



Detroit Wayne Integrated Health Network

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PROGRAM COMPLIANCE COMMITTEE MEETING Wednesday, June 14, 2023 St. Regis Hotel, 1st Floor Conference Room 1:00 p.m. – 3:00 p.m.

AGENDA

- I. Call to Order
- II. Moment of Silence
- III. Roll Call
- IV. Approval of the Agenda
- V. Follow-Up Items from Previous Meeting
 - A. Residential Services – Provide an update on the Hawthorn move to Walter Reuther Psychiatric Hospital (WRPH)
- VI. Approval of the Minutes – May 10, 2023
- VII. Report(s)
 - A. Chief Medical Officer
 - B. Corporate Compliance - *None*
- VIII. Quarterly Reports
 - A. Access Call Center
 - B. Children's Initiatives
 - C. Integrated Health Care
- IX. Strategic Plan Pillar – *None*
- X. Mobile Crisis Presentation
- XI. Quality Review(s)
 - A. QAPIP Work Plan Update FY 23

Board of Directors

Kenya Ruth, Chairperson
Karima Bentounsi
Jonathan C. Kinloch

Dr. Cynthia Tauog, Vice-Chairperson
Lynne F. Carter, M.D.
Kevin McNamara

Dora Brown, Treasurer
Eva Garza Dewaelsche
Bernard Parker

William Phillips, Secretary
Angelo Glenn

Eric W. Doeh, President and CEO



XII. VP of Clinical Operation's Executive Summary

XIII. Unfinished Business

- A. **BA #23-01 (Revised)** – Multicultural Integration Programs FY 23
- B. **BA #23-07 (Revised 5)** – Provider Network System FY 23

XIV. New Business

(Staff Recommendations)

- A. **BA #23-66** – HPS Consulting Services for NCQA Accreditation – HPS Consulting, LLC
- B. **BA #23-68** – Juvenile Day Treatment Program – Team Wellness

XV. 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).

XVI. Adjournment

PROGRAM COMPLIANCE COMMITTEE

MINUTES

MAY 10, 2023

1:00 P.M.

IN-PERSON MEETING

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| MEETING CALLED BY | I. Dr. Cynthia Taueg, Program Compliance Chair at 1:14 p.m. |
| TYPE OF MEETING | Program Compliance Committee |
| FACILITATOR | Dr. Cynthia Taueg, Chair |
| NOTE TAKER | Sonya Davis |
| TIMEKEEPER | |
| ATTENDEES | <p>Committee Members: Dr. Lynne Carter; Commissioner Jonathan Kinloch; Bernard Parker; and Dr. Cynthia Taueg</p> <p>Committee Member Excused: William Phillips</p> <p>Board Members – Kenya Ruth (Board Chair) and Angelo Glenn</p> <p>SUD Board Chair: Tom Adams</p> <p>Staff: Brooke Blackwell; Jacquelyn Davis; Judy Davis; Dr. Shama Faheem; Monifa Gray; Deabra Hardrick-Crump; Sheree Jackson; Marianne Lyons; Melissa Moody; Ebony Reynolds; Manny Singla; Andrea Smith; and Brandon Taylor</p> <p>Staff (Virtual): Eric Doeh; Stacie Durant; and Shirley Hirsch</p> |

AGENDA TOPICS

II. Moment of Silence

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

III. Roll Call

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| DISCUSSION | The Chair called for a roll call. |
| CONCLUSIONS | Roll call was taken by Lillian Blackshire, Board Liaison at 1:14 p.m. and there was a quorum. |

IV. Approval of the Agenda

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| DISCUSSION/ CONCLUSIONS | The Chair called for a motion to approve the agenda. Motion: It was moved by Mr. Parker and supported by Commissioner Kinloch to approve the agenda. Dr. Taueg asked if there were any changes/modifications to the agenda. There were no changes/modifications to the agenda. Motion carried. |
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V. Follow-Up Items from Previous Meetings

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| DISCUSSION/ CONCLUSIONS | <p>A. Quarterly Report (Adults Initiatives) –</p> <ol style="list-style-type: none"> 1. Ensure all providers are offered the Med Drop program – Marianne Lyons, Director of Adults’ Initiatives informed the committee that an email regarding the Med Drop program was sent to all providers on April 26, 2023. 2. Revise the Pillars of Hope to include “Access” – Marianne Lyons, Director of Adults’ Initiatives informed the committee that the Pillars of Hope has been revised to include “Access to Services”. <p>The Chair opened the floor for discussion. Discussion ensued.</p> |
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VI. Approval of the Minutes

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| DISCUSSION/ CONCLUSIONS | <p>The Chair called for a motion to approve the April 12, 2023 meeting minutes. Motion: It was moved by Commissioner Kinloch and supported by Mr. Parker to approve the April 12, 2023 meeting minutes. Dr. Taueg asked if there were any changes/modifications to the April 12, 2023 meeting minutes. There were no changes/modifications to the meeting minutes. Motion carried.</p> |
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VII. Reports

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| DISCUSSION/ CONCLUSIONS | <p>A. Chief Medical Officer – Dr. Shama Faheem, Chief Medical Officer submitted and gave an update on the Chief Medical Officer’s report. Dr. Faheem reported:</p> <ol style="list-style-type: none"> 1. Behavioral Health Education and Outreach – DWIHN continues outreach efforts for behavioral health services. The May 2023 “Ask the Doc Newsletter” will address the importance of mental health, common warning signs and coping strategies for Mental Health Awareness Month. 2. DWIHN Crisis Continuum Updates – 707 Crisis Care Center – Construction is going in a timely manner and the anticipated start date is October 1, 2023. Bulk hiring is expected in June/July 2023, most of the job descriptions are completed and positions have been posted; a draft staffing plan has been established with ongoing changes based on the State’s draft guidelines; and a draft list of staff trainings have been created. The Credentialing process for new hires have been expedited. State requirements as well as JAHCO accreditation requirements are reviewed; draft versions of over 60 policies have been created and consents are being finalized. The Crisis Module for DWIHN is being developed by Peter Chang Enterprises (PCE); draft versions and requirements have been submitted and some are ready for review. A draft version of the operational budget has been created and discussions on codes that are applicable to the setting; draft workflows, criteria, and staffing requirements are being developed for the Crisis Care Center. A Mobile Crisis Director has been hired for the Mobile Crisis Response; bulk hiring is expected in June/July 2023; and job descriptions are being created. Consents and assessment drafts are being created by PCE; the cost of mobile vehicles is being worked on by Finance; and a policy and procedure’s list is being established based on the State’s guidelines 3. Quality Department – Indicator 2a (Access of Services or Biopsychosocial within 14 days of Request) increased from Q4 FY22 (44.6%) to Q1 FY 2023 (45.15%). DWIHN met the standards for Indicator 1(Children and Adults), Indicator 4a (Children and Adults), Indicator 4b (SUD) and Indicator 10 (Children and Adults) and ongoing efforts will continue to try and achieve |
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these rates during future quarters. A side-by-side comparison of FY 22 and Q1 FY 23 Performance Indicator trends were presented to the committee. *March/April 2023 Survey* – 310 Home and Community Based Services (HCBS) surveys needed to be completed by May 5, 2023 and as of the date of this report (5/4/23), 99% of surveys have been completed. *Non-responders on Heightened Scrutiny* – Providers that did not respond to the survey in the past were given a second chance to complete the survey and were found to not meet HCBS requirements. Remediation work was completed with the providers and after a review by MDHHS, they were placed on Heightened Scrutiny (HS) because the evidence was not clear if they were HCBS compliant. All virtual Reviews with a MDHHS' Representative must be completed by June 23, 2023.

4. **Integrated Health Care (IHC) Department – Omnibus Budget Reconciliation Act/Pre-Admission Screen Annual Resident Review (OBRA/PASRR)** – April 1, 2023, DWIHN will be providing OBRA Assessment Services. The current number of referrals in a 14-day queue is 380.

The Chair opened the floor for discussion. Discussion ensued. The committee requested a more detailed report on Mobile Crisis at the next meeting. **(Action)**

- B. **Corporate Compliance** – Sheree Jackson, Corporate Compliance Officer, submitted and gave an update on the Corporate Compliance report. Mrs. Jackson reported:

1. **Investigations** – FY 23, Q2 – There were 12 new referrals from the Office of Inspector General (eight (8) were previous investigations that required additional follow-up). The department completed nine (9) investigations/reviews which were initiated in the first quarter resulting in recoupment totaling \$26,408.89 and impacted 12 DWIHN members.
2. **Policies and Procedures/Trainings** – Compliance Training was provided to 67 DWIHN's staff that onboarded between January 1 – March 31, 2023. A Conflict of Interest Training with the SUD Oversight Policy Board will be given during Q3. During Q3, Compliance trained two other PIHPs on standardizing their process for conducting investigations and will be presenting the DWIHN Compliance Practices nationally. All Compliance trainings, internal staff trainings and board trainings will be updated to reflect the requirements of the ICOs.
3. **Mitigation Strategies** – The Clinical Practice Improvement (CPI) department is hosting a round of provider trainings on the plan of service and documentation requirements for members (key areas of non-compliance identified by the Compliance department). If a provider has a substantiated complaint identifying fraud, waste, abuse or fails to meet the requirements of HCBS, a sanction process to ensure remedial action is taken will be enforced.

The Chair opened the floor for discussion. Discussion ensued.

The Chair noted that the Chief Medical Officer and the Corporate Compliance reports have been received and placed on file.

VIII. Quarterly Reports

- A. **Autism Spectrum Disorder (ASD)** – Ebony Reynolds submitted and gave highlights of the Autism Spectrum Disorder's quarterly report. Ms. Reynolds reported that DWIHN served a total of 2,280 children, youth and families in the ASD Benefit program (ages -21 years old). The ASD department, Wayne County pediatricians and Head Start program coordinated to improve referrals from pediatrician offices early last year and improved earlier access to screening and

diagnosis. There was an average of 162 scheduled diagnostic evaluations with the highest amount of 176 appointments in October and November 2022. DWIHN has opened a Request for Qualification (RFQ) to add additional providers to the qualified list due to the steady growth in early screening and diagnosing children with ASD. There are currently 16 Autism providers and 36 locations. *Major Department Initiatives* – Improved communication between the CRSPs and ABA Providers and surveyed DWIHN’s network to determine immediate capacity to deliver services with the goal of meeting access and timeliness standards. *Achieved Goals, Accomplishments and Recognitions* – The Autism department supported seven (7) children in need of ABA therapy that were residing in foster care, hospital or shelter settings; A third provider for Initial Diagnostic Evaluations have allowed the Access Call Center to schedule within 14 days of the request for service; Initial Diagnostic Evaluation reports continue to be provided to beneficiaries within 10 calendar days for a diagnosis and 7 days for a rule out of Autism; DWIHN continues to support ABA providers to ensure members are engaged in ABA services and offers support in linking children and families to providers with current availability to avoid delays in treatment. Dr. Taueg opened the floor for discussion. Discussion ensued.

- B. **Managed Care Operations** – Brandon Taylor, Director of Managed Care Operations submitted and gave highlights of the Managed Care Operations’ quarterly report. Mr. Taylor reported that the departmental standards are to provide excellent customer service to providers, internal departments and external organizations; develop and maintain efficient operations; and comply with and/or exceed regulatory accreditation and ICO standards. The department manages over 400 contracts and credentialing and re-credentialing of over 4,000 providers/practitioners. Providers continue to be challenged with staffing shortages. The impact of staffing shortages is being closely monitored by DWIHN’s CRSP meetings and Access Committee meetings and strategies are being developed to address the issue. RFPs are used as a strategy to recruit providers/programs in significant shortage. There were 11 closures during Q2, FY 22-23. Staff meets with network providers in regular intervals to exchange pertinent information and to ensure that quality standards are being adhered to; and meets weekly with Medversant to identify and provide root cause analyses on credentialing concerns. The department has implemented several network initiatives to address network challenges. Dr. Taueg opened the floor for discussion. Discussion ensued.
- C. **Residential Services** – Shirley Hirsch, Director of Residential Services submitted and gave a report on the Residential Services’ quarterly report. Ms. Hirsch reported on a side-by-side quarter comparison of residential referrals for FY 22 (546) and FY 23 (569) received by DWIHN. There were eight (8) members who aged out of foster care in FY 22 and 10 members in FY 23. There were 2,923 residential authorizations processed in FY 22, and 2,804 in FY 23 (2,358 approved in less than 14-day standard). Ms. Hirsch informed the committee that the State announced that the Hawthorn Center is going to be renovated starting in June or July 2023 and the children will be transferred to the first two (2) top floors of Walther Reuther Psychiatric Hospital (WRPH). The facility will be under construction for almost two years to house 180 adults’ beds and 80 children’s beds. DWIHN will be assisting in the discharging of the children to WRPH. Dr. Taueg opened the floor for discussion. Discussion ensued. The committee requested an update on the Hawthorn move to WRPH once completed. **(Action)**
- D. **Substance Use Disorder** – Judy Davis, Director of Substance Use Disorder services submitted and gave an update on the Substance Use Disorder Services’

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| | <p>quarterly report. Mrs. Davis reported that in Q2 (FY 21), there was an increase in drug overdose and learned that heroin is being contaminated with fentanyl which is a very potent substance that results in overdose and in many cases death. In Q2 (FY21), there were 260 overdose deaths and in Q2 (FY 22), there were 174 deaths in Michigan and 631 Naloxone kits were distributed. DWIHN utilizes the State Opioid Response (SOR) program, Fentanyl test strips, Naloxone trainings, and the SUD Mobile Unit to address some of the gaps in treatment services as well as programs for women and children who have been exposed to opioids. In March 2021, the Screening Brief Intervention and Referral to Treatment (SBIRT) in the Emergency Room program was implemented to address the overdose deaths in Wayne County and Michigan. The pilot program was first started with Sobriety House and DMC. Since implementation of this program, over 1,000 individuals have been screened in the emergency department; over 700 were referred and admitted into residential treatment (67%). Hutzel Hospital's Neonatal department, Karmanos, Sinai Grace Hospital and Henry Ford Kingswood also utilize the SBIRT program. There are seven (7) opiate treatment programs in the network that provide Methadone services; 54% of them were between the ages of 36 to 59 years of age; 65% were men and 88% were African Americans. There are 3,004 members that are currently participating in the opiate treatment program; 54 members have been in the program for over 12 months; and 2,563 are receiving take home medication due to them being compliant with the program. Quality Behavioral Health, a DWIHN provider, has received a grant from MDHHS to implement our first Mobile Methadone Unit Clinic, which will be launched in June 2023. There are three locations to start this implementation (Mack and Bewick, Gratiot and E. Grand Blvd. and Michigan and Oakdale in Canton) which have been identified as areas of high overdose of opiates. DWIHN's SOR Mobile Unit continues to provide screening, referral and peer services and harm reduction services via the mobile unit. The number of levels of care treatment services people received for Q1 and Q2 were stable and the majority that received SUD services also received residential services. For Q2, there were 6,082 individuals that initiated treatment in 14 days and 2,759 received at least two contacts in those 30 days. Staff continue to monitor the SUD data to collect and fund areas where intervention is needed. Dr. Taueg opened the floor for discussion. Discussion ensued. The committee requested that some hospitals on the eastside of Detroit be included in the SBIRT program. (Action) The committee also requested that the success rates of the programs be included in future SUD quarterly reports. (Action)</p> <p>The Chair noted that the Autism Spectrum Disorder, Managed Care Operations, Residential Services and the Substance Use Disorder Services' quarterly reports have been received and placed on file.</p> |
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IX. Strategic Plan Pillar

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| DISCUSSION/ CONCLUSIONS | <i>There was no Strategic Plan Pillar to review this month.</i> |
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X. Quality Review(s) -

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| DISCUSSION/ CONCLUSIONS | <i>There are no Quality Review(s) to review this month.</i> |
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XI. VP of Clinical Operations' Report

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| <p>DISCUSSION/ CONCLUSIONS</p> | <p>Melissa Moody, VP of Clinical Operations submitted and gave an update on the VP of Clinical Operations report. Mrs. Moody reported:</p> <ul style="list-style-type: none">A. Adult Initiatives – Staff is working with DWIHN’s adult providers on the Patient Health Questionnaire Initiative to ensure that the PHQ-9 (A screening tool to assess for depression and the severity of depression) is being given not only during intake but every 90 days. In April, there was 100% completion of the questionnaires during intake and for the 90 days, we are at 81.2%. <i>LOCUS Assessments</i> – A level of care, utilization system, tool that we use to assess a person’s current mental health, to determine the intensity of needs that individual requires. DWIHN’s ultimate goal is to be able to connect people to community resources and they can consider to continue their recovery and maintenance within the community as well.B. Children’s Initiatives – <i>Child and Adolescent Functional Assessment Scale (CAFAS)</i> – Assess functioning across critical life domains and yield a total score and subscale scores for children 7-21 years of age. FY 22, the average was a 75.9% CAFAS score and in FY 23, with those same individuals, the score was 61.4%, which is a good decrease in the level of severity on that functional scale. <i>Juvenile Detention Facility (JDF) Treatment Services</i> – DWIHN is working with the Care Management Organizations (CMOs) at Havenwyck Hospital on a program for youths that require hospitalization and may need a longer-term service or hospitalization. This will be a partnership between DWIHN, CMOs and the Juvenile Detention Facility to assist some of those that need a higher level of care outside of that facility. The expected starting month is October 2023. <i>Team Wellness</i> – DWIHN is collaborating with Team Wellness to look at those adjudicated youths within the JDF and providing more intensive mental health support, education, recreational activity, skill building and community living support.C. Integrated Health Care (IHC) - The Behavioral Health Home and Opioid Health Home continue to see increases in participation. DWIHN just recently met the pay-for-performance outcomes for both programs through the State. DWIHN continues to enroll new members every quarter for both programs. <i>Certified Community Behavioral Health Clinic – State Demonstration</i> – The Guidance Center had to meet six (6) different outcomes in order to meet the pay-for-performance and they met all six measures from the State’s benchmarks. There will be more detailed information provided in Mr. Doeh’s report to the Executive Committee.D. Wayne State University (WSU) – DWIHN is working on a partnership with WSU (due to the workforce shortages) to get our Peer Support Specialists, and Peer Recovery Support Specialists to go back to school to give them more education, certification or a degree in case management. They would be able to intern at our provider agencies and not have to find internship outside of where they are currently working, which was previously not allowed. This will include guaranteed tuition for families making less than \$70,000.00 a year. The Chair opened the floor for discussion. Discussion ensued. |
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XII. Unfinished Business

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| DISCUSSION/ CONCLUSIONS | <p>A. BA #21-64 (Revised) – COVID Supplemental – Staff requesting board approval to amend this board action to add \$424,138.00 per Amendment #1 of the Michigan Department of Health and Human Services award to Detroit Wayne Integrated Health Network (DWIHN). The additional federal grant fund revenue represents MDHHS’ approval of COVID-19 carryover funds from FY 22. The revised allocation will be \$1,017,914.00. The Chair called for a motion on BA #21-64 (Revised). Motion: It was moved by Mr. Parker and supported by Dr. Carter to move BA #21-64 (Revised) to Full Board for approval. Dr. Taueg opened the floor for discussion. There was no discussion. Motion carried.</p> <p>B. BA #23-07 (Revised 4) – Provider Network System FY 23 – Additional Provider Added – Staff requesting board approval to add a new provider to the DWIHN’s provider network and requires no budget increase due to re-allocation of funds within the total budget. The Chair called for a motion on BA #23-07 (Revised 4). Motion: It was moved by Dr. Carter and supported by Mr. Parker to move BA #23-07 (Revised 4) to Full Board for approval. Dr. Taueg opened the floor for discussion. There was no discussion. Motion carried.</p> <p>C. BA #23-27 (Revision 3) – Substance Use Disorder (SUD) Treatment Services Network FY 23 – Staff requesting board approval for \$155,000.00 in PA2 funding to continue providing community SUD annual conferences. The conferences are aimed at educating and bringing awareness to important topics. The Chair called for a motion on BA #23-27 (Revision 3). Motion: It was moved by Mr. Parker and supported by Commissioner Kinloch to move BA #23-27 (Revision 3) to Full Board for approval. Dr. Taueg opened the floor for discussion. There was no discussion. Motion carried.</p> <p>D. BA #23-57 (Revision 2) – BizAnalytix Technologies, LLC – Staff requesting board approval to amend this board action to modify the contract to the original request by adding consulting services to support DWIHN’s Information Technology department for a period of 12 months in the amount of \$96,000.00. The revised total for this contract will be \$243,600.00. The Chair called for a motion on BA #23-57 (Revised 2). Motion: It was moved by Dr. Carter and supported by Commissioner Kinloch to move BA #23-57 (Revision 2) to Full Board for approval. The Chair opened the floor for discussion. There was no discussion. Motion carried.</p> |
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XIII. New Business: Staff Recommendation(s)

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| DISCUSSION/ CONCLUSIONS | <p>1. BA #23-52 - Western Wayne Therapeutic Recreation FY 23 – Staff requesting board approval for an agreement between Detroit Wayne Integrated Health Network (DWIHN) and the Township of Canton Department of Leisure Services Therapeutic Recreation in the amount of \$75,000.00 The program specifically provides positive and appropriate skill-building and leisure services to individuals with disabilities including Intellectual and Developmental Disabilities (I/DD), Serious Emotional Disturbance (SED) and Serious Mental Illness (SMI) within Wayne County. The Chair called for a motion on BA #23-52. Motion: It was moved by Commissioner Kinloch and supported by Dr. Carter to</p> |
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| | move BA #23-62 to Full Board for approval. The Chair opened the floor for discussion. Discussion ensued. Motion carried. |
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XIV. Good and Welfare/Public Comment

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| DISCUSSION/ CONCLUSIONS | <i>There were no comments for Good and Welfare/Public Comment. .</i> |
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| ACTION ITEMS | Responsible Person | Due Date |
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| 1. Chief Medical Officer’s Report – Please provide a more detailed report on Mobile Crisis at the next meeting | Dr. Faheem | June 14, 2023 |
| 2. Residential Services – Please provide an update on the Hawthorn move to WRPB | Dr. Faheem | June 14, 2023 |
| 3. Substance Use Disorder’s Quarterly Report: A. Please make sure that some hospitals on the eastside of Detroit be included in the SBIRT program. | Judy Davis | TBA |
| B. Please include the success rates of the programs in future SUD quarterly reports. | Judy Davis | August 9, 2023 |

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

ADJOURNED: 3:13 p.m.

NEXT MEETING: Wednesday, June 14, 2023 at 1:00 p.m.

**Program Compliance Committee Meeting
Chief Medical Officer's Report
Shama Faheem, MD
June 14, 2023**



Behavioral Health Education and Outreach:

DWIHN has continued outreach efforts for behavioral health services

- Ask the Doc Newsletter on Mental Health Awareness Month completed addressed the importance of mental health, common warning signs and coping strategies.
- Ask the Doc Digital recorded addressing mental health concerns in athletes.

State Hospital Update:

As previously mentioned, MDHHS has announced the location of a new inpatient psychiatric hospital located at the current site of Hawthorn Center, 18471 Haggerty Road in Northville Township. The new hospital is being made possible by a \$325 million FY23 budget allocation by Gov. Gretchen Whitmer and the legislature. The two facilities serve nearly 200 patients and are among the state's five inpatient psychiatric hospitals for individuals who have severe mental illness or intellectual and developmental disabilities. The State is now well in to the design phase of a 264-bed facility that will house 80 children/adolescents and 184 adults.

Hawthorn site is temporarily closing and the children at Hawthorn will be accommodated at Walter Reuther Psychiatric Hospital (WPSH) for the next 2-3 years. The current youth are expected to be transferred there in between June 28th-July 5th.

Information from the State Director Dr. Mellos, indicate that multiple accommodation and measures have been taken to get the space ready for the youth:

1st and 2nd floor of the hospital is renovated to accommodate the youth. 1st floor will have the School and the Recreational unit. 2nd floor will have the living and dining area for the youth that are totally separate from adults. There are separate elevators and separate kitchen for the youth.

The outdoor space and gym area are common but a separate scheduling department is created to strictly coordinate the separate use and timing of the common areas.

Phase 1 includes move of 32 youth to WPSH between June 28th-July 5th. Phase 2 will include more work on the 3rd floor before it is ready as a living and dining area for additional youth with the expectation of a 60-bed capacity before the end of the year.

I have also requested a tour of WRP which will happen in later part of July.

DWIHN Crisis Care Center

707 Crisis Care Center:

CSU: 12 adult (6 recliners, 6 beds), 6 child (beds)

CRU: 15 adult beds

Peer Respite Program (Pilot): 6 beds

Peer Respite Program: Building Empowerment Support Transition (B.E.S.T) Program

Goal: It is the purpose of Detroit Wayne Integrated Network (DWIHN)- Crisis Care Center (C3) to ensure individuals who enter the DC3, develop self-sufficiency skills in navigating their mental health wellbeing post-crisis. DWIHN C3 plans to offer BEST program which is a peer run residential providing non-clinical crisis supports to help people find new understanding and ways to move forward after a crisis in a safe environment surrounded with people who have similar lived experiences.

Description: BEST is a peer run residential setting for individuals who have entered DC3 and have completed their Crisis Stabilization and/or Crisis Residential admission but are not ready for community

discharge. It can be overwhelming for individuals to transition back into the community after experiencing a behavioral health crisis. This transitional time will allow individuals to implement the crisis skills they learned in Crisis Stabilization and/or Crisis Residential Units and to develop self-sufficiency skills. In addition, this time can solidify after care treatment, appointments, and concrete needs. Often, individuals once discharged from care, may have limited resources in maintaining their continuity of care. The BEST unit will assist with inculcating therapeutic and self-independence skills, providing warm transfer to SUD/mental health services, housing and employment resources, and community-based support systems related to individuals personal interest.

Staffing: The BEST unit will be staffed 24/7 by Peer Support staff. Individuals will receive support and encouragement from those who have experience and are still navigating through their own wellbeing. Thus, Peer Support Staff will provide real-life experiences, their knowledge of vast community-based services, support groups and provide hands on assistance to help individuals with their concrete needs. While the BEST unit is staffed by Peer Support staff, it will be overseen daily by Clinical Shift Supervisor with Crisis Residential Unit RN and Unit Administrator. The individuals accepted at the BEST Program will identify measurable goals for the stay at the unit within 24 hours of admission. Those goals will be reviewed daily by the Peer support staff for completion.

Outcomes: Success of the programs will be measured by:

Primary Outcomes:

- The individuals will meet the admissions goals identified for the BEST program at the time of discharge
- Discharge survey will indicate satisfaction.

Other Expected Outcomes that will be tracked:

- Expected improvement in Inpatient, CSU and CRU Recidivism rate for the individuals attending BEST program- measure for at least 2 months after discharge.
- Improved Compliance with Follow-up after discharge appointments and care

Monthly 707 C3 Updates:

Care Center Project Plan is reviewed daily.
 151 tasks have been completed 100%
 82 tasks have been started and are 55-99% complete
 68 tasks have been started and are 10-50% complete
 70 tasks have not been started

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| Facilities | Construction is going timely. Generator is expected now in November. Certificate of occupancy is dependent on it. Equipment and various other vendors such as food service, telephone/fax, pharmacy and lab are been explored. RFP process has started. |
| HR | Updated Draft Staffing plan established with some ongoing changes based on State’s draft guidelines. Nursing administrator has been onboarded. Unit administrator interviews have begun. Office administrator position posted for the approval of the staffing plan. Unit administrator and Quality Director completed CIT instructor training. Nurse |

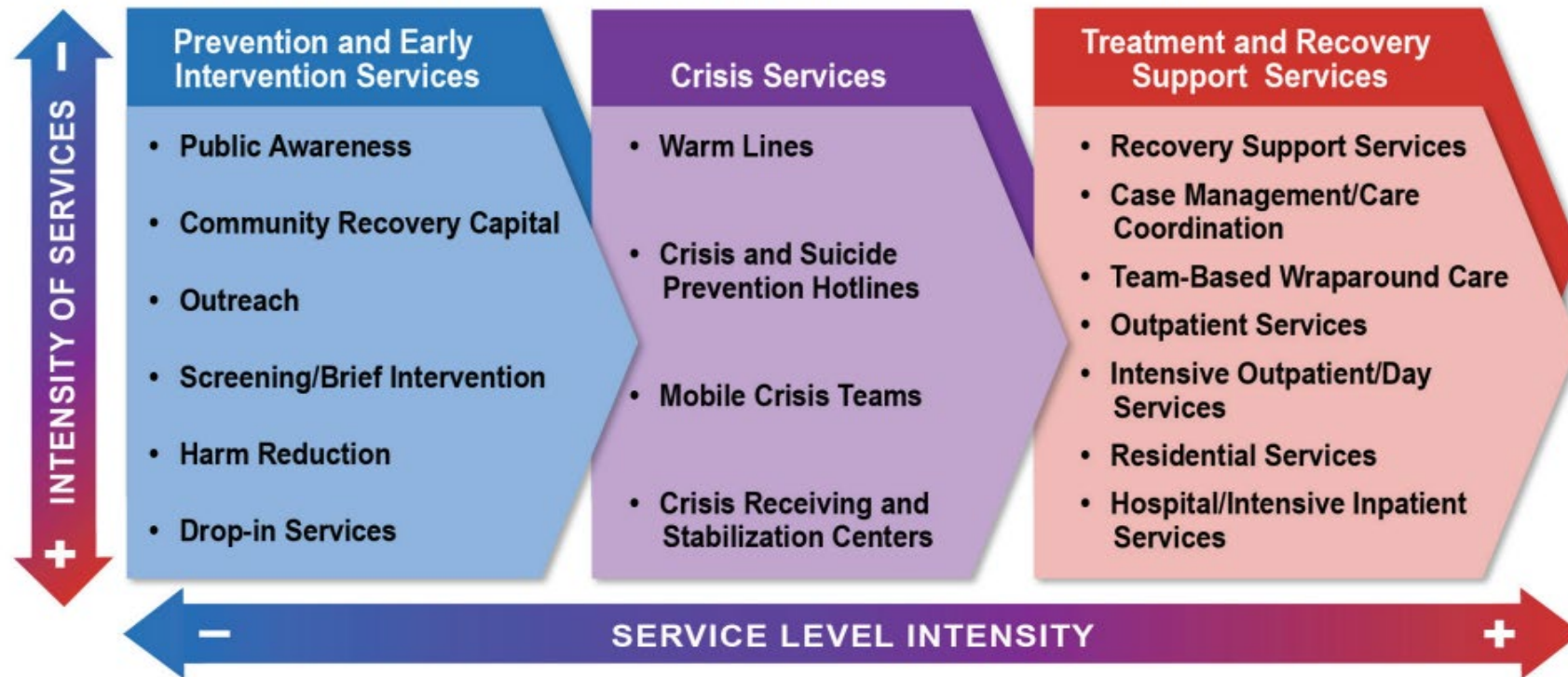
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| | <p>administrator waiting for approval to take training to be an instructor for CPR, including ACLS. Most of the job descriptions are completed. Bulk hiring expected in August/September/October</p> |
| Credentialing | <p>Developing expedited Credentialing process for new hires for Care Center. Also started the process to get credentialed by health plans.</p> |
| Quality Control, Policies and Procedures | <p>Policies are now being entered into Policystat. Consents with legal for approval. Assessing needs for certificates and licenses.</p> |
| IT/Electronic Health Record | <p>PCE is working on developing Crisis Module for DWIHN Versions and requirements of assessments such as Intake BH assessment, Nursing assessment, Triage form, Shift note, Progress note, Crisis Safety Plan, Medication Administration Record, Psychiatric evaluation, Psychiatric Progress Note, Bed Board with Bed availability have been created and several added in development mode Ongoing work in progress with PCE on remaining forms, notes and documents. Other IT equipment needs are being reviewed and assigned to IT department CPT codes have been discussed. Meeting on 6/7/23 to confirm use of codes to finalize and provide to PCE.</p> |
| Finance | <p>Draft version of Operational Budget created Started discussions on codes that are applicable to the setting. Codes will be finalized this week.</p> |
| Crisis Clinical Operations | <p>Draft work flows and SOPs created for each unit. 6 bed Pilot Project criteria, staffing requirements and SOPs being developed. Workflows and documentation are currently being created. The team is concentrating on workflows, processes, vendors, cert's and licensing. Moving to staffing needs such as job descriptions, interview questions, training model in the month of July.</p> |

CRISIS CONTINUUM AND MOBILE CRISIS RESPONSE

SHAMA FAHEEM, MD
CHIEF MEDICAL OFFICER
DWIHN

COMPONENTS OF BEHAVIORAL HEALTH CONTINUUM

Figure 1. Key Components of a Behavioral Health Continuum of Care



SAMHSA'S mission is to reduce the impact of substance use and mental illness on America's communities.

