



Detroit Wayne Integrated Health Network

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PROGRAM COMPLIANCE COMMITTEE MEETING Wednesday, April 13, 2022 St. Regis Hotel, 1st Floor Conference Room 1:00 p.m. – 3:00 p.m.

AGENDA

- I. Call to Order
- II. Moment of Silence
- III. Roll Call
- IV. Approval of the Agenda
- V. Follow-Up Items from Previous Meeting - *None*
- VI. Approval of the Minutes – March 9, 2022
- VII. Report(s)
 - A. Chief Medical Officer
 - B. Corporate Compliance
- VIII. Quarterly Reports
 - A. Access Call Center
 - B. Crisis Services
 - C. Utilization Management
- IX. Strategic Plan Pillar - Quality
- X. Quality Review(s) - *None*
- XI. Chief Clinical Officer's Report
- XII. Unfinished Business
 - A. **BA #22-16 (Revised)** – DWIHN's Substance Use Disorder (SUD) Prevention Services Network FY 2022 – State Opioid Response II (SORII) Carryforward Award
 - B. **BA #22-17 (Revised 2)** – DWIHN's Substance Use Disorder (SUD) Treatment Services Network FY 2022 - State Opioid Response II (SORII) Carryforward Award

Board of Directors

Angelo Glenn, Chairperson
Dorothy Burrell
Kevin McNamara

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

Dora Brown, Treasurer
Michelle Jawad
William Phillips

Dr. Cynthia Taueg, Secretary
Jonathan C. Kinloch

Eric W. Doeh, President and CEO



XIII. New Business

(Staff Recommendations)

- A. **BA #22-59** – Department of Housing and Urban Development (HUD) – ***Providers Listed in Board Action***

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

MARCH 9, 2022

1:00 P.M.

VIRTUAL MEETING

MEETING CALLED BY	I. Dr. Cynthia Taueg, Program Compliance Chair at 1:07 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Dr. Cynthia Taueg, Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	<p>Committee Members: Dr. Lynne Carter; Michelle Jawad; William Phillips; and Dr. Cynthia Taueg</p> <p>Committee Members Excused: Dorothy Burrell</p> <p>Staff: Jacquelyn Davis; Judy Davis; Eric Doeh; Dr. Shama Faheem; Monifa Gray; Sheree Jackson; Melissa Moody; Emily Patterson; Cassandra Phipps; Vicky Politowski; Ebony Reynolds; April Siebert; Maria Stanfield; Yolanda Turner and Michele Vasconcellos</p>

AGENDA TOPICS

II. Moment of Silence

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

III. Roll Call

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

IV. Approval of the Agenda

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

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

DISCUSSION/ CONCLUSIONS	The Chair called for approval of the February 9, 2022 meeting minutes. Motion: It was moved by Ms. Jawad and supported by Mr. Phillips to approve the February 9, 2022 meeting minutes. Dr. Tauveg asked if there were any changes/modifications to the meeting minutes. There were no changes/modifications to the meeting minutes. Motion carried.
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VII. Reports

DISCUSSION/ CONCLUSIONS	<p>A. Chief Medical Officer – Dr. Shama Faheem submitted and gave an update on the Chief Medical Officer’s report. Dr. Faheem reported:</p> <ol style="list-style-type: none"> 1. Behavioral Health Outreach – DWIHN has continued outreach efforts for behavioral health services, with special focus on Children’s services this year; Customer Service has continued advocacy and outreach for mental health as well as COVID vaccination through Constituent Voice’s “What’s Coming Up Videos”; Tri-County collaboration addressing threats and violence at school. Michigan State Police, Michigan Department of Education (MDE) and the Michigan Department of Health and Human Services (MDHHS) are jointly working on development of threat assessment guidelines to assist Michigan communities as they develop and implement their approaches to threat assessment. An introductory seminar was held on February 28, 2022. 2. Performance Bonus Incentive Pool (PBIP)-Integrated Health Department – The State established the Performance Bonus Incentive Pool (PBIP) where they withhold 0.75% of payments for the purpose of establishing a PBIP that has joint metrics with Mental Health Plans (MHP), Pay for Performance Narrative (completed by PIHP, IHC Department and PIHP only metrics). Total Performance Incentive Earned – 91.39% of available amount (FY 20 = 74.46%) 3. Performance Improvement Projects – Staff have been closely monitoring multiple performance improvement projects and HEDIS measures. A HEDIS certified platform is being implemented to display individual CRSP provider data for their review to allow them opportunities for early intervention and improved outcomes. Children’s Initiatives have developed PIPs for ADHD medications and antipsychotic medications monitoring to address the low HEDIS scores. In collaboration with the State in their “We Treat Hep C” Initiative, staff have created a Performance Improvement Project around increased screening for Hep C in the high-risk SUD population. 4. Quality – DWIHN has continued to show an upward trend for the majority of our performance indicators. Master level clinicians’ shortages continue to be a reported barrier by several providers and a contributing factor for indicator 2A (completion of biopsychosocial within 14 days of a non-emergency request for services). MDHHS will be conducting a review of our waiver and SUD services starting mid-March and the Quality team is working to meet the pre-review requirements. Region 7 was recognized and appreciated for their improved performance of the Critical Incidents report and time frames (FY 21, six incidents were out of compliance timeframe vs 28 in FY 20). 5. Workforce Development Department Outreach and Justice Involved Efforts Synopsis – Reach Us Detroit (RUD), 24/7 Virtual Therapy Line continues to be offered to residents of Wayne County that are 14 and up. Detroit Police Department/DWIHN Pilot Partnership – CNS and Team
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	<p>Wellness continue to support law enforcement through our co-response partnership. Co-Responders made a total of 183 encounters and connected 51 individuals to a service during the month of January 2022. A total of 43 resource cards were provided and reviewed with consumers for assistance with mental health, substance use and homelessness.</p> <p>Dr. Taueg opened the floor for discussion. Discussion ensued. The Chair has noted that the Chief Medical Officer's report has been received and placed on file.</p> <p>B. Corporate Compliance Report – <i>There was no Corporate Compliance report to review.</i> Eric Doeh, President and CEO introduced the newly appointed Corporate Compliance Officer, Sheree Jackson to the committee.</p>
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VIII. Quarterly Reports

	<p>A. Access Call Center – <i>Deferred to April 13, 2022</i></p> <p>B. Children's Initiatives – Cassandra Phipps, Director of Children's Initiatives submitted and gave highlights of the Children's Initiatives' quarterly report. Ms. Phipps reported that on December 16, 2021, the Children's Initiatives' department facilitated a Community Town Hall Meeting, "Let's Talk About It" to discuss mental health, school safety, violence, grief/loss and trauma in response to school shootings. There is a total of 12, 021 students actively receiving School Success Initiatives (SSI) services from 11 Children's providers. Therapists are in 72 schools (25 schools in Detroit and 47 schools in Out-Wayne County). The SSI's Redesign was presented at the November Board meeting and the three goals (Coordination w/Teen Health Centers, Increased Accessibility of Services and Implemented Standardization of Services) have been accomplished. Staff has coordinated with Wayne RESA to gain information for purchasing the Michigan Model of Health (MMH) Pre-K curriculum and to provide training to the SSI's providers in February 2022. Ms. Phipps presented an overview of Connections' System of Care accomplishments for FY 20-21 at the 12th Annual Report to the Community, "We Are Stronger Together" meeting via Zoom. Youth United is a youth-led initiative that promotes youth's voice and partnerships in the Wayne County's System of Care (SOC) using positive youth development values and philosophy. They have participated in various youth meetings and trainings to discuss current youth-related issues and possible solutions. Substance Use, bullying, depression and gun violence will be the topic in future activities, trainings and events for youth. During Q1 2022, DWIHN served a total of 10,966 children, youth and families in Wayne County ages up to 20 years of age, including both Serious Emotional Disturbance (SED) and Intellectual/Developmental Disability (I/DD) designations. Dr. Taueg opened the floor for discussion. Discussion ensued.</p> <p>C. Clinical Practice Improvement – Ebony Reynolds, Clinical Officer of Clinical Practice Improvement submitted and gave highlights of the Clinical Practice Improvement's quarterly report. Ms. Reynolds reported:</p> <ol style="list-style-type: none"> 1. Evidence-Based Supported Employment/Individual Placement and Support – Staff continue to monitor the merger of Northeast Guidance Center and Central Network Services as well as the newly announced merger of Community Care Services with Hegira, Inc. to ensure services and supports received by members served continue uninterrupted. Staff will continue to assist providers who are impacted by workforce challenges to identify recruitment and retention strategies. There was a total of 197 referrals; 174 admissions; 101 competitively employed in the community in a variety of industries with an average hourly wage of \$14.00. Twenty-two
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members successfully transitioned from EBSE services as their employment goals were met.

2. **Follow-Up from PCC November 2021: Returning Citizens Competitively Employed FY 21-22 (Q1)** – There are 30 successfully employed in the community through various providers of DWIHN’s Provider Network.
3. **Med-Drop System Outcome from October 1st through December 31st** – There was a 79% reduction in the number of psychiatric hospital admissions for clients while participating in the Med Drop Program compared to 12 months prior to entering the program; 77% reduction in psychiatric hospital days for clients while participating in this program compared to 12 months prior to entering the program; and 100% reduction in jail admissions/days for clients while participating in the this program compared to 12 months prior to entering the program.
4. **Autism Spectrum Disorder (ASD) Benefit** –Referral data for the first quarter shows an average of 127 diagnostic evaluations kept monthly. DWIHN’s ASD Benefit continues to grow each quarter. There are currently 2,120 opened cases receiving services with the largest concentration of members enrolled with Centria Healthcare and second largest tied between Chitter Chatter and Gateway Pediatric. The ASD Benefit provides early intervention services for infants and toddlers with the largest concentration of enrollees between the ages of three and six years old. Dr. Taueg opened the floor for discussion. There was no discussion.

C. **Customer Service** – Michele Vasconcellos, Director of Customer Service submitted and gave highlights of the Customer Service’s quarterly report. Ms. Vasconcellos reported that the Reception/Welcome Center/Switchboard received 3,653 calls this quarter, which is an increase from the prior report. There were 14 Customer Service walk-ins reported this quarter. There were 1,452 calls, 227 applications received and 270 applications submitted to the State for Family Support Subsidy. There were 17 grievances filed for this quarter, 3,974 Advance Notices and 809 Adequate Notices. There were 103 Local Appeals Activity calls received and nine (9) filed with Customer Service. There were no State Fair Hearings or MI Health Link Appeals this quarter. Customer Service responded to ICOs’ audits and Plan of Corrections. Customer Service coordinated monthly Constituents’ Voice meetings, outreach activities and trainings on Ambassadors, Financial Stability and Supported Decision-Making. Staff continue to work on various survey activities (Peer Employment, National Core Indicator, Experience of Care and Health Outcomes and Provider Satisfaction. Dr. Taueg opened the floor for discussion. There was no discussion.

D. **Integrated Health Care** – Vicky Politowski, Director of Integrated Health Care submitted and gave highlights of the Integrated Health Care’s quarterly report. Ms. Politowski reported that the State of Michigan and the Health Department has identified Hepatitis C in the SUD population as a new focus and DWIHN will be collaborating on this. DWIHN, Health Plan 1 and their Care Coordination provider continues to utilize the Care Coordination module offered by Vital Data Technology (VDT), LLC as a shared electronic platform to assist in risk stratification of shared members, development of shared care plans and documentation of care coordination activities. Six individuals have received joint care from DWIHN and Health Plan 1 since going live on June 1, 2021. DWIHN, 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, exchange information and address any identified gaps in care. Health Plan 3 is reviewing

	<p>the proposal for a joint pilot project internally. A meeting occurred between DWIHN and Health Plan 3 in March, Health Plan 3 has not yet decided on a joint project. The number of DWIHN’s members who are enrolled in the MI Health Link, and the number of those members who received a behavioral health service within the previous 12 months decreased from Q4 FY 21 (5,547) to Q1 FY 22 (4,756). There were 56 Complex Case Management (CCM) active cases within this quarter (highest since its’ inception). Twelve new cases were opened this quarter, 15 cases were closed, eight (8) of which were closed due to members meeting their identified Plan of Care goals. The average percentage rate of pended assessments for OBRA/PASRR during Q1 is 18.6% which is much lower than the previous quarter of 32%. Another Supervisor has been hired by NSO to help with the oversight of staff and reading completed OBRA assessments for errors and a consultant from the State of Michigan to assist in decreasing pended assessments, which seems to be successful. Dr. Tauieg opened the floor for discussion. There was no discussion.</p> <p>The Chair noted that the Children’s Initiatives’, Clinical Practice Improvement’s; Customer Service’s; and Integrated Health Care’s quarterly reports have been received and placed on file.</p>
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IX. Strategic Plan Pillar - Customer

<p>DISCUSSION/ CONCLUSIONS</p>	<p>Michele Vasconcellos, Director of Customer Service submitted and gave an update on the Strategic Plan Customer Pillar report. Ms. Vasconcellos reported that the Customer Pillar is at 94% completion. The goals under this pillar ranges from 85% to 100% completion:</p> <ul style="list-style-type: none"> A. Build infrastructure to support the implementation of Self-Determination/PCP/Shared Decision-Making by December 1, 2020 – 100% completion B. Enhance the Provider experience by September 30, 2022 – 85% completion C. Ensure Inclusion and Choice for members by September 30, 2021 – 97% completion D. Improve person’s experience of care and health outcomes by September 30, 2022 – 93% completion <p>Dr. Tauieg opened the floor for discussion. There was no discussion. The Chair noted that the Strategic Plan Customer Pillar has been received and placed on file.</p>
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X. Quality Review(s) -

<p>DISCUSSION/ CONCLUSIONS</p>	<ul style="list-style-type: none"> A. Quality Assurance Performance Improvement Plan (QAPIP) Annual Evaluation FY 2021 – April Siebert, Director of Quality Improvement submitted and gave highlights of the QAPIP Annual Evaluation FY 2021. Ms. Siebert presented a PowerPoint presentation on the QAPIP Annual Evaluation FY 2021. Ms. Siebert reported that QAPIP Evaluation assesses the result, improvements and outcomes DWIHN has made with respect to the Annual Work Plan for FY 2021. The goals and objectives are aligned and evaluated with DWIHN’s Strategic Plan Pillars: <ul style="list-style-type: none"> 1. Customer – Six out of four objectives were met and two (the National Core Indicators (NCI) Survey and the Provider/Practitioner Survey Responses) not met, ongoing COVID-19 issues has delayed the operation of the survey and will receive results later this year.
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2. **Access** – Four out of five objectives were met and one (PI#10-Recidivism or Readmission in 30 days) not met. The standard is 15% or less and DWIHN scored 14.9%, we are moving in the right direction.
3. **Quality** – Five out of six objectives were met and one (Residential Monitoring) not met. Goal was 60% completion, only 30% completion.
4. **Advocacy** – The one objective under this pillar (Implementation Home and Community Based Settings Requirements) was partially met and there” is work in progress.
5. **Finance** – The one objective under this pillar (Verification of Services (Medicaid Claims Verification Audits) was partially met. Out of the 2,371 claims that were randomly selected for verification, 1,210 were reviewed and validated for 51.03% (a 13.3% increase from the previous fiscal year).
6. **Workforce** – The one objective under this pillar met the target goal. 134 participants attended a Program End “Virtual Young Professional” Conference, August 3, 2021, partnered with Connect Detroit. 360 participants attended DWIHN’s Faith-Based Youth Conference on August 19-20, 2021. DWIHN was awarded a two-year grant from MDHHS to build upon prior trauma training and equip the provider workforce with a strong foundation for addressing the complexities of trauma.

Indicator 1 (Pre-Admission Screening within 3 hours); **Indicator 4A** (Hospital Discharge seen for Follow-up Care within 7-Days) FY 21 standard met for all populations; and **Indicator 4B** (Substance Abuse Detox Discharge Seen for 7-Day Follow-up Care within 7-days) FY 21 standard met for all four quarters. **Indicator 2** (Completing Biopsychosocial within 14 days) and **Indicator 3** (Starting any needed ongoing service within 14 days) no standard/benchmark has been set by MDHHS. This measure allows no exceptions. **Indicator 10** (30-Day Inpatient Readmission) FY 21 standard met for the children population but not met for the adult population for all quarters.

DWIHN has been accredited for three years through the National Committee for Quality Assurance (NCQA) and received high marks and perfect scores in several critical areas. The Health Services Advisory Group (HSAG), Inc. conducts three mandatory External Quality Reviews (EQR) as required to ensure compliance with regulatory requirements:

1. **Performance Improvement Project (PIP)** – Goal not met (64.28%) – Target goal – 80%;
2. **Performance Measurement Validation** – Goal met, received 100% with no Plan of Correction (POC) required; and
3. **Compliance Review** – Goal not met, received a score of 77% with a Corrective Action Plan (CAP).

Most activities planned in FY 20-21 Work Plan is at a 71% completion, which is an increase from the previous fiscal year at 50%. The activities that were partially met and/or not met will be considered for continuation in the QAPIP FY 21/22 Work Plan. The Chair called for a motion on the QAPIP Annual Evaluation FY 2021. **Motion:** It was moved by Ms. Jawad and supported by Dr. Carter to move the QAPIP Annual Evaluation FY 2021 to Full Board for approval. Dr. Taueg opened the floor for discussion. Discussion ensued. **Motion carried.**

- B. **QAPIP Work Plan FY 2022** – April Siebert, Director of Quality Improvement submitted and gave highlights of the QAPIP Work Plan FY 2022. Ms. Siebert reported that the QAPIP Work Plan FY 22 includes a detailed description of the FY 20/21 activities that were partially met and/or not met which will be

	considered for continuation and new goals for FY 22. The Chair called for a motion on the QAPIP Work Plan FY 2022. Motion: It was moved by Dr. Carter and supported by Ms. Jawad to move the QAPIP Work Plan FY 2022 to Full Board for approval. Dr. Tauzeg opened the floor for discussion. There was no discussion. Motion carried.
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XI. “Putting Children First” Initiative (Presentation)

DISCUSSION/ CONCLUSIONS	<p>Cassandra Phipps, Director of Children’s Initiatives submitted and gave highlights of the “Putting Children First” Initiative’s presentation. Ms. Phipps reported that DWIHN continues to focus on putting children first and ensuring that the community knows DWIHN offers a comprehensive System of Care for children, families and parents. There will be more focus on special populations (children ages 0 to 6, young adults transitioning into adulthood (18 to 21), foster care, juvenile justice, pediatric integrated health care, schools and diversity/inclusion/equity. There are four main goals:</p> <ul style="list-style-type: none"> A. Access – Increase access to services for children and youth by branding, outreach, census and screening; B. Prevention – Provide early prevention opportunities for children and youth with pediatric health care, technology (STEM kits), outreach in schools, and Tri-Counties Initiatives; C. Crisis Intervention – Ensure crisis services are available to children when needed by the development of a Care Center at DWIHN, expansion of crisis services and crisis training; and D. Treatment – Provide quality services to children and youth by expansion of services, quality of services and workforce. <p>There will be partnerships within DWIHN departments and a new partnership with the Detroit Institute for Children (Special Needs Conference April 2022). Pending partnerships are the Motor City STEAM (Stem Kits), Detroit CHEMpreunerist and the Detroit Police Department (DPD) Sex Crimes Unit (I’m Telling Campaign). Dr. Tauzeg opened the floor for discussion. Discussion ensued. The Chair noted that the “Putting Children First” Initiative’s presentation has been received and placed on file.</p>
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XII. 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> <ul style="list-style-type: none"> 1. COVID-19 & Inpatient Psychiatric Hospitalization – There were 579 inpatient hospitalizations and 3 COVID-19 Positive cases in February 2022. 2. COVID-19 Intensive Crisis Stabilization Services – There were 205 members that received Intensive Crisis Stabilization Services from COPE (9% increase) and 181 members received Intensive Crisis Stabilization Services from Team Wellness (3% increase) in February 2022. 3. COVID-19 Recovery Housing/Recovery Support Services – A total of five (5) members received Recovery Housing/Support Services in February 2022. There was a significant reduction compared to January 2022 (19). 4. COVID-19 Pre-Placement Housing – There were four (4) members serviced for Pre-Placement Housing in February 2022. There was a significant reduction compared to January 2022 (14). 5. Residential Department (COVID-19 Impact) – There were four (4) members that tested positive for COVID-19 with one (1) related death in February 2022.
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	<p>There was one (1) residential staff that tested positive for COVID-19 and no related deaths in February 2022.</p> <ol style="list-style-type: none"> 6. Vaccinations – Residential Members – There was no change in the number of vaccinations in February 2022 compared to January 2022. 7. COVID-19 Michigan Data – State of Michigan (66.1%-first dose initiated and 59.8%-fully vaccinated) – The total number of confirmed cases in Michigan is 2,058,856 with 2,050 confirmed deaths; Wayne County (73.6%-first dose initiated and 67%-fully vaccinated) – The total number of confirmed cases in Wayne County is 245,725 with 3,928 confirmed deaths; and City of Detroit (48.7%-first dose initiated and 40.9%-fully vaccinated) – The total number of confirmed cases in the City of Detroit is 122,340 with 3,224 confirmed deaths. 8. Health Home Initiatives – Behavioral Health Home (BHH) – MDHHS held a BHH kick-off on March 1-2, 2022 for PIHPs and Health Home Partners (HHPs). DWIHN has been meeting with our five (5) identified HHPs on a regular basis to provide training and technical support. The National Council is currently providing Case to Care Management training for both our Health Home partners and DWIHN’s internal staff. The official implementation date is April 1, 2022; Certified Community Behavioral Health Clinic-State Demonstration (CCBHC) – The Guidance Center currently has 2,713 members that have been enrolled in the CCBHC services (a 9% increase in enrollment since January 2022). CCBHC Medicaid recipients are funded using a prospective payment model. DWIHN has requested ARPA funds and additional general funds for CCBBHC non-Medicaid recipients.; Opioid Health Home – DWIHN currently has 258 enrolled members receiving this comprehensive array of integrated healthcare services. This is a 22% increase in enrollment since October 2021. This has been a 25% increase in OHH enrollment since January 2022. <p>Substance Use Disorder (SUD) Services – Opioid Initiative – DWIHN continues to train providers, health care workers, jail staff, drug court staff, community organizations and members of our community on how to use Naloxone to reverse opioid overdose. The Naloxone Initiative has saved 1,034 lives since its’ inception 10/1/21. The Barbershop Men’s Health Initiative connects barbers and their clients to Narcan training and information on men’s health. DWIHN has two mobile units that provide an array of SUD services and trainings. Women’s Pregnant and Post-Partum Pilot Program – DWIHN recently received additional funding to provide integrated services that support family-based services for pregnant and postpartum women (and their minor children) with a primary diagnosis of SUD, including Opioid Use disorders. DWIHN is currently working with two identified providers on implementation of this program.</p> <p>Dr. Taueg opened the floor for discussion. There was no discussion. The Chair noted that the Chief Clinical Officer’s report has been received and placed on file.</p>
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XIII. Unfinished Business

<p>DISCUSSION/ CONCLUSIONS</p>	<ol style="list-style-type: none"> A. BA #22-16 (Revised) – Substance Use Disorder (SUD) Prevention Funding – DWIHN’s Provider Network - The Chair called for a motion of BA #22-16 (Revised). Motion: It was moved by Ms. Jawad and supported by Dr. Carter to move BA #22-16 (Revised) to Full Board for approval. Staff requesting board approval to amend the FY 22 SUD Prevention Services board action by an additional \$6,000.00 in PA2 Funds for the Detroit Association of Black Organization (DABO) to service Families Against Narcotics (FAN) Detroit Hope Not Handcuffs’ program in the Detroit Police Department’s 2nd Precinct with the assistance of the Commander and secured permission from the Executive
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	Deputy Chief. The FY 22 SUD Prevention Services program of \$6,484,938.00 is increased by \$6,000.00 to \$6,490,938.00 and consists of Federal Block Grant revenue of \$4,475,938.00 and PA2 Funds of \$2,015,000.00. Dr. Tauzeg opened the floor for discussion. There was no discussion. Motion carried.
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XIV. New Business: Staff Recommendation(s)

DISCUSSION/ CONCLUSIONS	A. BA #22-46 – Behavioral Health Home (BHH) – <i>Providers listed in Board Action</i> – The Chair called for a motion on BA #22-46. Motion: It was moved by Ms. Jawad and supported by Dr. Carter to move BA #22-46 to Full Board for approval. Staff requesting board approval for a six-month contract effective April 1, 2022 through September 30, 2022 for approximately \$965,175.00 with the five providers listed in this board action. BHH will provide comprehensive care management and coordination services to Medicaid beneficiaries with selected Serious Mental Illness/Serious Emotional Disturbance (SMI/SED) diagnoses. Dr. Tauzeg opened the floor for discussion. There was no discussion. Motion carried.
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XV. Good and Welfare/Public Comment

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

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

ADJOURNED: 2:52 p.m.

