



Detroit Wayne Integrated Health Network

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PROGRAM COMPLIANCE COMMITTEE MEETING Wednesday, November 9, 2022 St. Regis Hotel, 1st Floor Conference Room 1:00 p.m. – 3:00 p.m.

AGENDA

- I. Call to Order**
- II. Moment of Silence**
- III. Roll Call**
- IV. Approval of the Agenda**
- V. Follow-Up Items from Previous Meeting –**
 - A. Crisis Services' Quarterly Report** – Email a copy of the work plan/timeline for the opening of the new crisis facility to the committee.
 - B. Innovation and Community Engagement Quarterly Report** – Committee requested the number of DWIHN's attendees at the Suicide Prevention Conference.
 - C. Utilization Management's Quarterly Report** – Provide the correct number of appeals.
- VI. Approval of the Minutes – October 12, 2022**
- VII. Report(s)**
 - A. Chief Medical Officer
 - B. Corporate Compliance - **None**
- VIII. Year-End Reports**
 - A. Access Call Center
 - B. Children's Initiatives
 - C. Customer Service
 - D. Integrated Health Care
 - E. Managed Care Operations
 - F. Residential Services
 - G. Substance Use Disorder
- IX. Strategic Plan Pillar – Access**

Board of Directors

Angelo Glenn, Chairperson
Dorothy Burrell
Kevin McNamara

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

Dora Brown, Treasurer
Eva Garza Dewaelsche
William Phillips

Dr. Cynthia Tauog, Secretary
Jonathan C. Kinloch



- X. Quality Review(s)**
 - A. QAPIP Work Plan FY 22
- XI. Chief Clinical Officer's Report**
- XII. Unfinished Business - None**
- XIII. New Business**
(Staff Recommendations)
 - A. **BA #23-19** - Treatment Foster Care Oregon (TFCO) Wayne State University (WSU) Grant
 - B. **BA #23-31** - ARCs - Detroit, Northwest Wayne and Western Wayne
 - C. **BA #23-40** - Credentialing Verification Organization - Medversant Technologies, LLC
 - D. **BA #23-44** - Michigan Collaborative Care Program (MC3) and Behavioral Health Consultant - Starfish Family Services
 - E. **BA #23-46** - FY 22/23 MI Health Link Demonstration Project
- XIV. Good and Welfare/Public Comment**

Members of the public are welcome to address the Board during this time up to two (2) minutes ***(The Board Liaison will notify the Chair when the time limit has been met)***. Individuals are encouraged to identify themselves and fill out a comment card to leave with the Board Liaison; however, those individuals that do not want to identify themselves may still address the Board. Issues raised during Good and Welfare/Public Comment that are of concern to the general public and may initiate an inquiry and follow-up will be responded to and may be posted to the website. Feedback will be posted within a reasonable timeframe (information that is HIPAA related or of a confidential nature will not be posted but rather responded to on an individual basis).
- XV. Adjournment**

PROGRAM COMPLIANCE COMMITTEE

MINUTES

OCTOBER 12, 2022

1:00 P.M.

IN-PERSON MEETING

MEETING CALLED BY	I. Dr. Cynthia Taueg, Program Compliance Chair at 1:00 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Dr. Cynthia Taueg, Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	<p>Committee Members: Dorothy Burrell; Commissioner Jonathan Kinloch; and Dr. Cynthia Taueg</p> <p>Committee Members Excused: Dr. Lynne Carter and William Phillips</p> <p>Staff: Jamal Aljahmi; Brooke Blackwell; Jacquelyn Davis; Judy Davis; Eric Doeh; Dr. Shama Faheem; Sheree Jackson; Melissa Moody; Cassandra Phipps; April Siebert; Manny Singla; Yolanda Turner; Leigh Wayna; and Daniel West</p> <p>Staff (Virtual): Ebony Reynolds, Andrea Smith and June White</p>

AGENDA TOPICS

II. Moment of Silence

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

III. Roll Call

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

IV. Approval of the Agenda

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

DISCUSSION/ CONCLUSIONS	<p>A. Residential Provider Closures/Mergers – Provide an update on the provider closures/mergers while meeting the needs of DWIHN’s members – Shirley Hirsch, Director of Residential services submitted and gave an update on the Residential Provider closures/mergers. Ms. Hirsch reported that despite the 45 facility closures during FY 22/22, DWIHN’s residential department has been successful in relocating 162 consumers. Some of the consumers were able to remain in their current provider network due to home consolidation, while other consumers were placed in available homes within other provider networks. DWIHN has facilitated the onboarding of new providers for both AMI and I/DD consumers to increase the availability and continuity of service for consumers. To combat the rate of closures, DWIHN’s residential department will not only continue to consider establishing contracts with new providers, but also explore the option of current providers expanding their number of contracted specialized housing facilities to fit the needs of the consumers. For the increasing need of barrier-free facilities for the I/DD population, medically complex, aged-out consumers and the LGBTQB+, DWIHN will also focus on increasing facilities for these populations. Dr. Tauег opened the floor for discussion.</p>
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VI. Approval of the Minutes

DISCUSSION/ CONCLUSIONS	<p>The Chair called for a motion to approve the September 14, 2022 meeting minutes. Motion: It was moved by Commissioner Kinloch and supported by Mrs. Burrell to approve the September 14, 2022 meeting minutes. Dr. Tauег asked if there were any changes/modifications to the September 14, 2022 meeting minutes. There were no changes/modifications to the meeting minutes. Motion carried.</p>
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VII. Reports

DISCUSSION/ CONCLUSIONS	<p>A. Chief Medical Officer – Dr. Shama Faheem, Chief Medical Officer submitted and gave an update on the Chief Medical Officer’s report. Dr. Faheem reported:</p> <ol style="list-style-type: none"> 1. Behavioral Health Education – DWIHN continues its’ outreach efforts for behavioral health services through multiple back to school tips and videos on social media forums, https://www.youtube.com/watch?v=PQNaZ7zE-bo, “Ask the Doc” https://www.dwihn.org/ask-the-doc, and an interview for Detroit Public Television/One Detroit on “Weighing the Effects of Social Media on Teens’ Mental Health, https://www.youtube.com/watch?v=4OXsdSfFV-E 2. Suicide Prevention Month Events – DWIHN has held many suicide prevention events for the month of September – Suicidology Conference; Back-to-School function with provider partners and DPD; Suicide Prevention discussions with Faith-Based entities at the request of MDHHS; Self-Care Conference focusing on wellness and resiliency; and Youth United advocates participated in a panel discussion at the Demystifying Suicide Event hosted by The Children’s Center regarding the risk of suicide among the LGBTQ+ community. 3. Crisis Care Center Updates (Milwaukee Avenue) – The Crisis Care Center’s construction is ongoing. The ELT staff have toured some Crisis Centers across different states and is using that knowledge along with guidance from DWIHN’s Crisis Consultant, RI International to implement the next steps. Staffing discussions, drafted staff job descriptions and working on the step-wise hiring plans for next year have taken place. DWIHN has worked on
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assessing the overall crisis needs of Wayne County and identifying areas of high need based on the Crisis Now model and calculator. Community engagement events have happened and will continue as well as work on policies and procedures over the next several months.

4. **Quality Department** – Performance Measure Validation (PMV) Report from HSAG, 100% compliance for the second consecutive year with two recommendations for improvement. DWIHN met the standards for PI #1(Children and Adult), 4b (SUD) and 10 (Children). There was an uptick in Q3 (17.79%) for Indicator 10 (Recidivism or Readmission within 30 days) for adults. The standard is 15% or less and this remains as an opportunity of ongoing improvement. Indicator 4a (Hospital Discharge Follow-up) for children was not met as well. The standard is 95% or higher and we received 86.44% for Q3. Staff will continue with the efforts to meet the standard and elevate the effectiveness of the interventions. DWIHN is working with MDHHS to implement the required Home and Community Based Services (HCBS) Transition Tracking for the members of DWIHN who are residing in homes that are not HCBS compliant. Quality staff will report to MDHHS on a bi-monthly basis, the transition planning and process of 56 members identified as being in settings found to be non-compliant with HCBS. The reports are to be submitted for each member until they are replaced and MDHHS acknowledges the replacement. They are expected to be achieved prior to March 17, 2023.
5. **State Hospital Admissions and Discharges** – DWIHN continues to improve our State hospital discharge process, given that there was a large pool of discharge ready individuals identified by the State last year. Staff has been placing an average of three to five members per month. There are six adult members who are currently awaiting State’s admission and staff continue to review them for possible lower level of services.
6. **Improvement in Practice Leadership Team (IPLT)** – The committee looked at the Children’s PIPs focusing on HEDIS measures and Complex Case Management by Integrated Health Care (IHC) department for the month of August.
7. **Med Drop Program** – The Clinical Practice Improvement department identified the success of this pilot program in terms of reducing inpatient admissions and re-admissions. It started with 34 members in 10/1/21 and ended in 9/30/22 with 51 members. The number of medications’ drops that were successful and the last seven months indicate an average of 77.2% compliant. Staff is in the process of revising some details of how the referrals will be placed to make the process more efficient. Dr. Taueg opened the floor for discussion. Discussion ensued.
8. **Integrated Health Care** – Staff is monitoring HEDIS measures closely and have rolled out individual score cards for CRSPs. Follow-up after Hospitalization is an important measure as it is tied into a member’s subsequent progress and risk of recidivism. Our providers’ scores and DWIHN’s scores have declined in this measure. There was also a decline in metabolic monitoring for children and adults on antipsychotics. There was an improvement in some HEDIS measures for Follow-up after hospitalization for alcohol and substance use. The HEDIS scorecard and FUH data was presented to the CRSP monthly meeting in September 2022 and will be presented to the CRSP Medical Directors’ next week. This has also been taken to the IPLT to revise interventions. Staff is working on care coordination pilot with three plans, two of which have been implemented and one is in the process. There are four CRSPs in this pilot, which started

on June 16, 2022. There have been 500,000 inquiries from Health Plan 3, 16,000 of those matched with DWIHN. DWIHN's I.T. and PCE are developing a database so that the number of members can be tracked. Dr. Taueg opened the floor for discussion. Discussion ensued.

- B. **Corporate Compliance Report** – Sheree Jackson, Corporate Compliance Officer submitted and gave an update on the Corporate Compliance report. Mrs. Jackson reported that Compliance was notified of a data breach with MCG Health that involved DWIHN's members in May 2022. MCG Health provides licensing, use of the Behavioral Health Guidelines and a software called Indicia. They are also contracted with Michigan Consortium for Healthcare Excellence (MCHE) and holds the contract with MCG Health. Staff did their due diligence to determine if DWIHN's members were compromised and to what extent. It was determined that there was a significant number of non-active members affected. MCG provided documentation supporting that DWIHN's members affected were offered two years of complimentary identity protection, credit monitoring services and provided a toll-free telephone number for the affected members to use. DWIHN also issued notification to members providing a direct contact for Compliance for additional follow-up. As of September 30, 2022, 16 members have contacted Customer Service and/or the Access department to inquire about the initial notification of the breach that was received. DWIHN will continue to monitor and track ongoing calls related to the incident. MCG is doing more frequent checks on behalf of DWIHN. Dr. Taueg opened the floor for discussion. Discussion ensued.

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

VIII. Quarterly Reports

- A. **Clinical Practice Improvement** – Ebony Reynolds, Clinical Officer submitted and gave highlights of the Clinical Practice Improvement's and Autism Spectrum Disorder's quarterly reports. Ms. Reynolds reported that staff completed the Assertive Community Treatment (ACT) annual reviews where three providers met fidelity with at least 95% overall score during this quarter. Staff worked collaboratively with the Quality department to submit evidence for the Health Services Advisory Group (HSAG) review and the MDHHS' waiver site review. Staff and DWIHN's CMO were responsible for Standard 10 in which there was no findings or corrective action plans required. Staff are working alongside with the Chief Clinical Officer on the 1915 waiver support application rollout process initiated by MDHHS that began July 1, 2022. Individuals receiving any 1915 service that are not receiving waiver services will need to complete and upload a single page document to the State's Waiver Support Application (WSA) database following a PIHP review and approval. The CPI's Clinical Specialist drafted the Conflict Free Case Management Policy which highlights the person-centered planning process and informs the network about necessary safeguards to avoid any potential conflict around relationships with individuals served, fiscal responsibility of the payee and payor when planning, delivering and receiving services. Staff worked collaboratively with the Quality department and NCQA consultants to review data and interventions for the lookback period for the upcoming NCQA re-accreditation. There were 414 jail releases under the Returning Citizens/Jail Diversion/Mental Health Court-Adult Services program for this quarter. There were 174 members linked with providers post-release follow-up; 17 were not in MH-WIN because the mental health designation from jail mental health may not have met DWIHN's criteria; 19 were released to a

hospital for mental health treatment other correctional facility and 204 were not assigned to a provider. DWIHN's Access Center is currently drafting a policy for jail mental health screenings through DWIHN when there is not an assigned provider and enrollment is required. There were 830 inmates screened and 259 were admitted for mental health services for this quarter. The Downriver Veteran's Court has 16 participants, nine (9) of whom are employed. There have been 39 graduates since this program began. The Mental Health Court currently has 13 participants, three (3) of whom are employed. There were five (5) Returning Citizens in this quarter. There were 243 Assisted Outpatient Treatment (AOTs) for adults processed during this quarter. A total of 43 individuals successfully transitioned from Evidence Based Supported Employment (EBSE) services to a lower level of care after completing their employment goals. There was an average of 139 diagnostic evaluations scheduled with the most scheduled at 176 and the least scheduled at 82 for the Autism Spectrum Disorder (ASD) Benefit this quarter. The drop of referrals was due to adhering to MDHHS' requirement of obtaining a physician's referral for further evaluation at the service request point. DWIHN's ASD Benefit continues to grow each quarter with 2,255 opened cases at the end of Q3 with the largest concentration of members enrolled with Centria Healthcare and second largest being Chitter Chatter and the least amount of nine (9) members enrolled with The Guidance Center. Dr. Taueg opened the floor for discussion. There was no discussion.

- B. **Crisis Services** – Daniel West, Director of Crisis Services submitted and gave highlights of the Crisis Services' quarterly report. Mr. West reported that there was a 21% decrease in the number of requests for service for children and decrease slightly for adults. The diversion rate for children decreased slightly this quarter. The Crisis Stabilization Unit at COPE saw an increase in the number of members served this quarter (714) Q4, (629) Q3. Team Wellness' Crisis Stabilization Unit saw a significant decrease in members served in Q4(366), Q3(540).
1. **FY 21/22 Q4 Accomplishments** – Hospital Liaison staff were involved in a total of 608 cases receiving crisis services. The diversion rate from an inpatient level of care was 34%. There were 58 crisis alerts received and 67% of those cases were diverted from inpatient. DWIHN received 760 AOT Orders and the Community Law Enforcement Liaison has established working relationships with Probate Court to ensure compliance with AOTs and transport orders within the network. DWIHN's Mobile Outreach Clinician continues to partner with Wayne Metro and other agencies in the community and DWIHN has since partnered with Black Family Development to pursue options for children and families in crisis as well as to promote resources in the community via a shared published calendar. A pre-admission review (PAR) disposition with evidence-based practices in coordination with PCE. Recidivism is being addressed in collaboration with the contracted screening agencies and cases are reviewed weekly in an effort to solidify clinical conversations prior to a re-admission.
 2. **FY 21/22 Q4 Area of Concern** – DWIHN continues to work toward solidifying another crisis residential site to promote stabilization in the community.
 3. **Plans for FY 21/22 Q3** – Complete and utilize a pre-admission review (PAR) disposition amendment to support clinical decisions made to divert members to the least restrictive environment after having met criteria for a higher level of care; Continue discussions and recommendations for the Clinical Care Center; Work to establish relationship between the DWIHN's

Mobile Outreach Clinician and Black Family Development to provide resources for children and families in the community; Work to establish a process for identifying and targeting recidivistic members within crisis encounters utilizing data and collaboration with the contracted screening entities to reduce recidivism numbers; and establish and utilize effective discharge planning for members in high levels of care in an effort to prevent "gaps" in treatment during member's transitions into the community.

Dr. Tauzeg opened the floor for discussion. Discussion ensued. The committee requested a copy of DWIHN's work plan/timeline for the opening of the new crisis facility be emailed to them. **(Action)**

C. **Innovation and Community Engagement** – Andrea Smith, Director of Innovation and Community Engagement submitted and gave highlights of the Innovation and Community Engagement's quarterly report. Mrs. Smith reported:

1. **Mental Health Co-Response Partnership** – Co-responders had a total of 719 encounters and 142 individuals connected to service. The Crisis Intervention Team had 33 suicide calls and were able to provide appropriate interventions to prevent harm to the consumers. There were 50 overdose calls. Various resources for assistance with mental health, substance use and homelessness were provided and 88 of these individuals received follow-up care in community.
2. **Mental Health Jail Navigator Project** - DWIHN continues to oversee and managed this project. There were minimal changes in jail protocol allowing the continuation of both telehealth and face-to-face visitation as interchangeable methods of interview and assessment. There were 23 individuals interviewed, 13 were accepted into the program, eight (8) deemed as inappropriate candidates or unwilling participants and two (2) were released prior to program enrollment.
3. **Behavioral Health Specialist (BHS) Embedded at DPD's Communication Center** – There were 44 individuals referred for follow-up and 23 individuals agreed to receive additional services and/or was unable to be reached by phone.
4. **Crisis Intervention Teams (CITs)** – DWIHN hosted three (3) CIT's 40-hours blocks training during this quarter, providing training to 43 officers from DPD, Schoolcraft College and Wayne Police Department.
5. **Tri-County Strong** – Counselors canvassed 36,069 homes across the three counties and based on officials counts, provided emotional support to 8,342 individuals and families who were negatively impacted by the flooding. There were brief in-person contacts with 38,872 residents. Materials were left and mailed out to various homes. Four hundred and thirty-seven (437) social media messages were posted on Facebook, Instagram and through Google Ads.
6. **Implicit Bias in Healthcare** – 368 individuals were trained through our partnership.
7. **Network Training** – DWIHN has hosted various events and trainings this quarter on Addressing Co-Occurring Trauma and Addiction Series (3-part series); U.S. Dept of Health and Human Services' Suicide Prevention 101 for Faith Leaders; Back-to-School/Suicide Prevention; Suicide Prevention/Awareness Conference; and Self-Care Conference. Discussion ensued regarding Suicide Prevention Conference for faith leaders where 1,800 participants were in attendance. Committee requested the number of DWIHN attendees at the Suicide Prevention Conference. **(Action)**.

8. **COVID-19 Virtual Therapy Line – Reach Us Detroit** – There was an increase in callers (almost 300 calls) during the month of September with requests for therapy and connection to housing, food and income resources.
9. **Student Learners** – The outcomes from the three-year partnership with University of Michigan (U of M) that was supported by Federal (HRSA) funding was highlighted in a recent publication.
10. **Notice of Funding Award** – Mobile Crisis Response Teams – DWIHN received notice of funding award from SAMHSA in the amount of \$4,474,160.00 to allow us to roll-out comprehensive mobile crisis response services (a board action will be presented in October).

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

D. **Utilization Management** – Leigh Wayna, Director of Utilization Management’s quarterly report submitted and gave highlights of the Utilization Management’s quarterly report. Ms. Wayna reported that 1,010 Habilitation Supports Waiver slots were filled, 74 were opened as of 9/29/22 (93.2% utilization rate). There were 944 Autism authorizations manually approved, 532 authorization automatically approved by MH-WIN for this quarter (1,476 total). There are 2,453 cases currently opened in this benefit. There were 54 active youth enrolled in the Serious Emotional Disturbance Waiver (SEDW) as of June 30, 2022. The COFR committee had 10 adult requests, no children and eight (8) cases resolved. There are currently 57 opened cases. There were 883 approvals for the General Fund this quarter, 73 were The Guidance Center’s CCBHC. There were 30 administrative denials as well. There were 2,586 inpatient, crisis residential and partial hospitalization admissions for the Provider Network this quarter. The UM department continues to conduct bi-weekly case conferences with DWIHN’s physician consultant to decrease the average length of stay and hospital admissions. There were 6,843 approvals for outpatient services as of March 31, 2022, which includes non-urgent pre-service authorizations excluding SUD services. There were 117 MI-Health Link authorizations across all ICOs for Q2. State hospital admissions were placed on hold by MDHHS during this quarter. UM’s Liaison staff increased focus on diversion and discharge activities by coordinating with MDHHS via the DCP and MCTP programs. There were 16 discharges and four (4) admissions this quarter. There were 864 urgent SUD authorizations, 94% approved within 72 hours. There were 2,380 non-urgent SUD authorizations, 95% approved within 14 days by SUD-UM reviewers. DWIHN and other PIHPs are currently using the MCG Behavioral Health Guidelines to screen for inpatient hospitalization, crisis residential and partial hospitalization. The new hire Interrater Reliability (IRR) testing continues to occur for new hires within the Learning Management System. There was a total of 15 denials that did not meet the Milliman Care Guidelines (MCG) medical necessity criteria for continued inpatient hospitalization; 13 appeals and three (3) out of the 13 were upheld and one (1) overturned for this quarter. The successful transition of having a \$1.8M contract in place with an Administrative Service Organization to having DWIHN directly oversee all Self-Directed (SD) arrangements occurred this quarter. There were 1,254 members that were successfully transitioned from March 1 – September 30, 2022. It was noted the number of appeals was incorrect and the correct number would be provided at the next Program Compliance Committee meeting. (Action) Dr. Taueg opened the floor for discussion. There was no discussion.

The Chair noted that the Clinical Practice Improvement’s, Crisis Services’, Innovation and Community Engagement’s and Utilization Management’s quarterly reports have been received and placed on file.

IX. Strategic Plan Pillar - Quality

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. Quality – April Siebert submitted and gave an update on the Strategic Plan Quality Pillar. Ms. reported that the Quality Pillar is at 92% completion. There are four organizational goals under this pillar and they range from 78% to 100% completion for the high-level goals. There are 22 sub-goals under this pillar that are at 86% completion.</p> <ol style="list-style-type: none"> 1. Ensure consistent Quality by September 30, 2022 – 78% Completed 2. Ensure the ability to share/access health information across systems to coordinate care by December 31, 2021 – 100% Completed 3. Implement Holistic Care Model: 100% by December 31, 2021 – 100% Completed 4. Improve population health outcomes by September 30, 2022 – 90% Completed <p>Dr. Taueg opened the floor for discussion. There was no discussion. 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) -

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

<p>DISCUSSION/ CONCLUSIONS</p>	<p>Melissa Moody, Chief Clinical Officer submitted and gave highlights of her Chief Clinical Officer’s report. Mrs. Moody reported:</p> <ol style="list-style-type: none"> 1. COVID-19 & Inpatient Psychiatric Hospitalization – There were 640 inpatient hospitalizations and 3 COVID-19 positive cases as of 10/1/22. 2. COVID-19 Intensive Crisis Stabilization Services – There was a total of 440 members that received Intensive Crisis Stabilization Services in September 2022, an 11.4% increase from August 2022 (395). 3. COVID-19 Recovery Housing/Recovery Support Services – There was a 60% increase in COVID-19 SUD Recovery Housing utilized in September compared to August 2022. 4. Residential Department (COVID-19 Impact) – There was one (1) member that tested positive for COVID-19 with no related deaths in September 2022. There was no residential staff that tested positive for COVID-19 and no related deaths in September 2022. 5. Vaccinations – Residential Members – There was no change in vaccinations status in September 2022. 6. Integrated Healthcare – Behavioral Health Home (BHH), 262 members (32% Increase) currently enrolled – Staffing turnover and difficulty hiring (there is a minimum staffing model that providers are expected to meet to provide BHH). Staff is calibrating the message to encourage people to enroll as the program is supplemental and strictly opt-in; Opioid Health Home (OHH), 392 members (3% increase) currently enrolled – This program is comprised of primary care and specialty behavioral health providers to bridge the historically two distinct delivery systems for optimal care integration; Certified Community Behavioral Health Clinic-State Demonstration (CCBHC) – 3,152 members currently enrolled – This site provides a coordinated, integrated, comprehensive services for all individuals diagnosed with a mental illness or substance use disorder.
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	<p>The Guidance Center is the designated provider for Region 7; Certified Community Behavioral Health Clinic (CCBHC) SAMHSA Grant - DWIHN did not receive the CCBHC SAMHSA Grant. Integration efforts to provide holistic care will continue to move forward at DWIHN. DWIHN is currently assessing the largest gaps areas where clinical services would improve timely access and quality of services to our priority population. A re-consideration process is being discussed.</p> <p>7. Substance Use Disorder (SUD) Services - Recovery month is recognized in September to increase public awareness surrounding mental health and SUD treatment and recovery. DWIHN co-sponsored with NCADD the Recovery Walk on Belle Isle, September 10, 2022. DWIHN's Naloxone program has saved 886 lives since its' inception. There were three reported Naloxone saves in September 2022.</p> <p>8. Residential Services - There were five residential home closures in the month of September and all members were successfully moved to alternative residential locations. There were 309 residential referrals in September 2022.</p> <p>9. Children's Initiatives - MDHHS informed DWIHN that Wayne County will be receiving the Baby Court Grant (\$107,904.00) for infants/toddlers under the age of four (4) years of age. DWIHN plans to hire a Baby Court Coordinator for this position.</p> <p>Dr. Taueg 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>DISCUSSION/ CONCLUSIONS</p>	<p>The Chair called for a motion. Motion: Commissioner Kinloch moved to bundle Unfinished Business, BA #22-07 (Revised), BA #23-26 (Revised), BA #23-27 (Revised) and BA #23-29 (Revised) the motion was supported by Mrs. Burrell. Motion carried. Motion: It was moved by Commissioner Kinloch and supported by Mrs. Burrell to move Unfinished Business, BA #22-07 (Revised), BA #23-26 (Revised), BA #23-26 (Revised), BA #23-27 (Revised) and BA #23-29 (Revised) to Full Board for approval. Motion carried.</p> <p>A. BA #22-07 (Revised) - Comprehensive Services for Behavioral Health FY 2022 - Staff requesting board approval to modify this board action to add ARPA funds for the CCBHC Operations via The Guidance Center, adding \$219,000.00 to the funding allocation making the amount \$1,627,596.00. The Chair opened the floor for further discussion. There was no further discussion.</p> <p>B. BA #23-26 (Revised) - Substance Use Disorder (SUD) Provider Network - Prevention - Staff requesting board approval to increase the amount by \$100,00.00 (PA2 Funds) from the initial amount of \$6,388,801.00 to \$6,488,801.00. The additional funding will be allocated to Chance for Life to expand services that will target a population by deepening their influence to the broad-base community. The Chair opened the floor for further discussion. There was no further discussion.</p> <p>C. BA #23-27 (Revised) - Substance Use Disorder (SUD) Provider Network - Treatment - Staff requesting board approval to accept PA2 Treatment Funds of \$150,000.00 for Personalized Nursing Light House (PNLH) to provide post release jail services in Wayne County. The Chair opened the floor for further discussion. There was no further discussion.</p> <p>D. BA #23-29 (Revised) - Comprehensive Services for Behavioral Health FY 2023 - Staff requesting board approval to receive and expend ARPA grant funds to the Guidance Center under CCBHC program in the amount of \$168,776.00 for the</p>
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	<p>fiscal year ending September 30, 2023. The ARPA grant is to support non-Medicaid members receiving CCBHC services. In addition, staff requesting board approval to accept grant funds associated with the new Integrated Care Center Development in the amount of \$45,000,000.00 and the Downriver Crisis Stabilization Unit in the amount of \$6,000,000.00. The total revised amount for this board action is \$51,692,684.00 for the fiscal year ending September 30, 2023. <i>Separate board actions for the construction and/or contracting of the facilities are forthcoming upon completion of all necessary due diligence and a budget adjustment will be forthcoming once the construction and/or contracting timeline is known.</i> The Chair opened the floor for further discussion. There was no further discussion.</p>
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XIII. New Business: Staff Recommendation(s)

<p>DISCUSSION/ CONCLUSIONS</p>	<p>The Chair called for a motion. Motion: It was moved by Commissioner Kinloch and supported by Mrs. Burrell to bundle Board Actions A-I under “New Business: Staff Recommendations” and move to Full Board for approval. Motion carried. Dr. Tauog opened the floor for discussion.</p> <p>A. BA #23-01 – Multicultural Integration Programs and DWIHN Veteran Navigator – Association of Chinese Americans, Inc. – Staff requesting board approval of the Memorandum of Understanding (MOU) between Community Mental Health Association of Michigan (CMHAM), Michigan Department of Health and Human Services (MDHHS) and Pre-paid Insurance Health Plan (PIHP) for the PIHP Veteran Navigator (PIHP-VN), Peer Navigator, Navigator Assistant and the Multicultural Integration Providers formerly known as the Multicultural Programs. Revenue for these services are supported by E-Grants and Management Systems (EGrAMS) categorical funds for Ethnic Services. The amount of this proposed term of this MOU will not exceed \$730,633.00 from October 1, 2022 through September 30, 2023. Dr. Tauog opened the floor for further discussion. There was no further discussion.</p> <p>B. BA #23-06 – Direct Care Workers (DCW) Training Program – Community Living Services – Staff requesting board approval for a one-year contract renewal with Community Living Services (CLS) to continue provision of Direct Care Workers training program and Individual Plan of Service (IPOS) for DWIHN Provider Network’s staff. The term of this contract is from October 1, 2022 through September 30, 2023 and funding is not to exceed \$600,000.00. Dr. Tauog opened the floor for further discussion. There was no further discussion.</p> <p>C. BA #23-08 – Crisis Intervention Services – Hegira Health, Inc. – Staff requesting board approval for Hegira Health, Inc. to provider crisis intervention services via the Community Outreach for Psychiatric Emergencies (COPE). The amount for the extension is from October 1, 2022 through September 30, 2023 and not to exceed \$8,400,000.00. Dr. Tauog opened the floor for further discussion. There was no further discussion.</p> <p>D. BA #23-10 – School Success Initiative and GOAL Line – Staff requesting board approval for FY 22/23 contract totaling \$3,245,000.00 to extend funding for the Community Mental Health (CMH) Providers delivering the School Success Initiative program and to provide funding to the Community Education</p>
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	<p>Commission (CEC) to do the Get On and Learn (GOAL) Line program. Dr. Taueg opened the floor for further discussion. There was no further discussion.</p> <p>E. BA #23-20 – Crisis Line – ProtoCall Services, Inc. – Staff requesting board approval for a one-year contract extension with ProtoCall Services, Inc. for an amount not to exceed \$335,500.00. ProtoCall currently operates the DWIHN’s Crisis Line. This will allow ProtoCall Services, Inc. to fulfill its’ role as the Emergency Response Call Center during the period of implementation of DWIHN’s full Crisis Continuum. Dr. Taueg opened the floor for further discussion. There was no further discussion.</p> <p>F. BA #23-28 – Donated Funds Agreement DFA #23-82009 – Michigan Department of Health and Human Services (MDHHS) – Staff requesting board approval of a one-year contract extension between DWIHN and MDHHS to continue the DHH’s Outstation Services in Wayne County and the placement of six (6) Medicaid Eligibility Specialists. This agreement was established through the Donated Funds Agreement (DFA) to facilitate enrollment of DWIHN’s consumers for Medicaid eligibility. Funding for this contract is not to exceed \$432,900.00 from October 1, 2022 through September 30, 2023. Dr. Taueg opened the floor for further discussion. There was no further discussion.</p> <p>G. BA #23-35 – Substance Use Disorder (SUD) Provider Network Prevention and Treatment Services FY 22/23 – American Rescue Plan Act (ARPA) – Staff requesting board approval for the recent grant award of \$680,820.00 for fiscal year ending September 30, 2023 for two (2) substance use disorder programs. MDHHS allocated \$604,060.00 in American Rescue Plan Act (ARPA) Grant to DWIHN to provide SUD services to individuals, families and communities. Dr. Taueg opened the floor for further discussion. Discussion ensued.</p> <p>H. BA #23-36 – Mobile Crisis Response – Staff requesting board approval to accept this funding award and approval to utilize funds to carry out the hiring of staff, procurement of vehicles, supplies and items approved by SAMHSA to successfully implement mobile crisis response. This will be a one-year grant for an amount not to exceed \$4,474,160.00 for the fiscal year ending September 30, 2023. Dr. Taueg opened the floor for further discussion. Discussion ensued.</p> <p>I. BA #23-41 – Michigan Peer Review Organization (MPRO) – Staff requesting board approval for a renewal of a one-year contract in the amount not to exceed \$100,000.00 for the fiscal year ending September 30, 2023. This will allow the Utilization Management (UM) department the ability to collaborate on utilization reviews and authorization decisions related to the provision of behavioral health services as well as assist with decision-making process for clinical claims adjudication. Dr. Taueg opened the floor for further discussion. There was no further discussion.</p>
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XIV. Good and Welfare/Public Comment

<p>DISCUSSION/ CONCLUSIONS</p>	<p>Commissioner Kinloch commended staff on their outstanding reports and great teamwork under the leadership of DWIHN’s President/CEO, Eric Doeh. Commissioner Kinloch also informed the committee and staff that Trent Sanford, Innovation and Community Engagement will be receiving an award next week at the Full Board Meeting.</p>
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ACTION ITEMS	Responsible Person	Due Date
1. Crisis Services' quarterly report - Email a copy of the work plan/timeline for the opening of the new crisis facility to the committee.	Eric Doeh	November 9, 2022
2. Innovation & Community Engagement Quarterly Report - Committee requested the number of DWIHN attendees at the Suicide Prevention Conference.	Andrea Smith	November 9, 2022
3. Utilization Management's Quarterly Report - Provide the corrected number of Appeals.	Leigh Wayna	November 9, 2022

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

ADJOURNED: 2:43 p.m.

