



Detroit Wayne Integrated Health Network

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PROGRAM COMPLIANCE COMMITTEE MEETING Wednesday, September 14, 2022 St. Regis Hotel, 1st Floor Conference Room 1:00 p.m. – 3:00 p.m.

REVISED AGENDA

- I. Call to Order**
- II. Moment of Silence**
- III. Roll Call**
- IV. Approval of the Agenda**
- V. Follow-Up Items from Previous Meeting - *None***
- VI. Approval of the Minutes – August 10, 2022**
- VII. Report(s)**
 - A. Chief Medical Officer – *Deferred to October 12, 2022*
 - B. Corporate Compliance
- VIII. Quarterly Reports**
 - A. Access Call Center
 - B. Children’s Initiatives
 - C. Customer Service
 - D. Integrated Health Care
- IX. Strategic Plan Pillar – Customer**
- X. Quality Review(s)**
 - A. QAPIP Work Plan FY 22 Update
- XI. Chief Clinical Officer’s Report**

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 Taueg, Secretary
Jonathan C. Kinloch

Eric W. Doeh, President and CEO



XII. Unfinished Business - *None*

XIII. New Business

(Staff Recommendations)

- A. **BA #23-07** – DWIHN Provider Network System FY 22/23
- B. **BA #23-11** – Wayne County Health Human and Veteran Services, Mental Health Jail and Third Circuit Court
- C. **BA #23-12** – Central City PSH CoC Program and Leasing Project – Detroit Central City CMH, Inc.
- D. **BA #23-13** – PATH Program – Neighborhood Service Organization (NSO)
- E. **BA #23-14** – Southwest Counseling Solutions Housing Resource Center, Neighborhood Service Organization (NSO) Detroit Healthy Housing and CNS Covenant House Program
- F. **BA #23-16** – Jail Diversion
- G. **BA #23-17** – System of Care Block Grant – Black Family Development, Inc.
- H. **BA #23-21** – Infant & Early Childhood Mental Health Consultation (IECMHC)
- I. **BA #23-22** – Infant & Early Childhood Mental Health Consultation in Home Visiting (IECMHC-HV)
- J. **BA #23-26** – Substance Use Disorder (SUD) Provider Network - Prevention
- K. **BA #23-27** – Substance Use Disorder (SUD) Provider Network - Treatment
- L. **BA #23-29** – Comprehensive Services for Behavioral Health FY 22/23

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

AUGUST 10, 2022

1:00 P.M.

IN-PERSON MEETING

MEETING CALLED BY	I. Dr. Cynthia Taueg, Program Compliance Vice-Chair at 1:00 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Dr. Cynthia Taueg, Vice-Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	<p>Committee Members: Dorothy Burrell; Commissioner Jonathan Kinloch; William Phillips; and Dr. Cynthia Taueg</p> <p>Committee Members (Virtual): Lynne F. Carter, M.D.</p> <p>Committee Members Excused: Michelle Jawad</p> <p>Staff: Jacquelyn Davis; Judy Davis; Eric Doeh; Dr. Shama Faheem; Tania Greason; Shirley Hirsch; Sheree Jackson; Melissa Moody; Cassandra Phipps; Felicia Simpson (Virtual); Manny Singla; Yolanda Turner; and June White (Virtual)</p>

AGENDA TOPICS

II. Moment of Silence

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

III. Roll Call

DISCUSSION	The Vice-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 Vice-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. Eric Doeh, President/CEO introduced the new Chief Information Officer, Jamal Aljahmi to the committee. Motion carried.
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V. Follow-Up Items from Previous Meetings

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

DISCUSSION/ CONCLUSIONS	The Vice-Chair called for a motion to approve July 13, 2022 meeting minutes. Motion: It was moved by Mr. Phillips and supported by Commissioner Kinloch to approve the July 13, 2022 meeting minutes. Dr. Taueg asked if there were any changes/modifications to the July 13, 2022 meeting minutes. There were no changes/modifications to the July 13, 2022 meeting minutes. Motion carried.
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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 has continued its’ outreach efforts for behavioral health services through the monthly “Ask the Doc” Newsletter; Interview with Detroit Public Television on Social Media and Youth; Interview with Channel 7 on 988 and Crisis Services for Wayne County; and a presentation on “Self-Care and Wellness” as part of EVOLVE series for the month of June and July. 2. Putting Children First – Staff continue its’ efforts and presented this Initiative at the NAMI and Annual Board Conference. The Tri-County Initiative focused on brainstorming back-to-school events for the fall school year. Universal Infant Mental Health Screening tool was created to make it standardized and replace different screening tools used by different organizations. Meetings have been held with the Children’s providers and Juvenile Detention Facility to brainstorm ways to address mental health needs for youths detained. Sexual Orientation Gender Identity Expression (SOGIE) updates to the Integrated Biopsychosocial Assessment in MH-WIN were presented at the IPLT meeting and the CRSP meeting in July and next step is sending memos to providers about the updated SOGIE language. 3. Crisis Care Center (Milwaukee Ave) – Groundbreaking of the Crisis Care Center was held in July. Staff has started working with our consultants from RI International on developing our Project Plan. Minor changes were made to the floor plan, key staff and job descriptions have been identified. 4. Quality Department – DWIHN received full compliance with HSAG Source Code Verification; For the 2021-2022 submission, DWIHN has identified existing racial or ethnic disparities within our provider network for populations served based on our review and analysis of the Michigan Mission Based Performance Indicator (MMBPI) reporting data of PI#4 (The percentage of discharges from a psychiatric inpatient unit that were seen for follow-up care within 7 days). The write-up of the PIP was submitted to HSAG for validation on July 15, 2022. The second half of the three-year Compliance Review on July 25, 2022 was reviewed by HSAG. DWIHN will receive a draft report on September 22, 2022 with an opportunity to provide feedback on or before September 29, 2022. A final report will be issued by HSAG by October 2022. Indicator 10 (Recidivism) has had a slight uptick in Q2 for Adults (16.31%) from Q1 (14.93%). The preliminary data for Q3 is due to MDHHS on September 30, 2022 (17.83%). The ongoing collaboration and efforts toward working with providers and target recidivistic individuals will continue. Access of services or Biopsychosocial within 14
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	<p>days of request (PI#2a) has been declining over the last two quarters. Staff will continue internal talks as well as working with our provider network to try and alleviate this ongoing challenge.</p> <ol style="list-style-type: none"> 5. Improvement in Practice Leadership Team (IPLT) – The committee reviewed PIPs focusing on HEDIS measures and updates on steps taken by the Integrated Health Care department in response to FY '21 Population Assessment in the month of August. 6. Med Drop Program – Staff has identified the success of the Med Drop pilot program in terms of reducing inpatient admissions and re-admissions. Staff identified a goal of increasing enrollment in the Med Drop program. There are 49 members currently opened as of July 1, 2022 and 4 intakes completed for the month of July. 7. Integrated Health Care – Complex Case Management - There are currently 12 active cases, two (2) new opened cases, five (5) cases closed (4 closed due to meeting treatment goals and one member was incarcerated) and no pending cases. Follow-up after hospitalization was completed for 89 members to help identify needs and 24 individuals who had hospital recidivism. DWIHN and NSO have been on a performance improvement plan with MDHHS for the number of OBRA pends they have received on assessments. DWIHN's Clinical Specialist for OBRA/PASRR continues to monitor the MDHHS' OBRA/PASRR assessment queue for assessments submitted by NSO on an ongoing basis. The Vice-Chair opened the floor for discussion. Discussion ensued. Dr. Tauzeg noted that the Chief Medical Officer's report has been received and placed on file. <p>B. Corporate Compliance Report – <i>There was no Corporate Compliance report to review this month.</i></p>
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VIII. Quarterly Reports

	<ol style="list-style-type: none"> A. Managed Care Operations (MCO) – June White, Director of Managed Care Operations submitted and gave highlights of the Managed Care Operations' quarterly report. Ms. White reported that the contract processing for FY 2022-23 has started, the pre-contracting documents were sent to over 400 providers. Contracts will be sent out early September. Residential as well as outpatient providers continue to struggle with staff shortages in homes and outpatient service sites resulting from the pandemic. This has resulted in the need to add five (5) new providers to the DWIHN network in the next coming months. There was a total of 14 provider closure/mergers for Q3 and a total of 77 for FY 21/22. Providers have continued to downsize their locations and AFC homes to address staff shortages. Dr. Tauzeg opened the floor for discussion. Discussion ensued. B. Residential Services – Shirley Hirsch, Director of Residential Services submitted and gave highlights of the Residential Services' quarterly report. Ms. Hirsch reported: <ol style="list-style-type: none"> 1. Residential Assessments – There were a total of 621 referrals received for Q3, 3.9% decrease from previous quarter. 2. Implemented Corrective Actions: <ol style="list-style-type: none"> a. Emergency Department (12.1% Decrease) – Monthly meetings with specialized provider and CRSP emphasizing the adherence to the emergent residential processes that specifies immediately pick-up members from ED.
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- b. *Assessments in Current Specialized Settings (Increase of 300<%)* – Continuation of review of over/under-utilized specialized settings will continue through fiscal year.
 - c. *Nursing Home (53.3% Decrease)* – Continuation of review of nursing home referrals assuring an OBRA clinical determination is completed to reflect members were clinically and medically stable for discharge to specialized community settings.
 - d. *Self-Directed (SD) into Specialized Residential Services (7.1% Increase)* – Staff continue to work in coordination with SD Administrator assuring timely review of specialized residential needs.
 - e. *Youth aging out through DHHS (10.0% Increase)* – Staff established quarterly meetings/presentations with DHHS supervisors/case workers and monthly meetings with foster care workers for prospective youth and development of current CRSP to expand service activities to meet the specific needs of this growing population.
3. **Members' Services** – Develop specific programs as it pertains to increased placement requests of DHHS' aged-out foster kids and LGBTQI+ community; and Work with identified CRSP to develop programming to meet increase service needs of the DHHS' foster care and LGBTQI+ community.
 4. **Facilities** – Review current specialized residential facilities to develop service gap analysis of over-and under-utilized facilities.

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

- C. **Substance Use Disorder** – Judy Davis, Director Substance Use Disorder submitted and gave highlights of the Substance Use Disorder's quarterly report. Mrs. Davis reported that due to COVID-19 peaks, there were two providers (SHAR House and Hegira) that had to temporarily close admission due to the outbreak. The Michigan Certification Board of Addiction Professional (MCBAP) announced that the face-to-face education requirement has been eliminated from all credential applications and six (6) months will be added to the expiration date of all development plans that were current and active as of July 11, 2022. The legislation package to raise the state age for tobacco sales from age 18 to 21 years old was signed on July 21, 2022 which brings Michigan in line with the Federal Tobacco 21 Legislation. House Bill 6108 amends the Youth Tobacco Act to raise the minimum legal sale of tobacco products, vapor products and alternative nicotine products from age 18 to 21 years old. DWIHN's Naloxone Initiative program has saved 876 lives since its' conception. DWIHN and Wayne State University (WSU) are working collaboratively 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. Wayne State will purchase vending machines and DWIHN will arrange for the machine to be filled and refilled with Naloxone kits with no cost to the provider. The provider will be responsible for monitoring the supply level and ordering additional kits as necessary. The vending machines are programmed to dispense free naloxone kits. Staff continues to train and provide kits to health care workers, providers, drug court staff, inmates/jail staff, the community and other organizations that intersect closely with people who use opioids. The Michigan Syndromic Surveillance Overdose May report is now available for review. This is a rapid emergency department (ED) surveillance system that aims to detect spikes in unusual outbreaks and other public health events. There was a total of 264 calls received in the Call Center from the Michigan Department of Corrections (MDOC) for the month of July; 201 received referrals for SUD services and the majority of the population served were African

	Americans between the ages of 25-34 years old with a high school education. Dr. Taueg opened the floor for discussion. Discussion ensued. The Vice-Chair noted that the Managed Care Operations, Residential Services and Substance Use Disorder's quarterly reports have been received and placed on file.
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IX. Strategic Plan Pillars

DISCUSSION/ CONCLUSIONS	<p>A. Access – Jacquelyn Davis, Clinical Officer submitted and gave an update on the Strategic Plan Access Pillar. Ms. Davis reported that there are four (4) high-level goals under this pillar. They range from 75%-100% in completion.</p> <ol style="list-style-type: none"> 1. Create infrastructure to support a holistic care delivery system (full array) by December 31, 2022 – 86% completion 2. Create Integrated Continuum of Care for Youth by September 30, 2022 – 90% completion 3. Establish an effective crisis response system by September 30, 2022 – 75% completion (Will not reach 100% until the Crisis Care Center has opened and functioning). 4. Implement Justice Involved Continuum of Care by September 30, 2022 – 100% completion <p>The Vice-Chair opened the floor for discussion. Discussion ensued.</p> <p>B. Quality – Tania Greason, Quality Administrator, on behalf of April Siebert, Director of Quality Improvement, submitted and gave an update on the Strategic Plan Quality Pillar. Ms. Greason reported that there are four (4) organizational goals under this pillar and they range from 78%-100% in completion for the high-level goals.</p> <ol style="list-style-type: none"> 1. Ensure consistent Quality by September 30, 2022 – 78% completion 2. Ensure the ability to share/access health information across systems to coordinate care by December 31, 2021 – 100% completion 3. Implement Holistic Care Model: 100% by December 31, 2021 – 98% completion 4. Improve population health outcomes by September 30, 2022 – 80% completion <p>The Vice-Chair opened the floor for discussion. Discussion ensued. The Vice-Chair noted that the Strategic Plan's Access and Quality Pillars have been received and placed on file.</p>
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X. Quality Review(s) -

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

DISCUSSION/ CONCLUSIONS	<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 685 inpatient hospitalizations and three (3) COVID-19 positive cases as of 8/1/22. 2. COVID-19 Intensive Crisis Stabilization Services – There was a total of 371 members that received Intensive Crisis Stabilization Services in July 2022, a 15% decrease from June 2022 (440).
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	<ol style="list-style-type: none"> 3. COVID-19 Recovery Housing/Recovery Support Services – There was a significant increase in COVID-19 Recovery Housing utilized in July (29) compared to June 2022 (3). SUD COVID numbers for the month July, 59 members and 19 staff tested positive for COVID. Two providers had to temporarily close admissions in July due to COVID outbreak. 4. COVID-19 Pre-Placement Housing – There were no members serviced for Pre-Placement Housing in July 2022. 5. Residential Department (COVID-19 Impact) – There were three (3) members that tested positive for COVID-19 with no related deaths in July 2022. There were three (3) residential staff that tested positive for COVID-19 and no related deaths in July 2022. 6. Vaccinations – Residential Members – There are 88.7%(Detroit) to 91.4% (Western Wayne) residential members that are fully vaccinated in a licensed facility and 63%(Detroit) to 76% (Western Wayne) have received the vaccine booster. There are 61% (Detroit) to 68.2% (Western Wayne) residential members that are fully vaccinated in an unlicensed facility and 66% (Detroit) to 56% (Western Wayne) have received the vaccine booster. 7. Clinical Updates – The Autism Spectrum Disorder Benefit continues to grow monthly. The current number of children enrolled in the benefit for the month of July is 2,336. The total comprehensive diagnostic evaluation referrals scheduled by the Access Call Center have continued to increase since April 2022. There were 186 referrals for the month of July, an increase of 10 referrals from the previous month. <p>Mrs. Moody introduced the new Utilization Management Director, Leigh Wayna and the new Adult Initiatives' Director, Marianne Lyons to the committee. The Vice-Chair opened the floor for discussion. Discussion ensued. The Vice-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>C. BA #22-17 (Revised 4) – DWIHN's SUD Department – Michigan Celebrate Recovery Walk, Novaceuticals and DWC ASAP – Staff requesting board approval for allocation of PA2 funds totaling \$247,500.00. The funds will be used for the National Council on Alcoholism and Drug Dependence Annual state wide Celebrate Recovery Walk and Rally on September 10, 2022 (\$10,000.00); \$235,000.00 to purchase 2,500 Naloxone Kits; and \$2,500.00 to co-sponsor the DWC-ASAP Conference that was held on July 21, 2022. The Vice-Chair called for a motion on BA #22-17 (Revised 4). Motion: It was moved by Mr. Phillips and supported by Mrs. Burrell to move BA #22-17 (Revised 4) to Full Board for approval. Dr. Tauveg opened the floor for discussion. Discussion ensued. Motion carried.</p>
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XIII. New Business: Staff Recommendation(s)

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. BA #22-67 – DWIHN's Additional General Fund Program FY 21-22 – Staff requesting board approval for the allocation of excess general fund dollars totaling \$1,000,000.00 for the fiscal year ending September 30, 2022. The Children's Center will receive \$500,000.00 to support the Adoption Program and Starfish Family Services will receive \$500,000.00 to support the Behavioral Health Professionals. The programs are non-Medicaid programs that provide benefits to the children we serve that are currently in place and have incurred expenses for this fiscal year. The Vice-Chair called for a motion on BA #22-67.</p>
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	<p>Motion: It was moved by Mr. Phillips and supported by Mrs. Burrell to move BA #22-67 to Full Board for approval. Dr. Tauveg opened the floor for discussion. There was no discussion. Motion carried.</p> <p>B. BA #23-03 - Michigan Rehabilitation Services (MRS) – Staff requesting board approval for a one-year contract for the fiscal year ending September 30, 2023 for the continued funding for an Inter-Agency Cash Transfer Agreement (ICTA) between DWIHN and MRS for the amount of \$443,565.00. The Vice-Chair called for a motion on BA #23-03. Motion: It was moved by Mr. Phillips and supported by Mrs. Burrell to move BA #23-03 to Full Board for approval. Dr. Tauveg opened the floor for discussion. Discussion ensued. Motion carried.</p>
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XIV. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS	<p><i>There was no Good and Welfare/Public Comment to report.</i></p>
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ACTION ITEMS	Responsible Person	Due Date

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

ADJOURNED: 2:14 p.m.

NEXT MEETING: Wednesday, September 14, 2022 at 1:00 p.m.



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**CORPORATE COMPLIANCE
MEMORANDUM**

TO: Program Compliance Committee

FROM: Sheree Jackson
Corporate Compliance Officer

DATE: September 14, 2022

RE: REPORT TO PROGRAM COMPLIANCE COMMITTEE

Old Business

1. Compliance received a referral regarding Pro Care Unlimited for employee credentialing related concerns. No findings were identified and the allegation has been closed with the Office of Inspector General.

New Business

1. The Office of Recipient Rights substantiated a case of Neglect 1, resulting from Community Spirit Homes, Inc.'s ("Community Spirit Homes") actions or omissions. Compliance is investigating the allegation and the investigative findings are pending to date.

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Eric W. Doeh, President and CEO



2. The Office of Recipient Rights substantiated a case of Neglect 1, resulting from Five C's Manor for failure to report a critical event. Compliance investigated the allegation and all DWIHN members were removed from the providers care.
3. The OIG referred 1 provider for investigation April-June 2022.
4. Compliance received 14 non-OIG referrals for internal review that are pending investigation. The referrals derived from DWIHN's internal auditing mechanisms and recipient rights complaints.

Access Call Center 3rd Quarter: April – June, 2022

Summary Report

The Access Call Center total call volumes for the 3rd Quarter, decreased by 20.41% in comparison to the 2nd Quarter. This is also a noted decrease from 3rd quarter in FY 20/21. The decrease in call volume was also noted with the crisis calls. There has been a decrease in the number of abandoned calls which is being addressed by working with phone vendor to improve system, recruiting and training new staff, and rearranging schedules to address high call volumes.

FY 21/22 Q3 Accomplishments

- Hired an additional Call Center Manager and filled a vacant SUD FT position.
- Identified staff to provide supervision to staff currently on MCBAP Development Plans
- Call Center Team received presentations from UM on General Fund approval process and from staff at Detroit Works.
- Working with Wayne County Jail to develop a process to ensure access to individuals transitioning back into the community
- Pursuing an agreement with Availity to allow easy access to health plan information to better coordinate services
- Developed a referral process for Foster Kids in a pilot launched for the North Central Office
- Completed “Silent Monitoring” for 227 calls this quarter. The average score was 92% The goal is 95% Several staff scored 100%. Areas being addressed are: tone quality, long hold times, and dead air. 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. Working with IT and the Vendor to correct and make the queue more efficient and offer more options.

Plans for FY 21/22 Q4

- Additional staff will be hired to man the phone lines. Adding PT staff to the roster to cover staff taking PTO and to assist during high volume times.
- Fully Implement approved Access Call Center policies and procedures
- Implement an internal Call Center Workgroup to develop plan for streamlining the screening process.

DETROIT WAYNE INTEGRATED HEALTH NETWORK

Access Call Center (SUD & MH)
Quarterly Report(3rd Quarter)
April-June 2022



Access Call Center

3rd Quarter

April-June 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	42,196	41,164	1,032	2.4%	00:21 sec.	04:58 min.	97.6%	86.0%
SUD (Subset of all calls)	9,300	7,579	1,636	17.6%	07:07 min.	16:50 min.	81.5%	36.0%
Clinicians (Subset of all calls)	6,064	5,086	978	16.1%	07:15 min.	27:16	83.9%	38.4%
Department Totals	42,196	41,164	2,646	12.0%	N/A	N/A	87.6%	53.4%

Access Call Center Data Analysis

- Noticeable decrease in the number of calls handled from the 2nd quarter (51,177) to 3rd quarter (41,164)
- Noticeable increase of abandoned calls from 2nd quarter (6.9%) to 3rd quarter (12.0%); cause is related to adding the hold queue for SUD and Clinical incoming calls, which was added the last two weeks of February 2022.
 - Activities to address:
 - Meeting with phone vendor to improve phone system
 - Recruiting and training of new staff
 - Re-arranging schedule to better address high call volumes.

Access Call Center Data Analysis

- Service Level goal is 80%, which means the number of calls answered within 30 seconds. When we implemented the hold queue it caused the service level to drop from (85.3%) 2nd quarter to (53.4%) 3rd quarter. Prior to the hold queue, calls were placed in the call back queue, with no option to wait for the next available screener. Hold queue concerns are being addressed with the vendor.

Average Screenings Completed Per Quarter

Mental Health Screening

3rd Quarter FY 20/21= 12.55

4th Quarter FY 20/21= 13.6

1st Quarter FY 21/22= 12.5

2nd Quarter FY / 21/22= 11.0

3rd Quarter FY 21/22= 8.1

SUD Screening

3rd Quarter FY 20/21= 11

4th Quarter FY 20/21= 14

1st Quarter FY 21/22= 15

2nd Quarter FY 21/22 = 12.6

3rd Quarter FY 21/22= 9

The mental health screenings have decreased this 3rd Quarter. The decrease is due to changes in staffing and additions to the Autism Benefit Program screening process and staff availability (use of PTO, illness).

The decrease in the number of SUD screening this 3rd Quarter due to the addition of the hold queue, staff capacity and availability (use of PTO, FMLA, and illness)

Access Call Center Accomplishments 3rd Quarter(April-June 2022)

- Access Call Center Silent Monitoring Results
 - 3rd Quarter Departmental average is 92%. Reviewed approximately 227 calls. Several staff scored 100%. Those scoring below 80% will be placed on a Performance Improvement Plan.
 - Activities to improve scores involve 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

3rd Quarter(April-June 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.
- Training for all Access Call Center units
 - Mandatory New Hire Trainings—LOCUS, ASAM, Mental Health First Aid Adult Suicide Prevention and ORR (MH& SUD)-Successfully Completed
 - Sexual Orientation, Gender Identity & Expression: SOGIE (All staff) Training available through September 22 and will be required of upcoming new hires.

Access Call Center Updates

- Hiring additional staff for SUD and Clinical
 - Lauren Brennan- Call Center Manager
 - Tracey Jackson- SUD full-time
- Identified staff to provide supervision to SUD staff currently on MCBAP Development Plans.
- In the process of working with Phone System vendor (BSB) to improve hold queue: Giving an option for call back or to continue holding.
- The following presented programs/services to the Call Center Team
 - UM presentation on General Fund– (Jackie Summerlin)
 - Detroit at Works –(Rachel Williams)

Access Call Center Updates (cont.)

- Developing an internal process with Wayne County Jail to assist with individuals transitioning back into the community with an easier access to getting into service
- Pursuing Availity (formerly Web Denis) to obtain easy access to health plan information providers to better serve callers.
- Working with IT to develop accurate and less time consuming data reporting procedures (MHWIN, Mitel-CCWeb).- Updates will be provided in the 4th quarter report.
- CRSP Assignments are now occurring at time appointment is scheduled. This procedure ensures the individual receives follow-up/engagement prior to appointment date.
- Developed a referral process for Foster kids. Launching a pilot for the North Central office.

Access Call Center Plans Moving Forward

- Train 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
- Implementing internal Call Center Workgroup to develop additional workplan to streamline screening process and other functions of the Access Call Center Dept.
- Fully implement approved Access Call Center policies and procedures.



Detroit Wayne Integrated Health Network
CHILDREN'S INITIATIVE DEPARTMENT
BRIEF EXECUTIVE SUMMARY REPORT: Quarter 3 (April - June 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 flyers** were added to the DWIHN website: Wayne County Services (SED vs. IDD), Student Mental Health Resource, Children's Crisis
- Trained North Central DHHS Office and DWIHN Access Department on the new screening process for youth involved in **Foster Care**
- Presented at the **Detroit Institute for Children (DIC) "Catch Up & Keep Up" Conference** focusing on children with special needs.
- Teen Wellness Summit** held at 3 locations in which CEO/President Eric Doeh received an award.
- Resource table for **Father's Day** picnic with DWIHN Fatherhood Initiative and Defined By Fatherhood.
- Shared resources at **Plymouth-Canton Community Schools Mental Health and Wellness Fair**
- Hosted **Behavior Threat Assessment Training** for Wayne, Oakland, and Macomb counties for community mental health agencies and schools staff to attend.
- Hosted the **Children's Mental Health Awareness "My Mind Matters."**
- Facilitated **Wrap Around Training** with Providers in person
- Intern ArReana Jackson** successfully completed her Wayne State University (WSU) Master of Social Work internship (Student Excellence of Social Justice Award)
- New Opportunities:** Meetings were held with Detroit Institute for Children, YMCA, HAND grant to prevent youth homeless, Detroit Guardian Angels Ball, CHEMpreneurist, Gun Violence Prevention)



School Success Initiative

A total of **7,160 students actively received SSI services** from among 10 Children Providers within 73 schools among Wayne county. There was a total of 1,132 screenings (increase from previous quarter), 4,066 Tier 1 services, 937 Tier 2 services, and 1,025 Tier 3 services.

School Success Initiative Projects: Decision to **transfer data from Redcap to MHWIN** due to server issues. 3 Providers were identified to assist with the transition. Developed a nomination form for Providers and or school staff to nominate students involved in the School Success Initiative to receive a **Spotlight Award**. Plan to do awards quarterly. Meeting held with Community Education Commission to discuss plans for the **GOAL Line** project and reviewed the participating school list.



Detroit Wayne Integrated Health Network Youth United

Advisory / Advocacy	Leadership / Training	Anti Stigma / Marketing
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- Tyanna McClain** was awarded the National Alliance on Mental Illness (NAMI) award for her youth advocacy efforts.
- Bianca Miles** is one of the newest National Alliance on Mental Illness (NAMI) Board of Directors – Detroit Chapter
- Facilitated 5 **Stigma Busting Workshops**
- Youth United in collaboration with Family Alliance for Change hosted a **Spring Blast** family fun event at Hope for Detroit Academy (500 attendees)
- Held a **Courageous Conversations**, the topic was Youth Mental Health and ACEs and the guest presenter was Anthony Harrison of the Guidance Center.
- Youth United facilitated a **Wellness and Self Care Workshop** for staff (9 attendees)

Clinical Services

During Q3 2022 a total of 11,992 children, youth, and families in Wayne County ages 0 up to 20 received services for both Serious Emotional Disturbance (SED) and Intellectual/Developmental Disability (I/DD) disability designations. There was an increase from Q2 to Q3.

Home Based: Overall, a total of 382 families received Home Based services among 9 Children Providers; in which 41 of the youth were new to HB services. Thus, there was an 8% decrease of youth in HB services since the previous quarter. 100 of the youth has received HB services past 2 years (26.2%) and 13 months was the average length of stay. 1 youth with I/DD designations received HB services as well. Lastly, 18% of the members in HB services presented with meaningful and reliable improvement according to CAFAS scores.

Wrap Around: Overall, a total of 305 families received Wrap Around services among 8 Children Providers. There were 59 new families who started Wrap Around services. Thus, there was 6.7% decrease in the number of families in Wrap Around services compared to the previous quarter. 14 months was the average length of stay for families receiving this service. 27 families transitioned out of Wrap Around services in which 74% of the families who transitioned successfully completed all 4 phases of the Wrap Around model.

Patient Health Questionnaire (PHQ A): 97.1% of youth had the PHQ A completed upon intake out of the goal of 95%. 58% of youth had ongoing PHQ A completed out of the goal of 95%. **Plan:** Continue to brainstorm interventions with Providers to improve the quarterly PHQ A compliance.

Trainings

Training	Training Name / Attendees
Children’s Mental Health Lecture Series	<ul style="list-style-type: none"> • Using a Survivor Centered Approach to Working with Survivors of Sexual Violence (71 attendees) • “Play Therapy 101” (86 attendees).
Quarterly Leadership Training	<ul style="list-style-type: none"> • Coach Approach: Aligning system of care values to adaptive leadership (9 attendees)
CAFAS / PECFAS	<ul style="list-style-type: none"> • CAFAS Initial Training (18 attendees) • CAFAS Booster Training (23 attendees) • PECFAS Booster Training (17 attendees)



Detroit Wayne Integrated Health Network

What's Next?

ANNUAL YOUTH SPOTLIGHT AWARDS
A NIGHT OF ACHIEVEMENTS

JOIN US FOR A SPECIAL NIGHT TO RECOGNIZE THOSE WHO HAVE PROUDLY ADVOCATED FOR YOUTH IN OUR COMMUNITIES.

THURSDAY, SEPTEMBER 22ND, 2022 | 6PM-9PM
BURTON MANOR
27777 SCHOOLCRAFT ST. LIVONIA, MI 48150

<https://www.eventbrite.com/e/annual-youth-spotlight-awards-tickets-409863210717>

Wayne County System of Care Presents:
Health and Wellness Passport Fair

September 23, 2022
3:00 PM - 6:00 PM
The Guidance Center
13101 Allen Rd. Southgate, MI 48195

Come and join us as we share mental health resources for parents, youth and families. This free event is open to the public and promises to be a day full of fun!