NEXT MEETING: Wednesday, April 13, 2022 at 1:00 p.m.

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



Behavioral Health Outreach:

- DWIHN has continued outreach efforts for behavioral health services, with special focus on Children services this year.
- Biweekly Newsletter highlighting recent data on children's mental health during pandemic. The most recent newsletter highlighted a new survey from CDC that showed more than half of the nationally surveyed high schoolers indicated some form of emotional abuse during pandemic. Physical abuse was also reported. It was important to discuss and Prevention strategies, especially April being National Child Abuse Prevention Month
 - ❖ <https://www.dwihn.org/ask-the-doc>
- Monthly AsktheDoc advocacy videos addressing important mental health and COVID related questions.

Quality Improvement Reports:

Michigan Mission Based Performance Indicators: Last report submitted to State on March 31st for FY 22 Q1:

- *Indicator 1/Pre-admission Crisis screening in 3 hours:* We continued to meet this Indicator for children screening. For adults, we did not meet the criteria from FY 21 2nd through 4th quarter. With coordinated efforts, we were able to address this and met it in FY Q1 with 97.29% score (cut off > 95%).
- *Indicator 2A or Biopsychosocial within 14 days of Request (No cut-off standard):* We continue to show ongoing improvement with percentage increase of 8.53% from Q4 FY 21 (44.33%) to Q1 FY 22 (52.83%).
- *Indicator 10 Recidivism or Readmission within 30 (Standard is 15% or less.):* DWIHN had not met this Indicator for adults in over 3 years however, had shown improving trends where we were at 22% during Quarter 2 in FY20 to our most recent progress of meeting the standard at 14.93% in Quarter 1 of FY 22! We have continued to meet this indicator for children.
- For Quarter I, standards were met for all populations for all Performance Indicators with the exception of PI 4a (*7-day follow-up after hospitalization*) for Adult where we were at 94.80% and the cut-off was 95%. We continued to meet the standard for children. Steps have been taken to address this.

Improvement in Practice Leadership Team (IPLT):

IPLT is charged with developing work plans, coordinating the regional training and technical assistance plan, working to integrate data collection, developing financing strategies and mechanisms, assuring program fidelity, evaluating the impact of the practices, and monitoring clinical outcomes. The IPLT is chaired by the Chief Medical officer with the Clinical Officer (Ebony Reynolds) as co-lead. The team meets monthly and we are currently working on expanding the membership for this committee. In the month of March, the committee looked at complex case management program and interventions for improving Hepatitis C screening for members receiving SUD services. In April, we looked at DWIHN population analysis, observed

some important trends and opportunities for improvement. We also reviewed potential revisions to Individualized Plan of Service to align closely with the MDHHS Home and Community Based (HCBS) standards and guidelines and will be providing network trainings on April 14th and 21st. Addition of updated SOGIE (Sexual Orientation, Gender Identity and Expression) language to Integrated biopsychosocial was also discussed and approved.

Med Drop Program: As part of our Clinical Practice Improvement activities, we identified the success of Med Drop pilot program in terms of reducing inpatient admissions and readmissions. Based on the results, we identified a goal of increasing enrollment in Med Drop program. This was discussed at PCC last month and expansion of program was encouraged. Me and our Clinical Officer Ebony Reynolds had individual meetings with CRSP Directors and Medical Directors to discuss potential members who can benefit from the program and were able to observe noticeable increase. As of April 1st, we have 42 active members which is a significant increase from previous months (January 1st: 34 Active members, February 1st: 36 Current Active members, March 1st: 35 Active members). We will continue to enroll members that meet the criteria and will continue to evaluate the effectiveness of the program on a quarterly basis, especially with the improving numbers.

Quality Improvement Steering Committee:

The Quality Improvement Steering Committee (QISC) focuses on performance indicator data, conducting and analyzing satisfaction survey data, oversight of performance improvement projects, and monitoring QI plans to ensure quality of services, and evaluate members' experience. The committee meets monthly. During the month of March, QISC reviewed Annual Utilization Management Department Evaluation, Complex Case Management Annual Evaluation, Behavior Treatment Two-Year Analysis, Performance Indicator Data Analysis with Focus on Indicator II A and Best Practices were discussed.

Integrated Health Care:

Coordination with Health Plans: Integrated Health Department has continued 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. 41 such cases were discussed in March. Other goals of joint collaboration with MHP have been identified such as focus on quality measures like follow-up after Emergency Department visit for alcohol use, follow-up after Emergency department visit for mental health and follow-up after hospitalization.

HEDIS measures: DWIHN has implemented a HEDIS certified platform to monitor it's HEDIS measures. We monitor them regularly and have develop PIPS for ones that have low scores. We are implementing Quality Scorecards for individual CRSP providers to allow early intervention and opportunity to improve outcomes. The HEDIS certified platform will also include measures for Opioid Health Home and Behavior Health Home. The HEDIS Quality Scorecard was presented to the CRSP Quality Directors on January 26th and to all CRSP's on March 18th.



Detroit Wayne Integrated Health Network

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CORPORATE COMPLIANCE MEMORANDUM

TO: Dr. Cynthia Taueg, Chairperson Program Compliance Committee

FROM: Sheree Jackson
Corporate Compliance Officer

DATE: April 13, 2022

RE: REPORT TO PROGRAM COMPLIANCE COMMITTEE

Status Update

1. CCS Audit – DWIHN received correspondence from Community Care Services' legal counsel, Ottenwess Law, regarding the billings by one of Community Care Services' (CCS) clinicians. Community Care Services' conducted an internal audit. As a result, it was determined that DWIHN would recoup payment for Medicaid funded services from Community Care Services'. On March 17, 2022, Corporate Compliance requested a list of impacted claims identified in the audit. On March 29, 2022, finance notified Legal and Compliance that a check in the amount of \$90,261 was received from Community Care Services'. Corporate Compliance will continue to provide oversight until the impacted claims are received.

* Ottenwess Law has advised the CCS/Hegira merger will not affect submission of any requested documentation.

New Business

2. OIG 4th Quarter Report – Corporate Compliance submitted the 4th Quarter Report to the OIG by the submission date. DWIHN received a pass/met and the OIG provided guidance for future reporting in regards to claims audits.

Board of Directors

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DETROIT WAYNE INTEGRATED HEALTH NETWORK

Access Call Center (SUD & MH)
1st Quarter Performance Report
October 2021 – December 2021



Access Call Center

October - December 2021

Monthly Performance

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	53,020	50,344	2,676	5.0%	00.20 sec.	04:55ins	95.0%	85.3%
SUD (Subset of all calls)	7,893	7,865	28	0.4%	00:16 sec.	16:10 mins	99.6%	97.7%
Clinicians (Subset of all calls)	4,223	4,218	5	0.1%	00:10 sec.	23:42 mins	99.9%	99.3%
Totals	53,020	50,344	2,676	5.0%	00.20 sec	04:55 mins	95.0%	85.3%

Access Call Center Updates

October 2021 – December 2021

- Redesigned Call Center by leveraging phone equipment to enhance Call flow.
 - Created an auto answer which would go directly to an available agent instead of the phone consistently ringing allowing for a quicker response.
 - Changed 2 minute work timer for call center staff to 30 seconds.
 - Addition of the “Hold Queue” with the goal of enhancing the call center flow and reduction of calls in the call back queue
 - IT updates to phone system (MiCollab / Ignite) and provision of equipment with the goal of improving call quality and handle times

- Redesign Call Center by leveraging internal system.
 - Frequent review of desktop procedures to identify ways to make procedures more user friendly

Average SUD Screenings Completed Per Quarter

Mental Health Screening

2nd Quarter FY 20/21=11.17
3rd Quarter FY 20/21= 12.55
4th Quarter FY 20/21= 13.6
1st Quarter FY 21/22= 12.5

SUD Screening

2nd Quarter FY 20/21=7.5
3rd Quarter FY 20/21= 11
4th Quarter FY 20/21= 14
1st Quarter FY 21/22= 15

There is noted improvement on the number of screens completed per day, per staff, though numbers went down slightly for mental health screening 1st Quarter.

The management team has been working with individuals by developing training needs based on the following:

- Reviewing phone recording
- Reviewing Documentation
- Listening to live phone calls
- Reviewing individual stats on a monthly basis

Access Call Center Updates

October 2021-December 2021

- “First Call Resolution” process
 - Work with staff on processing techniques.
 - Manage staff schedules to leverage ultimate coverage.
- Quality program
 - Created standardized quality rating standard.
 - Silent monitoring with real-time feedback.
 - All staff/training meetings bi-weekly.
- Bi Monthly CRSP Meetings with MH and SUD providers
- Additional Training for all Access Call Center units
 - CAFAS and LOCUS (MH)
 - ASAM (SUD)
 - Sexual Orientation, Gender Identity & Expression: SOGIE (All staff)

Access Call Center Updates (cont.)

- Addressed our Recording technology to ensure recordings are captured and retained, to enable DWIHN to meet audit requests.
- Aligning desk procedures to Standards that must be met for Compliance.
 - Added additional data capture to our MHWIN system to allow for more strategic standard focused data capture for our IT partners.
 - Continued work with vendor to finalize project of hold queues for SUD and Behavioral Health units.
 - Looking into implementation of text messaging.
- Provided training to Managers and Administrators on the telephony reporting tools to allow for layered analysis of agent performance and call flow activity.

Access Call Center Updates (cont.)

- Hire additional Call Center Manager for SUD & Clinical Calls. Will be instrumental in providing supervision to SUD staff currently on MCBAP Development Plans.
- Working with Phone System vendor to improve hold queue
- Assessing staffing needs
- Prioritize calls from individuals who are transient (do not have regular access to a phone) by assigning them directly to a (SUD or MH) screener. If a screener is not available the caller has the option to hold or schedule a callback appointment where a screener will be scheduled to call a certain phone number at a scheduled time with the goal of reaching this individual.

Access Call Center Plans Moving Forward

- I. Establishing HSAG Access Standard Initiatives
 - A. Access Committee
 - B. Policy and Procedure

- J. SUD screeners were given a list of providers that are impaneled for MI HEALTH LINK or DUAL Medicare& Medicaid insurance to help prevent the interruption of treatment and coordination of care for individuals with this type of insurance coverage.

- K. Provide a list to SUD staff which aligns MAT programs with the medications offered, allowing a seamless referral process

- K. Implementing internal Call Center Workgroup to develop additional workplan to streamline screening process



Crisis Services 2nd Quarter: January-March 2022

Summary Report

Below is the data for the Crisis Services Department, 2nd Quarter FY 22/23 for adults and children. Overall, there was little change in the admission vs diversion percentages for adults and children, and the number of overall requests for service remained the same for children while the number increased for adults. The diversion rate for children increased in the 2nd quarter as compared to the 1st quarter. The Crisis Stabilization Unit (CSU) at COPE saw a decrease in the number of individuals served compared to the 1st quarter (671 served in Q1, 593 served in Q2), whereas Team Wellness Crisis Stabilization Unit saw an increase in individuals served (487 served in Q1, 541 served in Q2).

FY 22/23 Q2 Accomplishments

- Hospital Liaison staff were involved in a total of 914 cases receiving crisis services during the 2nd quarter FY 22/23. This involvement consisted of contacts made with community hospitals related to movement of members out of the emergency departments, and individuals awaiting inpatient placement beyond 23 hours. The overall diversion rate from inpatient care was 54%, a 6% increase in diversion rate from the 1st quarter. There were 110 crisis alerts received for the 2nd quarter (43 alerts were received in the 1st Quarter) and 87% of those cases were diverted from inpatient-a 6% increase from the previous quarter.
- During the 2nd Quarter, DWIHN has received a total of 904 AOT orders (11% increase from February) in collaboration with Probate Court which were uploaded into MHWIN, these orders are monitored monthly in coordination with the CRSP.
- The DWIHN mobile outreach clinician continues to attend events scheduled in tandem with Wayne Health, and DWIHN has been able to garner sites based on population data to specifically target areas of need for MH services and outreach efforts.
- DWIHN has been able to dedicate notification to the respective CRSPs to a behavioral health specific “crisis warning” built into MHWIN.
- The Crisis Services Department is working alongside requesting facilities to efficiently communicate available levels of care and subsequent criteria necessary to promote stabilization in the least restrictive environment utilizing the “levels of care crisis grid” and other resources.
- The Crisis Services Department has been working with local agencies that evaluate our response to our “Putting Children First” initiative, meeting with JDF, Assured Family Services, Growthworks, and several other children’s agencies.
- The Crisis Services department began holding educational sessions and create partnerships specifically related to crisis alert notifications and CRSP coordination when members are transitioning in levels of care with a dedicated DWIHN hospital liaison.

FY 22/23 Q2 Area of Concern

- DWIHN screening agencies are seeing an increase of members, specifically children, who are affiliated with MDHHS and have seen barriers with options for the most appropriate levels of care.

Crisis Services 2nd Quarter: January-March 2022

Summary Report

Plans for FY 22/23 Q3

- Continue efforts toward solidifying a flowchart for court related members, with regard to hearing demands, AOTs, and coordination in crisis with law enforcement and first responders.
- Develop a workplan to solidify processes with the Clinical Care Center.
- Continue to work with Wayne Health in identifying areas of our population where the need for behavioral health treatment services are high, and develop recurring sites that can be advertised.
- Work to develop a process and policy for transitioning members into the community via a dedicated hospital liaison, and work to solidify relationships with the CRSPs and inpatient facilities to maximize information sharing and outcomes.

Crisis Services 2nd Quarter: January-March 2022

Below is the data for the Crisis Services Department, 2nd quarter FY 22/23 for adults and children. Overall, there was little change in the admission vs diversion percentages for adults and children, and the number of overall requests for service remained the same for children while the number increased for adults. The diversion rate for children increased in the 2nd quarter as compared to the 1st quarter. The Crisis Stabilization Unit (CSU) at COPE saw a decrease in the number of individuals served compared to the 1st quarter (671 served in Q1, 593 served in Q2), whereas Team Wellness Crisis Stabilization Unit saw an increase in individuals served (487 served in Q1, 541 served in Q2).

CRISIS DATA

1. Children’s Crisis Providers: The Children’s Center (TCC), The Guidance Center (TGC) and New Oakland (NO). Both screening agencies will resume face to face evaluations starting 4/1/22.

QTR	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	Crisis Stab
1 st FY 21/22	814	755	177	22%	645	79%	359
2 nd FY 22/23	904	806	183	20%	691	76%	406

- There was a 11% increase in the number of requests for service for children as compared to the 1st quarter. The diversion rate for the 2nd quarter decreased 3% from the last quarter.
- The number of Mobile Intensive Crisis Stabilization cases increased 13% from the 1st Quarter.

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

QTR	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	# Inpt due to no CRU
1 st FY 21/22	2,686	2,475	1,726	64%	896	34%	12
2 nd FY 22/23	2,827	2,587	1,837	65%	903	32%	18

- Numbers above reflect a 5% increase in RFS as reported in the 2nd quarter. The percentage admitted to inpatient is 65%, and the number of diversions increased by 7 this quarter. The available capacity for the crisis residential units (CRU) remains at 16 to comply with social distancing guidelines. The number of individuals going inpatient due to no CRU beds available increased by 6 cases as reported in the previous quarter.
- COPE Mobile Stabilization services were provided to 255 cases for the quarter, which is the same number of members served in Q1.

3. Crisis Residential Services

Hegira Crisis Residential Unit Admissions	
1 st FY 21/22	118
2 nd FY 22/23	131

- There was a 11% increase in CRU admissions in comparison to the 1st quarter. The capacity continues to be 16 available beds due to COVID social distancing requirements.

Crisis Services 2nd Quarter: January-March 2022

4. Crisis Stabilization Units

- COPE: Served 593 individuals for the 2nd quarter: A 12% decrease from the previous quarter at 671 individuals served.
- Team Wellness Center: Served 541 individuals for the 2nd quarter. An increase of 11% from the previous quarter.

5. ProtoCall:

Qtr./FY	# Incoming Calls	# Calls Answered	% answer w/in 30 secs	Avg. Speed of answer	Abandonment rate
1 st FY 20/21	2,150	1,746	38%	103s (avg)	11.4 (avg)
2 nd FY 22/23	1,537	1,315	48%	97s (avg)	13.4 (avg)

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

6. Mobile Outreach Services: Partnership with Wayne Health

- The Crisis Services Department Mobile Outreach Clinician attended 37 sites during the quarter, a decrease from 44 sites visited in the 1st quarter.
- Education and meaningful conversations occurred with approximately 198 individuals who were educated on DWIHN services and provided information.
- 4 individuals were screened, all on-site.
- 38 individuals were reconnected to their CRSP.

FY 22/23 Q2 Accomplishments

- Hospital Liaison staff were involved in a total of 914 cases receiving crisis services during the 2nd quarter FY 22/23. This involvement consisted of contacts made with community hospitals related to movement of members out of the emergency departments, and individuals awaiting inpatient placement beyond 23 hours. The overall diversion rate from an inpatient level of care was 54%, a 6% increase in diversion rate from the 1st quarter. There were 110 crisis alerts received for the quarter (43 alerts were received in the 1st Quarter) and 87% of those cases were diverted from inpatient-a 6% increase in diversion rate from the previous quarter.
- During the 2nd Quarter, DWIHN has received a total of 904 AOT orders (11% increase from February) in collaboration with Probate Court which were uploaded into MHWIN, these orders are monitored monthly in coordination with the CRSP.
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Crisis Services 2nd Quarter: January-March 2022

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FY 22/23 Q2 Area of Concern

- DWIHN screening agencies are seeing an increase of members, specifically children, who are affiliated with MDHHS and have seen barriers with options for the most appropriate levels of care.

Plans for FY 22/23 Q3

- Continue efforts toward solidifying a flowchart for court related members, with regard to hearing demands, AOTs, and coordination in crisis with law enforcement and first responders.
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- Work to develop a process and policy for transitioning members into the community via a dedicated hospital liaison, and work to solidify relationships with the CRSPs and inpatient facilities to maximize information sharing and outcomes.



DWIHN UTILIZATION MANAGEMENT QUARTER 2

EXECUTIVE SUMMARY

- **Habilitation Supports Waiver:** There are 1,084 slots assigned to the DWMHA. As of March 24th, there were 1,019 slots (94%) filled.
- **Autism:** There were 1,483 authorization requests approved during the 2nd Quarter. There are 2,245 cases currently open in the benefit.
- **Serious Emotional Disturbance Waiver (SEDW):** As of March 31st, there were 57 youth enrolled in the SEDW.
- **County of Financial Responsibility (COFR):** For the 2nd Quarter, the COFR committee had five (6) adult COFR requests, zero (6) children's cases and six (16) cases resolved. There are currently 55 pending cases.
- **General Fund:** Of the authorization approval requests received, there were 1093 approvals for the 2nd quarter, 48 of which were for The Guidance Center. Advance Notices for denials and adjustments to requests began on 3/9/2022 and 273 were issued.
- **Provider Network:** Data for FY 22 Quarter 2 reflects 2,436 Inpatient, Crisis Residential and Partial Hospitalization admissions. To decrease the average length of stay and hospital admissions, the Utilization Management department continues to conduct bi-weekly case conferences with DWIHN's physician consultant to review inpatient admissions with lengths of stay equal to or beyond 14 days, promote treatment in the least restrictive environment and interdepartmental collaboration to address recidivism.
- **Outpatient Services:** As of 3/31/22, there were 6,843 authorizations approved. This number is inclusive of non-urgent pre-service authorizations, excluding SUD services. The number of authorizations approved by UM Clinical Specialists during Quarter 2 was 4,287.
- **MI Health Link:** During Quarter 2, there were 117 MI Health Link authorizations across all ICOs compared to 168 authorizations in Quarter 1, a 30.3% decrease. These figures are inclusive of pre-service, urgent, expedited and post-service authorizations.
- **State Facilities:** State hospital census counts remain consistent during the first quarter despite restricted admissions. There were 8 admissions and 6 NGRI releases across all hospitals. 65 NGRI consumers are currently managed in the community.

- **SUD:** For the second quarter of FY 22, there were 978 urgent authorizations; 846 or 87% were approved within 72 hours. There were 3087 non-urgent authorizations with 3038 or 98% approved within 14 days by SUD UM reviewers. The urgent authorizations fall slightly below the 90% threshold. There is some discrepancy in the Power BI data where the pie charts reflect percentages higher than the bar graphs. This data was procured from the bar graphs. The discrepancy has been sent to IT for investigation.
- **MCG:** DWIHN and other PIHPs are currently using the MCG BH Guidelines to screen for inpatient hospitalization, crisis residential and partial hospitalization. COPE, the Children's screening entities, and ACT teams during the 2nd quarter of FY 22, screened a total of 2,869 consumers. Data was pulled on 3/31/22. This averages out to 32 cases per day screened using Indicia. DWIHN UM staff continue reviewing member's length of stay utilizing the guidelines and criteria for continued stay.
- **IRR:** New hire Interrater Reliability (IRR) testing continues to occur for new hires within the Learning Management System. Additional IRR and PAR worksheets are being developed or enhanced which will review the quality of documentation within the PARS as well as the continued stay reviews.
- **Denials and Appeals:** For the 2nd Quarter there were a total of twenty-four (24) denials that did not meet The Milliman Care Guidelines (MCG) medical necessity criteria for continued inpatient hospitalization. There was also a total of fifteen (15) appeals. Out of the fifteen appeals, nine (9) were upheld and six (6) were overturned.



