



# Detroit Wayne Integrated Health Network

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## PROGRAM COMPLIANCE COMMITTEE MEETING Wednesday, May 11, 2022 St. Regis Hotel, 1<sup>st</sup> 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. BA #22-59 – Dept. of Housing and Urban Development (HUD) – Provide the process for receiving and disbursement of funding for the HUD Continuum of Care (CoC) Permanent Housing Grant at the next Program Compliance Committee meeting.
- VI. Approval of the Minutes – April 13, 2022
- VII. Report(s)
  - A. Chief Medical Officer
  - B. Corporate Compliance
- VIII. Quarterly Reports
  - A. Managed Care Operations
  - B. Residential Services
  - C. Substance Use Disorder
- IX. Strategic Plan Pillar - Access
- X. Quality Review(s) –
  - A. QAPIP Work Plan Update FY' 22
- XI. Integrated Healthcare Initiatives' Presentation

#### Board of Directors

Angelo Glenn, Chairperson  
Dorothy Burrell  
Jonathan C. Kinloch

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

Dora Brown, Treasurer  
Eva Garza Dewaelsche  
Bernard Parker

Dr. Cynthia Taueg, Secretary  
Michelle Jawad  
William Phillips



**XII. Chief Clinical Officer's Report**

**XIII. Unfinished Business**

- A. **BA #22-16 (Revised 2)** – Substance Use Disorder (SUD) Prevention Services FY' 22 - SUD Tobacco Initiative
- B. **BA #22-17 (Revised 3)** – Substance Use Disorder (SUD) Treatment Services FY' 22 – SUD Annual Conferences
- C. **BA #22-29 (Revised)** – Jail Diversion

**XIV. New Business  
(Staff Recommendations) –**

- A. **BA #22-62** – Summer Youth Employment Program (SYEP)

**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**



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**Date: 5/4/2022**

**Answer to Question:** for BA 22-59 for HUD Supportive Housing Program

**Question:** Clarity on how the families/individuals will receive or get the services? and, what is the process?

Subject Matter Expert (SME) Tania James is over the program

This program consist of 5 homeless service provider agencies (Coalition on Temporary Shelter (COTS), Development Centers, Inc. (DCI), Central City Integrated Health (CCIH), Southwest Counseling Solutions and Wayne Metropolitan Community Action Agency) that have received grants funds to support those with mental illness that are experiencing homelessness.

If a family or individual finds themselves in a situation where they are homeless they would contact any social services agency which are aware of the shelters or they can contact Coordinated Assessment Model (CAM) which is an organized process that focuses on matching the needs of people experiencing homelessness with available shelter and housing resources in Detroit, Highland Park, and Hamtramck.

There are many different partners that make up CAM which include homeless shelters, 211 United Way, **homeless service providers**, and outreach teams that go out in the community to connect with the homeless

### **The process:**

1. Individuals and families are referred to the Coordinated Entry also known as CAM (Coordinated Assessment Model), which is an access point where a need's assessment is completed.
2. Once the family /individuals have been assessed and screened for eligibility, the participants are assigned to a Housing Service Provider for supportive services and housing assistance.
3. That Service Provider (Housing Case Manager) then locates safe housing and makes any referrals needed for ongoing supportive services.
4. The participants will also have access to Case Management supports as long as they are in the program.

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# PROGRAM COMPLIANCE COMMITTEE

**MINUTES**

**APRIL 13, 2022**

**1:00 P.M.**

***IN-PERSON MEETING***

<b>MEETING CALLED BY</b>	I. Michelle Jawad, Program Compliance Chair at 1:07 p.m.
<b>TYPE OF MEETING</b>	Program Compliance Committee
<b>FACILITATOR</b>	Michelle Jawad, Chair
<b>NOTE TAKER</b>	Sonya Davis
<b>TIMEKEEPER</b>	
<b>ATTENDEES</b>	<p><b>Committee Members:</b> Dorothy Burrell; Dr. Lynne Carter; Michelle Jawad; William Phillips; and Dr. Cynthia Taueg</p> <p><b>Staff:</b> Brooke Blackwell; Jacquelyn Davis; Judy Davis; Eric Doeh; Dr. Shama Faheem; Sheree Jackson; Jennifer Jennings; Melissa Moody; April Siebert; Yolanda Turner; Daniel West; and June White</p>

## AGENDA TOPICS

### II. Moment of Silence

<b>DISCUSSION</b>	The Chair called for a moment of silence.
<b>CONCLUSIONS</b>	Moment of silence was taken.

### III. Roll Call

<b>DISCUSSION</b>	The Chair called for a roll call.
<b>CONCLUSIONS</b>	Roll call was taken by Board Liaison, Lillian Blackshire. There was a quorum.

### IV. Approval of the Agenda

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

<b>DISCUSSION/ CONCLUSIONS</b>	<i>There were no follow-up items from previous meetings to review.</i>
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## VI. Approval of the Minutes

DISCUSSION/ CONCLUSIONS	The Chair called for approval of the March 9, 2022 meeting minutes. <b>Motion:</b> It was moved by Dr. Taueg and supported by Mrs. Burrell to approve the March 9, 2022 meeting minutes. Mrs. Jawad asked if there were any changes/modifications to the meeting minutes. There were no changes/modifications to the meeting minutes. <b>Motion carried.</b>
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## VII. Reports

DISCUSSION/ CONCLUSIONS	<p>A. <b>Chief Medical Officer</b> – Dr. Shama Faheem submitted and gave an update on the Chief Medical Officer’s report. Dr. Faheem reported:</p> <ol style="list-style-type: none"> <li>1. <b>Behavioral Health Outreach</b> – DWIHN continues outreach efforts for behavioral health services, with a special focus on children’s services this year. The most recent newsletter highlighted a new survey from CDC that showed more than half of the nationally surveyed high schoolers indicated some form of emotional abuse and physical abuse during the pandemic. The monthly “Ask The Doc” videos with Dr. Faheem addressing important mental health and COVID related questions are also posted on DWIHN’s website.</li> <li>2. <b>Quality Improvement Reports</b> – Michigan Mission Based Performance Indicators (Last report submitted to the State on March 31, 2022 for FY 22 (Q1) – <i>Indicator 1(Pre-admission Crisis Screening in three (3) hours)</i> – DWIHN continues to meet this Indicator for children screening. We did not meet the criteria for adults from FY’ 21 2<sup>nd</sup> through 4<sup>th</sup> quarter but was able to address this and met it in FY 22, Q1 with 97.29% score. <i>Indicator 2A or Biopsychosocial within 14 days of Request (no cut-off standard)</i> – DWIHN continues to show ongoing improvement with an 8.53% increase. <i>Indicator 10 (Recidivism or Readmission within 30 days (Standard is 15% or less)</i> – DWIHN had not met this Indicator for adults in over three (3) years, but has shown improving trends where we were at 22% during Q2 FY’20 to our most recent progress of meeting the standard at 14.93% in Q1 of FY’22. We have continued to meet this Indicator for children. For Q1, standards were all met for all populations for all Performance Indicators with the exception of PI 4a (7-day follow-up after hospitalization) for adults, where we were at 94.80% and the cut-off was 95%. Steps have been taken to address this. We continue to meet the standard for children.</li> <li>3. <b>Improvement in Practice Leadership Team (IPLT)</b> – This Team is chaired by Dr. Faheem and Ebony Reynolds (co-Lead) and meet monthly and charged with developing work plans, coordinating the regional training and technical assistance plan, working to integrate data collection, developing financing strategies and mechanisms, assuring program fidelity, evaluating the impact of the practices, and monitoring clinical outcomes. They are currently working on expanding the membership of this committee. The complex case management program and interventions for improving Hepatitis C screening for members receiving SUD services were reviewed in March. Staff reviewed DWIHN’s population analysis, observed some important trends and opportunities for improvement, potential revisions to Individualized Plan of Services (IPOS) to align closely with the MDHHS Home and Community Based (HCBS) standards and guidelines and will be providing network trainings on April 14<sup>th</sup> and 21<sup>st</sup>. Updated SOGIE (Sexual Orientation, Gender Identity and Expression) language to Integrated biopsychosocial was also discussed and approved.</li> </ol>
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4. **Med Drop Program** – This program has been successful in terms of reducing inpatient admissions and readmissions. As of April 1<sup>st</sup>, there are 42 active members which is a significant increase from previous months. Staff will continue to enroll members that meet the criteria and will continue to evaluate the effectiveness of the program on a quarterly basis.
5. **Quality Improvement Steering Committee** – This committee meets monthly and focuses on performance indicator data, conducting and analyzing satisfaction survey data, oversight of performance improvement projects, monitoring QI plans to ensure quality of services and evaluate members’ experience. The Annual Utilization Management Program Evaluation, Complex Case Management Annual Evaluation, Behavior Treatment Two-Year Analysis, Performance Indicator Data Analysis with focus on Indicator IIA and Best Practices were reviewed and discussed.
6. **Integrated Health Care** – Staff has continued Data Sharing with each of the eight (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. For the month of March, 41 cases were discussed.

Mrs. Jawad opened the floor for discussion. Discussion ensued. The committee requested that a copy of the new survey from CDC be sent to them. **(Action)** The Chair has noted that the Chief Medical Officer’s report has been received and placed on file.

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

1. **Community Care Services’ (CCS) Audit** – DWIHN received correspondence from Community Care Services’ Legal Counsel, Ottenwess Law, regarding the billings by one of CCS’ Clinicians. An internal audit was conducted and it was determined that DWIHN would recoup payment for Medicaid funded services from CCS. Corporate Compliance requested a list of impacted claims identified in the audit on March 17, 2022. DWIHN’s Finance department notified Legal and Corporate Compliance that they had received a check from CCS in the amount of \$90,261 on March 29, 2022. Corporate Compliance will continue to monitor and provide oversight until the impacted claims are received. **Ottenwess Law has advised that the CCS/Hegira merger will not affect submission of any requested documentation.**
2. **OIG 4<sup>th</sup> Quarter Report** – Corporate Compliance submitted the 4<sup>th</sup> Quarter report to the OIG by the submission date. DWIHN received a pass/met and the OIG provided guidance for future reporting in regards to claims audits.

Mrs. Jawad opened the floor for discussion. Discussion ensued. The Chair noted that the Corporate Compliance report has been received and placed on file.

## VIII. Quarterly Reports

- A. **Access Call Center** – Jacquelyn Davis, Clinical Officer submitted and gave highlights of the Access Call Center’s quarterly report. Ms. Davis reported that:
  1. **Monthly Performance (October-December 2021)** – The numbers seem to be trending a little lower for Q1 compared to what was recorded in Q4 of last year. Staff continues to look at those numbers and monitor them and in the next couple of quarters will have a better idea of where we are.
  2. **October-December 2021(Q1) Updates** – Redesigned the Call Center by leveraging phone equipment to enhance call flow and internal system; there

is noted improvement on the number of screens completed per day, per staff, though numbers went down slightly for mental health screening in Q1. The management team has been working with individuals by developing training needs based on reviewing phone recording, documentation, listening to live phone calls and reviewing individual stats on a monthly basis; “First Call Resolution” process; quality program; bi-monthly CRSP meetings with mental health and SUD providers; additional training for all Access Call Center units; addressed our recording technology to ensure recordings are captured and retained to enable DWIHN to meet audit requests. Staff is also aligning desk procedures to Standards that must be met for compliance; provided training to managers and administrators on the telephony reporting tools to allow for layered analysis of agent performance and call flow activity. DWIHN is working on hiring additional Call Center Manager for SUD and Clinical calls (position has been posted); working with phone system vendor to improve hold queue; assessing staffing needs and prioritizing calls from individuals who are transient (do not have regular access to a phone) by assigning them directly to a SUD or mental health screener.

3. **Plans Moving Forward** – Establishing HSAG Access Standard Initiatives; SUD screeners were given a list of providers that are impaneled for MI-Health Link or Dual Medicare and Medicaid insurance to help prevent the interruption of treatment and coordination of care for individuals with this type of insurance coverage; provide a list to SUD staff which aligns MAT programs with the medications offered, allowing a seamless referral process; and implementing internal Call Center Workgroups to develop additional workplan to streamline screening process.

Mrs. Jawad opened the floor for discussion. Discussion ensued. The committee requested a comparison of the prior quarter be included in the Access Call Center’s quarterly report. **(Action)**

- C. **Crisis Services** – Daniel West, Director of Crisis Services submitted and gave highlights of the Crisis Services’ quarterly report. Mr. West reported that there was little change in the admission vs diversion percentages for adults and children, and the number of overall requests for service remained the same for children while the number increased for adults. The diversion rate for children increased in Q2 as compared to Q1. The Crisis Stabilization Unit (CSU) at COPE saw a decrease in the number of individuals served compared to Q1 (671 served in Q1, and 593 served in Q2), whereas Team Wellness CSU saw an increase in individuals served (487 served in Q1 and 541 served in Q2).

1. **FY 22/23 (Q2) Accomplishments** – DWIIHN’s Hospital Liaisons were involved in a total of 914 cases receiving crisis services during Q2 FY 22/23. The overall diversion rate from inpatient care was 54% (6% increase in diversion rate from Q1). There were 110 crisis alerts received for Q2 (43 alerts were received in Q1) and 87% of those cases were diverted from inpatient (6% increase from Q1). DWIHN received a total of 904 AOT orders (11% increase from February) in collaboration with Probate Court which were uploaded into MH-WIN and monitored monthly in coordination with the CRSP. DWIHN’s mobile outreach clinician continues to attend events scheduled in tandem with Wayne Health. Staff is working alongside requesting facilities to efficiently communicate available levels of care and subsequent criteria necessary to promote stabilization in the least restrictive environment. Staff has been also working with local agencies that evaluate our response to our “Putting Children First” Initiative. Staff is holding educational sessions and creating partnerships specifically related

	<p>to crisis alert notifications and CRSP coordination when members are transitioning in levels of care with a dedicated DWIHN hospital liaison.</p> <ol style="list-style-type: none"> <li>2. <b>FY 22/23 (Q2) Area of Concern</b> – DWIHN’s screening agencies are seeing an increase of members, specifically children, who are affiliated with MDHHS and have seen barriers with options for the most appropriate levels of care.</li> <li>3. <b>Plans for FY 22/23 (Q3)</b> – Continue efforts to solidifying a flowchart for court related members, coordination in crisis with law enforcement, AOTs and first responders; develop a workplan to solidify processes with the Clinical Care Center; continue to work with Wayne Health in identifying areas of our population where the need for behavioral health treatment services are high; and work to develop a process and policy for transitioning members into the community via hospital liaisons, CRSPs and inpatient facilities to maximize information sharing and outcomes.</li> </ol> <p>Mrs. Jawad opened the floor for discussion. Discussion ensued.</p> <p>D. <b>Utilization Management</b> – Jennifer Jennings, Director of Utilization Management submitted and gave highlights of the Utilization Management’s quarterly report. Ms. Jennings reported that there are 1,084 Habilitation Supports Waiver slots assigned to DWIHN and 1,019 (94%) slots are filled as of March 24, 2022, 1% away from the State mandate. There were 1,483 Autism authorization requests approved during Q2 and 2,245 cases currently opened in the benefit. There are 67 youths enrolled in the Serious Emotional Disturbance Waiver (SEDW) as of March 31, 2022. The COFR committee reviewed five adult COFR requests, no children’s cases and six cases resolved for Q2. There are currently 55 pending cases. There were 1,093 approvals for the General Fund authorization requests. Advance Notices for denials and adjustments began on March 9, 2022 and 273 were issued. There were 2,436 inpatient, crisis residential and partial hospitalization admissions for Q2. Staff continues to conduct bi-weekly case conferences with DWIHN’s physician consultant to address recidivism. As of March 31, 2022, there were 6,843 authorizations approved for outpatient services, including non-urgent pre-service authorizations and excluding SUD services. There were 117 MI-Health Link authorizations across all ICOs for Q2, 30.3% decrease compared to Q1 (168). State hospital census counts remain consistent during the first quarter despite restricted admissions. There were 978 urgent SUD authorizations, 87% were approved within 72 hours for FY’ 22 Q2 and 3,087 non-urgent authorizations with 98% approved within 14 days by SUD UM reviewers. For FY’22 (Q2), a total of 2,869 consumers were screened using the MCG BH Guidelines for inpatient hospitalization, crisis residential and partial hospitalization. New hire Interrater Reliability (IRR) testing continues to occur for new hires within the Learning Management System. There was a total of 24 denials that did not meet the Milliman Care Guidelines medical necessity criteria for continued inpatient hospitalization. There was a total of 15 appeals, nine (9) were upheld and six (6) overturned. Mrs. Jawad opened the floor for discussion. There was no discussion.</p> <p>The Chair noted that the Access Call Center, Crisis Services; and Utilization Management’s quarterly reports have been received and placed on file.</p>
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**IX. Strategic Plan Pillar - Quality**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p>April Siebert, Director of Quality Improvement submitted and gave an update on the Strategic Plan Quality Pillar report. Ms. Siebert reported that the Quality Pillar is at 88% completion. The goals under this pillar ranges from 77% to 100% completion:</p> <ol style="list-style-type: none"> <li>A. <b>Ensure consistent Quality by September 30, 2022</b> – 77% completion</li> </ol>
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	<p>B. <b>Ensure the ability to share/access health information across systems to coordinate care by December 31, 2021</b> – 100% completion</p> <p>C. <b>Implement Holistic Care Model: 100% by December 31, 2021</b> – 96% completion</p> <p>D. <b>Improve population health outcomes by September 30, 2022</b> – 80% completion</p> <p>Mrs. Jawad opened the floor for discussion. Discussion ensued. The Chair noted that the Strategic Plan Quality Pillar has been received and placed on file.</p>
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X. **Quality Review(s) -**

<b>DISCUSSION/ CONCLUSIONS</b>	<i><b>There was no Quality Review(s) to report this month.</b></i>
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XI. **Chief Clinical Officer’s (CCO) Report**

<b>DISCUSSION/ CONCLUSIONS</b>	<p>Melissa Moody, Chief Clinical Officer submitted and gave highlights of her Chief Clinical Officer’s report. Mrs. Moody reported:</p> <ol style="list-style-type: none"> <li>1. <b>COVID-19 &amp; Inpatient Psychiatric Hospitalization</b> – There were 696 inpatient hospitalizations and 3 COVID-19 Positive cases in March 2022.</li> <li>2. <b>COVID-19 Intensive Crisis Stabilization Services</b> – There were 203 members that received Intensive Crisis Stabilization Services from COPE (no significant change from February 2022) and 174 members received Intensive Crisis Stabilization Services from Team Wellness (4% decrease) in March 2022. Team Wellness CSU was closed due to a critical event on March 31, 2022.</li> <li>3. <b>COVID-19 Recovery Housing/Recovery Support Services</b> – A total of two (2) members received Recovery Housing/Support Services in March 2022. There was a slight reduction compared to February 2022 (5).</li> <li>4. <b>COVID-19 Pre-Placement Housing</b> – There were no members serviced for Pre-Placement Housing in March 2022. There was a reduction compared to February 2022 (4).</li> <li>5. <b>Residential Department (COVID-19 Impact)</b> – There were five (5) members that tested positive for COVID-19 with no related deaths in March 2022. There were no residential staff that tested positive for COVID-19 and no related deaths in March 2022.</li> <li>6. <b>Vaccinations – Residential Members</b> – There was three (3) additional initial vaccinations in March 2022. The data for February and March were re-calculated due to errors on last month’s PCC report. The numbers provided under Boosters included scheduled appointments. An additional 260 members in Licensed settings and 203 in Unlicensed settings are scheduling boosters.</li> <li>7. <b>COVID-19 Michigan Data – State of Michigan</b> (66.5%-first dose initiated and 60.3%-fully vaccinated) – The total number of confirmed cases in Michigan is 2,080,612 with 32,863 confirmed deaths; <b>Wayne County</b> (74.2%-first dose initiated and 67.7%-fully vaccinated) – The total number of confirmed cases in Wayne County is 373,145 with 7,311 confirmed deaths; and <b>City of Detroit</b> (49.5%-first dose initiated and 41.9%-fully vaccinated) – The total number of confirmed cases in the City of Detroit is 124,377 with 3,306 confirmed deaths.  <i>(Source: <a href="http://www.michigan.gov/Coronavirus">www.michigan.gov/Coronavirus</a>)</i></li> <li>8. <b>Health Home Initiatives – Behavioral Health Home (BHH)</b> – Initial BHH implementation has been delayed by MDHHS with a new start date of May 1, 2022. DWIHN has been meeting with our five (5) identified HHPs on a regular basis to provide training and technical support. Case-to-Care Management</li> </ol>
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training for both our identified health home partners and DWIHN's internal staff is being provided. MDHHS has provided BHH launch and WSA training meetings in preparation for implementation; **Opioid Health Home** – DWIHN currently has 268 enrolled members receiving this comprehensive array of integrated healthcare services. This has been a 3.9% increase in enrollment since October 2021. This has been a 25% increase in OHH enrollment since February 2022.

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

– The Guidance Center currently has 2,706 members that have been enrolled and actively receiving CCBHC services. DWIHN has requested ARPA funds and additional general funds for CCBHC non-Medicaid recipients, and provided training on the Vital Data platform. **Certified Community Behavioral Health Clinic (CCBHC) – SAMHSA Grant** – SAMHSA recently released the CCBHC Expansion Grant with a submission date of May 17, 2022. DWIHN is currently working on this grant in an effort to provide services to underserved populations and where there is reported gaps in care.

9. **Substance Use Disorder (SUD) Services – Women's Pregnant and Post-Partum Pilot Program** – DWIHN recently received additional funding to provide integrated services that support family-based services for pregnant and postpartum women (and their minor children) with a primary diagnosis of SUD, including Opioid Use disorders. This includes outreach, screening and assessment, Peer Recovery supports, case management and evidence-based practices. DWIHN has started meeting once a month with the two designated providers, Elmhurst Home and Central City Integrated Health, and a separate meeting with PIHPs, concurrent with MDHHS and SWU Evaluators. The expectation is to include all counties in pilot program. **MDOC Program** – The goal of the SUD/MDOC program is to reach offenders with SUD so they can receive medically necessary services from DWIHN's SUD Provider Network. Trainings with probation and parole officers in Wayne County concerning the process to assist their probationers/parolees on how to obtain SUD services seamlessly. Protocols for officers to get updates from providers concerning their members progress or lack of progress have been established. There were 144 people screened from March 1-31, 2022 and 132 members subsequently enrolled in SUD services.
10. **DWIHN/Wayne State University (WSU) Partnership** – DWIHN is collaborating with WSU in an effort to address current workforce shortages. One area of focus includes increasing pathways for current peer recovery coaches and Peer Support Specialists to gain additional certifications, and if interested, college degrees to allow them to advance in their roles as behavioral health workers. WSU is exploring ways that they can ease the financial burdens through stipends and opportunities for loan repayment innovations, and examine how to recognize previous trainings and work experiences to facilitate educational opportunities.
11. **Clinical Practice Improvement – Individual Plan of Service (IPOS)** – Clinical Practice Improvement and Quality Management's teams updated the standardized IPOS to include required MDHHS' Home and Community Based Service (HCBS) changes. Providers are being trained this month (April 2022) on these changes; **Med Drop** – DWIHN has expanded its' availability to more programs/populations due to the effectiveness of this program; and **Case Management Model** – DWIHN is working in collaboration with a subgroup of our Provider Network on establishing a standardized case management assessment that can be utilized on an annual basis. This would assist in workforce shortages by allowing case managers to complete annual

	<p>assessments (with some exclusions) and allow Master’s level clinicians to focus on therapeutic services.</p> <p>Mrs. Jawad opened the floor for discussion. Discussion ensued. The Chair noted that the Chief Clinical Officer’s report has been received and placed on file.</p>
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**XII. Unfinished Business**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p>A. <b>BA #22-16 (Revised)</b> – DWIHN’s Substance Use Disorder (SUD) Prevention Services Network FY 2022 – State Opioid Response II (SOR II) Carryforward Award - Staff requesting board approval to amend the FY 22 SUD Prevention Services board action from \$6,490,938.00 to \$6,715,938.00 per MDHHS’ award for use of carryforward the prior fiscal year. This program is increased by \$225,000.00 and consists of Federal Block Grant revenue of \$4,700,938.00 and Public Act2 Funds of \$2,015,000.00 is designated to PA2. The additional SOR II funds must be utilized by the end of the fiscal year. The Chair called for a motion on BA #22-16 (Revised). <b>Motion:</b> It was moved by Mr. Phillips and supported by Mrs. Burrell to move BA #22-16 (Revised) to Full Board for approval. Mrs. Jawad opened the floor for discussion. There was no discussion. <b>Motion carried.</b></p> <p>B. <b>BA #22-17 (Revised 2)</b> – DWIHN’s Substance Use Disorder (SUD) Treatment Services Network FY 2022 – State Opioid Response II (SORII) Carryforward Award – Staff requesting board approval to amend the FY 22 SUD Treatment program from \$8,081,948.00 to \$8,528,522.00 per the MDHHS’ award for use of the carryforward the prior fiscal year. This program is increased by \$446,574.00. The additional SOR II funds must be utilized by the end of the fiscal year. The Chair called for a motion on BA #22-17 (Revised 2). <b>Motion:</b> It was moved by Dr. Taueg and supported by Mr. Phillips to move BA #22-17 (Revised 2) to Full Board for approval. Mrs. Jawad opened the floor for discussion. Discussion ensued. <b>Motion carried.</b></p>
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**XIII. New Business: Staff Recommendation(s)**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p>A. <b>BA #22-59</b> – Department of Housing and Urban Development (HUD) – <b><i>Providers Listed in Board Action</i></b> – Staff requesting board approval for renewal, acceptance and disbursement of HUD Continuum of Care (CoC) permanent supportive housing grant funds in the amount of \$2,161,164.00 and DWIHN’s State General Fund match of \$104,785.00 for an amount not to exceed \$2,266,426.00. These programs will continue to provide permanent supportive housing and supportive services to individuals and families in Detroit and Wayne County who have a serious mental illness/disability and experiencing homelessness. The Chair called for a motion on BA #22-59. <b>Motion:</b> It was moved by Dr. Taueg and supported by Mr. Phillips to move BA #22-59 to Full Board for approval. Mrs. Jawad opened the floor for discussion. Discussion ensued. The committee requested that the process for receiving and disbursement of funding be submitted in writing at next month’s meeting. <b>(Action) Motion carried.</b></p>
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**XIV. Good and Welfare/Public Comment**

<b>DISCUSSION/ CONCLUSIONS</b>	<i>There was no Good and Welfare/Public Comment to review.</i>
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<b>ACTION ITEMS</b>	<b>Responsible Person</b>	<b>Due Date</b>
<b>1. Chief Medical Officer’s Report</b> – Provide a copy of the new survey from CDC to the committee.	Dr. Shama Faheem and Lillian Blackshire	<b>COMPLETED</b>
<b>2. Access Call Center’s Quarterly Report</b> – Include a comparison of the prior quarter in the Access Call Center’s quarterly report.	Jacquelyn Davis	<b>Quarterly</b>
<b>3. BA #22-59</b> - Department of Housing and Urban Development (HUD) – Provide the process for receiving and disbursement of funding for the HUD Continuum of Care (CoC) Permanent Housing Grant at the next Program Compliance Committee meeting.	June White	<b>May 11, 2022</b>

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

**ADJOURNED:** 2:29 p.m.

**NEXT MEETING:** Wednesday, May 11, 2022 at 1:00 p.m.

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



**Behavioral Health Outreach:**

- DWIHN has continued outreach efforts for behavioral health services. Tri-county Group has continued to meet monthly under leads from our Children, Crisis and Community Engagement Department. DWIHN has organized School Behavioral Threat Assessment & Management (BTAM) training for School counselors and some internal DWIHN staff which is scheduled for May 26<sup>th</sup> 2022.
- Ask the Doc Newsletters has continued with the most recent addition addressing Mental Health Awareness Month. It can be found at <https://www.dwihn.org/ask-the-doc>
- Monthly AsktheDoc advocacy videos addressing important mental health and COVID related questions. The last video addressed the emotional Impacts of Social Media and Ways to continue to Stay safe as the Pandemic numbers improve.  
[https://www.youtube.com/watch?v=Gu46bX\\_WDKw](https://www.youtube.com/watch?v=Gu46bX_WDKw)

**Quality Department:**

- DWIHN was recognized by MDHHS for doing outstanding job on the QAPIP for FY22. Out of all the PIHPs reviewed, DWIHN and one other plan were spotted for incorporating all the of the required information into their QAPIP.
- During the MDHHS Annual Site Review for DWIHN/Region 7, we was found to be in full compliance with Administrative Review, policies, practices and procedures, the BTPRC process and in all areas of the Substance Use Disorder Protocol. There were findings on our adult and children waiver services and we are currently awaiting full report from the State to address it with Corrective Action Plans.
- Michigan Mission Based Performance Indicator (MMBPI): Staffing shortages continue to be a major barrier in securing timely intake appointment for our members, getting Biopsychosocial completed in 14 day which is performance indicator 2. DWIHN closed the 1st Quarter 2022 reporting at a 52.85% compliance rate for PI#2a. This was DWIHN's highest rate since 4th Quarter FY2020. Quarter 1 draft consultation report submitted from MDHHS noted the average score at 59.61%. This is a much narrow gap given that the previous averages were over 65% and DWIHN was less than 50%. We will continue our efforts to accomplish higher scores with the ability to sustain improvements. For 2<sup>nd</sup> Quarter 2022, the preliminary rate is currently at 58.52%. We have been continually reviewing providers' data and meeting with CRSPs on a monthly basis to discuss Indicators. The 2<sup>nd</sup> Quarter 2022 reporting period will be finalized on 6/30/22.

**Improvement in Practice Leadership Team (IPLT):**

IPLT is charged with developing work plans, coordinating the regional training and technical assistance plan, working to integrate data collection, developing financing strategies and mechanisms, assuring program fidelity, evaluating the impact of the practices, and monitoring clinical outcomes. In the month of May, the committee looked at three important Performance Improvement Projects, 2 of which are also HEDIS measures: “Reducing Racial Disparities in hospital Discharge Follow-up (HSAG PIP),” “Diabetic screening for people with Bipolar

Disorder and Schizophrenia who are on antipsychotics,” and “Metabolic Monitoring for children who are on antipsychotics.” Various interventions were discussed that can potentially improve outcomes.

**Med Drop Program:**

As part of our Clinical Practice Improvement activities, we identified the success of Med Drop pilot program in terms of reducing inpatient admissions and readmissions. Based on the results, we identified a goal of increasing enrollment in Med Drop program. As of May 1<sup>st</sup>, we have 44 active members with 5 new members enrolled during month of April. There are 13 more members who are being referred and awaiting intake in May. Last month we were at 42 active members.

**Quality Improvement Steering Committee:**

The Quality Improvement Steering Committee (QISC) focuses on performance indicator data, conducting and analyzing satisfaction survey data, oversight of performance improvement projects, and monitoring QI plans to ensure quality of services, and evaluate members’ experience. The committee meets monthly. During the month of April, we reviewed: Utilization Management Program Description for 2022 – 2024, Customer Service Survey, Peer Support/Mentor Data Collection and Performance Indicator Data Analysis.

**Integrated Health Care:**

Coordination with 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 41 individuals in April. 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.