Refreshments, Inflatables, Resource Tables, Giveaways and Much More!

Logos: DWIHN, CONNECTIONS, Family Alliance for change, Guidance Center

COURAGEOUS CONVERSATIONS
TRANSFORMING BIAS & REFRAMING ALLYSHIP

Join us in collaboration with Affirmations & Ruth Ellis Center for an insightful discussion on challenging biases & supporting LGBTQ+ youth

September 16, 2022
4:00 PM - 5:30 PM
ALL ARE WELCOMED

eventbrite.com/courageous-conversations

QR code and logos: DWIHN, Affirmations, Ruth Ellis Center

Youth MOVE Detroit Presents
GAME NIGHT!
2022

Set aside your high-tech gadgets and come and play with us while learning more about our youth group!

Minute-To-Win-It | Uno | Card Games | Board Games | Coloring | Jenga | Food | Snacks | Giveaways | Resources | And More

79 WEST ALEXANDRINE ST DETROIT, MI 48201 | THURSDAY | 09.08.22 | 5:00PM-7:30PM

FREE ENTRY

BRING YOUR FAMILY AND FRIENDS!
Register Below!
<https://www.eventbrite.com/e/game-night-tickets-381112847787>

Logos: DWIHN, Youth MOVE Detroit

YOUTH UNITED & FATHERHOOD INITIATIVE
NIGHT AT THE MOVIES

MONDAY, SEPTEMBER 12, 2022
4:30 PM TO 7:30 PM
AT EMAGINE, 200 N MAIN ST, ROYAL OAK, MI 48067

Register here to confirm your tickets!
<https://yvmovieevent.eventbrite.com>

Free movie & concessions!

Movie will be announced at a later date!

Transportation is available from The Children's Center at 90 Selden, Detroit, 48201. Please email Carly Steele, csteele@dwhn.org to reserve your spot on the bus! Seating is limited.

Logos: DWIHN, CONNECTIONS, FATHERHOOD INITIATIVE



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Detroit Wayne Integrated Health Network
CHILDREN’S INITIATIVE DEPARTMENT
EXECUTIVE SUMMARY REPORT: Quarter 3 (April - June 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

<p style="color: green; font-weight: bold; margin: 0;">ACCESS</p> <p style="margin: 5px 0;">Branding</p> <p style="margin: 5px 0;">Outreach</p> <p style="margin: 5px 0;">Census</p> <p style="margin: 5px 0;">Screenings</p>	<ul style="list-style-type: none"> Created a Wayne County services flyer that explains the difference between serious emotional disturbances (SED) vs. intellectual developmental disabilities (I/DD) that is available on the Children’s Initiative DWIHN website. Children’s Initiative Department completed an orientation with Customer Service Department to explain about children services and the department. Met with the System of Care Advisory Council and Constituent’s Voice to explain about children services and gain input and feedback of the needs in the community. Ages 0 to 6: Working with the Infant Mental Health (IMH) Children Providers to develop a universal screening for children ages 0 to 6. Next Steps: IT Department updating the screening tool with recommendations. Foster Care: In June 2022 facilitated a training with North Central DHHS Office and DWIHN Access Department on the new process of youth involved in child welfare system ages 3 to 17 to have trauma screening completed and submitted to DWIHN Access Department to complete screening for community mental health services. Children’s Initiative Director attended the first Detroit Institute for Children (DIC) “Catch Up & Keep Up” conference focusing on children with special needs. Attended the VIP Banquet on 4/28/2022 and toured the Marygrove campus and participated in the panel discussion on 4/29/2022. Youth Involvement Specialist and Parent Support Partner from Assured Family Services assisted Director of Children’s Initiative facilitate the Accessing Community Mental Health services workshop. In partnership with the Detroit Police Department Children’s Initiative Department and Workforce Development participated in the Teen Wellness Summit on 5/7/2022 held at 3 locations in which CEO/President Eric Doeh received an award. CEO/President (Eric Doeh) participated in interviews with Hamtramck Review and Latino Press to talk about children services and resources for the Hispanic communities. Also, Eric participated in the What’s Coming Up video explaining Putting Children First Initiative that is on youtube. https://www.youtube.com/watch?v=VpWTLua3_ws Provided a resource table at a picnic for Father’s Day with DWIHN Fatherhood Initiative and Defined By Fatherhood on 6/18/2022.
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- **New Opportunities:** Meetings were held with various agencies to explain children services and discuss opportunities for partnership (Detroit Institute for Children, YMCA, HAND grant to prevent youth homeless, Detroit Guardian Angels Ball in August 2022, CHEMpreneurist, Gun Violence Prevention)

PREVENTION

Pediatric Care

Technology




Schools

Tri County

- 6/13/22 Children's Initiative Director presented how women and children have been impacted by Covid 19 at the **Michigan District Baptist Women's Division (UPLIFT)**.
- Presented **HEDIS Measures** data for children taking ADHD and Antipsychotic medications following up with primary doctor at various meetings (Cross System Management, Integrated Practices Leadership Team, Quality, Human Services Collaborative Committee)
- **Metro Regional Meeting** was held 6/9/22 and presented Putting Children First accomplishments and next steps.
- Children's Initiative Department developed a **Student Mental Health Resource Flyer** that is available on Children's Initiative DWIHN website.
- Children's Initiative Director, Cassandra Phipps and Autism Administrator, Rachel Barnhart shared resources at **Plymouth-Canton Community Schools Mental Health and Wellness Fair** on 4/30/2022.
- Meeting was held with **System of Care Pediatric Integrated Health Care Workgroup** to identify new focus and develop a work plan to include: outreach, coordination of care, HEDIS measures, education on integrated health care.
- Director of Innovation and Community Engagement, Andrea Smith orchestrated the **Behavior Threat Assessment Training** on 5/26/2022; in which Oakland and Macomb counties were also invited to attend; along with community mental health agencies and schools in Wayne county.
- On 5/27/2022 Youth United, Shanay Cuthrell participated in a panel discussion for mental health awareness for **Wayne County Community College students** (64 attendees)
- 5/12/2022 The **Children's Mental Health Awareness** event took place virtually. The theme was "My Mind Matters." CEO/President Eric Doeh, DWIHN's Chief Executive Officer provided the opening. Cassandra Phipps, Director of Children's Initiative's, spoke briefly about Wayne County Community Mental Health Services. Then there was a youth advocate panel that shared their personal stories and discussed what "My Mind Matters" means to them. The keynote speaker was Frank Blackman, Jr., Youth Advocate, who talked about his personal experience of losing a friend in high school to suicide which eventually led him to becoming a mental health advocate. He also discussed the importance of youth being aware of their mental health (57 attendees).



Detroit Wayne Integrated Health Network

	<div style="text-align: center;">  </div>  <ul style="list-style-type: none"> ● Child's Hope: 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 Director Cassandra Phipps attended the Child's Hope painting fundraiser 5/14/2022 at Ford Community and Performing Arts Center in Dearborn to raise funds for the Let's Protect project.
<p style="text-align: center; color: green;">CRISIS INTERVENTION</p> <p>Care Center</p> <p>Expansion of Crisis Services</p> <p>Crisis Training</p>	<ul style="list-style-type: none"> ● Children's Initiative Director presented the Putting Children First Initiative with the Juvenile Justice Collaborative on 4/13/2022 and gained feedback about youth receiving mental health services while in the juvenile detention facility and in placement. ● Worked with Communications Department and Crisis Department to develop a Children Crisis flyer that is available on Children's Initiative DWHIN website. ● The Care Center ground breaking event occurred at DWHIN headquarters on 6/22/2022 ● Meetings held with Children Providers and Juvenile Detention Facility to brainstorm ways to address mental health needs for youth detained. Identified updating policies and processes to continue services until adjudication decision.
<p style="text-align: center; color: green;">TREATMENT</p> <p>Expansion of Services</p> <p>Quality of Services</p> <p>Workforce</p>	<ul style="list-style-type: none"> ● Proposal to update the integrated biopsychosocial assessment to include current Sexual Orientation Gender Identity and Expression (SOGIE) language was presented at Improvement in Practice Leadership Team (IPLT) April 5, 2022 and changes are in pending in MHWIN. ● Ruth Ellis hosted 4 trainings in which 101 DWHIN staff attended (SOGIE 101, Visibility and Housing, Family Support, and Gender Affirming Care). ● 4/1/2022 Educational information sent to Community Mental Health Providers about children HEDIS Measures (Healthcare Effectiveness Data and Information Set): <ul style="list-style-type: none"> - Follow-Up Care for Children Prescribed ADHD Medication (ADD) - Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) ● Children's Initiative Department collaborated with Utilization Management to update the Service Utilization Guidelines (SUG) for CLS and Respite services. ● 5/19/2022 Wrap Around Training was facilitated by Monica Hampton and Kim Hoga that held at Lincoln Behavioral Services (44 attendees). Children's Initiative Director attended to express gratitude to Wrap Around Facilitators.



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- Identified a solution to simplify **CAFAS/PECFAS reports** that was discussed with CAFAS/PECFAS facilitators on 6/30/2022. Plan to distribute a memo in July 2022.
- Special Project Specialist, Marika Orme facilitated a **Career Fair** on 4/28/2022 that included 13 Children Providers and 6 participants.
- Children’s Initiative Department **Intern ArReana Jackson** successfully completed her Wayne State University (WSU) Master of Social Work internship in April 2022 and was awarded the Student Excellence of Social Justice Award on behalf of the Coalition of Community Social Workers.

What’s Next



Detroit Wayne Integrated Health Network

COURAGEOUS CONVERSATIONS
 TRANSFORMING BIAS & REFRAMING ALLYSHIP

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GAME NIGHT!
 2022

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Minute-To-Win-It | Uno | Card Games | Board Games | Coloring | Jenga | Food | Snacks | Giveaways | Resources | And More

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YOUTH UNITED & FATHERHOOD INITIATIVE
NIGHT AT THE MOVIES

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 4:30 PM TO 7:30 PM
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 ROYAL OAK, MI 48067

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<https://yymovienight.eventbrite.com>

Free movie & concessions!

Movie will be announced at a later date!

Transportation is available from The Children's Center at 90 Selden, Detroit, 48201. Please email Carly Steele, csteeledwihn.org to reserve your spot on the bus! Seating is limited.



988 SUICIDE & CRISIS LIFELINE

24/7 CALL, TEXT, CHAT

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.



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

Census: A total of 7,160 students actively received SSI services from among 10 Children Providers within 73 schools among Wayne county. There was a total of 1,132 screenings (increase from previous quarter), 4,066 Tier 1 services, 937 Tier 2 services, and 1,025 Tier 3 services. There was a slight decline in the total number of students receiving SSI services; barriers including shortage in staffing due to staff resignations and challenge with filling positions.

Quarter 3 (Apr - June 2022)						
Provider	# of Student Presentations	# of Student Received SDQ Screenings	Tier 1	Tier 2	Tier 3	Total # of Students Received SSI Services
ACCESS	2314	895	1669	38	15	2617
ACC	88	8	109	0	4	121
BDFI	944	21	231	264	56	572
CNS	419	4	16	125	29	174
DC	2	73	320	43	110	546
Hegira	722	39	116	73	104	332
SWCS	1225	34	1303	146	185	1668
Starfish	106	50	237	153	518	958
TCC	13	2	0	0	3	5
TGC	156	6	65	95	1	167
Total # of Students	5989	1132	4066	937	1025	7160

School Success Initiative Projects:

- Monthly SSI Provider meetings were held.
- Continued to identify and address technical challenges with Redcap. As a result, decision to transfer data from Redcap to MHWIN. 3 Providers were selected to start review the updates in MHWIN and provide feedback.
- SSI Specialist Rasha Bradford attended the grand opening of the Barack Obama Leadership Academy library on 4/21/22.
- Worked on developing a School Success Initiative Handbook to have available for SSI Providers and Staff
- Developed a nomination form for Providers and or school staff to nominate students involved in the School Success Initiative to receive a Spotlight Award. Plan to do awards quarterly.



Detroit Wayne Integrated Health Network

- Meeting held with Community Education Commission to discuss plans for the GOAL Line project and reviewed the participating school list.

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.

Tyanna McClain was awarded the National Alliance on Mental Illness (NAMI) award for her youth advocacy efforts.



Youth Involvement Specialist (Bianca Miles) is one of the newest National Alliance on Mental Illness (NAMI) Board of Directors – Detroit Chapter



Advisory/Advocacy (Central Region)	<ul style="list-style-type: none"> • Youth M.O.V.E. Detroit held monthly meetings • On 5/11/22 Youth Involvement Specialist, Bianca Miles, presented at the NTTAC SOC Strategy Summit virtually via Zoom. The National Training and Technical Assistance Center (NTTAC) SOC Strategy Summit is an opportunity to have System of Care staff from across the country to gain training and insight on how other areas involve their communities. This year's theme was "A Journey Together: Redefining our Approach to System of Care". (40 attendees) • 5/14/22, Youth United staff Tyanna McClain and Bianca Miles attended A Greater Community MB Church Mental Health Resource Fair where they held a Youth United resource table. The event included: Wayne Mobile Health Unit providing on-site COVID Vaccinations, Detroit Police Department workshop on gun safety, Wayne Metro, Molina Healthcare and more.
Leadership/Training	<ul style="list-style-type: none"> • Presented at the NAMI Detroit Public meeting to explain about Youth United



Detroit Wayne Integrated Health Network

(East Region)	<ul style="list-style-type: none"> • Hosted a Focus Group on the needs in the community on 5/4/22 (9 attendees) • Youth United staff attended the MI ACE Initiative Conference in Lansing on 5/19/22. The focus of the conference was to inform organizations and partners on how other organizations are moving to upstream prevention of ACEs through an equity lens to help reduce the impact of ACEs in Michigan. • 5/19/22 held a Courageous Conversations, the topic was Youth Mental Health and ACEs and the guest presenter was Anthony Harrison of the Guidance Center. • 6/15/22-6/16/22 Youth United staff attended the National Alliance on Mental Illness for their annual national conference. • 6/23/22 Youth United facilitated a Wellness and Self Care Workshop for staff (9 attendees)
Anti-Stigma/Social Marketing (Northwest Region)	<p>Facilitated various Stigma Busting Workshops:</p> <ul style="list-style-type: none"> • 4/13/22 – Juvenile Justice Partners (15 attendees) • 4/13/22 – Wayne County Youth Peer Support Services Roundtable (5 attendees) • 4/14/22 – Southwest Solutions Cornerstone Group • 5/21/22 – Mind Coming Out of Darkness Health Fair hosted by Women of Inspiration (22 attendees) • 6/16/22 – Annual Townhall on Anti-Bullying with Detroit Health Department Community and Media Liaison (50 attendees)
Other	<ul style="list-style-type: none"> • 5/20/22 Youth United in collaboration with Family Alliance for Change hosted a Spring Blast family fun event at Hope for Detroit Academy. There were over five-hundred (500) in attendance with over three-hundred (300) school-aged youth. • 5/25/22 Youth United staff hosted a resource table on behalf of DWIHN for The Children’s Center of Wayne County Faces of Trauma event.

Clinical Services

Census: During Q3 2022 DWIHN served a total of 11,992 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. There was an increase from Q2 to Q3.

Disability Designation	# of Children Providers	Q1	Q2	Q3
SED (ages 0 to 20)	14	7,015	7,299	7,431
I/DD (ages 0 to 17)	13	4,092	4,343	4,561
Total Individuals Served		11,112	11,642	11,992

Home Based: Home Based services is an intensive strength based model provided to the family at home, school, and or the community. The goal is to empower families, improve community involvement, and prevent out of home placements.



Detroit Wayne Integrated Health Network

Census / Trends: Overall, a total of 382 families received Home Based services among 9 Children Providers; in which 41 of the youth were new to HB services. Thus, there was an 8% decrease of youth in HB services since the previous quarter. 100 of the youth has received HB services past 2 years (26.2%) and 13 months was the average length of stay. 1 youth with I/DD designations received HB services as well. Lastly, 18% of the members in HB services presented with meaningful and reliable improvement according to CAFAS scores.

Wrap Around: Wrap Around is a team-driven and family-led process involving the family, child, natural supports, agencies and community services. Individual services and supports build on strengths to meet the needs of children and families across life domains, promoting success, safety and permanence in home, school and community.

Census / Trends: Overall, a total of 305 families received Wrap Around services among 8 Children Providers. There were 59 new families who started Wrap Around services. Thus, there was 6.7% decrease in the number of families in Wrap Around services compared to the previous quarter. 14 months was the average length of stay for families receiving this service. 27 families transitioned out of Wrap Around services in which 74% of the families who transitioned successfully completed all 4 phases of the Wrap Around model.

Patient Health Questionnaire (PHQ A):

Baseline Goals:

1. At least 95% of all completed intakes with members ages 11 – 17 with a SED disability designation will be screened for depression.
2. At least 95% of the completed intakes ages 11 – 17 with a score of 10 or higher will also complete quarterly screenings until the total score is below a total score of 10.

PHQ A	Q1	Q2	Q3
Intake	98.3%	99.3%	97.1%
Quarterly	62.9%	60.3%	58%

Plan: Continue to brainstorm interventions with Providers to improve the quarterly PHQ A compliance.

Integrated Community Based Services (IBS): The Care Management Organizations utilizes Probation Case Managers to serve as liaisons connecting adjudicated youth to treatment services in their local communities and to oversee services in residential treatment programs to ensure effective outcomes.

January 2022 – May 2022

The total number of youths referred to probation by Court:

Total # of probation level 1 youth: • Youth may remain at home while working to meet court ordered requirements	117
Total # of probation level 1.5 youth: • Youth may remain at home and will receive a higher level of monitoring	13
Total # of probation level 2 youth: • Youth may be placed in a residential facility	54

Regardless of the level:



Detroit Wayne Integrated Health Network

Total # of youth who were Serious Emotional Disturbance (SED)/Serious Mental Illness (SMI) already determined	135
Total number SED pre-screening tool administered by the ICBS	25
Total # of youth not eligible for CMH services per SED Screener	0

Trainings

Training	Training Name / Attendees
Children’s Mental Health Lecture Series	<ul style="list-style-type: none"> Using a Survivor Centered Approach to Working with Survivors of Sexual Violence (71 attendees) “Play Therapy 101” (86 attendees).
Quarterly Leadership Training	<ul style="list-style-type: none"> Coach Approach: Aligning system of care values to adaptive leadership (9 attendees)
CAFAS / PECFAS	<ul style="list-style-type: none"> CAFAS Initial Training (18 attendees) CAFAS Booster Training (23 attendees) PECFAS Booster Training (17 attendees)

**DWIHN CUSTOMER SERVICE
3rd QUARTER 2022 SUMMARY
PROGRAM COMPLIANCE COMMITTEE REPORT
September 14, 2022**

I. Customer Strategic Plan Pillar: 98% completion.

II. DWIHN Customer Service Unit Call Center Activity: Reception/Switchboard (6,826). YTD (16,763) Abandonment Rate (0.8%) and Customer Center Call Center (2,770). YTD (9,825) Abandonment (7.5%)^ The Abandonment rate standard is (< 5%).

III. DWIHN Welcome Center (Reception Area) Walk-ins: Includes Customer Service, Family Support Subsidy, Recipient Rights and other. Due to COVID there were 0 Customer Service walk-ins reported for the quarter with a YTD of 30.

IV. Family Support Subsidy Activity: Calls (1,927) YTD 4,988. Applications rec'd (308) YTD (811). Applications Submitted to State (263). YTD (764).

V. Grievances Activity: Number of Calls (174). YTD 445. Number of Grievances filed (20). YTD (65). Grievances by Categories involved: (32) issues. Top 4 areas: Delivery of Service, Interpersonal, Access to Services and Customer Service.

VI. Appeals Activity: Advance Notices: (2,267) YTD (5,120) and Adequate Notices (1,303). YTD (10,233).

Local Appeals Activity Calls received: (81). YTD (264).

Appeals Filed with Customer Service: (8), YTD (24). Resolved (8). YTD (27).

State Fair Hearings Request (0).

MI Health Link Appeals and State Fair Hearings (0). YTD (3).

VII. QI & Performance Monitoring Activity: The Customer Service Performance Monitors continued to conduct auditing of the Clinically Responsible Service Providers (CRSPs) during the third quarter. Each delegate was reviewed for compliance with the Customer Service Standards. Twenty-four CRSPs were audited during this timeframe. Customer Service staff updated policies and procedures and provided various educational forums with the provider network to keep them abreast of Customer Service MDHHS changes and NCQA requirements.

VIII. Member Engagement Activity: With the continuance of COVID, the unit maintained its efforts to engage members with the implementation of collaborative venues and initiatives. Socials and community outreach, education, advocacy, peer development, and surveying member experiences proved to be beneficial. Initiatives such as DWIHN's Ambassador program was utilized to educate members, specifically targeting those in adult foster care homes. Our Community Delegates (Advocates) focused on communicating the importance of navigating rights and services via member

forums and events. To expand its reach and connection to a broader audience, the team also engaged members, advocates, peers, and community members at-large to collaborate in the design, delivery, implementation and evaluation of various projects (e.g., award ceremony, mini-grant, hygiene community outreach, etc.). As well, the team also launched development of a mobile application in cooperation with other departments.

IX. Member Experience Activity: Customer Service continued to assess member experience via various survey activity. DWIHN's partnership with Wayne State University School for Urban Studies, assisted in the administering of the ECHO Adult and Children's member satisfaction tool. In addition, a peer Workforce Survey was conducted during the 3rd quarter.

Submitted by: Michele A. Vasconcellos MSA, Director, Customer Service 9/7/2022

DWIHN Customer Service 1-3 Quarterly Report FY 21/22

Customer Service

Unit Overview

The Customer Service Unit is responsible for the following activities: Customer Service Call Center Operations; Member Welcome Center; Member Grievances; Member Appeals; Medicaid Fair Hearings; Family Support Subsidy; Medical Records, Member Engagement; Member Experience; Customer Service Standards Monitoring and Reporting.

The mission of the Customer Service Unit is to assure the accessibility of effective behavioral health services and to continuously exceed our Customers' expectations.

Unit Goals

1. To be the front door of DWIHN.
2. To convey an atmosphere that is welcoming, helpful, and informative.
3. To provide oversight and monitoring of the Customer Service functions at provider networks that have been delegated the functions of Customer Service.
4. To assure that all delegated entities follow specific Customer Service mandated standards.
5. To welcome and orient individuals to service benefits.
6. To provide information on how to access services and rights processes.
7. To assist with resolution of local complaints, mediation, grievances, and appeals processes.
8. To survey, track, trend, and report on member/provider experiences.
9. To provide behavioral health customer service, advocacy, outreach, peer support, education, and training supports.

COVID

With the continuance of COVID-19, DWIHN's Customer Service Unit continued to ensure that members were able to be serviced remotely with minimal loss of productivity.

I. DWIHN Customer Service Reception/Switchboard & Call Center Activity

Reception/Switchboard Quarterly Comparison FY 21/22

	1 st Quarter		2 nd Quarter		3 rd Quarter	
	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%
Reception/Switchboard	5,049	0.5%	4,888	0.8%	6,826	0.8%
Y-T-D	5,049	0.5%	9,937	0.6%	16,763	0.7%

Call Center Quarterly Comparison FY 21/22

	1 st Quarter		2 nd Quarter		3 rd Quarter	
	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%
DWIHN Customer Service	2,449	13.4%	4,606	13.6%	2,770	7.5%
Y-T-D	2,449	13.4%	7,055	14.6%	9,825	11.6%

II. DWIHN Welcome Center (Reception Area) Walk-ins

Quarterly Comparison FY 21/22

Walk-in Type	*1 st Quarter	2 nd Quarter	3 rd Quarter	YTD
Customer Service	14	16	0	30
Family Support Subsidy	0	0	0	0
Recipient Rights	0	0	0	0
Other	0	0	0	0
Total	14	16	0	30

Due to COVID-19-the Customer Service staff was in the office on a limited basis. Walk-ins assisted by the Customer Service staff are noted above. Other walk-ins were assisted by other staff including Security. Reporting of walk-ins were not captured by type.

III. Website Inquiries

Rapid Response	1st Quarter	2nd Quarter	3rd Quarter	Y-T-D
Emails-	110	104	66	280
--For-Internal-Response	41	24	28	93
--For-External-Response	63	66	37	166
--Spam	6	17	0	23

IV. Family Support Subsidy Activity

Quarterly Comparison FY 21/22

	1st Quarter	2nd Quarter	3rd Quarter	YTD
Family Subsidy Calls	1,452	1,609	1,927	4,988
Family Support Subsidy Applications Received	227	276	308	811
Family Support Subsidy Applications Processed	270	231	263	764

V. Medical Records and Billing Claims

Customer Service is responsible for retrieving medical records and billing claims requests.

Quarterly Comparison FY 21/22

Requests	1st Quarter		2nd Quarter		3rd Quarter	
	Medical	Billing	Medical	Billing	Medical	Billing
Member/Guardian	0	0	0	0	0	0
Health Care Providers	0	0	0	0	0	0
Legal Entities	0	14	3	4	0	4
SSI	0	0	0	0	2	0
Total	0	14	3	4	6	4

VI. Member Due Process Activity- Grievance and Appeals

Customer Service was faced with various changes that needed to be addressed in its Grievances and Appeals MHWIN modules to enhance its reporting capabilities. The IT department was instrumental in assisting with these applicable changes.

Complaint and Grievance Related Call Activity

	1st Quarter	2nd Quarter	3rd Quarter	Y-T-D
Complaint/Grievance Calls	94	177	174	445

Grievance Processed Quarterly Comparison

Grievances	1 st Quarter	2 nd Quarter	3 rd Quarter	Y-T-D
Grievances Received	17	28	20	65
Grievances Resolved	13	18	19	50

Grievance Issues by Category

Category	1 st Quarter	2nd Quarter	3 rd Quarter	Y-T-D Total
Access to Staff	3	1	0	4
Access to Services	2	4	7	13
Clinical Issues	1	3	1	5
Customer Service	4	6	3	13
Delivery of Service	11	8	9	28
Enrollment/Disenrollment	1	0	0	1
Environmental	0	1	0	1
Financial	1	3	0	4
Interpersonal	6	10	3	19
Org Determ & Recon Process	0	0	0	0
Program Issues	0	0	0	0
Quality of Care	1	2	2	5
Transportation	0	0	0	0
Other	0	3	1	4
Wait Time	0	1	6	7
Overall Total	30	42	32	104

*Note: * A grievance may contain more than one issue.*

MI Health Link (Demonstration Project) Grievances

Grievance	1 st Quarter	2 nd Quarter	3 rd Quarter	Y-T-D Total
Aetna	0	0	0	0
AmeriHealth	0	0	0	0
HAP Empowered	0	0	0	0
Michigan Complete	0	0	0	0
Molina	0	1	0	1
Overall Total	0	1	0	1

Appeals Advance and Adequate Notices

Notice Group	1 st Quarter Advance Notices	1 st Quarter Adequate Notices	2 nd Quarter Advance Notices	2 nd Quarter Adequate Notices	3 rd Quarter Advance Notices	3 rd Quarter Adequate Notices	Y-T-D Total
MI	338	3384	892	3,663	2,267	1,303	11,847
ABA	88	118	293	246	95	194	1,034
SUD	157	64	61	155	153	48	638
IDD	132	408	186	466	464	184	1,840
Overall Total	709	3,974	1,432	4,530	2,979	1,729	15,359

Adequate Notice: Written statement advising beneficiary of a decision to deny or limit of Medicaid services requested. Notice is provided to the Member/Enrollee Beneficiary on the same date the action takes effect or at the time of signing on the individual plan of service or master treatment plan.

Advance Notice: Written statement advising the beneficiary of a decision to reduce, suspend, or terminate services currently provided. Notice to be mailed at least 10 calendar days prior to the effective date of the notice.

Local Appeals Activity

Appeals Phone Inquiries

	1 st Quarter	2 nd Quarter	3 rd Quarter	Y-T-D
Calls Received	99	84	81	264

Appeals Filed

Appeals	1 st Quarter	2 nd Quarter	3 rd Quarter	Y-T-D
Appeals Received	9	7	8	24
Appeals Resolved	10	9	8	27

DWIHN State Fair Hearings

SFH	1 st Quarter	2 nd Quarter	3 rd Quarter	Y-T-D
Received	1	2	0	3
Scheduled	1	2	0	3
Dismissed or Withdrawn	0	0	0	0
Transferred out	0	0	0	0
Upheld by MDHHS	0	1	0	1
Pending	0	1	0	1

Numbers are subject to change due to awaiting decisions from MOAHR. They have up to 90 days to render a decision.

MI Health Link (Demonstration Project) Appeals and State Fair Hearings

ICO	Local Appeals	Medicaid Fair Hearing
Aetna	0	0
AmeriHealth	0	0
Fidelis	0	0
HAP/Midwest	0	0
Molina	0	0
Total	0	0

VII. Performance Monitoring

Annual Customer Service Audits

The Customer Service Performance Monitors continued to conduct auditing of the Clinically Responsible Service Providers (CRSPs) during the third quarter. Each delegate was reviewed for compliance with the Customer Service Standards. Twenty-four CRSPs were audited during this timeframe.

Customer Service staff updated policies and procedures and provided various educational forums with the provider network to keep them abreast of Customer Service MDHHS changes and NCQA requirements.

VII. Member Engagement

With the continuance of COVID, the unit maintained its efforts to engage members with the implementation of collaborative venues and initiatives. Socials and community outreach, education, advocacy, peer development, and surveying member experiences proved to be beneficial. Initiatives such as DWIHN's Ambassador program was utilized to educate members, specifically targeting those in adult foster care homes. Our Community Delegates (Advocates) focused on communicating the importance of navigating rights and services via member forums and events. To expand its reach and connection to a broader audience, the team also engaged members, advocates, peers, and community members at-large to collaborate in the design, delivery, implementation and evaluation of various projects (e.g., award ceremony, mini-grant, hygiene community outreach, etc.). As well, the team also launched development of a mobile application in cooperation with other departments.

