



## **Detroit Wayne Integrated Health Network**

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### **PROGRAM COMPLIANCE COMMITTEE MEETING Wednesday, March 8, 2023 St. Regis Hotel, 1<sup>st</sup> Floor Conference Room 1:00 p.m. – 3:00 p.m.**

#### **AGENDA**

- I. Call to Order**
- II. Moment of Silence**
- III. Roll Call**
- IV. Approval of the Agenda**
- V. Follow-Up Items from Previous Meeting**
  - A. Chief Medical Officer's Report:**
    - 1. Provide data on veteran suicides in Wayne County and Michigan.
    - 2. Provide feedback on outcomes, impacts and services for veterans.
- VI. Approval of the Minutes – February 8, 2023**
- VII. Report(s)**
  - A. Chief Medical Officer
  - B. Corporate Compliance - **None**
- VIII. Quarterly Reports**
  - A. Access Call Center
  - B. Children's Initiatives
  - C. Customer Service
    - 1. ECHO Review and Member Experience Summary
  - D. Integrated Health Care (IHC)
- IX. Strategic Plan Pillar – **None****
- X. Quality Review(s) - **None****
- XI. VP of Clinical Operation's Executive Summary**

#### **Board of Directors**

Angelo Glenn, Chairperson  
Karima Bentounsi  
Jonathan C. Kinloch

Kenya Ruth, Vice-Chairperson  
Dorothy Burrell  
Kevin McNamara

Dora Brown, Treasurer  
Lynne F Carter, MD  
Bernard Parker

Dr. Cynthia Taug, Secretary  
Eva Garza Dewaelsche  
William Phillips

**Eric W. Doeh, President and CEO**



**XII. Unfinished Business**

- A. **BA #23-07 (Revised 2)** – Detroit Wayne Integrated Health Network (DWIHN) Provider Network System FY 22/23
- B. **BA #23-46 (Revised)** – FY 22/23 MI Health Link Demonstration Project

**XIII. New Business**

**(Staff Recommendations) - *None***

**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

FEBRUARY 8, 2023

1:00 P.M.

IN-PERSON MEETING

MEETING CALLED BY	I. Dr. Cynthia Taueg, Program Compliance Chair at 1:00 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Dr. Cynthia Taueg, Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	<b>Committee Members:</b> Karima Bentounsi; Dorothy Burrell; Dr. Lynne Carter; Commissioner Jonathan Kinloch; William Phillips; and Dr. Cynthia Taueg <b>Staff:</b> Brooke Blackwell; Chris Davis; Jacquelyn Davis; Judy Davis; Eric Doeh; Dr. Shama Faheem; Deabra Hardrick-Crump; Sheree Jackson; Marianne Lyons; Melissa Moody; Ebony Reynolds; April Siebert; and Yolanda Turner <b>Staff (Virtual):</b> Sharon Matthews and Shirley Hirsch

## AGENDA TOPICS

### II. Moment of Silence

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

### III. Roll Call

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

### IV. Approval of the Agenda

DISCUSSION/ CONCLUSIONS	The Chair called for a motion to approve the agenda. <b>Motion:</b> It was moved by Ms. Bentounsi 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. <b>Motion carried.</b>
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### V. Follow-Up Items from Previous Meetings

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

<b>DISCUSSION/ CONCLUSIONS</b>	<p>The Chair called for a motion to approve the January 11, 2023 meeting minutes. <b>Motion:</b> It was moved by Mrs. Burrell and supported by Ms. Bentounsi to approve the January 11, 2023 meeting minutes. Dr. Taueg asked if there were any changes/modifications to the January 11, 2023 meeting minutes. There were no changes/modifications to the meeting minutes. <b>Motion carried.</b></p>
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## VII. Reports

<b>DISCUSSION/ CONCLUSIONS</b>	<p>A. <b>Chief Medical Officer</b> – Dr. Shama Faheem, Chief Medical Officer submitted and gave an update on the Chief Medical Officer’s report. Dr. Faheem provided an overview on President Biden’s State of the Union Address as it pertains to mental health areas, reducing veterans’ suicide, tackling health crisis and the behavioral health work that would be done. They talked about creating a healthy environment by protecting our children online, strengthening data privacy and most importantly supporting mental health in the workforce. They talked about the burnout almost reaching 54% for nurses and physicians; a campaign that would be a hub of mental health and resiliency resources for health care organizations; promoting youth resilience and investing points. An important focus would be connecting more Americans to care, where it takes almost 11 years after an onset of mental health symptoms for someone to seek treatment. The President also discussed improving school-based mental health, where the Department of Education would announce more than \$280M in grants to increase mental health professionals at schools. They would issue guidance on how to use that to strengthen the parity. There will be enhancement of crisis services by additional guidelines and practices and crisis response as well as an expansion of access to daily health. Strengthening the system capacity with creating multiple slots for a future next generation of mental health professions by recruiting and prioritizing research in that area was discussed. The opioid overdose epidemic and their focus on delivering more life-saving Naloxone to communities and ensuring jails and prisons across the nation can provide treatment for substance use and to expand access to medications for opioid use were also discussed. They also highlighted their MAT Act which removed the X-waiver as a barrier and to continue working with medical professionals prescribing life-saving medications for opioid use disorder at a time when fewer than one (1) out of Americans can access the treatment they need. Dr. Faheem also reported on:</p> <ol style="list-style-type: none"> <li>1. <b>Behavioral Health Education</b> – DWIHN continues its’ outreach efforts for behavioral health services through “Ask the Doc” newsletter and an interview on CBS regarding crisis services for youths.</li> <li>2. <b>Integrated Health Care (IHC)</b> – The department takes the lead with MDHHS’ Pay-for-Performance Incentive. We have continued to increase the amount of incentives that we have been earning. In 2020, it was \$4.1M, moved to \$5.7M and then to \$5.8M which is based on multiple areas. The only area where we lost some dollars and points were related to follow-up after hospitalization for alcohol related visits or follow-up after inpatient psychiatric admission. We received full points on everything that we are doing internally, including joint care coordination with health plans. There is more work that we have to do with our provider network in these two areas and that is definitely our goal for the upcoming year. Staff continues to revise our interventions for the HEDIS Measures which includes FUH and FUA due to some of the lowest scores in certain areas.</li> </ol>
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	<p>3. <b>Quality Department</b> – Staff continue to focus on PI#2a (Access of Services or Biopsychosocial within 14 Days of Request) in which the number is not where we hoped it would be, but there definitely has been an upward trend. From Q3 to Q4, there was an improvement of 7% or closer to the State’s average 51%. It is an area where the entire State is struggling primarily because of the workforce shortages. We continue to focus on our hospital recidivism and that number continues to get better. From Q3 to Q4 of last fiscal year, there was a 2% improvement. The final quarter which is not finalized yet, is meeting the State’s standard up until now, which is 15% or lower. Staff have noticed a trend of improved scores in the areas of self-monitoring by our providers as well as the Autism providers.</p> <p>4. <b>Case Reviews and Consultations</b> – The Clinical Practice Improvement department with Ebony Reynolds as lead, have created a lot of closed cases and consultation groups. An internal high equity group has been created, where staff is reviewing members with high needs, with the goal that we are working together with various departments to come up with evidence-based recommendations and treatments. The Outcomes Improvement Committee, allows providers to bring in challenging cases. The teams and experts in different areas work collaboratively to provide recommendations to our providers.</p> <p>5. <b>Improving in Practice Leadership Team</b> – The last two-three months, staff has been focusing on revising the Clinical Practice Guidelines which involved an extensive literature search for various disorders up-to-date guidelines. The goal is to help our network find guidance in the best practice in the area of making decisions to treat our members.</p> <p>6. <b>Med Drop Program</b> – DWIHN continues to see gradual but slow increase in the number of members. We have revised the process, so in the next three to six months we are hoping to monitor that increase closely and then decide if the current changes are working. This would be an important tool once we open our own crisis center to figure out some of those high need individuals that could benefit from the program.</p> <p>The Chair opened the floor for discussion. Discussion ensued. The committee requested that staff provide data on veteran suicides in Wayne County and Michigan and feedback on outcomes, impacts and services for veterans.</p> <p><b>(Action)</b> Eric Doeh, President/CEO, congratulated Vicky Politowski, Director of Integrated Health Care on an outstanding job. She has done excellent work. In regards to Veteran services, last year Macomb and Oakland worked to link veterans to services and DWIHN is hoping to do the same from a collaborative standpoint.</p> <p>B. <b>Corporate Compliance</b> - <i>There was no Corporate Compliance report to review this month.</i></p> <p>The Chair noted that the Chief Medical Officer’s report has been received and placed on file.</p>
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## VIII. Quarterly Reports

	<p>A. <b>Autism Spectrum Disorder (ASD)</b> – Ebony Reynolds, Clinical Officer submitted and gave highlights of the ASD quarterly report. Ms. Reynolds reported that ASD Benefit continues to grow each quarter with 2,302 opened cases at the end of Q4. DWIHN will need to expand its’ network through the RFQ procurement process based on the growing number of children enrolled in the Benefit. Referral data for ADOS-2 diagnostic evaluation in the 4<sup>th</sup> quarter indicates an</p>
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average of 195 diagnostic evaluations scheduled with the most scheduled at 204 appointments. Staffing challenges were noted by DWIHN's Autism Providers and the supplemental increase was beneficial to the ABA network in hiring and recruiting additional staff. DWIHN issued a change to the ASD service authorization guidelines request during Q4 in an effort to support the provider network and ensure members are engaged with treatment. The Autism department expanded the ABA provider network to additional site locations in Westland and Woodhaven to ensure DWIHN continues to provide equitable access to all Wayne County eligible ABA beneficiaries. DWIHN increased the Service Utilization Guidelines (SUG) for ABA Behavior Treatment from 10% to 20% based on the feedback from Network in coordinating care. This will also support DWIHN's Performance Improvement Project (PIP) for NCQA re-accreditation. A Service Delivery Expansion survey was provided to determine the capacity of ABA providers in the network to immediately accept members waiting for ABA services. Four additional providers, already contracted to deliver services within the ABA network, were able to expand to build a better capacity. One additional Intellectual and/or Developmental Disability (I/DD) CRSP provider was added to deliver supports coordination and timeliness to children receiving the ABA Benefit. There are currently 16 ASD Providers and three (3) Diagnostic Evaluators that determine the eligibility for the ABA Benefit for DWIHN. Dr. Taueg opened the floor for discussion. Discussion ensued.

- C. **Managed Care Operations (MCO)** – Sharon Matthews, Interim Director of Managed Care Operations submitted and gave highlights of the MCO's quarterly report. Ms. Matthews reported that the department manages over 400 contracts and Credentialing and Re-credentialing of over 4,000 providers/practitioners. Providers continue to be challenged with staffing shortages. DWIHN's CRSP meetings and Access Committee closely monitors the impact of staffing shortages and works with providers to develop strategies. DWIHN has an onboarding process to facilitate the evaluation and vetting of new providers and RFPs are used as a strategy to recruit providers/programs. There were 15 closures (4 licensed residential homes, 9 unlicensed and 2 outpatient providers) during FY 22/23, Q1. Training and educating providers; increasing our standardized rate by 5% for FY 23; issuing four (4) payment incentives for FY 22 and retention payments to the network to assist providers with retaining staff due to the shortage; advocating at the State level to reduce the overburden reporting requirement; seeking opportunities to automate and streamline processes/procedures; and meeting with providers to understand their needs and find solutions to the needs have remained in place to address network challenges. Dr. Taueg opened the floor for discussion. Discussion ensued.
- D. **Residential Services** – Shirley Hirsch, Director of Residential Services submitted and gave highlights of the Residential Services' quarterly report. Ms. Hirsch reported that there are 2,883 members receiving residential services (2,054 licensed settings and 829 unlicensed settings). There were 14 residential facility closures during Q1 and 53 members were affected due to APS/ORR complaints reported MCO, Direct Care Worker staff shortage, rent increase and homeowner's decision to sell property. There were 864 referral requests (483 AMI requests and 381 I/DD requests) for Q1. There were 52 ED referrals (several cases during the holiday break), November 27-29, 2022 during Q1. There were 47 I/DD CRSPs referrals for members from their family's home and emergent facilities were provided for them. There were also 16 nursing homes/sub-acute rehabilitation referrals; 14 self-directed-to-specialized residential services; and four (4) DHHS foster care aging out into adult services

referrals during Q1. Dr. Taueg opened the floor for discussion. Discussion ensued.

- E. **Substance Use Disorder (SUD)** – Judy Davis submitted and gave highlights of the SUD’s quarterly report. Mrs. Davis reported that the total number of deaths involving any type of opioid has increased dramatically in Wayne County. DWIHN continues to provide free Narcan training to anyone in the Wayne County community. Narcan training have expanded to include faith-based organizations, barber shops, hair and nail salons. Placing certified peer recovery coaches in emergency rooms in some hospitals have increased services. DWIHN is also working with mobile units to expand their services to include harm reduction tools (fentanyl test strips and deterra bags) in high risk areas and areas that are considered hot spot areas. DWIHN continues to train first responders, providers, drug court staff, inmates/jail staff and the community on how to reverse an opioid overdose. DWIHN has also purchased emergency Naloxone boxes for all provider agencies to have located in a common area in the event the Narcan is needed. DWIHN has administered over 15,000 Naloxone kits since its inception. ***Naloxone Saves in Wayne County from FY 23 (Q1)*** – There have been 30 successful Narcan saves and two (2) unsuccessful saves this quarter. In Wayne County, there was 187 drug overdose deaths during the first three months in 2022 and 235 deaths in same period in 2021. The difference in the number of deaths could be due to under-reporting recent deaths or real decline. These deaths reflect where decedents were found, not where they lived prior to their death. ***Peers in FQHCs, Urgent Care and other outpatient settings increase access to treatment*** – Service providers are implementing screenings in four (4) community partner locations. There were 150 contacts and 81 follow-ups this quarter. In this quarter, there were 580 consumers serviced by the mobile unit; 14 referrals to SUD; 11 drug screens; 75 peer supports and 186 naloxone kits distributed by the mobile units. ***Screening, Brief Intervention and Referral to Treatment (SBIRT) Screenings*** – This program partners with organizations that do not screen for substance use disorder and implements screenings and referrals. There were 1,480 screenings this quarter. ***Gambling Disorder Residential Treatment Program (GDRTP)*** – Mariner’s Inn, Sobriety House and Elmhurst Home provide residential treatment to consumers with gambling disorders. All staff have completed the 30-hour Gambling Disorder training and six (6) new staff have requested the training. For Q1, 24 members have received this treatment. Statistics shows that heroin and alcohol is the most choice of drugs for members. The Chair opened the floor for discussion. Discussion ensued. The committee suggested staff look into having Narcan kits on buses. Eric Doeh, informed the committee that in the next quarterly reporting, he wants Judy Davis and Ebony Reynolds to report on the partnership with HYTA, a Federal Law Enforcement program that will have the stats to report on the uptake in drug use how that has an effect and showing how our partnerships with law enforcement has been very fruitful in decreasing the numbers. ***(Action)***

The Chair noted that the Autism Spectrum Disorder, Managed Care Operations, Residential Services, and Substance Use Disorder’s quarterly reports have been received and placed on file.

## IX. Strategic Plan Pillar - Quality

DISCUSSION/ CONCLUSIONS	<p>April Siebert, Director of Quality Improvement submitted and gave an update on the Strategic Plan Quality Pillar. Ms. Siebert reported that the Quality Pillar is at 93% completion. There are four (4) organizations goals under this pillar and they range from 83% to 100% completion for the high-level goals. There are also 22 sub-goals under this pillar and they are at 86% completion:</p> <ol style="list-style-type: none"> <li>1. <b>Ensure consistent Quality by September 30, 2022</b> – 83% Completed (6.4% increase)</li> <li>2. <b>Ensure the ability to share/access health information across systems to coordinate care by December 31, 2021</b> – 100% Completed</li> <li>3. <b>Implement Holistic Care Model:</b> 100% by December 31, 2021 – 100 % Completed</li> <li>4. <b>Improve population health outcomes by September 30, 2022</b> – 90% Completed (3.5% increase)</li> </ol> <p>The Chair opened the floor for discussion. There was no discussion. The Chair noted that the Strategic Plan Quality Pillar report has been received and placed on file.</p>
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## X. Quality Review(s) -

DISCUSSION/ CONCLUSIONS	<p>A. <b>Quality Assurance Performance Improvement Plan (QAPIP) Annual Evaluation FY 22 (PowerPoint); QAPIP Annual Evaluation and Work Plan FY 21/22; and QAPIP Work Plan FY 22/23</b> – April Siebert, Director of Quality Improvement submitted and gave a report on the QAPIP Annual Evaluation FY 22 and QAPIP Work Plan FY 22/23. Ms. Siebert reported:</p> <ol style="list-style-type: none"> <li>1. <b>Customer Pillar</b> – There are six (6) objectives under this Pillar. Three of the six objectives were Not Met. The results of the ECHO Survey will not be available until late April 2023; The results of the National Core Indicator Survey will not be available until September 2023; and the Practitioner Survey was not administered during FY 22. It will be sent out in Q2, FY 23 but the results will not be available until later this year.</li> <li>2. <b>Access Pillar</b> – There are six (6) objectives under this Pillar and one of six goals was Not Met. PI#10 – Recidivism or Re-admission within 30 Days did not meet Q2 and Q3. Staff will continue with the efforts to work with the screening agencies to identify and discuss clinical ramification for members considered recidivistic in efforts to address recidivism rates. DWIHN met the standards for PI#1 (Children and Adults); PI#4a (Adult); 4b (SUD); and PI#10 (Children) during FY 22.</li> <li>3. <b>Quality Pillar</b> – There are six (6) objectives under this Pillar and all were Met. The goals were to increase performance monitoring by 25% or greater with CRSP, Residential, Autism, Waiver programs, SUD and Inpatient Hospital Settings.</li> <li>4. <b>Year-End Monitoring Data FY 2022</b> – There were a total of 166 Provider Monitoring Reviews (CRSP, SUD, Autism, B3, Waivers and Inpatient Hospital Settings) conducted during FY 22; 114 Staff Record Reviews (96%); and six (6) Provider Network Trainings (800+ attendees).</li> <li>5. <b>Critical/Sentinel, Unexpected Deaths and Risk Report</b> – The Quality Performance Improvement Team processed 1,915 Critical/Sentinel Events, a decrease of 39.3% from FY 21. The decrease attributed to ongoing training with the Provider Network on correct and accurate reporting.</li> </ol>
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6. **Behavior Treatment Review** – There were 1,495 members' cases on Behavior Treatment Plans, which is an increase of 334 (28.76%) from the previous year through DWIHN's Behavior Treatment Plan Review Committee (BTPRC) Provider Network for FY 22. DWIHN's BTAC staff provided three system-wide trainings on Technical Requirements of BTPRC processes, 1,215 staff trained within our provider network.
7. **Performance Improvement Projects (PIP)** – There are nine (9) PIPs and eight of nine did not meet the target goal:
  - **Improving the availability of a follow-up appointment with a Mental Health Professional after Hospitalization for Mental Illness (Adult)** – 7-Day Follow-Up – Goal Not Met (28.33%); Goal (45% or higher)
  - **Adherence to Antipsychotic Medications for Individuals with Schizophrenia** – Goal Not Met (46.92%); Goal (68.00% or higher)
  - **Antidepressant Medication Management for People with a New Episode of Major Depression** – Goal Not Met (13.36%); Goal (46.42%)
  - **Improving Diabetes Monitoring for People with Schizophrenia and Bipolar Disorder** – Goal Not Met – 64.86%; Goal 78.01%
  - **Coordination of Care** – Goal Not Met (68.86%); Goal (95% or higher)
  - **Case Finding for Opiate Treatment** – Goal Not Met (60%); Goal (79% or higher)
  - **PHQ-0 Implementation** – Goal Not Met (99.1%); Goal (95%)
  - **PHQ-A Implementation** – Goal Not Met (99.2%); Goal (100%)
  - **Decreasing Wait for Autism Services** – Goal Not Met (67.5%); Goal (100%)
8. **Workforce Pillar** – There is one (1) objective under this Pillar and the goal was Met. The goal was met by continuous quality monitoring of our workforce through credentialing and through Provider trainings on Detroit Wayne Connect, a continuing education platform for stakeholders of the behavioral health workforce.
9. **Finance Pillar** – There is one (1) objective under this Pillar and the goal was Met. A total of 3,598 claims were randomly selected for verification; 3,524 were reviewed and validated for 98.03% (35.75% increase from previous FY 21, 1,260); 3,210 of the claims reviewed were compliant (having scores of at least 95%); and 215 of the claims reviewed has scores less than or equal to 95% (124 required a Plan of Correction) during FY 22.
10. **Advocacy Pillar** – There is one (1) objective under this Pillar and the goal was Not Met. Ensure full compliance in the network with the Home and Community Based Setting Requirements.

Most activities planned in the Work Plan FY 22 (2021-2022), is at approximately 70% completion goal. The activities that were Not Met, Partially Met or Opportunities for Continuous Quality Improvement will be continued during FY 22/23. Ms. Siebert is requesting board approval of the QAPIP Annual Evaluation FY 22 and the QAPIP Work Plan FY 22/23.

The Chair opened the floor for discussion. There was no discussion. Dr. Taueg called for a motion on the QAPIP Annual Evaluation FY 22 and the QAPIP Work Plan FY 22/23. **Motion:** It was moved by Ms. Bentounsi and supported by Dr. Carter to move the QAPIP Annual Evaluation FY 22 and the QAPIP Work Plan FY 22/23 to Full Board for approval. Dr. Taueg opened the floor for further discussion. There was no further discussion. Once approved by the Full Board, copies of the QAPIP Annual Evaluation FY 22 and the QAPIP Work Plan FY

22/23 will be available on DWIHN's website for stakeholders and members to review. **Motion carried.**

## XI. Chief Clinical Officer's (CCO) Report

DISCUSSION/ CONCLUSIONS	<p>Melissa Moody, VP of Clinical Operations submitted and gave highlights of the VP Clinical Operations' report. Mrs. Moody reported:</p> <ol style="list-style-type: none"> <li>1. <b>COVID-19 &amp; Inpatient Psychiatric Hospitalization</b> – There were 701 members that received inpatient hospitalization psychiatric hospitalization services and 10 COVID-19 positive members in January 2023.</li> <li>2. <b>COVID-19 Substance Use Disorder – Recovery Housing/Recovery Support Services</b> – There were six (6) members that received Recovery Housing/Recovery Support services in January 2023, a significant decrease in COVID-19 positive cases compared to December 2022 (40).</li> <li>3. <b>Adults Initiatives</b> – Evidence-Based Supported Employment (EBSE) – There were 175 referrals; 128 admissions; and 370 individuals obtained competitive employment with an average hourly was of \$14.25 per hour (one of the individuals was a returning citizen) during this reporting period.</li> <li>4. <b>School Success Initiative</b> – Grants - New Infant and Early Childhood Specialist started at DWIHN this month to be the coordinator for the Infant Toddler Program Grant that started January 2023. The new coordinator will collaborate with MDHHS, Wayne County Courts, Children Providers and MDHSS for children that are involved in the Baby Court Program. MDHHS is looking at rolling out My Kids Internship Plan (not finalized yet) where it provides internship stipends for those persons that are in doctoral and masters' level behavioral health professions, which are the priority to these stipends that are working in a PIHP or CMHSP. The next priority would be persons with a bachelor's degree in those areas and then schools would be next in the priority as well.</li> <li>5. <b>Integrated Health Care Services</b> – <i>Behavioral Health Home (BHH)</i> – There are currently 466 members enrolled and an RFI will be going out for more providers to support this program; <i>Opioid Health Home</i> – There are currently 355 members enrolled this program; <i>Certified Community Behavioral Health Clinic (CCBHC) State Demonstration</i> – Continues to grow as well with 3,434 members.</li> <li>6. <b>Utilization Management (UM)</b> – As of January 31, 2023, the UM Team has managed a total of 814 admissions across the provider Network which includes inpatient, partial hospitalization and crisis residential services. There were 701 (non-MI Health Link) admissions for inpatient treatment, reflecting a 1.7% increase from 689 inpatient admissions during December 2022.</li> </ol> <p>The Chair opened the floor for discussions. There was no discussion.</p>
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## XII. Unfinished Business

DISCUSSION/ CONCLUSIONS	<p>A. <b>BA #23-26 (Revised 2)</b> – Substance Use Disorder (SUD) Prevention Services Network FY 23 – Staff requesting board approval to accept additional funding of \$232,000.00 (CLASS, \$159,000; Mariner's Inn, \$54,000; and Black Family Development, \$19,000) in PA2 funds to allocate funds consistent with prior year allocations. Also, SUD is requesting an additional \$15,000 to purchase SUD pamphlets, educational and informative items and car seats for members that successfully complete the Parenting Post-Partum Women (PPW) services program as an incentive. The revised FY23 Prevention Services program budget</p>
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	<p>is \$7,330,210.00 and consist of Federal Block Grant (\$4,974,210.00) and PA2 Funds (\$2,356,000.00). Dr. Tauveg opened the floor for discussion. Discussion ensued.</p> <p>B. <b>BA #23-27 (Revised 2)</b> – Substance Use Disorder (SUD) Treatment Services Network FY 23 – Staff requesting board approval to accept \$235,000.00 in PA2 Funds to purchase 2,500 Naloxone kits at \$94.00 each. Dr. Tauveg opened the floor for discussion. Discussion ensued.</p> <p>C. <b>BA 23-35 (Revised)</b> – American Rescue Plan Act (ARPA) – Staff requesting board approval to accept an additional \$350,000.00 from the American Rescue Plan Act (ARPA) Grant aka COVID 3. The new ARPA treatment grant amount is \$685,000.00. The revised total for this board actions is \$1,030,820.00. Dr. Tauveg opened the floor for discussion. Discussion ensued.</p> <p>The Chair called for a motion on BA #23-26 (Revised 2), BA #23-27 (Revised 2) and BA #23-35 (Revised). Motion: It was moved by Dr. Carter and supported by Ms. Bentounsi to move BA #23-26 (Revised 2), BA #23-27 (Revised 2) and BA #23-35 to Full Board for approval. The Chair opened the floor for further discussion. There was no further discussion. <b>Motion carried.</b></p>
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### XIII. New Business: Staff Recommendation(s)

<b>DISCUSSION/ CONCLUSIONS</b>	<p>A. <b>BA #23-56</b> – Leaders Advancing and Helping Communities (LAHC), Community Health, Workforce and Development Training – Staff requesting board approval for \$190,000.00 for LAHC for start-up cost to develop a health, workforce development and training hub that will provide several programmatic and skill-building programs. The program will be located in Dearborn and will provide outreach services to members in Northwest Detroit and Redford. The Chair called for a motion on BA #23-56. <b>Motion:</b> It was moved by Mr. Phillips and supported by Ms. Bentounsi to move BA #23-56 to Full Board for approval. Dr. Tauveg opened the floor for discussion. Discussion ensued. <b>Motion carried.</b></p> <p>B. <b>BA #23-57</b> – Biz Analytix Technology, LLC – Staff requesting board approval for a one-year contract with two, one-year renewal options effective March 1, 2023 through February 29, 2024 for an amount not to exceed \$147,600.00 for a claims audit software. The contract amount consists of both a software and implementation amount of \$51,600.00 (capitalized) and an annual licensing fee of \$96,000.00 (expensed).</p> <p>The Chair called for a motion on BA #23-57. <b>Motion:</b> It was moved by Ms. Bentounsi and supported by Dr. Carter to move BA #23-57 to Full Board for approval. Dr. Tauveg opened the floor for discussion. Discussion ensued. Eric Doeh, President/CEO of DWIHN informed the committee that Mrs. Deabra Hardrick-Crump has been promoted to Director of the Claims department. <b>Motion carried.</b></p>
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#### XIV. Good and Welfare/Public Comment

<b>DISCUSSION/ CONCLUSIONS</b>	Eric Doeh, President/CEO introduced Chris Davis, an attorney that has joined our Legal Team.
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<b>ACTION ITEMS</b>	<b>Responsible Person</b>	<b>Due Date</b>
1. <b>Chief Medical Officer's Report</b> – Provide data on veteran suicides in Wayne County and Michigan and feedback on outcomes, impacts and services for veterans.	Dr. Faheem	<b>March 8, 2023</b>
2. <b>SUD Quarterly Report</b> - Judy Davis and Ebony Reynolds to report on the partnership with HYTA, a Federal Law Enforcement program that will have the stats to report on the uptake in drug use how that has an effect and showing how our partnerships with law enforcement has been very fruitful in decreasing the numbers.	Judy Davis Ebony Reynolds	<b>May 10, 2023</b>

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:** 2:43 p.m.