HEDIS measures: DWIHN has continued educating our providers on the importance of HEDIS measures. I met with Medical Directors of our CRSP and that was discussed as an agenda topic. The use of HEDIS Quality Scorecard continues to be emphasized with providers.

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, there are 14 active cases, 10 new case opened, 2 case closures, and no pending cases. Two (2) cases were closed due to meeting their treatment goals.



Detroit Wayne Integrated Health Network (DWIHN)  
 2nd Quarter Report  
 January 2022- March 2022  
 Contract Management --Manage Care Operations (MCO)

**Managed Care Operations**

Contract Managers and Providers:

We are gearing up for the next contract season FY 2023, we will have over 400 providers receiving contracts for the upcoming year.

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

Providers continue to struggle with staff shortages to maintain staff in homes as well as staff in general among all of our providers resulting from the pandemic statewide.

Closure recap for the 2nd Quarter are as follows:

Summary of Closures:

Provider Closure/Mergers FY 21-22					
Description	1 <sup>st</sup> Qtr.	2 <sup>nd</sup> Qtr.	3 <sup>rd</sup> Qtr.	4 <sup>th</sup> Qtr.	YTD Totals
Licensed-Residential Homes	2	3	1	1	7
Unlicensed /Private Home Services (SIL's)	3	11	2	1	17
Clubhouse services	1				1
Outpatient services, SUD services	4	6	2		12
Provider Organization Merger(s)	1				1
Total	11	20	5	2	38



Although our network continues to experienced staffing challenges we continue to support the network thorough supportive efforts of:

- a. Through training, and educating providers
- b. Advocating at the State level for overburden reporting requirement/increased funding to assist providers with the staff shortage
- c. Finding was to automate process/procedures to reduce stress on providers from the staff shortages
- d. DWIHN also continues to meet with providers to find solutions that will better all during these times.

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### **SERVICE AVAILABILITY – PROVIDERS:**

Provider have continued to downsize their locations and AFC homes to better combat the shortage of staff. The most common challenged faced by providers is the staff crisis/ shortage.

### **MHWIN system cleanup of records/Online Directory:**

Over the last quarter has the team has worked on cleaning up records in MHWIN. There were several gaps identified and addressed

- a. Adding SAM.GOV unique ID numbers to better review of monitoring compliance with actively registering with SAM.gov
- b. Completed cleaned up Staff records in MHWIN, that need NPI #'s
- c. Working on staff records to have pertinent information be a required field for data reporting to the state. Working with IT Dept in an effort to make the directory more compliant with State requirements
- d. Added ADA site accommodation(s) fields in MHWIN with hours of operations for MDHHS requirements.

### **Internal /External-Training Meetings Held:**

- a. Met with 12 CRSP providers regarding the performance indicators most providers continue to experience staff shortages in the intake department for new intakes as well as ongoing services they provide
- b. Access Committee Meeting held to discuss network adequacy and provider gaps in services, it was identified PDN and SMI services are needed in our system and will be addressed through opening up the network through RFP's and out of network agreements with provider outside of our contracted network.
- c. Reviewed all changes to the Provider Manual for 2022, will be finalized end of end of April 2022.
- d. Weekly meeting with Continuum of Care Board (COC), to discuss HUD/Homeless projects.

### **PIHP Email Resolutions and Phone Provider Hotline:**

For the month of January, we received/answered 84 emails and 10 phone messages from providers with concerns related to claims billing, IT concerns, Procedure Code changes, Single Case agreements, and changes with the FY 2022 State Code/Modifier changes.



### **NEW PROVIDER /NEW PROGRAMS:**

We have 15 new providers for Staffing Agencies and Personal Care/Community Living supports residential service providers for the quarter, and we continue to receive daily request from new vendors looking to become part of our network.

### **Provider and Practitioner Survey 2021**

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

### **Goals Executed:**

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

### **Provider /Training Meetings Held:**

Outpatient and Residential Providers Meeting: There were 267 providers in attendance.  
CRSP Provider Meetings: There were 125 providers in attendance

*Submitted by June White 4/30/22*



**FY 2021-22 Department Summary: Quarter #2**  
Residential Director, Shirley Hirsch, LMSW  
Report Date Range: 1/1/22 – 3/31/22

**Residential Assessment Productivity**

- # of Referrals Requests:            QTR 1 – 513            QTR 2 – 646

<u>Referral Outliers</u>	<u>QTR 1</u>	<u>QTR 2</u>
• Inpatient Penetration Rate:	0.89%	<b>0.54%</b>
• ED Cases:	34	<b>58</b>
• State Hospital Discharges:	18	<b>12</b>
• HAB Waiver Referrals:	<i>N/R*</i>	<b>22</b>
• Facility Closures:	13	<b>17</b>

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

<u>Service Authorizations</u>	<u>QTR1</u>	<u>QTR2</u>
• Authorizations Completed:	2,693	<b>3,024</b>
• Internal Requests <small>(Residential Staff)</small> :	528	<b>670</b>
• MHWIN Queues Requests:	2,165	<b>2,354</b>

<u>COVID-19</u>	<u>QTR1</u>	<u>QTR2</u>
• COVID-19 Cases:	35	<b>69</b>
• COVID-19 Related Deaths:	4	<b>2</b>
• Quarantine Facility Utilization:	20	<b>18</b>

**2nd Quarter Completed Process Implementations**

- **January 2022:** Project: Reach Out Vaccine Booster Reporting Process Development & Implementation
- **February 2022:** Residential Department Process Revision for Pre-Placement Documentation and Process flow for Team Wellness Center-Westland facility (16 beds)
- **February 2022:** Clinical review of Inpatient Hospital length of stay with Residential and UM
- **February 2022:** Residential & MCO Discussion: Internal Review Process for Prospective (Special Assignment) Providers
- **March 2022:** Community transition from state hospitals
- **March 2022:** Residential [MCTP] Out-of-county reviews with Residential Manager Kelly McGhee

## Department Goals

### Staffing

- **February 2022:** Resignation of Residential Care Specialist Ashley Tomaszewski
- HR has posted positions for (1) Residential Care Specialist and (1) Residential Care Coordinator.

### Automated Productivity Reporting

- ***Residential Authorization Case Consultations:*** The Authorization Team has been conducting case conference reviews (beginning in mid-March 2022) with several CRSPs to try to elevate the amount of authorizations currently in the Residential MHWIN queues. ***47 cases were reviewed for the month of April.***
- Redevelopment of Out-of-County referral process
- Implementation of Timeliness reporting and response to service requests
- Residential Services has completed the staff metrics and reviewed with staff for understanding. We are moving into the audit phase during the month of May (2022).



**Detroit Wayne Integrated Health Network (DWIHN)  
Substance Use Disorders (SUD)  
Executive Summary**

**Services Provided**

Prevention providers continue to respond to limitations caused by COVID-19 by remaining flexible and accommodation to ensure communities receive services needed as situations evolve.

Person Served: **24,138**

During the second quarter of FY 22, over 24,000 individuals received prevention services throughout the region.

<i>Intervention Type</i>	<i>Individual Based Programs</i>	<i>Population Based Program</i>
<i>Selective</i>	2446	0
<i>Universal Direct</i>	4999	0
<i>Universal Indirect</i>	0	16,474
<i>Indicated</i>	219	0
		<b>Total=24,138</b>

Hours of Service: **1,272**

More than 2,000 hours of service were provided in the following strategies:

<b>Education</b>	<b>309</b>
<b>Community-Based</b>	<b>157</b>
<b>Environmental</b>	<b>12</b>
<b>Information Dissemination</b>	<b>51</b>
<b>Tobacco Services</b>	<b>94</b>
<b>Alternative</b>	<b>28</b>
<b>Total</b>	<b>651</b>

Prevention Goal Areas:

**ALCOHOL**

Within Wayne County, 13% of high school students reported recent alcohol use, and 2.5% reported recent binge drinking during the 2<sup>nd</sup> quarter. Underage drinking use has been declining in Wayne County and continues to be lower than statewide rates of 25.4% of high school (HS) students statewide.

**Marijuana**

In 2021, 13.2% of HS students in Wayne County reported recent use of marijuana. Rates are higher than the state-wide rates and have increased during the 2<sup>nd</sup> quarter of FY 22.



## Detroit Wayne Integrated Health Network (DWIHN) Substance Use Disorders (SUD) Executive Summary

### Gambling Disorder Prevention

The DWIHN Gambling Disorder Prevention project is working to prevent gambling disorders throughout the region through partnerships with local providers and regional efforts such as Stacked Deck curriculum. Stacked Deck is an effective evidence-based gambling prevention curriculum that has shown significant and sustained changes among young people in their attitude toward gambling.

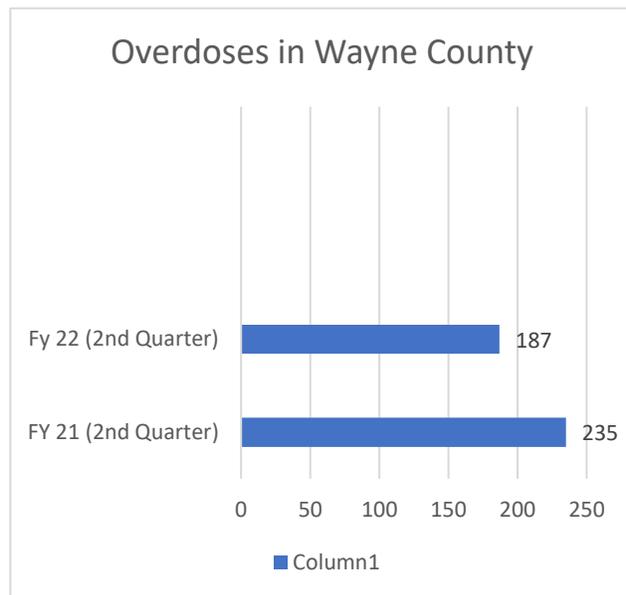
Gambling Disorder Prevention providers meet bimonthly virtually to address MDHHS and DWIHN requirements and provide updates. Program discussed Resources and Activities to address Holidays and Superbowl and American Gaming Association reported 7.6 billion in one event is spent; How can we prevent the 30- minute FANDuel infomercial early morning before and during football game; Caesars; MGM with Jamie Foxx; sponsoring ads on gambling. Resources and educational information is being shared during the Superbowl Highlighting what Gambling Prevention Providers are doing and resources available.

### OPIOID AND PRESCRIPTION DRUG MISUSE

According to the MiPHY data there is a significantly higher number of opioid-related overdose deaths in our community than in other communities in our state.

Assessment data also show that major contributors to overdose deaths include a combination of loss of opioid tolerance with relatively high opioid dosage among individuals released from incarceration, hospitals, and treatment facilities; and individuals mixing opioids with other substances such as alcohol and benzodiazepines.

From the SOS dashboard (preliminary), for Wayne County there appear to be **187** drug overdose deaths during the first 3 month of 2022. Using recently obtained Medical Examiner data that still needs to be finalized, it appears that there were **235** such deaths in the same period in 2021. The difference in number of deaths could be due to under-reporting recent deaths (haven't decided cause of death yet and so the report could still be revised) or real decline. These deaths reflect where decedents were found, not where they lived prior to their death. Opioid overdose deaths continue to be problem in Wayne County. To address opioid misuse DWIHN has developed strategies designed to address the following:





**Detroit Wayne Integrated Health Network (DWIHN)  
Substance Use Disorders (SUD)  
Executive Summary**

Fentanyl remains the driving force in the drug overdose deaths. COVID 19 impacted the outcomes of our data. DWIHN Naloxone Initiative program has saved **792** lives since its inception, this number is based on documentation up to April 30,2022. SUD continue to train entities on how to reverse and opioid overdoses in person and via zoom. The majority of the trainings are conducted remote due to COVID-19 with various law enforcement agencies, First Responders, Businesses, Churches, Schools, Colleges, motels, restaurants, Barber shops, the community at large.

**Access to Treatment Substance Use Disorder Services**

Request for substance use disorder services, determining medical necessity and eligibility for the second Quarter

- Total phone calls for SUD: **12,516**
- Total screens: **4,540**
- Priority Population: **697**

The referral sources were Billboards, Buses, Previously Used Services, Website/Online/Flyer, Hotline/Tv/Radio/Internet Google, Court/Jail/Probation, Parole Officer/Social Worker, Family/Friend/Pastor, Insurance, Provider/Community Agency/Doctor/Center, Government agency/Department of Human Services (DHS), Child Protective Service (CPS), Adult Protective Service (APS).

**Response to Shootings:**

Because of the recent increase in active shooter situations, Active Shooter training is the best way to prepare staff for these situations. DWIHN SUD held 2 Active Shooter training in response to these shootings. The training was conducted on January 27, 2022, and April 22, 2022. There were 92 attendees, and surveys will be shared in the May report.

Treatment Substance Use Disorder (SUD) Services

	<b>Intensive Outpatient</b>	<b>Medication Assisted Treatment</b>	<b>Residential Treatment</b>	<b>Withdrawal Management</b>	<b>Recovery Support Services</b>
<b>FY 21</b>	199	196	955	1115	137
<b>FY 22</b>	246	235	1156	861	183

**COVID Data FY 22, 2<sup>nd</sup> Quarter**

**COVID Totals:**

**2<sup>nd</sup> Quarter 22**

<b>Number of Clients vaccinated Client</b>	<b>135</b>
<b>Number of Clients Deaths</b>	<b>4</b>
<b>Number of Staff deaths</b>	<b>1</b>



## Detroit Wayne Integrated Health Network (DWIHN) Substance Use Disorders (SUD) Executive Summary

### Michigan Department of Corrections

The Michigan Department of Corrections (MDOC) and DWIHN has joined in a collaborative effort that will ensure that MDOC offenders with Substance Use Disorder receive medically necessary services from DWIHN SUD Provider Network.

Each MDOC individual that contacts the Access Center are considered a priority population for screening and admission for substance use disorder treatment services due to the public safety needs related to their MDOC involvement and are screened and referred to treatment within 48 hours from contacting Access. In March there is noted a slight increase in residential 3.5and OP.

### Quarter totals for Jan-Mar.

MDOC Calls: 872

### State Opioid Response (SOR)

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

### Mobile Units

Mobile care units are retrofitted vans/recreational vehicles (RV) that will bring counseling, therapeutic, and physical health services to Opioid Use Disorder (OUD) individuals. The units have an area for intake and scheduling, a restroom to incorporate urine screening, and at least one private room for counseling. In addition, harm reduction activities, including overdose education, food pantry, COVID testing, fentanyl test strips, sleeping coats, and naloxone distribution, are provided within the



mobile care units.

Mobile units have increased SUD services in the community, Narcan Training, and COVID Testing. DWIHN has two mobile units that provide: SUD screenings for services, referrals to treatment, peer services, drug screenings, therapy and relapse recovery services, Naloxone training and distribution



# Prevention Data

The following report provides an overview of substance use disorder SUD prevention initiatives that support and are provided by Block Grant and Public Act 2 funds for the second quarter of FY 22.

Prevention Providers in the Detroit/Wayne County region include: Alternatives for Girls, All Well Being, ACCESS, Arab-American & Chaldean, Black Caucus Foundation of Michigan, Carefirst, Care of Southeast Michigan, CCMO-Center for Youth, Chance for Life, City of Westland, CLASS, Detroit Recovery Project, Elmhurst Home, Empowerment Zone, Guidance Center, Hegira, Leaders Advancing Healthy Communities(LAHC), Livonia Save Our Youth, Mariners Inn, National Council on Alcoholism and Drug Dependence (NCADD), Piast Institute, Insight, Strategies to Overcome Obstacles and Avoid Recidivism (SOOAR), Spectrum Child & Family Services, Taylor Teen, Youth Connection, Detroit Association of Black Organization (DABO), Positive Images, Black Family.

## Services Provided

Prevention providers continue to respond to limitations caused by COVID-19 by remaining flexible and accommodation to ensure communities receive services needed as situations evolve.

Person Served: **24,138**

During the second quarter of FY 22, over 24,000 individuals received prevention services throughout the region.

<i>Intervention Type</i>	<i>Individual Based Programs</i>	<i>Population Based Program</i>
<i>Selective</i>	2446	0
<i>Universal Direct</i>	4999	0
<i>Universal Indirect</i>	0	16,474
<i>Indicated</i>	219	0
		Total=24,138



# Estimated Reach: 30,000

In addition to persons served directly, providers estimate that they have reached more than 30 thousand individuals with prevention messaging through campaigns such as Outfront Media, Ask The Messenger as well as other media platforms.

# Hours of Service: 2,336

More than 2,000 hours of service were provided in the following strategies:

<b>Education</b>	<b>309</b>
<b>Community-Based</b>	<b>157</b>
<b>Environmental</b>	<b>12</b>
<b>Information Dissemination</b>	<b>51</b>
<b>Tobacco Services</b>	<b>94</b>
<b>Alternative</b>	<b>28</b>
<b>Total</b>	<b>651</b>

Prevention Goal Areas:

Efforts throughout the region are developed to align with DWIHN’s regional prevention strategic plan. Each provider uses local data to determine which priorities established in the strategic plan.

**Reduce Underage Alcohol Use.....p. 15**

- Reducing youth access
- Increasing awareness of consequences
- Promoting accurate perceptions of use
- Promoting responsible adult modeling

**Reduce Underage Marijuana Use.....p. 22**

- Reducing youth access
- Perception of Risk



**Reduce Underage Tobacco Use, including Vaping.....p. 7**

Reducing youth access  
Perception of Risk

**Reduce Opioid and Prescription Drug Misuse.....p.21**

Reducing youth access  
Perception of Risk

**Reduce Early Initiation of Substance Use.....p. 8**

Low Perception of Risk  
Association with Positive Peers  
Family Dynamics  
Community Resources  
Life Stressors

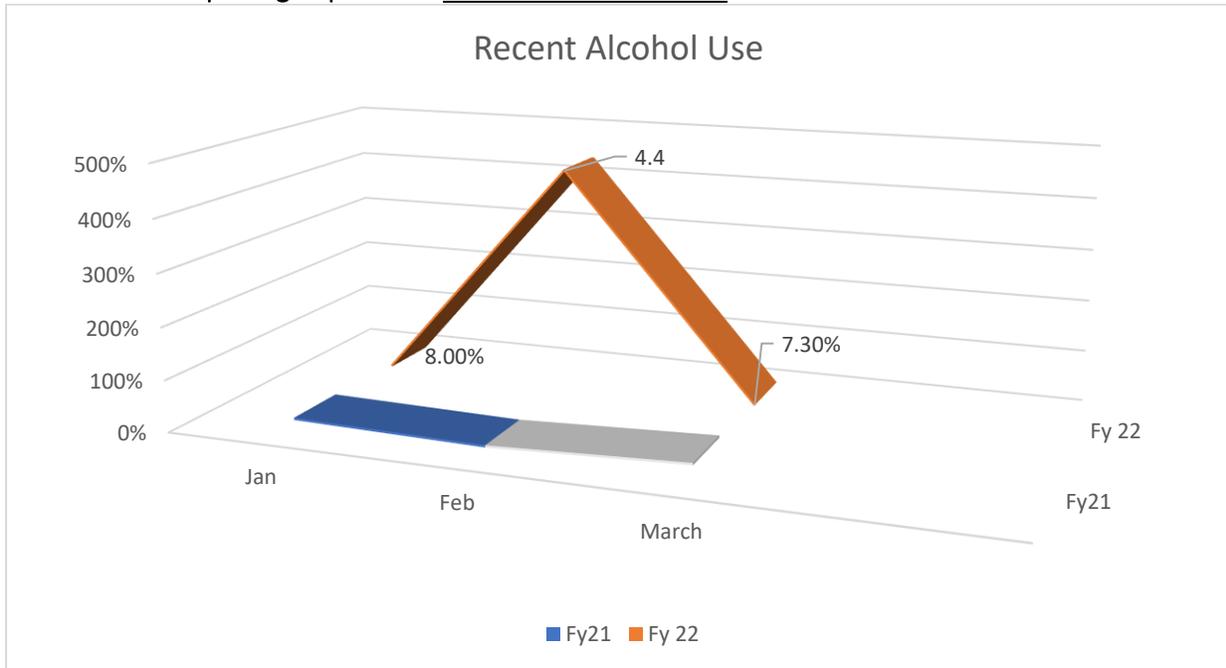
## ALCOHOL

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Within Wayne County, 13% of high school students reported recent alcohol use, and 2.5% reported recent binge drinking during the 2<sup>nd</sup> quarter. Underage drinking use has been declining in Wayne County and continues to be lower than statewide rates of 25.4% of high school (HS) students state-wide.

### **Recent Alcohol Use Among HS Students, Wayne County**

Detroit Wayne Integrated Health Network  
 2<sup>nd</sup> Quarterly Report, FY 22  
 Reporting Department Substance Use Disorders



To address underage drinking, DWHN has developed strategies designed to address the following:

**Easy Access:** In 2021, more than 59% of HS students in Wayne County, reported it would be very easy to get alcohol.

**Low perception of Risk:** In 2021, 29.2 of HS students in the region reported that drinking 5+ drinks one or twice each weekend is no risk

**Social Norms:** In 2021, more than 1 in 4 (30%) HS students reported believing that more than half of the students in their grade had drunk alcohol in the past month, when only 15% actually had.

**Local Programming**

**DWHN Prevention Provider Network**

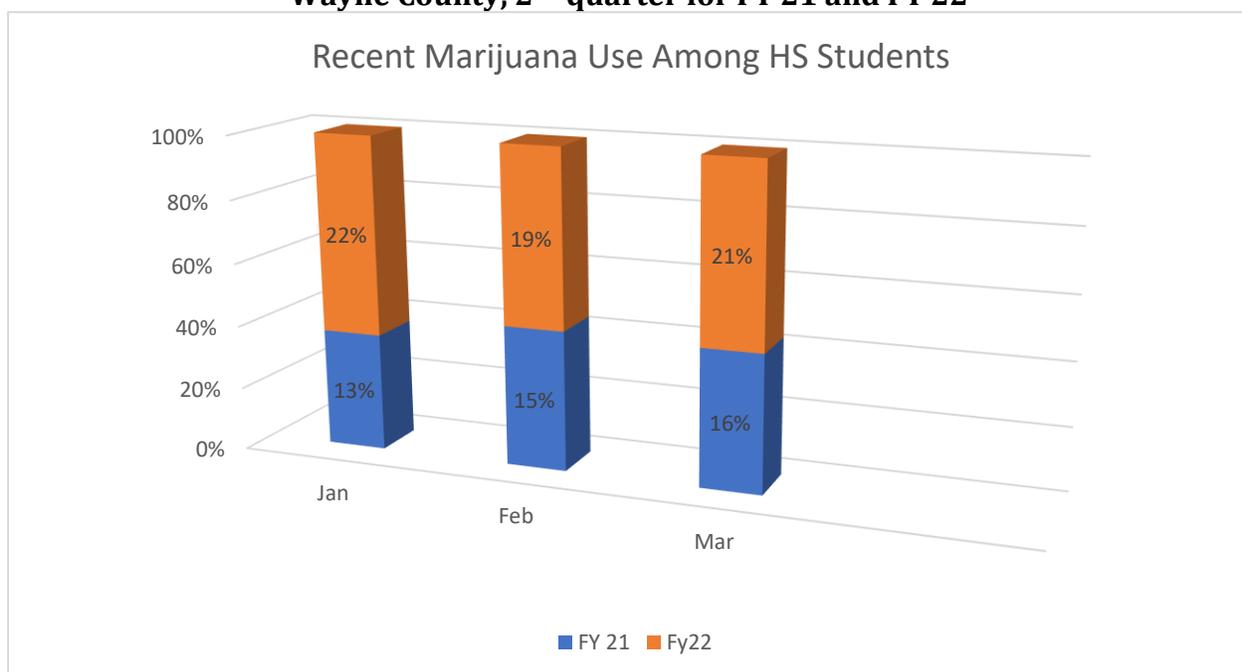
- Provided education around the consequences of providing alcohol to minors in partnership with our local high school through information resources for parents and students to schools.
- Distributed information on the risks of alcohol and marijuana use on youth bodies at events
- Offered information and resources to retailers



# Marijuana

In 2021, 13.2% of HS students in Wayne County reported recent use of marijuana. Rates are higher than the state-wide rates and have increased during the 2<sup>nd</sup> quarter of FY 22.

**Recent Marijuana Use Among HS Students  
Wayne County, 2<sup>nd</sup> quarter for FY 21 and FY 22**



To address underage marijuana use, DWHN has developed strategies designed to address the following:

**Easy Access:** 2<sup>nd</sup> Quarter HS students reported it is very easy to get marijuana

**Perception of Risk:** Half (55%) of the students report in Wayne County Region that using marijuana once or twice per week is slight risk

## Local Programming

- Host training around marijuana policy for Wayne County
- Work with Municipalities to bring awareness of issues and needs for regulations

## Detroit Wayne Integrated Health Network

2<sup>nd</sup> Quarterly Report, FY 22

Reporting Department Substance Use Disorders



- Work with municipalities to discuss public health impact of marijuana use/sales in public spaces and neighborhoods

### **FAITH-BASED COLLABORATIVE**

Detroit Wayne Integrated Health Network (DWIHN) Faith-Based Collaborative committee continues to meet monthly on the 4th Monday. There were 3 meetings held during this quarter that included presentations from the following: An informational discussion on Health & Wellness - Here's to 2022 and a New Healthy Year for You, Reverend Walter Jones, Fathers, Leaders Network, Westside Community Stakeholders and chairman of the National Faith Based Prevention Alliance (NFBPA) the Family Center with Mary Jo Harris addressing services for the Faith -Based Initiatives community.

### **Gambling Disorder Prevention**

The DWIHN Gambling Disorder Prevention project is working to prevent gambling disorders throughout the region through partnerships with local providers and regional efforts such as Stacked Deck curriculum. Stacked Deck is an effective evidence-based gambling prevention curriculum that has shown significant and sustained changes among young people in their attitude toward gambling.

Gambling Disorder Prevention providers meet bimonthly virtually to address MDHHS and DWIHN requirements and provide updates. Program discussed Resources and Activities to address Holidays and Superbowl and American Gaming Association reported 7.6 billion in one event is spent; How can we prevent the 30- minute FANDuel infomercial early morning before and during football game; Caesars; MGM with Jamie Foxx; sponsoring ads on gambling. Resources and educational information is being shared during the Superbowl Highlighting what Gambling Prevention Providers are doing and resources available.

## Treatment Data

Successes reflected in the report include a reduction in wait time for withdrawal management, the number of days between a request for service and treatment, and the average wait time for MAT. The data also indicates areas for improvement such as increasing the number of treatment episodes with a second appointment and the average number of treatment encounters. Meth involved admissions have increased in Wayne County (up by 9 percent).

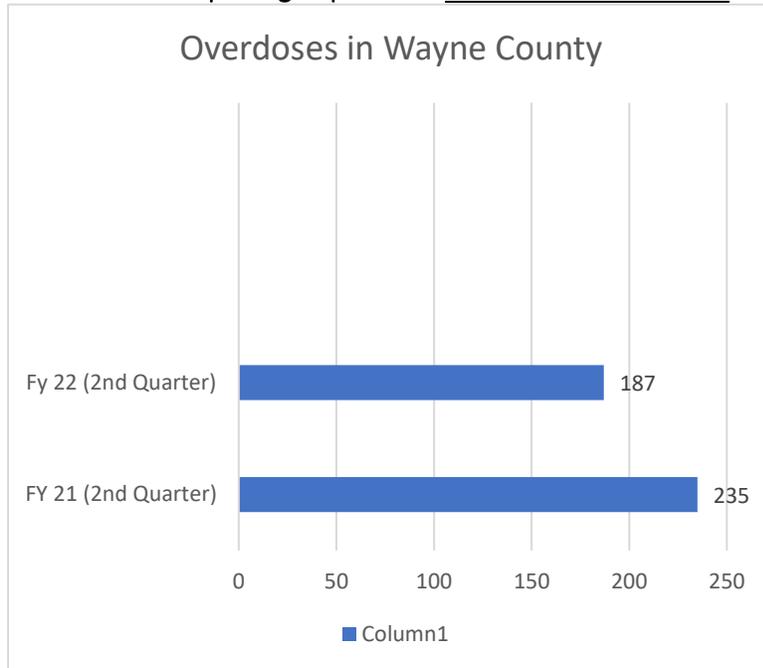
As one of the Prepaid Inpatient Health Plans (PIHP) in Michigan, DWIHN is responsible for managing services provided under contract with the Michigan Department of Health and Human Services (MDHHS) for prevention, treatment and recovery services.

Treatment Providers: Abundant Community Recovery Services, Arab Community Center for Economic and Social Services, All Well Being, Beginning Step, Black Family Development, Community Health Awareness Group, Community Programs, Detroit Central City, Detroit

# Detroit Wayne Integrated Health Network

2<sup>nd</sup> Quarterly Report, FY 22

Reporting Department Substance Use Disorders



Recovery Project, Detroit Rescue Mission, Elmhurst Home, Growth Works, Hegira, Mariners Inn, Metro East, Nardin Park Recovery Center, New Light Recovery, Personalized Nursing Lighthouse, Quality Behavioral Health, Rainbow Center of Michigan, Sacred Heart, Salvation Army Harbor Light, Self-Help Rehabilitation Addiction, Sobriety House, Star Center, The Guidance Center, Team Wellness, University Physician Group.

## OPIOID AND PRESCRIPTION DRUG MISUSE

According to the MiPHY data there is a significantly higher number of opioid-related overdose deaths in our community than in other communities in our state.

Assessment data also show that major contributors to overdose deaths include a combination of loss of opioid tolerance with relatively high opioid dosage among individuals released from incarceration, hospitals, and treatment facilities; and individuals mixing opioids with other substances such as alcohol and benzodiazepines.

From the SOS dashboard (preliminary), for Wayne County there appear to be **187** drug overdose deaths during the first 3 month of 2022. Using recently obtained Medical Examiner data that still needs to be finalized, it appears that there were **235** such deaths in the same period in 2021. The difference in number of deaths could be due to under-reporting recent deaths (haven't decided cause of death yet and so the report could still be revised) or real decline. These deaths reflect where decedents were found, not where they lived prior to their death. Opioid overdose deaths continue to be problem in Wayne County. To address opioid misuse DWIHN has developed strategies designed to address the following:

- Low Perception of Risk
- Opioid misuse
- Stigma

# Detroit Wayne Integrated Health Network

2<sup>nd</sup> Quarterly Report, FY 22

Reporting Department Substance Use Disorders



- Naloxone Trainings/Education
- Peer Support

DWHN has a comprehensive array of Opioid Treatment Programs (OTPs) Outpatient providers within reasonable geographic reach, for all persons needing medication assisted treatment as of April, 2022.

Fentanyl remains the driving force in the drug overdose deaths. COVID 19 impacted the outcomes of our data. DWHN Naloxone Initiative program has saved **792** lives since its inception, this number is based on documentation up to April 30,2022. SUD continue to train entities on how to reverse and opioid overdoses in person and via zoom. The majority of the trainings are conducted remote due to COVID-19 with various law enforcement agencies, First Responders, Businesses, Churches, Schools, Colleges, motels, restaurants, Barber shops, the community at large.