NEXT MEETING: Wednesday, November 9, 2022 at 1:00 p.m.

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



Behavioral Health Education:

DWIHN has continued outreach efforts for behavioral health services

- November Ask the Doc addresses rise in respiratory infections like RSV, influenza and COVID.
<https://www.dwihn.org/ask-the-doc>
- Interview for TODAY magazine on Holiday Stress.

Medical Directors meeting

I met with Medical Directors of CRSP and covered several important topics such: Crisis Centers update, discussed AOT procedures and CRSP responsibilities, State Quality Indicators and HEDIS measures. DWIHN providers low scores for some HEDIS measures were discussed with ways to improve it. There was robust discussion on use of AOT, challenges and questions faced by providers and data that support the use for the right member population.

Quality Department:

- Indicator 2a (Access of services or Biopsychosocial within 14 days of request), percentage increased from Q3(36%) to (44%) preliminary, an 8 percent increase from the previous quarter. We will continue improvement efforts with better outcomes expected during 1st Quarter. The average score for the state is noted at 51.03% for Q3. DWIHN continued to meet the standards for PI#1 (Children and Adult), 4b (SUD) and PI#10 (Children). We have shown a slight improvement in PI#10 (Recidivism or Readmission within 30 days) from Q3 17.79% (Adult) to Quarter 4 preliminary results at (15.76%) demonstrating a 1.41 decrease from Q3. This remains as an opportunity of ongoing improvement. We will continue with the efforts to meet the standard and will continue to evaluate the effectiveness of the interventions.
- During FY 2021-20222, DWIHN BTAC staff provided three system-wide trainings on Technical Requirements of Behavior Treatment Plan Review Committee (BTPRC) Processes. A total of 1215 staff throughout the provider network participated in these trainings.
- HSAG Compliance Review: DWIHN has received the draft SFY 2022 Compliance Review Report with an overall compliance score of 83%, with an opportunity to provide feedback to Health Services Advisory Group (HSAG) on October 31, 2022. Awaiting reconsideration of scores due to what we perceived as erroneous markings in some areas.

Improvement in Practice Leadership Team (IPLT):

IPLT is charged with developing work plans, coordinating the regional training and technical assistance plan, working to integrate data collection, developing financing strategies and mechanisms, assuring program fidelity, evaluating the impact of the practices, and monitoring clinical outcomes. In the month of August, the committee looked at Assisted Outpatient and combined treatment procedures, Conflict-free case management policy and

Integrated Health Care:

During the month of October, the HEDIS scorecard was presented to the CRSP monthly meeting and in individual meetings with 9 CRSP, FUH data was also shared. IHC created an educational presentation on HEDIS measures and definitions for CRSP medical directors.

Scores from HEDIS Scorecard as of June 2022 due to claims lag.

Measure	Measure Name	Eligible	Total Compliant	Non Compliant	HP Goal	YR to date
AMM	Antidepressant Medication Management Acute Phase	4525	2095	2430	42.98	46.3
AMM	Antidepressant Medication Management Continuation Phase	4525	1337	3188	42.98	29.55
FUH	Follow-Up After Hospitalization for Mental Illness Childrens	295	179	116	70	60.68
FUH	Follow-Up After Hospitalization for Mental Illness Adults	3341	1502	1839	58	44.96
SAA	Adherence to Antipsychotic Medications for Individuals With Schi:	5239	2693	2546	68.17	51.4
SSD	Diabetes Screening for People With Schizophrenia or Bipolar Disoi	8054	4917	3137	78.01	61.05

Population Health Management and Data Analytics Tool All Medicaid Health Plans and ICOS were added to the HEDIS Scorecard. DWIHN can now pull data on these individually by CRSP provider.

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 40 individuals in October. 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. Care Coordination done on 47 cases, 12 cases where members attended outpatient appointments due to connecting with IHC Care Coordination team. 32 members kept follow up appts currently no encounter data has been submitted to determine HEDIS. 9 clients were re-hospitalized post 30 days as rapid readmit.

WORKFORCE SHORTAGES

There is currently a critical shortage of health care workers particularly behavioral health. The shortage is not just in our county or State but is Nationwide. Unfortunately, according to data, Michigan is in the top 5 States with healthcare workforce shortage. Evidence and resources indicate that the shortage is attributed to several factors:

- 1) Covid-19 resulted in many staff resignations
 - More options to work from home
 - People changing career paths
- 2) Shortage of behavioral health workforce particularly: Master's Level Licensed Social Works, psychiatrists and Nurses
 - Organizations are pulling from the same limited pool of professionals
- 3) Current staff are moving into private clinical practice as there is less paperwork and what is described as administrative burden
- 4) Current shortage staff shortages have resulted in high caseloads and creates a vicious cycle
- 5) Staff believing that they do not have trainings and resources that help them feel supported.
- 6) Increasing staff burnout due to all of above.

DWVHN'S RESPONSE

Addressing Administrative Burden

- ☐ Established a modifier that allows clinicians with a bachelor degree with proper credentials the option of completing the readmission and annual IBPS. This supported the provider network by reducing the strain on Master level clinicians.
- ☐ Removed the pre-authorization requirement for Assessments and Treatment Plans which allows staff to provide those services without any potential pre-authorization barrier.

- Added additional Service Utilization Guidelines so frequently used, medically necessary services could be automatically approved in the system based on a member's level of care.
- Removed duplicative provider reporting in the Children's Initiative Department.
- Ongoing discussion with the providers in a workgroup to do a crosswalk that streamlines areas of assessed need from the IBPS to populate as goals that should be addressed in the IPOS (this is announced and will be in development)
- To help our providers and members, we have continued to support use of Telemedicine at this time, though we are waiting for finalized State guidelines that are moving towards use of audio-visual and not just audio.

Financial Incentives

- In addition to 5% Rate increase for FY 22, DWIHN provided additional 5% Supplemental Rate increase with Retrospective payments to providers. DWIHN highlighted in our letters that the expectation is that the funding is to be used to address the workforce shortage, increase in wages and fringe benefits required to retain and recruit quality staff, tangible improvements to the consumers quality of care, and other fixed costs due to the inflation experienced throughout the nation.
- DWIHN has been offering Stability payments to our Providers for the last two years and is currently working on this year's Stability plans. Though not prescribed, it is expected that the providers who are struggling with workforce shortages impacting their finances, will use the amount for hiring and retention which could then help them bill for clinical services and improve their financial stability.
- DWIHN has Created Value Based Incentives that provide an opportunity for our Clinical service organizations and their workforce to be rewarded for high-quality services.

Current Value Based Incentives

I/DD Population/ Provider Network

Habilitation Supports Waiver Enrollment Incentive (\$36K/yr)

- DWIHN pays a provider \$1,000 for enrolling a member in the HSW

Timely Intake Assessment Incentive (\$200K/yr)

- DWIHN will reimburse an additional \$100 per encounter (H0031) when the provider successfully schedules and performs the intake assessment within 14 calendar days of first point of contact

SED Population/ Provider Network

Performance Indicator Improvement Incentives (\$1.76M/yr)

Four incentives, each measured quarterly

- PI 2a - biopsychosocial assessment is completed within 14 days of a non-emergent request for services at least 80% of the time. (Potential payout of \$165,000 per quarter to providers)
- PI 3a - services start within 14 days of the Biopsychosocial Assessment 100% of the time (Potential payout of \$110,000 per quarter)
- PI 4a - member is seen within 7 days of inpatient discharge 100% of the time (Potential payout of \$55,000 per quarter)
- PI 10 - readmission for inpatient hospitalization within 30 days of hospital discharge less than once or 5% of the time (Potential payout of \$110,000 per quarter)

Home Based Services Fidelity Incentive (\$750K/yr)

- In order to increase fidelity to the Home-Based Services model DWIHN is offering providers an additional \$50 per member month when a member is provided four or more hours of service in the given month. All Home-Based Services providers are eligible to receive this incentive.

AMI Population/ Provider Network

□ Performance Indicator Improvement Incentives (\$5.28M/yr)

Incentive designed to improve DWIHN's performance indicator scores, improve corresponding quality of care, and financially stabilize the SED provider network. Four incentives, each measured quarterly

- □ PI 2a - biopsychosocial assessment is completed within 14 days of a non-emergent request for services at least 80% of the time (Potential payout of \$495,000 per quarter to providers)
- □ PI 3a - services start within 14 days of the Biopsychosocial Assessment 100% of the time (Potential payout of \$330,000 per quarter)
- □ PI 4a - member is seen within 7 days of inpatient discharge 100% of the time (Potential payout of \$165,000 per quarter)
- □ PI 10 - readmission for inpatient hospitalization within 30 days of hospital discharge less than once or 5% of the time (Potential payout of \$330,000 per quarter)

□ ACT Program Fidelity Incentive (\$660K/yr)

- □ ACT providers can earn an additional \$100 per member per month for services provided to the members, if their overall score on the annual CPA fidelity audit score for that year is 93% or higher. This incentive is measured at year end.

One on One Guidance and Support

□ DWIHN's Contract, Access, Clinical, Quality and Integrated Health teams have been meeting with providers every 30-45 days to discuss quality of care and challenges in timely access to care standards. Workforce shortages continue to be an active concern and several best practices have been shared with them based on results and information shared by organizations who have been able to hire, retain and improve.

□ We realized that our Providers are often challenged with acute and difficult cases and hence created Outcome Improvement Committee where we offer collective information and non-judgmental recommendations to help assist cases.

Current Internship Opportunities within DWIHN and Provider Network

The internship program is primarily focused on clinical services. The program started in 2014 and since that period we have supported this process for several hundred students, many of whom were offered employment and chose to remain within the DWIHN system of care.

While we have several university partners, an important one to highlight is University of Michigan that gave DWIHN approximately \$500k to support students, and our collaborative partnership was highlighted at several professional conferences – including one in Italy.

Opportunities

Our students complete an Interprofessional Clinical Decision-Making Course with medical, nursing, pharmacy, and dentistry students. Students have access to certificate programs that they can complete while working towards degree completion. Field Instructors have access to specialized training and certificate programs as well at no cost to them. Students receive training in IPOS, PCP, SBIRT, Integrated Healthcare, Power and Oppression, DBT, CBT, Motivational Interviewing, Mental Health First Aid, and suicide prevention. Our goal with this is for them to be prepared to address member needs just as a full-time staff would be. They also have access to support towards obtaining licensure through practice tests and study material.

Purpose

The philosophy of the Student Learner Program is to develop sustainable structures that will allow for workforce development throughout the Detroit Wayne Integrated Health Network provider system. The Student Learner Program mission is to support the development of a learning and service culture with the aim of developing and retaining competent professionals, collaborative work, and promoting research and continual improvement of supports and services provided to adults with mental illness, individuals with developmental disabilities, children with serious emotional disturbances and persons with substance

use disorders and their families and the community through implementation of evidence-based best and promising practices in Community Mental Health.

Placement

Students are typically placed with us by a university and have strict guidelines from what the students must learn, number of hours required, and whether compensation can be accepted.

Agency Name		
All Well-Being Services (AWBS)	American Indian Health & Family Services of Southeast Michigan, Inc.	Arab American & Chaldean Council
Assured Family Services	Beginning Step	Black Family Development, Inc
Central City Integrated Health	CNS Healthcare	Community Care Services*
Community Health and Social Services (CHASS) Center	Covenant Community Care	Detroit Wayne Integrated Health Network (DWIHN)
Development Centers, Inc.	Elmhurst Home, Inc.	Growth Works, Inc.
Hegira Health, Inc.	InSight Youth and Family Connections (formerly StarrVista)	Lincoln Behavioral Services
New Oakland Family Centers	Positive Images	PsyGenics, Inc
Ruth Ellis Center, Inc.	Southwest Solutions	Starfish Family Services
StoneCrest Center d.b.a. BCA of Detroit, LLC	The Children's Center of Wayne County	The Guidance Center
The Youth Connection (TYC)	Western Wayne Family Health Services	

Who do we accept & what do we pay?

Students have been accepted from Eastern Michigan University, University of Michigan, Wayne State University, Michigan State University, Madonna University, Loyola University, Oakland University, University of Phoenix, North Carolina A & T, Spring Arbor, Case Western Reserve, Schoolcraft College, Wayne County Community College District, Southern California, and Walden University.

Disciplines range from nursing, psychiatry, social work, counseling, public health, criminal justice, technology, human resources, health administration, public administration, and communications. Terms/duration of service vary depending on the individual requirements of the student.

Students are placed within the organization or within the system of care depending on their interests and learning goals/objectives.

Payment for students depends on whether they are allowed to accept stipends (some schools/programs do not allow this). We increased the rate of pay to \$15/hour in 2022.

Future Program Expansion

We are considering to launch a multidisciplinary student-run clinic that will offer practical experience to student learners, save costs to the organization, and provide behavioral health services at no cost to the community. This is an in-person extension of Reach Us Detroit and would be a huge benefit to our service array while supporting growth and innovation.

In addition to this, we would offer select students the opportunity to serve in a fellowship capacity. These individuals will receive tuition support and will also be paid over the course of their stay, with the hope that their position will become permanent with DWIHN.

Other Initiatives to Improve Future Workforce

□ DWIHN has partnered with WSU on 'pathway' to professional program which is geared toward Recovery Support Specialists who are interested in furthering their career in behavioral health by way of continuing education, certifications, bachelor or Master level programs. As we lay out these 'stackable'

credentials for peers – we are meeting to review participant interest and how we can include Peers on multiple projects collectively.

□ DWIHN partnered with WSU to apply for the Gilbert Family Foundation for a program that would pay a stipend for social workers to intern in CMH specific settings. It would include up to 30 interns and would offer \$5,000 per semester. To date no decision has been made by the Foundation so we are still hopeful this funding will be awarded.

Pipeline Programs

Psychiatrist continue to be major shortage in Michigan. Some evidence suggested that Michigan had just over 1,100 psychiatrists in 2016 and a federal health study found the state is expected to be 890 psychiatrists short of need by 2030, including a shortage of 100 psychiatrists who see children. This is important to consider given our upcoming Crisis Centers.

- DWIHN supports and promotes pipeline programs like Wayne State BCAP that encourages high school students to join medical fields. They have opportunity to work with DWIHN and attend lectures on Community Mental Health System and get financial sponsorship from DWIHN too.
- DWIHN is also been part of a grant given to Wayne State Psychiatry Residents for them to learn about community mental health system and to support it through rotations. We recently met with Program Directors to discuss plans that include:
 - Provide education and didactics to Residents on Community mental health system and opportunities to work for CMH
 - Hoping to finalize plans to have Psychiatry Residents and Child adolescent Fellows rotate at DWIHN Crisis Care Center. More information will be shared in subsequent months as things get finalized.

HR Initiatives:

Internally, HR has offered 4-day (10 hour) work option to offer flexibility to employees. We have also given option to staff with appropriate credentials to do overtime hours for Call Center that helps them have additional earning and assist Access Center with call backs and screening. With the help of our Board, we have also been able to help our employees with Insurance premiums. We plan to share these strategies with provider network as well.

Our HR Director and Team has recently attended various job fairs and we plan to share knowledge learned from those with our providers.

We are also planning a virtual or hybrid job fair for our Provider network.

We are planning to have our staff with Social Work, Psychology, Nursing, Psychiatry and other clinical degrees to arrange visits with graduating classes of various Universities Michigan to talk about advantages of working in CMH system and sharing their personal experiences.

Burnout and Wellbeing Initiatives

Evidence indicate that healthcare faces higher burnouts and work injuries.

Some of DWIHN resources that are available to our providers as well as members include:

- The DWIHN website offers a free and anonymous assessment to help you determine if you or someone you care about should connect with a behavioral health professional.
<https://screening.mentalhealthscreening.org/DWIHN>
- Another excellent digital tool to support mental health is myStrength, an app with web and mobile tools designed to support your goals and wellbeing. myStrength's highly interactive, individually-tailored resources allow users to address challenges, while also supporting the physical and spiritual aspects of whole-person health.

SIGN UP TODAY

1. Visit www.mystrength.com and click on "Sign Up."
2. Enter the **Access Code** marked below.
3. Complete the myStrength sign-up process and personal profile.

DWIHNC

Go Mobile! Download the **myStrength** mobile app, log in, and get started today.

 **myStrength**

is presented by



- We share Askthedoc newsletter with our Providers that cover several wellbeing topics, ways to cope with stressors and preventative health topics.

Other Resources: Michigan State Loan Repayment Program

The Michigan State Loan Repayment Program (MSLRP) helps employers recruit and retain primary medical, dental, and mental healthcare providers by providing loan repayment to those entering into service obligations.

https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder4/Folder6/Folder3/Folder106/Folder2/Folder206/Folder1/Folder306/MSLRP_Period_Update.pdf?rev=ab17483045294913b97cccc7317255dc

Access Call Center 4th Quarter: July - September, 2022

Summary Report

The Access Call Center total call volumes for the 4th Quarter, increased by 23% in comparison to the 3rd Quarter. This is a slight decrease (2%) from 4th quarter in FY 20/21. There has been an increase in the number of abandoned calls which is being addressed by continuing to work with phone vendor to improve system, recruiting and training new staff, and rearranging schedules to address high call volumes. These activities to address the concerns has shown an improvement in the month of October and should be reflected in the first quarter of FY 22/23.

FY 21/22 Q3 Accomplishments

- There have been 5 new hires this 4th quarter: 4 part-time SUD technicians and 1 part-time Clinical Specialist.
- Call Center Team received presentations from: Elmhurst Home, DWIN SUD Treatment Services, Hegira, DWIHN Innovation and Community Engagement on law enforcement and de-escalation, DWIHN Commutations on Media and Communication Updates
- Finalized process with Wayne County Jail to ensure access to individuals transitioning back into the community. Continuing to monitor progress
- Completed "Silent Monitoring" for 339 calls this quarter. The average score has improved from 92% in the 3rd quarter to 93.12% this quarter. The goal is 95%. This is being addressed through coaching, group and individual supervision, individual performance improvement plans and training.

Area of Concern

- This quarter experienced a lot of concerns with the hold queue. Worked with IT and Vendor to make corrections to decrease hold times and added messaging to give more options for holding or receiving a call back. Effectiveness of changes will be updated in the next quarter.

Plans for FY 22/23 Q1

- Additional staff will be hired: Director of Access Call Center and Access Call Center Quality Manager
- Transition Access Call Center staff to on-site location at the New Center One office

DETROIT WAYNE INTEGRATED HEALTH NETWORK

Access Call Center
Quarterly Report(4th Quarter)
July-September 2022



Access Call Center 4th Quarter

July-September 2022

QUEUES	Calls Offered	Calls Handled	Calls Abandoned	% Abandoned Goal: <5%	Average speed to answer Goal: 30 sec Stretch Goal: 15 sec.	Average call Length	% of calls answered Goal: 80%	Service Level Goal 80% Stretch Goal 85%
CALL REPS	52,692	50,506	2,186	4.1	00:31 sec.	04:54 min	95.9%	80.4%
SUD (Subset of all calls)	11,956	10,215	1,636	13.9%	06:04 min.	17:36 min.	85.4%	47.1%
Clinicians (Subset of all calls)	6,292	4,757	1,535	24.4%	13:39 min.	27:01 min	75.6%	20.8%
Department Totals	52,692	50,506	5,357	26.1%	N/A	N/A	85.6%	49.4%



Access Call Center

Data Analysis

- The number of calls handled has increased from 3rd quarter (41,164) to 4th quarter (50,606).
- Noticeable increase of abandoned calls this 4th quarter at 26.1%; which is a combined total of the three units within the Access Call Center Rep's, SUD Tech's. and Clinical Specialist.
- Activities to address:
 - Working with phone vendor to improve phone system
 - Recruiting and training of new staff
 - Re-arranging schedule to better address high call volumes.
 - Hiring of Full and Part-time Staff

Activities will show a decrease in the number of abandoned calls in 1st quarter of FY 22/23

Average Screenings Completed Per Quarter

Mental Health Screening

3rd Quarter FY 21/22= 8.1

4th Quarter FY 21/22 = 7.2

SUD Screening

3rd Quarter FY 21/22= 9

4th Quarter FY 21/22 = 8

The mental health and SUD screenings continue to decrease in the 4th Quarter. The decrease is due to changes in staffing, attendance (use of PTO, FMLA and UPTO), Training of new staff, Concerns with Hold Queue and other IT/technology issues.

Hiring of additional staff and activities to streamline the screening process will show an increase in the number of screenings completed moving forward.

Access Call Center Achieved Goals 4th Quarter(July-September 2022)

- Access Call Center Silent Monitoring Results
 - A total of 339 calls were reviewed 4th Quarter. The average score has improved from 3rd at 92% to 93.12%.
 - Activities to improve scores involved coaching, reviewing scripts, developing mock cases to assist staff with tone quality, long hold times and dead air.
- HSAG Standards - Completed Corrective Action Plan for Elements related to Access Call Center and updated drafted policies and procedures.

Access Call Center Accomplishments

4th Quarter(July-September 2022)

- Participation in monthly meetings with CRSP to review intake calendar availability.
 - Working with CRSP to develop a contact list of staff that can coordinate the scheduling of intake appointments. **Completed**
- Training for all Access Call Center units
 - Mandatory New Hire Trainings—LOCUS, ASAM, Mental Health First Aid Adult Suicide Prevention and ORR (MH& SUD)- **Completed within 30 days of hire.**

Access Call Center Updates

- Hiring additional staff for SUD and Clinical
 - 4th Quarter new Hires (5)
 - 4 SUD Tech. Part-Time
 - 1 Clinical Specialist –Part-Time
- The following presented programs/services to the Call Center Team
 - Betty Smith – Elmhurst Home
 - Gregg Lindsey – DWIHN SUD – Treatment Services
 - Jill Blackson- Hegira – New services and Merger
 - Andrea Smith – DWIHN Director of Innovation and Community Engagement – Law Enforcement and De-escalation
 - Tiffany Devon-DWIHN Director of Communication- Media and Communication updates

Access Call Center Updates (cont.)

- Developed an internal process with Wayne County Jail to assist with individuals transitioning back into the community with an easier access to getting into service **Completed**
- CRSP Assignments are now occurring at time appointment is scheduled. This procedure ensures the individual receives follow-up/engagement prior to appointment date. **Completed**
- Developed a referral process for Foster kids. Launching a pilot for the North Central office. **Pilot is in progress**

Access Call Center Plans for 4th Quarter

- Hire Director and Quality Manager for Access Call Center
- Presentations will be provided by the following:
 - Central City Integrated Health
 - Integrated Health – MI Health Link
 - Language Interpreter Vendor
- Training on the following policies and procedures at the next Access Call Center monthly meeting:
 - Information and Referral Procedure
 - Children’s Crisis Screening Calls Dispatched Process/Procedure



Detroit Wayne Integrated Health Network
CHILDREN'S INITIATIVE DEPARTMENT (CID)
BRIEF ANNUAL EXECUTIVE SUMMARY REPORT (FY 2021 – 2022)

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

Access	Prevention	Crisis Intervention	Treatment
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- New **children billboards** were placed in Wayne County
- Updated the **Children's Initiative Website** with educational information, more resources, and new flyers
- **CEO/President, Eric Doeh** was featured in various interviews, articles, and videos explaining Putting Children First Initiative
- Increased **Accessing Community Mental Health presentations** within the community this year:
- Began a pilot with **DHHS North Central Office** to receive trauma screenings for youth ages 0 to 6 and have community mental health screenings completed with DWHN Access Department.
- Partnered with **WayneRESA** to develop a return to school letter and safety plan for when students see a mental health professional prior to returning back to school.
- Workforce Development hosted **School Violence Trainings**
- Children's Initiative Department hosted the Chemistry Workshop with **Chemprenuerist** on 9/25/22 at the Considine Building in Detroit for youth grades K-12. Youth learned entrepreneurship skills and created self care products.
- Fatherhood Initiative and Youth United partnered to host the first **Movie Night**; in which, families went to Emagine Theatre to see Buzz Lightyear.
- 11 Children Providers participated in the **SED Value Based Incentive** this year to receive additional funds for meeting MDHHS Performance Indicators and HB service hours.
- Children's Initiative assisted with facilitating **Career Fairs** with various universities to assist with recruitment efforts for clinical staff.
- **Sexual Orientation Gender Identity Expression (SOGIE)** languages was incorporated into the Integrated Biopsychosocial Assessment electronic health record. In addition, Ruth Ellis hosted 4 trainings on SOGIE that included 101 DWHN staff.
- Participated in a panel discussion for mental health awareness for **Wayne County Community College students** and a panel discussion for high school students involved in the **Biomedical Career Advancement Program (BCAP)**.
- Reduced administrative burden for Children Providers by streamlining **CAFAS / PECFAS reporting**.
- Children's Initiative Department **updated children services policy** to extend services up to age 20 per MDHHS guidance.

School Success Initiative

Summary: During (FY 2021-2022) performed services to 30,315 students including all 3 Tier levels. This is a major increase compared to last fiscal year of 11,268 services rendered to 1,334 students.

Quarter	# of Presentations	# of SDQ Screenings	Tier 1 Services	Tier 2 Services	Tier 3 Services	Total # of SSI Services
1	7260	1869	9301	596	255	12021
2	4690	662	4690	1101	1020	7473
3	5989	1132	4066	937	1025	7160
4	627	369	2464	236	601	3661



Detroit Wayne Integrated Health Network

Total	18566	4032	20521	2870	2901	30315
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***Note: Data is pending from 2 Providers for Q4

Accomplishments:

- Performed services in 72 schools within Wayne County among 10 Children Providers (*Decreased from 11 Providers to 10 Providers due to the merger of Community Care Services and Hegira Health Inc.*)
- Implemented quarterly Student Spotlight Awards in which 2 students were selected from Southwest Counseling Solutions.
- Continued ongoing coordination of care with the 3 School Based Health Centers: Ascension, Beaumont, Henry Ford.
- Facilitated 2-day professional training for 125 Detroit Public School District Community nurses on behavioral health (explained community mental health services, common diagnosis, psychotropic medications, trauma, coping skills, secondary traumatic stress, and self-care).
- Hosted virtual DWIHN Community Town Hall: Let's Talk About It with Guest Speaker (Dr. James Henry) and a panel of 9 participants to discuss mental health, school safety / violence, grief / loss, and trauma.
- Continued outreach to share school-based services and community mental health services
- Renewed partnership with Community Education Commission to support the GOAL Line "Get on and Learn" afterschool program for the 2022-2023 school year.

Youth United

Hosted the following events: Annual Children's Mental Health Awareness Day "My Mind Matters" with the main focus on suicide prevention. Courageous Conversations focusing on (Gun Violence, Adverse Childhood Experiences, Transforming Bias). Focus Groups and discussed the following topics: Substance Use, Bullying, Depression, Gun Violence, Sexual Orientation, and Voting. Annual Statewide Youth United Summit "Planting Seeds of Hope" (38 attendees). Annual Youth United Spotlight Awards; in which, 7 awards were given- with ipads.

Children Services

Census: During Fiscal Year 2021-2022 DWIHN served a total of 45,914 duplicative children, youth, and families in Wayne County ages 0 up to 20. Overall, the total amount of members served increased from last fiscal year from 43,700 duplicative members.

Disability Designation	# of Children Providers	Q1	Q2	Q3	Q4	Total
SED (ages 0 to 20)	14	7,019	7,309	7,448	6,505	28,281
I/DD (ages 0 to 17)	13	4,097	4,349	4,556	4,621	17,633
Total Members Served		11,116	11,658	12,004	11,126	45,914 (Duplicated)

***Note: Q4 data is pending finalized billing claims

Accomplishments:

- Although there were many barriers as a result of the Covid 19 pandemic, services continued to occur.
 - Increase of telehealth services to meet the needs of youth who were unable to do face to face sessions



Detroit Wayne Integrated Health Network

- Continued to provide therapeutic services (Case Management, Outpatient Therapy, Home Based Therapy). Continued to provide ancillary services (Wrap Around, Youth Peer Supports, Parent Support Partner, Community Living Services, Respite). Continued to provide SED Waiver services and Children Waiver services for youth without Medicaid insurance and or in need of more intensive services.
- Continued to provide Evidenced Based Practices (EBP). Providers started participating in a new cohort, Components for Effecting Clinical Experience and Reducing Trauma (CE-CERT).
- Submitted intention letter to participate in the Consultation Expansion Grant to start Jan 2023; in which 2 additional providers added to offer this service.
- DWHN was awarded this grant to hire a coordinator for the Baby Court Program to begin Nov 2022.