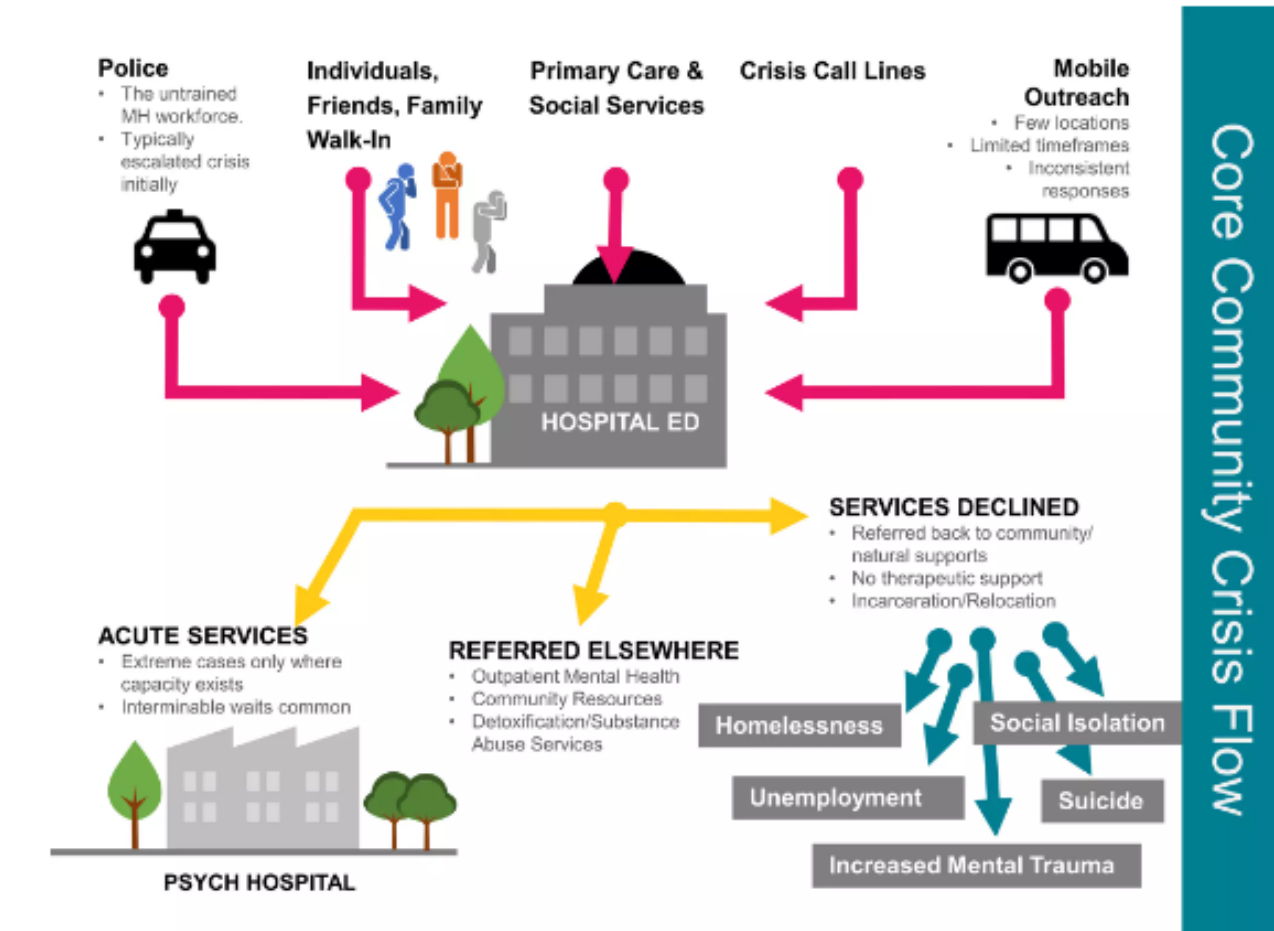
CURRENT CRISIS SYSTEM VS IDEAL CRISIS SYSTEM



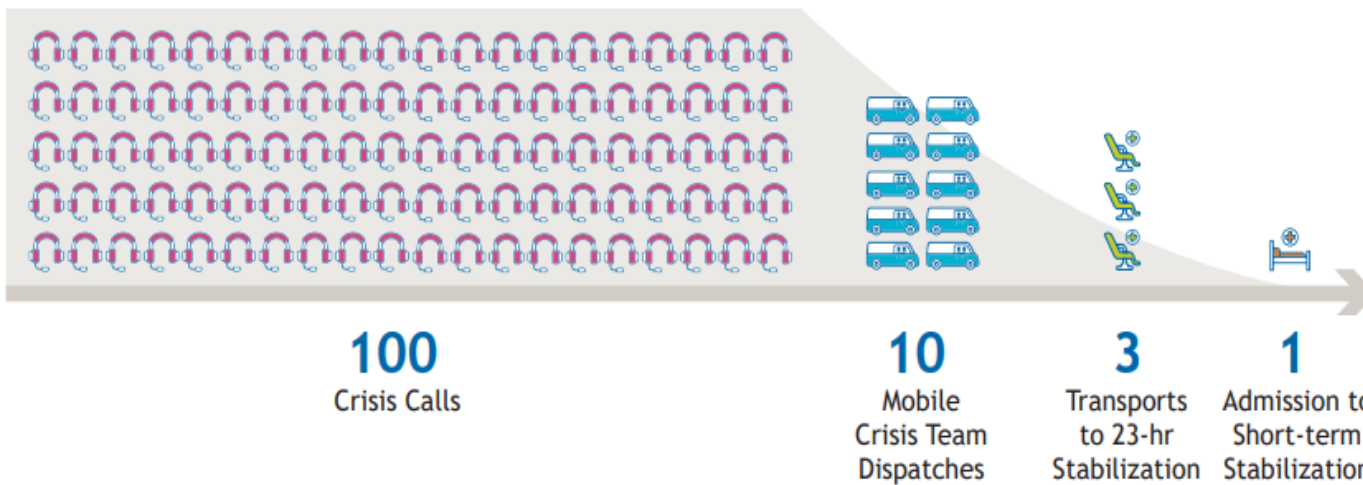
Wayne County is the most populous county in Michigan

<https://www.youtube.com/watch?v=GWZKW8PLlgQ>

TRADITIONAL COMMUNITY CRISIS FLOW



CRISIS NOW MODEL



The Crisis Now framework offers multiple opportunities for resolution, increasing opportunity for intervention at less intensive levels of care and decreasing reliance on inpatient psychiatric beds.

The Crisis Now Difference

In 2016, metro area Phoenix law enforcement engaged 22,000 and transferred them *directly* to crisis facilities and mobile crisis without visiting a hospital ED.

Aetna/Mercy Maricopa 2017 report

What difference did it make?

Improved Crisis Clinical Fit to Need (CCFN) by 6x

Reduced potential state inpatient spend by \$260m



Saved hospital EDs \$37m in avoided costs/losses

Reduced total psychiatric boarding by 45 years

Calculated from "Impact of psychiatric patient boarding in EDs" (2012) (Nicks and Manthey)

Calculated from Arizona data, 2017

Saved the equivalent of 37 FTE Police Officers



BJA presentation at ISMICC (2017), Madison, Wisconsin data

DIWHN CRISIS NEED BASED ON CRISIS NOW MODEL



Potential capacity needed to serve all individuals needing in-person crisis care

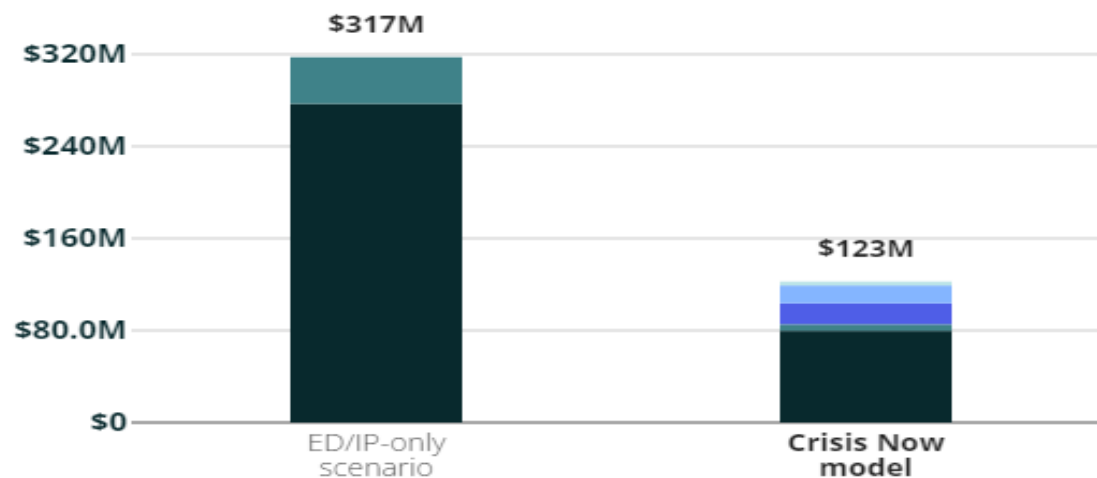
| Breakdown | ED/IP-only scenario | Modified scenario | Crisis Now model |
|--|---------------------|-------------------|------------------|
| Mobile crisis teams (assuming 40-hour work week) | n/a | 0 | 13 |
| Crisis receiving chairs | n/a | 0 | 96 |
| Short-term crisis beds | n/a | 0 | 98 |
| Acute psychiatric inpatient beds | 912 | 0 | 262 |

FINANCIAL COMPARISON OF WAYNE COUNTY ED/INPATIENT SYSTEM VS CRISIS NOW MODEL

Potential annual behavioral health acute inpatient and crisis care system costs

\$123 million

\$195 million lower compared to the ED/IP-only (emergency department and inpatient beds-only) scenario



| Site | ED/IP | Crisis Now ⓘ |
|---------------------------|---------|--------------|
| Mobile crisis teams ⓘ | \$0 | \$3.4M |
| Crisis receiving chairs ⓘ | \$0 | \$15.5M |
| Short-term crisis beds ⓘ | \$0 | \$18.2M |
| Emergency department | \$40.4M | \$5.7M |
| Acute inpatient beds | \$277M | \$79.7M |

WAYNE COUNTY AREAS WITH HIGH CRISIS NEED



MAPLARGE
RI International Be...
🔔
👤

Map & KPIs
Data Tables

Population Coverage

88.2k

Total Population: 1,793,553

Covered Population: 88,198 (4.9%)

Median Annual Household Income: \$44,308

Male: 47%

Female: 53%

Age 0 - 17: 26%

Age 18 - 29: 18%

Age 30 - 44: 17%

Age 45 - 64: 26%

Age 65+: 13%

White: 54%

Black: 38%

Native American: 0.42%

Asian: 2.2%

Pacific Islander: 0.02%

Other Race: 2.9%

Mixed Race: 2.9%

Hispanic or Latino: 9.8%

Not Hispanic or Latino: 90%

Housing Units: 69,240

Occupied: 86%

Vacant: 14%

No Highschool: 3.1%

| | | | | | |
|---------------------------|--------------|-----------|---------------|---|--|
| 707 W Milwaukee | DWIHN | 20 | 14,190 | HENRY FORD HOSPITAL | 2125 W FORD DR DETROIT MI |
| Southfield & 7 Mile | DWIHN | 20 | 10,631 | SELECT SPECIALTY HOSPITAL - NORTHWEST DETROIT | 6071 WEST OUTER DRIVE, 7TH FLOOR DETROIT, MI |
| Allen Park / Lincoln Park | DWIHN | 20 | 16,725 | VIBRA OF SOUTHEASTERN MICHIGAN | 26400 W OUTER DRIVE LINCOLN PARK, MI |
| Taylor | DWIHN | 20 | 6,200 | VIBRA HOSPITAL OF SOUTHEASTERN MI - TAYLOR CAMPUS | 10000 TELEGRAPH ROAD, 2ND FLOOR TAYLOR, MI |
| River Rouge | DWIHN | 20 | 6,759 | VIBRA OF SOUTHEASTERN MICHIGAN | 26400 W OUTER DRIVE LINCOLN PARK, MI |
| Southgate | DWIHN | 20 | 9,046 | SELECT SPECIALTY HOSPITAL - WYANDOTTE, LLC | 2333 BIDDLE AVE, 8TH FLOOR WYANDOTTE, MI |
| Wayne | DWIHN | 20 | 10,963 | BEAUMONT HOSPITAL WAYNE | 33155 ANNAPOLIS AVE WAYNE, MI |
| Livonia COPE Site | DWIHN | 20 | 3,316 | ST MARY MERCY HOSPITAL | 36475 FIVE MILE ROAD LIVONIA, MI |
| Dearborn | DWIHN | 20 | | BEAUMONT HOSPITAL DEARBORN | 18101 OAKWOOD BLVD DEARBORN, MI |

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COMPONENTS OF IDEAL CRISIS SYSTEM



| Elements Of The Continuum | | | |
|---------------------------|---|--|--|
| | Crisis Center or Crisis Hub | | Intensive Community-based Continuing Crisis Intervention |
| | Call Centers and Crisis Lines | | 23-hour Evaluation and Extended Observation |
| | Deployed Crisis-trained Police and First Responders | | Residential Crisis Program Continuum |
| | Medical Triage and Screening | | Role of Hospitals in Crisis Services |
| | Mobile Crisis | | Transportation and Transport |
| | Behavioral Health Urgent Care | | |

COMPONENTS OF IDEAL CRISIS SYSTEM

CORE ELEMENTS

- ▶ **Regional Crisis Call Center,**
- ▶ **Crisis Mobile Team Response and**
- ▶ **Crisis Receiving and Stabilization Facilities.**
 - ▶ **Other components:**
 - ▶ Crisis Residentials
 - ▶ Peer Respite

WHAT IT MEANS IN MICHIGAN LAW

- ▶ State Crisis Call center (988/MiCAL) plus Regional Crisis Call centers for CMHSPs
- ▶ Crisis Mobile Response and Stabilization Teams (Intensive Crisis Stabilization Services)
- ▶ Crisis Stabilization Units: Intense and currently includes involuntary persons as well (up to 72 hrs) and
- ▶ Crisis Residential Units (up to 14 days)

Crisis Call Center



The Air Traffic Control (ATC) Model for Crisis Service: ATC-type technology is being applied by some crisis call center hubs in the country; offering real-time connection to GPS-enabled mobile teams, true system-wide access to available beds and outpatient appointment scheduling through the integrated crisis call center.

- Status Disposition for Intensive Referrals: shared tracking of the status and disposition of linkage/referrals for individuals needing intensive service levels;
- 24/7 Outpatient Scheduling: Crisis staff should be able to schedule intake and outpatient appointments for individuals in crisis with providers across the region while providing data on speed of accessibility
- Crisis Bed Registry: An intensive services bed census is required; showing the availability of beds in crisis stabilization programs
- High-Tech, GPS-enabled Mobile Crisis Dispatch: Mobile crisis teams should use GPS-enabled tablets or smart phones to support quick and efficient call hub determination of the closest available teams, track response times, and ensure clinician safety
- Real-Time Performance Outcomes Dashboard: Effective crisis service models utilize outwardly facing performance reports measuring a variety of metrics such as call volume, number of referrals, time-to-answer, abandonment rates, and service accessibility performance. When implemented in real time, the public transparency created through these reports provides an extra layer of urgency and accountability

COMPONENTS OF DWIHN'S EXISTING CRISIS SYSTEM: Crisis Call Center (Protocall)

- ▶ State 988/MICal system that receives Crisis Calls. They are diverted to regional Access system for resources
- ▶ Each CMHSP has their Crisis Call Center: DWIHN has contracted this out to Protocall
- ▶ The current options used are calling the Access center for enrollment appointment, sending to hospital or 911/police dispatch

| <i>Month</i> | <i>Total Number of Incoming Calls</i> | <i>Total Number of Calls Answered</i> | <i>To Access Center for SUDS</i> | <i>To Access Center for I&R</i> | <i>To Access Center for IDD</i> | <i>To Access Center for MI</i> | <i>Caller referred to hospital.</i> | <i>Caller agreed to contact police after hanging up.</i> | <i>ProtoCall transferred the caller to 911.</i> | <i>ProtoCall dispatched police with the caller's consent.</i> | <i>ProtoCall dispatched police without the caller's consent.</i> | <i>Clinician was able to stabilize caller without relying on higher levels of care</i> |
|-----------------|---------------------------------------|---------------------------------------|----------------------------------|-------------------------------------|---------------------------------|--------------------------------|-------------------------------------|--|---|---|--|--|
| Apr 2022 | 590 | 569 | 5 | 12 | 0 | 14 | 10 | 1 | 6 | 6 | 5 | 370 |
| May 2022 | 687 | 672 | 4 | 14 | 1 | 18 | 9 | 2 | 6 | 8 | 6 | 429 |
| Jun 2022 | 639 | 625 | 2 | 18 | 0 | 27 | 9 | 3 | 16 | 12 | 9 | 412 |
| Jul 2022 | 620 | 604 | 3 | 10 | 2 | 19 | 5 | 2 | 10 | 9 | 3 | 392 |
| Aug 2022 | 608 | 582 | 3 | 16 | 0 | 22 | 4 | 0 | 14 | 10 | 6 | 414 |
| Sep 2022 | 628 | 593 | 6 | 12 | 0 | 12 | 6 | 1 | 10 | 6 | 6 | 383 |

MOBILE CRISIS TEAMS

Community-based mobile crisis is an integral part of a crisis system of care. Mobile crisis interventions provide individuals with less restrictive care in a more comfortable environment that is likely to produce more effective results than hospitalization or ED utilization. When collaboration exists with hospitals, medical and behavioral health providers, law enforcement, and other social services, community-based mobile crisis is an effective and efficient way of resolving mental health crisis and preventing future crisis situations.

Minimum Expectations to Operate a Mobile Crisis Team Services Mobile crisis team services must:

- Include a licensed and/or credentialed clinician capable to assessing the needs of individuals within the region of operation;
- Respond where the person is (home, work, park, etc.) and not restrict services to select locations within the region or particular days/times; and
- Connect individuals to facility-based care as needed through warm hand-offs and coordinating transportation when and only if situations warrant transition to other locations.

Best Practices to Operate Mobile Crisis Team Services:

To fully align with best practice guidelines, teams must meet the minimum expectations and:

- Incorporate peers within the mobile crisis team;
- Respond without law enforcement accompaniment unless special circumstances warrant inclusion in order to support true justice system diversion;
- Implement real-time GPS technology in partnership with the region's crisis call center hub to support efficient connection to needed resources and tracking of engagement; and
- Schedule outpatient follow-up appointments in a manner synonymous with a warm handoff in order to support connection to ongoing care.

Essential functions of mobile crisis services

- ▶ Triage/screening, including explicit screening for suicidality;
- ▶ Assessment;
- ▶ De-escalation/resolution;
- ▶ Peer support;
- ▶ Coordination with medical and behavioral health services; and
- ▶ Crisis planning and follow-up.

COMPONENTS OF DWIHN'S EXISTING CRISIS SYSTEM: Mobile Crisis

- ▶ Mobile Intensive Crisis Stabilization Services (ICCS)
 - ▶ Adults: Provided by COPE
 - ▶ Total # of teams: 3
 - ▶ Referral Source: Typical use is as a diversion option from EDs. Enrollment starts after the individual presents to EDs and a community discharge is recommended. Some use as a step down from Inpatient units and CSUs.
 - ▶ Children: Provided by New Oakland Family Service
 - ▶ Total Units: 5
 - ▶ Referral Source: At least 50% of referrals are from community. Also used as a diversion program from EDs.
- ▶ Calls from the community are not centralized or connected with crisis call center, hence there is option to accept/deny a case and difficulty following the case in an ATC style.

PREADMISSION SCREENING UNITS/ ED- Based

- ▶ Pre-admission Screening Units (respond to ED's request to screen for inpatient level of care
 - ▶ Adults: FY 21/22 Total request: 11,316
 - ▶ Provided by: Community Outreach for Psychiatric Emergencies (COPE)
 - ▶ Children: FY 21/22 Total request: 3,185
 - ▶ Provided by:
 - ▶ The Guidance Center (for SED youth)
 - ▶ 2-4 screeners
 - ▶ New Oakland Family Service (for IDD youth)
 - ▶ 3-5 screeners
 - ▶ The Children's Center (suppose to provide walk-in Pre-admission screenings for inpatient) but ultimately transfers youth to ED (Children's Hospital)- Total done in FY 22: 401

- ▶ In Best Practice language, these are the Rapid Response teams to hospitals and are not Mobile response.

MDHHS Adult Mobile Crisis Response Updates



- ▶ MDHHS goal is to expand mobile crisis across the State for all populations.
- ▶ MDHHS has contracted with PSC/HMA to develop recommendations to expand mobile crisis for adults in Michigan, with special attention on strategies for rural areas.
- ▶ There is coordination with the Bureau of Children's Coordinated Health Policy and Supports (BCHPS) and their intensive mobile crisis stabilization services.
- ▶ PA 162 and 163 of 2021 set up a Diversion Fund and pilot program for mobile crisis. MDHHS is coordinating around implementation plans internally, prior to stakeholder involvement. Public Sector Consultants has pulled together legislative and funding requirements, recommendations from Wayne State Center for Behavioral Health Justice (CBHJ), and other best practices to develop a draft model for adults. This model will be altered over the next couple of years based on stakeholder feedback from Diversion Fund pilots, CCBHC discussions, and feedback from people with lived experience.
- ▶ MDHHS has hired staff to initiate an RFP process for mobile crisis intervention through the Diversion Fund and develop the application for the Medicaid mobile crisis enhanced match.
- ▶ A crosswalk of mobile crisis requirements and best practices is being developed based on the Medicaid enhanced match, SAMHSA guidelines, MDHHS Children's mobile crisis, and CCBHC mobile crisis. This crosswalk will be the foundation of the Medicaid enhanced match work.

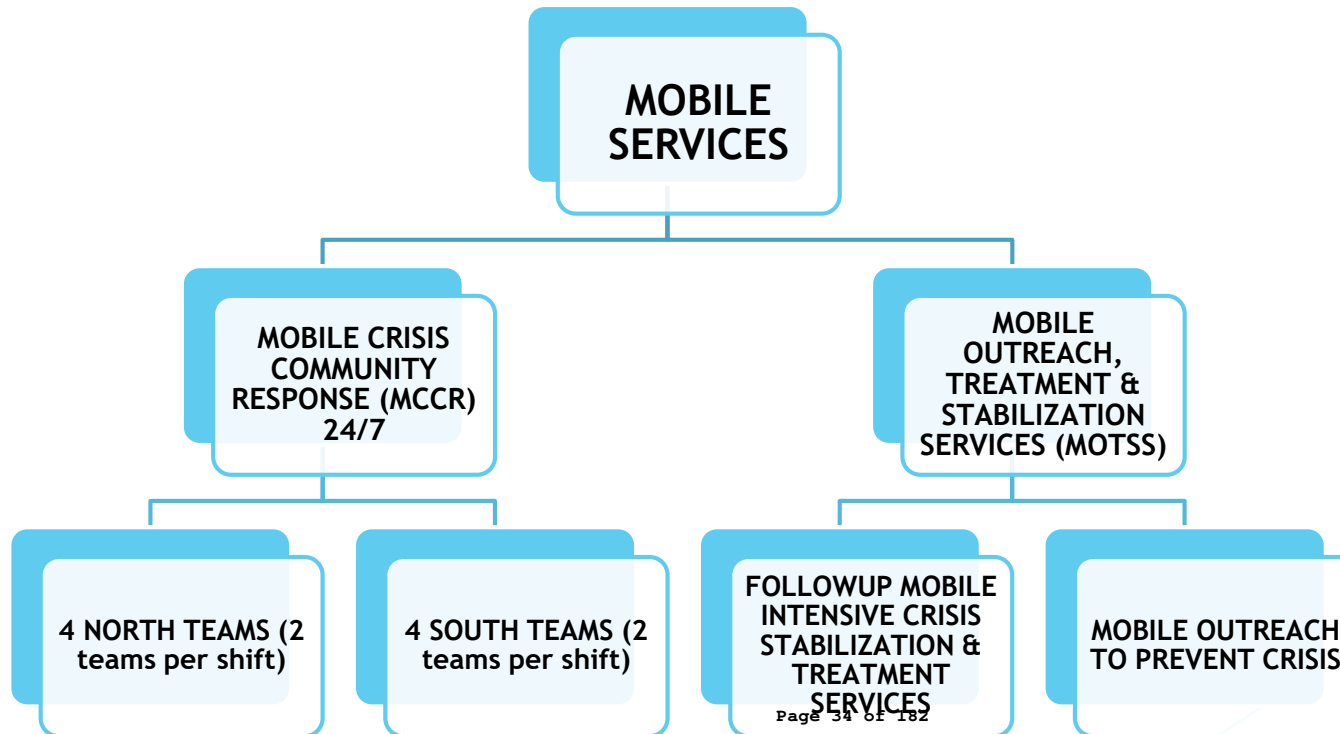
MI Kids Now Mobile Intensive Crisis Response and Stabilization Update



- ▶ MDHHS will work towards expanding and ensuring access to this service on a statewide basis.
- ▶ The Bureau of Children’s Coordinated Health Policy and Supports is leading and responsible for Kids’ Intensive Mobile Crisis Stabilization Services. Intensive Crisis Stabilization Services (ICSS) for Children is a current Medicaid service in the Medicaid Provider Manual. MDHHS identified ICSS for Children as a key service in the MI Kids Now Service Array
- ▶ MDHHS established a new grant program to provide up to \$200,000 to each Community Mental Health Service Program (CMHSP) to expand ICSS for Children. MDHHS awarded grants to 18 CMHSPs in fiscal year 2023, and MDHHS will provide ongoing funding opportunities in fiscal years 2024 and 2025. MDHHS launched the first cohort on January 1, 2023, and established a learning community to support grantees in implementation and encourage peer-to-peer sharing of best practices. MDHHS also just released a Request for Proposals (RFP) to select a second cohort of CMHSPs for the grant program, and the second cohort will launch on October 1, 2023. The response to RFP is due on June 21st.
- ▶ As part of this grant program, CMHSPs will expand ICSS for Children to address crisis situations for young people who are experiencing emotional symptoms, behaviors, or traumatic circumstances that have compromised or impacted their ability to function within their family, living situation, school/childcare, or community. The awarding of these grants will allow CMHSP to develop staffing at the local level and increase access. Increased utilization will also help inform the development of Medicaid rates through the Prepaid Inpatient Health Plans (PIHPs) to allow for sustainable provision of these services.

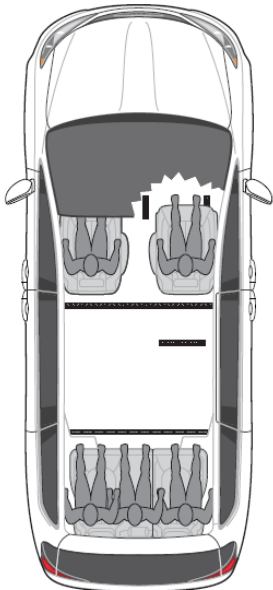
“BEYOND THE WALLS” GRANT

- ▶ In 2021, DWIHN applied for a grant through Senator Stabenow’s office to provide mobile crisis, outreach and integrated services in the community.
- ▶ DWIHN received 4.4 million in grant to provide holistic care and prevention services directly to underserved neighborhoods through mobile outreach and improved access to care through a “no four walls” approach. Mobile units to include integrated physical/behavioral/substance use care, pre-crisis help, emergency care, and care coordination. Teams will offer community-based services. Teams include staff who will engage and safely support EMS and diversion efforts. Including: 24/7 Crisis Team for hospitalization diversion; Tracking and GPS for crisis services at location; Immediate response to Crisis Center calls/Crisis Team referrals; Services include screening, de-escalation, coordination, planning & referrals.

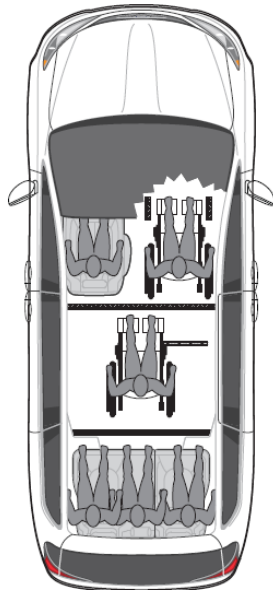


MOBILE CRISIS COMMUNITY RESPONSE (MCCR)

Seating Positions



Possible Wheelchair Seating Positions



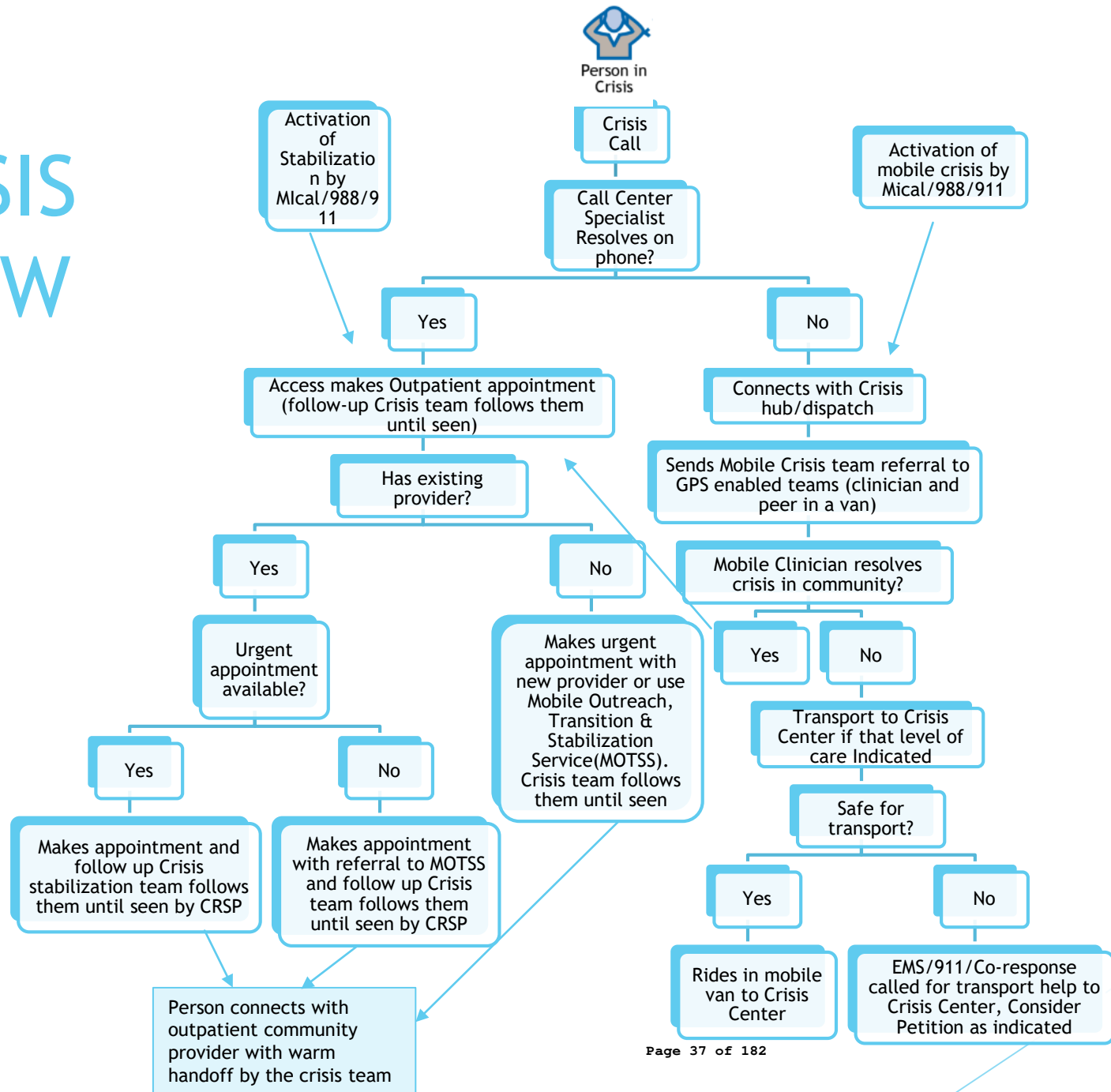
- Each Crisis Team has a clinician and a peer.
- Psychiatrist or APPs are available for consultation
- GPS technology for location tracking
- Real time status tracking
- Goal: 8 teams.
- Currently 4 vans are secured and in the process of procurement

MOBILE OUTREACH, TREATMENT & STABILIZATION SERVICES (MOTSS)



- ▶ Outreach: Focus on prevention services, outreach to high crisis utilization areas. e.g. close to EDs, Hotspots. Improve Access, eligibility screens, peer follow-ups.
- ▶ Treatment: Mobile treatment in the community.
 - ▶ Mental health professionals, peer support specialists, case managers, nurses and psychiatry to provide mental health care to individuals who are unable to access mental health care in the community.
 - ▶ Mobile units will include well-being checks, integrated physical/behavioral/substance use care, pre-crisis help, emergency care, and care coordination
- ▶ Stabilization: Follow up stabilization services provided to individuals who received crisis services
- ▶ Goal is 2 mini bus and 2 mini van., currently 1 minivan and 1 minibus is secured and in the procurement process.

CRISIS FLOW



CRISIS STABILIZATION UNITS

- ▶ Crisis receiving and stabilization services offer the community a no-wrong-door access to mental health and substance use care; operating much like a hospital emergency department that accepts all walk-ins, ambulance, fire and police drop-offs.
- ▶ Combination of Receiving Chairs and Stabilization beds.
- ▶ Able to handle voluntary and involuntary individuals
- ▶ Have walk-ins, mobile team drop off, police drop offs with no wrong door approach
- ▶ Michigan is currently drafting State guidelines for Crisis Stabilization service.