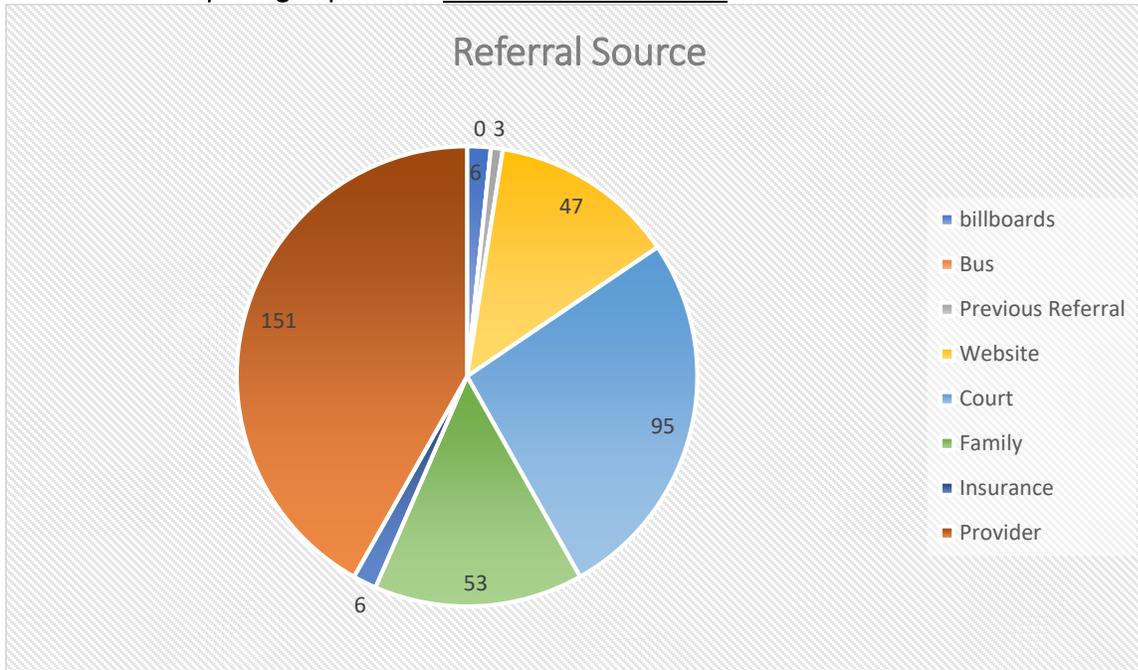
## Access to Treatment Substance Use Disorder Services

Request for substance use disorder services, determining medical necessity and eligibility for the second Quarter

- Total phone calls for SUD: **12,516**
- Total screens: **4,540**
- Priority Population: **697**

The referral sources were Billboards, Buses, Previously Used Services, Website/Online/Flyer, Hotline/Tv/Radio/Internet Google, Court/Jail/Probation, Parole Officer/Social Worker, Family/Friend/Pastor, Insurance, Provider/Community Agency/Doctor/Center, Government agency/Department of Human Services (DHS), Child Protective Service (CPS), Adult Protective Service (APS).

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**Response to Shootings:**

Because of the recent increase in active shooter situations, Active Shooter training is the best way to prepare staff for these situations. DWIHN SUD held 2 Active Shooter training in response to these shootings. The training was conducted on January 27, 2022, and April 22, 2022. There were 92 attendees, and surveys will be shared in the May report.

Treatment Substance Use Disorder (SUD )Services

	<b>Intensive Outpatient</b>	<b>Medication Assisted Treatment</b>	<b>Residential Treatment</b>	<b>Withdrawal Management</b>	<b>Recovery Support Services</b>
<b>FY 21</b>	199	196	955	1115	137
<b>FY 22</b>	246	235	1156	861	183

**COVID Data FY 22, 2<sup>nd</sup> Quarter**

**Provider COVID Quarterly Report Jan 1-March 31<sup>st</sup> 2022**

**COVID Totals:**

**2<sup>nd</sup> Quarter 22**

<b>Number of Clients vaccinated Client</b>	<b>135</b>
<b>Number of Clients Deaths</b>	<b>4</b>
<b>Number of Staff deaths</b>	<b>1</b>

# Detroit Wayne Integrated Health Network

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Reporting Department Substance Use Disorders



<b>Number of Staff Tested Positive</b>	<b>65</b>
<b>Number of Clients Tested Positive</b>	<b>248</b>
<b>Number of Hospitalizations</b>	<b>7</b>
<b>Quarantined</b>	<b>20</b>

*Physical illness requiring hospitalizations 1*

## Michigan Department of Corrections

The Michigan Department of Corrections (MDOC) and DWHN has joined in a collaborative effort that will ensure that MDOC offenders with Substance Use Disorder receive medically necessary services from DWHN SUD Provider Network.

Each MDOC individual that contacts the Access Center are considered a priority population for screening and admission for substance use disorder treatment services due to the public safety needs related to their MDOC involvement and are screened and referred to treatment within 48 hours from contacting Access. In March there is noted a slight increase in residential 3.5 and OP.

### Quarter totals for Jan-Mar.

MDOC Calls: 872

Referred LOC	MDOC Clients referred to SUD
<b>IOP Level 1</b>	38
<b>IOP Level 3</b>	9
<b>OP MAT</b>	24
<b>Outpatient (OP)</b>	265
<b>Residential ASAM 3.5</b>	145
<b>Residential ASAM 3.7</b>	4
<b>Residential Detoxification</b>	115
<b>SUD Recovery Services</b>	34

## State Opioid Response (SOR)

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

# Detroit Wayne Integrated Health Network

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disorder and stimulant use disorder, designed to help the individual progress to remission. Finally, recovery programs are designed to empower and engage individuals in recovery and prevent relapse.

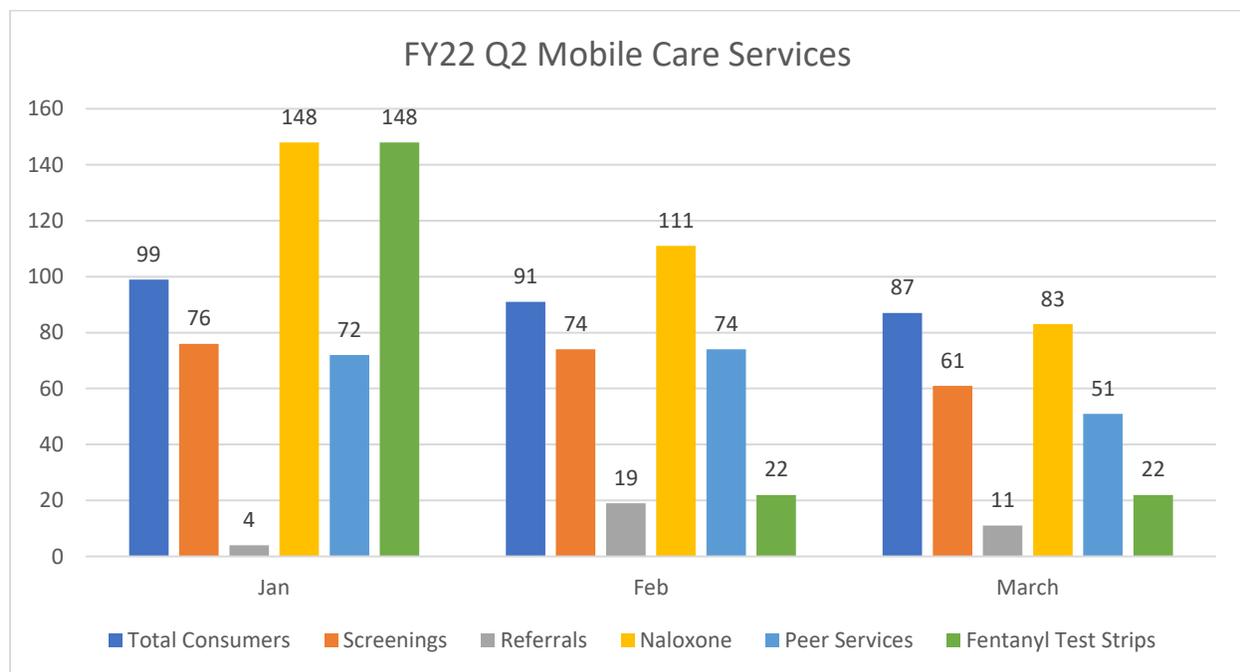
## Mobile Units

Mobile care units are retrofitted vans/recreational vehicles (RV) that will bring counseling, therapeutic, and physical health services to Opioid Use Disorder (OUD) individuals. The units have an area for intake and scheduling, a restroom to incorporate urine screening, and at least one private room for counseling. In addition, harm reduction activities, including overdose education, food pantry, COVID testing, fentanyl test strips, sleeping coats, and naloxone distribution, are provided within the



mobile care units.

Mobile units have increased SUD services in the community, Narcan Training, and COVID Testing. DWIHN has two mobile units that provide: SUD screenings for services, referrals to treatment, peer services, drug screenings, therapy and relapse recovery services, Naloxone training and distribution

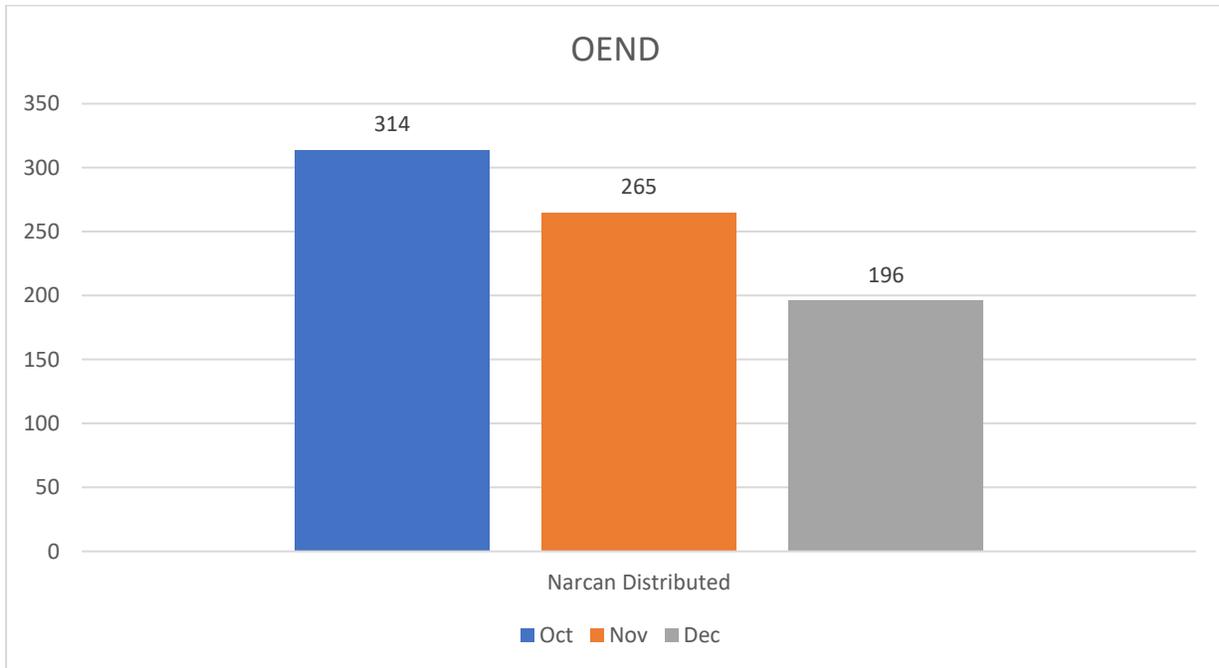


## Overdose Education and Naloxone Distribution with Harm Reduction Services

The OEND with harm reduction program enhances and expands our existing naloxone training within different caveats in the community.

DWIHN has two mobiles unites that provide: SUD screenings for services, referrals to treatment, peer services, drug screenings, therapy and relapse recovery services, Naloxone trainings and distribution

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**Peers in FQHCs, Urgent Care and other outpatient settings**

In an effort to increase access to treatment, peers have been placed in settings that do not have integrated treatment and were provided screenings.

?

Name	Number of Contacts	Number of Follow ups	Total
Garden City Hospital	96	33	129
Western Wayne Family Health Center	259	100	359

# Detroit Wayne Integrated Health Network

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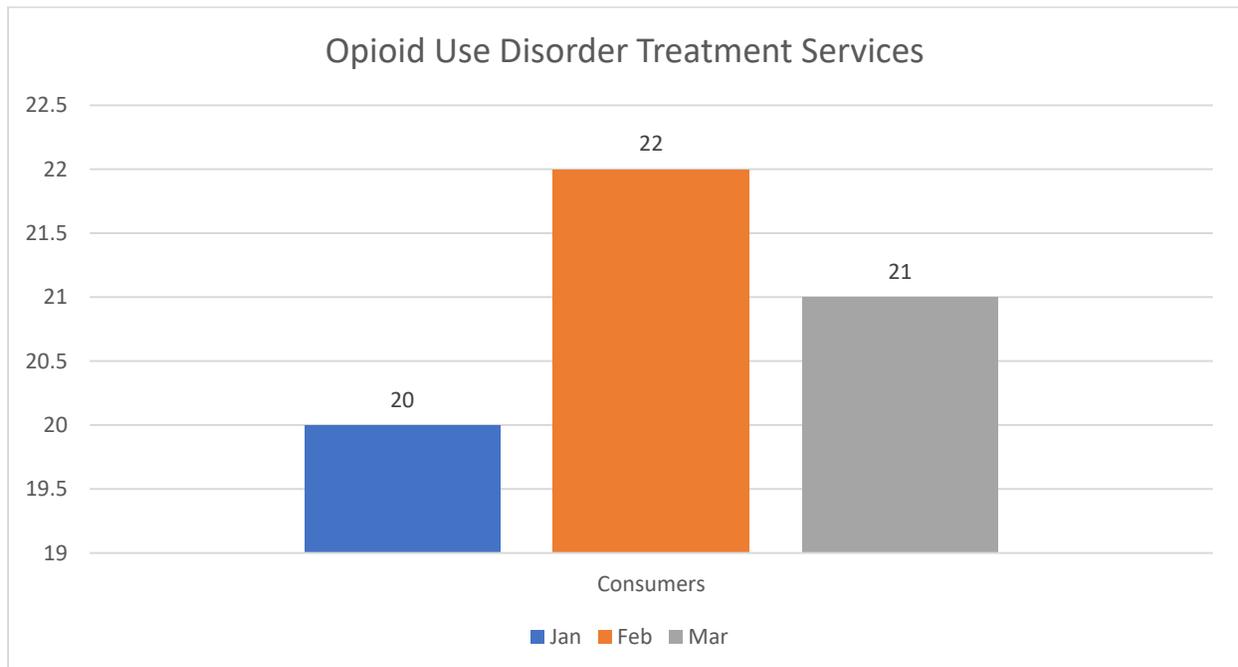
Reporting Department Substance Use Disorders



Dearborn Heights PD	17	6	23
Dearborn PD	11	1	12
ACCESS Primary Health Clinic	2	0	2
<b>Total</b>	<b>385</b>	<b>140</b>	<b>525</b>

## Opioid Use Disorder Treatment Services

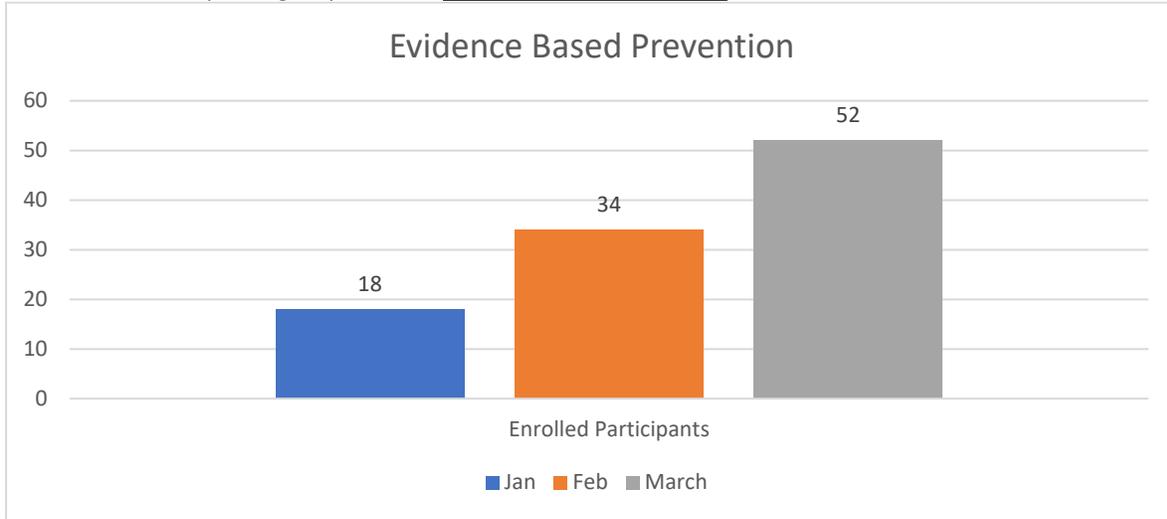
An integral component of the State Opioid Response that makes the program unique from other grants is that it is structured to encompass engagement of the consumer throughout remission to decrease the likelihood of relapse.



## Youth and Family Oriented Evidence Based Curriculums

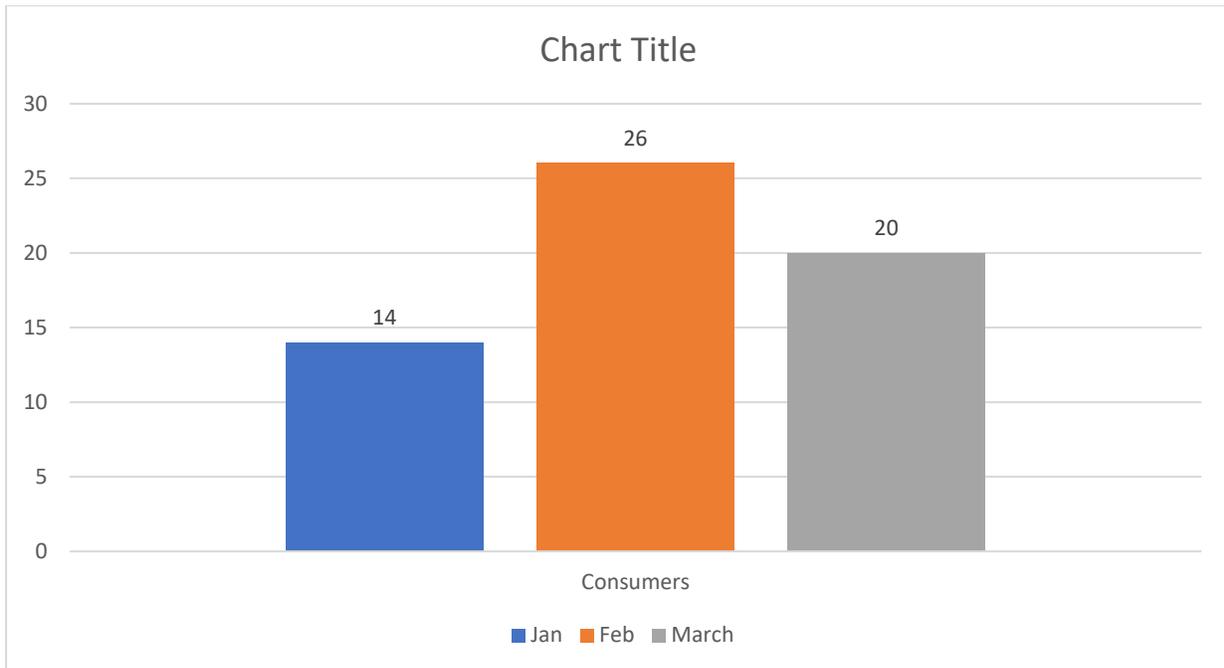
Prevention providers selected from 4 evidence-based practices (EBPs) that were selected from MDHHS to expand efforts to middle and high school age youth services that complements the Strengthening Families Program Iowa 10-14 model.

Detroit Wayne Integrated Health Network  
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### Recovery Housing

Providers are implementing recovery housing services for consumers whom are underinsured, uninsured or have exhausted the permitted number of days and medically evidence the need for continued treatment





May 11, 2022

# Strategic Plan – Access Pillar

PCC Status Report

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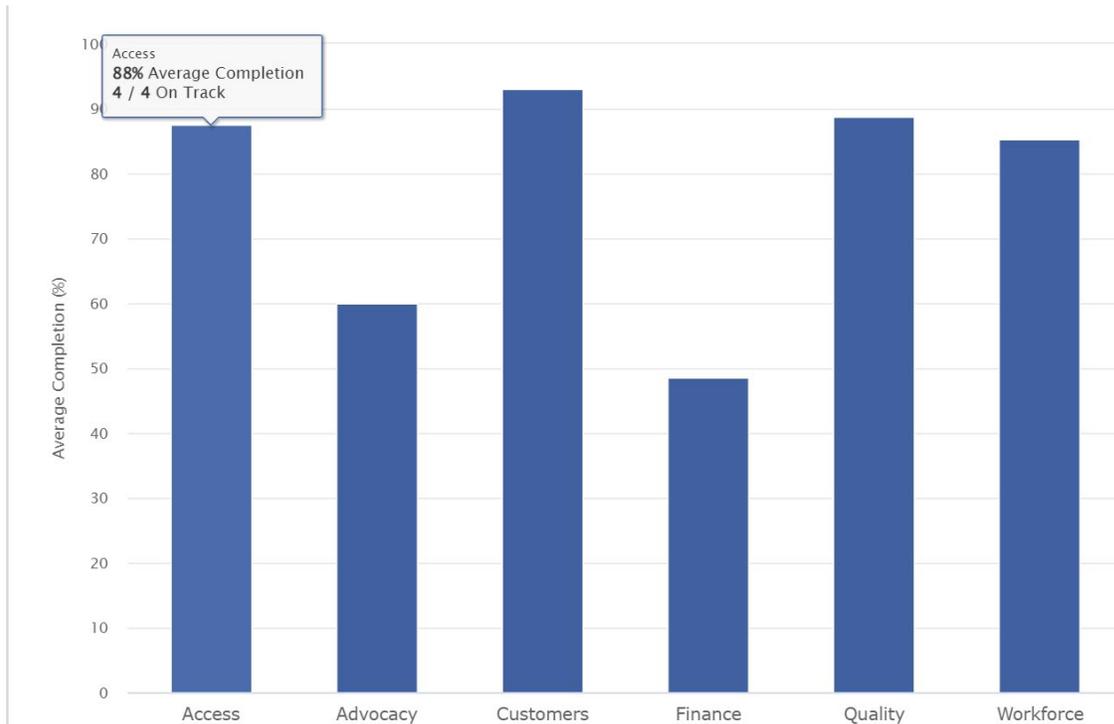
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## **To our board members:**

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

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

# Pillar Summary



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

## Summary of Pillar Status

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

### QUALITY

Title	Completion
Ensure consistent Quality by 30th Sep 2022	78%
Ensure the ability to share/access health information across systems to coordinate care by 31st Dec 2021	100%
Implement Holistic Care Model: 100% by 31st Dec 2021	97%
Improve population health outcomes by 30th Sep 2022	80%

## Customer Pillar

**Customer** is under the leadership of Michele Vasconcellos, Director of Customer Service. Overall, currently reaching 93% completion on this pillar. The three (3) high-level goals range from 85% to 99%.

Title	Completion
Enhance the Provider experience by 30th Sep 2022	85%
Ensure Inclusion and Choice for members by 30th Sep 2021	99%
Improve person's experience of care and health outcomes by 30th Sep 2022	95%

## Access Pillar

**Access** is under the leadership of Jacquelyn Davis, Clinical Officer. Overall, we are at 88% completion on this pillar. There are four (4) high-level goals. They range from 80% - 98% completion.

 Access		88%
Title	Completion	
Create infrastructure to support a holistic care delivery system (full array) by 31st Dec 2022	80%	
Create Integrated Continuum of Care for Youth by 30th Sep 2022	90%	
Establish an effective crisis response system by 30th Sep 2022	82%	
Implement Justice Involved Continuum of Care by 30th Sep 2022	98%	

A detailed report of this pillar will follow.

# **Access Pillar**

## Detailed Dashboard

### Program Compliance Committee Meeting

May 11, 2022



16  
GOALS

87%  
GOAL COMPLETION

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

DWHN FY 2020 - 2022 STRATEGIC PLAN

ACCESS

Goal	NCQA Stan...	Owner	Due Date	Task	Update	Current Co...
<p>→ Create infrastructure to support a holistic care delivery system (full array)</p>	Quality of Clinical Care, Members' Experience		12/31/2022	<p><b>Create infrastructure to support a holistic care delivery system (full array)</b>            Implement Restorative Practices as a technique to assist with completion of overarching goal.</p>	<p>Due: Maria Stanfield            07/01/2022</p>	80%
<p>→ Create a satellite network: 100%</p>	Quality of Clinical Care, Members' Experience	Manny Singla	12/31/2022		<p><b>NEW Manny Singla:</b>            Expanded the service array by implementing Clinical programs including <i>Certified Community Behavioral Health Clinic (CCBHC)</i>, Opioid Health Homes that will extend Access , Care coordination. We have also enabled partnership with multiple Health plans to ensure care coordination and holistic care models covering both physical and behavioral health services can be provided . As part of this rollout we also enabled a care coordination platform to avoid data duplication and certified HEDIS measures as part of measuring quality of services.            10/08/2021</p>	84% 84.07 / 100%

Goal	NCQA Stan...	Owner	Due Date	Task	Update	Current Co...
↳ Ensure all BH Providers receive 80% or greater on Risk Assessment/Score Card: 100%	Quality of Clinical Care, Quality of Service, Members' Experience	June White	12/31/2022		<p><b>NEW Allison Smith:</b></p> <p><b>Update:</b> Additional refinements to the Risk Matrix Score Card are being made. The inclusion of the Custome Service annual audits are being incorporated. The internal workgroup has begun meeting monthly to review and assess the data.</p> <p><i>05/05/2022</i></p>	75% 75 / 100%
Create Integrated Continuum of Care for Youth	Quality of Service		09/30/2022		<p><b>NEW Cassandra Phipps:</b></p> <p>Progress is noted regarding the coordination of care with children in Wayne County. This is evidenced by developing a School Success Initiative Referral Flowchart and improving the School Success Initiative Referral Form in MHWIN. In addition, within the last 90 days the Children's Initiative Department developed a Case Consultation spreadsheet to track coordination between Providers, Parents, and other Professionals. Children's Initiative Department also increased outreach efforts in the community to explain about children services.</p> <p><i>10/07/2021</i></p>	90%

Goal	NCQA Stan...	Owner	Due Date	Task	Update	Current Co...
<p>→ Deliver Integrated model of Care of Care for Children: 100%</p>	Quality of Service	Cassandra Phipps	09/30/2020		<p><b>NEW Cassandra Phipps:</b>            There are 2 Programs that the Children's Initiative oversees through the System of Care Block Grant: Screening Kids in Primary Care Plus (SKIPP) and Michigan Child Collaborative Care (MC3)</p> <p><b>Screening Kids in Primary Care Plus (SKIPP)</b> SKIPP began as a System of Care Initiative related to Pediatric Integrated Healthcare. The project focuses on breaking down silos of care for children by embedding a Behavioral Health Consultant (BHC) in the pediatrician's medical team to provide mental health consultation, resources, screenings, psycho-education, and action plans for pediatric patients. The BHC determines level of care for mental health services and works to ensure patient entry into the correct system for mental health care as needed.</p> <p><b>Michigan Child Collaborative Care (MC3)</b> Program DWIHN and the University of Michigan MC3 program have teamed up to provide a tele-psychiatry consultation model to pediatric practices in Wayne County. The partnership currently provides 1 BHC who is placed on the medical team at Detroit Riverview Pediatrics. The BHC and the MC3 team work together to provide the education, support, and technical assistance to allow physicians access to a pool of psychiatrists who they can consult with for patient mental health and medication needs. The MC3 program is currently seeking out additional practices interested in receiving same-day psychiatric consultations from the University of Michigan's team of pediatric and OB/ GYN psychiatrists.</p> <p><i>10/08/2021</i></p>	<p>96% 95.84 / 100%</p>

Goal	NCQA Stan...	Owner	Due Date	Task	Update	Current Co...
→ Ensure anyone in Wayne County can access crisis services	Members' Experience	Dan West	09/30/2022	<p><b>Increase # of Liaisons</b> - Dan West <input checked="" type="checkbox"/></p> <p>Improve access to emergent and urgent services by increasing # of DWIHN Hospital and Community Liaisons who assist in helping individuals access emergent and routine BH services.</p> <p><b>Increase DHHS Staff processing Medicaid Benefit Applications</b> Due: Dan West 03/06/2020 <input checked="" type="checkbox"/>  DWIHN identified that we had a need to increase the number Benefit Administrators processing applications in a timely fashion.  DWIHN to hire 2 new staff to process these applications.</p> <p><b>Additional Crisis Stabilization Services</b> Due: Dan West 04/13/2020 <input checked="" type="checkbox"/>  COVID 19 escalated our efforts to established a second Crisis Stabilization Unit (CSU).</p> <p><b>Psychiatric Urgent Care Units</b> Due: Melissa Moody 04/20/2020 <input checked="" type="checkbox"/>  Established 2 Psychiatric Urgent Care Facilities in Wayne County.</p> <p><b>Activate Crisis Assessment Center</b> Due: Dan West 09/30/2022 <input type="checkbox"/>  This task will mark our full implementing of crisis services of DWIHN's Crisis Assessment Center upon admission of the first individual.   This will cover crisis access for both Children and Adult. Moved 2021 target to 9/30/22 to reflect Woodward Building build-out.</p>	<p><b>NEW Dan West:</b>  Update: The way we are ensuring access to crisis services for anyone in Wayne County at this time is providing availability within a large network of service providers and options for SMI, I/DD, and SUD diagnoses for adults and children. Access to DWIHN crisis services is publicized via social media, billboards, mobile outreach efforts within data driven areas in need of behavioral health resources, brochures, a distributed QR code, and continuous education to network providers. Over the last 36 months, the crisis services department has hired a mobile outreach clinician and additional hospital liaisons.  04/25/2022</p>	75%
→ Establish means to enable interoperability using Health Information Exchange to share care plans across providers: 100	Quality of Service	Manny Singla	09/30/2020		<p><b>Manny Singla:</b>  All CRSP providers are now on the HIE platform  09/30/2020</p>	100% 100 / 100

Goal	NCQA Stan...	Owner	Due Date	Task	Update	Current Co...	
Establish an effective crisis response system	Quality of Service		09/30/2022	<b>NCPI Crisis Response System</b> Incorporate CPI Nonviolent Crisis Intervention Training Crisis Prevention Institute (CPI) as a way to safely manage disruptive and assaultive behavior.	Due: Maria Stanfield 06/06/2022	<b>NEW Allison Smith:</b> Update: DWIHN provides Crisis Services as a continuum of services and ensures it is provided to individuals experiencing a psychiatric emergency. DWIHN core crisis services include crisis stabilization/observation beds, short-term crisis residential services and crisis stabilization, mobile crisis services, 24/7 crisis hotlines, and warm lines. DWIHN is expanding Crisis Services as the Care Center build-out/remodel of 707 W. Milwaukee is beginning in April 2022. 05/05/2022	82%
→ Ensure all technology aspects are addressed to ensure connectivity, redundancy and access for mission critical operations: 100%	Quality of Service	Manny Singla	09/30/2022		<b>NEW Allison Smith:</b> New enhancements are being made to MH-WIN to notify a CRSP when someone presents to the ER so that they can get involved with the member early in the crisis episode. 02/03/2022	90% 90 / 100%	