Detroit Wayne Integrated Health Network
CHILDREN'S INITIATIVE DEPARTMENT (CID)
BRIEF ANNUAL EXECUTIVE SUMMARY REPORT (FY 2021 – 2022)

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

President and CEO, Eric Doeh presented the vision for the new initiative Mental Health Care: Putting Children First. Children's Initiative Department (CID) assisted with developing a work group to gain feedback on ideas and action steps. As a result, 4 goals were established to focus on special populations pertaining to children.

Goals	Updates
<p>ACCESS</p> <p>Branding Outreach Census Screening New Opportunities</p>	<ul style="list-style-type: none"> New children billboards were placed in Wayne County  <ul style="list-style-type: none"> Updated the Children's Initiative Website with educational information, more resources, and new flyers (Children Crisis Flyer, Wayne County Services Flyer: SED vs. IDD, Student Mental Health Resources, youth videos, guidebook) CEO/President, Eric Doeh was featured in various interviews, articles, and videos explaining Putting Children First Initiative Children's Initiative Department increased Accessing Community Mental Health presentations within the community this year: <ul style="list-style-type: none"> Detroit Institute for Children "Catch Up and Keep Up" Conference NAMI Conference Nurturing "Childhood Barriers Conference" Detroit Sisters Michigan District of Baptist Women's Division (UPLIFT) Began a pilot with DHHS North Central Office to receive trauma screenings for youth ages 0 to 6 and have community mental health screenings completed with DWIHN Access Department.
<p>PREVENTION</p> <p>Conferences Workshops Schools Tri-County Initiative Pediatric Care Prevention Activities</p>	<ul style="list-style-type: none"> Pediatric Integrated Health Care Workgroup restarted April 2022 Partnered with WayneRESA to develop a return to school letter and safety plan for when students see a mental health professional prior to returning back to school. Workforce Development hosted School Violence Trainings Children's Initiative Department partnered with Child's Hope to distribute pinwheels to 5 agencies in the community and also recognized April 1st as National Child Abuse Prevention Day. Children's Initiative Department hosted the Chemistry Workshop with Chempreneurist on 9/25/22 at the Considine Building in Detroit for youth grades K-12 (7 attendees). Youth learned entrepreneurship skills and created self care products.



Detroit Wayne Integrated Health Network

	<ul style="list-style-type: none"> • Fatherhood Initiative and Youth United partnered to host the first Movie Night; in which, families went to Emagine Theatre to see Buzz Lightyear.
<p style="text-align: center;">CRISIS INTERVENTION</p> <p style="text-align: center;">Care Center Juvenile Justice Expansion of Crisis Services Crisis Trainings</p>	<ul style="list-style-type: none"> • Meetings held with Children Providers, MDHHS, and Juvenile Justice Partners to brainstorm ways to address mental health needs for detained youth. Children's Initiative Director Cassandra Phipps provided additional guidance that Medicaid funds is unable to be utilize to offer mental health services for youth in detention. • Black Family Development (BFDI) received a contract to implement mobile prevention services in certain communities in Wayne county. • Created a new Children Crisis Flyer to explain crisis resources for youth and families and shared with various stakeholders and community partners.
<p style="text-align: center;">TREATMENT</p> <p style="text-align: center;">Workforce Diversity / Equity / Inclusion Evidenced Based Practices Quality Services Expansion of Services</p>	<ul style="list-style-type: none"> • Continue advocacy efforts with MDHHS to support having the workforce to deliver community mental health services. MDHHS Director Hertel and Ms. Louis Roubal, Chief Deputy Director of Opportunity attended HSCC meeting on 1/7/2022 with DWHN Executive Leadership and discussed 3 main areas of focus on Wayne County System of Care: 1). Workforce, 2). Psychiatric hospitalizations, 3). Juvenile Justice. <div style="display: flex; justify-content: space-around; align-items: center;">   </div> <ul style="list-style-type: none"> • In collaboration with DWHN Finance Department, Children's Initiative, and Children Providers; 11 Children Providers participated in the SED Value Based Incentive this year to receive additional funds for meeting MDHHS Performance Indicators and HB service hours. • Children's Initiative assisted with facilitating Career Fairs with various universities to assist with recruitment efforts for clinical staff. • Sexual Orientation Gender Identity Expression (SOGIE) languages was incorporated into the Integrated Biopsychosocial Assessment electronic health record. In addition, Ruth Ellis hosted 4 trainings on SOGIE that included 101 DWHN staff. • Youth United, Shanay Cuthrell participated in a panel discussion for mental health awareness for Wayne County Community College students (64 attendees). Children's Initiative Director, Cassandra Phipps participated in a panel discussion for high school students involved in the Biomedical Career Advancement Program (BCAP). • Reduced administrative burden for Children Providers by streamlining CAFAS / PECFAS reporting expectations. • Children's Initiative Department updated children services policy to extend services up to age 20 per MDHHS guidance.



Detroit Wayne Integrated Health Network School Success Initiative

The **School Success Initiative (SSI)** uses evidence-based practices to deliver prevention-based services to children, utilizing a 3-tier universal health screening.

- **Tier 1** - prevention and stigma reduction services
- **Tier 2** - evidence based behavioral health supports
- **Tier 3** – referred for community mental health services

Summary: During (FY 2021-2022) performed services to 30,315 students including all 3 Tier levels. This is a major increase compared to last fiscal year of 11,268 services rendered to 1,334 students.

Quarter	# of Presentations	# of SDQ Screenings	Tier 1 Services	Tier 2 Services	Tier 3 Services	Total # of SSI Services
1	7260	1869	9301	596	255	12021
2	4690	662	4690	1101	1020	7473
3	5989	1132	4066	937	1025	7160
4	627	369	2464	236	601	3661
Total	18566	4032	20521	2870	2901	30315

***Note: Data is pending from 2 Providers for Q4

Accomplishments: Despite the challenges of the Covid 19 Pandemic Children Providers have been innovative and resilient with delivering services for the School Success Initiative Program.

- Performed services in 72 schools within Wayne County among 10 Children Providers (*Decreased from 11 Providers to 10 Providers due to the merger of Community Care Services and Hegira Health Inc.*)
- Streamlined the referral process for students meeting Tier 3 criteria to participate in community mental health services.
- Implemented quarterly Student Spotlight Awards in which 2 students were selected from Southwest Counseling Solutions.
- Assisted with purchasing additional Michigan Model for Health Curriculum Kits.
- Continued ongoing coordination of care with the 3 School Based Health Centers: Ascension, Beaumont, Henry Ford.
- Facilitated 2 day professional training for 125 Detroit Public School District Community nurses on behavioral health (explained community mental health services, common diagnosis, psychotropic medications, trauma, coping skills, secondary traumatic stress, and self care).
- Hosted virtual DWIHN Community Town Hall: Let's Talk About It on 12/16/2021 that included a Guest Speaker (Dr. James Henry – Professor at Western Michigan University, Co-Founder / Director of Children's Trauma Assessment Center) and a panel of 9 participants to discuss mental health, school safety / violence, grief / loss, and trauma. Overall, there were about 55 attendees including WXYZ Ch7 news station as well.
- Continued outreach to share school based services and community mental health services
 - Participated in the 1st Annual Plymouth-Canton Mental Health & Wellness Fair
 - Back to School Resource Fair with ACCESS (2,400 attendees)
- Renewed partnership with Community Education Commission to support the GOAL Line “Get on and Learn” afterschool program for the 2022-2023 school year.



Detroit Wayne Integrated Health Network Youth United

Youth United is a youth-led initiative that promotes youth voice and youth partnerships in Wayne County System of Care (SOC) using positive youth development values and philosophy:

- Hosted the annual Children’s Mental Health Awareness Event “My Mind Matters” with the main focus on suicide prevention (57 attendees).
- Hosted various Courageous Conversations focusing on (Gun Violence, Adverse Childhood Experiences, Transforming Bias)
- Hosted various Focus Groups and discussed the following topics: Substance Use, Bullying, Depression, Gun Violence, Sexual Orientation, and Voting.
- Hosted the annual Statewide Youth United Summit “Planting Seeds of Hope” (38 attendees)
 - Hosted the annual Youth United Spotlight Awards; in which, 7 awards were given with ipads.

Children Services

Census: During Fiscal Year 2021-2022 DWIHN served a total of 45,914 duplicative children, youth, and families in Wayne County ages 0 up to 20; including both Serious Emotional Disturbance (SED) and Intellectual/Developmental Disability (I/DD) disability designations. Children Providers provided 28,281 duplicative members with SED services and 17,633 duplicative members with I/DD services. Overall, the total amount of members served increased from last fiscal year from 43,700 duplicative members.

Disability Designation	# of Children Providers	Q1	Q2	Q3	Q4	Total
SED (ages 0 to 20)	14	7,019	7,309	7,448	6,505	28,281
I/DD (ages 0 to 17)	13	4,097	4,349	4,556	4,621	17,633
Total Members Served		11,116	11,658	12,004	11,126	45,914 (Duplicated)

***Note: Q4 data is pending finalized billing claims

Covid 19 Pandemic Barriers: The pandemic resulted in many barriers this year; such as: Staffing shortage among therapists and direct care workers, the reduction in state licensed residential placement options, increased waiting time for psychiatric inpatient admissions, increased waiting time for state long term hospital admissions, and longer timeframes for families to begin receiving services.

Accomplishments:

- Although there were many barriers as a result of the Covid 19 pandemic, services continued to occur.
 - Increase of telehealth services to meet the needs of youth who were unable to do face to face sessions
 - Continued to provide therapeutic services (Case Management, Outpatient Therapy, Home Based Therapy)
 - Continued to provide ancillary services (Wrap Around, Youth Peer Supports, Parent Support Partner, Community Living Services, Respite)
 - Continued to provide SED Waiver services and Children Waiver services for youth without Medicaid insurance and or in need of more intensive services.
 - Children Providers received additional funds via financial stability payments and incentive payments to assist with stabilization of the network.



Detroit Wayne Integrated Health Network

- Continued to provide Evidenced Based Practices (EBP). Providers started participating in a new cohort, Components for Effecting Clinical Experience and Reducing Trauma (CE-CERT).

Grants

System of Care Block Grant	<ul style="list-style-type: none"> ● Hosted the annual Report to the Community virtually in December 2022 “We are Stronger Together” (about 100 attendees) ● Hosted the annual Cultural and Linguistic Competency Summit “We Are the World” (67 attendees). ● Facilitated various collaborative committees with stakeholders and community partners to address barriers in Wayne County regarding children services. ● Offered various trainings to professionals in Wayne County (Peer to Peer Trainings, Quarterly Leadership Trainings, Children Mental Health Lecture Series, CAFAS/PECFAS Trainings)
Treatment Foster Care Oregon (TFCO)	<p>TFCO is a therapeutic home that is an alternative to prevent hospital recidivism that is funded through Wayne State University.</p> <ul style="list-style-type: none"> ● 4 families started the licensing process; in which, 3 youth were placed in TFCO homes this year. All 3 youth transitioned back to the community and continued clinical services.
Michigan Child Collaborative Care (MC3)	<p>MC3 is a contracted service funded by University of Michigan to provide psychiatric support to primary care providers in Michigan who are managing patients with behavioral health problems.</p> <ul style="list-style-type: none"> ● 986 children served, 274 children were referred for services, 297 consultation calls, 216 Wayne County medical providers enrolled in MC3 this year.
Infant and Early Childhood Mental Health Consultation	<p>The program Consultation is a prevention based, indirect intervention that teams a mental health professional with child care providers to improve the social, emotional and behavioral health of children ages 0 to 6.</p> <ul style="list-style-type: none"> ● Consulted with 25 child care providers ● Submitted intention letter to participate in the Consultation Expansion Grant to start Jan 2023; in which 2 additional providers added to offer this service.
Infant and Early Childhood Mental Health Home Visiting	<p>IECMHC helps home visitors understand the social and emotional development of children; identifying and addressing the mental health needs of young children and their parents</p> <ul style="list-style-type: none"> ● Completed consultation with 8 home visitors and 3 supervisors
Infant Toddler Grant	<ul style="list-style-type: none"> ● DWIHN was awarded this grant to hire a coordinator for the Baby Court Program to begin Nov 2022.

Outcomes

Patient Health Questionnaire Adolescents (PHQ-A):	<p>PHQ-A is a depression screening for members ages 11-17.</p> <ul style="list-style-type: none"> ● 3,266 PHQ-A Assessments were completed upon intake (99.4% compliance) ● Created an education video for clinical staff
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Detroit Wayne Integrated Health Network

PECFAS (ages 4 to 6)	<ul style="list-style-type: none">• There was at least a 20 point reduction in the total score from the initial assessment compared to the most recent assessment (from 63.7% to 52.8%).• The most recent assessment indicated 55% of members no longer had a severe impairment.
CAFAS (ages 7 to 18)	<ul style="list-style-type: none">• There was at least a 20 point reduction in the total score from the initial assessment compared to the most recent assessment (from 75.9% to 61.4%).• The most recent assessment indicated 55% of members no longer had a severe impairment.

Program Compliance Customer Service Year End Report FY 21/22

During the Fiscal Year of 21/22, DWIHN's Customer Service Department continued to address opportunities to ensure members had a seamless process for obtaining Customer Services during COVID.

Customer Service's mission of assuring the accessibility of effective behavioral health services and to continuously exceed DWIHN's customers' expectations continued to focus on:

- Improving customer experience with services**
- Ensuring appropriate engagement in choice of service and care**
- Ensuring customers enrollee rights**
- Monitoring the satisfaction of customers**
- Enhancing customer information awareness**
- Meeting regulatory compliance expectations**

The following key Customer Service activity was accomplished in the fiscal year.

Welcome and Call Center Operations

The department's Call Center and Welcome Center Switchboard, received a combined total of **35,170** a significant increase as compared to **25,657** from the previous year.

Due to COVID the DWIHN Welcome Reception Center had limited it's visiting hours to two half days per week to the public.

The Family Subsidy division handle **6,783** calls and processed over **958** applications remotely without any interruption of services.

Due Process: Grievances and Appeals

Customer Service's effort to assist members with their due process rights of grievances and appeals resulted in the processing of **788** grievance related communication (emails and calls) compared to **324** calls from the previous year. Grievances received were **92** for the current fiscal year, a slight decrease from FY '21. Numerous member educational venues and provider trainings to address grievance and appeals updates and technical assistance were also a key focus.

In the area of appeals, increases were seen as the unit processed **595** appeals related correspondence (emails/calls). Actual appeal cases increased with a total of **38** related appeal cases being addressed. State Fair Hearings conducted this fiscal year showed a modest increase by **3**. The monitoring of **15,845** Mental Health based Adequate and Advance Adverse Benefit Determination Notices sent in FY 21/22, compared to **17,039** the previous year, showed a significant decrease. A decrease was also noted with **1,555** Autism related Applied behavioral analysis notices being sent out in comparison to **1,262** the previous year. In the area of SUD notices, there was an increase, **945** compared to **725** and **2,899** IDD related notices compared to **1,826** from the previous year.

The Appeals division also conducted system-wide appeals training to the provider network. Weekly appeals technical assistance was made available to providers. Audits were also conducted as part of the re-engagement and disenrollment initiative.

Quality and Performance Monitoring

Customer Service's Quality and Performance Monitoring division continued to conduct Clinically Responsible Service Providers (CRSP) audits to ensure compliance standards were addressed and maintained in the areas of Customer Service, Grievances, Appeals and Enrollee Rights. Applicable Plans of correction were addressed with network providers. The percentage of CRSP obtaining 100% compliance of their audit was **27%**.

Quarterly Customer CRSP Service Provider virtual meetings were held to ensure providers were advised of updates and the importance of Customer Service mandated standards.

The division was also responsible for updating and maintaining all member materials i.e. Member Handbook, Provider Directory and member brochures.

Member Engagement, Experience and Outreach

The Member Engagement division continued to find safe new ways to connect with members and remediate the risk of misinformation, social isolation, and non-engagement. Monthly member committee meetings were held to discuss, plan and make recommendations on initiatives that supported member education and engagement.

The DWIHN Advisory team worked on engaging Adult Foster Care (AFC) homes as an outreach effort with residents to ensure that they were kept informed about services and supports.

The Member Engagement division also worked collaboratively with its Member Committees to address the following:

- Hosted the annual Reaching for the Stars Award Ceremony, during which it recognized DWIHN members, including six "Dreams Come True" award winners who were also funded to advance their dreams for more significant presence and participation in their community. The proud recipients of this year's awards and their planned initiatives were:
 - Tommi Badon-King, "Laurie Creations"
 - Bethany Boik, "Diary of a Schizophrenic"
 - Starlette Carpenter, "Mental Health Solutions"
 - Delores Kimbrough, "Project Beautification"
 - Torria Love, "Well, "College Education"
 - Stephen White, "Insurance License"
- Registered at least new voters during various voting and advocacy events. Topics included the legislative process, self-advocating, voting registration, and participation rules.
- Coordinated the distribution of more than **200** hygiene kits to engage underserved populations
- Worked on several initiatives to connect members with digital devices and internet service, e.g., computer training

Staff co-hosted various professional development opportunities for peers. Three hundred fifty-one peers and community health workers registered for bi-monthly series. Quarterly, peers from the tri-county area convened for information, networking, and training.

The division, in partnership with Wayne State University Center for Urban Studies, administered both the ECHO adult and children surveys. Provider satisfaction surveys were administered to the provider and practitioner network to assess their satisfaction with Detroit Wayne. As well as the division coordinated the facilitation of preparation for the Annual National Core Indicator project for MDHHS.

The Persons Point of View member newsletters continued to be published quarterly. In addition, monthly video announcements on trending topics were featured on YouTube, and reached **341 (86%)** individuals.

Submitted by: Michele A. Vasconcellos, Director, Customer Service 11/3/22

Year End Report
Integrated Health Care
Fiscal Year 2022

Accomplishments in FY 22

DWIHN processed 3,930 MI Health Link referrals for services from the ICOs during the Fiscal Year, of which, behavioral health care was coordinated with the ICO for 1,013 members. IHC staff completed over 413 LOCUS assessments for MI Health Link members and participated in approximately 20 Integrated Care Team meetings with the ICOs during the Fiscal Year, as well as provided Transitions in Care services for 516 MI Health Link members who experienced a psychiatric hospitalization during the Fiscal Year.

IHC staff performed monthly Care Coordination Data Sharing meetings with each of the 8 Medicaid Health Plans (MHP) serving Wayne County. Joint Care Plans between DWIHN and the Medicaid Health Plans were developed, and outreach completed to members and providers to address gaps in care, for almost 200 members during the Fiscal Year.

IHC staff participated in integration pilot projects with two Medicaid Health Plans during the Fiscal Year: Blue Cross Complete of Michigan (BCC) and Priority Health (Acquired Total Health Care). DWIHN and BCC Care Coordinator staff held monthly care coordination meetings to review a sample of shared members who experienced a psychiatric admission within the past month to exchange information and address any identified gaps in care. BCC is interested in collaborating in the shared platform in 2022 to further the care coordination and risk stratification of the shared members. Priority Health has entered into a plan of work with DWIHN and in 22-23 will coordinate care with 100..

IHC collaborated with the State of Michigan for the Hepatitis C initiative of testing and treatment. IHC has met with CRISP and SUD providers to educate them on the new guidelines of testing and treatment. The State of Michigan wants to have all individuals at high risk of Hep C to be tested. Treatment barriers like having to be substance are no longer in place.

The IHC department managed 6 Quality Improvement Plans during FY 22, in the areas of Follow-Up visit with a Mental Health Practitioner after psychiatric hospitalization, Adherence to Antipsychotic Medication, Adherence to Antidepressant Medication, Decreasing the Use of Multiple Antipsychotic Medications, Diabetes Screening for people with Schizophrenia or Bipolar Disorder who are receiving Atypical Antipsychotic Medication, and Hepatitis C Risk Reduction. Interventions completed for the Quality Improvement Plans included the following: IHC staff made outreach calls to 500 members to remind them of their follow-up after hospitalization appointment, Revisions made to the after-hospitalization scheduling process to ensure that an appointment is made with a Mental Health Practitioner within 30 days of discharge, and members are sent texts reminders for ones that have the technological ability. IHC now has the HEDIS Scorecard and can get all data quarterly for each CRSP and over all scores.

Seventy Five (75) Complex Case Management cases were opened during the Fiscal Year and the majority of these members met their plan of care goals and were connected to behavioral and physical health care providers. This is a 20% increase from last year. Care Coordination services were provided to an approximately 276 additional members during the year who either did not meet eligibility criteria for CCM services, or declined to participate in CCM services.

IHC staff also participated in multiple forums to educate members and the community about behavioral and physical health care, including presenting at provider events.

Complex Case Management has redesigned the assessment to meet all NCQA standards.

The IHC department applied for and was awarded block grant funding for FY 21-22 in the area of Integrated Care. The proposal was to place Peer Health Coaches in integrated care settings to educate and advocate for members to attend to their physical and behavioral health care. Four peers were placed at Central City Health and provided education on health and follow up after hospitalization to over 217 members. The Peers followed

up with 2,239 members that had not been seen in over 150 days to reengage in treatment or follow closing process.

The HEDIS Score Card is completed and all CRSP providers have been trained. IHC is meeting with CRSP providers in the "45 day follow up meeting" with Quality and MCO to discuss scores and how to improve. CRSP are able to access the Score Card through MHWIN and see their score and the data that is with the measure. There are 16 measures, 11 of them are behavior health specific. IHC has completed many trainings and power points on HEDIS that aids CRSP usage.

See below for snap shot of Score Card

<u>EOC</u>	PCR	Measure	Measure Name
+		ADD	Follow-Up Care for Children Prescribed ADHD Medication
+		AMM	Antidepressant Medication Management
+		APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics
+		APP	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsych...
+		BCS	Breast Cancer Screening
+		CBP	Controlling High Blood Pressure
+		CCS	Cervical Cancer Screening
+		COL	Colorectal Cancer Screening
+		FUH	Follow-Up After Hospitalization for Mental Illness
+		FUM	Follow-Up After Emergency Department Visit for Mental Illness
+		IET	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
+		SAA	Adherence to Antipsychotic Medications for Individuals With Schizophrenia
+		SMD	Diabetes Monitoring for People With Diabetes and Schizophrenia
+		SPR	Use of Spirometry Testing in the Assessment
+		SSD	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Ar...
+		UAM45	Use of three or more antipsychotics for 45 or more days

The shared platform (PlanLink) for care coordination has been revamped to meet the needs of the 8 health plans DWIHN works with. This will be rolled out to BCC and Priority Health in the first quarter of 2023.

DWIHN and Vital Data are in the process of creating a mobile app for members. This will allow the members to have a member portal to DWIHN and access several departments, ie. Customer Services, Office of Recipient Rights, Complex Case Management. In phase 2 of the project members will be able to access treatment plans, crisis plans, and claims.

Goals and Objectives for FY 23

Complete the Mobile App for DWIHN members

Set goals in HEDIS Score Card that are in line with state benchmarks

Utilize the Care Coordination platform to integrate services with Medicaid Health Plans Priority Health Care and Blue Cross Complete. Present PlanLink to other 6 health plans for care coordination

Improve DWIHN performance on the Follow-Up After Hospitalization and Follow-Up After Emergency Room Visit for SUD Performance Metric.

Improve all behavior Health HEDIS scores by 15%

Increase the number of members serviced in Complex Case Management by 20%.



Contract Management (MCO Department)

Annual Report FY 2022

The Managed Care Operations (MCO) Department focuses on developing, credentialing maintaining and continually evaluating the Detroit Wayne Integrated Health Network (DWIHN) network providers. With over 400 providers in our network, consisting of SUD, Autism, MI-Health Link, IDD/SMI, Self-Determination and Grant Funded programs, we ensure network adequacy to provide quality services to individuals within the DWIHN system. Additionally, we have continued to provide oversight for provider contracts as it relates to performance, outcomes and regulatory compliance to enrollees and to fulfill obligations of the Michigan Department of Health and Human Services (MDHHS) contract. There are 21 staff in the MCO department with 11 Provider Network Managers also known as Contract Managers overseeing 400 providers, serving over 75,000 members in Detroit and Wayne County.

Highlights for the Fiscal Year 2022:

Contracts:

- We have processed 400 contracts for signature to our provider network for the new fiscal year 2023.
- Completed the provider manual to be more user friendly in finding information in the 125pg document.
- Performed Provider Orientation meetings for new and existing providers
- Create a sanction module in our MHWIN system

Providers/Practitioner Credentialing:

There are over 4k practitioners in our network, we have credentialed over 2k and the others are going through recredentialing with our CVO Medversant. CVO refers to the use of a Credentials Verification Organization to perform medical credentialing on behalf of a healthcare practice or organization. Our CVO verifies a provider's credentials by obtaining primary source verification of a practitioners or provider's qualifications on our behalf.

Greentailing Status for 2022

Total Practitioner Credentialing Applications	4045
Total Provider Facility Credentialing Applications	347

Provider /Practitioner Survey

Our Annual Surveys went out for FY22, --the provider survey went out during the month of September 2022. The Provider Survey was distributed to our outpatient providers organizations for FY22 reaching about 134 providers. Our residential providers will receive a separate survey later in FY23.

For the Practitioner Survey also went out in late September 2022, waiting on results as they have not been completed yet.



Contract Management (MCO Department)

Annual Report FY 2022

Both surveys were revised and was comprised of about 34 questions and covered all areas of DWIHN's operations Departments---- inclusive of the following departments: Utilization Management, Claims, Managed Care Operations, Quality Management and Credentialing.

The survey is comprised of 5 components:

1. Measured DWIHN's effectiveness in meeting our contractual obligations to the providers
2. Measured our support of providers in meeting the needs of our consumers or members
3. Measure DWIHNs responsiveness to providers
4. Uncover gaps and/or deficiencies in DWIHN's operation
5. Identify opportunities for improvement and /or for corrective actions needed

Both surveys were completed in October 2022 and will be fully analyze in late January 2023.

Provider Quarterly Report process/review:

Received and reviewed over 1,500 quarterly reports from providers to ensure contractual compliance.

Provider Meetings:

The MCO department has held over 28 meetings with the providers over the last year, on training, educating and gaining feedback from providers.

Future projects for FY 2023:

1. Streamline and implement a Network Adequacy analysis of the Network
2. Improve our online Provider/Practitioner directory on our website
3. Improve the DWIHN website organizing the data/docs on the website to make it more user friendly
4. Develop tracking system for maintaining credentialing dates for providers and practitioners
5. Streamline Letters and reports from providers and staff for better monitoring
6. Risk Matrix module completion

Continue to enhance the 5 Goals to maintain a strong network:

1. Building a Partnership/Relationship with the providers.
2. Ensuring our Standardize Rate is competitive and adequate
3. Ensure provider compliance- with their contractual obligations with DWIHN.
4. Training and guiding the provider's on changes within our system and any changes that come from MDHHS ensuring our providers understand the changes
5. Monitor the Performance of the provider throughout the year to certify their eligibility for contract renewal



PCC Year-End Residential Department Summary 10/1/2021 – 9/30/2022

Departmental Highlights

- Hired (1) additional Residential Care Coordinator (RCC: to bring the number to 4); added (2) Residential Care Specialists (RCS) to fill the two openings. The Department has an additional 3 openings for the RCS staff,
- The Department worked diligently with IDD CRSPs and Residential Providers to complete residential assessments and ensure members' needs were being met and adequate care was provided by residential providers
- The RCS and RCC staff worked hand in hand to ensure members admitted to inpatient settings and EDs were identified and quickly moved out of these facilities in a timely basis, working with CRSP and hospital personnel
- RCS staff worked diligently with some MDHHS workers in moving members out of nursing homes and into appropriate community settings
- Authorization Unit has been able to review the IPOS of the various members and ensure that the services being received and authorized match up with what members choose.
- Residential Management participating in implementation of the HCBS project with Quality Improvement

Department Goals

- Identify services for youth aging out of the foster care system. Services to include:
 - Residential services with providers that are appropriately trained to work with youth
 - CRSP services that are directed towards this age group – to include, vocational, academic, behavioral health, medical health, and any other service areas necessary to support youth success
- Work with IT to develop a data-driven reporting mechanism for all primary residential functions to include data that will:
 - Quantify Residential Unit productivity
 - Identify residential providers and their capacity versus their actual member numbers
 - Support the development of accurate monthly, quarterly, and annual reporting to identify gaps in service needs, need for additional specialized
- Evaluate existing residential facilities to review whether their services meet the needs of the population served and identify RFP needs. Aside from individuals with AMI, other populations that will require consideration are:
 - Youth
 - Seniors
 - I/DD
 - LGBTQ+
 - Others
- Review residential assessments for the I/DD population and develop a plan to include these members as part of the Residential Unit's strategic plan
 - Explain why it would be beneficial for DWIHN's Residential Unit to complete these assessments internally
 - Accuracy
 - Fulfill DWIHN's mission to provide quality services to those who need them but at the same time remain fiscally responsible

- Identify how many I/DD members are within the system with a projection of how many more to expect based on data of population growth over a defined period of time
- Based on the numbers generated above, identify how many staff would be needed to meet the responsibility of completing assessments every 6 months for some members, every year for others.
 - Take into consideration the need for re-assessments to be completed whenever a member goes inpatient, experiences new medical concerns, multiple ED visits, etc.
 - Assess the need for Residential Care Coordinators to complete the brokering process
 - Review the availability of existing I/DD residential providers and determine if they meet all member needs – is there a need for additional providers, etc.

Productivity Measures

- Compare number of SALS to the number of Residential Referrals received
- Evaluate over- or under-utilization of specialized residential settings
- Assess length of stay in the ED back into community placement

Department Summary

Key components of our program for the 2021-2022 fiscal year included:

- Training of CRSPs and specialized residential providers with regard to documentation of progress notes and residential processes
- Improved efficiency of placing members into specialized residential settings of their choice
- Developed an on-boarding process to evaluate the appropriateness of potentially new specialized residential providers
- Increased efficiency in completing residential assessments for members designated as I/DD
- Improved inter-departmental interactions to identify ways to address residential provider issues and in some cases develop Plans of Correction
- Residential management working with Quality to support residential providers, CRSPs and other service agents within the DWIHN network become HCBS compliant



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

SUD Recipient Rights

The SUD Department is responsible for conducting recipient rights investigations made by individuals receiving substance use disorder services when assigned by the Office of Recipient Rights (ORR). To carry out this mission, the SUD Recipient Rights Consultant ensures each agency has a Recipient Rights Advisor that oversees any rights complaints about the agency. In conjunction with the agency Recipient Rights Advisor, the Recipient Rights Consultant investigates based on the complaint, compliance with contract requirements, and supporting documentation.