Minimum Expectations to Operate a Crisis Receiving and Stabilization Service

- ▶ Accept all referrals;
- ▶ Not require medical clearance prior to admission but rather assessment and support for medical stability while in the program;
- ▶ Design their services to address mental health and substance use crisis issues;
- ▶ Employ the capacity to assess physical health needs and deliver care for most minor physical health challenges with an identified pathway in order to transfer the individual to more medically staffed services if needed;
- ▶ Be staffed at all times (24/7/365) with a multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis in the community;
- ▶ Offer walk-in and first responder drop-off options;
- ▶ Be structured in a manner that offers capacity to accept all referrals at least 90% of the time with a no rejection policy for first responders;
- ▶ Screen for suicide risk and complete comprehensive suicide risk assessments
- ▶ Screen for violence risk and complete more comprehensive violence risk assessments and planning

COMPONENTS OF DWHN'S EXISTING CRISIS SYSTEM: Crisis Stabilization

- ▶ Crisis Stabilization Units
 - ▶ Adults:
 - ▶ COPE: Capacity 14 with 7 beds for overnight stay
 - ▶ Team Wellness: Capacity 18
 - ▶ Children: None
- ▶ Significantly less capacity than Wayne county's need
- ▶ High denial rates.
- ▶ Limited use as a diversion from ED

ADDITIONAL ELEMENTS OF CRISIS SYSTEM OF CARE

▶ **Short-Term Residential Facilities:**

- ▶ Small, home-like short-term residential facilities. They are important part of a continuum that can be used to address the needs of individuals experiencing LOCUS assessed needs of 4 and 5 in a cost-effective manner.
- ▶ In Michigan, they can have individuals up to 14 days with an option of extension if clinically indicated.

▶ **Peer-Operated Respite**

- ▶ Supportive step-down environment for individuals coming out of or working to avoid the occurrence of a crisis episode. Program activities should focus on issues that have contributed to the escalation in challenges facing the individual and/or their support system and the skills needed to succeed in the community.
- ▶ Are managed by individuals with lived experience

Additional Elements of DWIHN's system: CRISIS RESIDENTIAL UNITS

- ▶ Crisis Residential Services
 - ▶ Adults: Hegira: Capacity: 9
 - ▶ Children: Safehaus Capacity: 12 (Used by other counties as well)
- ▶ High denial rates, lack of bed transparency

- ▶ Currently Wayne County or Michigan does not have Crisis Peer Respite Programs but DWIHN will be starting a Crisis Peer Pilot Program (6 bed) at our Care Center.

DWIHNs CRISIS CONTINUUM GAP ANALYSIS



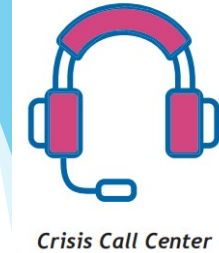
- ▶ Lack of Call Center Integration with National Suicide Prevention Lifeline/988 (State's process is slow but coming)
- ▶ Limited community mobile crisis response that is able to engage member where they are.
- ▶ No central dispatch for mobile crisis teams
- ▶ Lack of crisis bed registry for Wayne county
- ▶ Limited Facility Based Crisis Care

DWIHN'S STEPS TOWARDS IDEAL CRISIS SYSTEM



▶ Improvement of Crisis Call Center

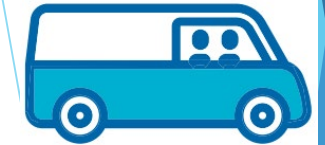
- ▶ Revising expectations from Protocall to improve data points and reporting
- ▶ Improve integration with 988
- ▶ Integration with GPS enabled mobile crisis dispatch
- ▶ Create a follow-up list and work on coordination of care with providers by incorporating peer liaisons
- ▶ Increase outreach to the community to advocate on calling the Crisis line when appropriate.



Crisis Call Center

▶ Mobile Crisis Response

- ▶ Central dispatch through the Crisis call Hib with use of GPS technology and real-time status updates.
- ▶ Crisis Bed board/registry development.
- ▶ 24/7 MCR in the community.
- ▶ Use of ICSS for community crisis response follow-ups, ED diversions as well as inpatient step downs



Mobile Crisis Team

▶ Crisis Stabilization and Residential Facilities

- ▶ Expansion of Facility based care:
 - ▶ Milwaukee Ave
 - ▶ 7-Mile
 - ▶ Downriver
- ▶ Creating bed transparency and ease of acceptance across network



Hour Crisis Stabilization

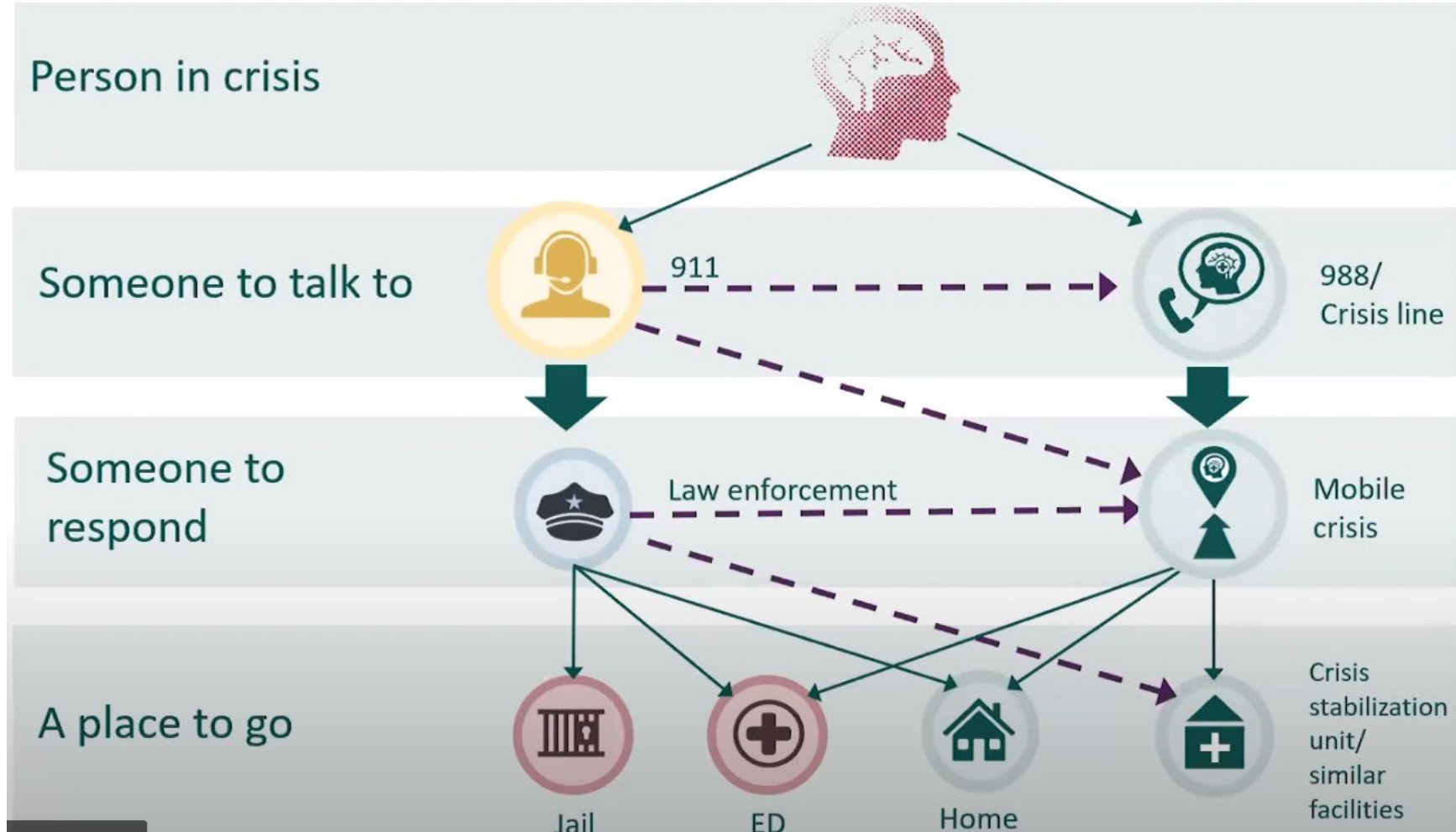


Short-term Stabilization

DWIHN'S STEPS TOWARDS IDEAL CRISIS SYSTEM

- ▶ In order to deliver Crisis Services based on evidence-based best practices and State guidelines, DWIHN will be posting a new Crisis Continuum of Service RFP.
- ▶ Goal of the RFP is network-wide consistency and improvement.
- ▶ RFP will cover areas of:
 - ▶ Mobile Crisis Response/Intensive Crisis Stabilization Services
 - ▶ Crisis Stabilization Units
 - ▶ Crisis Residential Units
 - ▶ Preadmission Screenings Services for Emergency Departments

MOVING IN THE RIGHT DIRECTION



DWIHN Access Call Center 2nd Quarter FY 22-23: January – March 2023

Summary Report

In comparison of the Access Call Center's call data for 1st quarter FY 22-23 to 2nd quarter FY 22-23:

- There was an increase in call volume by 2697 calls.
- Abandoned calls decreased from 3.7% to 2.6% (1.1%)
- There was a service level increase of 6.2% for the Access Call Center Rep unit, and 10% for the Clinical (MH) unit.
- In a comparison from last year to current year (2nd quarter) there was an increase in calls offered and calls handled with a decrease in service level; keep in mind the addition of the hold queue in February 2022 showed a change in the abandonment rate and service level because prior to the hold queue the only option was to callback later or wait for a callback from the access call center. This data was not reported in this specific detail.

The Access Call Center continues to work towards the goals of improved productivity and quality of call interaction by working with phone vendor to troubleshoot problem areas, recruiting & training new staff, coaching existing staff, rearranging schedules to address high call volumes and streamlining procedures.

FY 22/23 Q2 Accomplishments

- Decreased the number of calls abandoned by 29.4% from the 1st quarter
- Filled Vacancies: Access Call Center Quality Improvement Manager and Access Call Center Clinical Manager
- Hired 2 part-time Call Center Clinicians and 1 part time SUD Tech
- Silent Monitoring: Completed "Silent Monitoring" for 275 calls for this quarter. The average score was 90.7%. The goal is 95%. Weak points this quarter include following the welcoming script and capturing complete demographic information. Strong points include review of confidentiality and recipient rights information, offering interpreter services, transportation services and referral assistance. Areas that scored lower than 95% were addressed through coaching, supervision, performance improvement plans and additional training.
 - A data analysis will be presented in the 3rd quarter to discuss silent monitoring in more detail. There have been some updates to the process and data is not yet available.

Area of Concern

- Caller and provider complaints about long hold times
 - Working with IT and the phone vendor to improve the hold process
 - Hiring more staff
 - Streamline screening process

Plans for FY 22/23 Q2

- Hire Access Call Center Clinical Manager and Quality Manager - **completed**
- Hire additional call center staff to address high call volume times and cover UPTO - **partial**
- Streamline screening tools – **in progress**

Plans for FY 22/23 Q3

- Continue reviews of phone system options; engaged in RFP process
- Continue to show a decrease in the number of abandoned calls and increase service levels
- Continue to work with staff to address quality improvement

DETROIT WAYNE INTEGRATED HEALTH NETWORK

Access Call Center
Quarterly Report(2nd Quarter)
January 2023-March 2023



Access Call Center

2nd Quarter

January 2023 - March 2023

| QUEUES | Calls Offered | Calls Handled | Calls Abandoned | % Abandoned Goal: <5% | Average speed to answer Goal: 30 sec Stretch Goal: 15 sec. | Average call Length | % of calls answered Goal: 80% |
|----------------------------------|---------------|---------------|-----------------|--------------------------|--|---------------------|----------------------------------|
| CALL REPS | 54,571 | 53,166 | 1405 | 2.6% | 00:19 sec. | 05:22 min | 97.4% |
| SUD (Subset of all calls) | 12,464 | 11,686 | 777 | 6.6% | 3:05 min. | 16:40 min. | 93.8% |
| Clinicians (Subset of all calls) | 6,494 | 6,029 | 465 | 7.1% | 7:04 min. | 25:25 min | 86.7% |
| Department Totals | 54,571 | 53,166 | 1,405 | 2.6% | N/A | N/A | 92.6% |

Access Call Center Data Analysis (Quarter Comparison)

| | 1 st quarter (FY 22-23) | 2 nd quarter (FY 22-23) |
|-----------------|---------------------------------------|---------------------------------------|
| Calls Offered | 51,874 | 54,571 |
| Calls Handled | 49,975 | 53,166 |
| Abandoned Calls | 3.7% | 2.6% |

Access Call Center Data Analysis (Annual Comparison)

| | 2nd quarter (FY 21-22) | 2 nd quarter (FY 22-23) |
|-----------------|---------------------------|---------------------------------------|
| Calls Offered | 52, 509 | 54,571 |
| Calls Handled | 51, 177 | 53,166 |
| Abandoned Calls | 2.5% | 2.6% |

Access Call Center Data Analysis

- There has been an increase in the number of offered calls and handled calls from 1st quarter (fy22-23) to 2nd quarter (fy22-23)
- There is an improvement in the services levels:
 - Access Call Center Rep unit (approx. 5%)
 - Clinical Unit (approx. 10%)
- The total for calls abandoned has significantly decreased by 29.4% from 1st quarter for this department as a whole as a result of increased staffing during high volume call times, informing callers of approx. wait time and offering a callback instead of holding during high call volume times
- Looking at the annual comparison FY 21-22 vs FY 22-23, 2nd quarter we must keep in mind that the “Hold Queue” was implemented in February 2022 for the Clinical and SUD queues.
 - This upgrade was intended to provide members the option to wait on hold for the next available screener or callback later.

Access Call Center Data Analysis Average Screenings Completed

Mental Health Screening

1st Quarter FY 22/23 = 8

2nd Quarter FY 22/23 = 9

FY 22/23 goal is 11 per Clinician

2nd quarter FY 21/22 = 11

SUD Screening

1st Quarter FY 22/23 = 7

2nd Quarter FY 22/23 = 8

FY 22/23 goal is 12 per SUD Tech

2nd Quarter FY 21/22 = 12

The number of mental health and SUD screenings completed per staff (on average) shows a slight increase for SUD and MH from 1st quarter (FY 22/23) to 2nd quarter (FY 22/23). Our goal for this fiscal year is to see an increase in the quantity and quality of screenings completed by our SUD and MH screeners by:

- Staff augmentation
- Streamlining the screening process
- Adding customer service coaching and skill building to our training curriculum.
- System Enhancements

Access Call Center Silent Monitoring / Quality Review 2nd Quarter FY 22/23 (January 2023 – March 2023)

- Access Call Center Silent Monitoring Results
 - For 1st quarter there were 325 calls reviewed with an average score 92.4%. And 2nd quarter review contained 275 calls with an average of 90.7%.
 - Strong points are review of confidentiality and recipient rights, offering interpreter services, transportation services and referral assistance. Frequent reminders were sent to staff and discussed during supervision stressing the importance of recipient rights and this points will continue to be stressed in the upcoming months.
 - Improvements were introduced in the initial scripts and Capturing complete demographic information steps through training and written processes. We aim to see significant improvement in these area in the upcoming quarters.

Access Call Center Staffing Updates 2nd quarter FY 22/23

- Hiring staff for Management, SUD and Clinical
 - 2nd Quarter new Hires
 - 2 Clinical Specialist Part-Time
 - 1 SUD tech Part-Time
 - 1 quality manager
 - 1 clinical manager
 - Vacancies
 - 1 full time clinical
 - 1 part time clinical
 - 1 part time SUD

Access Call Center Data Analysis –

Appointments Scheduled Outside of 14 days 2nd Qtr 22-23

- Total number of appointments scheduled (DD, SED, SMI) - 3802
- Scheduled outside of 14 days - 656
 - (DD-Child - 166, DD Adult – 15, SED – 321, SMI - 154)
 - (Child – 487, Adult – 169)
- # of Hospital discharge appointments scheduled - 2180
- Hospital D/C appts scheduled outside of 7 days - 69

2nd qtr outside of 14 days



■ SED ■ CHILD DD ■ SMI ■ Adult DD

Access Call Center

Data Analysis - Appointments Scheduled Outside of 14 days

Working with Provider network to address:

- Staffing shortages in the CRSP provider network
 - Staff shortages at the CRSP level limit the number of available appointments for intake and follow up appointments
- Transportation – Medicaid covered transportation services have been reported as unreliable. DWIHN is finalizing the contracts for the approved non emergent transportation vendors as additional resources for our members
- Communication Problems between CRSP and Individuals seeking services due to limited phone service, ambiguous contact number, addresses.

Access Call Center Accomplishments

2nd Quarter FY 22/23 (January 2023 – March 2023)

- Participation in monthly meetings with CRSP to review intake calendar availability.
- Decreased the departments call abandonment rate by 29.4% from 1st quarter.
- Developed draft SUD Screening Tool to streamline screening

Access Call Center

Plans for 3rd Quarter (FY 22/23) and beyond

- Participating in sandbox testing to give feedback on vendors who applied for Phone System RFP.
- Recruiting, Interviewing and Hiring to fill vacant positions.
- Review screening tools from: Jail, ASF, Team Wellness, 36th District and TGC Crisis to use as documentation to support enrollment and decrease redundancies and length of calls for Access Screeners.
- Continue to show a decrease in the number of abandoned calls, increase department productivity and meet timeliness standards
- Continue to work with staff through coaching and add additional trainings to improve call interaction quality
- Developing a training plan to include regular monthly trainings related to customer service skills, clinical education (MH and SUD) and network awareness



**Detroit Wayne Integrated Health Network
CHILDREN’S INITIATIVE DEPARTMENT**

BRIEF EXECUTIVE SUMMARY REPORT: Quarter 1 (October – December 2022)

| | | | |
|---|---|--|--|
| Pillar 1 Clinical Services & Consultation | Pillar 2 Stability & Sustainability | Pillar 3 Outreach & Engagement | Pillar 4 Collaboration & Partnership |
|---|---|--|--|

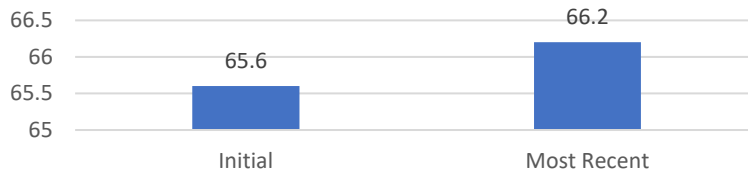
Clinical Services Outcomes

Overall: During Q1 2023 DWIHN served a total of unduplicated 9,794 children, youth, and families in Wayne County ages 0 up to 20; including both Serious Emotional Disturbance (SED) and Intellectual/Developmental Disability (I/DD) disability designations. Total youth served with SED = 5,749 and the total youth with IDD = 4,045. In addition, the average of unduplicated youth who received services in FY 2022 was 11,522.

Child and Adolescent Functional Assessment Scale (CAFAS): Assessment for youth ages 7 to 21 with Serious Emotional Disturbance (SED) that measures functionality across 8 life domains: School, Home, Behavior, Community, Mood, Self-Harm, Substance Use, and Thinking.

Trends: During FY 2022 the average initial total score was 75% and most recent average score was 61%; a 14% decrease – indicating overall progress with a reduction in the total average score. Currently for FY 23 Q1 the initial average total score was 65.6% and most recent score of 66.2% - indicating the total score remained nearly the same in comparison.

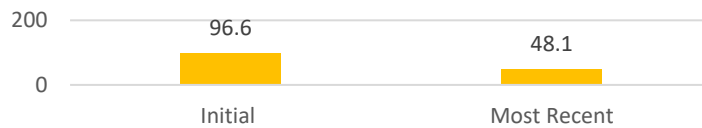
CAFAS Quarter 1



Preschool and Early Childhood Functional Assessment Scale (PECFAS): Assessment for youth ages 4 to 6 with Serious Emotional Disturbance (SED) that measures functionality across 7 life domains: School, Home, Behavior, Community, Mood, Self-Harm, and Thinking.

Trends: During FY 2022 the average initial total score was 63% and most recent average score was 52%; an 11% decrease – indicating overall progress with a reduction in the total average score. Currently for FY 23 Q1 the initial average total score was 96.6% and most recent score of 48.1% - indicating the overall progress of a 33.5% reduction in the total score.

PECFAS Quarter 1



Patient Health Questionnaire Adolescent (PHQ A): Children Providers complete this screening tool for youth with Serious Emotional Disturbance (SED) designation ages 11 to 17. The goal is to screen for suicidality and depression symptoms and obtain a total score below 10.



Detroit Wayne Integrated Health Network

Trends: Children Providers continue to exceed the compliance goal of 95% of completing PHQ A during intake. The quarterly PHQ A has consistently been a challenge during FY 22; however, there was improvement during FY 23 / Q1 (73.8%)

Fiscal Year 2023:

| PHQ A (ages 11 – 17) | Q1 | Q2 | Q3 | Q4 |
|--|-------|----|----|----|
| Intake Goal = 95% | 99.9% | | | |
| Quarterly Goal = 95% (score at least a 10) | 73.8% | | | |

PHQ A Outcomes: The goal is for the total score to decrease below 10.

| Total Raw Score | Severity | Proposed Treatment Interventions |
|-----------------|-------------------|---|
| 0 – 4 | None | None |
| 5 – 9 | Mild | Monitoring (possibly repeat later in treatment) |
| 10 – 14 | Moderate | Consider counseling |
| 15 – 19 | Moderately Severe | Counseling and or medication |
| 20 – 27 | Severe | Medication and refer for mental health counseling and collaboration |

Trends: In each severity category there was a decrease with the Initial PHQ A Total Score compared to FY 2023 / Q1 PHQ A Total Score.

- **Moderate** = 67 youth remained in this category and 119 youth dropped below a total score of 10
- **Moderately Severe** = 56 youth remained in this category and 46 youth dropped below a total score of 15
- **Severe** = 28 youth remained in this category and 19 youth dropped below a total score of 20

School Success Initiative Updates

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Mental Health Care: Putting Children First

Continue the Putting Children First Initiative in the areas of Access, Prevention, Crisis Intervention, and Treatment. A few highlights include:



Detroit Wayne Integrated Health Network

- Finalized additional flyers that were added to the Children's Initiative website: **Sexual Awareness Information and Treatment (SAIT) flyer**
- **Chief Medical Officer, Dr. Faheem completed 4 Back to School** videos on YouTube focusing on stress management, maintaining a routine, removing distractions, organization skills, and self-care.
- **Various children related videos were added to DWIHN website:**
 - Youth and Social Media: <https://www.youtube.com/watch?v=4OXsdSfFV-E>
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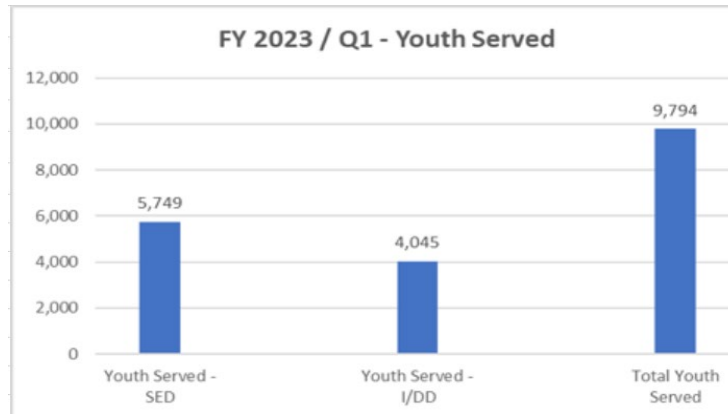
Detroit Wayne Integrated Health Network
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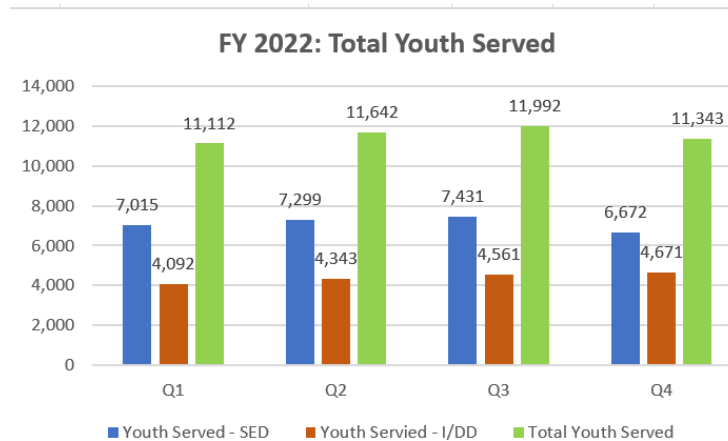
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Fiscal Year 2023: Average of Total Youth Served = 9,794 (unduplicated)



Fiscal Year 2022: Average of Total Youth Served = 11,522 (unduplicated)



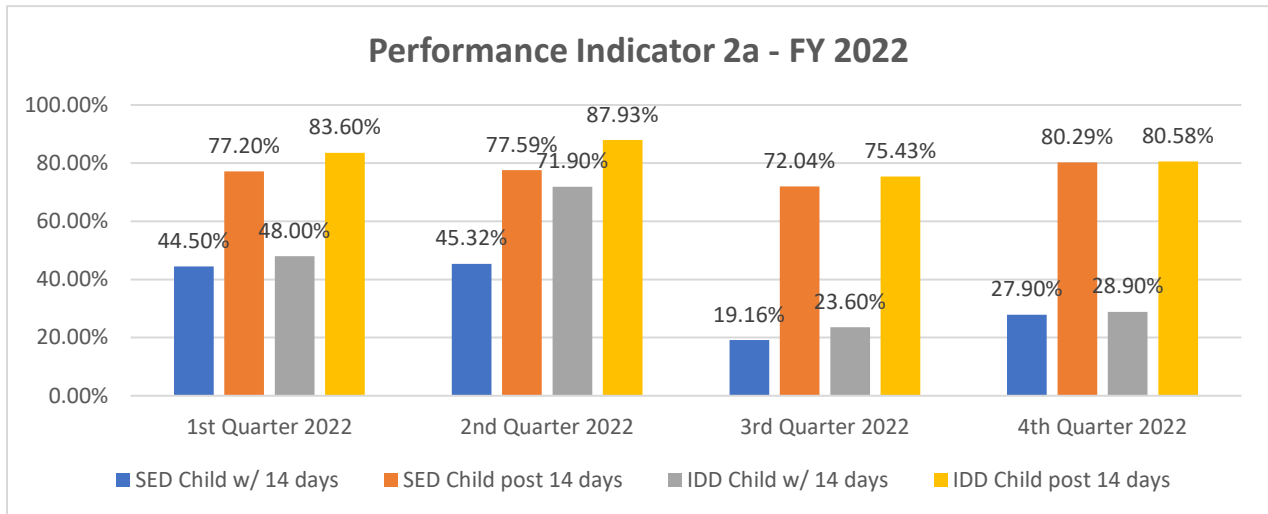
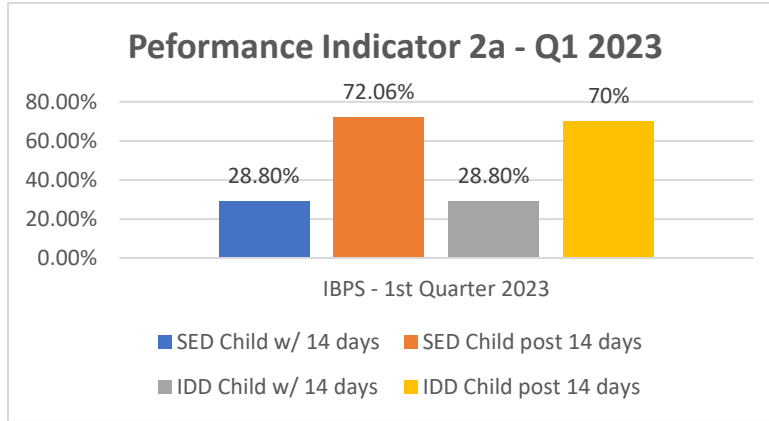
Trends:

- Decrease of youth receiving services from Q1 of FY 22 (11,112 youth) compared to Q1 of FY 23 (9,794 youth) – 1,318 youth
- Decrease of youth receiving services from Q4 of FY 22 (11,343 youth) compared to Q1 of FY 23 (9,794 youth) – 1,549 youth



Detroit Wayne Integrated Health Network

Access: MDHHS Performance Indicator 2a monitors the percentage of Integrated Biopsychosocial Assessments (IBPS) completed within 14 days of a request for community mental health services.



Update:

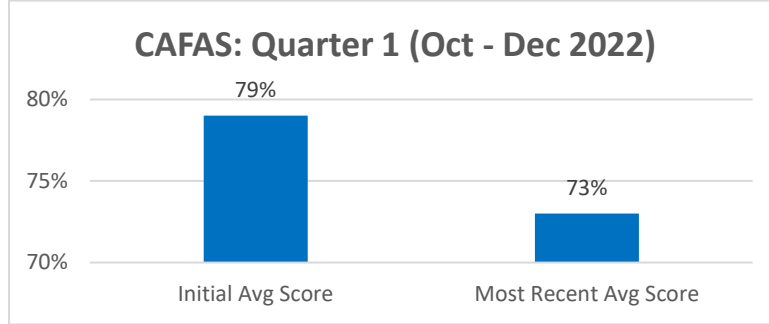
- Participate in bi-monthly meetings with Children Providers to review progress, barriers, and solutions.
- Children Providers complete the monthly capacity form when experiencing barriers with staffing and or capacity.

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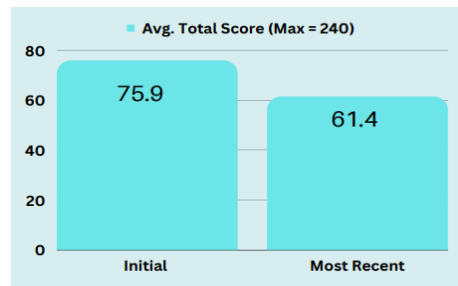
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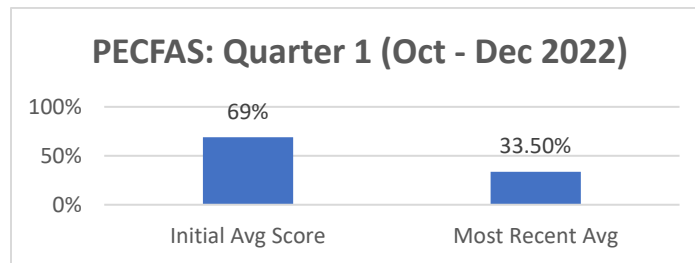


FY 2022

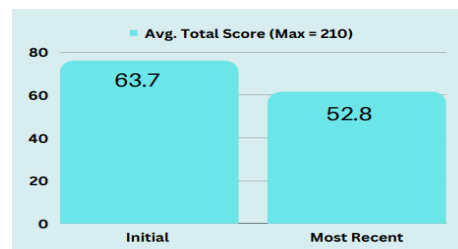


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FY 2022





Detroit Wayne Integrated Health Network

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| Quarterly Goal = 95% (score at least a 10) | 73.8% | | | |

Fiscal Year 2022:

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Detroit Wayne Integrated Health Network

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Executive Summary

Integrated Health Care 1st Quarter Report 2022-2023

Program Compliance Committee meeting – June 14, 2023

Community and Member Education

During the fourth quarter of FY 21 the State of Michigan and the Health Department announced their plan to promote testing and treatment within the SUD population for Hepatitis C. DWIHN is working with all providers on this initiative. In January of 2023 DWIHN hosted a lunch and learn on all 5 quality plans.

Health Plan Pilots (3)

IHC staff continued to participate in integration meetings with Health Plan 1 and Health Plan 2 to further develop care coordination activities between DWIHN and the Medicaid Health Plans. Monthly care coordination meetings review a sample of shared members who experienced a psychiatric admission during the previous month. The goal of the care coordination activities is to exchange information and address any identified gaps in care. Both Health Plans have agreed to use the shared platform and was given access and trained in December 2022.

Health Plan 1- IHC and Health Plan 1 meet monthly to review members. Health Plan 1 and DWIHN have agreed to care coordinate 100 members next year. In the second quarter of 2023 **11** members were in care coordination, with **3** of those having gaps in care resolved.

Health Plan 2- The shared platform will be used to find more members to provide gaps in care. During the second quarter **22** members were given care coordination and **7** of them had gaps in care resolved.

Health Plan 3- Health Plan 3 and DWIHN are working together to reduce the number of individuals who come into the emergency room and increase the coordination of care. Health Plan 3 is able to contact DWIHN to find out who is the providing CRSP. This enables Health Plan 3 to contact the CRSP immediately to start coordination of care at ED visit regardless of type of visit.

Baseline data for FY 21-22 had been obtained and is being used in FY 22-23 to see if there is improvement in a reduction of hospitalizations thru increased coordination of care. One deficiency of the data that was discovered was that DWIHN did not have the data on the CRSP follow up apt or contact with the member. DWIHN, PCE and Health Plan 3 are investigating on how to match the data from the Health plan and if the CRSP set up an apt for the member after discharge.

HEDIS Scores 2023, Health Effectiveness Data and Information Set

During FY 21-22 DWIHN and Vital Data created a HEDIS Scorecard that enables DWIHN to provide all CRSP, Medicaid Health Plans and Integrated Care Organizations data as to how the network is doing as a whole and individually based on alignment.

Medicaid Health Plans

In line with the MDHHS/PIHP contract, IHC staff continues to perform Care Coordination Data Sharing on a monthly basis with each of the 6 Medicaid Health Plans (MHP) serving Wayne County for mutually served individuals who met risk stratification criteria, which includes multiple hospitalizations and Emergency Department visits for both physical and behavioral health, and multiple chronic physical health conditions. There were 155 cases reviewed during the quarter and 44 of those had gaps in care resolved.