Goal	NCQA Stan...	Owner	Due Date	Task	Update	Current Co...
→ Ensure anyone in Wayne County can access crisis services	Members' Experience	Dan West	09/30/2022	<p><b>Increase # of Liaisons</b> - Dan West <input checked="" type="checkbox"/></p> <p>Improve access to emergent and urgent services by increasing # of DWIHN Hospital and Community Liaisons who assist in helping individuals access emergent and routine BH services.</p> <p><b>Increase DHHS Staff processing Medicaid Benefit Applications</b> Due: Dan West 03/06/2020 <input checked="" type="checkbox"/></p> <p>DWIHN identified that we had a need to increase the number Benefit Administrators processing applications in a timely fashion.</p> <p>DWIHN to hire 2 new staff to process these applications.</p> <p><b>Additional Crisis Stabilization Services</b> Due: Dan West 04/13/2020 <input checked="" type="checkbox"/></p> <p>COVID 19 escalated our efforts to established a second Crisis Stabilization Unit (CSU).</p> <p><b>Psychiatric Urgent Care Units</b> Due: Melissa Moody 04/20/2020 <input checked="" type="checkbox"/></p> <p>Established 2 Psychiatric Urgent Care Facilities in Wayne County.</p> <p><b>Activate Crisis Assessment Center</b> Due: Dan West 09/30/2022 <input type="checkbox"/></p> <p>This task will mark our full implementing of crisis services of DWIHN's Crisis Assessment Center upon admission of the first individual.</p> <p>This will cover crisis access for both Children and Adult. Moved 2021 target to 9/30/22 to reflect Woodward Building build-out.</p>	<p><b>NEW Dan West:</b></p> <p><b>Update:</b> The way we are ensuring access to crisis services for anyone in Wayne County at this time is providing availability within a large network of service providers and options for SMI, I/DD, and SUD diagnoses for adults and children. Access to DWIHN crisis services is publicized via social media, billboards, mobile outreach efforts within data driven areas in need of behavioral health resources, brochures, a distributed QR code, and continuous education to network providers. Over the last 36 months, the crisis services department has hired a mobile outreach clinician and additional hospital liaisons.</p> <p>04/25/2022</p>	75%
→ Implement Crisis Project Plan: 100%	Quality of Service	Dan West	09/30/2022			80% 80 / 100%

Goal	NCQA Stan...	Owner	Due Date	Task	Update	Current Co...
→ Ensure individuals are placed in the least restrictive environment	Members' Experience	Dan West	09/30/2022		<b>NEW Jacquelyn Davis:</b> DWIHN has added 12 Diversion beds to the network and there are 2 pending. The Residential Unit has secured 18 Out of home Respite beds for Adults. <i>08/05/2021</i>	80%
<b>Implement Justice Involved Continuum of Care</b>	Quality of Service		09/30/2022			98%
→ Conduct gap-analysis of the Sequential Intercept Model	Quality of Service	Ebony Reynolds	06/28/2019		<b>Andrea Smith:</b> The Wayne County Jail Diversion Council met December 2020 to review each intercept on the model. <i>01/19/2021</i>	100%
→ Implement improvements to existing programming	Quality of Service	Ebony Reynolds	09/30/2020		<b>NEW Andrea Smith:</b> A team has been reviewing supplemental training to identify gaps that would allow the recommendation and addition of new educational topics. <i>10/04/2021</i>	95%
→ Implement new programs within the Sequential Intercept Model	Quality of Service	Julie Black	09/30/2020		<b>Julie Black:</b> In upcoming fiscal year 20-21, three new programs will be implemented for Jail Diversion. Central City Integrated Health will develop and provide programming for the Detroit Homeless Outreach pilot in collaboration with law enforcement. This collaboration is between the City of Detroit, homeless outreach providers and behavioral health providers with the goal of getting the homeless off of the street utilizing available resources, and reducing the negative issues associated with homelessness and behavioral health challenges (SMI/SUD). Northeast Integrated Health and Team Wellness are collaborating with the Detroit Police Department to pilot a Detroit Co-Response Team. The program is founded on the understanding that by working together, behavioral health specialists and law enforcement can respond appropriately to the needs of individuals in the community who are in crisis. Police and behavioral health specialists are being trained on the CIT model. Each provider will participate in the collaborative process including monthly team meetings with DWIHN. <i>10/02/2020</i>	100%

**Executive Summary**

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

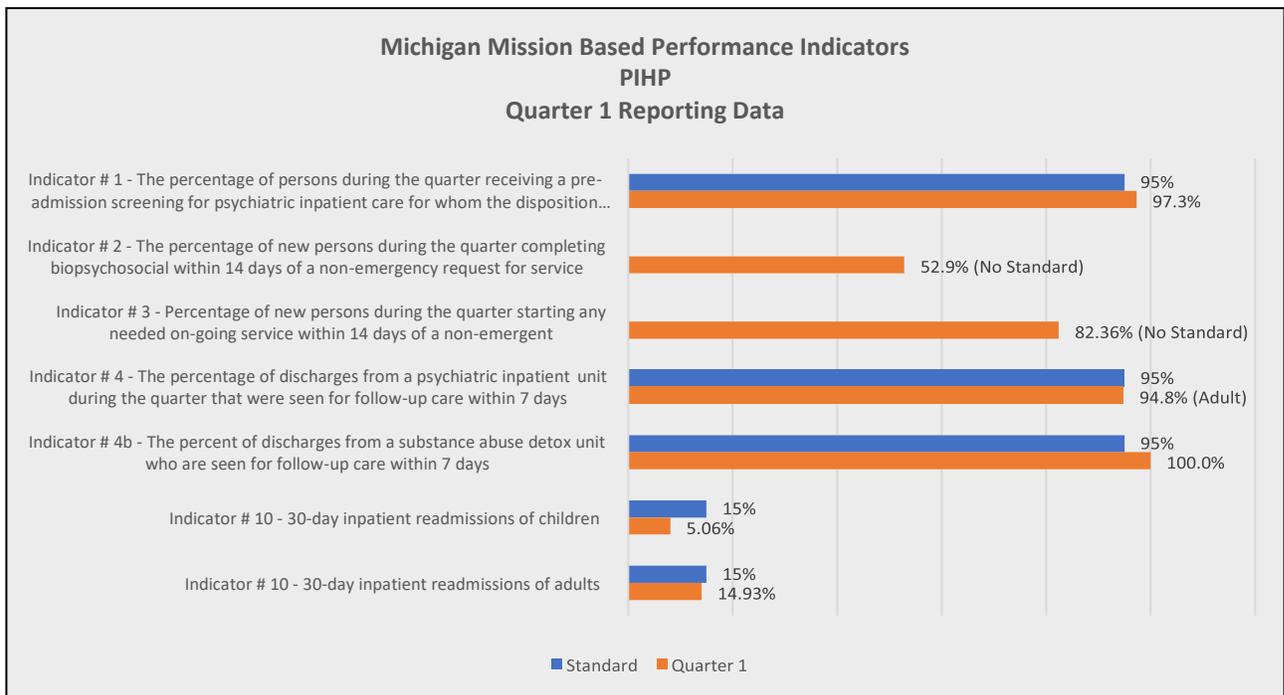
**Goal II – Access Pillar (Quality of Clinical Care and Service)**

**Michigan Mission Based Performance Indicators (MMBPI)**

The 1st Quarter Performance Indicator data was submitted to the Michigan Department of Health and Human Services (MDHHS) on March 31, 2022. For Quarter 1, standards were met for all populations for all Performance Indicators with the exception of PI 4a (*7-day follow after hospitalization*) for Adults for which we achieved a compliance score of 94.80% the standard is 95%. Steps have been taken to address and ensure we meet this standard with better outcomes expected for 2<sup>nd</sup> quarter.

**Quantitative Analysis and Trending of Measures**

DWIHN continues to meet Indicator 1 (*Preadmission screening in 3hrs*) for Adults after not meeting it for three of four quarters in FY 2021. Most significantly, we met Indicator 10 (*Recidivism or Readmission within 30*) standard is 15% or less. DWIHN had not met this Indicator for adults in over 3 years however, had shown improving trends each quarter to our most recent progress of meeting the standard at 14.93% in Quarter 1 of FY 22. This remains as an opportunity of ongoing improvement to sustained over time. We have continued to meet this indicator for children.



### Evaluation of Effectiveness

DWIHN continued to meet the standards for PI#1 (Children and Adult), PI#4a (Children), 4b (SUD) and PI#10 (Children). For Indicator 2a (*Completing Biopsychosocial within 14 days of the request*), which is a new indicator with no standard or benchmark set by MDHHS. This measure allows for no exceptions. DWIHN closed the 1<sup>st</sup> Quarter 2022 reporting rate at a 52.85% for PI#2a. For 2<sup>nd</sup> Quarter 2022, the preliminary rate is currently at 58.36%. We continue to show ongoing improvement with percentage increase of 5.51% from Q1 to Q2. The average score for the state is noted at 59.61%. The 2<sup>nd</sup> Quarter 2022 reporting period will be finalized on 6/30/22.

### Barriers

Providers are experiencing staffing challenges as a result of many factors associated with the pandemic which is impacting their ability to schedule intakes appointments at the high rate we have in the past. Also, Member no-shows has been another significant barrier. Steps have been taken to address this issue. One area of focus includes reviewing providers' data and meeting with CRSPs on a monthly basis to discuss their staffing recruitment strategy, member engagement and making same day appointments to avoid no shows/cancellations.

### Opportunities for Improvement

- DWIHN is collaborating with Wayne State University in an effort to address current workforce shortages.
- Continue to work with DWIHN's Crisis Team to identify potential delays in care.
- Working on expansion of "Med Drop" Program to improve outpatient compliance with goals to decrease need for higher level of care inpatient hospitalizations.
- Continue engagement and collaboration with members' outpatient (CRSP) providers to ensure continuity of care and when members present to the ED in crisis but may not require hospitalization.
- Continue efforts to chart alerts which notify the screening entities and the Clinically Responsible Service Provider (CRSP) of members who frequently present to the ED.
- Provide referrals to Complex Case Management (CCM) for members with high behavioral needs.
- Continue coordination and collaboration with crisis screeners on measures to decrease inpatient admission

### Goal V – Quality Pillar (Safety of Clinical Care)

#### Critical/Sentinel Event Reporting

During the month of April, the Quality Performance Improvement Team continued to focus on the review of FY 2021/2022 event processing including Root Cause Analysis (RCA) reviews; provider network training and technical assistance; the improvement/streamlining of CE/SE reporting; completion of the RCA template with implementation scheduled for mid-May - including development of a template for MH-WIN as soon as possible; QPI team continues to review requirements for the HSAG audits. QPI team implemented weekly "Huddle" focused on review of RCAs to determine if they are complete. If not complete, QPI team staff are requesting revisions in order to move each Sentinel Event to closure. Six Month Annual Data report currently in process to be submitted the first week of May 2022.

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

#### MDHHS Full Waiver Review of DWIHN's HSW, CPW, SEDW, and SUD services

MDHHS has completed the Annual Home and Community Based Waiver Review of Detroit Wayne Integrated Health Network (DWIHN)- Region 7 Network. The MDHHS site review for DWIHN/Region 7 began on March 14, 2022 and ended April 22, 2022. The purpose of the review was to ensure compliance with Home and Community Based agreements with the Centers for Medicare & Medicaid Services. This review was also intended to serve as a training tool and to provide technical assistance in the provision of Home and Community Based services. MDHHS will send out the final report to DWIHN within 15 days. We will have 30 days to submit corrective action plans (with input from CMHSP/Providers). MDHHS will conduct a 90-day follow-up from the date the CAP is approved by MDHHS. The CAP will reflect both individual and systemic remediation with timeliness.

### **Health Services Advisory Group (HSAG) Activities**

#### **Performance Measurement Validation (PMV)**

The 2022 PMV Annual Review is scheduled for June 9<sup>th</sup>, 2022. The purpose of performance measure validation (PMV) is to assess the accuracy of performance indicators reported by DWIHN and to determine the extent to which performance indicators reported follow state and federal specifications and reporting requirements. The review will be conducted virtually, requiring HSAG access to the MH WIN system (for the specific member-level detail files being reviewed).

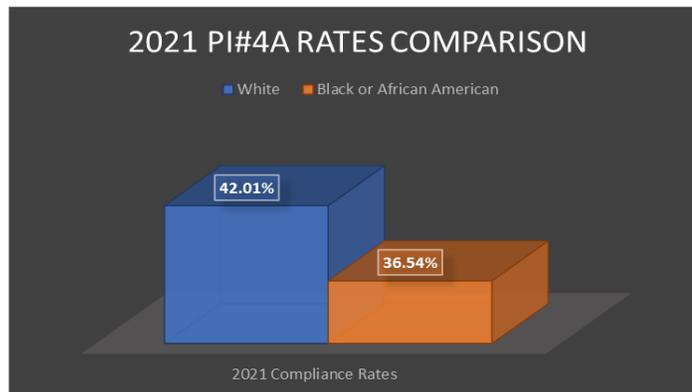
#### **Compliance Review**

The HSAG second half of the three-year Compliance Review is scheduled for July 29<sup>th</sup>, 2022. The scope of the review is delineated as follows with the SFY2022 review including the following. The final review of this 3-year cycle will happen in 2023.

- Standard VII - (Provider Selection)
- Standard VIII - (Confidentiality)
- Standard IX - (Grievance and Appeal Systems)
- Standard X - (Sub-contractual Relationships and Delegation)
- Standard XI - (Practice Guidelines)
- Standard XII - (Health Information Systems)
- Standard XIII - (Quality Assessment and Performance Improvement Program)

#### **Performance Improvement Project (PIP)**

For the 2022 submission to MDHHS and HSAG, DWIHN has identified existing racial or ethnic disparities within our provider network for populations served which is based on our review and analysis of the Michigan Mission Based Performance Indicator (MMBPI) reporting data for PI# 4a (The percentage of discharges from a psychiatric inpatient unit that were seen for follow-up care within 7 days). The goal is to reduce racial and ethnic disparity with African Americans for the percentage of discharges from a psychiatric inpatient unit that were seen for follow-up care within 7 days. The write-up of the PIP is due to HSAG for validation on July 15, 2022.



#### **NCQA Re-Accreditation Updates**

DWIHN is currently seeking a renewed three certification. NCQA consultation meetings have begun with HPS consulting. The Application for re-certification is due to NCQA in April 2023. The final upload date is January 30, 2024 and the virtual review will commence on March 18 and 19, 2024.

# Detroit Wayne Integrated Health Network

## Integrated Care



**Vicky Politowski LMSW**

**Director of Integrated Care**

**Population Assessment Data by:**

**Ashley Bond MA, LPC, NCC**

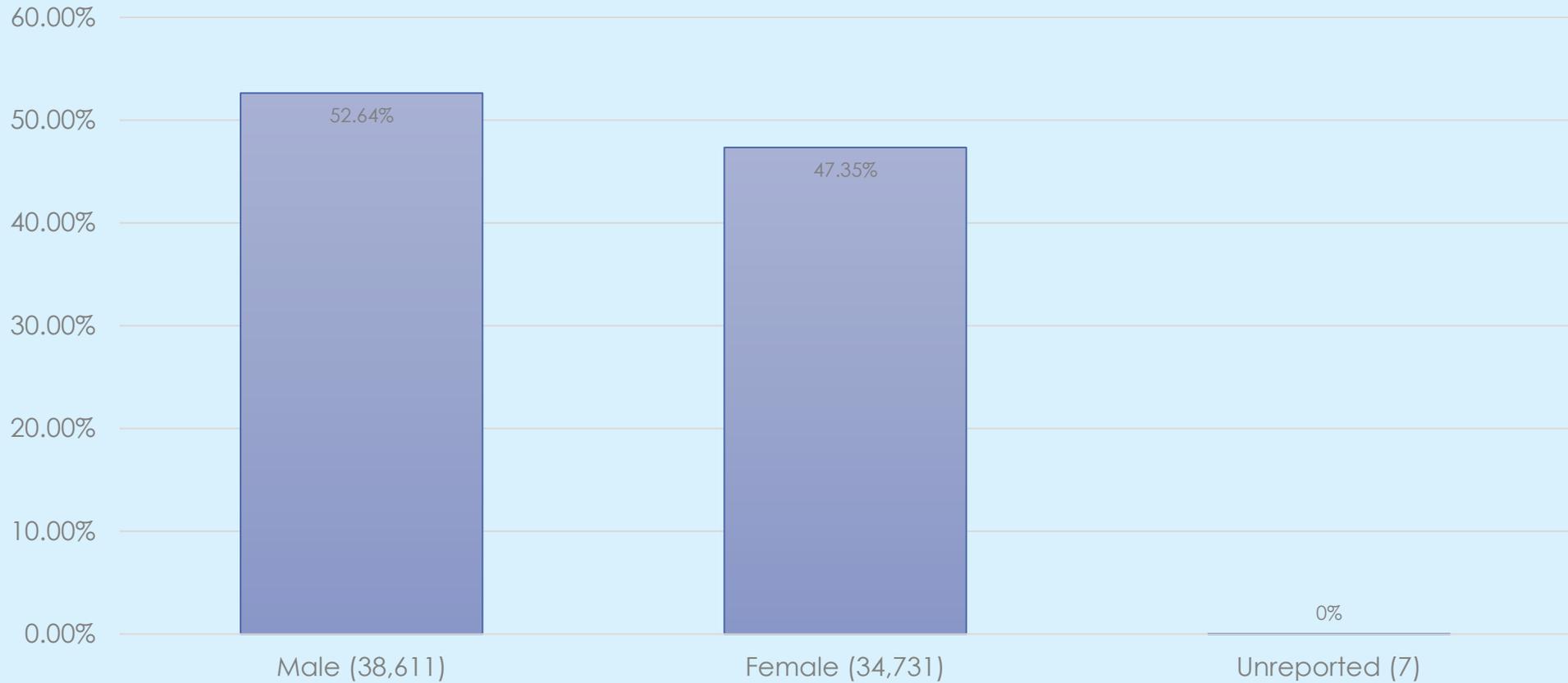
**May 11, 2022**

# Population Assessment

- DWIHN recognizes the importance of analyzing member data to assure that our programs and services meet the diverse needs of the members we serve
- We use this information to create topic and language appropriate materials, establish partnership with other organizations serving ethnic communities, inform our vendors about specific ethnic and cultural needs; and develop competency training for staff
- This information is gathered annually

- DWIHN also gathers demographic data for its members on an annual basis. The information includes gender, age, primary language spoken, ethnic background, disability designation, residency, and insurance.

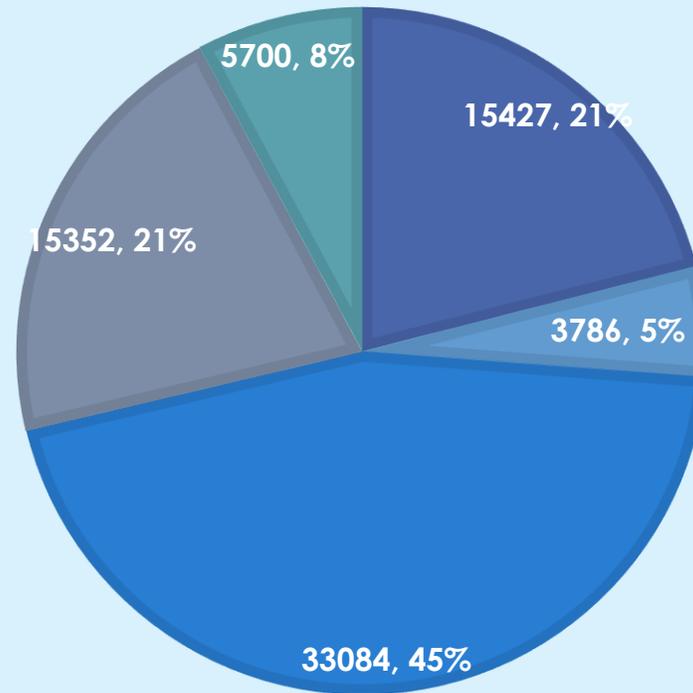
# Gender



\* Data derived from Risk Matrix

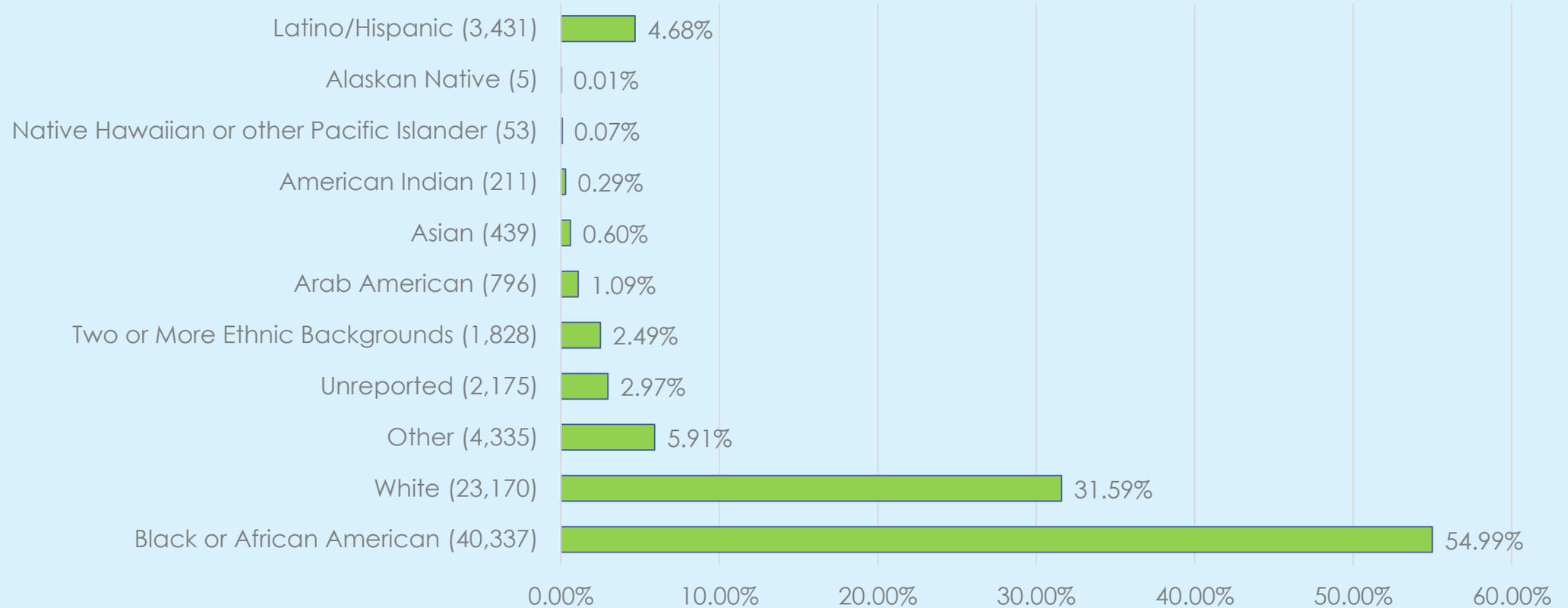
# Age Range

■ 0-17 ■ 18-21 ■ 22-50 ■ 51-64 ■ 65+



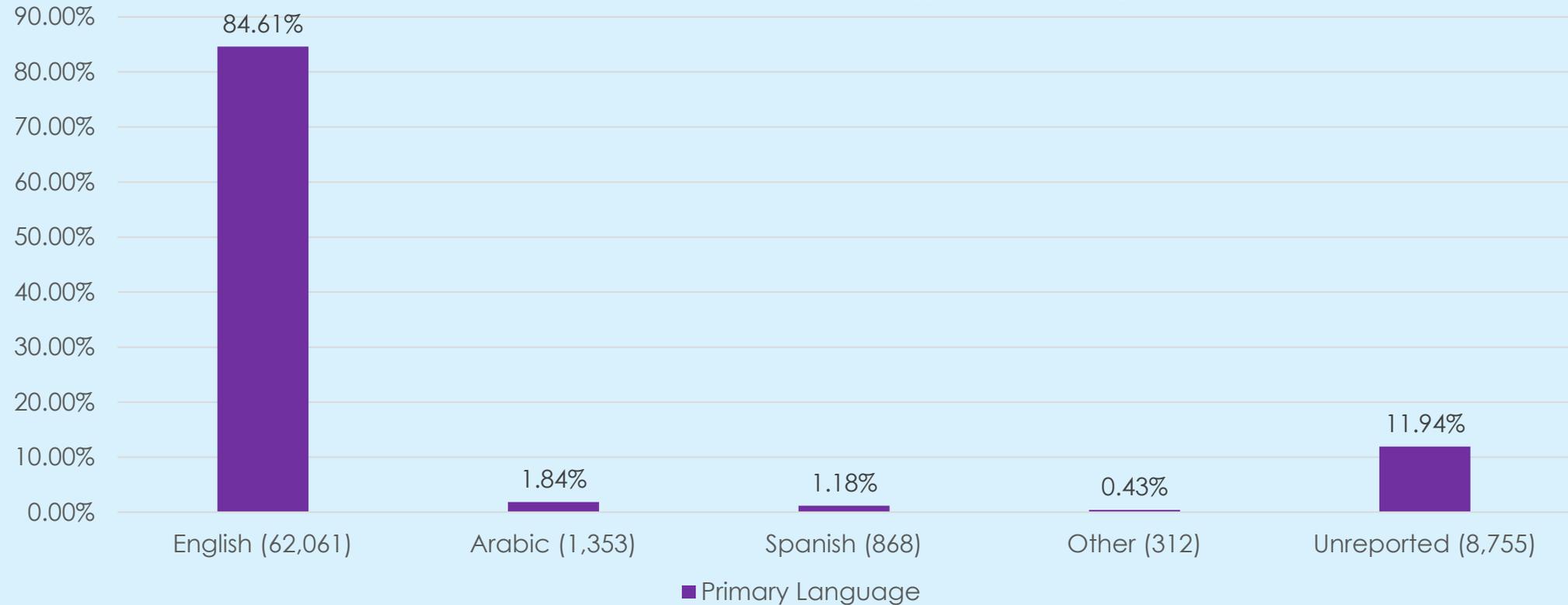
\*Data derived from Risk Matrix

# Ethnic Background



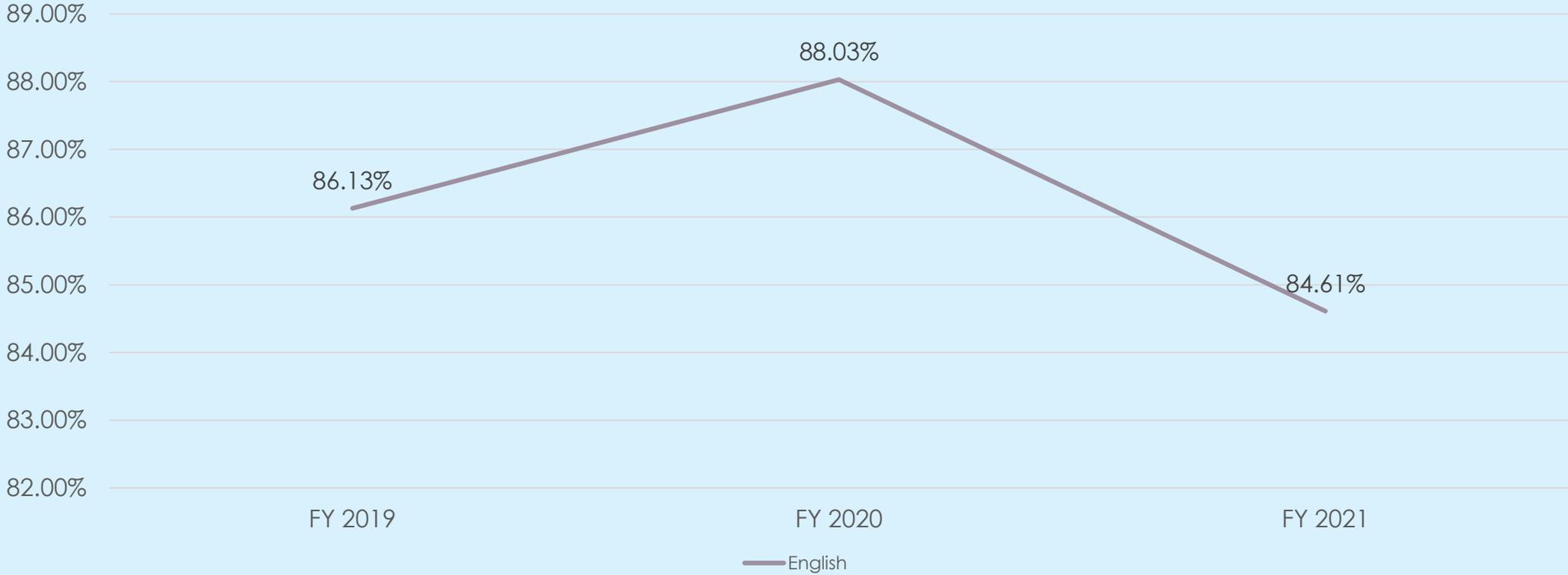
\*Data derived form Risk Matrix

# Primary Language



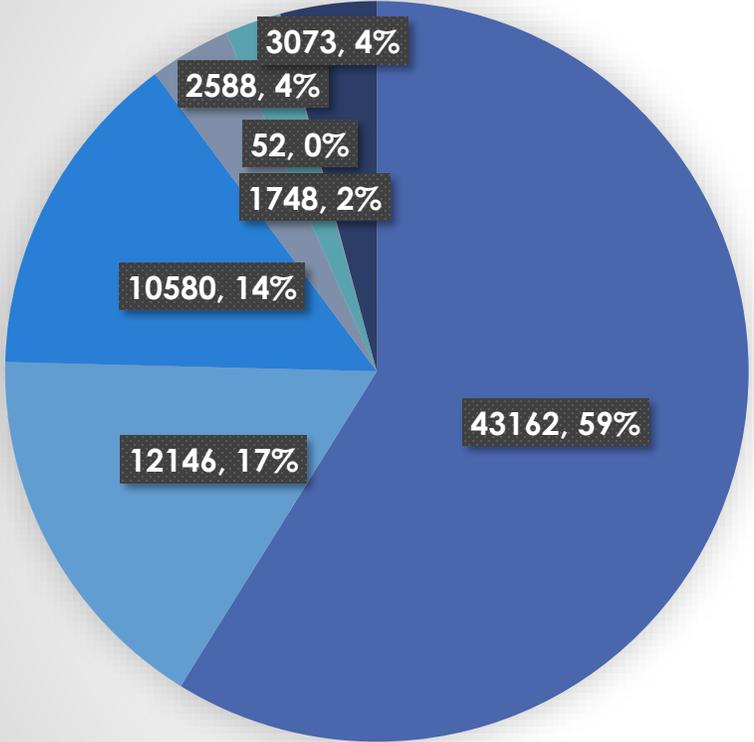
\*Data derived from Risk Matrix

# English Primary Spoken Language



\*Data derived from Risk Matrix

# Disability Designation

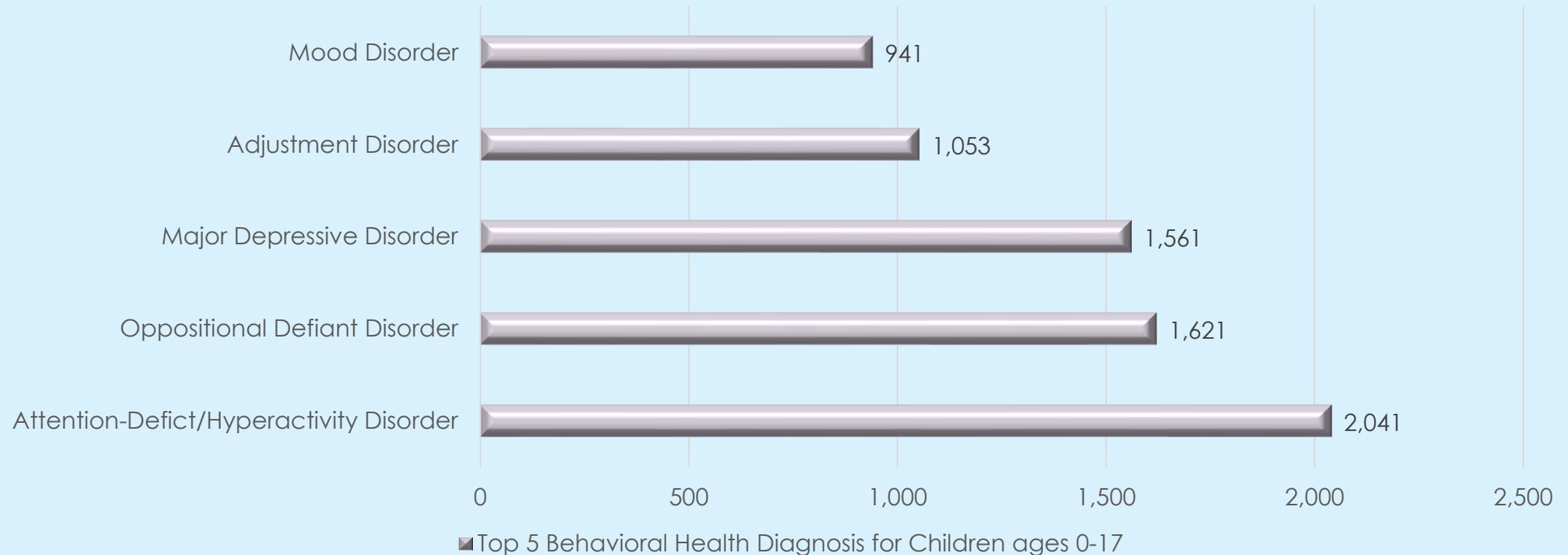


- Serious Mental Illness
- Intellectual/Developmental Disability
- Serious Emotional Disturbance
- Substance Use Disorder
- Mental Illness
- Emotional Disturbance
- Unreported