Utilization Management FY22 Quarter 2 Report

Utilization Management Report by Area

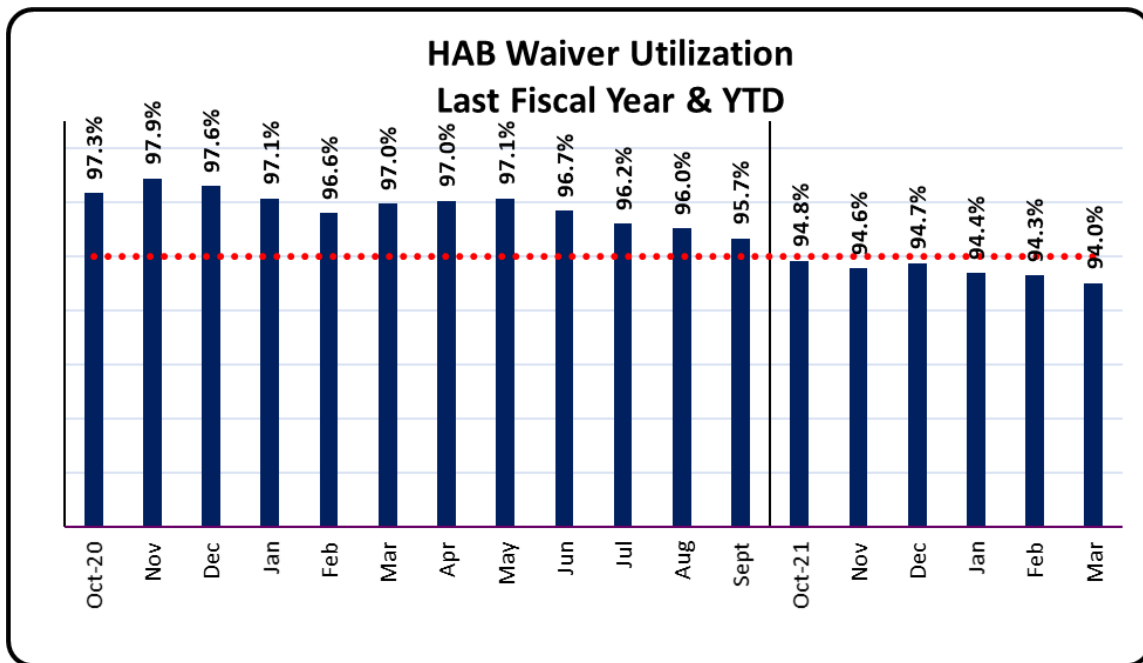
Habilitation/Supports Waiver (HSW):

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

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

HSW utilization for the fiscal quarter is summarized below:

	JAN	FEB	MAR
Owned	1,084	1,084	1,084
Used	1,023	1,022	1,019
Available	61	62	65
% Used	94.4%	94.3%	94.0%



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

Program Details

Outcome Measurement	JAN	FEB	MAR
# of applications received	7	8	1
# of applications reviewed	5	8	1
# of app. Pended PIHP level for more information	1	2	
#of pended app. resubmitted			
# of app. withdrawn			
Total of application sent to MDHHS.	4	6	1
# of deaths/disenrollment's (recertification forms reviewed & signed)	2 deceased 1 disenroll	12 (11 deceased; 1 moved out of state)	7 Deceased 1 Move to Nursing Home
# of recertification forms reviewed and signed	38	32	70
# of recertification forms pended	13	12	14

Serious Emotional Disturbance Waiver (SEDW)

MONTH	January	February	March
# of youth expected to serve in the SEDW for FY 21-22	65	65	65
# of active youth served in the SEDW, thus far for FY 21-22	64	67	67
# of youth currently active in the SEDW for the current month	57	59	57
# of referrals received for current month	12	11	7
# of youth approved/renewed for the SEDW this month	9	4	3
# of referrals currently awaiting approval at MDHHS	0	0	0
# of referrals currently at SEDW Contract Provider	9	13	8
# of youth terminated from SEDW for this month	0	1	0
# of youth transferred to another County, pursuing the SEDW	2	2	1
# of youth coming from another county, receiving the SEDW	0	1	0
# of youth moving from one SEDW provider in Wayne County to another SEDW provider in Wayne County	0	0	1

Autism Spectrum Disorder (ASD) Benefit:

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

During Q2 DWIHN UM team worked with Procedure Code Workgroup to identify and implement several CPT code changes issued by MDHHS, primarily the implementation of 9611x for ASD Benefit eligibility evaluations and reinstating the u5 modifier for 97151 behavior assessments. DWIHN UM team informed and trained the ASD Network on how to appropriately navigate these changes.

This quarter the UM team worked with IT to develop a utilization report specific to the ASD Benefit. This report will begin to be integrated into future UM reports effective Q3.

ASD Authorization Approvals Fiscal Year to Date*												
	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept
Manual Approvals	473	450	407	345	251	437						
Auto Approvals	132	161	173	160	145	145						
Total Approvals	605	611	580	504	396	582						

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

ASD Open Cases and Referral Numbers Per WSA Fiscal Year to Date*												
	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept
Open Cases	2130	2184	2198	2229	2239	2245						
Referrals	98	47	64	83	113	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.*

County of Financial Responsibility (COFR)

The COFR Committee meets weekly for one (1) hour to determine DWIHN’s responsibility for behavioral health services. For the 2nd Quarter, the COFR committee had five (6) adult COFR requests, zero (6) children’s cases and six (16) cases resolved. There are currently 55 pending cases.

	Adult COFR Case Reviews Requests	Children COFR Case Reviews Requests	Resolved	Pending*
January	2	1	10	52
February	3	2	3	54
March	1	3	3	55

**This is a running total.*

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

General Fund Exceptions

UM receives General Fund Exceptions requests for individuals currently living in the community and receiving multiple services. The table below reflects the number of General Fund approvals and Advance Notices for Quarter 1 - 2:

	GENERAL FUND APPROVALS	The Guidance Center Approvals	Advance Notices
Ocober2021	366	20	
November2021	433	31	
December2021	387	57	
1st Quarter Total	1186	108	
January 2022	343	15	
February 2022	348	17	
March 2022	402	16	273
2nd Quarter Total	1093	48	273

Provider Network

Inpatient, Crisis Residential and Partial Hospitalization

Data for FY 22 Quarter 2 reflects 2,436 Inpatient, Crisis Residential and Partial Hospitalization admissions. This total is inclusive of adults and children admitted to the types of care outlined above. There were 155 members who readmitted in Quarter 2 compared to 228 members in Quarter 1. The preliminary Quarter 2 percentage for MMBPI Indicator 10 (which measures recidivism), is 13.35% compared to 14.05% in Quarter 1. The average length of stay is currently at 8.25 days. To decrease the average length of stay and hospital admissions, the Utilization Management department continues to conduct bi-weekly case conferences with DWIHN's physician consultant to review inpatient admissions with lengths of stay equal to or beyond 14 days, promote treatment in the least restrictive environment and interdepartmental collaboration with Crisis Services, Residential, Quality and Integrated Care. UM leadership has also implemented weekly meetings with the staff that manage Stonecrest. This provider typically admits members who require longer admissions due to their severe presentation and higher acuity. Additional supervision is being provided to support staff and ensure members are receiving care that meets their needs and when clinically appropriate, step back into the community with services and supports to continue their recovery.

Residential/UM/Crisis Services work group still meets monthly to identify members who can transition for continued treatment at lower level of clinically appropriate care, from inpatient to CRU or from CRU to substance abuse treatment, pre-placement or a specialized residential placement. Due to COVID restrictions, inpatient providers continue operations at decreased capacity. There are units available at some facilities for individuals who tested positive or are asymptomatic. The two Adult Crisis Residential Units at Boulevard and Oakdale House have again reduced capacity due to a staffing shortage. Hegira Boulevard had seven available beds and Hegira Oakdale house had five available beds through the months of February and March. Only one location (Warren) of Safehaus remains open. The Grand Rapids and Rose City locations have been permanently closed.

The data outlined below reflects the number of admissions for FY 22 Quarter 2:

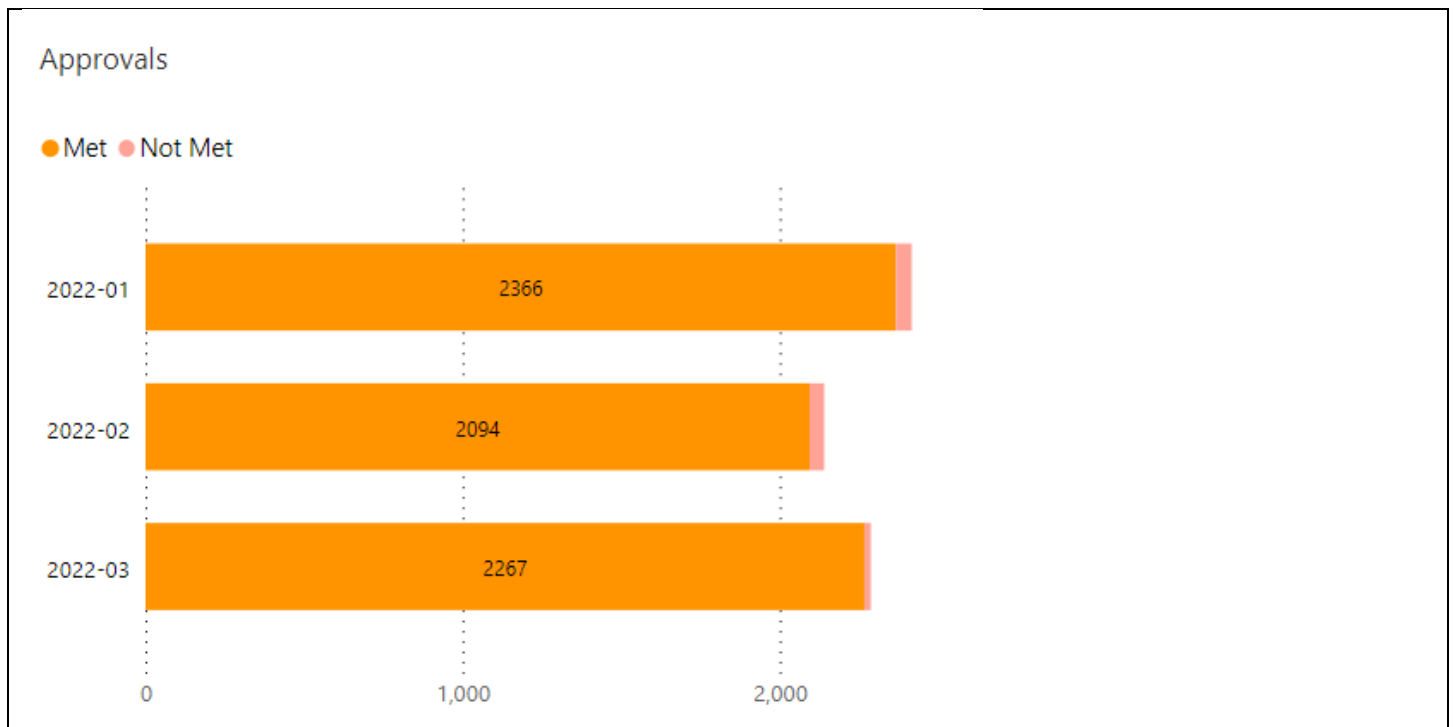
- Inpatient: 2,072
- Partial: 207
- Crisis Residential (adults-114 and children-43): 157
- Total Admissions: 2,436
- Average Length of Inpatient admissions: 8.27
- Total Number of Members who Readmitted within 30 days during Q2: 155

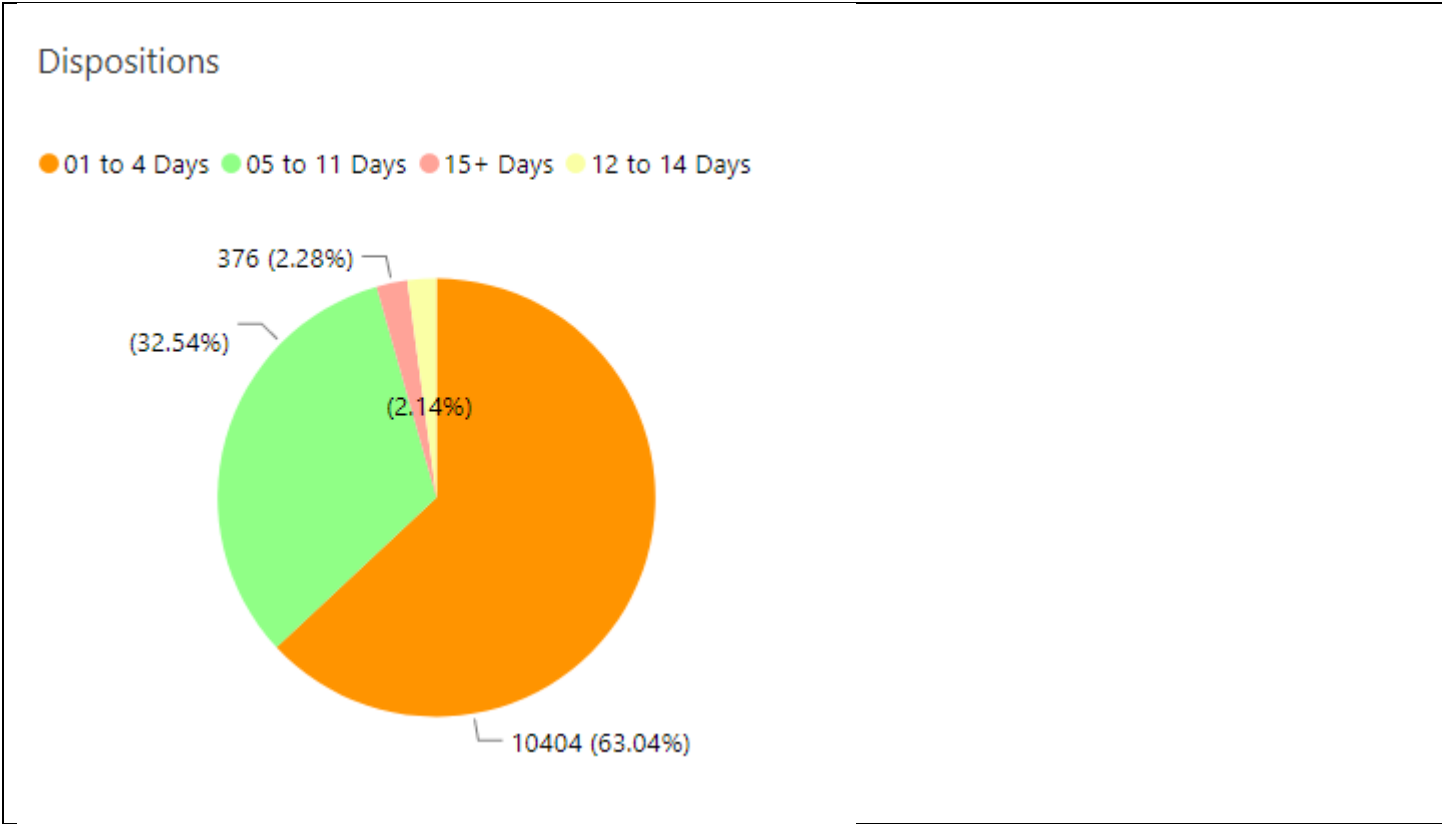
Outpatient Services (Non-Urgent, Pre-service Authorizations)

While the first quarter of FY 22 saw a significant increase in authorizations requiring manual review by UM Clinical Specialists mostly due to the code and modifier changes implemented by the State, Quarter 2 resulted in a decrease of authorizations being routed to the UM queues for approval due to updates to the UM Service Utilization Guidelines and the Provider Networking adjusting to the new authorization requirements and code updates mentioned above. There are still some technical issues with the intake period codes developed during Quarter 1; providers have cited continued billing issues despite not requiring an authorization. This matter is being addressed in collaboration with the Claims Department, the Procedure Code Work Group and IT.

The Department is also seeking to address the number of returned authorizations and improve communication with the Provider Network. The use of standardized responses will be implemented when authorizations must be sent to the CRSP for corrections. It is the Department’s goal make the authorization process effective and efficient as possible.

As of 3/31/22, there were 6,843 authorizations approved. This number is inclusive of non-urgent pre-service authorizations, excluding SUD services. The number of authorizations approved by UM Clinical Specialists during Quarter 2 was 4,287. The timeliness of the authorizations is depicted in the graphs below; 97.72% of the authorizations were approved within 14 days of the request and 2.28% were approved after the 14-day requirement.





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

MI Health Link

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

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

The UM Department received results for an audit conducted by Median Healthcare (formally Michigan Complete) and scored a 98.39%. The audit did not result in any corrective action plans. The UM Department is working to finalize the dismissal process for authorizations no longer required by members and/or providers. This effort requires further collaboration with the IT Department to develop a queue that will be monitored by DWIHN Clinical Specialists for the

processing of the dismissal letters, per the ICO requirements. The Provider Network also requires training, slated to be completed during the next quarter.

During Quarter 2, there were 117 MI Health Link authorizations across all ICOs compared to 168 authorizations in Quarter 1, a 30.3% decrease. From January to February 2022, authorizations decreased by 21.9% across all ICOs and from February to March, authorizations increased 37.5% from 32 to 44. All authorizations were processed within the required timeframes. Below is a breakdown of authorizations for Q2 of FY 22.

Date Range	1/1/2022 thru	3/31/2022
ICO's Selected:	AETNA, AMERIHEALTH, FIDELIS SECURECARE OF MICHIGAN; HAP MIDWEST, MOLINA	

Total # of Auth's Received for the Month	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations		Post Service Authorizations	
	Total Amount Preservice Auth's Received	Total Preservices processed ≤14 days	Total Amount Urgent Auth's Received	Total Urgent processed ≤24 hrs	Total Amount Expedited Auth's Received	Total Expedited processed ≤72 hrs	Total Amount Postservice Auth's Received	Total Post Service processed ≤14 days
117	4	4	41	41	0	0	72	72

**Source: SQL Server Data, ICO Reports

State Hospital Report

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

- Forensic admissions remain a priority, increasing wait times for community referrals. DWIHN continues to manage a wait list for all state hospitals, develop alternative options for state hospital placement, and facilitate expedited discharges. Currently, wait time for admission is at least 6 months.
- State hospital census counts remain consistent with slight decreases as discharges continue steadily and admissions are limited. Liaison/UM staff have streamlined the state hospital referral and review process to assess appropriate referrals and facilitate admissions. 5 referrals for state hospital admission were received this quarter.
- During the quarter, UM/Liaison staff managed an average of 67 NGRI members assigned among 9 CRSP agencies. 4 NGRI members were hospitalized in the community and 5 were readmitted to a state facility. Liaison staff is coordinating with the NGRI Committee, state facilities, and CRSP support staff to minimize rehospitalizations of NGRI members by providing interactive training opportunities that will (1) improve communication of NGRI goals and objectives, (2) increase CRSP engagement, and (3) develop core skills.

The census at the end of the 2nd quarter FY 2021-2022 is as follows:

Hospital	Caro Center	Kalamazoo	Walter Reuther
Census*	2	5	94
Wait List	0	0	4
Admissions	0	1	7
ALS Status*	0	0	67

*Averages across the quarter

Milliman Care Guidelines (MCG)

The Milliman Care Guidelines (MCG) are evidence-based care guidelines that are integrated within our MH-WIN system within the Preadmission Review and Continued Stay review processes. The majority of the PIHPs have adopted use of the MCG Behavioral Health guidelines to ensure parity across the state. DWIHN and other PIHPs are currently using the MCG BH Guidelines to screen for inpatient hospitalization, crisis residential and partial hospitalization. COPE, the Children’s screening entities, and ACT teams during the 2nd quarter of FY 22, screened a total of 2,869 consumers. Data was pulled on 3/31/22. This averages out to 32 cases per day screened using Indicia. DWIHN UM staff continue reviewing member’s length of stay utilizing the guidelines and criteria for continued stay.

The 26th edition of the MCG guidelines and upgrade to Indicia are available. Based on a meeting with the account representative and review of the Summary of Changes, very minor changes will be made to the Behavioral Health Guidelines. The Parity workgroup is expected to have a presentation to members. After that meeting, DWIHN will schedule a time for the upgrade to both the static guidelines and Indicia.

Substance Use Disorders

For the second quarter of FY 22, there were 978 urgent authorizations; 846 or 87% were approved within 72 hours. There were 3087 non-urgent authorizations with 3038 or 98% approved within 14 days by SUD UM reviewers. The urgent authorizations fall slightly below the 90% threshold. There is some discrepancy in the Power BI data where the pie charts reflect percentages higher than the bar graphs. This data was procured from the bar graphs. The discrepancy has been sent to IT for investigation.

Authorization Requests 1 st Quarter FY 22	#Authorizations	#Reviewed Timely	Percentage of Compliance (Benchmark 90%)
Urgent	846	978	87%
Non-Urgent	3038	3087	98%
Totals	3884	4065	

Source: 2nd quarter Power BI 3/30/2022

Denials and Appeals

For the 2nd Quarter there were 24 denials that did not meet MCG medical necessity criteria for continued inpatient hospitalization. Also, we had 15 appeals requested during the 2nd quarter. Nine (9) of the appeals were upheld and six (6) of the appeals was overturned.

Timeframe	Denials	Appeals
Q1	3	1
Q2	24	15
Q3		
Q4		

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

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

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

Timeliness of UM Decision Making

****Note: COPE, Children’s Center, New Oakland and The Guidance Center measures were not available at the time of the report.**

Quarter 2 (Jan. – March., 2022) Threshold 90%

Source: Power BI 3/28/2022

Autism Program

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post-Service
Numerator *	N/A	N/A	1025	N/A
Denominator#	N/A	N/A	1025	N/A
Rate	N/A	N/A	100%	N/A

MI Health Link Program

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post-Service
Numerator *	2	N/A	32	4
Denominator#	2	N/A	38	4
Rate	100%	N/A	84.2%	100%

Substance Use Disorder

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post-Service
Numerator *	1029	N/A	3281	N/A
Denominator#	1044	N/A	3332	N/A
Rate	98.5%	N/A	98.4%	N/A

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

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

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

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

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

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

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

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



April 13, 2022

Strategic Plan – QUALITY PILLAR

Program Compliance Committee Status Report

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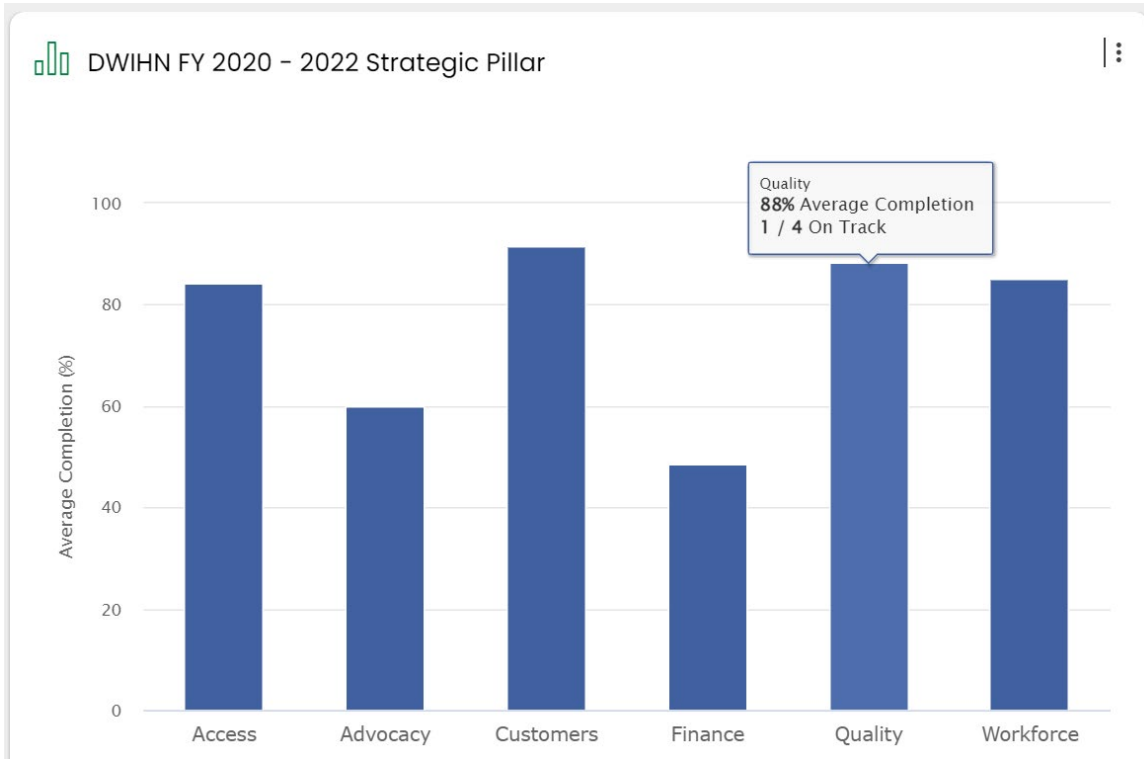
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To our board members:

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

Our Strategic Planning Status Report is our report to our board members. It tells how we are performing against key indicators that measure our performance against the 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 84% completion on this pillar. There are four (4) goals under this pillar. They currently range from 75% - 98% completion.