**NEXT MEETING:** Wednesday, March 8, 2023 at 1:00 p.m.

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



**March 8, 2023**

**Behavioral Health Education:**

DWIHN has continued outreach efforts for behavioral health services

- February Ask the Doc Digital Newsletter addressing declining COVID numbers and State of Union address by President

**Michigan Veteran's Suicide:**

**Michigan Veteran Suicide Deaths, 2020**

Sex	Veteran Suicides
Male	167
Female	11
All	178

Age Group	Michigan Veteran Suicide Rate	Midwestern Region Veteran Suicide Rate	National Veteran Suicide Rate	Michigan Veteran Suicide Rate	Michigan Suicide Rate
18-34	39.5*	50.1	46.1	39.5*	17.7
35-54	31.5	34.7	31.8	31.5	19.0
55-74	33.5	28.4	27.4	33.5	16.0
75+	20.7	30.1	32.0	20.7	20.5
All	31.1	32.6	31.7	31.1	17.8

After accounting for age differences, the Veteran suicide rate in Michigan:

- Was not significantly different from the national Veteran suicide rate
- Was significantly higher than the national general population suicide rate

Michigan has partnered with SAMHSA and the United States Department of Veterans Affairs (VA) to bring the Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families (SMVF) to our communities across Michigan.

The Michigan Veteran Affairs Agency (MVAA) is leading this initiative in collaboration with many other key partners. Key focus and efforts include:

- Reducing suicide among service members, veterans, and their families.
- Increasing access to services and support.
- Expanding statewide capacity to engage SMVF in public and private services.
- Enhancing provider and SMVF peer practices.
- Implementing innovative best practices (e.g., Screening and Asking the Question - have you or a member of your household ever served in the military?).
- Increase Lethal Means Safety and Safety Planning.
- Promote connectedness and improve care transitions.

**Best Practices:** Screening for military connectivity (Part of BHTEDs data), Connecting with Veteran Services, Gun and Firearm Safety

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DWIHN Veteran Navigator Program helps veterans get the mental health treatment, food, education, and income and employment assistance they need. Our navigator also educates veterans and the general community on symptoms related to post-traumatic stress disorder, trauma and other mental health issues.

**Integrated Health (IHC) Department:**

IHC Department has been involved in various initiatives such as continued care coordination with health plans, pilot projects with health plans with shared data sharing platforms, creation of DWIHN apps for members, HEDIS measures tracking and Performance Improvement projects.

The Office of Specialized Nursing Homes - OBRA Programs was originally established in response to the provisions of the federal Omnibus Budget Reconciliation Act (OBRA) of 1987, which amended the Medicaid program requirements for all nursing facilities. Its primary function has been to assure the implementation of those provisions of Preadmission Screening and Annual Review (PASRR) which address the relationship of nursing facilities to persons who are seriously mentally ill and/or have an intellectual/developmental disability (ID/DD). IHC had a monitoring role for the OBRA/PASRR which has been contracted out to Neighborhood Service Organization (NSO) for a long period of time. DWIHN has decided not to renew OBRA contract and RFP for 2023 and will be providing the PASRR assessment internally. The contract with NSO expires on March 31, 2023. DWIHN will start providing services on April 1, 2023. DWIHN is in the process of interviewing and hiring staff. DWIHN will be hiring 23 staff, a mixture of RN, Therapist, Intake, Clerical, Psychiatrist, Managers and Administrator. Currently there are 3 people in the process of being hired and 18 more interviews.

**Quality Department:**

**Highlights:**

- ✚ The reporting percentage for indicator 2a (Access of services or Biopsychosocial within 14 days of request) continues to show improvement from Q3(37.8%) to (45.16%) preliminary for Q1. Q1 data is due to MDHHS on March 31, 2023.
- ✚ DWIHN continued to meet the standards for PI#1 (Children and Adult), 4b (SUD) and PI#10 (Children). We continue to show improvement for PI#10 (Recidivism or Readmission within 30 days) from Q4 15.89% (Adult) to Q1 14.71% (Adult) with an overall compliance score of 14.06%. We will continue with the efforts to meet the standard and will continue to evaluate the effectiveness of the interventions for next quarter.

**State Quality Measures and Reviews:**

DWIHN's Quality Improvement (QI) monitors access to service using the Michigan Mission Based Performance Indicators (MMBPI). The indicators measure the performance of the PIHP (Medicaid Only) and CMHSP (Medicaid, Medicare and 3<sup>rd</sup> Party) for beneficiaries served through the CMHSP/SUD affiliates. There are six (6) indicators that have been established by MDHHS that are the responsibility of the PIHP to collect data and submit on a quarterly basis. The established standards for indicators #1 and #4 are 95% or above and the standard for indicator #10 is 15% or less. No established standard for indicators #2 and #3 has been set by MDHHS. Below are the 6 performance PIHP (Medicaid) indicators with compliance scores.

**Program Compliance Committee Meeting**  
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- **Indicator 1:** The percentage of persons during the quarter receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.
  - **Quarter 4 (Final)**
    - Child – 98.80%
    - Adult – 97.69%
    - Total – 97.89%
  - **Quarter 1 (Preliminary)**
    - Child – 98.86%
    - Adult – 98.08%
    - Total – 98.26%
- **Indicator 2a:** The percentage of new persons during the Period receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service.
  - **Quarter 4 (Final)**
    - Child - 28.21%
    - Adult – 49.27
    - Total – 44.26%
  - **Quarter 1 (Preliminary)**
    - Child – 28.81%
    - Adult – 48.16%
    - Total – 45.17%
- **Indicator 2b:** Expired SUD Service Requests
  - **Quarter 4 (Final)**
    - 83.24%
  - **Quarter 1 (Preliminary)**
    - 83.37%
- **Indicator 3:** The percentage of new persons during the Period starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment.
  - **Quarter 4 (Final)**
    - Child - 87.19%
    - Adult – 88.24%
    - Total – 88.32%
  - **Quarter 1 (Preliminary)**
    - Child – 84.28%
    - Adult – 82.56%
    - Total – 86.72%
- **Indicator 4a:** The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days.
  - **Quarter 4 (Final)**
    - Child – 100%
    - Adult – 98.11%
    - Total – 98.29%
  - **Quarter 1 (Preliminary)**
    - Child – 100%
    - Adult – 95.77%
    - Total – 97.18%
- **Indicator 4b:** The percent of discharges from a substance abuse detox unit who are seen for follow-up care within 7 days.
  - **Quarter 4 (Final)**
    - Total – 99.79%
  - **Quarter 1 (Preliminary)**
    - Total – 99.61%
- **Indicator 10:** The percentage of readmissions of children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge.
  - **Quarter 4 (Final)**
    - Child – 7.64%
    - Adult – 15.89%
    - Total - 15.19%
  - **Quarter 1 (Preliminary)**
    - Child – 7.56%
    - Adult – 14.71%
    - Total – 14.06%

**Reviews**

Health Services Advisory Group (HSAG) is contracted by MDHHS to conduct the following reviews annually:

- Performance Measure Validation (PMV)
  - SFY2022 - 100% Compliance Score
- Compliance Monitoring

**Program Compliance Committee Meeting  
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- FY2021 – 77%;
  - FY2022 – 83%
- Performance Improvement Project (PIP)
  - SFY 2022- 100% Compliance Score

MDHHS completes every two years the Home and Community Based Waiver Review of DWIHN's Habilitation Supports Waiver, Children's Program Waiver, Serious Emotional Disturbance Waiver, and substance use disorder program services.

- POC of accepted by MDHHS and fully implemented.

**HCBS Status Update**

- The "Non-Responder" defined as those settings which failed to successfully exit Heightened Scrutiny status and are not compliant with HCBS requirements and are required to initiate transition activities for individuals who received HCBS at or through the setting. DWIHN is reporting these transition activities to MDHHS on an Excel Spreadsheet provided by MDHHS on the 1<sup>st</sup> and 15<sup>th</sup> of each month with the final update due March 1, 2023. Quality staff has submitted these reports to MDHHS on a timely basis for a total of 58-members initially. After review of the members identified one member was a duplicate and another deceased bring the total number to 56 members impacted and needing to select a transition pathway. Quality Department has continued working with the CRSP and Residential homes to confirm the Transition plan and collect supporting documents. If CMS does not provide extension, Medicaid could not be used to pay for the HCBS services for the members who choose to stay in the non-responsive/non-compliant setting after March 17<sup>th</sup>.



## **DWIHN Access Call Center 1st Quarter: October – December 2022**

### **Summary Report**

In comparison of the Access Call Center's call data for 4<sup>th</sup> quarter FY 21-22 to 1<sup>st</sup> quarter FY 22-23:

- There was a decrease in call volume by 818 calls and there was also a decrease in the # of Crisis Calls.
- Abandoned calls decreased from 4.1% to 3.7 %
- Service Level decreased from 80.4% to 79.5%

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

### **FY 22/23 Q1 Accomplishments**

- Filled Leadership Vacancies: Call Center Director and Call Center Administrators x 2
- Hired 3 part-time Call Center Clinicians and 3 part-time SUD Techs
- Completed "Silent Monitoring" for 325 calls for this quarter. The average score was 92.4%. The goal is 95 %. Some of the areas assessed are tone, clarity, adherence to script, identify callers needs and crisis related concerns, demonstrate program knowledge, ask about transportation and language/ interpreter needs. Areas that scored lower than 95% were addressed through coaching, supervision, performance improvement plans and additional training.
- The day shifts (M-F, 7a-7p) transitioned from remote work environment to hybrid work environment, working majority of the time on site at the New Center One building. Evening, Midnight and Weekend shifts continue to work remotely.

### **Area of Concern**

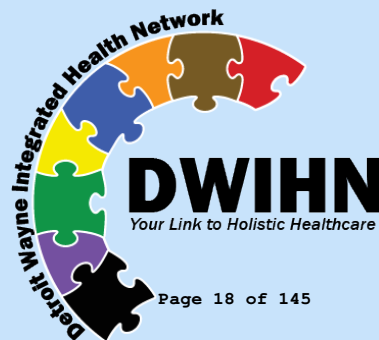
- Caller and provider complaints about long hold times
  - Working with IT and the phone vendor to improve the hold process
  - Hiring more staff
  - Streamline screening process

### **Plans for FY 22/23 Q2**

- Hire Access Call Center Clinical Manager and Quality Manager
- Hire additional call center staff to address high call volume times and cover UPTO
- Streamline screening tools

# DETROIT WAYNE INTEGRATED HEALTH NETWORK

Access Call Center  
Quarterly Report(1<sup>st</sup> Quarter)  
October-December 2022



# Access Call Center

## 1st Quarter

### October-December 2022

QUEUES	Calls Offered	Calls Handled	Calls Abandoned	% Abandoned Goal: <5%	Average speed to answer Goal: 30 sec Stretch Goal: 15 sec.	Average call Length	% of calls answered Goal: 80%	Service Level Goal 80% Stretch Goal 85%
CALL REPS	51,874	49, 975	1,899	3.7%	00:29 sec.	04:55 min	96.3%	79.5%
SUD (Subset of all calls)	11,325	10,581	743	6.6%	02:53 min.	17:03 min.	93.4%	62.9%
Clinicians (Subset of all calls)	6,084	4,921	1,163	19.1%	10:24 min.	24:12 min	80.9%	27.3%
<b>Department Totals</b>	51,874	49,975	<b>3,805</b>	<b>29.4%</b>	<b>N/A</b>	<b>N/A</b>	<b>90.2%</b>	<b>56.6%</b>

# Access Call Center Data Analysis

	4 <sup>th</sup> quarter (FY 21-22)	1 <sup>st</sup> quarter (FY 22-23)	
Calls Offered	52,692	51,874	(decrease)
Calls Handled	50,606	49,975	(decrease)
Abandoned Calls	4.1%	3.7%	(decrease)
Service Level			
ACCR	80.4%	79.5%	(decrease)
SUD	47.1%	62.9%	(increase)
Clinical	20.8%	27.3%	(increase)

## Access Call Center Data Analysis

- There has been a decrease in the number of offered calls and handled calls from 4<sup>th</sup> quarter (fy21-22) to 1<sup>st</sup> quarter (fy 22-23)
- There is an improvement in the services levels for the SUD and Clinical units and a slight decrease in the service level for the Access Call Center Rep unit
- There has been an overall decrease in the call abandonment rate for this department as a whole
- Onsite (NCO) technical issues with phone system and wifi and staffing problems (UPTO) effect performance levels

# Access Call Center Data Analysis Average Screenings Completed

## ***Mental Health Screening***

**4<sup>th</sup> Quarter FY 21/22 = 7.2**

**1<sup>st</sup> Quarter FY 22/23 = 8**

## ***SUD Screening***

**4<sup>th</sup> Quarter FY 21/22 = 8**

**1<sup>st</sup> Quarter FY 22/23 = 7**

The number of mental health and SUD screenings completed per staff (on average) shows a slight increase for SUD and slight decrease for MH from 4<sup>th</sup> quarter (FY 21/22) to 1<sup>st</sup> quarter (FY 22/23). Our goal for this fiscal year is to see an increase in the quantity and quality of screenings completed by our SUD and MH screeners by hiring of additional staff and streamlining the screening process.

# Access Call Center

## Silent Monitoring / Quality Review

### 1st Quarter FY 22/23 (October – December 2022)

- Access Call Center Silent Monitoring Results
  - A total of 339 calls were reviewed 4<sup>th</sup> Quarter with an average score of 93.12%. For 1<sup>st</sup> quarter there were 325 calls reviewed with an average score 92.4%.
  - Activities to improve scores involved coaching, reviewing scripts, developing mock cases to assist staff with tone quality, long hold times and dead air.
  - Some of the Assessed Areas Include:
    - Identify callers needs / assess for crisis related concerns
    - Adherence to script
    - Welcoming and customer services oriented attitude
    - Demonstrate program knowledge
    - Ask about transportation and interpreter needs

# Access Call Center Accomplishments

1st Quarter(October - December 2022)

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



# Access Call Center Staffing Updates

- Hiring staff for SUD and Clinical
  - 1<sup>st</sup> Quarter new Hires
    - 3 SUD Tech. Part-Time
    - 3 Clinical Specialist Part-Time
  - During 1<sup>st</sup> quarter there were a few promotions and new hires to fill of vacant spots in the Access Call Center Leadership
    - A vacancy for Call Center Director and 2 call center administrators were filled
    - There still remains vacancies for call center clinical manager and call center quality manager

## Access Call Center Updates (cont.)

- Access Call Center Staff transitioned from full remote to hybrid work environment with the day shifts (7a-7p, M-F) working onsite at the New Center One location and Midnight and Weekend shifts working remotely.
- Developed an internal process with Wayne County Jail to assist with individuals transitioning back into the community with an easier access to getting into service **Completed**
- CRSP Assignments are now occurring at time appointment is scheduled. This procedure ensures the individual receives follow-up/engagement prior to appointment date. **Completed**
- Developed a referral process for Foster kids. Launching a pilot for the North Central office. **Pilot is in progress**

# Access Call Center

## Plans for 1st Quarter (FY 22/23)

- Hire Quality Manager and Clinical Manager for Access Call Center
- Working with current phone vendor to improve phone system for the remainder of contract; engaged in RFP to identify new phone system
- Recruiting, Interviewing and Hiring of Full and Part-time Staff for SUD, Clinical and Access Center Rep.
- Show a decrease in the number of abandoned calls, Increase department productivity and meet timeliness standards
- Continue to work with staff through coaching and add additional trainings to improve call interaction quality



## Detroit Wayne Integrated Health Network

### CHILDREN'S INITIATIVE DEPARTMENT

#### BRIEF EXECUTIVE SUMMARY REPORT: Quarter 4 (July – September 2022)

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

<p style="color: green; font-weight: bold;">ACCESS</p> <p>Branding Outreach Census Screenings</p>	<ul style="list-style-type: none"> <li>On 7/20/22 Youth Involvement Specialist, Bianca Miles presented at the <b>DWHN All People Meeting on Putting Children First and Youth United accomplishments</b> that was held at the Burton Manor in Livonia.</li> <li>Children's Initiative Director Cassandra Phipps participated in a <b>virtual conference "Helping Childhood Barriers"</b> on 8/20/22-8/21/22 by presenting on Accessing Community Mental Health Services in Wayne County and a panel discussion.</li> <li>Children's Initiative Director Cassandra Phipps <b>presented at Constituent's Voice</b> on 7/15/22 update on progress with Putting Children First Initiative children flyers that were created and Hawthorn admission and discharge eligibility criteria requires.</li> <li><b>Ages 0 to 6:</b> Working with the Infant Mental Health (IMH) Children Providers to develop a universal screening for children ages 0 to 6. Next Steps: IT Department updating the screening tool with recommendations.</li> <li><b>Ages 18 to 21:</b> This month Children's Initiative Director Cassandra Phipps discussed with Children Providers the new policy of extending children services to age 21 according to MDHHS Medicaid Provider Manual.</li> <li><b>Foster Care:</b> 7/1/22 launched a pilot with DHHS North Central Office for youth involved in child welfare system ages 3 to 17 will have trauma screening completed and submitted to DWHN Access Department to complete screening for community mental health services.</li> </ul>
<p style="color: green; font-weight: bold;">PREVENTION</p> <p>Pediatric Care Technology Schools Tri County</p>	<ul style="list-style-type: none"> <li><b>7<sup>th</sup> Annual Cultural and Linguistic Competency Summit</b> was held in person 8/5/22 (65 attendees). The theme was "We Are The World" that included keynote speakers, breakout sessions, and youth / young adult vision boards.</li> <li>Youth United hosted the <b>Annual Statewide Youth United Summit "Planting Seeds of Hope"</b> on 8/11/22 that was held in Livonia. This summit consisted of interactive presentations and workshops on communication skills, intrinsic vs. extrinsic motivation, team work, and young adult transition planning (38 attendees).</li> <li><b>Tri County Initiative meeting</b> was held 8/2/22 with Macomb, Oakland, and DWHN with the focus of discussing back to school events for the fall school year. DWHN partnered with Youth United, The Guidance Center and Southwest Counseling Solutions to host a back to school Bash on 8/18/22 in which 1,400 backpacks were distributed.</li> <li><b>Tri County Regional Board Meeting</b> was held 9/29/22 with Wayne, Oakland, and Macomb counties. Discussion on Hawthorn admission criteria for youth.</li> <li>Children's Initiative Department hosted the <b>Chemistry Workshop with Detroit Chempreneurist</b> on 9/25/22 at the Considine Building in Detroit for youth grades K-12 (7 attendees). Youth learned entrepreneurship skills and created self care products.</li> <li><b>Integrated Health Care Networking Breakfast</b> was held 9/13/22</li> </ul>



## Detroit Wayne Integrated Health Network

	<ul style="list-style-type: none"> <li>Children's Initiative Department staff attended various conferences this month: <b>Public Health Juvenile Justice Partnership Conference</b> in Lansing on 9/8/22, <b>state Kinship Summit</b> on 9/7/22 in Lansing, Annual Substance Use Conference on 9/19/22-9/20/22 virtually, and the MDHHS Evidenced Based Practice Conference in Shanty Creek 9/20/22-9/22/22.</li> </ul>
<b>CRISIS INTERVENTION</b>  <b>Care Center</b> <b>Expansion of Crisis Services</b> <b>Crisis Training</b>	<ul style="list-style-type: none"> <li>Meetings held with <b>Children Providers and Juvenile Detention Facility</b> to brainstorm ways to address mental health needs for youth detained. Children's Initiative Director Cassandra Phipps provided Medicaid policy regarding wrap around discharge planning services.</li> <li>8/24/22 with Black Family Development (BFDI) and DWHN Crisis Department to discuss the <b>new mobile prevention services</b> BFDI will provide in certain communities in Wayne county.</li> </ul>
<b>TREATMENT</b>  <b>Expansion of Services</b> <b>Quality of Services</b> <b>Workforce</b>	<ul style="list-style-type: none"> <li>Clinical Specialist Monica Hampton facilitated a <b>SED Waiver 101 Training with Children Providers and MDHHS</b> on 8/22/22. Discussed adding additional contracts for specialty services such as art therapy, music therapy, recreational therapy, overnight summer camp, and out of home respite.</li> <li>Reduced the administrative burden for Providers <b>by simplifying the CAFAS/PECFAS reports</b>. A memo was sent to Children Providers explaining the changes and to also start labeling members who engage in evidenced based practice services.</li> <li>4 Children Providers were selected by MDHHS to participate in <b>the Components for Effective Clinician Experience and Reducing Trauma (CE-CERT) Learning Collaborative</b> that started August 2022. CID purchased 13 books for staff to use for the cohort.</li> <li>7/22/22 Children's Initiative Director participated in a <b>panel discussion for high school students involved in the Biomedical Career Advancement Program (BCAP)</b>.</li> </ul>

## School Success Initiative

**Census:** A total of 4,021 students actively received SSI services from among 9 Children Providers within 73 schools among Wayne county. There was a total of 387 Strengths and Difficulties Screenings that were completed. Also, 2,539 Tier 1 services, 384 Tier 2 services, and 711 Tier 3 services. Overall, there was a decline in the total number of students receiving SSI services; barriers including: Historically SSI services are lower during the summer months when students are not enrolled in school and The Children's Center discontinued providing SSI services during Quarter 3. In addition, there were 41 new SSI referrals and 1 student that was discharged from the program. Lastly, 3 students enrolled in the SSI program had crisis screenings this quarter; in which, 1 resulted in partial hospitalization and 2 resulted in inpatient hospitalization.

### School Success Initiative Projects:

- IT Department informed of security challenges with the Redcap service; has a result, external Redcap access was discontinued effective 9/26/22. The plan is for data reporting to transfer from Redcap to MHWIN; in which training will be held on 10/13/22 with School Success Initiative Providers, DWHN Access Department, and DWHN IT Department
- 75% of the School Success Initiative Handbook has been completed
- Wayne RESA trained providers on the Michigan Model for Health (MMH) curriculum August 2022. Also, The Guidance Center purchased additional MMH kits.



## Detroit Wayne Integrated Health Network

- Director Cassandra Phipps presented at Barack Obama Leadership Academy the School Success Initiative program and how the Covid 19 pandemic has impacted children, parents, and teachers.
- 2 students were selected as recipients of the SSI Student Spotlight Awards
- GOAL Line “Get On and Learn” Program received a provisional credentialing to start services 10/1/23. An introductory meeting was held with GOAL Line program manager to review the GOAL Line schools, program overview, develop monthly outcomes report, and schedule ongoing coordination meetings.

## Clinical Services

**Census:** During Q4 2022 DWIHN served a total of 11,343 children, youth, and families in Wayne County ages 0 up to 20; including both Serious Emotional Disturbance (SED) and Intellectual/Developmental Disability (I/DD) disability designations. There was a slight decrease from Q3 to Q4.

Disability Designation	# of Children Providers	Q1	Q2	Q3	Q4
SED (ages 0 to 20)	14	7,015	7,299	7,431	6,672
I/DD (ages 0 to 17)	13	4,092	4,343	4,561	4,671
<b>Total Individuals Served</b>		<b>11,112</b>	<b>11,642</b>	<b>11,992</b>	<b>11,343</b>

**Home Based: Census / Trends:** Overall, a total of 404 families received Home Based services among 9 Children Providers; in which 59 of the youth were new to HB services (a slight increase from the previous quarter). 103 of the youth has received HB services past 2 years (25.5%) and 14 months was the average timeframe youth received HB services. 0 youth with I/DD designations received HB services as well. Lastly, 18% of the members in HB services presented with meaningful and reliable improvement according to CAFAS scores.

**Wrap Around: Census / Trends:** Overall, a total of 331 families received Wrap Around services among 8 Children Providers. There were 59 new families who started Wrap Around services (a slight increase from the previous quarter). 16.5 months was the average timeframe for families receiving this service. 50 families transitioned out of Wrap Around services in which 52% of the families who transitioned successfully completed all 4 phases of the Wrap Around model.

**Patient Health Questionnaire Adolescent (PHQ A):** Plan to continue to brainstorm interventions with Providers to improve the quarterly PHQ A compliance.

PHQ A (ages 11 – 17)	Q1	Q2	Q3	Q4
Intake Goal = 95%	98.3%	99.3%	97.1%	98%
Quarterly Goal = 95% (score at least a 10)	62.9%	60.3%	58%	66.3%

## Trainings

Training	Training Name / Attendees
Children’s Mental Health Lecture Series	<ul style="list-style-type: none"> <li>• Art Therapy for Youth Development</li> <li>• Understanding the Basics of Commercial Sexual Exploitation of Children</li> </ul>
Quarterly Leadership Training	<ul style="list-style-type: none"> <li>• Coach Approach: Staff Accountability</li> </ul>
CAFAS / PECFAS	<ul style="list-style-type: none"> <li>• Continued to facilitate Initial and Booster CAFAS / PECFAS Trainings</li> </ul>



## Detroit Wayne Integrated Health Network CHILDREN'S INITIATIVE DEPARTMENT

### EXECUTIVE SUMMARY QUARTERLY REPORT: Quarter 4 (July - September 2022)

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

<p style="color: green; font-weight: bold;">ACCESS</p> <p>Branding Outreach Census Screenings</p>	<ul style="list-style-type: none"> <li>On 7/20/22 Youth Involvement Specialist, Bianca Miles presented at the <b>DWHN All People Meeting on Putting Children First and Youth United accomplishments</b> that was held at the Burton Manor in Livonia.</li> <li>Children's Initiative Director Cassandra Phipps participated in a <b>virtual conference "Helping Childhood Barriers"</b> on 8/20/22-8/21/22 by presenting on Accessing Community Mental Health Services in Wayne County and a panel discussion.</li> <li>Children's Initiative Director Cassandra Phipps <b>presented at Constituent's Voice</b> on 7/15/22 update on progress with Putting Children First Initiative children flyers that were created and Hawthorn admission and discharge eligibility criteria requires.</li> <li><b>Ages 0 to 6:</b> Working with the Infant Mental Health (IMH) Children Providers to develop a universal screening for children ages 0 to 6. Next Steps: IT Department updating the screening tool with recommendations.</li> <li><b>Ages 18 to 21:</b> This month Children's Initiative Director Cassandra Phipps discussed with Children Providers the new policy of extending children services to age 21 according to MDHHS Medicaid Provider Manual.</li> <li><b>Foster Care:</b> 7/1/22 launched a pilot with DHHS North Central Office for youth involved in child welfare system ages 3 to 17 will have trauma screening completed and submitted to DWHN Access Department to complete screening for community mental health services.</li> </ul>
<p style="color: green; font-weight: bold;">PREVENTION</p> <p>Pediatric Care Technology Schools Tri County</p>	<ul style="list-style-type: none"> <li><b>7<sup>th</sup> Annual Cultural and Linguistic Competency Summit</b> was held in person 8/5/22 (65 attendees). The theme was "We Are The World" that included keynote speakers, breakout sessions, and youth / young adult vision boards.</li> <li>Youth United hosted the <b>Annual Statewide Youth United Summit "Planting Seeds of Hope"</b> on 8/11/22 that was held in Livonia. This summit consisted of interactive presentations and workshops on communication skills, intrinsic vs. extrinsic motivation, team work, and young adult transition planning (38 attendees).</li> <li><b>Tri County Initiative meeting</b> was held 8/2/22 with Macomb, Oakland, and DWHN with the focus of discussing back to school events for the fall school year. DWHN partnered with Youth United, The Guidance Center and Southwest Counseling Solutions to host a back to school Bash on 8/18/22 in which 1,400 back packs were distributed.</li> <li><b>Tri County Regional Board Meeting</b> was held 9/29/22 with Wayne, Oakland, and Macomb counties. Discussion on Hawthorn admission criteria for youth.</li> <li>Children's Initiative Department hosted the <b>Chemistry Workshop with Detroit Chempreneurist</b> on 9/25/22 at the Considine Building in Detroit for youth grades K-12 (7 attendees). Youth learned entrepreneurship skills and created self-care products.</li> <li><b>Integrated Health Care Networking Breakfast</b> was held 9/13/22</li> <li>Children's Initiative Department staff attended various conferences this month: <b>Public Health Juvenile Justice Partnership Conference</b> in Lansing on 9/8/22, <b>state Kinship Summit</b> on</li> </ul>





## Detroit Wayne Integrated Health Network

	9/7/22 in Lansing, Annual Substance Use Conference on 9/19/22-9/20/22 virtually, and the MDHHS Evidenced Based Practice Conference in Shanty Creek 9/20/22-9/22/22.
<b>CRISIS INTERVENTION</b>  <b>Care Center</b> <b>Expansion of Crisis Services</b> <b>Crisis Training</b>	<ul style="list-style-type: none"> <li>Meetings held with <b>Children Providers and Juvenile Detention Facility</b> to brainstorm ways to address mental health needs for youth detained. Children's Initiative Director Cassandra Phipps provided Medicaid policy regarding wrap around discharge planning services.</li> <li>8/24/22 with Black Family Development (BFDI) and DWIHN Crisis Department to discuss the <b>new mobile prevention services</b> BFDI will provide in certain communities in Wayne county.</li> </ul>
<b>TREATMENT</b>  <b>Expansion of Services</b>  <b>Quality of Services</b>  <b>Workforce</b>	<ul style="list-style-type: none"> <li>Clinical Specialist Monica Hampton facilitated a <b>SED Waiver 101 Training with Children Providers and MDHHS</b> on 8/22/22. Discussed adding additional contracts for specialty services such as art therapy, music therapy, recreational therapy, overnight summer camp, and out of home respite.</li> <li>Reduced the administrative burden for Providers <b>by simplifying the CAFAS/PECFAS reports</b>. A memo was sent to Children Providers explaining the changes and to also start labeling members who engage in evidenced based practice services.</li> <li>4 Children Providers were selected by MDHHS to participate in <b>the Components for Effective Clinician Experience and Reducing Trauma (CE-CERT) Learning Collaborative</b> that started August 2022. CID purchased 13 books for staff to use for the cohort.</li> <li>7/22/22 Children's Initiative Director participated in a <b>panel discussion for high school students involved in the Biomedical Career Advancement Program (BCAP)</b>.</li> </ul>

## School Success Initiative

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

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

**Census:** A total of 4,021 students actively received SSI services from among 9 Children Providers within 73 schools among Wayne county. There was a total of 387 Strengths and Difficulties Screenings that were completed. Also, 2,539 Tier 1 services, 384 Tier 2 services, and 711 Tier 3 services. Overall, there was a decline in the total number of students receiving SSI services; barriers including: Historically SSI services are lower during the summer months when students are not enrolled in school and The Children's Center discontinued providing SSI services during Quarter 3. In addition, there were 41 new SSI referrals and 1 student that was discharged from the program. Lastly, 3 students enrolled in the SSI program had crisis screenings this quarter; in which, 1 resulted in partial hospitalization and 2 resulted in inpatient hospitalization.