\*Data derived from Risk Matrix

# Top Behavioral Health Diagnosis for Children

Top 5 Behavioral Health Diagnosis for Children ages 0-17

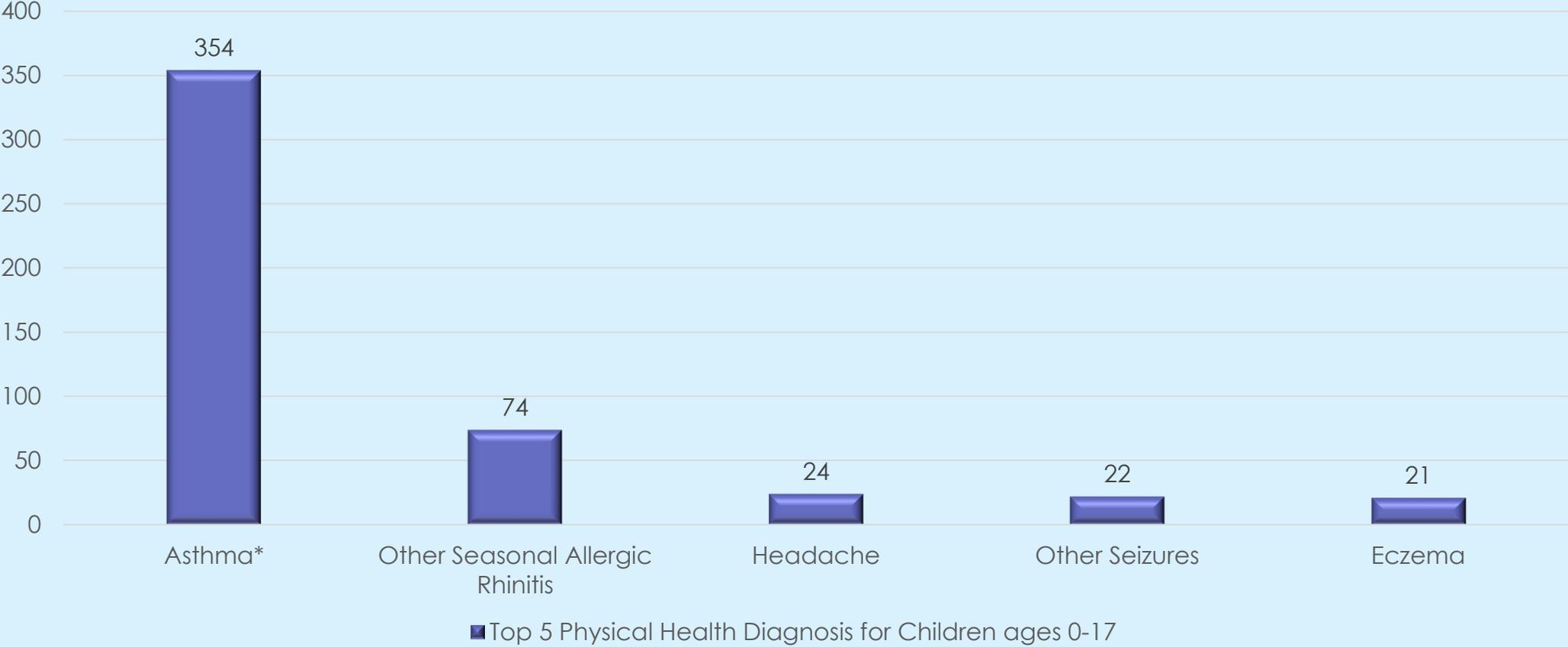


\* Data derived from IT-MHWIN Chart

# Diagnosis Comparisons

<u>Top 5 Behavioral Health Dx Children 2021</u>	<u>Top 5 Behavioral Health Dx Children 2020</u>
1. ADHD	1. Autistic Disorder
2. Oppositional Defiant Disorder	2. Oppositional Defiant Disorder
3. Major Depressive Disorder	3. ADHD
4. Adjustment Disorder	4. Disruptive Behavioral Disorder
5. Mood Disorder	5. Mood Disorder NOS

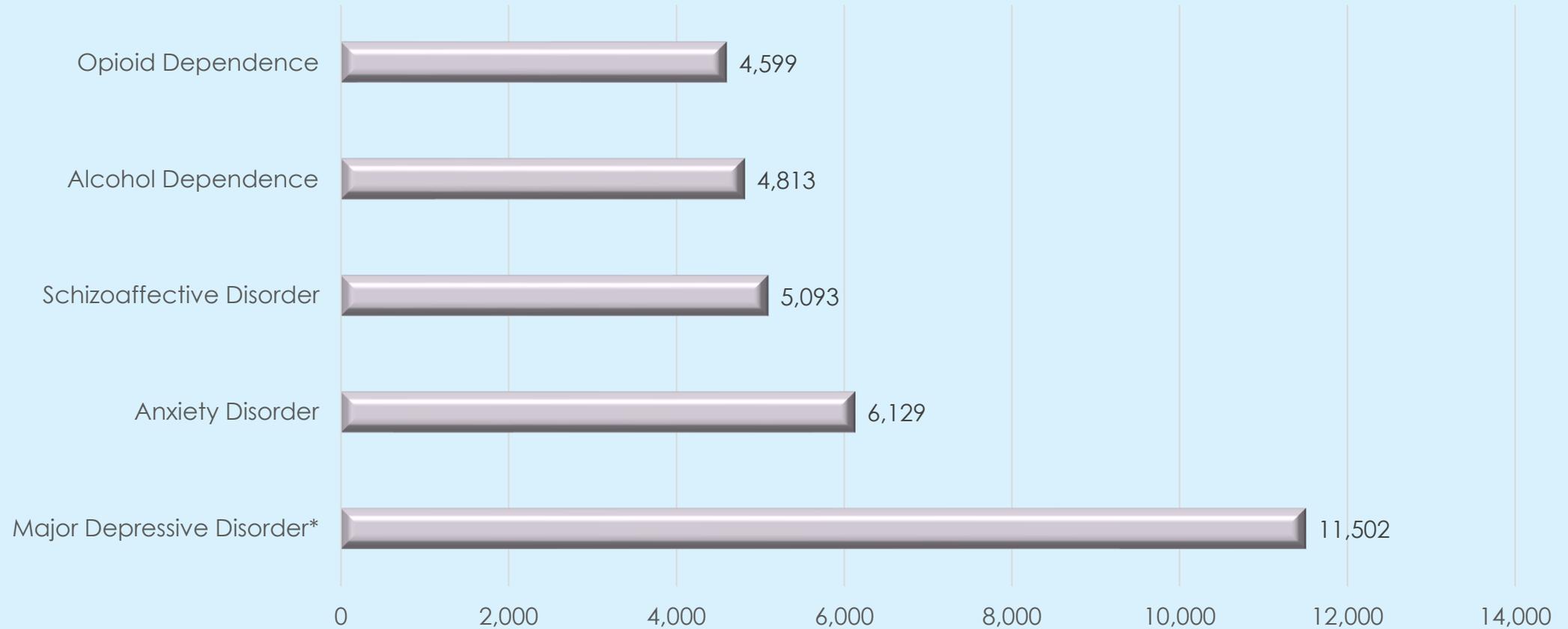
# Top Medical Diagnosis for Children



\*Data pulled from IT/MHWIN

<b><u>Top 5 Medical Dx Children 2021</u></b>	<b><u>Top 5 Medical Dx Children 2020</u></b>
1. Asthma	1. Asthma
2. Other Seasonal Allergic Rhinitis	2. Other Seasonal Allergic Rhinitis
3. Headache	3. Eczema
4. Other Seizures	4. Other Seizures
5. Eczema	5. GERD without esophagitis

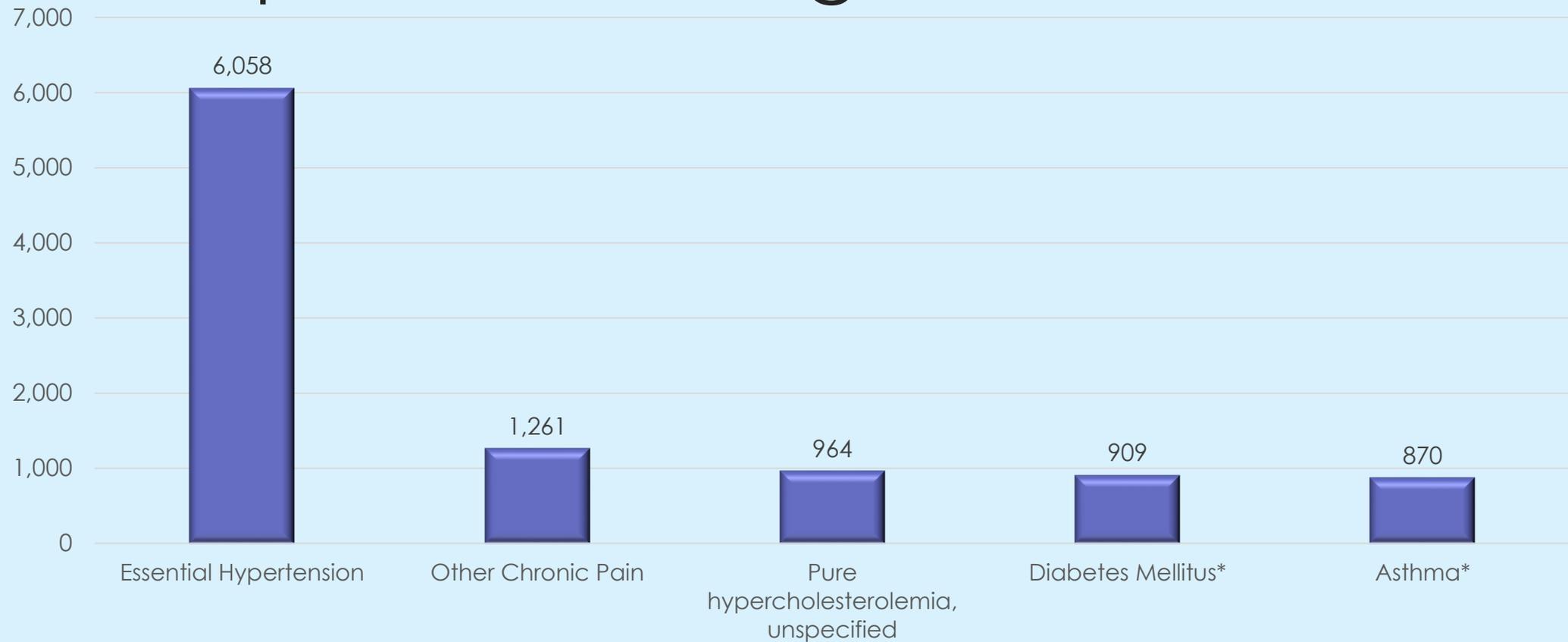
# Top Behavioral Health Diagnosis for Adults



\*Data pulled from IT/MHWIN

<b><u>Top 5 Behavioral Health Dx Adults 2021</u></b>	<b><u>Top 5 Behavioral Health Dx Adults 2020</u></b>
1. Major Depressive Disorder	1. Major Depressive Disorder
2. Anxiety Disorder	2. Anxiety Disorder
3. Schizoaffective Disorder	3. Schizophrenia, Paranoid Type
4. Alcohol Dependence	4. Schizoaffective Disorder
5. Opioid Dependence	5. Post-Traumatic Disorder

# Top Medical Diagnosis for Adults

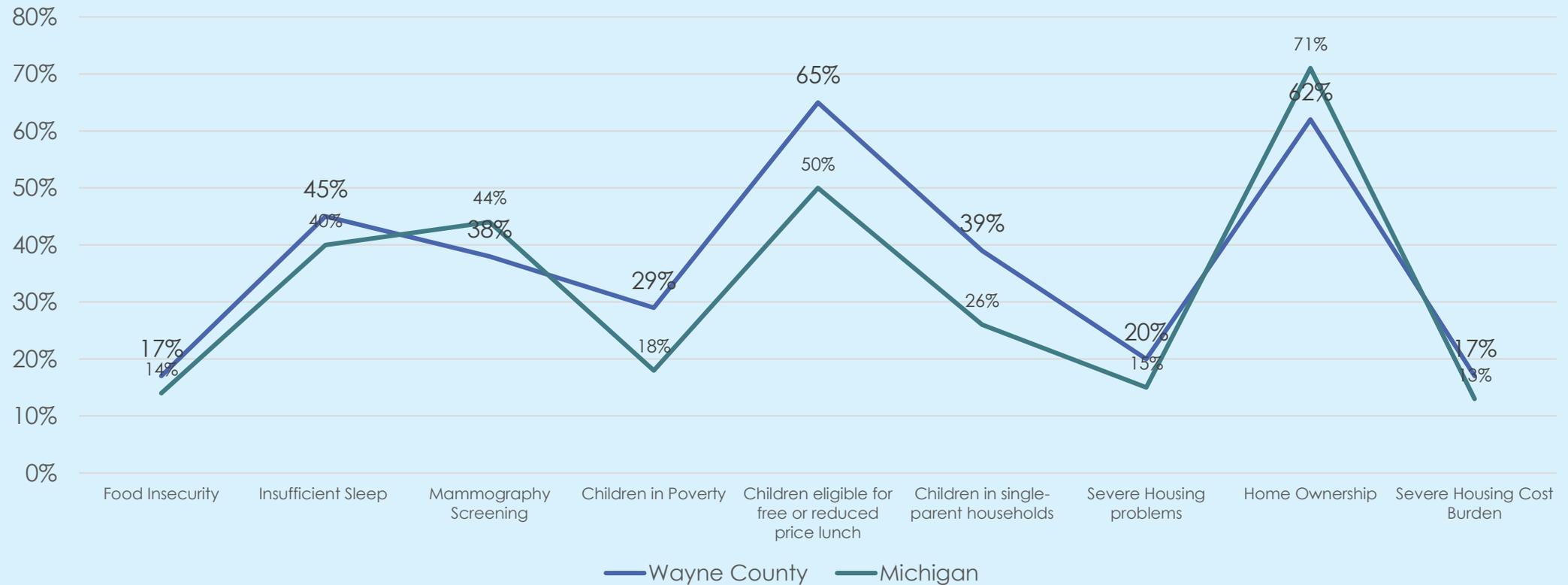


\*Data pulled from IT/MHWIN

<b><u>Top 5 Medical Dx Adults 2021</u></b>	<b><u>Top 5 Medical Dx Adults 2020</u></b>
1. Essential Hypertension	1. Essential Hypertension
2. Other Chronic Pain	2. Other Chronic Pain
3. Pure Hypercholesterolemia, unspecified	3. Pure Hypercholesterolemia, unspecified
4. Diabetes Mellitus	4. Diabetes Mellitus
5. Asthma	5. Asthma

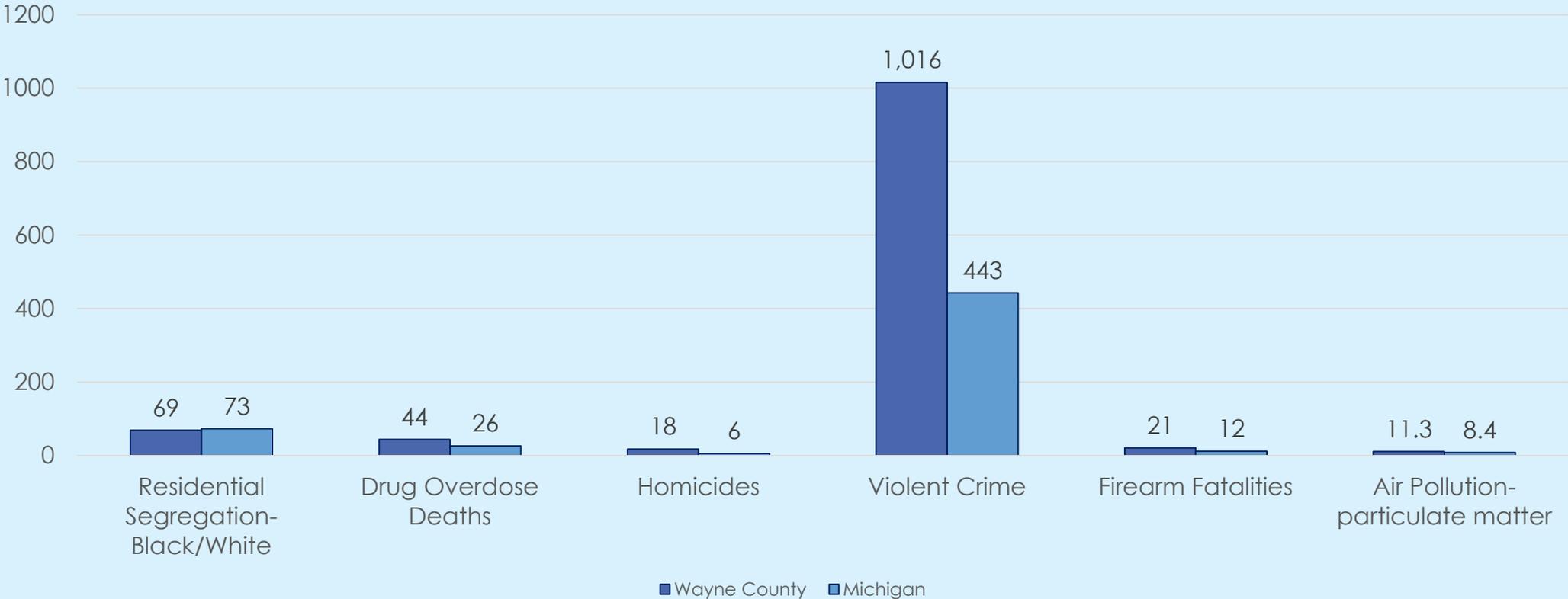
# 2021 County Health Rankings Report Continued

Social Determinants of Health Percentages



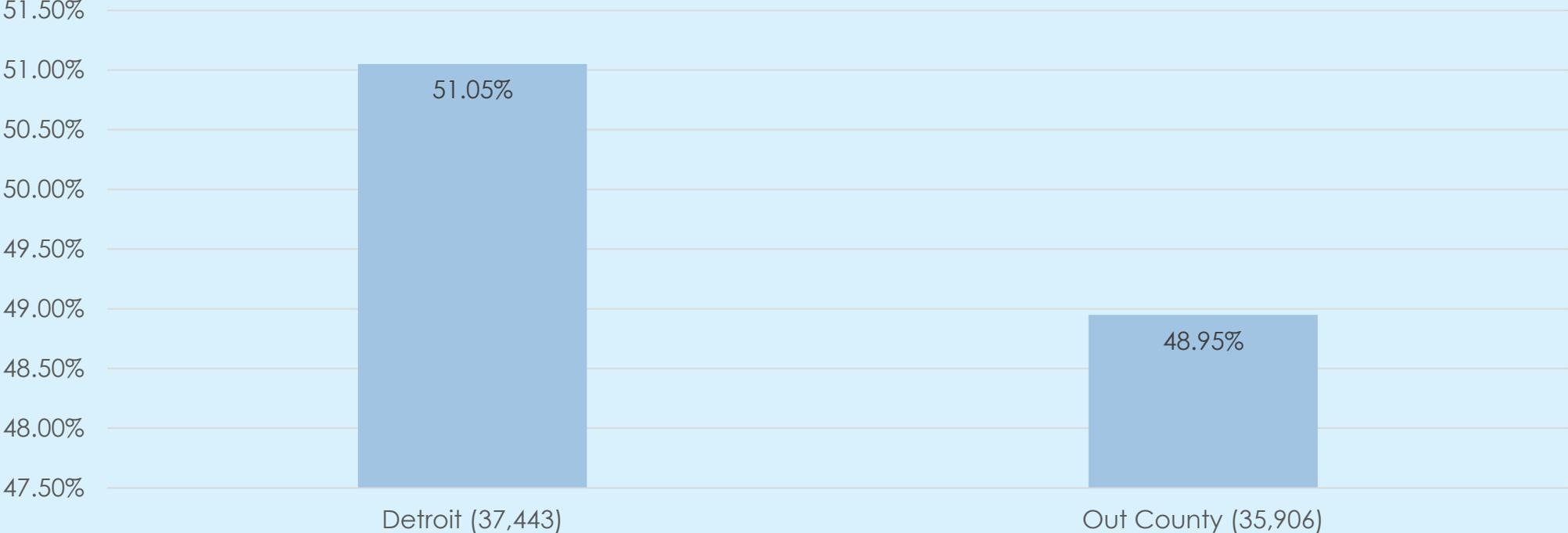
\* Data derived from 2021 County Health Rankings Report-Robert Wood Johnson Foundation and University of Wisconsin Population Institute

### Social Determinants of Health Statistics



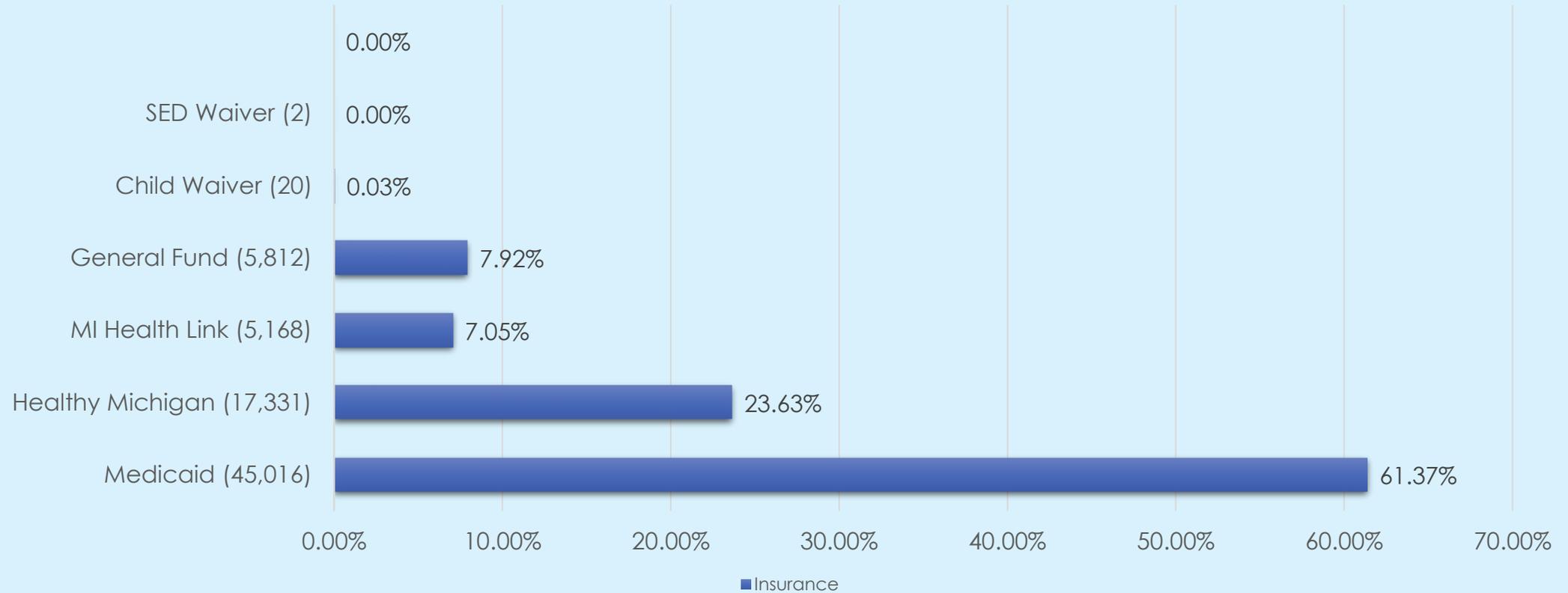
\* Data derived from 2021 County Health Rankings Report-Robert Wood Johnson Foundation and University of Wisconsin Population Institute

# Residency



\*Data derived form Risk Matrix

# Insurance



\*Data derived form Risk Matrix



# IHC DEPARTMENTS

# Complex Case management

- Complex Case Management (CCM) is a free and voluntary program that's available to all of DWIHN's members. Complex Case Managers work with current case managers and care teams to help members achieve their desired goals.
- CCM assists members with being connected to community resources, peer advocates and other needed services/supports.
- CCM aims to reduce hospitalizations, reduce gaps in care and increase participation in outpatient visits.
- Complex Case Management aims to progress movement towards recovery, enhance wellness, and build resiliency through self-care and empowerment for members with medical and behavioral health concerns.

- 40 member served in 2020
- 63 members served in 2021
- 43 members in 2022 (on track for a 20% increase)
- Referrals from: MHWIN, Pop Health Tool, Vital Data, practitioners/providers, members or their caregivers, UM staff, Customer Service staff, Access Center staff, Hospital liaisons, Clinical Specialist staff, Hospital discharge planners, Health plan case managers/disease managers, Medical Health Plan (MHP) partners, and Community Outreach of Psychiatric Emergencies (COPE). UM Inpatient Admission Report, Quarterly Psychiatric Recidivism Report, TOC Report, EMS Quarterly Report

# Analysis of Complex Case Management Activities and Resources

- DWIHN utilizes the information included in the above Population Assessment to review and update complex case management activities and resources to ensure that member needs are addressed.
- DWIHN Care Coordinators who provide Complex Case Management services will ensure that all members that receive Complex Case Management services are referred to or connected with a Primary Care Physician and CRSP.
- DWIHN Care Coordinators participate in annual Cultural Competency training to maintain and increase their knowledge and skills in working with diverse groups of people.

- DWIHN offers both verbal and written translation services for members in need of such services. Care Coordinator staff are aware of how to access such services for members served in Complex Case Management.
- DWIHN Care Coordinators are knowledgeable of State and Federal entitlement programs and assist members in accessing insurance benefits and entitlements as needed.
- Care Coordinator staff attend and participate in the monthly Children's Mental Health Lecture series. This series offers training to DWIHN staff and DWIHN network provider staff in various topics related to children served by DWIHN
- To assist in addressing the Social Determinants of Health DWIHN Care Coordinator staff are knowledgeable of multiple community resources to address member needs, including in the areas of transportation, housing, food, utilities, healthcare, and dental services.

# MI Health Link 5 Integrated Care organizations (ICO)

- Aetna
- Amerihealth
- HAP
- Meridan
- Molina
- Number Served in 2021: 5805
- Number Served in 2022: 3763

# Data Sharing/ Integrated Care Coordination

- Five Health Plans Participate in care coordination and data sharing monthly
  - ❖ Priority, Blue Cross Complete, Aetna, HAP, McLaren, Meridian Molina, and United Health Care.
- 50 cases discussed a month
- DWIHN staff follow up with members and CRSP for FUH (follow up after hospitalization) appointment and any barriers
- DWIHN and Health Plan staff discuss medical needs and who will follow up
- DWIHN maintains documentation in MHWIN and CC360

IHC department manages five Quality Improvement Plans (QIPs) that are in alignment with NCQA requirements.

The focus of the QIPs includes the following:

- 7 and 30 day Follow Up After Hospitalization for Mental Illness
- Adherence to Antipsychotic Medication
- Diabetes Screening for members prescribed atypical antipsychotic medications
- Hepatitis C treatment.