Title	Completion
Create infrastructure to support a holistic care delivery system (full array) by 31st Dec 2022	75%
Create Integrated Continuum of Care for Youth by 30th Sep 2022	86%
Establish an effective crisis response system by 30th Sep 2022	78%
Implement Justice Involved Continuum of Care by 30th Sep 2022	98%

Customer Pillar is presented under the leadership of Michele Vasconcellos, Director of Customer Service. Overall, we are at 92% completion on this pillar. There are three (3) goals under this pillar. They range from 85% - 97% completion.

Title	Completion
Enhance the Provider experience by 30th Sep 2022	85%
Ensure Inclusion and Choice for members by 30th Sep 2021	97%
Improve person's experience of care and health outcomes by 30th Sep 2022	93%

Quality Pillar is presented under the leadership of April Siebert, Director of Quality. Overall, we are at 88% completion on this pillar. There are four (4) organizational goals. They range from 77% to 100% completion for the high-level goals.


Quality

88%

Title	Completion
Ensure consistent Quality by 30th Sep 2022	77%
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	96%
Improve population health outcomes by 30th Sep 2022	80%

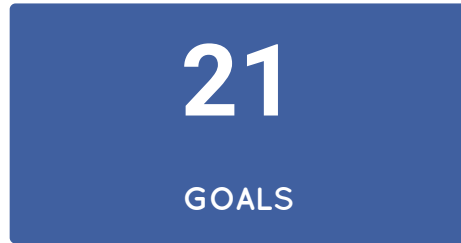
A detail report of this pillar will follow.

Quality Pillar

Detailed Dashboard

Program Compliance Committee Meeting

April 13, 2022



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

DWIIHN FY 2020 - 2022 STRATEGIC PLAN

QUALITY

Goal	NCQA Stan...	Owner	Co-owners	Tracking T...	Update	Current Co...
Ensure consistent Quality	Quality of Clinical Care, Safety of Clinical Care		-	Child Goal Average		77% 76.93 / 10% behind
→ Achieve NCQA Re-Accreditation: 100 unit	Quality of Clinical Care, Safety of Clinical Care	Allison Smith Strategic Planning Project Manager	Tania Greason	Manual Slider	<p>NEW Allison Smith: Successful reaccreditation was achieved with DWIHN receiving Full 3-Year MBHO. Summary report attached. Areas that were not 100%:</p> <ul style="list-style-type: none"> QI: Health Services Contracting, Availability of Practitioners and Providers, Accessibility of Services, Member Experience, Complex Case Management, Effectiveness of the QI Program CC: Continued Access to Care UM: Appropriate Professionals, Delegation of UM <p>Challenges: No value 06/03/2021</p>	92% 92.49 / 100 unit 8 unit behind
→ Address gaps in care based on Annual Needs Assessment: 100%	Quality of Service	April Siebert Director of Quality Improvement	Tania Greason	Task Completion		73% 72.73 / 100% 27% behind

Goal	NCQA Stan...	Owner	Co-owners	Tracking T...	Update	Current Co...
→ Assist Utilization Management in developing a system that helps tracks over and under Utilization: 100%	Quality of Service	Manny Singla CNO/CIO	-	Manual Slider	<p>NEW Nasr Doss: We now have Health Information Exchange (HIE) process that transfers various datasets from the major CRSP systems to MHWIN. IT also worked and still working (because this is a Continuous quality improvement matter) with UM and Residential departments on generating various authorizations reports to assist them to analysis over and under utilization.</p> <p>Challenges: No value 03/03/2021</p>	100% 100 / 100%
→ Deliver Annual HEDIS measures to support NCQA requirements: 100%	Quality of Clinical Care, Safety of Clinical Care	Manny Singla CNO/CIO	Jacquelyn Davis	Manual Slider	<p>NEW Allison Smith: Currently, the Vital Data system is up and running in production mode and is capable of generating all NCQA required HEDIS measures.</p> <p>Challenges: No value 01/12/2022</p>	100% 100 / 100%
→ Ensure all eligible network providers (organizations) are Credentialed/Re-Credentialed FY 22 within 60 days of a clean file	Quality of Service	Ricarda Pope-King Director of Credentialing	Junae Tabb	Child Goal Average	<p>NEW Allison Smith: DWIHN reports to MDHHS bi-annually the results of Organizational Credentialing activities. The first report will be due after Q2 (March 2022). However thus far, during Q1, there were 2 Organizations credentialed within 60 days of DWIHN receiving a clean file (all required paperwork).</p> <p>Challenges: No value 01/12/2022</p>	50% 50 / 1% behind
→ Ensure all Providers receive 80% or greater on Risk Assessment/Score Card for FY 23: 100%	Quality of Clinical Care, Quality of Service, Members' Experience	June White Director of Network Management	Manny Singla	Manual Slider	<p>NEW Allison Smith: In order to obtain accurate numbers for each CRSP, DWIHN rolled out a re-engagement/dis-enrollment module and policies in MMH-WIN to ensure that we are only scoring the providers on members actively engaged in service. This also enhances service delivery by re-engaging members.</p> <p>Challenges: No value 02/03/2022</p>	66% 66 / 100% 31% behind
→ Ensure compliance with monitoring standards: 3.95124% to 100%	Quality of Clinical Care, Safety of Clinical Care	April Siebert Director of Quality Improvement	-	Child Goal Average		87% 87.94 / 100% 12% behind
→ Ensure fidelity Reviews	Quality of Clinical Care, Safety of Clinical Care	Shama Faheem Chief Medical Officer	Ebony Reynolds	Child Goal Average	<p>NEW Sherry Scott: Update: Annual fidelity reviews have been completed for all 9 ACT providers for 2020 and 2021. Attached are the ACT providers scores for 2020 and 2021.</p> <p>Challenges: No value 04/04/2022</p>	45% 45.16 / 55% behind

Goal	NCQA Stan...	Owner	Co-owners	Tracking T...	Update	Current Co...
→ Ensure Practitioners are credentialed/recrede in 60 days FY 2021: 100%	Quality of Service	Ricarda Pope-King Director of Credentialing	Junae Tabb	Task Completion	<p>Ricarda Pope-King: All Clinically responsible Service Providers and Autism providers have been trained in ProviderSource. After the roster is sent from MHWIN outreach is conducted and the link for the practitioner application is sent.</p> <p>Challenges: Barrier is that providers do not enter correct data elements in MHWIN therefore it prevents the Credentialing Specialist from sending a clean list to Medversant for outreach</p> <p>09/30/2020</p>	83% 82.86 / 100% 17% behind
→ Ensure Practitioners are credentialed/recrede in 60 days FY 2022: 100%	Quality of Service	Ricarda Pope-King Director of Credentialing	-	Child Goal Average		47% 46.75 / 100% 3% behind
→ FY20 - Meet the External Quality Review (EQR) Standards: 100%	Quality of Clinical Care, Safety of Clinical Care	April Siebert Director of Quality Improvement	Tania Greason	Child Goal Average	<p>NEW Tania Greason: Performance Improvement Project (PIP) Increase Diabetes Screening for members with Schizophrenia or Bipolar Disorder who are dispensed Atypical Antipsychotic Medications.</p> <p>Overall, (85) percent of all applicable evaluation elements received a score of Met. However, The identification and prioritization of barriers through causal/barrier analysis and the selection of appropriate active interventions to address these barriers are necessary steps to improve outcomes. DWIHN's choice of interventions, combination of intervention types, and sequence of implementing the interventions are essential to the DWIHN's overall success in achieving the desired outcomes for the PIP. The three areas in which DWIHN received a Partially Met and/or Not Met include the following:</p> <ul style="list-style-type: none"> • DWIHN failed to describe the eligible population in the denominator description rather than listing the exclusion criteria (Partially Met). • DWIHN failed to demonstrated improvement in the study indicator result (Not Met). • The study indicator did not achieve statistically significant improvement over the baseline (Not Met). <p>Performance Measure Validation (PMV)</p> <p>DWIHN met all required reportable areas during the HSAG Performance Measure Validation (PMV) review for FY20, with the exception of BH-TEDS Data Elements (*Disability Designation) during the HSAG Annual Review Validating that DWIHN's systems and processes successfully captured critical data elements needed to calculate performance indicators in alignment with MDHHS' expectations and codebook. In FY19, DWIHN implemented several quality improvement initiatives to address challenges and improve indicator rates. In June 2019, DWIHN initiated a Performance Indicator Provider and Internal Workgroup to review past performance, address challenges to improving rates, and define quality improvement initiatives. This workgroup meets quarterly and includes both DWIHN staff members and members of its provider network. Additionally, we worked with PCE to enhance the reporting module within MH-WIN that allows the provider to review the performance indicator data prior to submission to the PIHP. This system and process change was designed to address data quality issues and address the completeness and accuracy of information impacting performance. Finally, DWIHN develop a Recidivism Workgroup to review and implement interventions targeted at addressing non-compliance with Indicator #10.</p>	94% 94 / 100% 6% behind

NCQA Stan...	Owner	Co-owners	Tracking T...	Update	Current Co...
				<p>DWIHN received a total compliance score of (79) percent across all standards reviewed during the 2018–2019 compliance monitoring review, which was equal to the statewide average. DWIHN scored above (90%) indicating strong performance in the following areas: QAPIP Plan and Structure, Members’ Rights and Protections, and Coordination of Care standards. DWIHN scored (75) percent, (75) percent, (67) percent, (81) percent, (56) percent, and (50) percent respectively in the Quality Measurement and Improvement, Practice Guidelines, Staff Qualifications and Training, Utilization Management, Credentialing, and Confidentiality of Health Information standards, indicating that additional focus is needed in these areas. DWIHN’s performance measure rates were above the MDHHS established MPS for one of the two reportable indicators, indicating strengths in this area. DWIHN’s MPS related to timely preadmission screening for psychiatric inpatient care for new Medicaid members for children was not met, indicating opportunities for improvement in this area.</p> <p>Challenges: Performance Improvement Project (PIP) Increase Diabetes Screening for members with Schizophrenia or Bipolar Disorder who are dispensed Atypical Antipsychotic Medications.</p> <p>DWIHN determined the following barriers:</p> <ul style="list-style-type: none"> • Lack of knowledge among providers to recommend diabetes screening for members with schizophrenia and bipolar disorder. • Physicians’ belief that diabetes prevalence is low in their practice. • Lack of follow through by enrollees /members to have labs drawn when ordered. <p>Performance Measure Validation (PMV)</p> <p>No barriers identified at this time.</p> <p>Compliance Review</p> <p>To address the areas requiring improvement, DWIHN will prioritize areas of low performance. The strategy will include data trends and root cause analyses with actionable and measurable goals, benchmarks, and interventions, addressing development and implementation of mechanisms for sustaining and spreading improvement in health outcomes, member satisfaction, and other focus areas. In addition, DWIHN will take proactive steps to ensure a successful PIP, including identifying any barriers to success and subsequently implementing interventions to address those barriers timely.</p> <p><i>03/01/2021</i></p>	

HSAG validated a set of performance indicators that were developed and selected by MDHHS for validation. The reporting cycle and measurement period were specified for each indicator by MDHHS. The performance indicators are calculated by the PIHPs for specific populations for the first quarter of state fiscal year (SFY) 2021, which began October 1, 2020, and ended December 31, 2020. All performance indicators were reported as "Reportable", with **no corrective action plan required**.

Performance Measure Validation (Compliance)

DWIHN demonstrated compliance in 50 of 65 elements, with an overall compliance score of 77 percent, indicating that some program areas had the necessary policies, procedures, and initiatives in place to carry out many required functions of the contract, while other areas demonstrated opportunities for improvement to operationalize the elements required by federal and State regulations.

Performance Measure Validation (PIP)

DWIHN submitted the Design, Implementation, and Outcomes stages of the PIP for this year's validation. Overall, 80 percent of all applicable evaluation elements received a score of Met.

Challenges: During the PMV session of the virtual review, it was identified that DWIHN MH-WIN system was capturing little to no detail from providers in regard to any follow-up conducted by the providers for members that no showed or cancelled as it related to Indicator #1. In addition, DWIHN did not capture any explanation as to why a disposition, assessment, or service request might have fallen out of compliance due to an extended amount of time. Supporting documentation provided by Detroit Wayne from August 2019 acknowledged the issues within an on-site meeting agenda and noted discussions on how to address the issue.

During the opening session of the virtual review, DWIHN noted that for Indicator #2a, the PIHP reporting percentages were the lowest amongst regions. There has been a low turnout of new persons receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service. While HSAG noted that a workplan has been implemented by DWIHN, which includes current reporting being sent to the providers to review the status of the indicator and missing gaps of information that needs to be populated by the provider, HSAG recommends for Detroit Wayne to conduct an additional root cause analysis of why members are not receiving follow-up services within 14 days of a completed assessment.

12/23/2021

Goal	NCQA Stan...	Owner	Co-owners	Tracking T...	Update	Current Co...
Ensure the ability to share/access health information across systems to coordinate care	Quality of Clinical Care		-	Child Goal Average	<p>Nasr Doss: Vital Data has been selected as vendor of choice to produce HEDIS measures, same vendor will also work with us in an integrated care platform to be used with MHP in pilot projects. Currently we are working diligently with the vendor to build up the system and data exchange specs.</p> <p>Challenges: No value 09/30/2020</p>	100% 100 / -
→ Enable Interoperability using HIE to share data between care coordinating agencies, providers, health plans, hospitals to provide the provider the holistic view of the health of the individual.: 100%	Quality of Clinical Care, Quality of Service	Manny Singla CNO/CIO	-	Manual Slider	<p>Nasr Doss: Our goal is to achieve TOTAL HIE (Health Information Exchange) platform with our major providers (CRSPS) by the new fiscal year 2021.</p> <p>Challenges: No value 09/30/2020</p>	100% 100 / 100% -
Implement Holistic Care Model: 100%	Quality of Clinical Care		-	Child Goal Average	<p>NEW Allison Smith: DWIHN was approved for inclusion in the Michigan BHH Pilot (Estimate January 2022 for implementation). Certification tool for inclusion as a BHH partner has been developed and shared with potential providers and review will occur in Oct/Nov.</p> <p>Challenges: No value 09/02/2021</p>	96% 96.01 / 100% 4% behind
→ Ensure consistent and standardized model of care: 100%	Quality of Clinical Care	Melissa Moody Chief Clinical Officer (CCO)	-	Child Goal Average	<p>NEW Allison Smith: DWIHN continues move to a holistic care model by ensuring care coordination is occurring between BH & Physical providers as we move towards the BHH and OHH models and the CCBHC model. OHH Medicaid funding begins 10/1/21. Integrated Health Care unit is working to implement a strategy to ensure better transitions in care (Kids aging-out, or levels of needed care).</p> <p>Challenges: No value 09/02/2021</p>	92% 92.02 / 100% 311% behind
→ Obtain leadership buy-in for the Behavior Health Home Model	Quality of Clinical Care, Quality of Service	Chief Network Officer (Unappointed)	-	Manual Slider		100% 100 / -
Improve population health outcomes	Quality of Clinical Care		-	Child Goal Average		80% 80.42 / 7% behind

Goal	NCQA Stan...	Owner	Co-owners	Tracking T...	Update	Current Co...
<p>↳ Manage performance improvement outcomes: 100%</p>	Quality of Clinical Care	April Siebert Director of Quality Improvement	-	Child Goal Average	<p>NEW Tania Greason: NCQA Upload for the Effectiveness of the QI Program (QI 11). Performance Improvement Projects submitted include:</p> <ul style="list-style-type: none"> • Phone Abandonment • Habilitation Supports Waiver • PHQ-A • PHQ-9 <p>Challenges: No barriers identified at this time. 03/01/2021</p>	<p>61% 60.83 / 100% 39% behind</p>
<p>↳ Implement MED DROP Program (genoa healthcare): 100</p>	Quality of Clinical Care, Quality of Service	Sherry Scott Manager of Clinical Practice Improvement	Shama Faheem Ebony Reynolds	Task Completion	<p>NEW Sherry Scott: DWIHN implemented ACT step down model with the hopes of decreasing hospital recidivism and identifying members who no longer met medical necessity for the ACT program. However, since implementing the ACT Step down model, DWIHN has since went from fee for service to PMPM model for ACT as well as putting hard stops in place which stops any other billing that was outside of the H0039 bundled cpt code. Once those things were put in place there was a decrease in how much DWIHN paid out in ACT services.</p> <p>Also, DWIHN found that ACT members whom were stepping down from ACT did not want to participate in the Med drop/ ACT step down program and some ACT members did not meet medical necessity for the ACT program. With that being said DWIHN expanded the med drop/ ACT step down program to members who do not meet medical necessity for ACT but needed more intensive services then the traditional case management services.</p> <p>6 cases were closed in December:</p> <p>CCS- closed 12/30/21- the client would not attend a med review, so no medications could be prescribed.</p> <p>CNS- closed 12/7/21- dropped out- She did not want to do anymore. Thought was managing meds just fine. Was not what she expected after the fact.</p> <p>CNS- closed 12/1/21- dropped out- this was the client who has having the issues with PCP not allowing meds to move over to Genoa. He did not want to continue to fight about this.</p> <p>CNS- closed 12/17/21- the client did not attend scheduled med reviews, so medication drops did not start. This was an orientation only.</p> <p>DCI = closed 12/10/21- dropped out- changed his mind. He was very organized and really did not need our help.</p> <p>LBS- closed 12/16/21- moved out of county</p>	<p>100% 100 / 100 -</p>

Challenges: COVID 19 became a barrier with initially implementing the program. Since implementing the ACT Step Down/ Med drop program, members were apprehensive about someone coming to their home and being in close proximity due to COVID concerns. Another barrier was that some members were not interested in participating in the ACT Step Down/ Med drop program. Another challenge is hiring and keeping staff. Since COVID 19, there were a number of staff who had reside. All of our network providers has a staffing issue which in turn providers were not able to hire enough case managers to implement the program. Due to all of these reasoning DWIHN expanded the population to members in outpatient, receive AOT orders and those that have a high hospital admission rate.

01/20/2022

CHIEF CLINICAL OFFICER EXECUTIVE SUMMARY
PROGRAM COMPLIANCE COMMITTEE
April 13, 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
January 2022	679	19
February 2022	579	3
March 2022	696	3

Inpatient Hospital Admission Authorization data as of 4/1/2022.

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	March 2022- # Served
Community Outreach for Psychiatric Emergencies (COPE)	Intensive Crisis Stabilization Services (MDHHS Approved)	203 (no significant change from Feb)
Team Wellness Center (TWC)	Intensive Crisis Stabilization Services (MDHHS Approved)	174 (4% decrease)

*Team Wellness CSU was closed due to a critical event on 3/31/22.

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- March 2022
Quality Behavioral Health (QBH)	0 (0)
Detroit Rescue Mission Ministries (DRMM)	0 (4)
Abundant	2 (1)

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 impeded the following residential providers, to provide services for those persons identified as COVID-19 positive or symptomatic (mild to moderate).

**CHIEF CLINICAL OFFICER EXECUTIVE SUMMARY
PROGRAM COMPLIANCE COMMITTEE
April 13, 2022**

Provider	Services	# Beds	March 2022- # Served
Detroit Family Homes	Licensed Residential Home- Adults	4	0 (4)
Kinloch	Licensed Residential Home- Adults	3	0 (0)
Detroit Family Home- Boston	Licensed Residential Home- Adults	6	0 (0)

RESIDENTIAL DEPARTMENT- COVID-19 Impact:

	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022 (Oct 1, 2021- current)	March 2022
Total # Covid-19- Members	169	76	106	5 (Feb-4)
<i>Related Deaths</i>	34	7	3	0 (Feb-1)
Total# Covid-19 Staff	71	59	58	0
<i>Related Deaths</i>	3	0	1	0

VACCINATIONS- RESIDENTIAL MEMBERS:

	# of Members Fully Vaccinated	Vaccine Booster Feb. 2022	Vaccine Booster March 2022
Licensed			
City of Detroit	649 (88.7%)	199 (30.6%)	337 (52%)
Western Wayne	1,246 (91.4%)	355 (28.4%)	827 (66%)
Unlicensed			
City of Detroit	93 (61.1%)	20 (22%)	38 (41%)
Western Wayne	678 (68.2%)	222 (33%)	316 (47%)

*The was 3 additional initial vaccinations in March 2022.

*Data for Feb. & March were recalculated due to errors on last month's PCC report. Numbers provided under Boosters included scheduled appointments. An additional 260 members in Licensed settings and 203 in Unlicensed settings are scheduling boosters.

