a total of three (3) denials that did not meet The Milliman Care Guidelines (MCG) medical necessity criteria for continued inpatient hospitalization and Applied Behavior Analysis (ABA) services and one (1) appeal. Please note that this data does not reflect the full month of December.

Utilization Management Report by Area

**** Data covers the period of 10/1/21 through 12/20/21. Full data for the month of December was not available at time of report. ****

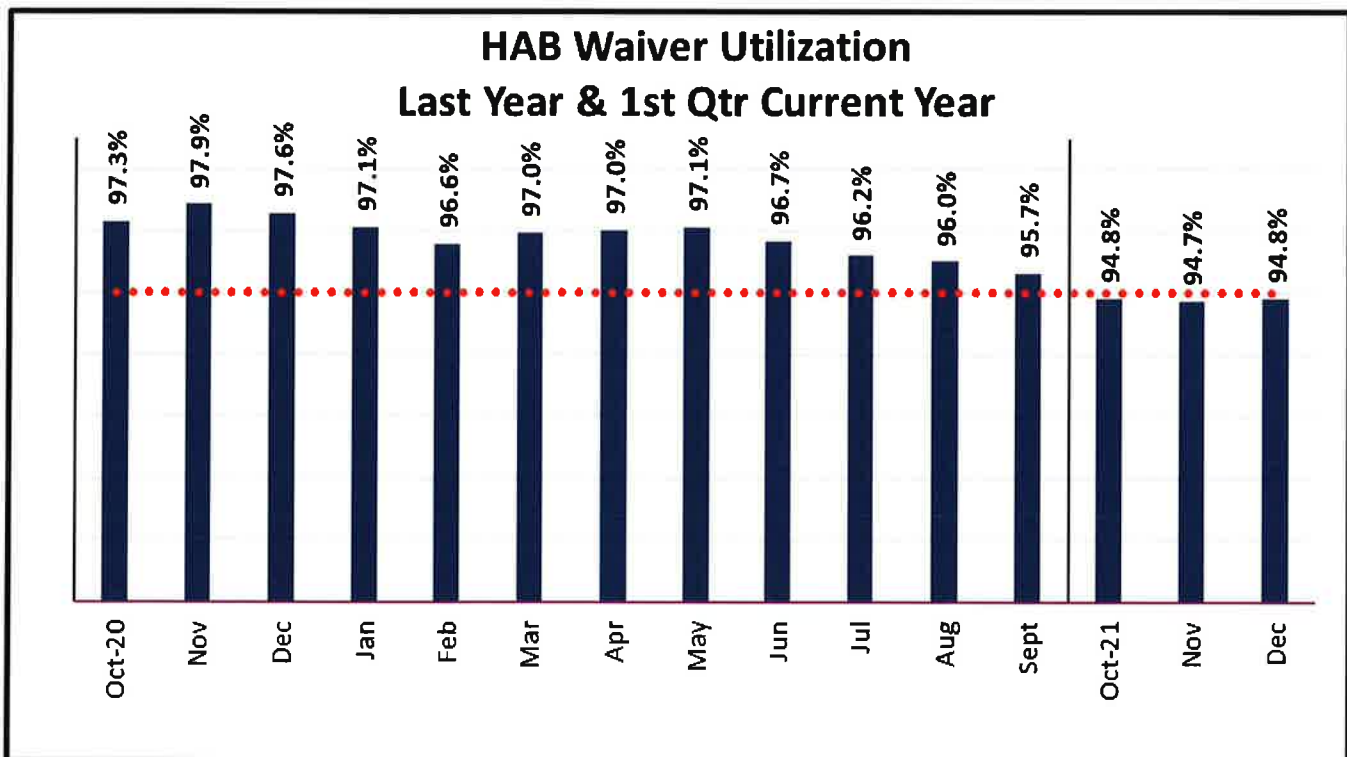
Habilitation/Supports Waiver (HSW):

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

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

HSW utilization for the fiscal quarter is summarized below:

	Oct	Nov	Dec
Owned	1,084	1,084	1,084
Used	1,028	1,027	1,028
Available	56	57	56
% Used	94.8%	94.7%	94.8%



The number of recertifications reflects our ability to extend the HSW level of care determinations without submitting actual recertification packets due to COVID Emergency flexibilities allowed under MDHHS's submission of an Appendix K exception to the Federal Government.

Utilization has experienced a slight decrease to below the mandated 95% usage due, primarily, to the large number of participant deaths experienced during this quarter.

Program Details

Outcome Measurement	Oct	Nov	Dec
# of applications received	5	6	7
# of applications reviewed	5	6	7
# of app. Pended PIHP level for more information	0	0	1
#of pended app. resubmitted	0	0	0
# of app. withdrawn	0	0	0
Total of application sent to MDHHS.	5	6	6
Technical Assistants contacts	16	4	8
# of deaths/disenrollment's (recertification forms reviewed & signed)	15 (11 Deaths)	4 (2 Deaths)	8 (3 Deaths)
# of recertification forms reviewed and signed	13	22	11
# of recertification forms pended	2	5	8

Serious Emotional Disturbance Waiver (SEDW)

MONTH	October	November	December
# of youth expected to serve in the SEDW for FY 21-22	65	65	65
# of active youth served in the SEDW, thus far for FY 21-22	55	56	57
# of youth currently active in the SEDW for the current month	55	53	52
# of referrals received for current month	9	11	8
# of youth approved/renewed for the SEDW this month	1	4	3
# of referrals currently awaiting approval at MDHHS	4	0	0
# of referrals currently at SEDW Contract Provider	11	14	14
# of youth terminated from SEDW for this month	3	2	1
# of youth transferred to another County, pursuing the SEDW	1	0	1
# of youth coming from another county, receiving the SEDW	0	2	1
# of youth moving from one SEDW provider in Wayne County to another SEDW provider in Wayne County	1	0	2

Autism Spectrum Disorder (ASD) Benefit:

The ASD benefit is a MDHHS carve out benefit that funds Applied Behavior Analysis (ABA), an evidenced based treatment for autism spectrum disorder. Medicaid consumers are eligible through age 21 years old. All referrals begin with DWIHN's Access Center. Parents wishing to have their child screened for the benefit call DWIHN's Access Center who completes a preliminary screening and then schedules the consumer for an in-depth evaluation with an Applied Behavior Analysis (ABA) provider who determines if the consumer is eligible for the benefit.

DWIHN has identified several geographical service areas within its network that are believed to be underserved by centers that provide ABA services. DWIHN issued a RFP requesting bids from providers with brick-and-mortar ABA centers in the identified underserved zip codes and adjacent areas. As a result of this RFP, two new providers have been contracted and began providing services this quarter, Attendant Care Autism Services and Behavior Frontiers.

ASD Authorization Approvals Fiscal Year to Date*												
	Oct	Nov	Dec**	Jan	Feb	Mar	April	May	June	July	Aug	Sept
Manual Approvals	473	450	211									
Auto Approvals	132	161	97									
Total Approvals	605	611	308									

**numbers are approximate as they are pulled for this report prior to when all data for the month is available.*

***Numbers for December were pulled 12.15.21*

ASD Open Cases and Referral Numbers Per WSA Fiscal Year to Date*												
	Oct	Nov	Dec**	Jan	Feb	Mar	April	May	June	July	Aug	Sept
Open Cases	2130	218 4	2198									
Referrals	98	47	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.*

***Numbers for December were pulled 12.15.21*

County of Financial Responsibility (COFR)

The COFR Committee meets weekly for one (1) hour to determine DWIHN’s responsibility for behavioral health services. During the 1st Quarter, the COFR committee had five (5) adult COFR requests, zero (0) children’s cases and six (6) cases resolved. There are currently 62 pending cases.

	Adult COFR Case Reviews Requests	Children COFR Case Reviews Requests	Resolved	Pending*
October	1	0	5	59
November	2	0	0	61
December	2	0	1	62

**This is a running total.*

*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 Exceptions

UM receives General Fund Exceptions requests for individuals currently living in the community and receiving multiple services. UM also continues to address needs for Supports Coordination or Targeted Case Management staff to verify insurance/waiver coverage and on-going eligibility. UM has sought clarity around supporting those members who qualify for the Autism Benefit or are currently receiving services but are uninsured. Member will be able to continue their participation in the Benefit during the period that their Medicaid coverage has lapsed.

There was discussion in the last quarter regarding the General Fund Medication Assistance Program, which supports members by providing coverage (up to 90 days) for medication while their Medicaid is being reinstated. This program is in the final stages of roll out to the provider network. Trial runs of the program have supported members returning to the community after being discharged from Walter Reuther Psychiatric Hospital.

The below reflects the number of General Fund manual approvals for Quarter 1:

General Fund Approvals							
October 21	366						
November 21	433						
December 21	387						
Total Quarter 1	1186						

Provider Network

Inpatient, Crisis Residential and Partial Hospitalization

Preliminary data for FY 22 Quarter 1, reflects 2055 Inpatient, Crisis Residential and Partial Hospitalization admissions compared to 2299 in Quarter 4, a 10.6% decrease. This total is inclusive of adults and children admitted to the types of care outlined above. Preliminary numbers for the rate of recidivism for the first quarter of FY 22 is 12.83% compared to 15.10% in Quarter 4. The average length of stay in Quarter 1 is 13 days, up from 11 days in Quarter 4. To decrease the average length of stay and hospital admissions, the Utilization Management department 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 with Crisis Services, Residential, Quality and Integrated Care. UM leadership has also implemented weekly meetings with the staff that manage Stonecrest. This provider typically admits members who require longer admissions due to their severe presentation and higher acuity. Additional supervision is being provided to support staff and ensure members are receiving care that meets their needs and when clinically appropriate, step back into the community with services and supports to continue their recovery.

Residential/UM/Crisis Services work group still meets monthly to identify members who can transition for continued treatment at lower level of clinically appropriate care, from inpatient to CRU or from CRU to substance abuse treatment, pre-placement or a specialized residential placement. Due to COVID restrictions, inpatient providers continue operations at decreased capacity. There are units available at some facilities for individuals who tested positive or are asymptomatic. The 2 Adult Crisis Residential Units at Boulevard and Oakdale House were operating at 50% capacity due to COVID restrictions and reduced staffing. DWIHN was informed on October 26th that there are now 9 beds available at both CRU providers. Only one location (Warren) of Safehaus remains open. The Grand Rapids and Rose City locations have been permanently closed.

The data outlined below reflects the number of admissions for FY 22 Quarter 1:

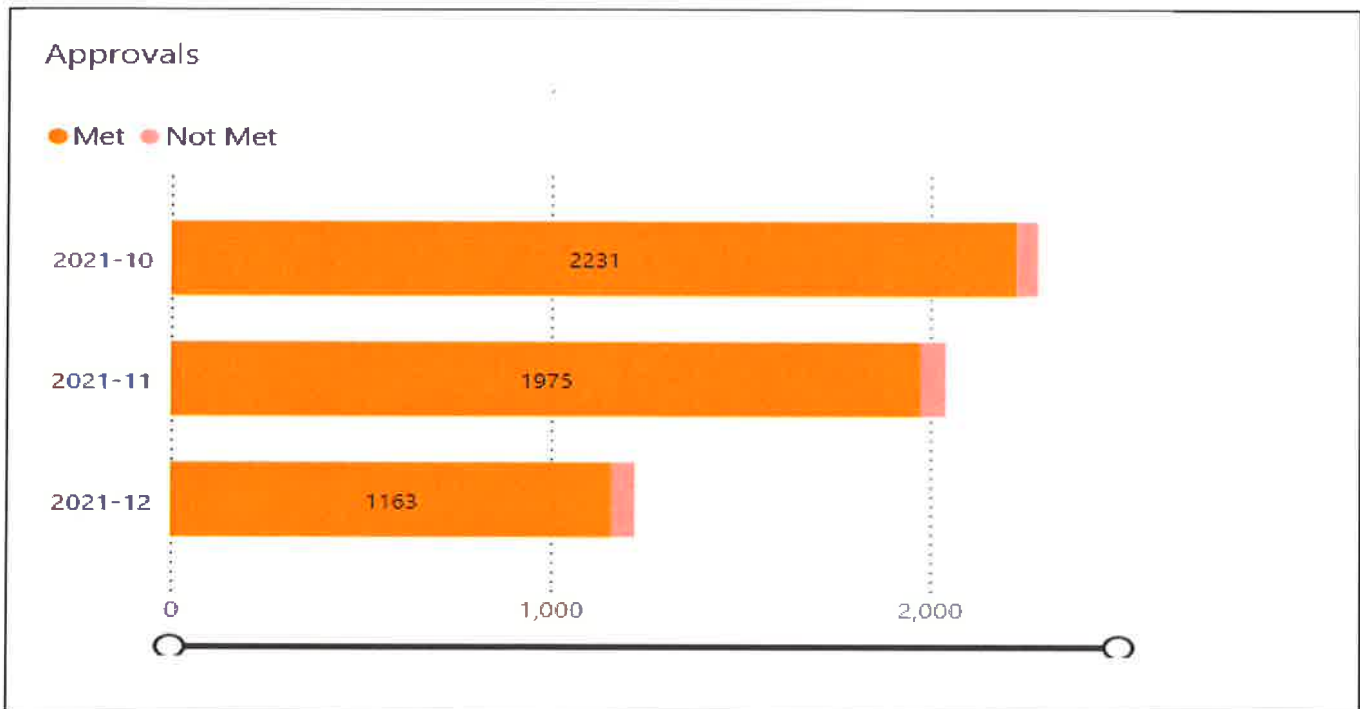
- Inpatient: 1503
- MHL: 186
- Partial: 207
- Crisis Residential (adults-116 and children-43): 159
- Total Admissions: 2055
- Average Length of Inpatient admissions: 13
- Bed Days (*number of days authorized for inpatient admissions*): 19670

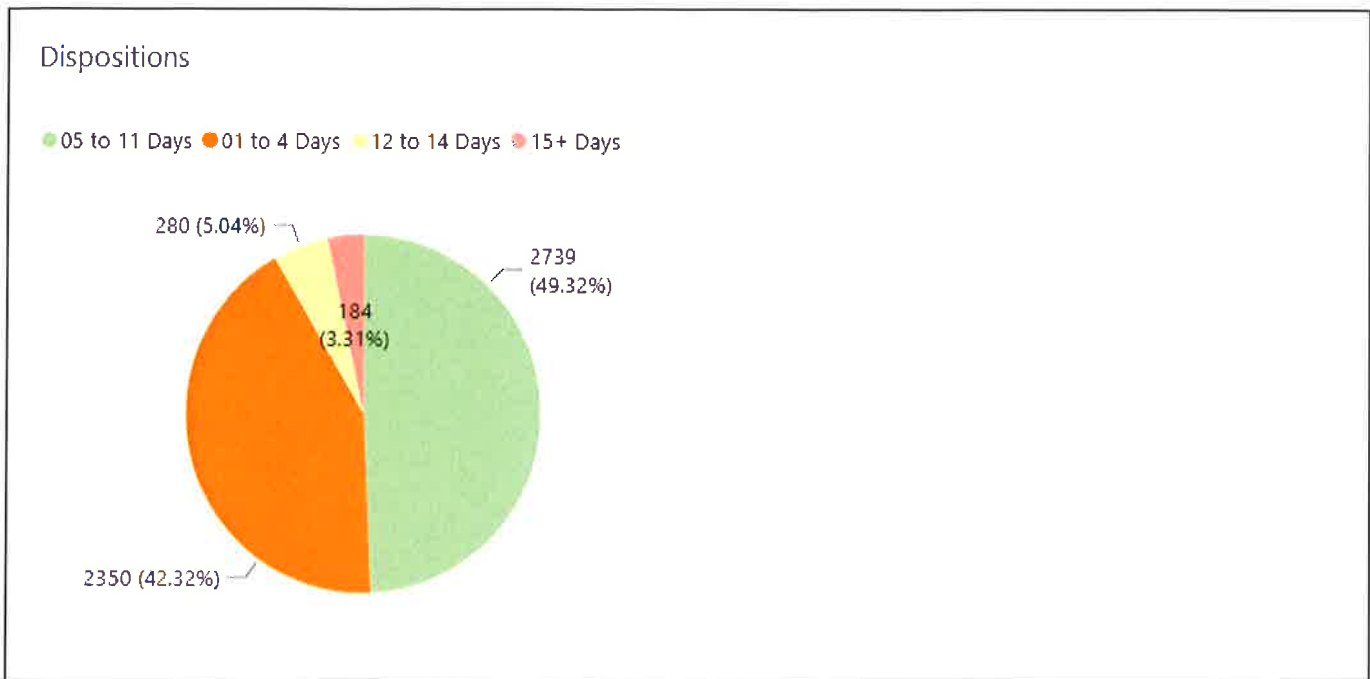
****Source: SQL Server Data-Admissions, ALOS, Bed Days, ICO**

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

The first quarter of FY 22 saw a significant increase in authorizations requiring manual review by UM Clinical Specialists mostly due to the code and modifier changes implemented by the State. There were multiple updates including changes to educational modifiers, codes being retired and a transition to authorization only codes with billing modifiers. Additionally, the UM department in collaboration with the IT department, finance and executive leadership developed an intake period in which those codes most frequently used, would not require an authorization. This change served 3 purposes; it was done to alleviate the multitude of authorizations not auto-approving, to assist providers with timely and effective service provision and to address the reinstatement of authorization requirements as some providers were able to bypass submitting authorizations due to a PCE error that was remedied as of 10/1/21. UM continues its collaboration with the Claims Department, the Procedure Code Work Group and IT to help resolve the provider issues.