Member Activities

EVOLVE	1st Quarter Avg Attendance	2nd Quarter Avg Attendance	3rd Quarter Avg Attendance	Y-T-D Average
Monthly Meeting	24	31	25	27

Constituents' Voice	1st Quarter Avg Attendance	2nd Quarter Avg Attendance	3rd Quarter Avg Attendance	Y-T-D Average
General Meeting	18	21	23	21
CV Leadership Meeting	9	9	10	9
Advise Action Group Meetings	2	5	3	3
Advocacy Action Group Meetings	2	4	4	3
Empower Action Group Meeting	6	7	7	7
Engage Action Group Meeting	7	8	8	

Ambassador Outreach/Engagement	Encounters	Encounters	Y-T-D Average
Community Awareness	5	11	8
Advocacy	-	3	3
Instruction/Facilitation	2	3	5
Computer Basics		1	1

S.O.U.L.S.	Average Attendance	Average Attendance	Y-T-D Average
Faith Talks	6	4	5
SOULS Chats	7	5	6

Other	1st Quarter	2nd Quarter	3rd Quarter	Y-T-D
Developmental Disabilities Awareness Month	-	40	-	40

Publications	1st Quarter Distribution	2nd Quarter Distribution	3rd Quarter	Y-T-D
Persons Point of View (PPOV) Quarterly Newsletter	400+	400+	1450+	1850+

Video Announcements	1st Quarter Videos	2nd Quarter Videos	3rd Quarter Videos
What's Coming Up	2	3	3

Peer Professional Development

Events	1 st Quarter Attendance	2 nd Quarter Attendance	3 rd Quarter Attendance	Y-T-D
Tri-County Peers Connect	38	84	52	174
Bridging the Gap: Peer & Community Health Workers Collaboration	102	40	79	221
Oral Health	349	-	-	-

VIII. Member Experience

Customer Service continued to assess member experience via various survey activity. DWIHN's partnership with Wayne State University School for Urban Studies, assisted in the administering of the ECHO Adult and Children's member satisfaction tool.

Member Experience

Data Collection	1 st Quarter Count/Response Rate	2 nd Quarter Count/Response Rate	3 rd Quarter Count/Response Rate
ECHO (Member Experience) Adult Survey	-	900/100%	-
ECHO (Member Experience) Children Survey	-	1400/100%	-
Provider Satisfaction (Organization)	140/28%	-	-
Provider Satisfaction (Practitioner) Survey	280/22%	-	-
National Core Indicator Background Profiles	-	236/100%	-
Peer Workforce Surveys	79	-	236
Peer Liaison Questionnaires	44	-	79/37%

MDHHS-Block-Grants

Projects	1 st -Quarter	2 nd -Quarter Allocated	3 rd Quarter	Y-T-D
Clubhouse-Spend-down-(\$354,016) *	0%	3.44%	3.45%	3.45%
Drop-In-Wellness-(\$22,500)-	0%	0%	0%	0%

**Due-to-Medicaid-waiving-spend-down, -the-Team-has-been-pursuing-the-state-to-identify-alternative-ways-for-DWIHN-o-use-the-grant-dollars-allocated-for-"clubhouse-engagement."*

IX. Member Materials

Customer Service efforts to keep members informed included revisions of the Member Handbook, Provider Directory, and member brochures. During this quarter, we additionally developed a brochure for Independent Facilitation and Peer Workforce. The members' quarterly newsletter "Person Points of View" was distributed to providers as well as member advocacy, advisory and support groups e.g. clubhouses, drop-in centers, and the ARCs throughout the county. The "What's Coming Up!" calendar, another valuable publication of upcoming behavioral health events, continued to be updated twice monthly and available to the community electronically.

Submitted by: Michele A. Vasconcellos MSA, Director, Customer Service 9/7/22

Executive Summary

Integrated Health Care 3rd Quarter Report 2022-2023

Program Compliance Committee meeting – September 14, 2022

Community and Member Education

During the third quarter of FY 1 the State of Michigan and the Health Department announced their plan to promote testing and treatment within the SUD population for Hepatitis C. DWIHN is working with all providers on this initiative. In April of 2022 a reminder memo was sent to all providers CEO/Medical Directors regarding Hep C testing and treatment requirements

Health Plan Pilots (3)

Health Plan 1- Writer and Health Plan 1 met at the end of June and have agreed to increase care coordination and the use of the shared platform. Health Plan 1 will send a statement of work in the 4th quarter to outline the new relationship.

DWIHN and Health Plan 2 Care Coordinator and Manager staff continued to hold monthly care coordination meetings to review a sample of shared members who experienced a psychiatric admission during the previous month. The goal of the care coordination activities is to exchange information and address any identified gaps in care. Health Plan 2 has agreed to use the shared platform and as soon as the platform is built, care flow rules will be developed. Health Plan 2 had requested from their IT department, a report on outcomes for the members that are shared in care coordination. DWIHN and Health Plan 2 will share results in quarter 4.

IHC staff was in communication with Health Plan 3. Health Plan 3 and DWIHN are working together to reduce the number of individuals who come into the emergency room and increase the coordination of care. Health Plan 3 is able to contact DWIHN to find out who is the providing CRSP. This enables Health Plan 3 to contact the CRSP immediately to start coordination of care at ED visit regardless of type of visit. There are four CRSP involved in this project, Neighborhood Services Organization, Lincoln Behavioral, Hegira, and Guidance Center. In the first month (June) of the project Health Plan 3 made 270,000 queries for CRSIP, there were 2400 matches, 1100 had a CRSP. Forty of those matches resulted in coordination of care. IT is looking into how queries are completed and the matches.

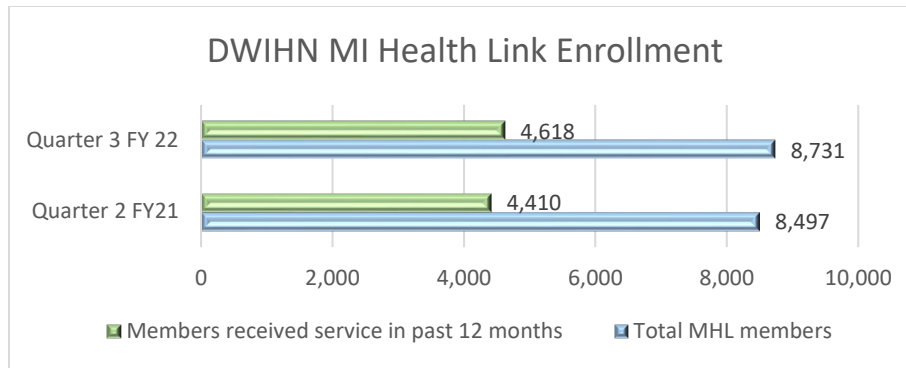
DWIHN and VDT are working on a Mobil App that will be for members to access their care. This will have a two-phase rollout. First phase to be completed by September 31, 2022 will allow members to access different departments within DWIHN, for example; Office of Recipient Rights, Complex Case Management, Customer Service, Marketing and DWIHN website

Medicaid Health Plans

In line with the MDHHS/PIHP contract, IHC staff continues to perform Care Coordination Data Sharing on a monthly basis with each of the 6 Medicaid Health Plans (MHP) serving Wayne County for mutually served individuals who met risk stratification criteria, which includes multiple hospitalizations and Emergency Department visits for both physical and behavioral health, and multiple chronic physical health conditions. There were 115 cases reviewed during the quarter.

MI Health Link Demonstration

8,731 persons with MI Health Link are currently enrolled with DWIHN. Of those persons, 4618 received services from DWIHN within the past 12 months. This is an increase from the member of members enrolled in services and an increase in number of members served as of last quarter. IHC has retrained Access staff on MI Health Link referrals and the reasons of importance of engaging them in services.



During this quarter, 334 Behavioral health care referrals were completed and submitted to the ICO, Care Coordination was provided to 74 MI Health Link members to support engagement in Behavioral Health services, and Transitions of Care coordination was provided for 128 MI Health Link members who were discharged from a psychiatric hospitalization during the quarter. IHC staff also completed LOCUS assessments for 75 MI Health Link members and participated in 6 Integrated Care Team meetings with the ICOs during the quarter.

Complex Case Management

IHC continues to offer and provide Complex Case Management services to DWIHN members as part of DWIHN’s NCQA accreditation. There were 47 CCM active cases within the quarter. Twenty (20) new Complex Case Management cases were opened during the quarter and 8 Complex Case Management cases were closed during the quarter. Four (4) cases were closed as a result of the members meeting their identified Plan of Care goals and one (1) members were unable to locate. Two (2) members asked for the case to be closed and one (1) closed met partial goals. Information regarding Complex Case Management services was offered to and declined by 101 additional individuals during the quarter. Information regarding Complex Case Management was also sent to staff at 41 different provider organizations, including hospitals, clinically responsible service providers, and a residential provider. CCM also engages members who were hospitalized, 314 members were out reached to and 41 of those were reached.

OBRA/PASRR

The percentage of pended assessments decreased from the end of the previous quarter to this quarter, April (15%), May (14%) June (3%). DWIHN met with NSO and the State of Michigan and NSO was taken off the plan of correction with the State of Michigan in April. DWIHN and NSO was sent the official letter which was placed in Cobblestone.

The provider’s rate of congruence between their and MDHHS determinations of mental health services needs for members in the 3rd quarter was 96%. The provider completed PASRR screenings and reviews for 349 members in the third quarter which is an increase from the last quarter of 276 members.

Detroit Wayne Integrated Health Network

Integrated Health Care Department

Third Quarter Report FY 2022

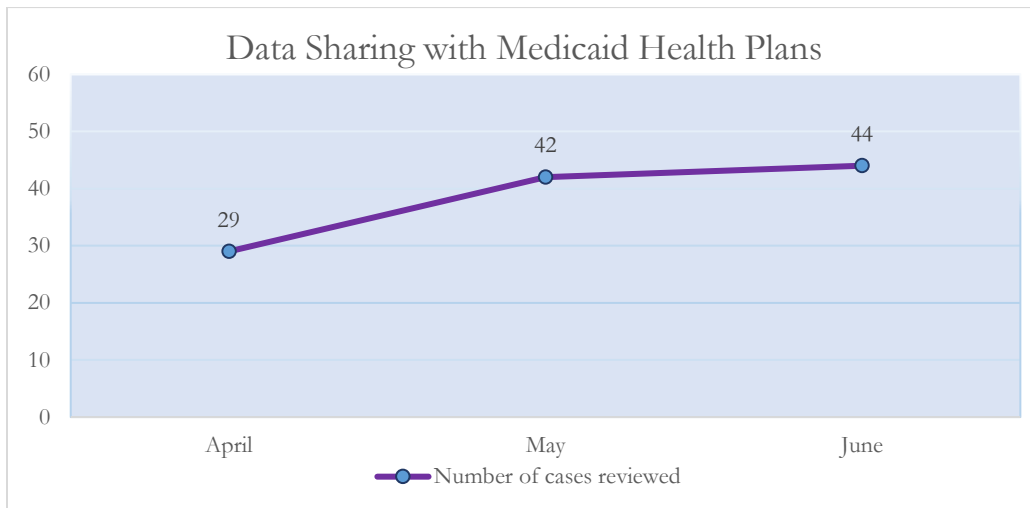
Program Compliance Committee – September 14, 2022

Community and Member Education

During the third quarter of FY 21 the State of Michigan and the Health Department announced their plan to promote testing and treatment within the SUD population for Hepatitis C. DWIHN is working with all providers on this initiative. In April of 2022 a reminder memo was sent to all providers CEO/Medical Directors regarding Hep C testing and treatment requirements.

Care Coordination with Medicaid Health Plans

As part of DWIHN’s implementation of the MDHHS Performance Metric to Implement Joint Care Management processes between the PIHP and Medicaid Health Plans, IHC staff continued to perform Care Coordination Data Sharing on a monthly basis with each of the 8 Medicaid Health Plans (MHP) serving Wayne County for mutually served individuals who met risk stratification criteria, which includes multiple hospitalizations and ED visits for both physical and behavioral health, and multiple chronic physical health conditions. Care Coordination data sharing involves developing and updating Joint Care Plans between DWIHN and the Medicaid Health Plans. IHC staff continued to collaborate with the Medicaid Health Plans regarding increasing the number of members reviewed during the meetings. The monthly average of cases reviewed during the third quarter of FY 22 was 38.



Integrated Health Pilot Projects

IHC staff continued to participate in integration meetings with Health Plan 1 and Health Plan 2 to further develop care coordination activities between DWIHN and the Medicaid Health Plans.

Health Plan 1- Writer and Health Plan 1 met at the end of June and have agreed to increase care coordination and the use of the shared platform. Health Plan 1 will send a statement of work in the 4th quarter to outline the new relationship.

DWIHN and Health Plan 2 Care Coordinator and Manager staff continued to hold monthly care coordination meetings to review a sample of shared members who experienced a psychiatric admission during the previous month. The goal of the care coordination activities is to exchange information and address any identified gaps in care. Health Plan 2 has agreed to use the shared platform and as soon as the platform is built, care flow rules will be developed. Health Plan 2 had requested from their IT department, a report on outcomes for the members that are shared in care coordination. DWIHN and Health Plan 2 will share results in quarter 4.

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Quality Improvement Plans

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

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

Alicia Oliver attended the Crisis and Access meetings with CRSP providers during this quarter to discuss all five QIP's and importance of FUH and medical monitoring for the members.

Memo format to the CEO/Medical Directors was revamped so all QIP's data and information is on one document. This was created to decrease the number of memos sent out and to increase the ability to have all information in one.

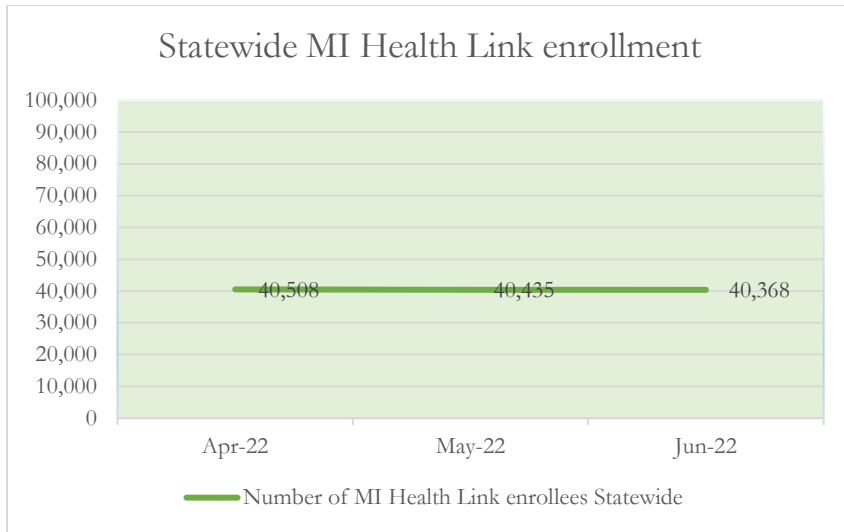
During this quarter IHC was unable to gather data on QIP due to the HEDIS Scorecard was not pulling data correctly.

MI Health Link Demonstration

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

Statewide Enrollment

The total number of persons enrolled in the MI Health Link demonstration statewide has increased since March, 38,625 to 40,368 in June.



DWIHN Enrollment

8,731 persons with MI Health Link are currently enrolled with DWIHN. Of those persons, 4618 received services from DWIHN within the past 12 months. This is an increase from the member of members enrolled in services and an increase in number of members served as of last quarter. IHC has retrained Access staff on MI Health Link referrals and the reasons of importance of engaging them in services.

Disability Designations for Members with MI Health Link

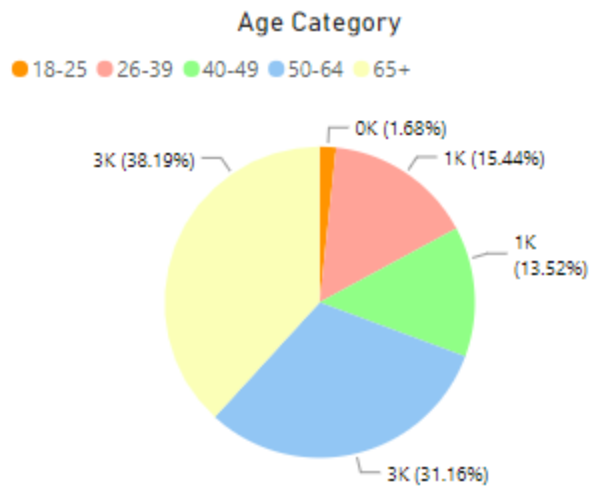
DWIHN provided services to 4618 MI Health Link members in the last 12 months. Approximately 71% of the members had a Mild to Moderate Mental Illness or Serious Mental Illness designation. 16% had an Intellectual/Developmental Disability. 607 active members with MI Health Link currently have a SUD disability designation.

Co-Occurring Diagnosis

87% of MI Health Link members served in the last 12 months did not have Co-Occurring Mental Illness and Intellectual/Developmental Disability diagnosis. 29% of MI Health Link members had Co-Occurring Mental Illness or Intellectual/Developmental Disability diagnosis.

Age Category

Given that members must be eligible for both Medicaid and Medicare to enroll in MI Health Link, it is not unexpected that over 69.4% members are age 50 and above. 38% of MI Health Link members were within the age category of 65+ years. 31% of MI Health Link members served within the last 12 months were within the age category of 50-64 years. 13.5% of MI Health Link members were within the age category of 40-49 years. 15.47% of MI Health Link members were within the age category of 26-39 years. 1.6% of MI Health Link members were within the age category of 18-25 years.



Living Arrangement

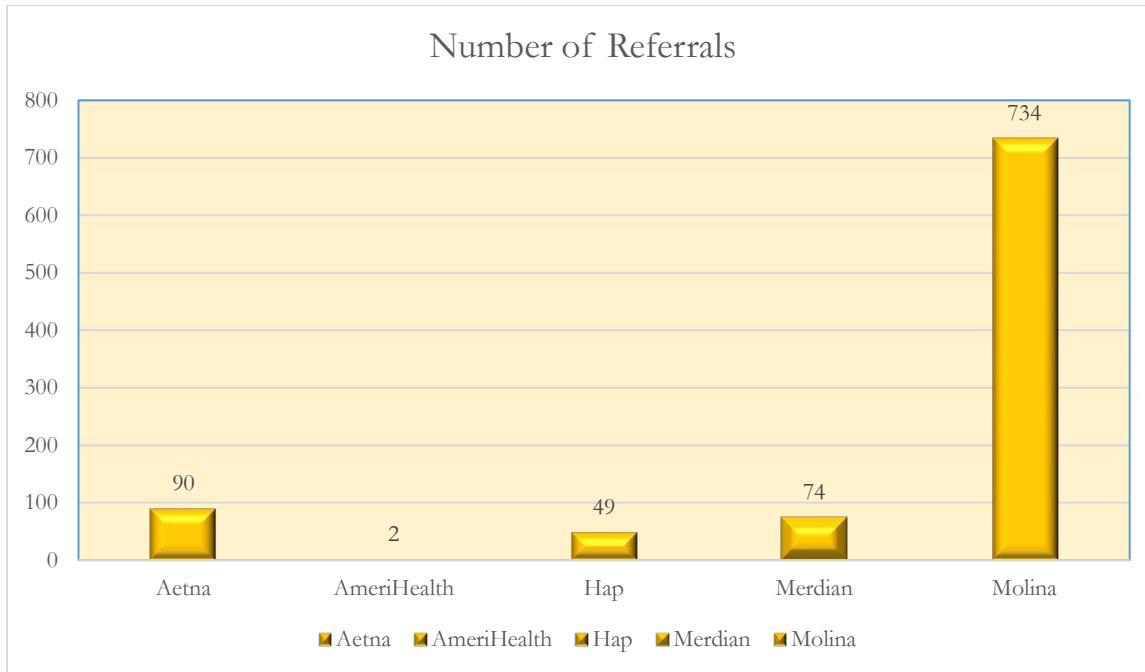
The majority of MI Health Link members served within the last four months reside in a Private Residence.

Habilitation Waiver

Currently, 26 MI Health Link members are enrolled in the Habilitation waiver, which is an increase from 38 members last quarter.

MI Health Link Referrals

DWIHN processed 958 referrals from the ICOs for behavioral health services during the last quarter. Of those referrals, behavioral health care was coordinated with the ICO for 334 of the members, 357 were voided and 173 were pended.



MI Health Link Care Coordination

DWIHN continues to send weekly and monthly reports to each of the five ICO's. The reports include information regarding *Critical Events, Member and Provider Grievances and Appeals, Transitions of Care, Referrals, Utilization Management, and Credentialing*. IHC staff performed Care Coordination for 74 MI Health Link members to support engagement in Behavioral Health services and provided Transitions of Care Coordination for 128 MI Health Link members who were discharged from a psychiatric hospitalization during the quarter, 17 of these were readmitted within 30 days. IHC staff completed LOCUS assessments for 75 MI Health Link members during the quarter. IHC staff also participated in 6 Integrated Care Team meetings with the ICOs during the quarter, regarding 5-10 members per meeting.

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

IHC has entered into a project with the Health plans to help reduce the number of emergency room visit of individuals who have SUD. IHC pulls from ADT individuals who had an ED visit with the SUD CPT code. IHC completes care coordination with the SUD department for a follow up appointment within 30 days of discharge. Individuals who are not open with DWIHN are sent to the Medicaid Health Plans for follow up. During quarter 3, there were 213 individuals who went to the ED for alcohol or other drugs related problems. Seventy-one attended the follow up after visit apt, 70 were sent to the Health Plans and 72 did not attend the follow up after hospitalization appointment.

MI Health Link Audits

In the third quarter DWIHN went through multiple audits:

DWIHN submitted to ICO Meridian SARAG Universes. CMS audit submission was complete DWIHN not selected

DWIHN submitted to ICO Amerihealth SARAG Universes. CMS audit submission was complete DWIHN not selected. However, Amerihealth requested the training file of Crystal Waters, PIHP Care Coordinator to be submitted due to her being on a call during a ICT meeting of a joint member with no activity with DWIHN in two years. Record was submitted via email. During this reporting period ICO Amerihealth returned summary of 2021 Audit findings with several areas requiring updates to policy and procedures scoring below 95%.

Cost Settling with the ICOs

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

Complex Case Management

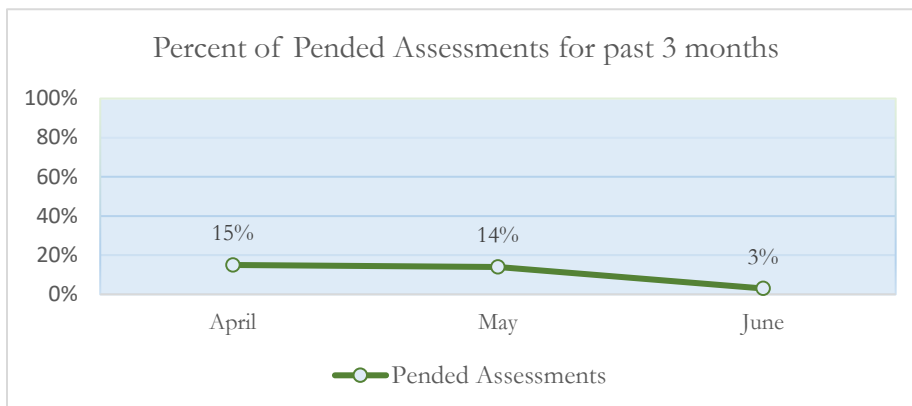
IHC continues to offer and provide Complex Case Management services to DWIHN members as part of DWIHN's NCQA accreditation. There were 47 CCM active cases within the quarter. 20 (20) new Complex Case Management cases were opened during the quarter and 8 Complex Case Management cases were closed during the quarter. Four (4) cases were closed as a result of the members meeting their identified Plan of Care goals and one (1) members were unable to locate. Two (2) member asked for the case to be closed and one (1) closed met partial goals. Information regarding Complex Case Management services was offered to and declined by 101 additional individuals during the quarter. Information regarding Complex Case Management was also sent to staff at 41 different provider organizations, including hospitals, clinically responsible service providers, and a residential provider. CCM also engages members who were hospitalized, 314 members were out reached to and 41 of those were reached.



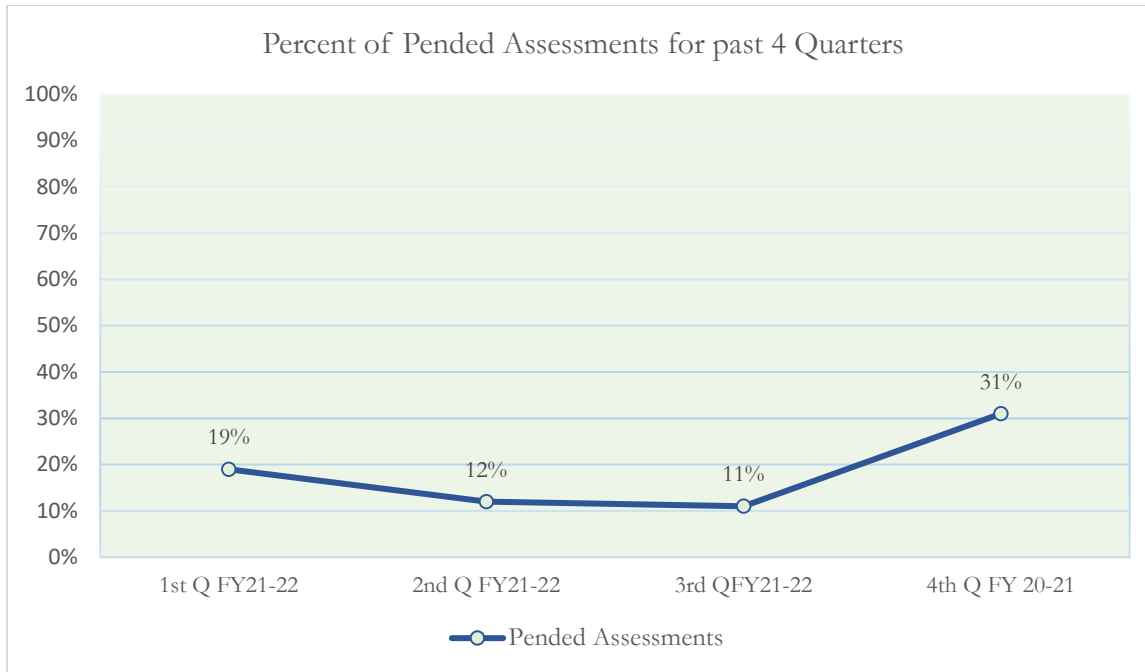
Omnibus Budget Reconciliation Act/Pre-Admission Screen Annual Resident Review (OBRA/PASRR) Services

The 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/PASARR provider, Neighborhood Services Organization (NSO), to MDHHS. The Clinical Specialist also participated in the monthly meetings with NSO and quarterly meeting with MDHHS during the quarter.

The percentage of pended assessments decreased from the end of the previous quarter to this quarter, April (15%), May (14%) June (3%). DWIHN met with NSO and the State of Michigan and NSO was taken off the plan of correction with the State of Michigan. DWIHN and NSO was sent the official letter which was placed in Cobblestone.



Overall, the average percentage of OBRA/PASARR assessments that were pended this quarter was lower than the four quarters.



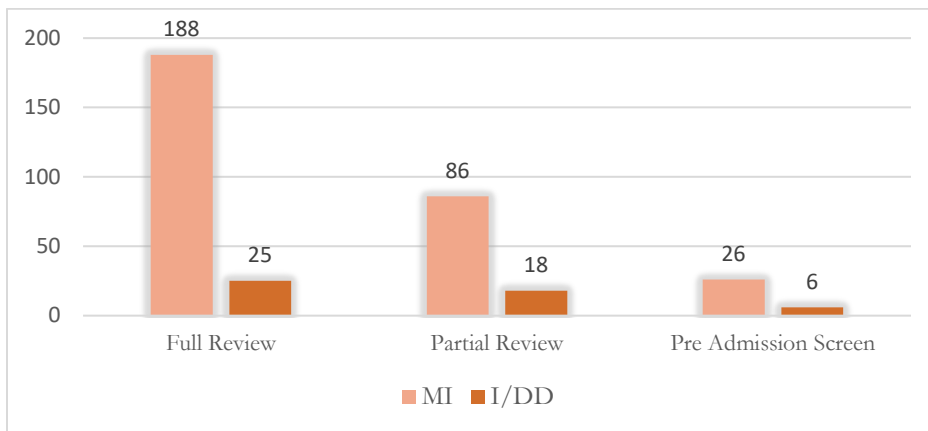
Twenty-one (21) members were placed out of an Extended Care Facility this quarter.

During the 3rd quarter of the Fiscal Year, NSO's OBRA trainer conducted 89 trainings involving 97 staff. Training topics included PASARR process and information, Abuse/Neglect, Resident's Rights, Alzheimer's Disease, Eloping, Bereavement, Communication, Resident to Resident Altercations, and Behavioral Management.

The congruency was 96% for this quarter.

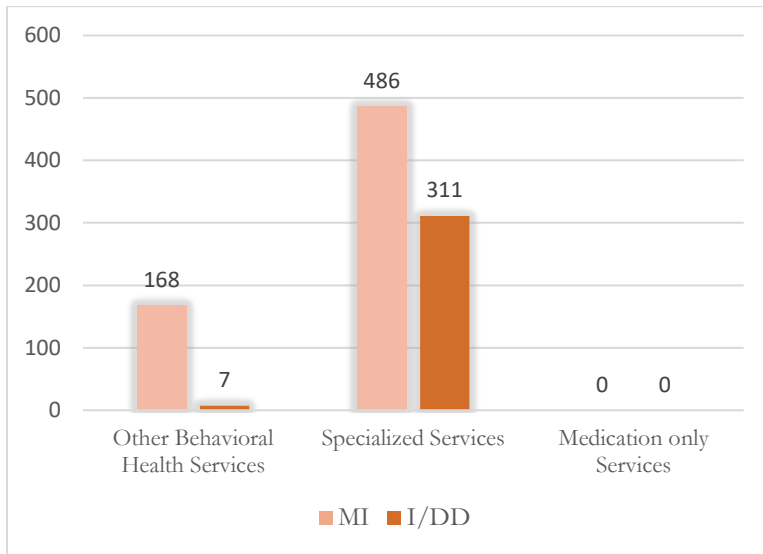
During the quarter, NSO completed screenings and reviews 349 members.

Completion of Screenings and Reviews for the 3rd Quarter



Thus far this Fiscal Year, NSO has provided Clinical services to 1212 members. See chart below for breakdown of services.