COVID-19 MICHIGAN DATA:

Michigan COVID-19 Cases: April 5, 2022 update: The total number of confirmed COVID-19 cases in Michigan is 2,080,612 with 32,863 confirmed deaths. Wayne County reported 373,145 confirmed Covid cases and 7,311 deaths. The City of Detroit reported 124,377 confirmed Covid-19 cases with 3,306 deaths. (Source: www.michigan.gov/Coronavirus)

Michigan COVID-19 Vaccination Updates:

Area	First dose- Initiation	Fully Vaccinated
State of Michigan	66.6%	60.3%
Wayne County	74.2%	67.7%
City of Detroit	49.5%	41.9%

CHIEF CLINICAL OFFICER EXECUTIVE SUMMARY
PROGRAM COMPLIANCE COMMITTEE
April 13, 2022

Health Home Initiatives:

- **Behavioral Health Home (BHH):** This model focuses on care coordination and health education for Medicaid recipients that have an eligible diagnosis, to ensure persons have both their physical and behavioral healthcare needs met. Initial BHH implementation has been delayed by MDHHS with a new start date of May 1, 2022. DWIHN has been meeting with our five (5) identified HHPs on a regular basis to provide training and technical support. Case to Care Management training for both our identified health home partners and DWIHN internal staff is being provided. MDHHS has provided BHH launch and WSA training meetings in preparation for implementation.
- **Opioid Health Home (OHH):** This model focuses on comprehensive care coordination and health education for Medicaid recipients that have an eligible Opioid Use diagnosis, to ensure persons have both their physical and behavioral healthcare needs met. DWIHN currently has 268 enrolled members receiving this comprehensive array of integrated healthcare services. This has been a 3.9% increase in OHH enrollment since February 2022.
- **Certified Community Behavioral Health Clinic- State Demonstration (CCBHC):** A CCBHC site provides a coordinated, integrated, comprehensive services for all individuals diagnosed with a mental illness or substance use disorder. It focuses on increased access to care, 24/7/365 crisis response, and formal coordination with health care. This State demonstration model launched on 10/1/2021. The Guidance Center currently has 2,706 members that have been enrolled and are actively receiving CCBHC services. CCBHC Medicaid recipients are funded using a prospective payment model. DWIHN has requested ARPA funds and additional general funds for CCBHC non-Medicaid recipients. Provided training on the Vital Data platform which allows the provider to monitor quality and HEDIS measures and assist in evaluating program effectiveness.
- **Certified Community Behavioral Health Clinic (CCBHC)- SAMHSA Grant:** SAMHSA recently released the CCBHC Expansion Grant with a submission date of May 17, 2022. DWIHN is currently working on this grant in an effort to provide services to underserved populations and where there is reported gaps in care.

Substance Use Services (SUD):

- **Women’s Pregnant and Post-Partum Pilot Program:** DWIHN recently received additional funding to provide integrated services that support family-based services for pregnant and postpartum women (and their minor children) with a primary diagnosis of SUD, including Opioid Use disorders. This includes outreach, screening & assessment, Peer Recovery supports, case management, and evidence-based practices. DWIHN has started meeting once a month with the two designated providers (Elmhurst Home and Central City Integrated Health) and a separate meeting with the PIHPs, concurrent with MDHHS and WSU Evaluators. The goal of the meetings is to discuss program updates in the following areas:
 - Efforts on screening utilizing High Tech, High Touch (HT2) and assessment of pregnant and postpartum women
 - Efforts to expand Enhanced Women’s Services (EWS) to include recovery supports in wraparound programming.
 - Expansion of DWIHN’s Opioid Health Home (OHH) network to serve pregnant and postpartum women.
 - Implementing Mom Power (MP), a family-focused evidence-based practice (EBP) with women and their families.
 - Efforts to increase access to MAT for pregnant women.

**CHIEF CLINICAL OFFICER EXECUTIVE SUMMARY
PROGRAM COMPLIANCE COMMITTEE
April 13, 2022**

- Efforts to increase access to sustainable, gender-responsive, and comprehensive family-based treatment for pregnant and postpartum women across the continuum of care by including PPW providers in the OHH partner network.
 - Efforts to collaborate with systems that impact pregnant and parenting women with SUD.
 - Increase efforts to screen for infectious diseases and provide testing for HIV and Hepatitis where it is not available, as well as connections to follow up care by requiring that every woman entering services is screened and referred to the appropriate follow up measured by programmatic monitoring,
 - Efforts to implement and educate on harmful effects of tobacco/nicotine products during pregnancy.
 - Providers are participating in a need's assessment. Part of the need's assessment focuses on the transition from pregnancy to postpartum (first 12 weeks), including a case study analysis of innovative approaches to supporting families during this transition.
- **MDOC Program:** The goal of the SUD/MDOC program is to reach offenders with Substance Use Disorders so they can receive medically necessary services from the DWIHN SUD Provider Network. SUD staff have conducted trainings with probation and parole officers in Wayne County concerning the process to assist their probationers or parolees on how to obtain SUD services seamlessly. MDOC are considered a priority population for assessment and admission due to public safety needs and related to their MDOC involvement. We have also established protocols for officers to get updates from providers concerning their members progress or lack of progress. There were 144 people screened from 3/1/2022-3/31/2022 and 132 members subsequently enrolled in SUD services.

DWIHN/Wayne State Partnership:

DWIHN is collaborating with Wayne State University in an effort to address current workforce shortages. One area of focus includes increasing pathways for current peer recovery coaches and Peer Support Specialists to gain additional certifications, and if interested, college degrees to allow them to advance in their roles as behavioral health workers. WSU is exploring ways that they can ease the financial burdens through stipends and opportunities for loan repayment innovations, and examine how to recognize previous training and work experience to facilitate educational opportunities.

Clinical Practice Improvement:

- **Individual Plan of Service (IPOS)-** The Clinical Practice Improvement and Quality Management teams updated the standardized IPOS to include required MDHHS Home and Community Based Service (HCBS) changes. Providers are being trained on these changes this month (April 2022).
- **Med Drop-** Due to the effectiveness of this program, DWIHN has expanded its' availability to more programs/populations. Since March 1st there have been a total of 14 new admission/opened members, which is a total of 49 members currently in the program.
- **Case Management Model-** DWIHN is working in collaboration with a subgroup of our Provider Network on establishing a standardized case management assessment that can be utilized on an annual basis. This would assist in workforce shortages by allowing case managers to complete annual assessments (with some exclusions) and allow Master's level clinicians to focus on therapeutic services.



CHIEF CLINICAL OFFICER'S REPORT
Program Compliance Committee Meeting
Wednesday, April 13, 2022

CHILDREN'S INITIATIVES – Director, Cassandra Phipps

March 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

GOALS	SPECIALTY POPULATION
<p>Goal 1: Access</p> <ul style="list-style-type: none"> • Branding / Outreach / Census / Screenings <p>Goal 2: Prevention</p> <ul style="list-style-type: none"> • Pediatric Care / Technology / Schools / Tri County <p>Goal 3: Crisis Intervention</p> <ul style="list-style-type: none"> • Care Center / Expansion of Crisis Services / Crisis Training <p>Goal 4: Treatment</p> <ul style="list-style-type: none"> • Expansion of Services / Quality of Services / Workforce 	<ul style="list-style-type: none"> • Kids age 0 to 6 • Young Adults transitioning to adulthood age 17 to 21 • Juvenile Justice • Foster Care • Pediatric Integrated Health Care • Schools • Diversity / Equity / Inclusion

Updates

Branding: New children billboards were placed in Wayne county to connect with accessing services. The Children's Initiative website was also updated to include the Children Guidebook and updated flyers for specific children programs.

Access: Children's Initiative Department is partnering with Access Department to streamline the screening process for children in foster care, children ages 0 to 6 in the Infant Mental Health (IMH) program, and young adults ages 18 to 21. The Access Department was successfully trained on the administration of the CAFAS for ages 7 to 21 to assist with the determination of eligibility for community mental health services.

STEM: Meeting was held with Motor City STEAM on 3/9/2022 to partner with DWIHN to provide STEM workshops virtually and in person for children ages 10 to 14. Plan to develop a registration for children to participate and schedule the initial workshop for spring 2022.

Pediatric Integrated Health Care: Meetings were held with Starfish and University of Michigan to review the MC3 and SKIPP programs. Discussed ways to improve outreach efforts and identify a new clinic for SKIPP due to barriers during Covid 19 with the Henry Ford clinic.

Outreach: Meeting was held with The Family Center of Grosse Pointe and Harper Woods on 3/18/2022. This agency offers resources and supports for parents in Wayne county and their goal is to extend their services to the Detroit area. Services was shared with the System of Care Advisory Council. Presented the Putting Children First Initiative to System of Care (SOC) Partners including; SOC Advisory Council and Children Provider executive leadership.

Juvenile Justice: Meetings were held with Assured Family Services and Wayne State University to discuss the needs of youth involved in the juvenile justice system. Identified main areas to address: discharge planning into the community, mental health treatment, and prevention.

Schools: Meeting was held with Wayne RESA to discuss plans for TRAILS (Transforming Research into Action to Improve the Lives of Students) programs in the schools. 10 schools have been identified to implement the model. Wayne RESA developed a draft letter for children providers to complete when a student is in crisis and seeking to return back to school. Meeting held with Tri County Initiative to discuss providing a universal training for school threat and safety. DWIHN attended the Canton/Plymouth School District forum on 3/24/2022 to discuss community mental health services in Wayne county.

School Success Initiative (SSI)

Monthly SSI Provider meeting was held this month. Informed the group of the technical challenges with Redcap due to server issues. DWIHN IT Department is researching if will keep Redcap and upload data to a cloud or transfer data into MHWIN. Additional features were updated in Redcap to improve collection of data and outcomes. Discussed implementing Spotlight Awards for students and creating a nomination process. The Guidance Center assisted with developing a typable version of the Strengths and Difficulties Questionnaire (SDQ). This month Children's Initiative Department met with executive leadership with each provider separately to discuss quarter 1 progress and barriers and updates.

System of Care

Health, Human and Veteran Services (HHVS): Effective 3/14/2022 Melissa Fernandez, LMSW joined HHVS as the new Division Director, Juvenile and Youth Services. **Youth United:** 3/11/22 a Courageous Conversations event titled, "Gun Violence in the Community." (28 attendees). Hosted a meet and greet skating event at Riverside Area in Livonia (20 attendees) **Family Alliance for Change Parent Forum:** 3/15/2022 The Guidance Center presented on the link between trauma and substance use (27 attendees). **Stars Training Academy:** Facilitated a 2-day training on 3/15/22-3/16/22 on the Transition to Independence Process (TIP) model (96 attendees). **Trauma Leadership Stakeholders:** 3/17/2022 presented trauma informed case accomplishments and activities. The Guidance Center presented on "The Current Reality of Trauma." (23 attendees). **Children Lecture Series:** 3/17/22 DWIHN Autism Department presented "Autism: What's All the Hype About?" (40 attendees). **Fatherhood Initiative:** 3/17/2022 March DADness event was held to discuss physical and emotional boundaries (25 attendees). **Mental Health Awareness Fair:** 3/30/2022 was held to increase awareness of youth, parent, and fatherhood programs (34 attendees and 13 vendors). **System of Care Planning Day:** On 3/31/2021 SOC partners brainstormed ideas for goals for the next fiscal year. **Career Fair:** On 3/31/2022 attended career fair with Wayne State University to explain about community mental health (8 students).

CRSP Meeting: Children's Initiative Director provided updates

- SED Waiver: Upcoming communication to explain the SED Waiver Informational Letter and SED Waiver Transition Letter to provide to families.
- Children Outpatient Meeting: Begin quarterly meetings with outpatient supervisors / managers to discuss trends and utilization of services.
- Patient Health Questionnaire Adolescents Upcoming communication to improve compliance with completing the PHQ A quarterly.

CLINICAL PRACTICE IMPROVEMENT – Clinical Officer, Ebony Reynolds

Evidence Based Supported Employment Clinical Specialist March 2022 Activity

Community Care Services (CCS) shared it will be fully merged with Hegira effective March 27, 2022. DWIHN's program manager and MDHHS will continue to monitor Hegira's absorption of the EBSE program of CCS. All EBSE providers report an abundance of member job opportunities as well as great employer support to ensure their employment success. Most EBSE providers continue to work hard at recruiting positions for their vacancies within their agency.

DWIHN- Workforce Training Project

Assisted with review of core and supplemental training of DWIHN's workforce. Recommendations: 1) Ensure trainings offered address the needs of I/DD and children populations, 2) Request assistance from Ruth Ellis to obtain training specific to LBGTO gender affirming needs, 3) Identify individuals to conduct trainings, 4) Ensure DWIHN-Workforce Development staff representation at scheduled meetings going forward to advance project goals.

CRSP IPOS Audit/ Policy/ Procedure Review

Assisted DWIHN Quality Management Team with Home and Community Based Services (HCBS) required changes to the standardized IPOS as well as planning for provider network training on the IPOS revisions. Reviewed and provided additional updates to the Integrated Biopsychosocial (IBPS) and Conflict-Free Case Management policy to ensure compliance with NCQA quality indicators and HSAG review recommendations.

Project – WC Jail – IST – Probate Court – Returning Citizens Clinical Specialist March 2022 Activity

- ❖ For the month of March there were 139 releases from the jail. Of the releases, 52 were linked back with a DWIHN provider; 6 were not enrolled in MHWIN (ex: either residents of another county, never received treatment services, or quickly released) 9 were sent to a hospital or other correctional facility; and 72 were not assigned to a provider but will be enrolled post release from jail. To address this a meeting was held with Naphcare and Wayne County regarding discharge planning. Naphcare has two designated discharge planners who currently are focusing on planned discharges for members on the mental health unit or who are enrolled in the Medication Assisted Treatment (MAT) program.
- ❖ DWIHN Access department attended a meeting this writer and Naphcare which was beneficial to identifying a process to reach a screener at the Access Center or receive a return telephone call if necessary.
- ❖ On average, Naphcare sends the Access Center close to 100 new persons in jail per month to receive an MHWIN member ID number and be enrolled for jail based mental health services.
- ❖ There are currently 11 participants in Mental Health Court.

Project - Jail Diversion/ ACT Reviews/Assisted Outpatient Treatment (AOT) Orders

- ❖ For the month of March there were 63 AOT orders. Of the 63, 5 were on a hospitalization order; 9 were not enrolled in MHWIN; 6 were referred to the Access Center for provider assignment; and 43 have an assigned provider.
- ❖ An AOT training for the providers was provided by the Probate Court. Next month a training will be held specific to the hospitals.
- ❖ MDOC reported the current employment rate for persons coming out of prison is up by 50%. MDOC continues to hold job fairs for prospective employees.
- ❖ From February 26-March 30 there were 3 returning citizens.
- ❖ During this reporting period one member involved in the criminal justice system was employed.

Assertive Community Treatment/ Med Drop Clinical Specialist March 2022 Activity

During the month of March, CPI manager met with Genoa Health and Team Wellness to follow up on ways to start the implementation of Med Drop.

In addition, this writer participated in Outcomes Improvement Committee (OIC) meeting to support a provider managing a member on the ACT level of care. This writer also participated in discussion on standardized IPOS, HSAG and HCBS standard elements and HSAG compliance corrective action plan review.

CPI manager also participated in the standardized IPOS rollout discussion and finalization of IPOS plan for PCE.

CPI manager met with Med Drop for a monthly follow up meeting, where it was noted that there are 35 Current Active Clients CCS=11; LBS=15; CNS=2;

DCI = 6; AWBS=1 as of March 1.

Please note after March 1st there have been a total of 14 new admission/ opened members into the Med Drop program, which is a total of 49 members in the program.

Also, for the month of March the CPI manager attended the COPE follow up meeting facilitated by COPE and the DWIHN Crisis department. Topics discussed were, COPE and crisis concerns, state liaison updates and law enforcement liaison updates. CPI manager also attended the internal hospital recidivism workgroup that is facilitated by the DWIHN-Quality department.

Other activities completed by the CPI manager include:

- Participated in cascade updates with internal staff.
- Participated in AOT review process with internal staff
- Participated in ACT policy updates with internal staff
- Participated in CNS and AWBS Med Drop updates
- Participated in IPOS-PHQ-9 periodic review addition and presented to the Quality Operation Technical Advisory Workgroup (QOTAW) changes in effort to increase compliance of PHQ-9 for NCQA performance improvement plan (PIP).
- Participated in BH-TEDS for case management meeting
- Participated in steering committee on inpatient psychiatric prevention and reduction with internal and external individuals
- Facilitated monthly ACT forums with 9 ACT providers.
- Facilitated monthly meetings with Genoa Health coordinator.
- Facilitated a follow up monthly meeting with all pilot program providers for Med Drop. Topics discussed were ways to increase admissions rates, talking points, new AOT population and recommendations for providers with regards to presenting the program to members and any concerns.

Self-Management Improvement Project

- DWIHN continues to offer myStrength as a self-management tool to the DWIHN provider network and to monitor and track enrollment and usage per NCQA. The current goal for the Self-Management Improvement Project is to enroll an additional one thousand and twenty (1,020) new myStrength members annually to improve member engagement by increasing the monthly rate of use from an average of 2.5 times per month to 4 times per month.

- The Self-Management Improvement Project was transferred from Workforce Development to Clinical Practice Improvement in March 2022
- CPI Staff attended first myStrength/Teledoc Health DWIHN partner meeting on March 28th
- CPI staff is projected to have report completed and submitted to IPLT in May
- CPI staff is tentatively scheduled to present Self-Management Improvement Project update to the QISC May 31st.

Standardized IPOS Update (HCBS Final Rule)

- Quality and CPI departments are collaborating to facilitate an IPOS Training to demonstrate the required changes to the IPOS for the HCBS final rule.
- IPOS trainings are scheduled tentatively for April 14th and April 21st

Other activities completed by CPI team include:

- Participated in Case Management Model Sub Group Meeting
- Participated in Standardized IPOS Bi-Weekly Meetings
- Participated in SEC/PRC Committee Meeting.
- Participated in Act Forum Meeting
- Participated in Hospital Liaison Meeting

CRISIS SERVICES – Director, Daniel West

CHILDREN’S CRISIS SERVICES

Month	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	Crisis Stab Cases
February	257	234	64	25%	182	71%	102
March	338	305	59	17%	274	81%	171

- Requests for Service (RFS) for children increased by 31% compared to February. The diversion rate increased by 10% from the month of February.
- There were 171 intensive crisis stabilization service (ICSS) cases for the month of March, a 40% increase from February. Of the 171 cases there were 62 initial screenings.
- There was a total of 65 cases served by The Children’s Center Crisis Care Center in March, 24 cases more than last month. Please note that the TCC Crisis Care Center will continue modified operations, accepting walk-ins from 8:00 AM - 3:00 PM and maintaining program hours of 8:00 AM - 5:00 PM.

COPE

Month	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	# Inpt due to no CRU
February	907	853	591	65%	292	32%	4
March	1,008	899	651	65%	315	31%	10

- The number of requests for service (RFS) for adults increased 10% from February, increasing from 907 to 1,008. The number of diversions remained the same at 31%.
- The Crisis Stabilization Unit (CSU) at COPE served 203 cases in this month, a slight decrease from February at 205.
- The Mobile Crisis Stabilization Team provided services to 74 members in March, down from 88 in February.

CRISIS RESIDENTIAL/HEGIRA

- The number of available beds is 16.

Referral Source	Total Referrals	Accepted Referrals	Denials
ACT	0	0	Level of Care change – 2
COPE	50	43	Not medically stable due to SUD – 1
DWIHN Res.	5	5	Not medically stable due to physical health – 1
Step Down (Inpatient)	15	14	Violent/aggressive behavior – 0 Immediate danger to self – 1
Total	70	62	No follow-up from SW/Hospital – 0 Member choice-0 CRU bed unavailable-1 1:1 staffing not available-2 Total - 8

CRISIS CONTINUUM

- For the month of March, Team Wellness Crisis Stabilization Unit (CSU) provided services to 174 individuals, a slight decrease from the month of February. Team Wellness CSU was closed due to a critical event on 3/31/22.

PROTOCOL

Month/Year	# Incoming Calls	# Calls Answered	% answer w/in 30 secs	Avg. Speed of answer	Abandonment rate
February	709	596	44.6%	109s	14.9

- Call data for the month of March was not available for this month's report.
- Protocall successfully onboarded 33 staff in January with 22 staff expected to train at the end of this month. 10 staff graduated training mid-February with 20 scheduled to complete training to join their shifts mid-March. As many as 36 new call takers will be available at different stages through March and April. Since January, there has been a reduction of callers experiencing a secondary wait time during triage by 25%. Protocall shared these improvements are expected to be reflected in March reporting data.

COMMUNITY LAW ENFORCEMENT LIAISON ACTIVITY REPORT

- The number of ATRs for the month of March increased by 6% (319 completed for this month as compared to 302 in February).
- Community Law Enforcement Liaison engaged 44 individuals this month.
 - 100% have repeat hospitalizations without follow up by the CRSP. CRSP were alerted and engaged in discharge planning. 30% have Team Wellness as a CRSP. 14% have Hegira as a CRSP.
 - 1% were homeless.
 - 32% were on court orders.
 - 2% needed residential placement.
 - 1% were COPE Alerts with a diversion rate of .36%
- 14 Citizens returned and were connected to DWIHN services upon release from MDOC. 50% missed their initial intake appointment. Communications were sent to MDOC, PCS and CRSP to follow up regarding missed intake and to ensure compliance.
- DWIHN received 97 Assisted Outpatient Treatment (AOT) orders from Probate Court this month and respective CRSPs are notified to incorporate these orders in treatment planning.

- There were 11 ACT consumers referred to COPE: 45% went inpatient, 45% went Outpatient, and 1% were admitted to CRU. No pre-placement or partial day hospitalization was sought during this reporting period. It should be noted 45% of ACT PARs were completed by COPE.

COMMUNITY HOSPITAL LIAISON ACTIVITY REPORT March 2022

- In March 2022, there were 327 contacts made with community hospitals related to movement of members out of the emergency departments, which is a 43% increase in contacts from February. Out of the 327 encounters, 162 were diverted to a lower level of care, an overall diversion rate of 50%. 1 admission was made to Hawthorn, and 0 admissions were made to WRPH and Kalamazoo.
- Hospital liaisons were involved in 103 cases that were NOT on the 23-hour report, and of those cases, 27 of those cases, 26% were diverted to a lower level of care.
- Hospital liaisons received 51 “crisis alert” calls collectively and the crisis alert diversion rate was 61% for March. In March, there were 52 crisis alerts with only 20 inpatient admissions.
- Of the overall 327 contacts, 23 members had at least 2 emergency encounters in March and were therefore considered recidivistic in March (50 encounters between 23 members, and 1 member repeated a crisis encounter 4 times, 2 members repeated a crisis encounter 3 times, and 8 of these members went inpatient twice). Ultimately with the 23 members considered recidivistic in March, 14 were diverted to a lower level of care at least once.
- No requests were made related to veteran’s affairs.

DATA SPECIFICALLY RELATED TO 23 HOUR REPORT March 2022

- Of the 23-hour report activities during this reporting period there were 225 encounters (a 16% decrease from February at 262 encounters) related to movement from a 23+ hour wait in the ED.
- 139 of the 225 cases specifically related to the 23-hour list went inpatient, resulting in a 62% diversion rate, a 24% increase in diversion rate compared to February.

DISPOSITION TOTALS March 2022

- For inpatient overall: Detroit Receiving 3Q: 8, BCA Stonecrest: 41, Havenwyck: 18, Harbor Oaks: 15, Kingswood: 28, Samaritan: 2, Wyandotte: 2, Pontiac: 25, HF Macomb: 5, Sinai: 8, BCM: 2, St. John Oakland: 1, St. Mary Mercy: 3, St. John Main: 2, Providence: 1, UoM: 3
- Of those diverted overall, discharged to outpatient with stabilization: 133, Partial Day Hospitalization: 4, Cope CSU: 1, CRU: 5, Safehaus: 1, SUD: 6, DWIHN residential referral: 3, Nursing home: 3, pre-placement: 1, and there were 5 medical admits.