## Detroit Wayne Integrated Health Network

Provider	# of Student Presentations	# of Student Received SDQ Screenings	Tier 1	Tier 2	Tier 3	Total # of Students Received SSI Services
ACCESS	101	9	451	0	0	460
ACC	26	0	26	0	5	31
BDFI	126	14	59	150	24	247
CNS	6	10	0	0	8	18
DC	10	0	0	0	73	73
Hegira	89	27	294	109	135	565
SWCS	1681	32	1565	84	132	1813
Starfish	0	152	4	41	334	531
TGC	40	143	140	0	0	283
<b>Total # of Students</b>	<b>2079</b>	<b>387</b>	<b>2539</b>	<b>384</b>	<b>711</b>	<b>4021</b>

\*\*\*The Children's Center discontinued the SSI Program during Quarter 3; thus, not included in Quarter 4 data

### School Success Initiative Projects:

- IT Department informed of security challenges with the Redcap service; has a result, external Redcap access was discontinued effective 9/26/22. The plan is for data reporting to transfer from Redcap to MHWIN; in which training will be held on 10/13/22 with School Success Initiative Providers, DWHN Access Department, and DWHN IT Department
- 75% of the School Success Initiative Handbook has been completed
- Wayne RESA trained providers on the Michigan Model for Health (MMH) curriculum August 2022. Also, The Guidance Center purchased additional MMH kits.
- Director Cassandra Phipps presented at Barack Obama Leadership Academy the School Success Initiative program and how the Covid 19 pandemic has impacted children, parents, and teachers.
- 2 students were selected as recipients of the SSI Student Spotlight Awards
- GOAL Line "Get On and Learn" Program received a provisional credentialing to start services 10/1/23. An introductory meeting was held with GOAL Line program manager to review the GOAL Line schools, program overview, develop monthly outcomes report, and schedule ongoing coordination meetings.

## Youth United

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

<b>Advisory/Advocacy (Central Region)</b>	<ul style="list-style-type: none"> <li>• <b>Youth M.O.V.E. Detroit</b> held monthly meetings</li> <li>• On 7/7/22 Youth M.O.V.E Detroit attended the Wayne County Candidate Forum at The Children's Center in Detroit that discussed political advocacy and current House and Senate Candidates engaged in a Q&amp;A session.</li> <li>• On 9/8/22 the 4<sup>th</sup> Meet and Greet Game Night was held at The Children's Center (25 attendees).</li> </ul>
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## Detroit Wayne Integrated Health Network

<b>Leadership/Training (East Region)</b>	<ul style="list-style-type: none"> <li>On 7/12/22 Youth United facilitated a focus group with Communities First Summer Program in Detroit on youth interests, barriers to community activities, and lack of local transportation (5 attendees).</li> <li>On 7/15/22 Youth United hosted the “Stigma Against Black Youth Voters;” in which there was a presentation on the history of voting and the stigma with voting (17 attendees).</li> <li>On 7/23/22 hosted the 1<sup>st</sup> Transitional Age Youth Forum “Moving On, Moving Out” that provided resources for young adults and a panel discussion on young adult independence and advocacy (25 attendees).</li> <li>On 9/12/22 Youth United and Fatherhood Initiative facilitated a Movie Night at the Emagine Theatre in Royal Oak – Disney Pixar Lightyear (29 attendees).</li> <li>9/15/22 Youth United Coordinators attended the Walk A Mile in My Shoes Rally in Lansing, MI. This event promoted awareness to stigma, mental health needs, and developmental disabilities.</li> <li>9/16/22 the 2<sup>nd</sup> Courageous Conversation “Transforming Bias and Reframing Allyship” was held (9 attendees). This event focused on discussions relating to topics such as: sexual orientation, gender identity, gender expression, biases, microaggressions, and privilege.</li> </ul>
<b>Anti-Stigma/Social Marketing (Northwest Region)</b>	<ul style="list-style-type: none"> <li>On 9/22/22 the Annual Youth Spotlight Award Ceremony was held at the Burton Manor in Livonia (43 attendees). Cross System Management Committee Co Chairs Dr. Latonya Shelton and Trinilda Johnson were keynote speakers and discussed the importance of youth advocacy. 7 awards and ipads were given to the recipients.</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>On 7/27/22 the quarterly Wayne County Youth Involvement Meeting was held virtually that discussed current youth challenges and community updates. 3 new members were added to the meeting.</li> <li>On 9/23/22 Family Alliance for Change, Youth United, and Fatherhood Initiative facilitated the Annual Health and Wellness Passport Fair at The Guidance Center in Southgate to bring awareness to mental health resources in Wayne County (32 attendees).</li> <li>9/24/22 The Children’s Center hosted the Demystifying Suicide Event at the Pistons Performance Center in Detroit; in which Youth United Advocates participated on the panel discussion to discuss risks of suicide among the LGBTQ+ youth (25 attendees).</li> </ul>

## Clinical Services

**Census:** During Q4 2022 DWIHN served a total of 11,343 children, youth, and families in Wayne County ages 0 up to 20; including both Serious Emotional Disturbance (SED) and Intellectual/Developmental Disability (I/DD) disability designations. There was a slight decrease from Q3 to Q4.

Disability Designation	# of Children Providers	Q1	Q2	Q3	Q4
SED (ages 0 to 20)	14	7,015	7,299	7,431	6,672
I/DD (ages 0 to 17)	13	4,092	4,343	4,561	4,671
<b>Total Individuals Served</b>		<b>11,112</b>	<b>11,642</b>	<b>11,992</b>	<b>11,343</b>



## Detroit Wayne Integrated Health Network

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

**Census / Trends:** Overall, a total of 404 families received Home Based services among 9 Children Providers; in which 59 of the youth were new to HB services (a slight increase from the previous quarter). 103 of the youth has received HB services past 2 years (25.5%) and 14 months was the average timeframe youth received HB services. 0 youth with I/DD designations received HB services as well. Lastly, 18% of the members in HB services presented with meaningful and reliable improvement according to CAFAS scores.

Quarter 1	Quarter 2	Quarter 3	Quarter 4
526 youth	523 youth	305 youth	404 youth

\*\*\*Note: 2 Provider data was not included due to no HB Clinicians employed during Q4

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

**Census / Trends:** Overall, a total of 331 families received Wrap Around services among 8 Children Providers. There were 59 new families who started Wrap Around services (a slight increase from the previous quarter). 16.5 months was the average timeframe for families receiving this service. 50 families transitioned out of Wrap Around services in which 52% of the families who transitioned successfully completed all 4 phases of the Wrap Around model.

Quarter 1	Quarter 2	Quarter 3	Quarter 4
313 youth	327 youth	305 youth	331 youth

### Waiver Services:

**SED Waiver:** Enhanced community-based services to children/youth in Foster Care or who have been adopted through the child welfare system, who are at risk of psychiatric hospitalization, utilizing the Wraparound Model, which is a team-driven process involving the family, child, natural supports, agencies and community services.

**Children's Waiver:** The Children's Waiver Program (CWP) makes it possible for Medicaid to fund home and community-based services for children who are under age 18. To be eligible for the CWP, the child must have a documented developmental disability and need medical or behavioral supports and services at home.

Quarter 4	SED Waiver	Children Waiver
<b>New Referrals / Screens</b>	<b>16</b> <i>Significant Decrease</i>	<b>6</b> <i>No significant change</i>
<b>Active Cases</b>	<b>58</b> <i>Decrease from 75</i>	<b>52</b> <i>Slight Increase</i>
<b>Renewals</b>	<b>6</b> <i>No Significant Change</i>	<b>19</b> <i>Slight Increase</i>
<b>Discharges</b>	<b>7</b> <i>No Significant Change</i>	<b>2</b> <i>No significant change</i>



## Detroit Wayne Integrated Health Network

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

**January 2022 – July 2022**

**The total number of youths referred to probation by Court:**

<b>Total # of probation level 1 youth:</b> • Youth may remain at home while working to meet court ordered requirements	<b>183</b>
<b>Total # of probation level 1.5 youth:</b> • Youth may remain at home and will receive a higher level of monitoring	<b>51</b>
<b>Total # of probation level 2 youth:</b> • Youth may be placed in a residential facility	<b>81</b>

**Regardless of the level:**

Total # of youth who were Serious Emotional Disturbance (SED)/Serious Mental Illness (SMI) already determined	<b>255</b>
Total number SED pre-screening tool administered by the ICBS	<b>85</b>
Total # of youth not eligible for CMH services per SED Screener	<b>11</b>

### **Patient Health Questionnaire (PHQ A):**

**Baseline Goals:**

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

<b>PHQ A</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
<b>Intake</b>	98.3%	99.3%	97.1%	98%
<b>Quarterly</b>	62.9%	60.3%	58%	66.3%

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

## Trainings

<b>Training</b>	<b>Training Name / Attendees</b>
<b>Children's Mental Health Lecture Series</b>	<ul style="list-style-type: none"> <li>• Art Therapy for Youth Development</li> <li>• Understanding the Basics of Commercial Sexual Exploitation of Children</li> </ul>
<b>Quarterly Leadership Training</b>	<ul style="list-style-type: none"> <li>• Coach Approach: Staff Accountability</li> </ul>
<b>CAFAS / PECFAS</b>	<ul style="list-style-type: none"> <li>• Continued to facilitate Initial and Booster CAFAS / PECFAS Trainings</li> </ul>

# DWIHN CUSTOMER SERVICE 1st QUARTER 2023 SUMMARY PROGRAM COMPLIANCE COMMITTEE REPORT

## I. DWIHN CUSTOMER SERVICE CALL CENTER ACTIVITY:

### Reception/Switchboard

	1 <sup>st</sup> Quarter FY22/23		1 <sup>st</sup> Quarter FY21/22	
	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%
Reception/Switchboard	4,139	1.2%	5,049	0.5%

### Customer Service Call Center

	1 <sup>st</sup> Quarter F22/23		1 <sup>st</sup> Quarter FY21/22	
	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%
DWIIHN Customer Service	1,696	4.9%	2,449	13.4%

The standard for the Abandonment rate is (< 5%).

## II. Family Support Subsidy Activity:

	1 <sup>st</sup> Quarter FY 22/23	1st Quarter FY21/22
Family Subsidy Calls	1,692	1,452
Family Support Subsidy Applications Received	292	277
Family Support Subsidy Applications Processed	194	270

### III. Grievances Activity:

#### Complaint and Grievance Related Communications

	1 <sup>st</sup> Quarter 22/23	1 <sup>st</sup> Quarter 21/22	
Complaint/Grievance Calls	717	94	

*Note began to track all communications, calls. Emails and mail mid FY 21/22*

#### Grievance Processed Quarterly Comparison

Grievances	1 <sup>st</sup> Quarter	1 <sup>st</sup> Quarter 21/22	
Grievances Received	25	17	
Grievances Resolved	12	13	

#### Grievance Issues by Category

Category	1 <sup>st</sup> Quarter 22/23	1 <sup>st</sup> Quarter 21/22	
Access to Staff	2	3	
Access to Services*	10	2	
Clinical Issues	1	1	
Customer Service	2	4	
Delivery of Service*	6	11	
Enrollment/Disenrollment	1	1	
Environmental	0	0	
Financial	0	1	
Interpersonal*	6	6	
Org Determ & Recon Process	0	0	
Program Issues	0	0	
Quality of Care	0	1	
Transportation	0	0	
Other	1	0	
Wait Time	0	0	
<b>Overall Total</b>	<b>29</b>	<b>31</b>	

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

*3 top areas of complaint, Access to Services. Delivery of Services and Interpersonal*

## MI Health Link (Demonstration Project) Grievances

Grievance	1 <sup>st</sup> Quarter 22/23	1 <sup>st</sup> Quarter 21/22	
Aetna	0	0	
AmeriHealth	0	0	
HAP Empowered	0	0	
Meridian Complete	0	0	
Molina	2	0	
<b>Overall Total</b>	<b>2</b>	<b>0</b>	

## Appeals Advance and Adequate Notices

Notice Group	1 <sup>st</sup> Quarter 22/23 Advance Notices	1 <sup>st</sup> Quarter 22/23 Adequate Notices	1 <sup>st</sup> Quarter 21/22 Advance Notices	1 <sup>st</sup> Quarter 21/22 Adequate Notices	
MI	896	3897	338	3384	
ABA	95	319	88	118	
SUD	13	389	157	64	
IDD	211	738	132	408	
<b>Overall Total</b>	<b>1,215</b>	<b>5,343</b>	<b>709</b>	<b>3,974</b>	

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

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

## Local Appeals Activity

### Appeals Communications

	1 <sup>st</sup> Quarter 22/23	1 <sup>st</sup> Quarter 21/22	
Appeals Communications Received	198	99	

### Appeals Filed

Appeals	1 <sup>st</sup> Quarter 22/23	1 <sup>st</sup> Quarter 21/22	
Appeals Received	10	9	
Appeals Resolved	11	10	

### DWIHN State Fair Hearings

SFH	1 <sup>st</sup> Quarter 22/23	1 <sup>st</sup> Quarter 21/22	
Received	1	1	
Scheduled	0	1	
Dismissed or Withdrawn	0	0	
Transferred out	0	0	
Upheld by MDHHS	0	0	
Pending	0	0	

### MI Health Link (Demonstration Project) Appeals and State Fair Hearings (Results are the same for both Fiscal year 1<sup>st</sup> Quarters)

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

#### V. QI & Performance Monitoring Activity:

The Customer Service Performance Monitoring unit continued to prepare for the FY 23 audit of the CRSP regarding the Customer Service standards. The unit had been diligently interviewing candidates to fill the vacant position. A new hire was selected on February 20<sup>th</sup> and is currently going through training.

Customer Service conducted its Quarterly CS Provider meeting with CS CRSP staff in February.

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

#### VI. Member Engagement Activity:

With the continuance of COVID, the unit maintained its efforts to engage members with the implementation of collaborative venues and initiatives. The newly appointed Manager of this division, Margaret Keyes Howard has focused on process improvements efforts and initiatives that will enhance member engagement via social and community outreach, education, advocacy, peer development, and surveying member experiences.



## VII. Member Experience Activity:

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

**The following is a Summary of the ECHO Adult and Children's Surveys:**

### ADULT ECHO

CATEGORY	2021 RESULTS	2020 RESULTS	2017 RESULTS	STATUS
Overall Treatment	51% Satisfied	51% Satisfied	46% Satisfied	UP 5% Improved
Seen w/in 15 Min @ office visit	44% Satisfied	36% Satisfied	33% Satisfied	UP 11% Improved
Told About Meds and Side-effects	79% Satisfied	74% Satisfied	75% Satisfied	UP 5% Improved
Incl. engaging Family in Treatment	60% Satisfied	60% Satisfied	59% Satisfied	Up 1% Improved
Info on Managing Condition	75% Satisfied	81% Satisfied	78% Satisfied	Remains Above 75%
Given Info on Rights	88% Satisfied	88% Satisfied	91% Satisfied	Above 85%
Member feels can refuse treatment	84% Satisfied	81% Satisfied	78% Satisfied	UP 6% Improved
Confident on Privacy	93% Satisfied	91% Satisfied	91% Satisfied	Up 2% Highest Score 93%
Cultural Needs Met	69% Satisfied	69% Satisfied	76% Satisfied	Down -7% Room for Improvement
Helped by Treatment	57% Satisfied	58% Satisfied	52% Satisfied	Up 5% Improved
Info on Treatment after benefits depleted	56% Satisfied	55% Satisfied	48% Satisfied	UP 8% Improved

### CHILDREN's TWO YEAR - ECHO SURVEY /Snapshot View

CATEGORY	2021 RESULTS	2020 RESULTS	STATUS
Overall Treatment	54%	49%	Up 5% Still Needs Improvement
Seen within 15 min	63%	55%	Up 8% Still Needs Improvement
Given Treatment Options	76%	75%	Up 1%
Told about Side Effects of Medications	83%	79%	Up 4%
Given Info on Managing Condition	79%	78%	Up 1%
Given Info on Rights	92%	95%	Down 3% - above 90%
Felt like Treatment could be refused	85%	88%	Down 3% - still at 85%
Confident of Child's Privacy	95%	93%	Up 2% Good Job!
Cultural Needs Met	74%	82%	Down 8% @ 74% but not good enough
Treatment Helped Child	51%	49%	Up 2% Needs Improvement
Informed about other options after benefits are depleted	53%	58%	Down 5% Needs Improvement
Goals for Child's Treatment discussed	94%	93%	Up 1% Looks really good

The chart accounts for a total of **24% improvement in overall areas** for the global treatment of care categories for respondents to the ECHO®, 961 parents or named guardians fully completed the entire survey in 2021. The Children's 2022 ECHO® Survey is in progress at the release of this report.

## Summation

The Member Experience Report that looks at the ECHO surveys has been provided as an attachment and gives an overview of what DWIHN is far as Member Experience feedback.

We have seen improvements over the years in adults totaling upwards of 48% improvements in the categories and 24% improvement in the data for the two years showing 2020, 2021. The 2022 data is preliminary will be available around June and a final report around August.

Although the scores may appear low, external factors of social determinants are a huge factor in these satisfaction ratings. While national comparable data is limited, DWIHN is

looking at ways to better understand and analyzed the data. This data cannot be looked at without considering the multi-dimensional components of severe poverty, and level of severely chronic mental ill persons we serve. In essence we are serving the poorest and sickest.

It should also be noted that a rating of 50% satisfaction does not mean that the other 50% of respondents are dissatisfied, because we do not include in that number persons who are sometimes satisfied, rather those people are who are always or mostly satisfied with their various experiences.

DWIHN is working on understanding how to effectively use member feedback and process improvement planning with a focus on improving patient outcomes.

We realize our members are challenged by meeting their basic needs, the satisfaction score is an extrapolation of not only their mental health, but whether they feel safe, have a desirable place to live, have food security, are mobile, are socially engaged while being compliant to both the mental health regimen and treatment as well as their physical health. It is DWIHN's role to understand the complexities of our members and exploring further research, and tools to better understand and interpret satisfaction amongst our members. We, do not view ourselves as failing we are stretching with limited data, limited research in the broad perspective of member experience within the behavioral health setting and we are trying to find ranks to look at how we can overcome these barriers to realize better outcomes in 2024 and 2025.

***Submitted by: Michele A. Vasconcellos MSA, Director, Customer Service  
2/27/2023***



# Examining Member Experience Outcomes

Summary FY 2022



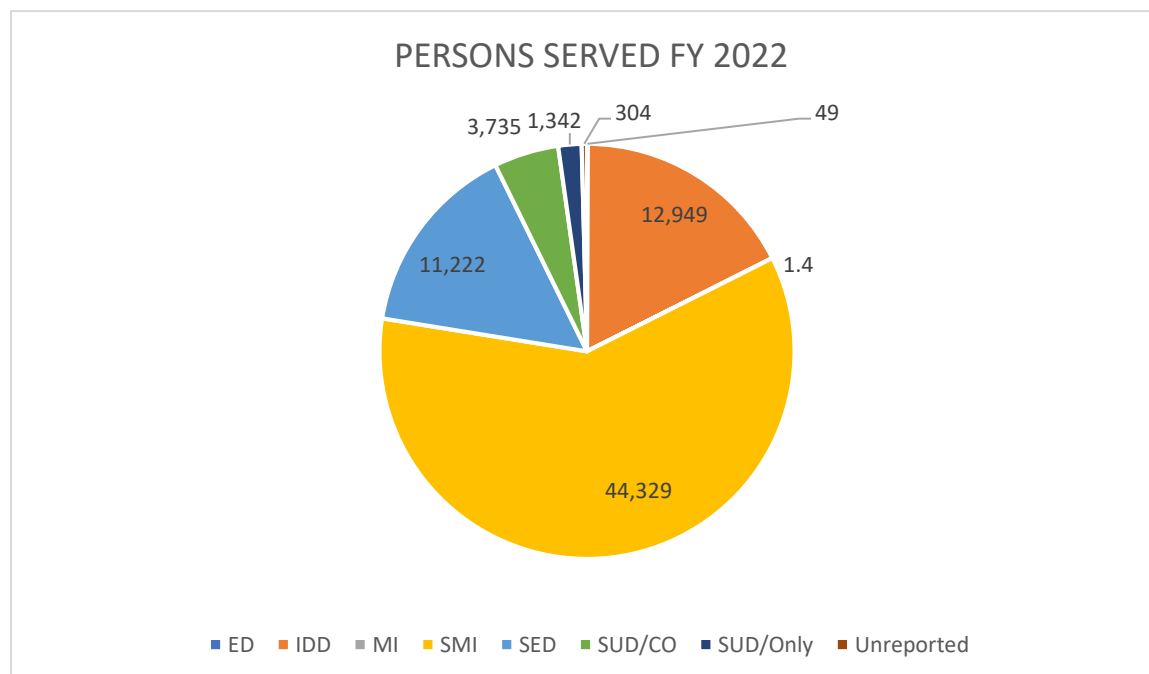
Submitted By: Margaret T. Keyes-Howard, M.A.

February 24, 2023

Member Experience is the total sum of all touch points experienced by the members we serve. At Detroit Wayne Integrated Health Network (DWIHN), we explore all avenues of opportunities to engage members and to assess what they experience during the various ways they interact with our system. While our system is vast it is also promising and hopeful as we endeavor to focus on a holistic approach to healthcare. We utilize various tools and measurements to collect a realistic view of the member's recovery journey and analyze these outcomes for improving the system. This report is a summary and cross-walk of data collected and analyzed related to member's feedback. Along with the data in this report, we recognize the concept of perceived improvement, gaps in care, opportunities for enhancing the system and some next step - recommendations toward ensuring a more positive, welcoming, recovery- supported environment for all DWIHN members.

### **WHO WE SERVE:**

DW IHN serves a diverse population with complex behavioral and physical health needs, (shown below), the chart depicts a general demographic of unduplicated services for members receiving behavioral health care treatment by diagnosis during fiscal year 2022.



Disability Designation Persons Served % Persons Served Emotional Disturbance 49 0.06% Intellectual/Developmental Disability 12,949 17.07% Mental Illness 1,908 2.52% Serious Emotional Disturbance 11,222 14.80% Serious Mental Illness 44,329 58.45% Substance Use Disorder 3,735 4.92% Substance Use Disorder Only 1,342 1.77% Unreported 304 0.40% Total 75,838

### **KNOWING WHO WE SERVE:**

Knowing who we serve is important as we digest feedback from our members. More than 85% of the population we treat has a chronic and serious mental illness, therefore, merely identifying benchmarks in satisfaction amongst this population is more than just rationalizing the data. Satisfaction data is integrally tied to perceived improvement rather than based on measurables we

commonly use in measuring core data sets used in clinical or performance indicators. Perception of satisfaction is a less tangible matter, because it broad and usually hinges on multi-faceted complex variables. Systemic trends in satisfaction surveys are not as easily identified because of this subjective variable. For instance, two members could actually experience the same treatment exactly, but one person's experience could be completely perfect and rated with high satisfaction, while the other's person's experience could be quite the opposite, conditional perception is a huge factor in this.

### **VARIABLE FACTOR: SOCIAL DETERMINANTS:**

Persons with Mental Illness have higher mortality rates and are heavily challenged by conditions in their environment. These determinants strongly impact perception of satisfaction. DWIHN is reviewing data as expressed by the ECHO® and other sources in consideration of these determinants which are identified by five (5) primary domains of care, Access to Quality Healthcare, Issues of Poverty/Economic Stability, Educational Access/Equity, Environmental Conditions like affordable housing and living conditions and finally, social inclusion/community participation.

Social Determinants cannot be ignored when analyzing satisfaction data specifically in our population base. According to the U.S. Census Bureau (2021 Data) 20% of Wayne County citizens are below the poverty line, many of the persons we serve are therefore challenged significantly either as a result of poverty or due to their inability to maintain work as a result of the chronicity of their behavioral health diagnosis. This course significantly parlays into concerns that according recent studies which correlate poverty and higher rates of mental health disorders, more severe conditions as well as less happiness within those populations are noted. Such research is fairly new however, it is anecdotally understood amongst practitioner's and at DWIHN, so what we are seeing in significant numbers with our members is a multidimensional phenomenon. Therefore using standard comparison data is not really giving us insight to the root fact of serving severely ill, and often impoverished populations, particularly after the precedent of the Pandemic overlay that was experienced by us all.

### **SOME FINDINGS:**

The Member Experience Unit was established to begin the regimented review of information, data and feedback received from DWIHN members. In 2017 the unit managed a baseline survey called the ECHO® Adult Survey. ECHO® is a trademark name of a behavioral health tool approved to be appropriate for accreditation purposes by NCQA. The ECHO® surveys are becoming one of the most utilized surveys in behavioral systems across the nation, which has recently also established a data base tool for participants to begin to share data. The 2017 survey was administered to get a baseline of some broad areas of satisfaction while also looking at feedback that would offer us insight into our standing around Quality of Care, Access, Service and Attitude, and (member's) Relationship with Practitioner/Provider. The survey provided general insight and the Member Experience unit begin to look for greater opportunities for identifying strengths and weakness within the system. Since the initial baseline Adult ECHO® DWIHN has repeated the survey for 2020, 2021, and 2022 data is in progress now. The full reports of the Adult ECHO® remains an important mainstay of satisfaction feedback from DWIHN members. Below a chart of categories show general detail on the steady improvements made in specific areas identified in 2017 and as compared in the past two years.

While many scores may appear to be low, the value of the score is reflective of a percentage of the persons surveyed in most cases the feedback results in more than half participants consider they are satisfied, always or most of the time. Results on satisfaction drastically increase if we include members who are sometimes satisfied as opposed to imagining, that the existing balance of respondents are all dissatisfied, this would be a misnomer as it relates to the ECHO® data.