Individuals seen for Clinical services during 3rd Quarter 21-22





September 14, 2022

Strategic Plan – CUSTOMER PILLAR

Program Compliance Committee Status Report

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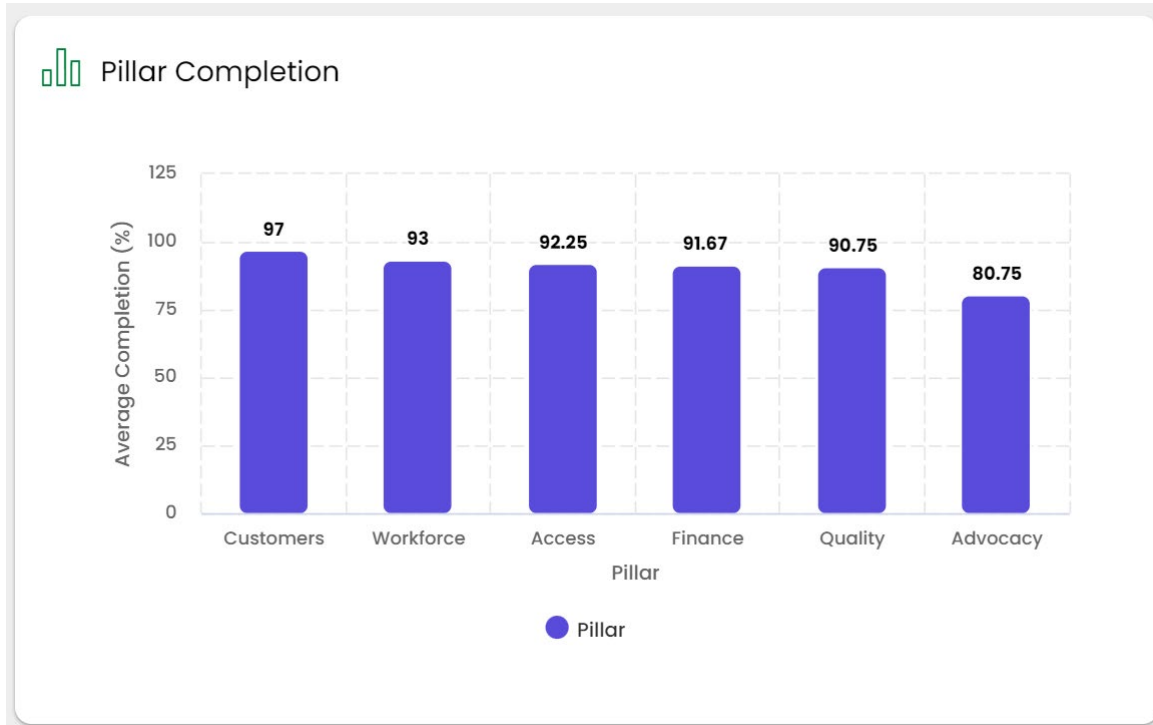
Strategic Plan – CUSTOMER PILLAR _____	1
To our board members: _____	2
Pillar Dashboard Summary _____	3
Summary of Pillar Status _____	3
Customer Pillar _____	5

To our board members:

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

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

Pillar Dashboard Summary



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

Summary of Pillar Status

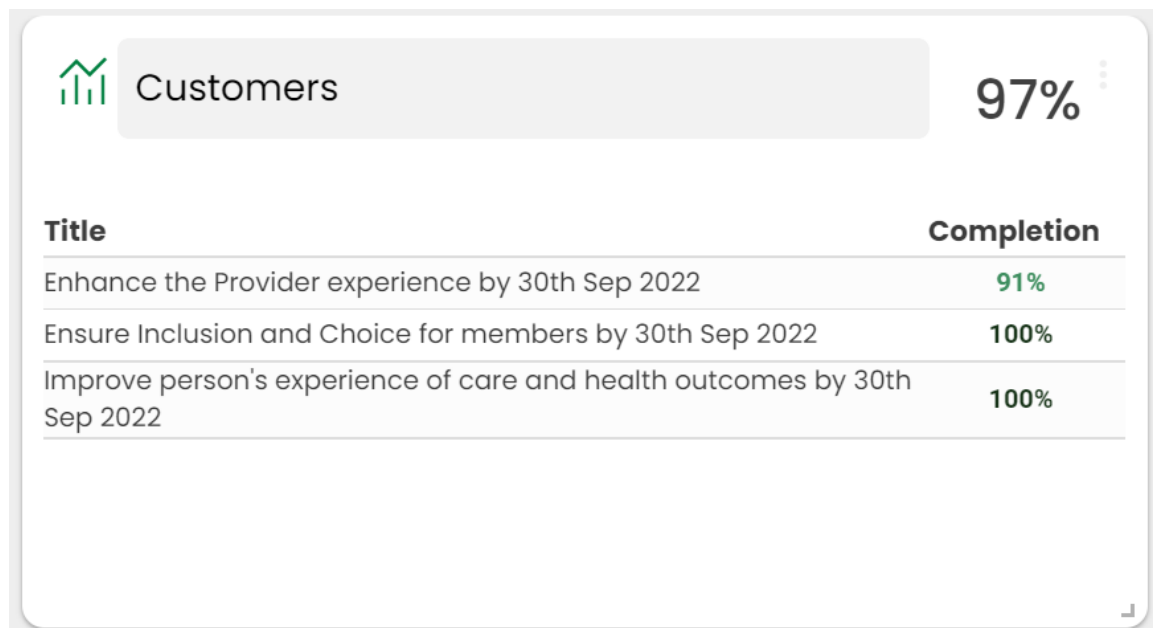
Access Pillar is presented under the leadership of Jacquelyn Davis, Clinical Officer. Overall, we are at 92% completion on this pillar. There are four (4) goals under this pillar. They currently range from 81% - 100% completion.

Title	Completion
Create infrastructure to support a holistic care delivery system (full array) by 31st Dec 2022	81%
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%

Quality Pillar is presented under the leadership of April Siebert, Director of Quality. Overall, we are at 91% completion on this pillar. There are four (4) organizational goals. They range from 80% to 100% completion for the high-level goals.

Title	Completion
Ensure consistent Quality by 30th Sep 2022	80%
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	93%
Improve population health outcomes by 30th Sep 2022	90%

Customer Pillar is presented under the leadership of Michele Vasconcellos, Director of Customer Service. Overall, we are at 97% completion on this pillar as we have added some additional goals recently tied to improving the person’s experience of care and health outcomes. There are three (3) goals under this pillar. They range from 91% - 100% completion.



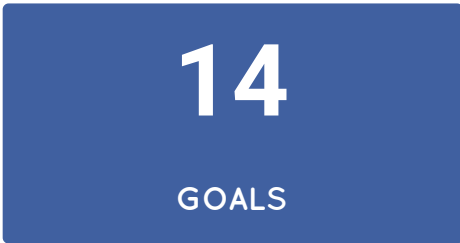
A detail report of this pillar will follow.

Customer Pillar

Detailed Dashboard

Program Compliance Committee Meeting

September 14, 2022



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

DWVHN FY 2020 - 2022 STRATEGIC PLAN

CUSTOMERS

Goal	Owner	NCQA Stand...	Due Date	Update	Current Com...
Enhance the Provider experience	June White Director of Network Management	Quality of Service	09/30/2022	NEW Allison Smith: Update: DWIHN continues to improve the Provider experience by following up on enhancements to improve both technical tools (data experience/MH-WIN, providing members health outcomes (HEDIS) through the implementation of Vital Data) as well as improving our communication and overall experience of doing business with DWIHN. The FY 2022 Provider and Practioner surveys will be distributed in September 2022 to obtain additional feedback for future enhancements that can be acted upon in FY 2023. Challenges: No value 09/07/2022	91%
→ Ensure 80% Provider satisfaction: 100%	June White Director of Network Management	Quality of Service	09/30/2022	NEW Allison Smith: Update: FY 2022 Provider Satisfaction Survey is slated to be distributed in September (Practitioner and Provider Organizations). The results will be analyzed and any areas not meeting the goal of 80% satisfaction will be addressed through improvement projects/activities. Challenges: No value 09/07/2022	82% 82.35 / 100%

Goal	Owner	NCQA Stand...	Due Date	Update	Current Com...
→ Improve level of support by conducting regularly scheduled system training across network: 100%	Manny Singla CNO/CIO	Quality of Service	12/31/2021	Manny Singla: A new care coordination platform is going to be piloted with providers along with HEDIS quality measures to ensure we are providing care in a holistic fashion and using a outcomes and data driven approach Challenges: No value 01/28/2021	100% 100 / 100%
→ Provide tools and support to ensure providers have more meaningful experience: 100%	Manny Singla CNO/CIO	Quality of Service	09/30/2022	NEW Allison Smith: Update: <ul style="list-style-type: none"> The provider's experience has been enhanced by additional enhancements with the impaneling process through Medversant software. Continual enhancements have been added in MH-WIN to improve collaboration and notifications and alerts to CRSPs regarding members responsible for following up after hospitalization. Challenges: No value 09/07/2022	90% 90 / 100%
Ensure Inclusion and Choice for members	Lucinda Brown Self Determination Network Provider Program Administrator	Members' Experience	09/30/2022	NEW Allison Smith: Update: Over the last three years, extensive trainings have taken place with all of the CRSP providers to increase their knowledge and implementation for the members. October 1, 2022 bringing in-house the final line of business for all self-directing services to ensure DWIHN has oversight of the process and will have a consistent method for implementation for all members. Challenges: No value 09/06/2022	100%
→ Build infrastructure to support the implementation of Self Determined/PCP/Shared Decision Making: 100%	Lucinda Brown Self Determination Network Provider Program Administrator	Members' Experience	12/01/2020	Lucinda Brown: DWIHN has completed the infrastructure to support anyone who receives services to Self-Direct their services. Challenges: No value 01/25/2021	100% 100 / 100%
→ Develop components to support the Self Determination by enabling individualized budget, agreements in the MHWIN system along with standardized IPOS: 100%	Lucinda Brown Self Determination Network Provider Program Administrator	Members' Experience	09/30/2020	Lucinda Brown: The individual budget is now available in production mode within MHWIN. Challenges: No value 01/25/2021	100% 100 / 100%

Goal	Owner	NCQA Stand...	Due Date	Update	Current Com...
→ Increase the competencies around Self Determination, Shared Decision Making and Person Centered Planning: 100%	Andrea Smith Director of Workforce Development	Quality of Clinical Care, Quality of Service	12/31/2021	NEW Lucinda Brown: Beginning June 23, 2021, the Self-Determination Team holds weekly Welcome Sessions every Wednesday to provide education, information, and answer any questions regarding Self-Directing Services. MDHHS will be offering a Self-Determination Conference next month which will be shared with our provider network. Challenges: No value 07/28/2021	100% 100 / 100%
→ Offer Self-Determination and Self-Directed Arrangements across all populations served.: 100%	Lucinda Brown Self Determination Network Provider Program Administrator	Members' Experience	12/31/2021	Lucinda Brown: The final component (budgets) for self-directing services was completed this past quarter in MHWIN. DWIHN now has the infrastructure to assist any member to Self-Direct their services. Challenges: No value 01/25/2021	100% 100 / 100%
Improve person's experience of care and health outcomes		Members' Experience	09/30/2022		100%
→ Deliver information about Provider Sites and Practitioners in appropriate formats: 100%	Michele Vasconcellos Director of Customer Service	Members' Experience	09/30/2022	NEW Donna Coulter: More than 130 Provider Satisfaction Surveys were collected. Challenges: No value 10/18/2021	100% 100 / 100%
→ Ensure 80% member satisfaction: 100%	Michele Vasconcellos Director of Customer Service	Members' Experience	09/30/2022	NEW Donna Coulter: Member Experience team continues to coordinate the annual ECHO Survey with WSU. Children's Survey members have exceeded more than 300 responses, through mail and telephone calls. The Adult Survey surveys were also administered during this period. Challenges: No value 10/18/2021	100% 100 / 100%
→ Ensure Access to Recipient Rights	Polly McCalister Director of Recipient Rights	Members' Experience	12/31/2021		100%
→ Ensure individuals are placed in the least restrictive environment	Dan West Director of Crisis Services	Members' Experience	09/30/2022	NEW Allison Smith: 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. Challenges: No value 06/02/2022	100%

QUALITY DIRECTOR'S QAPIP WORK PLAN UPDATE FOR FY21/22
SEPTEMBER 14, 2022

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 3rd Quarter Performance Indicator data will be submitted to the Michigan Department of Health and Human Services (MDHHS) on September 30, 2022.

Quantitative Analysis and Trending of Measures

Access of services or Biopsychosocial within 14 days of request (PI#2a) has been declining over the last two quarters. Percentage decrease of 23.82 percentage points from Q2 (59.61%) to preliminary (35.79%) in Q3. This decrease appears to be directly linked to workforce shortages. No standard for PI 2a has been implemented by MDHHS. The average score for the state is noted at 59.21% for Q1 and 54.10% for Q2. Our Departments have been continually reviewing providers’ data and meeting with CRSPs every 30-45 days to discuss their staffing, recruitment strategies, member engagement and encourage making same day appointments to avoid member no shows and cancellations. DWIHN will continue internal talks as well as working with our provider network to try and alleviate this ongoing challenge and providing financial incentives.

Evaluation of Effectiveness

DWIHN’s Quality Department continues to monitor various Performance Indicators and standards closely. The submission for Q3 is due by the end of September. Given the challenges with workforce, we have been working closely with our provider network to improve timely access to services (intake within 14 days of request for new members). DWIHN continued to meet the standards for PI#1 (Children and Adult), 4b (SUD) and PI#10 (Children). However, for Indicator 10 (Recidivism), we have noticed a slight uptick in the Q2 data for Adult (16.31%) from Q3 Preliminary data (17.79%) compared to Q1 (14.93%). We will continue our ongoing collaboration and efforts towards working with providers and target recidivistic individuals to improve recidivism outcomes. The chart below represents a comparison of reporting from the last 3 Quarters for FY2022 for the aforementioned indicators.

Performance Indicators	Population	1st Quarter 21/22	2nd Quarter 21/22	PRELIMINARY 3rd Quarter 21/22
Indicator 1: Percentage who Received a Prescreen within 3 Hours of Request (95% Standard)	Children	97.78%	98.14%	98.91%
	Adults	97.14%	98.81%	97.83%
	Total	97.29%	98.65%	98.05%
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%
	Adults	94.80%	95.94%	95.10%
	Total	95.09%	95.71%	94.14%
	SUD	100%	99.37%	99.81%
Indicator 10: Percentage who had a Re-Admission to Psychiatric Unit within 30 Days (<15% Standard)	Children	5.06%	7.69%	6.76%
	Adults	14.93%	16.31%	17.79%
	Total	14.05%	15.63%	16.86%

Barriers

Master level clinicians' shortages continue to be a reported barrier by several of our providers and have continued to be a contributing factor for Indicator 2a (completion of a biopsychosocial within 14 days of a non-emergency request for services). We have been continually reviewing providers' data and meeting with CRSPs every 45 days to discuss their staffing recruitment strategy, member engagement and making same day appointments to avoid member no shows and cancellations. DWIHN will continue internal talks as well as with its providers to try and alleviate this challenge.

Next Steps

DWIHN has identified the following improvement efforts to ensure better outcomes:

- 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

Behavior Treatment Advisory Committee (BTAC)

DWIHN organized a network training on MDHHS requirements for Behavior Treatment Plans and the Behavior Treatment Plan Review Committees (BTPRC) procedures with a focus on the required steps of Functional Behavior Assessment on August 9, 2022. This training was a part of DWIHN Plan of Correction (B.2) for MDHHS Habilitative Supports Waiver 1915(c). Quality facilitated the training, and the event was well attended by over three hundred participants.

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 will be conducting the 90-follow-up review of DWIHN's waiver and SUD services on September 22, through September 30, 2022. It will be conducted as a desk/remote review. The follow-up review will evaluate the current status of the Corrective Action Plan, submitted by DWIHN, in response to the Full Site Review that was conducted March 14 through April 22, 2022. Outcomes from the review will be reported to Program Compliance and other appropriate committees as required.

Health Services Advisory Group (HSAG) Activities

The PIHP is subject to external reviews through HSAG to ensure compliance with all regulatory requirements in accordance with the contractual requirements with MDHHS. All findings that require opportunities for improvement are incorporated into the QAPIP Work Plan for the following year.

Performance Measurement Validation (PMV)

The validation of performance is one of the mandatory external quality review activities that the Balanced Budget Act requires state Medicaid agencies to perform. The purpose of the PMV is to validate the data collection and reporting processes used to calculate the performance measures rates. The 2022 PMV review was held on June 9, 2022. DWIHN has received the preliminary PMV Draft Report, in which we achieved full compliance with all requirements, with no plan of correction. HSAG identified two (2) recommendations: 1). Ensure that subsequent re-evaluations of members do not affect the original PAR disposition date and time. 2). Access to provider notes on their attempts to reach members when they no show for intake appointments.

Compliance Review:

HSAG reviewed DWIHN second half of the three-year Compliance Review on July 25th, 2022. We had some findings that will require a Corrective Action Plan. DWIHN will receive a draft Compliance report on September 22, 2022, with an opportunity to provide feedback to HSAG on or before September 29, 2022. A final report will be issued by HSAG by October 2022. Outcomes from the review will be reported to Program Compliance and other appropriate committees as required. HSAG will do the final review (Year 3) in Summer of 2023 and a final score will be aggregated.

Performance Improvement Project (PIP)

For the 2021-2022 submission, DWIHN has identified existing racial and ethnic disparities within our provider network for populations served which is based on our review and analysis of the Michigan Mission Based Performance Indicator (MMBPI) reporting data for PI# 4a (The percentage of discharges from a psychiatric inpatient unit that were seen for follow-up care within 7 days). The goal is to reduce racial and ethnic disparity with African Americans for the percentage of discharges from a psychiatric inpatient unit that were seen for follow-up care within 7 days. The write-up of the PIP was submitted to HSAG for validation on July 15, 2022. DWIHN is currently awaiting final comments regarding the acceptance of the performance improvement project. Outcomes from the review will be reported to Program Compliance and other appropriate committees as required.

**CHIEF CLINICAL OFFICER EXECUTIVE SUMMARY
PROGRAM COMPLIANCE COMMITTEE
September 14, 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
June 2022	710	4
July 2022	685	3
August 2022	740	12

Inpatient Hospital Admission Authorization data as of 9/1/2022.

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	August 2022- # Served
Community Outreach for Psychiatric Emergencies (COPE)	Intensive Crisis Stabilization Services (MDHHS Approved)	256 (July-232)
Team Wellness Center (TWC)	Intensive Crisis Stabilization Services (MDHHS Approved)	187 (July-139)

*19.4% increase in CSS in August compared to July 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- August 2022
Quality Behavioral Health (QBH)	10 (July-23)
Detroit Rescue Mission Ministries (DRMM)	0 (July-0)
Abundant	13 (July- 6)

*Slight decrease in Covid-19 SUD Recovery Housing utilized in August compared to July 2022.

SUD COVID Numbers Month of August 2022:

Members Covid Positive- 77 (July-59)

Staff Covid Positive- 24 (July-19)

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

**CHIEF CLINICAL OFFICER EXECUTIVE SUMMARY
PROGRAM COMPLIANCE COMMITTEE
September 14, 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	August 2022- # Served
Detroit Family Homes	Licensed Residential Home- Adults	4	0 (July-0)
Kinloch	Licensed Residential Home- Adults	3	0 (July-0)

RESIDENTIAL DEPARTMENT- COVID-19 Impact:

	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022 (Oct 1, 2021- current)	August 2022
Total # Covid-19- Members	169	76	135	11 (July-3)
<i>Related Deaths</i>	34	7	3	0 (July-0)
Total# Covid-19 Staff	71	59	58	2 (July-3)
<i>Related Deaths</i>	3	0	1	0 (July- 0)

VACCINATIONS- RESIDENTIAL MEMBERS:

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

*No change in vaccination status since in August 2022

COVID-19 MICHIGAN DATA:

Michigan COVID-19 Cases: September 6, 2022 update: The total number of COVID-19 cases in Michigan is 2,786,213 with 38,121 deaths. Wayne County reported 320,261 Covid-19 cases and 4,704 deaths. The City of Detroit reported 157,166 Covid-19 cases with 3,631 deaths. (Source: www.michigan.gov/Coronavirus)

Michigan COVID-19 Vaccination Updates:

Area	First dose- Initiation	Fully Vaccinated
State of Michigan	68.1%	58.3%
Wayne County	70.9%	64.9%
City of Detroit	47.5%	40.5%

**CHIEF CLINICAL OFFICER EXECUTIVE SUMMARY
PROGRAM COMPLIANCE COMMITTEE
September 14, 2022**

Clinical Updates:

Behavioral Health Home (BHH):

- ❖ Current enrollment- 198 persons
 - 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
 - Barriers: Staffing turnover and difficulty hiring (there is a minimum staffing model that providers are expected to meet to provide BHH). Calibrating the message to encourage people to enroll, as the program is supplemental and strictly opt-in.

Opioid Health Home (OHH):

- ❖ Current enrollment- 380
 - 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- 3,156
 - 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.

Certified Community Behavioral Health Clinic (CCBHC)- SAMHSA Grant: The SAMHSA CCBHC Expansion Application was submitted on 13, 2022. This is a \$1,000,000/year grant (up to 4 years total being awarded) to 156 organizations nation-wide. Anticipated award date is 9/16/2022 with a project start date of 9/30/2022. Project Plan Status: Updating Policies to align with CCBHC requirements, updating clinical and financial documents in EHR, developed job descriptions for clinic sites, assessing utilization of clinic space and technology, and developing training plan for staff.

Tri-County Strong: Hosted FEMA and SAMHSA representatives for a site visit and received a tremendous amount of positive feedback. There were 60 people in attendance, with all but 9 being from DWIHN and the provider partners – LBS, ACCESS, CNS, Easter Seals, and Team Wellness. The team has seen over 4900 encounters with individuals and families.

Crisis Intervention Team (CIT): DWIHN staff and partners from the Detroit Police Department, Grosse Pointe Woods, Grosse Pointe City, Canton PD, Greektown Casino Security, CNS, Team Wellness and Southgate attended the annual CIT International Conference. Two workshops were presented by members of the team, with positive reviews received. Training continued at the Detroit Police Academy and Schoolcraft Regional Police Academy to provide mental health education beyond the Michigan Commission on Law Enforcement Standards (MCOLES) requirement.

CHIEF CLINICAL OFFICER EXECUTIVE SUMMARY
PROGRAM COMPLIANCE COMMITTEE
September 14, 2022

Co-Response: CNS and Team Wellness continued to support law enforcement through our co-response partnership with the Detroit Police Department. During the month of August Co- Responders made a total of 481 encounters and 105 individuals were connected to a service. This month there were 22 suicides in progress calls in which the CIT team was able to intervene and provide the appropriate interventions to prevent harm to the individuals. There was a total of 40 overdose calls for the month of August. The CIT team was able to coordinate with both the EMS and Nurses at the hospital where the consumer was taken due to medical issues.

Utilization Management (UM): To reduce recidivism and increase efficiency, Utilization Management has made two significant changes within its Higher Levels of Care (HLOC) team this month:

- An UM Clinical Specialist has been identified as our Complex Discharge Planner. This role, in conjunction with the assigned Clinical Specialist, assists with planning for members with difficult and/or previously unsuccessful discharge plans, as well as persons requiring intensive coordination needs between DWIHN departments and across the network. We continue work on how results from this change will specifically be quantified & qualified over time.
- The distribution of caseloads for the Higher Levels of Care (HLOC) team has been amended. Previously, cases were assigned by location. Now, cases are distributed equally, so that loads are equal, and location & reviewer trends can be monitored. The goal is increased fidelity & inter-rater reliability, as well as improved application of safeguards & facility adherence to contractual obligations.

Substance Use Disorder (SUD) Services: DWIHN issued an RFQ on August 11, 2022 for Substance Use Disorder (SUD) treatment services. SUD is requesting responses to this RFQ for the purpose of creating a list of qualified vendors to provide Substance Use Disorder Treatment. 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, 2022. All providers must submit a response to the RFQ if they want to participate in 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 Sept 2, 2022 and to date we have received 23 responses and the final response is due June 1, 2027,

The 8th Annual Faith Based Conference: Detroit Wayne Integrated Health Network-8th Annual Interfaith Based Wellness was hosted on August 18th and 19th, 2022. The two-day event was held virtually due to increasing numbers of COVID. The event was a success. There were 208 participants from several denominations. It was culturally diverse. The conference goals were met with great speakers, informed knowledge, and inspiring information to foster spiritual development. SUD providers and the community interacted, creating a wonderful atmosphere to grow and learn. The event featured a keynote speaker, a panel of health experts, and 11 workshops. Mr. Thomas Adams received the 3rd Annual Power of One Award in honor of the late Greg Roberts for FY 22. Mr. Adams is the CEO of Chance for Life (CFL), a non-profit organization dedicated to helping returning citizens find employment and get back on a path to independence and a crime-free life.



**CHIEF CLINICAL OFFICER'S REPORT
Program Compliance Committee Meeting
Wednesday, September 14, 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"> • <u>Ages 0 to 6:</u> Working with the Infant Mental Health (IMH) Children Providers to develop a universal screening for children ages 0 to 6. Next Steps: IT Department updating the screening tool with recommendations. • <u>Ages 18 to 21:</u> This month Children's Initiative Director Cassandra Phipps discussed with Children Providers the pending policy of extending children services to age 21 according to MDHHS Medicaid Provider Manual. • <u>Foster Care:</u> 7/1/22 launched a pilot with DHHS North Central Office for youth involved in child welfare system ages 3 to 17 will have trauma screening completed and submitted to DWIHN Access Department to complete screening for community mental health services. For August there were 4 screenings completed and 4 intake appointments scheduled with Providers. • Children's Initiative Director Cassandra Phipps participated in a virtual conference "Helping Childhood Barriers" on 8/20/22-8/21/22 by presenting on Accessing Community Mental Health Services in Wayne County and a panel discussion.
<p>PREVENTION</p> <p>Conferences Workshops Schools Tri-County Initiative Pediatric Care Prevention Activities</p>	<ul style="list-style-type: none"> • 7th Annual Cultural and Linguistic Competency Summit was held in person 8/5/22 (65 attendees). The theme was "We Are The World" that included keynote speakers, breakout sessions, and youth / young adult vision boards. • Youth United hosted the Annual Statewide Youth United Summit "Planting Seeds of Hope" on 8/11/22 that was held in Livonia. This summit consisted of interactive presentations and workshops on communication skills, intrinsic vs. extrinsic motivation, team work, and young adult transition planning (38 attendees). • Tri County Initiative meeting was held 8/2/22 with Macomb, Oakland, and DWIHN with the focus of discussing back to school events for the fall school year. DWIHN partnered with Youth United, The Guidance Center and Southwest Counseling Solutions to host a back to school Bash on 8/18/22 in which 1,400 back packs were distributed. • Summer prevention workshop with Chempreneurist was scheduled for 8/27/22 and is rescheduled to occur on 9/25/22 at the Considine Building in Detroit for 30 youth grades K-12. • Meeting held with Detective McGhee from Detroit Police Department to discuss the Here Me Out Campaign that will start 10/1/2022 for youth ages 15 to 17 with 3 main objectives (Awareness, Training, Resources)

<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 and Juvenile Detention Facility to brainstorm ways to address mental health needs for youth detained. Children’s Initiative Director Cassandra Phipps provided Medicaid policy regarding wrap around discharge planning services. • 8/24/22 with Black Family Development (BFDI) and DWIHN Crisis Department to discuss the new mobile prevention services BFDI will provide in certain communities in Wayne county.
<p>TREATMENT</p> <p>Workforce Diversity / Equity / Inclusion Evidenced Based Practices Quality Services Expansion of Services</p>	<ul style="list-style-type: none"> • Reduced the administrative burden for Providers by simplifying the CAFAS/PECFAS reports. A memo was sent to Children Providers explaining the changes and to also start labeling members who engage in evidenced based practice services. • 4 Children Providers were selected by MDHHS to participate in the Components for Effective Clinician Experience and Reducing Trauma (CE-CERT) Learning Collaborative that started August 2022. CID purchased 13 books for staff to use for the cohort. • Children’s Initiative Department continues to attend meetings with Children Providers to address capacity barriers and solutions. • Sent memo communication to Children Providers regarding the new SOGIE language that was included in the integrated biopsychosocial assessment in MHWIN along with glossary terms. • Children’s Initiative Director Cassandra Phipps collaborated with DWIHN Legal Department and Contracts Department to establish a single case contract with Great Lakes Center for Autism tentatively to be finalized September 2022. • Clinical Specialist Monica Hampton facilitated a SED Waiver 101 Training with Children Providers and MDHHS on 8/22/22. Discussed adding additional contracts for specialty services such as art therapy, music therapy, recreational therapy, overnight summer camp, and out of home respite.

School Success Initiative (SSI)

SSI Provider meeting: Children’s Initiative Director Cassandra Phipps and School Success Specialist Rasha Bradford facilitated the SSI Provider meeting on 8/25/22 The Guidance Center in person. This was the first in person meeting for the fiscal year. **Redcap/MHWIN:** Meetings were held with IT Department and SSI Providers to review the merger of data from Redcap to MHWIN. Providers provided additional feedback regarding documenting Tier 1 services. Next meeting to be scheduled in September to review updates in MHWIN. The goal is to also create a MHWIN School Success Initiative training manual. **Spotlight Awards:** 2 students were selected to receive Spotlight Awards. Southwest Counseling Solutions plans to meet with the students to provide the certificate and gift card. **GOAL Line:** Coordinated with Community Education Commission regarding the GOAL Line project. As of 8/30/22 GOAL Line was granted a provisional credentialing to begin services 10/1/2022. **Michigan Model for Health (MMH):** Training was held this month with Wayne RESA in which SSI staff were trained on the curriculum. In addition, coordinating with Wayne RESA for Providers to purchase additional MMH kits for various grade levels with the remaining SSI funds. **School Success Initiative Handbook:** Currently developing a SSI Handbook as a resource for staff that is 75% completed. **Barack Obama Leadership Academy:** Director Cassandra Phipps presented at Barack Obama Leadership Academy the School Success Initiative program and how the Covid 19 pandemic has impacted children, parents, and teachers. **Great Start:** SSI Specialist Rasha Bradford attended the quarterly Great Start meeting on 8/15/22 with the focus on the Vision for Early Childhood

in Wayne County, school budget for the next fiscal year, and upcoming events. **Board Action:** Plan to present the School Success Initiative and GOAL Line board action to DWIHN Board in October 2022.