MI Health Link Demonstration

7156 persons with MI Health Link are currently enrolled with DWIHN. Of those persons, 4532 received services from DWIHN within the past 12 months. This is a decrease from 8731, the number of members enrolled in services and an increase in number of members served as of last quarter. IHC has retrained Access staff on MI Health Link referrals and the reasons of importance of engaging them in services and Access has a designated staff to process the referrals with the hope that this will increase the number of enrollees.

During this quarter, 1438 Behavioral health care referrals were completed and submitted to the ICO, Care Coordination was provided to 201 MI Health Link members to support engagement in Behavioral Health services, and Transitions of Care coordination was provided for 211 MI Health Link members who were discharged from a psychiatric hospitalization during the quarter. IHC staff also completed LOCUS assessments for 84 MI Health Link members and participated in 6 Integrated Care Team meetings with the ICOs during the quarter.

Complex Case Management

IHC continues to offer and provide Complex Case Management services to DWIHN members as part of DWIHN's NCQA accreditation. There were 34 CCM active cases within the quarter. Fifteen (15) new Complex Case Management cases were opened during the quarter and 12 Complex Case Management cases were closed during the quarter. Eight (8) cases were closed as a result of the members meeting their identified Plan of Care goals. Information regarding Complex Case Management services was offered to and declined by 59 additional individuals during the quarter.

Information regarding Complex Case Management was also sent to staff at 99 different providers, including hospitals, clinically responsible service providers, and a residential provider. CCM also engages members who were hospitalized, 211 members were out reached to and 39 of those were reached.

OBRA/PASRR

DWIHN has decided not to renew OBRA RFP for 2023 and will be providing the PASRR assessment internally. The contract with NSO expires on March 31, 2023. DWIHN will start providing services on April 1, 2023. DWIHN Has hired all staff needed for the OBRA program and is up and running April 1st.

The percentage of pended assessments decreased from the end of the previous quarter to this quarter, to 13% in January.

The provider's rate of congruence between their and MDHHS determinations of mental health services needs for members in the 2nd quarter was 97.

Detroit Wayne Integrated Health Network
Integrated Health Care Department
Second Quarter Report FY 2023
Program Compliance Committee – June 14, 2023

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During the fourth quarter of FY 21 the State of Michigan and the Health Department announced their plan to promote testing and treatment within the SUD population for Hepatitis C. DWIHN is working with all providers on this initiative. In January of 2023 DWIHN hosted a lunch and learn on all 5 quality plans.

Integrated Health Pilot Projects

IHC staff continued to participate in integration meetings with Health Plan 1 and Health Plan 2 to further develop care coordination activities between DWIHN and the Medicaid Health Plans. Monthly care coordination meetings review a sample of shared members who experienced a psychiatric admission during the previous month. The goal of the care coordination activities is to exchange information and address any identified gaps in care. Both Health Plans have agreed to use the shared platform and was given access and trained in December 2022.

Health Plan 1- IHC and Health Plan 1 meet monthly to review members. Health Plan 1 and DWIHN have agreed to care coordinate 100 members next year. In the second quarter of 2023 **11** members were in care coordination, with **3** of those having gaps in care resolved.

Health Plan 2- The shared platform will be used to find more members to provide gaps in care. During the second quarter **22** members were given care coordination and **7** of them had gaps in care resolved.

Health Plan 3- Health Plan 3 and DWIHN are working together to reduce the number of individuals who come into the emergency room and increase the coordination of care. Health Plan 3 is able to contact DWIHN to find out who is the providing CRSP. This enables Health Plan 3 to contact the CRSP immediately to start coordination of care at ED visit regardless of type of visit.

Baseline data for FY 21-22 had been obtained and is being used in FY 22-23 to see if there is improvement in a reduction of hospitalizations thru increased coordination of care. One deficiency of the data that was discovered was that DWIHN did not have the data on the CRSP follow up apt or contact with the member. DWIHN, PCE and Health Plan 3 are investigating on how to match the data from the Health plan and if the CRSP set up an apt for the member after discharge.

Quality Improvement Plans

The IHC department continued to manage five Quality Improvement Plans (QIPs) that are in alignment with NCQA requirements. The focus of the QIPs includes the following: *7 and 30 day Follow Up After Hospitalization for Mental Illness, Adherence to Antipsychotics Medications for Individuals with Schizophrenia, Diabetes Screening for members prescribed atypical antipsychotic medications, and Hepatitis C testing and treatment.*

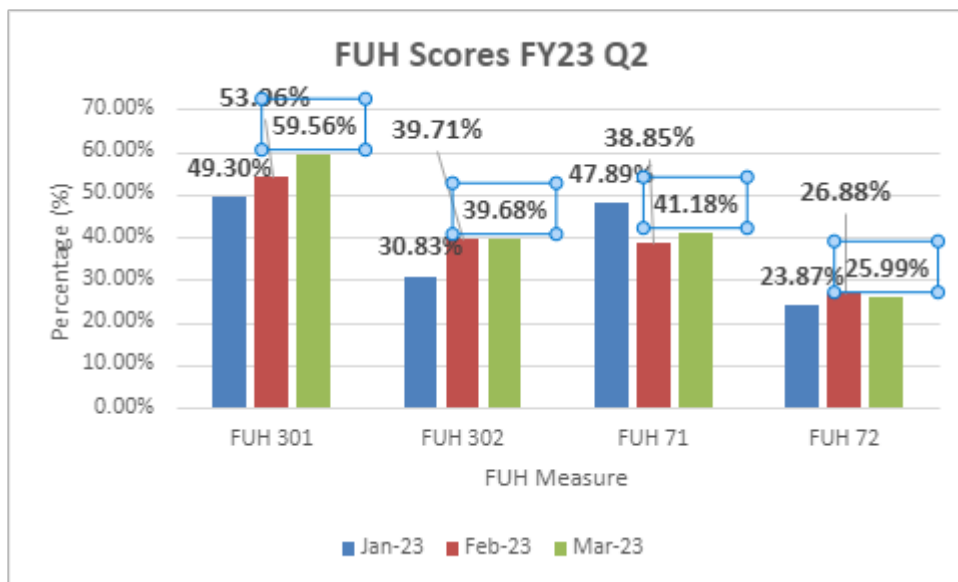
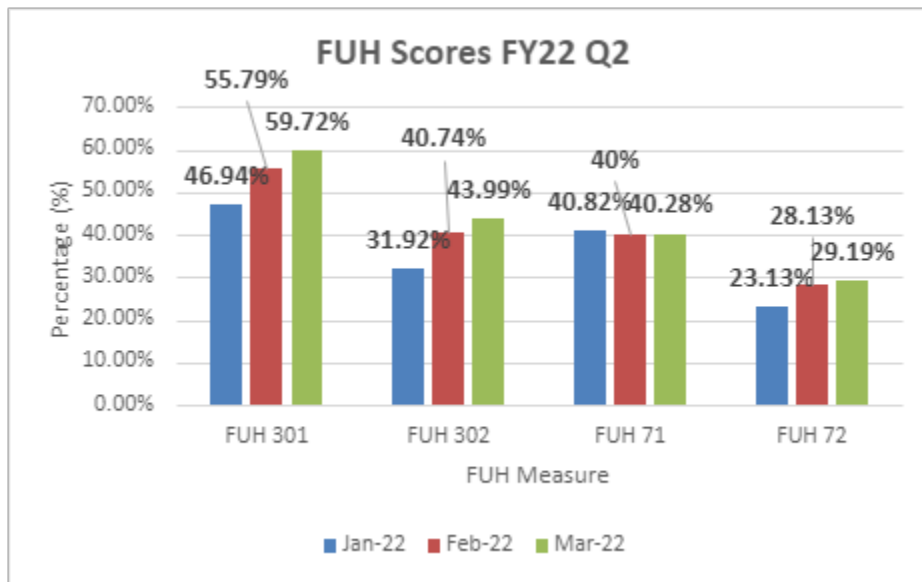
During this quarter all QIP were finalized and presented to QISC and any recommendations were incorporated into the plans.

IHC provided lunch and leans and learns on all 5 plans to the provider network.

IHC Director attended the CRSP provider meeting, during this quarter to discuss all five QIP's and importance of FUH and medical monitoring for the members.

Areas of improvement:

- FUH 30 day for adults. This is a pay for performance measure, in October of 2022 DWIHN staff started presenting the individual organization scores to CRSP providers in the 45 day meeting. CRSP providers all have access to pull the data from the scorecard and in Q2 IHC met with 19 CRSP's. Below is a graph of FY 22 Q 2 and FY 23 Q2. The data show that there has not been an increase in the scores. IHC will continue to meet with CRSP, provide lunch and learns, and follow up with members hospitalized for the FUH appointment.



HEDIS Scores 2023, Health Effectiveness Data and Information Set

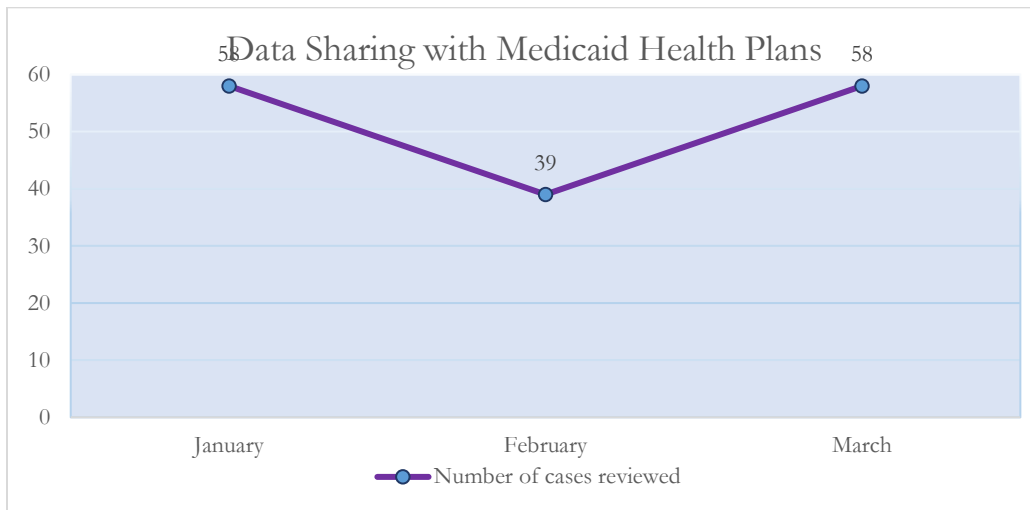
During FY 21-22, DWIHN and Vital Data created a HEDIS Scorecard that enables DWIHN to provide all CRSP, Medicaid Health Plans and Integrated Care Organizations data as to how the network is doing as a whole and individually based on alignment. DWIHN scores as of March 2023

| Measure | Measure Name | Eligible | Total Compliant | Non Compliant | HP Goal | 23-Mar |
|---------|--|----------|-----------------|---------------|---------|--------|
| ADD | Follow-Up Care for Children Prescribed ADHD Medication Continuation Phase | 0 | 0 | 0 | 70.25 | 0 |
| ADD | Follow-Up Care for Children Prescribed ADHD Medication Initiation Phase | 43 | 7 | 36 | 58.95 | 16.28 |
| AMM | Antidepressant Medication Management Acute Phase | 3543 | 1526 | 2017 | 77.32 | 43.07 |
| AMM | Antidepressant Medication Management Continuation | 3543 | 726 | 2817 | 63.41 | 20.49 |
| APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics | | | | | |
| APM | Blood Glucose and Cholesterol 1-11 age | 451 | 15 | 436 | 23.36 | 3.33 |
| APM | Blood Glucose and Cholesterol 12-17 age | 887 | 53 | 834 | 32.71 | 5.98 |
| APP | Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics | | | | | |
| APP | Ages 1-11 | 61 | 39 | 22 | 67.39 | 63.93 |
| APP | Ages 12-17 | 76 | 52 | 24 | 71.16 | 68.42 |
| BCS | Breast Cancer Screening | 11706 | 2124 | 9582 | 59.29 | 18.14 |
| CBP | Controlling High Blood Pressure | 11789 | 1211 | 10578 | 79.08 | 10.27 |
| CCS | Cervical Cancer Screening | 31826 | 9540 | 22286 | 63.99 | 2998 |
| COL | Colorectal Cancer Screening | 0 | 0 | 0 | 0 | 0 |
| FUH | Follow-Up After Hospitalization for Mental Illness 30 day | | | | | |
| FUH | Ages 6-17 | 136 | 81 | 55 | 70 | 59.56 |
| FUH | Ages 18-64 | 1439 | 571 | 868 | 58 | 39.68 |
| FUM | Follow-Up After Emergency Department Visit for Mental Illness | | | | | |
| FUM | Ages 6-17 | 132 | 109 | 23 | 84.33 | 82.58 |

| | | | | | | |
|-------|--|-------|------|-------|-------|-------|
| FUM | Ages 18-64 | 250 | 102 | 148 | 61.05 | 40.8 |
| SAA | Adherence to Antipsychotic Medications for Individuals with Schizophrenia | 2508 | 1989 | 519 | 85.09 | 79.31 |
| SM D | Diabetes Monitoring for People with Diabetes and Schizophrenia | 846 | 91 | 755 | 85.71 | 10.76 |
| SP R | Use of Spirometry Testing in the Assessment | 938 | 154 | 784 | 31.48 | 16.42 |
| SS D | Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Med | 3739 | 1000 | 2739 | 86.36 | 70.82 |
| UAM45 | Use of three or more antipsychotics for 45 or more days | 10894 | 134 | 10760 | <10 | 1.23 |

Care Coordination with Medicaid Health Plans

As part of DWIHN’s implementation of the MDHHS Performance Metric to Implement Joint Care Management processes between the PIHP and Medicaid Health Plans, IHC staff continued to perform Care Coordination Data Sharing on a monthly basis with each of the 8 Medicaid Health Plans (MHP) serving Wayne County for mutually served individuals who met risk stratification criteria, which includes multiple hospitalizations and ED visits for both physical and behavioral health, and multiple chronic physical health conditions. Care Coordination data sharing involves developing and updating Joint Care Plans between DWIHN and the Medicaid Health Plans. IHC staff continued to collaborate with the Medicaid Health Plans regarding increasing the number of members reviewed during the meetings. The monthly average of cases reviewed during the second quarter of FY 23 was **48**. Forty-Four (**44**) of those had successful gaps in care resolved.

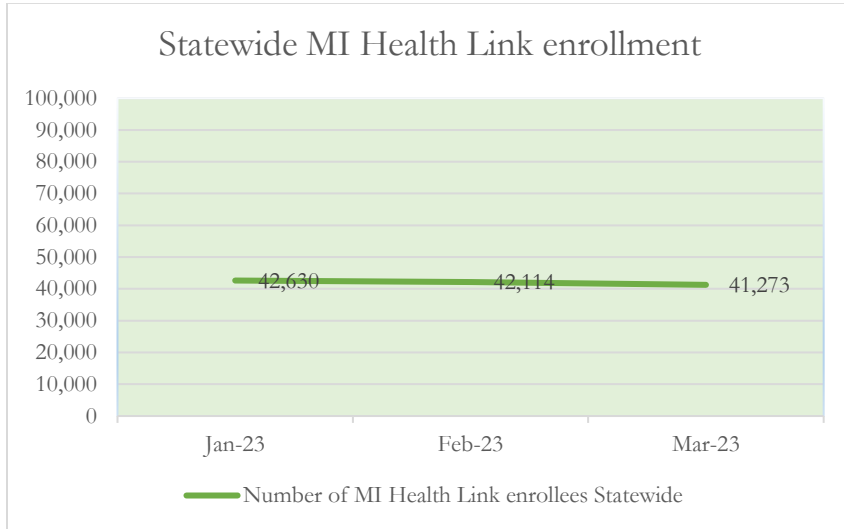


MI Health Link Demonstration

IHC staff continued to attend and participate in multiple meetings regarding the MI Health Link demonstration, including the following: monthly ICO/PIHO Joint Operations Meeting with MDHHS, monthly ICO/PIHP Systems Sub-Workgroup, monthly ICO/PIHP Quality Sub-Workgroup, monthly meetings with each ICO, and quarterly Member Advisory Group meeting with each ICO.

Statewide Enrollment

The total number of persons enrolled in the MI Health Link demonstration statewide has decreased since December of 2022, (44,777) to 41,273.

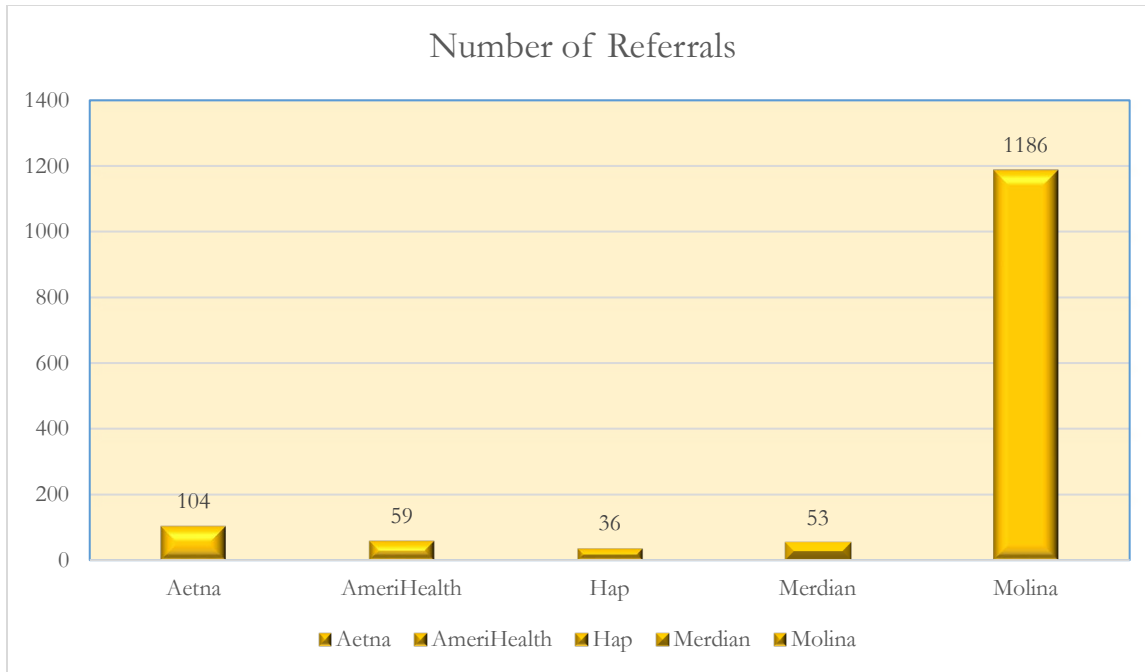


DWIHN Enrollment

7156 persons with MI Health Link are currently enrolled with DWIHN. Of those persons, 4532 received services from DWIHN within the past 12 months. This is a decrease from 8731 the numbers of members enrolled in services and an increase in number of members served as of last quarter. IHC has retrained Access staff on MI Health Link referrals and the reasons of importance of engaging them in services. Access has designated individual staff to process the referrals with the hopes this will increase the number of enrollees.

MI Health Link Referrals

DWIHN processed 1438 referrals from the ICOs for behavioral health services during the last quarter. Of those referrals, behavioral health care was coordinated with the ICO for 211 of the members, 499 were voided and 644 were pended.



MI Health Link Care Coordination

DWIHN continues to send weekly and monthly reports to each of the five ICO's. The reports include information regarding *Critical Events, Member and Provider Grievances and Appeals, Transitions of Care, Referrals, Utilization Management, and Credentialing*. IHC staff performed Care Coordination for 103 MI Health Link members to support engagement in Behavioral Health services and provided Transitions of Care Coordination for 201 MI Health Link members who were discharged from a psychiatric hospitalization during the quarter. IHC staff completed LOCUS assessments for 84 MI Health Link members during the quarter. IHC staff also participated in 6 Integrated Care Team meetings with the ICOs during the quarter, regarding 5-10 members per meeting.

Follow Up After Emergency Room Visit for Alcohol or other Drugs (FUA)

IHC has entered into a project with the Health plans to help reduce the number of emergency room visit of individuals who have SUD. IHC pulls from ADT individuals who had an ED visit with the SUD CPT code. IHC completes care coordination with the SUD department for a follow up appointment within 30 days of discharge. Individuals who are not open with DWIHN are sent to the Medicaid Health Plans for follow up. During quarter 2, there were 210 individuals who went to the ED for alcohol or other drugs related problems. Sixty (60) were open with a DWIHN provider and 8 attended a follow up appointment, 121 were sent to the Health Plans.

MI Health Link Audits

In the second quarter DWIHN went through annual audits with Amerihealth, HAP and Molina

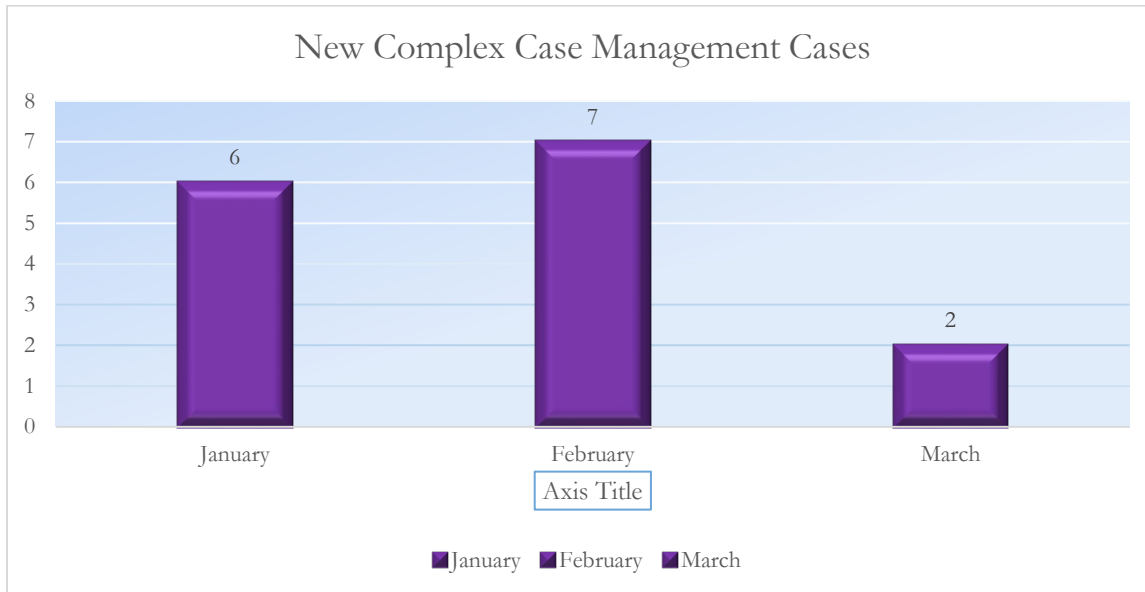
Cost Settling with the ICOs

Medicare rules allow for claims for services to be submitted up to one year after a service is provided. Therefore, cost settlement is not able to begin until at least one year after the time period of the demonstration. DWIHN is in the process of cost settling at this time with all of ICO's.

Complex Case Management

IHC continues to offer and provide Complex Case Management services to DWIHN members as part of DWIHN's NCQA accreditation. There were 34 CCM active cases within the quarter. Fifteen (15) new Complex Case Management cases were opened during the quarter and 12 Complex Case Management cases were closed during the quarter. Eight (8) cases were closed as a result of the members meeting their identified Plan of Care goals. Information regarding Complex Case Management services was offered to and declined by 59 additional individuals during the quarter.

Information regarding Complex Case Management was also sent to staff at 99 different providers, including hospitals, clinically responsible service providers, and a residential provider. CCM also engages members who were hospitalized, 211 members were out reached to and 39 of those were reached.

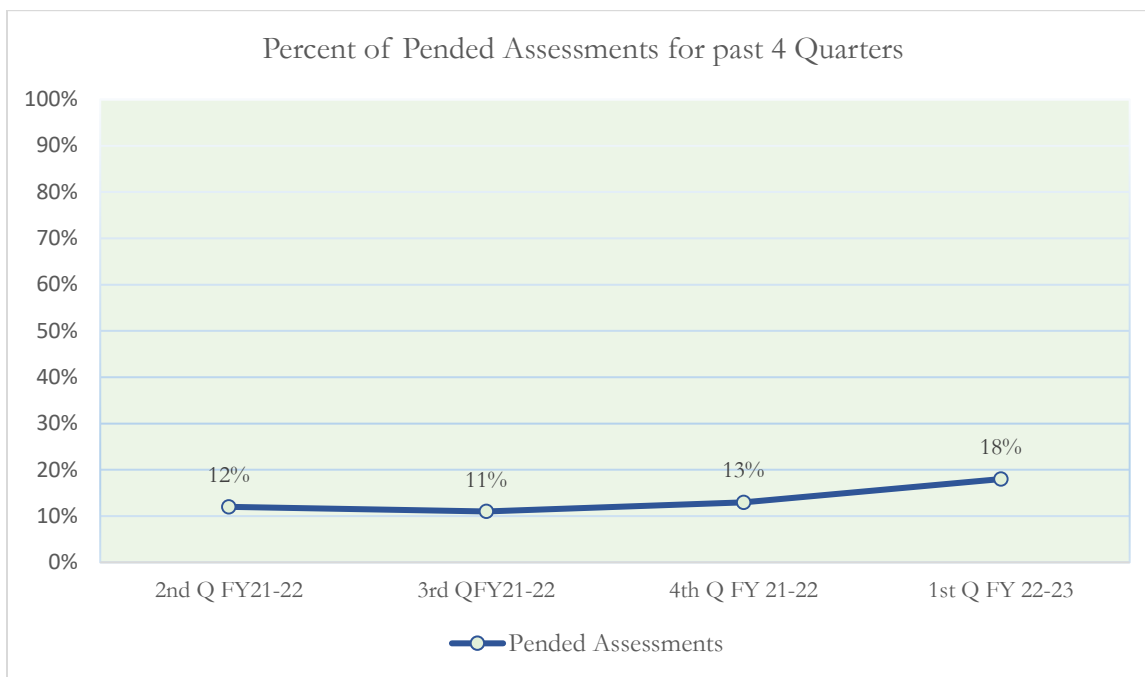
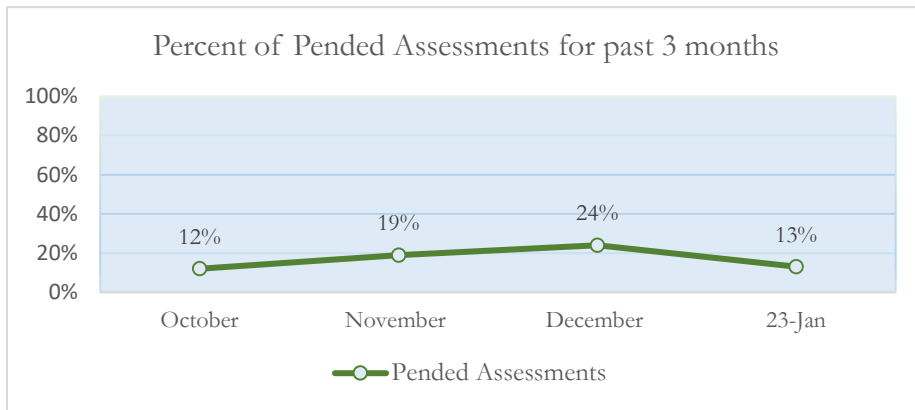


Omnibus Budget Reconciliation Act/Pre-Admission Screen Annual Resident Review (OBRA/PASRR) Services

In January of 2023, DWIHN decided to end the OBRA contract with NSO at the end of the second quarter. NSO was focused on the transfer and did not send reports for February or March.

The Clinical Specialist OBRA/PASRR continued to monitor the MDHHS OBRA/PASARR assessment que on an ongoing basis to review assessments that have been submitted by the OBRA/PASARR provider, Neighborhood Services Organization (NSO), to MDHHS. The Clinical Specialist also participated in the monthly meetings with NSO and quarterly meeting with MDHHS during the quarter.

The percentage of pended assessments decreased in January 2023 to 13%. The end of the previous quarter to this quarter was October (12%), November (19%) December (24%).

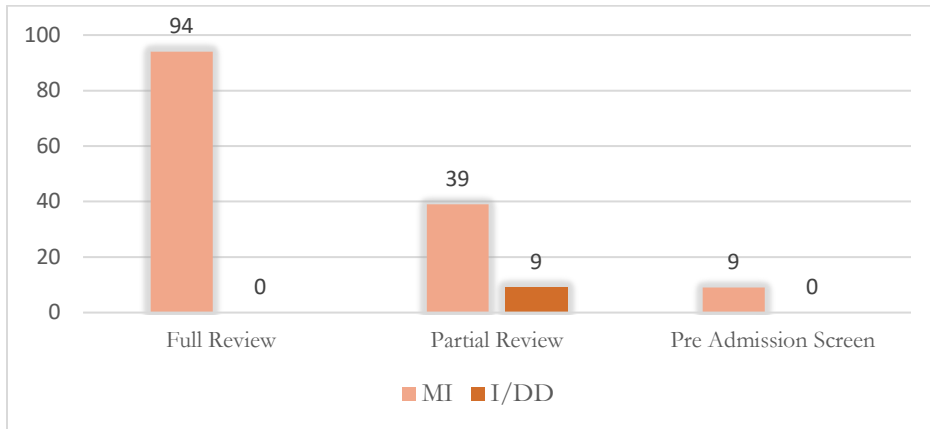


There were 9 consumers with MI placed out of nursing homes in the 2nd quarter and 0 with I/DD. During the 1st quarter of the Fiscal Year, NSO's OBRA trainer conducted 52 trainings involving 52 staff. Training topics included PASARR process and information, Abuse/Neglect, Resident's Rights, Alzheimer's Disease, Eloping, Bereavement, Communication, Resident to Resident Altercations, and Behavioral Management.

The congruency was 97% for this quarter.

During the quarter, NSO completed screenings and reviews 151 members.

Completion of Screenings and Reviews for January of the 2nd Quarter



QUALITY DIRECTOR'S QAPIP WORK PLAN UPDATE FOR FY22/23
JUNE 14, 2023

Executive Summary:

This report serves to provide the Program Compliance Committee (PCC) Board with updates on the goals and objectives that are set forth in the QAPIP Work Plan for Fiscal Year 2023.

Goal II – Access Pillar (Quality of Clinical Care and Service)

Michigan Mission Based Performance Indicators (MMBPI)

The second quarter Performance Indicator data reporting (January 1 – March 31, 2023) is due to the Michigan Department of Health and Human Services (MDHHS) on June 30, 2023.

Quantitative Analysis and Trending of Measures

For Quarter 2 reporting, DWIHN met the standards for PI#1 (Children and Adult), PI#4a (Children and Adults), 4b (SUD) and PI#10 (Children).

The reporting percentage for indicator 2a (Access of services or Biopsychosocial within 14 days of request) continues to show improvement from Q3 (37.84%), Q4 (44.26), Q1 (45.15) to Q2(49.65%). The average score for the state is noted at 51.03%. PI#2a remains a large area of focus and will continue to be until the rates see substantial and consistent improvement. No established standard for Indictors #2 and #3 has been set by MDHHS.

For PI#3 (completion of a follow-up service within 14 days of a completed Biopsychosocial), DWIHN continued to have high rates in the 80%-90%. The final rate for all populations was 85.71%. The average score for the state is noted at 81%.

PI#4a (Follow-Up Service after Psychiatric Inpatient Hospitalization within 7 Days) average rates were above the MDHHS standard of 95% for each quarter of 2022. DWIHN's final rate was 96.14%.

PI#4b (Follow-Up Service within 7 Days of Discharge from a Detox Unit) had nearly perfect rates for all of 2022. The final rate was 99.73%. This was well above the MDHHS standard of 95%.

PI#10 (Hospital Recidivism) was slightly above the MDHHS standard of 15% or less for 2022. The final rate was for Q2 15.04%. The child rates finished at 8.24%. The standard is 15%. DWIHN will continue our ongoing collaboration and efforts towards working with providers and target recidivistic individuals to ensure all of MDHHS' standards are met and achieved during future quarters.

| Performance Indicators | Population | 1st Quarter 21/22 | 2nd Quarter 22/23 |
|--|-----------------------|-------------------|-------------------|
| Indicator 1: Percentage who Received a Prescreen within 3 Hours of Request (95% Standard) | Children | 98.86% | 98.66% |
| | Adults | 98.08% | 98.17% |
| | Total | 98.26% | 98.29% |
| Indicator 2a: Percentage who Received completed Integrated Biopsychosocial within 14 days. (No Standard) | Total population rate | 45.15% | 49.65% |
| Indicator 3: Percentage who Received completion of follow up services within 14 days of completed Biopsychosocial (No Standard) | Total population rate | 87.24% | 89.62% |
| Indicator 4a & 4b: Percentage who had a Follow-Up within 7 Days of Discharge from a Psychiatric Unit/SUD Detox Unit (95% Standard) | Children | 100% | 100% |
| | Adults | 94.21% | 96.74% |
| | Total | 97.48% | 97.12% |
| | SUD | 100% | 98.50% |
| Indicator 10: Percentage who had a Re-Admission to Psychiatric Unit within 30 Days (<15% Standard) | Children | 7.56% | 8.24% |
| | Adults | 14.71% | 15.73% |
| | Total | 14.05% | 15.04% |

**QUALITY DIRECTOR'S QAPIP WORK PLAN UPDATE FOR FY22/23
JUNE 14, 2023**

Performance Indicator Trends data for PI10 (Recidivism)

| Indicator 10: Percentage who had a Re- Admission to Psychiatric Unit within 30 Days | Populatio n | 2021 | | | | 2022 | | | | 2023 | |
|--|----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 |
| Children | | 8.94% | 12.03% | 6.76% | 8.22% | 5.06% | 7.69% | 6.76% | 7.64% | 7.56% | 8.24% |
| Adults | | 17.94% | 17.34% | 17.03% | 15.01% | 14.93% | 16.31% | 17.79% | 15.89% | 14.71% | 15.73% |
| Total | | 17.12% | 16.97% | 16.23% | 14.51% | 14.05% | 15.63% | 16.86% | 15.19% | 14.05% | 15.04% |

Evaluation of Effectiveness

DWIHN’s Quality Department will continue to monitor various Performance Indicators and standards closely. During Quarter 1 in FY2021 PI# 10 (Adults) was noted at 17.94 decreasing to 14.71% by Quarter 1 of FY2023, with a total population rate of 17.12% in FY2021 to 14.05% during FY2023. Preliminary rates for Quarter 2 FY2023 (7.56%) show a rise in the Children rates from Quarter 1 FY2022 (5.06%). The MDHHS threshold for PI# 10 is 15% or less.