### **ECHO FINDINGS AT A GLANCE:**

#### **ADULT SNAPSHOT OVER THREE YEARS**

<b>CATEGORY</b>	<b>2021 RESULTS</b>	<b>2020 RESULTS</b>	<b>2017 RESULTS</b>	<b>STATUS</b>
Overall Treatment	51% Satisfied	51% Satisfied	46% Satisfied	<b>UP 5%</b> Improved
Seen w/in 15 Min @ office visit	44% Satisfied	36% Satisfied	33% Satisfied	<b>UP 11%</b> Improved
Told About Meds and Side-effects	79% Satisfied	74% Satisfied	75% Satisfied	<b>UP 5%</b> Improved
Incl. engaging Family in Treatment	60% Satisfied	60% Satisfied	59% Satisfied	<b>Up 1%</b> Improved
Info on Managing Condition	75% Satisfied	81% Satisfied	78% Satisfied	Remains Above 75%
Given Info on Rights	88% Satisfied	88% Satisfied	91% Satisfied	Above 85%
Member feels can refuse treatment	84% Satisfied	81% Satisfied	78% Satisfied	<b>UP 6%</b> Improved
Confident on Privacy	93% Satisfied	91% Satisfied	91% Satisfied	<b>Up 2%</b> Highest Score 93%
Cultural Needs Met	69% Satisfied	69% Satisfied	76% Satisfied	<b>Down -7%</b> <b>Room for Improvement</b>
Helped by Treatment	57% Satisfied	58% Satisfied	52% Satisfied	<b>Up 5%</b> Improved
Info on Treatment after benefits depleted	56% Satisfied	55% Satisfied	48% Satisfied	<b>UP 8%</b> Improved

With nearly 1,000 adults participating in the 2021 ECHO® survey the graph above shows the areas of treatment that has room for improvement and areas above the 70% Satisfaction where DWIHN service providers are considered doing very well. The last column or / Status category demonstrates **a cumulative 43% increase** toward improvements made by DWIHN within these categories, from 2020 to 2021. Note, data from 2022 ECHO® is incomplete at this reporting juncture.

In addition to the ECHO® Adult Survey roll out, in 2020 DWIHN also initiated a roll out of the e Children's Version of the survey which addressed families and guardians of children under 18. The baseline established additional insight for are infant, youth, and adolescent population.

**. CHILDREN's TWO YEAR - ECHO SURVEY /Snapshot View**

CATEGORY	2021 RESULTS	2020 RESULTS	STATUS
Overall Treatment	54%	49%	Up 5% Still Needs Improvement
Seen within 15 min	63%	55%	Up 8% Still Needs Improvement
Given Treatment Options	76%	75%	Up 1%
Told about Side Effects of Medications	83%	79%	Up 4%
Given Info on Managing Condition	79%	78%	Up 1%
Given Info on Rights	92%	95%	Down 3% - above 90%
Felt like Treatment could be refused	85%	88%	Down 3% - still at 85%
Confident of Child's Privacy	95%	93%	Up 2% Good Job!
Cultural Needs Met	74%	82%	Down 8% @ 74% but not good enough
Treatment Helped Child	51%	49%	Up 2% Needs Improvement
Informed about other options after benefits are depleted	53%	58%	Down 5% Needs Improvement
Goals for Child's Treatment discussed	94%	93%	Up 1% Looks really good

The chart accounts for a total of **24% improvement in overall areas** for the global treatment of care categories for respondents to the ECHO®, 961 parents or named guardians fully completed the entire survey in 2021. The Children's 2022 ECHO® Survey is in progress at the release of this report.

Overall for both the Adult and Children's Annual ECHO® surveys DWIHN scored very well in several categories. Those notably include from information on Confidence of Child's Privacy, (95%), Rights (92%), Told about Side-effects of Rx (83%) and 94% related to having been Informed About the Goals of their Child's Treatment. Other of the measures continue to need further investigation and continued analysis.

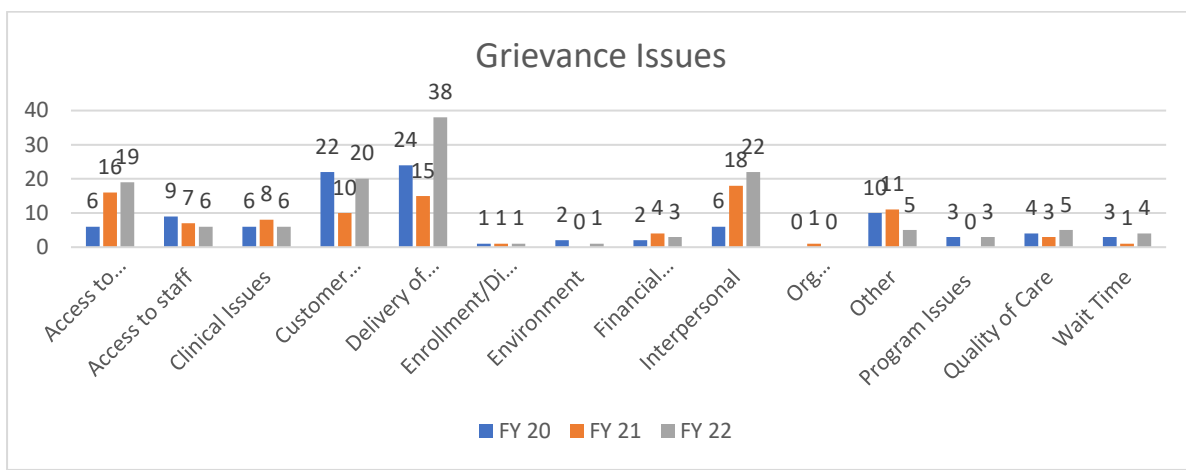
**GRIEVANCE DATA:**

DWIHN uses this data and other initiatives to determine priority actions and improvements to better engage members and stakeholders. Analyzing the data helps to forecast the direction and future of DWIHN's public behavioral health system by enhancing and developing policy, initiating process improvement plans, funding new programs and services to enhance our system of care. It also serves as a source to identify opportunities for improvement in the quality and delivery of

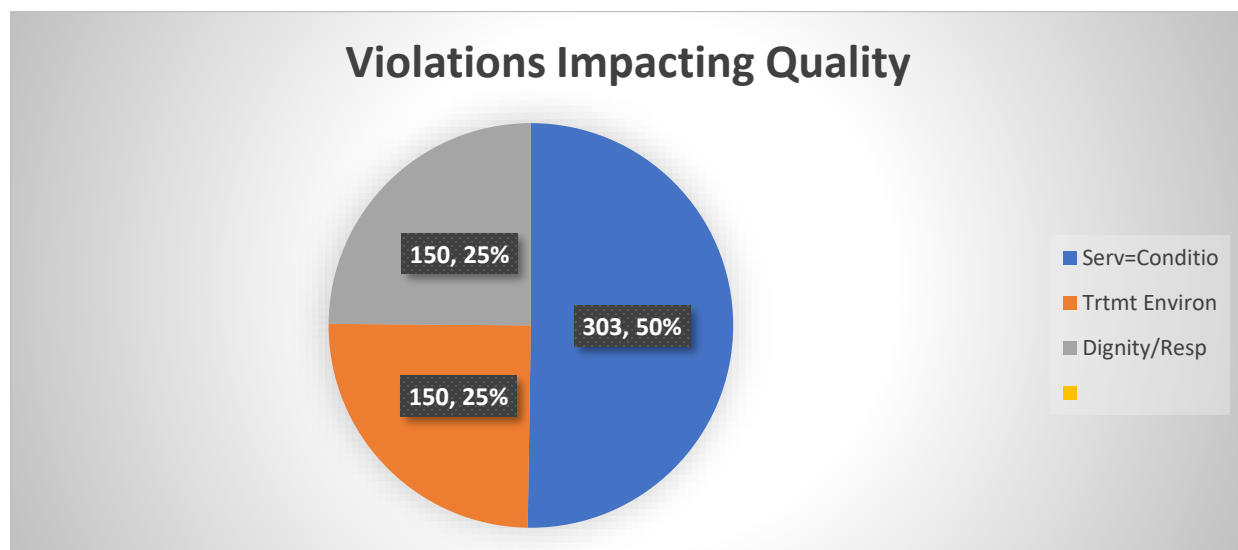
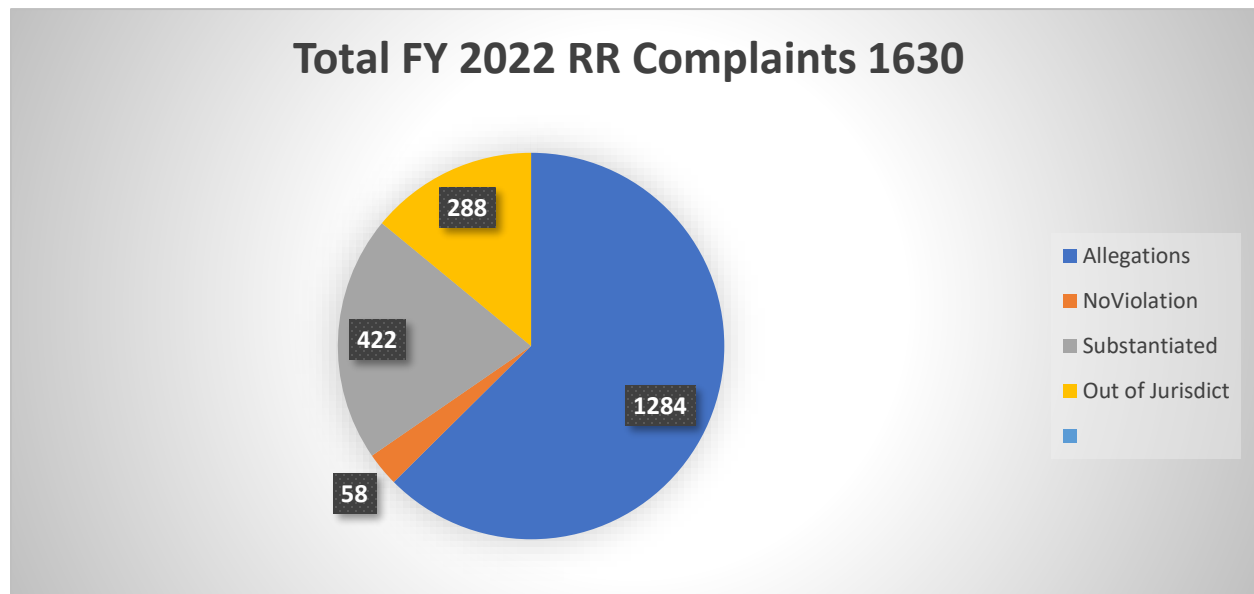


behavioral health service within the DWIHN system. It is DWIHN's goal to educate members as well as providers on the importance of promoting expressions of member dissatisfaction as a means of identifying continuous quality improvements in our delivery of behavioral health care services. It supports staff in better understanding of the member's experience. Using the data along with other information a team examines through an analysis of trends and occurrences with particular attention to systemic issues such as access, quality, treatment services, environment and communication with practitioner. The Due Process action and availability of the process to members helps to support ones recovery and ensures that member are heard. It empowers individuals receiving services to become self-advocates and provides input for making the system better for everyone.

The results in the graph below include responses from members who received services in fiscal year 2022. There was a total of 205 grievances reported within the last three fiscal years. Grievances originated with either the Service Provider or DWIHN. As the graph below indicates with the gray bar, the greatest number of grievances were reported in FY 2022. More grievances give better insight to how members are navigating the system. These complaints give us an overview to determine patterns. As a matter of general analysis we see a sharp increase in the delivery of services category, but relatively inconsistent with other matters of satisfaction our members do not have significant complaint levels with any other service or experience.

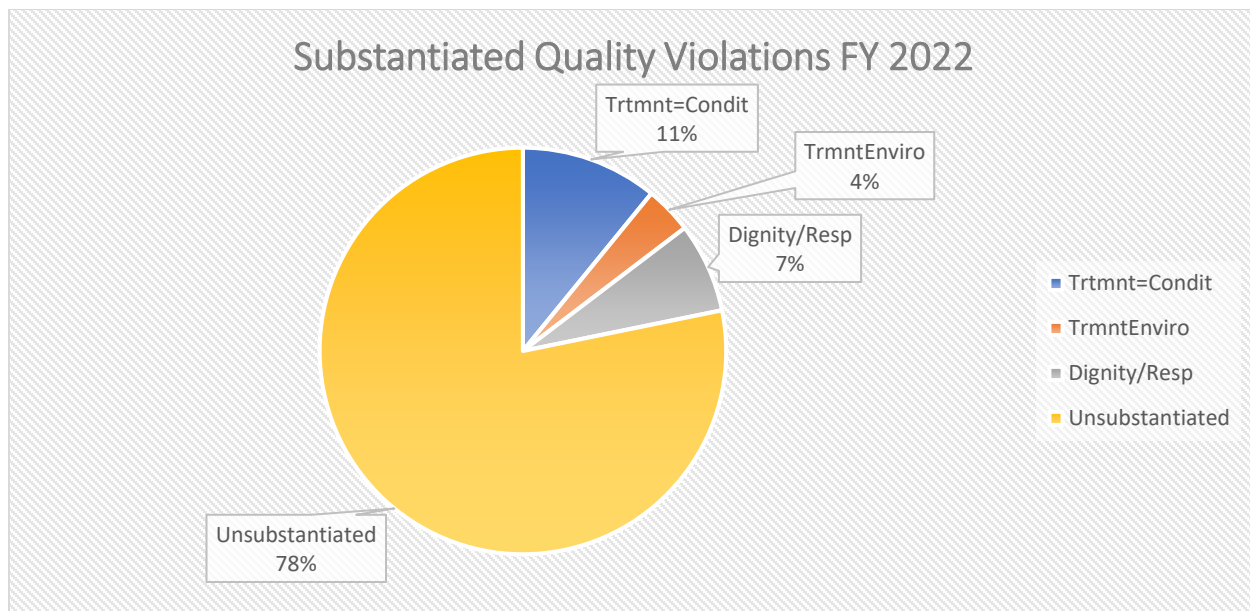


Conversely while grievances remain less frequent the DWIHN's Office of Recipient Rights continues to investigate complaint with a total of 1630 reported in FY 2022.



Investigations pursuant to the mental health code include categories related to Mental Health Services being suited to the recipient's condition (303), Safe, Sanitary and Humane Environments (150), Dignity and Respect (150).

Substantiated cases in those categories are reflected in the next pie chart, at 84 cases, 29, and 55 respectively, therefore **78% of reported violations in these categories were unsubstantiated.**



A crosswalk of these findings provides a glimpse of information while also supplying several opportunities for improvement. In consideration of the impactful correlation of Social Determinants around our population and the results of our initial study we can convey that while members may be satisfied around services generally DWIHN has yet to dig deep enough into the prospect of member feedback and research should be continued as well as expanded. While FY 2021 DWIHN entered into several plans to improve services, many of them do not firmly engage with the feedback received from members. A more in-depth process of member experience during the next several months could prove to be a worthwhile exploration in establishing not only how the member satisfaction data will be collected but also how DWIHN as system will begin to explore concepts around member perception and the effects training may have on members.

#### **POTENTIAL OPPORTUNITIES:**

- Continue with Annual Surveys and participate in data base exchanges on ECHO® results to begin to benchmark national comparisons utilizing CAHPS
- Research comparable data sources in behavioral health for Medicaid recipients check evaluative opportunities on benchmarking with Health Plans in similar categories.
- Create a basic Member Satisfaction Tool to be used by Service Providers that digs deeper into the social determinant factors of their members to help shape resources and care around the population. Results to be submitted to DWIHN. Overlay with epidemiological studies on Wayne County.
- Create a Peer Tool to be used by designated peer agents working in the system.
- Engage in a member study where members are trained by Peers to develop their strengths and to have more defined PCP that specifies their personal goals along with a plan that helps them to measure their satisfaction based on non-external factors, but rather that goals. Proposed LTSS study for this endeavor.
- Monitor uses of Member Mobile Data App for relevant information.
- Continue to use, share and market MyStrength® tool to members.

- SEC/PR cases seek input from members related to their crisis experience post situation for study purposes.
- Integrate Peer trainers to assist in the QI cycle examining measures toward improvement goals and prioritizing opportunities for members to give feed back into that cycle.
- Create Member Experience Feedback Consortium to tackle life issues
- Consider creation of resource center for members/ Peer reps could help navigate issues around housing, transportation, food insecurity, substance use prevention.
- Create member wellness center, offer nutrition programs, smoking cessation, walking programs, physicals, oral health programs, “living room” setting ran by Peers.
- Address/assess literacy issues amongst members to increase communication abilities between member and practitioner.
- Review Root Cause Analysis Data and Incident Reports to correlate statistics that offer a more expansive view of the member’s experience.
- Continue implementation of Call Center surveys for persons accessing services
- Elevate member experience feedback by team review of grievances around quality or access of care.
- Continue multi-discipline conversations to help resolve systemic issues
- Create a Think Tank of Solution oriented persons to discuss member feedback engaging members, families and stakeholders.

In closing, this summary is intended to initiate serious continuation for planning around the expansion of resources in better understanding the member’s experience. Comparable data sources are limited and do not fairly engage issues related to DWIHN’s members social determinants. While DWIHN’s QI cycle engages in improving scores, our data does not drill down to individual’s (to protect anonymity), so some of our data is disconnected to specific members, problems as specific providers, or otherwise issues that can be pinpointed. Therefore, more studies are needed to better enable DWIHN to understanding satisfaction more fully. Finally exploring concepts of perceived improvement amongst members must be further investigated. A wholistic approach to better serving our members needs would be to consider filling the gaps with process improvement planning that includes more training to provider’s, involving peers at the direct service level, and to support a culture where empathetic responses are rewarded throughout the system. DWIHN must develop a system which links member satisfaction to direct care and better health outcomes.

DWIHN could achieve this by implementing the following;

- ✓ Create a Culture which rewards documented Improve Planning on every level of system.
- ✓ Engage Human Resource Staff toward the development and recognition of trained staff.
- ✓ Design and Implement Practical Strategies that gather feedback from Members and appropriately create resources to tackle issues discovered.
- ✓ Enhance Customer Service Structure, training, tool kits.
- ✓ Tackle low literacy and LEP gaps throughout system.
- ✓ Sure-up Cultural gaps, more training, and utilization of diverse trained Peers.
- ✓ Broader Training for the organization and system to realize importance of Member Feedback/Satisfaction.

- ✓ Adopted Empathetic Practices \* documented research shows this is one of the most valuable ways to equalized social determinants, which ultimately improves recipient's outcomes, increases interpersonal trust, increases adherence to treatments, which increases better clinical results and usually increases satisfaction of care with participants.

## Executive Summary

### Integrated Health Care 1st Quarter Report 2022-2023

#### Program Compliance Committee meeting – March 8, 2023

##### Community and Member Education

During the fourth quarter of FY 21 the State of Michigan and the Health Department announced their plan to promote testing and treatment within the SUD population for Hepatitis C. DWIHN is working with all providers on this initiative. In October of 2022 the Hepatitis C initiative memos were sent to the CRSP network on testing and treatment.

##### Health Plan Pilots (3)

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

Health Plan 1- IHC and Health Plan 1 meet monthly to review members. Health Plan 1 and DWIHN have agreed to care coordinate 100 members next year. Health Plan 1 has agreed to use the shared platform and was given access and trained on the platform in December.

DWIHN and Health Plan 2 Care Coordinator and Manager staff continued to hold monthly care coordination meetings to review a sample of shared members who experienced a psychiatric admission during the previous month. The goal of the care coordination activities is to exchange information and address any identified gaps in care. Health Plan 2 has agreed to use the shared platform and was given access and trained in December. The shared platform will be used to find more members to provide gaps in care.

IHC staff was in communication with Health Plan 3. Health Plan 3 and DWIHN are working together to reduce the number of individuals who come into the emergency room and increase the coordination of care. Health Plan 3 is able to contact DWIHN to find out who is the providing CRSP. This enables Health Plan 3 to contact the CRSP immediately to start coordination of care at ED visit regardless of type of visit. There are four CRSP involved in this project, Neighborhood Services Organization, Lincoln Behavioral, Hegira, and Guidance Center. IT is looking into how to filter the matches by CRSP provider and how to provide follow up. Baseline data for FY 21-22 had been obtained and this will be used in FY 22-23 to see if there is improvement in a reduction of hospitalizations thru increased coordination of care.

##### HEDIS Scores 2022, Health Effectiveness Data and Information Set

During FY 21-22 DWIHN and Vital Data created a HEDIS Scorecard that enables DWIHN to provide all CRSP, Medicaid Health Plans and Integrated Care Organizations data as to how the network is doing as a whole and individually based on alignment. Below are the scores for DWIHN Network for 2022 as of October.

Measure	Measure Name	Eligible	Total Compliant	Non-Compliant	HP Goal	FY 22 Oct	FY 2021
ADD	Follow-Up Care for Children Prescribed ADHD Medication Continuation Phase	451	161	290	62.04	35.7	6.25
ADD	Follow-Up Care for Children Prescribed ADHD Medication Initiation Phase	738	379	359	46.1	51.91	15.76
AMM	Antidepressant Medication Management Acute Phase	1856	648	1208	77.32	34.91	41.28
AMM	Antidepressant Medication Management Continuation	1856	98	1758	63.41	5.28	13.36
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics						
APM	Blood Glucose and Cholesterol 1-11 age	527	86	441	23.36	16.32	19.34
APM	Blood Glucose and Cholesterol 12-17 age	1192	274	918	32.71	22.99	29.35
APP	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics						
APP	Ages 1-11	196	140	56	67.39	71.43	83.06

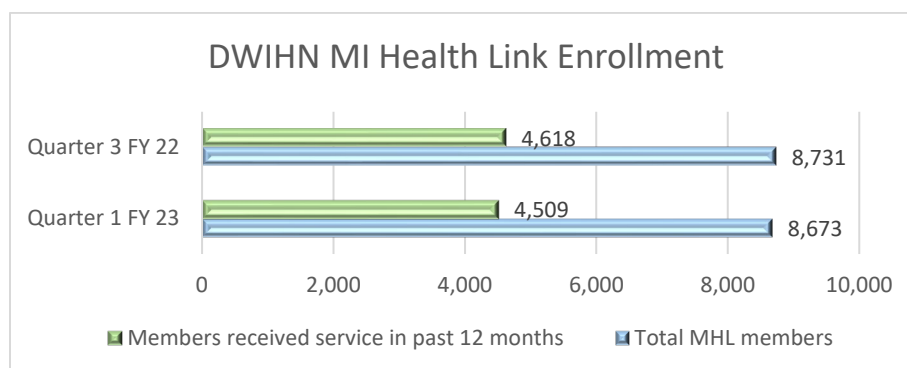
APP	Ages 12-17	497	371	126	71.16	74.65	74.71
BCS	Breast Cancer Screening	10272	2439	7833	59.29	23.74	22.76
CBP	Controlling High Blood Pressure	13024	2365	10659	79.08	18.16	16.58
CCS	Cervical Cancer Screening	28847	9293	19554	63.99	32.21	33.41
COL	Colorectal Cancer Screening	0	0	0	0	0	
FUH	Follow-Up After Hospitalization for Mental Illness 30 day						
FUH	Ages 6-17	485	318	167	70	65.57	66.32
FUH	Ages 18-64	5479	2616	2863	58	47.75	46.67
FUM	Follow-Up After Emergency Department Visit for Mental Illness						
FUM	Ages 6-17	839	705	134	84.33	84.47	81.7
FUM	Ages 18-64	2561	1126	1435	61.05	43.97	42.11
SAA	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	5239	2693	2546	85.09	51.4	46.42
SMD	Diabetes Monitoring for People with Diabetes and Schizophrenia	1622	540	1082	85.71	33.29	35.97
SPR	Use of Spirometry Testing in the Assessment	243	30	213	31.48	12.35	13.41
SSD	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Med	8054	4917	3137	86.36	61.05	64.86
UAM45	Use of three or more antipsychotics for 45 or more days	15854	85	15769	<10	0.54	0.35

### **Medicaid Health Plans**

In line with the MDHHS/PIHP contract, IHC staff continues to perform Care Coordination Data Sharing on a monthly basis with each of the 6 Medicaid Health Plans (MHP) serving Wayne County for mutually served individuals who met risk stratification criteria, which includes multiple hospitalizations and Emergency Department visits for both physical and behavioral health, and multiple chronic physical health conditions. There were 120 cases reviewed during the quarter.

### **MI Health Link Demonstration**

8,673 persons with MI Health Link are currently enrolled with DWIHN. Of those persons, 4509 received services from DWIHN within the past 12 months. This is a decrease from the member of members enrolled in services and an decrease in number of members served as of last quarter. IHC has retrained Access staff on MI Health Link referrals and the reasons of importance of engaging them in services.



During this quarter, 1107 Behavioral health care referrals were completed and submitted to the ICO, Care Coordination was provided to 103 MI Health Link members to support engagement in Behavioral Health services, and Transitions of Care coordination was provided for 201 MI Health Link members who were discharged from a psychiatric hospitalization

during the quarter. IHC staff also completed LOCUS assessments for 57 MI Health Link members and participated in 6 Integrated Care Team meetings with the ICOs during the quarter.

### **Complex Case Management**

IHC continues to offer and provide Complex Case Management services to DWIHN members as part of DWIHN's NCQA accreditation. There were 43 CCM active cases within the quarter. Six (5) new Complex Case Management cases were opened during the quarter and 10 Complex Case Management cases were closed during the quarter. Ten (10) cases were closed as a result of the members meeting their identified Plan of Care goals. Information regarding Complex Case Management services was offered to and declined by 47 additional individuals during the quarter. Information regarding Complex Case Management was also sent to staff at 53 different provider organizations, including hospitals, clinically responsible service providers, and a residential provider. CCM also engages members who were hospitalized, 345 members were out reached to and 68 of those were reached.

### **OBRA/PASRR**

DWIHN has decided not to renew OBRA RFP for 2023 and will be providing the PASRR assessment internally. The contract with NSO expires on March 31, 2023. DWIHN will start providing services on April 1, 2023. DWIHN is in the process of interviewing and hiring staff. DWIHN will be hiring 23 staff, a mixture of RN, Therapist, Intake, Clerical, Psychiatrist, Managers and Administrator. Currently there are 3 people in the process of being hired and 18 more interviews.

The percentage of pended assessments increased from the end of the previous quarter to this quarter, October (12%), November (19%) December (24%).

The provider's rate of congruence between their and MDHHS determinations of mental health services needs for members in the 3rd quarter was 97%. The provider completed PASRR screenings and reviews for 349 members in the third quarter which is an increase from the last quarter of 458 members.



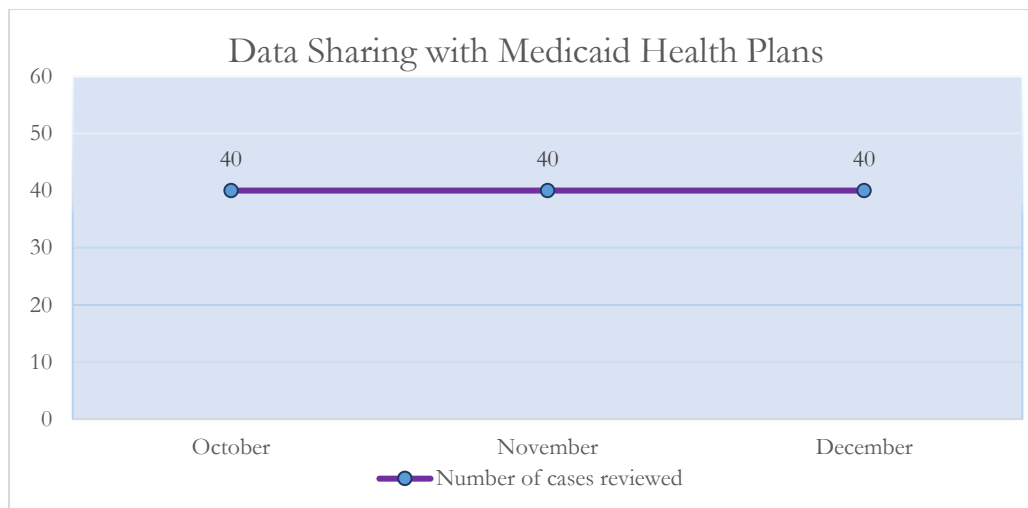
**Detroit Wayne Integrated Health Network**  
**Integrated Health Care Department**  
**First Quarter Report FY 2023**  
**Program Compliance Committee – March 8, 2023**

**Community and Member Education**

During the fourth quarter of FY 21 the State of Michigan and the Health Department announced their plan to promote testing and treatment within the SUD population for Hepatitis C. DWIHN is working with all providers on this initiative. In October of 2022 the Hepatitis C initiative memos were sent to the CRSP network on testing and treatment.