As of 12/20/21, there were 5,553 authorizations approved by UM Clinical Specialists. The timeliness of the authorizations is depicted in the graphs below. Despite the multiple changes and provider authorization issues, 96.69% of the authorizations were approved within 14 days of the request and 3.31% were approved after the 14-day requirement.





****Source: Power BI Dashboard, Authorization Approvals**

MI Health Link

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

For MI Health Link enrollees, all behavioral health services covered by Medicare and Medicaid are managed by the Michigan Pre-paid Inpatient Health Plans (PIHPs), organizations that the Department of Community Health contracts with to administer the Medicaid covered community mental health benefit. Behavioral health services are delivered through the local Community Mental Health Services Provider (CMHSP).

The data for FY 22 Quarter 1 delineates the total number of authorization requests and the amount of each authorization type for the 5 ICOs. For Quarter 1, there were 168 MI Health Link authorizations across all ICOs compared to 142 authorizations in FY 21 Quarter 4, an 18.3% increase. From October to November 2021, authorizations decreased by 29.3% across all ICOs. As of 12/20/21, there were 40 MHL authorizations compared to 53 in November. However, December's data is not reflective of the entire month so any further analysis would be premature due to the incomplete reporting. During the first quarter, there was one post service authorization processed outside of the 14-day timeframe. Below is a breakdown of authorizations for Q1 of FY 22.

Monthly ICO Authorization Report



Date Range 10/1/2021 thru 12/31/2021
 ICO's AETNA BETTER HEALTH OF
 Selected: MICHIGAN; AMERIHEALTH MICHIGAN, INC.; FIDELIS SECURECARE OF MICHIGAN; HAP MIDWEST HEALTH PLAN,

Total # of Auth's Received for the Month	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations		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
168	5	5	76	76	0	0	87	86

Report Filters

Date Range 10/1/2021 thru 10/31/2021
 ICO's AETNA BETTER HEALTH OF
 Selected: 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)		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
75	1	1	40	40	0	0	34	34

Report Filters

Date Range 11/1/2021 thru 11/30/2021
 ICO's AETNA BETTER HEALTH OF
 Selected: MICHIGAN; AMERIHEALTH MICHIGAN, INC.; FIDELIS SECURECARE OF MICHIGAN; HAP MIDWEST HEALTH

Total # of Auth's Received for the Month	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations (Currently)		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
53	4	4	20	20	0	0	29	28

Report Filters

Date Range 12/1/2021 thru 12/31/2021
 ICO's AETNA BETTER HEALTH OF
 Selected: MICHIGAN; AMERIHEALTH MICHIGAN, INC.; FIDELIS SECURECARE OF

Total # of Auth's Received for the Month	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations (Currently)		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
40	0	0	16	16	0	0	24	24

**Source: SQL Server Data, ICO Reports

State Hospital Report

COVID-19 protocols remain in place with all hospitals continuing to maintain established quarantine units and visitor restrictions. Liaison staff have continued to coordinate admissions and discharges remotely and via Telehealth to limit member exposure to COVID-19 and secure available hospital and community beds.

- Forensic admissions remain a priority, increasing wait times for community referrals. DWIHN continues to manage a wait list for all state hospitals, develop alternative options for state hospital placement, and facilitate expedited discharges.
- State hospital census counts remain consistent with slight decreases as discharges continue steadily and admissions are limited. Liaison/UM staff is collaborating with additional DWIHN departments to streamline the state hospital referral process and develop criteria for appropriate referrals.
- During the quarter, 5 NGRI members were hospitalized in the community, with 2 being re-hospitalized in a state facility. Liaison staff is coordinating with the NGRI Committee to address protocols for the community hospitalization of NGRI members as previously MDHHS mandated immediate state hospital return upon an NGRI violation. Limited state hospital bed availability and updates to the NGRI program now require NGRI members in the community to be treated at the lowest level of care prior to consideration of state hospitalization.

The census at the end of the 1st quarter FY 2021-2022 is as follows:

Hospital	Caro Center	Kalamazoo	Walter Reuther
Census	2	5	100
Wait List	0	2	6
Admissions	0	0	4
Discharges	0	3	14
ALS Status	0	3	67

Milliman Care Guidelines (MCG)

The Milliman Care Guidelines (MCG) are evidence-based care guidelines that were integrated within our MH-WIN system effective January 13, 2020. The majority of the PIHPs have adopted use of the MCG Behavioral Health guidelines to ensure parity across the state. DWIHN and other PIHPs are currently using the MCG BH Guidelines to screen for inpatient hospitalization, crisis residential and partial hospitalization. COPE, the Children's screening entities, and ACT teams during the 1st quarter of FY 22, screened a total of 2,581 consumers. Data was pulled early on 12/16/2021 due to the holiday. Taking this into consideration, it is anticipated the screening volume will be like last quarter's 3,089 cases. DWIHN UM staff continue reviewing member's length of stay utilizing the guidelines and criteria for continued stay.

Annual testing for FY 20/21 is complete. New hire Interrater Reliability (IRR) testing continues to occur for new hires. The annual IRR report as well as approval of the use of the 25th edition of the MCG guidelines occurred at the Improving Practices Leadership Committee Meeting on 11/2/2021. Each year MCG updates their guidelines, and this usually occurs in the first quarter of the new year.

Substance Use Disorders

For the first quarter of FY 22, there were 465 urgent authorizations; 458 or 98% were approved within 24 hours. There was a technical problem regarding the approvals automatically approving by providers for most of the quarter that was fixed on 12/17/2021. These numbers will increase significantly next quarter. There were 2920 non-urgent authorizations with 2520 or 87% approved within 14 days by SUD UM reviewers. This falls slightly below the 90% threshold. Contributing to this delay, was the large volume of authorizations that had to be resubmitted after the FY 22 Modifier roll out Also added below is a graph of the timeliness report for first quarter that will be used for longitudinal tracking for the next three quarters.

Authorization Requests 1st Quarter FY 22	#Authorizations	#Reviewed Timely	Percentage of Compliance (Benchmark 90%)
Urgent	465	458	98%
Non-Urgent	2902	2520	87%
Totals	3367	2978	

Source: Power BI 12/17/2021

Denials and Appeals

For the 1st Quarter there were 3 denials that did not meet MCG medical necessity criteria for continued inpatient hospitalization. Also, we had 1 appeal requested during the 1st quarter and that appeal was upheld.

Timeframe	Denials	Appeals
Q1	3	1
Q2		
Q3		
Q4		

Please note that the data reported does not reflect the full month of December.

DWIHN is required to monitor the turnaround time for all decisions (denials and approvals) and the notifications of the decisions. This is for initial determinations and does not include appeals. It is for both benefit and medical necessity determinations.

The timeliness report calculates rates of adherence to time frames for each category of request (urgent concurrent, urgent preservice, nonurgent preservice and post-service) for each factor. The numerator represents the number of cases meeting the decision time frame. The denominator represents the total number of requests.

All Crisis Centers are compliant with the timeliness (decision and notification) threshold of 90%. Internally, the UM Department, Autism and MI Health Link timeliness response met or exceeded the 90% threshold.

Timeliness of UM Decision Making

****Note: COPE, Children's Center, New Oakland and The Guidance Center measures were not available at the time of the report. The data reported does not reflect the full month of December.**

Quarter 1 (Oct. – Dec., 2021) Threshold 90%

Source: Power BI 12/17/2021

Autism Program

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post-Service
Numerator *	N/A	N/A	1173	N/A
Denominator#	N/A	N/A	1179	N/A
Rate	N/A	N/A	99.5%	N/A

MI Health Link Program

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post-Service
Numerator *	3	0	24	1
Denominator#	3	0	29	1
Rate	100%	n/a	82.7%	100%

Substance Use Disorder

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post-Service
Numerator *	465	N/A	2640	N/A
Denominator#	472	N/A	3028	N/A
Rate	98.5%	N/A	87.1%	N/A

Children's Center (NOTE: data not available at time of report)

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

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

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

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

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

New Oakland (NOTE: data not available at time of report)

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



January 12, 2022

Strategic Plan – CUSTOMER PILLAR

Program Compliance Committee Status Report

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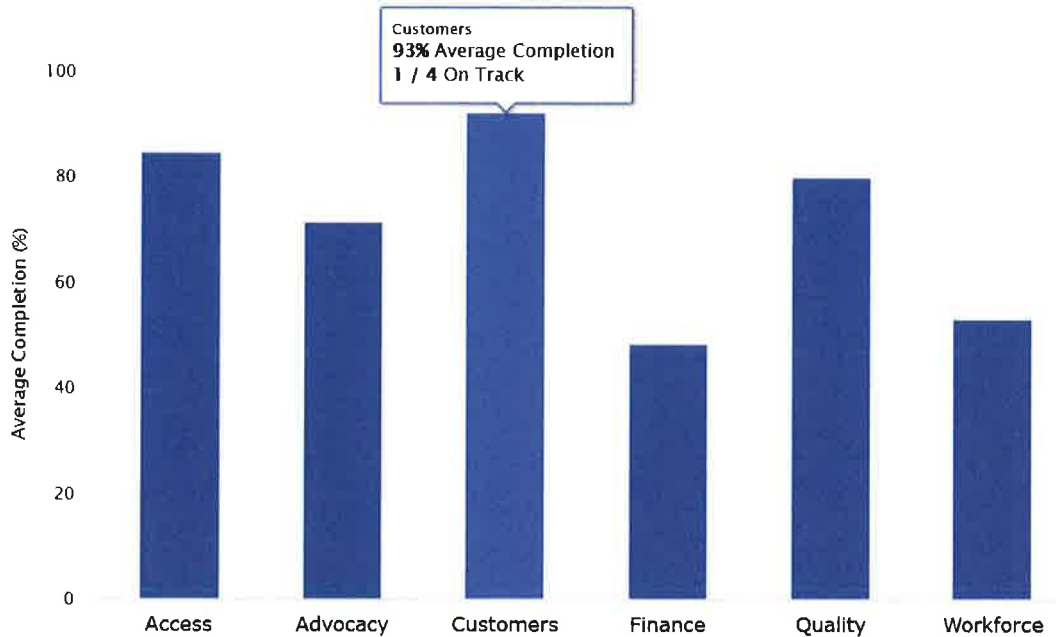
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Pillar Dashboard Summary

 DWIHN FY 2020 - 2022 Strategic Plan Pillar



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 85% completion on this pillar. There are four (4) goals under this pillar. They currently range from 76% - 98% completion.

Title	Completion
Create infrastructure to support a holistic care delivery system (full array) by 30th Sep 2022	76%
Create Integrated Continuum of Care for Youth by 30th Sep 2022	86%
Establish an effective crisis response system by 30th Sep 2022	79%
Implement Justice Involved Continuum of Care by 30th Sep 2020	98%

Quality Pillar is presented under the leadership of April Siebert, Director of Quality. Overall, we are at 83% completion on this pillar. There are four (4) organizational goals. They range from 72% to 95% completion for the high-level goals.

Title	Completion
Ensure consistent Quality by 30th Sep 2022	72%
Ensure the ability to share/access health information across systems to coordinate care by 31st Dec 2021	95%
Implement Holistic Care Model: 100% by 31st Dec 2021	85%
Improve population health outcomes by 30th Sep 2022	78%

Customer Pillar is presented under the leadership of Michele Vasconcellos, Director of Customer Service. The Customer Pillar report was on the agenda for the November 2021 meeting, but due to time constraints moved to the January 2022 meeting. Overall, we are at 93% completion on this pillar. There are three (3) goals under this pillar. They range from 82% - 97% completion.

 Customers		93%
Title	Completion	
Enhance the Provider experience by 30th Sep 2022	82%	
Ensure Inclusion and Choice for members by 30th Sep 2021	97%	
Improve person's experience of care and health outcomes by 30th Sep 2022	91%	

A detail report of this pillar will follow.

Customer Pillar
Detailed Dashboard
Program Compliance Committee Meeting

January, 2022



15 GOALS

91% GOAL COMPLETION

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

DWHN FY 2020 - 2022 STRATEGIC PLAN PLAN

CUSTOMERS

Goal	Owner	Task	Update	Current Completi...
Enhance the Provider experience				
→ Ensure 80% Provider satisfaction: 100%	June White Director of Network Management	Analyzed Survey	<p>June White: The provider/practitioner survey was distributed late September 2020. It was analyzed in January 2021. A full report was presented to PCC and QISC, there is room for improvement of the survey in which an Adhoc meeting was held in January 22 to discuss next step and ways to improve. 01/25/2021</p> <p>NEW Allison Smith: FY 2021 Provider Satisfaction Survey will be going out in September (Practitioner and Provider Organizations). 08/06/2021</p>	82% 81.92 / 1% ahead
→ Improve level of support by conducting regularly scheduled system training across network: 100%	Manny Singla CNO/CIO		<p>Manny Singla: A new care coordination platform is going to be piloted with providers along with HEDIS quality measures to ensure we are providing care in a holistic fashion and using a outcomes and data driven approach 01/28/2021</p>	73% 72.77 / 100% 32% behind
				85% 85 / 100% 15% behind

Goal	Owner	Task	Update	Current Completi...
<p>→ Provide tools and support to ensure providers have more meaningful experience: 100%</p>	Manny Singla CNO/CIO		<p>NEW Nasr Doss: A lot of enhancements have been implemented to MHWIN to ensure providers have more meaningful experience, the disenrollment module is one of them that assist providers in following the re-engagement policy on a timely manner. 3 Pilot providers concluded a testing of the module and full implementation is scheduled for the month of Aug 2021. 08/04/2021</p>	88% 88 / 100% 12% behind
<p>→ Ensure Inclusion and Choice for members</p>	Lucinda Brown Self Determination Network Provider Program Administrator		<p>NEW Brooke Blackwell: Held a Town Hall Listening Session with State Representative Mary Whiteford to discuss her bill that would amend the Mental Health Code to create a Behavioral Health Oversight Council within the Michigan Department of Health and Human Services to advise in developing and executing public behavioral health policies, programs, and services. It would also authorize MDHHS to contract with an Administrative Services Organization (ASO), which would assume certain responsibilities from MDHHS and its designated community mental health entities. 10/29/2021</p>	97% 96.5 / 100% 3% behind
<p>→ Build infrastructure to support the implementation of Self Determined/PCP/Shared Decision Making: 100%</p>	Lucinda Brown Self Determination Network Provider Program Administrator		<p>Lucinda Brown: DWIHN has completed the infrastructure to support anyone who receives services to Self-Direct their services. 01/25/2021</p>	100% 100 / 100%
<p>→ Develop components to support the Self Determination by enabling individualized budget, agreements in the MHWIN system along with standardized IPOS: 100%</p>	Lucinda Brown Self Determination Network Provider Program Administrator		<p>Lucinda Brown: The individual budget is now available in production mode within MHWIN. 01/25/2021</p>	100% 100 / 100%
<p>→ Increase the competencies around Self Determination, Shared Decision Making and Person Centered Planning: 100%</p>	Andrea Smith Director of Workforce Development		<p>NEW Lucinda Brown: Beginning June 23, 2021, the Self-Determination Team holds weekly Welcome Sessions every Wednesday to provide education, information, and answer any questions regarding Self-Directing Services. MDHHS will be offering a Self-Determination Conference next month which will be shared with our provider network. 07/28/2021</p>	86% 86 / 100% 14% behind
<p>→ Offer Self-Determination and Self-Directed Arrangements across all populations served.: 100%</p>	Lucinda Brown Self Determination Network Provider Program Administrator		<p>Lucinda Brown: The final component (budgets) for self-directing services was completed this past quarter in MHWIN. DWIHN now has the infrastructure to assist any member to Self-Direct their services. 01/25/2021</p>	100% 100 / 100%

Goal	Owner	Task	Update	Current Completi...
Improve person's experience of care and health outcomes → Deliver information about Provider Sites and Practitioners in appropriate formats: 100% → Ensure 80% member satisfaction: 100% → Ensure Access to Recipient Rights → Ensure Access to Recipient Rights → Ensure individuals are placed in the least restrictive environment	Michele Vasconcellos Director of Customer Service		NEW Donna Coulter: More than 130 Provider Satisfaction Surveys were collected. 10/18/2021	91% 90.95 / 6.37k% behind
	Michele Vasconcellos Director of Customer Service		NEW Donna Coulter: Member Experience team continues to coordinate the annual ECHO Survey with WSU. Children's Survey members have exceeded more than 300 responses, through mail and telephone calls. The Adult Survey surveys were also administered during this period. 10/18/2021	100% 100 / 100%
	Polly McCallister Director of Recipient Rights	Determine number of children served	<input type="checkbox"/>	100% 100 /
	Polly McCallister Director of Recipient Rights	Determine number of children served	<input type="checkbox"/>	73% 73 / 27% behind
	Dan West Director of Crisis Services		NEW Jacquelyn Davis: DWIHN has added 12 Diversion beds to the network and there are 2 pending. The Residential Unit has secured 18 Out of home Respite beds for Adults. 08/05/2021	82% 81.75 / 18% behind



January 12, 2022

Strategic Plan – QUALITY PILLAR

Program Compliance Committee Status Report

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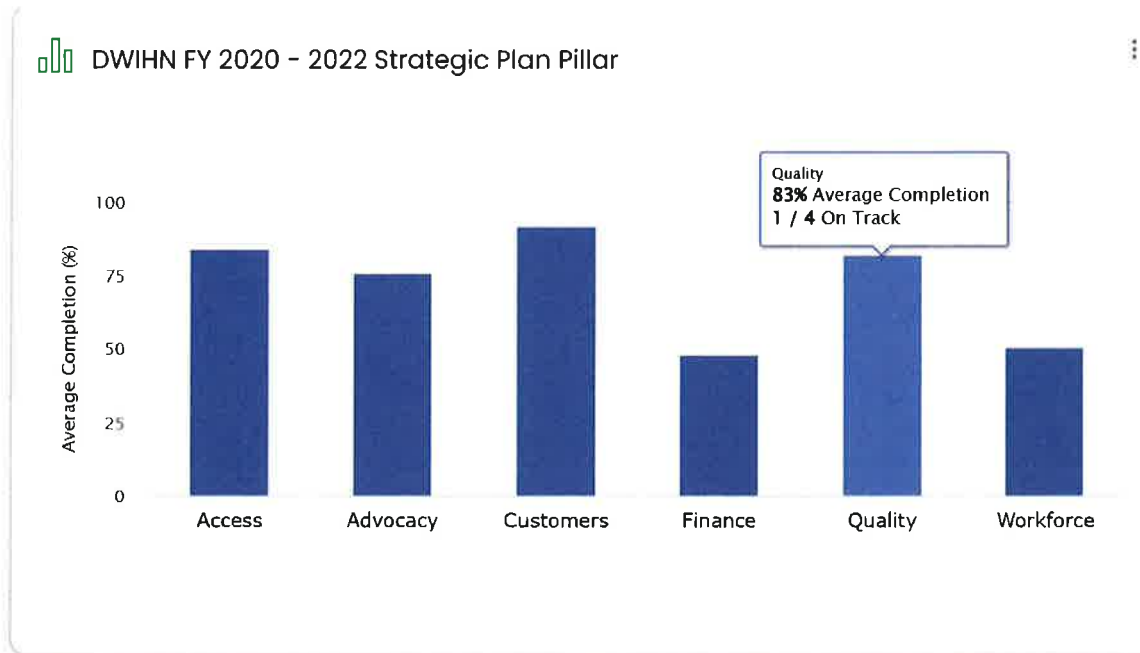
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 Quality 83%	
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Implement Holistic Care Model: 100% by 31st Dec 2021	85%
Improve population health outcomes by 30th Sep 2022	78%

A detail report of this pillar will follow.