MOBILE OUTREACH SERVICES

Number of Mobile Events Attended	16
Number of Meaningful Engagements	71
Number of Subsequent Contacts	21
Number of Screenings in the system	1

CUSTOMER SERVICE – Director, Michele Vasconcellos

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

- DWIHN's Customer Service division handled a total of 2,218 calls in the month of March. Front Desk 1,175 with an ABD rate of 0.7%; Call Center 799 with an ABD rate of 11.6%. The ABD rates are out of compliance with contributing factors of phone related issues for the CSRs and there were occasions when calls were going to the Access Center due to the Front Desk staff and the CSRs were assisting other callers.
- Family Subsidy requests continue to be remotely addressed and processed without interruption. Scanning of files continued as part of the Therefore initiative.
- Processed and mailed out "Choice" letters to members as a result of provider closures or discontinuance of services.
- Continued to address medical record request and policy updates.
- Addressed Special Administrative follow-up cases from the state.
- Customer Service Director participated in panel discussion at Ukrainian Cultural Center to discuss available mental health services.
- Initiating the interview process for the filling of 2 vacant clerical support staff positions for the unit.

Customer Service Performance Monitoring/ Grievance & Appeals

- Participated in UM, Quality Ops, ICO monthly meetings.
- Credentialing meeting on 3/29/2022
- Finalization of Mediation concern with NSO regarding CLS services.
- Revised letter templates and forwarded documents to IT for PCE revisions to Medicaid letters based on HSAG recommendations including tagline size have been completed.
- Revised letter templates and forwarded documents to IT for PCE revisions to MI Health link letters-completed.
- Participated in multiple provider closure meetings and mailed member choice letters as required.
- Completed 6 PIHP member extension calls for UM Department.
- Provided Disenrollment Update Reports and completed a total of over 2300 plus disenrollments to date for members without an assigned CRSP
- Collaborated with MCO re: 1 grievance (Chitter Chatter)
- Presented Autism Outpatient Provider Meeting (3/21/22)
- Conducted 2 Appeals Trainings with Southwest Solutions and Goodwill, 1 overarching Grievance training with Network
- Conducted Interviews for CS Appeals Specialist Position vacancies.
- Conducted 2 State Fair Hearings, (1 decision upheld, 1 decision pending)
- New Hire Appeals and second opinion orientation for Access Center staff
- 4 CRSP audits completed (SW Solutions, SHAR, Nardin Park and New Light Recovery Center). 2 other provider audits have started but not completed for Rainbow Center of Michigan and Beginning Step.
- Began the process as it relates to distributing quarterly EOBs.
- Multiple meetings with CCO, CO, Children's Initiatives regarding #1542424)

NCQA/HSAG

- HSAG CAP meetings regarding Standard 1 (x 3)
- Met with UM, Strategic Planning and HPS Consultants regarding UM NCQA standards (x3)
- Met with Credentialing and MCO regarding the online directory requested revisions for HSAG Cap.

Member Engagement/ Experience

- Continued to report on the final results of the Annual ECHO survey results for adults and children. The outcomes suggest some improvement in key areas 809 DWIHN members responded to the survey. • 598 members reported receiving services in the past year (77% of the 778 who responded to this question). • Respondents differed from the sample in that they were less likely to have a guardian (9% vs. 16%). There were no statistically significant differences between the sample and the respondents, in terms of primary disability designation or dual eligibility. In terms of children: 1,415 parents/guardians of DWIHN members responded to the survey. • 961 reported receiving services in the past year. • The 1,289 respondents who completed the survey were less likely to have a child with a primary disability designation of severe emotional disability (53.5%), compared to the sample (57.0%) and more likely to have a developmental disability (46.2%) than the sample (42.5%). A higher percentage of respondents' children were receiving autism services (35.9%), compared to the sample (32.0%). • DWIHN scored well on many measures, notably: 1. Privacy (95%); 2. Discussed goals of child's treatment (94%); and 3. Patient rights information (92%). • There were two measures with scores of less than 50%: 1. Perceived improvement (28%); and 2. Getting treatment quickly (46%).
- Hosted the Developmental Disabilities Awareness Month series, 5 sessions, one each Thursday in March. Topics focused on housing, employment, criminalization, vaccination, and advocacy. Several local and state organizations collaborated on the effort. Those were Arc Detroit, Warriors on Wheels, Michigan Developmental Disabilities Council, Michigan United Cerebral Palsy, Services to Enhance Potential, and MDRC.
- Hosted Ambassador Refresher course on March 29, 2022.
- Marked the Cultural Competence policy and procedures with NCQA citations and pushed out for approval.
- Attended state peer training on health and wellness with three other identified peers.
- Conducted site visits at Perfect Place in Southgate, Michigan. The operation has expanded its location and made great use of MDHHS wellness grant dollars with skin care classes and plant-based eating.
- Continued to work on selection of the vendor to develop the DWIHN mobile application for community engagement with IT, Communications, and Finance.
- Continued to host monthly member (e.g., EVOLVE) and advisory group meetings (Constituents' Voice general assembly, Leadership etc.)
- Offered three computer coaching session with adult foster home providers.
- Continued to analyze the data on peer specialist workforce and liaisons.
- Continued to work with clubhouses and drop-in centers on grant submissions for block grant funding for 2023 and 2024.

INTEGRATED HEALTH – Director, Vicky Politowski

Please See Attached Report

MANAGED CARE OPERATIONS – Director, June White

Please See Attached Report

RESIDENTIAL SERVICES – Director, Shirley Hirsch

Please See Attached Report

SUBSTANCE USE DISORDER – Director, Judy Davis

Please See Attached Report

UTILIZATION MANAGEMENT – Director, Jennifer Jennings

Please See Attached Report

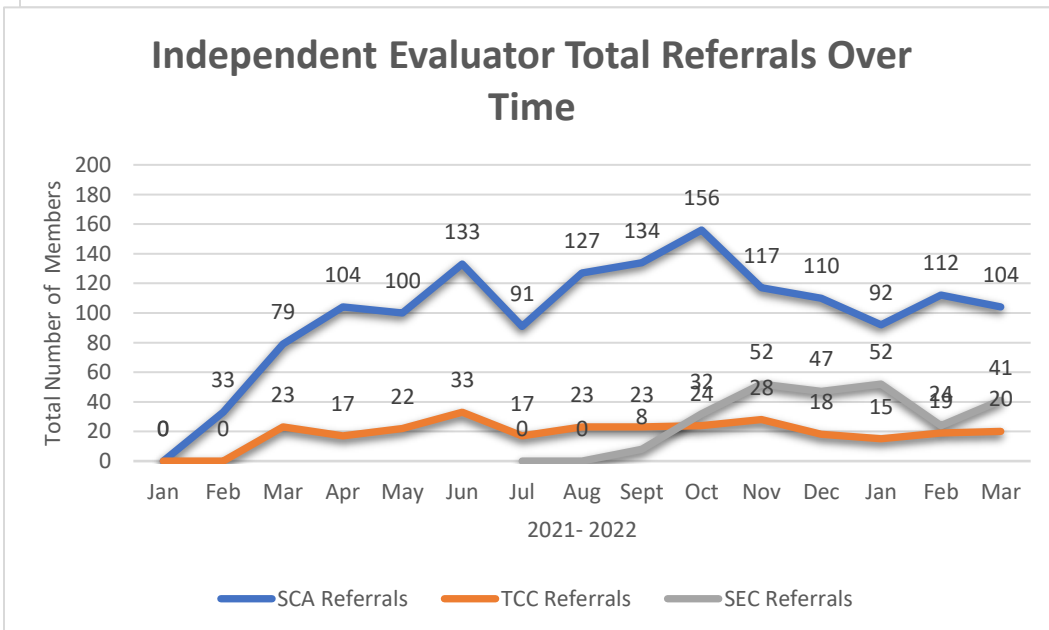
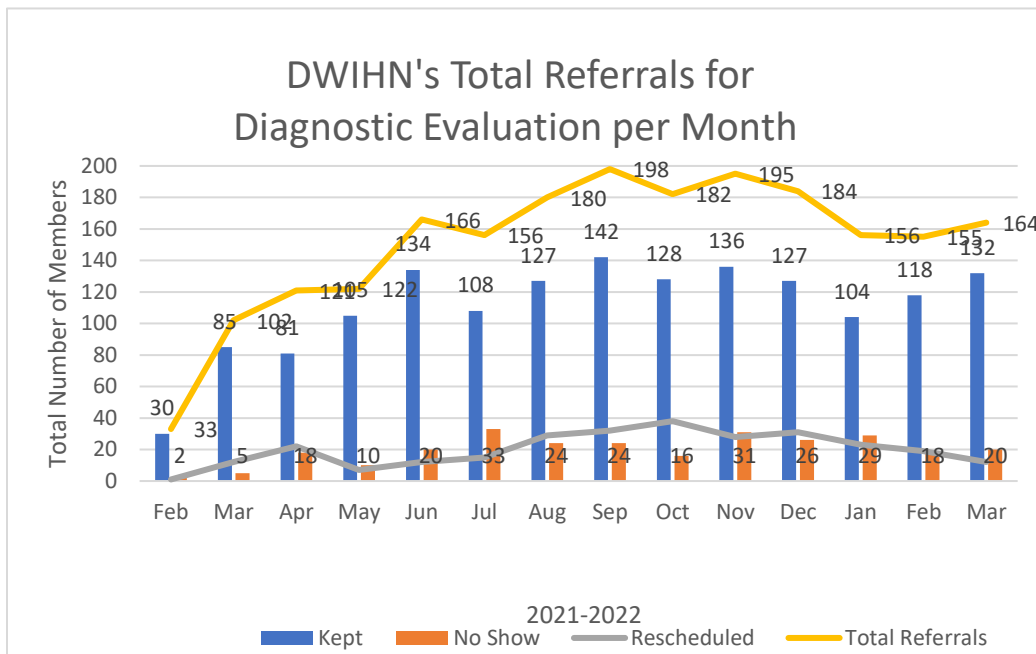
Autism Spectrum Disorder Benefit March 2022 Monthly Report

Enrolled in ASD Benefit

Total open cases in the WSA for the month of March is 2293 with the highest total of members enrolled with Centria Healthcare, Chitter Chatter, Gateway, then Attendant Care; in order of largest to smallest.

Summary of Diagnostic Evaluations

An update on the referral process for Wayne County Medicaid eligible beneficiaries seeking access for the Autism Benefit at DWIHN started on March 14th. The total comprehensive diagnostic evaluation scheduled by the Access Call Center for the month of March was 164 which is an increase of 24 referrals from the previous month. Out of the 164 scheduled appointments 132 were kept, 20 were no show appointments, and 12 were rescheduled. Additionally, a total of 17 members were not diagnosed with Autism (non-spectrum). Below is a separate graph of the Independent Evaluator's total referrals for the month of March



Provider Updates

- New measurement of increasing behavior technicians available to hire continues to be main topic among ABA providers as more ABA providers indicate reaching capacity to accept referrals due to staff shortage.
- The ASD benefit staff provided internal trainings on the physician referral process.
- The ASD benefit staff reached out to physician and pediatricians in the Wayne County to coordinate training on the referral process.

Integrated Health Care Department

Monthly Report

April 4, 2022

Collaboration with Health Department

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

Quality Improvement Plans

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

Population Health Management and Data Analytics Tool

DWIHN and Health Plan 1 and Health Plan designee staff continue to meet at least weekly to prepare for implementation of the two platforms, one for providers to view member encounter information and performance on HEDIS measures, and the other for DWIHN and Health Plan designee to utilize to coordinate care for shared members and for DWIHN to view HEDIS measure performance. VDT continues to make corrections and revisions to both platforms based on feedback from DWIHN and Health Plan and Health Plan designee staff. The platform went live on June 1st. Health Plan was acquired by another and this plan has decided not to use the agency that was performing the care management duties. DWIHN is in talks about how this platform can be used.

Data Share with Medicaid Health Plans

In accordance with MDHHS Performance Metric to Implement Joint Care Management, between the PIHP and Medicaid Health Plans, IHC staff performs Data Sharing with each of the 8 Medicaid Health Plans (MHP) serving Wayne County. Mutually served individuals who meet risk stratification criteria, which includes multiple hospitalizations and ED visits for both physical and behavioral health, and multiple chronic physical health conditions are identified for Case Conference. Data Sharing was completed for **41** individuals in March. Joint Care Plans between DWIHN and the Medicaid Health Plans were developed and/or updated, and outreach completed to members and providers to address gaps in care.

Integrated Health Pilot Projects

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

Health Plan 1:

Collaboration continues between DWIHN and **Health Plan 1** staff with implementation of shared electronic platform with VDT to facilitate information exchange and document care coordination activities. The shared platform went Live June 1st and to date there are **42** members in the program. Health Plan 1 was incorporated into another health plan and DWIHN is waiting on a new contract from that health plan to be sent. As of March Health Plan 1 has chosen not to contract with the agency they were for care coordination and DWIHN is in talks with them on how the platform can be utilized.

Health Plan 2:

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

Health Plan 3:

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

MI Health Link Demonstration

IHC department under the MI Health Link Program received total of **291** request for level II in the month of March 2021 from the following ICO organizations below: Pending = not processed yet, Voided = Member was unable to reach, referred in error, or declined assessment, or declined BH services, Active= Level II was sent to ICO.

ICO	Active	Pending	Voided	Totally by ICO
Aetna	11	6	11	28
Amerihealth	1	3	4	8
HAP	4	1	10	15
Meridian	4	4	9	17
Molina	71	19	133	223
TOTAL	96	33	162	291

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	6	0	1	1
Amerihealth	0	1	0	2	1
HAP	0	3	0	0	6
Meridian	0	6	0	0	3
Molina	3	79	3	4	35
Total	3	93	3	7	47

Comparison Data for Voided Referrals:

	Number of Voided Referrals	Member Declined Assessment	Member Declined Services	Member not available before deadline	Referrals in error	Unable to reach
March 2021	182	1	85	13	34	49

April 2021	230	2	113	3	44	68
May 2021	173	0	82	1	27	66
June 2021	156	2	79	5	30	42
July 2021	195	2	102	0	20	69
August 2021	178	0	78	2	31	67
September 2021	184	0	88	4	39	53
October 2021	172	5	85	5	24	53
November 2021	152	11	94	2	9	36
December 2021	186	11	125	5	7	38
January 2022	180	3	120	5	7	45
February 2022	177	2	81	8	25	61
March 2022	153	3	93	3	7	47

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

Trainings: IHC staff will conduct training with Access staff to review MI HEALTH Link protocols

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

During this reporting period IHC department has started to share outcome data sheet regarding TOC and FUH follow-up, of the **41** reviewed in March, **19** returned to hospital post 30 days.

Transition of care services were provided for **41** persons who were discharged from the hospital to a lesser level of care, community outpatient, or additional level of service Behavioral Health or Physical Health.

There were **41** 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—**29** individuals who have been identified to have a gap in services. This is a combined effort between IHC staff and the ICOs.

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

Special Care Coordination Project

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

FUA: Report and workflow process has been established meetings have taken place with SUD department workflow will be submitted to SUD and IHC staff first week in January 2022. During March DWIHN has reviewed **47** cases of which **19** cases (**40%**- of the cases have been sent to

the respective MHPs as these cases are not open to DWIHN. **28** cases **55%** were open to DWIHN providers were notified and members were called. Of those cases **none** confirmed connecting with outpatient providers.

There was a total of 19 FUA Members sent to MHPs (not open to DWIHN)

Medicaid Health Plan (total)	19
Priority	2
BCC	5
Aetna	2
HAP	3
McLaren	0
Meridian	6
Molina	8
UHC	2

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

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

Compliance Meetings for MHL Program

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

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

DWIHN during this reporting month received communication from ICO Aetna requesting the review of BAA for 2021. Still pending final return submission from ICO Aetna.

DWIHN during this reporting period IHC collaborated with finance department to meet with ICOs HAP, Aetna, Meridian regarding cost settlements.

During this reporting period IHC, corrected all outstanding encounter errors from ICO Encounter reports. Encounter report currently is indicating Medicaid members who were assigned to MHL information has been submitted to claims for recap.

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 March, there are currently **13** active cases, **7** new case opened, **4** case closures, and no pending cases. One (**1**) case was closed due to meeting their treatment goals, and **2** was unable to reach.

Care Coordination services were provided to **25** additional members in March who either declined or did not meet eligibility for CCM services. Follow up after hospitalization was completed with **86** consumers to help identify needs and **27** individuals who had hospital recidivism.

Complex Case Management staff have been working to identify additional referral opportunities. Thirty-eight (**38**) presentations were provided for DWIHN CRSPs and at Provider Meetings: CLS, Team Wellness, Lincoln Behavioral Services, Development Center, Guidance Center, Wayne Center, Social Security Administration, Michigan Guardian Services, Roderick Bingham Guardian, Beginning Step, Havenwyck, St. Mary's Hospital, Henry Ford Kingswood, Henry Ford Wyandotte, Pontiac General, Samaritan, Beaumont Taylor, Hawthorne.

EMS Friendly Faces:

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

Peer Health Coach Grant:

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.

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

Members who have received face-to-face engagement for the month of March, 32 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- 0

Good - 32

Very Good - 0

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

Poor -0

Fair- 21

Good - 11

Very Good - 0

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

Poor- 0

Fair - 23

Good - 9

Very Good - 0

4 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 - 4

No –

Not Sure – 0

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

Yes - 4

No -

Not Sure -

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

Yes - 4

No -

Not Sure-

5. How satisfied were you with your PHC?

Very - 4

Some What -

Not Sure -

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

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

The DWIHN Clinical Specialist OBRA/PASRR continued to monitor the MDHHS OBRA/PASARR assessment que on an ongoing basis to review assessments that have been submitted by the

OBRA/PASARR provider, Neighborhood Services Organization (NSO), to MDHHS. The Clinical Specialist also participated in the monthly meetings with NSO and quarterly meeting with MDHHS during the quarter. NSO must maintain a less than 20% pends for a quarter to be off the plan. It is expected they will be off the plan by April 2022.

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**.



Managed Care Operations Monthly Report
June White, Director
March 2022

MHWIN system cleanup of records/Online Directory:

This month the team continues to work on cleaning up records in MHWIN. There were several gaps identified and addressed

- a. Cleaned up Staff records in MHWIN, that need NPI #'s
- b. Added ADA site accommodation(s) fields in MHWIN with hours of operations for MDHHS requirements.
- c. Met with our IT Dept in an effort to make the directory more compliant with State requirements

Internal /External-Training Meetings Held:

- a. Met with 8 CRSP providers regarding the 14-day intake calendar slots where providers are experiencing staff shortages in the intake department for new intakes
- b. Access Committee Meeting held to discuss network adequacy and provider gaps in services, it was identified PDN and SMI services are needed in our system and will be addressed through opening up the network through RFP's and out of network agreements with provider outside of our contracted network.
- c. Reviewed all changes to the Provider Manual for 2022, will be finalized end of April 2022.
- d. Weekly meeting with Continuum of Care Board (COC), to discuss HUD/Homeless projects.

PIHP Email Resolutions and Phone Provider Hotline:

For the month of January, we received/answered 77 emails and 10 phone messages from providers with concerns related to claims billing, credentialing issues, Provider change notifications, Procedure Code changes, Single Case agreements, and changes with the FY 2022 State Code/Modifier changes.

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

Providers continue to struggle with staff shortages to maintain staff in homes as well as staff in general among all of our providers resulting from the pandemic. DW also continues to meet with providers to find solutions that will better all during these times.

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



Provider Closure/Mergers FY 21-22					
Description	1 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr.	YTD Totals
Licensed-Residential Homes	2	3	1		6
Unlicensed/Private Home Services (SILs)	3	11	2		16
Clubhouse services	1				1
Outpatient services, SUD services	4	6	2		12
Provider Organization Merger(s)	1				1
Total	11	20	5		36

Even though, we see changes in the network we have maintained a number of providers in our pool that can be potential providers ranging from private clinicians, therapy services, outpatient and residential providers. If they are approved through our credentialing process and approved by the board we can easily shift with any changes within the network.

Housing Resource and Street Outreach to the Homeless:

As reported by the Housing Urban Development (HUD) Annual Homeless Assessment Report, the report found that the number of sheltered people in families with children declined considerably between 2020 and 2021, while the number of sheltered individuals remained relatively flat. Between 2020 and 2021, the number of veterans experiencing sheltered homelessness decreased by 10 percent. On a single night in 2021, 15,763 people under the age of 25 experienced sheltered homelessness on their own as “unaccompanied youth.” The number of sheltered individuals with chronic patterns of homelessness increased by 20 percent between 2020 and 2021. As we partner with our providers to assist the homeless with housing and reaching individuals on street to -date we continue to see improvement one month at a 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		
	1st Quarter	Year-To-Date
# of Persons Served	3054	3054
# of Persons Screened for Mainstream Services	2498	2498
# of Persons who received Housing Assistance	556	556

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

Neighborhood Service Organization (Housing First – Clinical Case Management) FY 22 Contract Amount: \$25,000		
	1 st Quarter	Year-To-Date
# of Persons Served	25	25
# of Persons who applied for Permanent Supportive Housing	14	14
# of Persons who Exited to Permanent Housing	2	2
# of Persons enrolled in Medicaid, Primary Health Care, or Community Mental Health Programs	2	2



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

Wayne Metropolitan Community Action Agency (PATH - Street Outreach)		
FY 22 Contract Amount: \$75,000		
	1 st Quarter	Year-To-Date
# of Persons Served	47	47
# of Persons Enrolled in PATH	16	16
# of Persons Connected to SOAR	0	0
# of Persons Enrolled who Exited to Permanent Housing	7	7



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

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

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



Quarterly Goals still in progress:

Quarterly goals set for FY 2022.

<ul style="list-style-type: none"> • 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.
<ul style="list-style-type: none"> • The Provider Manual- is a tool/ guide for the provider. This manual is an extension of the provider contract/agreement that include requirements for doing business with DWHIN. Together the manual, our policies and the contract give the provider a full picture of the requirements and procedures to participate in our network. The purpose and intent of the Provider Manual is to strengthen our current and future network providers.
<ul style="list-style-type: none"> • Network Adequacy form/procedure. This internal process will assist in structuring our network in a way where we can view our provider services at a glance for better monitoring over our network through this procedure. Evaluated the network in the first quarter of the FY 2022, notified gaps and analyzed for interventions.
<ul style="list-style-type: none"> • Online Directory- Provider/Practitioner. We are working with internal depts (Customer Service/Credentialing unit) to enhance our online contracted provider and practitioner directory to include the type of services along with the disability designations served by the provider or practitioner making the directory more user friendly and informative for the members as well as internal use.
<ul style="list-style-type: none"> • Provider Orientation Meetings – twice a year (March/September 2022, the purpose of this meeting is to assist the network in navigating through out system as we have some many new departments that have been developed over the year.
<ul style="list-style-type: none"> • Quarterly Provider Network Mangers “One on One’ with providers- have on going meeting with 340 providers out of 358 since the start of the meetings in January 2022. This is a 95% completion rate.

Annual Provider/Practitioner Survey:

The Provider/Practitioner survey is a way for DWHIN to retrieve feedback from providers and practitioners on how well DWHIN does as a manager of care, this survey also helps us identify any gaps in process or procedures as well as reveal any areas for improvements. The Annual Provider/Practitioner Survey closed at the end October. A full analysis of the survey is still under review for presentation in 2022.

Provider Meetings Held:

- a. The future CRSP provider meeting will be held on March 7, 2022
- b. The next Residential/Outpatient Provider meeting will be held on April 1, and every 6 weeks thereafter.