**Care Coordination with Medicaid Health Plans**

As part of DWIHN's implementation of the MDHHS Performance Metric to Implement Joint Care Management processes between the PIHP and Medicaid Health Plans, IHC staff continued to perform Care Coordination Data Sharing on a monthly basis with each of the 8 Medicaid Health Plans (MHP) serving Wayne County for mutually served individuals who met risk stratification criteria, which includes multiple hospitalizations and ED visits for both physical and behavioral health, and multiple chronic physical health conditions. Care Coordination data sharing involves developing and updating Joint Care Plans between DWIHN and the Medicaid Health Plans. IHC staff continued to collaborate with the Medicaid Health Plans regarding increasing the number of members reviewed during the meetings. The monthly average of cases reviewed during the first quarter of FY 23 was 40.



**Integrated Health Pilot Projects**

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

Health Plan 1- IHC and Health Plan 1 meet monthly to review members. Health Plan 1 and DWIHN have agreed to care coordinate 100 members next year. Health Plan 1 has agreed to use the shared platform and was given access and trained on the platform in December.

DWIHN and Health Plan 2 Care Coordinator and Manager staff continued to hold monthly care coordination meetings to review a sample of shared members who experienced a psychiatric admission during the previous month. The goal of the care coordination activities is to exchange information and address any identified gaps in care. Health Plan 2 has agreed to use the shared platform and was given access and trained in December. The shared platform will be used to find more members to provide gaps in care.

IHC staff was in communication with Health Plan 3. Health Plan 3 and DWIHN are working together to reduce the number of individuals who come into the emergency room and increase the coordination of care. Health Plan 3 is able to contact DWIHN to find out who is the providing CRSP. This enables Health Plan 3 to contact the CRSP immediately to start coordination of care at ED visit regardless of type of visit. There are four CRSP involved in this project, Neighborhood Services Organization, Lincoln Behavioral, Hegira, and Guidance Center. IT is looking into how to filter the matches by CRSP provider and how to provide follow up. Baseline data for FY 21-22 had been obtained and this will be used in FY 22-23 to see if there is improvement in a reduction of hospitalizations thru increased coordination of care.

### Quality Improvement Plans

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

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

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

During this quarter IHC was able to gather data on QIP using the HEDIS Scorecard. Data as of November 2022.

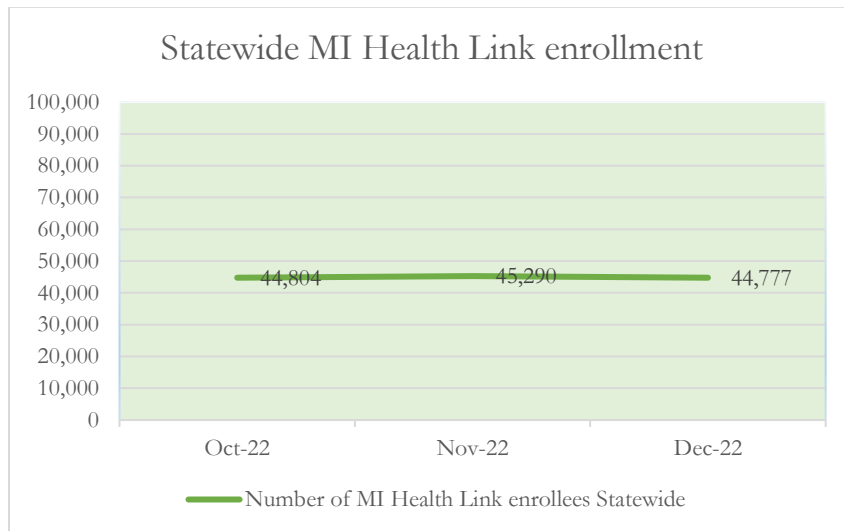
Measure	Measure Name	Eligible	Total Com	Non Comp	HP Goal	Year to Da
AMM	Antidepressant Medication Management Acute phase	2601	880	1721	77.32	38.66
AMM	Antidepressant Medication Management Continuation Phase	2601	235	2366	63.41	9.03
FUH	Follow-Up After Hospitalization for Mental Illness Adults	6698	3258	3440	58	48.64
FUH	Follow-Up After Hospitalization for Mental Illness Children	618	410	208	70	66.34
SAA	Adherence to Antipsychotic Medications for Individuals With Sch	952	324	628	85.09	34.03
SSD	Diabetes Screening for People With Schizophrenia or Bipolar Dis	1723	1235	488	86.36	71.68

### MI Health Link Demonstration

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

## Statewide Enrollment

The total number of persons enrolled in the MI Health Link demonstration statewide has decreased since October 44,804 to 44,777 in December.



## DWIHN Enrollment

8673 persons with MI Health Link are currently enrolled with DWIHN. Of those persons, 4509 received services from DWIHN within the past 12 months. This is a decrease from the member of members enrolled in services and an decrease in number of members served as of last quarter. IHC has retrained Access staff on MI Health Link referrals and the reasons of importance of engaging them in services.

## Disability Designations for Members with MI Health Link

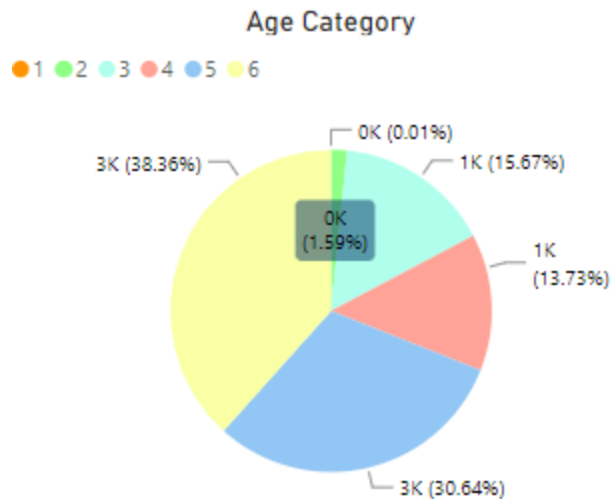
DWIHN provided services to 4509 MI Health Link members in the last 12 months. Approximately 73% of the members had a Mild to Moderate Mental Illness or Serious Mental Illness designation. 18% had an Intellectual/Developmental Disability. 599 active members with MI Health Link currently have a SUD disability designation.

## Co-Occurring Diagnosis

87% of MI Health Link members served in the last 12 months did not have Co-Occurring Mental Illness and Intellectual/Developmental Disability diagnosis. 13% of MI Health Link members had Co-Occurring Mental Illness or Intellectual/Developmental Disability diagnosis.

## Age Category

Given that members must be eligible for both Medicaid and Medicare to enroll in MI Health Link, it is not unexpected that over 69% members are age 50 and above. 38.3% of MI Health Link members were within the age category of 65+ years. 30.6% of MI Health Link members served within the last 12 months were within the age category of 50-64 years. 13.7% of MI Health Link members were within the age category of 40-49 years. 15.6% of MI Health Link members were within the age category of 26-39 years. .01% of MI Health Link members were within the age category of 18-25 years.



### **Living Arrangement**

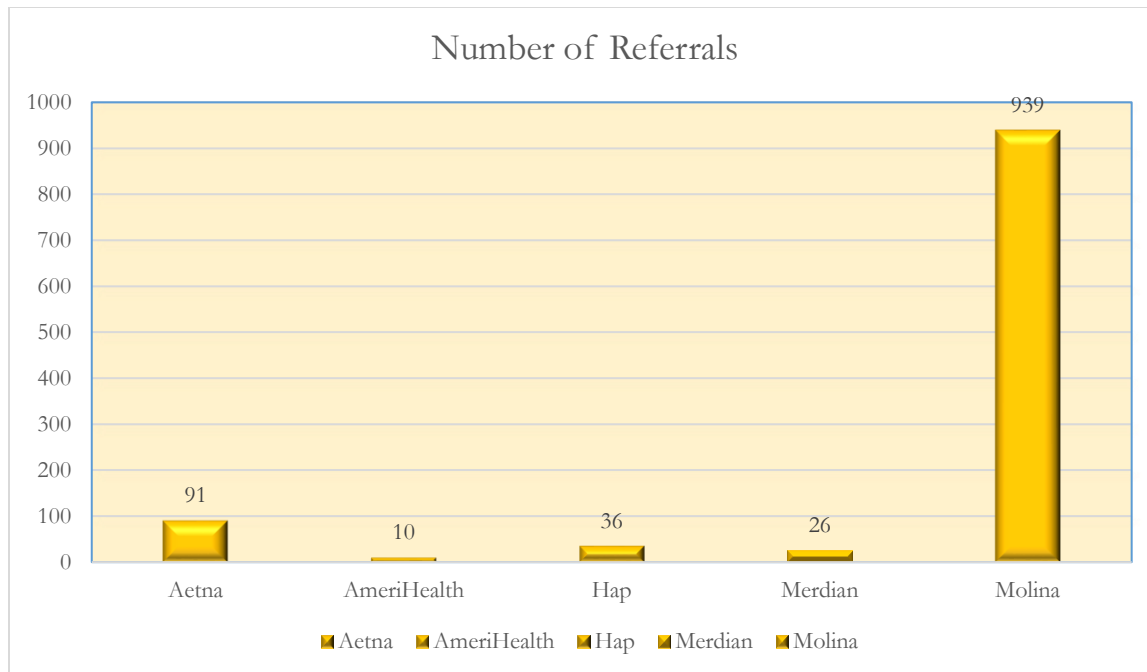
The majority of MI Health Link members served within the last four months reside in a Private Residence.

### **Habilitation Waiver**

Currently, 62 MI Health Link members are enrolled in the Habilitation waiver, which is an increase from 9 members last quarter.

### **MI Health Link Referrals**

DWIHN processed 1107 referrals from the ICOs for behavioral health services during the last quarter. Of those referrals, behavioral health care was coordinated with the ICO for 236 of the members, 559 were voided and 312 were pended.



### MI Health Link Care Coordination

DWIHN continues to send weekly and monthly reports to each of the five ICO's. The reports include information regarding *Critical Events, Member and Provider Grievances and Appeals, Transitions of Care, Referrals, Utilization Management, and Credentialing*. IHC staff performed Care Coordination for 103 MI Health Link members to support engagement in Behavioral Health services and provided Transitions of Care Coordination for 201 MI Health Link members who were discharged from a psychiatric hospitalization during the quarter. IHC staff completed LOCUS assessments for 57 MI Health Link members during the quarter. IHC staff also participated in 6 Integrated Care Team meetings with the ICOs during the quarter, regarding 5-10 members per meeting.

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

IHC has entered into a project with the Health plans to help reduce the number of emergency room visit of individuals who have SUD. IHC pulls from ADT individuals who had an ED visit with the SUD CPT code. IHC completes care coordination with the SUD department for a follow up appointment within 30 days of discharge. Individuals who are not open with DWIHN are sent to the Medicaid Health Plans for follow up. During quarter 1, there were 170 individuals who went to the ED for alcohol or other drugs related problems. Fifty-one (51) attended the follow up after visit apt and 43 were sent to the Health Plans.

### MI Health Link Audits

In the first quarter DWIHN went through multiple audits:

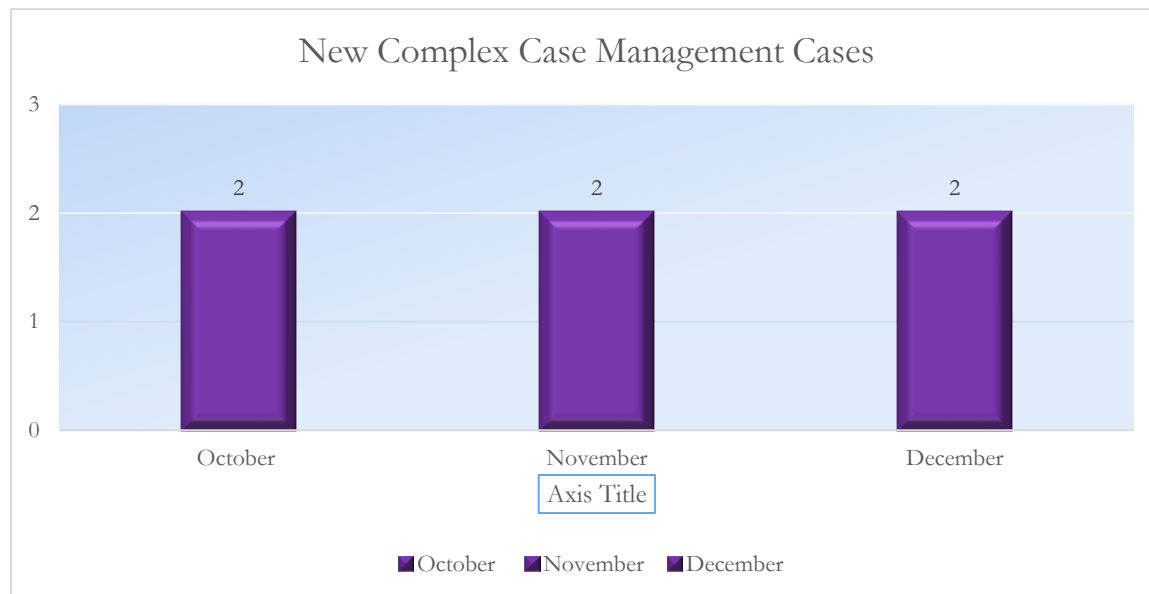
ICO Molina has initiated the delegation annual audit for MHL all departments completed virtual desk audit. Outcome from audit indicates more collaboration with Access Dept to complete lv2 timely

### Cost Settling with the ICOs

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

### Complex Case Management

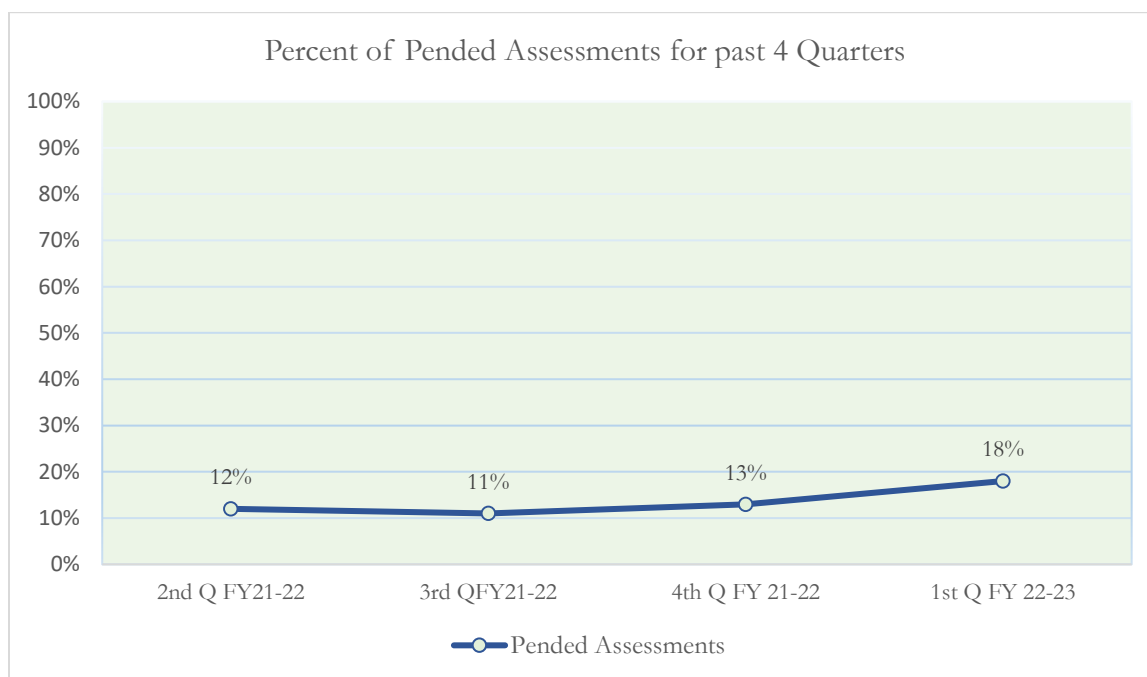
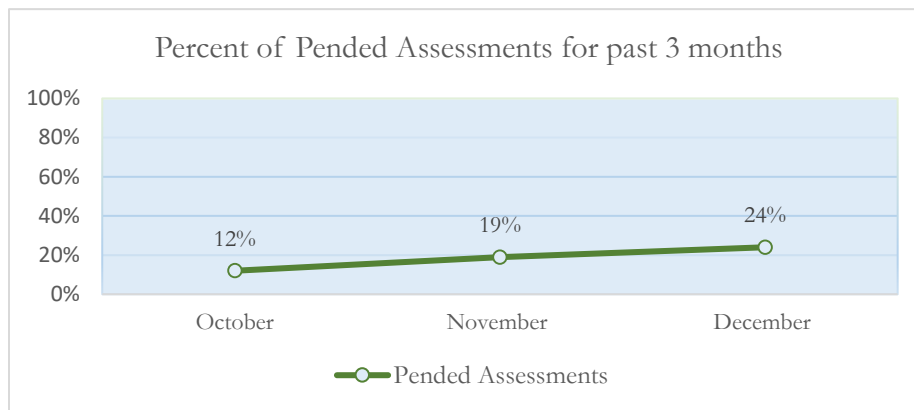
IHC continues to offer and provide Complex Case Management services to DWIHN members as part of DWIHN's NCQA accreditation. There were 43 CCM active cases within the quarter. Six (5) new Complex Case Management cases were opened during the quarter and 10 Complex Case Management cases were closed during the quarter. Ten (10) cases were closed as a result of the members meeting their identified Plan of Care goals. Information regarding Complex Case Management services was offered to and declined by 47 additional individuals during the quarter. Information regarding Complex Case Management was also sent to staff at 53 different provider organizations, including hospitals, clinically responsible service providers, and a residential provider. CCM also engages members who were hospitalized, 345 members were out reached to and 68 of those were reached.



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

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

The percentage of pended assessments increased from the end of the previous quarter to this quarter, October (12%), November (19%) December (24%).

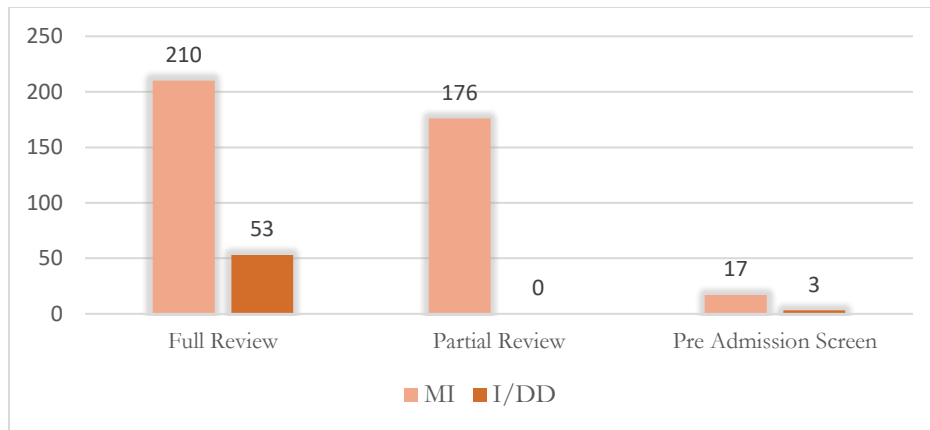


There were 28 consumers with MI placed out of nursing homes in the 1th quarter and 6 with I/DD. During the 1th quarter of the Fiscal Year, NSO's OBRA trainer conducted 52 trainings involving 52 staff. Training topics included PASARR process and information, Abuse/Neglect, Resident's Rights, Alzheimer's Disease, Eloping, Bereavement, Communication, Resident to Resident Altercations, and Behavioral Management.

The congruency was 97% for this quarter.

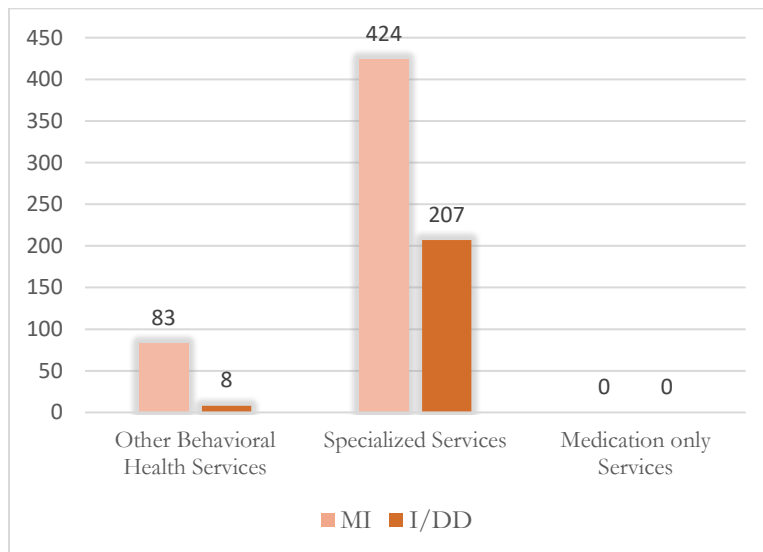
During the quarter, NSO completed screenings and reviews 458 members.

### Completion of Screenings and Reviews for the 1st Quarter



Thus far this Fiscal Year, NSO has provided Clinical services to 722 members. See chart below for breakdown of services.

#### Individuals seen for Clinical services during 1st Quarter 22-23





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**COVID-19 RESPONSE PLAN:**

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

**COVID-19 & INPATIENT PSYCHIATRIC HOSPITALIZATION-**

	<b># of Inpatient Hospitalizations</b>	<b>COVID-19 Positive</b>
December 2022	689	5
January 2023	701	10
February 2023	623	4

Inpatient Hospital Admission Authorization data as of 2/27/2023.

**COVID -19 SUBSTANCE USE DISORDER- RECOVERY HOUSING/RECOVERY SUPPORT SERVICES-**

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

<b>Provider</b>	<b># Served- February 2023</b>
Quality Behavioral Health (QBH)	11 (January-2)
Abundant	2 (January-4)

\* Increase reported in Covid-19 positive cases reported from January to February 2023 .

**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.

<b>Provider</b>	<b>Services</b>	<b># Beds</b>	<b>February 2023- # Served</b>
Detroit Family Homes	Licensed Residential Home- Adults	4	0 (January-0)
Kinloch	Licensed Residential Home- Adults	3	0 (January-0)

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

	<b>Fiscal Year 2020</b>	<b>Fiscal Year 2021</b>	<b>Fiscal Year 2022</b>	<b>Fiscal Year 2023</b>	<b>February 2023</b>
<b>Total # Covid-19-Members</b>	169	76	136	6	<b>0 (Jan.- 0)</b>
<b>Related Deaths</b>	34	7	3	0	<b>0 (Jan.-0)</b>
<b>Total# Covid-19 Staff</b>	71	59	58	0	<b>0 (Jan.-0)</b>
<b>Related Deaths</b>	3		1	0	<b>0 (Jan.-0)</b>

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**CLINICAL OPERATION UPDATES**

**UTILIZATION MANAGEMENT:**

**Habilitation Supports Waiver (HSW):** There are 1,084 total HSW slots as of 2/24/23. A total of 1,013 slots are currently filled, which is a utilization rate of 93.5%. Two (2) additional Clinically Responsible Service Providers (CRSPs) are beginning to enter their recertifications directly into the WSA, which will improve timeliness. The UM Department has added an additional staff to the team to assist with processing HSW applications and recertifications. The UM and Residential Departments are also working collaboratively to develop a process to increase enrollment. The network has been provided two instructional memos detailing the implementation of the new process and discussed this service provision at provider meetings.

**Outpatient Authorizations:** There were 1,665 authorizations manually approved by the UM department from February 1<sup>st</sup> through February 25<sup>th</sup>, 2023. This number is reflective of non-SUD, non-residential, non-urgent pre-service authorizations. Of these manually approved authorizations, 99% were approved within 14 days of request. Timeframes of Outpatient Service Authorizations are being examined for possible adjustments in accordance with the feedback being received from providers regarding the ways the approval time frames impact the service delivery to our members. At this time, the UM department is preparing a training to assist CRSP Providers in inputting of authorization requests correctly in order to minimize delays caused by authorizations needing to be sent back to be corrected.

**State Facilities:** There were two (2) adult State Hospital admissions for the month of February and 74 NGRI consumers are currently monitored in the community. Three (3) individuals remain on the State Hospital wait list. There were no new children's State Hospital admissions in February.

**Inpatient Admissions:**

As of 2/27/23, the UM Team has managed a total of 719 new admissions across the provider network (including MI Health Link members). This data includes inpatient, partial hospitalization, and crisis residential services. In the month of February, there were 617 (non-MI Health Link) admissions for inpatient treatment, reflecting a 12% decrease from the 701 inpatient admissions during January 2023.

SMI/SED	# Admitted Members	# Admissions	Avg Length Of Stay	Median Length of Stay
IDD	20	20	11.55	11.5
SED	81	86	9.17	8.5
SMI	482	501	8.08	7
SUD	8	8	6.50	5.5
		0	0.00	
N/A		0	0.00	
NON		0	0.00	
Not Assesed		0	0.00	
<b>Total</b>	<b>591</b>	<b>615</b>	<b>8.33</b>	<b>7</b>

Source: Power BI - Hospitalizations and Recidivism - Acute Inpatient

The data outlined below reflects the number of admissions as of 2/27/2023:

- Inpatient: 617
- MHL Inpatient: 6
- Partial Hospital: 74
- Crisis Residential: 22 (adults – 17 and children - 5)
- **Total Admissions: 719**

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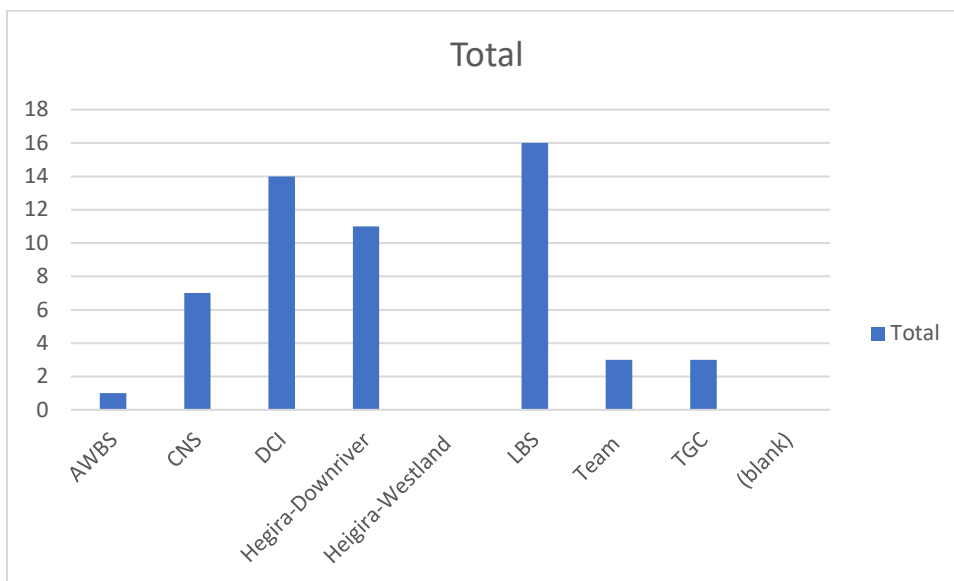
**ADULT INITIATIVES:**

**Assertive Community Treatment:**

Clinical Specialist monitored ACT program admissions and discharges of Lincoln Behavioral Services, Hegira- Westland, Hegira- Downriver, All Well Being Service, Central City Integrated Health, Development Centers, Team Wellness Center, and The Guidance Center. This includes the appropriateness of the level of care determinations and technical assistance to ensure program eligibility requirements were met. The monthly ACT forum discussed LOCUS, PHQ-9 updates, hospital recidivism, pre-admission review (PAR) completion, ways to engage members, and coordination of care by staff while the member is in the hospital. DWIH also provided technical assistance to All Well Being Services and Team Wellness, surrounding their 2022 ACT fidelity review.

**Med Drop:**

During the month of February, DWIH met with the Genoa Med Drop Coordinator to discuss updates to the pilot Med Drop referral process and any barriers. DWIH also held a monthly meeting with the program providers for Med Drop to discuss ways to increase admissions, barriers, referral process, and recommendations for providers with regards to presenting the program to members in a positive and encouraging way. There are currently 55 members enrolled and 8 new referrals were received. Please see provider data below.



**PHQ-9 Performance Improvement Project:**

DWIHN monitors network providers PHQ-9 performance at intake and at the 90 day follow up period. Compliance is completing both at intake and 90 day follow up with at least 95% completion rate for members with a depression inventory score of 10 or higher. For the follow up completion within 90 days, For the month of February 2023, there was an 81.7% completion rate at 90-day follow-up. February PHQ-9 intake data was not available at the time of this report (January 2023 had a 99.2% intake completion rate).