System of Care / Special Projects

CAFAS Booster Training: 8/23/22 (6 attendees) **PECFAS Booster Training:** 8/8/22 (10 attendees). **Children’s Mental Health Lecture Series (CMHLS):** Special Project Specialist Marika Orme facilitated “Understanding the Basics of the Commercial Sexual Exploitation of Children” on 8/18/22. This training consisted of an introductory presentation on the commercial sexual exploitation of children in the United States; specifically among girls (71 attendees). **Quarterly Leadership Training:** 8/12/22 training was held for leaders regarding staff accountability and productivity (17 attendees). **The following System of Care Meetings were held this month:** Human Services Collaborative Committee, Cross System Management, Home Based Taskforce, Wrap Around Project Team, IDD Wrap Around Meeting, CLS/Respite Workgroup, DHHS Special Projects, Early Childhood Taskforce, Trauma Leadership Taskforce, Baby Court Committee, Quarterly System of Care Grant meeting with MDHHS. **Wrap Around Conference:** Clinical Specialist Monica Hampton and IDD Specialist Kim Hoga attended the annual Wrap Around Conference 8/30/22-9/1/22. **Board Actions:** BA # 22-67 was presented and approved at the full DWIHN Board Meeting this month.

CLINICAL PRACTICE IMPROVEMENT – Clinical Officer, Ebony Reynolds

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

For the month of August, the Clinical Practice Improvement department in collaboration with the DWIHN Quality and Utilization Management department hosted two (2) IPOS trainings for the entire DWIHN network. The two trainings combined hosted eight hundred fifty-four (854) participants from the network and received positive feedback from participants. This training was part of the systemic remediation from the most recent waiver site review in which DWIHN reported a network wide IPOS training will be incorporated into the corrective action plan.

MDHHS requires that all PIHP/CMHSP providers are HCBS compliant by the year 2023. To ensure that DWIHN is on track for compliance with this rule, the CPI and DWIHN Quality department worked collaboratively to review the provider network standardized IPOS to ensure that contracted providers have the required information mandated by DWIHN and MDHHS in their standardized IPOS. Providers were given a deadline of May 15, 2022 to incorporate this rule into the IPOS. The DWIHN CPI, Quality and UM department successfully completed the IPOS audit in August. Very minor updates will be required from some providers which will be addressed individually with the organizations that require updates.

The CO continues to work alongside the Chief Clinical Officer (CCO) on the 1915 waiver support application rollout process initiated by MDHHS that began July 1, 2022. For individuals receiving any 1915 service who are not enrolled in a waiver (Habilitation Supports Waiver (HAB-W), Children’s Waiver Program (CWP) or Serious Emotional Disturbance Waiver (SED-W) a single page document will need to be completed and uploaded to the state’s Waiver Support Application (WSA) database following PIHP review and approval. Per MDHHS this requirement is from Center Medicaid and Medicare (CMS) in which the State has to issue final approval for all request for 1915 waiver support services. The timeline for completion is October 2023. DWIHN has identified all leads at the CRSP level to complete this process as well as internal staff that will review and upload submission of the waiver support applications.

Med Drop Expansion Efforts

With regard to Med Drop and efforts to increase enrollment to 150 members, the CO and members of the CPI team continue to work with the Med Drop program to review individuals eligible for enrollment. For the month of August, Med Drop enrollment is at forty-eight (48) members which is a decrease from 49 members at the end of July. Current providers participating in Med Drop are, AWBS, CCS (Hegira-Downriver), CNS, DCI, Hegira-Westland, LBS, Team Wellness, and The Guidance Center.

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

Paperwork Reduction Efforts

Providers in the collaborative sent a written request to DWIHN to review clinical documentation and authorization guidelines to reduce the amount of paperwork required by the community mental health system. The CO in collaboration with the CCO, Chief Network Office (CNO) and the CMO provided a written response to the collaborative encouraging providers not to consider best practices as administrative burden. DWIHN, in its efforts to support concerns of the network, will schedule a workgroup with providers on simplifying some documentation so that clinicians can complete clinical documentation required by MDHHS and DWIHN in a more seamless fashion. This collaboration will ensure stakeholders are included in the discussion and reinforce partnership between DWIHN and its providers. More information on these efforts will be reported out in the coming months.

Children Services/Autism Services

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

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

The Autism benefit continues to grow monthly. The current number of children enrolled in the benefit for the month of August is two thousand four hundred seventy-six (2476) which is an increase from one hundred forty (140) cases from the previous month. Due to the growing number of children eligible for the Autism benefit, DWIHN has added an additional Autism provider named Strident HealthCare. Strident met qualification in the last RFP.

The Autism Administrator and the CO have developed an Autism provider meeting to develop continuity across contracted providers. DWIHN increased the percentage of supervision hours allowed for behavior technicians from 10% to 20% in cases where medical necessity criteria is appropriate. The goal of this is to help children meet their gains in treatment at a shorter length of time and increase better outcomes for children on the Autism spectrum. The additional hours will also help increase the number of Behavioral Technicians (BT) available to meet the staffing ratio for Autism services.

The CO and the CCO continue to meet to address staffing related issues with the Children's provider network and reduction of paperwork requirements. A workgroup has been developed to receive

feedback on what paperwork items need to be completed to capture clinical documentation and meet MDHHS reporting requirements.

Returning Citizens/ Jail Diversion/Mental Health Court

For the month of August, there were one hundred twenty-nine (129) releases from the Wayne County Jail. Of those releases, forty-four (44) were linked back with the provider to follow-up with their members; six (6) were not eligible because the mental health screening from jail mental health did not meet DWIHN criteria; four (4) were sent to another correctional facility (i.e. prison or another county jail); and seventy-five (75) were not assigned to a provider within the MHWIN system.

During the Quarter 3-FY 22, Wayne County Jail sub-contracted provider Naphcare, screened eight hundred thirty (830) persons entering the jail. Of the 830 person, two hundred fifty-nine (259) were assessed for mental health services. For the month of August there are two hundred fifty-four (254) persons on the general outpatient unit, and five hundred thirty-seven (537) persons were seen through the residential unit. The table below provides some data on services delivered.

Outpatient, Division I & II	254
Bio-psychosocial Assessments	475
Face/Face New Pt Brief Visit	3082
Case Management	263
Face/Face Brief Established Visit	830
Discharge Planning	271
Discharges	185
Residential Placements	537
Crisis Interventions	256
Co-Occurring	150
Psychiatric Evaluations	282
Probate Referrals	2
MAT admissions and notes	150

During the month of August discharge planning was discussed with Wayne County Jail and Naphcare. A scheduled assessment time with the Access Center was finalized for Monday-Friday between 8:00-10:00AM. Naphcare estimates there will be four (4) intakes on average per week for both adults with severe mental illness (SMI) and substance use disorder (SUD) diagnosis.

There were three (3) Returning Citizens for the month of August. The assigned providers for Returning Citizens are CNS; CCIH; Team Wellness; and Hegira.

For the month of August, the Mental Health Court had eighteen (18) participants, six (6) of whom are employed. The current providers for Mental Health Court are All Well Being (AWBS) and Hegira Health.

Assisted Outpatient Treatment orders (AOT)

With regard to individuals on Assisted Outpatient Treatment orders (AOT) there were fifty-nine (59) AOT orders for the month of August. Of the 59 orders, two (2) were on a hospitalization order; one (1) individual was on a continuation court order, four (4) were individuals that have not been opened in MHWIN, eighteen (18) were referred to the Access Center for provider assignment; fourteen (14) orders were returned from the Access Center with an assigned provider; and thirty-five (35) have an assigned provider who were given notice of the order to follow-up with treatment. Providers have been instructed that upon receiving an AOT notification, they must note the acknowledgment in MHWIN. By

providing this acknowledgment it will ensure that the provider has received the AOT in order to comply with the court order. Additionally, DWIHN has also been working with providers to encourage enrollment of Med Drop with this group to increase compliance with the order.

Evidence Based Supported Employment

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

To date, there were a total of six hundred two (602) referrals, four hundred sixty-one (461) admissions, two hundred eighty-six (286) obtained employment with an average hourly wage of \$14.00. Individuals served were employed in a variety of jobs/positions, such as Machine Operator, Warehouse Worker, Caregiver, Certified Nursing Assistant, Teacher, Cashier, Cook, Construction Worker and Banquet Hall Host. Additionally, one hundred-nine (109) individuals transitioned from EBSE services after successful completion of their employment goals.

Other Collaborative Efforts by Clinical Practice Improvement

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

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

The CO and the CPI team also reviewed several policy and procedure for compliance with HSAG requirement. For the month of August, the Conflict Free Case Management policy has been drafted and is out for stakeholder feedback.

The CO also worked with the contract department, CCO and CMO to draft a provider expansion survey to assess if additional providers need to be added to the network to meet timeliness standards required as a PIHP. Additional information on expansion efforts will be reported in the Sept 2022 report.

CRISIS SERVICES – Director, Daniel West

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

CHILDREN’S CRISIS SERVICES

Month	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	Crisis Stab Cases
July	183	172	57	31%	118	64%	157
August	154	134	48	31%	102	66%	78

- Requests for Service (RFS) for children decreased by 16% this month and the diversion rate increased slightly as compared to July. Due to ongoing staffing issues, The Guidance Center has continued to work with The Children’s Center to complete screenings when staff are not available.
- There were 78 intensive crisis stabilization service (ICSS) cases for the month of August, a 23% decrease compared to July. Of the 78 cases there were 38 initial screenings.
- There was a total of 12 cases served by The Children’s Center Crisis Care Center in August, a slight increase from the month of July. Of those cases, there were no new cases.

COPE

Month	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	# Inpt due to no CRU
July	972	882	705	72%	251	26%	15
August	975	899	678	70%	266	30%	13

- There was a slight increase in the number of requests for service for adults in August compared to July, and the diversion rate increased by 4% in August.
- The Crisis Stabilization Unit (CSU) at COPE served 256 cases in this month, a 10% increase from July at 232.
- The Mobile Crisis Stabilization Team provided services to 57 members in August, up from 43 in July.

CRISIS RESIDENTIAL/HEGIRA

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

Referral Source	Total Referrals	Accepted Referrals	Denials
ACT	0	0	Level of Care change – 1 Not medically stable due to SUD – 0 Not medically stable due to physical health – 0 Violent/aggressive behavior – 1 No follow-up from SW/Hospital – 0 Pending: 4 CRU bed unavailable-0 1:1 staffing not available-0 Total - 6
COPE	15	11	
DWIHN Res.	0	0	
Step Down (Inpatient)	8	6	
Total	23	17	

CRISIS CONTINUUM

- For the month of August, Team Wellness Crisis Stabilization Unit (CSU) provided services to 187 individuals, a 34% increase from the month of July, 7 of those members had an AOT, and 3 were on a transport order.

PROTOCOL

Month/Year	# Incoming Calls	# Calls Answered	% answer w/in 30 secs	Avg. Speed of answer	Abandonment rate
June	639	625	56%	21s	1.1%
July	620	604	91.8%	17s	1.5%

August data not available at the time of this report

Protocall seen significant improvement in our overall response times, including speed to answer and abandonment rates. In July, they were able to meet all of their goals for metrics with DWIHN, achieving over a 90% service level (calls answered within 30s) and abandonment rates have been steadily between 1 and 2% (where their goal is <5%). Protocall is preparing and anticipating another impactful fall, as their Student Behavioral Health accounts prepare for the upcoming school year. In preparation, Protocall is continuing to hire and train new staff with record setting class numbers (averaging around 20 new staff every 6 weeks), and they continue to look at efficiency in their call management processes. While the pandemic has created complexities in being able to accurately forecast volume, they believe they are better prepared in light of recent years volume trends to manage the seasonal volume changes.

COMMUNITY LAW ENFORCEMENT LIAISON ACTIVITY REPORT August 2022

- The number of ATRs for the month of August decreased by 32% (204 completed for this month as compared to 301 in July).
- Community Law Enforcement Liaison engaged 24 individuals this month.
 - 100% have repeat hospitalizations without follow up by the CRSP. CRSP were alerted and engaged in discharge planning. 46% have Team Wellness as a CRSP. 17% not assigned
 - 25% were homeless.
 - 58% were on court orders.
 - .0% needed residential placement.
- 10 Citizens returned and were connected to DWIHN services upon release from MDOC.
- DWIHN received 141 Assisted Outpatient Treatment (AOT) orders from Probate Court this month and respective CRSPs are notified to incorporate these orders in treatment planning.
- There were 5 ACT consumers referred to COPE: 80% went inpatient, 20% went Outpatient, and 0% were admitted to CRU and 0% PHP. No pre-placement as sought during this reporting period. It should be noted 40% of ACT PARs were completed by COPE. 4 members were seen on active AOT. 1 transport order.

COMMUNITY HOSPITAL LIAISON ACTIVITY REPORT

- In August 2022, there were 169 contacts made with community hospitals related to movement of members out of the emergency departments, which is a 13% increase in contacts from July at 147. Out of the 169 encounters, 40 were diverted to a lower level of care, an overall diversion rate of 24%. 0 admission were made to Hawthorn but one in consideration, and 0 admissions were made to WRPB and Kalamazoo.
- Hospital liaisons were involved in 3 cases that were NOT on the 23-hour report, and of those cases, 2 were diverted to lower levels of care.
- Hospital liaisons received 18 “crisis alert” calls collectively in August and 3 of those members were diverted to lower levels of care.
- In August, there were 3 members who repeated an emergency encounter at least once, and between the 3 members considered recidivistic there were 6 encounters. Members were diverted on 3 occasions- each member having went inpatient on one of the 2 occasions.
- 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 166 encounters (a 16% increase from July) related to movement from a 23+ hour wait in the ED.
- 56 of the 166 cases specifically related to the 23-hour list went inpatient, resulting in a 66% diversion rate.

DISPOSITION TOTALS

- For inpatient admissions overall, Beaumont Behavioral: 10, BCA Stonecrest: 20, BCM: 1, Detroit Receiving: 8, Garden City: 4, Harbor Oaks: 9, Havenwyck: 7, HF Macomb: 2, Kingswood: 11, Pontiac General: 18, Providence: 2, Samaritan: 5, Sinai Grace: 10, St. John 1Ell: 4, St. Mary Mercy: 3, UofM: 2, and Henry Ford Wyandotte: 6.
- Of those diverted overall, discharged with crisis stabilization: 37, Medical admissions: 3, Partial Day Hospitalization: 6, and AMA:1.

DISCHARGE LIAISON TOTALS

The DWIHN Discharge Hospital Liaison was involved in 27 cases in August, an increase of 14 cases from July. There were 23 referrals from clinical specialists within Utilization Management at DWIHN, and 4 were self-referrals from the Discharge Hospital Liaison. 25 of the referrals already had a crisis alert within the system. Of the 23 hospital discharge appointments scheduled, 4 members kept their appointment while 6 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

Number of Mobile Events Attended	11
Number of Meaningful Engagements	361
Number of Subsequent Contacts	79
Number of Screenings in the system	0
Current members contacted within DWIHN system	18

August Outreach Summary

Our Mobile Outreach Clinician was able to add new events to his calendar and has continued his partnership with Wayne Metro. Kevin was able to secure a few new vendors First Step, MDHHS, the Secretary of State, and is in communication with vendors for cell phone distribution. We are looking forward to our partnership with black family development for the month of September. Kevin has added new events for September's calendar as well and we see the program moving steadily in a positive direction. We have since developed a smartsheet to track the content and quality of our conversations, and will be able to report in September with a more focused approach on integrated health.

CUSTOMER SERVICE – Director, Michele Vasconcellos

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

- A total of 3,306 calls were offered to the Customer Service Department during the month of August. The Reception/Switchboard handled 2,496 with an ABD rate of 1.0% and the Call Center 810 calls with an ABD rate of 6.9%. The ABD rate improved by 5.6% in comparison to July 12.5%. The Unit continues to address contributing factors to the out of compliance ABD rates (i.e. IT phone related issue and CSRs staffing)
- Family Support Subsidy Activity: Calls 592 (decrease). Applications rec'd 148 (increase). Applications Submitted to State 75 (decrease).

- Processed and mailed out” Choice” letters to members as a result of provider closures or discontinuance of services.
- Medical Records: 22 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 staff meetings.
- Processed Unit Cobblestone and ReQLogic data entries for Finance processing.

Customer Service Performance Monitoring/ Grievance & Appeals

- Participated in UM, Quality Ops, ASD, ICO monthly meetings.
- Provided grievance technical assistance/training to STEP, CNS
- Addressed Non- CRSP Disenrollment queue. Currently down to 412 plus pending disenrollment cases.
- Completed 4 Customer Service CRSP audits with 1 pending.
- Facilitated Monthly Due Process meetings.
- Attended Quarterly Molina JOC meeting.
- Trained New Call Center Staff person on Appeals, Second Opinions, Mediation.
- EOB meeting held to continue to develop processes and workflow
- Attended Risk Matrix/Provider scorecard meeting held interdepartmentally.
- Presented at Outpatient provider meeting in absence of Director regarding Disenrollment
- Presented at QOTAW updated Customer Service Appeals Policy
- CSA attended training on Behavior Treatment Planning
- Consultation with ASD Program Administrator
- Interdepartmental meeting regarding Grievance #2934, #2950 and #2951,
- Technical Assistance provided to multiple providers regarding ABD audit results
- Grievance Specialist Barb Hedgepeth and Trudy Marcum met with Office of Recipient Rights Chad Witcher via Teams to discuss ways to prevent employees from causing Mental Health Code violations.
- Conducted multiple team consultations with Grievances and Appeals
- Team meetings conducted to discuss Grievance File review (Internal)
- Attended Credentialing Meeting and reported on grievances.

NCQA/HSAG

- Participated in (2) FFY 21 HSAG Compliance Review meetings (UM and CS).
- Met with Strategic Planning regarding Provider Survey Question Review
- Met with NCQA consultants regarding standards UM 11
- Technical assistance with HSAG regarding questions on appeal processes UM and CS 8/25/22

Member Engagement/ Experience

- Member Engagement completed a total of (47) AFC homes visits, (28) of the AFC home visits were completed. (21) AFC home visits were completed by Ambassadors, (7) Ambassador presentation were completed by zoom, (5) outreach events were also completed.
- Planned Voter Education-Registration-Participation (VERP) rallies.
- Completed the Spring 2022 Edition of the Persons Point of View newsletter.
- Launched mobile application development for the Mobile Application for Community Engagement.

- Continued to host monthly member (e.g., EVOLVE) and advisory group meetings (Constituents' Voice general assembly, Leadership etc.).
- Hosted Reaching for the Stars Award Ceremony and Gala, (167) attendees, (15) awardees, including Loren Glover as the Constituents' Voice Choice Award
- Developed Independent Facilitation brochure
- Continued to serve on the Strategic Planning Committee to streamline the Provider and Practitioner surveys.
- Compiled and submitted LTSS survey data.
- Initiated development of the MDHHS needs assessment.
- Developed concept for the CCHBC survey.
- Hosted and recorded EVOLVE member meeting on voting.
- Drafted proposal for the revision of the Ambassador and CV reimbursement process.
- Gained Board approval on the Wayne State ECHO contract for 22/23.

INTEGRATED HEALTH – Director, Vicky Politowski
Please See Attached Report

MANAGED CARE OPERATIONS – Director, June White

MCO DEVELOPMENT MISSION

There are 10 Provider Network Managers and 1 HUD specialist Manager all are committed to serving and reaching out to our 400+ providers monthly and quarterly to ensure providers know we are here to assist in answering any questions and directing them to the appropriate department for assistance. Questions come in daily through email or calls surrounding adding sites, authorization questions, claims questions as well as possible closing sites, in which we assist in answering.

FY 22-23 Contracts

For the FY23 we will send out approximately 400 contracts to our provider network for signature. Currently, we have reviewed 48% of the required paperwork from the providers. 25% were rejected due to changes that needed to be made by the provider and 28% we are waiting for the providers to submit the paperwork.

Internal /External-Training Meetings Held

- Met with 10 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.
- Access Committee Meeting held to discuss network adequacy and provider gaps in services, it was identified that we are going to open the network as well as add 4 new residential providers and 1 outpatient provider that are going through credentialing currently. The Service Delivery Expansion Survey was sent out and is due back by July 15th. We have about 13 existing providers that we are reviewing to expand services in support coordination, and therapy services.
- Reviewed all changes to the Provider Manual for 2022, all changes were finalized and the updated manual put on our website early August.
- Attended several 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 115 emails and 35 phone messages from providers with concerns related to claims billing, credentialing issues, Provider change notifications, Procedure Code changes, Single Case agreements, and changes with the FY 2022 State Code/Modifier changes.

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

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

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

The network continues to drop in access to care as they struggle with meeting the performance indicators, 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. Although the closing was less last quarter the expectation for the year is that we will continue to see more closings or consolidations of homes from providers.

Provider Closure/Mergers FY 21-22					
Description	1 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr.	YTD Totals
Licensed-Residential Homes	1	4	2	11	18
Unlicensed /Private Home Services (SIL's)	3	11	11	10	34
Clubhouse services	1			1	2
Outpatient-services, SUD services	4	6	1	1	12
Provider Organization Merger(s)	2				2
Total	11	21	15	22	69

Housing Resource and Street Outreach to the Homeless

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

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

Southwest Counseling Solutions - Housing Resource Center		
FY 22 Contract Amount: \$1,089,715		
	3rd Quarter	Year-To-Date
# of Persons Served	3221	9490
# of Persons Screened for Mainstream Services	2737	7924
# of Persons who received Housing Assistance	484	1608

Neighborhood Service Organization (Detroit Healthy Housing Center)		
FY 22 Contract Amount: \$902,050		
	Quarter	Year-To-Date
# of Persons Served	190	494
# of Persons Receiving Emergency Shelter Services	190	494
# of Persons referred to Permanent Housing	66	251
# of Persons referred for behavioral health, substance use and/or primary health care services	18	83

Quarterly Goals still in progress - Quarterly goals set for FY 2022

- The Risk Matrix- The Risk Matrix is a web-based software system that our providers can use to coordinate care, manage operations, view cost of services paid and better serve our members. The matrix allows 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.
- The Provider Manual- is a tool/ guide for the provider. This manual is an extension of the provider contract/agreement that include requirements for doing business with DWIHN. Together the manual, our policies and the contract give the provider a full picture of the requirements and procedures to participate in our network. The purpose and intent of the Provider Manual is to strengthen our current and future network providers. The provider manual is in its final stages of approval and should be on our website before Mid- July.
- 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.

- 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.
- 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.
- Quarterly Provider Network Managers “One on One’ with providers- have on going meeting with 350 providers out of 362 since the start of the meetings in January 2022. This is a 97% completion rate.

Annual Provider/Practitioner Survey

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

Provider Meetings Upcoming/Held:

- a. CRSP meeting held on August 22, there were 126 providers in attendance. The future CRSP provider meeting will be held on October 3, 2022
- b. The next Residential/Outpatient Provider meeting was held on August 5th, and every 6 weeks thereafter, there 205 provider attendees. Next meeting September 16th.
- c. We have 7 Provider Capacity meetings to discuss the provider’s indicator numbers.

RESIDENTIAL SERVICES – Director, Shirley Hirsch

Please See Attached Report

SUBSTANCE USE DISORDER – Director, Judy Davis

Please See Attached Report

UTILIZATION MANAGEMENT – Interim UM Director, Leigh Wayna

Please See Attached Report

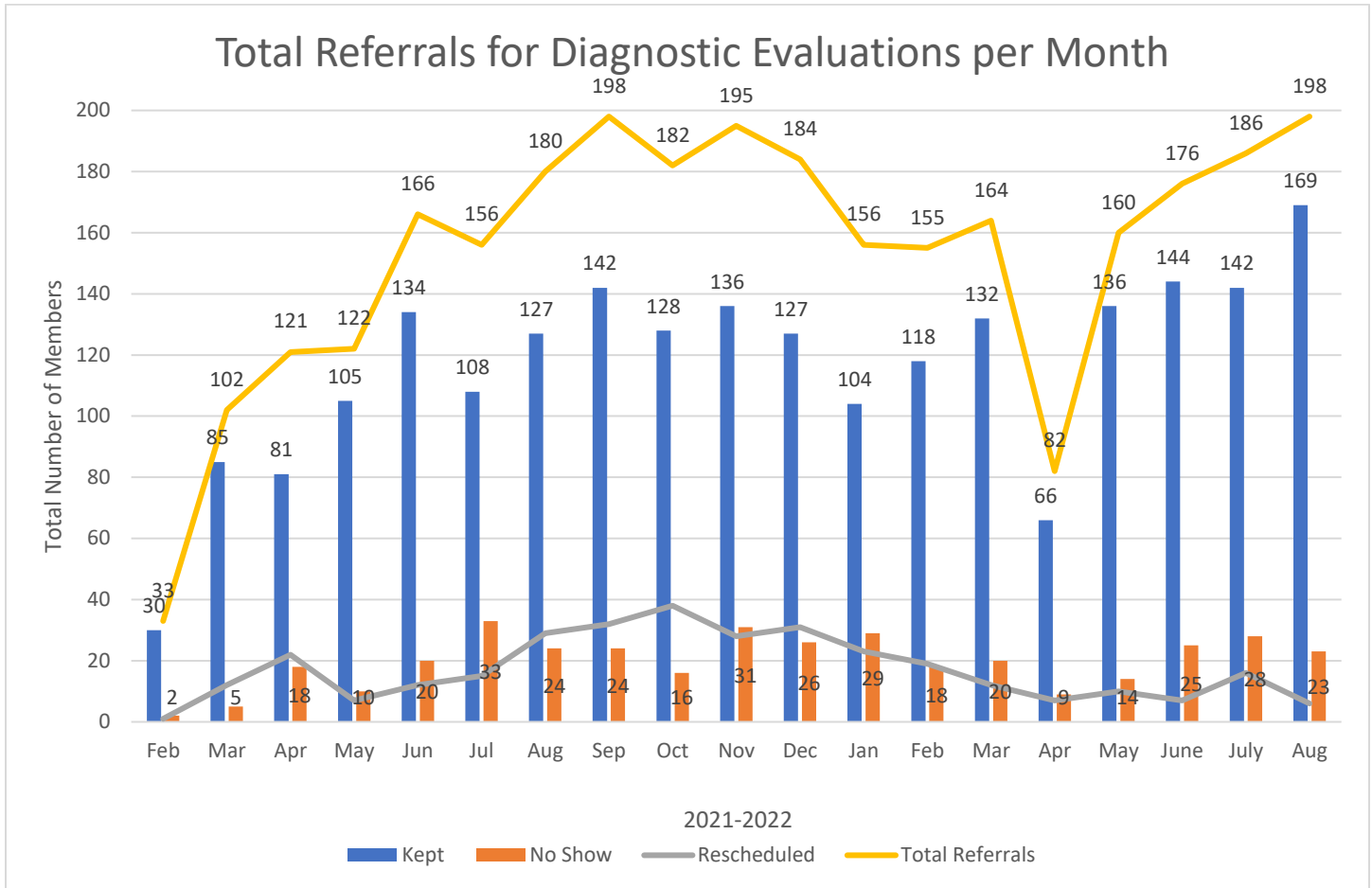
Autism Spectrum Disorder Benefit August 2022 Monthly Report

Enrolled in ASD Benefit

Total open cases in the WSA for the month of August is 2,476 which is an increase of 140 cases from the previous month.

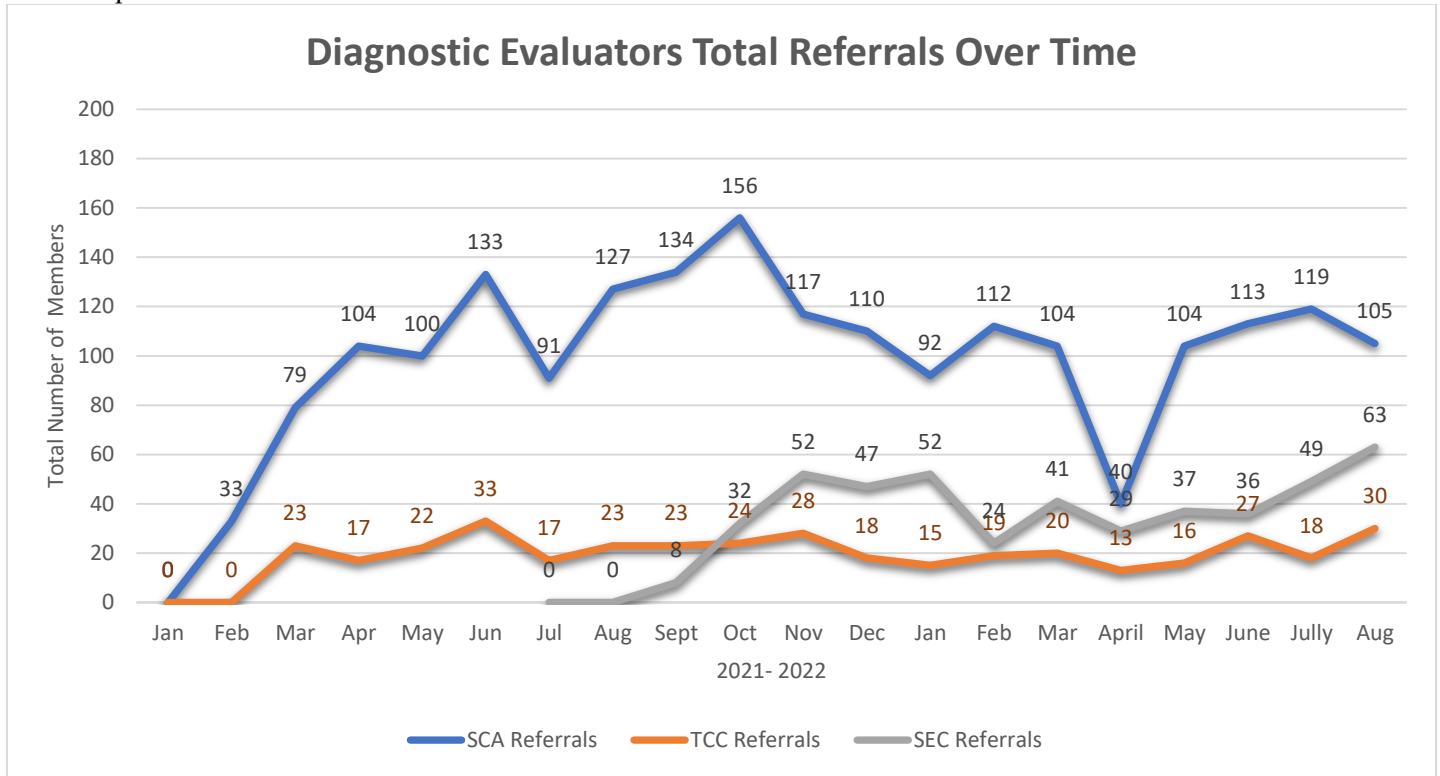
Summary of Diagnostic Evaluations

The total comprehensive diagnostic evaluation scheduled by the Access Call Center for the month of August was 198 which is an increase of 12 referrals from the previous month. Out of the 198 scheduled appointments 169 were kept, 23 were no show appointments, and 6 were rescheduled.