Challenges and Barriers

Staff shortages continue to be a reported barrier with our behavioral health provider network. Evidence and resources indicate that the shortage is attributed to several factors:

- Shortage of behavioral health workforce particularly: master’s Level Licensed Social Workers, Psychiatrists, and Nurses
- Organizations are pulling from the same limited pool of professionals.
- The current staff is moving into private clinical practice or School Based Programs as there is less paperwork and what is described as an administrative burden.
- Current shortages have resulted in high caseloads.
- Staff prefers more options to work from home.

Next Steps/Addressing Barriers

QI will continue ongoing collaboration and efforts towards working with the providers to target recidivistic individuals to improve recidivism outcomes for PI#10 and staff shortages. We will continue to review providers’ data and meet with CRSPs every 30-45 days to discuss their staffing recruitment strategy, member engagement, and making same-day appointments to avoid member no-shows and cancellations. DWIHN will also continue working on the expansion of the “Med Drop” Program to improve outpatient compliance with goals to decrease the need for a higher level of care for inpatient hospitalizations.

QUALITY DIRECTOR'S QAPIP WORK PLAN UPDATE FOR FY22/23
JUNE 14, 2023

Goal V Quality Pillar (Safety of Clinical Care) Critical /Sentinel Event Aggregate Data Comparison – Q1 and Q2

| DATA BY CATEGORY | 1 ST QUARTER 10/1/2022 – 12/31/2022 | 2 ND QUARTER 1/1/2023 – 3/31/2023 |
|---|---|---|
| ADMINISTRATIVE | 19 | 29 |
| ARREST | 2 | 24 |
| BEHAVIOR TREATMENT (New 2020/2021) | 9 | 21 |
| DEATHS | 90 | 107 |
| ENVIRONMENTAL EMERGENCIES | 0 | 43 |
| Injuries Requiring ER | 22 | 41 |
| Injuries Requiring Hospitalization | 10 | 6 |
| Medication Errors | 2 | 3 |
| Physical Illness Requiring ER | 19 | 46 |
| Physical Illness Requiring Hospitalization | 26 | 44 |
| Serious Challenging Behavior | 53 | 103 |
| TOTAL # of reported Critical/Sentinel Events | 252 | 467 |

The number of events does not depict the number of members involved; however, it represents the number of times an event occurred. Specific members and events are protected by the Mental Health Code.

Trends and Patterns

There continues to be an upward trend in Serious Challenging Behaviors often related to the standard of care provided by clinicians new in the field of practice or direct care workers who could benefit from more intensive training. We have noted an uptick in the number of Recipient Rights Complaints. The QPI team continues a close collaboration with ORR reviewing investigations and individual staff involved in events. Recommendations are made to increase training and/or supervision as appropriate. In addition to monitoring ORR Complaints, the QPI team has implemented a trial for the third (3rd) quarter to monitor the preventable events and report them through the Risk Matrix providing each CRSP with an opportunity to review areas of risk on a consistent basis.

Next Steps

The additional trends identified in the first quarter continue with very slight improvement. The QPI team met with the Credentialing Department to discuss ongoing reporting of staff providing services with inappropriate and/or expired credentials that will assist in ensuring an appropriate standard of care. These two improvements will be reviewed and added to the third quarter report. All other recommendations from the first quarter remain in effect along with all HSAG corrective action plan improvements.

QUALITY DIRECTOR'S QAPIP WORK PLAN UPDATE FOR FY22/23
JUNE 14, 2023

Aggregate Data Comparison– Quarter 1 and 2 - Behavior Treatment Plan Review Committee (BTPRC) Reported Data

| DATA BY CATEGORY | 1 ST QUARTER 10/1/2022 – 12/31/2022 | 2 ND QUARTER 1/1/2023 – 3/31/2023 |
|------------------------------|---|---|
| New Behavior Treatment Plans | 73 | 70 |
| BTPs Continued | 322 | 305 |
| BTPs Discontinued | 3 | 4 |
| Other Psychotropic | 1102 | 1113 |
| Antipsychotic | 408 | 424 |
| 911 calls | 22 | 91 |
| Sentinel Events | 7 | 37 |
| Critical Events | 0 | 0 |
| Restrictive Interventions | 318 | 328 |
| Intrusive Interventions | 84 | 51 |
| TOTAL # of BTPRC Data | 2,339 | 2,423 |

Opportunities for Improvements:

- To improve the under-reporting of the required data of Behavior Treatment beneficiaries that includes 911 Calls, Deaths, Emergency Treatment, and Use of Physical Management.
- Conduct training for network providers on the Technical Requirements of Behavior Treatment Plans.
- Continuation of Case Validation Reviews of randomly selected cases as a step towards continuous quality improvement at the PIHP level.

Goal VII – External Quality Reviews (Quality of Clinical Service)

HSAG will be conducting the Performance Measures Validation (PMV) review on July 10, 2023. This process verifies that the data and logic behind the Performance Indicators is complete and accurate.

HSAG will conduct the final compliance review (Year 3) on August 19, 2023. The review will cover the implementation of Year One (SFY 2021) and Year Two (SFY 2023) Corrective Actions Plans (CAP).

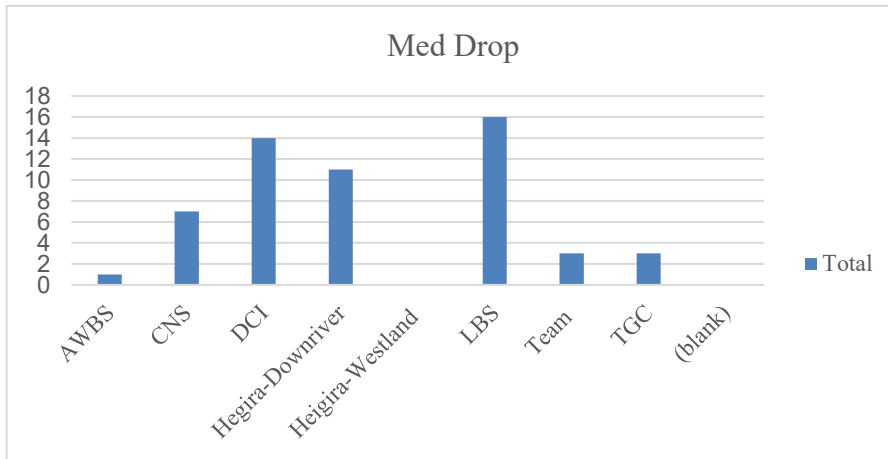
DWIHN Performance Improvement Project Topic: Reducing racial and ethnic disparity with African Americans for the percentage of discharges from a psychiatric inpatient unit that was seen for follow-up care within 7 days. The data pull currently shows an overall disparity rate of 8.7% which is an increase from the 4.5% baseline rate.

We are currently discussing barriers/interventions to work on reducing the racial disparity in our network with its Black/African American members when it comes to follow-up after hospitalization appointments. The next scheduled reporting remeasurement period for DWIHN's PIP to HSAG will include data from 01/01/2023–12/31/2023.

**VP of CLINICAL OPERATIONS EXECUTIVE SUMMARY
PROGRAM COMPLIANCE COMMITTEE
June 14, 2023**

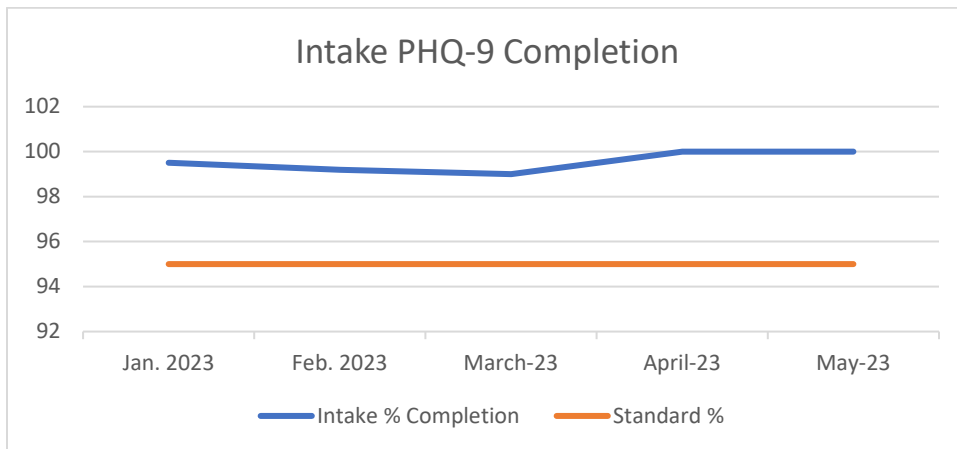
ADULT INITIATIVES:

Med Drop: CPI held a monthly meeting with Med Drop providers, which consisted of Hegira, Lincoln Behavior Services, CNS, Team Wellness, Development Centers, All Well Being Service and The Guidance Center. Topics discussed were ways to increase admissions, strengths, barriers, referral process. It was noted that there are 64 open members.

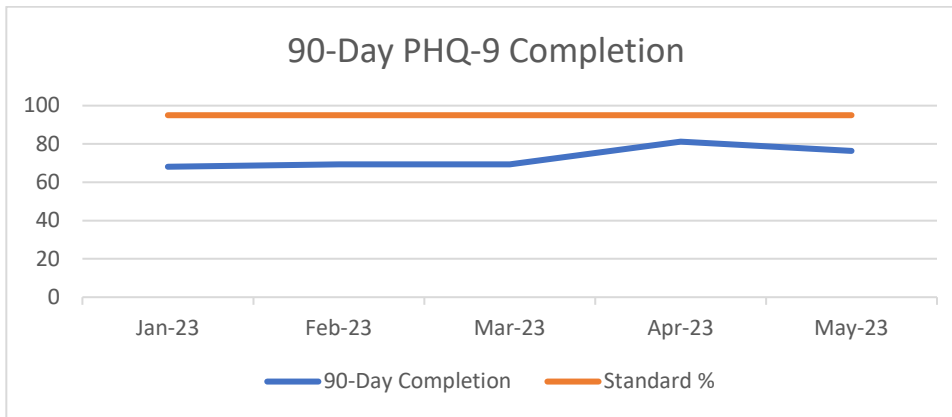


Arab Community Center for Economic and Social Services, (Access), Arab-American and Chaldean Council, (ACC), and Southwest Solutions has requested more information on Med Drop. Adult Initiatives attended in person staff meetings at ACCESS and ACC to provide educating Southwest Solutions is in the process of being scheduled.

PHQ-9 Performance Improvement Project: DWIHN monitors network providers PHQ-9 performance at intake and at the 90-day follow up period. The PHQ-9 is a self-report tool administered to screen, diagnose, and measure the severity of depression. It is required that all providers administer this tool with at least a 95% completion rate. DWIHN is currently working with the provider network to increase the 90-day compliance rate using monitoring and training tools.



**VP of CLINICAL OPERATIONS EXECUTIVE SUMMARY
PROGRAM COMPLIANCE COMMITTEE
June 14, 2023**



Alternative Outpatient Treatment (AOT): The Court Liaison was transferred to Adult Initiatives to continue to improve collaboration and support for members involved with judicial and treatment concerns. Adult Initiatives is in the process of interviewing for an Alternative Treatment Order (AOT) Case Manager. The Case Manager will provide support related to compliance, linkage and monitoring, as well as address any lack of follow up from the clinical providers and facilitate training to assist members with improved outcomes.

DWIHN received 139 Assisted Outpatient Treatment (AOT) orders from Probate Court this month and respective providers were notified to incorporate these orders in treatment planning. Deferral Conferences continue with provider engagement. The Community Law Enforcement Liaison engaged 56 individuals this month. Fourteen percent (14%) have a history of substance abuse; 16% are homeless; and 11% are in residential services. Thirteen (13) Citizens returned and were connected to DWIHN services upon release from Michigan Department of Corrections, (MDOC). Three (3) members were paroled with an active combined AOT.

1915iSPA: MDHHS, as required by CMS, has implemented its new approval process for 1915iSPA services. These services included Community Living Supports, Respite, Fiscal Intermediary, Housing Support, Supported Employment, Skill Building, Medical Equipment, Environmental Modification, and Enhanced Pharmacy Services. Individuals recommendation for any of these services are first required to be assessed and referred for approval through DWIHN and then MDHHS. DWIHN has over 6,000 members that receive at least one of the above-mentioned services. DWIHN has approved and enrolled over 1,703 members to date (an increase of 24% since last month). All members receiving 1915iSPA services have to be enrolled with the State by 9/30/23. have to be completed in the by 9/30/23.

CRISIS SERVICES:

Mobile Outreach: In May, our Mobile Outreach Clinician was able to garner a collaborative relationship with the Michigan Department of Health and Human Services Pathways and was invited to Earhart Elementary School in southwest Detroit. DWIHN participated in 13 events; educated 235 persons on DWIHN services; made 55 follow-up calls, and referred four (4) persons to the Access Center. Several new resource vendors were added including Empowerment Zone Coalition, Focus Hope, Save Detroit, Authority Health, Metro EHS Pediatric Therapy, Terra Defoe was made a contact (Advisor to the Mayor of Detroit) and also Sabina Underwood from Jefferson East.

**VP of CLINICAL OPERATIONS EXECUTIVE SUMMARY
PROGRAM COMPLIANCE COMMITTEE
June 14, 2023**

Requests for Service (RFS): Request for Services for children decreased by 11% this month and the diversion rate decreased slightly from 70% to 68% compared to April. There were 98 intensive crisis stabilization service (ICSS) cases for the month of May, which is a 33% decrease from April (148). Of the 98 cases, there were 44 initial screenings. There was a 12% increase in the number of Adult requests for service in the month of May and the diversion rate improved by 1%. The Crisis Stabilization Unit (CSU) at COPE served 188 members this month, a 30% decrease from April at 220. Team Wellness CSU served 130 members in May, which is a 7% increase from April.

CRISIS RESIDENTIAL/HEGIRA May 2023

- The number of available beds is 9.

| <u>Referral Source</u> | <u>Total Referrals</u> | <u>Accepted Referrals</u> |
|---------------------------------|------------------------|---------------------------|
| ACT | 0 | 0 |
| COPE | 49 | 25 |
| DWIHN Residential | 7 | 1 |
| Step Down from Inpatient | 11 | 3 |
| Total | 67 | 29 |

Community Hospital Liaison Activity: In May 2023, there were 142 contacts made with community hospitals related to movement of members out of the emergency departments, which is a 33% decrease in contacts from April at 215 (due to changes in the Crisis Services Department staffing). Out of the 142 encounters, 19 were diverted to a lower level of care, an overall diversion rate of 13%. In May, there was one (1) member who repeated an emergency encounter twice within the month, and both of those encounters resulted in an admission.

INNOVATION AND COMMUNITY ENGAGEMENT:

Detroit Police Department Partnership: Organized, and coordinated Bi-weekly DWIHN Co-Response check-in w/ Team Wellness and CNS. Identified complex cases, and assisted with coordination of care to address individual needs. In the month of April DPD co-responders had an approximate total of 268 encounters, 27 suicide related and 28 connected to a service. Individuals were provided various resources for assistance with mental health, substance use and homelessness.

Wayne County Jail: For the month of May there were 160 releases from the jail. Of those releases, 47 were linked back with the provider for follow-up with their member; 11 were not in MHWIN because the mental health designation from jail mental health may not meet DWIHN criteria; two (2) were sent directly to another correctional facility; 0 were on an active AOT; and 100 were not assigned to a provider within the MHWIN system.

Veteran Navigator Services: Continued to work with individual veterans and their family members to ensure that they receive services they need to improve their quality of life. We are also continuing to promote how we support the veterans of Wayne County through education, advocacy, and physical resources. Interacted with 21 new veterans via face-to-face, phone, text, and email. Attended food distribution events with Soldiers Angels in Detroit and Veterans Haven in Wayne.

VP of CLINICAL OPERATIONS EXECUTIVE SUMMARY
PROGRAM COMPLIANCE COMMITTEE
June 14, 2023

Workforce Development: Evaluated DWIHN required training in DWC, including the frequency of the trainings (annual, bi-annual, etc.). Looked at best practice and training requirements in other counties and as a result made some adjustments. These changes are being communicated to our provider partners at the next provider meeting in June 2023.

INTEGRATED HEATHCARE SERVICES:

Behavioral Health Home (BHH): Current enrollment- 546 members (April- 532)

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

Opioid Health Home (OHH): Current enrollment- 601 members (April- 591)

- DWIHN met the MDHHS OHH outcome incentive for this fiscal year. DWIHN continues to work on increasing OHH enrollment and ensuring enrollment data is accurate in both the DWIHN and State systems. DWIHN is working specifically with one provider on performance-related issues in regard to fulfilling program requirements.

Certified Community Behavioral Health Clinic- State Demonstration (CCBHC):

Current enrollment- 3,492 members (April- 3,340)

- A CCBHC site provides a coordinated, integrated, comprehensive services for all individuals diagnosed with a mental illness or substance use disorder. It focuses on increased access to care, 24/7/365 crisis response, and formal coordination with health care. The Guidance Center is the designated CCBHC provider for Region 7. The Guidance Center met all outcome incentive measure for year 1 of the program.

DWIHN CCBHC Efforts: DWIHN submitted the SAMHSA CCBHC Expansion grant in May 2023. Awards will be announced by September 202. The State of Michigan has also announced that they are expanding the CCBHC Demonstration in Michigan. CMHSPs were originally eligible to apply, but since that time MDHHS has informed DWIHN that we cannot current as MDHHS does not have policies and firewalls in place for organizations that are both a PIHP and CMHSP. DWIHN has met with MDHHS advocating to allow us to apply as we have internal firewalls already established. DWIHN will continue to advocate for this expansion opportunity.

UTILIZATION MANAGEMENT:

Habilitation Supports Waiver (HSW): DWIHN's HSW utilization is currently at 94%. DWIHN continues to see an increase in HSW utilization., which is a result of multiple initiatives to boost enrollment. MDHHS expects each region to be at 95% utilization. DWIHN has put in corrective efforts to increase these enrollments and we are seeing an overall increase. The HSW team continues to meet with providers to provide education and training around HSW, the eligibility criteria, and benefits to DWIHN's members.

**VP of CLINICAL OPERATIONS EXECUTIVE SUMMARY
PROGRAM COMPLIANCE COMMITTEE
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HSW Waiver

| Fiscal Year 2023 to Date | | | | | | | | | | | | |
|---------------------------------|------------|------------|------------|------------|------------|--------------|--------------|------------|-------------|-------------|------------|-------------|
| | Oct | Nov | Dec | Jan | Feb | March | April | May | June | July | Aug | Sept |
| Total Slots | 1084 | 1084 | 1084 | 1084 | 1084 | 1084 | 1084 | 1084 | | | | |
| Utilized | 1009 | 1009 | 1008 | 1007 | 1007 | 1005 | 1015 | 1019 | | | | |
| Available | 76 | 76 | 76 | 77 | 77 | 79 | 69 | 65 | | | | |
| Utilization | 93% | 93.1% | 93% | 92.9% | 92.9% | 92.7% | 93.6% | 94% | | | | |

Outpatient Authorizations: There were 14,123 outpatient authorizations approved between 5/1/23 and 5/31/23, 68% were auto approved (via the Service Utilization Guidelines) and 32% were manually approved (via the Service Utilization Guidelines). The technological corrections in our data collection that occurred in April of 2023 have resulted in a compliance rate of 93.6% of authorizations are being approved within 14 days of request. We have made one additional technological change to improve our compliance rate, whereby the UM department requested assistance from the IT department to implement a choice radio button within the authorization request screens that give the requester the ability to select “Urgent” or “Non-Urgent” to categorize their request, which then will be processed within 72 hours (for Urgent requests) and 14 days (for Non-Urgent requests) respectively.

Inpatient Admissions: In the month of May, the UM Team has managed a total of 731 inpatient admissions across the provider network, which reflects a 1.4% increase from the 721 inpatient admissions during April 2023. The UM team has managed 875 total admissions in May 2023. This data includes inpatient, partial hospitalization, and crisis residential services.

The data outlined below reflects the number of admissions as of 5/30/2023:

- Inpatient: 731
- MHL Inpatient: 10
- Partial Hospital: 96
- Crisis Residential: 38 (adults – 24 and children - 14)
- Total Admissions: 875

SUBSTANCE USE SERVICES (SUD):

Authorizations: There were 1,458 authorizations SUD authorizations between 5/1/23 and 5/30/23. Of these 1,458 authorizations, 1,390 or 95% were approved within applicable timeframes.

SUD Performance Indicators:

2B. Percentage of Persons Requesting a Service who Received it within 14 days.

| Month | # New Persons Requested & Approved for SUD Treatment | # Persons Receiving Service W/I 14 Days of First Request | Percent Complaint |
|--------|--|--|-------------------|
| Jan 23 | 949 | 793 | 84.36% |
| Feb 23 | 799 | 661 | 82.73% |
| Mar 23 | 992 | 849 | 85.58% |
| Apr 23 | 880 | 737 | 85.75% |

**VP of CLINICAL OPERATIONS EXECUTIVE SUMMARY
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4B. Percent of discharges from a substance abuse detox unit seen for follow-up care within 7 days.

| Month | # of Discharges from a SA Detox Unit | # of Discharges Followed-up within 7 days | Percent Compliant |
|--------|--------------------------------------|---|-------------------|
| Jan 23 | 286 | 187 | 84.62% |
| Feb 23 | 205 | 135 | 80.84% |
| Mar 23 | 286 | 191 | 97.45% |
| Apr 23 | 263 | 221 | 84.16% |

RESIDENTIAL SERVICES:

There were 158 residential referrals in the month of May 2023.

Residential Referral per Type

| | AMI | IDD |
|---|------------|------------|
| | 126 | 32 |
| AGE-OUT (DHHS) | 0 | 2 |
| CRSP | 60 | 21 |
| CSU CRU | 1 | 0 |
| Emergency Department | 13 | 4 |
| HOSPITAL | 49 | 3 |
| NURSING HOME/SNF | 1 | 0 |
| Other (C.O.P.E. & Recipient Rights Request) | 2 | 0 |
| SELF-DIRECTED to RESIDENTIAL SERVICES | --- | 2 |

Home Closures and Member Discharges: There were six (6) residential facility closures in the month of May. All members were moved to other residential facilities. Six providers requested that their homes be taken “off line” as they have staff shortages. Having a home “off line” means it is temporarily removed from DWIHN’s vacancy and referral list. There 15 vacant beds in these six homes. DWIHN received twenty-two (22), 30-day member discharge notifications from 4/27/23 - 5/31/23 (4 of those were subsequently rescinded). Eleven (11) members have been moved and seven (7) are still in process.

NEW INITIATIVES:

Juvenile Detention Facility (JDF) Treatment Services: DWIHN is working on two programs to assist youth receive behavioral health treatment services. The first is a partnership between DWIHN, Team Wellness, and JDF. Team Wellness has established an outpatient day treatment program for adjudicated youth. This will be at Team Wellness- Russel location. Currently twelve (12) youth have been identified for the program, but it is projected that it could increase to upwards of 70 youth. This program will offer mental health and co-occurring treatment, education, recreational activities, and community living skills. This program is projected to start by June 2023. Team Wellness will also be providing behavioral health services for youth in JDF to prepare them for more community-based treatment.



**VP of CLINICAL OPERATIONS' REPORT
Program Compliance Committee Meeting
Wednesday, June 14, 2023**

ADULTS INITIATIVES (CLINICAL PRACTICE IMPROVEMENT) – Director, Marianne Lyons
Please See Attached Report

Autism Spectrum Disorder (ASD) – Clinical Officer, Ebony Reynolds
Please See Attached Report

CHILDREN'S INITIATIVES – Director, Cassandra Phipps

| | | | |
|--|--|---|---|
| Pillar 1 Clinical Services & Consultation | Pillar 2 Stability & Sustainability | Pillar 3 Outreach & Engagement | Pillar 4 Collaboration & Partnership |
|--|--|---|---|

Mental Health Care: Putting Children First

| Goals | Updates |
|---|---|
| <p>ACCESS</p> <p>Branding Outreach Census Screening New Opportunities</p> | <p>Youth United: On Saturday, May 6th, Youth United hosted their annual Children's Mental Health Awareness Day at Say Detroit Play Center, 19320 Van Dyke Ave, Detroit, MI 48234, from 12-4pm. The event was carnival themed with Anthony Grupido, magician and mental health advocate, who used his magic show to tell his journey to mental health recovery. In addition, there was a youth panel to talk about coping mechanisms for trauma and how recent mass events has impacted them. The day included carnival games, mobile video game truck, food, giveaways and resource tables from organizations in Wayne County. There were 80 people in attendance.</p> <ul style="list-style-type: none"> - Refer to Communications Department report for additional updates from Youth United |
| <p>PREVENTION</p> <p>Conferences Workshops Schools Tri-County Initiative Pediatric Care Prevention Activities</p> | <p>NatCon23 Conference: Children's Initiative Director attended this conference 5/1/23 – 5/3/23 in Los Angeles, California. Various sessions were informational: Moving America's Soul on Suicide, Soul Shop for Black Churches, Story of Resilience, Reimagining Mental Health and Substance Use Services, and Coaching Leadership.</p> <p>Metro Parent Magazine: Children's Initiative Director participated in an interview with Metro Parent coordinated by the Communications Department on youth suicide prevention.</p> <p>Self Determination Conference: Intellectual and Developmental Disability Clinical Specialist, Kim Hoga attended the Self Determination Conference this month in Lansing to learn the new policies and supports to assist families with self-directing services.</p> |
| <p>CRISIS INTERVENTION</p> <p>Care Center Juvenile Justice</p> | <p>Juvenile Justice Partnership: Various meetings were held with MDHHS, DWIHN, Children Providers, and Care Management Organizations to brainstorm resources and referral pathways for youth discharging from juvenile justice placements. Children's Initiative, Crisis Department, and Access Departments are currently participating in subcommittees to offer support.</p> |

| | |
|---|--|
| <p>Expansion of Crisis Services Crisis Trainings</p> | <p>Also met with Havenwyck Hospital, GrowthWorks, Assured Family Services, and Wayne County to discuss proposal of Inpatient Adolescent Stabilization Program for youth involved in the juvenile justice system who are in need of inpatient services. <u>Next Steps:</u> Have joint meeting to discuss the budget funding options.</p> <p>Clinical Officer, Ebony Reynolds drafted a Statement of Work for the new day treatment program in partnership with Team Wellness. The plan is for youth discharging from the Juvenile Detention Facility to participate in an all day program that will consist of counseling, group therapy, and various activities.</p> |
| <p>TREATMENT</p> <p>Workforce Diversity / Equity / Inclusion Evidenced Based Practices Quality Services Expansion of Services</p> | <p>CLS Assessment Tool: Administered survey to Children Providers regarding feedback to discontinue paper version of the CLS Assessment Tool to transition to using only the CLS Assessment Tool in MHWIN. The majority of the feedback resulted in using the electronic version instead. <u>Next Steps:</u> IT Department to finalize updates to the CLS Assessment Tool in MHWIN and continue to offer technical assistance to Providers as needed.</p> <p>Outcomes Reports: Children’s Initiative Department coordinated with the IT Department to develop the following reports to assist with measuring trends and outcomes. The following reports have been completed thus far: 1). Last date of service report for children with SED and IDD disability designation, 2). Including the Total Score to the PHQ A report, 3). Developing a Total Cafas Score report. <u>Next Steps:</u> 1). Develop a process for Providers to upload discharge summaries in MHWIN and document discharge date in MHWIN to use as a data point when developing reports, 2). Request IT Department add Evidenced Based Practice options to the Program Assignments.</p> <p>IDD Home Based Services: Children’s Initiative Department gained feedback from Children’s Providers on implementing Home Based Services for youth with intellectual and developmental disabilities. Discussed 2 screening tools to use to assist with criteria eligibility.</p> <p>MDHHS Home Based Recertification: Children’s Initiative Department submitted HB Recertification applications to MDHHS for 13 Children Providers via the new electronic system.</p> <p>Baby Court: Coordinator completed the Zero to Three Community Coordinator Academy. Also started to facilitate the monthly Baby Court Stakeholder Committee Meetings.</p> <p>MichiCANS: Children’s Initiative Director facilitated a survey among Children Providers to gain interest in the MichiCANS soft launch pilot to start October 2023. 2 Children Providers volunteered to participate. Also submitted to MDHHS the number of DWIHN staff who will need to be trained in this new assessment for October 2024.</p> |

School Services

| | |
|--|--|
| School Success Initiative (SSI) | Monthly SSI Provider Meeting was held. Children’s Initiative Department discussed with School Success Initiative Providers plans to transition screenings from DWIHN Access Department to the Children Providers due to various barriers. The barriers included: 1) Families avoiding answering unknown phone numbers when screeners make phone calls, 2) Families not being available to complete the screening, 3). Longer wait time when families call for the screening. <u>Next Steps:</u> Train Providers on the new process and launch new process by 8/1/2023 |
| GOAL Line “Get On and Learn” | GOAL Line provided a definition glossary for various interventions that were provided for their program. |

Trainings

The Children’s Mental Health Lecture series event occurred on May 18, 2023 titled, “Current Youth Drug Trends”. This presentation offered up to date information on current youth drug trends in our community, such a vaping, alcohol and marijuana use, as well as what you can do to prevent and spot underage substance use (46 attendees)

Self-Care Learning Series, “Practice What You Preach: Therapist Self-Care”, occurred on May 17th where the presenter focused on reviewing whole self-care habits, identifying activities that can prevent burnout and ways to renew zeal and interest in your clinical work (47 attendees).

A Core Competency training was held 5/11/23 provided foundational knowledge in five key areas: System of Care, The Golden Thread of CMH Services, Strength-Based Goals/Measurable Objectives, Multidisciplinary Teams/Ancillary Services and Effective Clinical Care/Documentation Management. (59 clinical professionals attended)

CAFAS/PECFAS Trainings:

- CAFAS Booster (May 10)- 9 participants
- PECFAS Initial (May 2-3)- 8 participants
- CAFAS Initial (May 23-24)- 21 participants

CRISIS SERVICES – Director, Daniel West

Please See Attached Report

CUSTOMER SERVICE – Director, Michele Vasconcellos

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

- **Call Center Operation:** A total of 1,922 calls were offered to the Customer Service Department’s Welcome/Reception Switchboard and Call Center Operations during the month of May. The Welcome /Reception Switchboard handled calls with an ABD rate of 0.9%. The Customer Service Call Center processed 514 calls with an Abandonment (ABD) rate of 3.8%. The ABD compliance standard is <5%
- In May, the service level for the Front Desk was 100%, and Call Center Operations was 95.5%, meeting the answering goal standard of within 30 seconds. The goal is 80%. There was a slight increase in the call volume and a slight increase ABD rate for the Customer Service Dept. The Call Center is continuing to assist Integrated Care (Felicia Grant) with outreach calls to SUD members who were seen in the ED and needed follow-up care.

- **AFP/RFP Evaluations:** Customer Service Director and Administrator continue to participate in the AFP Call Center Phone System evaluation and RFQ evaluation committee for SUD Treatment.
- **Member Materials:** Continue to distribute member materials to providers on a weekly basis.
- **EOB's:** After a quarterly Customer Service mailing of nearly 7,000 EOBs to members, 122 were returned for improper addresses. These returned EOBs were scanned by the support staff and uploaded into member records. A follow-up investigation to address applicable errors in mailings is being conducted. Customer Service Staff were trained on EOB quarterly preparation process.
- **PIHP Customer Service Emails:** Responded to a total of PIHP Customer Service emails. All were forwarded to appropriate departments for follow-up and resolution.
- **Letter to Members on how to Access Services:** 4 letters mailed out for the month of May.
- **Special Cases-** The Call Center handled 6 special cases and 3 Rapid Response for the month of May.
- **Family Support Subsidy Activity:** Handled 850 calls for May. Applications rec'd 115. Applications Submitted to State 92
- **Provider Closures:** Continued to initiate "Choice" letters for mailing to members as a result of provider closures or discontinuance of services.
- **Medical Records:** A total of 20 requests for Member Medical records were addressed.
- **Customer Service Orientations:** Director conducted Customer Service Orientations for new hires of the Access Center and Customer Service.
- **Quarterly CS Report:** Provided Customer Service Quarterly Report to PCC Committee.
- **Customer Service Supervisory Training:** Customer Services Administrator attended the monthly Supervisory Institute-Group Training
- **Member Handbook:** Member Handbook Updated and received State Approval on 5-31-2023.
- **Provider Directory:** Provider Directory in the process of being updated.
- **Provider Manual:** Customer Service updates were submitted for the DWIHN Provider Manual.