Quality Pillar
Detailed Dashboard
Program Compliance Committee Meeting

January 12, 2022



20
GOALS

76%
GOAL COMPLETION

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

DWHIN FY 2020 - 2022 STRATEGIC PLAN PLAN

QUALITY

Goal	Owner	Task	Update	Current Completi...
→ Ensure consistent Quality				
→ Achieve NCQA Re-Accreditation: 100 unit	Allison Smith Strategic Planning Project Manager			72% 72.36 / 8% behind
→ Address gaps in care based on Annual Needs Assessment: 100%	April Siebert Director of Quality Improvement	Needs Assessment FY2022 FY2022 Needs Assessment will review data for FY2021.		92% 92.49 / 100 unit 8 unit behind
→ Assist Utilization Management in developing a system that helps tracks over and under Utilization: 100%	Manny Singla CNO/CIO			73% 72.73 / 100% 27% behind
→ Deliver Annual HEDIS measures to support NCQA requirements: 100%	Manny Singla CNO/CIO			100% 100 / 100%
→ Ensure all eligible network providers (organizations) are Credentialed/Re-Credentialed FY 22 within 60 days of a clean file	Ricarda Pope-King Director of Credentialing			95% 95 / 100% 5% behind
→ Ensure all Providers receive 80% or greater on Risk Assessment/Score Card for FY 23: 100%	June White Director of Network Management			0% 0 / 27% behind
→ Ensure compliance with monitoring standards: 1.86791% to 99.63542%	April Siebert Director of Quality Improvement			66% 66 / 100% 31% behind
				62% 62.86 / 99.63542% 36.7754% behind

Goal	Owner	Task	Update	Current Completi...
→ Ensure fidelity Reviews	Shama Faheem Chief Medical Officer			45% 44.79 / 55% behind
→ Ensure Practitioners are credentialed/recredentialed in 60 days FY 2021: 100%	Ricarda Pope-King Director of Credentiaing	<input type="checkbox"/> Microsite Training For Non-Responders 100% of the Providers, the did not attend, Microsite Training will be re- scheduled. If they are no call or no show their Contract Manager will be notified. <input type="checkbox"/> Action Plan for Non-Responders 60% of practitioners identified as non-responders will complete the ProviderSource application by 9/30/2021 starting the credentialing process		83% 82.86 / 100% 17% behind
→ FY20 - Meet the External Quality Review (EQR) Standards: 100%	April Siebert Director of Quality Improvement			94% 94 / 100% 6% behind

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

April Siebert | Director of Quality Improvement

NEW Tania Greason: Performance Measure Validation (PMV)

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.**

Performance Measure Validation (Compliance)

DWJHN 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.

86%
85.67 / 100%
14% behind

Performance Measure Validation (PIP)

DWJHN 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.

12/23/2021

Goal	Owner	Task	Update	Current Completi...
<p>Ensure the ability to share/access health information across systems to coordinate care</p> <ul style="list-style-type: none"> → 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% 	Manny Singla CNO/CIO			95% / 95 / 5% behind
<p>Implement Holistic Care Model: 100%</p> <ul style="list-style-type: none"> → Ensure consistent and standardized model of care: 100% → Obtain leadership buy-in for the Behavior Health Home Model 	Melissa Moody Chief Clinical Officer (CCO) Chief Network Officer (Unappointed)			85% / 85.27 / 100% 15% behind 71% / 70.54 / 100% 48.4% behind 100% / 100 /
<p>Improve population health outcomes</p> <ul style="list-style-type: none"> → Manage performance improvement outcomes: 100% → Implement MED DROP Program (Genoa healthcare): 100 	April Siebert Director of Quality Improvement Sherry Scott Manager of Clinical Practice Improvement			78% / 78.02 / 3% behind 61% / 60.78 / 100% 39% behind 95% / 95.26 / 100 5 behind

Executive Summary:

The Quality Improvement Unit is responsible for implementing and monitoring the QAPIP Annual Work Plan that reflects ongoing activities throughout the year. This report serves to provide the Program Compliance Committee (PCC) Board with updates on the QAPIP work plan. The QAPIP work plan has been updated with actions taken, progress in meeting QI objectives, improvements made, and identified barriers.

Goal II – Access Pillar

Measuring the Effectiveness of Intervention

The Michigan Mission Based Performance Indicators (MMBPI) preliminary data for Quarter 4 PI#10 (Adult Recidivism) ***The percentage of readmissions to an inpatient psychiatric unit within 30 days of discharge from psychiatric inpatient unit.*** As displayed in the table below, DWIHN’s ongoing efforts has continued to show improvement through Recidivism Workgroups which includes our CRSP providers (led by DWIHN Crisis/Access team). These initiatives have led to a decrease with the adult recidivism rate from 22% during Quarter 2 in FY20 to 15.01% for Quarter 4 for FY21, with a total population rate of 14.51%, which is the second lowest rate in the last 2 years. The threshold for PI# 10 is 15% or less.

	Population	FY20Q1	FY20Q2	FY20Q3	FY20Q4	FY21Q1	FY21Q2	FY21Q3	FY21Q4
Indicator 10a: Percentage who had a Re-Admission to Psychiatric Unit within 30 Days (<15%Standard)	Children	10.91%	9.09%	8.09%	11.11%	8.94%	12.03%	6.76%	8.22%
	Adults	20.41%	22.00%	20.83%	16.60%	17.94%	17.34%	17.03%	15.01%
	Total	19.24%	20.80%	19.87%	16.05%	17.12%	16.97%	16.23%	14.51%

Opportunities for Ongoing improvement

Ongoing efforts will continue with the following action steps to improve the performance related to recidivism:

- Continued to work with Crisis Team and Hospital Liaison group to identify potential delays in care.
- Worked on expansion of “Med Drop” Program to improve outpatient compliance with goals to decrease need for higher level of care inpatient hospitalizations.
- Engaged and collaborated with members’ outpatient (CRSP) providers to ensure continuity of care and when members present to the ED in crisis but may not require hospitalization.
- Charted alerts which notify the screening entities and the Clinically Responsible Service Provider (CRSP) of members who frequently present to the ED.
- Properly navigated and diverted members to the appropriate type of service and level of care.
- Provided referrals to Complex Case Management (CCM)for members with high behavioral needs.
- Coordinated and collaborated with crisis screeners on measures to decrease inpatient admissions

Goal V – Quality Pillar - Improve Quality Performance

Performance Monitoring

The COVID-19 pandemic continues to impact service delivery throughout the provider network by workforce shortages across disciplines, adjusting to the use of telehealth for the delivery of behavioral health services and limited resources. For FY 2020/2021, the QI unit conducted 201 clinical case record reviews and 318 staff qualification reviews of provider services and programs. It should be noted that this is a significant increase since last fiscal year. The increase can be attributed to staff better understanding how to support and mitigate through COVID and providers displaying a vast amount of adaptability and flexibility to ensure members received appropriate and high-quality services throughout the pandemic. The case record reviews also include MI Health Link, Skill Building, Community Living Supports (CLS), and Respite programs. The average scores of these reviews ranged from 75% being the lowest and 96% being the highest.

Behavior Treatment Advisory Committee

In FY 2020/2021, DWIHN organized the two system-wide training events on the Technical Requirements of Behavior Treatment Plans (BTP). The first training event was for Habilitation Supports Waiver (HSW) providers on MDHHS requirements for the beneficiaries of HSW and BTP. DWIHN hosted the virtual technical assistance with MDHHS for network providers on the requirements of Behavior Treatment review and Occupational Therapy Evaluations, the event was attended by one hundred thirty-three participants. Effective October 1, 2020, DWIHN has delegated all contracted Mental Health (MH) Clinically Responsible Service Providers (CRSP) to have the BT review process in place. The BTPRC requirements are included in the CRSP written contract for FY 2020-2021. Behavior Treatment Category has been implemented in MH-WIN Critical and Sentinel Reporting Module to improve the systemic under-reporting of the four reportable categories for the members on BTP. During FY2021, the network providers presented sixteen (16) cases to the Behavior Treatment Advisory Committee (BTAC) for review and analysis. DWIHN continues to submit quarterly data analysis reports on system-wide trends of BTP to MDHHS.

Critical/Sentinel Event Training

The QI Team has completed 100% review of backlog events for FY 2019/2020 with 95% closure rate. Currently the QI Team is focusing on review of FY 2020/2021 events. During FY 2020/2021, a total of 316 staff throughout the provider network participated in the Critical/Sentinel Event training. All trainings were conducted via the webinar platform. The Critical/Sentinel Event Guidance Manual was continually updated as the Performance Improvement team worked with the IT Department to streamline and improve the MH-WIN electronic reporting access in the Critical/Sentinel Event module. Technical assistance continues to be available throughout the Provider network to ensure that all required reporting is complete, timely, and correct. Investigations and Root Cause Analysis reviews continued to provide insight for the development of processes to reduce risk for the organization. The Sentinel Event/Peer Review Committee (SEC/PRC) has expanded and revamped processes to include broader representation from DWIHN Department leaders. This will not only assist in the review and identification of trends and patterns; but, will also improve communication across the organization and areas of workforce development and improvement throughout the network. Finally, the QI Team along with ORR is working with the IT Department to rectify glitches in data entry/data pull directly related to our Death Reporting and Closure process. It is expected that once rectified, there will no longer exist a way to bypass the process as outlined in the Policy and Procedures causing errors in the data process.

Goal VII - Compliance with Applicable Standards

MDHHS – Health Services Advisory Group –Performance Improvement Project (PIP)

For the 2019–2020 validation cycle, DWIHN provided its second-year submission on this PIP topic: **Improving Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using an Antipsychotic Medication (SSD)**: DWIHN received a met score of 80 percent for the critical evaluation elements, 80 percent overall for evaluation elements across all steps validated, and a Not Met validation status for not achieving the plan-selected goal of 80%. The results demonstrated a statistically significant decrease in performance over the baseline rate for the second remeasurement period.

Next Steps:

With the completion of the final remeasurement period for the SSD PIP. MDHHS has elected to concentrate the upcoming PIP topic on racial and ethnic disparities with focusing on reducing exiting disparities in access to healthcare. DWIHN has identified existing racial or ethnic disparities within our provider network for populations served. 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 analysis of the data has revealed a racial disparity with the African American population as compared to the White population served. The data demonstrates that there is a 5.47% racial and ethnic disparity with African Americans members keeping their 7-day follow up appointment as compared to the white population served. DWIHN has submitted the **Performance Improvement Project Topic: Reducing 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**. To date, HSAG has not yet accepted the selected PIP.



CHIEF CLINICAL OFFICER'S REPORT
Program Compliance Committee Meeting
Wednesday, January 12, 2022

CHILDREN'S INITIATIVES – Director, Cassandra Phipps

(November - December 2021)

Pillar 1 Clinical Services & Consultation	Pillar 2 Stability & Sustainability	Pillar 3 Outreach & Engagement	Pillar 4 Collaboration & Partnership
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School Success Initiative (SSI)

Provider Meetings: The Children's Initiative Department (CID) held meetings with SSI Providers in November and December this year. During the Nov 2021 meeting Encourage Me I'm Young CEO Calvin Mann presented his mentoring program for young boys and Director of Crisis Department presented on Wayne Health services. In December 2021 Children's Initiative Department provided resources to SSI Providers to support schools in Wayne County on School Safety in response to school shootings and threats. Some SSI Providers also offered resources and support to schools in Oakland County as well after the Oxford High School shooting incident. A list of resources has been developed and available on DWIHN website and also given to various school districts in Wayne County. The **SSI Redesign Project** presentation was presented at the November Board Meeting and the 3 Goals have been accomplished: 1) Coordination with Teen Health Centers, 2) Increased Accessibility of Services, and 3). Implemented Standardization of Services. **Michigan Model of Health (MMH):** Coordinated with Wayne RESA to gain information for purchasing the Pre K curriculum and SSI Providers to attend the training in February 2022. **MHWIHN:** Continue to coordinate with Access and IT Departments to create the calendar to schedule intake appointments, allow Providers to see the status of the SSI Tier 3 Referrals, and update the enrollment section to include the option for a member to decline services. **Board Question:** Provided answers to the questions that were asked during the November Board Meeting.

Youth United

Youth MOVE Detroit: Held monthly meeting 11/4/21 at The Children's Center (11 attendees), 12/2/21 (10 attendees). The meetings consisted of a team building ice breaker, brief detailed presentation on Youth MOVE Detroit and an open discussion on what type of events youth would like to see from Youth MOVE Detroit. On 12/16/21 hosted a Winter Wonderbash meet and greet/holiday party. **Youth United:** Youth United hosted a career fair on 11/5/21. As a result of the series of hiring fairs, Youth United hired 2 youth advocates. On 11/13/21 Youth United in collaboration with Family Alliance for Change/Southwest Counseling Solutions held a Harvest Fest at New Paradigm College Prep to promote family friendly activities (bounce houses, multiple resource tables with activities, and giant games. A donut and cider truck was available with free donuts and cider for all that attended). On 12/2/21 Youth United collaborated with Black Family Development YAP Program to facilitate a focus group and discussed mental health resources (7 attendees). On 12/9/21 Youth United facilitated a workshop "Accountability in the Workplace" (8 attendees). On 12/13/21 Youth United facilitated a Stigma Busting Workshop (8 attendees).

Board Actions

Approved Board Actions Nov 2021: School Success Initiative (22-25), Treatment Foster Care Oregon: TFCO (22-31).

Highlights

Report to the Community: On December 2, 2021, the 12th Annual Report to the Community Event took place via Zoom Platform. There were 103 stakeholders who attended. At this event, Cassandra Phipps, Director of Children's Initiatives presented an overview of Connections' System of Care accomplishments for Fiscal Year 2020-2021. Stakeholders also received a copy of the Report to the Community Report which provides more detailed data from assessment tools and services provided by all System of Care providers. The Report to the Community event can be viewed using the following YouTube link: <https://www.youtube.com/watch?v=NMuCHRtAURw>.

Town Hall: DWIHN Children's Initiative Department facilitated a Town Hall: Let's Talk About It on 12/16/2021 that included a Guest Speaker (Dr. James Henry – Professor at Western Michigan University, Co-Founder / Director of Children's Trauma Assessment Center) and a panel of 9 participants to discuss mental health, school safety / violence, grief / loss, and trauma. Overall, there were about 55 attendees including WXYZ Ch7 news station as well. Other participants included the following:

- **Eric Doeh (CEO / Closing Remarks)** – CEO / President (DWIHN)
- **Dr. Faheem (Opening Remarks)** – Chief Medical Officer (DWIHN)
- **Cassandra Phipps (Moderator)** – Director of Children's Initiative (DWIHN)
- **Andrea Smith** - Director of Workforce Training and Program Development (DWIHN)
- **Rev. Dr. Carla Spight Mackey** - Faith Based Initiative, Clinical Specialist Performance Improvement (DWIHN)
- **Daniel West** - Director of Crisis Services (DWIHN)
- **Danyelle Orr-McNeil** - Parent Support Partner (Assured Family Services)
- **Karl D'Abreu** - National Council of Alcohol and Drug Dependence CADD, Life Support Services
- **Dr. Markita Hall** - Executive Director of Educational Services (Wayne RESA)
- **Scott Thomas** - English Communications Teacher
- **Tyanna McClain** - Regional Youth Coordinator (The Children's Center)

City of Detroit Office of Disability Affairs: December 2021 showcased an interview with Children's Initiative Director concerning challenges children and families encounter regarding the pandemic, the vaccine, and trauma.