Individual Data Points for Diagnostic Evaluators:

The below graph represents all three Diagnostic Evaluator total referrals from January 2021 to August 2022. The average scheduled referrals for Social Care Administration are 87, The Children’s Center reports 22, and Spectrum Evaluation Center reports 43.



Provider Updates

- DWIHN’s one-time supplemental rate increase for claims submitted through March 31, 2022 and a second installment for claims submitted April 1-June 30, 2022, seems to have improved providers’ capacity to hire staff. On average, ABA providers report that they have minimal members waiting for services and potentially will have more capacity next month to accept referrals from the Diagnostic Evaluators.
- Effective September 1, 2022, DWIHN will be increasing the service utilization guidelines (SUG) for Adaptive Behavior Treatment from 10% to 20%. Moving forward, any request within 10-20% will auto approve under this new SUG. This increase should be well received by the Autism network. In addition, establishing SUG’s that auto approve within guidelines should help alleviate the wait time for utilization management approval.
- Lastly, DWIHN added a new provider to the Autism network. Strident Health Care is now ready to accept new referrals in the Westland area.

Integrated Health Care Department

Monthly Report

September 6, 2022

Collaboration with Community Partners

During the month of August IHC presented all performance improvement plans to IPLT and Hepatitis C initiative was presented to 131 members of CRSP. IHC is planning lunch and learns for the month of September 2022.

Quality Improvement Plans

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

During the month of August IHC has been working on all QIP's with the NCQA consultant to make sure they meet the requirements. IHC worked with the Director of Crisis to discuss with 15 CRSP providers on the importance of the 7 and 30 day follow up after hospitalization, helpful ways to remember to take your medications, importance of continuing medication management for antipsychotics and antidepressants, myStrength login information and HEP C fact sheet

Population Health Management and Data Analytics Tool

VDT continues to make corrections and revisions to both platforms based on feedback from DWIHN. During August there were difficulties with coding which is affecting data integrity. DWIHN and Vital Data are working on a Mobile App for members to access their health chart. This is estimated to be rolled out in September.

Integrated Health Pilot Projects

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

Health Plan 1:

Health Plan 1 and DWIHN met on August and Health Plan 1 has decided to increase care coordination and to use the shared platform once built to stratify members for care coordination. Health Plan 1 is creating a statement of work and will have it for approval in September.

Health Plan 2:

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

Health Plan 3's

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

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

826 matched queries were made in August and 6 had consents with the 4 CRSP's involved. Reasons for the low response rate is due to not all members were open with the 4 CRSP's involved in the project. Health Plan 3 will pull data on the other CRSP's that were assigned.

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

MI Health Link Demonstration

IHC department under the MI Health Link Program received total of **416** request for level II in the month of August 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	9	13	12	34
Amerihealth	7	1	18	26
HAP	1	5	5	11
Meridian	5	1	7	13
Molina	58	97	177	332
TOTAL	80	117	219	416

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	7	2	0	3
Amerihealth	0	10	0	0	8
HAP	0	2	0	0	3
Meridian	0	0	0	1	6
Molina	7	72	8	17	73
Total	7	91	10	18	93

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	219	7	91	10	18	93

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

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

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

There were **29** 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 **32** individuals who have been identified to have a gap in services. This is a combined effort between IHC staff and the ICOs.

ICO Plan Name	Number of 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 BHCSP. 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	5	A=1 B=3 C=1	A=5	0	2
AET	3	B=3	A=3	0	2
Amerihealth	9	A = 6	A= 2	4	6

		B=3	B=4 C=3		
Meridian	5	1	0	0	6
Molina	10	0	0	0	10

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 BHCRSP. 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	8	A=4 A,B=4	A=4 C=4	0	4
Priority	0	0	0	0	0

Data Share with Medicaid Health Plans

In accordance with MDHHS Performance Metric to Implement Joint Care Management, between the PIHP and Medicaid Health Plans, IHC staff performs Data Sharing with each of the 8 Medicaid Health Plans (MHP) serving Wayne County. Mutually served individuals who meet risk stratification criteria, which includes multiple hospitalizations and ED visits for both physical and behavioral health, and multiple chronic physical health conditions are identified for Case Conference. Data Sharing was completed for **36** individuals in August. 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 August, **36** 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. C. Outreach to members	Number of cases to refer to Complex Case Management	Total Number of Successful Outcomes
AET	5	A=3 B=2	A=3 C=2	0	2
BCC	8	A=7 B=1	A=2 B=6	0	4
HAP	4	A=4	A,C =4	0	1
McLaren	2	A =2 B=3	A= 2	0	0
Meridian	8	A=4 B=3 C=1	A=5 C=3	0	5
Molina	3	A=2 B=1	A=3	0	1
Priority	5	A=5	A,B=4 C=1	0	3
United	3	B=3	A=3	0	2

There was a total of 55 FUH cases that members attended outpatient appointments due to connecting with IHC Care Coordination team.

Medicaid Health Plan (total)	
Priority	8
BCC	14

Aetna	9
HAP	6
McLaren	2
Meridian	5
Molina	7
UHC	4

FUA:

There was a total 85 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 were attempted to reach	Total
Priority	3	1	2	3	5
BCC	5	2	7	3	12
Aetna	0	0	0	0	0
HAP	1	0	3	1	4
McLaren	0	0	2	0	2
Meridian	1	0	5	1	6
Molina	2	0	10	2	12
UHC	3	0	1	3	4
Fee for Service	6	2	0	32	40

Audits

PIHP DWIHN continues to go through the auditing process with the following ICO.:

ICO Aetna by next reporting period. DWIHN has been placed on review but not CAP for credentialing and recredentialing due to failure to monitor providers attestation of credential verification every 180 days.

There were 4 closures that were reported to ICOs to insure compliance with program.

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

During this reporting period there were 3 claim submitted from ICO HAP for out of network provider, IHC will continue to work with UM department and Claims insure compliance with demo.

Complex Case Management

Complex Case Management Services require the individual to agree to receive services, have Physical and Behavioral Health concerns and experiencing gaps in care. The enrollee must also agree to receive services for a minimum of 60 days.

For the month of August, there are currently **15** active cases, **7** 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 **26** additional members in August who either declined or did not meet eligibility for CCM services.

Follow up after hospitalization was completed with **113** consumers to help identify needs and **28** individuals who had hospital recidivism. Out of these members, **19** were reached and coordinated of care was completed and **3** were engaged in CCM.

Complex Case Management staff have been working to identify additional referral opportunities. IHC completed **25** presentations for DWIHN CRSPs and at Provider Meetings: CLS, Team Wellness, Lincoln Behavioral Services, Development Center, Guidance Center, Wayne Center, Social Security Administration, Michigan Guardian Services, Roderick Bingham Guardian, Beginning Step, Havenwyck, St. Mary's Hospital, Henry Ford Kingswood, Henry Ford Wyandotte, Pontiac General, Samaritan, Beaumont Taylor, Hawthorne.

EMS Friendly Faces:

DWIHN did not have any EMS lists for August.

Peer Health Coach Grant:

DWIHN has contracted with four Certified Peer Health Coaches who will be stationed at Central City working with individuals who have multiple medical conditions along with behavior health.

All four Peer Health Coaches were onboarded and started May 24th, 2021. This grant will end September 31, 2022.

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

Members who have received face-to-face engagement for the month of July, **118** members were surveyed below are the results for the Peer Health Coaching Participant Questionnaires

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

Poor- 0

Fair- 7

Good - 101

Very Good - 0

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

Poor -0

Fair- 2

Good - 116

Very Good - 0

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

Poor- 0

Fair - 2

Good - 116

Very Good - 0

8 Satisfaction Surveys were obtained

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

Yes- 8

No -

Not Sure -

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

Yes - 8

No -

Not Sure - 0

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

Yes - 8

No -

Not Sure -

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

Yes - 8

No -

Not Sure-

5. How satisfied were you with your PHC?

Very - 8

Some What -

Not Sure -

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

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

The DWIHN 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/PASARR provider, Neighborhood Services Organization (NSO), to MDHHS. The Clinical Specialist also participated in the monthly meetings with NSO and quarterly meeting with MDHHS during the quarter. In April 2022 NSO was taken off the plan of correction and DWIHN has received the letter from the State of Michigan and has placed it in Cobblestone.

Congruence rate between OAS recommendations and MDHHS determinations is 92% for the month of July 2022.

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.



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

Department Monthly Report: August 2022

Residential Referrals 305

Assessments in current Specialized Settings	94
Crisis Residential (Oakdale House)	5
CRSP	53
Emergency Departments	30
Inpatient Hospitals	105
Nursing Homes SNFs	5
Out-of-County Requests	2
Pre-placement (C.O.P.E.)	1
SD-to-Specialized Residential Requests	4
Youth Aging Out (DHHS)	6

Unit Metrics

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

- Completed same day 289
- Next business day 14
- After management review (for staff assignment) 2

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

- Completed within 1-2 days 276
- 3-5 days 18
- 6 or more days 11

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

- No assessments need (Brokering Only or Cancelled) 111
- Completed within 1-5 days 84
- 6-10 days 51
- 11 or more days 59

• **Metric Barrier Trends**

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

Service Authorizations

Authorizations Processed	959
Approved >14 Days	847
Returned > 14 Days	112

State Hospitals

	Walter Reuther	Caro	Kalamazoo	Forensic Psychiatry
# of Carry Overs (prior to 8/1/22)	18	0	1	2
New Referrals Received	4	0	1	0
# Members Placed	2	0	0	2
Pending Discharges	20	0	2	0
Referral Locations				
MCTP Program	1	0	0	0
Out-of-County	0	0	0	0
Community	1	0	0	2
Nursing Homes	0	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

Notifications Received: August 2022	44
30-Day Discharges	22
Emergency Discharges	21
<i>Rescinded Requests/Self-Discharges</i>	1 (30-day)

COVID-19

# of COVID-19 Positive Cases: 8/1/22 - 8/31/22	11
AMI	0
IDD	11
Related Death Cases: 8/1/22 - 8/31/22*	0
AMI	0
IDD	0
DCW Staff COVID-19 Positive cases	2

**No reported deaths since February 2022*

Vaccine Booster Reporting: Final reporting will be available in September 2022 report summary.

Residential Facility Closures

TOTAL # of Closure Notifications: August 2022	16
Carried Over prior to 8/1/2022	5
Received in August 2022: On-Going/In Process	4
Requests ON-HOLD/PENDING (1)/CANCELLED (1)	2
Completion of Facility Closures	5
Members Relocated under alternate DWIHN Providers	
NOTIFICATION TYPE	
CEO Notifications	0
MCO Notifications	0
MCO Sanctions	16
Provider Notifications	0

Residential Sponsored Meetings and Trainings

	Meeting Date	# of Meetings	# of Attendees
CRSP (Supervisory)/Residential Services	Monthly	12	54
Residential Assessment / Clinical Alignment of Documentation Refresher	Monthly	2	61
CRSP DWIHN Residential Service Authorization Refresher	Monthly	2	43
* IDD CRSP/Residential Providers Meetings	Monthly	1	41
* AMI CRSP/Residential Providers Meetings	Monthly	1	12
** DWIHN Residential Provider/CRSP Advisory	Monthly	<i>Cancelled</i>	---
Residential Provider Wellness Check-in/ COVID-19 Reporting	Monthly	# Vendors Contacted: 189	

* *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

- Filled posted position for (1) Residential Care Coordinator.
- Continue to interview for posted positions for (2) 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 from nursing home identifying staffing and specialized residential facility needs.
- Identify number of increase requests for first time IDD member CRSP requests entering specialized placements from family homes.
- Develop specific programs as it pertains to increased placement requests for of DHHS age-out foster kids and LGBTQI+ community.
- Work with identified CRSP to develop programming to meet increase service needs of the DHHS foster care and LGBTQI+ community.
- Implementation of quarterly meetings with guardianship corporations to begin dialog addressing needs and concerns as it relates to DWIHN members.

Facilities

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



Detroit Wayne Integrated Health Network

Director Monthly Report

Reporting Department Substance Use Disorders

For the Month of August 2022

COVID -19

During this pandemic, substance use disorder residential treatment providers are likely to experience peaks of COVID-19 in their perspective programs. Residential SUD Treatment Programs servicing individuals positive for COVID-19 may utilize Quarantine Services at 3 locations. Suppose a program cannot isolate or quarantine members. In that case, the program should work with the three designated locations regarding where members may be quarantined if they do not have anywhere else they can stay. The three designated locations are as follow Quality Behavioral Health (35 beds), Detroit Rescue Mission (6 beds), and Abundant Community Recovery Services (8 beds), members are safely treated in a virtual outpatient program concurrent with recovery housing. In August, we provided services to 31 individuals for quarantine compared to the previous month (29); this shows in significant increase.

Provider	# Serviced	# Vaccinated	Variant	Completed Quarantine
Detroit Rescue Mission	0	0	Unknown	0
Abundant Community Recovery Services	14	8	Unknown	13
Quality Behavioral Health	19	14	Unknown	10

SUD COVID Numbers for the month of August 2022

#Vaccinated	Client Death	Staff Death	Staff Positive	Ct Positive	Hospitalization
167	0	0	24	77	0

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

SHAR House, Elmhurst

License and Regulatory Affairs

The Department of Licensing and Regulatory Affairs held a public hearing to receive public comments on proposed changes to the Substance Use Disorder Service Programs rule set was held on August 31, 2022. The proposed SUD administrative rules and regulations for branch offices and mobile units to be licensed under a parent location with specific criteria, require facility protocol for offering naloxone kits, expand in-service education categories, deregulate screening and assessment, referral, follow up services (SARF), expand the types of counselors that can provide outpatient counseling and residential program counseling, remove MAT subcategories of Buprenorphine and Naltrexone and add clinically managed and medically monitored subcategories for withdrawal management.

International Overdose Awareness Day (IOAD) was August 31, 2022

IOAD is the world's largest annual campaign to end overdose and remember those who have lost family members and friends who have died or suffered permanent injury from a drug overdose.

DWPHN continue to spread the message of hope and help is there when you need it. On August 30, 2022, DWPHN distributed 680 sleeping coats, 300 fentanyl strips and 400 Naloxone kits to the provider network.



Request for Qualification (RFQ) for SUD Services

DWIHN issued an RFQ on August 11, 2022 for Substance Use Disorder (SUD) treatment services. SUD is requesting responses to this RFQ for the purpose of creating a list of qualified vendors to provide Substance Use Disorder Treatment, American Society of Addiction Medicine, ASAM Approved Withdrawal Management, ASAM Approved Residential, ASAM Approved Intensive Outpatient, ASAM Approved Outpatient, ASAM Approved Dual Diagnosis Day Treatment, Intensive Outpatient with Domicile, Women Specific Services, Michigan Association of Recovery Residences, MARR Approved Recovery Homes, Early Intervention, Relapse Prevention/Recovery Services, Intensive Wraparound, Medication Assisted Treatment, Case Management Services, Opioid Health Homes, Screening Brief Intervention Referral to Treatment, Gambling Disorder Residential Treatment, Pregnant and Post-Partum Women Specialty Program.

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, 2022. 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 Sept 2, 2022, we received 23 responses and the final response is due June 1, 2027,

The 8th Annual Faith Based Conference

Hosted by: National Council on Alcoholism and Drug Dependence

Detroit Wayne Integrated Health Network-8th Annual Interfaith Based Wellness Beyond the Walls Taking Aim at Health Disparities was hosted on August 18th and 19th, 2022. The two-day event was held virtually due to increasing numbers of COVID. The event was a success. There were 208 participants from several Christian traditions (denominations).

The participants were comprised of counselors, directors, youth mentors, and faith leaders. It was culturally diverse. The conference goals were met with great speakers, informed knowledge, and inspiring information to foster spiritual development. SUD providers and the community interacted, creating a wonderful atmosphere to grow and learn. The event featured one keynote speaker, a panel of health experts, 11 workshops, and 10 special gifts/giveaways.

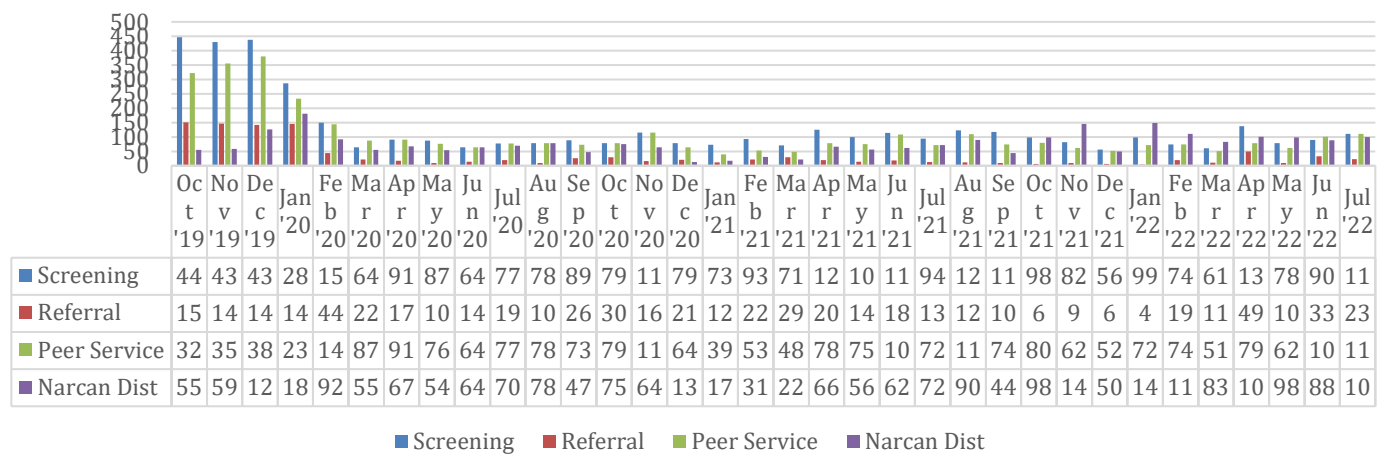
Mr. Thomas Adams received the 3rd Annual Power of One Award in honor of the late Greg Roberts for FY 22. Mr. Adams is the CEO of Chance for Life (CFL), a non-profit organization dedicated to helping returning citizens find employment and get back on a path to independence and a crime-free life, is also the Chair of the DWIHN's SUD Policy Oversight Board.

State Opioid Response (SOR)

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

Mobile Unit Services

State Opioid Response Mobile Care Unit



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 **883** 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 August 2022 DWIHN reports the following:

Naloxone saves 7

Unsuccessful saves 1

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 August, presentations were conducted at 8 locations in Wayne County. Data from the eight barbershops where training was conducted indicate the total number of individuals trained was 51, of which 32 were men and 19 were female, ages 15-65, 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.

DATE/ TIME:	NAME:	ADDRESS	NUMBER OF ATTENDEES:
8/6/2022 12-1:30pm	Tommie's Barbershop	8971 Linwood	(12) 8 males 4 females. 20-45
8/6/2022 1:30-3:00pm	Pins, Pumps & Ponytails	13633 Linwood	(9) 5 males 4 females 25-60
8/13/2022 12-1:30pm	Razor World Barbershop	11710 Cherrylawn	(6) 5 males 1 female 30-44
8/13/2022 1:30-3:00pm	R-73 Beauty & Barbershop	14616 Mansfield	(7) 6 males 1 female 25-65
8/20/2022 12-1:30pm	Just Cuttin' Up Barbershop	2719 Puritan	(4) 4 males 18-35
8/20/2022 1:30-3:00pm	Al's Barbershop	3300 Puritan	(7) 6 males 1 female 10-70
8/27/2022 12:00-1:30pm	Lavish Style N Cut Barbershop	16008 Puritan	(5) 5 males 25-60
8/27/2022 1:30-3:00pm	Short Stuff Barbershop	14720 Puritan	(6) 6 males 15-45



DWIHN UTILIZATION MANAGEMENT MONTHLY REPORT

August 2022

Executive Summary

- **Autism:** There were approximately 288 authorization requests manually approved during the month of August. There were an additional 179 authorizations completed via the auto-approval process for a total of 467 approvals for the month of August. There are currently 2,493 cases open in the benefit. The ASD Benefit utilization report indicates that overall providers were falling below utilization expectations for Q1 and Q2. DWIHN has been working with the individual providers to identify opportunities for improvement to help raise these numbers. Unfortunately, we will not be able to confirm the impact of these changes until data for Q1 FY 2022-2023 can be pulled in December 2022.
- **Habilitation Supports Waiver:** There are 1,084 slots assigned to the DWIHN. As of 08/31/2022, 1,001 filled, 83 were open, for a utilization rate of 92.3%.
- **County of Financial Responsibility:** The total number of open COFR cases increased by 1 in the month of July. There are currently 58 open cases.
- **Denials and Appeals:** For the month of August, there were eight (8) denials reported and five (5) appeals. Of the five (5) appeals, three (3) were upheld and two (2) were overturned. There were also eight (8) service authorization administrative denials and three (3) administrative appeals. Two of the administrative appeals were upheld and one (1) was overturned. This report does not reflect the full month of August.
- **General Fund:** Of the General Fund Exception authorization requests reviewed during August 2022, there were 300 approvals, including 15 for the Guidance Center. There were 11 Administrative Denials and 208 Advance Notices for corrections to requests and for Administrative Denials.
- **MI Health Link:** The reporting format of MI Health Link authorizations reflects the total number of authorizations requests and the amount of each authorization type for the 5 ICOs. There were 47 MI Health Link authorizations received and processed as of 8/31/22. 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 842 admissions including Inpatient, MI Health Link, Partial Hospital and Crisis Residential were managed by the UM Department. Two initiatives, Complex Discharge Planning and reconceptualizing caseloads, were started with the UM Higher Levels of Care (HLOC) team this month. There were 1499 approvals for non-urgent, pre-service authorizations. This number is reflective of non-SUD, non-ASD, non-urgent pre-service authorizations.
- **State Facilities:** There was 1 state hospital admission for the month and 64 NGRI consumers are currently managed in the community. 7 consumers remain on the wait list. There were no new children's state hospital admissions; one (1) member remains in the admission pool (wait list).
- **SUD:** The Power Bi dashboard indicates SUD UM staff approved 1009 authorizations as of 8/31/2022.(number was verified) Last month was also a total of 1009 authorizations approved.

- **Administrative Denials:** During the month of August, the SUD team issued 25 administrative denials compared to 9 the previous month.
- **MCG:** As of 8/31/2022 there were 928 individuals screened in Indica which is an average of 30 cases per day screened using the MCG Behavioral Health Guidelines. Last month there were 822 individuals screened This remains very consistent with our per day average which is usually between 29-32 screenings each day

General Report

Utilization Management Committee

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

HSAG

Autism Spectrum Disorder (ASD) Benefit

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

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

MDHHS requires the ABA providers to utilize +/- 25% of the units authorized to be in compliance with utilization standards. Data from Q1 and Q2 suggests that providers were generally not meeting expectations in this area. While these numbers may improve when accounting for inactivity, they are much lower than expected.

DWIHN's UM Department reached out to give the 16 ABA providers their specific data from Q1 and Q2, including an overall and detailed breakdown of authorization information for the period. DWIHN encouraged the teams to look for the following possible causes: underbilling, failure to early terminate authorizations when closing or transferring members, staff shortages, and under-utilizing and then not updating authorization requests for under-utilization among other possible causes. In August, the providers identified major factors most impacting their utilization rates. The most common factors appear to be staffing issues, inactivity (not accounted for in DWIHN's report), not early terminating authorizations when appropriate to do so, and under-utilization of parent training (97156). Based on this information, DWIHN has refreshed the providers on when and how to early terminate unused authorizations as well as the importance of family engagement. If providers are unsuccessful in engaging families to participate in the requested parent training, then clinicians should re-evaluate their authorization requests and determine if they should decrease amount of requested parent training.

While we are hopeful that these changes will leads to better utilization outcomes realistically any benefit will not be visible until the numbers for Q1 of FY 2022-2023 can be pulled for the utilization report in December 2022. At that time, we can assess the impact of these changes.

ASD Provider Utilization of 97153, 97155 and 97156 for Q1 And Q2 by Provider Site			
Provider	Q1	Q2	Q3
Acorn Health of Michigan - Livonia	54.9%	55.5%	51.1%
Attendant Care - Conner	33.0%	44.8%	34.6%
Attendant Care - Westland	N/A	25.8%	20.2%
Autism Spectrum Therapies of Michigan - Site	45.5%	36.5%	42.1%
Behavior Frontiers - Site	237.2% *	43.1%	41.8%
Centria Healthcare	68.8%	3.8%	6.3%
Centria Healthcare - Eleven Mile Site	71.0%	49.4%	35.8%
Centria Healthcare - S. Gulley Site	64.1%	65.2%	50.3%
Centria Healthcare - Taylor	N/A	N/A	61.1%
Centria - Woodhaven	N/A	N/A	53.5%
Chitter Chatter - Site	61.4%	37.3%	38.5%
Chitter Chatter, P.C.	56.3%	47.4%	47.4%
Dearborn Speech & Sensory Center - Collingwood	56.0%	49.3%	66.2%
Dearborn Speech & Sensory Center - Sheldon	53.4%	31.7%	67.1%
Dearborn Speech & Sensory Center - Carlyle	64.4%	68.4%	67.6%
Dearborn Speech & Sensory Clinic, Inc - North Sheldon RD	46.0%	N/A	N/A
Dearborn Speech & Sensory Clinic, Inc - West Outer Drive	54.0%	66.2%	58.5%
Gateway Pediatric Therapy - Grosse Point Woods	56.5%	37.0%	34.6%
Gateway Pediatric Therapy - Livonia	65.9%	43.0%	49.7%

Gateway Pediatric Therapy - Pembroke	79.8%	47.0%	20.1%
Gateway Pediatric Therapy - Site	60.7%	33.7%	37.8%
Gateway Pediatric Therapy, LLC	59.9%	30.8%	35%
Gateway Pediatric Therapy, LLC - Bingham Farms	N/A	25.2%	29.6%
Gateway Pediatric Therapy, LLC - Sterling Heights	N/A	10.4%	40.5%
HealthCall of Detroit	44.0%	54.4%	49.8%
Open Door Living Association	63.7%	76.9	65.8%
Open Door Living Association - Lexington	57.2%	58.3%	62.1%
Patterns Behavioral Services Inc.	53.2%	N/A	N/A
Patterns Behavioral Services - Schaefer Rd	N/A	48.4%	47.1%
Positive Behavior Supports Corporation-Site	55.5%	11.2%	41.9%
SEB Connections - Gulley	44.6%	40.9%	37.1%
The Guidance Center - Bowie	53.7%	5.2%**	1.6%**
Zelexa - Site	65.5%	51.3%	61.2%
Overall Average Utilization Across Provider Sites	56.94% (Behavior Frontiers removed from Ave)	38.95%	43.8%

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

** The Guidance Center is reporting an IT error is occurring where claims are not displaying against their authorizations causing inaccurate utilization numbers. DWIHN is working with TGC to resolve this issue.

There were approximately 288 authorization requests manually approved during the month of August. There were an additional 179 authorizations completed via the auto-approval process for a total of 467 approvals for the month of August. There are currently 2,493 cases open in the benefit.

ASD Authorization Approvals for Current Fiscal Year to Date*

	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept
--	-----	-----	-----	-----	-----	-------	-------	-----	------	------	-----	------

Manual Approvals	473	450	407	345	251	437	272	257	577	229	288	
Auto Approvals	132	161	173	160	145	145	151	153	196	120	179	
Total Approvals	605	611	580	504	396	582	423	410	773	349	467	

*Numbers are approximate as they are pulled for this report prior to when all data for the month is available. Specifically, data for August was pulled on 8/31/22.

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	2130	2184	2198	2229	2239	2245	2261	2287	2309	2396	2493	
Referrals	98	47	64	83	113	76	67	126	114	103	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 August was pulled on 8/31/22.