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**Outcome Improvement and High Priority Committees:**

Adult Initiatives meets twice a month with Clinically Responsible Service Providers (CRSP) to discuss members that are identified by providers that are high risk, recidivistic, and are considered challenging. There are currently 52 members being monitored by this committee and outcomes are being measured. DWIHN also meets monthly to discuss high priority cases as identified by DWIHN. Departments within DWIHN that participate with this committee include: Quality, Crisis, Substance Use, Children's Initiative, Adults Initiative, Utilization Management. There are currently two adults diagnosed with co-occurring disorder, two adults with Intellectual developmental disability (I-DD), five adults that are on Not Guilty by Reason of Insanity (NGRI) status, two children diagnosed with severe emotional disturbance (SED) and three children with I-DD.

**SUD SERVICES (SUD):**

**Prevention Services:**

DWIHN's SUD Department manages substance use disorder prevention services under contract with the Michigan Department of Health and Human Services (MDHHS). The service region covers all Wayne County. This report provides an overview of the number of prevention efforts supported through the DWIHN for the month of February 2023.

Number of Direct services provided = **406**

Number of Educational materials disbursed = **962**

Number of Groups conducted for SUD prevention= **462**

Number of referrals from prevention = **32**

**SUD Authorizations:**

The Power Bi dashboard indicates SUD Utilization Management staff approved 813 authorizations between 2/1/23 and 2/27/23. Of these 813 authorizations, 676 or 83.1% were approved within applicable timeframes, 137 or 16.9% were outside of timeframes. There were some identified technical programming issues that caused authorizations to not populate appropriately and needing authorization correction. These concerns have since been resolved.

**Naloxone Training:**

For February 2023, we have facilitated Naloxone training for 163 individuals. These training has been provided to agencies such as police departments, providers within our network, and community members. In addition, we look to further our outreach to the community by providing Naloxone Trainings through our Barbershop initiative and State Opioid Response program. The SUD Department is currently exploring other community options for Naloxone training as well. DWIHN has also distributed 90 sleeping coats to providers to distribute to those in need.

**CRISIS SERVICES:**

**Request for Service:**

Requests for Service (RFS) for children decreased by 14% this month. The diversion rate increased from 64% to 68% as compared to January. There were 89 intensive crisis stabilization service (ICSS) cases for children for the month of February, which is similar to January. Of the 89 cases, there were 48 initial screenings.

There was a 23% decrease in the number of requests for service for adults in February as compared to January. The diversion rate increased very slightly in the month of February.

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**Community Law Enforcement Liaison Activity:**

The number of Alternative Treatment Reports (ATRs) for the month of February decreased by 14% (256 completed for this month as compared to 299 in January). The Community Law Enforcement Liaison engaged four (4) individuals this month. Fourteen (14) Citizens returned and were connected to DWIHN services upon release from MDOC. DWIHN received 130 Assisted Outpatient Treatment (AOT) orders from Probate Court this month and respective CRSPs were notified to incorporate these orders into their treatment planning.

**Community Hospital Liaison Activity:**

In February 2023, there were 204 contacts made with community hospitals related to movement of members out of the Emergency Departments, which is a 7% increase in contacts from January. Out of the 204 encounters, 86 were diverted to a lower level of care, an overall diversion rate of 42%.

Hospital liaisons received 26 “crisis alert” calls collectively in February and 14 of those members were diverted to lower levels of care (54% diversion rate for crisis alert calls). In February, there were 14 members who repeated an emergency encounter at least twice within the month, and between those 13 members there were 29 encounters. 21 of those encounters resulted in a diversion due to liaison involvement resulting in a 78% diversion rate for those members considered recidivistic.

**RESIDENTIAL SERVICES:**

There were 259 residential referrals to the Residential Department in February. There was one (1) facility closure reported and all members were relocated to alternative homes.

**Residential Care Specialist first contact (after case assignment):** Timeliness to complete First Contact to referring agent. The measure is within 24 hours or by next business day (259 Total):

- Completed within 1-2 days 204
- 3-5 days 41
- 6 or more days 13

**ASSESSMENT DATE:** Timeliness is to complete the Residential Assessment after First Contact.

- No assessments need (Brokering Only, Cancelled/Redirected after assigned) 111
- Completed within 1-5 days 41
- 6-10 days 26
- 11 or more days 21
- Assessments appointments scheduled after 2/17/23 58

**Service Authorizations:**

<b>Authorizations Processed</b>	<b>754</b>
Approved within 14 Days	638
Approved after 14 Days	116

- Interim IPOS Completed by DWIHN Auth Team 30
- Requests Submitted Residential Care Specialists 179
- Requests Processed Through MHWIN Queues 570

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**Residential Sponsored Meetings and Trainings:**

	Meeting Date	# of Meetings	# of Attendees
Pre-placement Providers Meetings	Quarterly	1	58
CRSP (Supervisory)/Residential Mtgs	Monthly	11	43
Standardized Residential Progress Note Trainings	Friday, 2/13/23	2	168
Residential Assessment/Clinical Alignment of Documentation Trainings	Tuesday, 2/8/23	2	86
Service Authorization Trainings	Thursday, 2/2/23	2	17

**INNOVATION AND COMMUNITY ENGAGEMENT:**

**Reach Us Detroit:** 24/7 Virtual Therapy Line continues to be offered to residents of Wayne County that are 14 years old (and up). A virtual assessment protocol has begun to be piloted in collaboration with Detroit Police Department. DPD has not been able to utilize it for virtual assistance. Referrals to citizens have been made and outreach provided as requested.

**Community Engagement:** included DPSCD and Detroit at Work's new program; Jump Start to provide trauma-informed awareness and resources connection for job seekers.

**Training:** During the month of February, staff continued to monitor DWIHN staff compliance with required training. Weekly notifications are sent to staff in the form of reminders to the org administrators and supervisors. Mental Health First Aid and QPR were offered to the network and interest continues to grow from community members and laypersons. The CIT 40-hour course was held with 16 individuals in attendance from Detroit PD and Wayne PD.

**INTEGRATED HEALTHCARE SERVICES:**

**Behavioral Health Home (BHH):**

- ❖ Current enrollment- 486 members (January- 446)
  - DWIHN continues to work on increasing enrollment by adding additional Health Home Partners (HHPs) to our BHH network. DWIHN currently has six (6) HHPs. This has been discussed at several provider meetings in an attempt to educate the network on the benefits of Behavioral Health Homes. DWIHN will be putting a Request for Information (RFI) to our CRSP provider network.

**Opioid Health Home (OHH):**

- ❖ Current enrollment- 381 members (January- 355)
  - DWIHN continues to work on increasing OHH enrollment and ensuring enrollment data is accurate in both the DWIHN and State systems. There has been a reported issue with the number of reported claims/contacts per month compared to the number of enrollees. The number of enrollees is higher than the number of monthly contacts reported, which is resulting in MDHHS recoupment. The DWIHN BHH Administrator is currently working closely with OHH providers to ensure they are reporting contacts appropriately and ensure that there are no technological issues. DWIHN is working with them to submit encounters (October 2022 forward). There are also some providers that have been billing for OHH but the member is not enrolled in the State system. Providers are currently working with DWIHN to update these enrollments. There is a plan with a March deadline for completion.

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

- ❖ Current enrollment- 3,297 members (Jan.- 3,434)
  - A CCBHC site provides a coordinated, integrated, comprehensive services for all individuals diagnosed with a mental illness or substance use disorder. It focuses on increased access to care, 24/7/365 crisis response, and formal coordination with health care. The Guidance Center is the designated CCBHC provider for Region 7. Baseline outcome data has been established for year 1 and during year 2 outcomes will be a major focus, including outcome incentives.



**VP of CLINICAL OPERATIONS' REPORT**  
**Program Compliance Committee Meeting**  
**Wednesday, March 8, 2023**

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

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

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

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

Goals	Updates
<b>ACCESS</b>  Branding Outreach Census Screening New Opportunities	<ul style="list-style-type: none"> <li>The <b>access screening for ages 0 to 6</b> has been developed.  <u>Next Steps:</u> Plan for DWIHN Access to begin completing screening eligibility for children ages 0 to 6 by Q3 2023.</li> <li><b>Youth United is launching a logo creation contest</b> to celebrate Youth United 20<sup>th</sup> Anniversary in which a \$1,000 scholarship to be awarded to the winner. The contest ends 2/28/23. In addition, on 2/23/23 Youth Involvement Specialist, Bianca Miles was featured on The Children's Center podcast with Laura LeFever to talk about the Youth United initiative</li> <li>Youth United Youth Regional Coordinator is scheduled to do an <b>Anti-Stigma Busting Workshop at Trenton High School</b> on 2/28/23.</li> <li>Children's Initiative will host a <b>resource table at Zion Hope Missionary Baptist Church Parent's Perspective Workshop</b> on 2/25/23.</li> </ul>
<b>PREVENTION</b>  Conferences Workshops Schools Tri-County Initiative Pediatric Care Prevention Activities	<ul style="list-style-type: none"> <li>On 2/15/23 a Meet and Greet was held with the <b>Detroit Police Department 3<sup>rd</sup> Precinct to discuss plans for the Here Me Out Campaign</b>. 4 Goals are: 1). Training police, parents, and youth about sexual assault, 2). Awareness via panel discussions and social media, 3). Enforcement to issue warrants and assist police when questioning victims, 4). Response Team to share trauma resources. <u>Next steps:</u> Assist with developing a resource list of trauma related services.</li> <li>Children's Initiative and Innovation Community Engagement continued to collaborate with <b>Institute of Trauma and Economic Justice (ITEJ)</b> to assist with organizing an annual Trauma conference in Wayne County scheduled for 3/31/23.  <u>Next Steps:</u> Assist with identifying a professional in the Public Health field to participate in panel discussion, ITEJ identify a location for the event, develop flyer and registration.</li> <li>Meeting held with Detroit Chempreneurist, CNS, and The Children's Center to discuss planning for a 2-hour event at each agency. <b>Detroit</b></li> </ul>



	<p><b>Chempreneurist to teach youth grades K-12 on entrepreneurship skills and how to create self-care products.</b></p> <p><u>Next Steps:</u> Plan for The Children's Center to host event June 2023 and CNS during July 2023.</p>
<p><b>CRISIS INTERVENTION</b></p> <p>Care Center Juvenile Justice Expansion of Crisis Services Crisis Trainings</p>	<ul style="list-style-type: none"> <li>• <b>Juvenile Justice Mental Health Court Flyer</b> was added to Children's Initiative website and the Children Crisis Flyer was updated to include <b>the 988 Michigan Crisis and Access Line (MiCAL) number.</b></li> <li>• Meeting held 2/22/23 to discuss the 90-day <b>Inpatient Adolescent Stabilization Program</b> for youth involved in juvenile justice that require more intensive psychiatric services. Program is in collaboration with DWIHN, Havenwyck, Growth Works, Assured Family Services. <u>Next Steps:</u> Growth Works to provide additional data, present at DWIHN Procedure Code Workgroup on 3/1/23, and tentative plan to start program in FY 24.</li> <li>• Children's Initiative explained the <b>Moral Reconation Therapy group Evidenced Based Practice</b> to Children Providers this month. This model supports reducing juvenile justice recidivism and a diversion intervention for youth at risk of juvenile placement and co-occurring needs. <u>Next Steps:</u> Complete a Request for Information to select 2 Children Providers to get trained in the EBP.</li> </ul>
<p><b>TREATMENT</b></p> <p>Workforce Diversity / Equity / Inclusion Evidenced Based Practices Quality Services Expansion of Services</p>	<ul style="list-style-type: none"> <li>• <b>Waiver Services:</b> The Children's Center started offering Art Therapy for youth on SED Waiver and Children's Waiver. Advanced Therapeutic Solutions is scheduled to be presented at Credentialing Committee this month for Art Therapy, Music Therapy, and Recreation Therapy services for both waiver services.</li> <li>• Children's Initiative Dept met weekly with the IT Department for the development of the Quarterly Home-Based <b>Clinical Dashboard</b>. Currently on Phase 4 of the project. <u>Next Steps:</u> Children's Initiative to review the dashboards with 3 Providers during March 2023 to ensure accuracy of the data.</li> </ul>

### School Services

<p><b>School Success Initiative</b></p>	<ul style="list-style-type: none"> <li>• Monthly meeting was held with SSI Providers. Communications Director Tiffany Devon attended meeting to explain about the new MyDWIHN Mobile App. Tiffany also gained interest to visit a SSI School and interview a SSI Therapist on the program to showcase this service.</li> <li>• Reviewed the data in MHWIN for Q1 2023 (Tier Services, Discharges, Risk Factors, Non SDQ Tier Services). <u>Next Steps:</u> 1). Providers update data into MHWIN for Q1 by 2/20/23, 2). Request IT Department make updates to add an "Other" category for the Risk Factors, add a "School Supporting Documents" as a drop-down option for school presentations, and add CRSP name to the referral section, 3). Effective 1/1/23 Providers upload presentations to MHWIN.</li> <li>• Nominations for Q2 2023 Spotlight Award are due 3/5/23.</li> </ul>
<p><b>GOAL Line "Get On and Learn"</b></p>	<ul style="list-style-type: none"> <li>• Community Education Commission new name has been approved by SAM.gov.</li> <li>• Children's Initiative, Cassandra Phipps and Rasha Bradford completed a site visit at the Northwest Activity Center on 2/8/23. GOAL Line staff explained the program and after school activities to include: Yoga, music, budget workshop, computer</li> </ul>

- skills, cooking, homework assistance, art, nutrition, coding, gaming, robotics, and swimming.
- There are currently 340 students enrolled in the program this school year.  
Next Steps: Goal Line provide data of number of students enrolled per school, additional information on in school interventions, student / professional ratio count.

### Additional Updates

- Grant information was submitted to MDHHS for FY 24:** 1). System of Care Block Grant, 2). Infant Toddler Court Program, 3). Infant and Early Childhood Mental Health Consultation, and 4). Infant and Early Childhood Mental Health Consultation Home Visiting.
- On **2/15/23 Children's Initiative presented at DWIHN Full Board** Meeting on children services collaboratively with Communications, Innovation Community Engagement, and Black Family Development.
- Reviewed the data for the **DHHS North Central Pilot of DWIHN** receiving trauma screenings and connecting to community mental health services since July 2022.  
Next Steps: Meeting is scheduled on 2/27/23 with Children's Initiative and Access Center to consider updating the referral process to improve
- Children's Initiative presented 3 topics at Research Advisory Committee (RAC) this month:**
  - 1). Respite Satisfaction Survey:** Optional survey for members served to complete to share satisfaction with respite services. This survey was approved to be added to DWIHN website and extend for Adult Services as well.  
Next Steps: Update survey to include for adult services and add to the website.
  - 2). Here Me Out Campaign:** Detroit Police Department is interested in having DWIHN be a professional expert mental health partner to assist with connecting adolescent sexual assault victims to trauma services.  
Next Steps: Police Department to complete the RAC form and submit a Data Sharing Agreement to DWIHN Legal Department.
  - 3). Youth Homelessness Demonstration Program:** For this grant the focus is to provide case management, short term therapy, crisis services, and connect long term community mental health services. Homeless Resource Agency is looking for DWIHN to be a professional expert partner for the grant.  
Next Steps: Homeless Resource Agency to submit the RAC, submit a Data Sharing Agreement to DWIHN Legal Department, and to incorporate administrative costs to DWIHN to support the grant.

### CRISIS SERVICES – Director, Daniel West

Below is the monthly data for the Crisis Services Department for February 2023 for adults and children, partial reporting period reflecting 2/1/23-2/24/23.

#### **CHILDREN'S CRISIS SERVICES February 2023**

Month	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	Crisis Stab Cases
January	283	258	90	32%	180	64%	89
February	243	225	72	30%	165	68%	89

- Requests for Service (RFS) for children decreased by 14% this month and the diversion rate increased from 64% to 68% as compared to January.

- There were 89 intensive crisis stabilization service (ICSS) cases for the month of February, similar to January. Of the 89 cases there were 48 initial screenings.
- 36 cases were served by The Children's Center Crisis Care Center in February. As of Tuesday, 1/3/2023, TCC will not have any clinicians in the Crisis Care Center. TCC will be recruiting to fill two positions. TCC will continue to see members presenting for crisis screenings by assigning Intake Clinicians to the program on a rotation basis. The TCC Case Manager will continue to triage and support admission and aftercare follow up. In order to achieve this, TCC will have to modify hours of operation to 8:00 AM – 5:00 PM. Members should present by 3:00 PM to ensure sufficient time to complete a full crisis screening.

### **COPE February 2023**

Month	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	# Inpt due to no CRU
January	1,017	931	685	67%	306	30%	13
February	775	714	526	68%	227	29%	8

- There was a 23% decrease in the number of requests for service for adults in February compared to January, and the diversion rate increased slightly in February.
- The Crisis Stabilization Unit (CSU) at COPE served 192 members this month, a slight decrease from January at 198.
- The Mobile Crisis Stabilization Team provided services to 66 members in February, down from 84 in January.

### **CRISIS RESIDENTIAL/HEGIRA February 2023**

- The number of available beds is 9.

Referral Source	Total Referrals	Accepted Referrals	Denials
ACT	0	0	Level of Care change - 16
COPE	38	16	Not medically stable due to SUD – 1
DWIHN Res.	1	0	Not medically stable due to physical health – 2
Step Down (Inpatient)	19	10	Violent/aggressive behavior: 6 Member refusal: 4
Total	58	26	No follow-up from SW/Hospital 0 Pending: 2

### **TEAM WELLNESS CSU February 2023**

- Total served at TEAM CSU 161 members. 9 resulted in a higher level of care. 7 members seen at the CSU were on an AOT and 5 on a Transport Order.

### **PROTOCOL January 2023**

Month/Year	# Incoming Calls	# Calls Answered	% answer w/in 30 secs	Avg. Speed of answer	Abandonment rate
December	725	707	87.4%	21s	1.7%
January	666	647	90.6%	16s	1.4%

- February 2023 data not available at the time of this report
- ProtoCall phone-based service indicators have been steadily and consistently improving over the past 6 months, and it is their hope that continued work in areas like recruitment, retention, and operational efficiency will continue to produce solid metrics.
- ProtoCall was able to achieve a 90.6% service level with a 1.4% abandonment rate and an average speed of answer at 16 seconds. ProtoCall attributes success in these areas to the strategic recruitment and retention techniques initiated in early 2022 surrounding expansion of call-taking roles to include Bachelor Level crisis counselors (Crisis and Access Specialists), as well as various operational initiatives to ensure effective documentation, efficient call management, and optimized staffing hours.

#### **COMMUNITY LAW ENFORCEMENT LIAISON ACTIVITY REPORT February 2023:**

- The number of ATRs for the month of February decrease by 14% (256 completed for this month as compared to 299 in January).
- Community Law Enforcement Liaison engaged 49 individuals this month.
  - 96% have repeat hospitalizations without follow up by the CRSP. CRSP were alerted and engaged in discharge planning 38% have no CRSP assigned. 18% TEAM as a CRSP
  - 12% were SUD hx
- 14 Citizen returned and were connected to DWIHN services upon release from MDOC.
- DWIHN received 130 Assisted Outpatient Treatment (AOT) orders from Probate Court this month and respective CRSPs were notified to incorporate these orders in treatment planning. Deferral Conferences continue with CRSP engagement.
- There were 16 ACT consumers referred to COPE: 60% went inpatient, 31% went Outpatient, less than 1% were admitted to PHP. No pre-placement was sought during this reporting period. It should be noted 40% of ACT PARs were completed by COPE.

#### **COMMUNITY HOSPITAL LIAISON ACTIVITY REPORT February 2023**

- In February 2023, there were 204 contacts made with community hospitals related to movement of members out of the emergency departments, which is a 7% increase in contacts from January at 189. Out of the 204 encounters, 86 were diverted to a lower level of care, an overall diversion rate of 42%. 0 admissions were made to Hawthorn, and 0 admissions were made to WRPB and Kalamazoo.
- Hospital liaisons were involved in 64 cases that were NOT on the 23-hour report. Of those 64 cases, liaisons were able to divert 35 resulting in a 56% diversion rate for those members serviced not on the 23-hour report.
- Hospital liaisons received 26 “crisis alert” calls collectively in February and 14 of those members were diverted to lower levels of care (54% diversion rate for crisis alert calls).
- In February, there were 14 members who repeated an emergency encounter at least twice within the month, and between those 13 members there were 29 encounters. 21 of those encounters resulted in a diversion due to liaison involvement resulting in a 78% diversion rate for those members considered recidivistic.
- No requests were made related to veteran’s affairs.

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

- Of the 23-hour report activities during this reporting period there were 74 encounters (a significant decrease from January for member specifically related to the 23-hour report, due largely to a partial reporting period).
- 21 of the 74 cases specifically related to the 23-hour list were diverted, resulting in a 28% diversion rate for those members specifically related to the 23-hour report.

**DISPOSITION TOTALS**

<b>Admission Type</b>	<b>Members</b>
St. John Macomb	0
St. John Main	1
Beaumont Behavioral	3
BCA Stonecrest	20
Detroit Receiving	3
Garden City	4
Harbor Oaks	15
Havenwyck	2
Henry Ford Wyandotte	1
Henry Ford Kingswood	7
Behavioral Centers of Michigan	1
Pontiac General	14
St. John Providence	2
Samaritan	2
Sinai Grace	0
St. Mary Mercy	2
St. Joes Ann Arbor	0
Discharge with Mobile Crisis Stabilization	46
Medical Admissions	1
Partial Day Hospitalization	0
Residential Referrals	0
Nursing Home	0
AMA	1
SUD	4
Police Custody	1
St. John Oakland	2
CRU	2

**DISCHARGE LIAISON TOTALS, February 2023**

- The DWIHN Discharge Hospital Liaison was involved in 14 cases in January, up from 11 cases in January. There were 9 referrals from clinical specialists within Utilization Management at DWIHN, and 5 were self-referrals from the Discharge Hospital Liaison. 14 of the referrals already had a crisis alert within the system. Of the 10 hospital discharge appointments scheduled, 10 members kept their appointment while 4 are pending at the time of reporting. The Discharge Liaison has since followed up with the CRSP for all those that missed appointments.

### **MOBILE OUTREACH SERVICES, February 2023**

Category	
Number of mobile events attended	8
Number of meaningful engagements	140
Number of screenings in the system	0
Number of follow-up calls made	5
Number of referrals made as a result of follow up	2
Benefit Assistance Referral	0
Bill Payment Referral	0
Complex Case Management referral	0
Connection to Access Center	4
Housing Referral	0

### **MOBILE OUTREACH SUMMARY, February 2023**

- During the partial reporting period, the DWIHN Community Outreach Liaison was able to add new events to the calendar in a continued partnership with Wayne Metro and Black Family Development. DWIHN had a great turnout with Michigan Department of Health and Human Services-Pathways to Potential. The Mobile Outreach Clinician was able to meet leadership at MDHHS, who would like for DWIHN to attend several school resource events in Wayne County next month and moving forward. The goal is to be able to reach a lot of schools in Wayne County. Several new resource vendors will be added to the team including Lakeshore Legal Aid, Dedicated Senior Medical Center, and MDHHS. Our Mobile Outreach Clinician was able to meet a family of 3, and is working to assist with access to mental health and recovery services, and has provided motivation and support in this area.

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

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

- **Call Center Operation:** A total of 1,839 calls were offered to the Customer Service Department's Welcome/Reception Switchboard and Call Center Operations during the month of February. The Welcome /Reception Switchboard handled 1,097 calls with an ABD rate of 1.2%. The Customer Service Call Center processed 742 calls with an Abandonment (ABD) rate of 6.3 %. The ABD compliance standard is <5%

In January, the service level for Front Desk was 100%, and Call Center Operations was 90.1%, meeting the answering goal standard of within 30 seconds. The goal is 80%. There was a slight increase in the call volume and a decreased ABD rate for the Customer Service Dept. Discrepancies in phone system ABD reporting are still being addressed with IT. Training the new Front Desk staff in addition to their need to respond to Providers' request for member materials handling and distribution, had a slight effect on the ABD Rate.

The Call Center is assisting Integrated Care (Felicia Grant) with outreach to SUD members who were seen in the ED Follow-up care.

Customer Service Director participant of RFP evaluation committee for new Call Center/Crisis phone system.

- **Family Support Subsidy Activity:** Handled 604 calls for January. Applications rec'd 104. Applications Submitted to State 90.
- **Provider Closures:** Continued to initiate "Choice" letters for mailing to members as a result of provider closures or discontinuance of services.
- **Medical Records:** Processed 20 requests for Member Medical records.
- **Customer Service Orientations** Conducted Customer Service Orientations for new hires of the Access Center and Customer Service.
- **Disenrollment:** Prepared and reported on Bi-Monthly Disenrollment Update for Authorization meetings. A total of 1,038 Non CRSP assignments are being addressed by Customer Service.

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

- Facilitated Grievance and Appeals Case Reviews to ensure compliance with HSAG requirements.
- Participated as an evaluator for SUD Prevention Reviews.
- Conducted technical Appeals trainings with CRSP providers and DWIHN's ORR.
- Conducted technical Grievance trainings with outpatient providers.
- Completed for submission the MDHHS Quarterly Grievances and Appeals report (FY '22, Quarter 4).
- New CS Performance Monitor began February 20, 2023.
- CS Quarterly Provider Meeting was held on February 16, 2023. Info presented from all CS sub departments.
- Developed CRSP Customer Service Performance Monitoring Audit schedule for 2023. Notification letters were forwarded to providers and audits will begin in February. Four audits were scheduled for the month of February.
- Updated the Provider Performance Monthly Data Report to include NCQA and HSAG compliance recommendations for future reviews.
- Presented Second Opinion Procedure at ABA Provider Meeting
- Intradepartmental discussion between ORR, Residential and CS regarding ICCS.
- Attended the High Priority Cases Monthly Meeting chaired by Ebony R.

#### **NCQA/HSAG**

- Continued to collaborate with departments to address HSAG Plans of Corrections and their status updates.
- Provided applicable HSAG recommended changes to the Medicaid Grievance and Appeals forms for submission to PCE for implementation.
- Met with Quality regarding HSAG Standard 13, Element 25 to devise a plan of action.

#### **Member Engagement & Experience**

- ECHO® Surveys are continuing, mail monitoring of completed surveys are being added to the system
- State rolled out Peer Credentialing requirement effective January 1, 2023 and subsequently sent out letters saying they are pushing back the start date, they have not announced officially the start date, rumors indicate it will be official 3/1/23 but that is not confirmed.
- CV had a retreat on 2/10/23 to advance plan for changes to operations, attendance remains low, mostly because CV Members are working and unable to attend'
- ME is developing a recruitment plan to address issues related to CV reduction in participation

- Consumer Meetings will resume in person starting the 4<sup>th</sup> Thursday in March the February meeting was cancelled by the clubhouse and agreed by ME due to severe (ice) weather/road conditions.
- Peer Agent proposal submitted to administration to advance opportunities of Peers working with DWIHN while acquiring certification a policy, plan and job description has been submitted.
- ME received documentation to approve invoices on Drop In center Block Grant dollars, 3 drop in Centers share split roughly \$22,000 toward wellness activity. While only one Drop in sent an invoice, ME was concerned that the funds may not be used efficiently so offered Technical Assistance toward development of a plan to expend dollars to better benefit members. Drop in Accepted a March appointment.
- DD Month activities launched 2 forums on housing inequities are planned for March 16, March 23<sup>rd</sup>.
- Plans commence for a second Guardianship Forum in April
- Plans commence for a May is MH Awareness Month Activity
- Member Experience Report Summary Submitted for presentation to PCC March meeting.
- Continued research no phase two of LTSS commenced to identify 75 participants by end of March.
- Submitted Member Experience Coordinator Position submitted, still vacant.
- Policy for Ambassadors revisions discussed with Michele and Brooke, moved to HR Committee
- Winter PPOV published and distributed.
- ME Staff attended ARC Event 2/25.

### **INNOVATION AND COMMUNITY ENGAGEMENT – Director, Andrea Smith**

#### **Justice Initiatives**

##### **Project – WC Jail – IST**

For the month of February, data were not yet available. Data from January is the most current at 132 releases from jail. Of those releases, 46 were linked back with the provider for follow-up with their member; 14 were not in MHWIN because the mental health designation from jail mental health may not meet DWIHN criteria; 5 were sent directly to another correctional facility (i.e. prison or another county jail); and 67 were not assigned to a provider within the MHWIN system.