## OBRA: Omnibus Budget Reconciliation Act 1987 Preadmission Screening and Resident Review (PASRR)

- DWIHN contracts with Neighborhood Services Organization to provide services
- Anyone needing a nursing home who may have a behavioral health or intellectual/development disability must have a PASRR assessment. This guarantees that the individual is not being placed in a nursing home due to MI or IDD.
- 1025 PASRR Assessments in 2020
- 858 PASRR Assessments in 2021
- 218 PASRR Assessments in 2022

# Special Integrated Projects

# Vital Data

- HEDIS Quality Score Card
- 15 NCQA Certified measures
- 1 custom measure
- Data is obtained from CC 360 data warehouse
- All CRSP's staff have access through MHWIN
- Rolled-out to all CRSP in March
- Will expand to have data for OHH, BHH, CCBHC, and health plans in next 6 months
- Development of a shared platform to use with health plans
- Build reports to close gaps in care

# HEDIS MEASURES THAT ARE TRACKED

- Follow-Up Care for Children with ADHD Medication
- Antidepressant Medication Management
- Metabolic Monitoring for Children and Adolescents on Antipsychotics
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
- Breast Cancer Screening
- Controlling High Blood Pressure
- Cervical Cancer Screening
- Colorectal Cancer Screening
- Follow-Up After Hospitalization for Mental Illness

- Follow-Up After Emergency Department Visit for Mental Illness
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
- Adherence to Antipsychotic Medications for Individuals With Schizophrenia
- Diabetes Monitoring for People With Diabetes and Schizophrenia
- Use of Spirometry Testing in the Assessment
- Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication
- Use of three or more antipsychotics for 45 or more days (Custom Measure)

# Blue Cross Complete (BCC)

- Use of Vital Data shared Platform
- Ability to see all shared members with Health Plan
- Members are stratified into Tiers for level of severity of illness (Behavior Health and Medical)
- Currently care management is completed on members who are hospitalized. With Tiers DWIHN/BCC can engage members proactively
- Ability to have shared documents in real time
- Ability to see all claims (Physical and Behavioral Health)
- Build care gap reports to help close gaps in care

# Examples of Gaps in Care Reports

- Build reports based on zip code, insurance
- Reports on diagnosis and services by CPT code
- LOCUS score, MI/IDD diagnosis and physical health
- LOCUS, CRSP, insurance, CCBHC/BHH/OHH
- Language spoken, diagnosis, services provided, zip code

# Pay for Performance Measures

- Veterans-Comparison of BH TEDS submission due January 22- **Complete**, second submission due July 1 (25 points)
- ADT- Admission Discharge and Transfer (ADT) messages to the Michigan Health Information Network (MiHIN) Electronic Data Interchange (EDI) Pipeline daily by the end of FY22, due July 31 (25 points)
- IET (Initiation and Engagement and treatment of alcohol and other drugs) - Participation in IET measure data validation work with MDHHS, submit an IET data validation response file by March 3- **Complete (50 points)**
- Increased participation in patient-centered medical homes narrative, due November 15<sup>th</sup> (20% of withhold)
- Joint Care Management- **Completed** monthly by IHC staff (35 points)

- FUH- The Contractor must meet set standards for follow-up within 30 Days for each rate (ages 6-17 and ages 18 and older. The Contractor will be measured against an adult minimum standard of 58% and a child minimum standard of 70%. Measurement period will be calendar year 2021. Data will be stratified by race/ethnicity and provided to plans. The Contractor will be incentivized to reduce the disparity between the index population and at least one minority group. Measurement period for addressing racial/ethnic disparities will be a comparison of calendar year 2020 with Calendar year 2021. (40 points)
- As of 9/30/2021 DWIHN is at 56.19% for Adults and 78.57% for Children

- FUA- The Contractor must meet set standards for follow-up within 30 Days. The Contractor will be measured against a minimum standard of 27%. Measurement period will be calendar year 2021. Data will be stratified by the State by race/ethnicity and provided to plans. The Contractor will be incentivized to reduce the disparity between the index population and at least one minority group. Measurement period for addressing racial/ethnic disparities will be a comparison of calendar year 2020 with calendar year 2021 (40 points)
- As of 6/30/2021 DWIHN is at 18.76%

**CHIEF CLINICAL OFFICER EXECUTIVE SUMMARY  
PROGRAM COMPLIANCE COMMITTEE  
May 11, 2022**

**COVID-19 RESPONSE PLAN:**

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

**COVID-19 & INPATIENT PSYCHIATRIC HOSPITALIZATION**

	<b># of Inpatient Hospitalizations</b>	<b>COVID-19 Positive</b>
February 2022	579	3
March 2022	696	3
April 2022	666	3

Inpatient Hospital Admission Authorization data as of 5/4/2022.

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

<b>Crisis Stabilization Service Provider</b>	<b>Services</b>	<b>April 2022- # Served</b>
Community Outreach for Psychiatric Emergencies (COPE)	Intensive Crisis Stabilization Services (MDHHS Approved)	192 (March-203)
Team Wellness Center (TWC)	Intensive Crisis Stabilization Services (MDHHS Approved)	86 (March-174)

\*Team Wellness CSU was closed due to a critical event on 3/31/22 & has had resultant staffing issues.

**COVID -19 RECOVERY HOUSING/RECOVERY SUPPORT SERVICES**

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

<b>Provider</b>	<b># Served- April 2022</b>
Quality Behavioral Health (QBH)	7 (March-0)
Detroit Rescue Mission Ministries (DRMM)	0 (March-0)
Abundant	9 (March-2)

**CHIEF CLINICAL OFFICER EXECUTIVE SUMMARY**  
**PROGRAM COMPLIANCE COMMITTEE**  
**May 11, 2022**

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

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

**RESIDENTIAL DEPARTMENT- COVID-19 Impact:**

	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022 (Oct 1, 2021- current)	April 2022
<b>Total # Covid-19-Members</b>	169	76	108	<b>4 (March-5)</b>
<i>Related Deaths</i>	34	7	6	<b>0 (March-0)</b>
<b>Total# Covid-19 Staff</b>	71	59	58	<b>0 (March-0)</b>
<i>Related Deaths</i>	3	0	1	<b>0 (March 0)</b>

**VACCINATIONS- RESIDENTIAL MEMBERS:**

	# of Members Fully Vaccinated	Vaccine Booster April 2022
<b>Licensed</b>		
City of Detroit	649 (88.7%)	337 (52%)
Western Wayne	1,246 (91.4%)	827 (66%)
<b>Unlicensed</b>		
City of Detroit	93 (61.1%)	38 (41%)
Western Wayne	678 (68.2%)	316 (47%)

**COVID-19 MICHIGAN DATA:**

**Michigan COVID-19 Cases:** May 4, 2022 update: The total number of confirmed COVID-19 cases in Michigan is 2,127,459 with 33,178 confirmed deaths. Wayne County reported 256,528 confirmed Covid cases and 4,047 deaths. The City of Detroit reported 127,724 confirmed Covid-19 cases with 3,327 deaths. (Source: [www.michigan.gov/Coronavirus](http://www.michigan.gov/Coronavirus))

**Michigan COVID-19 Vaccination Updates:**

Area	First dose- Initiation	Fully Vaccinated
State of Michigan	66.6%	60.3%
Wayne County	74.5%	67.7%
City of Detroit	49.5%	41.9%

**CHIEF CLINICAL OFFICER EXECUTIVE SUMMARY  
PROGRAM COMPLIANCE COMMITTEE**

**May 11, 2022**

**Integrated Services/Health Home Initiatives:**

The goal of Health Homes is to increase outcomes and decrease costs by eliminating barriers to care through enhanced access and coordination. Michigan has two integrated health homes for the specialty behavioral health population - the Behavioral Health Home for serious mental illness/serious emotional disturbance and the Opioid Health Home for opioid use disorder.

***Behavioral Health Home (BHH):***

- ❖ Launched May 2, 2022.
- ❖ Detroit Wayne is one of 5 PIHPs in the State that participates in the Behavioral Health Home model
  - Behavioral Health Home is comprised of primary care and specialty behavioral health providers, thereby bridging two distinct delivery systems for care integration
  - Utilizes a multi-disciplinary team-based care comprised of behavioral health professionals, primary care providers, nurse care managers, and peer support specialists/community health workers
  - Michigan's BHH utilizes a monthly case rate per beneficiary served

***Opioid Health Home (OHH):***

- ❖ Current enrollment- 203
  - Michigan's OHH is comprised of primary care and specialty behavioral health providers, thereby bridging the historically two distinct delivery systems for optimal care integration
  - Michigan's OHH is predicated on multi-disciplinary team-based care comprised of behavioral health professionals, addiction specialists, primary care providers, nurse care managers, and peer recovery coaches/community health workers
  - Michigan's OHH utilizes a monthly case rate per beneficiary served
  - Michigan's OHH affords a provider pay-for-performance mechanism whereby additional monies can be attained through improvements in key metrics

***Certified Community Behavioral Health Clinic- State Demonstration (CCBHC):*** 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. This State demonstration model launched on 10/1/2021. The Guidance Center currently has 2,715 members that have been enrolled and are actively receiving CCBHC services. CCBHC Medicaid recipients are funded using a prospective payment model. DWIHN has requested ARPA funds and additional general funds for CCBHC non-Medicaid recipients. Provided training on the Vital Data platform which allows the provider to monitor quality and HEDIS measures and assist in evaluating program effectiveness.

***Certified Community Behavioral Health Clinic (CCBHC)- SAMHSA Grant:*** SAMHSA recently released the CCBHC Expansion Grant with a submission date of May 17, 2022. DWIHN is currently working on this grant in an effort to provide services to underserved populations and where there is reported gaps in care. Expected grant completion and submission by May 10, 2022.

**Med Drop Services:**

Med Drop is a service provided by Genoa Pharmacy that provides in-home Community Living Support staff that provide and monitor medication administration. This service can be provided on a daily basis. DWIHN continues to encourage Clinically Responsible Service Providers (CRSP) to encourage enrollment of eligible members. Individuals recently identified were on the hospital recidivism list and the Alternative Treatment Order list. These lists were sent to provider agencies with request for follow up on members identified by DWIHN were enrolled in Med Drop. As of April 1, 2022, Med Drop enrollment was at 42 with the following agencies reporting active members: Hegira (13) CNS (4) DCI (7) LBS (18). There are additional individuals identified for med drop enrollment that are scheduled for an intake. In addition to the meetings with CRSP providers, DWIHN continues to meet monthly with Genoa Pharmacy on ways to increase participation of Med Drop members.

**CHIEF CLINICAL OFFICER EXECUTIVE SUMMARY  
PROGRAM COMPLIANCE COMMITTEE  
May 11, 2022**

**MDHHS Collaboration:**

***Autism Services-*** In March 2022, DWIHN, under the direction of MDHHS, revised its access procedure for children and families seeking autism services. This process required that the family obtain a physician order prior to being referred for an autism diagnostic evaluation. This process created an extra step for families trying to engage in services. In April, the DWIHN Clinical Officer and Chief Clinical Officer met with department leads at MDHHS to discuss. At that meeting it was determined that MDHHS will temporarily allow flexibility on the physician referral requirement prior to scheduling an autism diagnostic evaluation. MDHHS will continue to allow this practice while they develop a workgroup to review this process. MDHHS will include representatives from all PIHPs in this workgroup.

***1915(i) SPA-*** Medicaid B3 services will be transitioned to 1915(i) SPA services on July 1, 2022. The services included in this category will remain unchanged (Community Living Support, Respite, Supported Employment, Environmental Modifications, Fiscal Intermediary Services, Family Support & Training, Enhanced Pharmacy, Housing Assistance, Specialized Medical Equipment, Vehicle Modification), but it will now require provider agencies to complete an evaluation, submit it into the MDHHS Waiver Support Application (WSA), receive PIHP approval, and finally MDHHS approval. DWIHN has provided training to all CRSPs on this new process and the State will be providing WSA training on June 9, 2022.



**CHIEF CLINICAL OFFICER'S REPORT  
Program Compliance Committee Meeting  
Wednesday, May 11, 2022**

**CHILDREN'S INITIATIVES – Director, Cassandra Phipps**

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

Goals	Updates
<b>Access</b>	<p><b>Branding:</b></p> <ul style="list-style-type: none"> <li>Created a Wayne County services flyer that explains the difference between serious emotional disturbances (SED) vs. intellectual developmental disabilities (I/DD).</li> <li>Children's Initiative Department completed an orientation with Customer Service Department.</li> </ul> <p><b>Outreach:</b></p> <ul style="list-style-type: none"> <li>System of Care Advisory Council and Constituent's Voice provided positive feedback about the new Children Wayne County Services flyer.</li> <li>Children's Initiative Director attended the first Detroit Institute for Children (DIC) "Catch Up &amp; Keep Up" conference focusing on children with special needs. Attended the VIP Banquet on 4/28/2022 and toured the Marygrove campus and participated in the panel discussion on 4/29/2022. Youth Involvement Specialist and Parent Support Partner from Assured Family Services assisted Director of Children's Initiative facilitate the Accessing Community Mental Health services workshop.</li> <li>CEO/President (Eric Doeh) participated in interviews with Hamtramck Review and Latino Press to talk about children services and resources for the Hispanic communities.</li> <li>CEO/President (Eric Doeh) participated in the What's Coming Up video explaining Putting Children First Initiative that is on youtube. <a href="https://www.youtube.com/watch?v=VpWTLua3 ws">https://www.youtube.com/watch?v=VpWTLua3 ws</a></li> </ul> <p><b>Screening:</b></p> <ul style="list-style-type: none"> <li>Children's Initiative Department is partnering with Access Department to streamline the screening process for children in foster care, children ages 0 to 6 in the Infant Mental Health (IMH) program, and young adults ages 18 to 21.</li> </ul>
<b>Prevention</b>	<p><b>Pediatric Integrated Health Care:</b></p> <ul style="list-style-type: none"> <li>Initial meeting was held with System of Care Pediatric Integrated Health Care Workgroup to identify new focus and develop a work plan to include: outreach, coordination of care, HEDIS measures, education on integrated health care.</li> </ul> <p><b>Schools:</b></p> <ul style="list-style-type: none"> <li>On 4/30/2022 Children's Initiative Department and Autism Department attended the Plymouth-Canton Mental Health and Wellness fair at Kellogg park in Plymouth to distribute resources.</li> </ul> <p><b>Tri-County Initiative:</b></p> <ul style="list-style-type: none"> <li>Meeting on 4/5/2022 to discuss plans for Behavioral Threat Assessment training and coordination of care with schools.</li> </ul>

	<p><b>Child Abuse Prevention Month:</b></p> <ul style="list-style-type: none"> <li>Children’s Initiative Department partnered with Child’s Hope to distribute pinwheels to 5 agencies in the community and also recognized April 1<sup>st</sup> as National Child Abuse Prevention Day.</li> </ul>
<b>Crisis Intervention</b>	<p><b>Clinical Care Center:</b></p> <ul style="list-style-type: none"> <li>Clinical Officer Jacquelyn Davis presented plans for the Clinical Care Center at Children System Transformation (CST) meeting 4/22/2022 and Cross Management System (CSM) meeting 4/27/2022.</li> </ul> <p><b>Juvenile Justice:</b></p> <ul style="list-style-type: none"> <li>Children’s Initiative Director presented the Putting Children First Initiative with the Juvenile Justice Collaborative on 4/13/2022 and gained feedback about youth receiving mental health services while in the juvenile detention facility and in placement.</li> <li>Worked with Communications Department and Crisis Department to develop a Children Crisis flyer. Plan to finalize by 5/15/2022.</li> </ul>
<b>Treatment</b>	<p><b>Diversity, Equity, Inclusion:</b></p> <ul style="list-style-type: none"> <li>Proposal to update the integrated biopsychosocial assessment to include current Sexual Orientation Gender Identity and Expression (SOGIE) language was presented at Improvement in Practice Leadership Team (IPLT) April 5, 2022 and changes are in pending in MHWIN.</li> <li>Ruth Ellis hosted 4 trainings in which 101 DWIHN staff attended (SOGIE 101, Visibility and Housing, Family Support, and Gender Affirming Care).</li> </ul> <p><b>Quality of Services:</b></p> <ul style="list-style-type: none"> <li>4/1/2022 Educational information sent to Community Mental Health Providers about children HEDIS Measures (Healthcare Effectiveness Data and Information Set): <ul style="list-style-type: none"> <li>Follow-Up Care for Children Prescribed ADHD Medication (ADD)</li> <li>Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)</li> </ul> </li> <li>Vonnie’s World in Dearborn is a new Provider that has been credentialed to provide ancillary services for children with special needs.</li> </ul>

### School Success Initiative (SSI)

Monthly SSI Provider meeting was held this month. Informed the group of the technical challenges with Redcap due to server issues and plans to transfer data to MHWIN system starting in June 2022. Requested volunteers to pilot the change. The Guidance Center provided a typable Strengths and Difficulties Questionnaire (SDQ) for providers to administer. Children’s Initiative Department met with Wayne RESA to discuss updates with additional funding for schools. 10 schools have been identified to implement TRAILS. Attended the grand opening of library at Barack Obama Academy on 4/21/2022.

### System of Care

**Career Fair:** On 4/28/2022 hosted a Career Fair with various universities and 13 children providers (6 students attended). **System of Care Work Plan** was submitted to MDHHS on 4/30/2022. The work plan consists of advancing 4 objectives: 1). Increase access to services, 2). Improve quality of services, 3). Increase youth and parent voice/involvement, and 4). Provide a well-trained, qualified workforce. **Ruth Ellis:** Children’s Initiative Director provided a letter of support for Ruth Ellis to pursue a grant opportunity for the continual support of LGBTQ+ youth. **MDHHS:** Children’s Initiative Director submitted the annual Department of Health Incentive Payment report that summarized the outcomes of children involved in the child welfare system. **Home Based:** Monthly meeting was held on 4/4/2022 and addressed Medicaid criteria to provide services ages 7 to 21, reviewed quarterly report, discussed provider capacity status,

and provided feedback regarding authorization of services. **Parent Management Oregon (PMTO):** Information training was on April 7 – 8, 2022 (15 attendees). **Youth Peer Support (YPS):** YPS Roundtable was 4/13/2022 and focused on providing support to peers, YPS role, and how youth can use the Child and Adolescent Functional Assessment Scale (CAFAS) to advocate for treatment needs. **Wrap Around:** Wraparound Brownbag training on 4/28/2022 to focus on Autism Spectrum Disorder and advocacy for youth with SED. Early Childhood Taskforce: Meeting on 4/6/2022 to discuss status of waivers with MDHHS, babycourt requirements, and implementation of screening process with DWIHN Access Department. **Children’s Mental Health Lecture Series:** On 4/21/2022 the topic was “Strategies for Supporting Survivors of Sexual Assault” (72 attendees). **CAFAS Booster Training:** On 4/12/2022 (12 attendees). **PECFAS Booster Training:** On 4/26/2022 (12 attendees)

**CRSP Meeting:** Children’s Initiative Director provided updates

- **Community Living Supports:** Memo regarding satisfaction survey and plans to amend the service utilization guidelines for CLS services.
- **Children in Foster Care:** Announced plans to launch a new process to screen children involved in foster care and gain children provider feedback.

### **CLINICAL PRACTICE IMPROVEMENT – Clinical Officer, Ebony Reynolds**

#### **Individual Plan of Service (IPOS) Home and Community Based Services Rules (HCBS)**

For the month of April 2022, the Clinical Officer (CO) along with the DWIHN Quality department hosted two IPOS trainings on April 14 and April 21 to update the provider network on the required HCBS rules and changes to the standardized IPOS. A bi-weekly subgroup comprised of staff from Clinical Practice Improvement (CPI), Quality and Utilization Management (UM) was facilitated by the CO to plan and outline the training. All departments worked collaboratively to develop the training to meet HSAG compliance standards. In addition, this department worked with IT to complete the necessary changes to the IPOS and the Integrated Biopsychosocial Assessment (IBPS) to meet regulatory requirements.

Additionally, the CO has been working alongside the Chief Clinical Officer (CCO) on the 1915 waiver support application rollout process initiated by MDHHS scheduled to begin July 1, 2022. For individuals receiving any 1915 service and who currently is not receiving waiver services, a single page document will need to be completed and uploaded to the state’s waiver support application database following PIHP review and approval. Several meetings have been held with CRSP in small group format, to inform them of the process for approval.

#### **MED DROP Expansion Efforts**

The CO, in collaboration with the Chief Medical Officer, hosted individual provider meetings with Medical Directors and Clinical Leads from the Clinically Responsible Service Providers (CRSP) to encourage enrollment of eligible members identified by the CPI team for the Med Drop program in an effort to increase Med Drop expansion. Individuals reviewed were on the hospital recidivism list and the AOT orders list. Lists were sent to various provider agencies with request for follow up on if members identified by DWIHN were enrolled in Med Drop. As of April 1, 2022, Med Drop enrollment was at 42 with the following agencies reporting active members: Hegira (13) CNS (4) DCI (7) LBS (18). There are additional individuals identified for med drop enrollment that are awaiting an intake which will occur soon.

In addition to the meetings with CRSP providers, the DWIHN-CPI department continues to meet monthly with Genoa Pharmacy (Med Drop) on ways to increase the admission rate of Med Drop members.

### **Case Management Model**

To best meet the needs of persons in the DWIHN network receiving case management services and to reduce Master prepared clinician requirement of completing the annual IBPS, the CO along with the CCO is developing a Case Management Model. A Case Management workgroup, along with staff on the CPI team is formed and has begun working on the Case Management Assessment. This writer and the CPI team consulted with the DWIHN-Finance department to review possible modifier and fee for service. Meeting has been held with IT to review possible ways to create document. Feedback has been provided through a workgroup of DWIHN Adult service providers with input from the Intellectual and or Developmental Delay (I/DD) providers coming in the next scheduled meeting of May 6, 2022.

### **Policy Oversight and Development**

For the month of April, the CPI manager worked on the IPOS policy to meet regulatory requirements and to support identifying frequency of review of treatment goals and objectives. CPI is seeking feedback from the providers and members served, to help determine appropriate timeframes for each disability designation.

CPI staff have also revised the Integrated Biopsychosocial Assessment policy to provide the network on guidance as it relates to changes to the HCBS rule and audit requirements.

In addition to meet requirements for the HCBS rule, NCQA standard and HSAG requirement, staff on the CPI team developed a Conflict Free Case Management policy. This policy highlights the person-centered planning process and sets parameters around relationships with individuals served, fiscal responsibility of the payee and payor when planning, delivering and receiving services.

### **Children Services/Autism Services**

During the month of April, Clinical Officer and Chief Clinical Officer met with department leads at MDHHS to discuss the physician referral process for Autism diagnostic referrals. MDHHS is temporarily allowing flexibility on children and families requiring a physician referral prior to scheduling an autism diagnostic evaluation. MDHHS will be developing a workgroup to review this process with participation from all PIHP statewide.

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

The Clinical Officer along with the Children's Initiative department and DWIHN-Access has a workgroup developed of Infant Mental Health Providers to review a centralized screening for families of children age 0-6. Currently families go directly to individual children providers for IMH services. To avoid any potential barriers to accessing treatment, multiple pathways will be developed to ensure that despite how families contact the DWIHN network for IMH services, a family can be screened for eligibility and referral.

### **Returning Citizens/ Jail Diversion/Mental Health Court**

For the month of April, County Jail staff screened 731 persons and admitted 206. During the second quarter 367 persons were seen on the inpatient unit and 192 in general outpatient. Individuals that are identified to be screened are any inmates that present with elevated risk. Collaborative efforts continue with the DWIHN-Access department to make the screening process for eligible persons more seamless so that those individuals can be linked and coordinated with services without delay.

The second quarter review was held with the Veterans Treatment Court. Currently, there are 16 program participants. Staff continue to work on obtaining referrals from other courts. The court is using provider services from The Guidance Center when a participant is unable to obtain services from the VA. Currently, 9 of the 16 participants are employed at this time.

#### **Assisted Outpatient Treatment orders (AOT)**

With regard to individuals on assisted outpatient treatment orders (AOT) there were 92 AOT orders for the month of April. Of the 92 orders, 12 were a hospitalization order; 8 individuals were not opened in MHWIN; 8 were referred to the Access Center for provider assignment; and 64 have an assigned provider. Providers have been instructed that upon receiving an AOT notification, they must note the acknowledgment in MHWIN. By providing this acknowledgment it will ensure that the provider has received the AOT in order to comply with the court order. Additionally, DWIHN has also been working with providers to encourage enrollment of Med Drop with this group to increase compliance with the order.

#### **Evidence Based Supported Employment**

Employment Specialists continued to work with their organization's clinical team to ensure mutually served members are successful in reaching their personal competitive employment goals. ACCESS (the agency) mentioned its successful launch of a monthly job club where experiences surrounding job search and retention are shared among members. Monthly EBSE supervisor meetings continue to be held to address success and challenges to staffing and ensuring the health and welfare of members serviced.

For the month of April there were a total of 12 individuals that returned to the community and were connected to competitive employment.

#### **Other Collaborative Efforts by Clinical Practice Improvement**

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

Hosted the Outcomes Improvement Committee (OIC) meeting as co-facilitator with DWIHN Medical Consultant. This committee consists of participation from CRSP providers in a case consultation format, to address individuals with high risk behaviors and identifying recommendations for treatment that might help support reduction in ED visits, aligning to SUD services and more intense service models of needed. For the month of April, 5 high risk individuals were presented with recommendations for providers to implement if clinically appropriate for the person served.

#### **CRISIS SERVICES – Director, Daniel West**

*Please See Attached Report*

#### **CUSTOMER SERVICE – Director, Michele Vasconcellos**

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

- DWIHN's Customer Service division handled a total of 2,991 calls in the month of April. Front Desk 1,746 with an ABD rate of 0.9%; Call Center 945 with an ABD rate of 7.9%. The ABD rates are out of compliance with contributing factors of phone related issues for the CSRs and there were occasions when calls were going to the Access Center due to the Front Desk staff and the CSRs were assisting other callers. With the recent hiring of additional staff, abandonment issues should improve.

- Family Support Subsidy Activity: Calls (1,609) Increase. Applications rec'd (231 increase) Applications Submitted to State (276) Increase
- Processed and mailed out "Choice" letters to members as a result of provider closures or discontinuance of services
- Continued to address medical record request
- Addressed Special Administrative follow-up cases from the state
- Hired 3 new staff members: Welcoming Center receptionist, Clerical Support staff and Appeals Specialist

#### **Customer Service Performance Monitoring/ Grievance & Appeals**

- Participated in UM, Quality Ops, ICO monthly meetings
- Presented provider grievances at monthly Credentialing meeting
- Revised Grievance module
- Participated in multiple provider closure meetings
- Completed PIHP member extension calls for UM Department
- Provided Disenrollment Update Reports and completed a total of over 2300 plus dis-enrollments to date for members without an assigned CRSP
- Collaborated with interdisciplinary team (MCO, Autism, CS) to address (Chitter Chatter) grievance
- Conducted Grievance Consultations with Development Center
- Conducted new hire appeals training for Appeals Specialist
- Attended Quarterly CS Statewide Meeting to obtain Customer service updates
- Completed 7 CRSP Customer Service audits
- Continued discussion regarding EOB distribution with Claims, IT, CS leadership
- Meeting with Dr. Faheem, Dr. Rosen, CS Leadership and CS Grievance Specialists regarding CAP for Team Wellness
- Participated in the MDHHS Data Integrity Audit with ICO Aetna

#### **NCQA/HSAG**

- Met with Credentialing and MCO regarding the online directory requested revisions for HSAG Cap
- Attended NCQA preparation meetings
- Continued to work with MCO, Clinical, Utilization Management, Strategy, Self-Determination, Grievance, Appeals, Quality, Customer Service to solidify a performance improvement process for NCQA

#### **Member Engagement/ Experience**

- Completed the Spring 2022 Edition of the Persons Point of View
- Initiated the contracting process for the DWIHN mobile application for Community Engagement with AgreeYa
- Continued to host monthly member (e.g., EVOLVE) and advisory group meetings (Constituents' Voice general assembly, Leadership etc.)
- Started analysis of data on peer specialist workforce and liaisons
- Revisited the Caller Abandonment Project for continuation with the Quality department
- Contributed to the data LTSS survey, MDHHS needs assessment, and CCHBC proposal development

**INTEGRATED HEALTH – Director, Vicky Politowski**  
*Please See Attached Report*

**MANAGED CARE OPERATIONS – Director, June White**  
*Please See Attached Report*

**RESIDENTIAL SERVICES – Director, Shirley Hirsch**  
*Please See Attached Report*

**SUBSTANCE USE DISORDER – Director, Judy Davis**  
*Please See Attached Report*

**UTILIZATION MANAGEMENT – Director, Jennifer Jennings**  
*Deferred to June 8, 2022*

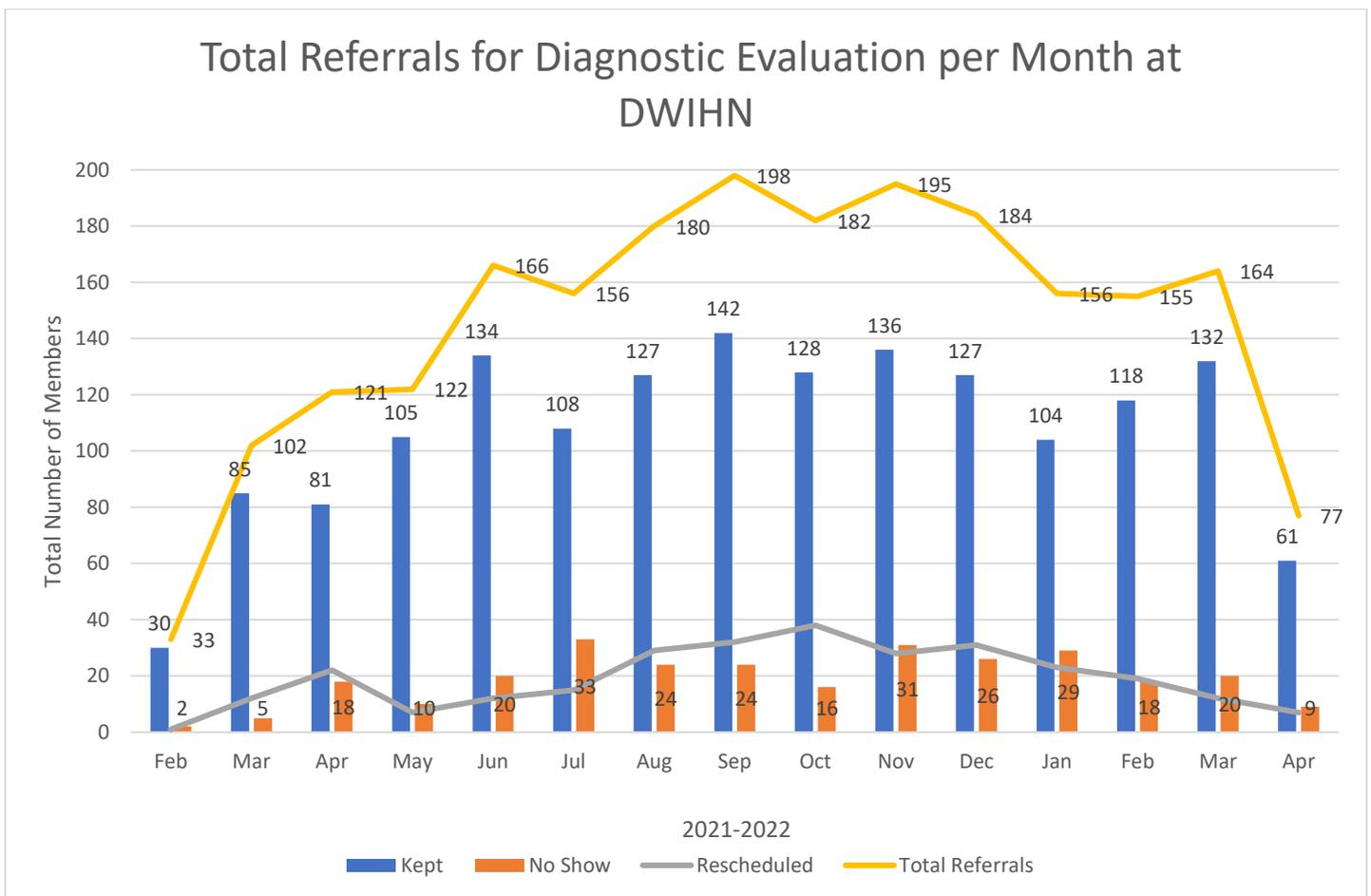
## Autism Spectrum Disorder Benefit April 2022 Monthly Report

### Enrolled in ASD Benefit

Total open cases in the WSA for the month of April is 2260 with the most members enrolled with Centria Healthcare, Chitter Chatter, Gateway, then Attendant Care.