Habilitation Supports Waiver

August Utilization

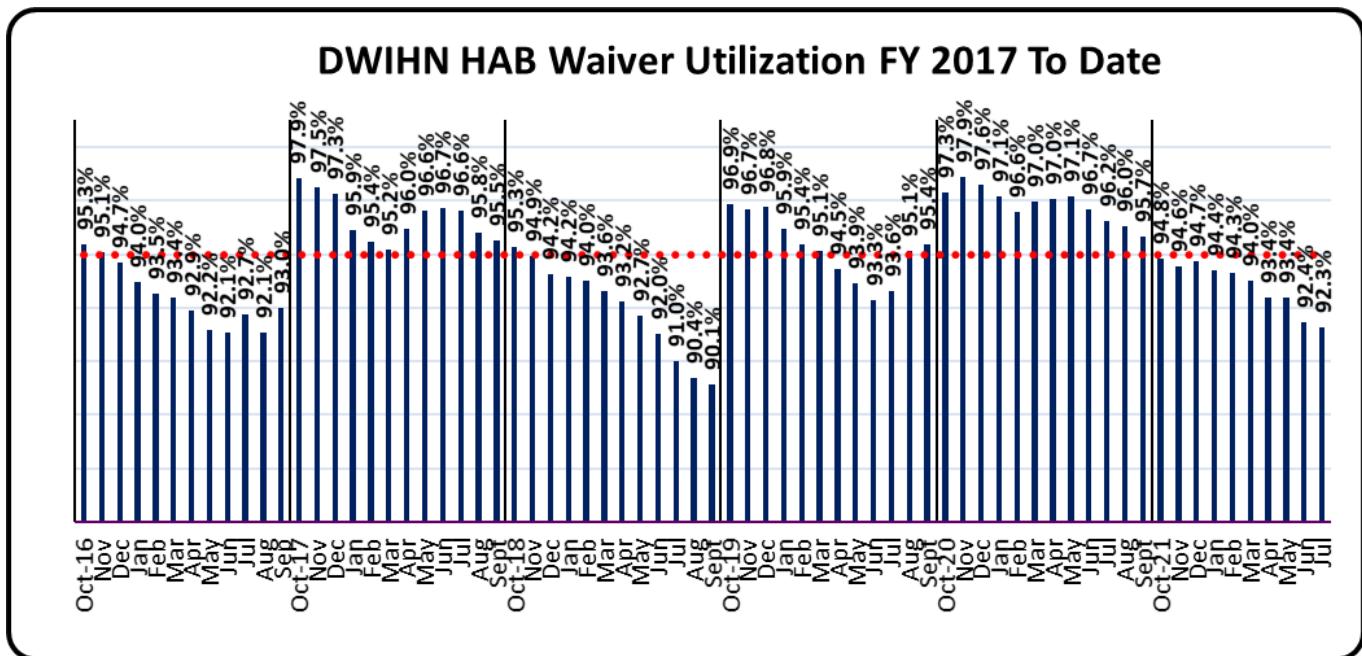
Monthly HSW Utilization	July 2022
Allocated	1,008
Used	1,001
Available	83
Percent Used	92.3%

Program Details for August

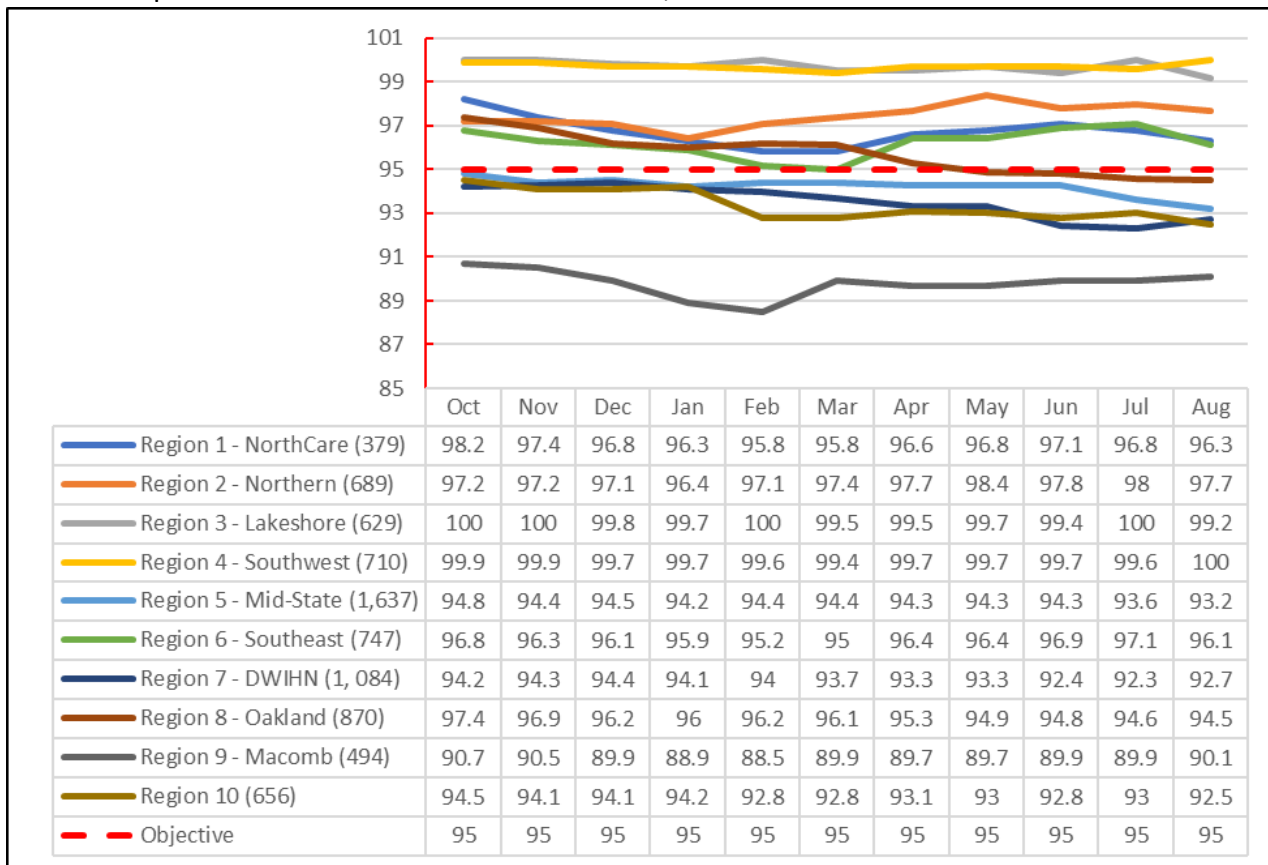
Outcome Measurement	Aug
# of applications received	10 Johnson CLS, Mozug, Mary/MORC, Mozug, Martha/MORC, Maresh/MORC, Chwastek/CLS, Humphry/CLS, Flores/CLS, Davis/NSO,

	Royal/NSO, Winn MORC
# of applications reviewed	10
# of app. Pended PIHP level for more information	Morrison, Latham BH-TEDS issues CLS
#of pended app. resubmitted	
# of app. withdrawn	0
Total of application sent to MDHHS.	9
# of deaths/disenrollments (recertification forms reviewed & signed)	7 Deceased-Drouillard, Trudeau, James, Buskirk, Roberson, Gorham, Webber
# of recertification forms reviewed and signed	52
# of recertification forms pended	Edwards/No Medicaid-Martiniv too early
# of dis-enrollments (not meeting HSW criteria)	0

Historical Trend



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



In our continuing efforts to increase utilization, data was gathered to identify potential IDD participants from among non-HAB Waiver members. The following criteria was used:

1. Identified members in the top quartile of support service utilization
 - a. H2016: Community Living Support
 - b. T1020: Personal Care
 - c. H2015: Community Living Support in an Unlicensed In-Home Setting or Daytime Activity
 - d. T2027: Overnight Health and Safety
2. Who also had a SIS score >105 (Intensive Supports or higher)

This data generated 107 referrals to seven agencies:

AWB	2
CLS	3
MORC	1
NSO	20
Psygenics	2
STEP	1
Wayne Cent.	78

The referrals were sent 08/05/2022 with a requested return date of 09/02/2022. If the member was deemed ineligible for the HSW by the CRSP, they were requested to provide a detailed basis for their decision. If eligible, they were to submit new certification. If the member was eligible but declined, the CRSP was asked to provide the signature of individual and/or guardian declining [participation.

We also sought data concerning members with a joint Primary SMI/Secondary IDD diagnosis to review those cases for potential HSW participants. This report identified 51 individuals. Of those, one was identified as possibly eligible.

Serious Emotional Disturbance Waiver (SEDW)

# of youth expected to be served in the SEDW for FY 21-22	65
# of active youth served in the SEDW, thus far for FY 21-22	89
# of youth currently active in the SEDW for the month of August	59
# of referrals received in August	7
# of youth approved/renewed for the SEDW in August	2
# of referrals currently awaiting approval at MDHHS	1
# of referrals currently at SEDW Contract Provider	4
# of youth terminated from the SEDW in August	2
# of youth transferred to another County, pursuing the SEDW	2
# of youth coming from another county, receiving the SEDW	0
# of youth moving from one SEDW provider in Wayne County to another SEDW provider in Wayne County	1

County of Financial Responsibility (COFR)

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

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

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

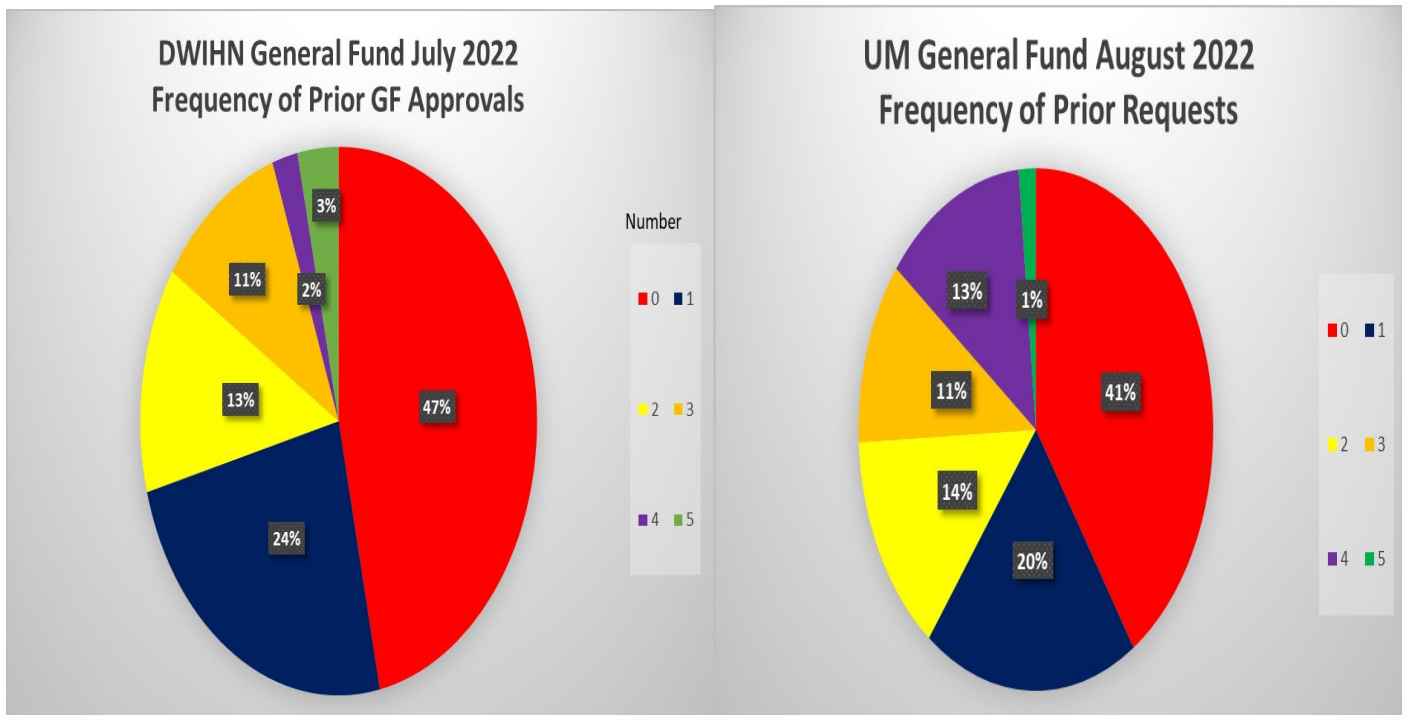
General Fund

There were 300 General Fund Authorization approvals during August 2022, including 15 for the Guidance Center CCBHC. Two hundred eight Advance Notices for corrections to requests and Administrative Denials were issued.

General Fund Fiscal Year 2021-2022 to Date													
	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	FY TOTAL
Approvals	366	433	387	343	348	402	366	341	345	308	300		
The Guidance Center	20	31	57	15	17	16	17	14	21	34	15		
Advance Notices						273	255	292	296	239	208		

The following data study was performed during the months of July and August 2022:

Chart A



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

Chart A shows:

- During July and August 2022, 47% and 41% of requests for Genral Fund had *no prior* General Fund Exception requests.
- The remaining requests had a history of 1-5 prior requests, with *one* prior request being 24% in July and 20% in August. Fifteen percent had 3, 4 & 5 previous requests in July and 25% had 3, 4 & 5 previous requests in August. Half of these consumers are in The Guidance Center CCBHC and the other half have no discernable profile.

Messaging to providers regarding the need to work with consumers/parents/guardians when there are 2 or more repeat requests for General Fund in sequential time periods in order to secure health care insurance is a standard part of the review and disposition process.

Chart B

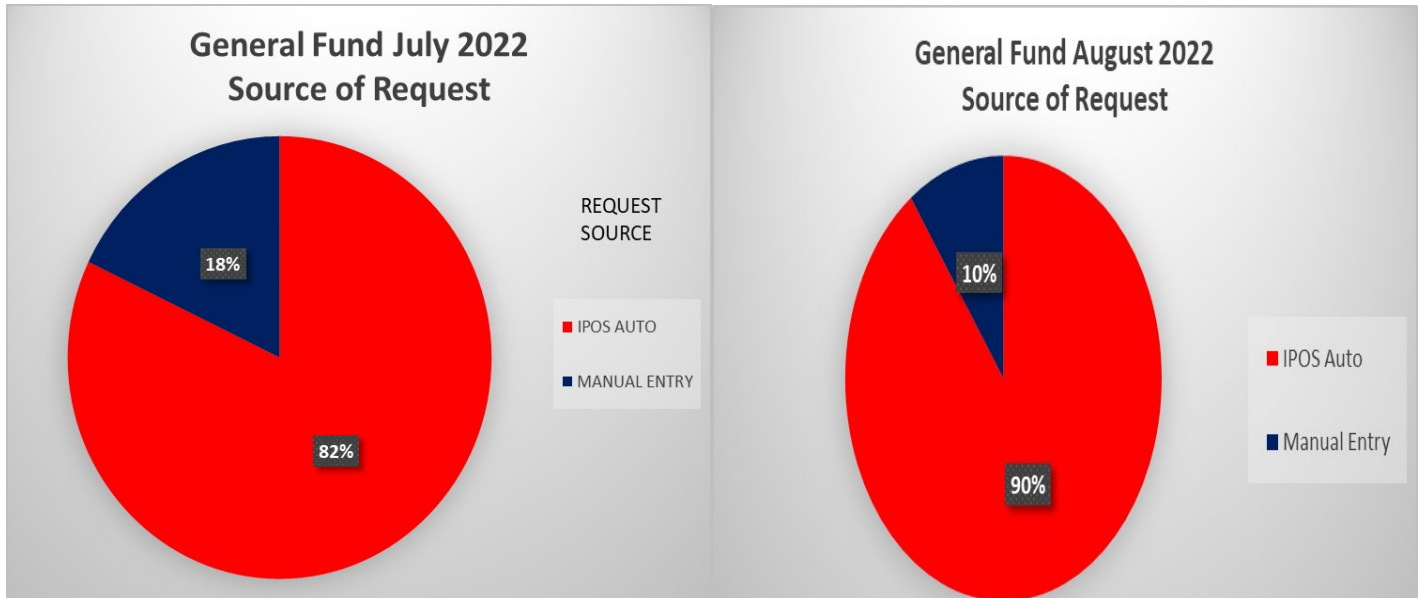


Chart B shows:

- There are no HIE automated General Fund approvals.
- A small number of General Fund requests are manually entered in MHWIN. That entry process asks for reasons for the lack of insurance benefits as well as any efforts to assist the consumer, family or guardian with this.
- The overwhelming majority of requests are auto generated at the time of the completion of the IPOS, as well as after expiration of the 90-day authorization period. Unlike the manually entered requests, the automated request process *does not* include attention to reasons for the absence of insurance benefits or identification of provider efforts to assist.

Chart C

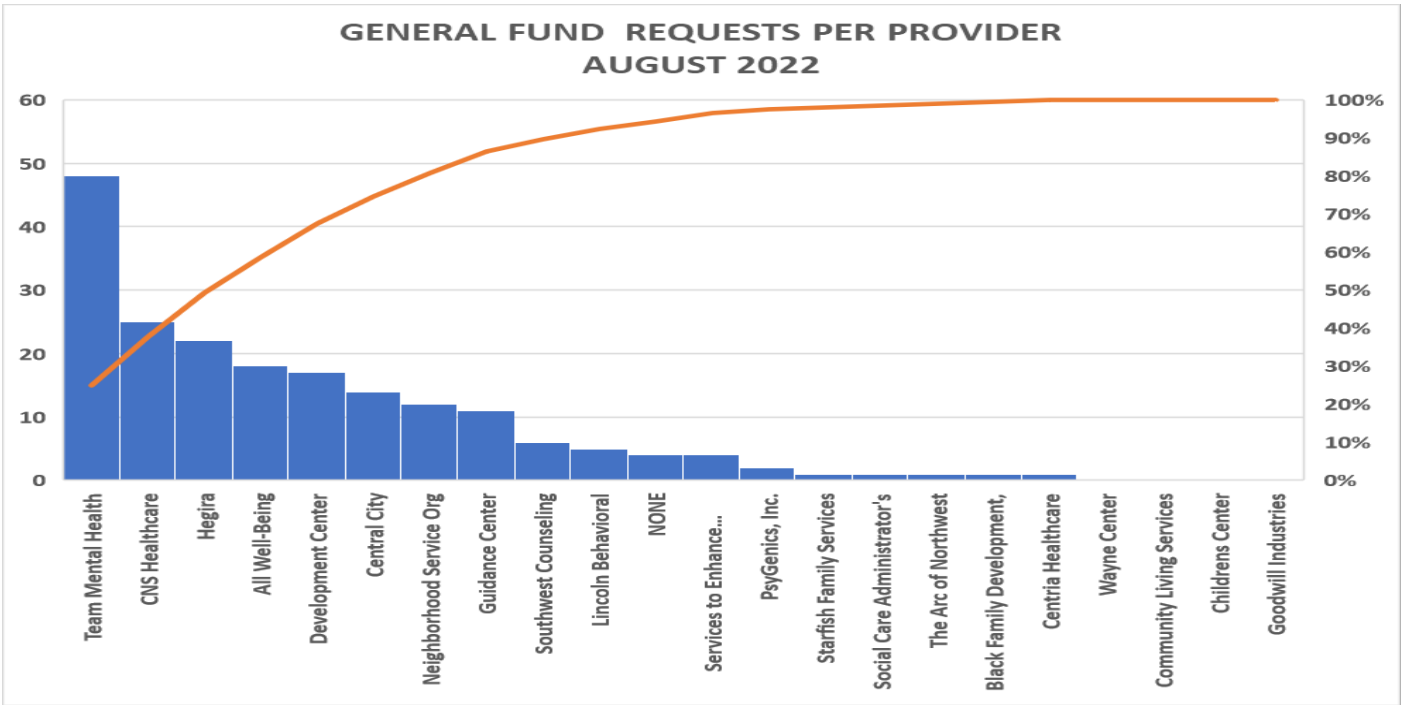
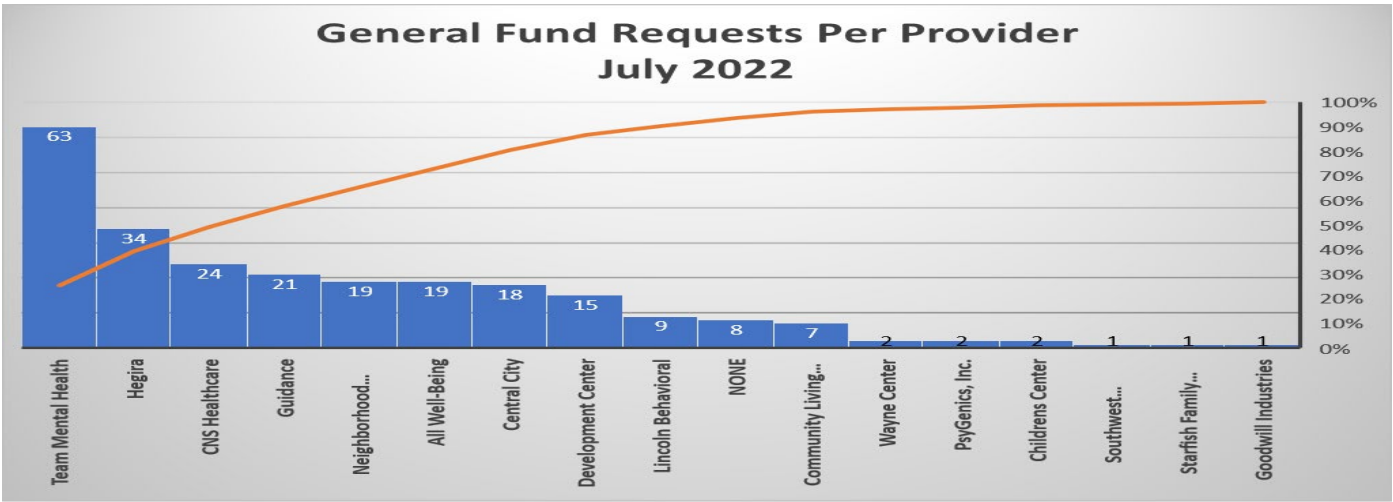
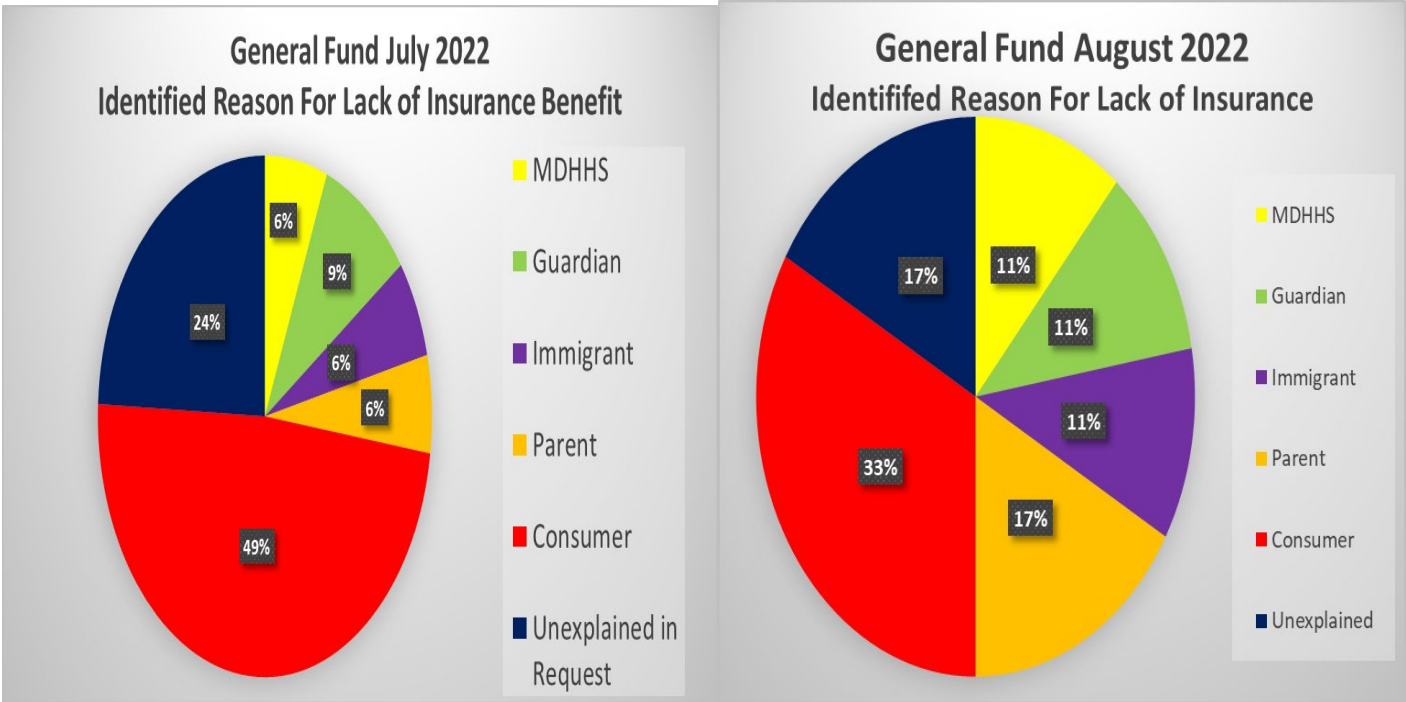


Chart C shows the providers with the highest volume of outpatient consumer populations are proportionately the providers with the highest volume of General Fund Exception requests.

Chart D



As shown in Chart B above, 82% and 90% of General Fund Exception requests are auto generated per the IPOS and the reason for the consumer being without health care benefits is not captured in this process. That having been said, the information contained in Chart D is derived from the General Fund Exception requests that are manually entered in MHWIN. Chart D shows the main cause of requests for General Fund Exception is the consumer's level of participation in the insurance acquisition/resumption process at a rate of 49% in July and 33% in August.

Chart E

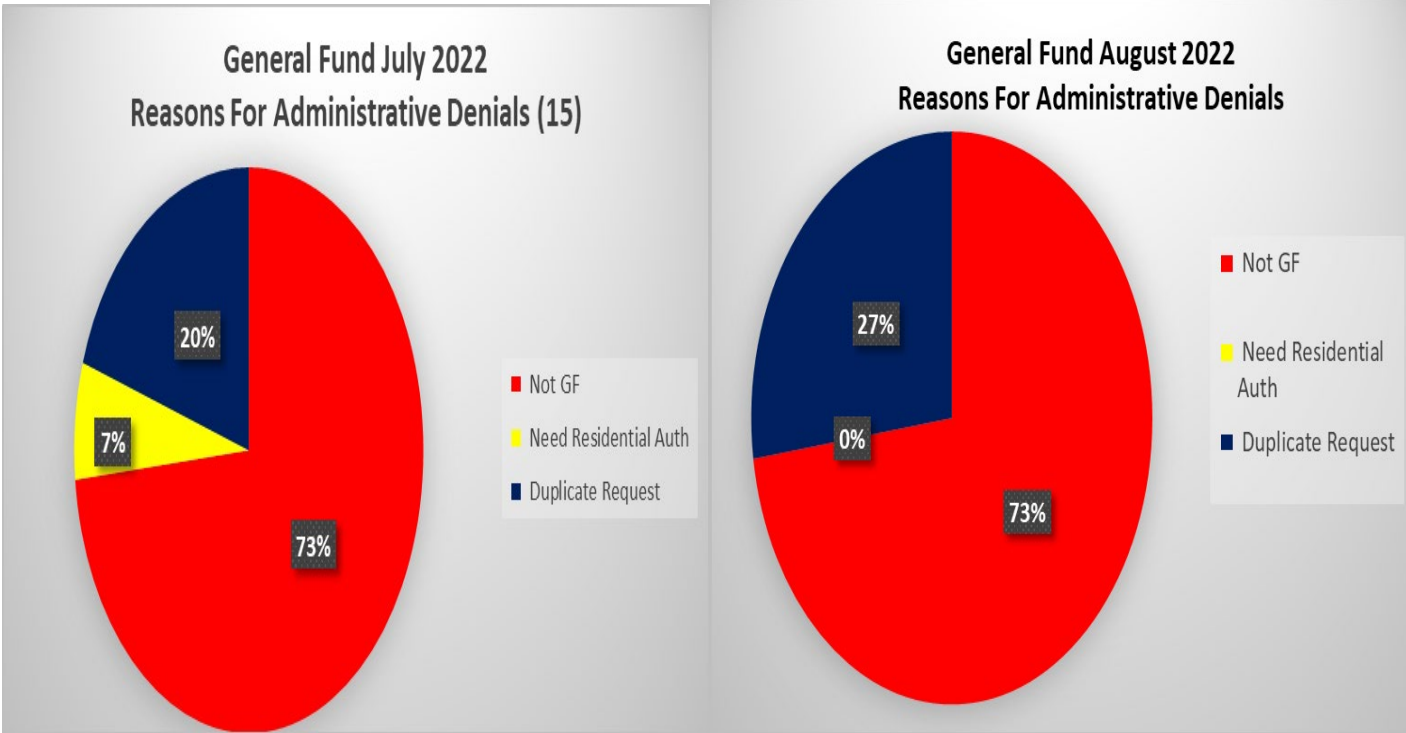


Chart E shows the *main cause* of the 15 Administrative Denials in July and the 11 in August for both the IPOS auto generated and the manual generated General Fund Exception requests is the *misidentification* of General Fund as the payor source. Duplicate requests for the same service during the same authorization period is the second prevailing reason. There was one other denial in July represents the 7% in that chart that was for a consumer whose guardian is not fulfilling responsibility for securing insurance benefits, resulting in the consumer using General Fund Exception over time. The co-existing reason for this denial is this SMI consumer is without a Residential Services evaluation and authorization for the required level of care for the time period of the General Fund request. This was all explained to the requester in the “Authorizing Agent Notes” section of the denied request.

Denials and Appeals

Medical Necessity Denials

For the month of August, there were fifteen (15) authorization requests that were sent to the physician for a peer review. Of the fifteen (15) peer reviews sent to the physician, nine (9) reviews were denied due to not meeting medical necessity criteria. There also were five (5) appeals to report for the month of August. Two (2) of the appeals were overturned and three (3) were upheld. This report does not reflect the full month of August.

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

Service Authorization Administrative Denials

During the month of August, there were twelve (12) service authorization administrative denials and three (3) administrative appeals. One (1) of the appeals was overturned and two (2) were upheld. This report does not reflect the full month of August.

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

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

***Source: Power BI 6/2022*

Autism Program

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

MI Health Link Program

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

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

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post Service
Numerator	1021	N/A	2964	N/A
Denominator	1023	N/A	3019	N/A
Total	99.8%	N/A	98%	N/A

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

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

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

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

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

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

New Oakland

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

State Hospital Liaison Activity Report

Hospital	Caro Center		Kalamazoo		Walter Reuther	
Census	Total	2	Total	3	Total	89
	NGRI	0	NGRI	1	NGRI	30
	Non-NGRI	2	Non-NGRI	2	Non-NGRI	59
Wait List	0		1		6	
Admissions	Total	0	Total	0	Total	1
	NGRI	0	NGRI	0	NGRI	0
	Non-NGRI	0	Non-NGRI	0	Non-NGRI	1
ALS Status	0		0		64	

- No referrals for state hospital admission were received this month. Seven total referrals are on the wait list with 6 pending for Walter Reuther and 1 for Kalamazoo Psychiatric. All referred members are being treated in a community hospital inpatient setting and continue to meet criteria for state hospital admission. Liaison staff continue to monitor the wait list with weekly contact and updates provided to community and state facilities. Liaison staff also continue to coordinate with community hospitals to review state hospital referrals and facilitate alternative options to state hospital admission such as crisis residential, crisis stabilization, and structured placement facilities. No wait listed referrals were diverted this month.
- Diversion efforts via the Direct-to-Community Placement Program, DCCP, also continue as liaison staff discharged 2 members through this program and are coordinating the discharge of another referral received this month. There are currently 18 NGRI consumers in the community that have been released through this program.
- Liaison staff continue to provide NGRI training to DWIHN and CMH partners to support provider staff, maintain and meet target deadlines, and facilitate skill development. 86 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 8/31/22, there are three (3) youth admissions being funded by DWIHN; there were no new admissions this month. Two (2) of the funded members are discharge ready and awaiting MDHHS placement, with the longest since 4/18/22. There is currently one (1) youth in the admission pool, though this member is being also being considered for other treatment facilities; this youth has been waiting since 6/14/22.