Department Monthly Report: March 2022

Residential Referrals

○ Carryover Referrals (prior to 3/1)	29
● # of Referrals Received: March 2022	183
● TOTAL # of Referrals:	212
RCS Unit Metrics: FIRST CONTACT	
Measuring residential staff's timeliness to complete their First Contact to the referring agent when assigned: to be completed within 24 hours or by next business day.:	
○ 144 – completed First Contact made 1-2 days	
○ 36 – 3-5 days (over weekend/upon case review)	
○ 3 – First Contact made after 3/31/22 (assigned last day of month)	
● Cancelled by Referral Agent (at First Contact):	54
<i>Cancellations upon completion of First Contact with Referring Agent are made after staff reviews documentation to determine if referral appropriate for specialized services; or staff is advised referral is no longer need.</i>	
● Completed Residential Assessments	88
RCS Unit Metrics: ASSESSMENT DATE	
Measuring residential staff's timeliness to complete the residential assessment since First Contact has been established with the Referring Agent.:	
○ 67 – Assessment Completed in 1-5 days	
○ 17 – Assessment Completed in 6-11 days	
○ 7 – Assessment Completed in 11-15 days	
○ 4 – Assessment Completed after 15 days (First Contact made in last week of month)	

Referral Source Breakdown

○ Inpatient Hospitals	75
○ Emergency Departments	26
○ CRSP	67
○ Crisis Residential (Oakdale House BCR)	1
○ Nursing Homes SNFs	9
○ Pre-placement C.O.P.E.	1
○ Youth Aging-out (from DHHS)	2
○ Self-directed transitioning into Specialized Residential	2

Referral Count by Diagnosis Designation

○ AMI referrals	124
○ IDD referrals	59



Detroit Wayne Integrated Health Network Residential Services Department

State Hospitals

	WRPH	CARO	KPH	CFP
• # of Members of Discharge Waitlist:	16	1	0	0
Members Discharged into Placement –	3	0	0	0
Pending Discharges –	13	1	0	0
<u>Pending Discharge Locations</u>				
MCTP Program	3	0		
Hope Network	3	0		
Community Facility	7	1		

Other Residential-related Reporting

- Referrals referred for HAB waivers **0 (March 2022)** 3 (pending from February 2022)

Residential Service Authorizations

• Total Processed Authorization Requests	1,032
○ APPROVED (in less than 14 days)	1,030

Authorizations Team

- **New CPT Rates (5% Increases):** The Residential Unit updated service authorizations that were not completed as of February 1, 2022 with the 5% rate increase. PCE is working on updating all other service authorizations in MHWIN to reflect the new 5% increase. As of February 28th, the Authorizations Team completed 19 service authorization updates.
- **H2X15/T2X27:** The Residential Authorization Team has been working to establish a standardized process for approving H2X15/T2X27 authorizations.
- **H2X15 Unit Shortage:** With the implantation of the bundled service authorizations (H2X15/T2X27), it appears that MHWIN has a unusual function when a biller submits a claim “without authorization”; the system reduces the units available on any current authorization by the number of units submitted on claims. Providers were inadvertently using up their authorizations, even though they did not intend to do so.
- **Specialized Residential Service Authorization Refresher Trainings:** The Residential Authorization Team continues monthly refresher trainings with IDD (11 AM) and AMI (2 PM) CRSP supports coordination and case management staff every first Thursday in TEAMS.



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

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

- Carryover Discharges still in process (prior to 3/1): 6
- **Received Discharges (March 2022):** **31**
- 30-Day Discharge Notices 13
- Emergency Discharges 18
- *Rescinded Requests/Self-Discharges* *0*

COVID-19

of Positive Cases Reported (3/1 – 3/31): **5**

Per Designation	AMI	IDD
Males	2	3
Females	0	0

of Deaths Reported (3/1 – 3/31): **0**

Per Designation	AMI	IDD
Males	0	0
Females	0	0

COVID-19 Vaccine Booster Reporting

- Report attached for review

Residential Communications

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

Voicemails: March 2022	102
Blank Messages/Fax Machine Calls/No Contact Info from Caller	64
Calls/Voicemails Responded to with 24/48 Hours	27
Forwarded to Assigned Residential Staff	6
Forwarded to other DWIHN Departments	0
Responses Requiring Director/Manager Review	2

Emails: March 2022	ResidentialReferral@dwihn.org	214
Emails Responded to with 24/48 Hours		117
Forwarded to Assigned Residential Staff		62
Forwarded to other DWIHN Departments		13
Responses Requiring Director/Manager Review		22



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

Residential Facility Closures

The following residential facility closures were processed during March 1-31, 2022 to relocate all members to alternate specialized placements.:

# of Facility Closure Notifications	8
Received in March 2022: On-Going/In Process	3
Requests ON-HOLD/PENDING	2
Completion of Facility Closures	3

ALS-Monterey Home – 25890

Provider Notification Received: 1/31/22 Confirmed Closure Date: 3/15/22
 Provider notification received reporting intent to close facility due DCW staffing. Residential Care Coordination team successfully relocated all 6 members to alternate facilities contracted with DWIHN.
 Current Status: **CLOSED**

Renton Home – 32800

Provider Notification Received: 3/22/22 Confirmed Closure Date: 3/31/22
 Provider notification received reporting intent to close facility due DCW staffing. Residential Care Coordination team successfully relocated all 2 members to alternate facilities contracted with DWIHN.
 Current Status: **CLOSED**

Bloomfield North – 27555

CEO Notification Received: 1/21/22 Confirmed Closure Date: 3/31/22
 Facility closure notification received from DWIHN CEO reporting intent to close facility due to lack of staffing. Residential Care Coordination successfully relocated 3 of the 4 members to an alternate facility contracted with DWIHN. 1 member of the home is discharge to live with family.
 Current Status: **CLOSED**

Laurel Drive Home – 32536

Provider Notification Received: 1/27/22 Scheduled Closure Date: 3/1/22
 Provider notification received reporting intent to close facility due to lack of staffing. Residential Care Coordination team has confirmed 2 members are currently under month-to-month (independent) lease agreement as their CRSP will be selecting a CLS staffing provider to render services in said home.
 Current Status: **PENDING**

Reaume Home – 27180

Provider Notification Received: 2/15/22 Scheduled Closure Date: 4/15/22
 Provider notification received reporting intent to close facility due to lack of staffing. Residential Care Coordination team has confirmed 2 members are currently under month-to-month (independent) lease agreement as their CRSP will be selecting a CLS staffing provider to render services in said home.
 Current Status: **PENDING**

Sargent Home – 25236

Provider Notification Received: 2/15/22 Scheduled Closure Date: 4/15/22
 Provider notification received reporting intent to close facility due DCW staffing. Residential Care Coordination team has begun the process to relocate 3 members to alternate facilities contracted with DWIHN.
 Current Status: **On-Going**

K & K SIL-Lexington – 32800

Provider Notification Received: 2/1/22 Scheduled Closure Date: 4/1/22
 Provider notification received reporting intent to close facility due DCW staffing. Residential Care Coordination team has begun the process to relocate 4 members to alternate facilities contracted with DWIHN.
 Current Status: **On-Going**

Anna Grace Home – 25236

Provider Notification Received: 3/10/22 Scheduled Closure Date: 6/10/22
 Provider notification received reporting intent to close facility due DCW staffing. Residential Care Coordination team has begun the process to relocate 2 members to alternate facilities contracted with DWIHN.
 Current Status: **On-Going**



Detroit Wayne Integrated Health Network Residential Services Department

Department Project Summaries

Residential Sponsored Meetings and Trainings

- **CRSP/Residential Services Monthly Meetings** - 14 meetings held; **67 attendees** total
 - **4 CRSP meetings are bi-monthly** and are scheduled for March 2022
- **Residential Assessment | Clinical Alignment of Documentation Refresher Trainings:** Tuesday, 3/1 (**86 attendees** total)
 - IDD CRSP –11 AM (**44 attendees**); AMI CRSP – 2 PM (**42 attendees**)
- **CRSP DWIHN Residential Service Authorization Refresher Trainings:** Thursday, 3/3 (**62 attendees** total)
 - IDD CRSP –11 AM (**34 attendees**); AMI CRSP – 2 PM (**28 attendees**)
- **IDD CRSP/Residential Providers Monthly Meetings:** 2 meetings held; **68 attendees** total
 - Thursday, 2/17 with IDD CRSP/Unlicensed-10 AM (**42 attendees**); IDD CRSP/Licensed-2 PM (**27 attendees**)
 - **AMU CRSP/Residential Providers meetings are bi-monthly** and are scheduled for April 21, 2022
- **DWIHN Residential Provider/CRSP Advisory Group:** Monday, 3/28 at 10 AM
 - **11 attendees** total; with meeting guests included, CCO Jackie Davis, Quality Improvement's Starlit Smith, Eugene Gillespie, Danielle Dobija, and Faheera Nadeem

Residential Assessment Development (Darryl Smith)

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



Detroit Wayne Integrated Health Network Residential Services Department

Department Tasks

- MDHHS 1915c Waiver Review Discussion (3/2/22)
- Residential Department Refining of Specialized Vacancy reporting process (3/4/22)
- Participation in DWIHN CRSP Provider Meeting (3/7/22)
- Teleconference Call: Case Review of DHHS Member LB; MHWIN# 00914073; facilitated by RCS Jessica Wright (3/16/22)
- Community transition from state hospitals (3/11/22)
- Residential Out County Reviews [MCTP] with Residential Manager Kelly McGhee (3/17/22)
- Teleconference Call: CRSP Supervisor (Kayla Gilt, ACC) & Guardian (Nancy Williams|Kijuana Evans, Guardian & Associates) re: RS, MHWIN ID# 01539704 @ Five C's Manor, (3/22/22)
- Participation in Continuous Process Improvement (3/22/22)
- Teleconference Call: Case Review of PsyGenics Member FB; MHWIN# 01382705 (DD); facilitated by RCS Jessica Wright (3/24/22)
- Development of DWIHN Residential Providers process re: Member Drop-off/Pick-up (expectations) from Emergency Departments (3/24/2022)
- I-Team: Chi-Chi AFC Home Review (3/28/22)
- Residential & MCO Discussion: Vetting Potential Residential Providers for Specialized Unlicensed Settings (3/28/22)

Department Goals

Staffing

- HR has reposted (1) open Residential Care Specialist position
- Development of staff metrics
- Reviewing department processes

Automated Productivity Reporting

- Residential Hospitalization Penetration reporting: Reporting of inpatient data of members that have received specialized residential services within 30 days of hospital stay. Report confirms residential members inpatient stay is ***less than 1% overall*** for 2021 fiscal year.
- Continued reformatting of productivity report to monitor timeliness and response to service requests
 - *Smartsheet updates for new fiscal year reporting*

COVID-19 Vaccine Booster Reporting

- Initial reporting of (eligible) Members that have received Vaccine Boosters on 12/1/21 through **Project: Reach Out:**
 - Members are eligible for vaccine boosters at least 5 months after completing primary COVID-19 vaccinations.
 - Refinement of booster reporting completed in March 2022; identifying reporting barriers and member misreported in Licensed/Unlicensed facilities.
 - *Updates to numbers for Members who have now received initial vaccinations (initially refusing); or have relocated to other facilities will be adjusted in April month-end reporting.**

Licensed Facilities	Members FULLY VACCINATED		Members RECEIVED BOOSTER		# of Initial Vaccine REFUSALS	
	AMI	IDD	AMI	IDD	AMI	IDD
City of Detroit	649		337		82	
	424	225	250	87	47	35
Western Wayne	1,246		827		118	
	557	689	363	464	65	53

Unlicensed Facilities	Members FULLY VACCINATED		Members RECEIVED BOOSTER		# of Initial Vaccine REFUSALS	
	AMI	IDD	AMI	IDD	AMI	IDD
City of Detroit	93		38		59	
	48	45	27	11	47	12
Western Wayne	678		316		315	
	137	541	57	259	141	174

<ul style="list-style-type: none"> # of Members to be Scheduled for Vaccine 	260
<ul style="list-style-type: none"> # of Refusals (Initially Received Vaccine) 	123
<ul style="list-style-type: none"> # of Members NO LONGER in the Facility (since initial vaccine reporting) 	*94
<ul style="list-style-type: none"> Initially REFUSED Vaccine; Changed Mind 	18
<ul style="list-style-type: none"> Member is NEW ADMISSION into Facility 	17

<ul style="list-style-type: none"> # of Members to be Scheduled for Vaccine 	203
<ul style="list-style-type: none"> # of Refusals (Initially Received Vaccine) 	125
<ul style="list-style-type: none"> # of Members NO LONGER in the Facility (since initial vaccine reporting) 	*53
<ul style="list-style-type: none"> Initially REFUSED Vaccine; Changed Mind 	5
<ul style="list-style-type: none"> Member is NEW ADMISSION into Facility 	0

Date reporting range: 12/1/22-3/31/22



Detroit Wayne Integrated Health Network

Director Monthly Report

Reporting Department Substance Use Disorders

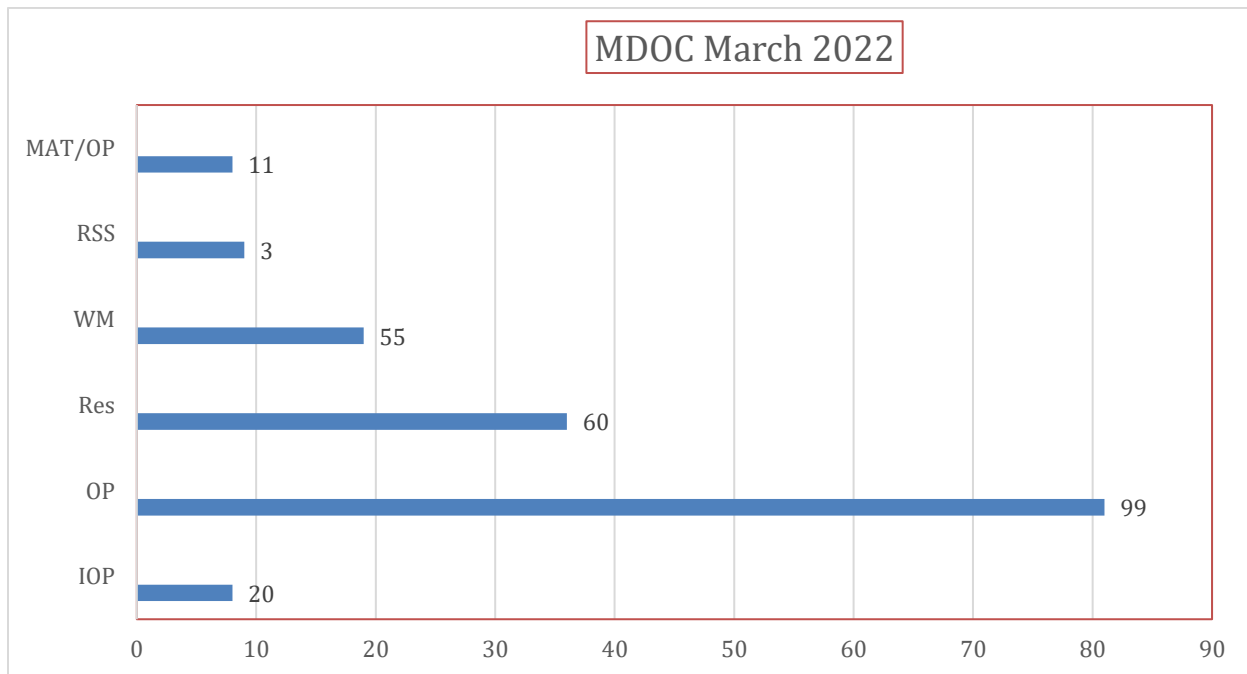
For the Month of March 2022

The MDOC program was launched on April 1, 2020 to reach offenders with Substance Use Disorders, receive medically necessary services from DWIHN SUD Provider Network.

SUD staff conducted trainings to instruct probation and parole officers in Wayne county concerning the process to assist their probationers or parolees on how to obtain medically necessary SUD services seamlessly. MDOC are considered a priority population for assessment and admission due to public safety needs and related to their MDOC involvement. We have also established protocols for officers to get updates from providers concerning their members progress or lack of progress. There were **144** people screened from **3/1/2022-3/31/2022** and **132** members enrolled in SUD services during this time frame. We address issues that officers have with their members that do not cooperate or participate in treatment services and help with referrals to

Michigan Department of Corrections (MDOC)

***OP- Outpatient * MAT- Medication Assisted Treatment *RSS-Recovery Support Services *WM-Withdrawal Management*Res-Residential*IOP-Intensive Outpatient**



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 the surge of opioid related overdoses through the provision of prevention, treatment and recovery activities for Opioid Use Disorders (OUD). In addition, the overall goal is to increase access to MAT, and reduce unmet treatment needs. 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.

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

Year 1: \$62, 500

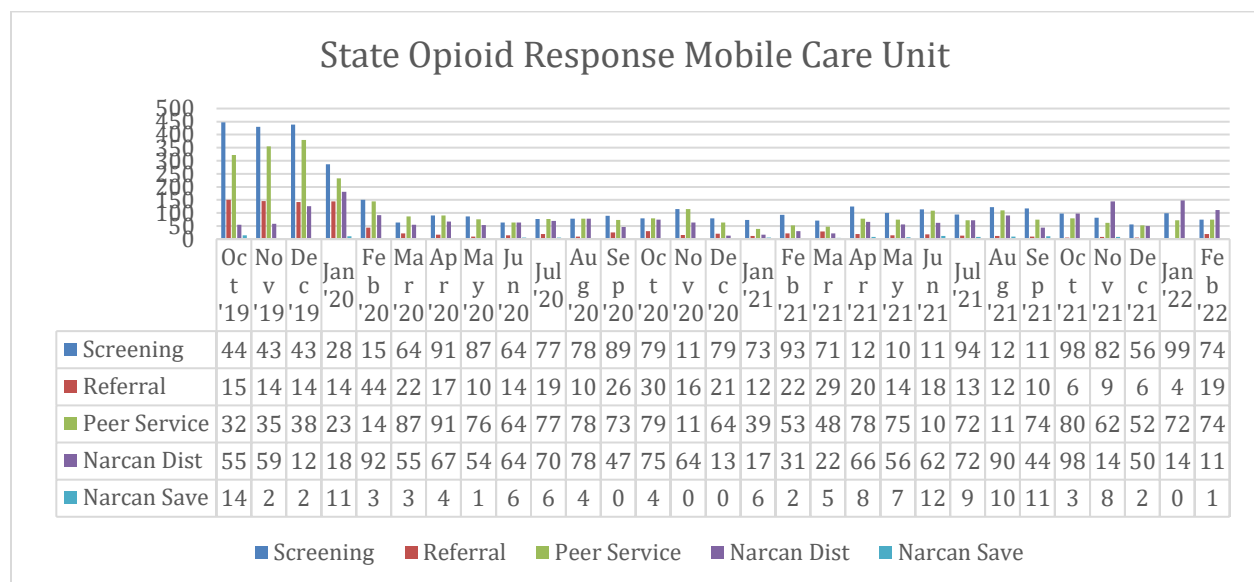
Year 2: \$62,500

There was a total of **344** people served with Naloxone kits and training with over **2** reversed overdoses.

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

DWIHN has two mobile units that provide: SUD screenings for services, referrals to treatment, peer services, drug screenings, therapy, and relapse recovery services, Naloxone training and distribution.

- Approximately 74 individuals in Wayne County received screening services
- Over 19 individuals were referred to treatment from various community locations
- Peers services through mobile unit settings made 74 contacts with at-risk individuals



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

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

DWIHN's Naloxone Initiative programs has saved **1,041** lives since its inception. Again, the saved lives are under-reported, especially during this time of the COVID pandemic. The logs are coming in slowly from law enforcement and the community. DWIHN only reports those saves that we have documentation to support this initiative. DWIHN to date has distributed over 11,471 Narcan kits.

SUD COVID Numbers for the month of March 2022

	# Vaccinated	# of Client Deaths	# of Staff Death	# Client Pos for COVID	# Staff Pos for COVID	# of Hospitalizations
Treatment	103	0	0	12	5	1
Prevention	298	0	0	0	0	0
Total	401	0	0	12	5	1

There were **2** members who were directed to our quarantine facilities due to testing positive for COVID in the month of March. Our numbers reflect the decrease in national COVID reports.

Residential Gambling

Mariners Inn Residential Treatment Facility continues to provide residential treatment to consumers with Gambling Disorders. All staff completed the 30-hour Gambling Disorder training. There was 1 new participant enrolled in the Residential Gambling Program in March.

Sobriety House has begun their residential gambling treatment program. 10 out of 12 staff have completed the 30-hour training and attended the 14th Annual Gambling Disorder Symposium. 2 staff are in contact with HMSA for a date to train. Currently **8** members are enrolled and receiving services in the new program. CBT and GA are tools provided to members and the members attend 2 groups and 2 individual sessions weekly.

Prevention Efforts

DWIHN DYTURs address the outcomes, activities, and actions needed for FY 2022. Each year, the selected DYTURs connect with all alcohol, marijuana, and tobacco vendors (including vendors of e-vapor and hookah products) to clean the DWIHN region's Michigan Retail List (MRL) list totaling 1848 retailers. This allows the DYTURs to proceed to the next step of the SYNAR process. The MRL for region 7 includes – All of Detroit and Out Wayne locations.

Number of Persons Served by Type of Intervention

PIHP Region: Region 07 - Detroit Wayne Integrated Health Network

Date Range: 03/01/2022 - 03/31/2022

Intervention Type	Number of Persons Served by Individual- or Population-Based Program or Strategy	
	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
Selective	1019	0
Universal-Direct	0	4452
Universal-Indirect	37	0
Indicated	1091	0
Total	2147	4452



DWIHN UTILIZATION MANAGEMENT MONTHLY REPORT

March 2022

Executive Summary

- **Autism:** There were 437 authorization requests manually approved during the month of March. There were approximately an additional 145 authorizations approved via the auto approval process for a total of 582 approved authorizations. There are 2,245 cases currently open in the benefit. UM has worked with IT to develop a utilization report which UM will begin to incorporate into UMC findings starting Q3.
- **Habilitation Supports Waiver:** There are 1,084 slots assigned to the DWIHN. As of 03/24/2022, 1019 filled, 65 were open, for a utilization rate of 94%.
- **County of Financial Responsibility:** The total number of open COFR cases increased by 1 in the month of March. There are currently 55 open cases.
- **Denials and Appeals:** For the month of March, there were eight (8) denials reported and seven (5) appeals. There were sixteen (16) service authorization administrative denials and twelve (12) administrative appeal requests.
- **General Fund:** There were 402 General Fund Authorization approvals during March 2022, including 16 for the Guidance Center. Advance Notices for denials and corrections made to requests began March 9th; 273 were issued.
- **MI Health Link:** The reporting format of MI Health Link authorizations reflects the total number of authorization requests and the amount of each authorization type for the 5 ICOs. There were 44 MI Health Link authorizations received and processed in March. 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 799 admissions including Inpatient, MI Health Link, Partial Hospital and Crisis Residential were managed by the UM Department. There were 2287 approvals for non-urgent, pre-service authorizations. This number is reflective of non-SUD, non-urgent pre-service authorizations.
- **State Facilities:** There were 2 state hospital admissions for the month and 65 NGRI consumers are currently managed in the community. 4 consumers remain on the wait list.
- **SUD:** Due to technical issues the SUD Authorization report was not available to report on total number of authorizations inclusive of the Access Center. However, the Power Bi dashboard for the month of March indicates SUD UM staff approved 1,238 authorizations as of 3/30/2022.
- **Administrative Denials:** During the month of March, the SUD team issued 26 administrative denials compared to 14 the previous month.
- **MCG:** Up until 3/30/22 there were 1002 individuals screened in Indica which is an average of 33 cases per day screened using the MCG Behavioral Health Guidelines. This remains very consistent with our per day average which is usually between 30-32 screenings each day.