Detroit Public School Community District Nurse Training: Children's Initiative Department facilitated a 2-day training to 125 nurses with DPSCD on Behavioral Health including information about community mental health services, diagnosis, psychotropic medications, trauma, coping skills, secondary traumatic stress, and self-care.

Dearborn Schools Parent Training: Coordinated with Utilization Management Department (Jim Kelly) to train Parents on transitional services and supports for students turning age 26 with serious intellectual developmental disabilities in Nov 2021.

Collaboratives

Children System of Transformation (CST): Meeting was held in Nov 2021 and shared the Q4 2021 Outcomes for Home Based Services, Wrap Around Services, FRAMES.

Human Services Community Collaborative (HSCC): The members sent a letter to Director Elizabeth Hertel at Michigan Department of Health and Human Services (MDHHS) asking for support in addressing the need for staffing and services with the System of Care in Wayne County. As a result, Director Hertel and

Ms. Louis Roubal, Chief Deputy Director of Opportunity, agreed to meet with the members January 7, 2022.

Crisis Department: Attended meeting with the Crisis Department in December 2021, Wayne Health, and Wayne Metro to brainstorm ways expand outreach efforts in Wayne County. Explored sharing a joint outreach calendar and requesting if members of the System of Care Advisory Council can volunteer during outreach events.

Access Department / IT Department: Infant Mental Health Screening: Continue to coordinate with DWIHN Access and IT Department to develop a screening process for individuals ages 0 to 6 for the Infant Mental Health Program to contact the Access Department to determine eligibility for services rather than going directly to the Children Provider. A meeting was held with IMH Providers to discuss and received additional feedback to incorporate in the new changes. **Foster Care Screening:** Continue to coordinate with Access and IT Departments to update the screening process for members in Foster Care. Meeting was held with DHHS to present the referral process proposal for completing screenings for children in Foster Care as well as receiving Trauma Screening Checklists from DHS Workers. Plan to pilot the new process in January 2022.

MDHHS: Attended the monthly **Children System Administrative Forum (CSAF)** meeting regarding updates from MDHHS. Primary focus on increasing the utilization of Mobile Crisis, Youth Peer Supports, and Parent Support Partner services. Also plans to change mobile crisis services to be available 24/7. Discussed barriers to children being discharged from Hawthorne (state facility hospital). **Association for Children's Mental Health (ACMH):** Various meetings were held with Children Providers, ACMH, MDHHS, and the MI Behavioral Health Collaborative to discuss barriers with the ACMH trainings for Youth Peer Support Partners and Parent Support Partners. Children's Initiative Department facilitated a satisfaction survey and shared compiled feedback with ACMH. DWIHN Executive Leadership plans to meet with MDHHS on Jan 7, 2022 to discuss further.

Great Start Collaborative: Children's Initiative Director attended the quarterly meeting and was informed about school updates and data for student state testing results and literacy challenges.

CRSP Meeting: During 12/6/21 CRSP Meeting, Children's Initiative Director shared the MDHHS COFR Guidelines regarding members who are in foster care residing outside of Wayne County. Requested for Children Providers to review the report provided by the Children's Initiative Department of 163 members receiving CMH services living outside of Wayne County and inform of the plan to transition members to the appropriate county for CMH services.

Child's Hope: Children's Initiative Director attended the Board Meeting in December and assisted with connecting Child's Hope with providing trainings for abuse and neglect for year 2022.

Workforce Development: University of Michigan (UofM): Children's Initiative Department met with 10 Social Work graduate students from UofM to explain community mental health to engage students to enter the workforce in social services. A Virtual Job Fair will be held 1/13/2022 with several Children Providers. **Trainings:** Children's Initiative Department offered the following:

- Nov 2021 - The Children's Mental Health Lecture Series (CMHLS). The presentation was titled, "Social Injustice and Culturally Competent Care: Addressing the Intersections of Culture, and Social Injustice in Black/African American Communities". (20 attendees)
- Nov 2021 - Quarterly Leadership Training "Coach Approach Model: A Trauma-Sensitive Approach to Supervision and Engagement" (28 attendees)

- Nov 2021 – Learning Series “Working with Adolescents: Redefining ‘Co-Occurring’ as Substance Use and Trauma” (60 attendees)
- PECFAS Initial Training (15 attendees) / PECFAS Booster Training (14 attendees)
- CAFAS Initial Training (23 attendees) / CAFAS Booster Training (19 attendees)

CLINICAL PRACTICE IMPROVEMENT – Clinical Officer, Ebony Reynolds

Evidence Based Supported Employment Clinical Specialist Dec 2021 Activity

For the month of December, providers noted challenges with places to meet employers and their members in the community due to the ongoing pandemic. However, other providers report they are effectively meeting this need. Several providers indicated they are back in the community a few days a week while others shared they are fully back in the community. Lincoln Behavioral Health Services and Southwest Counseling mentioned they continue to deliver EBSE services to its members using virtual platforms, such as telehealth and are reaching out to employers telephonically.

MDHHS reported that EBSE provider in-person fidelity reviews are expected and currently being planned for 2022. The EBSE MIFAST team will be reaching out to DWIHN- EBSE providers to schedule reviews and will begin with providers who are providing service in the community. MDHHS acknowledged they anticipate provider fidelity review scores will be lower as a result of the pandemic. However, the MIFAST team will move forward with conducting provider in-person fidelity reviews in the community, while following safety guidelines and protocols.

EBSE providers were given strategies to assist with full integration back into the community amid the pandemic and ways to clearly document member disclosure in his/her clinical record.

In addition to monitoring the EBSE, the EBSE Clinical Specialist also monitored ACT admissions and disenrollments reported by Hegira and Team Wellness Center to ensure appropriate guidelines are met when updating member clinical record in MHWIN.

The EBSE clinical specialist also assisted with review of the IPOS template used by CRSPs to ensure alignment with DWIHN’s standardized IPOS core elements. The clinical specialist also reviewed and followed up with responsible CRSP to ensure a plan is initiated to manage members who were identified in a recent DWIHN quarterly hospital recidivism report as having multiple hospital admissions within 30 days for psychiatric care.

Lastly, the EBSE clinical specialist continued to assist with review and updates to DWIHN’s workforce core training requirements for adults and children, including supplemental trainings. Recommendations made to revise the credentialing policy to include more specific language, i.e. course work of new college graduates which may satisfy/provide credit for certain DWIHN required training and inclusion of implicit bias training requirement.

Project – WC Jail – IST – Probate Court – Returning Citizens Clinical Specialist December 2021 Activity

- ❖ From December 1-16 there were 69 releases from the jail. Of the 69, 23 were linked to the assigned provider; 15 were placed in other correctional facilities or hospitalization; 5 were not Medicaid eligible members; and 26 were in MHWIN as unassigned but linked to a DWIHN Jail provider.
- ❖ Wayne County Jail Mental Health Initiative Committee held its quarterly meeting. The Sheriff’s Department is working with Team Wellness on familiar faces that come into the jail to provide wrap-around services.

- ❖ DWIHN is planning to continue outreach with the new clinical jail mental health director to ensure data regarding individuals released from jail is provided to DWIHN. Response has been slow but consistent efforts will continue to establish a method to proactively discharge plan.
- ❖ With regard to Project - Jail Diversion/ ACT Reviews/AOT Orders from December 1 – 17 there was 50 AOT orders. Of the 50, 5 were on a continuing hospitalization order; 4 were not Medicaid eligible members; 5 were linked to the Access Center for a provider assignment; and 36 had the provider notified of the order.
- ❖ Probate Court now has a Behavioral Health Unit Liaison for its Behavioral Health Unit.
- ❖ There was 1 returning citizen from December 1 - 16. The Returning Citizens committee did not meet in December.

Assertive Community Treatment (ACT) CPI Manager December 2021 Activity

CPI Monitored ACT program admissions and discharges of Lincoln Behavioral Services, Community Care Services, Northeast Integrated Health, Hegira, All Well Being Service, Central City Integrated Health, Development Centers, Team Wellness Center, and The Guidance Center including the appropriateness of the level of care determinations and technical assistance ensure program eligibility requirements were met.

On December 1 CPI manager participated in procedure code work group meeting, where the updated modifiers and codes were discussed. The procedure work group are currently working on inputting codes and new modifiers in providers contracts so that there will not be an issue with billing.

CPI manager met with Med Drop for a monthly follow up meeting, where it was noted that there are 35 Current Active Clients. CCS=12, LBS=16, NIH=5

DCI=2 as of December 1, 2021.

Also, for the month of December, the CPI manager attended the Hospital Liaison Meeting facilitated by COPE and the DWIHN Crisis department. Topics discussed were, COPE/ SUD concerns, State Liaison updates and law enforcement liaison updates. CPI manager also attended the internal Hospital Recidivism workgroup that is facilitated by the quality department.

The CPI manager also facilitated the monthly ACT forum, where topics such as reviewing hospital recidivism list, monitoring of the 2-hour PAR time frame completion, staff changes, members in AFC specialized homes and the ACT fidelity review incentive were discussed.

Other activities completed by the CPI manager include:

- Participated in audit of IPOS internal meeting.
- Participated in OIC internal meeting.
- Participated in PHQ-9 data meeting with DWIHN IT.
- Facilitated a follow up monthly meeting with all pilot program providers for Med Drop, which are Community Care Services, Lincoln Behavior Services, Northeast Integrated Health network/CNS, Hegira, Development Centers. Topics discussed were ways to increase admissions rates, talking points, hospital recidivism list and recommendations for providers with regards to presenting the program to members.

CRISIS SERVICES – Director, Daniel West

Please See Attached Report

CUSTOMER SERVICE – Director, Michele Vasconcellos

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

- The Unit's Call Center continued to operate remotely with calls being able to be accessed from home by DWIHN staff.
- Family Subsidy requests continue to be remotely addressed and processed without interruption.
- Processed and mailed out "Choice" letters to members as a result of provider closures or discontinuance of services.
- Continued to meet to discuss Medical Record retention and Therefore initiative.
- Addressed Special follow-up cases from the state.
- Hired an additional Call Center Rep.
- Provided New Employee Customer Service orientations to unit and Access Center.

Customer Service Performance Monitoring/ Grievance & Appeals

- Mandatory Disenrollment Training 12/16/21 including IT, Chief Network Officer, Chief Clinical Officer, CS Department.
- Continual revision of Customer Service Appeals and Grievance Policies. Submitted multiple policies/procedures for approval.
- Submitted HAP CS Plan of Action regarding the CAP. Internal meetings held to address multiple issues. Met with HAP Empowered Representatives regarding corrective action plan for call classification.
- Participated in UM, Quality Ops, ICO monthly meetings.
- Hired and provided continuous orientation and training to the new Performance Monitor Estella Dawson.
- Met twice with IT, Credentialing and MCO regarding the online Provider directory and submission of requested revisions.
- Worked on implementing decision received on State Fair Hearing. Administrative Law Judge overturned DWIHN's decision.
- Completed Provider Manual. Updates submitted to Clinical Officer J. Davis on 12/10/21.
- Made revisions to Second Opinion procedure. Disseminated to Director of Clinical Services, Chief Clinical Officer, Chief Medical Officer and Clinical Officer J. Davis.
- Participated in multiple provider closure meetings.
- Completed 8 PIHP member extension calls for UM Department.
- Renegotiated contract terms with Bromberg and Associates to obtain MiDeal rates for language translation. Negotiations resulted in massive savings.

NCQA/HSAG

- Received notification of Grievance and Appeals Audit for July 25, 2022. Meeting scheduled in January of 2022 with Quality to prepare.

Member Engagement/ Experience

- Completed SMART goals for the unit, self, and with 2 of 4 of the ME staff members.
- Offered evidence describing how DWIHN has supported Goodwill's A Place of Our Own to meet accrediting standards during that club-houses reaccreditation review on 12/13/2021.
- Confirmed one (of 16) Residential Providers contacted regarding the Basic Computer Training
- Continued to administer Rapid Response.
- Continued training and onboarding of new staff, DeLora Williams Peer Manager.
- Continued to research a direction for the "wait time" project.
- Provided technical support to members interested in becoming Peer Mentors
- Extended RFP submission deadline for the DWIHN mobile application for community engagement to December 14, and pushed the review period from December to January.
- Collected approximately 75% of the 276 National Core Indicators (NCI) consents and pre-background surveys.
- Convened Oral Health peers to discuss outcomes and lessons learned. Exceeded goal to teach 100 unique individuals about oral health. Action plans with members fell short, however. Five peers across three organizations submitted data logs of their activities. Barriers to introducing the training curriculum included interest of members.
- Continued to develop presentation for the National Disability Institute Roundtable to take place over January and February 2022.
- Developed EVOLVE schedule for the year.
- Convened final CV meeting on 12/17 and identified 2022 goal areas.
- Participated in the A Place of Our Own Clubhouse Accreditation meeting.
- Re-issued Persons Point of View newsletter with correction regarding the closed vendors.
- Continued to host member events and activities, weekly SOULS, weekly FAITH Chat, monthly Constituents' Voice (CV), CV Leadership, CV Engage, Advocates, Advise and Empower meetings. EVOLVE was not held this month.

INTEGRATED HEALTH – Director, Vicky Politowski
Please See Attached Report

MANAGED CARE OPERATIONS – Director, June White

MCO DEVELOPMENT MISSION

The department continues to monitor the provider network with 9 Provider Network Managers and 1 HUD specialist Manager all are committed to serving and reaching out to our 400+ providers monthly and quarterly to ensure providers know we are here to assist in answering any questions and directing them to the appropriate department for assistance. Questions come in daily through email or calls surrounding adding sites, authorization questions, claims questions as well as possible closing sites, in which we assist in answering.

MHWIN system cleanup of records/Online Directory

The team is currently working on cleaning up records in MHWIN. We have identified several gaps and opportunities that need to be addressed:

- a. Staff records in MHWIN, that need NPI #'s
- b. Add ADA site accommodations along with hours of operations for MDHHS requirements.
- c. Reviewing the SAP database for accuracy which will be presented to the State.
- d. Ongoing meeting with IT to made the directory more compliant with State requirements

Internal /External-Training Meetings Held

- a. Ongoing meeting with providers surrounding the 14-day intake calendar slots where providers are experiencing staff shortages in the intake department for new intakes
- b. Creating an internal meeting to discuss network adequacy provider gaps on services
- c. Weekly meeting with the Procedure Code Workgroup (PCWG) to resolve billing issues with the new state codes enforced October 1, 2021.
- d. Weekly meeting with Continuum of Care Board (COC), to discuss HUD/Homeless projects.

PIHP Email Resolutions and Phone Provider Hotline:

For the month of December, we received/answered 74 emails and 14 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 Providers/ Merger Changes to the Network /Provider Challenges

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 pandemic.

DWIHN continues to provide support to the network through training, webinars and recently offering incentive bonuses for all staff. DW has implemented a 5% increase among all codes in our network which should assist providers with staff retention. DW also continues to meet with providers to find solutions that will better all during these times. Provider are resilient and have found ways to shift their operations that best fit their staff and our members.

The 1st Quarter we had a total of 10 closures breakdown as follows:

1. 2-provider acquisition/ Merger (Community Cares Solutions (CCS) and Hegira the merger will be official as of March 2021) and (Fowler and Methodist Children’s Home Society)
2. 5-residential settings, 2 licensed homes and 3 unlicensed/private homes
3. 1-provider building closing (downsizing- going full remote status)
4. 2-provider services closing (clubhouse/children’s program site)

We have maintained a number of providers in our pool that can be potential providers ranging from private clinicians, therapy services, outpatient and residential providers if approved through our credentialing process and the board if the need is there for such providers.

Housing Resource and Street Outreach to the Homeless:

As reported by the Housing Urban Development (HUD) there are **1,589 homeless individuals** in the Detroit area, including 351 under age 18. That figure is down 19% from 1,965 in 2019, according to HUD data. The report says nationally 580,466 people experienced homelessness during the one-night count in January 2020 — an increase of 12,751 people (2%) over 2019.

As we partner with our providers to assist the homeless with housing and reaching individuals on street as to -date we continue to see improvement one month at time.

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

Southwest Counseling Solutions - Housing Resource Center		
Calendar Year Quarters	4 th Quarter	Year-To-Date
# of Persons Served	2,732	10,778
# of Persons Screened for Mainstream Services	2,249	8,452
# of Persons who received Housing Assistance	483	2,355

Neighborhood Service Organization & Wayne Metropolitan Community Action Agency (PATH - Street Outreach)		
Calendar Year Quarters	4th Quarter	Year-To-Date
# of Persons Served	86	158

Quarterly Goals set

- Quarterly goals set for FY 2022 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 DWIHN 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.
- 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 DWIHN. Together the manual, our policies and the contract give the provider a full 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.
- 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. We will start evaluating the network in the first quarter of the FY 2022.
- 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.