In FY 22, 36 SUD complaints were submitted from the ORR Department, and eight were received from Providers. Our investigation focuses on individual care, environmental processes, and policies required within our standards. 15 Provider sites received a total of 29 formal complaints, and 15 informal complaints were made. Of those complaints, 27 were related to program policy and procedures, four were related to environmental complaints, and 30 were directed to staff complaints. All complaints are reviewed and addressed. The SUD Department is committed to protecting individuals who come forward to complain of conduct that they find inconsistent with our policy. If opportunities for improvement are identified, we will work with the agency to correct practices and systems so that they meet or exceed our expectations. To date, 43 cases have been closed and resolved; 39 were unsubstantiated, four were substantiated, and 1 case is pending.

SUD and Gambling Disorder

The DWIHN Gambling Disorder Prevention Project (GDPP) is working to prevent gambling disorders throughout the region through partnerships with local providers and regional efforts. Gambling is the act of wagering something of value on the outcome of an event involving chance. In Michigan, these games of chance include bingo, raffles, horse racing, lottery, and casinos. Unfortunately, while most people can enjoy gambling as a controllable form of entertainment, others develop a habit that negatively affects their physical, emotional, and financial health.

Wayne County is home to 3 full-service casinos. Everyone in Detroit is within a close radius of a casino. Since proximity to a major gambling facility significantly increases the likelihood of compulsive and problem gambling behavior, DWIHN is now part of the Gambling Disorder Prevention Project (GDPP), funded by the Michigan Department of Health and Human Services (MDHHS). The SUD Department works closely with our service providers to assess gambling prevalence and raise awareness about the risk factors associated with gambling disorders. The long-term goal is to improve outcome care for those with co-occurring SUD and gambling disorders often seen with gambling disorders.

DWIHN is using the curriculums such as Stacked Deck to combat this issue. 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. The 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



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

prevent the 30- minute FANDuel infomercial early morning before and during football game; Caesars; MGM with Jamie Foxx; sponsoring ads on gambling. In addition, resources and educational information are being shared during the Superbowl, Highlighting what Gambling Prevention Providers are doing and the resources available.

DWPHN is working with three service providers to provide Residential Gambling services. Our Call Center is equipped to conduct a brief screening using the NODS Gambling screening tool. Based on the outcome, a referral can be made to one of our 3 Residential Gambling programs in conjunction with their SUD concerns.

Agency	Location	Contact Number
Elmhurst/Naomi's Nest	245 Pitkins, Highland Park, 48203	313 867-1090
Mariner's Inn	445 Ledyard, Detroit, 48201	313 962- 9446
Sobriety House	2018 W. Grand Blvd, Detroit, 48208	313 895-0500

Since 2019, DWPHN has responded to this need to provide gambling services in Wayne County, funding prevention, treatment, and recovery support services guided by a public health approach that considers behavioral, economic, and cultural determinants that influence gambling and health. This approach incorporates education, prevention, treatment, and recovery efforts that work together to minimize the potential negative impacts of gambling on individuals, families and communities. Below are activities that were provided for FY 22

- ✦ Eighty-five members received problem gambling, intervention, treatment, and recovery support services.
- ✦ Over 200 screenings were conducted on problem gambling, resulting in 31 referrals for assistance.
- ✦ Twenty-one staff members completed the required 30-Hour Gambling Disorder training, resulting in over 600 hours of gambling training.

COVID has continued to present challenges to Outreach efforts in nearby Casinos to increase program awareness and referrals. DWPHN will continue to screen members at treatment access points and continue to provide relevant staff training on the signs, symptoms, and treatment available for gambling disorder

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 and stimulant use disorders, 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



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

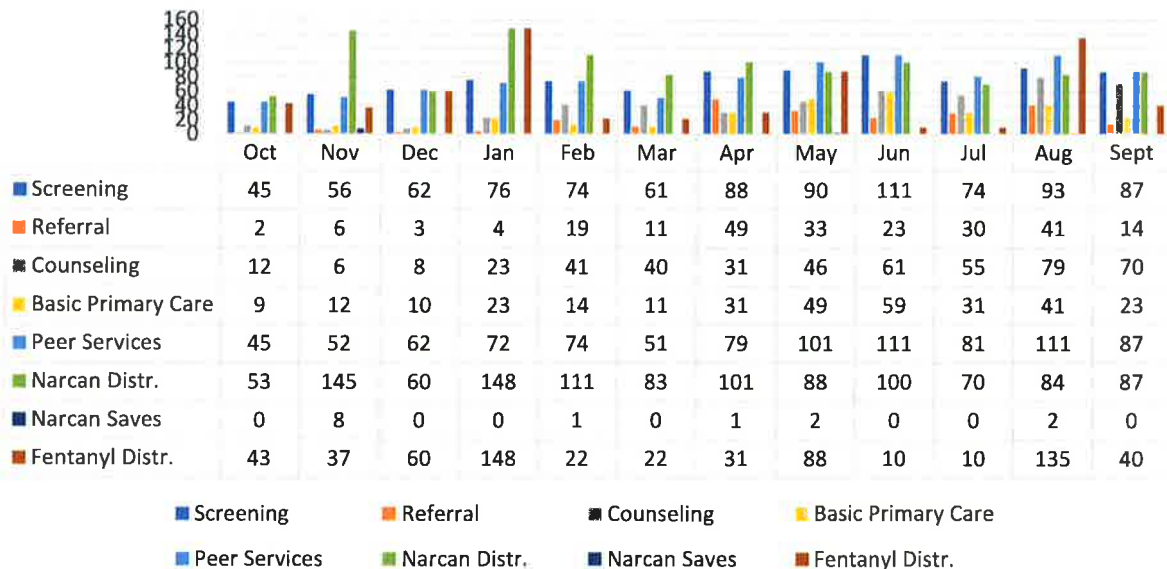
Mobile care units are retrofitted vans/recreational vehicles (RV) that will bring counseling, therapeutic, and physical health services to Opioid Use Disorder (OUD) individuals. The units have an area for intake and scheduling, a restroom to incorporate urine screening, and at least one private room 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

State Opioid Response Mobile Care Unit FY22



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.

Naloxone Initiative

Each year thousands of individuals die from opioid overdoses, with oxycodone, morphine, and fentanyl accounting for a significant number of deaths in Detroit Wayne County. To support the Governor's initiative to respond to the increase in opioid overdose-related deaths and save lives in the Detroit Wayne area, DWIHN began providing Naloxone training and kits on March 22, 2016, to all Wayne County residents at no cost. The life-saving drug naloxone will allow those at risk of experiencing an overdose the chance to recover and spare families the heartache of losing a loved one. DWIHN worked in collaboration



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

with Wayne State University to combat this crisis. One strategy for achieving such a widespread distribution with few resources and limited staff is through vending machines. The use of vending machines to distribute free naloxone kits has been successful in jail settings across the United States. The Naloxone vending machines are programmed to dispense free naloxone kits. Wayne State University purchased vending machines, and DWIHN arranged for the machine to be filled with Narcan kits with a provider who monitors supply levels and orders additional naloxone kits as necessary. **There will be no cost to the provider to implement a vending machine for naloxone distribution**

In addition, DWIHN offers Free life-saving Naloxone (Narcan) training to the various Barbershops throughout Wayne County. During the presentation, information is shared with participants, such as DWIHN resources and Substance Use Disorder (SUD) literature. A Narcan kit containing gloves, a CPR mask, and 2 Narcan Nasal sprays 4ml is distributed to each individual that remained for the entire presentation.

Anyone can get naloxone, including family members, friends, and caregivers of at-risk individuals. In short, individuals taking opioids and anyone assisting someone experiencing an overdose can get this life-saving antidote.

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

Planned Key Milestones, Activities, and Events: DWIHN's Naloxone Initiative program has saved **886** lives since its inception. Again, the saved lives are under-reported, especially during the COVID pandemic. The logs are coming in slowly from law enforcement and the community. DWIHN only reports those saves that we have documentation to support this initiative.

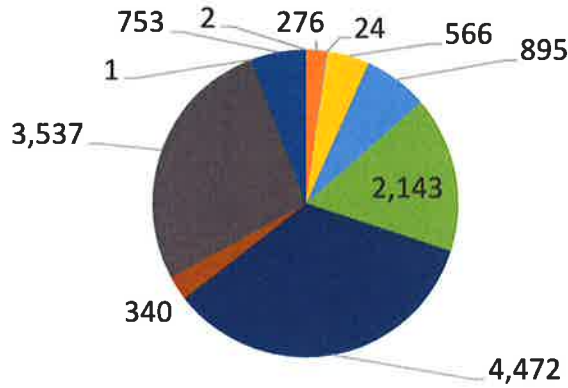
Level of Care (LOC)

There are four main levels of treatment for substance abuse: Level I- outpatient treatment. Level II - intensive outpatient treatment. Level III residential treatment, Level IV -withdrawal management treatment.



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

Admissions by Level of Care



- IOP Day Treatment
- IOP Level 1
- IOP Level 2
- IOP Level 3
- OP MAT
- Outpatient (OP)
- Residential ASAM 3.5
- Residential ASAM 3.7
- Residential Detoxification
- Residential Long-Term > 30 days
- SUD Recovery Services

During FY 23, there were 3,001 members treated for outpatient treatment services, 895 new admits for opioid Treatment Program services, 4,812 residential services, 3,537 for withdrawal management services, and 753 treated for recovery support services



Detroit Wayne Integrated Health Network

Substance Use Department

Annual Report

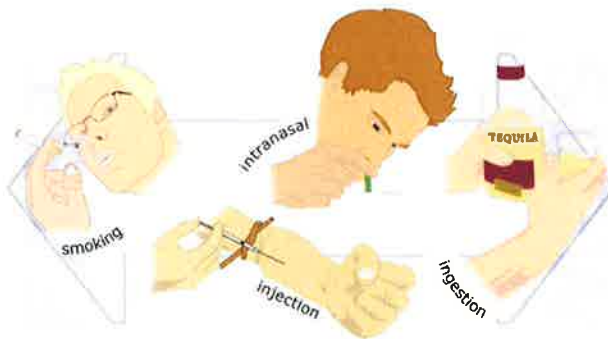
Since 2014, the Substance Use Disorder (SUD) Department has touched many lives in many ways, as one of the 10 PIHP in the state of Michigan. We coordinate prevention, treatment and recovery efforts for Wayne County.

As we conclude our 8th year in operation, it is our goal to reflect on our accomplishments while looking ahead to the future.

No Wrong Door

- ▶ The “NO WRONG DOOR” approach for individuals with a primary SUD concern is demonstrated below:

Call Center (Screening and Referral for SUD I)



SUD is available 24/7 through our call center

Provider members may go to a provider of their choice for a screening and referral.

Complete Directory can be found on our website

Home

Members may call from the comfort of their home even if they have questions.



Detroit Wayne Integrated Health Network

Substance Use Department

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Recovery Providers

Recovery Agency	Address
Elmhurst	12017 Linwood Street, Detroit MI 48206
SHAR	5675 Maybury, Detroit, MI 48208
SHAR	4875 Coplin, Detroit, MI 48213
SHAR	15941 Lakeridge, Detroit 48238
SHAR	1851 W. Grand Blvd, Detroit, MI, 48208
Beginning Step	32150 Genesee Court , Westland, MI, 48186
Beginning Step	32148 Genesee Court , Westland, MI,48186
Beginning Step	32039 Cheboygan Court, Westland, MI, 48186
Beginning Step	32014 Cheboygan Court, Westland, MI, 48186
Detroit Recovery Project	1145 West Grand, Blvd, MI 48208
Detroit Recovery Project	400 Cortland, Highland Park, 48203
Abundant Community Recovery Services	1670 Oakman Boulevard, Detroit, MI, 48238
Abundant Community Recovery Services	1660 Oakman Boulevard, Detroit, MI 48238
Abundant Community Recovery Services	1650 Oakman Boulevard, Detroit, MI 48238
Mariners Inn	447 Ledyard Detroit, MI, 48201
Detroit Rescue Mission	211 Glendale, Highland Park, MI, 48203
Personalized Nursing Lighthouse	See Attached List
Sobriety House	2268 Clairmount, Detroit, MI 48206
Sobriety House	2270 Clairmount, Detroit, MI 48206



Detroit Wayne Integrated Health Network

Substance Use Department

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Withdrawal Management / Residential Providers

Withdrawal Management/Residential	Address
Detroit Rescue Mission	626 E. Grand Blvd, Detroit, MI 48207
Detroit Rescue Mission Ministries	19211 Anglin, Detroit, MI 48234
Elmhurst Home	12070 Linwood, Detroit, 48238
Elmhurst Home	245 Pitkin, Highland Park, 48203
Hegira	43825 Michigan, Canton, 48188
Personalized Nursing Lighthouse	See Attached List
Quality Behavioral Health	6821 Medbury, Detroit, MI 48215
Quality Behavioral Health	751 E. Grand Blvd, Detroit, 48207
Sacred Heart	400 Stoddard, Memphis, MI
Sobriety House	2081 W. Grand Blvd, 48208
Mariners Inn	445 Ledyard, Detroit, MI 48201
SHAR House	1852 W. Grand Blvd, Detroit, MI 48208
SHAR House	6902 Chicago, Warren, MI 48092
Salvation Army Harbor Light	3737 Humbolt, Detroit, MI 48208
Salvation Army Harbor Light	3737 Lawton, Detroit, MI 48208
Detroit Rescue Mission	626 E. Grand Blvd, Detroit, MI 48207
Detroit Rescue Mission Ministries	19211 Anglin, Detroit, MI 48234
Elmhurst Home	12070 Linwood, Detroit, 48238
Elmhurst Home	245 Pitkin, Highland Park, 48203



Detroit Wayne Integrated Health Network

Substance Use Department

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Prevention Providers

Prevention Provider	Address
Alternatives for Girls	903 W. Grand Blvd., Detroit, MI 48209
All Well Being	1423 Field St, Detroit, MI 48214
ACCESS	6450 Maple St. Dearborn, 48126
Arab-American & Chaldean	1111 W. 7 Mile Rd. Detroit, MI
Black Caucus F of M	660 Woodward Ave 450 E, Detroit, MI 48226
Black Family Development	2995 E. Grand Blvd., Detroit, MI 48202
CareFirst	8097 Decatur, Detroit, MI and Zoom
Care of SE Michigan	31900 Utica Rd, Fraser, MI 48026
CCMO-Center for Youth	3031 W. Grand Blvd. Suite 370 Detroit MI 48202
Chance for Life	Town Center Building 2000, Town Center #1140, Southfield, MI 48075
City of Westland	36300 Warren Road, Westland, MI 48185
CLASS	22000 Grand River, Ste. 200, Detroit, MI 48219
Detroit Recovery Project	1145 W. Grand Blvd, Detroit, 48208
Elmhurst Home	12007-12010 Linwood Detroit MI 48206
Empowerment Zone Coalition	Samaritan Center 5555 Conner Ave., Detroit, MI
Guidance Center	13101 Allen Rd, Southgate, MI 4819
Hegira Health	8623 N Wayne Rd #200, Westland, MI 48185
LAHC	5275 Kenilworth St, Dearborn, MI 48126
Livonia Save Our Youth	33000 Civic Center Dr. Livonia, MI 48154



Detroit Wayne Integrated Health Network

Substance Use Department

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Prevention Providers (Continued)

Prevention Provider	Address
Mariners Inn	445 Ledyard, Detroit, MI 48201
NCADD	2400 E McNichols Rd, Detroit, MI 48212
Piast institute	11633 Joseph Campau, Hamtramck, MI 48212
Insight Y & F Services fka StarrVista	22390 W. Seven Mile Rd. Detroit MI 48219
SOOAR - Strategies to Overcome Obstacles & Avoid Recidivism	122 South Street Belleville, MI
Spectrum Child and Family Services	3031 W. Grand Blvd. Suite 370
Taylor Teen Beaumont	3711 West Thirteen Mile Road Royal Oak MI 4807
Youth Connection	4777 Outer Drive East #1340, Detroit, MI 48234
DABO	12048 Grand River, Detroit, MI 48206
Positive Images	4875 Coplin, Detroit, MI 48215
Mariners Inn	445 Ledyard, Detroit, MI 48201
NCADD	2400 E McNichols Rd, Detroit, MI 48212
Piast Institute	11633 Joseph Campau, Hamtramck, MI 48212
Insight Y & F Services fka StarrVista	22390 W. Seven Mile Rd. Detroit MI 48219
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Taylor Teen Beaumont	3711 West Thirteen Mile Road Royal Oak MI 4807
Youth Connection	4777 Outer Drive East #1340, Detroit, MI 48234
DABO	12048 Grand River, Detroit, MI 48206

Prevention

Prevention services are vital in reducing future drug use and demand for treatment services; DWIHN provides a solid base of primary prevention services across the region. 14 substance use prevention coalitions cover the Detroit Wayne County Area. Each coalition has one coordinator and many community volunteers.

These coalitions help identify the risk and protective factors affecting the community's youth.



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Substance Use Department

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In FY22, prevention providers delivered Botvin's Life Skills to **3,550** middle school students in 6th, 7th and 8th grade.

Prevention Key Deliverables

- Youth Access to Tobacco
- Reduce childhood and underage drinking,
- Reduce Prescription and Over the Counter Drug Abuse/Misuse
- Reduce Illicit Drug Use
- To address the underserved populations who are desperately impacted by tobacco and other nicotine diseases
- To promote tobacco prevention, cessation and state regulations
- Increase advocacy, education, policy changes, collaboration, and increase efforts to raise awareness.
- Increase law enforcement compliance checks
- The primary efforts of communicable disease efforts of the HIV/AIDS Programs is to prevent the further spread of the infection in the substance using population
- Inform educate and empower communities to change the social norms and community conditions that promote alcohol, nicotine products and other drug use



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Treatment Continuum of Care

- ▶ **Level 0.5: Early Intervention**
 - ▶ Include specific individuals who are at risk of developing substance – related problems.
- ▶ **Level I: Outpatient Treatment**
 - ▶ Organized services, which may be delivered in a wide variety of settings.
- ▶ **Level II: Intensive Outpatient Treatment**
 - ▶ Deliver services during the day, before and after work and school, in the evening or on weekends.
- ▶ **Level III: Residential Treatment**
 - ▶ Staffed by SUD professionals who provide services in a 24-hour live in setting.
- ▶ **Level IV: Medically Managed Treatment**
 - ▶ Provide 24-hour medically directed treatment in an acute inpatient setting.

Opioid Treatment Program

- ▶ Methadone is an approved pharmacological support and adjunct to the treatment of opioid use disorders. Services must be provided under the supervision of a physician licensed to practice medicine in Michigan and licensed to prescribe controlled substances, as well as licensed to work at a methadone program.
- ▶ DWIHN have 7 Opioid Treatment Providers

Opioid Epidemic

- ▶ The opioid epidemic continues with DWIHNs attention to regional capacity to provide withdrawal management services, Medication for Opioid Use Disorder (MOUD) including buprenorphine and naltrexone, and MAT's associated outpatient treatment and recovery supports



Detroit Wayne Integrated Health Network

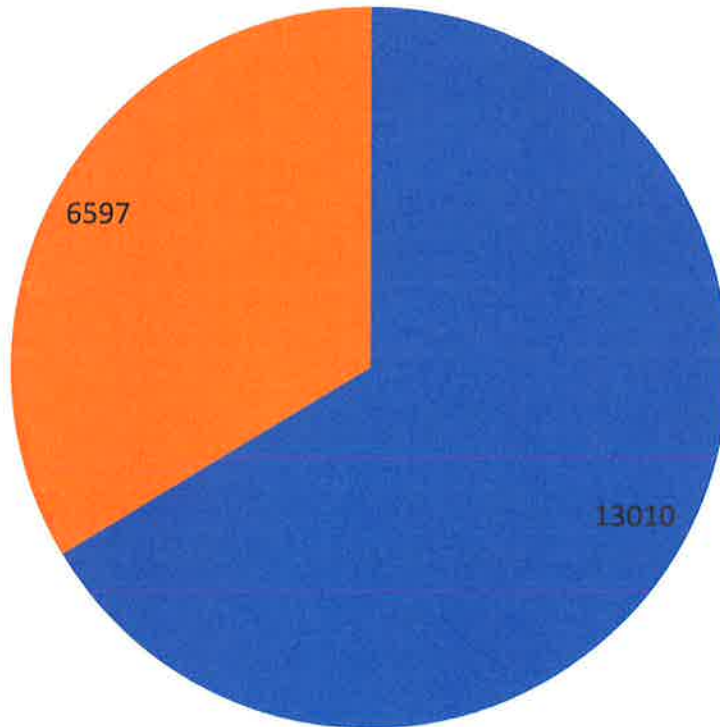
Substance Use Department

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Provider Network

- ▶ Covered services and supports must be provided, based on medical necessity, to eligible members who reside in the Wayne County.
- ▶ The Substance Use Services are authorized through our Call Center
- ▶ SUD Assessment
- ▶ Assessment includes an evaluation by a certified clinician that review the member's clinical status including: presenting problem, history of medical concerns, medication history, family history, personal strengths and mental status for the purpose of determining eligibility and treatment needs.

Admissions in FY 22

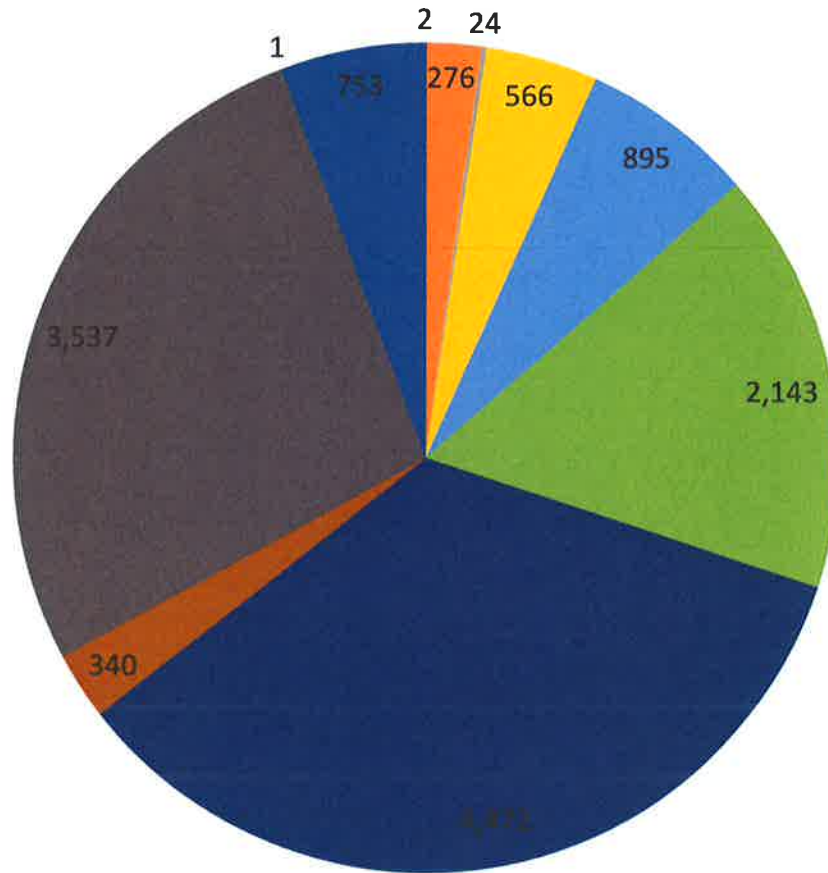


■ Unique Admissions ■ Unique Clients Admitted



Detroit Wayne Integrated Health Network
 Substance Use Department
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Admissions by Level of Care

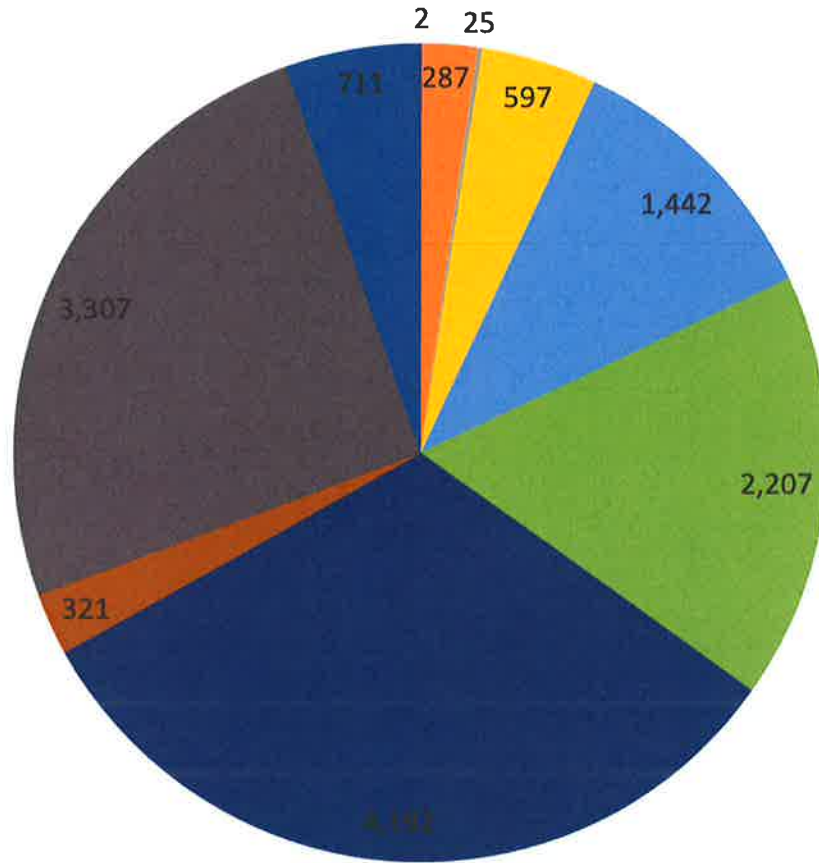


- IOP Day Treatment
- IOP Level 2
- OP MAT
- Residential ASAM 3.5
- Residential Detoxification
- SUD Recovery Services
- IOP Level 1
- IOP Level 3
- Outpatient (OP)
- Residential ASAM 3.7
- Residential Long-Term > 30 days



Detroit Wayne Integrated Health Network
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Number of Clients Treated

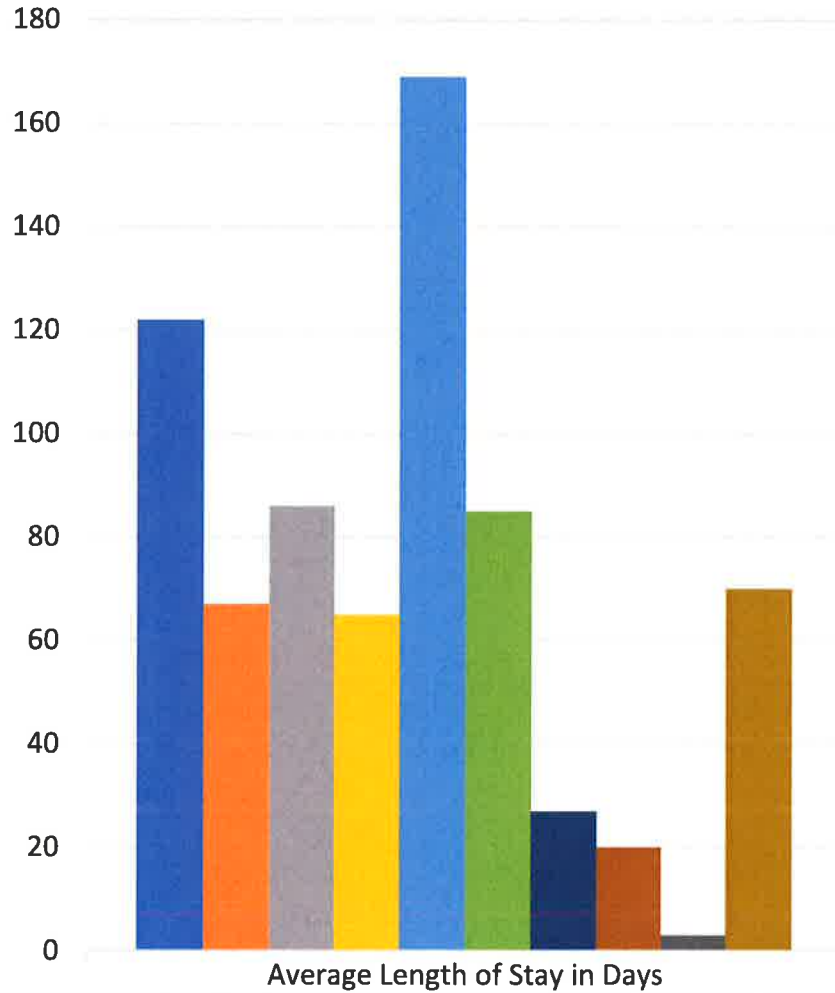


- IOP Day Treatment
- IOP Level 1
- IOP Level 2
- IOP Level 3
- OP MAT
- Outpatient (OP)
- Residential ASAM 3.5
- Residential ASAM 3.7
- Residential Detoxification
- Residential Long-Term > 30 days
- SUD Recovery Services



Detroit Wayne Integrated Health Network
 Substance Use Department
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Average Length of Stay in Days



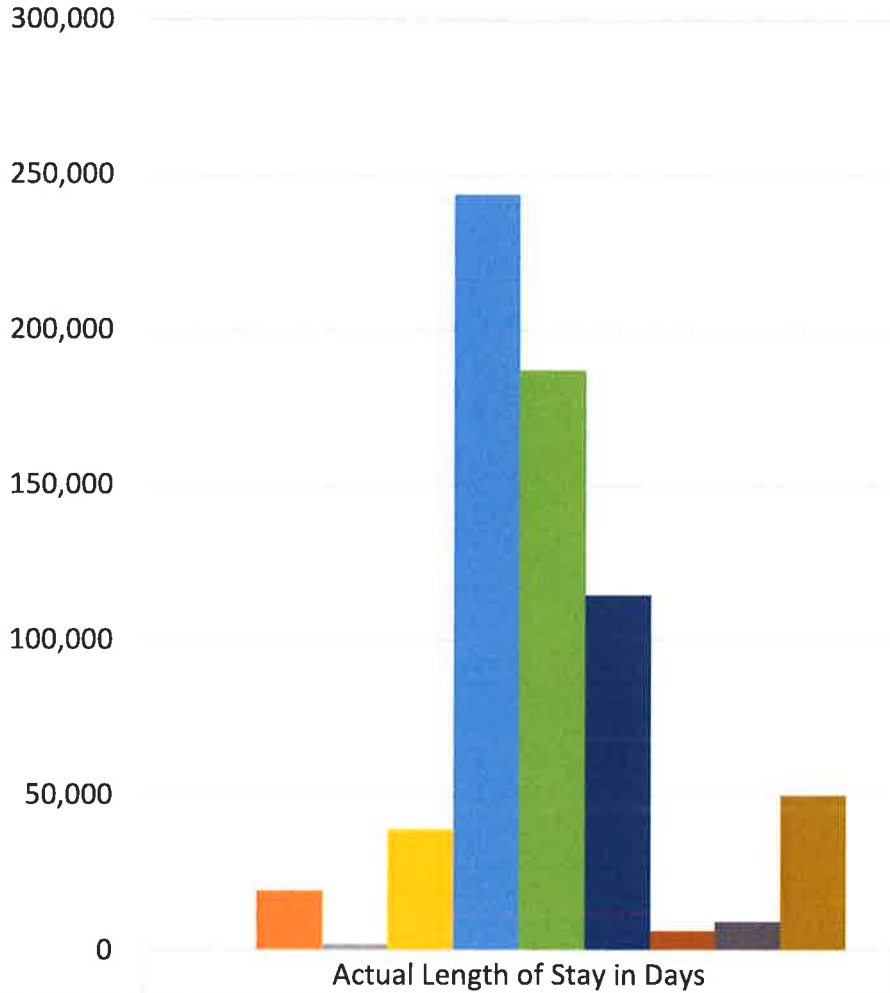
- IOP Day Treatment
- IOP Level 1
- IOP Level 2
- IOP Level 3
- OP MAT
- Outpatient (OP)
- Residential ASAM 3.5
- Residential ASAM 3.7
- Residential Detoxification
- SUD Recovery Services

122
 67
 86
 65
 169
 85
 27
 20
 3
 70



Detroit Wayne Integrated Health Network
 Substance Use Department
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Actual Length of Stay in Days



	Actual Length of Stay in Days
IOP Day Treatment	244
IOP Level 1	19,205
IOP Level 2	2,142
IOP Level 3	39,074
OP MAT	243,707
Outpatient (OP)	187,047
Residential ASAM 3.5	114,497
Residential ASAM 3.7	6,376
Residential Detoxification	9,339
SUD Recovery Services	49,946



Detroit Wayne Integrated Health Network

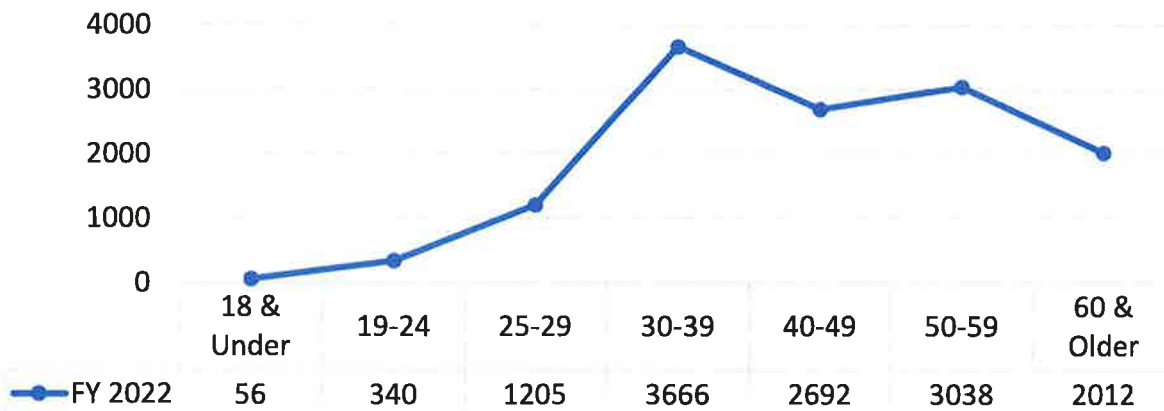
Substance Use Department

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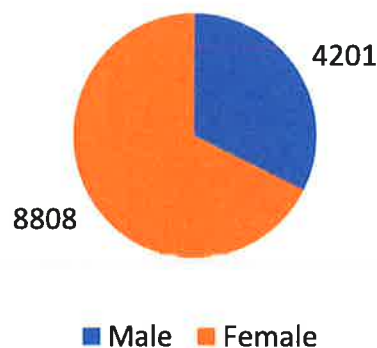
Outpatient Treatment

- ▶ Outpatient treatment is a non-residential treatment service that can take in an organized setting with certified clinicians educated and properly trained in providing direct alcohol and other drug treatment. The treatment occurs in regularly scheduled sessions, usually totaling fewer than nine contact hours per week, but when medically necessary can have more hours in a week. Individual, family and group therapy, peer supports and monitoring services may be provided individually or in combination.
- ▶ There 25 outpatient treatment providers

Admissions by Age



Admissions by Gender



New and Established Patient Evaluation and Management



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- ▶ This includes patient evaluation and medication management by a physician (MD or DO), licensed physician's assistant, or nurse practitioner under their scope of practice.