Recently, MDHHS State Hospitals Administration partnered with Hope Network to create the Michigan Children’s Transition Program (MCTP), which is used as a step down from state hospitalization. Currently, there is one (1) DWIHN member in that program. No additional members have been transferred to date. There is still no program information available, at time of report.

MI Health Link

Monthly ICO Authorization Report – August 2022

Report Filters			
Date Range Selected:	8/1/2022	thru	8/31/2022
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
47	2	2	21	21	0	0	24	22

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

The data for August 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 47 MI Health Link authorizations received compared to 45 authorizations during the month of July, a 4% increase. By ICO, there were 8 authorizations for Aetna, 6 for AmeriHealth, 0 for Michigan Complete Health (Fidelis), 10 for HAP Midwest and 23 for Molina. Of the 47 MI Health Link authorizations reported, 92% 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, there are no specific updates regarding the ongoing work with IT to increase efficiency in reporting and reduce technical errors with populating authorizations. UM, along with the IT & the assigned Provider Network Manager, continues work with COPE/Hegira Health to ensure crisis vendor staff can enter and/or document MI Health Link-specific authorization information into MHWIN.

Provider Network

As of 8/31/22, the UM Team has managed a total of 842 admissions across the provider network (including MI Health Link members). This data includes inpatient, partial hospitalization, and crisis residential services. In the month of August, there were 740 (non-MI Health Link) admissions for inpatient treatment, reflecting an 8% increase from the 685 inpatient admissions during July 2022. As we continue to gain access & training on available sources, more data will be presented in future reports.

SMI/SED	# Admitted Members	# Admissions	Avg Length Of Stay	Median Length of Stay
SMI	597	643	8.43	7
IDD	24	26	7.42	6.5
SED	58	60	7.37	7
SUD	10	11	6.91	6
Total	689	740	8.28	7

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

The data outlined below reflects the number of admissions as of 8/31/22:

- Inpatient: 740
- MHL Inpatient: 11
- Partial Hospital: 62
- Crisis Residential (adults -20 and children -9: 29)

– Total Admissions: 842

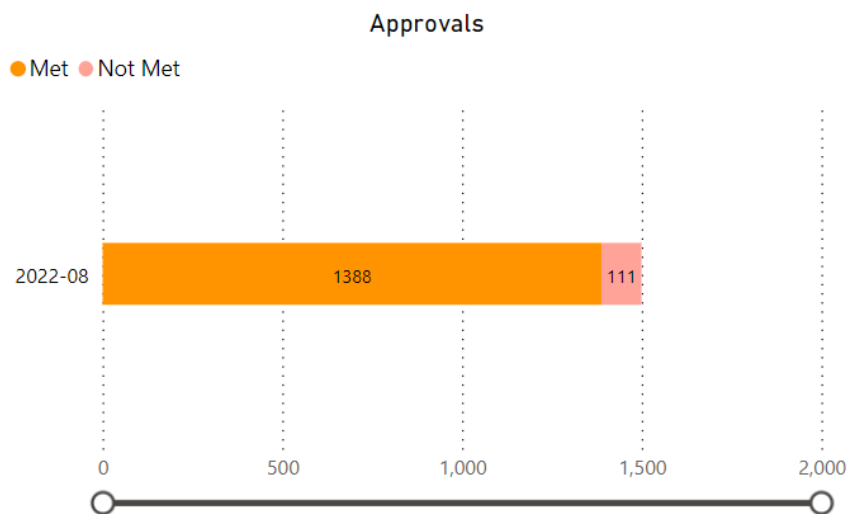
As noted in the June & July reports, Hegira Health closed their Boulevard crisis residential location on 6/15/22; the Oakdale House location continues to run at reduced capacity. However, the UM and Crisis Services teams are working to increase education & utilization of other available resources, including the Crisis Stabilization Unit at Team Wellness Center.

To reduce recidivism and increase efficiency, Utilization Management has made two significant changes within its Higher Levels of Care (HLOC) team this month:

- First, one UM Clinical Specialist has been identified as our Complex Discharge Planner. This role, in conjunction with the assigned Clinical Specialist, assists with planning for members with difficult and/or previously unsuccessful discharge plans, as well as persons requiring intensive coordination needs between DWIHN departments and across the network. We continue work on how results from this change will specifically be quantified & qualified over time.
- Next, the distribution of caseloads for the HLOC team has been amended. Previously, cases were assigned by location. Now, cases are distributed equally, so that loads are equal, and location & reviewer trends can be monitored. The goal is increased fidelity & inter-rater reliability, as well as improved application of safeguards & facility adherence to contractual obligations.

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

As of 8/31/22, there were 1499 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 (1499), those that were approved within 14 days of the request (1388) and the authorizations that were approved beyond 14 days (111). Out of the 1499 approvals, 92.6% were approved within 14 days of the request and 7.4% were approved 15 days or more after the submission.



Data Source: Power-BI

Substance Use Disorder

SUD Authorizations

The Power Bi dashboard indicates SUD UM staff approved 1009 authorizations as of 8/31/2022.

Medical Necessity Denials

There were no SUD medical necessity denials this month.

SUD Administrative Denials

There were 25 SUD administrative denials for August,2022.

SUD Appeal Requests and Appeal Determination Forms

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

SUD 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. There are follow up questions primarily from Hegira that are being addressed by the committee. The second bulletin, #22-006 pertains to J2315, Vivitrol Injections. We are 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 8/31/2022, there was a total of 1009 authorizations approved. There were 245 urgent authorizations approved. Out of the 245, 242(99%) were authorized within 72 hours. This is improved from last month which was below our standard of 90%. There were 764 non-urgent authorizations and 708 (93%) were approved within 14 days.

SUD Orientation –New Hire

UM Clinical Specialist and SUD UM reviewers welcomed new hire, Terri Jones that transferred from Access on July 18th. SUD UM Reviewers will be requested to update the provider assignment list showing which UM staff are the primary reviewers for each organization.

SUD Provider Training PowerPoint

A training is planned for SUD providers on the topic of SUD UM Authorizations within the next month or so. Feedback on current powerpoint which was updated minimally by Jennifer Miller will be requested from SUD staff as well as a proposal for 2-3 dates. 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.

As of 8/31/2022 there were 928 individuals screened in Indica which is an average of 30 cases per day screened using the MCG Behavioral Health Guidelines. Last month there were 822 individuals screened This remains very consistent with our per day average which is usually between 29-32 screenings each day

The Parity workgroup quarterly meeting was held August 16th. All PIHPs are expected to update to the 26th edition of the guidelines by October. We have a meeting scheduled with our account representative on September 8th.

IRR

IRR testing continues with new hires. IRR annual case studies have been developed/distributed for New Oakland, Childrens Center, The Guidance Center, DWIHN UM, DWIHN SUD, ABA and all ACT Teams. COPE is the last group and that roster is being reviewed for accuracy prior to distribution.

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

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

Presented to Full Board at its Meeting on: 9/21/2022

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Provider Network System FY 22/23

Address where services are provided: Service Provider List Attached

Presented to Program Compliance Committee at its meeting on: 9/14/2022

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

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

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2018

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).

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

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

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

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

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

Source of Funds: Multiple

Fee for Service (Y/N): N

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

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

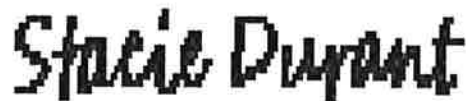

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Wednesday, August 24, 2022

Signed: Wednesday, August 24, 2022

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 23-11 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/21/2022

Name of Provider: Wayne County

Contract Title: Wayne County Health, Human and Veterans' Services

Address where services are provided: 500 Griswold Street, Ste. #10, Detroit i. 48226'

Presented to Program Compliance Committee at its meeting on: 9/14/2022

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

Amount of Contract: \$ 8,050,000.00 Previous Fiscal Year: \$ 9,450,000.00

Program Type: Continuation

Projected Number Served- Year 1: 4,300 Persons Served (previous fiscal year): 4,280

Date Contract First Initiated: 1/1/1998

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).

DWIHN is requesting the approval of a one year contract with Wayne County for the following programs: (1) Wayne County Third Circuit Court-Clinic for Child Study (\$600,000), the Wayne County Department of Health, Human and Veteran's Services \$2,450,000) and the Wayne County Jail (\$5,000,000) for a total amount not to exceed \$8,050,000 for the fiscal year ending September 30, 2022.

The Clinic for Child Study/Third Circuit Court provides the pre-dispositional assessments including the Youth Assessment Screening Instrument (YASI)/ psychological testing/social history/GAINS (CPT codes: H0001, H0031, 96130, 96131) for youth and their families who have come to the attention of the juvenile justice system through the Court to prevent and/or decrease the number of youth that re-offend, which may result in incarceration or out of home placement. In addition, the Clinic provides Sexual Awareness Information and Treatment (SAIT) Group Therapy services for youth who come to the courts' attention because of sexual misconduct. The targeted population are children and adolescents with Serious Emotional Disturbance (SED) and their families who have come to the attention of the Third Circuit Court or who are at risk of contact with the Court.

Wayne County Department of Health, Human and Veteran's Services (formerly Children and Family Services) coordinates service provision for identified youth in 3 programs: (a) Children Mental Health Services provided through Assured Family Services CHOICES program to Medicaid eligible youth for \$1,800,000, (b) Juvenile Inventory for Functioning (JIFF) which is a standardized assessment tool for assessing the functioning and need for mental health services of all youth (ages 0-18) across domains-school, home, social settings, potential self-harm, potential substance use, etc. for \$450,000 (General Funds) and (c) Service Coordination, i.e. targeted case

Board Action #: 23-11

management/service coordination for \$200,000 (Medicaid). The program provides improved access into the community mental health system for children and youth in the juvenile justice system and their families. Once an individual is diagnosed with an SED, they are able to rapidly access much needed mental health intervention. The program also improves coordination and collaboration between Community Mental Health providers and Care Management Organizations (CMO) in the juvenile system system, in support of assisting youth and families in accessing mental health services.

Wayne County Jail Mental Health Services (General and local Funds) for the provision of mental health services for Wayne County residents that have been detained at the jail and have been screened, assessed and determined to meet the criteria for an Intellectual Development Disability (I/DD), a Serious Emotional Disturbance (SED), a Co-Occurring Disorder, a Substance Use Disorder (SUD) or at risk for developing behavioral health issues that will negatively impact their activities of daily living. Behavioral health services are delivered either in the mental health unit or in the general population by appropriately credentialed clinicians. Services include evaluation, diagnosis, crisis intervention, therapy, medication management, education and referrals.

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

Source of Funds: Medicaid, General Fund, Local Funds

Fee for Service (Y/N): N

Revenue	FY 22/23	Annualized
Medicaid	\$ 2,600,000.00	\$ 2,600,000.00
General Funds and Local	\$ 5,450,000.00	\$ 5,450,000.00
Total Revenue	\$ 8,050,000.00	\$ 8,050,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Board Action #: 23-11

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 23-12 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/21/2022

Name of Provider: Detroit Central City C.M.H., Inc.

Contract Title: Central City PSH CoC Program and Leasing Project

Address where services are provided: Various Locations - Scattered Sites

Presented to Program Compliance Committee at its meeting on: 9/14/2022

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

Amount of Contract: \$ 165,045.00 Previous Fiscal Year: \$ 165,045.00

Program Type: Continuation

Projected Number Served- Year 1: 134 Persons Served (previous fiscal year): 113 (3rd Qtr)

Date Contract First Initiated: 10/1/2015

Provider Impaneled (Y/N)?

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

This Board Action recommends Board approval to disburse general fund match in the amount of \$165,045.00 to Central City Integrated Health (CCIH) for their approved Department of Housing and Urban Development (HUD) direct grants for the fiscal year ending September 31, 2023.

The Continuum of Care grant agreements between HUD and Central City Integrated Health (CCIH) is based on the continued need to provide supportive services and to have housing stock in Detroit for persons experiencing homelessness.

The general fund match includes annual amounts for supportive services and administrative costs for the Supportive Housing Program and Leasing Project. The project will provide housing and

supportive services including, but not limited to, psychiatric and nursing care, substance use treatment, Intensive Dual Diagnosis Treatment, Assertive Community Treatment (ACT), motivational interviewing, therapy and case management services. The target population is chronically homeless single adults with severe and persistent mental illness; a co-occurring mental illness and substance use disorder, or have physical health disabilities and a substance use disorder.

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	\$ 165,045.00	\$ 165,045.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 165,045.00	\$ 165,045.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64981.829501.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Board Action #: 23-12

Signed: Thursday, September 8, 2022

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 23-13 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/21/2022

Name of Provider: Neighborhood Serv. Organizatio, Wayne Metropolitan Community Action Agen

Contract Title: PATH Program

Address where services are provided: Various Locations in Wayne and Out-Wayne Counties

Presented to Program Compliance Committee at its meeting on: 9/14/2022

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

Amount of Contract: \$ 254,493.00 Previous Fiscal Year: \$ 254,493.00

Program Type: Continuation

Projected Number Served- Year 1: 500 Persons Served (previous fiscal year): 340 (3rd. Qtr.)

Date Contract First Initiated: 10/1/2006

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 requests Board approval to provide supplemental general fund match for the Projects for Assistance in Transition from Homelessness (PATH) for two providers, Neighborhood Services Organization (NSO) and Wayne Metropolitan Community Action Agency (WMCAA) in the amount not to exceed \$254,493 for the fiscal year ending September 30, 2023. Both providers receive grant funding directly from the Michigan Department of Health and Human Services (MDHHS) for this program.

The PATH program provides active outreach to individuals who are experiencing homelessness and who have a serious mental illness or co-occurring mental illness and substance use disorder. PATH services include: outreach, assistance with accessing income

supports, such as SSI/SSDI, assistance in locating affordable housing and linkage to appropriate medical and mental health services. In an effort to assist the two (2) PATH providers in maximizing outreach to 500 individuals experiencing homelessness throughout Wayne County.

Board approval is requested to provide supplemental general fund match to NSO in the amount of \$169,493 and WMCAA in the amount of \$85,000 for (FY) Fiscal Year 23. DWIHN staff have the discretion to reallocate funds among these providers without board approval based upon supported utilization data provided the total amount does not exceed approved funding for this contract.

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
State General Fund	\$ 254,493.00	\$ 254,493.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 254,493.00	\$ 254,493.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64933.829502.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Thursday, September 1, 2022

Signed: Thursday, September 1, 2022

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 23-14 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/21/2022

Name of Provider: Neighborhood Serv. Organizatio, Southwest Counseling Solutions, CNS Healthcare

Contract Title: Southwest Counseling Solutions Housing Resource Center, NSO Detroit Healthy Housing Center and CNS Covenant House Program

Address where services are provided: Various Locations

Presented to Program Compliance Committee at its meeting on: 9/14/2022

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

Amount of Contract: \$ 2,124,637.00 Previous Fiscal Year: \$ 2,124,637.00

Program Type: Continuation

Projected Number Served- Year 1: 10,550 Persons Served (previous fiscal year): 10,047 -3rd Qrt

Date Contract First Initiated: 10/1/2004

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 recommends the approval of a one-year contract with **Southwest Counseling Solutions – Housing Resource Center** for the amount of \$1,089,715.00 to provide housing assistance, resources, intervention and collaborative community efforts to reduce homelessness of persons with mental illness and co-occurring disabilities; **Neighborhood Service Organization - Detroit Healthy Housing Center** in the amount of \$902,050.00 to provide intensive services to decrease homelessness and residential instability and increase individuals in supportive living arrangements; and for the continuation of the **CNS Healthcare Covenant House Program** in the amount of \$132,872 to addresses gaps in service through the provision of mental health support for young adults experiencing homelessness.

The total amount for this Board Action for the one year contract term is \$2,124,637 from October 1, 2022 - September 30, 2023.

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

Board Action #: 23-14

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 22/23	Annualized
Multiple	\$ 1,222,587.00	\$ 1,222,587.00
State General Fund	\$ 902,050.00	\$ 902,050.00
Total Revenue	\$ 2,124,637.00	\$ 2,124,637.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)?

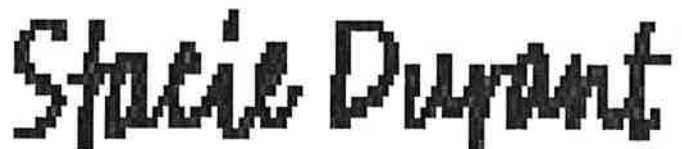

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Thursday, September 1, 2022

Signed: Thursday, September 1, 2022

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 23-16 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/21/2022

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Jail Diversion

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 9/14/2022

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

Amount of Contract: \$ 1,205,000.00 Previous Fiscal Year: \$ 1,305,000.00

Program Type: Continuation

Projected Number Served- Year 1: 2,500 Persons Served (previous fiscal year): 2300

Date Contract First Initiated: 10/1/2022

Provider Impaneled (Y/N)?

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

This board action is requesting the approval to fund \$1,205,000 a one year contract for fiscal year ending September 30, 2023 to continue the Detroit-Wayne Mental Health Crisis and Jail Diversion efforts.

The Provider partners are

Southgate PD (\$120,000),

Inkster PD (\$80,000),

Grosse Pointe (\$100,000),

Team Wellness (\$300,000),

CNS Healthcare (\$300,000),

Central City Integrated Health (\$225,000) and Southgate Veterans Treatment Court (\$80,000). Detroit police department services are contracted through Team Wellness and CNS Healthcare. The funding source is Jail Diversion \$905,000 and \$300,000 from the police department partnership.

Currently DWIHN has a strong partnership and written agreement with the Detroit Police Department, Inkster Police Department, Southgate Police Department and Grosse Point Police Department to support Mental Health Diversion in an effort to improve the county's response to individuals experiencing mental health crisis and to prevent future crisis by connecting them to supportive services.

Funds can be reallocated between providers without board approval up to an amount not to exceed \$1,205,000.

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

Source of Funds: General Fund

Fee for Service (Y/N): Y

Revenue	FY 22/23	Annualized
State General Fund	\$ 1,205,000.00	\$ 1,205,000.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 1,205,000.00	\$ 1,205,000.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Monday, September 12, 2022

Signed: Friday, September 9, 2022

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 23-17 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/21/2022

Name of Provider: Black Family Development, Children's Center of Wayne County Inc., Development Centers Inc., Guidance Center, The, Southwest Counseling Solutions, Ruth Ellis Center, Inc.

Contract Title: System of Care Block Grant

Address where services are provided: 2995 E. Grand Blvd, Detroit Mi 48202

Presented to Program Compliance Committee at its meeting on: 9/14/2021

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

Amount of Contract: \$ 1,043,582.00 Previous Fiscal Year: \$ 1,043,582.00

Program Type: Continuation

Projected Number Served- Year 1: 11,500 Persons Served (previous fiscal year): 11,500

Date Contract First Initiated: 10/1/2007

Provider Impaneled (Y/N)?

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

The System of Care Block Grant expands the capacity of Connections Wayne County's System of Care to support the needs of the most complex children and youth with serious emotional disturbance (SED) served within Wayne County's Public Mental Health System. The Michigan Department of Health and Human Services affords this transforming grant in the amount of \$1,043,582 to supplement Medicaid covered services. It also supports research and evaluation as well as special projects such as facilitating professional development trainings for DWIHN children's service providers. DWIHN collaborates with Black Family Development, Inc., Development Centers, Ruth Ellis Center, Southwest Counseling Solutions, The Children's Center and The Guidance Center to complete the grant objectives and activities. The term of this contract is from 10/1/2022 through 9/30/2023.

Black Family Development, Inc. shall receive \$54,750. Development Centers shall receive \$61,320. Ruth Ellis Center shall receive \$70,628. Southwest Counseling Solutions shall receive \$213,925. The Children's Center shall receive

\$339,250. The Guidance Center shall receive \$32,850. However, reallocation of funds can be done without board approval throughout the fiscal year.

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

Source of Funds: Block Grant

Fee for Service (Y/N): N

Revenue	FY 22/23	Annualized
FEDERAL GRANT	\$ 1,043,582.00	\$ 1,043,582.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 1,043,582.00	\$ 1,043,582.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Wednesday, August 24, 2022

Signed: Monday, August 22, 2022

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 23-21 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/21/2022

Name of Provider: Development Centers Inc.

Contract Title: Infant and Early Childhood Mental Health Consultation (IECMHC)

Address where services are provided: 17321 Telegraph, Detroit, MI 48219

Presented to Program Compliance Committee at its meeting on: 9/14/2022

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

Amount of Contract: \$171,419.00 Previous Fiscal Year: \$163,348.00

Program Type: Continuation

Projected Number Served- Year 1: 20 Persons Served (previous fiscal year): 12 providers

Date Contract First Initiated: 12/1/2017

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 effective October 1, 2022 through September 30, 2023 for an amount not to exceed \$171,419 for the Infant and Early Childhood Mental Health Consultation (IECMHC). The program 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. Through the development of partnerships among providers and families, consultation builds adult's capacity to understand the influence of their relationships and interactions on young children's development.

Please note "projected number served" and "persons served prior fiscal year" reflects the number of childcare providers served, per the scope of the service.

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

Source of Funds: Block Grant

Fee for Service (Y/N): N

Board Action #: 23-21

Revenue	FY 22/23	Annualized
Federal Grant	\$ 171,419.00	\$ 171,419.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 171,419.00	\$ 171,419.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64933.822608.00917

In Budget (Y/N)?

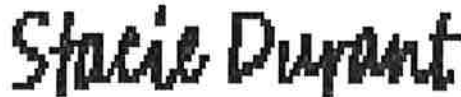
Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Wednesday, August 24, 2022

Signed: Monday, August 22, 2022

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 23-22 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/21/2022

Name of Provider: Development Centers Inc.

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

Address where services are provided: 17321 Telegraph, Detroit, MI 48219

Presented to Program Compliance Committee at its meeting on: 9/14/2022

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

Amount of Contract: \$ 58,470.00 Previous Fiscal Year: \$ 53,913.00

Program Type: Continuation

Projected Number Served- Year 1: 50 Persons Served (previous fiscal year): 43

Date Contract First Initiated: 9/1/2021

Provider Impaneled (Y/N)? Y

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

This board action is requesting the approval of a one-year contract effective October 1, 2022 through September 20, 2023 for an amount not to exceed \$58,470. Infant and Early Childhood Mental Health Consultation in Home Visiting (IECMHC-HV) is a prevention based, indirect intervention that teams a mental health professional with home visiting programs to improve the social, emotional and behavioral health of children. IECMHC-HV helps home visitors understand the social and emotional development of children; identifying and addressing the mental health needs of young children and their parents; enhancing strategies with specific issues or cases; identifying appropriate referral resources; and increasing the capacity to link families to needed mental health services.

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

Source of Funds: Block Grant

Fee for Service (Y/N): N

Board Action #: 23-22

Revenue	FY 22/23	Annualized
State Grant	\$ 58,470.00	\$ 58,470.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 58,470.00	\$ 58,470.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64933.822608.00917

In Budget (Y/N)?

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Tuesday, August 30, 2022

Signed: Tuesday, August 30, 2022

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: BA 23-26 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/21/2022

Name of Provider: DWIHN SUD Department

Contract Title: Substance Use Disorder Prevention Services Network Fiscal Year 2022

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 9/14/2022

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

Amount of Contract: \$ 6,388,801.00 Previous Fiscal Year: \$ 6,719,938.00

Program Type: Continuation

Projected Number Served- Year 1: 103,200 Persons Served (previous fiscal year): 103,000

Date Contract First Initiated: 10/1/2022

Provider Impaneled (Y/N)? Y

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

DWIIHN is requesting a one- year contract for the fiscal year ending September 30, 2023 for an amount not to exceed \$6,388,801 for the delivery of Substance Use Disorder prevention services.

The following Prevention programs have been granted funding from MDHHS for fiscal year 2023: \$852,079 for COVID-19 Prevention Funds, \$2,890,563 in SUD Prevention Block Grant, \$190,909 in Gambling Prevention. In addition, \$2,009,000 in PA 2 Prevention, and \$446,250 in State Opioid Response (SOR). The SUD Advisory board has approved the allocation grid.

As part of the efforts to adapt to the challenges that COVID has brought, prevention providers will incorporate the following objectives and services for the COVID II Prevention funding: Provider will participate in ACCESS to Youth Services meetings held with DWIHN, Increase Outreach Activities, Problem Identification and Referral – which may include Student Assistance Programming and other youth groups. Provide: Provide EBPs Prime for Life or Botvin Life Skills to participants impacted by COVID-19 pandemic. Train prevention staff on the EBP for fidelity, Disseminate Media, Information Dissemination by media campaigns, radio & TV PSAs, and social media posts to increase the ability for messaging specific to the population of focus or need. Incorporate the Taking it to the Streets (Treatment Philosophy).

The prevention provider network will address and use one or more of the following 6 CSAP Primary Strategies: Information Dissemination - incorporated in all CSAP Strategies, Alternatives - identified as Prevention Prepared Communities, Community Based- identified as Prevention Prepared Communities and Capacity Building,

Board Action #: BA 23-26

Education - identified as Direct Services, Environmental Change - identified as Prevention Prepared Communities, Problem Identification, and Referral -- identified as Direct and Prevention Prepared Communities. In addition, prevention will increase school-based programming, utilizing peer-to-peer pro-social services, raise public awareness, and mobilize communities to prevent alcohol, tobacco, and other drug-related problems, environmental changes, including laws and advocacy, reduce consequences of underage and alcohol-related activities.

The State Opioid Response programs have been granted funding from MDHHS to provide Evidence Based Practices, Overdose Education and Naloxone Distribution with Harm Reduction and **Peer Outreach Linkage**.

DWIHN has the discretion to reallocate the dollars within funding sources among the providers without board approval based upon utilization up to an amount not to exceed \$6,388,801.

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

Source of Funds: Block Grant,PA2

Fee for Service (Y/N): N

Revenue	FY 22/23	Annualized
SUD Block grant	\$ 4,379,801.00	\$ 4,379,801.00
PA 2	\$ 2,009,000.00	\$ 2,009,000.00
Total Revenue	\$ 6,388,801.00	\$ 6,388,801.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Board Action #: BA 23-26

Signed: Tuesday, August 30, 2022

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: BA 23-27 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/21/2022

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Substance Use Disorder Treatment Services Network Fiscal Year 2023

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 9/14/2022

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

Amount of Contract: \$ 7,403,670.00 Previous Fiscal Year: \$ 7,830,900.00

Program Type: Continuation

Projected Number Served- Year 1: 13,200 Persons Served (previous fiscal year): 13000

Date Contract First Initiated: 10/1/2022

Provider Impaneled (Y/N)? Y

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

This board action is requesting a one- year contract for the fiscal year ending September 30, 2023 for the amount not to exceed \$7,403,670.

The following treatment block grant programs have been allocated funding: Treatment block \$690,000; State Disability Assistance \$730,598; Women's Specialty Services \$500,000; Residential Gambling \$363,636; Pregnant and Postpartum Women-Pilot \$155,909; COVID Emergency Grant \$140,174; PA2 funds \$842,000; SORIII \$1,657,500; COVID Treatment \$1,725,031; and COVID WSS \$598,822;

It should noted that the aforementioned amounts include media efforts that require and are pending MDHHS approval. Funds for media totaling \$395,000 will be distributed as follows:

Recovery Live Global (\$5,000); Outfront Media (\$115,000); Scripps Media (\$150,000), Fox 2 (\$25,000), Targeted Social Media (Westcomm) (\$20,000), Mind Matters (\$5,000), Comcast/Effect TV (\$5,000), Metro Parent (\$5,000), MEA TV (\$5,000), Cumulus Media Holding (\$10,000), Graham Media (\$50,000)

Further, it should be noted that the SUD treatment and WSS block grant for claims-based activity is included in the overall provider network board action therefore the aforementioned amount does not reflect the entire SUD treatment and WSS grant.

Board Action #: BA 23-27

DWIHN has the discretion to allocate the funds among the providers based upon utilization without board approval up to the amount not to exceed \$7,403,670.

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

Source of Funds: Block Grant, PA2

Fee for Service (Y/N): Y

Revenue	FY 22/23	Annualized
SUD Block Grant	\$ 6,561,670.00	\$ 6,561,670.00
PA2	\$ 842,000.00	\$ 842,000.00
Total Revenue	\$ 7,403,670.00	\$ 7,403,670.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: various

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, September 1, 2022

Signed: Thursday, September 1, 2022

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 23-29 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 9/21/2022

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Comprehensive Block Grant

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 9/14/2022

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

Amount of Contract: \$ 523,908.00 Previous Fiscal Year: \$ 766,516.00

Program Type: Continuation

Projected Number Served- Year 1: 1,500 Persons Served (previous fiscal year): n/a

Date Contract First Initiated: 10/1/2022

Provider Impaneled (Y/N)?

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

The Detroit Wayne Integrated Health Network (“DWIHN”) is requesting to approve BA 23-29 to use block grant dollars for several vendors and individuals who have been approved by the Michigan Department of Health and Human Services (MDHHS) through the Comprehensive Services for Behavioral Health - 2023 Block Grant. Notification was received from MDHHS approving \$523,908 for these particular projects referenced. The breakdown is as follows: \$270,000 (Integrated Treatment with Co-occurring Disorders), \$22,500 (Drop-Ins), \$51,408 (Clubhouse Engagement) \$120,000 (Trauma), and \$60,000 (Senior Wellness). This grant covers the period of October 1, 2022, to September 30, 2023, for five projects. A list of vendors is enclosed. Funds may be moved between providers as the grant allows.

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

Source of Funds: Block Grant

Fee for Service (Y/N): Y

Revenue	FY 22/23	Annualized
Federal Block grant	\$ 523,908.00	\$ 523,908.00
	\$ 0.00	\$ 0.00

Total Revenue	\$ 523,908.00	\$ 523,908.00
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Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: various

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, September 12, 2022

Signed: Friday, September 9, 2022