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 Annual Provider/Practitioner Survey closed at the end October. A full analysis of the survey is still under review for presentation in 2022.

Provider Meetings Held

- a. The last CRSP meeting for the year was held on December 6th, many topics were discussed about future health plans, staff record cleanup, proper usage of NPI #s, completion of timely 14-day intake calendars
- b. Residential/Outpatient Provider meetings are held every six weeks through the year all meeting have been virtually until further notice. The next Residential/Outpatient Provider will resume in January 2022.

RESIDENTIAL SERVICES – Director, Shirley Hirsch

Please See Attached Report

SUBSTANCE USE DISORDER – Director, Judy Davis

Please See Attached Report

UTILIZATION MANAGEMENT – Director, Jennifer Jennings

Please See Attached Report

Autism Spectrum Disorder Benefit December 2021 Monthly Report

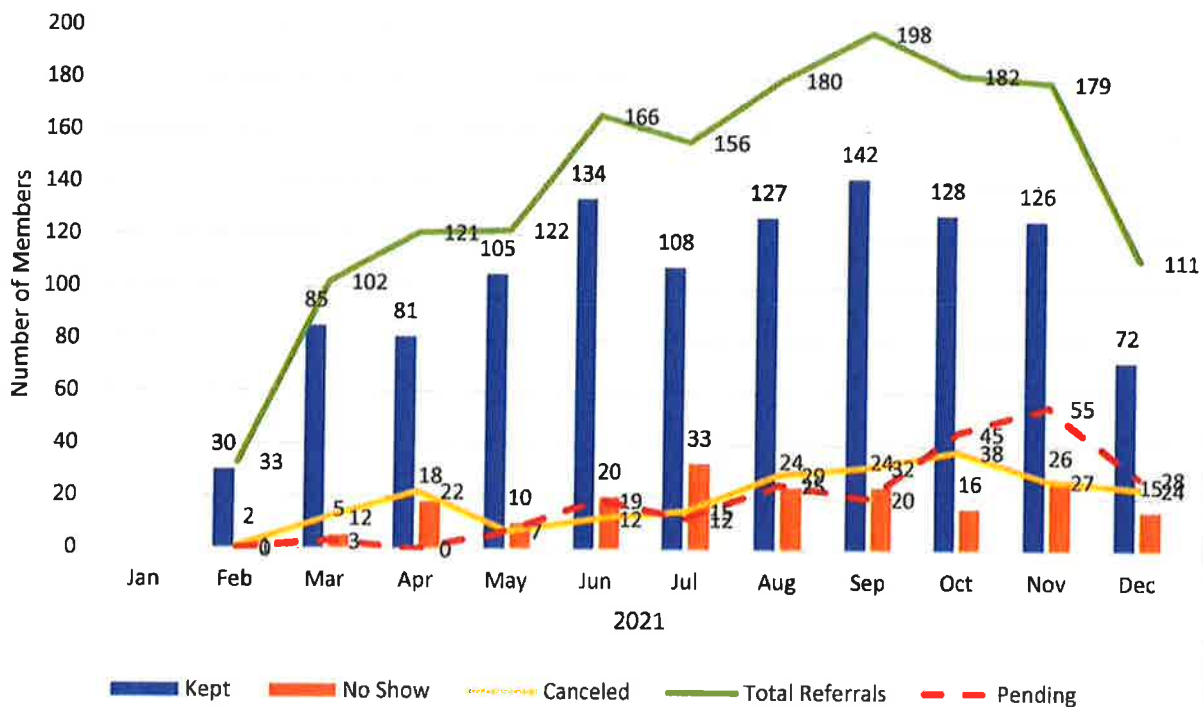
Enrolled in ASD Benefit

Total open cases for the month of November is 2,195 members which is an increase of 3 members from November to December.

Summary of Independent Evaluator

Independent Evaluator data displayed below only covers data up to 12/16/2021. Total referrals scheduled by the Access Center was 111 and of those scheduled 72 appointments were kept resulting in 10 members not eligible (non-spectrum), 29 members approved but undecided and 13 members approved then transitioned to ABA provider.

Total Referrals per Month for ASD Benefit



Provider Updates

- ABA providers have been provided direction on coordination of care considerations with CRSP agencies.
- ABA providers have been directed to ensure members are engaged in ABA services and assistance was provided on referring members not engaged to other ABA providers with availability.
- Continued support is provided to the members approved for ASD Benefit but did not accept an ABA placement at time of feedback appointment.

WSA Updates

- Michigan Department of Health and Human Services (MDHHS) has provided clarification to policy (MSA 21-20). This policy update would include evaluations with one-year extension as well as overdue evaluations starting on 03/01/2019 and thereafter. The WSA provided automatic updates to the evaluation dates improving coordination of communication to ABA providers.

Quality Updates

- Behavior Assessment scores to all of the ABA providers are unable to be calculated due to limited data entry.

MDHHS Updates for Autism

- The ASD Benefit referral process was updated per Medicaid Provider Manual guidelines. A member interested in entry into the ASD Benefit must provide proof of a full medical & physical examination/screening, within the past year, indicating further evaluation is recommended by the member's primary care physician in order to be scheduled for a comprehensive diagnostic evaluation. The documentation submitted must show member's hearing and vision were evaluated and ruled out of contributing to symptoms presenting as potential autism.

Crisis Services Monthly Report for December, 2021

PCC January 12, 2022

Below is the monthly data for the Crisis Services Department regarding adults and children, partial reporting from 12/1/21 until 12/19/21 due to DWIHN Holiday.

Children's Crisis Services

Month	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	Crisis Stab Cases
December	264	231	53	20%	197	75%	103

- Requests for Service (RFS) for children decreased by 13% compared to November. The diversion rate remained the same from the month of November.
- There were 103 crisis stabilization cases for the month of December, a 5% decrease from November. Of the 103 cases there were 57 initial screenings.
- There was a total of 39 cases served by The Children's Center Crisis Care Center, 6 cases more than last month. The Children's Center Crisis Care Center team will be working remotely 12/21/21 and 12/22/21 from 8:00 AM – 4:00 PM. If a client reports to the office during this time, TCC will provide the crisis screening remotely with a provided contact number of **313-324-8557**. Staff will be on-site after 4pm on these days.

COPE

Month	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	# Inpt due to no CRU
December	624	602	405	65%	203	33%	2

- The number of requests for service (RFS) for adults decreased by 35% from November. The number of diversions decreased by 39% but these findings are affected by reporting on partial data for December.
- The Crisis Stabilization Unit (CSU) at COPE served 136 cases in this partial reporting period.
- The Mobile Crisis Stabilization Team provided services to 31 cases in December.

Crisis Residential Unit/Hegira :

- The number of available beds is 16.

Referral Source	Total Referrals	Accepted Referrals	Denials
ACT	0	0	Level of Care change – 0
COPE	36	32	Not medically stable due to SUD – 0
DWIIHN Res.	0	0	Not medically stable due to physical health – 0
Step Down (Inpatient)	11	11	Violent/aggressive behavior – 0
			Immediate danger to self – 0
Total	47	43	No follow-up from SW/Hospital - 0
			Total - 0

Note: Denial data not available at time of report

Crisis Continuum

- For the month of December, Team Wellness Crisis Stabilization Unit (CSU) provided services to 133 individuals, a 32% decrease from the month of November.

ProtoCall

Month/Year	# Incoming Calls	# Calls Answered	% answer w/in 30 secs	Avg. Speed of answer	Abandonment rate
October	667	575	37.9%	106s	11.4
November	821	567	38.7%	130s	11.4

- Call data for the month of December was not included in this month's report.
- ProtoCall has shared challenges to their operations over the past few months. They are currently making efforts to attract and retain staff (24 new staff onboarding), and have a training class of 16 in January 2022. They continue efforts toward reducing and stabilizing an increasingly unpredictable call volume, and are working toward improvement in upcoming months.

COMMUNITY LAW ENFORCEMENT LIAISON ACTIVITY REPORT December 2021:

- The number of ATRs for the month of December decreased by 39% (166 completed for this month as compared to 274 in November).
- Community Law Enforcement Liaison engaged 42 individuals this month.
 - 100% have repeat hospitalizations without follow up by the CRSP. CRSP and MDOC agents were alerted and engaged in discharge planning. 34% have Team Wellness as a CRSP.
 - 16% have as history of SUD.
 - 22% were on court orders.
 - 6% needed residential placement.
- 2 Citizens returned and were connected to DWIHN services upon release from MDOC.
- DWIHN received 130 Assisted Outpatient Treatment (AOT) orders from Probate Court this month and respective CRSPs are notified to incorporate these orders in treatment planning.
- There were 10 ACT consumers referred to COPE: 70% went inpatient, 20% went Outpatient, and 10% were admitted to CRU. No pre-placement or partial day hospitalization was sought during this reporting period. It should be noted 30% of ACT PARs were completed by COPE.

COMMUNITY HOSPITAL LIAISON ACTIVITY REPORT December 2021

Number of Liaison contacts: From 12/1/21 to 12/19/21, there were 239 contacts made with community hospitals related to movement of members out of the emergency departments. This is a partial monthly count only encompassing 18.5 days of December secondary to holiday closure, compared to November 2021 at 350 for the full month.

- Diversions to lower level of care: Out of the 239 encounters, 175 were diverted to a lower level of care resulting in a diversion rate of 73% (an increase in diversion rate overall from November at 40%).

- Admissions to long-term care: One admission was made to the Hawthorn waiting list (2 pending), zero admissions to WRPB or Kalamazoo
- Cases not on 23-hour report, liaison contacts: Hospital liaisons were involved in 107 out of 239 cases that were NOT on the 23-hour report for the 19 days in December 2021 compared to 165 in November.
- Crisis alerts: Hospital liaisons received 0 “crisis alert” calls in the 19 days of December 2021.
- Recidivism: Of the overall 239 contacts for December 2021, 0 members had at least 2 emergency encounters in December 2021. There were no recidivistic consumers in December 2021 the first 19 days.
- No requests were made related to veteran’s affairs.

DATA SPECIFICALLY RELATED TO 23 HOUR REPORT December 2021

- Of the 23-hour report activities during this reporting period there were 170 encounters (a decrease from the number of November encounters at 241) related to movement from a 23+ hour wait in the ED. 61 of the 170 cases specifically related to the 23-hour list went inpatient, resulting in a 64% diversion rate.

Res.	CCM	CRU	CSU	PHP	Pre-Placement	OP/Stab	SUD	Other
6	0	3	1	0	2	150	8	0 Medical Admits

MOBILE OUTREACH SERVICES: December 2021

Number of Mobile Events Attended	12
Number of Meaningful Engagements	157
Number of Subsequent Contacts	25
Number of Screenings in the system	1

Integrated Health Care Department

Monthly Report

December 2, 2021

Collaboration with Health Department

The Health Department will be focusing on Hepatitis C, DWIHN is preparing for this initiative. DWIHN met with the State in October to discuss data collection and how to roll this initiative out to the Behavioral Health and SUD providers in Wayne County.

Quality Improvement Plans

The IHC department manages seven 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, Increasing Adherence to Antidepressant Medication, Decreasing the Use of Multiple Antipsychotic Medications, 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 is correct.

Population Health Management and Data Analytics Tool

DWVHN and Health Plan and Health Plan designee staff continue to meet at least weekly to prepare for implementation of the two platforms, one for providers to view member encounter information and performance on HEDIS measures, and the other for DWVHN and Health Plan designee to utilize to coordinate care for shared members and for DWVHN to view HEDIS measure performance. VDT continues to make corrections and revisions to both platforms based on feedback from DWVHN and Health Plan and Health Plan designee staff. The platform went live on June 1st. To date DWVHN and Health Plan designee staff are meeting on a twice monthly basis to complete coordination of members who are new and in Tier 2 and 3. VDT and DWVHN met on 11/29/2021 how to implement the OHH, BHH and CCBHC measures needed. VDT is investigating, when these are correct the scorecard in Provider Link can be rolled out to providers. VDT is working on engagement, task summary and outreach reports.

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 45 individuals in November. 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

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

Health Plan 1:

Collaboration continues between DWIHN and **Health Plan 1** staff with implementation of shared electronic platform with VDT to facilitate information exchange and document care coordination activities. The shared platform went Live June 1st and to date there are 6 members in the program. Health Plan 1 and DWIHN meet bimonthly to discuss individuals in Tier 2 and 3. Platform review continues, recommended changes/additions are in process with projected go live of HEDIS measures and scorecards platform (ProviderLink) and Care Coordination platform (PlanLink) to be determined. Health Plan 1 was incorporated into another health plan and DWIHN is waiting on a new contract from that health plan to be sent.

Health Plan 2:

Care Coordination with **Health Plan 2** was initiated in September 2020, these meetings occur monthly. There were 10 cases discussed in the month of November for the Pilot program. The plan requests the number of cases to be discussed during Case Review. DWIHN and BCC leadership met on September 7th to reestablish goals. The BCC workgroup met on 11/29/21 to discuss goals and HEDIS measures to be tracked. Health Plan 2 has decided that the shared platform has a benefit and this is being discussed. Leadership and workgroup meeting have been established for the next 6 months once the new contract is completed

Health Plan 3:

Health Plan 3's Leadership continues in the review process. A meeting occurred with DWIHN and Health Plan 3 in March. The Health Plan continue to review plans for collaboration.

MI Health Link Demonstration

IHC department under the MI Health Link Program received total of 336 request for level II in the month of November 2021 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	15	14	10	39
Amerihealth	0	0	1	1
HAP	0	5	0	5
Michigan Complete Health	4	2	3	9
Molina	0	144	138	282
TOTAL	19	165	152	336

Voided referrals reasons are as follows:

	Member Declined Assessment	Member Declined Services	Member not available before deadline	Referrals in error	Unable to reach
Aetna	1	5	0	0	4
Amerihealth	0	1	0	0	0
HAP	0	9	0	0	0
Michigan Complete Health	0	2	0	0	1
Molina	10	86	2	9	31
Total	11	94	2	9	36

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	173	0	82	1	27	66
June	156	2	79	5	30	42
July	195	2	102	0	20	69
August	178	0	78	2	31	67
September	184	0	88	4	39	53

October	172	5	85	5	24	53
November	152	11	94	2	9	36

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

ICO Michigan Complete Health is still unable to receive level II responses through the Care Bridge, referrals are logged in MH WIN and manually processed by sending to MCH through secure email. During this reporting month MCH announced name change to Meridian official marketing documents have not been received to share internally with DWIHN.

ICO Molina is experiencing the inability to receive level II responses from DWIHN causing a system back up of approx. 282 responses that cannot be submitted back to ICO Molina information has been submitted to IT department and PCE Vendor as well as ICO Molina.

During this reporting period IHC department has started to share outcome data sheet regarding TOC and FUH follow-up, of the **30** reviewed in November **9** were presented in care coordination **0** returned to hospital post 30 days.

Transition of care services were provided for **42** persons 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 **33** LOCUS assessments completed for the MI HealthLink Demonstration received from Network Providers who service Nursing Home Facilities for Mild-Moderate population.

Care Coordination Activities for the ICO enrollees—**43** – for individuals who have been identified to have a gap in services. This is a combined effort between IHC staff and the ICOs.

ICO 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	Number of case reviewed Total
HAP	3	2	2	0	7
AET	5	4	0	0	9
Amerihealth	4	5	1	0	10
MCH	3	4	2	0	7

Plan Name	DWIHN Reviewed Cases for Recommendation	New Cases (not from prior 90 days)	Number of Cases from the Prior Month	Closed Cases w/Goals Met	Successful Closed = w/ goals met & 2+ partial goals met	Unsuccessful Close = No Goals met unable to reach	Total Number Active of cases within CC360 = New Cases + Prior Cases	Total number of cases touched.
Priority	0	0	2	1	0	1	1	3
BCC	7	4	4	2	0	2	8	20
Aetna	2	3	4	0	0	0	7	9
HAP	0	0	4	0	2	0	2	2
McLaren	5	5	0	2	0	2	5	5
Meridian	5	3	2	0	0	0	4	4
Molina	6	3	3	0	1	1	4	6
UHC	0	1	6	0	0	0	6	6

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	5	5	0	10
Health Plan 1	0	0	0	0	0

Health Plan 1 did not have any Tier II cases for special project. Meeting were cancelled by HP1 due to conflicting meetings.

AUDITS

DWIHN during this reporting month completed ICO Amerihealth requested policy and procedures updates for 2020/2021 fiscal reporting time. IHC department met with ICO

Amerihealth who has now postponed this Delegation audit that will cover calendar year of the demonstration of 2021.

DWIHN during this reporting month received communication from ICO MCH Meridian who is requesting policy and procedure updates to be submitted in a delegation audit for CY 2021 by November 15, 2021. IHC will be working with quality department for files to be sent upon close out of the CY2021. Data Universes will be requested on or by second week of January 2022

ICO Amerihealth placed DWIHN on plan of correction for Access Center due to issue with calls that were reviewed. Plan was submitted to ICO Amerihealth on or before May 15, 2021. ICO Amerihealth DWIHN Access Center CAP is still open, review of calls took place in July 2021. ICO received a verbal write up from ACCESS Center regarding call annual delegation audit review awaiting determination. DWIHN completed additional information for ICO Amerihealth to explain ACCESS Center process in collaboration between IHC department and Quality awaiting official determination.