Residential Services

- ▶ Residential is defined as intensive therapeutic service which includes overnight stay (24-hour setting) and rehabilitative, or didactic counseling to address cognitive and behavioral impairments for the purpose of enabling the member to participate and benefit from less intensive treatment. Length of stay varies based upon the client's level of care needs.
- ▶ There are 10 Residential Providers

Withdrawal Management

- ▶ Withdrawal management services provide safe withdrawal from the drug (s) of dependence consisting of three components: evaluation, stabilization and fostering client readiness for and entry to treatment. Treatment generally takes place in a residential setting-clinically managed or medically managed.
- ▶ There 6 Withdrawal Management Providers



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Evidence Based Practices

SUD Providers utilize evidence-based practice in the context of prevention, treatment and recovery models.

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



Detroit Wayne Integrated Health Network

Substance Use Department

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Licensing and Accreditation

Providers must be licensed as Substance Use Disorder Programs by Licensing and Regulatory Affairs (LARA). Individual clinicians, specifically treatment supervisors, specialists, and practitioners, as well as prevention supervisors and professionals, are required to hold certification through the Michigan Certification Board of Addiction Professionals, such as Certified Advance Addiction and Drug Counselor (CAADC) and Certified Alcohol and Drug Counselor (CADC). Substance use disorder service provider staff offering prevention services are required to hold certification as Certified Prevention Specialists (CPS). In addition, DWIHN also require Peer Recovery Coaches to seek certification through MDHHS. If a peer recovery coach is not eligible under the MDHHS, they still may become certified with MCBAP for the Certified Peer Recovery Coach Mentor (CPRM).

Standard Assessment

The ASAM Continuum is a statewide substance use disorder assessment tool based on the ASAM levels of care as defined under the CMS-approved 1115 waiver. The ASAM Continuum was implemented October 1, 2021 and was approved for adults only. The GAIN I-Core was chosen as the approved assessment for adolescents. MDHHS in collaboration with CMHAM offered 3 months of training opportunities for ASAM CONTINUUM certification for the SUD treatment provider network during July, August and September of 2021. The trainings were 4 hours of self-paced virtual coursework, and an additional 4 hours of in-person virtual training with an ASAM trainer. After October 1, 2021, ASAM was able to offer an 8-hour self paced virtual option for newly hired staff. DWIHN continues to offer GAIN I-Core certification through a contracted local trainer.



Detroit Wayne Integrated Health Network

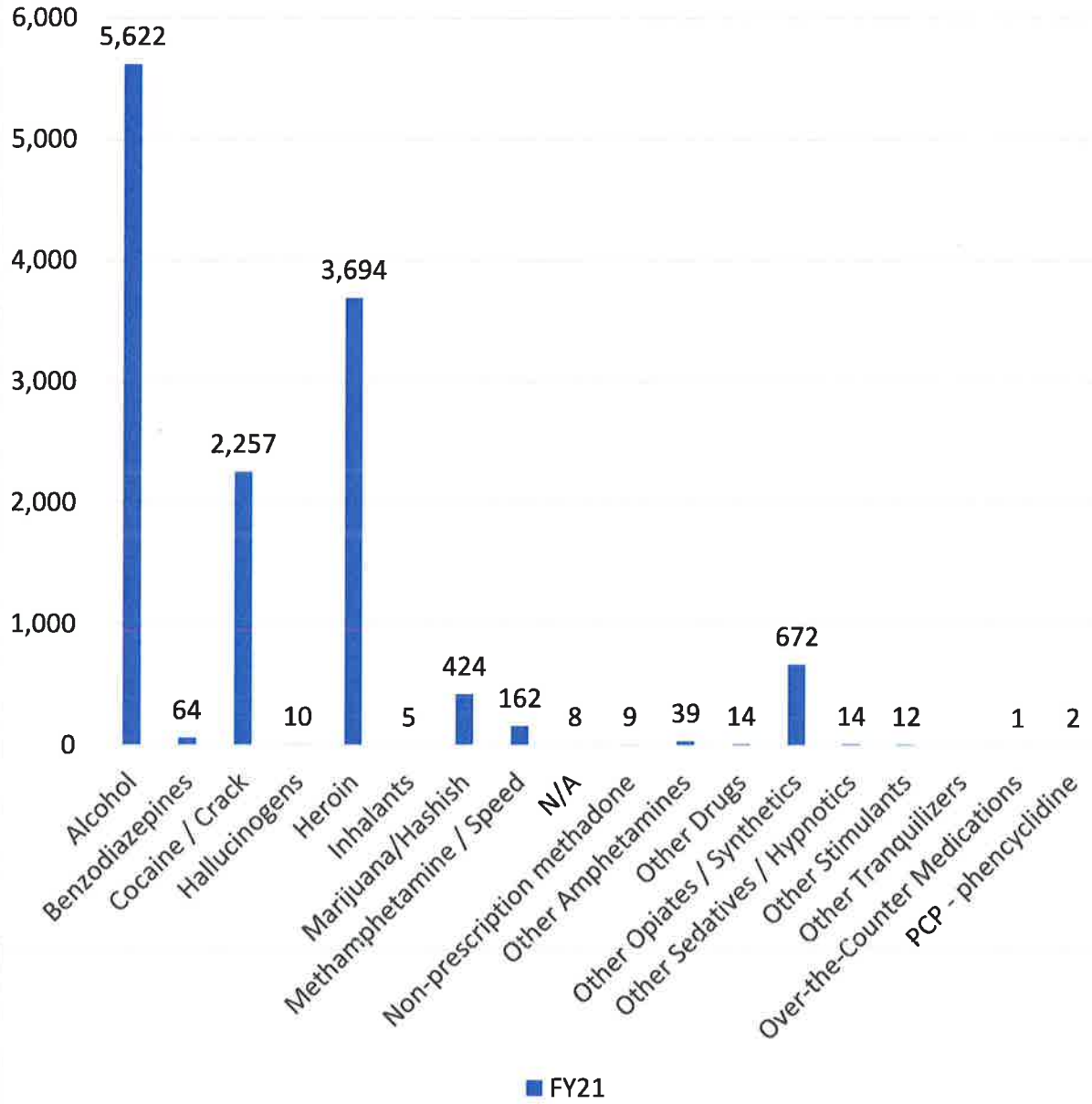
Substance Use Department

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SUD Enrollment

- ▶ Over the past couple of years, enrollment in SUD treatment services show signs of plateauing. Based on enrollment alone, this suggests that DWIHN does not need to expand its provider network system.

Admissions FY22





Detroit Wayne Integrated Health Network

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Satisfaction Survey

- ▶ The SUD treatment provider network administers a satisfaction survey to adults and adolescent members who received service. Members were asked to rate satisfaction on a 5-point scale with 5 being “strongly agree” and high level of satisfaction. With a comprehensive score of 4.54, this indicates an overall agreement with the statements in the survey and represents a continuous increase of satisfaction from year to year.
- ▶ SUD also conducts the Recovery Self-Assessment (RSA) to assist the provider network and other stakeholders develop a better understanding of the strengths and weaknesses in SUD recovery-oriented care. The assessment consists of six subcategories that include: Invitin, Choic, Involvement, Life Goals, Tailored Services, and Diversity. DWIHN received a 3.60 or greater for each domain

Medical Necessity

- ▶ DWIHN implement medical necessity criteria specified by the MDHHS. Medical necessity is commonly defined as a determination that a specific service is medically (clinically) appropriate, necessary to meet the person's needs, consistent with the person's diagnosis, symptomatology and functional impairments, and is the most cost-effective option in the least restrictive environment.

Follow Up Action

(After visit to the Emergency Department)

The system assessments have grown in volume and complexity and now include follow-up after a member visits the emergency department. An essential aspect of this process has been to ensure members are engaged in treatment and reduce the number of ED visits. This has led to interventions and referrals to treatment and ensures members stay engaged in a continuum of treatment care. This process increased from 18.76% in June 2021 to 20.8% in December 2021. Performance has improved toward meeting the state standard of 27%.

Accommodations

All SUD providers offer services in locations with physical access for members with disabilities. Out of the 29 current SUD treatment providers in our network and per the member provider directory, 100% indicated accommodations in accordance with the American Disability Act. (Telehealth services offset barriers to physical access)

The majority of SUD providers are CARF accredited, which requires specific accommodations and accessibility or plans to ensure services are readily available to members with special needs.

As of date the following providers have non-English speaking staff. Interpreters and translators available for any member with Limited English Proficiency (individuals who cannot speak, write, read or understand the English language at a level that permits them to interact effectively)



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including use of sign interpreters for persons with hearing impairments and audio alternatives for people with vision limitations.



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Sufficiency of SUD Providers

The SUD network is experiencing workforce shortages lacking appropriate staff to service our members adequately at times. They are also experiencing being overwhelmed which can lead to missed diagnosis's, inability to slow down and get an accurate history, and individuals may not feel heard because professionals don't devote enough time to the session. Also, providers may not feel they can become trained well enough to handle more difficult cases. The Ratio of Individuals to Professionals table shows our providers are very busy.

Agency	Clinicians	Capacity (per clinician)	RH Beds	WM Beds	Res Beds
Abundant Community	8	65	26		
All Well Being Services	15	65			
Black Family Development	3	65			
Beginning Step	18	65	20		
Central City Integrated Health	5	65			
Community Programs		65			
DRMM	16	65	6		70
Detroit Recovery	54	65	9		
Elmhurst	15	65	55		125
The Guidance Center	11	65			
Hegira	158	65		10	45
Mariners Inn	19	65	43		50
Metro East	20	65			
Nardin Park	15	65			
New Light Recovery	25	65			
Personalized Nursing Lighthouse	25	65	31	10	48
Quality Behavioral Health	15	65	130	50	125
Rainbow	45	65			
Sacred Heart	37	65		50	75
Salvation Army	8	65		15	60
SHAR	11	65	72	15	70
Sobriety House	14	65	12		70
Star Center	19	65			
UPG	1	65			



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Geographic Location of Providers

- ▶ DWIHN strives to ensure providers are available in an individual's area. DWIHN is held to the **30-minute/30-mile rule**. The providers are located to accommodate this rule.
- ▶ The link below show specific location information for providers and their addresses:
 - ▶ https://app.mapline.com/map/map_474caec2/P0VmJT8UTDEUJD9cP1MUbD8UVz9cPz8UPz8UZmoUPD8UVj8UPz





November 9, 2022

Strategic Plan – Access Pillar

PCC Status Report

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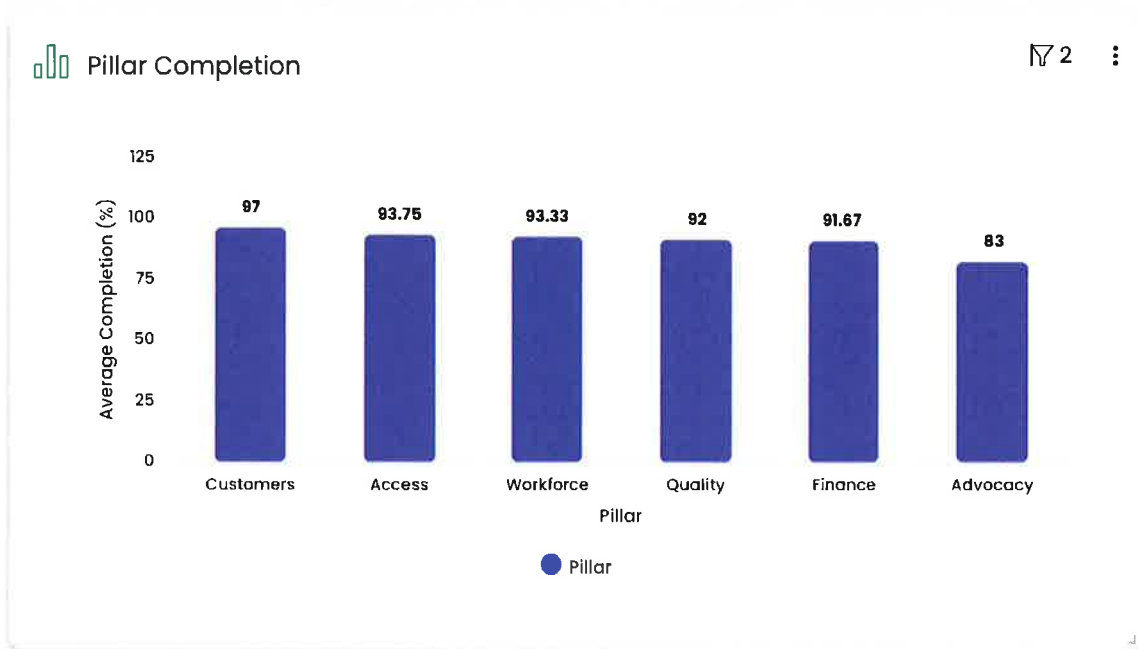
Access Pillar _____ 6

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 92% 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	100%
Improve population health outcomes by 30th Sep 2022	90%

Customer Pillar

Customer is under the leadership of Michele Vasconcellos, Director of Customer Service. Overall, currently reaching 97% 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	91%
Ensure Inclusion and Choice for members by 30th Sep 2022	100%
Improve person's experience of care and health outcomes by 30th Sep 2022	100%

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 87% - 100% completion.

Access

94%

Title	Completion
Create infrastructure to support a holistic care delivery system (full array) by 31st Dec 2022	87%
Create Integrated Continuum of Care for Youth by 30th Sep 2022	95%
Establish an effective crisis response system by 30th Sep 2022	93%
Implement Justice Involved Continuum of Care by 30th Sep 2022	100%

A detailed report of this pillar will follow.

Access Pillar
Detailed Dashboard
Program Compliance Committee Meeting

November 9, 2022



ACCESS STRATEGY PILLAR - 2 LEVEL GOALS

11/02/2022



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

DWHIN FY 2020 - 2022 STRATEGIC PLAN

ACCESS

Goal	Details	Owner	Tracking T ...	Due Date	Task	Update	Current Co...
Create infrastructure to support a holistic care delivery system (full array)			Child Goal Average	12/31/2022	Create infrastructure to support a holistic care delivery system (full array) Implement Restorative Practices as a technique to assist with completion of overarching goal.	Update	87% 87.38 / 100

Goal	Details	Owner	Tracking T ...	Due Date	Task	Update	Current Co...
<p>→ Create a satellite network : 100%</p>	<p>Providing services to people directly in our communities - DWIHN to ensure each FY that there is adequate Providers contracted to meet needs across all of Wayne County.</p>	<p>Manny Singla</p>	<p>Child Goal Average</p>	<p>12/31/2022</p>		<p>NEW</p> <p>Update: DWIHN continues to expand the service array by implementing Clinical programs. The award for the expansion grant from SAMHSA for the <i>Certified Community Behavioral Health Clinic (CCBHC)</i> will move this goal % completion higher upon award (September 2022). Cumulatively we have expanded thru the <i>Certified Community Behavioral Health Clinic (CCBHC)</i> demonstration program), Opioid Health Homes which will extend Access, Care coordination. We have also enabled partnerships with multiple Health plans to ensure care coordination and holistic care models covering both physical and behavioral health services can be provided. As part of this rollout, we also enabled a care coordination platform to avoid data duplication and certified HEDIS measures as part of measuring quality of services.</p> <p>Challenges: No value 08/01/2022</p>	<p>90% 89.75 / 100%</p>

Goal	Details	Owner	Tracking T...	Due Date	Task	Update	Current Co...
<p>→ Ensure all BH Providers receive 80% or greater on Risk Assessment/Score Card : 100%</p>	<p>Annually, each Provider will be scored using the Risk Management Assessment tool to assess overall strengths and areas needing improvement. This data will be tracked in a dashboard and then pull that score into Cascade "by Provider Type" to track overall organizational health.</p>	June White	Manual Slider	12/31/2022		<p>NEW</p> <p>Update: Monthly assessments of the Risk Scorecard prompted additional refinements in the assessment of the data The IT group is working on the inclusion of the following components into the overall Risk Score.</p> <ol style="list-style-type: none"> 1. Quality annual audits 2. Customer Service Reviews 3. Adjustments to the Michigan Mission Based Performance Indicators 4. BH- TEDs records <p>Challenges: <i>No value</i> 08/01/2022</p>	85% 85 / 100%
<p>Create Integrated Continuum of Care for Youth</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>Challenges: <i>No value</i> 10/07/2021</p>	95% 94.61 / 100

Goal	Details	Owner	Tracking T...	Due Date	Task	Update	Current Co...
<p>→ Deliver Integrated model of Care of Care for Children : 100%</p>	<p>Although the authority was not awarded the InCK Grant from CMS in December 2019, working towards the components that help coordinate care for Children still is a priority. There are 2 additional programs that Children's Initiative oversee via the System of Care Block Grant that supports Integrated Model of Care for Children (SKIPP and MC 3).</p>	<p>Cassandra Phipps</p>	<p>Child Goal Average</p>	<p>09/30/2020</p>	<p>There are 2 Programs that the Children's Initiative oversees through the System of Care Block Grant: Screening Kids in Primary Care Plus (SKIPP) and Michigan Child Collaborative Care (MC3)</p> <p>Screening Kids in Primary Care Plus (SKIPP) SKIPP began as a System of Care Initiative related to Pediatric Integrated Healthcare. The project focuses on breaking down silos of care for children by embedding a Behavioral Health Consultant (BHC) in the pediatrician's medical team to provide mental health consultation, resources, screenings, psycho-education, and action plans for pediatric patients. The BHC determines level of care for mental health services and works to ensure patient entry into the correct system for mental health care as needed.</p> <p>Michigan Child Collaborative Care (MC3) Program DWIHN and the University of Michigan MC3 program have teamed up to provide a tele-psychiatry consultation model to pediatric practices in Wayne County. The partnership currently provides 1 BHC who is placed on the medical team at Detroit Riverview Pediatrics. The BHC and the MC3 team work together to provide the education, support, and technical assistance to allow physicians access to a pool of psychiatrists who they can consult with for patient mental health and medication needs. The MC3 program is currently seeking out additional practices interested in receiving same-day psychiatric consultations from the University of Michigan's team of pediatric and OB/ GYN psychiatrists.</p>	<p>96% 95.84 / 100%</p>	
<p>→ Ensure anyone in Wayne County can access crisis services</p>	<p>There is no wrong door. Anyone experiencing a behavioral health crisis in Wayne County can have an assessment completed.</p>	<p>Dan West</p>	<p>Manual Slider</p>	<p>09/30/2022</p>	<p>Challenges: No value 10/08/2021</p> <p>NEW Update: The way we are ensuring access to crisis services for anyone in Wayne County at this time is providing availability within a large network of service providers and options for SMI, I/DD, and SUD diagnoses for adults and</p>	<p>88% 88 / 100</p>	

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.

Challenges: Emergency departments are currently experiencing longer than usual wait times for placement and acceptance into an inpatient level of care, and therefore members are not receiving the immediate level of care requested upon arrival into a crisis encounter without widely available options for a lower level of care. One of the solutions will be the ultimate implementation of the clinical care center at 707 W. Milwaukee.

emergent and routine BH services.

Increase DHHS Staff processing Medicaid Benefit Applications
Due: Dan 03/06/ West 2020

DWIHN identified that we had a need to increase the number of Administrators processing applications in a timely fashion.

DWIHN to hire 2 new staff to process these applications.

Additional Crisis Stabilization Services COVID 19 escalated
Due: Dan 04/13/ West 2020

our efforts to establish a second Crisis Stabilization Unit (CSU).

Psychiatric Urgent Care Units Established 2
Due: Melissa 04/20/ a 2020 Moody

Psychiatric Urgent Care Facilities in Wayne County.

Activate Crisis Assessment Center
Due: Dan 09/30/ West 2022

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.

→ Establish means to enable interoperability using Health Information Exchange to share care plans across providers : 100

All CRSP providers are now on the HIE platform

Challenges: No value
09/30/2020

Manny Singla Manual Slider

Will help facilitate NCQA CC 1

09/30/2020

Goal	Details	Owner	Tracking T ...	Due Date	Task	Update	Current Co...
Establish an effective crisis response system	<p>Child Goal Average</p> <p>NCPI Crisis Response System</p> <p>Incorporate CPI</p> <p>Nonviolent Crisis Intervention Training</p> <p>Crisis Prevention Institute (CPI) as a way to safely manage disruptive and assaultive behavior.</p>	Maria Stanfield	06/06/2022	09/30/2022	<p>Due: 06/06/2022</p>	93% 92.67 / 100	
<p>Ensure all technology aspects are addressed to ensure connectivity, redundancy and access for mission critical operations : 100%</p>		Manny Singla	Manual Slider	09/30/2022	<p>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.</p> <p>Challenges: No value 02/03/2022</p>	90% 90 / 100%	

Goal	Details	Owner	Tracking T...	Due Date	Task	Update	Current Co...
<p>→ Ensure anyone in Wayne County can access crisis services</p>	<p>There is no wrong door. Anyone experiencing a behavioral health crisis in Wayne County can have an assessment completed.</p>	Dan West	Manual Slider	09/30/2022	<p>Increase # of Liaisons - Improve access to emergent and urgent services by increasing # of DWIHN Hospital and Community Liaisons who assist in helping individuals access emergent and routine BH services.</p> <p>Increase DHHS Staff processing Medicaid Benefit Applications 2020</p> <p>DWIHN identified that we had a need to increase the number of Administrators processing applications in a timely fashion.</p> <p>DWIHN to hire 2 new staff to process these applications.</p> <p>Additional Crisis Stabilization Services COVID 19 escalated our efforts to establish a second Crisis Stabilization Unit (CSU).</p> <p>Psychiatric Urgent Care Units Established 2 Psychiatric Urgent Care Facilities in Wayne County.</p> <p>Activate Crisis Assessment Center 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>NEW</p> <p>Update: The way we are ensuring access to crisis services for anyone in Wayne County at this time is providing availability within a large network of service providers and options for SMI, I/DD, and SUD diagnoses for adults and children. Access to DWIHN crisis services is publicized via social media, billboards, 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>Challenges: Emergency departments are currently experiencing longer than usual wait times for placement and acceptance into an inpatient level of care, and therefore members are not receiving the immediate level of care requested upon arrival into a crisis encounter without widely available options for a lower level of care. One of the solutions will be the ultimate implementation of the clinical care center at 707 W. Milwaukee.</p> <p>04/25/2022</p>	88% 88 / 100

Goal	Details	Owner	Tracking T ...	Due Date	Task	Update	Current Co...
<ul style="list-style-type: none"> Implement Crisis Project Plan : 100% → Ensure individuals are placed in the least restrictive environment 		Dan West	Child Goal Average	09/30/2022		<p>NEW</p> <p>Update: As a part of a continuous quality improvement philosophy, DWIHN Crisis Director has identified that while there are available Pre-placement beds available as a component to help ensure individuals are placed in the least restrictive environment, these do not fall within the realm of Respite. Two goals have been added to increase Respite options for Adults and Children. DWIHN will look at creating an RFI for FY 23 to address this need.</p> <p>Challenges: No value 06/02/2022</p>	100% 100 / 100%
<ul style="list-style-type: none"> Implement Justice Involved Continuum of Care → Conduct gap-analysis of the Sequential Intercept Model 		Ebony Reynolds	Child Goal Average	09/30/2022		<p>The Wayne County Jail Diversion Council met December 2020 to review each intercept on the model.</p> <p>Challenges: No value 01/19/2021</p>	100% 100 / 100
<ul style="list-style-type: none"> Implement improvements to existing programming 	Based on Gap-Analysis and the identified opportunities for improvement any necessary improvements to existing process	Ebony Reynolds	Child Goal Average	09/30/2020		<p>A team has been reviewing supplemental training to identify gaps that would allow the recommendation and addition of new educational topics.</p> <p>Challenges: No value 10/04/2021</p>	100% 100 / 100

Goal	Details	Owner	Tracking T ...	Due Date	Task	Update	Current Co...
<p>→ Implement new programs within the Sequential Intercept Model</p>	<p>Based on the gap-analysis, new programs may need to be developed.</p> <ol style="list-style-type: none"> 1. Adult 2. Juvenile 	Julie Black	Manual Slider	09/30/2020		<p>In upcoming fiscal year 20-21, three new programs will be implemented for Jail Diversion. Central City Integrated Health will develop and provide programming for the Detroit Homeless Outreach pilot in collaboration with law enforcement. This collaboration is between the City of Detroit, homeless outreach providers and behavioral health providers with the goal of getting the homeless off of the street utilizing available resources, and reducing the negative issues associated with homelessness and behavioral health challenges (SMI/SUD). Northeast Integrated Health and Team Wellness are collaborating with the Detroit Police Department to pilot a Detroit Co-Response Team. The program is founded on the understanding that by working together, behavioral health specialists and law enforcement can respond appropriately to the needs of individuals in the community who are in crisis. Police and behavioral health specialists are being trained on the CIT model. Each provider will participate in the collaborative process including monthly team meetings with DWIHN.</p> <p>Challenges: There are no barriers to report.</p> <p>10/02/2020</p>	100% 100 / 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 4th Quarter Performance Indicator data will be submitted to the Michigan Department of Health and Human Services (MDHHS) on December 31, 2022.

Quantitative Analysis and Trending of Measures

DWIHN continued to meet the standards for PI#1 (Children and Adult), 4b (SUD), and PI#10 (Children). We have shown a slight improvement in PI#10 (Recidivism or Readmission within 30 days) from Q3 17.34% (Adult) to Quarter 4 preliminary results at (15.76%) demonstrating a 1.58 percentage point decrease. The standard is 15% or less. This remains an opportunity for ongoing improvement and we will continue with the efforts to meet the standard as well as continue to evaluate the effectiveness of the interventions. For indicator 2a (Access of services or Biopsychosocial within 14 days of request), the reporting percentage increased from Q3(36%) to (44%) for Q4 a 8 percentage point increase. We will continue improvement efforts with better outcomes expected during 1st Quarter of FY-2023. The chart below represents performance rate for Indicators 1, 4a, 4b and 10 for FY2022.