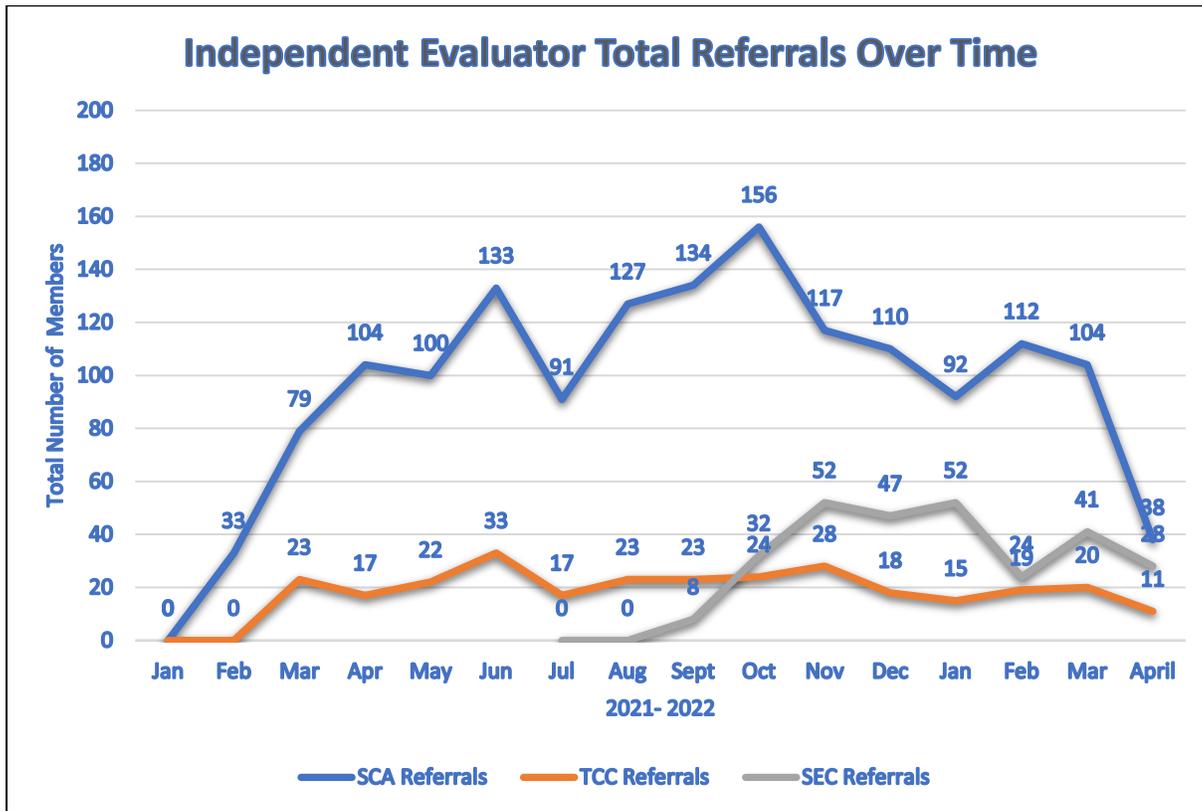
### Summary of Diagnostic Evaluations

The physician referral and screening process went into effect on March 14<sup>th</sup> and was discontinued on April 20<sup>th</sup> per MDHHS. The total comprehensive diagnostic evaluation scheduled by the Access Call Center for the month of April was 77 which is a decrease of 87 referrals from the previous month. Out of the 77 scheduled appointments 61 were kept, 9 were no show appointments, and 7 were rescheduled. Additionally, a total of 11 members were not diagnosed with Autism (non-spectrum). Below is a separate graph of the Independent Evaluator's total referrals for the month of April.



**Individual Data Points for Independent Evaluators (IE):**

The below graph represents all three Independent Evaluator’s total referrals across January 2021 to April 2022. The average total scheduled referrals for each IE are 107. Social Care Administration averages, 20 for The Children’s Center, and 43 for Sprout Evaluation Center.



**Provider Updates**

- The ABA providers continue to describe a staff shortage which has impacted the timeliness standard to access ABA services within the 90-day NCQA standard.
- The physician referral and screening process went into effect on March 14<sup>th</sup> and was discontinued on April 20<sup>th</sup> per MDHHS. The State of Michigan reported that further discussion on coordinating with physicians on the Autism Benefit will need to occur to ensure the standard doesn’t create an unnecessary barrier to accessing both evaluation and treatment for children with Autism.
- The 2022 Autism Learning Series began with a presentation focused on Staff Retention to educate providers on key staff retention practices to utilize in the field, to train and communicate with behavior technicians, and how to identify and prevent staff burnout.

## Crisis Services Monthly Report for April, 2022

**PCC July 13, 2022**

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

### **CHILDREN'S CRISIS SERVICES**

Month	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	Crisis Stab Cases
March	338	305	59	17%	274	81%	171
April	272	251	69	25%	201	74%	155

- Requests for Service (RFS) for children decreased by 19% compared to March. The diversion rate also decreased by 7% from the month of March. Noteworthy is that face to face evaluations have resumed for The Guidance Center and The Children's Center, and New Oakland Family Centers will resume in the month of May.
- There were 155 intensive crisis stabilization service (ICSS) cases for the month of April, a 9% decrease from March. Of the 155 cases there were 44 initial screenings.
- There were a total of 41 cases served by The Children's Center Crisis Care Center in April, 24 cases less than last month. Please note that the TCC Crisis Care Center has continued modified operations, accepting walk-ins from 8:00 AM - 3:00 PM and maintaining program hours of 8:00 AM - 5:00 PM.

### **COPE**

Month	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	# Inpt due to no CRU
March	1,008	899	651	65%	315	31%	10
April	999	891	653	65%	312	31%	4

- The number of requests for service (RFS) for adults and the number of those members diverted remained the same as compared to the month of March.
- The Crisis Stabilization Unit (CSU) at COPE served 192 cases in this month, a slight decrease from March at 203.
- The Mobile Crisis Stabilization Team provided services to 77 members in April, down from 86 in March.

### **CRISIS RESIDENTIAL/HEGIRA**

- The number of available beds is 16.

Referral Source	Total Referrals	Accepted Referrals	Denials
ACT	0	0	Level of Care change – 2
COPE	44	42	Not medically stable due to SUD – 0
DWIHN Res.	1	0	Not medically stable due to physical health – 1
Step Down (Inpatient)	17	16	Violent/aggressive behavior – 0 Immediate danger to self – 0
Total	62	58	No follow-up from SW/Hospital – 0 Member choice-1 CRU bed unavailable-0 1:1 staffing not available-0 Total - 4

**CRISIS CONTINUUM**

- For the month of March, Team Wellness Crisis Stabilization Unit (CSU) provided services to 86 individuals, a significant decrease from the month of March. Team Wellness CSU was closed due to a critical event on 3/31/22 and this impacted the numbers due to staffing.

**PROTOCOL**

<b>Month/Year</b>	<b># Incoming Calls</b>	<b># Calls Answered</b>	<b>% answer w/in 30 secs</b>	<b>Avg. Speed of answer</b>	<b>Abandonment rate</b>
February	709	596	44.6%	109s	14.9
March	686	646	65.2	61s	4.2

- Call data for the month of April was not available for this month’s report.
- Protocol has increased the percentage of calls answered within 30 seconds compared to February of 2022, as well as increased the average speed of answer, and decreased the abandonment rate.

**COMMUNITY LAW ENFORCEMENT LIAISON ACTIVITY REPORT**

- The number of ATRs for the month of March decreased by 10% (287 completed for this month as compared to 319 in March). Liaison submitted a synopsis for 158 of the AOT court orders to the Wayne County Corporation Counsel and Judge Burton.
- Community Law Enforcement Liaison engaged 24 individuals this month.
  - 100% have repeat hospitalizations without follow up by the CRSP. CRSP were alerted and engaged in discharge planning. 46% have Team Wellness as a CRSP. 12% have LBS as a CRSP.
  - .04% were homeless.
  - 71% were on court orders.
  - 0% needed residential placement.
  - .42% were COPE Alerts with a diversion rate of .0%
- 6 Citizens returned and were connected to DWIHN services upon release from MDOC. 67% missed their initial intake appointment. Communications were sent to MDOC, PCS and CRSP to follow up regarding missed intake and to ensure compliance.
- DWIHN received 203 Assisted Outpatient Treatment (AOT) orders from Probate Court this month and respective CRSPs are notified to incorporate these orders in treatment planning.
- There were 25 ACT consumers referred to COPE: 76% went inpatient, 16% went Outpatient, and 1% were admitted to CRU and PHP. No pre-placement as sought during this reporting period. It should be noted 24% of ACT PARs were completed by COPE.

### **COMMUNITY HOSPITAL LIAISON ACTIVITY REPORT**

- In April 2022, there were 219 contacts made with community hospitals related to movement of members out of the emergency departments, which is a 48% decrease in contacts from March, due mostly to significant bereavement time for staff away from the team. Out of the 219 encounters, 106 were diverted to a lower level of care, an overall diversion rate of 48%. 1 admission was made to Hawthorn, and 0 admissions were made to WRPH and Kalamazoo.
- Hospital liaisons were involved in 72 cases that were NOT on the 23-hour report, and of those cases, 5 of those cases went inpatient resulting in a diversion rate for those NOT on the 23-hour of 94%
- Hospital liaisons received 14 “crisis alert” calls collectively and the crisis alert diversion rate was 78% for April.
- In April, there were 5 members who repeated an emergency encounter at least once, and between the 5 members considered recidivistic there were 12 encounters. Members went inpatient at 3 of the 12 encounters resulting in a 75% diversion rate, with one member repeating 4 times, diverted at each encounter.
- No requests were made related to veterans’ affairs.

### **DATA SPECIFICALLY RELATED TO 23 HOUR REPORT**

- Of the 23-hour report activities during this reporting period there were 147 encounters (a 34% decrease from March) related to movement from a 23+ hour wait in the ED.
- 101 of the 147 cases specifically related to the 23-hour list went inpatient, resulting in a 31% diversion rate, a 30% decrease in diversion rate compared to March.

### **DISPOSITION TOTALS**

- For inpatient overall: St. Mary Mercy: 4, Henry Ford Kingswood: 18, Havenwyck: 14, Harbor Oaks: 16, Cedar Creek: 2, Providence: 4, Henry Ford Wyandotte: 3, Garden City: 3, DRH 3Q: 3, BCA Stonecrest: 9, Pontiac General: 11, Sinai Grace: 3, Henry Ford Macomb: 1, Samaritan: 2, Hawthorn: 1, and St. John Oakland: 1.
- Of those diverted overall, discharged to outpatient with mobile crisis stabilization: 73, Medical admit: 1, CRU: 2, SUD: 1, Partial Day Hospitalization: 2, Nursing home: 1, Safehaus: 2, and Residential referral: 1.

### **DISCHARGE LIAISON TOTALS**

The DWIHN Discharge Hospital Liaison (new pilot program) was involved in 14 cases prior to establishing a pilot beginning 5/1/2022. There were 11 referrals from clinical specialists within utilization management at DWIHN, 2 were self-referrals from the Discharge Hospital Liaison, and one referral was from Kingswood. 7 of the total referrals already had a crisis alert within the system. Of the 9 hospital discharge appointments scheduled, 4 members kept their appointment while 2 are pending. Of the 3 members who did not keep their appointment, the CRSP was notified and a plan to re-engage is in process.

**MOBILE OUTREACH SERVICES**

Number of Mobile Events Attended	16
Number of Meaningful Engagements	165
Number of Subsequent Contacts	44
Number of Screenings in the system	3
Current members contacted within DWIHN system	20

**April summary:**

Our mobile outreach clinician was able to engage in the community with individuals with mental health needs, being able to provide the resources to assist individuals in crisis situations, linking them to needed mental health services. We were able to help facilitate new sites for the DWIHN bringing new organizations to attend community events, linking individuals with various resources, such as utility and emergency housing assistance. Our mobile outreach clinician is working with the city of Detroit to build relationships in order to host events throughout the city and in the suburbs, working with the Noah Project to be able to facilitate events at their organization in the near future and working with Faith Hope and Love (grant-funded CCBHC) to be able to create events at their organization.

**Newly aligned organizations:**

Social security administration  
DTE  
State of Michigan  
Wayne Metropolitan Community Action Agency.

**Member story:**

Working with a staff member of Wayne health, her daughter received treatment for services and was transferred to a new school. Now she is a 3.0 student with the success of treatment and a new environment.

## **Integrated Health Care Department**

### **Monthly Report**

**May 4, 2022**

#### **Collaboration with Health Department**

The Health Department will be focusing on Hepatitis C, DWIHN is preparing for this initiative. DWIHN met with the State in October to discuss data collection and how to roll this initiative out to the Behavioral Health and SUD providers in Wayne County. IHC has developed a quality improvement plan and has added fields to the Integrated Biopsychosocial that is completed by CRSP clinicians to include Hep C treatment questions. IHC met with the SUD providers on January 26th to discuss the initiative. IHC has created a power point presentation for Hep C treatment that will be presented to providers.

#### **Quality Improvement Plans**

The IHC department manages five Quality Improvement Plans (QIPs) that are in alignment with NCQA requirements. The focus of the QIPs includes the following: 7 and 30 day Follow Up After Hospitalization for Mental Illness, Adherence to Antipsychotic Medication, Diabetes Screening for members prescribed atypical antipsychotic medications, and Hepatitis C treatment. Currently implementing a HEDIS certified platform which will display individual CRSP provider data to allow early intervention and opportunity to improve outcomes. The HEDIS certified platform will also include measures for Opioid Health Home and Behavior Health Home. The HEDIS Quality Scorecard was present to the CRSP Quality Directors on January 26<sup>th</sup> and to all CRSP's on March 18th. DWIHN and Vital Data continue to work on the HEDIS platforms that show the data for these QIP for providers.

#### **Population Health Management and Data Analytics Tool**

DWIHN and Health Plan 2 continue to meet monthly to prepare for implementation of the VDT platforms, one for providers to view member encounter information and performance on HEDIS measures, and the other for DWIHN and Health Plan to utilize to coordinate care for shared members, build reports to close gaps in care and for DWIHN to view HEDIS measure performance. VDT continues to make corrections and revisions to both platforms based on feedback from DWIHN.

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

### **Integrated Health Pilot Projects**

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

#### **Health Plan 1:**

Collaboration continues between DWIHN and **Health Plan 1** staff with implementation of shared electronic platform with VDT to facilitate information exchange and document care coordination activities. As of March 2022, Health Plan 1 has chosen not to contract with the agency they were for care coordination or to use the shared platform. DWIHN will revisit this with Health Plan 1 when gaps in care reports are completed in the VDT system.

#### **Health Plan 2:**

Care Coordination with **Health Plan 2** was initiated in September 2020, these meetings occur monthly. There were **12** cases discussed in the month of April for the Pilot program. The plan requests the number of cases to be discussed during Case Review. Health Plan 2 has decided that the shared platform has a benefit and IHC Director, DWIHN IT and Health Plan 2 have discussed how the data will be obtained for the platform. In March a different department of Health Plan 2 rolled out an incentive pay structure to all partners. Health Plan 2 and IHC Director met to discuss how this affects DWIHN. The following HEDIS Measures will be monitored AMM, FUM, FUH and FUA. This will be discussed at our next meeting in April. Once VDT has added all Health Plan 2 members in the shared platform gaps in care reports will be created. These reports will be used to better provide services to members and to know where there are gaps in care.

**Health Plan 3's** In February the IHC department was included in a project with Health Plan 3, that is looking at hospitalization data on admits to the emergency department. Health Plan 3 would like to coordinate with DWIHN to see how data sharing can be completed for individuals in the ED. DWIHN, PCE and Health Plan 3 are looking at how each agencies EHR data can be shared and what information is allowed under HIPPA guidelines. DWIHN is working on a release of information for CRPS to use for the pilot. There are 4 CRSP in the pilot program set to begin in June 2022.

### **MI Health Link Demonstration**

IHC department under the MI Health Link Program received total of **241** request for level II in the month of April 2021 from the following ICO organizations below: Pending = not processed

yet, Voided = Member was unable to reach, referred in error, or declined assessment, or declined BH services, Active= Level II was sent to ICO.

ICO	Active	Pending	Voided	Totally by ICO
Aetna	7	4	5	16
Amerihealth	1	0	1	2
HAP	2	6	1	9
Meridian	4	3	9	16
Molina	75	52	71	198
<b>TOTAL</b>	<b>85</b>	<b>69</b>	<b>87</b>	<b>241</b>

**Voided referrals reasons are as follows:**

	Member Declined Assessment	Member Declined Services	Member not available before deadline	Referrals in error	Unable to reach
Aetna	0	3	0	0	2
Amerihealth	0	0	0	0	1
HAP	0	3	0	0	3
Meridian	0	5	0	0	1
Molina	2	37	2	6	21
<b>Total</b>	<b>3</b>	<b>48</b>	<b>2</b>	<b>6</b>	<b>28</b>

**Comparison Data for Voided Referrals:**

	Number of Voided Referrals	Member Declined Assessment	Member Declined Services	Member not available before deadline	Referrals in error	Unable to reach
March 2021	182	1	85	13	34	49
April 2021	230	2	113	3	44	68
May 2021	173	0	82	1	27	66

June 2021	156	2	79	5	30	42
July 2021	195	2	102	0	20	69
August 2021	178	0	78	2	31	67
September 2021	184	0	88	4	39	53
October 2021	172	5	85	5	24	53
November 2021	152	11	94	2	9	36
December 2021	186	11	125	5	7	38
January 2022	180	3	120	5	7	45
February 2022	177	2	81	8	25	61
March 2022	153	3	93	3	7	47
<b>April 2022</b>	<b>241</b>	<b>3</b>	<b>48</b>	<b>2</b>	<b>6</b>	<b>28</b>

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

IHC department is scheduled to conduct trainings with Call Center to review MHL protocols in month of April and May.

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

During this reporting period IHC department has started to share outcome data sheet regarding TOC and FUH follow-up, of the **54** reviewed in April, **11** returned to hospital post 30 days.

Transition of care services were provided for **29** persons who were discharged from the hospital to a lesser level of care, community outpatient, or additional level of service Behavioral Health or Physical Health.

There were **19** LOCUS assessments completed for the MI Health Link Demonstration received from Network Providers who service Nursing Home Facilities for Mild-Moderate population.

Care Coordination Activities for the ICO enrollees—**16** individuals who have been identified to have a gap in services. This is a combined effort between IHC staff and the ICOs.

Plan Name	Number of cases requested by ICO	Number of cases DWIHN recommended for Care Coordination for the month	Number of cases DWIHN recommended for Care Coordination for next month	Number of cases to refer to Complex Case Management	Total number of cases touched.
Aetna	20	0	0	0	20
HAP	8	0	4	0	8
Amerihealth	2	2	4	0	8
MCH	5	1	0	0	6
Molina	9	4	0	0	9

#### Special Care Coordination Project

Plan Name	Number of cases requested by Medicaid Health Plan	Number of cases DWIHN recommended for Care Coordination for the month	Number of cases DWIHN recommended for Care Coordination for next month	Number of cases to refer to Complex Case Management	Number of case reviewed Total
Health Plan 2	0	8	4	0	12
Health Plan 1	0	3	0	0	3

**FUA:** Report and workflow process has been established meetings have taken place with SUD department workflow will be submitted to SUD and IHC staff first week in January 2022. During March DWIHN has reviewed **74** cases of which **31** cases (**42%**- of the cases have been sent to the respective MHPs as these cases are not open to DWIHN. **22** cases **28%** were open to DWIHN providers were notified and members were called. Of those cases **7** confirmed connecting with outpatient providers.

There was a total of 28 FUA Members sent to MHPs (not open to DWIHN)

<b>Medicaid Health Plan (total)</b>	<b>19</b>
<b>Priority</b>	<b>1</b>
<b>BCC</b>	<b>1</b>
<b>Aetna</b>	<b>0</b>
<b>HAP</b>	<b>0</b>
<b>McLaren</b>	<b>0</b>
<b>Meridian</b>	<b>3</b>
<b>Molina</b>	<b>4</b>
<b>UHC</b>	<b>1</b>

There was a total of 28 FUA members that were open to DWIHN that contact was attempted but did not maintain f/u appointment.

<b>Medicaid Health Plan (total)</b>	<b>28</b>
<b>Priority</b>	<b>2</b>
<b>BCC</b>	<b>5</b>
<b>Aetna</b>	<b>2</b>
<b>HAP</b>	<b>3</b>
<b>McLaren</b>	<b>0</b>
<b>Meridian</b>	<b>6</b>
<b>Molina</b>	<b>8</b>
<b>UHC</b>	<b>2</b>

#### **Compliance Meetings for MHL Program**

DWVHN has met with all ICOs and marketing material for CY2022 has been approved. Builds for the following areas are still under review for testing UM, Claims, Appeals & Grievances during this reporting period. SARAG reports for 2022 have been tested and approved with collaboration of the IT department reports were delayed in the Feb 15 submission due to system updates by DWVHN. SARAG reports were sent on Feb 15, 2022. DWVHN received notification from ICO Molina and ICO Aetna that they are undergoing CMS audit and requesting files of DWVHN internal departments per audit reports due during this reporting period

DWVHN during this reporting month received communication from ICO Amerihealth ICO has received all submissions timely outstanding items are BAA (2020) and Access Center CAP. DWVHN has submitted additional calls recording of referrals awaiting determination of cap.

#### **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, there are currently **14** active cases, **10** new case opened, **2** case closures, and no pending cases. Two (**2**) cases were closed due to meeting their treatment goals.

Care Coordination services were provided to **25** additional members in April who either declined or did not meet eligibility for CCM services. Follow up after hospitalization was completed with **70** consumers to help identify needs and **15** individuals who had hospital recidivism.

Complex Case Management staff have been working to identify additional referral opportunities. Nineteen (**19**) presentations were provided for DWIHN CRSPs and at Provider Meetings: CLS, Team Wellness, Lincoln Behavioral Services, Development Center, Guidance Center, Wayne Center, Social Security Administration, Michigan Guardian Services, Roderick Bingham Guardian, Beginning Step, Havenwyck, St. Mary's Hospital, Henry Ford Kingswood, Henry Ford Wyandotte, Pontiac General, Samaritan, Beaumont Taylor, Hawthorne.

**EMS Friendly Faces:**

February Data from the EMS list, 56 members received outreach attempts to engage in Complex Case Management due to high ER utilization. CRSPs were also contacted to inform of high utilization status. **35** members had assigned a CRSP, in which **25** Case Managers/Supports Coordinators were reached. None were engaged into Complex Case Management as majority of members were unable to reach.

**Peer Health Coach Grant:**

DWVHN has contracted with four Certified Peer Health Coaches who will be stationed at Central City working with individuals who have multiple medical conditions along with behavior health. All four Peer Health Coaches were onboarded and started May 24<sup>th</sup>.

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

Members who have received face-to-face engagement for the month of March, 117 members were surveyed below are the results for the Peer Health Coaching Participant Questionnaires

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

Poor- 0

Fair- 7

Good - 110

Very Good - 0

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

Poor -0

Fair- 32

Good - 85

Very Good - 0

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

Poor- 0

Fair - 23

Good - 94

Very Good - 0

25 Satisfaction Surveys were obtained

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

Yes- 25

No -

Not Sure -

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

Yes - 25

No –

Not Sure – 0

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

Yes - 25

No -

Not Sure -

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

Yes - 25

No -

Not Sure-

5. How satisfied were you with your PHC?

Very - 25

Some What -

Not Sure -

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

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

The DWIHN Clinical Specialist OBRA/PASRR continued to monitor the MDHHS OBRA/PASARR assessment que on an ongoing basis to review assessments that have been submitted by the OBRA/PASARR provider, Neighborhood Services Organization (NSO), to MDHHS. The Clinical Specialist also participated in the monthly meetings with NSO and quarterly meeting with MDHHS during the quarter. NSO must maintain a less then 20% pends for a quarter to be off the plan. In April 2022 NSO was taken off the plan of correction and DWIHN is awaiting the letter.

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

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

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

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

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



## **Monthly Report**

### **Managed Care Operations**

**April 2022**

#### **MHWIN system cleanup of records/Online Directory:**

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

- a. Adding SAM.GOV unique ID numbers to better review of monitoring compliance with actively registering with SAM.gov
- b. Completed cleaned up Staff records in MHWIN, that need NPI #'s
- c. Working on staff records to have pertinent information be a required field for data reporting to the state. Working with IT Dept in an effort to make the directory more compliant with State requirements
- d. Added ADA site accommodation(s) fields in MHWIN with hours of operations for MDHHS requirements.

#### **Internal /External-Training Meetings Held:**

- a. Met with 12 CRSP providers regarding the performance indicators most providers continue to experience staff shortages in the intake department for new intakes as well as ongoing services they provide
- b. Access Committee Meeting held to discuss network adequacy and provider gaps in services, it was identified PDN and SMI services are needed in our system and will be addressed through opening up the network through RFP's and out of network agreements with provider outside of our contracted network.
- c. Reviewed all changes to the Provider Manual for 2022, will be finalized end of April 2022.
- d. Weekly meeting with Continuum of Care Board (COC), to discuss HUD/Homeless projects.

#### **PIHP Email Resolutions and Phone Provider Hotline:**

For the month of January, we received/answered 86 emails and 20 phone messages from providers with concerns related to claims billing, credentialing issues, Provider change notifications, Procedure Code changes, Single Case agreements, and changes with the FY 2022 State Code/Modifier changes.

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

Providers continue to struggle with staff shortages to maintain staff in homes as well as staff in general among all of our providers resulting from the pandemic.

DW also continues to meet with providers to find solutions that will better all during these times.



The network has had several home consolidations or closures under the unlicensed settings, which is a result of the members personal health or staff challenges providers have had causing them to merge or close the settings.

Provider Closure/Mergers FY 21-22					
Description	1 <sup>st</sup> Qtr.	2 <sup>nd</sup> Qtr.	3 <sup>rd</sup> Qtr.	4 <sup>th</sup> Qtr.	YTD Totals
Licensed-Residential Homes	2	3	1	1	7
Unlicensed /Private Home Services (SIL's)	3	11	2	1	17
Clubhouse services	1				1
Outpatient services, SUD services	4	6	2		12
Provider Organization Merger(s)	1				1
<b>Total</b>	<b>11</b>	<b>20</b>	<b>5</b>	<b>2</b>	<b>38</b>

There have only been 2 residential home closures for the 4<sup>th</sup> qtr, even though, changes in the network are more related to staff shortages and providers trying to retain staff. The network is still stable and we continue to have a number of providers in our pool that can be potential providers ranging from private clinicians, therapy services, outpatient and residential providers. If approved through our credentialing process and the board we can easily shift with any changes within the network.

**Housing Resource and Street Outreach to the Homeless:**

As reported by the Housing Urban Development (HUD) Annual Homeless Assessment Report, the report found that the number of sheltered people in families with children declined considerably between 2020 and 2021, while the number of sheltered individuals remained



relatively flat. Between 2020 and 2021, the number of veterans experiencing sheltered homelessness decreased by 10 percent. On a single night in 2021, 15,763 people under the age of 25 experienced sheltered homelessness on their own as “unaccompanied youth.” The number of sheltered individuals with chronic patterns of homelessness increased by 20 percent between 2020 and 2021. As we partner with our providers to assist the homeless with housing and reaching individuals on street to -date we continue to see improvement one month at time.

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

**No change for this month/Quarter from last month.**

Southwest Counseling Solutions - Housing Resource Center		
FY 22 Contract Amount: <b>\$1,089,715</b>		
	1st Quarter	Year-To-Date
# of Persons Served	<b>3054</b>	<b>3054</b>
# of Persons Screened for Mainstream Services	<b>2498</b>	<b>2498</b>
# of Persons who received Housing Assistance	<b>556</b>	<b>556</b>

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

Neighborhood Service Organization (Housing First – Clinical Case Management)		
FY 22 Contract Amount: <b>\$25,000</b>		
	1 <sup>st</sup> Quarter	Year-To-Date
# of Persons Served	<b>25</b>	<b>25</b>



# of Persons who applied for Permanent Supportive Housing	<b>14</b>	<b>14</b>
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# of Persons who Exited to Permanent Housing	<b>2</b>	<b>2</b>
# of Persons enrolled in Medicaid, Primary Health Care, or Community Mental Health Programs	<b>2</b>	<b>2</b>

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

Wayne Metropolitan Community Action Agency (PATH - Street Outreach)		
FY 22 Contract Amount: <b>\$75,000</b>		
	1 <sup>st</sup> Quarter	Year-To-Date
# of Persons Served	<b>47</b>	<b>47</b>
# of Persons Enrolled in PATH	<b>16</b>	<b>16</b>
# of Persons Connected to SOAR	<b>0</b>	<b>0</b>



# of Persons Enrolled who Exited to Permanent Housing	<b>7</b>	<b>7</b>
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CNS Healthcare (Covenant House Program)		
FY 22 Contract Amount: <b>\$132,872.25</b>		
	1 <sup>st</sup> Quarter	Year-To-Date
# of Persons Served	<b>56</b>	<b>56</b>
# of Persons who assessed and referred to the appropriate level of care	<b>42</b>	<b>42</b>
# of Persons experiencing mental health crisis that received crisis intervention services.	<b>14</b>	<b>14</b>

Central City Integrated Health (CoC PSH Program - Match)		
FY 22 Contract Amount: <b>\$114,754</b>		
	1 <sup>st</sup> Quarter	Year-To-Date
# of Individuals Served	<b>49</b>	<b>49</b>
# of Households Served	<b>35</b>	<b>35</b>

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



**Quarterly Goals still in progress:**

Quarterly goals set for FY 2022.

<ul style="list-style-type: none"> <li>• The Risk Matrix- The Risk Matric is a web-based software system that our providers can use to coordinate care, manage operations, view cost of services paid and better serve our members. The matrix allows DWHIN to be able to monitor the provider’s performance and gain a base line of care services for our members. We are able to track and monitor cost and related services that will assist in finding improvement opportunities in our current care model.</li> </ul>
<ul style="list-style-type: none"> <li>• The Provider Manual- is a tool/ guide for the provider. This manual is an extension of the provider contract/agreement that include requirements for doing business with DWHIN. Together the manual, our policies and the contract give the provider a full picture of the requirements and procedures to participate in our network. The purpose and intent of the Provider Manual is to strengthen our current and future network providers.</li> </ul>
<ul style="list-style-type: none"> <li>• Network Adequacy form/procedure. This internal process will assist in structing our network in a way where we can view our provider services at a glance for better monitoring over our network through this procedure. Evaluated the network in the first quarter of the FY 2022, notified gaps and analyzed for interventions.</li> </ul>
<ul style="list-style-type: none"> <li>• Online Directory- Provider/Practitioner. We are working with internal depts (Customer Service/Credentialing unit) to enhance our online contracted provider and practitioner directory to include the type of services along with the disability designations served by the provider or practitioner making the directory more user friendly and informative for the members as well as internal use.</li> </ul>
<ul style="list-style-type: none"> <li>• Provider Orientation Meetings – twice a year (March/September 2022, the purpose of this meeting is to assist the network in navigating through out system as we have some many new departments that have been developed over the year.</li> </ul>
<ul style="list-style-type: none"> <li>• Quarterly Provider Network Managers “One on One’ with providers- have on going meeting with 340 providers out of 358 since the start of the meetings in January 2022. This is a 65% completion rate.</li> </ul>

**Annual Provider/Practitioner Survey:**

The Provider/Practitioner survey is a way for DWHIN to retrieve feedback from providers and practitioners on how well DWHIN does as a manager of care, this survey also helps us identify



any gaps in process or procedures as well as reveal any areas for improvements. The Annual Provider/Practitioner Survey closed at the end October. A full analysis of the survey is still under review for presentation in 2022.