ICO Amerihealth sent the BAA and DWIHN legal has it for review.

During this reporting period IHC, Claims, Finance and IT internally met to review the MHL demonstration. It was agreed to review claims and projected cost for demonstration including State Hospital and SUD new codes to be reviewed prior to scheduling meeting with ICO Molina and ICO HAP to cost settle. No updates at this time.

FUA report and workflow process has been established meetings have taken place with SUD department workflow will be submitted to SUD and IHC staff first week in November 2021. During this reporting period DWIHN has reviewed **107** cases of which 18% were fee for services Medicaid with no MHP affiliation. 36% of the cases have been sent to the respective MHPs as these cases are not open to DWIHN.

Compliance Meetings for MHL Program

DWIHN has met with ICO Aetna, and ICO Michigan Complete Health during this reporting period to review MHL program lettering material updates for 2022. IHC Manager collaborated with UM and Member Grievance & Appeal department to review the new tools and set timeline for updates to DWIHN in prep 2022. Templates have been approved by ICOs and have been submitted to DWIHN for build out. SARAG reports for 2022 have not been completely generated within the UM and claims department, IT has specs awaiting build.

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 November, there are currently **19** active cases, **2** new case opened, **4** case closure, and no pending cases. One (**1**) case was closed due to meeting their treatment goals and **2** were unable to reach and **1** was transferred to ACT.

Care Coordination services were provided to **14** additional members in July who either declined or did not meet eligibility for CCM services. Follow up after hospitalization was completed with **65** consumers to help identify needs.

Complex Case Management staff have been working to identify additional referral opportunities. Eleven (**11**) presentations were provided for DWIHN CRSPs and at Provider Meetings.

EMS Friendly Faces;

This pilot list consisted of **10** members that the CCM team provided outreach to due to high ER utilization. One, **1** member is connected to CRSP (Detroit Central City) and was not interested in services. The other **9** members listed were unable to reach after 3 attempts.

The following Community Providers received information regarding CCM services; Goodwill Clubhouse, Team Wellness, Lincoln Behavioral Services, Henry Ford Kingswood, Zion Guardian, CLS, Detroit Area on Aging, Hegira, Guardian Services, St. Mary's Hospital, Henry Ford Wyandotte, Pontiac General, Stonecrest, Samaritan, Beaumont Taylor, Beginning Step, U of M hospital

Peer Health Coach Grant:

DWVHN 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.

For the month of November, 0 members were surveyed below are the results for the Peer Health Coaching Participant Questionnaires due to the grant was reapproved and Peer Staff resumed working at the end of the month.

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

Poor-

Fair-

Good -

Very Good -

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

Poor -

Fair-

Good -

Very Good -

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

Poor-

Fair -

Good - 1

Very Good -

6 Satisfaction Surveys were obtained

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

Yes-

No -

Not Sure -

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

Yes -

No -

Not Sure -

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

Yes -

No -

Not Sure -

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

Yes -

No -

Not Sure-

5. How satisfied were you with your PHC?

Very -

Some What -

Not Sure -



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

Department Monthly Report: December 2021*

**Reporting Date Range: 12/1/21 -12/17/21*

Residential Referrals

November 2021 Report's Pending Assignments	27
# of Assigned Referrals for December 2021	93
Total Cases	120

Referral Source Breakdown

Inpatient Hospitals	55
Emergency Departments	10
CRSP	31
Youth Aging Out (DHHS)	2
Pre-placement (C.O.P.E.)	5
Crisis Residential	3
Assessments Requested for Members currently in Specialized Settings	16
Out-of-County Referrals	0
Nursing Homes	7
Total Received Referrals	120

Referrals per Disability Designation

AMI Referrals	43
IDD Referrals	77

Residential Staff Assessment Productivity

Assessments Completed (SALs)	52
Assessment/Referral Cancelled or Rescinded	27
Cases Assigned for Brokering Only	41

Placement/Brokering Activity

Completed Specialized Placements	27
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Residential Referral Cavoites for December 2021

- Inpatient Penetration Rate – 0.72%
- HAB Waiver Referrals – 0
- SD-to-Specialized Residential Services – 2
- State Hospital Discharges (into specialized placement) - 0



Detroit Wayne Integrated Health Network Residential Services Department

State Hospital Cases: December 2021

Total # Received	4
Total # Discharges:	0
Pending Discharges, (Accepted; on Waiting List):	4
Currently in Interview Process:	0

COVID-19

of Positive Cases Reported (12/1 – 12/17): 7

Per Designation	AMI	IDD
Males	0	2
Females	2	3

of Deaths Reported (12/1 – 12/17): 0

Per Designation	AMI	IDD
Males	0	0
Females	0	0

Continuation of COVID-19

- Continuation of **Project: Reach Out** to initiate verifications of vaccinated members & DCW Staff eligible for boosters.

Residential Service Authorizations

Total Processed Authorization Requests	533
Authorizations APPROVED	351
Requests Returned to CRSP	182

Approved >14 days	350
Returned >14 days	182
Approved <14 days	1
Returned <14 days	0

30-Day/Emergency Member Discharge Notifications

October 2021 Report's <i>Pending Discharges</i>	9
Total Member Notifications Received: December 2021	16
30-Day Notices for Licensed Facilities	3
Emergency Discharges	13
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Rescinded Requests/Self-Discharges	0



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

Residential Facility Closures

The following residential facility closures were processed during December 1-17, 2021 to relocate all members to alternate specialized placements.:

# of Facility Closure Notifications	6
Received in December 2021: On-Going/In Process	2
Requests ON-HOLD/PENDING	2
Completion of Facility Closures	2

Judy Circle Home –25165

CRSP Notification Received: 11/15/21

Scheduled Closure Date: 12/9/21

Facility closure reported by DWIHN CRSP (Community Living Services): Residential Care Coordination team successfully relocated 2 (DD) members to alternate specialized placement with DWIHN facilities.

Current Status: CLOSED

Grenada House – 25703

CRSP Notification Received: 11/15/21

Scheduled Closure Date: 12/15/21

Facility closure reported by DWIHN CRSP (Community Living Services): Residential Care Coordination team successfully relocated 4 (DD) members to alternate specialized placement with DWIHN facilities.

Current Status: CLOSED

Fairview Home – 225281

MCO Notification Received: 9/30/21

Scheduled Closure Date: 10/31/21

MCO submitted notification to department advising residential provider is selecting not to continue DWIHN contract eff. 10/31/21. Residential Care Coordination team successfully confirmed 2 (DD) members were successfully relocated to alternate placement within DWIHN contracted facilities. Notice forwarded to MCO to confirm facility closure.

Current Status: Pending MCO Confirmation

Karen's Helping Hands-SIL-South Park Plaza #2 - 33169

Provider Notification Received: 9/29/21

Scheduled Closure Date: 11/1/21

Residential provider's notification reports facility closure due to increase of member's rent. Residential Care Coordination team is currently in process of relocating 2 (AMI) members to alternate facilities contracted with DWIHN.

Current Status: Pending MCO Confirmation

Yale Home –25267

CRSP Notification Received: 12/1/21

Scheduled Closure Date: 1/6/2022

DWIHN CRSP (Community Living Services) reported to department the provider's intention to close facility due to lack of staffing eff. 12/15/21. Residential Care Coordination team is currently in process of relocating 2 (IDD) members assigned under Community Living Services to alternate facilities contracted with DWIHN.

Current Status: On-Going

Clippert III Home –29276

CRSP Notification Received: 12/6/21

Scheduled Closure Date: 12/31/21

DWIHN residential provider) reported to department the provider's intention to close facility due to lack of staffing eff. 12/15/21. Residential Care Coordination team is currently in process of relocating 2 (IDD) members assigned under Community Living Services to alternate facilities contracted with DWIHN.

Current Status: On-Going



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

Residential Communications

The department has begun quantifying communications received and responded to during the month December 2021; by telephone calls/voicemails, faxes, and/or emails.:

Voicemails: December 2021	62
Blank Messages/Fax Machine Calls/No Contact Info from Caller	10
Calls/Voicemails Responded to with 24/48 Hours	49
Forwarded to Assigned Residential Staff	0
Forwarded to other DWIHN Departments	1
Responses Requiring Director/Manager Review	2

Emails: December 2021 ResidentialReferral@dwihn.org	226
Emails Responded to with 24/48 Hours	147
Forwarded to Assigned Residential Staff	51
Forwarded to other DWIHN Departments	6
Responses Requiring Director/Manager Review	22



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

Department Project Summaries

Authorization Team

- ***Bundled Authorizations (H2X15/T2X27) Billing Unit Shortage:*** The authorizations team continues to receive and review spreadsheets from residential providers that reported unit shortages under the bundled authorizations (H2X15/T2X27) to assist with their billing. The team will continue with this temporary process until PCE reports an update to the system to correct the matter.
- ***H2X15/T2X27:*** The authorizations team has been working to establish a standardized process for approving H2X15/T2X27 authorizations. The authorizations team has been working with the Finance Department for clarification and understanding, meeting with Leadership to work towards a resolution. Residential Authorization Team and Leadership have a scheduled meeting with CRSP and Unlicensed Residential Home Provider to continue on a path of resolution.
- ***Day-Time Monitoring Auth Extensions:*** The Residential Authorization Team reviewed 436 day-time monitoring authorizations and extended 403 day-time monitoring authorizations by home. CRSP will need to ensure that all documentation in Member's chart aligns to clinically justify and medically support the delivery of service.
- ***CRSP Service Authorization Refresher Trainings:*** Residential Unit Authorization Team will continue to host monthly residential authorization refresher trainings with CRSP providers throughout 2022.
- ***Monthly CRSP Meetings:*** The Residential Authorization Team Manager has participated in multiple meetings with multiple CRSP to listen and discuss concerns regarding residential service authorizations.

CRSP/Department Meetings and Trainings

- ***CRSP/Residential Services Monthly Meetings:*** A total of 15 CRSP meetings were completed for December 2021, with (2) bi-monthly meeting for STEP, scheduled for January 2022.
- ***DWIIHN CRSP Case Management/Supports Coordinating Monthly Management Note training:*** completed by department manager Kelly McGhee in Zoom on **December 14th**.:
 - IDD CRSP at 10 AM; **71 attendees**
 - AMI CRSP at 11 AM; **56 attendees**
- ***AMI CRSP/IDD Residential Providers (Bi-) Monthly Meetings:*** held on **Thursday, December 16th** via Zoom
 - AMI CRSP/ Unlicensed Residential Providers at 10 AM; **19 attendees**
 - AMI CRSP/ Licensed Residential Providers at 2 PM; **16 attendees**
- ***IDD CRSP/IDD Residential Providers Monthly Meetings:*** held on **Monday, December 20th** via Zoom.
 - IDD CRSP/ Unlicensed Residential Providers at 10 AM; **34 attendees**
 - IDD CRSP/ Licensed Residential Providers at 2 PM; **41 attendees**
- ***DWIIHN Residential Provider/CRSP Advisory Group:*** Our final 2021 meeting was held on **Monday, December 20th at 11:30 AM through Teams**; with **22 attendees**. Our meetings guests included DWIHN QI's Eugene Gillespie, Danielle Dobija, & Starlit Smith reviewing required DWIHN/State of MI) documentation of DWIHN specialized facilities. Guest invitees included **Wayne Center's Rotesa Baker and Lucas Gigliotti**.
- All listed meetings will continue throughout 2022 on monthly as listed.



Detroit Wayne Integrated Health Network Residential Services Department

Department Goals

Staffing

- HR to repost (1) Residential Care Specialist position

Automated Productivity Reporting

- Integrate State Hospital reporting in department monthly report.
- Residential Hospitalization Penetration reporting: Reporting of inpatient data of members that have received specialized residential services within 30 days of hospital stay. Report confirms residential members inpatient stay is less than 1% overall for December 2021.
- Continuing to refine/reformat productivity report to monitor timeliness and response to service requests
 - *Smartsheet updates for new fiscal year reporting*



Detroit Wayne Integrated Health Network

Director Monthly Report

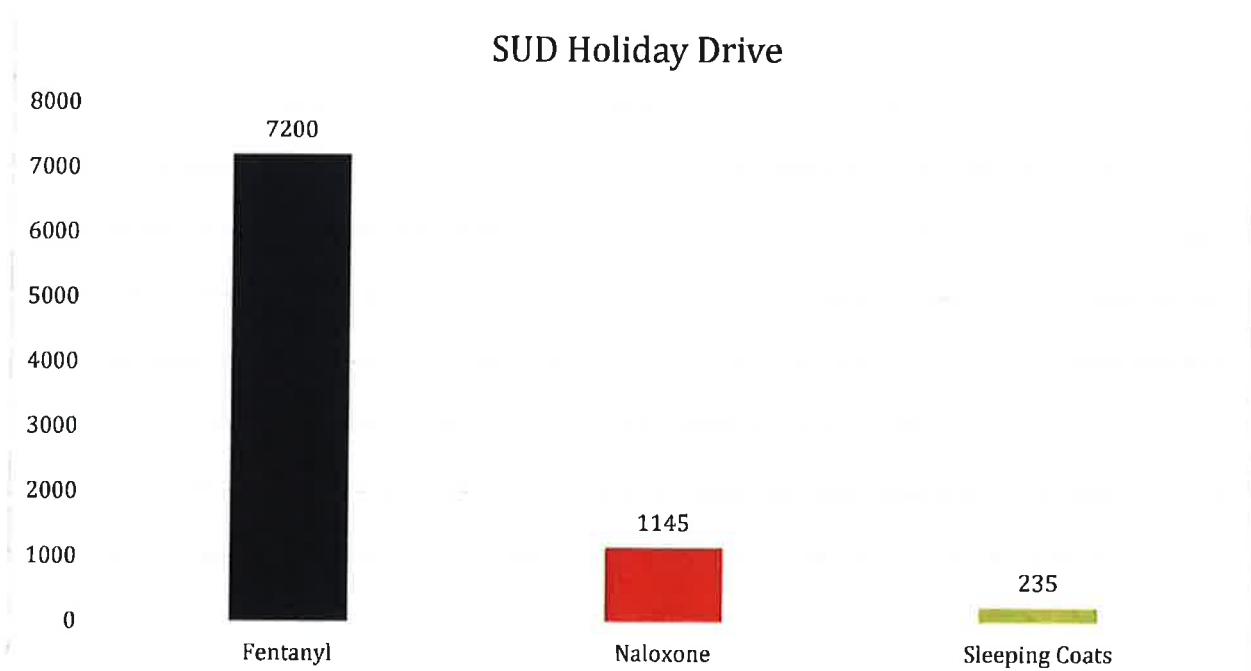
Reporting Department Substance Use Disorders

For the Month of December, 2021

Status Overview: Michigan’s Poison and Drug Information Center has issued an alert about fentanyl-laced marijuana causing opioid overdoses and labeling as a potential “emerging public health threat.” The officials report that several patients have been treated in emergency rooms for opioid exposure and overdose after patients claimed to have only smoked marijuana. One case in Connecticut verified through testing that the marijuana smoked was in fact laced with fentanyl. In Massachusetts, two high school students had been admitted to the emergency department who smoked marijuana laced with fentanyl. The teen claims the fentanyl-laced marijuana had come from a dispensary. It took eight hits of Naloxone to revive one of the unconscious student.

To combat these issues DWIHN SUD team is offering another tool to help individuals combat the crisis. On December 10, 2021 the SUD Team distributed free Naloxone kits, Fentanyl Testing Strips and Sleeping Coats to ensure providers had necessary tools over the holiday to address this rising issue.

Holiday Drive (Free Naloxone, Fentanyl Strips and Sleeping Coats)



DWIHN's Naloxone Initiative program has saved **807** lives since its inception for the month of December there was **24** saves. Again, the saved lives are under-reported, especially during this time of the 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. DWIHN to date has distributed over **15,792** Naloxone kits and for the month of December we distributed **3,202**. The Holiday Save a Life Drive distributed **389** Sleeping Coats, **2900** Naloxone Kits and **7100** Fentanyl Strips to providers.

The SUD Department has been working tirelessly to address the Opioid Epidemic, which has devastated so many lives and harmed millions nationwide. We will not rest until we dramatically reduce opioid use disorder and overdose deaths and work to provide those suffering from the support they need. Unfortunately, we still have a lot of work to do in this area.

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 August, presentations were conducted at 4 locations in Wayne County.

FOR THE MONTH OF November

Date	Barbershop	# of barbers trained	Location
October 1, 2021	Herman's Barbershop	2 Barbers	19149 Van Dyke, Detroit
October 8, 2021	Barber Station	3 Barbers	2635 Gratiot, Detroit
October 15, 2021	Colognes Family Hair Care Center	5 Barbers	1294 Middlebelt, Detroit
October 22, 2021	Bubba's Barbershop	2 Barbers	1128 Middlebelt, Inkster

Licensing and Regulatory Affairs (LARA) Electronic Licenses Starting January 1, 2022

LARA is now offering the Michigan Professional Licensing User System (MiPLUS) online and electronic application. Applicants can now apply for licenses online, track the status of their application and receive notifications. Due to the new system providers will no longer receive paper copy of their license. This will have a positive impact on our network.