General Report

Utilization Management Committee

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

Autism Spectrum Disorder (ASD) Benefit

There were 437 authorization requests manually approved during the month of March. There were approximately an additional 145 authorizations approved via the auto approval process for a total of 582 approved authorizations. There are 2,245 cases currently open in the benefit.

Effective 3/1/22 DWIHN began utilizing 9611x for all autism eligibility evaluations in order to ensure compliance with MDHHS CPT code changes. The provider network has been informed that if they have a previously approved authorization for 90791 but the evaluation is scheduled for 3/1/22 or later, they are required to submit a new authorization request for the new 9611x code, as providers will not be able to bill using 90791 for ASD evaluations occurring after 2/28/22. As predicted in the February 2022 report, this change did result in an increase in submissions. Approximately 96 of the manually approved authorizations in March can be attributed to providers needing to replace authorizations of 90791 with 9611x.

MDHHS also indicated that they want providers to resume using the U5 modifier just for 97151 when reporting ASD behavior assessment data to MDHHS. MDHHS had previously indicated that they wanted to retire all u5 modifiers for the ASD Benefit effective 10/1/21. DWIHN UM team has confirmed with Procedure Code Work Group that PCE has agreed to add this modifier on the back end to any 97151 authorizations before submitting data to MDHHS so that providers would not have to resubmit authorizations to accommodate this change.

In the month of March, DWIHN UM Department collaborated with the DWIHN IT department to develop a utilization report for the ASD benefit. The report provides data on utilization per provider based on authorized units vs. claims units filed for the time period. Beginning with Q3 FY21-22 DWIHN UM Department will incorporate this new data into the UMC reports. Providers typically have up to 60 days to file claims for services administered. Since the utilization data report uses authorized units and claimed units to determine utilization, data provided within the report will be at least 60 days old to be consistent with the claim submission window. The report will not account for inactivity. Inactivity is any member driven break in service for an extended period, which is recorded by the providers in MDHHS's Waiver Support Application. This will impact the accuracy of the data from this new report.

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						
Auto Approvals	132	161	173	160	145	145						

Total Approvals	605	611	580	504	396	582						
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*Numbers are approximate as they are pulled for this report prior to when all data for the month is available. Specifically, data for March was pulled 3/31/22.

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						
Referrals	98	47	64	83	113	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 March was pulled 3/31/22.

Habilitation Supports Waiver

March Utilization (as of 03/24/2022)

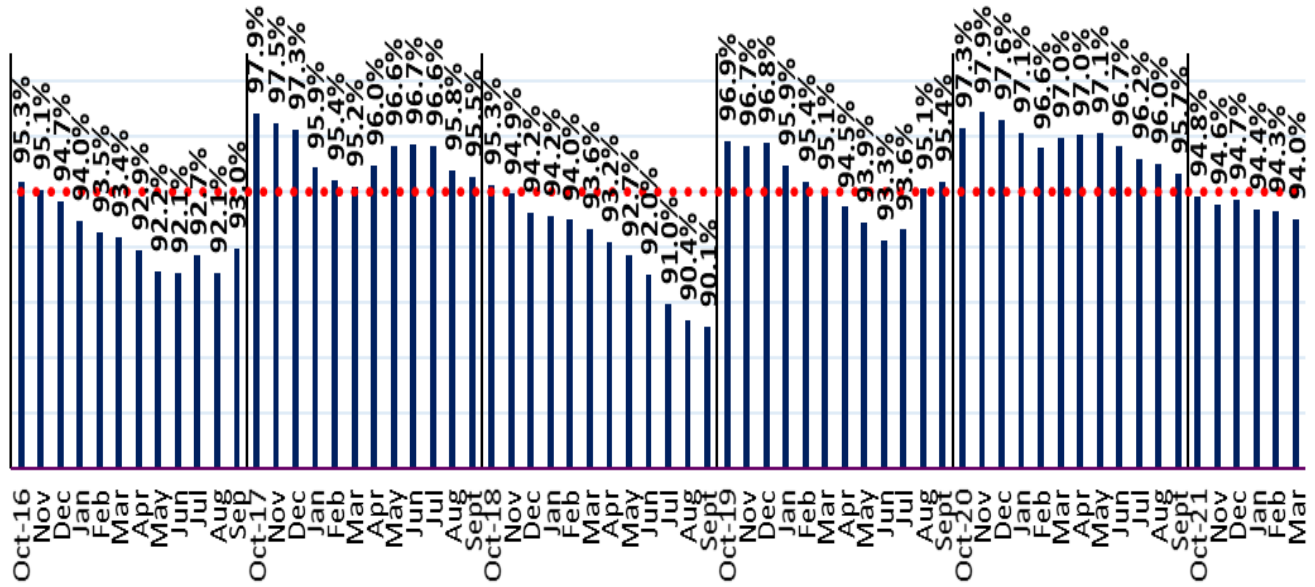
HAB Utilization	March
Allocated	1,084
Used	1,019
Available	65
% Used	94.0

Program Details for March

Outcome Measurement	March
# of applications received	1
# of applications reviewed	1
# of app. Pended PIHP level for more information	
#of pended app. resubmitted	
# of app. withdrawn	
Total of application sent to MDHHS.	1
# of deaths/disenrollments (recertification forms reviewed & signed)	7 Deceased 1 Moved to Nursing Home
# of recertification forms reviewed and signed	70
# of recertification forms pended	14

Historical Trend

HAB Waiver Utilization FY 2017 To Date



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	67
# of youth currently active in the SEDW for the month of February	59
# of referrals received in February	11
# of youth approved/renewed for the SEDW in February	4
# of referrals currently awaiting approval at MDHHS	0
# of referrals currently at SEDW Contract Provider	13
# of youth terminated from the SEDW in February	1
# of youth transferred to another County, pursuing the SEDW	2
# of youth coming from another county, receiving the SEDW	1
# of youth moving from one SEDW provider in Wayne County to another SEDW provider in Wayne County	0

County of Financial Responsibility (COFR)

The COFR Committee continued to meet weekly for one (1) hour during the month of February. Weekly meetings are expected to continue. In January 2022, 52 cases were pending, February 2022 shows an increase of 2.

	Adult COFR Case Reviews Requests	Children COFR Case Reviews Requests	Resolved	Pending*
March 2022	1	3	3	55

*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 402 General Fund Authorization approvals during March 2022, including 16 for the Guidance Center. Advance Notices for denials and corrections made to requests began March 9th and 273 were issued.

General Fund Fiscal Year 2021-2022 to Date												
	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept
Approvals	366	433	387	343	348	402						
The Guidance Center	20	31	57	15	17	16						
Advance Notices						273						

Denials and Appeals

Medical Necessity Denials

For the month of March, there were eight (8) denials that did not meet medical necessity criteria, and five (5) medical necessity appeals. All five (5) appeals were upheld.

	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						
Appeal	0	0	2	2	7	5						

Service Authorization Administrative Denials

During the month of March, there were sixteen (16) service authorization administrative denials and twelve (12) administrative appeals. Of the sixteen (16) service authorization administrative appeals, there was one (1) appeal that was overturned, nine (9) were upheld and two (2) were partially denial.

Timeliness of UM Decision Making: Quarter 2 (Jan.-March 2022) Threshold 90%

***Note: COPE, Children's, and the Guidance Center measures were not available at the time of the report.*

***Source: Power BI 4/2022*

Autism Program

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post Service
Numerator	N/A	N/A	1025	N/A
Denominator	N/A	N/A	1025	N/A
Total	N/A	N/A	100%	N/A

MI Health Link Program

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post Service
Numerator	2	N/A	32	4
Denominator	2	N/A	38	4

Total	100%	N/A	84.2%	100%
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Substance Use Disorder

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post Service
Numerator	1029	N/A	3281	N/A
Denominator	1044	N/A	3332	N/A
Total	98.5%	N/A	98.4%	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	3	Total	5	Total	93
	NGRI	0	NGRI	1	NGRI	33
	Non-NGRI	3	Non-NGRI	4	Non-NGRI	60
Wait List	0		0		4	
Admissions	Total	0	Total	0	Total	2
	NGRI	0	NGRI	0	NGRI	2
	Non-NGRI	0	Non-NGRI	0	Non-NGRI	0
ALS Status	0		0		65	

State hospital admissions continue to be restricted to forensic referrals. However, community referrals may be prioritized if hospital or residential placement options have been exhausted. This month 1 referral was submitted for expedited review. Community referrals remain wait listed and monitored by DWIHN to ensure case coordination and assessment of consumer needs. The MDHHS Careflow Workgroup reviews these referrals and makes the determination for an expedited admission to the first available state hospital facility. DWIHN continues to coordinate with community hospitals to review state hospital referrals and facilitate alternative options to state hospital admission. Currently, 4 DWIHN members are awaiting state hospital admission. Liaison staff continue to monitor and provide consult to the CMH provider network serving the 65 DWIHN members under NGRI status. This month, 2 NGRI members were readmitted to a state facility for violation of NGRI requirements and 1 member was admitted in a short-term community inpatient facility.

MI Health Link

Monthly ICO Authorization Report-March 2022

Date Range	3/1/2022 thru	3/31/2022
ICO's Selected:	AETNA BETTER HEALTH OF MICHIGAN; AMERIHEALTH FIDELIS; HAP MIDWEST; MOLINA	

Total # of Auth's Received for the Month	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations		Post Service Authorizations	
	Total Amount Preservice Auth's Received	Total Preservice s 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
44	1	1	17	17	0	0	26	26

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

The data for March 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.

As of 3/31/22, there were 44 MI Health Link authorizations received compared to 26 authorizations during the month of February, a 69.2% increase. By ICO, there were 14 authorizations for Aetna, 6 for AmeriHealth, 0 for Michigan Complete Health (Fidelis), 6 for HAP Midwest and 18 for Molina. Out of the 44 MI Health Link authorizations reported, 100% of the requests were processed within the appropriate timeframes.

The UM Department is working to finalize the dismissal process for authorizations no longer required by members and/or providers. This effort requires further collaboration with the IT Department to develop a queue that will be monitored by DWIHN Clinical Specialists for the processing of the dismissal letters, per the ICO requirements. The Provider Network also requires training. An update regarding this process will be provided within next month's report.

Provider Network

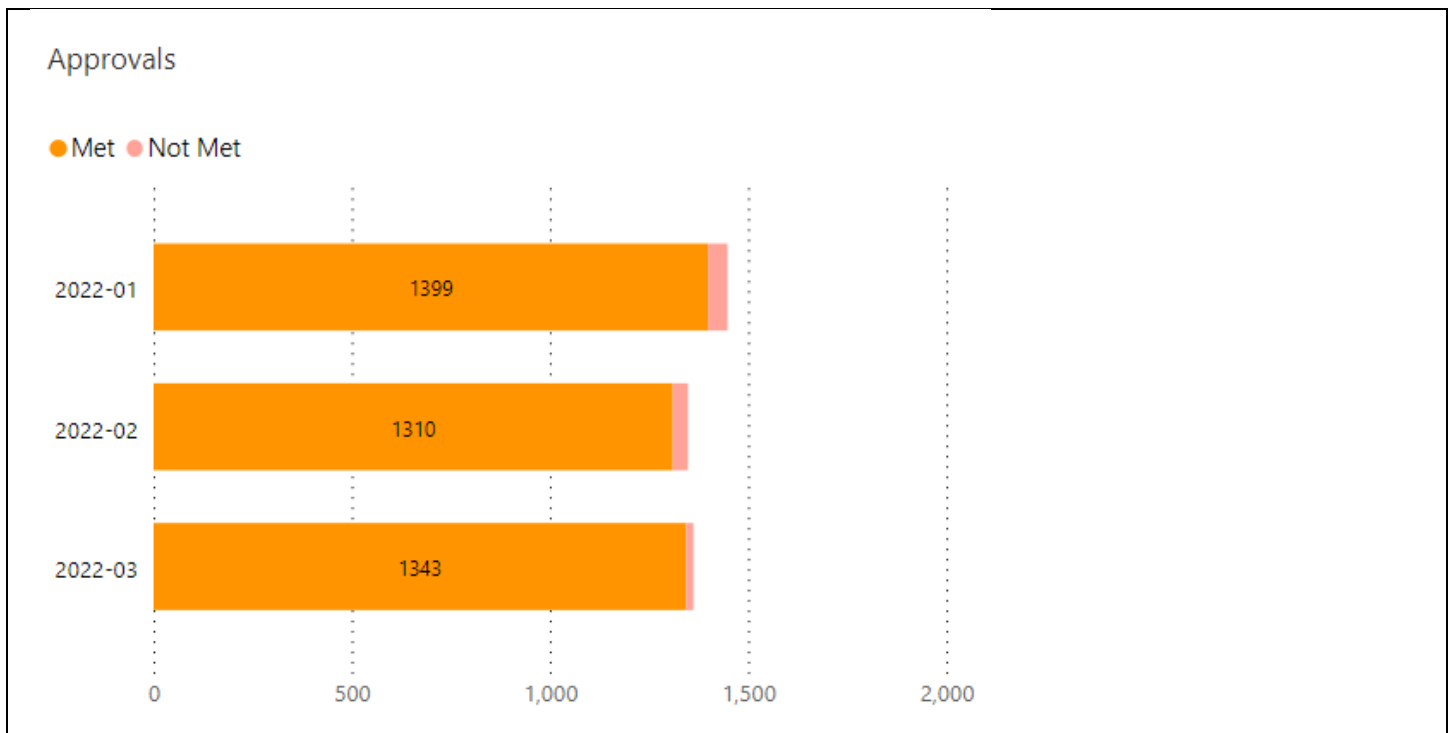
As of 3/31/22, the UM Team has managed a total of 799 member admissions within the provider network including Inpatient, MI Health Link, Partial Hospital and Crisis Residential. To date, there were 696 admissions for inpatient treatment reflecting a .42% decrease from the 699 inpatient admissions during February 2022. There were 26 members in March who readmitted within 30 days of a prior hospitalization compared to 66 members in February. There were 54 Partial Hospital and 49 Crisis Residential admissions for adults and children. The two Adult Crisis Residential Units at Boulevard and Oakdale House have again reduced capacity due to a staffing shortage. Hegira Boulevard had seven available beds and Hegira Oakdale house had five available beds through the month of March. Only one location (Warren) of Safehaus remains open. The Grand Rapids and Rose City locations have been permanently closed.

The data outlined below reflects the number of admissions as of 3/31/2022:

- Inpatient: 696
- Partial: 54
- Crisis Residential (adults-38 and children-15): 49
- Total Admissions: 799
- Average Length of Inpatient admissions: 8.27

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

As of 3/31/22, there were 2287 approvals for non-urgent, pre-service authorizations. This number is reflective of non-SUD, non-urgent pre-service authorizations. There were 1362 authorization requests that required manual review by UM Clinical Specialists. The chart below depicts the number of approvals (1362), those that were approved within 14 days of the request (1343) and the 19 authorizations that were approved beyond 14 days. For comparison, the number of approvals from January and February are also included. Out of the 1362 approvals in March, 98.6% were approved within 14 days of the request and 1.41% were approved 15 days or more after the submission. The UM Department continues to review and update the Service Utilization Guidelines to allow for auto approval of medically necessary services and decrease the number of authorizations requiring manual review.



Data Source: Power-BI

Substance Use Disorder

SUD Authorizations

Due to technical issues the SUD Authorization report was not available to report on total number of authorizations inclusive of the Access Center. This issue has been forwarded to Help Desk. However, the power bi dashboard for the month of March indicates SUD UM staff approved 1,238 authorizations as of 3/30/2022.

Medical Necessity Denials

There were no SUD medical necessity denials this month.

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 Bi-Monthly Provider Meeting

During the meeting held on March 23, 2022, the increase of the T1012 Recovery Supports UM Guidelines was presented. This change was previously communicated to the Provider Network via memo sent by the SUD Department. An authorization requirement training is being planned for SUD Provider Network.

SUD Timeliness Dashboard

As of 3/30/2022, there were 321 urgent authorizations approved. Out of the 321, 289 (90%) were authorized within 72 hours. There were 917 non-urgent authorizations and 915 (99%) were approved within 14 days. There is some inconsistency in the numbers reported on the bar graphs versus the pie charts in PowerBI IT has been requested to review the variance.

MCG

As of 3/30/22 there were 1002 individuals screened in Indica which is an average of 33 cases per day screened using the MCG Behavioral Health Guidelines. This remains very consistent with our per day average which is usually between 30-32 screenings each day. It was necessary to contact COPE several times this month as the screening entity staff did not enter the clinical indications for admission.

MCG is invited to the next Parity workgroup meeting to discuss the changes to the 26th edition of the Behavioral Health Guidelines. Preliminary review indicates very minor changes and/or enhancements. MCG contacted us to remove several job aides from our DWIHN website as the content is proprietary. This was sent to IT to address.

IRR

IRR testing continues with new hires. Weekly meetings are scheduled with staff member assigned to assist and be orientated to the MCG/IRR functions.

FY 21 Annual UM Evaluation/Reporting

The UM Annual Evaluation was presented during the UM and QISC committee meetings on March 15th and March 29th respectively and was approved by both groups. It will be presented during the April 13th PCC meeting and the Full Board for final approval. The FY 20/21 Annual IRR report was presented and approved at the February QISC meeting. A brief PowerPoint of SUD highlights from the Annual Evaluation was presented to the SUD Oversight Board at their study session on March 30th.

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 22-16R1 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 4/20/2022

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: SUD Prevention Funding FY 22 Revised - SOR II Carryforward Award

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 4/13/2022

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

Amount of Contract: \$ 6,715,938.00 Previous Fiscal Year: \$ 5,632,133.00

Program Type: Continuation

Projected Number Served- Year 1: 875 Persons Served (previous fiscal year): 875

Date Contract First Initiated: 10/1/2021

Provider Impaneled (Y/N)?

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

Staff requests Board approval to amend the FY 2022 SUD Prevention Program from \$6,490,938 to \$6,715,938 per the MDHHS award for use of carryforward the prior fiscal year. The revised SOR II allocation of \$475,000 will be used to enhance our opioid use disorder and stimulant use disorder efforts for the SOR II campaign. The additional SOR II funds will be distributed to the following Providers and must be utilized by the end of the fiscal year:

Evidence Based Prevention funding will go to CCMO - Center for Youth and Families and Strategies to Overcome Obstacles and Avoid Recidivism. Overdose Education and Naloxone Distribution funding will go to Community Health Awareness Group and The Youth Connection.

The FY 22 SUD Prevention Services program of \$6,490,938.00 is increased by \$225,000.00 to \$6,715,938.00 and consists of Federal Block Grant revenue of \$4,700,938.00 and Public Act2 Funds of \$2,015,000.00 is designated to PA2.

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

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

Source of Funds: Block Grant

Fee for Service (Y/N): N

Revenue	FY 21/22	Annualized
SUD Block Grant	\$ 4,700,938.00	\$ 4,700,938.00
Local Funds - Public Act 2 (PA2)	\$ 2,015,000.00	\$ 2,015,000.00
Total Revenue	\$ 6,715,938.00	\$ 6,715,938.00

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

Type of contract (Business/Clinical):

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)?

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Tuesday, April 5, 2022

Signed: Tuesday, April 5, 2022

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 22-17R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 4/20/2022

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Substance Use Disorder Treatment Services Network Fiscal Year 2022 - SOR II Carryforward Award

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 4/13/2022

Proposed Contract Term: 4/20/2022 to 9/30/2022

Amount of Contract: \$ 8,528,522.00 Previous Fiscal Year: \$ 6,291,109.00

Program Type: Modification

Projected Number Served- Year 1: 2,500 Persons Served (previous fiscal year): 2500

Date Contract First Initiated: 4/20/2022

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).

Staff requests Board approval to amend the FY 2022 SUD Treatment Program from \$8,081,948 to \$8,528,522 per the MDHHS award the use of carryforward prior year for an increase of \$446,574. The revised SOR II allocation of \$1,712,488 will be used to enhance our opioid use disorder and stimulant use disorder efforts for the SOR II campaign. The additional SOR II funds will be distributed to the following Providers and must be utilized by the end of the fiscal year:

Mobile Care Unit funding will go to Abundant Community Recovery Services and Quality Behavioral Health. Opioid Use Disorder and Stimulant Use Disorder Treatment will go to Sobriety House. Peers in FQHCs will go to Hegira Health, and Recovery Housing will go to Abundant Community Recovery Services.

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

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

Source of Funds: Block Grant

Fee for Service (Y/N): Y

Revenue	FY 21/22	Annualized
SUD Block Grant	\$ 7,208,474.00	\$ 7,208,474.00
PA2	\$ 1,320,048.00	\$ 1,320,048.00
Total Revenue	\$ 8,528,522.00	\$ 8,528,522.00

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, April 6, 2022

Signed: Wednesday, April 6, 2022

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 22-59 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 4/20/2022

Name of Provider: Detroit Central City C.M.H., Inc., Development Centers Inc., Southwest Counseling Solutions, Wayne Metropolitan Community Action Agen, Coalition on Temporary Shelter

Contract Title: HUD Permanent Supportive Housing

Address where services are provided: Various locations throughout Wayne County

Presented to Program Compliance Committee at its meeting on: 4/13/2022

Proposed Contract Term: 2/1/2022 to 1/31/2023

Amount of Contract: \$ 2,266,426.00 Previous Fiscal Year: \$ 2,210,980.00

Program Type: Continuation

Projected Number Served- Year 1: 330 Persons Served (previous fiscal year): 314

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 Board approval to renew and disburse U.S. Department of Housing and Urban Development (HUD) Supportive Housing funds for existing grant programs: Coalition on Temporary Shelter (COTS), Development Centers, Inc. (DCI), Central City Integrated Health (CCIH), Southwest Counseling Solutions and Wayne Metropolitan Community Action Agency.

This Board Action also recommends approval for the disbursement of the required local match to DCI, COTS and CCIH.

Approval of this Board Action will allow for renewal, acceptance and disbursement of HUD Continuum of Care (CoC) permanent supportive housing grant funds in the amount of \$2,161,164 and the

Detroit Wayne Integrated Health Network state general fund match of \$104,785 for an amount not to exceed \$2,266,426

The Providers listed in this Board Action submitted applications for renewal to the local Continuum of Care and were awarded for renewal for the HUD FY 2021.

These programs will continue to provide permanent supportive housing and supportive services to individuals and families in Detroit and Wayne County who have a serious mental illness/disability and are experiencing homelessness.

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

Source of Funds: General Fund,HUD

Fee for Service (Y/N): N

Revenue	FY 21/22	Annualized
HUD	\$ 2,161,641.00	\$ 2,161,641.00
General Fund	\$ 104,785.00	\$ 104,785.00
Total Revenue	\$ 2,266,426.00	\$ 2,266,426.00

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:

Eric Doeh

Signed: Tuesday, April 5, 2022

Signature/Date:

Stacie Durant

Signed: Monday, April 4, 2022