**Provider Meetings Held:**

- a. The future CRSP provider meeting will be held on April 18, 2022 there were 125 providers in attendance.
- b. The next Residential/Outpatient Provider meeting was held on April 1, and every 6 weeks thereafter. There were 267 providers in attendance

*Submitted by June White 4/30/22*



## Department Monthly Report: April 2022

### Residential Referrals

○ Carryover Referrals (prior to 4/1)	17
<b>● # of Referrals Received: April 2022</b>	<b>212</b>
<b>● TOTAL # of Referrals:</b>	<b>229</b>
<b>RCS Unit Metrics: FIRST CONTACT</b>	
Measuring residential staff's timeliness to complete their First Contact to the referring agent when assigned: to be completed within 24 hours or by next business day (includes over weekend time period).:	
○ 184 – completed First Contact made 1-2 days	
○ 38 – Completed First Contact in 3-5 days (In-Home Assessment Reviews)	
○ 7 – First Contact to be made after 4/30/22 (assigned last day of month)	
<b>● Cancelled by Referral Agent (at First Contact):</b>	<b>33</b>
<i>Cancellations upon completion of First Contact with Referring Agent are made after staff reviews documentation to determine if referral appropriate for specialized services; or staff is advised referral is no longer need.</i>	
<b>● Completed Residential Assessments</b>	<b>154</b>
<b>RCS Unit Metrics: ASSESSMENT DATE</b>	
Measuring residential staff's timeliness to complete the residential assessment since First Contact has been established with the Referring Agent (please note, the majority of scheduling residential assessment appointments may reflect on the CRSP and/or Guardian's availability to be present for the meeting.):	
○ 85 – Assessment Completed in 1-5 days	
○ 22 – Assessment Completed in 6-10 days	
○ 47 – Assessment Completed in after 11 days	
<b>Referral Source Breakdown</b>	
○ Inpatient Hospitals	91
○ Emergency Departments	11
○ CRSP	33
○ On-Home Assessment Reviews	38
○ Crisis Residential (Oakdale House   BCR)	7
○ Nursing Homes   SNFs	5
○ Pre-placement   C.O.P.E.	2
○ Youth Aging-out (from DHHS)	1
○ Self-directed transitioning into Specialized Residential	3



# Detroit Wayne Integrated Health Network Residential Services Department

### Referral Count by Diagnosis Designation

- AMI referrals 172
- IDD referrals 57

### State Hospitals

	WRPH	CARO	KPH	CFP
● <b># of Members of Discharge Waitlist:</b>	<b>11</b>	<b>1</b>	<b>0</b>	<b>1</b>
Members Discharged into Placement –	3	0	0	0
Pending Discharges –	8	1	0	1
<b><u>Pending from Discharge Locations</u></b>				
MCTP Program	2	1	0	1
Hope Network	2	0	0	0
Community Facility	4	0	0	1

### Other Residential-related Reporting

- Referrals referred for HAB waivers **3 (April 2022)** 3 (pending from March 2022)

### Residential Service Authorizations

● <b>Total Processed Authorization Requests</b>	<b>935</b>
○ APPROVED (in less than 14 days)	653
○ RETURNED and APPROVED (in less than 14 days)	275

### Authorizations Team

- **Case Conferences:** The Authorization Team has been conducting case conference reviews (beginning in March 2022) with several CRSPs to try to elevate the amount of authorizations currently in the Residential MHWIN queues. **47 cases were reviewed for the month of April.**
- **New CPT Rates (5% Increases):** The Residential Unit updated service authorizations that were not completed as of February 1, 2022 with the 5% rate increase. PCE is working on updating all other service authorizations in MHWIN to reflect the new 5% increase. As of February 28<sup>th</sup>, the Authorizations Team completed 19 service authorization updates.
- **H2X15/T2X27:** The Residential Authorization Team has been working to establish a standardized process for approving H2X15/T2X27 authorizations.
- **H2X15 Unit Shortage:** With the implantation of the bundled service authorizations (H2X15/T2X27), it appears that MHWIN has a unusual function when a biller submits a claim “without authorization”; the system reduces the units available on any current authorization by the number of units submitted on claims. Providers were inadvertently using up their authorizations, even though they did not intend to do so.



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

**30-Day/Emergency Member Discharge Notifications – AMI/IDD**

- *Carryover Discharges still in process (prior to 4/1):* **3**
- **Received Discharges (April 2022):** **27**
- 30-Day Discharge Notices 9
- Emergency Discharges 18
- *Rescinded Requests/Self-Discharges* **1**

**COVID-19**

**# of Positive Cases Reported (4/1 –4/30):** **4**

Per Designation	AMI	IDD
Males	1	0
Females	3	0

**# of Deaths Reported (4/1 –4/30):** **0**

Per Designation	AMI	IDD
Males	0	0
Females	0	0

**Residential Communications**

The department has begun quantifying communications received and responded to during the month April 2022; by telephone calls/voicemails, faxes, and/or emails.:

<b>Voicemails: April 2022</b>	<b>112</b>
Blank Messages/Fax Machine Calls/No Contact Info from Caller	44
Calls/Voicemails Responded to with <b>24/48 Hours</b>	41
Forwarded to Assigned Residential Staff	6
Forwarded to other DWIHN Departments	11
Responses Requiring Director/Manager Review	10

<b>Emails: April 2022</b>	ResidentialReferral@dwihn.org	<b>316</b>
Emails Responded to with <b>24/48 Hours</b>		198
Forwarded to Assigned Residential Staff		62
Forwarded to other DWIHN Departments		14
Responses Requiring Director/Manager Review		42



## Residential Facility Closures

The following residential facility closures were processed during April 1-30, 2022 to relocate all members to alternate specialized placements.:

<b># of Facility Closure Notifications</b>	<b>10</b>
Received in April 2022: On-Going/In Process	1
Requests ON-HOLD/PENDING	1
Completion of Facility Closures	8

**K & K SIL-Lexington – 32800**

Provider Notification Received: 2/1/22 Confirmed Closure Date: 4/2/22  
 Provider notification received reporting intent to close facility due DCW staffing. Residential Care Coordination team successfully completed the relocation of all 4 members to alternate DWIHN-contracted facilities.  
 Current Status: **CLOSED**

**Reaume Home – 27180**

Provider Notification Received: 2/15/22 Confirmed Closure Date: 4/22/22  
 Provider notification received reporting intent to close facility due to lack of staffing. Residential Care Coordination team successfully completed the relocation of all 3 members to alternate DWIHN-contracted facilities.  
 Current Status: **CLOSED**

**Anna Grace Home – 25236**

Provider Notification Received: 3/10/22 Confirmed Closure Date: 4/15/22  
 Provider notification received reporting intent to close facility due DCW staffing. Residential Care Coordination successfully completed the relocation of all 2 members to alternate DWIHN-contracted facilities.  
 Current Status: **CLOSED**

**MasteringLiving – Cherry Hill #2 (29124), #6 (29126), and #7 (29127)**

Provider Notification Received: 4/7/22 Confirmed Closure Date: 4/30/22  
 Provider notification received reporting intent to close facilities due to apartment company no longer wanting to lease to specialized SIL program. Residential Care Coordination team successfully relocated all 5 members to alternate DWIHN-contracted facilities.  
 Current Status: **CLOSED**

**Landers & Landers Home for the Aged Inc.(Chandler Home #4) – 33052**

Provider Notification Received: 4/21/22 Confirmed Closure Date: 4/25/22  
 MCO notification received reporting residential provider’s loss of LARA State licensing; requiring all 3 members to be immediately relocated to DWIHN-contracted facilities (successful completion).  
 Current Status: **CLOSED**

**Laurel Drive Home – 32536**

Provider Notification Received: 1/27/22 Scheduled Closure Date: 4/30/22  
 Provider notification received reporting intent to close facility due to lack of staffing. Residential Care Coordination team is awaiting to confirm with CRSP (**Community Living Services**) who the selected CLS staffing provider will be for 2 members currently under month-to-month (independent) lease.  
 Current Status: **PENDING**

**Sargent Home – 25236**

Provider Notification Received: 2/15/22 Scheduled Closure Date: UNKNOWN  
 As the Residential Care Coordination team has begun the process to relocate 3 members to alternate facilities contracted with DWIHN; staff has yet to receive the facility-closeout notification from the provider to complete process.  
 Current Status: **ON-HOLD**

**Norman II Home – 25912**

Provider Notification Received: 4/21/22 Scheduled Closure Date: 5/31/22  
 Provider notification received reporting intent to close facility due DCW staffing. Residential Care Coordination team has begun the process to relocate 3 members to alternate facilities contracted with DWIHN.  
 Current Status: **On-Going**



# Detroit Wayne Integrated Health Network Residential Services Department

## Department Project Summaries

### Residential Sponsored Meetings and Trainings

- **CRSP/Residential Services Monthly Meetings** - 14 meetings held; **81 attendees** total
  - **4 CRSP meetings are bi-monthly** and are scheduled for June 2022
- **Residential Assessment | Clinical Alignment of Documentation Refresher Trainings:** Tuesday, 4/3 (**75 attendees** total)
  - IDD CRSP –11 AM (**44 attendees**); AMI CRSP – 2 PM (**31 attendees**)
- **CRSP DWIHN Residential Service Authorization Refresher Trainings:** Thursday, 4/6 (**62 attendees** total)
  - IDD CRSP –11 AM (**19 attendees**); AMI CRSP – 2 PM (**43 attendees**)
- **IDD CRSP/Residential Providers Monthly Meetings:** 2 meetings held; **64 attendees** total
  - Monday, 4/18 with IDD CRSP/Unlicensed-10 AM (**42 attendees**); IDD CRSP/Licensed-2 PM (**22 attendees**)
- **AMI CRSP/Residential Providers Bi-Monthly Meetings:** 2 meetings held; **49 attendees** total
  - Thursday, 4/21 with AMI CRSP/Unlicensed-10 AM (**13 attendees**); AMI CRSP/Licensed-2 PM (**36 attendees**)
- **DWIHN Residential Provider/CRSP Advisory Group:** Monday, 4/25 at 10 AM
  - **15 attendees** total; with meeting guests included, CCO Jackie Davis, Quality Improvement's Starlit Smith, Eugene Gillespie, Danielle Dobija, and Faheera Nadeem

### Residential Assessment Development (Darryl Smith)

- **Trainings:** Continued specific training with **Community Living Services** and **Wayne Center's** new supports coordination staff reviewing the entry process of the residential assessments that produce an increase in the services after their completion.
- **DWIHN Residential Assessment Reviews:** Completed residential assessment reviews with the supports coordination staff of **Hope Network**, proceeding onto **Eisenhower Center** facilities.
- **Special Assignment:** Finalizing of the process flow drafts for Out-of-County Specialized Residential Referral process.



## Detroit Wayne Integrated Health Network Residential Services Department

### Department Tasks

- PCE updates to Update to Automatic Emails for Residential Service Authorizations (4/1/22)
- CRSP Meeting with **Community Living Services** to discuss returned service authorizations; facilitated by Residential Care Specialist Darryl Smith (4/4/22)
- MCO Notification for suspension of **Victory Home Management #4-28520** (4/5/22)
- Department participation in DWIHN Hospital Liaison Meeting with CEO Eric Doeh (4/7/22)
- State-reviewed Case for DWIHN Member LH, MHWIN# 00028693 (DD-NSO) at **The Orchards of Southgate Nursing Home**; assigned to Residential Care Specialist Lelee Adkisson (4/8/22)
- Completion of development of Residential staff Metrics and Measures (4/12/22)
- Notice to return to field/outpatient sites (4/12/22)
- End Date of Residential Care Coordinator Andrea Guilbault (4/4/22)
- MCO Notification for suspension of (4) residential facilities under **Asanpee Care Inc.-28262** (4/20/22)
- Pre-Planning, Individualized Plan of Service (IPOS) Home and Community Based Services (HCBS) Network Wide Training from Clinical Officer Ebony Reynolds (4/21/22)
- Emergency meeting with MCO regarding **Landers & Landers Home for the Aged Inc.-Chandler Home #4-33052** facility closure (4/21/22)
- DWIHN Residential Services & Crisis Services Workgroup Discussion (4/25/22)

### Department Goals

#### Staffing

- Residential Care Specialist Josephine Maples (start date – 4/4/22)
- Residential Care Coordinator Andrea Guilbault (departure date – 4/14/22)
- HR has posted positions for (1) Residential Care Specialist and (1) Residential Care Coordinator.

#### Automated Productivity Reporting

- **Residential Authorization Case Consultations:** The Authorization Team has been conducting case conference reviews (beginning in mid-March 2022) with several CRSPs to try to elevate the amount of authorizations currently in the Residential MHWIN queues. 47 cases were reviewed for the month of April.
- Redevelopment of Out-of-County referral process
- Implementation of Timeliness reporting and response to service requests
- Residential Services has completed the staff metrics and reviewed with staff for understanding. We are moving into the audit phase during the month of May (2022).



**FY 2021-22 Department Summary: Quarter #2**  
Residential Director, Shirley Hirsch, LMSW  
Report Date Range: 1/1/22 – 3/31/22

**Residential Assessment Productivity**

- # of Referrals Requests:            QTR 1 – 513            QTR 2 – 646

<u>Referral Outliers</u>	<u>QTR 1</u>	<u>QTR 2</u>
• Inpatient Penetration Rate:	0.89%	<b>0.54%</b>
• ED Cases:	34	<b>58</b>
• State Hospital Discharges:	18	<b>12</b>
• HAB Waiver Referrals:	<i>N/R*</i>	<b>22</b>
• Facility Closures:	13	<b>17</b>

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

<u>Service Authorizations</u>	<u>QTR1</u>	<u>QTR2</u>
• Authorizations Completed:	2,693	<b>3,024</b>
• Internal Requests <small>(Residential Staff)</small> :	528	<b>670</b>
• MHWIN Queues Requests:	2,165	<b>2,354</b>

<u>COVID-19</u>	<u>QTR1</u>	<u>QTR2</u>
• COVID-19 Cases:	35	<b>69</b>
• COVID-19 Related Deaths:	4	<b>2</b>
• Quarantine Facility Utilization:	20	<b>18</b>

**2nd Quarter Completed Process Implementations**

- **January 2022:** Project: Reach Out Vaccine Booster Reporting Process Development & Implementation
- **February 2022:** Residential Department Process Revision for Pre-Placement Documentation and Process flow for Team Wellness Center-Westland facility (16 beds)
- **February 2022:** Clinical review of Inpatient Hospital length of stay with Residential and UM
- **February 2022:** Residential & MCO Discussion: Internal Review Process for Prospective (Special Assignment) Providers
- **March 2022:** Community transition from state hospitals
- **March 2022:** Residential [MCTP] Out-of-county reviews with Residential Manager Kelly McGhee

## Department Goals

### Staffing

- **February 2022:** Resignation of Residential Care Specialist Ashley Tomaszewski
- HR has posted positions for (1) Residential Care Specialist and (1) Residential Care Coordinator.

### Automated Productivity Reporting

- ***Residential Authorization Case Consultations:*** The Authorization Team has been conducting case conference reviews (beginning in mid-March 2022) with several CRSPs to try to elevate the amount of authorizations currently in the Residential MHWIN queues. ***47 cases were reviewed for the month of April.***
- Redevelopment of Out-of-County referral process
- Implementation of Timeliness reporting and response to service requests
- Residential Services has completed the staff metrics and reviewed with staff for understanding. We are moving into the audit phase during the month of May (2022).



## **Detroit Wayne Integrated Health Network**

Director Monthly Report

**Reporting Department Substance Use Disorders**

For the Month of April 2022

### **DWIHN Faith-Based Meeting - April 2022**

Detroit Wayne Integrated Health Network (DWIHN) Faith-Based Collaborative committee meets monthly on 4th Mondays. This month's meeting included presentations from the following: Mrs. Wilma Ruffin, Consultant Henry Ford Health System Innovation Institute, DEIJ Community Outreach & Faith-Based Initiatives presented about the Faith-Based Kiosk, Your Pathway to Health, and Dr. Gregory Bolden, The Center For Black Health & Equity -. Presented on No Menthol Sunday #NMS2022 [www.nomentholsunday.org](http://www.nomentholsunday.org): Video shared <https://youtu.be/gwwH-3Bjaqc>

### **Helping Others Practice Enduring Endowment (HOPEE) Award Recipient- April 2022**

HOPEE awards are presented in April during the National Month of Hope to those who exemplify helping others to practice enduring empowerment while spreading hope in the family, community, church, marketplace, nation and world.

This year, Karra Thomas, SUD Prevention Manager was the recipient of the 2022 HOPEE Award. She was recognized as a national leader that improvement of the behavioral and physical health status of the people served.

### **MDOC Collaboration-April 2022**

The Michigan Department of Correction (MDOC) and DWIHN collaboration efforts to ensure MDOC offenders with Substance Use Disorders receive medically necessary services from DWIHN SUD Provider Network. MDOC are considered a priority population for assessment and admission due to public safety needs and related to their MDOC involvement. They are screened and referred within 24 hours from contacting the Access Center. There were **275** people screened from **4/1/2022-4/30/2022** and **273** members enrolled in SUD services during this time frame. SUD address issues that officers have with their members that do not cooperate or participate in treatment services and assist with referrals to services.

### **Opioid Settlement Fund- SUD Received Notification**

The Michigan Department of Health and Human Services (MDHHS), in partnership with the Michigan Municipal League (MML), the Michigan Township Association (MTA), The Michigan Association of Counties (MAC) and the Michigan Attorney General's Office (AG) will be hosting a webinar series on the Distributor/Janssen Opioid Settlements. The next webinar will be held on Tuesday, May 3, 3 – 4 P.M.

This upcoming webinar will focus on opportunities to support treatment services. The webinar on May 17 from 3 - 4 P.M will focus on opportunities to support prevention programs.

State, county, and local governments are slated to receive funds from the Distributor/Janssen Opioid Settlements in the coming months, and this webinar series will provide an opportunity for local elected officials, public health officials, SUD providers and other relevant parties to learn about best practices for spending these funds.

*SUD COVID Numbers for the month April 2022*

	# Vaccinated	# of Client Deaths	# of Staff Death	# Client Pos for COVID	# Staff Pos for COVID	# of Hospitalizations
<b>Treatment</b>	184	0	0	13	3	1
<b>Prevention</b>	132	0	0	1	0	0
<b>Total</b>	316	0	0	14	3	1

Thirteen individuals received quarantine services due to testing positive for COVID, five females and eight males. Of the 13 reported, 12 were vaccinated, eight men and four were women, and one refused to be vaccinated. The male outbreak appears to be from members of Wayne County Jail that went to Elmhurst. The female seemed to have gone to a doctor’s office in a group setting and contracted the virus.

**Number of Persons Served by Type of Intervention**

**PIHP Region:** Region 07 - Detroit Wayne Integrated Health Network

**Provider Agency:** Multiple

**Gambling Related:** No

**Date Range:** 04/01/2022 - 04/30/2022

Intervention Type	Number of Persons Served by Individual- or Population- Based Program or Strategy	
	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
Universal-Direct	1236	0
Selective	579	0
Universal-Indirect	0	584
Indicated	64	0
<b>Total</b>	<b>1879</b>	<b>584</b>

**Residential Gambling (April 2022)**

COVID has continued to present challenges to outreach services in nearby Casinos. To increase program awareness and referrals, providers connect with probation/parole officers telephonically and continue to reach out to nearby casinos.

- Total Number served for 13
- Total requested services: 15

SUD Treatment April 2022

New admits	Increase/ Decrease	OP MAT	OP	IOP	Residential	Withdrawal Management	Recovery Support Services
987	14% decrease from Mar	76	165	62	375	220	61

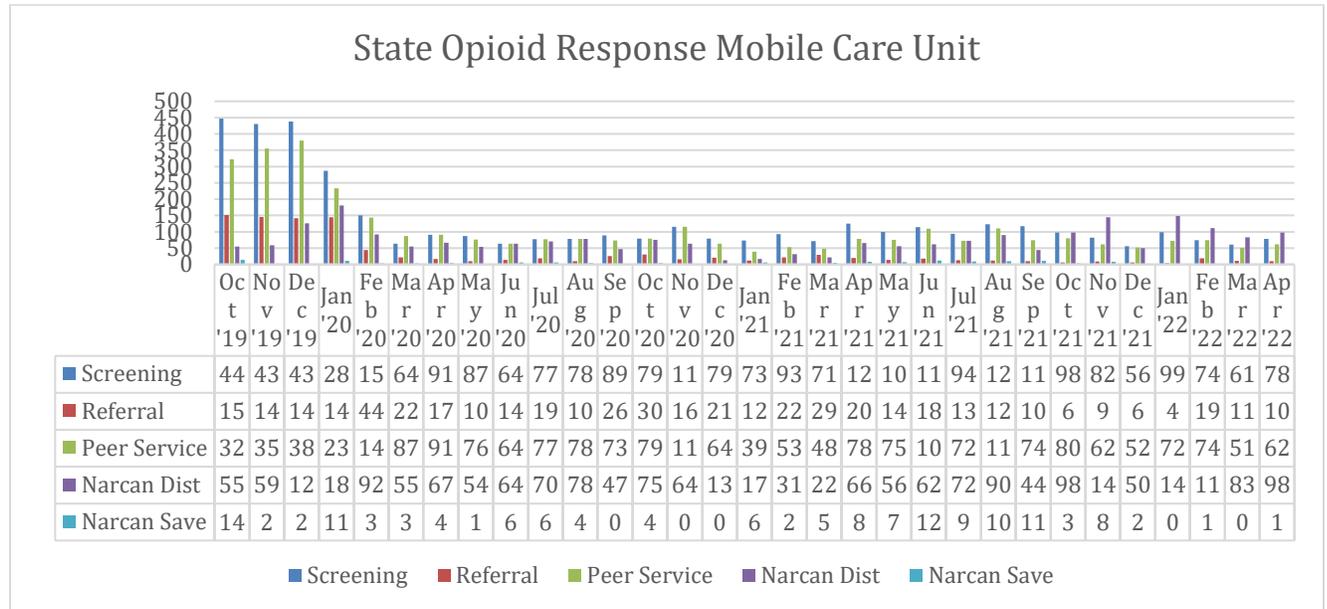
**State Opioid Response (SOR)**

Naloxone distribution in Wayne County has steadily increased since the drop off in March 2020, as service provider programs seek new innovative ways to distribute naloxone and train individuals in a remote setting. Naloxone is distributed as an additional service in a local syringe service program and distributed in the community through partnerships with schools, restaurants, hospital systems, law enforcement programs, faith-based organizations and businesses.

**Mobile Units**

Contractor	MOBILE CARE UNITS	Oct 1, 2021-Sept 30, 2023	2021 Total
MOBILE CARE UNITS		64932.826600.06754	
Abundant Community		\$ 62,500	\$ 62,500
Quality Behavioral Health		\$ 62,500	\$ 62,500
<b>TOTAL MOBILE CARE UNITS</b>		<b>\$ 125,000</b>	<b>\$ 125,000</b>

DWIHN has two mobiles unites that provide: SUD screenings for services, referrals to treatment, peer services, drug screenings, therapy and relapse recovery services, Naloxone trainings and distribution.



Mobile care unit programs continue to exceed expectations increasing access to services and naloxone. Programs have not reached the volume achieved pre-COVID however additional mobile care units have been deployed and social distancing protocols are in place to serve all consumers while keeping patients safe. Mobile Care units have identified agencies and community hot spots to partner with, including but not limited to, government housing, senior living facilities, identified overdose hot spots, liquor stores, homeless shelters, food pantries, and at-risk subcultures.

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: BA 22-16R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 5/18/2022

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Substance Use Disorder Prevention Services Fiscal Year 2022

Address where services are provided: 122 South Street Belleville, MI 48111

Presented to Program Compliance Committee at its meeting on: 5/11/2022

Proposed Contract Term: 5/1/2022 to 9/30/2022

Amount of Contract: \$ 6,719,938.00 Previous Fiscal Year: \$ 5,632,133.00

Program Type: Continuation

Projected Number Served- Year 1: 1,000 Persons Served (previous fiscal year): 1000

Date Contract First Initiated: 5/1/2022

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).

The SUD Dept is requesting board approval to accept and disburse Treatment Block Grant Funding from the Michigan Department of Health and Human Services (MDHHS) in the amount of \$4,000.00, to educate the retailers and the community on Electronic Nicotine Delivery System (ENDS) products. The Tobacco Section is providing funding for the period May 1, 2022- September 30, 2022. The SUD prevention provider chosen to implement this service is Strategies to Overcome Obstacles and Reduce Recidivism (SOOAR). The provider's goal is to raise awareness of ENDS and research agencies for disposal of ENDS waste products. The allowable activities will be as follows: ENDS education, the development of material regarding ENDS. The funds will cover the cost of \$1500.00 in salaries, \$2,000.00 in supplies and \$500.00 in other expenses. The FY 22 SUD Prevention Services program of \$6,715,938.00 is increased by \$4,000.00 to \$6,719,938.00 and consists of Federal Block Grant revenue of \$4,704,938.00 and \$2,015,000.00 is designated to Public Act2 Funds .

DWIHN has the discretion to allocate the funds among the providers base upon utilization without board approval upt the approved not to exceed amount. As a result, budget may be decreased/increased among providers

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

Source of Funds: Block Grant

Fee for Service (Y/N): N

Revenue	FY 21/22	Annualized
SUD Blockgrant	\$ 4,704,938.00	\$ 4,704,938.00
PA 2	\$ 2,015,000.00	\$ 2,015,000.00
<b>Total Revenue</b>	\$ 6,719,938.00	\$ 6,719,938.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Signed: Thursday, May 5, 2022

Signed: Thursday, May 5, 2022

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: BA 22-17R3 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 5/18/2022

Name of Provider: Sobriety House Inc

Contract Title: Substance Use Disorder Treatment Services Fiscal Year 2022

Address where services are provided: Multiple

Presented to Program Compliance Committee at its meeting on: 5/11/2022

Proposed Contract Term: 5/1/2022 to 9/30/2022

Amount of Contract: \$ 8,613,522.00 Previous Fiscal Year: \$ 6,291,109.00

Program Type: Continuation

Projected Number Served- Year 1: 1,000 Persons Served (previous fiscal year): 1000

Date Contract First Initiated: 5/1/2022

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).

The SUD Department is requesting board approval to receive and disburse additional PA 2 funding in the amount of \$85,000.00 to provide community SUD Annual Conferences. The conferences are aimed to educate and bring awareness to important topics. The goal is to reduce barriers, enrich personal lives, inspire hope, allow participants an opportunity to experience an atmosphere of understanding, and provide additional outreach and marketing. Conferences will include giveaways, i.e., fentanyl test strips, DWIHN's educational material, and deterra bags.

The additional PA2 funds will be distributed as follows and have a contract term of March 1, 2022 through September 30, 2022.

The Annual Men's Conference (\$25,000.00) coordinated with Sobriety House, The Annual Faith Base Conference (\$25,000.00) to National Council on Alcoholism and Drug Dependence, The Women's Conference to Elmhurst Home (\$25,000.00), Annual Opioid Summit is a joint effort with MPHI, Southeast Michigan for Addiction-free Communities (SEMAAC) (10,000.00)

This request is to increase FY 2022 SUD Treatment Program of 8,528,522.00 by \$85,000.00 to consists of Federal Block Grant revenue of \$7,208,474.00 and Public Act2 funds \$1,405,048.00 to provide community SUD Annual Conferences.

DWIHN has the discretion to allocate the funds among the provides based upon utilization without board approval up to the approved not to exceed amount. As a result, budget may be decreased/increased among providers

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

Source of Funds: PA2

Fee for Service (Y/N): N

Revenue	FY 21/22	Annualized
SUD Blockgrant	\$ 7,208,474.00	\$ 7,208,474.00
PA 2	\$ 1,405,048.00	\$ 1,405,048.00
<b>Total Revenue</b>	<b>\$ 8,613,522.00</b>	<b>\$ 8,613,522.00</b>

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Tuesday, May 3, 2022

Signed: Tuesday, May 3, 2022

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 22-29 R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 5/18/2022

Name of Provider: Detroit Wayne Integrated Health Network

Contract Title: Jail Diversion/Police Partnership Expansion

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 5/11/2022

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

Amount of Contract: \$ 1,305,000.00 Previous Fiscal Year: \$ 1,005,000.00

Program Type: Modification

Projected Number Served- Year 1: 2,500 Persons Served (previous fiscal year): 2100

Date Contract First Initiated: 6/10/2004

Provider Impaneled (Y/N)?

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

This board action is requesting the approval to increase the contract by \$300,000 for the period May 1, 2022 through September 30, 2022 for a total amount not to exceed \$1,305,000 for the Mental Health Crisis Diversion program. The programs objective is to improve the county's response to individuals experiencing mental health crises and to prevent future crisis by connecting them early on to supportive services.

It is proposed that DWIHN expand efforts into Out-Wayne County to further support the organizations mission of prevention, treatment, and recovery for individuals within the system of care, and those who have not yet obtained access, but need behavioral health support. Co-response programs will be launched in Inkster, Southgate, the Grosse Pointes and Harper Woods Collaborative.

The funds can be reallocated between the providers without board approval up to the total amount not to exceed \$1,305,000.

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

Source of Funds: General Fund

Fee for Service (Y/N): N

<b>Revenue</b>	<b>FY 21/22</b>	<b>Annualized</b>
General Fund	\$ 1,305,000.00	\$ 1,305,000.00
	\$ 0.00	\$ 0.00
<b>Total Revenue</b>	\$ 1,305,000.00	\$ 1,305,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Friday, May 6, 2022

Signed: Friday, May 6, 2022

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 22-62 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 5/18/2022

Name of Provider: See attached list

Contract Title: Summer Youth Employment Program

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 5/11/2022

Proposed Contract Term: 5/1/2022 to 9/30/2022

Amount of Contract: \$ 1,900,000.00 Previous Fiscal Year: \$ 2,100,000.00

Program Type: Continuation

Projected Number Served- Year 1: 900 Persons Served (previous fiscal year): 1100

Date Contract First Initiated: 5/1/2022

Provider Impaneled (Y/N)?

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

This board action is requesting the approval of a one year term in an amount not to exceed \$1.9 million.

The DWIHN Summer Youth Employment Program is a continuation from the last four fiscal years with organizations intending to foster growth and enhance communities. These organizations thrive on community outreach to adolescents focusing heavily on youth recruitment plans and educational and mentoring goals to be accomplished over the summer months.

Funds can be reallocated between the providers without board approval up to the total approved allocation.

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

Source of Funds: General Fund

Fee for Service (Y/N): Y

Revenue	FY 21/22	Annualized
General Fund	\$ 1,900,000.00	\$ 1,900,000.00

	\$ 0.00	\$ 0.00
<b>Total Revenue</b>	\$ 1,900,000.00	\$ 1,900,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64931.827206.06300

In Budget (Y/N)? Y

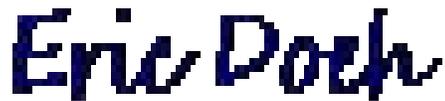
Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Monday, May 9, 2022

Signed: Monday, May 9, 2022