Performance Indicators	Population	1st Quarter21/22	2nd Quarter 21/22	3rd Quarter 21/22	PRELIMINARY 4th Quarter 21/22
Indicator 1: Percentage who Received a Prescreen within 3 Hours of Request (95% Standard)	Children	97.78%	98.14%	98.91%	98.79%
	Adults	97.14%	98.81%	97.83%	97.68%
	Total	97.29%	98.65%	98.05%	97.88%
Indicator 4a & 4b: Percentage who had a Follow-Up within 7 Days of Discharge from a Psychiatric Unit/SUD Detox Unit (95% Standard)	Children	98.15%	93.75%	85.00%	90.74%
	Adults	94.80%	95.94%	95.10%	90.16%
	Total	95.09%	95.71%	94.14%	90.21%
	SUD	100%	99.37%	99.81%	99.17%
Indicator 10: Percentage who had a Re-Admission to Psychiatric Unit within 30 Days (<15% Standard)	Children	5.06%	7.69%	6.76%	6.94%
	Adults	14.93%	16.31%	17.79%	15.76%
	Total	14.05%	15.63%	16.86%	15.04%

Evaluation of Effectiveness

DWIHN's Quality Department continues to monitor various Performance Indicators and standards closely. The submission for Quarter 4 is due by the end of December. Given the challenges with the workforce, we have been working closely with our provider network to improve timely access to services (intake within 14 days of request), Performance Indicator # 2a. During Quarter 1 to Quarter 4, the highest improvement has been for our members with Severe Mental Illness (SMI) where the Adult with MI have improved each quarter and Adults with Developmental Disability (DD) have improved with the strongest noted improvement for Quarter 1. Organizations providing services to Children with Severe Emotional Disturbances (SED) continue to remain a focused area for improvement.

Barriers

Staff shortages continue to be a reported barrier to our behavioral health provider network. As we meet every 45 days or so with the CRSP providers around the performance indicators. DWIHN's QI, Access, MCO, IHC, and CPI Units will continue internal meetings as well as meeting with the provider network to alleviate this challenge. Listed below are some of the challenges that our providers have shared with DWIHN.

- Staff caseloads for some providers is high as 500 members per staff
- Some providers have closed their intake departments due to staffing shortages
- The amount of paperwork and time required to process member assessments

Next Steps

QI will continue our ongoing collaboration and efforts towards working with providers and target recidivistic individuals to improve recidivism outcomes efforts to ensure better outcomes for PI#10:

- Engaged and collaborated with members' outpatient (CRSP) providers to ensure continuity of care and when members present to the ED in crisis but may not require hospitalization.
- Charted alerts which notify the screening entities and the Clinically Responsible Service Provider (CRSP) of members who frequently present to the ED.
- Properly navigated and diverted members to the appropriate type of service and level of care (COPE).
- Provided volunteer referrals to Complex Case Management for members with high behavioral needs (DWIHN's IHC).
- Continue with the internal and external Recidivism Workgroup (DWIHN's Quality and Access)
- Coordinated and collaborated with DWIHN's crisis screeners on measures to decrease inpatient admissions (DWIHN's Access)
- Working on expansion of "Med Drop" Program to improve outpatient compliance with goals to decrease need for higher level of care inpatient hospitalizations (DWIHN's CPI).

Goal V Quality Pillar (Safety of Clinical Care)

Performance Monitoring Activities

Home and Community Based Services (HCBS)

DWIHN is working with the Michigan Department of Health and Human Services to implement the required Home and Community Based Services Transition Tracking for the Members of DWIHN who are residing in homes that are not HCBS Compliant. DWIHN through Quality staff, will report to MDHHS on a bi-monthly basis the status for all the identified members. The transition planning and process of 56 members identified as being in settings found to be non-compliant with HCBS. These reports are due for all the identified members, on the specified spreadsheets twice a month. These reports are to be submitted for each member until they are replaced and MDHHS acknowledges the replacement. These are expected to be achieved prior to the March 17, 2023.

The HCBS provide opportunities for Medicaid beneficiaries to receive services in their own home or community rather than institutions or other isolated settings. These programs serve a variety of targeted populations groups, such as people with intellectual or developmental disabilities, physical disabilities, and/or mental illnesses. The goal of the HCBS Rule is to make sure that the supports and services individuals receive, give individuals the opportunity for independent decision-making, to fully participate in community life, and to make sure their rights are respected.

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

MDHHS 90-Day Follow-up Waiver Review of DWIHN's HSW, CPW, SEDW, and SUD services

MDHHS has completed the 90 day follow up review for implementation of the plan of correction. The follow-up review is evaluating the current status of the Corrective Action Plans, submitted by DWIHN, in response to the Full Site Review that was conducted March 14 through April 22, 2022. DWIHN currently awaits confirmation of the full satisfaction of the POC. Outcomes from the review will be reported to Program Compliance and other appropriate committees as required.

External Quality Review Compliance Review:

DWIHN has received the Draft SFY 2022 Compliance Review Report with an overall compliance score of 83%, in which we have an opportunity to provide feedback to Health Services Advisory Group (HSAG) by October 31, 2021. The areas with the greatest opportunity for improvement were related to Provider Selection, Grievance and Appeal Systems, Sub-contractual Relationships and Delegation, Practice Guidelines, Health Information Systems, and Quality Assessment and Performance Improvement Program, as these areas received performance scores below 90 percent. The Quality Team will continue to work internally with each Department to assure implementation of the CAPs. HSAG will do the final review (Year 3) in Summer of 2023 and a final score will be aggregated.

**CHIEF CLINICAL OFFICER EXECUTIVE SUMMARY
PROGRAM COMPLIANCE COMMITTEE
November 9, 2022**

COVID-19 RESPONSE PLAN:

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

COVID-19 & INPATIENT PSYCHIATRIC HOSPITALIZATION

	# of Inpatient Hospitalizations	COVID-19 Positive
August 2022	740	12
September 2022	640	3
October 2022	680	4

Inpatient Hospital Admission Authorization data as of 11/1/2022.

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

Crisis Stabilization Service Provider	Services	October 2022- # Served
Community Outreach for Psychiatric Emergencies (COPE)	Intensive Crisis Stabilization Services (MDHHS Approved)	193 (September-226)
Team Wellness Center (TWC)	Intensive Crisis Stabilization Services (MDHHS Approved)	236 (September-214)

*No significant change from September 2022.

COVID -19 RECOVERY HOUSING/RECOVERY SUPPORT SERVICES

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

Provider	# Served- October 2022
Quality Behavioral Health (QBH)	49 (September-23)
Detroit Rescue Mission Ministries (DRMM)	0 (September-0)
Abundant	12 (September- 14)

- 64% increase in Covid 19 SUD Recovery Housing utilized in October compared to September 2022.

**CHIEF CLINICAL OFFICER EXECUTIVE SUMMARY
PROGRAM COMPLIANCE COMMITTEE
November 9, 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	October 2022- # Served
Detroit Family Homes	Licensed Residential Home- Adults	4	0 (September-0)
Kinloch	Licensed Residential Home- Adults	3	0 (September-0)

RESIDENTIAL DEPARTMENT- COVID-19 Impact:

	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022 (Oct 1, 2021- current)	October 2022
Total # Covid-19- Members	169	76	136	0 (Sept.- 1)
Related Deaths	34	7	3	0 (Sept.-0)
Total# Covid-19 Staff	71	59	58	0 (Sept.-0)
Related Deaths	3	0	1	0 (Sept. 0)

COVID-19 MICHIGAN DATA:

Michigan COVID-19 Cases: November 2, 2022 update: The total number of COVID-19 cases in Michigan is 2,897,827 with 39,406 deaths. Wayne County reported 335,398 Covid-19 cases and 4,865 deaths. The City of Detroit reported 164,477 Covid-19 cases with 3,702 deaths. (Source: www.michigan.gov/Coronavirus)

Michigan COVID-19 Vaccination Updates:

Area	First dose- Initiation	Fully Vaccinated
State of Michigan	63.7%	58.9%
Wayne County	71,2%	65.4%
City of Detroit	47.9%	40.8%

INTEGRATED HEATHCARE SERVICES:

Behavioral Health Home (BHH):

- ❖ Current enrollment- 300 members (September- 262, 14.5% increase)
 - 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
 - Added Community Living Services as a BHH provider & currently in the process of adding Psygenics as well. This will result in a total of seven (7) Health Home partners for DWIHN.

**CHIEF CLINICAL OFFICER EXECUTIVE SUMMARY
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November 9, 2022

Opioid Health Home (OHH):

- ❖ Current enrollment- 394 members (August- 392)
 - 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):

- Current enrollment- 3,343 members (September- 3,152, 6% increase)
 - 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 and The Guidance Center is the designated provider for Region 7.

CLINICAL PRACTICE IMPROVEMENT/ INNOVATION & COMMUNITY ENGAGEMENT:

DWIHN's Veteran Navigator connected with 17 new Veterans and three (3) family members in the month of October. The Navigator participated in over a dozen events during the month of October. The Mental Health Jail Navigator referrals remain consistent, as 10 individuals were referred and interviewed, and did not meet criteria and/or released prior to placement. Currently four (4) individuals are monitored and receiving treatment services from Team Wellness Center and/or Detroit Rescue Mission Ministries.

Med Drop Program: There are currently 51 members enrolled in Med Drop Services. During the month of October, DWIHN met with the Genoa Med Drop coordinator to discuss a change in the Med Drop referral process to increase member enrollment and reduce the wait time to start of services. This will involve the primary case manager indicating the med drop frequency that he/she discussed with the member and the member has agreed to. This is added in the IPOS, which Genoa Med Drop Coordinator can then view. The Genoa Med Drop Coordinator will reach out to the member and coordinate the orientation session. All parties are aware that the intake cannot occur until minimally the psychiatric medications are transferred to Genoa Pharmacy and the assigned CRSP should assist the member with this transfer.

Evidence-Based Supported Employment: In this reporting period there were a total of 262 referrals, 173 admissions, and 108 were employed with an average wage of \$14.25/hour. Fifteen (15) of those employed were returning citizens. Twenty-nine (29) successfully transitioned from Supported Employment services after reaching their employment goals. Individuals served were employed in a variety of positions, such as Delivery Driver, Medical Assistant, Teacher, Security Officer, Janitorial Associate, Restaurant Crew Worker, Hotel and Hospitality Worker, Construction Worker and Office Manager.

CRISIS SERVICES:

Requests for Service (RFS) for children increased by 9% this month and the diversion rate increased from 72% to 75% as compared to September. There were 140 youth intensive crisis stabilization service (ICSS) cases for the month of October, a 34% increase compared to September. There was a total of 43 cases served by The Children's Center Crisis Care Center in October, a 72% increase from the month of September.

**CHIEF CLINICAL OFFICER EXECUTIVE SUMMARY
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There was a 3% increase in the number of requests for service for adults in October compared to September, and the diversion rate decreased by 2% in October. The Crisis Stabilization Unit (CSU) at COPE served 193 cases in this month, an 14% decrease from September at 226.

DWIHN received 155 Assisted Outpatient Treatment (AOT) orders from Probate Court this month and respective CRSPs were notified to incorporate these orders in treatment planning. Deferral Conferences continue with CRSP engagement. Two (2) Citizens returned and were connected to DWIHN services upon release from MDOC.

In October 2022, there were 151 contacts made with community hospitals related to movement of members out of the emergency departments, which is a 28% decrease in contacts from September at 194. Out of the 151 encounters, 41 were diverted to a lower level of care, an overall diversion rate of 27%. Hospital liaisons received 14 “crisis alert” calls collectively in October and 4 of those members were diverted to lower levels of care (29% diversion rate for crisis alert calls).

Mobile Outreach Services, October 2022:

Number of Mobile Events Attended	12
Number of Meaningful Engagements	475
Number of Subsequent Contacts	170

UTILIZATION MANAGEMENT (UM):

Autism Services- There were 373 authorization requests manually approved during the month of October. There were an additional 174 authorizations completed via the auto-approval process for a total of 547 approvals for the month of October. There are currently 2,550 cases open in the benefit.

Habilitation Supports Waiver: There are 1,084 slots assigned to the DWIHN. As of 10/31/22 1,015 filled, 69 were open, for a utilization rate of 93.6%. The UM Department has identified members that would meet criteria for this service array and has provided this information to those providers to increase enrollment.

Denials and Appeals: For the month of October, there were three (3) denials and zero (0) appeals reported. There were also Twenty-three (23) inpatient service authorization administrative denials and eighteen (18) administrative appeals. Ten (10) of the administrative appeals were upheld, two (2) were overturned, five (5) were partially upheld and one (1) is pending a determination. This report does not reflect the full month of October.

General Fund: Of the General Fund Exception authorization requests reviewed during October 2022, there were 332 approvals, including 12 for the Guidance Center (CCBHC). It is the expectation that providers assist the member in applying for benefits within the for 60 days of service.

State Facilities: There were 2 adult state hospital admissions in the month of October and 69 NGRI consumers are currently managed in the community. Four (4) consumers remain on the wait list. There was one (1) new children’s state hospital admission; one (1) member remains in the admission pool (wait list).

Provider/Outpatient Services: As of 10/31/22, there were 2072 approvals for non-urgent, pre-service authorizations (outside of the ASD benefit). These are authorization requests that required manual review by UM Clinical Specialists. The chart below depicts the number of approvals (2072), those that were approved within 14 days of the request (1951) and the authorizations that were approved beyond 14 days (121). Out of the 1499 approvals, 94.2% were approved within 14 days of the request and 5.8% were approved 15 days or more after the submission.

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

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Service Utilization Guidelines (SUGs): The UM Team is currently completing an analysis on over and under utilization of service codes and will be updating SUGs accordingly to keep in line with both utilization and medical necessity guidelines.

CHILDREN'S INITIATIVE SERVICES:

Both School Success Initiative Meeting and GOAL Line meetings were held this month. Ricky Fountain presented on GOAL Line program. School Success Initiative Providers, Access Department, and IT Department was trained on the Redcap / MHWIN data merger. The training presentation and materials was uploaded to MHWIN as a resource for Providers.

Children's Outreach, Access, and Prevention Activities:

- Youth MOVE Detroit started a monthly Facebook LIVE chat. Topic was "Would you rather..." activity (15 views).
- Youth United participated in Impact Detroit Community Hub's Trunk or Treat on 10/29/22 and shared children services resources (100 attendees).
- Several children-related videos were added to DWIHN website:
 - *Youth and Social Media: <https://www.youtube.com/watch?v=4OXsdSfFV-E>
 - *Let's Talk About It: Stigma: <https://www.youtube.com/watch?v=YbaehPHjEv0&list=PLZX9dmYop-Y2jlS6j5tMO9jfMDXF-ZMhH&index=4>
 - *Youth Substance Use: https://www.youtube.com/watch?v=q91yDgW_aWA
- Substance Use Department facilitated the "Collective Call to Action Workshop Series: Engaging Youth in Your Coalition and Community Work on 10/27/22 via zoom. Focused on barriers to youth involvement, opportunities for pro social involvement, and recruitment techniques.
- The Detroit Wayne Tobacco Free Coalition hosted a Youth Advocacy Skills Training was held on 10/22/22 at the Northwest Activity Center in Detroit.
- Children's Initiative Department distributed the Home Based (HB) Bulletin this month to streamline the billing for home-based therapy in accordance to the Michigan Department of Health and Human Services (MDHHS) expectations. The new billing structure also allows for Children Providers to be in a position to meet the 4-hour minimum monthly requirement and qualify for the HB performance indicator for the Value Based Incentive Program.
- Children's Initiative Director, Cassandra Phipps attended the MDHHS Funding Opportunity subcommittee to discuss how MDHHS can provide additional funding and supports for clinical staff.
- Children's Initiative Department submitted the intent letter to MDHHS for two (2) Children Providers to participate in the Infant and Early Childhood Consultation Expansion Grant that is expected to start January 2023.
- Children's Initiative Department received notification from MDHHS that DWIHN was awarded the Infant Toddler Grant that will start 11/1/2022. As a result, DWIHN will be hiring a full-time coordinator position to full fill the duties of this grant.
- Intellectual Developmental Disabilities Specialist, Kimberly Hoga, hosted a Children Waiver 101 Training with MDHHS and IDD Children Providers on 10/11/22 in person. Discussed the criteria, referral process, array of services, and contracts.

SUBSTANCE USE SERVICES:

COVID Update: In October, DWIHN Provider Network provided services to 61 individuals in COVID quarantine compared to thirty-seven (37) the previous month. In addition, of the 61 identified with positive for COVID cases, 43 were vaccinated, 16 did not received a vaccination, and two (2) did not report their status. Several providers had to temporarily close admissions due to COVID including: Sobriety House, Quality Behavioral Health, Salvation Army Harbor Light.

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

November 9, 2022

Naloxone Initiative: DWIHN's Naloxone Initiative program has saved 886 lives since its inception. The logs are coming in slowly from law enforcement and the community. DWIHN only reports those saves that we have documentation to support this initiative.

Month of October 2022 DWIHN reports the following:

Naloxone saves 0

Unsuccessful saves 0

DWIHN expanded access to Naloxone through the Barbershop Talk Tour Initiative. This permits the life-saving medication to include more people who might encounter someone experiencing an overdose. In addition, it allows family and friends of opioid users to have more knowledge of opioid overdose and the ability to respond appropriately after receiving training in naloxone administration. Training includes topics on Men's Health Issues, Male Responsibilities, Substance Use Disorder, Mental Health, Police Brutality, and Naloxone training. During October, presentations were conducted at 10 locations in Wayne County. Data from the ten barbershops where training was conducted indicate the total number of individuals trained was 39, of which 29 were men and 10 were female, ages 25-63, each received a free naloxone kit at the end of the training. Furthermore, evidence suggests that bystander naloxone administration and overdose education programs are associated with increased odds of recovery and with improved knowledge of overdose recognition and management.

Quality Behavioral Health, Inc offer free Narcan through a vending machine at their main location at 6821 Medbury St, Detroit MI 48211. QBH are the first location in the area to offer this service, which dispenses nasal Naloxone spray, both free of charge and without a prescription.

Coverage (SYNAR) Study: LAHC completed the coverage study of 35 tobacco retailers in Dearborn in the month of October. The Coverage Study is part of the larger Synar project effort to determine sales rates of tobacco, vaping and alternative nicotine products to individuals under the age of 21 as part of Michigan's compliance with the Synar amendment and observance of the federal Tobacco 21 law. The Synar hold states to a Retailer Violation Rate of twenty percent (20%) or less. Failure to complete this project successfully, may result in significance loss of federal dollars for substance abuse prevention and treatment in Michigan. Enforcement is conducted at combination of outlets randomly selected for the Synar survey combined with law enforcement. The information obtained from these surveys is to increase awareness and encourage retailer compliance with Youth Tobacco Act. The underage inspector will enter the outlet, attempt to make a tobacco, vapor, or alternative nicotine product purchase, and record the results. For FY 22 we received over 25% in sales of tobacco. Those providers were placed on corrective action plan.



**CHIEF CLINICAL OFFICER'S REPORT
Program Compliance Committee Meeting
Wednesday, November 9, 2022**

CHILDREN'S INITIATIVES – Director, Cassandra Phipps

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

Goals	Updates
<p>ACCESS</p> <p>Branding Outreach Census Screening New Opportunities</p>	<ul style="list-style-type: none"> Youth MOVE Detroit started a monthly Facebook LIVE chat. Topic was “Would you rather...” activity (15 views). Youth United participated in Impact Detroit Community Hub’s Trunk or Treat on 10/29/22 and shared children services resources (100 attendees). Meetings were held to discuss creating new flyers to add to Children’s Initiative Website (Integrated Health Care, Sexual Awareness Information and Treatment (SAIT), Co-occurring, Children’s Crisis Flyer)
<p>PREVENTION</p> <p>Conferences Workshops Schools Tri-County Initiative Pediatric Care Prevention Activities</p>	<ul style="list-style-type: none"> Chief Medical Officer, Dr. Faheem completed 4 Back to School videos on YouTube focusing on stress management, maintaining a routine, removing distractions, organization skills, and self-care. Various children related videos were added to DWIHN website: <ul style="list-style-type: none"> *Youth and Social Media: https://www.youtube.com/watch?v=4OXsdSfFV-E *Let’s Talk About It: Stigma: https://www.youtube.com/watch?v=YbaehPHjEv0&list=PLZX9dmYop-Y2jIS6j5tMO9jfMDXF-ZMhH&index=4 *Youth Substance Use: https://www.youtube.com/watch?v=q91yDgW_aWA Substance Use Department facilitated the “Collective Call to Action Workshop Series: Engaging Youth in Your Coalition and Community Work on 10/27/22 via zoom. Focused on barriers to youth involvement, opportunities for pro social involvement, and recruitment techniques. The Detroit Wayne Tobacco Free Coalition hosted a Youth Advocacy Skills Training was held on 10/22/22 at the Northwest Activity Center in Detroit. Wayne County Youth Involvement Meeting was held 10/26/22 and discussed community resources end events.
<p>CRISIS INTERVENTION</p> <p>Care Center Juvenile Justice Expansion of Crisis Services Crisis Trainings</p>	<ul style="list-style-type: none"> Meetings held with Children Providers, MDHHS, and Juvenile Justice Partners to brainstorm ways to address mental health needs for detained youth. Children’s Initiative Director Cassandra Phipps provided additional guidance that Medicaid funds is unable to be utilize to offer mental health services for youth in detainment.
<p>TREATMENT</p> <p>Workforce</p>	<ul style="list-style-type: none"> Children’s Initiative Department distributed the Home Based (HB) Bulletin this month to streamline the billing for home-based therapy in accordance to the Michigan Department of Health and Human Services (MDHHS) expectations. The new billing structure also allows for Children Providers to be in a position to meet

**Diversity / Equity / Inclusion
Evidenced Based Practices
Quality Services
Expansion of Services**

- the 4-hour minimum monthly requirement and qualify for the HB performance indicator for the Value Based Incentive Program.
- Children’s Initiative Director, Cassandra Phipps presented the HEDIS Measures at Improving Practices Leadership Team (IPLT) meeting this month for children who take ADHD medications and Antipsychotic medications. Reviewed current data and trends and discussed progress, barriers, and interventions.
 - Finance Department finalized the Q3 2022 Value Based Incentive payments for Children Providers.
 - Finance Department communicated to 4 Children Providers the opportunity to receive financial stability payments based on financial status from the previous fiscal year.
 - Finance Department sent communication to Children Providers to provide additional incentives directly to clinical staff who completes face to face therapy sessions for Home Based Services and Wrap Around Services.
 - Children’s Initiative Director, Cassandra Phipps attended the MDHHS Funding Opportunity sub- committee to discuss how MDHHS can provide additional funding and supports for clinical staff.
 - Children’s Initiative Department submitted the intent letter to MDHHS for 2 Children Providers to participate in the Infant and Early Childhood Consultation Expansion Grant that is expected to start January 2023.
 - Children’s Initiative Department received notification from MDHHS that DWIHN was awarded the Infant Toddler Grant that will start 11/1/2022. As a result, DWIHN will be hiring a full-time coordinator position to full fill the duties of this grant.
 - Intellectual Developmental Disabilities Specialist, Kimberly Hoga hosted a Children Waiver 101 Training with MDHHS and IDD Children Providers on 10/11/22 in person. Discussed the criteria, referral process, array of services, and contracts.
 - Children’s Initiative Department met with a representative from Payment for Placement Movement to discuss paid internship options.

School Success Initiative (SSI)

Both School Success Initiative Meeting and GOAL Line meetings were held this month. Ricky Fountain presented on GOAL Line program. School Success Initiative Providers, Access Department, and IT Department was trained on the Redcap / MHWIN data merger. The training presentation and materials was uploaded to MHWIN as a resource for Providers.

System of Care / Special Projects

CAFAS Booster Training: Special Project Specialist Marika Orme facilitated training for existing staff (17 attendees) **Children’s Mental Health Lecture Series (CMHLS):** Special Project Specialist Marika Orme facilitated “Understanding Adverse Childhood Experiences” on 10/20/22 (57 attendees). Training focused on the ten adverse childhood experiences, common trauma reactions among youth, risk vs. protective factors, and strategies to build resilience. **Conferences:** Special Project Specialist, Marika Orme attended the annual Community Mental Health Winter Conference in Traverse City and provided an update on MI Kids Now. **The following System of Care Meetings were held this month:** Human Services Collaborative Committee, Cross System Management, Children System Transformation, Children Services Administrative Forum, Home Based Taskforce, Wrap Around Project Team, Treatment Foster Care Oregon (TFCO), State Parent Support Partner Roundtable, Early Childhood Task Force, Child’s Hope, Pediatric Integrated Health Network, and DHHS/CMH Special Project Meeting.

Board Actions

The following Board Actions were presented and approved at the full DWIHN Board Meeting this month:

- **BA 23-10:** School Success Initiative and GOAL Line

CLINICAL PRACTICE IMPROVEMENT – Clinical Officer, Ebony Reynolds

Evidence Based Supported Employment Clinical Specialist October 2022 Activity

EBSE providers continue to work on recruitment and retention despite some challenges identifying staff due to workforce shortages. CNS Healthcare reportedly has established a list of individuals who reside in their Detroit East district in need of services that want to participate in their EBSE/IPS program. CNS Healthcare EBSE program staff shared they continue to advocate for an additional Employment Specialist to assist with growing referrals in their Detroit/Wayne County service area.

Hegira continues their efforts to recruit staff following its merger with Community Care Services. The Guidance Center EBSE/IPS program and Team Wellness Center reportedly continue to be fully staffed. DWIHN will continue to monitor and lend support when needed.

This reporting period there were a total of (262) referrals, (173) admissions, (108) employed with an average wage of (\$14.25). Fifteen (15) employed were returning citizens. Twenty-nine (29) successfully transitioned from EBSE/IPS services after reaching their employment goals. Individuals served were employed in a variety of positions, such as Delivery Driver, Medical Assistant, Teacher, Security Officer, Janitorial Associate, Restaurant Crew Worker, Hotel and Hospitality Worker, Construction Worker and Office Manager.

CPI Policy/Procedure Review

DWIHN's provider network Case Management procedure was revised to include conflict-free language and other regulatory requirements for delivery of case management/supports coordination services.

DWIHN-CPI IPOS Project

Collaborated with DWIHN's Quality Improvement team to provide training to the provider network on the revised standardized IPOS. In addition, contributed to an IPOS training frequently asked question (FAQ) document which will be distributed to training participants once completed.

Assertive Community Treatment/ Med Drop Clinical Specialist October 2022 Activity

CPI Monitored ACT program admissions and discharges to determine the appropriateness of level of care determinations and technical assistance to ensure program eligibility requirements were met.

During the month of October, CPI met with Med Drop coordinator to discuss a pilot med drop referral process. CPI also facilitated the quarterly Behavioral Health Learning Collaborative meeting with the provider network. Topics discussed included, PHQ-9 outcomes, Quarter 3 hospital recidivism, Outcome Improvement Committee member referral, fee schedule increase, aligning ACT members and the results of the fidelity review.

Also, during the month of October, CPI manager participated in procedure code work group, where topics discussed were modifiers, CPT codes and changes to fee schedule. CPI manager also participated in developing a new process of increasing Med Drop enrollment with the Med Drop coordinator and CPI Director.

CPI manager facilitated the monthly ACT forum where topics discussed were learning management system presented by internal DWIHN staff, updates on pre-admission review (PAR) completion rate within 2-hours timeframe, Quarter 3 data on PHQ-9- letter, Quarter 3 Hospital Recidivism list and provider discussion, feedback and questions/concerns were discussed.

CPI manager met with Med Drop for a monthly follow up meeting, where it was noted that there is now **51 members enrolled with the following data:**

AWBS =1;(Hegira- Downriver) = 12; CNS = 7; DCI = 13; Hegira- Westland = 0; LBS = 15; TGC = 1, Team Wellness = 2

Clinical Practice Improvement Team

- Monitoring oversight and tracking of the high-risk members on the Outcomes Improvement Committee, (OIC). Conducted case consult/reviews with Clinically Responsible Services Providers (CRSP) in regards to recidivistic and/or high acuity members. Track these individuals so follow up with CRSP can take place in next meeting to ensure recommendations have been followed and receive updates from CRSPs.
- Working on performance improvement plan (PIP) for NCQA reaccreditation for the Mystrength to increase users and achieve greater understanding to members.
- Updating member re-engagement policy for DWIHN network providers
- Assisted the Access in the updating the backlog of calls
- Worked with Utilization Management so that the authorizations for Med Drop program will auto approve.
- Revised the Med Drop process with Genoa Pharmacy to increase member enrollment and reduce wait time to begin the services:

The primary case manager will indicate the drop frequency that he/she discussed with the member and the member has agreed. This is added in the IPOS, which Genoa Med Drop Coordinator can view. There is no need to delay the start of services.

The Genoa Med Drop Coordinator will reach out to the member and coordinate the orientation session. All parties are aware that the intake cannot occur until minimally the psychiatric medications are transferred to Genoa Pharmacy and the assigned CRSP should assist the member with this transfer.

- Participated in Jail services discussion to offer ways to reduce recidivism within the jail.
- Worked with IT to review a more efficient way to capture data of individuals no longer enrolled in services that still show in PHQ-9. This is skewing the data (Hospital and Jail admissions, as well as closed Members).
- Working with ACT providers to increase monitoring and oversight of members in inpatient hospitalization. Discussed that ACT Team should be seeing Members while in the hospital and be a part of the discharge planning process.
- Met with ACT providers to encourage substance abuse groups be facilitated and by a trained substance abuse therapist.

CRISIS SERVICES – Director, Daniel West

CHILDREN’S CRISIS SERVICES

Month	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	Crisis Stab Cases
September	263	230	69	26%	190	72%	92
October	287	258	60	21%	215	75%	140

- Requests for Service (RFS) for children increased by 9% this month and the diversion rate increased from 72% to 75% as compared to September.
- There were 140 intensive crisis stabilization service (ICSS) cases for the month of October, a 34% increase compared to September. Of the 140 cases there were 71 initial screenings. Upon speak
- There was a total of 43 cases served by The Children’s Center Crisis Care Center in October, a 72% increase from the month of September.

COPE

Month	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	# Inpt due to no CRU
September	936	859	607	65%	304	32%	8
October	968	886	671	69%	286	30%	12

- There was a 3% increase in the number of requests for service for adults in October compared to September, and the diversion rate decreased by 2% in October.
- The Crisis Stabilization Unit (CSU) at COPE served 193 cases in this month, an 14% decrease from September at 226.
- The Mobile Crisis Stabilization Team provided services to 23 members in October, down from 62 in September.

CRISIS RESIDENTIAL/HEGIRA

- The number of available beds is 9.

Referral Source	Total Referrals	Accepted Referrals	Denials
ACT	0	0	Level of Care change – Not medically stable due to SUD – 0 Not medically stable due to physical health – Violent/aggressive behavior – No follow-up from SW/Hospital – 0 Pending: 4 CRU bed unavailable-0 1:1 staffing not available-0 Total -
COPE	22	14	
DWIHN Res.	0	0	
Step Down (Inpatient)	9	6	
Total	31	26	

CRISIS

CONTINUUM

- Total served at TEAM CSU 236 members. 12 Members seen at the CSU were on an AOT.

PROTOCOL

Month/Year	# Incoming Calls	# Calls Answered	% answer w/in 30 secs	Avg. Speed of answer	Abandonment rate
September	628	593	81.2%	29s	1.7%

October data not available at the time of this report

Protocall service level dropped roughly 6.5% in September while they were able to answer 11 more calls than in August. The average speed of answer was also slightly elevated over August but still within their goal range of 30 seconds. This increase in ASA is directly related to the decrease in service level and the increase in calls that were abandoned after the custom threshold of 16 seconds (4 more than last month).