LARA Rule Changes: LARA has been revising the SUD administrative rules in stages. SUD Director and other PIHP's SUD Directors have met with LARA to address questions and concerns regarding the proposed changes. Proposed changes include the following:

Gambling Disorder

A rise in the prevalence of gambling disorder during the pandemic has fueled DWIHN's SUD Department to build clinical capacity to support individuals with a gambling disorder that often co-occurs with SUD. SUD Department have increased the Gambling Residential Treatment (GRT) programs from one provider to three providers that offers GRT services to men and women that present with a gambling disorder. For the month of December we serviced 9 client for Gambling Residential Services

COVID Cases

In the month of December the SUD Department reported a total of 38 positive COVID cases and no death. In addition, of the number of positive COVID cases, 19 of the individuals reported they were full vaccinated and we serviced 9 individuals at one of our 3 COVID sites.

Staff Cases	Client Cases	Deaths	Staff Death	Vaccinated	Quarantine	Hospitalizations
3	35	0	0	19	9	0

SUD Special Site Visit

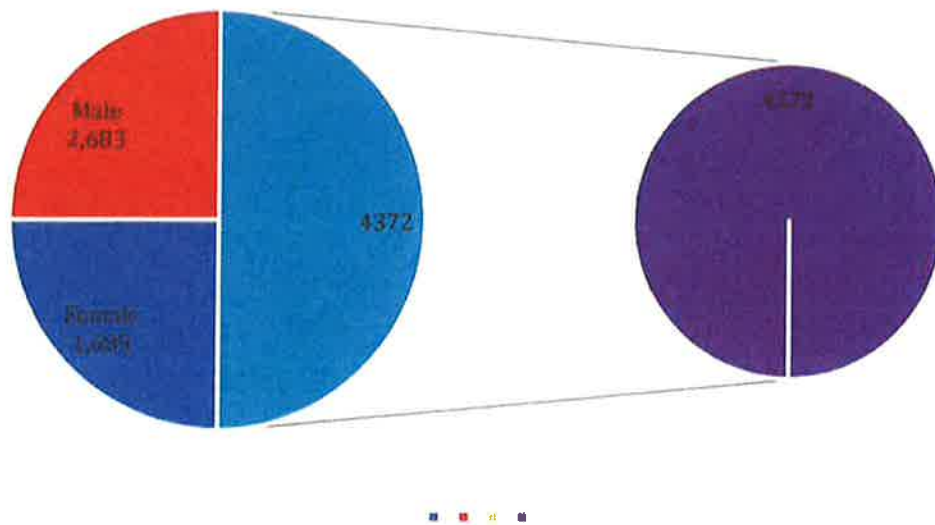
The 2021 Special Site Visits Virtual Review were completed in the month of October and final notifications were emailed in December . The SUD treatment team has sent out notices for corrections and/or findings. The finalized reviews are below

Date	Agency	Type	Pass/Fail	CAP	Comments	
9/30/2021	Abundant Community	SOR II and NCE	P	No	Abundant did well on the review however, several GPRA surveys was incomplete	Matthew Yascolt
9/30/2021	ACCESS	SOR II and NCE	P	No	Provider should develop more partnerships	Matthew Yascolt
9/30/2021	CCMO - Center for Youth and Families	SOR NCE	P	No	Lack partnerships due to COVID related issues	Matthew Yascolt
9/30/2021	City of Westland - YAP	SOR II and NCE	P	No	Significant problems with programming due to COVID related concerns	Matthew Yascolt
9/30/2021	CLASS Agency	SOR II	P	No	Reports are untimely, Provider is did not submit timely reports as required by DWIHN	Matthew Yascolt
9/30/2021	CHAG	SOR II and NCE	P	No	No Findings	Matthew Yascolt
9/30/2021	DRP	SOR NCE	P	No	No Findings	Matthew Yascolt
9/30/2021	DRMM	SOR NCE	P	No	Significant issues with GPRA reporting	Matthew Yascolt
9/30/2021	Elmhurst Home	SOR NCE	P	No	Providers census was low and this effected the agency ability to provide service	Matthew Yascolt
9/30/2021	Growth Works	SOR NCE	P	No	No Findings	Matthew Yascolt
9/30/2021	Hegira Health	SOR II and NCE	P	No	Agency often request funding and failed to utilize requested funds	Matthew Yascolt
9/30/2021	Mariners Inn	SOR II and NCE	P	No	Mariners submission for billing was low	Matthew Yascolt
9/30/2021	New Light Recovery	SOR II and NCE	P	No	Provider need technical assistance in understanding the program process and expectations	Matthew Yascolt
9/30/2021	QBH	SOR II and NCE	P	No	Provider lack adequate staff and billing was untimely	Matthew Yascolt
9/30/2021	Sobriety House	SOR II and NCE	P	No	No Findings	Matthew Yascolt
9/30/2021	SOOAR	SOR II	P	No	No Findings	Matthew Yascolt
9/30/2021	The Youth Connection	SOR II and NCE	P	No	No Findings	Matthew Yascolt
9/30/2021	CCS	WSS	P	No	No Findings	Greg Lindsey
9/30/2021	DRRM	WSS	P	No	Provider must utilize FASD screening tool and Transportation tool	Greg Lindsey

9/30/2021	NLRC	WSS	P	No	No Findings	Greg Lindsey
9/30/2021	PNLH	WSS	P	No	Provider must utilize the FASD screening tool when appropriate	Greg Lindsey
9/30/2021	QBH	WSS	P	No	Lacked FASD screening tool, verification of staff license as employed as driver	Greg Lindsey
9/30/2021	Sacred H	WSS	P	No	No Findings	Greg Lindsey
9/30/2021	Star	WSS	P	No	No Findings	Greg Lindsey
9/30/2021	Begin S.	Recovery Housing	P	No	No Findings	Greg Lindsey
9/30/2021	DRP	Recovery Housing	P	No	No Findings	Greg Lindsey
9/30/2021	Elmhurst House	Recovery Housing	P	No	No Findings	Greg Lindsey
9/30/2021	Mariners Inn	Recovery Housing	P	No	No Findings	Greg Lindsey
9/30/2021	PNLH	Recovery Housing	P	No	No Findings	Greg Lindsey
9/30/2021	QBH	Recovery Housing	P	No	No Findings	Greg Lindsey

Number of SUD Admissions for Dec 2021

Number of SUD Admissions



Primary Drug Use

Drug	Number
Alcohol	1331
Crack/Cocaine	580
Heroin	2080
Marijuana	180

Providers Meeting: SUD continue to conduct bi-monthly providers meetings and our last providers meeting was held on January, 26, 2022, with updates from the IT, UM, and Quality departments.

MICAL: The State is transitioning the ASAM Level of Care application process to the Customer Relationship Module (CRM) of MICAL later this fall. As a result, the SUD Department will be responsible for reviewing and approving level of care for providers through this system. Providers will be able to submit their request for level of care certification through this system. The ASAM portion of MICAL will go live January 15 and the expectations is for the SUD Department to submit renewal application requests for approval to the state for final approval



DW IHN UTILIZATION MANAGEMENT MONTHLY REPORT
December 2021

1. Executive Summary

*****Full data for the month of December was not available at time of report. *****

- **Autism:** There were 238 authorization requests manually approved during the month of December. There were approximately an additional 121 authorizations approved via the auto approval process for a total of 359 approved authorizations. There are 2,198 cases currently open in the benefit.
- **Habilitation Supports Waiver:** There are 1,084 slots assigned to the DWIHN. As of 12/17/2021, 1028 filled, 56 open, for a utilization rate of 94.8%.
- **County of Financial Responsibility:** The total number of open COFR cases increased by 2% for the month of December.
- **Denials and Appeals:** For the month of December, there were no denials reported and one (1) appeal. There were seven (7) service authorization administrative denials and three (3) administrative appeal requests
- **General Fund:** There were 387 General Fund Authorization approvals as of 12/20/21.
- **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 40 MI Health Link authorizations received in December 2021. The number of MI Health Link admissions to inpatient, partial and CRU are also included in the Provider Network data.
- **Provider Network:** As of 12/20/21, the UM Team has managed a total of 440 admissions including Inpatient, MI Health Link, Partial Hospital and Crisis Residential. There were 1174 approvals for non-urgent, pre-service authorizations.
- **State Facilities:** There were 2 state hospital admissions and 1 discharge for the month and 70 NGRI consumers are currently managed in the community.
- **SUD:** There were 1325 SUD authorizations approved during the month of December compared to 2481 approved in November. UM reviewed 728 authorizations in December, compared to 1256 in November. Access and SUD Providers generated the remaining 597.
- **Administrative Denials:** During the month of December, the SUD team issued nine administrative denials compared to 0 the previous month. Providers have been granted concessions due to the issues with the FY 22 Modifier changes.
- **MCG:** As of December 20th, there were 671 individuals screened in Indica which is an average of 32 cases per day screened using the MCG Behavioral Health Guidelines. Projecting until the end of the month, the per day average will be very similar to November

II. **General Report**

*****Full data for the month of December was not available at time of report. *****

Utilization Management Committee

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

Autism Spectrum Disorder (ASD) Benefit

There were 238 authorization requests manually approved during the month of December. There were approximately an additional 121 authorizations approved via the auto approval process for a total of 359 approved authorizations. There are 2,198 cases currently open in the benefit. As a result of the recent RFP, two new autism providers began serving DWIHN members this month, Behavior Frontiers and Attendant Care.

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	238									
Auto Approvals	132	161	121									
Total Approvals	605	611	359									

*numbers are approximate as they are pulled for this report prior to when all data for the month is available. Specifically, data for December was pulled 12/17/21.

ASD Open Cases and Referral Numbers Per WSA*

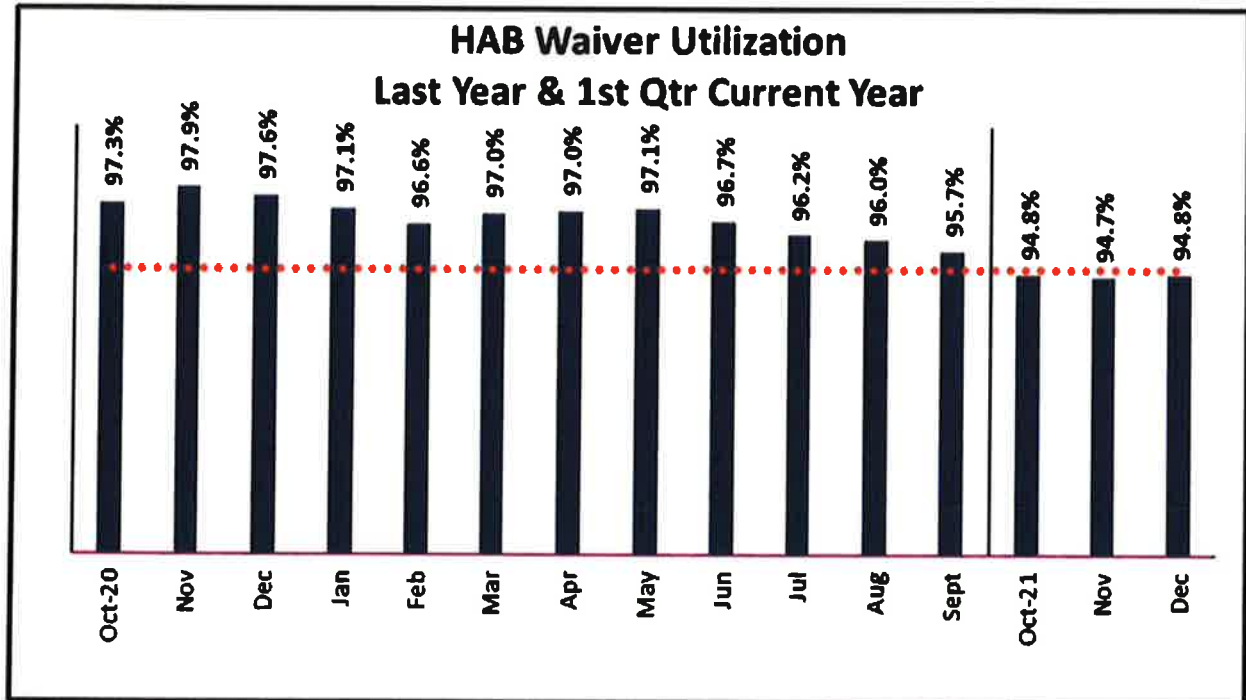
Fiscal Year To Date												
	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept
Open Cases	2130	2184	2198									
Referrals	98	47	Pending Update from the WSA									

*numbers are approximate as they are pulled for this report prior to when all data for the month is available. Specifically, data for December was pulled 12/17/21

Habilitation Supports Waiver

December Utilization (as of 12/17/2021)

HAB Utilization	December
Allocated	1,084
Used	1,028
Available	56
% Used	94.8



Program Details

Outcome Measurement	Dec
# of applications received	7
# of applications reviewed	7
# of app. Pended PIHP level for more information	1
#of pended app. resubmitted	
# of app. withdrawn	
Total of application sent to MDHHS.	6
Technical Assistants contacts	8
# of deaths/disenrollment's (recertification forms reviewed & signed)	8 (3 Deaths)
# of recertification forms reviewed and signed	11
# of recertification forms pended	8

The lower number of recertifications reflects our ability to extend the HSW level of care determinations without submitting actual recertification packets due to COVID Emergency flexibilities allowed under MDHHS's submission of an Appendix K exception to the Federal Government.

Utilization has experienced a slight decrease to below the mandated 95% usage due, primarily, to the large number of participant deaths experienced during this quarter.

Serious Emotional Disturbance Waiver (SEDW) December 2021

# of youth expected to serve in the SEDW for FY 22-22	65
# of active youth served in the SEDW, thus far for FY 21-22	56
# of youth currently active in the SEDW for the month of November	53
# of referrals received in November	11
# of youth approved/renewed for the SEDW in November	4
# of referrals currently awaiting approval at MDHHS	0
# of referrals currently at SEDW Contract Provider	14
# of youth terminated from SEDW in November	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	0

County of Financial Responsibility (COFR)

The COFR Committee continued to meet weekly for one (1) hour during the month of December. Weekly meetings are expected to continue ongoing.

	Adult COFR Case Reviews Requests	Children COFR Case Reviews Requests	Resolved	Pending*
December 2021	2	0	1	62

*This is a running total. Recommendations forwarded to Administration and pending determination

Previously 61 cases in November 2021.

*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

As of 12/20/21, there were 387 General Fund approvals. The General Fund Medication Assistance Program is in the process of being rolled out to the provider network. Trial runs of the program have involved consumers returning to the community after being discharged from Walter Reuther Psychiatric Hospital. This endeavor supports those members who are uninsured by providing coverage for medication for up to 90 days, while their Medicaid is being reinstated.

Denials and Appeals

For the month of December 2021, there were zero denials and one (1) medical necessity appeal to report. The appeal was upheld. Please note, full data for the month of December was not available at the time of this report.

	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	0									
Appeal	0	0	1									

Service Authorization Administrative Denials

During the month of December there were seven (7) service authorization administrative denials and three (3) administrative appeals. Two of the administrative appeals were overturned and one of the appeals was partially denied. Please note, full data for the month of December was not available at the time of this report.

Timeliness of UM Decision Making

Full data for the month of December is not available at the time of this report. Quarter 1 timeliness report will be reported next month.

State Hospital Liaison Activity Report

Hospital	Caro Center	Kalamazoo	Walter Reuther
Census	2	5	100
Wait List	0	2	6

Admissions	0	0	2
Discharges	0	0	1
ALS Status	0	3	67

- State hospital admissions continue to be restricted to forensic referrals. Community referrals remain wait listed and monitored by DWIHN to ensure case coordination and assessment of consumer needs. DWIHN continues to coordinate with community hospitals to review state hospital referrals and facilitate alternative options to state hospital admission.
- Three NGRI members were hospitalized in the community during this month. Liaison staff is working with the NGRI Committee to clarify protocols for NGRI community hospitalizations as limited state hospital bed availability and updated NGRI mandates have prevented immediate NGRI rehospitalizations to state facilities.

MI Health Link

Monthly ICO Authorization Report



Date Range 12/1/2021 thru 12/31/2021
 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		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
40	0	0	16	16	0	0	24	24

The data for December 2021 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.

As of 12/20/21, there were 40 MI Health Link authorizations received compared to 67 authorizations in November 2021, a 40.2% decrease. By ICO, there were 5 authorizations for Aetna, 4 for AmeriHealth, 7 for Michigan Complete Health (Fidelis), 9 for HAP Midwest and 15 for Molina. Out of the 40 MI Health Link authorizations reported, 100% of the requests were processed within the appropriate timeframes.