Customer Service Performance Monitoring/ Grievance & Appeals

- **Performance Monitoring:** Five audits are in the process of review (Star Center, Beginning Step, Mariner's Inn, ACCESS, Metro East). The Performance Monitors continue to assist the providers with Customer Service Standards compliance. One POC was issued in the month of May.
- **Grievances/Appeals:** Conducted Grievance and Appeal training with multiple providers. Completed EOB submission to Accuform for distribution. Attended CS Statewide Meeting. Tested multiple phone systems for RFQ. JOC meeting with Molina. Met with IT regarding secure medium to transfer EOBs to Accuform. Met with IT re: VM Workstations. Collaborated with UM and The Guidance Center re: high profile case. Collaborated with Compliance regarding grievance concerns.
- **Disenrollment:** To date DWIHN has 6,554 pending disenrollments and 56,380 discharged. DWIHN CS staff has discharged a total of 9,168 non-CRSP assignments and 1,115 are pending.
- **DWIHN Collaborative Meetings:** Participated in the following: Engagement monitoring meeting with Centria and DWIHN ASD department; SUD Prevention Reviews; Risk Matrix; EOB meeting with Claims; IHC department and IT; Credentialing.
- **NCQA/HSAG:**
- Continued to collaborate with departments to address HSAG Plans of Corrections and their status updates. Submission completed. Met with new HSAG consultant.
- Met with Quality regarding HSAG Standard 13, Element 25 to devise a plan of action.

- Updated the Provider Performance Monthly Data Report to include NCQA and HSAG compliance recommendations for future reviews.
- Participated in Mock HSAG Review for Standard 9.

Member Engagement & Experience

- **ECHO Surveys:** Preliminary data from the ECHO surveys is being reviewed a final report should be available before end of July.
- **Peer Support:** Staff is continuing to plan peer opportunities and training to be compatible with the MDHHS requirement for Peer CEU's a fall training is scheduled to help elevate peers to become trainers. DWIHN will enlist certified PSS to help advance a train the trainer module, tentatively scheduled for 9/20/23.
- **Ambassadors:** Unit manager has been advised that the changes in ADP related to Ambassadors and Peer Agents should become effective soon. Waiting for final sign off from J. Connally.
- **Constituent Voice:** CV has been making progress to reorganize, the previous Fund Raiser Variety show that was scheduled for December 2022 has been replaced with an outdoor activity at Milliken Park, this non-fund raiser event will allow participants to share in their talents, through song, poetry and advocacy while enjoying social activity. This is an effort to ensure opportunity for member socialization and engagement.
- **Club houses /Drop- In Centers:** Mid FY discussions were held with Finance T. Jones, and C. Wright to discuss the FSR reimbursement of the Clubhouses. Because Medicaid spend-down requirements had changed during the COVID stage the clubhouse did not use grant funds in FY 22 and appeared to be minimally using the funds in FY 23. Now that the COVID provisions for spend-down have been discontinued we expect better receptivity of clubhouses to use the money. We have however, requested a re-appropriation of \$10,000 from the clubhouses to the Drop-In centers as of 5/30/23 but have not received an answer. Toni Jones and Andrea Smith will advise staff of changes if they are approved.
- **Outreach:** Staff engaged approximately 60 Members at STEP east side location on May 25th. Advocacy awareness was the main topic, and Dreams Come True Programming and Grants. Both Staff and CV Members participated in the delivery of the Members in person Meeting which are schedule for 4th Thursdays
- **POV Newsletter:** Articles in the works for the July PPOV
- **Member Meeting:** Working on various projects highlighted by WALK A MILE IN MY SHOES 9/13/23 and in preparation for the Voter Education Programming that we will launch on that day through end of March in time for the MI Presidential Primary which has been moved up and scheduled for 3/12/24.

INNOVATION AND COMMUNITY ENGAGEMENT (ICE) – Director, Andrea Smith

Reach Us Detroit

Reach Us Detroit 24/7 Virtual Therapy Line continues to be offered to residents of Wayne County that are 14 and up. Engagement using social media has increased this month and new callers have been connected with agents based on their preference in a counselor. Connections with DWIHN Access Center occurred this month with callers reporting that the DWIHN Access Center referred them for services for a one-time evaluation. Callers have been connected with court assessors and county specific resources. It should be noted that callers that have been observed to call at specific periods in the year are currently utilizing the resource at increased rates.

Workforce Development

Community engagement included, DPSCD, Detroit at Work providers, Detroit Chamber of Commerce, and the regional community college network to provide trauma informed awareness, training, and resources connection.

The site application with National Health Service Corps has started to support the retention of staffing.

Two student learners began their field practicum, and an additional intern will continue part time as a post graduate trainee with DWIHN. One current student is being considered for a role with DPD.

Staff coordinated and attended Athlete Wellness initiatives at Ecorse High and Belleville High. We engaged with a total of 225 students. These two events covered the following topics.

- Professional Guest Speakers
- Mental Wellness Matters
- How to Leverage Your Name, Image & Likeness (NIL)
- The Power of Social Media & Personal Branding

Veteran Navigator

The focus this month was continuing to work with individual veterans and their family members, ensuring that they receive whatever services they need to improve their quality of life. We are also continuing to promote how we support the veterans of Wayne County through education, advocacy, and physical resources. This month we continued to educate individuals on new legislation regarding their service connections associated with the PACT Act.

Interacted with 21 new veterans via face-to-face, phone, text, and email.

Attended food distribution events with Soldiers Angels in Detroit and Veterans Haven in Wayne. (Both monthly ongoing events.)

During the month of May, there was participation in weekly Detroit Homeless “DHOT” Outreach Meetings. Identified complex cases, and assisted with coordination of care to address individual needs. There were 137 encounters, 2 individuals received follow-up, no individuals were directly connected to behavioral health or housing services.

DPD/DWIHN Partnership

A Behavioral Health Specialist (BHS) continues to be embedded at DPD’s Communication Center to assist with any calls that need mental health support and resources. There were 13 referred mental health related calls, 3 individuals received follow-up support.

Organized, and coordinated Bi-weekly DWIHN Co-Response check-in w/ TWC and CNS. Identified complex cases, and assisted with coordination of care to address individual needs. In the month of April DPD co-responders had an approximate total of 268 encounters, 27 suicide related and 28 connected to a service. Individuals were provided various resources for assistance with mental health, substance use and homelessness.

At the time of this report, the Mental Health Jail Navigator referrals remain consistent. Currently 4 individuals are monitored and receiving treatment services from Team Wellness Center and/or Detroit Rescue Mission Ministries

Project – WC Jail – IST

For the month of May there were 160 releases from the jail. Of those releases, 47 were linked back with the provider for follow-up with their member; 11 were not in MHWIN because the mental health designation from jail mental health may not meet DWIHN criteria; 2 were sent directly to another correctional facility (i.e. prison or another county jail); 0 were on an active AOT; and 100 were not assigned to a provider within the MHWIN system.

A follow-up meeting was held with the Jail, DWIHN and Naphcare. It was determined Naphcare's assessment may be used to streamline the screening process for DWIHN. It was recommended that Naphcare send notes to the Access Center through MHWIN, especially if a release is delayed. The current procedure will be revised to reflect this change and should significantly decrease individuals being released from the jail without CRSP assignments.

Project - Jail Diversion/ ACT Reviews/AOT Orders

Staff processed 75 AOT orders; with 12 orders not in the MHWIN system. The provider is responsible for sending an updated treatment plan to the court, and filing a notice of non-compliance when required.

There were 2 returning citizens for the month of May. The assigned providers for returning citizens are CNS; CCIH; Team Wellness; and Hegira.

Mental Health Court held its graduation via zoom. A former participant spoke about his experience with recovery and completing the program. He stated he was initially resistant yet in the end he was completely grateful to the program. He is truly a success story of the program. Mental Health Court has 18 participants. The current providers for the program are AWBS and Hegira.

INTEGRATED HEALTH CARE (IHC) – Director, Vicky Politowski *Please See Attached Report*

MANAGED CARE OPERATIONS – Director, Brandon Taylor

MCO Mission

To partner with competent, caring behavioral health providers in the improvement of the lives DWIHN is entrusted to serve.

MCO Departmental Standards

- Provide excellent customer service to providers, other DWIHN departments and external organizations.
- Develop and maintain an efficient operation
- Comply with and/or exceed regulatory, accreditation and ICO standards.

MCO Operations

- Department consists of 3 units, Provider Network Management, Procedure Code Workgroup, and Credentialing
- We are currently interviewing for Provider Network Systems Analyst that would supervise the Procedure Code Workgroup

FY 22/23 Contracts

- Management of over 400 contracts
- Each Provider Network Manager, PNM, manages approximately 40 contracts (outpatient and residential). Note most have multiple locations.

Board Actions

BA 23 -07 R4 was approved by PCC on May 10, 2023 and the DWIHN Board on May 17, 2023 for the addition of one provider; Advance Therapeutics Solutions

Credentialing/Re-Credentialing

| Description | May of 2023 |
|--|-------------|
| Practitioner Credentialing Applications Approved | 85 |
| Facility Credentialing Applications Approved | 0 |

Merger/Closures Data

- 3 provider closures during month of May
 - 3 licensed residential homes

| Provider Name | Type of Closure | Reason for Closure | Numbers of Members Impacted | Intervention |
|------------------|------------------------------------|-------------------------------------|-----------------------------|--|
| Quest Montebello | Residential Provider | Homeowner request move | 6 | Members transferred to another contracted DWIHN provider |
| Quest Sunshine | Licensed Residential Home Contract | Homeowner request move | 3 | Members transferred to another contracted DWIHN provider |
| Lays Management | Licensed Residential Home Contract | Provider relocating to Wayne County | 3 | Members transferred to another contracted DWIHN provider |

Service Availability Challenges/Network Initiatives

- The following network initiatives are being implemented to address network challenges:
 - Substantively decrease on-boarding turn-around times.
 - Establish and implement a streamlined on-boarding process.
 - Assist with the creation of a forward-facing provider portal.
 - Streamlining onboarding process for residential providers.

Internal /External-Training Meetings Held:

Individual meetings are held with Clinically Responsible Service Providers (CRSP) regarding the performance indicators most providers continue to experience staff shortages in the intake department for new intakes as well as ongoing services they provide. We are planning to provide Pre-contracting Document Completion Training that will allow the network provider to have their respective questions/concerns addressed in real-time.

Housing and HUD Program

- Weekly meetings with Continuum of Care Board (COC), to discuss HUD/Homeless projects.
- Bi-monthly Homeless Action Network of Detroit (HAND) Meeting
- As Scheduled - Coordinates Assessment Model (CAM) Transition Meeting
- Monthly -Detroit Continuum of Care
- DWIHN's CoC HUD grants have been renewed. On March 28, 2023 HUD announced 2.76 Billion in Awards for the homeless. in approximately 7,000 local homeless housing and service programs across the U.S. and its territories. These CoC grants provide funding for efforts by nonprofit providers, states, and local governments to quickly rehouse individuals and families experiencing homelessness and provide support while minimizing the trauma and dislocation caused by homelessness. Board Actions will be submitted to PCC and DWIHN Board at April meetings.

Provider Code Workgroup (PCWG)

- MCO is responsible for facilitating the Provider Code Workgroup (PCWG). PCWG is responsible for maintaining fee schedules, operationalizing, and maintaining codes, compliance with state mandated codes as well as resolving departmental and provider issues. We are currently interviewing for Provider Network Systems Analyst that would supervise the Procedure Code Workgroup

| Projects/Updates | Numbers |
|---|--|
| PCWG Ticket System | Resolved 78 Trouble Tickets |
| Rate Updates with the Batch Schedule Updater | 1,429 rate updates (Codes with the education and member served modifiers) |
| Deployed MDHHS Codes | 23 new codes |
| Smart Sheet Request- Deactivation | 3 Deactivations |
| Smart Sheet Request – Add New CSL | 8 |
| Smart Sheet Request – Add SCA | 4 |
| Smart Sheet - Other | 5 |
| Smart Sheet – Address change & Contact info | 4 |
| Smart Sheet Request – Add new services (Contract fee schedules) | 9 |
| Outlook Requests – Claims & Residential | 3 |
| Enter Board Actions in Reqlogic | 0 |
| MH-WIN Clean Up Project | Directory project complete |

New Provider /New Programs

- MCO is developing an Onboarding process which includes prospective providers submitting application to become a DWIHN contracted provider.
- Each provider is screened to determine if they meet DWHIN's initial criteria.
- Once initial criteria are met the prospective provider is evaluated for inclusion in the DWIHN provider network. The evaluation process includes a review by the Access Committee.

Provider Meetings and Trainings Meetings

- Ongoing scheduled trainings and meetings
- Adhoc meetings scheduled when necessary
- Outpatient Provider meetings conducted every 6 weeks
- Residential Provider meetings conducted every 6 weeks
- CRSP Provider meetings held bi-monthly
- Pre-contracting document completion training

RESIDENTIAL SERVICES – Director, Shirley Hirsch

Please See Attached Report

SUBSTANCE USE DISORDER (SUD) – Director, Judy Davis

Please See Attached Report

UTILIZATION MANAGEMENT – Director, Leigh Wayna

Please See Attached Report

ADULT INITIATIVES/ CLINICAL PRACTICE IMPROVEMENT (CPI) MONTHLY EXECUTIVE SUMMARY May 2023

Assertive Community Treatment

Assertive Community Treatment (ACT) providers currently services 835 adult members with Severe Mentally Illness, (SMI). There are currently 8 ACT provider agencies in Wayne County. Adult Initiatives monitors the ACT program admissions and discharges of Lincoln Behavioral Services, Hegira- Westland, Hegira- Downriver, 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 to ensure program eligibility requirements were met.

Adult Initiatives facilitated the monthly ACT forum where topics discussed were completion of clinical documentation with regards to the Pre-admission Review (PAR), PHQ-9 updates, hospital recidivism, Assisted Outpatient Treatment orders and ACT members, ways to engage members, and staff providing coordination of care while the member is in the hospital as well as provider discussion, feedback and questions/concerns were discussed. Adult Initiatives also provided, technical assistance to All Well Being Services and Team Wellness, surrounding 2022 ACT fidelity review as well as FY 2023 review.

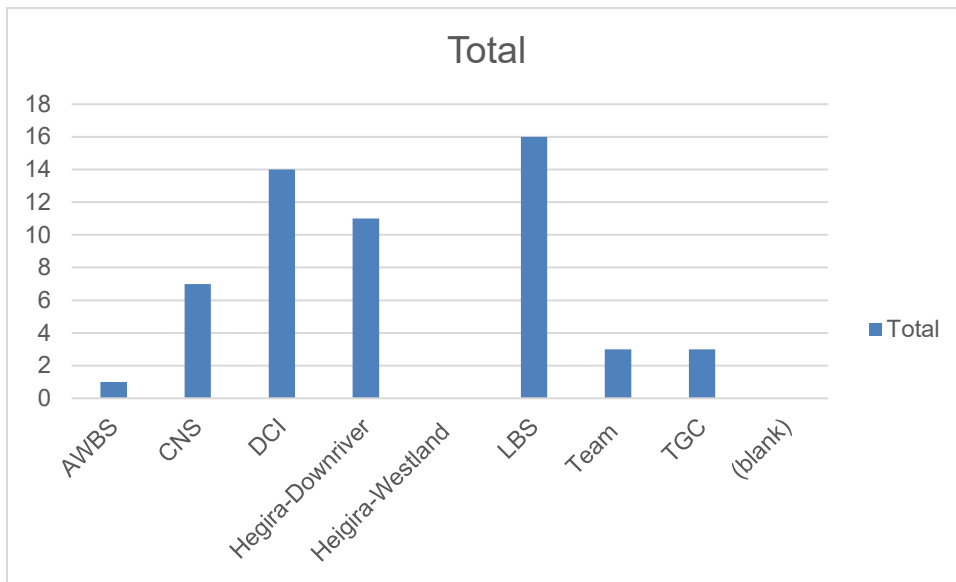
Med Drop

During the month of May, Adult Initiatives met with Med Drop coordinator to discuss the updates to the pilot med drop referral process and any barriers. CPI also held a monthly meeting with the pilot program providers for Med Drop which consisted of Hegira, Lincoln Behavior Services, CNS, Team Wellness, Development Centers, All Well Being Service and The Guidance Center. Topics discussed were ways to increase admissions, strengths, barriers, referral process, and recommendations for providers with regards to presenting the program to members and any concerns, any authorizations issues or concerns.

CPI met with Med Drop for a monthly follow up meeting, where it was noted that there are, **64 open clients**. AWBS = 1; Hegira-Downriver = 15; Hegira-Westland- 0; CNS = 12; DCI = 14; LBS= 14; TGC = 4; Team Wellness= 4
Please see report attached.

Adult Initiatives sent out memos to all CRSP's to ensure knowledge of and participation in Med Drop Program. Those that stated they are unaware were scheduled for follow up introduction meeting to initiate the Med Drop Program within their agency. Arab Community Center for Economic and Social Services, (Access) and Arab-American and Chaldean Council, (ACC) are the two agencies that requested information and Adult

Initiatives attended in person at both staff meetings to educate. Southwest Solutions is also being scheduled.



PHQ-9 Performance Improvement Project (Q1.7 AND Q1.11 Element: B

DWIHN monitors network providers PHQ-9 performance at intake and at the 90 day follow up period. Within compliance is completing both with at least 95% completion rate. For the month of May 2023, it is currently 100.0% completion at intake for the months. For the month of May 2023 follow up completion within 90 days, it is currently 76.4% completion.

Evidence Based Supportive Employment

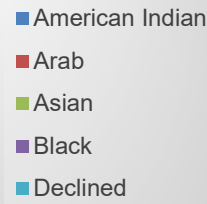
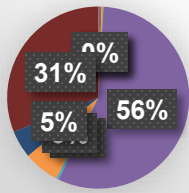
The state of Michigan describes Supported Employment as a two-factor program that focuses on assisting people with securing gainful employment in the community, and providing supports that are necessary to increase success in their respective positions (www.michigan.gov, 2023).

| Agency Name | CMH | Location of IPS Services: In-Agency or Provider | Current Fidelity Rating | Number of New Enrollees Admitted to the IPS Supported Employment Program During this Reporting Quarter. This number is a subset of total number served on IPS supported employment caseload this quarter. | | | | |
|--------------------------------|-------|---|-------------------------|---|----|----|----|--|
| | | | | | | | | |
| ACCESS | DWMHA | Provider | Good | 42 | 48 | 39 | 47 | |
| Central City Integrated Health | DWMHA | Provider | Good | 22 | 21 | 4 | 8 | |
| Community Care Services | DWMHA | Provider | Fair | 8 | 6 | 7 | 24 | |
| Development Centers | DWMHA | Provider | Fair | 0 | 0 | 9 | 0 | |
| LBS | DWMHA | Provider | Fair | 33 | 21 | 38 | 46 | |
| Northeast Guidance Center | DWMHA | Provider | Fair | 0 | 5 | 6 | 4 | |
| Southwest Counseling Solutions | DWMHA | Provider | Fair | 8 | 8 | 3 | 7 | |
| Team Wellness Center | DWMHA | Provider | Fair | 16 | 8 | 22 | 33 | |
| The Guidance Center | DWMHA | Provider | Good | 11 | 14 | 16 | 9 | |

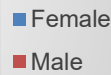
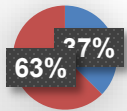
Adult Intellectual Developmental Disabilities

Adult Initiatives hired a Clinical Specialist to over-see the adults in our system of care with Intellectual Developmental Disabilities. The Clinical Specialist will monitor for compliance, best practices and address any areas of concern, need or patterns being seen.

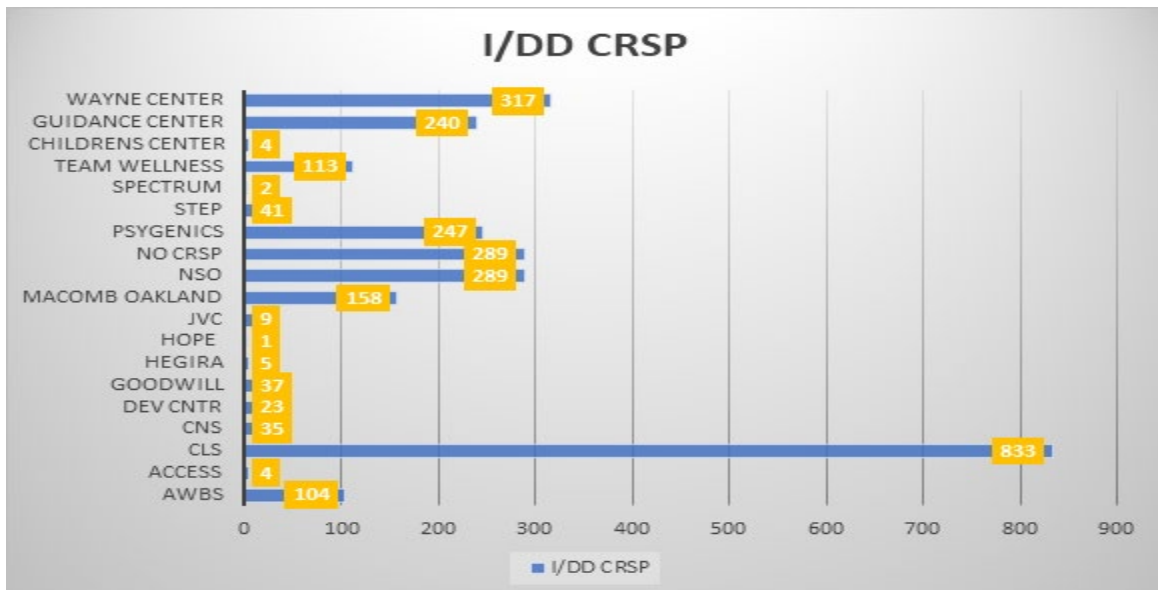
Race-May



Gender-May



I/DD CRSP



Alternative Treatment Orders and Court Liaison

The Court liaison was transferred to Adult Initiatives for improved collaboration and support for members involved with forensic concerns. Adult Initiatives is also in the process of interviewing for an Alternative Treatment Order, (AOT) Case Manager. The Case Manager will provide support related to compliance, linkage and monitoring, as well as address any lack of follow up from the CRSP's and provide training to assist members with improved outcomes.

**COMMUNITY LAW ENFORCEMENT LIAISON
ACTIVITY REPORT May 2023:**

- The number of clinical packets Wayne County Probate Court, (WCPC) received for the month of May increased by 11.75% (333 completed for this month as compared to 298 in April).
- Community Law Enforcement Liaison engaged 56 individuals this month.
 - 100% have repeat interactions/ hospitalizations without follow up by the CRSP. CRSP were alerted and were encouraged to engage in discharge planning.
 - 34% have no CRSP assigned.
 - 14% have a history of substance abuse, and 16% are homeless or in residential 11%.
- 13 Citizens returned and were connected to DWIHN services upon release from Michigan Department of Corrections, (MDOC). 3 members were paroled with an active combined AOT. 1 member missed their initial intake appointment. Liaison has reached out to the CRSP and MDOC to ensure a follow up appointment has been made.
- DWIHN received 139 Assisted Outpatient Treatment (AOT) orders from Probate Court this month and respective CRSPs were notified to incorporate these orders in treatment planning. Deferral Conferences continue with CRSP engagement. 7 transport orders were issued.
- There were 19 ACT consumers referred to COPE: 79% went inpatient, 16% went Outpatient, less than 1% were diverted to Crisis Stabilization Unit, (CRU). No pre-placement was sought during this reporting period. It should be noted 32% of ACT Pre-Admission Reviews, (PARs) were completed by COPE. No AOT members came to COPE CSU on an AOT, but there were two on a Transport Order.

Committee Meetings

SEC/PRC Committee

Adult Initiatives met and discussed sentinel events and patterns being seen that need to be addressed.

Substance Abuse Request for Qualifications (RFQ) Committee

Participated with SUD RFQ to review those providers applying to DWIHN to provide Substance Abuse treatment. Reviewed applications, and scored appropriately.

Outcomes Improvement Committee, (OIC)

Adult Initiatives met with DWIHN internal departments and CRSP's to discuss challenging cases with high risk members. This committee reviews, makes recommendations and provides follow up. The goal of this committee is to ensure safety, and increase well-being.



Detroit Wayne Integrated Health Network

AUTISM DEPARTMENT EXECUTIVE SUMMARY REPORT – MAY 2023

| | | | |
|---|---|--|--|
| Pillar 1 Clinical Services & Consultation | Pillar 2 Stability & Sustainability | Pillar 3 Outreach & Engagement | Pillar 4 Collaboration & Partnership |
|---|---|--|--|

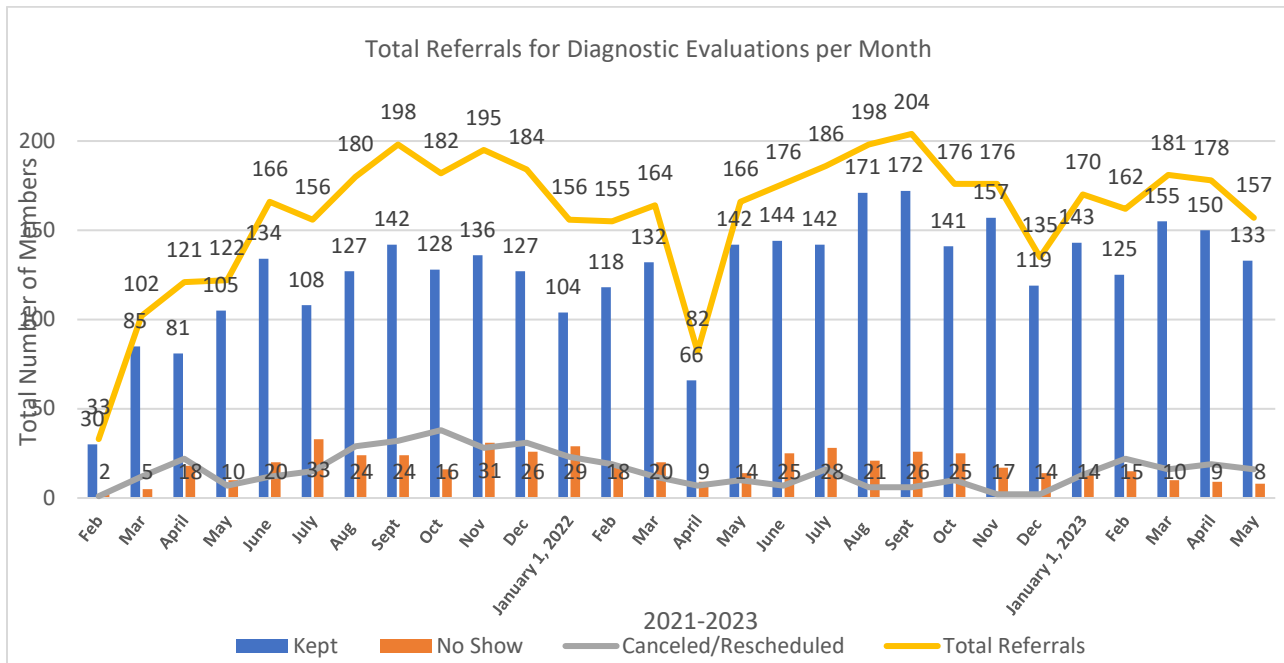
Enrolled in ASD Benefit

Total open cases for the month of May were 2,295 which is an increase of 56 members from April to May (data pulled on 5/26/2023).

Summary of Initial Diagnostic Evaluations

Data below is from the three Diagnostic Evaluators; Social Care Administrator (SCA), The Children’s Center (TCC), and Sprout Evaluation Center (SEC).

- The total number of referrals scheduled by the Access Call Center was 157.
- Of those scheduled referrals, 133 appointments were kept.
- Of the 133 appointments kept, 15 members were found not eligible (non-spectrum) for the Autism Benefit.
- The other 118 members were diagnosed with autism spectrum disorder (ASD) and found eligible for services under the Autism Benefit.

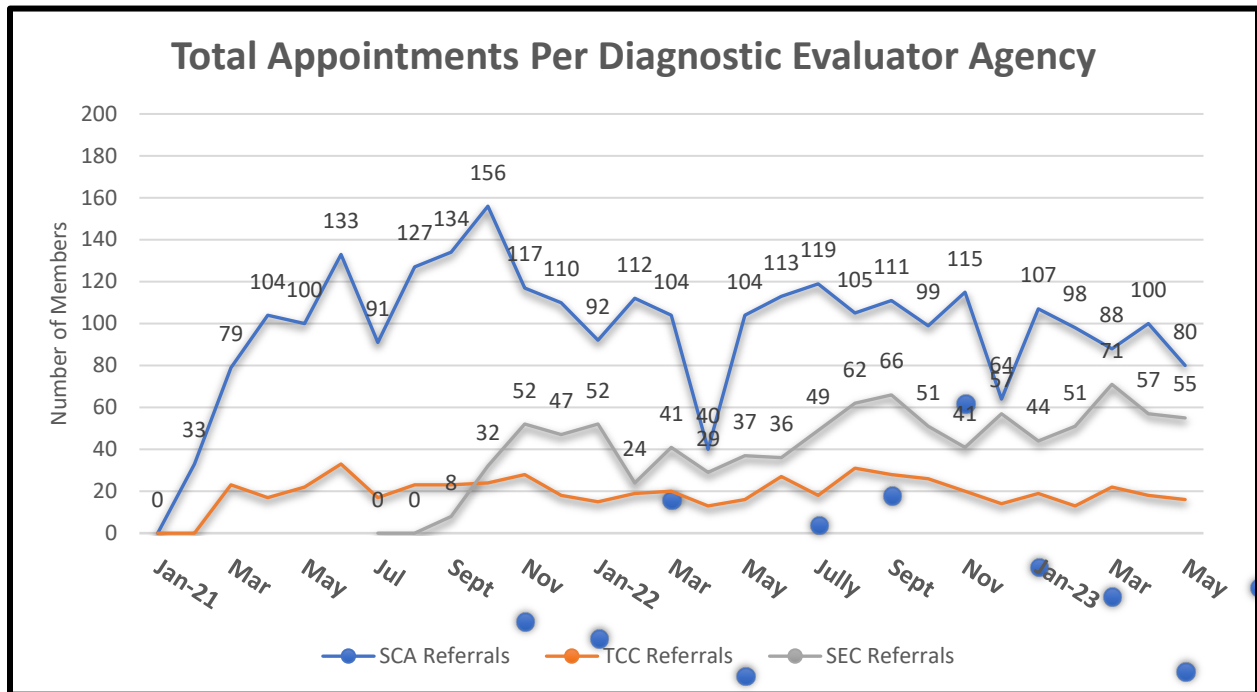




Detroit Wayne Integrated Health Network

Individual Data Points for Diagnostic Evaluators:

The below graph represents all three Diagnostic Evaluator's total appointments that were kept from January 2021 to May 2023. Social Care Administration (80) appointments, The Children's Center (16) appointments, and Sprout Evaluation Center reports (55) appointments.



Autism Department Updates

- The ASD Department hosted two autism focused presentations: Celebrating the Unique Abilities of Autism and Genetics of Autism.
- The ASD Department provided trainings to Providers on navigating accessing Autism Services for youth in Wayne County.
- The ASD Department updated the ABA provider network on the 6 new MDHHS bulletins that focused on: Program coverage, Telemedicine services, Impact on the termination of the public health emergency, and CPT code changes.
- The ASD Department hosted the monthly meeting which included the individual diagnostic evaluating agencies, the support coordinating agencies and the ABA providers.
- The Michigan Department of Health and Human Services (MDHHS) provided clarification on the reporting of ABA Adaptive Behavior Treatment. The SFY 2023 Behavioral State Code Chart and Behavioral Qualifications were updated indicating that services should be reported with the Behavior Technician's NPI number instead of reporting under the BCBA's or other clinical equivalents NPI. By June, 15 2023, all Behavior Technicians will need to have an NPI number submitted to DWIHN via MHWIN.

Crisis Services Monthly Report for May 2023

Below is the monthly data for the Crisis Services Department for May 2023 for adults and children.

CHILDREN'S CRISIS SERVICES May 2023

| Month | RFS | Unique consumer | Inpatient admits | % Admitted | # Diverted | % Diverted | Crisis Stab Cases |
|-------|-----|-----------------|------------------|------------|------------|------------|-------------------|
| April | 290 | 262 | 82 | 28% | 202 | 70% | 148 |
| May | 322 | 293 | 95 | 29% | 219 | 68% | 98 |

- Requests for Service (RFS) for children decreased by 11% this month and the diversion rate decreased slightly from 70% to 68% as compared to April.
- There were 98 intensive crisis stabilization service (ICSS) cases for the month of May, which is a 33% decrease from April. Of the 98 cases there were 44 initial screenings.
- 44 cases were served by The Children's Center Crisis Care Center in May, which was an 83% increase from April.

COPE May 2023

| Month | RFS | Unique consumer | Inpatient admits | % Admitted | # Diverted | % Diverted | # Inpt due to no CRU |
|-------|-------|-----------------|------------------|------------|------------|------------|----------------------|
| April | 900 | 833 | 657 | 73% | 221 | 25% | 7 |
| May | 1,029 | 926 | 722 | 70% | 270 | 26% | 5 |

- There was a 12% increase in the number of requests for service for adults in May compared to April, and the diversion rate increased slightly in May.
- The Crisis Stabilization Unit (CSU) at COPE served 288 members this month, a 30% increase from April at 220.
- The Mobile Crisis Stabilization Team provided services to 87 members in May, up from 78 in April.