COMMUNITY LAW ENFORCEMENT LIAISON ACTIVITY REPORT October 2022:

- The number of ATRs for the month of October increased by 13% (288 completed for this month as compared to 255 in September).
- Community Law Enforcement Liaison engaged 43 individuals this month.
 - 100% have repeat hospitalizations without follow up by the CRSP. CRSP were alerted and engaged in discharge planning. 28% have Team Wellness as a CRSP. 9% not assigned
 - 16% were homeless.
 - 12% were on SUD hx.
- 2 Citizens returned and were connected to DWIHN services upon release from MDOC.
- DWIHN received 155 Assisted Outpatient Treatment (AOT) orders from Probate Court this month and respective CRSPs were notified to incorporate these orders in treatment planning. Deferral Conferences continue with CRSP engagement.
- There were 17 ACT consumers referred to COPE: 47% went inpatient, 47% went Outpatient, and .1% were admitted to CRU and 0% PHP. No pre-placement was sought during this reporting period. It should be noted 29% of ACT PARs were completed by COPE. COPE saw 2 members who were on an AOT and 6 Transport Orders.

COMMUNITY HOSPITAL LIAISON ACTIVITY REPORT October 2022

- In October 2022, there were 151 contacts made with community hospitals related to movement of members out of the emergency departments, which is a 28% decrease in contacts from September at 194. Out of the 151 encounters, 41 were diverted to a lower level of care, an overall diversion rate of 27%. 1 admission were made to Hawthorn, and 0 admissions were made to WRPH and Kalamazoo.
- Hospital liaisons were not involved in any cases that were NOT on the 23-hour report.
- Hospital liaisons received 14 "crisis alert" calls collectively in October and 4 of those members were diverted to lower levels of care (29% diversion rate for crisis alert calls).
- In October, there were 5 members who repeated an emergency encounter twice within the month, and between the 5 members considered recidivistic there were 10 encounters. One member was diverted on the first encounter, and hospitalized on the second, and the rest went inpatient 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 150 encounters (a 29% increase from September) related to movement from a 23+ hour wait in the ED.
- 41 of the 150 cases specifically related to the 23-hour list were diverted, resulting in a 27% diversion rate.

DISPOSITION TOTALS

- For inpatient admissions overall, St. John Macomb: 1, Beaumont Behavioral: 7, BCA Stonecrest: 19, Detroit Receiving: 4, Garden City: 4, Harbor Oaks: 9, Havenwyck: 7, Henry Ford Wyandotte: 3, Kingswood: 4, BCoM: 2, Pontiac General: 24, St. John Providence: 2, Samaritan: 13, Sinai Grace: 4, St. Mary's: 2, and St. Joes Ann Arbor: 1.
- Of those diverted overall, discharged with crisis stabilization: 30, Medical admissions: 3, Partial Day Hospitalization: 6, Residential: 1, Nursing home: 3, and AMA:1.

DISCHARGE LIAISON TOTALS, October 2022

The DWIHN Discharge Hospital Liaison was involved in 12 cases in October, down from 16 cases in September. There were 10 referrals from clinical specialists within Utilization Management at DWIHN, and 2 were self-referrals from the Discharge Hospital Liaison. All of the referrals already had a crisis alert within the system. Of the 5 hospital discharge appointments scheduled, 2 members kept their appointment while 7 are pending at the time of reporting. The Discharge Liaison has since followed up with the CRSP for all those that missed appointments.

MOBILE OUTREACH SERVICES, October 2022

Number of Mobile Events Attended	12
Number of Meaningful Engagements	475
Number of Subsequent Contacts	170
Number of Screenings in the system	0
Current members contacted within DWIHN system	0

CUSTOMER SERVICE – Director, Michele Vasconcellos

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

- A total of 2,265 calls were offered to the Customer Service Department’s Welcome/Reception Switchboard and Call Center Operations during the month of October. The Welcome /Reception Switchboard handled 1,391 calls with an ABD rate of 1.0% and the Customer Service Call Center processed 560 calls with an ABD rate of 4.1%. The ABD compliance standard is <5%.
- Family Support Subsidy Activity: Calls handled 632 (decrease from 643). Applications rec’d 115 (increase from 105). Applications Submitted to State 65 (decrease from 77).
- Processed and mailed out” Choice” letters to members as a result of provider closures or discontinuance of services.
- Medical Records: 6 requests processed via email and/or mailed.
- Conducted Customer Service Orientations for new hires of the Access Center.
- Prepared Customer Service reports to address Provider Customer Service Audit process.
- Prepared and reported on Bi-Monthly Disenrollment Update for Authorization meetings.
- Conducted Bi-monthly Customer Service staff meetings.
- Processed Unit Cobblestone and ReQLogic data entries for Finance processing.
- Completed Unit’s Annual performance appraisals.

Customer Service Performance Monitoring/ Grievance & Appeals

- Participated in UM, Quality Ops, ASD, ICO monthly meetings.
- Provided grievance technical assistance/training to CCIH, Gateway, Southwest Solutions
- Participated in multiple provider closure meetings.

- Provided Disenrollment Update Reports and queue is now down to 412 plus pending disenrollment cases.
- Addressed 1 Plan of Correction (POC) received in October from Personalized Nursing Lighthouse
- Facilitated Monthly Due Process Meeting
- Trained New Access Center Call Center Staff person on Appeals, Second Opinions, Mediation.
- Completed of Disenrollment Reports for Authorization meeting.
- Attended Risk Matrix/Provider scorecard meeting held interdepartmentally.
- Attended intradepartmental meeting regarding delegation of CS standards and grid completion.
- Conducted a consultation with ASD Program Administrator
- Provided technical assistance to multiple providers regarding ABD audit results with Psygenics
- Conducted multiple team consultations with Grievances and Appeals team and CSAs. multiple consultations with CSAs.
- Attended Credentialing Meeting.
- Conducted Interviews for vacant CS Performance Monitor position.
- Conducted Management team meeting regarding responsibilities of outgoing CSA and MEA
- Attended Statewide CS Quarterly Meeting.
- 3 Customer Service Staff members including the CS Director attended the CMHA Fall Conference in Traverse City
- EOB mailing (5500) was completed on 10/3/22 for both Medicaid and MI Health Link. A spreadsheet was created to track returned EOBs. Clerical staff to monitor and update.
- Attended the Aetna JOC meeting.
- Attended PNM regarding Central City Integrated Health compliance concerns
- Conducted Interdepartmental consultation with SUD regarding noncompliance with 2 SUD providers: New Light Recovery Center and Nardin Park.
- Attended Implicit Bias Training.

NCQA/HSAG:

- Participated in FY 21 HSAG Compliance Review meetings in conjunction with Quality.
- Sought Technical assistance with NCQA consultant regarding how to process appeals after member has abandoned the process.
- Received feedback from HSAG on FY '22 audit. Submitted 3 requests for reconsideration. Tentative score is 84%. Standard IV
- Met regarding delegation of ABDs with Strategic planning, UM and NCQA consultant.

Member Engagement/ Experience

- Continued to engage AFC home members.
- Engaged 26 DWIHN and community volunteers for voter outreach to reach 300 residential facilities.
- Received the National Core Indicator (NCI) list from the MDHHS, and inputted the request for the random list to be populated.
- Requested from IT, a random list of DWIHN adults and children for participation in the 2022 ECHO surveys.
- Continued to contribute data and resources for development of the myDWIHN mobile application.
- Facilitated the EVOLVE meeting on domestic violence. The Avalon organization presented. This event had the best attendance in several months with about 30 people.

- Continued to host monthly member (e.g., EVOLVE) and advisory group meetings (Constituents' Voice general assembly, Leadership etc.).
- Continued to develop plans for
- Awarded with \$15,000 by DeMaria Construction to create financial awards under the Dreams Come True mini-grant program.
- Presented on the difference between clubhouses and drop-in centers during Development Center's New Direction Clubhouse Open House on October 31, 2022.
- Continued to serve on the Strategic Planning's Committee reviewing surveys.

INNOVATION AND COMMUNITY ENGAGEMENT – Director, Andrea Smith

The department continued to offer support to the provider network and community in the areas of training, technical assistance, and community education/outreach.

The team began exploring new potential partners to expand return to the previous internship program that focused on being the leading multidisciplinary field unit in Wayne County. It is expected that more internal departments will accept student learners which will allow for the opportunity to train individuals and add to the workforce as they graduate.

During the month of October, the new AV Specialist researched each electronic piece of audio-visual equipment to determine its description, model number, relevance, and value.

The Veteran Navigator connected with 17 new Veterans in the month of October, and 3 family members. The Navigator participated in over a dozen events during the month.

The Mental Health Jail Navigator referrals remain consistent, as 10 individuals were referred and interviewed, and did not meet criteria and/or released prior to placement. Currently 4 individuals are monitored and receiving treatment services from Team Wellness Center and/or Detroit Rescue Mission Ministries.

Central City Integrated Health (CCIH) serves as the lead behavioral health provider for the homeless outreach team. It was discovered that the City of Detroit will not renew its agreement with the primary homeless outreach provider, so we are now attempting to figure out how to revamp for next fiscal.

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, Leigh Wayna

Please See Attached Report

Integrated Health Care Department

Monthly Report

October 31, 2022

Collaboration with Community Partners

During the month of October IHC hosted the first lunch and learns to be held monthly.

Quality Improvement Plans

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

During the month of October, the HEDIS scorecard was presented to the CRSP monthly meeting and in individual meetings with 9 CRSP, FUH data was also shared. IHC created an educational presentation on HEDIS measures and definitions for CRSP medical directors.

Scores from HEDIS Scorecard as of June 2022 due to claims lag.

Measure	Measure Name	Eligible	Total	Compliant	Non Compliant	HP Goal	YR	to date
AMM	Antidepressant Medication Management Acute Phase	4525	2095	2430	42.98	46.3		
AMM	Antidepressant Medication Management Continuation Phase	4525	1337	3188	42.98	29.55		
FUH	Follow-Up After Hospitalization for Mental Illness Childrens	295	179	116	70	60.68		
FUH	Follow-Up After Hospitalization for Mental Illness Adults	3341	1502	1839	58	44.96		
SAA	Adherence to Antipsychotic Medications for Individuals With Schi;	5239	2693	2546	68.17	51.4		
SSD	Diabetes Screening for People With Schizophrenia or Bipolar Diso	8054	4917	3137	78.01	61.05		

Population Health Management and Data Analytics Tool

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

Integrated Health Pilot Projects

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

Health Plan 1:

Health Plan 1 and DWIHN met in October and Health Plan 1 to discuss shared platform once built to stratify members for care coordination. Health Plan 1 has created a statement of work and it was approved by the legal department and signed by the CEO. DWIHN is waiting for the return of the SOW. DWIHN and IHC meet monthly for care coordination.

Health Plan 2:

Care Coordination with Health Plan 2 was initiated in September 2020, these meetings occur monthly. Health Plan 2 had six members identified of having gaps in care with partial compliance 5 from FUH. Intervention were outreach to members and CRSP, 5 of the five gaps were closed due to assistance with post reschedule where member kept appointments. 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. VDT has added all Health Plan 2 members in the shared platform and training will happen in November.

Health Plan 3's

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

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

DWIHN IT and PCE are developing a database so that the number of members can be tracked.

MI Health Link Demonstration

IHC department under the MI Health Link Program received total of **440** request for level II in the month of October 2022 from the following ICO organizations below: Pending = not processed yet, Voided = Member was unable to reach, referred in error, or declined assessment, or declined BH services, Active= Level II was sent to ICO.

ICO	Active	Pending	Voided	Totally by ICO
Aetna	1	15	8	24
Amerihealth	1	4	1	6
HAP	5	7	4	16
Meridian	3	3	7	13
Molina	68	132	181	381
TOTAL	78	161	201	440

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	2	3
Amerihealth	0	0	0	0	1
HAP	0	3	0	0	1
Meridian	0	4	0	0	3
Molina	0	67	28	17	69
Total	0	77	28	19	77

Comparison Data for Voided Referrals:

	Number of Voided Referrals	Member Declined Assessment	Member Declined Services	Member not available before deadline	Referrals in error	Unable to reach
October 2021	172	5	85	5	24	53
November 2021	152	11	94	2	9	36
December 2021	186	11	125	5	7	38
January 2022	180	3	120	5	7	45
February 2022	177	2	81	8	25	61
March 2022	153	3	93	3	7	47
April 2022	241	3	48	2	6	28
May 2022	105	3	57	4	11	33
June 2022	66	1	801	16	2	66
July 2022	138	1	71	8	12	46
August 2022	219	7	91	10	18	93

September 2022	162	2	38	12	8	102
October 2022	201	0	77	28	19	77

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

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

There were **21** 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 **40** individuals who have been identified to have a gap in services. Nine (**9**) returned post 30 day readmit to the hospital. This is a combined effort between IHC staff and the ICOs.

ICO Plan Name	Number of members w/Gaps in care	Type of Gap: A.) Non/Partial Compliance B.) Assisting Plan to connect for HRA/Physical Health Care C.) FUH post follow up	What Were Interventions: A.) Coordinate and Outreach to BHCERSP. B.) Coordinate w/ICO for transportation. C.) Outreach to members	Number of cases to refer to Complex Case Management	Total Number of Successful Outcomes
HAP	3	A,B=3	A=3	0	1
AET	5	B=5	A=5	0	1
Amerihealth	3	A, B = 3 C=1	A, C=3	0	2
Meridian	3	C=3	A=3 C=3	0	pending
Molina	0	0	0	0	0

Special Care Coordination Project

Plan Name	Number of members w/Gaps in care	Type of Gap: A.) Non/Partial Compliance B.) Assisting Plan to connect for HRA/Physical Health Care C.) FUH post follow up	What Were Interventions: A.) Coordinate and Outreach to BHCERSP. B.) Coordinate w/ICO for transportation. C.) Outreach to members	Number of cases to refer to Complex Case Management	Total Number of Successful Outcomes
BCC	5	C=5	A=5 C=5	0	3
Priority	1	A,B	A,C	0	Pending

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

MHP/PIHP Data Sharing Coordination, all 8 MHP plan meetings have occurred in the month of September, **40** cases were reviewed see details below:

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

			C. Outreach to members		
AET	4	A,C=4	A=4	0	1
BCC	5	A, B, C=5	A,C=5 D=1	0	2
HAP	4	A=4 C=4	A=4	0	1
McLaren	3	A =2	A= 3	0	1
Meridian	5	A,B,C=4	A, B=5	0	2
Molina	5	A=5 C=5	A,B=5	0	2
Priority	11	A=1, B=7, C=3	A,C=11	1	2
United	3	A=3	A, B=3	0	0

Members were admitted and discharged in Oct 2022. **47** cases presented in care coordination, **12** cases where members attended outpatient appointments due to connecting with IHC Care Coordination team. **32** members kept follow up appts currently no encounter data has been submitted to determine HEDIS.

9 clients were re-hospitalized post 30 days as rapid readmit.

Medicaid Health Plan (total)	Kept follow up apt
Priority	7
BCC	6
Aetna	2
HAP	1
McLaren	2
Meridian	5
Molina	8
UHC	1

FUA:

There was a total 62 FUA members see below outcome.

Medicaid Health Plan (total)	How many open DWIHN	How many made aftercare appt.	How many were sent to health plan	How many did the health plan indicate will attempt to be reach	How many were attempted to reach	How many kept apt
Priority	1	0	0	0	0	0
BCC	6	2	6	0	3	2
Aetna	2	2	0	0	0	1
HAP	1	1	0	0	0	0
McLaren	5	2	2	0	2	0
Meridian	8	4	4	0	2	0
Mollna	7	2	5	0	1	1
UHC	6	3	3	0	0	0
Fee for Service	25	4	n/a	n/a	9	3

Audits

- ICO Molina has initiated the delegation annual audit for MHL all departments completed virtual desk audit. Outcome from audit indicates more collaboration with Access Dept to complete lv2 timely.
- There were 2 closures that were reported to ICOs to insure compliance with program.
- During this reporting period no encounter reports were shared with the department for oversight or correction.
- ICO Meridian has requested cost settling meeting for this reporting month for the CY2019, 2020, 2021, and 2022. IHC and Finance will review data internally along with verifying contract language to determine if cost settling is appropriate at this time as contract indicated completion in CY2019. Finance will reevaluate rates for services to determine if current with today's standards of Medicare service fees. DWIHN has not resolved cost settlements but has confirmed CEO address for Quality Withhold notifications that will be sent to DWIHN before the end of this reporting period for CY2020, CY 2021.
- IHC department has identified 6 ICO Members impacted by the High Scrutiny Waiver Program. ICOs have been notified that members will be requested to move from current location according to the list provided by DWIHN Quality Department and will be updated upon new location by next reporting period. Aetna (1), Amerihealth (1), HAP (1), Meridian (1), Molina (2). IHC has continued to follow these cases members have not been transitioned during this reporting period.

IHC has been meeting with ICOs and State partners during this reporting period to determine best practice for transmitting TOC records to each ICO. IHC is currently awaiting until system update from vendor to complete internal procedure for this upgrade to the demo, project is currently on hold. ICO HAP, Amerihealth have reached out to determine best practices to share the data weekly. DWIHN has not moved forward with software build.

ICO are requesting monthly reporting of HAB Waiver share members, IHC is working with IT to improve metrics on Power BI so that ICO can obtain data independently of manual monthly reporting, project will be completed next reporting period. During this reporting period ICO HAP requested a list be sent of current HAB Waiver members (9).

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 October 2022, there are currently **16** active cases, **2** new case opened, **3** case closures, and no pending cases. Three (**3**) case were closed due to meeting treatment goals.

Care Coordination services were provided to **16** additional members in October who either declined or did not meet eligibility for CCM services.

Follow up after hospitalization was completed with **95** consumers to help identify needs and **50** individuals who had hospital recidivism. Out of these members, **15** were reached and coordinated of care was completed and **0** were engaged in CCM.

Complex Case Management staff have been working to identify additional referral opportunities. IHC completed **23** presentations for DWIHN CRSPs and at Provider Meetings: CLS, Team Wellness, Lincoln Behavioral Services, Development Center, Guidance Center, Wayne Center, Social Security Administration, Michigan Guardian Services, Roderick Bingham Guardian, Beginning Step, Havenwyck, St. Mary's Hospital, Henry Ford Kingswood, Henry Ford Wyandotte, Pontiac General, Samaritan, Beaumont Taylor, Hawthorne.

EMS Friendly Faces:

DWVHN had **22** on the EMS lists for October. Four (**4**) were reached, **8** had a disconnected number, and **10** disconnected the call.

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

DWVHN contracts with Neighborhood services Organization (NSO) to perform the OBRA screening.

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

Congruence rate between OAS recommendations and MDHHS determinations is 95% for the month of September 2022.

13/84 (15%) pended in **September 2022**. Reasons include: Psychosocial Issue 1, Nursing Issue 2, Spelling and Grammar 1, 3877/3878 or No SPMI Letters 2, Coordinator 5, Other 1, and Dx Formulation 1

8/87 (9%) pended in **August 2022**. Reasons include: Dx Issue 1, Spelling and Grammar 1, Coordinator 3, Dx Formulation 1, and Presenting Problem 2.

12/73 (16%) pended in **July 2022**. Reasons include: Psychosocial Issue 1, Nursing Issue 1, Spelling and Grammar 1, Clerical 1, 3877/3878 Issue or No SPMI 1, and Coordinator 7.

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

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

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

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

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

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

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

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



Monthly Report

Managed Care Operations (MCO)

October 2022

MCO DEVELOPMENT MISSION:

There are 20 staff members in MCO all are committed to serving and reaching out to our 400+ providers monthly and quarterly to ensure providers know we are here to assist in answering any questions and directing them to the appropriate department for assistance. Questions come in daily through email or calls surrounding adding sites, authorization questions, claims questions as well as possible closing sites, in which we assist in answering.

FY 22-23 Contracts:

The FY23 contracts were sent out as of 10/4/22, with 99% received back signed by providers approximately over 400 contracts were sent out to our provider network for signature, 5 contracts were sent back due to provider signing with initials or with mark/line in the signing area.

Internal /External-Training Meetings Held:

- a. Met with 6 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. DWIHN is evaluating incentives built around this indicator to see if this could assist with other challenges providers are having.
- b. Access Committee Meeting held this month focused on the HSAG Audit reviews, and if there were any explanations or clarity needed that would assist in increasing points received from the Auditors. This meeting is typically held to discuss network adequacy and provider gaps in services, it was identified that we are going to open the network and review an RFQ later this year. We are still in the process of credentialing 4 new residential providers and 1 outpatient provider. The Service Delivery Expansion Survey was reviewed internally resulting in a few of providers able to extend capacity to provider services for children.
- c. Attended an external meeting held by NSO one of our providers on Homeless Action meeting there over 100pp in attendance from state reps, community and other providers. Also, attended monthly meetings with Continuum of Care Board (COC), to discuss HUD/Homeless project and the renewal of the NOFO project.

PIHP Email Resolutions and Phone Provider Hotline:

For the month of August, we received/answered 65 emails, 25 new provider request and 35 phone messages from providers with concerns related to claims billing, credentialing issues, Provider change notifications, Procedure Code changes, Single Case agreements, and changes with the FY 2022 State Code/Modifier changes.



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

We waiting for 5 new providers to complete credentialing in order to get them in our system. Providers continue to struggle with staff shortages to maintain staff in homes as well as staff in general among all of our providers resulting from the continued plague of Coronavirus pandemic.

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

The network continues to drop in access to care as they struggle with meeting the performance indicators 2A, # and 4A, one of the major concerns is the staff shortage which is still affecting access to services are well access to care.

Although, the network has had several home consolidations for licensed and unlicensed settings, which has been a result of the members personal health or staff challenges providers have had causing them to merge or close the settings. For the Month of October, we had 6 notifications

Provider Closure/Mergers FY 22-23					
Description	1 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr.	YTD Totals
Licensed-Residential Homes	2				
Unlicensed /Private Home Services (SIL's)	4				
Clubhouse services					
Outpatient-services, SUD services					
Provider Organization Merger(s)					
Total	6				

Housing Resource and Street Outreach to the Homeless:

HUD is announcing they will be funding 2.8 Billion to help people experiencing homelessness. Although the number in Michigan for 2022 decrease about 17% there is still much work to do to keep the homeless from experiencing homelessness and solutions to get them in more permanent housing. According the Housing Urban Development (HUD) Annual Homeless Assessment Report, ***the funding opportunity reflects the Biden-Harris Administration's continued commitment to equity and evidence-based solutions to address homelessness. It also reinforces the Administration's commitment to boost housing supply and lower costs by supporting local engagement to increase the supply of affordable(Home/Press Room/Press Release / HUD No. 22-140)*** As the report found that the number of sheltered people in families with children declined considerably between 2021 and 2022, while the number of sheltered individuals remained relatively flat. As we partner with our



providers to assist in the fight against homelessness and reaching individuals on street to -date we continue to see improvement one month at time.

Quarterly Goals still in progress:

Quarterly goals set for FY 2023.

<ul style="list-style-type: none"> • 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. Each department is viewing the data for accuracy as this is a new system in place.
<ul style="list-style-type: none"> • Network Adequacy form/procedure. This internal process will assist in structing our network in a way where we can view our provider services at a glance for better monitoring over our network through this procedure. Evaluated the network in the first quarter of the FY 2022, notified gaps and analyzed for interventions.
<ul style="list-style-type: none"> • Online Directory- Provider/Practitioner. We are working with internal depts (Customer Service/Credentialing unit) to enhance our online contracted provider and practitioner directory to include the type of services along with the disability designations served by the provider or practitioner making the directory more user friendly and informative for the members as well as internal use.
<ul style="list-style-type: none"> • Provider Orientation Meetings – twice a year (March the purpose of this meeting is to assist the network in navigating through out system as we have some many new departments that have been developed over the year.
<ul style="list-style-type: none"> • Quarterly Provider Network Managers “One on One’ with providers- have on going meeting with 362 providers out of 362 since the start of the meetings in January 2022. This is a 100% completion rate. Next meetings will start Jan 2023.

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 provider/practitioner survey has launched with a close date of October 14, 2022, results are currently under review.

Provider Meetings Upcoming/Held:

- a. CRSP meeting held on November 14th, 2022
- b. The next Residential/Outpatient Provider meeting was held on December 9th and every 6 weeks thereafter.



- c. We have scheduled in the 1st quarter 9 Provider Capacity meetings to discuss the provider's indicator numbers.

Submitted by June White 10/30/22



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

Department Monthly Report: October 2022

Residential Referrals	334
CRSP	157
Inpatient Hospitals	106
Assessments in current Specialized Settings	38
Emergency Departments	19
SD-to-Specialized Residential Requests	4
Nursing Homes SNFs	3
Crisis Residential (Oakdale House)	2
COPE referrals to Pre-placement settings	2
Youth Aging Out (DHHS)	2
OTHER (Wayne County Jail)	1

Unit Metrics

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

- o Completed same day 206
- o Next business day 10
- o After management review (for staff assignment) 117

RCS FIRST CONTACT (after case assignment): Timeliness to complete First Contact to referring agent. The measure is within 24 hours or by next business day.:

- o Completed within 1-2 days 214
- o 3-5 days 18
- o 6 or more days 138

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

- o No assessments need (Brokering Only| Cancelled or Redirected after assignment) 113
- o Completed within 1-5 days 88
- o 6-10 days 40
- o 11 or more days 49
- o Assessments appointments scheduled after 10/31/22 32

• Metric Barrier Trends

- o Cancellation/rescinded/redirected requests by the referring agent after case assignment date or after First Contact [i.e., nursing home needed, SUD services or program, returning to family home refusing specialized services.].
- o CRSP response time from First Contact to confirm requested appointment with the referring agent, member, guardian and/or current residential provider to assure member's availability to attend.
- o Members inpatient or in the ED may not be clinically stable enough to speak with RCS complete needed assessment.

Service Authorizations

Authorizations Processed	900
Approved >14 Days	795
Returned >14 Days	105

State Hospitals

	Walter Reuther	Caro	Kalamazoo	Forensic Psychiatry
# of Carry Overs (prior to 10/1/22)	11	1	0	0
New Referrals Received	7	0	0	0
# Members Placed	4	0	0	0
Pending Discharges	14	0	0	0
Referral Locations				
MCTP Program	1	0	0	0
Out-of-County	2	0	0	0
Community	1	0	0	0

- Placement Barriers

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

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

<i>Carried Over prior to 10/1/2022</i>	8
Notifications Received: October 2022	31
30-Day Discharges	18
Emergency Discharges	18
<i>Rescinded Requests</i>	4

COVID-19

# of COVID-19 Positive Cases: 10/1/22 – 10/31/22	0
AMI	0
IDD	0
Related Death Cases: 10/1/22 – 10/31/22*	0
AMI	0
IDD	0
DCW Staff COVID-19 Positive cases	

*No reported deaths since February 2022

Vaccine Booster Reporting: Final reporting will be available in year-end report summary.

Residential Facility Closures

TOTAL # of Closure Notifications: October 2022	10
<i>Carried Over prior to 10/1/2022</i>	2
Received in October 2022: On-Going/In Process	8
Requests ON-HOLD/PENDING (3) or CANCELLED (2)	7
Completion of Facility Closures	3
Members Relocated under alternate DWIHN Providers	
NOTIFICATION TYPE	
MCO Notifications	7
MCO Sanctions	1
Provider Notifications	2

Residential Sponsored Meetings and Trainings

	Meeting Date	# of Meetings	# of Attendees
CRSP (Supervisory)/Residential Services	Monthly	12	67
Residential Assessment / Clinical Alignment of Documentation Refresher	Monthly	<i>Cancelled</i>	---
CRSP DWIHN Residential Service Authorization Refresher	Monthly	2	38

* *The IDD & AMI CRSP Residential Provider/CRSP meetings will continue as quarterly meetings on the 3rd Monday of the month, beginning October 17, 2022.*

** *The DWIHN Residential Provider/CRSP Advisory meetings will continue as quarterly meetings on the 4th Monday of the month, beginning October 24, 2022.*

Department Goals

Staffing

- Continue to interview for posted positions for (3) Residential Care Specialists.
- Continue to assess department staffing needs based on increased number specialized referral and emergent placement requests

Members' Services

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

Facilities

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



Detroit Wayne Integrated Health Network

Director Monthly Report

Reporting Department Substance Use Disorders

For the Month of October, 2022

COVID -19

During this pandemic, substance use disorder residential treatment providers are likely to experience peaks of COVID-19 in their perspective programs. Residential SUD Treatment Programs servicing individuals positive for COVID-19 may utilize Quarantine Services at 3 locations. Suppose a program cannot isolate or quarantine members. In that case, the program should work with the three designated locations regarding where members may be quarantined if they do not have anywhere else they can stay. The three designated locations are as follow Quality Behavioral Health (35 beds), Detroit Rescue Mission (6 beds), and Abundant Community Recovery Services (8 beds), members are safely treated in a virtual outpatient program concurrent with recovery housing. Our goal is to keep our members engaged in the treatment process during quarantine and we want to make the process as seamless as possible. In October, we provided services to 61 individuals for quarantine compared to the previous month (25); this shows a 60 percent increase in the number of referrals from the month of September. In addition, of the 61 identified with positive for COVID cases, 43 were vaccinated and 16 did not received vaccinations and 2 did not report their status. Several providers had to temporarily close admissions and among the providers were the following: Sobriety House, Quality Behavioral Health, Salvation Army Harbor Light

Provider	# Served	# Vaccinated	Variant	Completed Quarantine
Detroit Rescue Mission	0	N/A	Unknown	0
Abundant Community Recovery Services	12	8	Unknown	4
Quality Behavioral Health	49	35	Unknown	23

Request for Qualification (RFQ) for SUD Services

DWIAHN issued an RFQ on October 26, 2022 for Substance Use Disorder (SUD) prevention services. SUD is requesting responses to this RFQ for the purpose of creating a list of qualified vendors to provide for Primary Prevention services to fulfill commitment to the delivery of substance abuse primary prevention programs to Wayne County communities, with priority on at-risk populations.

The Qualified list will be valid for 5 years and only approved and qualified providers who meet the qualifications will be placed on the RFQ for services to begin October 1, 2023. All providers must submit a response to the RFQ if they want to participate in any of the SUD Programs. Current providers in good standing are still eligible to continue providing services in FY 23 from the last contract renewal period for the RFP issued in 2020.

The initial response is due November 29, 2022 and the final response is due June 1, 2027,

Opioid Treatment Program Bundled Rate

The FY23 MDHHS approved budget included language regarding methadone dosing bundles be paid at \$19.00. Discussion regarding what this means for the OTPs, what is the expectation, and when will this take effect. At this point, DWIHN/SUD need to be aware of the change, but will wait for further

approval from the legislature and guidance from MDHHS, including a clear definition as to what services will be provided in the bundle.