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

Provider Network

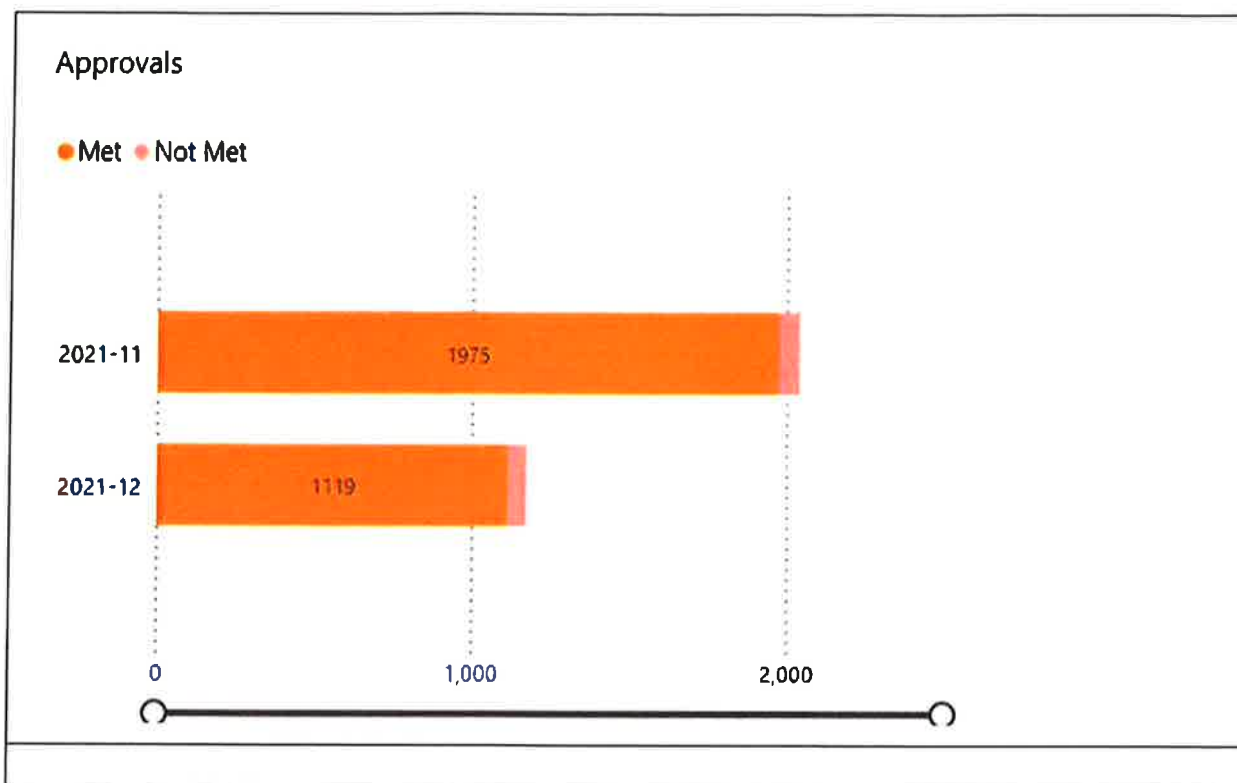
As of 12/20/21, the UM Team has managed a total of 440 members within the provider network. This includes Inpatient, MI Health Link, Partial Hospital and Crisis Residential. To date, there were 318 admissions for inpatient treatment reflecting a 43.2% decrease from the 560 inpatient admissions during November 2021. Out of the 318 members admitted for inpatient treatment in December, 18 readmitted within 30 days of a prior hospitalization, compared to 60 recidivistic members in November, denoting a 70% decrease. However, this data does not fully reflect the number of admissions nor the members who may readmit before the month's end. There were 49 Partial Hospital and 33 Crisis Residential admissions for adults and children. The two Adult Crisis Residential Units at Boulevard and Oakdale House continue to operate with nine beds available at both CRU providers. Only one location (Warren) of Safehaus remains open. The Grand Rapids and Rose City locations have been permanently closed.

The data outlined below reflects the number of admissions as of 12/20/2021:

- Inpatient: 318
- MHL: 40
- Partial: 49
- Crisis Residential (adults-24 and children-9): 33
- Total Admissions: 440
- Average Length of Inpatient admissions: 13

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

As of 12/20/21, there were 1174 approvals for non-urgent, pre-service authorizations. These are authorization requests that required manual review by UM Clinical Specialists. The chart below depicts the number of approvals (1174), those that were approved within 14 days of the request (1119) and the 55 authorizations that were approved beyond 14 days. For comparison, the number of approvals from November are also included. Out of the 1174 approvals, 95.32% were approved within 14 days of the request and 4.68% were approved 15 days or more after the submission. The FY 22 code changes have resulted in continued challenges for providers including issues with billing and use of the authorization only codes. UM continues its collaboration with the Claims Department, the Procedure Code Work Group and IT to help resolve the provider issues.



Data Source: Power-BI

Substance Use Disorder

SUD Authorizations

There were 1325 SUD authorizations approved during the month of December compared to 2481 approved in November. The data was collected on 12/21/2021 so any analysis is premature. UM reviewed 728 authorizations in December, compared to 1256 in November. Access and SUD Providers generated the remaining 597. There have been several system and user challenges with the FY 22 Modifier changes that continue that do impact authorization numbers. These are sent to the Procedure Code Work Group as they are discovered.

SUD Administrative Denials

During the month of December, the SUD team issued nine administrative denials compared to 0 the previous month. Providers have been granted concessions due to the issues with the FY 22 Modifier changes.

Medical Necessity Denial

There were no SUD medical necessity denials this month.

SUD Appeal Requests and Appeal Determination Forms

There was one a SUD administrative appeal received during the month. Administrative appeals have a 30-day response time and will be responded to in a timely manner.

SUD Timeliness Dashboard

As of 12/20/21, there were 33 urgent authorizations. Out of the 33, 30 (90%) were authorized within 24 hours. There were 483 non-urgent authorizations and 478 (99%) were approved within 14 days. The service codes, H0018 and S9976, were still auto-approving at the provider level but this matter was recently corrected. Additionally, the NCQA UM timeliness standards were reviewed and clarified. Urgent authorizations must be processed within 72 hours of the request, and not 48 hours as previously indicated.

FY 22 Modifier Project-SUD/Special Projects

Providers continued to experience issues when attempting to bill for services. The PCWG and Billing Supervisor frequently assist in determining the origin of the problem along with the SUD team, who have assisted with modifying and entering authorizations. The issue of H0018 and S9976 auto-approving was corrected on December 17th. The volume of authorizations approved by SUD UM will likely increase next month due to this correction.

MCG

As of December 20th, there were 671 individuals screened in Indica which is an average of 32 cases per day screened using the MCG Behavioral Health Guidelines. This number is inclusive of those who met criteria or were diverted to lower levels of care. Projections for month's end will likely result in a similar per day average reported in November 2021.

IRR

IRR testing continues with new hires. The new UM Director received an overview of the Learning Management System and the MCG Behavioral Health Guidelines. IRR studies will be completed within 90 days of hire.

FY 21 Annual UM Evaluation

The templates for the Annual UM Evaluation were updated and emailed to the screening entities (COPE, TGC, TCC and New Oakland) with a due date of 12/21/2021. Internal DWIHN staff that contribute to the UM Annual Evaluation were also notified via email of their respective sections for completion. In addition to many of the internal UM staff sections, as of the writing of this report, we have received COPE's evaluation

After a meeting with Access, and UM leadership, it was determined that the Access/Call Center will not need to complete a UM Evaluation as this function is no longer delegated.

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 20-49R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 1/19/2022

Name of Provider: Neighborhood Serv. Organizatio

Contract Title: OBRA/PASARR Services

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 1/12/2022

Proposed Contract Term: 4/1/2022 to 3/31/2023

Amount of Contract: \$ 6,687,360.00 Previous Fiscal Year: \$ 4,516,480.00

Program Type: Continuation

Projected Number Served- Year 1: 579 Persons Served (previous fiscal year): 1111

Date Contract First Initiated: 10/1/2015

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 approval of an one year contract extension for an estimated amount of \$2,229,120. This action would extend the OBRA/PASARR contract with Neighborhood Services Organization for one additional year commencing on April 01, 2022 through March 31, 2023. The cost of the one year extension is \$2,229,120; thus increasing the total cost of the contract to \$6,687,360.

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

June 2018 MDHHS placed NSO on a corrective action plan for issues regarding the quality of assessments submitted.

Source of Funds: Other

Fee for Service (Y/N): Y

Revenue	FY 22/23	Annualized
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Federal grant	\$ 6,687,360.00	\$ 6,687,360.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 6,687,360.00	\$ 6,687,360.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64933.826155.02626

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: Wednesday, December 22, 2021

Signed: Wednesday, December 22, 2021

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 21-13R3 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 1/19/2022

Name of Provider: Wayne County

Contract Title: Department of Health, Human & Veterans Services

Address where services are provided: 500 Griswold Street #10, Detroit, Michigan 48226

Presented to Program Compliance Committee at its meeting on: 1/12/2022

Proposed Contract Term: 10/1/2020 to 9/30/2021

Amount of Contract: \$ 11,190,000.00 Previous Fiscal Year: \$ 14,050,000.00

Program Type: Continuation

Projected Number Served- Year 1: 3,060 Persons Served (previous fiscal year): 4,375

Date Contract First Initiated: 1/1/1998

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 approval to amend the contract with The Third Circuit Court (3CC), Clinic for Child Study and increase funding by \$940,000 in general fund dollars for the fiscal year ended September 30, 2021. The contract amendment will include the Youth Assessment Screening Instrument (YASI). This tool is used to predict risk for future court involvement, mental health concerns, adverse childhood experiences (ACES) items as well as youth strengths. The assessments will provide an early opportunity to determine the juvenile's strengths, the risk of recidivism, as well as any needs for mental health and/or substance use treatment. At its conclusion, the YASI assessment will assist with treatment and dispositional recommendations to the judge. Thus, approval would bring the total amount of the 3CC allocation to \$1,540,000.

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

Source of Funds: General Fund

Fee for Service (Y/N): N

Board Action #: 21-13R3

Revenue	FY 20/21	Annualized
Medicaid	\$ 4,000,000.00	\$ 4,000,000.00
General Fund	\$ 7,190,000.00	\$ 7,190,000.00
Total Revenue	\$ 11,190,000.00	\$ 11,190,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

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: Wednesday, December 15, 2021

Signed: Tuesday, December 14, 2021

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 21-69 R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 1/19/2022

Name of Provider: Children's Center of Wayne County Inc.

Contract Title: DWIHN Proposed General Fund Program Allocation

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 1/12/2022

Proposed Contract Term: 10/1/2020 to 9/30/2021

Amount of Contract: \$ 3,800,000.00 Previous Fiscal Year: \$

Program Type: Modification

Projected Number Served- Year 1: 5,000 Persons Served (previous fiscal year): 5000

Date Contract First Initiated: 5/25/2021

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 approval to amend the initial board action and include The Children's Center (TCC) Foster Care program. The Children's Center will provide non-Medicaid billable behavioral health services for children and young adults in an/or transitioning out of the foster care system.

No additional funds are requested as funds allocated to the other programs in the initial board action will be reallocated to the foster care program.

In addition, this board action is include the Wayne Health as the provider for the Mobile outreach unit. The initial board action did not specifically reference the provider.

DWIHN is requesting that funds can be re-allocated between these specific programs without board approval to reduce the risk of lapsing funds to MDHHS.

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

Source of Funds: General Fund

Fee for Service (Y/N): N

Revenue	FY 20/21	Annualized
General Funds	\$ 3,800,000.00	\$ 3,800,000.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 3,800,000.00	\$ 3,800,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

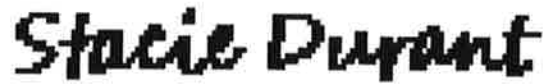
Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Monday, December 20, 2021

Signed: Monday, December 20, 2021

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 22-41 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 1/19/2022

Name of Provider: Starfish Family Services (MH)

Contract Title: Michigan Child Collaborative Care Program (MC3) and the Behavioral Health Consultant

Address where services are provided: 3000 Hiveley Road Inkster Mi 48141

Presented to Program Compliance Committee at its meeting on: 1/12/2022

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

Amount of Contract: \$ 79,922.00 Previous Fiscal Year: \$ 75,488.00

Program Type: Continuation

Projected Number Served- Year 1: 860 Persons Served (previous fiscal year): 824

Date Contract First Initiated: 6/1/2015

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 approval of a one year contract for an amount not to exceed \$79,922. The Michigan Child Collaborative Care Program and Behavioral Health Consultant Project provides behavioral health consultation for local primary care providers with MC3 child, adolescent and prenatal psychiatrists. Starfish Family Services provides local oversight, in collaboration with MC3 program, of the Behavioral Health Consultant as they implement MC3 in Wayne County as well as work in concert with other regional Behavioral Health Consultants. Note the State of Michigan identified the agency to provide the Behavioral Health Consultant.

Services include:

- Regional Outreach to eligible providers to ensure utilization of the MC3 program;
- Linkage between Primary Care Providers and MC3 Psychiatrist;
- Coordination of care for children, adolescents, and perinatal women;
- Behavioral Health Consultant provides consultation services in designated primary care site; and
- Collection of required data and local utilization to facilitate the project evaluation.

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

Source of Funds: Other

Fee for Service (Y/N): N

Revenue	FY 21/22	Annualized
Federal grant	\$ 79,922.00	\$ 79,922.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 79,922.00	\$ 79,922.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64933.822601.01021

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: Wednesday, December 1, 2021

Signed: Wednesday, December 1, 2021

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: BA #22-42 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 1/19/2022

Name of Provider: Elmhurst Home Inc.

Contract Title: Parenting Post-Partum Women Pilot

Address where services are provided: 'None'__

Presented to Program Compliance Committee at its meeting on: 1/12/2022

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

Amount of Contract: \$ 267,302.00 Previous Fiscal Year: \$ 0.00

Program Type: New

Projected Number Served- Year 1: 100 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 10/1/2021

Provider Impaneled (Y/N)?

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

The SUD is requesting approval of a one-year contract of the Parenting Post-Partum Women Pilot that has been awarded by MDHHS for \$267,302.00, in which \$223,456.00 will be allocated for treatment services, \$18,182.00 is for care coordination, and 1,364.00 is for GPRA and administrative cost total \$24,300.00. DWIHN, as the managed care organization, DWIHN will recruit Health Home Partners into their developing Opioid Health Home network to implement EBPs and support the needs of pregnant and parenting women and their families. Health Home Partners will include a family medical clinic, Opioid Treatment Programs. They will also provide care coordination and case management to help ensure that all the family's needs are met. The two providers selected to implement this program are Central City Integrated Health Network and Elmhurst/Naomi's Nest. The state of Michigan selected Central City Integrated Health, and DWINN selected Elmhurst /Naomi's Nest based on the population served.

The Authority has the discretion to allocate the funds among the providers based upon utilization as long as the total amount of the board action (i.e. contract amount) does not increase. As a result, budget may be decreased/increased among sub-recipients as long as overall budget does not change.

Providers are: **Elmhurst Home Inc** (\$121,501) and Central City Integrated Health (\$121,501).

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

Source of Funds: Block Grant

Fee for Service (Y/N): Y

Revenue	FY 21/22	Annualized
Federal Grant	\$ 267,302.00	\$ 267,302.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 267,302.00	\$ 267,302.00

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

Type of contract (Business/Clinical):

ACCOUNT NUMBER: 64932.826608.00000

In Budget (Y/N)?

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, December 17, 2021

Signed: Friday, December 17, 2021

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 22-43 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 1/19/2022

Name of Provider: WS University Physicians Group

Contract Title: Wayne Health-Mobile Outreach Clinic

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 1/12/2022

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

Amount of Contract: \$ 565,000.00 Previous Fiscal Year: \$ 672,000.00

Program Type: New

Projected Number Served- Year 1: 2,000 Persons Served (previous fiscal year): N/A

Date Contract First Initiated: 10/1/2020

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 approval of a one year contract for the fiscal year ended September 30, 2022 for an amount not to exceed \$565,000 with WS University Physicians Group, dba Wayne Health (WH). Wayne Health is a mobile outreach clinic partnering with DWIHN to provide physical health screening, COVID Testing, COVID vaccinations and behavioral health screening.

WH shall provide the qualified professionals, vehicles, equipment, and materials necessary to provide the Primary care services including treatment, preventative and outreach services on a schedule and at various locations throughout Wayne County.

The current plan is to have these events based upon a set schedule where DWIHN Behavioral Health team will accompany WH Primary care team to provide the services up to 2 days a week.

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 Fund	\$ 565,000.00	\$ 565,000.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 565,000.00	\$ 565,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64931.827206.06300

In Budget (Y/N)? Y

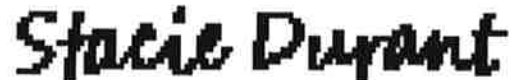

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Tuesday, January 4, 2022

Signed: Tuesday, January 4, 2022

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 22-44 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 1/19/2022

Name of Provider: Development Centers Inc.

Contract Title: Infant and Early Childhood Mental Health Consultation in Home Visiting(IECMHC-HV)

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 1/19/2022

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

Amount of Contract: \$ 53,913.00 Previous Fiscal Year: \$ 9,693.00

Program Type: Continuation

Projected Number Served- Year 1: 50 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 9/1/2021

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 approval of a one year contract for the fiscal year ended September 30, 2022 in the amount not to exceed \$53,913. Infant and Early Childhood Mental Health Consultation (IECMHC) is a prevention based, indirect intervention that teams a mental health professional with home visiting programs to improve the social, emotional and behavioral health of children. IECMHC helps home visitors understand the social and emotional development of children; identifying and addressing the mental health needs of young children and their parents; enhancing strategies with specific issues or cases; identifying appropriate referral resources; and increasing the capacity to link families to needed mental health services.

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

Source of Funds: Block Grant

Fee for Service (Y/N): Y

Revenue	FY 21/22	Annualized
Federal Grant	\$ 53,913.00	\$ 53,913.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 53,913.00	\$ 53,913.00

Board Action #: 22-44

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64933.822608.00917

In Budget (Y/N)?

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Friday, December 17, 2021

Signed: Wednesday, December 15, 2021