##### **DPD/DWIHN Partnership**

DHOT encountered 45 individuals who were willing to engage.

A Behavioral Health Specialist (BHS) continues to be embedded at DPD's Communication Center to assist with any calls that need mental health support and resources. There were 6 individuals referred for follow-up, and individuals received various mental health resources and support.

Encounter data for the month of February was not available at the time of this report. DPD co-responders had an approximate total of 196 encounters, and 86 individuals were connected to a service in January.

##### **Workforce Development**

**Reach Us Detroit** 24/7 Virtual Therapy Line continues to be offered to residents of Wayne County that are 14 and up. A virtual assessment protocol has begun to be piloted in collaboration with Detroit Police Department. DPD has not been able to utilize it for virtual assistance. Referrals to citizens have been made and outreach provided as requested.



**Advocacy** with the National Health Service Corps score and site approval process for internal employees continued. Support to an employee provided and resolution of providing dual sites assignment within provider network for completion of the requirements.

**Community Engagement** included DPSCD and Detroit at Work's new program, Jump Start to provide trauma-informed awareness and resources connection for job seekers.

Collaboration occurred with adult providers to identify ongoing SOGIE professional development needs.

During the month of February, staff continued to monitor DWIHN staff compliance with required training. Weekly notifications are sent to staff in the form of reminders to the org administrators and supervisors.

Mental Health First Aid and QPR were offered to the network and interest continues to grow from community members and laypersons.

The CIT 40-hour course was held with 16 individuals in attendance from Detroit PD and Wayne PD.

**INTEGRATED HEALTH – Director, Vicky Politowski**

*Please See Attached Report*

**MANAGED CARE OPERATIONS – Director, Brandon Taylor**

*Please See Attached Report*

**RESIDENTIAL SERVICES – Director, Shirley Hirsch**

*Please See Attached Report*

**SUBSTANCE USE DISORDER – Director, Judy Davis**

*Please See Attached Report*

**UTILIZATION MANAGEMENT – Director, Leigh Wayna**

*Please See Attached Report*

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

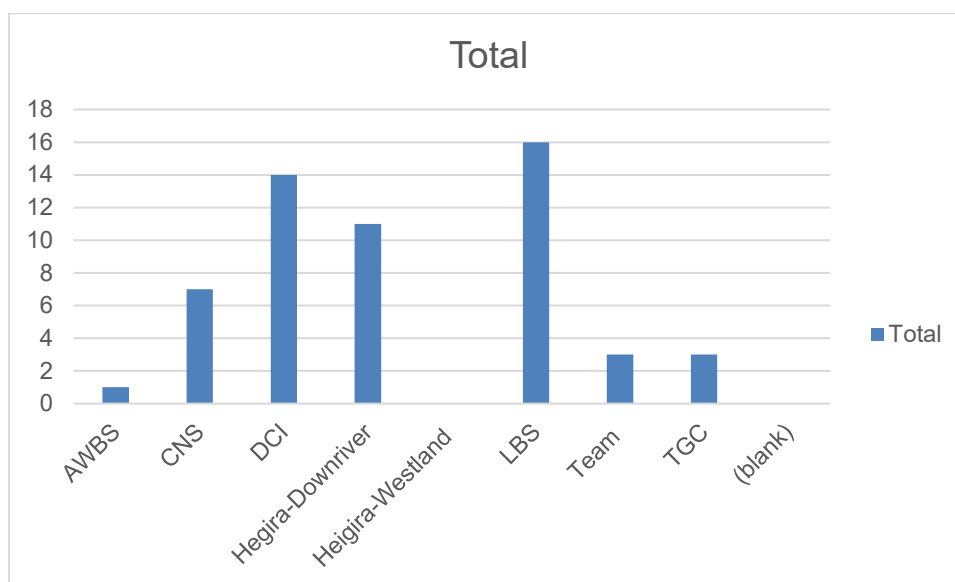
### Assertive Community Treatment/ Med Drop Clinical Specialist

Clinical Specialist monitored ACT program admissions and discharges of Lincoln Behavioral Services, Hegira- Westland, Hegira- Downriver, All Well Being Service, Central City Integrated Health, Development Centers, Team Wellness Center, and The Guidance Center. This includes the appropriateness of the level of care determinations and technical assistance to ensure program eligibility requirements were met.

Clinical Specialist facilitated the monthly ACT forum where topics discussed were LOCUS, PHQ-9 updates, hospital recidivism, pre-admission review (PAR) completion, ways to engage members, and coordination of care by staff while the member is in the hospital as well as provider discussion, feedback and questions/concerns were discussed. CPI also provided, technical assistance to All Well Being Services and Team Wellness, surrounding 2022 ACT fidelity review.

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

Adult Initiatives also met with Med Drop for a monthly follow up meeting, where it was noted that there are currently 55 members enrolled and 8 referrals received; AWBS = 1; (Hegira-Downriver) = 11; CNS = 7; DCI = 14; Hegira- Westland = 0; LBS= 16; TGC = 3; Team Wellness= 3. Please see report attached.



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

DWIHN monitors network providers PHQ-9 performance at intake and at the 90 day follow up period. Compliance is completing both at intake and 90 day follow up with at least 95% completion rate for members with a depression inventory score of 10 or higher. For the month of January 2023, at intake, it is currently 99.2% for the month; February data is not available at this time. For the follow up completion within 90 days, for the month of February 2023, it is currently 81.7% completion.

- Meeting with Diana NCQA Consultant regarding guidance for look-back period write-up.

### **Outcome Improvement Committee**

Adult Initiatives meets twice a month with Clinically Responsible Service Providers (CRSP) to discuss members that are high risk, recidivistic and are considered challenging. Adult Initiatives Team and providers discuss ideas, suggestions and treatment modalities that may improve members experience and outcomes. There are currently 52 members being monitored by this committee and outcomes being measured.

### **High-Priority Committee**

The High-Priority Committee was developed as an internal DWIHN committee that meets monthly to discuss urgent cases that should not be delayed. Departments within DWIHN that participate with this committee include, Quality, Crisis, Sentinel Event Committee, Substance Use, Children's Initiative, Adults Initiatives, Utilization Management and Intellectual Developmental Disabilities. There are currently two adults with co-occurring, two adults with Intellectual developmental disability (I-DD), five adults that are NGRI, two children with severe emotional disturbance (SED) and three children with I-DD.

### **Adult Initiatives Case Review**

Adult Initiatives team met with two providers, Team Wellness and The Guidance Center to discuss two at risk members. Following this meeting and discussion, the provider was able to assist a member who had recently relapsed to get in residential substance use treatment and begin working on his recovery. Another member was assisted with medication adherence concerns, by making a referral for MedDrop who will assist this member with daily medication management.

The Adult Initiatives Team is scheduled to meet with Team Wellness and The Guidance Center on 2/27/23, to discuss concerns relating to monitoring their NGRI cases.

The Adult Initiatives Team is also scheduled with four providers for an in-person meeting to gain a better understanding of their programs, their team and staff as well as improve a partnership with the CRSP. The goal for Adult Initiatives is to meet in person with each of the 27 CRSP.

### **Evidence Based Supported Employment/Individual Placement and Support**

During this reporting period, there were: (262) referrals, (173) admissions, (108) obtained competitive employment with an average hourly wage of (\$14.25). Of the (108) individuals who obtained competitive employment, (15) were returning citizens. Individuals served were employed in a variety of jobs/positions: Day Care Worker, Hilo Driver, Cashier, Teacher, Driver, Pharmacy Technician, Warehouse Worker, Food Service Worker, Machine Operator, Babysitter, Assembly Worker, Waiter, Retail and Customer Service Associate, and Car Porter. Twenty-nine (29)

individuals transitioned from EBSE services to a lower level of care after successfully completing their employment goals.

Monthly meetings were held with EBSE/IPS providers to provide EBSE/IPS practice updates, address service delivery issues/concerns as well as technical assistance and training on fidelity standards.

Adult Initiatives is also scheduled to meet in person with two individuals from Department of Health and Human Services who over-see and monitor Supported Employment for the State. The purpose is to improve knowledge, collaboration and partnerships.

### *Internal Updates*

Adult Initiatives has participated in several interviews with four open positions for Clinical Specialist positions. Denequa Mixon was hired and started on 2/6/23. Jasmine Smith has accepted the offer for employment and is scheduled to start March 6, 2023. Human Resources will re-post the position for additional candidates to interview.

### **Other activities completed by the Adult Initiatives/ Clinical Practice Improvement Department:**

- Participated in program compliance meeting
- Participated in SEC/PRC Committee
- Attended DWIHN CRSP Provider meeting
- Participated in consultation with AWBS member
- Participated in ACT fidelity review technical assistance
- Participated in IPLT monthly internal meeting
- Participated in Recidivism internal meeting
- Participated in PHQ-9 updates with internal staff
- Participated in IPOS Policy updates
- Participated in OIC internal/external meeting.
- Participated in Quality Operation Technical Advisory Workgroup
- Participated in COPE BIWEEKLY follow up meetings.
- Participated in Med drop update meeting (internal)
- Participated in SUG overhaul report
- Facilitated Monthly ACT forums with 8 ACT providers.
- Facilitated monthly meetings with Genoa Health coordinator.
- Participated in Quality Operation Technical Advisory Workgroup (QOTAW)
- Facilitated a follow up monthly meeting with all pilot program providers for Med Drop Hegira, Lincoln Behavior Services, CNS, Team Wellness and Development Centers, All Well Being Service and The Guidance Center. Topics discussed were ways to increase admissions, strengths, barriers, referral process, and recommendations for providers with regards to presenting the program to members, authorization issues and any other concerns. Facilitated open dialogue with providers regarding what is working well and what areas need improvement.

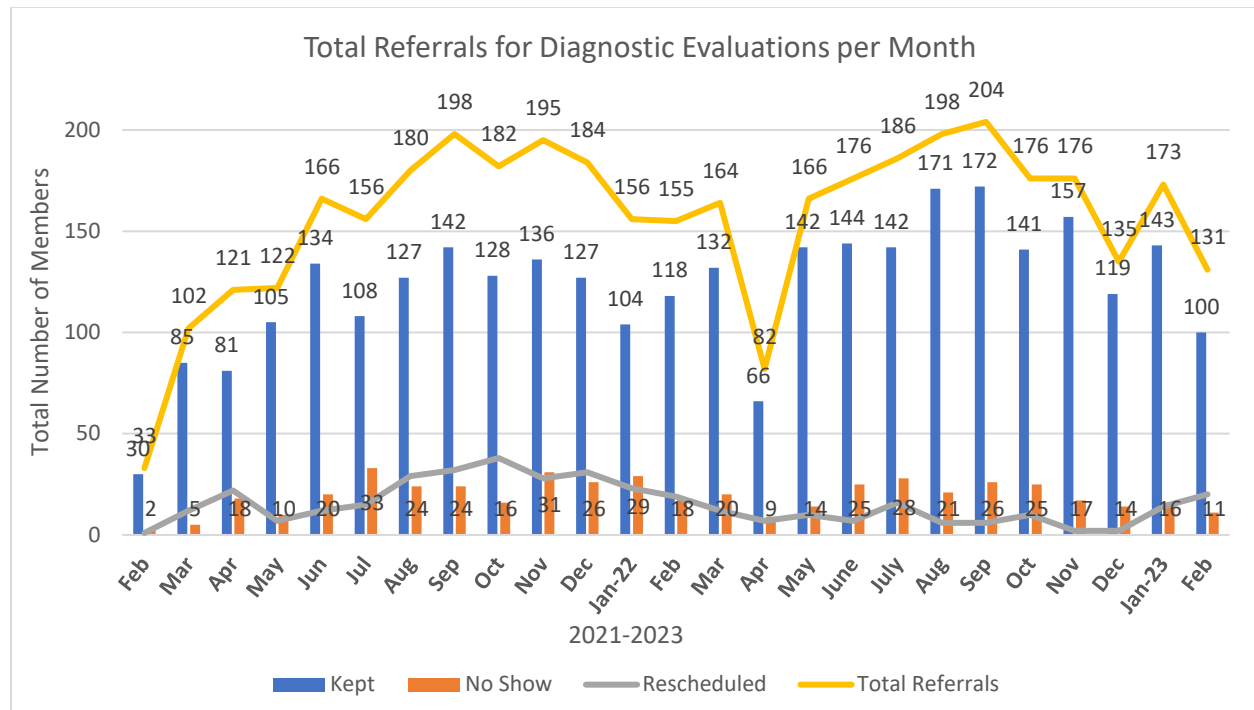
## Autism Spectrum Disorder Benefit February 2023 Monthly Report

### Enrolled in ASD Benefit

Total open cases for the month of February are 2,759 members which is an increase of 31 members from January to February (data pulled on 2/23/2023).

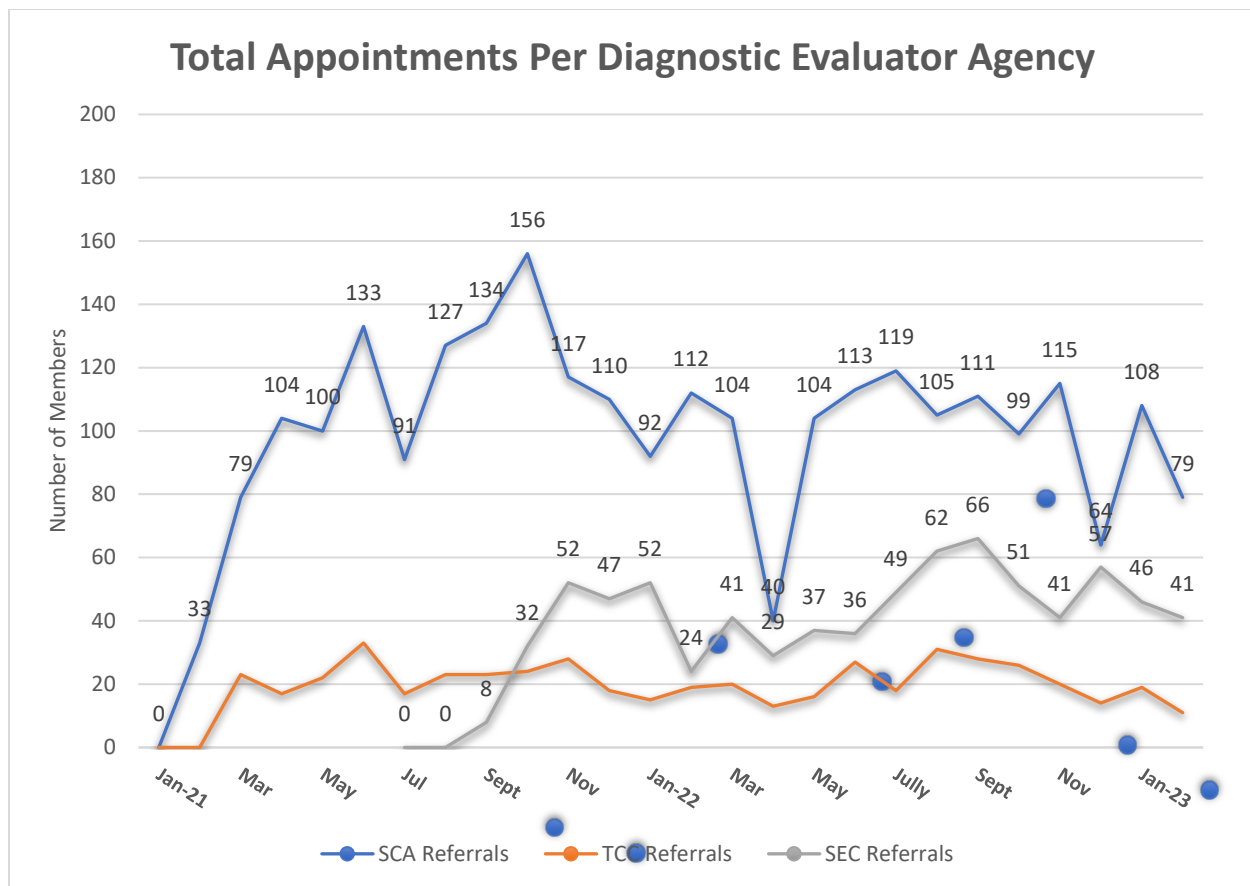
### Summary of Initial Diagnostic Evaluations

Data below is from the three Diagnostic Evaluators; Social Care Administrator (SCA), The Children's Center (TCC), and Sprout Evaluation Center (SEC). The total number of referrals scheduled by the Access Call Center was 131. Of those scheduled referrals, 100 appointments were kept. Of the 100 appointments kept, 12 members were found not eligible (non-spectrum) for the Autism Benefit. The other 88 members were diagnosed with autism spectrum disorder (ASD) and found eligible for services under the Autism Benefit.



### Individual Data Points for Diagnostic Evaluators:

The below graph represents all three Diagnostic Evaluator's total appointments that were kept from January 2021 to February 2023. Social Care Administration (63) appointments, The Children's Center (12) appointments, and Sprout Evaluation Center reports (45) appointments.



#### Autism Department Updates

- An addendum to the RFQ was posted on 02/01/2023 on [www.bidnetdirect.com](http://www.bidnetdirect.com) under DWIHN, 2023-005 Outpatient MH Providers to Provide Applied Behavior Analysis (ABA) Services.
- Following the ABA providers feedback in January, a peer workgroup comprising both diagnostic evaluators, intake specialist, behavior analysts was established to target barriers with the MHWIN Intake calendar.
- The Autism Department and Customer Service Department consulted on 9 appeal cases requesting second opinions following a diagnosis of non-spectrum. Variability within reporting and direction internally with DWIHN created an opportunity to train both the Access Call Center and Diagnostic Evaluator Agencies.
- The Customer Service Department updated the policy Second Opinion Procedure which will be presented to the ABA providers on 2/27/23.
- The Autism Department provided educational videos and 10 hours of direct training across February to all Access Call Center Clinicians focusing on Autism Benefit tracking documentation.
- The Autism Department has begun meeting internally to develop a risk benefit matrix to collect data to support the network.
- The ASD Department provided direction to the I/DD Support Coordinating agencies on identified barriers to individuals accessing the Autism Benefit. The ASD Dept provided support to the ABA providers in accessing charts in MH-WIN, uploading necessary documentation, and connecting members diagnosed with Autism.
- The Autism Department had an opportunity to speak with a reporter from TODAY magazine about the Autism Spectrum Disorder and how to access DWIHN for Autism Services.
- MDHHS provided an official memo indicating the Autism Benefit will no longer require entry into the Waiver Support Application effective March 21, 2023. A U5 modifier will be added for billing code 97151 to track the Behavioral Assessment.

#### Diagnostic Evaluators Update(s)

- The Autism Department met with all three Diagnostic Evaluators to review best practice guidelines and areas that will be under quality review for fiscal year 2023.
- The Autism Department provided oversight and direction regarding expectations that providers review historical information accurately in the medical record.

#### ABA Provider Update(s)

- The Autism Department met with all ABA Providers to review best practice guidelines and areas of quality review for fiscal year 2023.
- The following ABA providers have added additional sites to increase capacity: Acorn Health, Attendant Care, Metro EHS.
- The ASD Dept. provided a Mental Health flyer on an upcoming public event focus on exploring careers in mental health and academic pathways at Wayne State University.
- The ABA Providers report reliable transportation for families is an ongoing barrier to the program resulting in families discharging due reliable transportation. DWIHN-ASD Dept. will work with providers to explore opportunities to reduce this barrier.
- Chitter Chatter is organizing social skills group with a specified curriculum for the group. Additionally, they are developing an Eating and Feeding committee, including BCBA representatives, with Occupational Therapy (OT) and Speech and Language Pathology Therapy (SLT) to assist. Case review will be done on a case-by-case basis to assist any clients or families that are struggling with this area.

## Integrated Health Care Department

### Monthly Report

February 27, 2023

#### Collaboration with Community Partners

During the month of February IHC did not have any community collaborations.

#### Quality Improvement Plans

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

During the month of February, the HEDIS scorecard was reviewed at the CRSP monthly meeting and in individual meetings with 8 CRSP, FUH data was also shared. IHC created an educational presentation on HEDIS measures and definitions for CRSP medical directors and there is a place on the DWIHN website under Provider Resources for HEDIS.

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

Measure	Measure Name	Eligible	Total Com	Non Com	HP Goal	Year to Da
AMM	Antidepressant Medication Management Acute phase	2601	880	1721	77.32	38.66
AMM	Antidepressant Medication Management Continuation Phase	2601	235	2366	63.41	9.03
FUH	Follow-Up After Hospitalization for Mental Illness Adults	6698	3258	3440	58	48.64
FUH	Follow-Up After Hospitalization for Mental Illness Children	618	410	208	70	66.34
SAA	Adherence to Antipsychotic Medications for Individuals With Schizophrenia or Bipolar Disorder	952	324	628	85.09	34.03
SSD	Diabetes Screening for People With Schizophrenia or Bipolar Disorder	1723	1235	488	86.36	71.68

#### Population Health Management and Data Analytics Tool

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

#### Integrated Health Pilot Projects

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

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

Health Plan 1 and DWIHN met on December 12 with Health Plan 1 to train on the new shared platform. Health Plan 1 agreed that the shared platform will be helpful with care management.



The platform is being be used to find members who need more services and follow up. Health Plan 1 has created a statement of work and it was approved by the legal department and signed by the CEO. DWIHN is waiting for the return of the SOW. DWIHN and IHC meet monthly for care coordination. During February's meeting DWIHN and Health Plan 1 discussed the use of the shared platform and how it is working. Both teams agreed it is helpful with pulling more data on members in one platform. Four (4) members were discussed with gaps in care.

### **Health Plan 2:**

Care Coordination with Health Plan 2 was initiated in September 2020, these meetings occur monthly. Health Plan 2 had 5 members identified of having gaps in care with partial compliance. Intervention were assisting Plan to connect for HRA/Physical Health Care and FUH post follow up

Health Plan 2 has decided that the shared platform has a benefit and IHC Director, DWIHN IT and Health Plan 2 have reviewed the platform in January. The platform was used in February care coordination meeting to obtain more members to coordinate.

### **Health Plan 3:**

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

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

DWIHN IT and PCE are developing a database so that the number of members can be tracked. Baseline data is complete and will be tracked monthly. Baseline data will be done by March.

### **MI Health Link Demonstration**

IHC department under the MI Health Link Program received total of **427** request for level II in the month of February 2022 from the following ICO organizations below: Pending = not processed yet, Voided = Member was unable to reach, referred in error, or declined assessment, or declined BH services, Active= Level II was sent to ICO.

ICO	Active	Pending	Voided	Totally by ICO
Aetna	0	6	0	38
Amerihealth	0	20	0	20
HAP	1	1	1	3
Meridian	2	3	10	15
Molina	51	176	124	351
<b>TOTAL</b>	<b>54</b>	<b>227</b>	<b>146</b>	<b>427</b>

**Voided referrals reasons are as follows:**

	Member Declined Assessment	Member Declined Services	Member not available before deadline	Referrals in error	Unable to reach
Aetna	0	6	0	0	5
Amerihealth	0	0	0	0	0
HAP	0	0	0	0	1
Meridian	0	2	0	0	8
Molina	0	28	6	18	72
<b>Total</b>	<b>0</b>	<b>36</b>	<b>6</b>	<b>18</b>	<b>86</b>

**Comparison Data for Voided Referrals:**

	Number of Voided Referrals	Member Declined Assessment	Member Declined Services	Member not available before deadline	Referrals in error	Unable to reach
January 2022	180	3	120	5	7	45
February 2022	177	2	81	8	25	61
March 2022	153	3	93	3	7	47
April 2022	241	3	48	2	6	28
May 2022	105	3	57	4	11	33
June 2022	66	1	801	16	2	66
July 2022	138	1	71	8	12	46
August 2022	219	7	91	10	18	93
September 2022	162	2	38	12	8	102
October 2022	201	0	77	28	19	77
November 2022	193	0	80	14	9	90

December 2022	165	0	63	6	12	84
January 2023	223	34	45	11	31	102
<b>February 2023</b>	<b>146</b>	<b>0</b>	<b>36</b>	<b>6</b>	<b>18</b>	<b>86</b>

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

\*\*ICO Meridian is still unable to receive level II responses through the Care Bridge, referrals are logged in MH WIN and manually processed by sending to Meridian through secure email documents have not been received to share internally with DWIHN. Meridian level II responses are manually closed including void responses as update to MHWIN system during this reporting period allows for manual close option.

ICO Aetna had a system issue where 27 referral responses are delayed in sending to ICO due to system issue dates from 2/13/23 to current.

ICO Molina is requesting level II report to be sent manually through secure email for tracking. This process has continued and is completed biweekly. ICO Molina had approx. 60 level II responses delayed in submission due to issues with MH HIN which were resolved by 2/24/2023.

There were **32** 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 **8** individuals who have been identified to have a gap in services. **1** case where members attended outpatient appointments due to connecting with IHC Care Coordination team. This is a combined effort between IHC staff and the ICOs.

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

<b>AET</b>	<b>5</b>	<b>A, B</b>	<b>A, C</b>	<b>0</b>	<b>0</b>
<b>Amerihealth</b>	<b>3</b>	<b>A, B,</b>	<b>A, C</b>	<b>0</b>	<b>1</b>
<b>Meridian</b>	<b>3</b>	<b>A, C</b>	<b>A, C</b>	<b>0</b>	<b>0</b>
<b>Molina</b>	<b>6</b>	<b>A, C</b>	<b>A</b>	<b>0</b>	<b>1</b>

### Special Care Coordination Project

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

### 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 **39** individuals in February. 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.

<b>MHP Plan Name</b>	<b>Number of members w/Gaps in care</b>	<b>Type of Gap: A. Non/Partial Compliance B. Assisting Plan to connect for HRA/Physical Health Care C. FUH post follow up</b>	<b>What Were Interventions: A. Coordinate and Outreach to BHCSP. B. Coordinate w/ICO for transportation. C. Outreach to members</b>	<b>Number of cases to refer to Complex Case Management</b>	<b>Total Number of Successful Outcomes</b>
<b>AET</b>	<b>5</b>	<b>A,B,C</b>	<b>A,C</b>	<b>2</b>	<b>0</b>
<b>BCC</b>	<b>5</b>	<b>A,b,C</b>	<b>A,B,C</b>	<b>0</b>	<b>2</b>
<b>HAP</b>	<b>5</b>	<b>A,B,C</b>	<b>A,C</b>	<b>0</b>	<b>0</b>
<b>McLaren</b>	<b>3</b>	<b>A,B,C</b>	<b>A,C</b>	<b>1</b>	<b>0</b>
<b>Meridian</b>	<b>5</b>	<b>A,B,C</b>	<b>A,C</b>	<b>2</b>	<b>1</b>
<b>Molina</b>	<b>3</b>	<b>A,B,C</b>	<b>A,C</b>	<b>0</b>	<b>1</b>
<b>Priority</b>	<b>9</b>	<b>A,B,C</b>	<b>A,B,C,D</b>	<b>1</b>	<b>3</b>
<b>United</b>	<b>4</b>	<b>A,B,C</b>	<b>A,C</b>	<b>0</b>	<b>2</b>

In February **451** members admitted and discharged of those 269 are still inpatient. Forty-nine (**49**) cases where members attended outpatient appointments due to connecting with IHC Care Coordination team.

Medicaid Health Plan (total) FUH	How many correspondences did DWIHN send out to CRSP or Health Plan	How many kept appt.	Number of cases referred to Complex Case Management
Priority	14	8	1
BCC	34	22	0
Aetna	10	2	0
HAP	1	1	0
McLaren	2	0	0
Meridian	21	12	2
Molina	1	1	0
UHC	8	3	0

**FUA:**

There was a total **70** FUA members presented at an ED for the month of February of those cases. **33** cases were fee for service Medicaid no plan attached of the cases **28** were open to DWIHN and **2** kept the appointment.