NARCAN Initiative

Status Overview: Each year thousands of individuals die from opioid overdoses with oxycodone, morphine and fentanyl accounting for a significant number of deaths in Detroit Wayne County. To support the Governor’s initiative to respond to the increase in opioid overdose related deaths and to save lives in the Detroit Wayne County area, DWIHN began providing Naloxone training and kits, March 22, 2016, to all Wayne County residents at no cost. The life-saving drug Naloxone will allow those at risk of experiencing an overdose the chance to recover and spare families the heartache of losing a loved one. DWIHN is working in collaboration with Wayne State University to combat this crisis and one strategy for achieving such a widespread distribution with few resources and limited staff is through the use of vending machines. The use of vending machines to distribute free naloxone kits has been successful in jail setting across the United States. DWIHN has identified several Opioid Treatment Programs that are interested in a free vending machine to distribute naloxone.

Work in progress: DWIHN continues to support access to naloxone by training health care workers, providers, drug court staff, inmates/jail staff and the community and other organizations that intersect closely with people who use opioids on how to reverse an opioid overdose. It can be easily administered by

nasal spray and does not affect someone who has not used opioids. DWIHN is increasing the number of providers that can train and distribute Naloxone in the community and is utilizing the zoom platform to implement these trainings

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

Planned Key Milestones, Activities and/or Events: DWIHN’s Naloxone Initiative program has saved **886** lives since its inception. Again, the saved lives are under reported, especially during this time of COVID pandemic. The logs are coming in slowly from law enforcement and the community. DWIHN only reports those saves that we have documentation to support this initiative.

Month of October 2022 DWIHN reports the following:

Naloxone saves 0

Unsuccessful saves 0

DWIHN expanded access to Naloxone through the Barbershop Talk Tour Initiative. This permits the life-saving medication to include more people who might encounter someone experiencing an overdose. In addition, it allows family and friends of opioid users to have more knowledge of opioid overdose and the

ability to respond appropriately after receiving training in naloxone administration. Training includes topics on Men’s Health Issues, Male Responsibilities, Substance Use Disorder, Mental Health, Police Brutality, and Naloxone training. During October, presentations were conducted at 10 locations in Wayne County. Data from the ten barbershops where training was conducted indicate the total number of individuals trained was 39, of which 29 were men and 10 were female, ages 25-63, each received a free naloxone kit at the end of the training. Furthermore, evidence suggests that bystander naloxone administration and overdose education programs are associated with increased odds of recovery and with improved knowledge of overdose recognition and management.

QUALITY BEHAVIORAL HEALTH, INC (QBH)

Quality Behavioral Health, Inc offer free Narcan through a vending machine at their main location at 6821 Medbury St, Detroit MI 48211. QBH are the first location in the area to offer this service, which dispenses nasal Naloxone spray, both free of charge and without a prescription.

This service has already seen a lot of use, and is already saving lives. A member told us “I always make sure to carry Narcan on me. With how much fentanyl is out there these days you never know when you may need it. For yourself or for someone else.” Similarly, another member, the mother of an addict, has come to get Naloxone in case her son overdoses, stating “I wish he would get into treatment and get clean, but at least in the meantime I can have this on hand in case I need it if something happens. I think it is a great option and I am grateful for it and I think it should be more available.”

We have even seen some healthcare professionals come and utilize this service, such as a registered nurse, who has come in more than once and told us that she has already saved at least one life, when she stopped at the scene of an accident and found someone who had overdosed, who she was able to save by using the Naloxone nasal spray that she obtained from our vending machine.

While we wish treatment and recovery for everyone who has to experience the battle of addiction at some point in their lives, making this harm-reduction service available without a prescription and without needing money, is a real life-saving measure that we can take today, to save lives, keep families together, and give people the chance to find recovery and not just become a statistic.



National Take-Back Day

Community opioid and medication take back events provide a safe process for disposing of unused opioids and other prescription medications while protecting our communities, children and environment. Increasing safe and convenient opportunities for community members to dispose of their unused and leftover medications is essential for preventing opioid misuse before it begins. Through partnerships with law enforcement and providers we are able to support locations across Wayne County please go to our website for a site near you.

DEA NATIONAL ^{Rx} TAKE-BACK **DROP OFF SATURDAY**
OCTOBER 29
2022 | 10AM - 2PM

Turn in your expired & unused medications (pills only) for safe disposal at any Detroit Take Back site

6th Precinct Locations:

Find all Detroit Locations:  SCAN ME

DPD 6th Precinct
11450 Warwick St.
Detroit, MI 48228

Ss Peter and Paul
Activity Center
7748 Westwood St.
Detroit, MI 48228

Logos: Black Caucus Foundation of Michigan, HOPE, Love Detroit, DFYD, Police, the youth connection, DWIHN, Michigan Department of Health & Human Services.

COVERAGE STUDY

LAHC completed the coverage study of 35 tobacco retailers in Dearborn on the following dates with the following results: • October 24th (17 stores) • October 26th (18 stores) • Exact routing for each day can be found on the SYNAR Coverage Study Routing Sheet. Region 7 Coverage Study Narrative-2022 The coverage study model posed unique challenges in a city like Dearborn, which has its main small business centers along central roads (Michigan Ave, Greenfield Rd, W. Warren Ave) with residential areas on either side of these main roads. The LAHC canvassing team went out to test two potential routes keeping the assigned starting point (Michigan Avenue/Greenfield) and requested approval from DWIHN and MDHHS to reach 35 accessible tobacco retailers

The Coverage Study is part of the larger Synar project effort to determine sales rates of tobacco, vaping and alternative nicotine products to individuals under the age of 21 as part of Michigan’s compliance with the Synar amendment and observance of the federal Tobacco 21 law. The Synar hold states to a Retailer Violation Rate of twenty percent (20%) or less. Failure to complete this project successfully, may result in significance loss of federal dollars for substance abuse prevention and treatment in Michigan. Enforcement is conducted at combination of outlets randomly selected for the Synar survey combined with law enforcement. The information obtained from these surveys is to increase awareness and encourage retailer compliance with Youth Tobacco Act.

The underage inspector will enter the outlet, attempt to make a tobacco, vapor, or alternative nicotine product purchase, and record the results. The underage inspector is required to carry an ID and show the retailer personnel if requested. The adult chaperone is required to enter the outlet and oversee the purchase attempt. The adult chaperone may need to drive the underage inspector to each retailer location depending on the inspectors age and transportation needs or agency protocol. For FY 22 we received over 25% in sales of tobacco. Providers were placed on corrective action plan.



DWIHN UTILIZATION MANAGEMENT MONTHLY REPORT

October 2022

Executive Summary

- **Autism:** There were approximately 373 authorization requests manually approved during the month of October. There were an additional 174 authorizations completed via the auto-approval process for a total of 547 approvals for the month of October. There are currently 2,550 cases open in the benefit. There will not be an update on FY 2023 Q1 until after February 2023 to allow for submission of claims.
- **Habilitation Supports Waiver:** There are 1,084 slots assigned to the DWIHN. As of 10/31/22 1,015 filled, 69 were open, for a utilization rate of 93.6%.
- **County of Financial Responsibility:** Due to Staffing Transitions, we do not have current data for this.
- **Denials and Appeals:** For the month of October, there were three (3) denials and zero (0) appeals reported. There were also Twenty-three (23) inpatient service authorization administrative denials and eighteen (18) administrative appeals. Ten (10) of the administrative appeals were upheld, two (2) were overturned, five (5) were partially upheld and one (1) is pending a determination. This report does not reflect the full month of October.
- **General Fund:** Of the General Fund Exception authorization requests reviewed during October 2022, there were 332 approvals, including 12 for the Guidance Center. There were 9 Administrative Denials. There were 257 Advance Notices for timeline and SUG corrections and for Administrative Denials.
- **MI Health Link:** The reporting format of MI Health Link authorizations reflects the total number of authorizations requests and the amount of each authorization type for the 5 ICOs. There were 51 MI Health Link authorizations received and processed as of 10/31/22. The number of MI Health Link admissions to inpatient, partial and CRU are also included in the Provider Network data.
- **Provider Network/Outpatient Services:** A total of 881 admissions including Inpatient, MI Health Link, Partial Hospital and Crisis Residential were managed by the UM Department. There were 2072 approvals for non-urgent, pre-service authorizations. This number is reflective of non-SUD, non-ASD, non-urgent pre-service authorizations.
- **State Facilities:** There were 2 state hospital admissions for the month and 69 NGRI consumers are currently managed in the community. 4 consumers remain on the wait list. There was one (1) new children's state hospital admission; one (1) member remains in the admission pool (wait list).
- **SUD:** The Power Bi dashboard indicates SUD UM staff approved 869 authorizations as of 9/30/2022. October data not yet compiled due to staffing transitions.
- **Administrative Denials:** During the month of September the SUD team issued 30 administrative denials compared to 25 the previous month.
- **MCG:** Due to Staffing Transitions, we do not have current data for this.

General Report

Utilization Management Committee

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

Autism Spectrum Disorder (ASD) Benefit

There were approximately 373 authorization requests manually approved during the month of October. There were an additional 174 authorizations completed via the auto-approval process for a total of 547 approvals for the month of October. There are currently 2,550 cases open in the benefit. There will not be an update on FY 2023 Q1 until after February 2023 to allow for submission of claims.

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

	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept
Manual Approvals	374											
Auto Approvals	174											
Total Approvals	547											

*Numbers are approximate as they are pulled for this report prior to when all data for the month is available. Specifically, data for October was pulled on 10/31/22.

*ASD Open Cases and Referral Numbers Per WSA**

Fiscal Year to Date												
	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept
Open Cases	2550											
Referrals	Pending Update from the WSA											

*Numbers are approximate as they are pulled for this report prior to when all data for the month is available. Specifically, data for October was pulled on 10/31/22.

Habilitation Supports Waiver

There are 1,084 slots assigned to the DWIHN. As of 10/31/22 1,015 filled, 69 were open, for a utilization rate of 93.6%. This is up 0.3% from September with DWIHN utilizing 5 more slots

than last month. DWIHN continues to work with providers to increase knowledge and utilization of the HSW.

Monthly HSW Utilization	October 2022
Allocated	1,084
Used	1,015
Available	69
Percent Used	93.6%

As of 10/31/22

Serious Emotional Disturbance Waiver (SEDW)

# of youth expected to be served in the SEDW for FY 22-23	65
# of active youth served in the SEDW, thus far for FY 22-23	52
# of youth currently active in the SEDW for the month of October	52
# of referrals received in October	5
# of youth approved/renewed for the SEDW in October	2
# of referrals currently awaiting approval at MDHHS	0
# of referrals currently at SEDW Contract Provider	6
# of youth terminated from the SEDW in October	2
# of youth transferred to another County, pursuing the SEDW	1
# of youth coming from another county, receiving the SEDW	1
# of youth moving from one SEDW provider in Wayne County to another SEDW provider in Wayne County	2

County of Financial Responsibility (COFR)

Due to Staffing Transitions, we do not have current data for this.

	Adult COFR Case Reviews Requests	Children COFR Case Reviews Requests	Resolved	Open*
October 2022				

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

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

General Fund

Consumers requesting General Fund Exception are:

- Without health care benefits at the time of the start of behavioral health services

- Returning for services without health care benefits after an absence
- Actively receiving services and experiencing a lapse in insurance benefits

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

General Fund Fiscal Year 2022-2023 to Date													
	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	FY To Date TOTAL
Approvals	332												
The Guidance Center	12												
Advance Notices	257												
Administrative Denials	9												

Denials and Appeals

Medical Necessity Denials

For the month of October, there were nine (9) authorization requests that were sent to the physician for a peer review. Of the nine (9) peer reviews sent to the physician, three (3) reviews were denied due to not meeting medical necessity criteria for continued inpatient hospitalization stay days. The remaining six (6) authorization requests that were sent to the physician for a peer review were approved for 3 additional continued inpatient days. There were no medical necessity appeals reported for the month of October. This report does not reflect the full month of October.

	Oct 22	Nov. 22	Dec. 22	Jan. 23	Feb. 23	Mar 23	Apr 23	May 23	Jun. 23	Jul. 23	Aug. 23	Sept 23
Denial	3	0	0	0	0	0	0	0	0	0	0	0
Appeal	0	0	0	0	0	0	0	0	0	0	0	0

Service Authorization Administrative Denials

During the month of October, there were twenty-three (23) inpatient service authorization administrative denials and eighteen (18) administrative appeals. Ten (10) of the administrative appeals were upheld, two (2) were overturned, five (5) were partially upheld and one (1) are pending a determination. This report does not reflect the full month of October.

Timeliness of UM Decision Making: Quarter 4 (July-September 2022) Threshold 90%

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

Autism Program

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

MI Health Link Program

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

Substance Use Disorder (pulled 9/30/2022 Power BI) July August Sept 2022

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post Service
Numerator	814	N/A	2270	N/A
Denominator	864	N/A	2380	N/A
Total	94%	N/A	95%	N/A

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

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post Service
Numerator	N/A	106	N/A	N/A
Denominator	N/A	107	N/A	N/A

Total	N/A	99%	N/A	N/A
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COPE (NOTE: data not available at time or report)

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

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

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

New Oakland

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

State Hospital Liaison Activity Report

Hospital	Caro Center		Kalamazoo		Walter Reuther	
Census	Total	2	Total	3	Total	82
	NGRI	0	NGRI	1	NGRI	28
	Non-NGRI	2	Non-NGRI	2	Non-NGRI	54
Wait List	0		1		3	
Admissions	Total	0	Total	0	Total	2
	NGRI	0	NGRI	0	NGRI	1
	Non-NGRI	0	Non-NGRI	0	Non-NGRI	1
ALS Status	0		0		69	

- One referral for state hospital admission was received this month; four total referrals are on the wait list. Three referrals are pending for Walter Reuther and one referral is pending for Kalamazoo Psychiatric. All referred members are being treated in a community hospital inpatient setting and are continuously being reviewed for discharge.

- Liaison staff continue to provide NGRI training to DWIHN and CMH partners to support provider staff, maintain and meet target deadlines, and facilitate skill development. 89 individual training contacts were made this month.

Children’s State Hospitalization

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

As of 10/31/22, there are six (6) youth admissions being funded by DWIHN, with one (1) new admission this month. Four (4) of the funded members are discharge ready and awaiting MDHHS placement, with the longest since 4/18/22. There is currently one (1) youth in the admission pool, with two (2) pending referrals. DWIHN approved one additional referral request, but the youth was discharged from the hospital before processing was complete.

As noted in previous reports, MDHHS State Hospitals Administration partnered with Hope Network to create the Michigan Children’s Transition Program (MCTP), which is used as a step down from state hospitalization; the State Hospitals Administration fully funds this program. Currently, there is one (1) DWIHN member in that program. Two (2) other members have been accepted and await admission dates; MCTP works to secure adequate staffing to meet member needs.

MI Health Link

Monthly ICO Authorization Report – October 2022

Report Filters	
Date Range Selected:	10/1/2022 thru 10/31/2022
ICO's Selected:	AETNA BETTER HEALTH OF MICHIGAN AMERIHEALTH MICHIGAN INC FIDELIS SECURECARE OF MICHIGAN HAP MIDWEST HEALTH PLAN, INC MOLINA HEALTHCARE OF MICHIGAN INC

Total # of Auth's Received for the Month	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations (Currently No DWIHN Authorizations labeled as Expedited)		Post Service Authorizations	
	Total Amount Preservice Auth's Received	Total Preservices processed ≤14 days	Total Amount Urgent Auth's Received	Total Urgent processed ≤24 hrs	Total Amount Expedited Auth's Received	Total Expedited processed ≤72 hrs	Total Amount Postservice AUTH's Received	Total Post Service processed ≤14 days
51	3	3	17	17	0	0	31	29

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

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

There were 51 MI Health Link authorizations received compared to 37 authorizations during the month of September, a 37.8% increase. By ICO, there were 17 authorizations for Aetna, 6 for AmeriHealth, 0 for Michigan Complete Health (Fidelis), 7 for HAP Midwest and 21 for Molina. Of the 51 MI Health Link authorizations reported, 96% of the requests were processed within the appropriate timeframes, with two (2) post-service authorizations processed outside of 14 days.

At the time of this report, UM observes fewer technical errors with populating authorizations, though the issue has not been eliminated. UM and the assigned Provider Network Manager continue to monitor COPE/Hegira Health's progress with rectifying the front-end issue. UM Clinical Specialists continue to amend authorizations, as needed.

Provider Network

As of 10/31/22, the UM Team has managed a total of 881 admissions across the provider network (including MI Health Link members). This data includes inpatient, partial hospitalization, and crisis residential services. In the month of October, there were 729 (non-MI Health Link) admissions for inpatient treatment, reflecting negligible increase from the 726 inpatient admissions during September 2022.

SMI/SED	# Admitted Members	# Admissions	Avg Length Of Stay	Median Length of Stay
SED	108	119	9.61	9
IDD	29	29	9.55	9
SMI	558	582	8.66	8
SUD	7	7	6.00	6
Total	702	737	8.83	8

Source: Power BI - Hospitalizations and Recidivism - Acute Inpatient

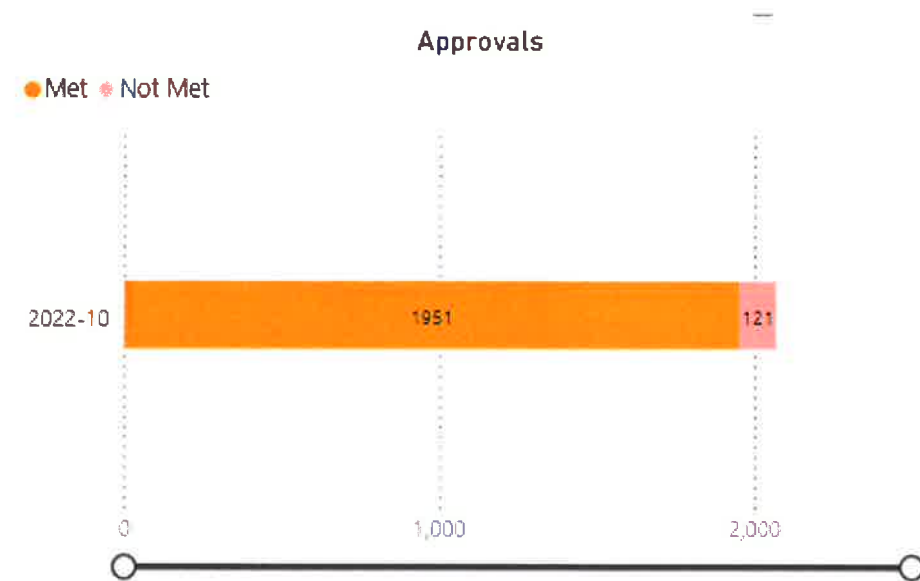
The data outlined below reflects the number of admissions as of 10/31/22:

- Inpatient: 729
- MHL Inpatient: 8
- Partial Hospital: 113
- Crisis Residential (adults - 24 and children - 7: 31)
- Total Admissions: 881

The UM and Crisis Services teams continue their work with increasing education & utilization of other step down and diversion resources, including the Crisis Stabilization Unit at Team Wellness Center.

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

As of 10/31/22, there were 2072 approvals for non-urgent, pre-service authorizations (outside of the ASD benefit). These are authorization requests that required manual review by UM Clinical Specialists. The chart below depicts the number of approvals (2072), those that were approved within 14 days of the request (1951) and the authorizations that were approved beyond 14 days (121). Out of the 1499 approvals, 94.2% were approved within 14 days of the request and 5.8% were approved 15 days or more after the submission.



****Data Source: Power-BI****

Substance Use Disorder

SUD Authorizations

The Power Bi dashboard indicates SUD UM staff approved 863 authorizations as of 9/30/2022, lower than 1009 the previous month. This decrease usually is attributed less methadone authorizations which were probably greater last month. (Source Power BI)

Medical Necessity Denials

There were no SUD medical necessity denials this month. (Source Sharepoint Master UM Data Tracking Log – SUD)

SUD Administrative Denials

There were 30 SUD administrative denials for August,2022. (Source Sharepoint Master UM Data Tracking Log – SUD)

SUD Appeal Requests and Appeal Determination Forms

There were no SUD administrative appeals received during the month. Administrative appeals have a 30-day response time. (Source Sharepoint Master UM Data Tracking Log – SUD)

SUD Bulletins Issued by PCWG

Two bulletins were issued by the Procedure Code Workgroup that pertain to SUD. #22-005 addresses atypical medications in SUD Residential in August. They are posted on the website. There are follow up questions primarily from Hegira that are being addressed by the PCWG. This needs to be reviewed to ensure follow-up. We are still awaiting a rate for Q9991 and Q9992 from finance. These are new codes from MDHHS re: Buprenorphine injections. **The SUD UM Guidelines as well as the SUD rate sheet need to be updated when established.**

SUD Timeliness Dashboard

As of 9/30/2022, there was a total of 863 authorizations approved. There were 209 urgent authorizations approved. Out of the 209, 200 (96%) were authorized within 72 hours. There were 654 non-urgent authorizations and 650 (99%) were approved within 14 days.

SUD Orientation –New Hire

We are getting regular requests to participate in Access new hire training. UM Clinical Specialist is scheduled to conduct an orientation session in October. The powerpoint is heavily focused on SUD. Needs more integration for UM.

SUD Provider Training PowerPoint

Feedback on current powerpoint which was updated by Jennifer Miller was not received from any of the SUD staff. Reviewers discussed the training should be limited to one hour which will allow for questions. It appears as if zoom may be the preferred training platform. New leadership may have to move this forward. Minimally the powerpoint may be shared at the next SUD Provider meeting.

MCG

Due to Staffing Transitions, we do not have current data for this.

The Parity workgroup quarterly meeting was held August 16th. Our test environment of Indicia and MH-WIN training were updated with the 26th edition on 9/21/2022. All PIHPs are expected to update to the 26th edition of the guidelines by October. We tested the upgrade and notified MCG on 9/29/2022. Production will be updated in the very near future.

IRR

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

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 23-19 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 11/16/2022

Name of Provider: Guidance Center, The

Contract Title: Treatment Foster Care Oregon (TFCO) Wayne State Grant

Address where services are provided: 13101 Allen Rd. Southgate, MI 48195

Presented to Program Compliance Committee at its meeting on: 11/9/2022

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

Amount of Contract: \$ 387,273.00 Previous Fiscal Year: \$ 409,180.00

Program Type: Continuation

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

Date Contract First Initiated: 1/1/2018

Provider Impaneled (Y/N)? Y

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

This board action is requesting the allocation of \$387,273 for Treatment Foster Care Oregon (TFCO) at The Guidance Center for FY 22-23. TFCO is an evidence-based practice developed as a community-based alternative to hospital, residential, and other inpatient treatment settings for children receiving SED Waiver services with significant emotional and behavioral challenges. TFCO offers intensive, behaviorally focused and data-driven clinical treatment in a nonrestrictive setting.

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

Source of Funds: Medicaid

Fee for Service (Y/N): Y

Revenue	FY 22/23	Annualized
State Grant	\$ 387,273.00	\$ 387,273.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 387,273.00	\$ 387,273.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64933.822608.01008

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Monday, October 31, 2022

Signed: Monday, October 31, 2022

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 23-31 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 11/16/2022

Name of Provider: ARC Detroit, The ARC of Northwest Wayne County, The ARC of Western Wayne County

Contract Title: ARCs: Detroit, Northwest Wayne & Western Wayne

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 11/9/2022

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

Amount of Contract: \$ 599,397.00 Previous Fiscal Year: \$ 599,397.00

Program Type: Continuation

Projected Number Served- Year 1: 8,000 Persons Served (previous fiscal year): 7756

Date Contract First Initiated: 4/1/2014

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).

Staff recommends approval of a one-year contract renewal for an amount not to exceed \$599,397 for the fiscal year ended September 30, 2023 with the following: 1.) ARC Detroit; 2.) ARC of Northwest Wayne County; and 3.) ARC of Western Wayne County. The proposed contract will provide advocacy, supportive services, and educational information by addressing issues facing persons with intellectual/developmental disabilities. The contract further targets supportive family members, and the community through advocacy and information. The design and delivery of the programs will ensure active engagement and coordination in the mental health system.

- 1.)**The Arc Detroit** has a Advocacy and Community Awareness program to engage and assist individuals who are I/DD and their families.
- 2.)**The Arc of Northwest Wayne County** has the After I'm Gone program to assist families in planning for the future, when family members are no longer able to provide help. Guardianship Alternatives Information Network (G.A.I.N.) offers information about guardianship and legal alternatives to guardianship for consumers, parents, and mental health professionals. The Lekotek program provides families with monthly individual play sessions with their child to explore toys and play for children with disabilities.
- 3.)**The Arc of Western Wayne County** also provides an After I'm Gone program and The Take Charge Helpline. The Helpline was developed to address concerns of parents and children, and

adults with I/DD. The Helpline broadens the geographical reach to consumers and the community, to engage, inform and encourage. The website is a portal to general information on mental health and disability related topics.

Funding for these programs is as follows: 1.) not to exceed \$117,369.00 – ARC Detroit Advocacy and Community Awareness; 2.) not to exceed \$296,101.00 - The Arc of Northwest Wayne County (After I'm Gone - \$134,220.00; GAIN - \$56,552.00; Lekotek - \$105,329.00); 3.) not to exceed \$185,927.00 - The Arc of Western Wayne County (After I'm Gone - \$56,377.00; Take Charge Helpline - \$129,550.00).

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

Source of Funds: General Fund

Fee for Service (Y/N): N

Revenue	FY 22/23	Annualized
General Fund	\$ 599,397.00	\$ 599,397.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 599,397.00	\$ 599,397.00

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

Type of contract (Business/Clinical):

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)?

Approved for Submittal to Board:

Eric Doeh

Stacie Durant

Eric Doeh, Chief Executive Officer,
Signed: Friday, November 4, 2022

Stacie Durant, Chief Financial Officer,
Signed: Friday, November 4, 2022

Signature/Date:

Signature/Date:

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 23-40 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 11/16/2022

Name of Provider: Medversant Technologies LLC

Contract Title: Credentialing Verification Organization

Address where services are provided: 355 South Grand Ave, Suite 1700 Los Angeles, CA 90071

Presented to Program Compliance Committee at its meeting on: 11/9/2022

Proposed Contract Term: 11/1/2022 to 10/31/2023

Amount of Contract: \$ 274,740.00 Previous Fiscal Year: \$ 274,740.00

Program Type: Continuation

Projected Number Served- Year 1: 3,400 Persons Served (previous fiscal year): 3412

Date Contract First Initiated: 11/1/2017

Provider Impaneled (Y/N)? N

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

This board action is requesting a contract for one (1) year effective November 1, 2022 through October 31, 2023 for an amount not to exceed \$274,740 with Medversant Technologies LLC a National Committee for Quality Assurance accredited Credentialing Verification Organization.

Medversant primary source verifies Medicaid and Medicare sanctions, licensure, work history, malpractice history, education and training for practitioners and providers. In addition Medversant conducts continuous monitoring of DEA licenses, Office of Inspector General and System for Award Management sanctions, and licensure. All Medversant activities are electronic. After the DWIHN Credentialing Committee meets and make appropriate disposition Medversant will send Credentialing/Re-Credentialing letters and certificates to providers or practitioners. Medversant also has the capabilities to share all credentialing data with the State of Michigan's Universal Credentialing CRM platform and is being utilized by other PIHPs, creating synergies of a single solution. The contract ensures that DWIHN is compliant with the credentialing requirements delineated in 42 Code of Federal Regulations 422.204, their executed agreements with MDHHS and the five Integrated Care Organizations.

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 22/23	Annualized
Multiple	\$ 274,740.00	\$ 274,740.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 274,740.00	\$ 274,740.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64934.827211.00000

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, October 27, 2022

Signed: Thursday, October 27, 2022

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: BA 23-44 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 11/16/2022

Name of Provider: Starfish Family Services

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

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

Presented to Program Compliance Committee at its meeting on: 11/9/2022

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

Amount of Contract: \$ 82,319.00 Previous Fiscal Year: \$ 79,922.00

Program Type: Continuation

Projected Number Served- Year 1: 825 Persons Served (previous fiscal year): 820

Date Contract First Initiated: 6/1/2015

Provider Impaneled (Y/N)? Y

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

This board action is requesting the approval of a one year contract for an amount not to exceed \$78,399. The Michigan Child Collaborative Care Program and Behavioral Health Consultant Project provides behavioral health consultation for local primary care providers with MC3 child, adolescent and prenatal psychiatrists. Starfish Family Services provides local oversight, in collaboration with MC3 program, of the Behavioral Health Consultant as they implement MC3 in Wayne County as well as work in concert with other regional Behavioral Health Consultants. Note the State of Michigan identified the agency to provide the Behavioral Health Consultant.

Services include:

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

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

Source of Funds: Other

Fee for Service (Y/N): N

Revenue	FY 22/23	Annualized
Federal Grant	\$ 82,319.00	\$ 82,319.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 82,319.00	\$ 82,319.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64933.822608.01021

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Wednesday, October 19, 2022

Signed: Tuesday, October 18, 2022

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 23-46 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 11/15/2022

Name of Provider: All Well-Being Services

Contract Title: FY22-23 MI Health Link Demonstration Project

Address where services are provided: See Attachment (Multiple Providers)

Presented to Program Compliance Committee at its meeting on: 11/9/2022

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

Amount of Contract: \$ 9,886,123.00 Previous Fiscal Year: \$ 9,886,123.00

Program Type: Continuation

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

Date Contract First Initiated: 1/1/2019

Provider Impaneled (Y/N)? Y

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

This board action is requesting a one year continuation contract with the five (5) Integrated Care Organizations (ICO) to receive and disburse Medicare dollars to reimburse the Affiliated Providers for the fiscal year ended September 30, 2023 for estimated amount of \$9,886,123 in conjunction with the MI Health Link Demonstration Project.

The services performed by the Affiliated Providers are those behavioral health benefits available to the Dual Eligible (Medicare/Medicaid) beneficiaries being managed by the DWIHN through its contract with the Michigan Department of Health and Human Services MDHHS) and its contracts with the five ICOs. The Affiliated Providers consist of inpatient, outpatient and substance use disorder providers. This Demonstration Project is designed to ensure that coordinated behavioral and physical health services are provided to this population.

The Medicaid eligible services for the MHL members are provided by our provider network and such costs were included in the board approved Provider Network board action.

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

Source of Funds: Other

Fee for Service (Y/N): N

Revenue	FY 22/23	Annualized
Medicare	\$ 9,886,123.00	\$ 9,886,123.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64936.827020.00000

In Budget (Y/N)? Y

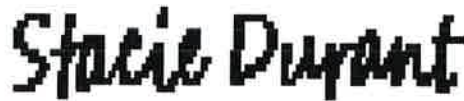
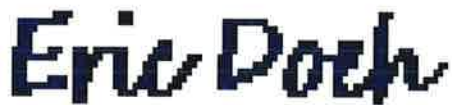
Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Tuesday, October 25, 2022

Signed: Monday, October 24, 2022