CRISIS RESIDENTIAL/HEGIRA May 2023

- The number of available beds is 9.

| <u>Referral Source</u> | <u>Total Referrals</u> | <u>Accepted Referrals</u> |
|--------------------------|------------------------|---------------------------|
| ACT | 0 | 0 |
| COPE | 49 | 25 |
| DWIHN Residential | 7 | 1 |
| Step Down from Inpatient | 11 | 3 |
| Total | 67 | 29 |

| <u>CRU Denials May 2023</u> | |
|--|-----------|
| Level of care change | 18 |
| Not medically stable due to SUD | 0 |
| CRU bed unavailable | 1 |
| Not medically stable due to physical health | 2 |
| Criteria not met | 1 |
| 1:1 staffing unavailable | 0 |
| Violent/aggressive behavior | 3 |
| Member refusal | 8 |
| No follow up from SW/requesting facility | 1 |
| Pending | 4 |

TEAM WELLNESS CSU May 2023

- Team CSU served 130 members in May which is a 7% increase from April at 121 members. 56 resulted in a higher level of care. 13 members seen at Team Wellness CSU were on an AOT and 3 on a Transport Order.

PROTOCOL April 2023

| Month/Year | # Incoming Calls | # Calls Answered | % answer w/in 30 secs | Avg. Speed of answer | Abandonment rate |
|-------------------|-------------------------|-------------------------|------------------------------|-----------------------------|-------------------------|
| March | 738 | 718 | 89.3% | 17s | 1.8% |
| April | 801 | 780 | 90.2% | 17s | 1.5% |

- May 2023 data not available at the time of this report
- In April 2023, Protocol experienced roughly the same daily demand as they did in March, with a small increase in the number of clinical calls. Protocol also saw a decrease to the overall average speed of answer (20s), and achieved an 87.8% service level. As with March, Protocol was able to maintain their goals for abandonment rate, with that landing at 2.7% overall.
- In April 2023, Protocol was able to net 6 new call-takers for the month. As the school year comes to an end, and as May comes to an end, they are already seeing some of the normal seasonal volume shifts, which they are hopeful will produce metrics well within their goal ranges, and where they can continue to maintain their recruiting and retention efforts.

COMMUNITY LAW ENFORCEMENT LIAISON ACTIVITY REPORT May 2023:

- The number of clinical packets WCPC received for the month of May increased by 11.75% (333 completed for this month as compared to 298 in April).
- Community Law Enforcement Liaison engaged 56 individuals this month.
 - 100% have repeat interactions/ hospitalizations without follow up by the CRSP. CRSP were alerted and were encouraged to engage in discharge planning.
 - 34% have no CRSP assigned. 30% TEAM as a CRSP.
 - 14% have a history of SUD, 16% homeless, and residential needs 11%.
- 13 citizens returned and were connected to DWIHN services upon release from MDOC. 3 were paroled with an active combined AOT. 1 missed their initial intake appointment. Liaison has reached out to CRSP and MDOC to ensure a follow up appointment has been made.
- DWIHN received 139 Assisted Outpatient Treatment (AOT) orders from Probate Court this month and respective CRSPs were notified to incorporate these orders in treatment planning. Deferral conferences continue with CRSP engagement. 7 transport orders were issued.
- There were 19 ACT consumers referred to COPE:79% went inpatient, 16% went Outpatient, less than 1% were diverted to CRU. No pre-placement was sought during this reporting period. It should be noted 32% of ACT PARs were completed by COPE. No members came to COPE CSU on an AOT and two came on a Transport Order.

COMMUNITY HOSPITAL LIAISON ACTIVITY REPORT May 2023

- In May 2023, there were 142 contacts made with community hospitals related to movement of members out of the emergency departments, which is a 33% decrease in contacts from April at 215 (due to changes in the Crisis Services Department staffing). Out of the 142 encounters, 19 were diverted to a lower level of care, an overall diversion rate of 13%. 0 admissions were made to Hawthorn, and 0 admissions were made to WRPH and Kalamazoo.
- Our Hospital Liaison received 23 “crisis warning” calls in May and 6 of those members were diverted to lower levels of care (26% diversion rate for crisis warning calls).
- In May, there was 1 member who repeated an emergency encounter twice within the month, and both of those encounters resulted in a medical admission.
- No requests were made related to veteran’s affairs.

DATA SPECIFICALLY RELATED TO 23 HOUR REPORT May 2023

- Of the 23-hour report activities during this reporting period there were 138 encounters (a 52% decrease from April for members specifically related to the 23-hour report).
- 18 of the 138 cases specifically related to the 23-hour list were diverted, resulting in a 13% diversion rate for those members specifically related to the 23-hour report

DISPOSITION TOTALS 23 HOUR REPORT, May 2023

| Admission Type | Members |
|--|----------------|
| Beaumont Behavioral | 6 |
| BCA Stonecrest | 15 |
| Detroit Receiving | 3 |
| Garden City | 8 |
| Harbor Oaks | 15 |
| Havenwyck | 1 |
| UofM | 1 |
| Henry Ford Wyandotte | 4 |
| Henry Ford Kingswood | 9 |
| Pontiac General | 28 |
| Samaritan | 7 |
| Sinai Grace | 5 |
| St. Mary Mercy | 7 |
| St. Joes Ann Arbor | 1 |
| Discharge with Mobile Crisis Stabilization | 18 |
| Medical Admissions | 11 |
| CRU | 1 |

MOBILE OUTREACH SERVICES, May 2023

| Category | |
|---|-----|
| Number of mobile events attended | 13 |
| Number of members educated on DWIHN services | 234 |
| Number of screenings in the system | 0 |
| Number of follow-up calls made | 55 |
| Number of referrals made as a result of follow up | 4 |
| Benefit Assistance Referral | 0 |
| Bill Payment Referral | 0 |
| Complex Case Management referral | 0 |
| Connection to Access Center | 4 |
| Housing Referral | 0 |

MOBILE OUTREACH SUMMARY, May 2023

- In May, our Mobile Outreach Clinician was able to add new events to the shared calendar with the continued partnership with Wayne Metro and Black Family Development. Our clinician was able to garner a collaborative relationship with the Michigan Department of Health and Human Services Pathways. There was an event in May scheduled with Ann Visger Preparatory Academy with over 40 people in attendance, 36th District Court, Strong Mind Strong Body with over 35 in attendance and Zeta Phi Beta Sorority in Inkster with over 30 people in attendance. Our Mobile Outreach Clinician was able to meet with the leadership of MDHHS Pathways and was invited to Earhart Elementary School in southwest Detroit. Several new resource vendors were added including Empowerment Zone Coalition, Focus Hope, Save Detroit, Authority Health, Metro EHS Pediatric Therapy, Terra Defoe was made a contact (Advisor to the Mayor of Detroit) and also Sabina Underwood from Jefferson East.

Integrated Health Care Department

Monthly Report

June 1, 2023

Collaboration with Community Partners

During the month of May, IHC had a lunch and learn for the provider network on all 5 Quality Plans and FUH.

IHC attended the Detroit Health Departments Health Fair and provided health education.

Quality Improvement Plans

The IHC department manages five Quality Improvement Plans (QIPs) that are in alignment with NCQA requirements. The focus of the QIPs includes the following: 7 and 30 day Follow Up After Hospitalization for Mental Illness (FUH), Adherence to Antipsychotic Medication (AMM), Diabetes Screening for members prescribed atypical antipsychotic medications (SSD), and Hepatitis C treatment. The current HEDIS certified platform displays individual CRSP provider data to allow early intervention and opportunity to improve outcomes. The HEDIS certified platform will 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.

During the month of May, the HEDIS scorecard was reviewed at the 7 CRSP monthly meetings and FUH data was shared. IHC created an educational presentation on HEDIS measures and definitions for CRSP medical directors and there is a place on the DWIHN website under Provider Resources for HEDIS.

FUH scores have consistently increased since HEDIS Scores have been presented at the 45 day meeting.

Scores from HEDIS Scorecard as of March 2023 due to claims lag.

| Measure | Measure Name | Eligible | Total Compliant | Non Compliant | HP Goal | Year To Date | Estimated |
|---------|--|----------|-----------------|---------------|---------|--------------|-----------|
| AMM2 | Effective Acute Phase Treatment | 3543 | 1526 | 2017 | 77.32 | 43.07 | 40 |
| AMM3 | Effective Continuation Phase Treatment | 3543 | 726 | 2817 | 63.41 | 20.49 | 13.85 |
| FUH301 | Follow-Up After Hospitalization for Mental Illness Age 6 - 17 (30 | 136 | 81 | 55 | 70 | 59.56 | 67.83 |
| FUH302 | Follow-Up After Hospitalization for Mental Illness Age 18 - 64 (30 | 1439 | 571 | 868 | 58 | 39.68 | 46.5 |
| SAA | Adherence to Antipsychotic Medications for Individuals With Sch | 2508 | 1989 | 519 | 85.09 | 79.31 | 57.7 |
| SSD | Diabetes Screening for People With Schizophrenia or Bipolar Dis | 3739 | 1000 | 2739 | 86.36 | 26.75 | 70.82 |

Population Health Management and Data Analytics Tool

All Medicaid Health Plans and ICO's were added to the HEDIS Scorecard. DWIHN can now pull data on these individually by CRSP provider.

Integrated Health Pilot Projects

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

Health Plan 1:

Health Plan 1 and DWIHN are using the shared platform to find members who need more services and follow up. Health Plan 1 has created a statement of work and it was approved by the legal department and signed by the CEO. Health Plan 1 Leadership and DWIHN met in March to discuss current care coordination and other projects that could be created. DWIHN shared the difficulty with coordination of care of members when they are in the ED. Health Plan 1 will speak to the health system and see if they are interested in a shared project. DWIHN and IHC meet monthly for care coordination. Four members **(4)** had gaps in care and **2** of those members had successful outcomes. See below for care coordination project.

Health Plan 2:

Care Coordination with Health Plan 2 was initiated in September 2020, these meetings occur monthly. Health Plan 2 had **8** members identified of having gaps in care and **5** members had successful outcomes. Intervention were assisting Plan to connect for HRA/Physical Health Care and FUH post follow up See below for care coordination project.

Special Care Coordination Project

| Plan Name | Number of members w/Gaps in care | Type of Gap: A.) Non/Partial Compliance B.) Assisting Plan to connect for HRA/Physical Health Care C.) FUH post follow up | What Were Interventions : A.) Coordinate and Outreach to BHCERSP. B.) Coordinate w/ICO for transportation. C.) Outreach to members | Number of cases to refer to Complex Case Management | Total Number of Successful Outcomes |
|----------------------|---|--|--|--|--|
| Health Plan 1 | 4 | A, B | A | 0 | 2 |
| Health Plan 2 | 8 | A, B | A, B | 0 | 5 |

Health Plan 3s

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

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

DWIHN IT and PCE are developing a database so that the number of members can be tracked. Baseline data is complete and will be tracked monthly. Baseline data was completed March. DWIHN need to find a way to track if the follow up appointment happen at the CRSP level. DWIHN and the 4 CRSP's involved met to discuss any barriers and how to track outcomes.

MI Health Link Demonstration

IHC department under the MI Health Link Program received total of 31 level II requests in May which was a decrease of 124 requests. 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. *(This number was greatly reduced due to Molina not able to send level II requests. Molina is working on a resolution.)*

| ICO | Active | Pending | Voided | Totally by ICO |
|--------------|----------|-----------|-----------|----------------|
| Aetna | 6 | 4 | 3 | 13 |
| Amerihealth | 2 | 1 | 1 | 4 |
| HAP | 2 | 4 | 5 | 11 |
| Meridian | 0 | 2 | 1 | 3 |
| Molina | 0 | 0 | 0 | 0 |
| TOTAL | 8 | 11 | 10 | 31 |
| | | | | |

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 | 0 | 0 | 1 | 1 |
| Amerihealth | 0 | 0 | 0 | 1 | 0 |
| HAP | 0 | 3 | 0 | 1 | 1 |
| Meridian | 0 | 0 | 0 | 0 | 1 |

| | | | | | |
|--------------|----------|----------|----------|----------|----------|
| Molina | 0 | 0 | 0 | 0 | 0 |
| Total | 1 | 3 | 0 | 3 | 3 |
| | | | | | |

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 |
|-----------------|----------------------------|----------------------------|--------------------------|--------------------------------------|--------------------|-----------------|
| October 2022 | 201 | 0 | 77 | 28 | 19 | 77 |
| November 2022 | 193 | 0 | 80 | 14 | 9 | 90 |
| December 2022 | 165 | 0 | 63 | 6 | 12 | 84 |
| January 2023 | 223 | 34 | 45 | 11 | 31 | 102 |
| February 2023 | 146 | 0 | 36 | 6 | 18 | 86 |
| March 2023 | 135 | 0 | 44 | 8 | 25 | 58 |
| April 2023 | 135 | 9 | 40 | 17 | 6 | 63 |
| May 2023 | 10 | 1 | 3 | 0 | 3 | 3 |

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

Update ICO Meridian is submitting referrals using the care bridge however the name has reverted back to "Fidelis". IHC has submitted a help desk ticket and notified the health plan.

ICO Molina indicated they are having internal issues with sending referrals through care bridge and resolve has not taken place but will be not held against DWIHN for the influx of referrals when correction is made as most will be outside the initial targeted return date.

DWVHN IT department has been made aware of low incoming referrals for this reporting month. PCE vendor is aware of updates to the Care Bridge for the demonstration no targeted repair date identified.

There were **17** LOCUS assessments completed for the MI Health Link Demonstration received from Network Providers who service Nursing Home Facilities for Mild-Moderate population.

Data Share with Medicaid Health Plans

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

| MHP Plan Name | Number of members w/Gaps in care | Number of cases to refer to Complex Case Management | Total Number of Successful Outcomes |
|----------------------|---|--|--|
| AET | 3 | 0 | 0 |
| BCC | 5 | 0 | 3 |
| HAP | 5 | 0 | 3 |
| McLaren | 2 | 0 | 0 |
| Meridian | 6 | 0 | 3 |
| Molina | 5 | 0 | 1 |
| Priority | 6 | 1 | 4 |
| United | 4 | 1 | 2 |

In May, **514** members admitted of those **294** are still inpatient. IHC staff contacted **129** of those members and **33** attended outpatient appointments due to connecting with IHC Care Coordination team. Below is the breakdown by Medicaid Health Plan.

| Medicaid Health Plan (total) FUH | How many correspondences did DWIHN send out to CRSP or Health Plan | How many kept appt. | Number of cases referred to Complex Case Management |
|----------------------------------|--|---------------------|---|
| Priority | 10 | 7 | 1 |
| BCC | 30 | 10 | 0 |
| Aetna | 8 | 4 | 0 |
| HAP | 5 | 1 | 0 |
| McLaren | 2 | 0 | 0 |
| Meridian | 15 | 7 | 0 |
| Molina | 13 | 4 | 0 |
| UHC | 7 | 3 | 0 |

FUA:

There was a total **38** FUA members presented at an ED for the month of May. **17** cases were fee for service Medicaid or plan attached. Of the cases **10** were open to DWIHN and **2** kept the appointment. Below is the breakdown by Medicaid Health Plan.

| Medicaid Health Plan (total) | How many open DWIHN | How many made aftercare appt. | How many were sent to health plan | How many did the health plan indicate will attempt to be reach | How many were attempted to reach | How many appr kept |
|------------------------------|---------------------|-------------------------------|-----------------------------------|--|----------------------------------|--------------------|
| Priority | 0 | 0 | 0 | 0 | 0 | 0 |
| BCC | 1 | 1 | 2 | 2 | 1 | 0 |
| Aetna | 1 | 0 | 1 | 0 | 1 | 0 |
| HAP | 1 | 1 | 0 | 0 | 1 | 1 |
| McLaren | 2 | 2 | 0 | 0 | 1 | 1 |
| Meridian | 1 | 1 | 3 | 0 | 3 | 0 |

| | | | | | | |
|------------------------|-----------|-----------|------------|------------|-----------|----------|
| Molina | 3 | 3 | 2 | 0 | 3 | 1 |
| UHC | 1 | 0 | 1 | 0 | 1 | 0 |
| Fee for Service | 17 | 6 | n/a | n/a | 8 | 3 |
| Total | 27 | 14 | 9 | 4 | 19 | 5 |

Audits:

- ICO Molina has accepted DWIHN additional information has not provided the annual delegation audit findings during this reporting period. ICO Molina is currently with issue in transmitting Level II request to DWIHN, during JOC meeting ICO indicated that system updates are delaying the referrals, referrals will NOT be counted against DWIHN during 2023 Annual Delegation audit for this timeframe May 2023 as DWIHN will receive an influx of outstanding referrals once system has been fixed. DWIHN submitted SARAG Universes to ICO Molina for their HSAG audit was informed DWIHN would not have to participate as a delegate.
 - It has been confirmed with Finance department that DWIHN has not yet received PM/PM payments from ICO Molina who will follow up with DWIHN.
- ICO Meridian has implemented test files through Care Bridge for Level II referral request. IHC has informed IT department as referrals are currently named receiving from “Fidelis” Currently DWIHN Operational Risk Management Agency plan is outstanding but compliance is working on it. No updates have been provided regarding this delegation request. DWIHN IT department has outstanding security questioner not completed.
 - ICO Meridian has requested cost settling meeting for this reporting month for the CY2019, 2020, 2021, and 2022. IHC and Finance will review data internally along with verifying contract language to determine if cost settling is appropriate at this time as contract indicated completion in CY2019. Finance will reevaluate rates for services to determine if current with today’s standards of Medicare service fees. DWIHN has not resolved cost settlements but has confirmed CEO address for Quality Withhold notifications that will be sent to DWIHN before the end of this reporting period for CY2020, CY 2021. No update for this currently. ICO Meridian has requested annual delegation audit and information is being gathered from respective departments. ICO Meridian was

submitted via secure email documents for this audit awaiting results. No updates during this reporting period.

State Hospital Meeting – IHC in collaboration with Finance has scheduled a meeting with ICO Meridian to discuss recoupment of payment at 100% for member that entered State Psychiatric Services 9/2021 through 12/2022.

- ICO Aetna has requested DWIHN provide Quality Withholding information for following program years 2017 – 2021 during this reporting period however there are is one standard that is in question. DWIHN has requested a meeting with plan to review requirements however no date/time has been established more discussion will be during next reporting period. DWIHN submitted SARAG Universes to ICO Molina for their HSAG audit was informed DWIHN would not have to participate as a delegate.
 - ICO Aetna has requested financial meeting with DWIHN to discuss cost settlement. ICO Aetna has agreed to meet with DWIHN during this reporting period and determine from meeting that cost settling will continue from 2017 – 2022. **2018 and 2019 agreed no settlement needed. Additional meeting will occur in next reporting period to determine financial amounts. No update to report. This item will stand as documentation until Quality Withhold discussion is complete.
- ICO AmeriHealth has placed DWIHN on a CAP for 2022 Delegation DWIHN Audit for the following areas: Access Center, Provider Network Credentialing, Care Coordination and DWIHN as whole due to lack of updating DWIHN’s Disaster Recovery Operational Risk Management Agency Plan. Workplan is due May 25, 2023.
- ICO HAP as requested review of MHL Agreement legal has completed review and requested additional contract language awaiting determination by ICO HAP. ICO HAP requested DWIHN to participate in HSAG Credentialing Audit files, policy and procedure has been submitted audit to take place during being of next reporting period. DWIHN has been placed on a CAP for Credentialing and Recredentialing for failing to provide standard to support 95% of files reviewed.
- IHC is currently on work group with internal staff for update development process for EOB. DWIHN is currently sending EOB for MHL members 100% but not sending timely lag is two quarters behind. Internal staff meeting took place regarding this ask and Customer Service and IT are exploring vender products to fulfill this requirement.

- During this reporting period encounter reports were shared with the department for oversight or correction, still being reviewed to determine barriers to reporting.

Compliance Meetings for MHL Program

DWIHN is assisting all ICOs as their delegates with CMS and HSAG audit request. IHC has developed a workplan document for all request that indicates timelines and responsible internal staff. Will continue to update as needed.

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 April 2023, there are currently **13** active cases, **3** new case opened, **4** case closures, and no pending cases. Four (**4**) cases were closed, **3** met their goals and **1** member passed away.

Care Coordination services were provided to **22** additional members who either declined or did not meet eligibility for CCM services.

Follow up after hospitalization was completed with **80** consumers to help identify needs and **0** individuals who had hospital recidivism. Nineteen (**19**) attended their FUH appointment, **3** were reached and coordinated of care was completed and **0** were engaged in CCM.

Complex Case Management staff have been working to identify additional referral opportunities. IHC completed **25** presentations for DWIHN CRSPs and at Provider Meetings: St. Mary's Livonia, Henry Ford Kingwood, Beaumont Main, Garden City, St. John Providence, Samaritan, Detroit Receiving, Henry Ford Hospital, Stonecrest, Black Family Development, Community Living Services, Slim Haven AFC homes, Star Center, Home Lifestyles, Lincoln Behavioral Services

CCM billing Pilot: In the month of May 1-21 CCM billed 18 hours of face to face services.

Satisfaction Surveys: During the month of May CCM received **2** Satisfaction surveys returned from members. In which both members reported 100% rate of satisfaction.

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

May Monthly Referrals

1. # Referrals processed: 604
2. # Referrals requiring an assessment: 261
3. # Referrals requiring as exemption letter: 343

4. Current # of referrals in 14-day que: 0 (this was 384 last month)
5. Canceled assessments: 32
6. Current referrals in INP que: 447 (300 of these were left over from NSO)
7. Congruency was 95%. This was a decrease because the state reviewers recommended specialized services (CMH) when DWIHN staff recommended general MI services.

Completed Assessments:

| Type | Full | PAS | PARTIAL | Total |
|-------|------|-----|---------|-------|
| MI | 65 | 5 | 57 | 127 |
| ID/DD | 13 | 3 | 3 | 19 |

9/54 (17%) assessment were pended for April. Reasons include: Type of eval 3, Diagnostic 1, Late/delayed 1, coordinator 3.

16/86 (19%) assessments were pended for May. Reason include: Type of Eval 2, Diagnostic 4, Presenting Problem 2, Other 2, Coordinator 3, Recommendations 3



Detroit Wayne Integrated Health Network Residential Services Department

Department Monthly Report: May 2023

Report Date Range: 4/27/23-5/26/23

Referrals

| | |
|--|------------|
| <i>Carry-over (prior to 4/27/2023)</i> | *29 |
| Referrals RECEIVED: 4/27/23-5/26/23 | 137 |
| TOTAL Referrals | 166 |

Residential Referral per Type

| | <u>AMI</u> | <u>IDD</u> |
|---|------------|------------|
| | 126 | 32 |
| AGE-OUT (DHHS) | 0 | 2 |
| CRSP | 60 | 21 |
| CSU CRU | 1 | 0 |
| Emergency Department | 13 | 4 |
| HOSPITAL | 49 | 3 |
| NURSING HOME/SNF | 1 | 0 |
| Other (C.O.P.E. & Recipient Rights Request) | 2 | 0 |
| SELF-DIRECTED to RESIDENTIAL SERVICES | --- | 2 |

Referral Trends

- *29 cases carried over prior to 4/27/23 that are currently in their brokering process (residential assessments either have been completed during month of May 2023 or within last 90 days of case assignment).
- One of the (2) identified IDD self-directed members referred for specialized residential services was rescinded by CRSP to remain as self-directed.
- 11 identified IDD members referred for HAB Waiver services.

Service Authorizations

| | |
|---|------------|
| Authorizations Processed | 747 |
| Authorizations APPROVED | 635 |
| ○ Interim IPOS Completed by DWIHN Auth Team | 43 |
| ○ Requests Submitted Residential Care Specialists | 238 |
| ○ Requests Processed Through MHWIN Queues | 509 |
| ○ Approved less than 14 Days | 635 |
| ○ Returned Less Than 14 Days | 112 |
| ○ Wayne County Auths (Code: 82) | 740 |
| ○ Non-Wayne County Auths | 7 |
| ○ AMI Auths | 328 |
| ○ IDD Auths | 419 |
| ○ Case conference reviews: 9 | |

Inpatient Psychiatric

| | Walter Reuther | Caro | Kalamazoo | Forensic Psychiatry |
|--|----------------|----------|-----------|---------------------|
| # of Carry Overs (prior to 4/27/23) | 8 | 1 | 1 | 4 |
| New Referrals Received | 2 | 0 | 0 | 0 |
| # Members Placed | 4 | 0 | 1 | 1 |
| Pending Discharges (awaiting community placement) | 6 | 1 | 1 | 3 |
| Prospective Discharge Locations: | | | | |
| MCTP Program | 2 | 1 | 0 | 2 |
| Out-of-County | 0 | 0 | 0 | 0 |
| Community | 4 | 0 | 0 | 0 |
| Independent Referrals | 0 | 0 | 0 | 1 |

Placement Barriers

- Average wait-time for difficult-to-place members: 4-6 months
- Bed Availability requests NGRI committee requests (outside Detroit/Wayne County)
- Noted behaviors (history of aggression, property destruction, etc.)

Residential Facilities Closures

| | |
|---|---|
| <i>Carried Over prior to 4/27/23</i> | 7 |
| Facility Closure Notifications RECEIVED: 4/27/23 – 5/26/23 | 2 |
| TOTAL # of Notifications | 9 |
| Requests On-going | 3 |
| Completion of Facility Closures | 6 |
| Members Relocated under Alternate DWIHN Providers | |
| NOTIFICATION TYPE | MCO Notifications |
| | 4 |
| | APS Complaint |
| | 0 |
| | CRSP Notifications Recipient Rights Complaint |
| | 0 |
| | Specialized Provider Notifications |
| | 5 |

MCO Sanctions

| Vendor Facility Name | AMI IDD | Sanction Date | End Date | # of Vacant Beds | # of Current Members |
|---|-----------|---------------|----------|------------------|----------------------|
| Forever Care Homes (29070) – 3 sites | AMI & IDD | 03/01/23 | 08/27/23 | 3 | 15 |
| Asanpee Care Inc. (28262) – 2 sites | AMI | 02/06/23 | 02/06/24 | 2 | 10 |
| True Transitions (28657) – All Sites | AMI | 4/26/23 | TBD | 7 | 35 |

Offline Provider Request

Providers requesting to be removed from vacancy census due to staffing shortages.

| Vendor Facility Name | AMI / IDD | Request Date | End Date | # of Vacant Beds | # of Members Effected |
|---|-----------|--------------|----------|------------------|-----------------------|
| Berry's Adult Foster Care Homes (25535) | AMI | 04/27/23 | TBD | 2 | 4 |
| Pam's Norwood Care (29905) | AMI | 02/15/23 | TBD | 1 | 5 |
| Woods Care (28132) | AMI | 02/10/23 | TBD | 3 | 2 |

Offline Provider Request (continued)

| | | | | | |
|------------------------------------|-----|----------|-----|---|---|
| Charlotte's Care II (25584) | AMI | 12/21/22 | TBD | 2 | 4 |
| Muirland Manor (28473) | IDD | 10/08/22 | TBD | 6 | 0 |
| Landers – Mayfield Home #3 (33051) | AMI | 05/10/23 | TBD | 1 | 5 |

Member Discharges Notifications

| | |
|--|------------------|
| <i>30-DAY DISCHARGES carried over prior to 4/27/23</i> | 4 |
| Notifications Received: May 2023 | 18 |
| 30-Day Discharges COMPLETED within 30-days | 11 |
| <i>Rescinded 30-Day Discharges</i> | <i>4</i> |
| Discharges in Progress | 7 |
| Average timeliness of 30-day discharge closure: | 21.4 days |

| | |
|--|-----------|
| Emergent Discharge Notifications Received: May 2023 | 11 |
| <i>Rescinded Emergency Discharges</i> | <i>0</i> |

COVID-19

| | |
|--|----------|
| # of COVID-19 Positive Cases: 4/27/23 – 5/26/23 | 0 |
| AMI 0 IDD 0 | |
| Related Death Cases: 4/27/23 – 5/26/23* | 0 |
| AMI 0 IDD 0 | |
| DCW Staff COVID-19 Positive cases | 0 |

**No reported deaths since February 2022*

Residential Sponsored Meetings and Trainings

| | Meeting Date | # of Meetings | # of Attendees |
|--|---------------|--------------------|----------------|
| *Residential/DHHS/Specialized Providers/CRSP Collaboration Project | Weekly | 5 | 41 |
| CRSP (Supervisory)/Residential Mtgs | Monthly | 15 | 47 |
| Residential Assessment Clinical Alignment of Documentation Trainings | Tuesday, 5/2 | <i>-Cancelled-</i> | |
| Service Authorization Trainings | Thursday, 5/4 | 2 | 40 |
| Standardized Residential Progress Note Trainings | Friday, 5/8 | 2 | 82 |

- *The department began weekly meetings with DHHS, specialized residential providers, CRSP, and community resource contacts to review specialized residential referral process and programming for members ages 18-30.

Special Projects

Youth Aging out of Foster Care (DHHS)

- Total # of Aging-out cases under review – 8
 - Carried over prior to 4/27/23 – 6
 - Cases assigned this month – 2

- Concerns:
 - DHHS provides conflicting information regarding required steps to transition youth back into the community including who is responsible for obtaining the following:
 - Guardianship
 - Adult Medicaid
 - School Records
 - Medical Clearances
 - Other information necessary on a case-by-case basis
 - Difficulty in transitioning the more behaviorally challenging youth to CRU prior to going into a residential setting

- Specific uncertainties that remain:
 - Who is the DHHS point person for adult Medicaid applications?
 - What are all the types of Foster Care or Child Medicaid available? When do they expire?
 - Does the application for adult guardianship need to happen prior to member's transition?
 - How soon can a member be enrolled in CMH services prior to their transition? 90-days?

- Successes:
 - Who is the DHHS point person for adult Medicaid applications?
 - 2 youth were successfully placed in DWIHN contracted residential home
 - 1 of the 2 chose to continue her education – 3 days per week online and 2 days per week in person
 - 1 of the youth enrolled in Drew Transitional School which she started on 05/15/2023
 - 1 youth transitioned out of Whaley Children's Center on 5/29 into Karen's Helping Hands.
 - RCS participated in the Wayne County Juvenile Detention Facility-Behavioral Health workgroup subgroup identifying and addressing gaps in services.
 - RCS and residential team working on the development of residential programming as well as community integration type programming for Age-out youth.

Department Goals

Staffing

- Continuing to interview for (2) additional Residential Care Specialists this month.
- Continuing to assess department staffing needs based on increased number specialized referral and emergent placement requests

Members' Services

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

Facilities

- Review current specialized residential facilities to develop service gap analysis of over- and under-utilized facilities.



Detroit Wayne Integrated Health Network
 Substance Use Disorders
 Date: May 1, 2023 • Prepared by: Judy Davis
 SUD Director

| Project/Activity/Event | Status | Follow-up |
|--|---|---|
| FUNDING OPPORTUNITY SAMHSA (Substance Abuse and Mental Health Service Administration) | <p>Adult Reentry Program</p> <p>We had a grant opportunity with SAMSHA for Adult Reentry Program to provide extra financial support to assist providers with prisoner reentry from Wayne County Jail.</p> <p>The grant awards organizations an amount up to \$400,000.00 per year up to 5 years.</p> <p>The purpose of this program is to expand substance use disorder (SUD) treatment and related recovery and reentry services to sentenced adults in the criminal justice system with a SUD and/or co-occurring substance use and mental disorders, who are returning to their families and community following a period of incarceration in state and local facilities including prisons, jails, or detention centers.</p> | <p>Application due date is Monday, March 06, 2023</p> <p>Grant was submitted timely</p> |
| Communicable Disease Policy | <p>Communicable Disease Prevention Policy Draft. MDHHS sent out the Communicable Disease Policy for comment and feedback. It addresses requirements with regard to communicable disease among the substance use disorder (SUD) population. Feedback was due on March 8, 2023</p> <ul style="list-style-type: none"> • Minimum Knowledge Standards for Substance Use Disorder Professionals - Communicable Disease Related • PIHP regions are required to maintain a tracking mechanism to assure SUD provider staff, completes the Level1 training. | <p>Attached Draft Communicable Disease Policy</p> |



Detroit Wayne Integrated Health Network
Substance Use Disorders
 Date: May 1, 2023 • Prepared by: Judy Davis
 SUD Director

COVID Supplemental Funding

COVID Supplemental Funding is expected to end on 3/14/24, and it is unknown if there will be a no-cost extension offer. We should know by late summer this year if this will be the case.

| Project | Amount | Fund Source |
|------------|-------------|---|
| ADMIII-DW | \$100,000 | ARPA SABG |
| PREVCV-DW | \$144,060 | ARPA SABG |
| TRMTCV-DW | \$730,000 | ARPA SABG |
| PREVII-DW | \$587,640 | COVID SABG – ends 3/14/24 |
| SUDADII-DW | \$50,000 | COVID SABG – ends 3/14/24 |
| TRMTII-DW | \$2,020,633 | COVID SABG – ends 3/14/24 |
| WSSII-DW | \$362,249 | COVID SABG – ends 3/14/24 |
| PPWP-DW | \$267,302 | Pregnant and Postpartum Women’s Pilot grant |
| SDA-DW | \$730,598 | State Disability Assistance |
| SOR3-DW | \$2,208,938 | State Opioid Response 3 |
| PREV-DW | \$3,350,667 | SABG |
| SUDADM-DW | \$1,105,015 | SABG |
| TRMT-DW | \$9,945,136 | SABG |
| WSS-DW | \$1,426,753 | SABG |
| SUDTII-DW | \$4,000 | Tobacco Section funding |
| ADMIII-DW | \$100,000 | ARPA SABG |
| PREVCV-DW | \$144,060 | ARPA SABG |
| TRMTCV-DW | \$730,000 | ARPA SABG |
| PREVII-DW | \$587,640 | COVID SABG – ends 3/14/24 |
| SUDADII-DW | \$50,000 | COVID SABG – ends 3/14/24 |
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| SOR3-DW | \$2,208,938 | State Opioid Response 3 |
| PREV-DW | \$3,350,667 | SABG |
| SUDADM-DW | \$1,105,015 | SABG |
| TRMT-DW | \$9,945,136 | SABG |
| WSS-DW | \$1,426,753 | SABG |
| SUDTII-DW | \$4,000 | Tobacco Section funding |



Detroit Wayne Integrated Health Network
Substance Use Disorders
 Date: May 1, 2023 • Prepared by: Judy Davis
 SUD Director

| | | |
|--|--|---|
| <p>MDHHS Site Reviews <i>1115 Waiver</i> <i>Annual Fiscal</i></p> | <p>SUD is scheduled for site review with the MDHSS for 1115 Waiver/SABG Region 7: April 4/19/23@ 2:00</p> <p>The annual fiscal monitoring activities is scheduled to start on March 20, 2022, and it is expected to continue throughout the fiscal year.</p> <p>The review will encompass projects from the following grants:</p> <p>American Rescue Plan Act Substance Abuse Block Grant Partnership for Success Pregnant and Postpartum Women Pilot Prescription Drug Overdose State Opioid Response 2 No-Cost Extension State Opioid Response 3 Tobacco II</p> | <p>All requested documentation must be submitted in advance</p> |
| <p>Universal Audit Tool</p> | <p>PIHPs have formed a group to meet on creating a universal audit tool for both prevention and treatment services. The underlying goal is to have this be as standard as possible and to achieve being able to have the review accepted and able to be shared across regions. The group plan to have this process completed this year for implementation</p> | <p>Ongoing</p> |



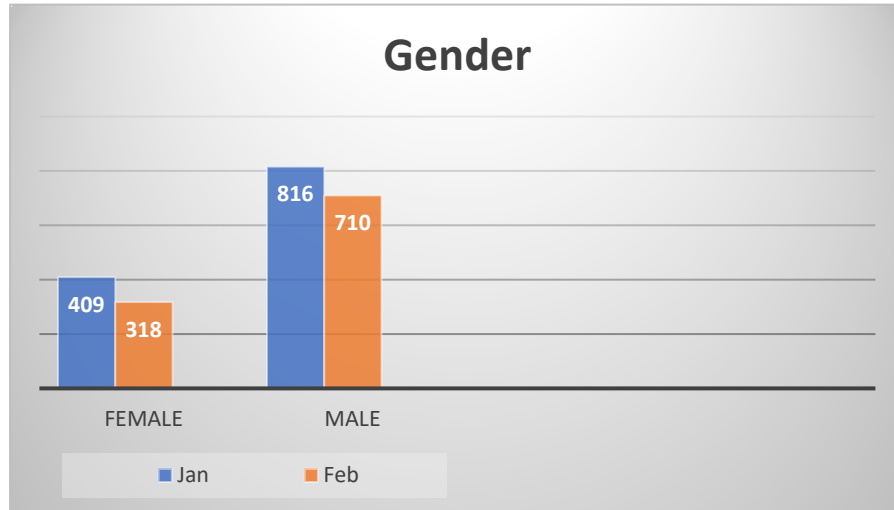
Detroit Wayne Integrated Health Network
Substance Use Disorders
 Date: March 20, 2023 • Prepared by: Judy Davis
 SUD Director

| | | | | | | | |
|--|--|---|---|--------------------------|-------------------|---------|--------------|
| Performance Indicators | Percentage of Persons Requesting a Service who Received Treatment or Supports within 14 Day. | | | | | Monthly | |
| | 2B | | | | | | |
| | # of New Persons Who Requested and Were Approved for SUD Treatment | Net of New Persons Who Requested and Were Approved for SUD Treatment | # of Persons Receiving a Service for Treatment or Supports within 14 days of First Request (Based on the BHTEDS Time to Treatment) | Out-of-Compliance | Percentage | | Month |
| | 940 | 940 | 793 | 147 | 84.36% | | Jan 23 |
| | 799 | 799 | 661 | 138 | 82.73% | | Feb 23 |
| | 992 | 992 | 849 | 143 | 85.58% | | Mar 23 |
| | 880 | 880 | 737 | 143 | 83.75% | | Apr 23 |
| | The percent of discharges from a substance abuse detox unit who are seen for follow-up care within 7 days | | | | | | |
| | 4B | | | | | | |
| | # of Discharges from a SA Detox Unit | Net of Discharges from a SA Detox Unit | # of Discharges Followed up within 7 days | Out-of-Compliance | | | Month |
| 286 | 221 | 187 | 34 | 84.62% | Jan 23 | | |
| 205 | 167 | 135 | 32 | 80.84 | Feb 23 | | |
| 286 | 196 | 191 | 5 | 97.45% | Mar 23 | | |
| 263 | 42 | 221 | 35 | 84.16% | Apr 23 | | |
| All SUD approved service requests during the quarter for which there is no BHTEDS admission record. | | | | | | | |
| 2E | | | | | | | |
| # of New Persons Who Requested and Were Approved for SUD Treatment or Supports / Expired Request | Net of New Persons Who Requested and Were Approved for SUD Treatment or Supports / Expired Request | Out-of-Compliance % | Percentage Compliance | Month | | | |
| 366 | 366 | 366 | 0% | Jan 23 | | | |
| 305 | 305 | 0 | 0% | Feb 23 | | | |
| 329 | 329 | 329 | 0% | Mar 23 | | | |
| 384 | 384 | 384 | 0% | Apr 23 | | | |



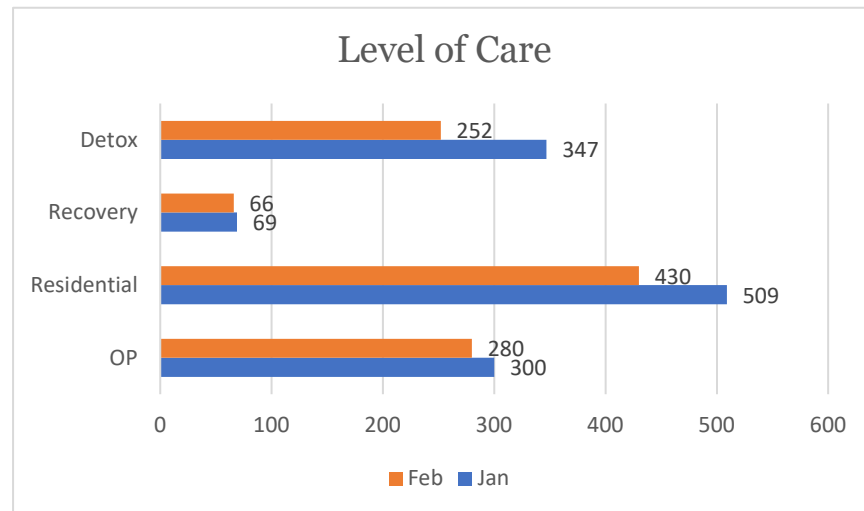
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Substance Use Disorders
 Date: March 20, 2023 • Prepared by: Judy Davis
 SUD Director

**Admissions
by Gender**



In January, 409 females were admitted to treatment and 816 males were admitted in treatment. In February, the share of women enrolled in service decreased to 318 and decreased to 710 for males.

**Admission
by Level of
Care**

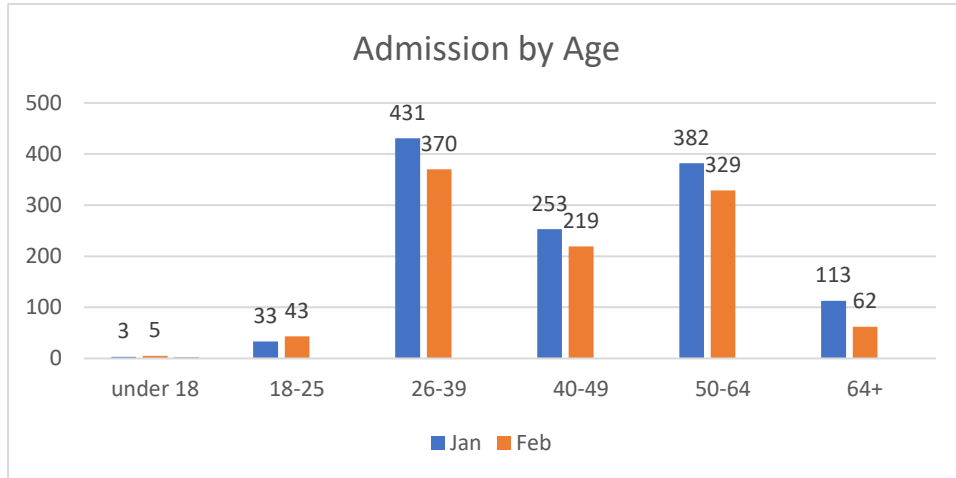


There are four main levels of treatment for substance use disorder: Outpatient, Residential, Withdrawal Management (Detox) and Recovery. The majority of members are referred to Residential services.



Detroit Wayne Integrated Health Network
 Substance Use Disorders
 Date: May 1, 2023 • Prepared by: Judy Davis
 SUD Director

**Admission
by Age**



Among Admissions for January and February, the members in the age range of 26-29 are referred for treatment services followed by the age range of 50-64.



Detroit Wayne Integrated Health Network
Substance Use Disorders
 Date: May 1, 2023 • Prepared by: Judy Davis
 SUD Director

| | | |
|--|---|--|
| <p>Recovery Coach Outreach Initiative</p> | <p>Total: 944 SBIRT screenings utilized with 624 referrals confirmed residential treatment admissions from 3/8/2022 to 3/8/2023 which resulted in 66% of persons screened being admitted into residential treatment. Of the number of individuals screened 628 were African American and the 266 where Caucasian, 4 Asian, 5 Hispanics, 1 Chaldean, 1 Polish, 1 Lebanese, 1 Yemeni, and 6 Arabs and 31 were other. 728 were male and the 216 were female between the ages of 21-73.</p> | <p>Ongoing</p> |
| <p>Congratulations</p> | <p>DWIHN attended award ceremony with DMC and Sobriety House to congratulate staff on their one-year anniversary for providing recovery support services at DMC. Mr. Eric Doeh received the Outstanding Community Champion of the Year Award</p> | <p>DMC and Sobriety House Initiative</p> |



DWIHN UTILIZATION MANAGEMENT MONTHLY REPORT

May 2023

Executive Summary

- **Autism:** There were approximately 372 authorization requests manually approved during the month of May. There were approximately 231 authorization requests automatically approved during the month of May. There are currently 2,295 cases open in the benefit.
- **Habilitation Supports Waiver:** There are 1,084 slots as of 5/26/23. A total of 1019 slots are filled and 65 are open, for a utilization rate of 94%, the highest in the past 13 months. This increase is a direct result of multiple initiatives to boost enrollment.
- **County of Financial Responsibility:** In the month of May there were three (3) adult review requests and one (1) youth request. This total does not include committee-reviewed cases deemed non-COFR that were redirected to DWIHN Residential and/or identified as single-case agreements/contract updates.
- **Denials and Appeals:** As of 5/30/2023, there were five (5) medical necessity denials and no appeals reported. There were also eleven (11) inpatient service authorization administrative denials and four (4) administrative appeals. Of the four (4) administrative appeals, one (1) was overturned, three (2) were upheld.
- **General Fund:** Of the General Fund Exception authorization requests reviewed during May 2023, there were 195 approvals, including 13 for the Guidance Center Behavioral Health Home. There were 39 Administrative Denials. There were 147 Advance Notices for timeline and SUG corrections and for Administrative Denials.
- **MI Health Link:** The reporting format of MI Health Link authorizations reflects the total number of authorization requests and the amount of each authorization type for the 5 ICOs. There were 68 MI Health Link authorizations received and processed as of 5/30/23. The number of MI Health Link admissions to inpatient, partial and CRU are also included in the Provider Network data.
- **Inpatient Services:** A total of 1,234 admissions including Inpatient, MI Health Link, Partial Hospital and Crisis Residential have been managed by the UM Department between 5/1/23 and 5/30/23. This is a 3.2% increase from April 2023.
- **Outpatient Services:** There was a recent discovery of a technical error that was pulling incorrect data for this section. Once that was corrected it was noted that of the 14,123 outpatient authorizations approved between 5/1/23 and 5/31/23, 68% were auto approved (via the Service Utilization Guidelines) and 32% were manually approved (via the Service Utilization Guidelines). The technological corrections in our data collection that occurred in April of 2023 have resulted in a compliance rate of 93.6% of authorizations are being approved within 14 days of request.
 - We have made one additional technological change to improve our compliance rate, whereby the UM department requested assistance from the IT department to implement a choice radio button within the authorization request screens that give the requester the ability to select “Urgent” or “Non-Urgent” to categorize their request, which then will be

processed within 72 hours (for Urgent requests) and 14 days (for Non-Urgent requests) respectively.

- **SUD:** The Power Bi dashboard indicates SUD UM staff approved 1,453 authorizations between 5/1/23 and 5/31/23. Of these 1,458 authorizations, 1,390 or 95% were approved within applicable timeframes.
- **Administrative Denials:** As of 5/31/2023, the SUD team issued 24 administrative denials compared to 21 the previous month.
- **Pre-Admission Review Audits:** PAR Audits were conducted on PARs completed between January 1 and March 31 of 2023. A sampling of 25 charts per month were reviewed. There were several areas where the compliance was below 95% (threshold). Data was presented to the screening entities at huddle meetings, and further discussion will take place regarding updates to the PAR form in order to capture the needed information to improve compliance rates.

General Report

Utilization Management Committee

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

Autism Spectrum Disorder (ASD) Benefit

There were approximately 372 authorization requests manually approved during the month of May. There were approximately 231 authorization requests automatically approved during the month of May. There are currently 2,295 cases open in the benefit.

There were approximately 2,295 open cases during the month of May. There were 144 referrals in the month of May. Data is no longer being pulled from the WSA.

*ASD Authorization Approvals for Current Fiscal Year to Date**

| | Oct | Nov | Dec | Jan | Feb | March | April | May | June | July | Aug | Sept |
|------------------|-----|-----|-----|-----|------------------|-------|-------|-----|------|------|-----|------|
| Manual Approvals | 374 | 332 | 348 | 241 | 220 | 471 | 276 | 372 | | | | |
| Auto Approvals | 174 | 128 | 172 | 130 | Data Unavailable | 134 | 111 | 231 | | | | |
| Total Approvals | 547 | 460 | 520 | 371 | | 605 | 387 | 603 | | | | |

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

ASD Open Cases and Referral Numbers*

| Fiscal Year to Date | | | | | | | | | | | | |
|----------------------------|------|------|------|------|------|-------|-------|------|------|------|-----|------|
| | Oct | Nov | Dec | Jan | Feb | March | April | May | June | July | Aug | Sept |
| Open Cases | 2550 | 2628 | 2666 | 2745 | 2267 | 2357 | 2351 | 2295 | | | | |
| Referrals | 134 | 110 | 106 | 110 | 125 | 139 | 144 | | | | | |

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

Habilitation Supports Waiver

DWHIN’s HSW utilization is currently the highest it’s been in 13 months at 94%. This upward trend is encouraging and suggests that the initiatives put in place to boost enrollment are effective and, with time, will result in DWHIN meeting or exceeding MDHHS’s requirement to utilize 95% of owned HSW slots. DWHIN will need 1,030 members enrolled to meet 95%. Please refer to April 2023 for detailed information on current initiatives to boost enrollment.

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

Serious Emotional Disturbance Waiver (SEDW)

| | |
|---|----|
| # of youth expected to be served in the SEDW for FY 22-23 | 65 |
| # of active youth served in the SEDW, thus far for FY 23 | 65 |
| # of youth currently active in the SEDW for the month of April | 49 |
| # of referrals received in April | 4 |
| # of youth approved/renewed for the SEDW in April | 1 |
| # of referrals currently awaiting approval at MDHHS | 0 |
| # of referrals currently at SEDW Contract Provider | 15 |
| # of youth terminated from the SEDW in April | 2 |
| # of youth transferred to another County, pursuing the SEDW | 0 |
| # of youth coming from another county, receiving the SEDW | 0 |
| # of youth moving from one SEDW provider in Wayne County to another SEDW provider in Wayne County | 0 |

County of Financial Responsibility (COFR)

| | Adult COFR Case Reviews Requests | Children COFR Case Reviews Requests | Resolved | Open* |
|----------|---|--|-----------------|--------------|
| May 2023 | 3 | 1 | 3 | 12 |

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

Note: Not all new cases referred are reviewed within the month they are received. All new cases are added to COFR Master List with date referral is received. Cases are reviewed by priority of the committee.

This total does not reflect committee-reviewed cases deemed non-COFR that were redirected to DWIHN Residential and/or identified as single-case agreements/contract updates.

General Fund

Consumers requesting General Fund Exception are:

- Without health care benefits at the time of the start of behavioral health services
- Returning for services without health care benefits after an absence
- Actively receiving services and experiencing a lapse in insurance benefits

The following chart shows the FY 2022-2023 number of approved authorization requests, the number of Guidance Center CCBHC approvals and the number of Advance Notices for corrections to requests and Administrative Denials issued.

| General Fund Fiscal Year 2022-2023 to Date | | | | | | | | | |
|--|-----|-----|-----|-----|-----|-------|-------|-----|------------------|
| | Oct | Nov | Dec | Jan | Feb | March | April | May | FY To Date TOTAL |
| Approvals | 332 | 327 | 260 | 316 | 295 | 335 | 258 | 195 | 2,318 |
| The Guidance Center | 12 | 12 | 11 | 5 | 36 | 23 | 22 | 13 | 134 |
| Advance Notices | 257 | 266 | 203 | 285 | 196 | 211 | 200 | 147 | 1,765 |
| Administrative Denials | 9 | 10 | 9 | 9 | 11 | 8 | 13 | 39 | 108 |

Denials and Appeals

Medical Necessity Denials

As of 5/30/2023, there were seven (7) authorization requests sent to the physician for a peer review. Of the seven (7) peer reviews sent to the physician, five (5) cases were denied, and no reported appeals.

| | Oct 22 | Nov. 22 | Dec. 22 | Jan. 23 | Feb. 23 | Mar 23 | Apr 23 | May 23 | Jun. 23 | Jul. 23 | Aug. 23 | Sept 23 |
|---------------|--------|---------|---------|---------|---------|--------|--------|--------|---------|---------|---------|---------|
| Denial | 3 | 2 | 2 | 2 | 3 | 2 | 2 | 5 | 0 | 0 | 0 | 0 |
| Appeal | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |

Service Authorization Administrative Denials

As of 5/30/2023, there were a combined total of thirty-nine (39) administrative denials between the inpatient, outpatient, and SUD services. There were also six (6) administrative appeals. Of the six (6) administrative appeals, three (3) of the appeals were overturned, one (1) was upheld and two (2) were partially upheld. The chart below shows the number of denials and appeals for each service.

| | Inpatient | Outpatient | SUD |
|-----------------------|-----------|------------|-----|
| Denial | 11 | 4 | 24 |
| Overturn | 1 | 1 | 1 |
| Upheld | 1 | 0 | 0 |
| Partial Denial | 2 | 0 | 0 |
| Pending | 0 | 0 | 0 |

Timeliness of UM Decision Making: Quarter 2 (January-March 2023) Threshold 90%

***Note: COPE, measures were not available at the time of the report. **Source: Power BI ***

Autism Program

| | Urgent Concurrent | Urgent Preservice | Non-Urgent Preservice | Post Service |
|--------------------|-------------------|-------------------|-----------------------|--------------|
| Numerator | N/A | N/A | 584 | N/A |
| Denominator | N/A | N/A | 681 | N/A |
| Total | N/A | N/A | 86% | N/A |

MI Health Link Program

| | Urgent Concurrent | Urgent Preservice | Non-Urgent Preservice | Post Service |
|--------------------|-------------------|-------------------|-----------------------|--------------|
| Numerator | 3 | 7 | 8 | 7 |
| Denominator | 3 | 8 | 18 | 7 |
| Total | 100% | 88% | 44% | 100% |

Substance Use Disorder

| | Urgent Concurrent | Urgent Preservice | Non-Urgent Preservice | Post Service |
|--------------------|-------------------|-------------------|-----------------------|--------------|
| Numerator | 1012 | N/A | 2783 | N/A |
| Denominator | 1070 | N/A | 3045 | N/A |
| Total | 95.5% | N/A | 91.3% | 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 | N/A |
| Denominator | N/A | N/A | N/A | N/A |
| Total | N/A | N/A | N/A | N/A |

MI Health Link

Monthly ICO Authorization Report – May 2023

| Report Filters | |
|----------------------|---|
| Date Range Selected: | 5/1/2023 thru 5/31/2023 |
| ICO's Selected: | AETNA BETTER HEALTH OF MICHIGAN; AMERIHEALTH MICHIGAN, INC.; FIDELIS SECURECARE OF MICHIGAN; HAP MIDWEST HEALTH PLAN, INC.; MOLINA HEALTHCARE OF MICHIGAN, INC. |

| Total # of Auth's Received for the Month | Preservice Authorizations | | Urgent Authorizations | | Expedited Authorizations (Currently No DWIHN Authorizations labeled as Expedited) | | Post Service Authorizations | |
|--|---|--------------------------------------|-------------------------------------|--------------------------------|---|-----------------------------------|--|---------------------------------------|
| | Total Amount Preservice Auth's Received | Total Preservices processed ≤14 days | Total Amount Urgent Auth's Received | Total Urgent processed ≤24 hrs | Total Amount Expedited Auth's Received | Total Expedited processed ≤72 hrs | Total Amount Postservice Auth's Received | Total Post Service processed ≤14 days |
| 68 | 3 | 3 | 23 | 23 | 0 | 0 | 42 | 42 |

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

The data for May 2023 delineates the total number of authorization requests and the amount of each authorization type for the 5 ICOs. The table(s) account for the total number of authorizations by ICO, the type of authorization and the amount of time taken to process the request. Additionally, the data only includes those authorizations that required manual review and approval by UM Clinical Specialists. It does not include those authorizations that were auto approved because the request fell within the UM Service Utilization Guidelines.

There were 68 MI Health Link authorizations received compared to 59 authorizations during the month of February, a 19.3% decrease. By ICO, there were 18 authorizations for Aetna, 7 for AmeriHealth, 0 for Michigan Complete Health (Fidelis), 7 for HAP Midwest and 36 for Molina. Of the 68 of MI Health Link authorization requests, 100% were processed within the appropriate timeframes.

The Higher Levels of Care (HLOC) Administrator revisited the issue with errors in initial MI Health Link authorizations. It is found that COPE's MHWIN access for MI Health Link authorizations is based on an outdated process. Until an updated process is approved, MHWIN access will remain unchanged and these errors will continue. HLOC Administrator remains in contact with COPE leadership, DWIHN Director of Crisis Services, and the assigned DWIHN Provider Network Manager. As indicated in previous reports, this technical error affects the validity of the MI Health Link & Provider Network monthly reports, along with other indicators, as members may be incorrectly reported (and initially authorized) under the DWIHN CMH affiliate.

Provider Network

As of 5/30/23, the UM Team has managed a total of 875 new admissions across the provider network (including MI Health Link members). This data includes inpatient, partial hospitalization, and crisis residential services. In the month of May there were 731 (non-MI Health Link) admissions for inpatient treatment, reflecting a 1.4% increase from the 721 inpatient admissions during April 2023.

The data outlined below reflects the number of admissions as of 5/30/2023:

- Inpatient: 731
- MHL Inpatient: 10
- Partial Hospital: 96
- Crisis Residential: 38 (adults – 24 and children - 14)
- Total Admissions: 875

The UM and Crisis Services teams continue their work with increasing education & utilization of other step down and diversion resources. UM Higher Levels of Care (HLOC) team continues with the aftercare scheduling pilot. UM Director and UM HLOC Administrator will meet with member of executive leadership at least monthly to discuss progress. Expansive data tracking has also begun, in order to monitor specific indicators related to members served.

Outpatient Services

There was a recent discovery of a technical error that was pulling incorrect data for this section. Once that was corrected it was noted that of the 14,123 outpatient authorizations approved between 5/1/23 and 5/31/23, 68% were auto approved (via the Service Utilization Guidelines) and 32% were manually approved (via the Service Utilization Guidelines). The technological corrections in our data collection that occurred in April of 2023 have resulted in a compliance rate of 93.6% of authorizations are being approved within 14 days of request.

We have made one additional technological change to improve our compliance rate, whereby the UM department requested assistance from the IT department to implement a choice radio button within the authorization request screens that give the requester the ability to select “Urgent” or “Non-Urgent” to categorize their request, which then will be processed within 72 hours (for Urgent requests) and 14 days (for Non-Urgent requests) respectively.

Substance Use Disorder

SUD: The Power Bi dashboard indicates SUD UM staff approved 1,458 authorizations between 5/1/23 and 5/30/23. Of these 1,458 authorizations, 1,390 or 95% were approved within applicable timeframes.

MCG

MCG Has been updated to the 26th edition, and will be deployed in our next IRR testing cycle.

IRR

IRR testing continues with new hires. IRR annual case studies have been distributed for all staff eligible and required to receive annual case studies.

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 22-66 R2 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 6/21/2023

Name of Provider: HPS Consulting LLC

Contract Title: HPS Services for NCOA

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 6/14/2023

Proposed Contract Term: 8/1/2023 to 2/29/2024

Amount of Contract: \$ 199,375.00 Previous Fiscal Year: \$ 146,875.00

Program Type: Continuation

Projected Number Served- Year 1: 75,000 Persons Served (previous fiscal year): 75000

Date Contract First Initiated: 2/1/2022

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).

Detroit Wayne Integrated Health Network requests Board approval to extend the term on the professional service contractual agreement with Diana Hallified, RN dba HPS Consultation, LLC to February 29,2024. Extending the term will also increase this contract amount by \$52,500, resulting in an amended contract amount of \$199,375.

HPS Consultation LLC provides clinical care consultative support to DWIHN as it prepares for the National Committee for Quality Assurance (NCQA) accreditation.

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

Source of Funds: Multiple

Fee for Service (Y/N): N

| Revenue | FY 23/24 | Annualized |
|----------|---------------|---------------|
| Multiple | \$ 199,375.00 | \$ 199,375.00 |
| Multiple | \$ | \$ |

| | | |
|----------------------|----|----|
| Total Revenue | \$ | \$ |
|----------------------|----|----|

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64910.817000.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Friday, June 9, 2023

Signed: Friday, June 9, 2023

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 23 - 01 R1 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 6/21/2023

Name of Provider: Detroit Wayne Integrated Health Network

Contract Title: Multicultural Integration Programs

Address where services are provided: 707 W. Milwaukee, Detroit, MI 48201

Presented to Program Compliance Committee at its meeting on: 6/14/2023

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

Amount of Contract: \$ 953,162.00 Previous Fiscal Year: \$ 730,633.00

Program Type: Modification

Projected Number Served- Year 1: 900 Persons Served (previous fiscal year): 800

Date Contract First Initiated: 10/1/2022

Provider Impaneled (Y/N)? 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 Detroit Wayne Integrated Health Network (DWIHN) is requesting approval of Amendment 2 for Comprehensive Services for Behavioral Health – 2023 with the Michigan Department of Health and Human Services (MDHHS).

This Fiscal Year 2023, there is a one-time increase in the budget for the Multicultural Integration Programs in the amount of \$222,529.00. The additional funding is a result of dollars that were not spent in the previous fiscal years. The providers who will receive the increase are as follows: American Indian Health and Family Services (AIHFS), Association of Chinese Americans (ACA), Community Health and Social Services, Center (CHASS), Southwest Counseling Solutions (Hispanic and Veterans). This amendment does not include an increase for the DWIHN Veteran Navigator.

Revenue for these services are supported by E-Grants & Management Systems (EGrAMS) categorical funds for Ethnic Services. The amount of the proposed term of this Memorandum of Understanding is October 1, 2022 through September 30, 2023 and will not exceed \$953,162.00.

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

Source of Funds: Block Grant

Fee for Service (Y/N): Y

| Revenue | FY 22/23 | Annualized |
|----------------------|---------------|---------------|
| State block grant | \$ 953,162.00 | \$ 953,162.00 |
| | \$ 0.00 | \$ 0.00 |
| Total Revenue | \$ 953,162.00 | \$ 953,162.00 |

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

Signed: Tuesday, May 30, 2023

Signature/Date:

05/30/2023

Stacie Durant

Signed: Tuesday, May 30, 2023
Stacie Durant, Vice President of Finance

Signature/Date:

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 23-07 R5 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 6/21/2023

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Provider Network System FY 22/23

Address where services are provided: Service Provider List Attached

Presented to Program Compliance Committee at its meeting on: 6/14/2023

Proposed Contract Term: 6/22/2023 to 9/30/2023

Amount of Contract: \$ 804,448,924.00 Previous Fiscal Year: \$ 677,393,988.00

Program Type: Continuation

Projected Number Served- Year 1: 75,000 Persons Served (previous fiscal year): 71,682

Date Contract First Initiated: 6/22/2023

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).

BA 23-07 R5 is a request to add 1 new Residential Provider, Divine Grace, to the DWIHN provider network. BA 23-07 R5 requires no budget increase due to reallocation of funds within the total budget.

DWIHN is requesting approval for continued funding for the Provider Network System for the fiscal year ended September 30, 2023. This will allow for the continued delivery of behavioral health services for individuals with: Serious Mental Illness, Intellectual/Developmental Disability, Serious Emotional Disturbance and Co-Occurring Disorders.

The services include the full array behavioral health services per the PIHP and CMHSP contracts. The amounts listed for each provider are estimated based on current year activity and are subject to change.

Note 1. The board action amounts include: Mental health treatment services, Autism, Children's Waiver, SED Waiver, children crisis services and SUD Medicaid, HMP and block grant treatment, Behavioral Health Home and Opioid Health Home services which are supplemental, voluntary services that Medicaid members with specific diagnoses may opt into to receive comprehensive care coordination facilitated by a health home care team and EBSE claims based activity.

In addition, it should be noted that the hospitals listed under HRA change based on consumers stay. As such, hospitals may be added and amounts reallocated without board approval to avoid delay of payment; the funds are a pass through from MDHHS.

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

Source of Funds: Multiple

Fee for Service (Y/N): N

| Revenue | FY 22/23 | Annualized |
|----------------------|-------------------|------------|
| Multiple | \$ 804,448,924.00 | \$ 0.00 |
| | \$ 0.00 | \$ 0.00 |
| Total Revenue | \$ 804,448,924.00 | \$ 0.00 |

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, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Eric Doeh

Signed: Wednesday, June 7, 2023

Stacie Durant

Signed: Friday, June 2, 2023

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: BA 23-68 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 6/21/2023

Name of Provider: Team Mental Health Services

Contract Title: Juvenile Restorative Program

Address where services are provided: 2925 Russell St. Detroit, Michigan 48207

Presented to Program Compliance Committee at its meeting on: 6/14/2023

Proposed Contract Term: 6/22/2023 to 9/30/2024

Amount of Contract: \$ 2,798,430.00 Previous Fiscal Year: \$ 0.00

Program Type: New

Projected Number Served- Year 1: 70 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 6/22/2023

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 approval to enter into contract with Team Wellness for the Juvenile Justice Restorative Program for the time frame of 6/22/23 - 9/30/24 for an amount of \$2,800,000. This program is a collaboration between DWIHN, Team Wellness, Wayne County JDF, 3rd Circuit Court, CMO's and MDHHS. DWIHN is awaiting approval of a funding request submitted to MDHHS as there are components of the program that are non Medicaid eligible.

Team Wellness was selected as the provider as they currently have a contract through Michigan Department of Corrections for a similar program with adults; this program is an extension of the existing program however serves children and adolescents and serves are mandated by the judge in order for the adjudicated youth to remain in the community under tether.

The Team Wellness Center Juvenile Restorative programming provides comprehensive, integrated behavioral health services that work in conjunction with the juvenile justice system. The purpose of the alternative program is to help the youth to appropriately respond to the covert, as well as the overt, influencers and social determinants that impact whether they exude behavior that is deviant or normed. Defiance, truancy, violence and the abuse of alcohol and/or other drugs, mental illness, childhood trauma, family dysfunctions, or other indicators and their related criminal and/or civil judicial actions, are directly treated; in order to reduce recidivism and further involvement in the juvenile justice system. This program is Court ordered.

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

Source of Funds: Medicaid,Other

Fee for Service (Y/N): Y

| Revenue | FY 23/24 | Annualized |
|----------------------|------------------------|------------------------|
| Medicaid | \$ 2,000,000.00 | \$ 2,000,000.00 |
| Other | \$ 800,000.00 | \$ 800,000.00 |
| Total Revenue | \$ 2,800,000.00 | \$ 2,800,000.00 |

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64931.824000.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Monday, June 12, 2023

Signed: Monday, June 12, 2023