Medicaid Health Plan (total)	How many open DWIHN	How many made aftercare appt.	How many were sent to health plan	How many did the health plan indicate will attempt to be reach	How many were attempted to reach	How many appr kept
Priority	1	0	0	0	0	0
BCC	11	7	4	0	3	1
Aetna	2	2	0	0	0	0
HAP	2	2	0	0	0	0
McLaren	2	2	0	0	0	0
Meridian	8	5	1	0	0	0

<b>Molina</b>	<b>8</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>1</b>
<b>UHC</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Fee for Service</b>	<b>34</b>	<b>4</b>	<b>n/a</b>	<b>n/a</b>	<b>3</b>	<b>0</b>
<b>Total</b>	<b>70</b>	<b>28</b>	<b>8</b>	<b>0</b>	<b>11</b>	<b>2</b>

### **Audits**

- ICO Molina has placed DWIHN on POC for timeliness of referral responses, provider directory, credentialing, and UM member & provider notification of authorization decision. POC is due Feb 1, 2023. POC has been returned and requested additional information due back to ICO Molina by 2/28/2023.
- IHC department has met with Access department to inform the importance of MMP/MHL referral que to be addressed approx. 227 referrals awaiting processing.
- ICO Meridian has requested policies and procedures for review awaiting determination. No updates have been provided regarding this delegation request.
- ICO Aetna requested additional policies and procedures for review for 2021/2022 desk audit. Data has been submitted no additional information has been requested, no updates. ICO Aetna has requested during this reporting period for any letter material for the demo to include a cover letter that Aetna has provided DWIHN.
- ICO Amerihealth has requested policies and procedures for review awaiting determination. ICO Amerihealth has requested data validation audit awaiting date range.
- During this reporting period DWIHN has templates available for review to ICOs.
- There were 2 closures that were reported to ICOs to insure compliance with program for members residing in residential settings with ICO Molina.
- During this reporting period encounter reports were shared with the department for oversight or correction, still being reviewed to determine barriers to reporting.
- ICO Meridian has requested cost settling meeting for this reporting month for the CY2019, 2020, 2021, and 2022. IHC and Finance will review data internally along with verifying contract language to determine if cost settling is appropriate at this time as contract indicated completion in CY2019. Finance will reevaluate rates for services to determine if current with todays standards of Medicare service fees. DWIHN has not

resolved cost settlements but has confirmed CEO address for Quality Withhold notifications that will be sent to DWIHN before the end of this reporting period for CY2020, CY 2021. No update for this currently. ICO Meridian has requested annual delegation audit and information is being gathered from respective departments. ICO Meridian was submitted via secure email documents for this audit awaiting results. No updates during this reporting period.

### **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 February 2023, there are currently **13** active cases, **7** new case opened, **3** case closures, and no pending cases. One (**1**) cases were closed due to meeting treatment goals and one (**1**) for being unable to reach.

Care Coordination services were provided to **26** additional members in February who either declined or did not meet eligibility for CCM services.

Follow up after hospitalization was completed with **80** consumers to help identify needs and **0** individuals who had hospital recidivism. Thirteen (**13**) attended their FUH appointment, **6** were reached and coordinated of care was completed and **0** were engaged in CCM.

Complex Case Management staff have been working to identify additional referral opportunities. IHC completed **31** presentations for DWIHN CRSPs and at Provider Meetings: CLS, Team Wellness, Lincoln Behavioral Services, Development Center, Guidance Center, Wayne Center, Social Security Administration, Michigan Guardian Services, Roderick Bingham Guardian, Beginning Step, Havenwyck, St. Mary's Hospital, Henry Ford Kingswood, Henry Ford Wyandotte, Pontiac General, Samaritan, Beaumont Taylor, Hawthorne.

### **EMS Friendly Faces:**

DWIHN had **0** on the EMS lists for February 2023.

### **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. This contract will be ending March 31,2023 and DWIHN will not be renewing. DWIHN will provide the PASRR screenings for the OBRA contract starting April 1, 2023.

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. NSO has not sent in their monthly report since being informed of the end of the contract.

Congruence rate between OAS recommendations and MDHHS determinations for the month of December 98% 2022.

21/87 (24%) pended in **December 2022**. Reasons include: Psychosocial Issue 4, Nursing Issue 2, Spelling and Grammar 2,

Clerical 4, 3877/3878 or No SPMI Letters 1, Coordinator 4, Other 1, Too Old 6, and Dx Formulation Issue 1

20/105 (19%) pended in **November 2022**. Reasons include: Psychosocial Issue 5, Nursing Issue 1, Diagnostic Issue 2, Spelling and Grammar 4, 3877/3878 or No SPMI Letters 2, Coordinator 4, and Other 2.

11/91 (12%) pended in **October 2022**. Reasons include: Psychosocial Issue 2, Nursing Issue 1, Spelling and Grammar 3, Recommendations 1, Coordinator 2, Other 1, and Presenting Problem 1.

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

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

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

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

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

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

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

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

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

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

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



Detroit Wayne Integrated Health Network (DWIHN)  
January 2023 - February 2023  
Contract Management --Managed Care Operations (MCO)

## **Monthly Report**

### **MCO Mission:**

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

### **MCO Departmental Standards**

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

### **MCO Operations:**

- Department consists of 2 units, Contracting and Credentialing
- 21 staff members

There are 21 staff employees in the department and 10 are which consist of Provider Network Managers and Credentialing Specialist. MCO provides oversight in credentialing and managing approximately 356 contracted providers (excluding 51 SUD contracts which are managed in the SUD division) for outpatient, inpatient, residential, specialty programs with approximately 1,084 homes licensed (534) and unlicensed (550). This oversight also includes the responsibility for managing the HUD Housing Contracts, Supported Employment, Michigan Rehabilitation Services Contract and five. The DWIHN Provider Network is comprised of a comprehensive network of providers that improve the quality of life for all of our members.

Note appointment of Director of Contract Management, Brandon Taylor as of February 20, 2023

### **FY 22/23 Contracts**

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



## Board Actions

BA 23-07, FY 22-23, Provider Network System, was revised to add to 2 new residential providers; Slim Haven and Grandma's House. BA 23 -07 R was approved by PCC on February 8, 2023 and DWIHN Board on February 15, 2023.

## Credentialing/Re-Credentialing

Description	AS of February of 2023
Practitioner Credentialing Applications	4045
Facility Credentialing Applications	347
Files in VRC	2350
Practitioners Approved Files	2634
Facility Approved Files	166

## New Providers Changes to the Network /Provider Challenges:

- Providers continue to be challenged with staffing shortages
- DWIHN's CRSP Meetings and Access Committee closely monitors impact of staffing shortages and works with providers to develop strategies to address.
- DWIHN has an Onboarding Process to facilitate the evaluation and vetting of new providers
- RFPs are used as a strategy to recruit providers/programs in significant shortage

## Merger/Closures Data:

- 2 provider closures during month of February
  - 1 licensed residential home
  - 1 unlicensed residential home

## Service Availability Challenges/Network Initiatives

- The most common challenge faced by providers is the staffing shortage crisis impacting providers, resulting in long wait times, downsizing, home/service/program closures.
- The following network initiatives remain in place to address network challenges:
  - Training and educating providers
    - Increasing our standardized rate by 5% for FY23
    - Issuing 4 payment incentives for FY22 and retention payments to the network to assist providers with retaining staff due to the staff shortage.
    - Advocating at the State level to reduce the overburden reporting requirement.
    - Seeking opportunities to automate and streamline process/procedures



- Meeting with providers to understand their needs and find solutions to the needs

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

Individual meetings are held with Clinically Responsible Service Providers (CRSP) regarding the performance indicators most providers continue to experience staff shortages in the intake department for new intakes as well as ongoing services they provide

### **Housing and HUD Program**

- Weekly meetings with Continuum of Care Board (COC), to discuss HUD/Homeless projects.
- Bi-monthly Homeless Action Network of Detroit (HAND) Meeting
- As Scheduled - Coordinates Assessment Model (CAM) Transition Meeting
- Monthly -Detroit Continuum of Care

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

- MCO manages providers' information requests and request for issues resolution submitted by phone line and/or email.
- Procedure in place to address information requests and issues resolution within 1 business day.

February 2023 Provider Inquires via Email & Provider Relations Help Line	
PIHP Email Inquiries	25
Provider Relations Help Line	18

### **New Provider /New Programs:**

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

### **Provider and Practitioner Survey 2022**

- Provider and Practitioner surveys conducted annually to assess providers experience with DWIHN.
- Provider Survey administered January 2023
- Practitioner Survey will be administered March 2023



## Provider Meetings and Trainings Meetings

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

## New Initiatives

### DWPHN Risk Matrix

- The DWPHN Risk Matrix is a proactive tool designed to analyze the strengths and risks of providers in the DWPHN Provider Network.
- Internal meetings held monthly
- Each provider have identified users of the tool

## High Priority Initiatives

- Supporting DWPHNs Mission, Vision and Strategic Pillars/Initiatives
- Streamlining Onboarding Process
- Imbedding MDHHS, NCQA and ICO standards in MCO departmental operations
- Access Committee Meetings are held monthly to discuss and develop strategies to address network adequacy and provider gaps in services.

***Submitted by Sharon Matthews, Interim Director/Contract Management 2/28/23***



# Detroit Wayne Integrated Health Network Residential Services Department

## Department Monthly Report: February 2023

Report Date Range: 1/30/2023-2/24/2023

### DWHN Members Serviced in Residential Settings **1,003**

Licensed Settings	497
Unlicensed Settings	506

### Residential Referrals

**259**

HOSPITAL	121
CRSP	100
ED	15
NURSING HOME/SNF	6
COPE	4
IN-HOME ASSESSMENT REVIEW	5
CRU   CSU	4
AGE-OUT (DHHS)	2
CONSUMER RELOCATION	1
OUT OF COUNTY	1

### Unit Metrics

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

**259**

- Completed same day 215
- Next business day | After management review for assignment 43

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

**259**

- Completed within 1-2 days 204
- 3-5 days 41
- 6 or more days 13

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

**259**

- No assessments need (Brokering Only, Cancelled/Redirected after assigned) 111
- Completed within 1-5 days 41
- 6-10 days 26
- 11 or more days 21
- Assessments appointments scheduled after 2/17/23 58

### Metric Barrier Trends

- Cancellation/rescinded/redirected requests by the referring agent after case assignment date or after First Contact [i.e., nursing home needed, SUD services or program, returning to family home refusing specialized services.].
- CRSP response time from First Contact to request for appointment with the referring agent, member, guardian and/or current residential provider to assure member's availability to attend.

- Members inpatient or in the ED may not be clinically stable enough to speak with RCS complete needed assessment.

## Service Authorizations

<b>Authorizations Processed</b>	<b>754</b>
Approved within 14 Days	638
Approved after 14 Days	116
○ Interim IPOS Completed by DWIHN Auth Team	30
○ Requests Submitted Residential Care Specialists	179
○ Requests Processed Through MHWIN Queues	570

## State Hospitals

	Walter Reuther	Caro	Kalamazoo	Forensic Psychiatry
<b># of Carry Overs (prior to 1/30/23)</b>	<b>12</b>	<b>0</b>	<b>1</b>	<b>0</b>
New Referrals Received	1	0	0	1
# Members Placed	5	0	0	0
Pending Discharges (awaiting community placement)	7	0	1	1
<b>Prospective Discharge Locations:</b>				
MCTP Program	0	0	0	1
Out-of-County	3	0	0	0
Community	4	0	1	0

### Placement Barriers

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

## Residential Facility Closures

<b>Carried Over prior to 1/30/2023</b>	<b>7</b>
<b>TOTAL # of Closure Notifications: February 2023</b>	<b>1</b>
Requests ON-GOING (4)	4
Completion of Facility Closures	4
<b>Members Relocated under Alternate DWIHN Providers</b>	
NOTIFICATION TYPE MCO Notifications   Sanctions	5
APS Complaint	2
CRSP Notifications   Recipient Rights Complaint	1
Provider Notifications	1



## Member Discharges Notifications

<i>30-DAY DISCHARGES carried over prior to 1/30/23</i>	<b>5</b>
<b>Notifications Received: February 2023</b>	<b>9</b>
30-Day Discharges <b>COMPLETED</b> within 30-days	2
<i>Rescinded 30-Day Discharges</i>	<b>1</b>
<b>Discharges in Progress</b>	<b>11</b>
Average timeliness of 30-day discharge closure:	
	<b>14.3 days</b>

<i>EMERGENT DISCHARGES carried over prior to 1/30/23</i>	<b>2</b>
<b>Notifications Received: February 2023</b>	<b>7</b>
Emergency Discharges <b>COMPLETED</b>	6
<i>Rescinded Emergency Discharges</i>	<b>0</b>
<b>Discharges in Progress</b>	<b>3</b>
Average timeliness of emergent discharge closure:	
	<b>7.5 days</b>

## COVID-19

<b># of COVID-19 Positive Cases: 1/30/23 – 0/24/22</b>	<b>0</b>
AMI 0	
IDD 0	
<b>Related Death Cases: 1/30/23 – 0/24/22*</b>	<b>0</b>
AMI 0	
IDD 0	
<b>DCW Staff COVID-19 Positive cases</b>	<b>0</b>

*\*No reported deaths since February 2022*

## COVID-19 Vaccination & Boosters\*

<b>Licensed Facilities</b>	<b>TOTALS</b>
AMI 424	<b>649</b>
IDD 225	

- # of Members NO LONGER in the Facility (since initial vaccine reporting) 96
- Initially REFUSED Vaccine; Changed Mind 29
- Member is NEW ADMISSION into DWIHN and/or Facility 17

<b>Unlicensed Facilities</b>	<b>TOTALS</b>
AMI 48	<b>93</b>
IDD 45	

- # of Members NO LONGER in the Facility (since initial vaccine reporting) 57
- Initially REFUSED Vaccine; Changed Mind 24
- Member is NEW ADMISSION into DWIHN and/or Facility 11

*\*No changes since 2022 year-end reporting submission*

## Residential Sponsored Meetings and Trainings

	Meeting Date	# of Meetings	# of Attendees
Pre-placement Providers Meetings	Quarterly	1	58
CRSP (Supervisory)/Residential Mtgs	Monthly	11	43
Standardized Residential Progress Note Trainings	Friday, 2/13/23	2	168
Residential Assessment   Clinical Alignment of Documentation Trainings	Tuesday, 2/8/23	2	86
Service Authorization Trainings	Thursday, 2/2/23	2	17

## Department Goals

### Staffing

- (2) Residential Care Specialists filled new positions.
- Continue to assess department staffing needs based on increased number specialized referral and emergent placement requests

### Members' Services

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

### Facilities

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

# Detroit Wayne Integrated Health Network (DWIHN)



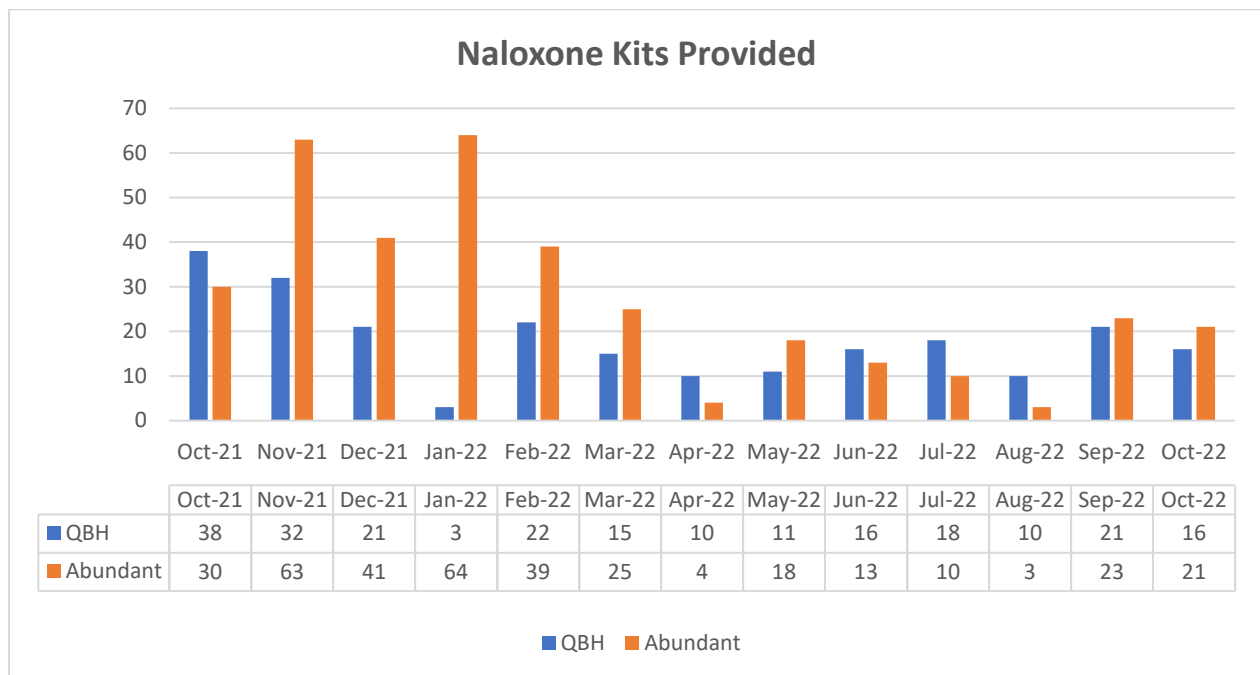
Substance Use Disorders Department Report  
Date: February 2023 Prepared by: Judy Davis  
SUD Director

In 2022, The SUD Department partnered with Wayne State University to customize and distribute Narcan vending machines for free naloxone. This customization included removing the payment mechanism and altering the machine coils to distribute the standard two-kit intranasal naloxone kits. The vending machines hold 300 naloxone "kits" or 150 boxes containing two atomizers for intranasal administration. Through this partnership, the SUD Department worked with the SUD network to offer free Narcan machines, and there are two machines in the SUD Network. The placement of the vending machines in the network is as follows:

Agency	Location	Expected Population
Abundant Community Recovery Services	1650 Oakman, Detroit, MI 48228	Outpatient clients, visitors, friends, families, and the general public
Quality Behavioral Health	6821 Medbury, Detroit, MI 48211	Outpatient clients, visitors, friends, families, and the general public

Targeting specific overdose hotspots in Wayne County, The SUD Department plan to implement a vending machine in Dearborn. Due to this approach, DWIHN will yield more opportunities for vending machine implementation.

As shown below, the average number of naloxone kits increased among the two programs after six months after implementation, and the total number of kits increased in the second year of inception.



For February 2023, we have facilitated Naloxone training for 163 individuals. These training has been provided to agencies such as police departments, providers within our network, and community



## Detroit Wayne Integrated Health Network (DWIHN)

Substance Use Disorders Department Report

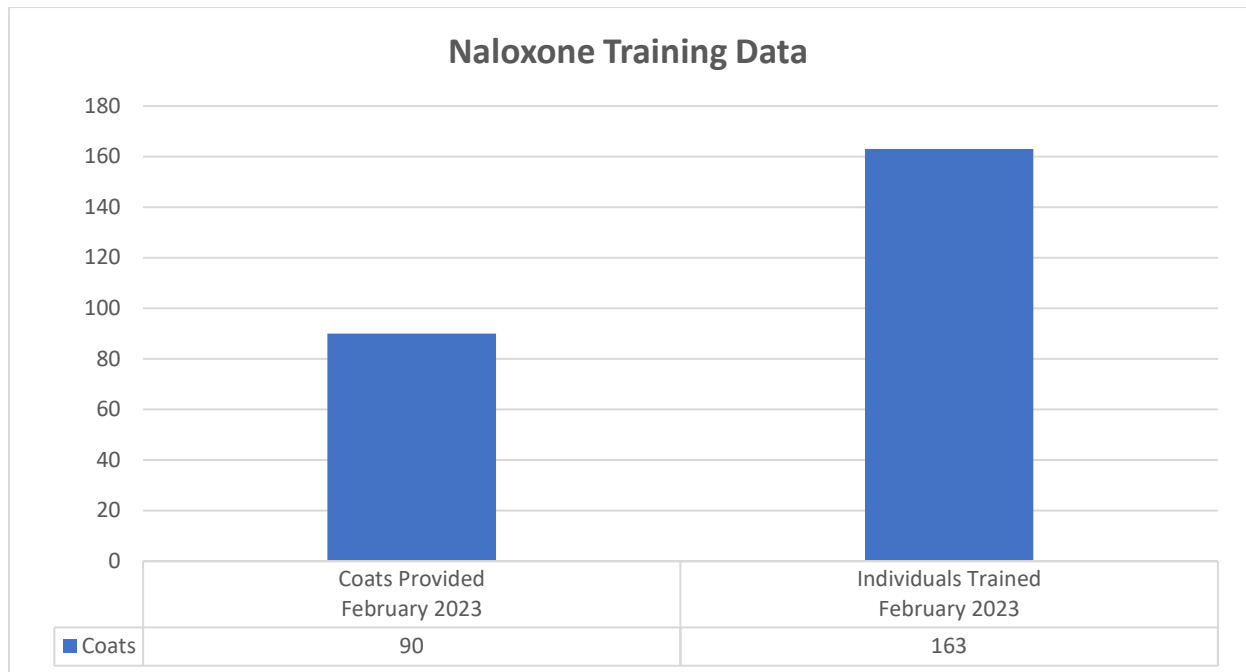
Date: February 2023 Prepared by: Judy Davis

SUD Director

members. In addition, we look to further our outreach to the community by providing Naloxone Trainings through our Barbershop initiative and State Opioid Response program.

We have also distributed 90 sleeping coats to providers, who have been required to submit plans for distributing the sleeping coats to those in need.

### Naloxone Training Data



### **Quarantine Services**

During the COVID-19 pandemic, concerns about access to SUD services grew, including continuing treatment services if a member reported symptoms or tested positive for the virus. As a result, substance use disorder residential treatment providers are likely to experience peaks of COVID-19 in their perspective programs. Residential SUD Treatment Programs servicing individuals positive for COVID-19 may utilize Quarantine Services at 3 locations. The three designated locations are as follows Quality Behavioral Health (35 beds), Detroit Rescue Mission (6 beds), and Abundant Community Recovery Services (8 beds). Members are safely treated in a virtual outpatient program concurrent with recovery housing. In February, we provided services to (13) individuals for quarantine compared to the previous month (4); this shows a slight increase in the number of referrals for February.

### **Michigan Crisis and Access Line (MiCAL)**





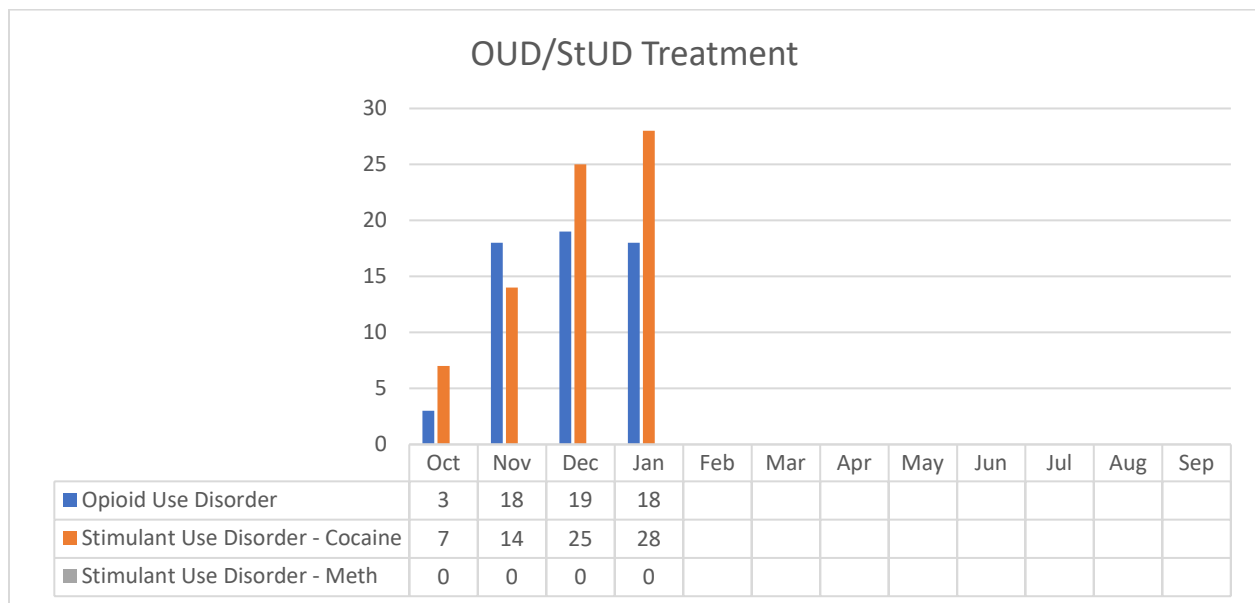
## Detroit Wayne Integrated Health Network (DWIHN)

Substance Use Disorders Department Report

Date: February 2023 Prepared by: Judy Davis

SUD Director

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



### OUD/StUD Treatment

Consumers that are underinsured or uninsured are served by this program.

Additionally, consumers that have exhausted their allotted days for treatment services can be provided services under this program

### Overdose Education and Naloxone Distribution



## Detroit Wayne Integrated Health Network (DWIHN)

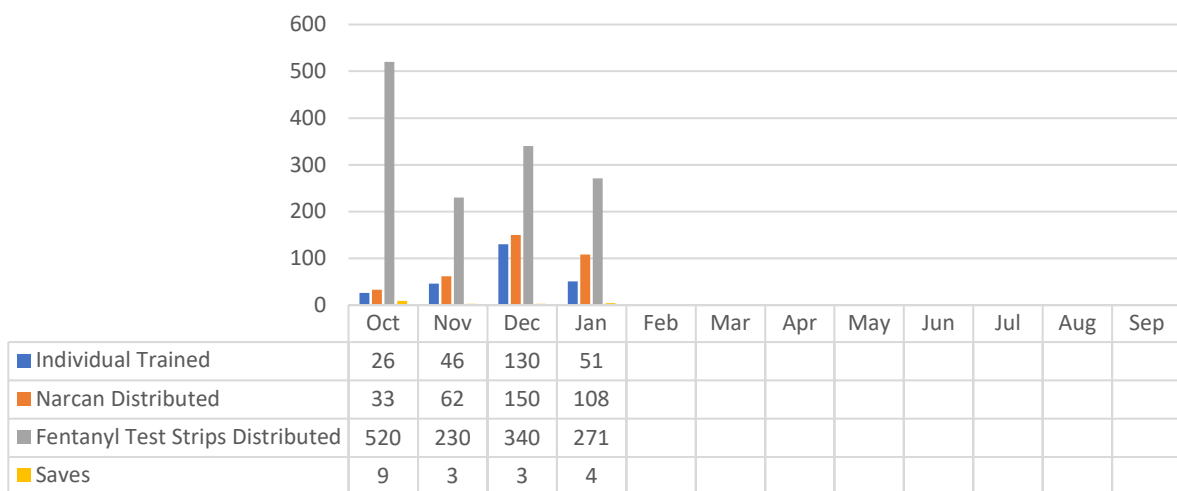
Substance Use Disorders Department Report

Date: February 2023 Prepared by: Judy Davis

SUD Director

Providers are trained to go out to the community to administer naloxone training to our community leaders and members. The services are offered virtually and in person. The providers also offer fentanyl test strips to participants and train the participant on how to use the strips to identify if the substance contains fentanyl.

FY23 SOR III - Overdose Education and Naloxone Distribution with Harm Reduction



We're working closely with our SUD Provider-Partners to ensure FSRs are submitted promptly. During the first quarter, we delivered vital services to thousands of members through our grant-funded programs (COVID-19 and American Rescue Plan Act). Additionally, our policy expertise and public and private technical assistance strengthened the quality of our services and sharpened the FSR process. The SUD Department holds itself to the highest standards of processing FSRs timely and efficient. We adhere to MDHHS standards and other funding agencies. Our Oversight Policy Board members are active and provide fiscal oversight and impeccable Public Act II funds stewardship.

### Financial Status Report

Financial Status Reports are reviewed daily. Regarding Fiscal Year 2022-2023, all Purchase Order Payments must be submitted via Smartsheet. After careful review and approval, the Purchase Order Payments are entered into CobbleStone. To date, 295 Purchase Order Payments have been processed through the FSR Process.

# of FSRs Received via Smartsheet	198
# of FSRs submitted in cobblestone	117
Average time to review FSRs	3

### Financial Status Report (FSR) Allocation by Funding Source



# Detroit Wayne Integrated Health Network (DWIHN)

Substance Use Disorders Department Report

Date: February 2023 Prepared by: Judy Davis

SUD Director

<u>Program</u>	<u>Amount</u>	<u>Percentage</u>
<b>Prevention</b>	<b><u>\$1,319,240.73</u></b>	<b><u>21%</u></b>
<b>Treatment Special Funds</b>	<b><u>\$489,735.33</u></b>	<b><u>26%</u></b>
<b>State Opioid Response (SOR)</b>	<b><u>\$595,292.95</u></b>	<b><u>36%</u></b>
<b>COVID 19 Grant</b>	<b><u>\$504,472.31</u></b>	<b><u>15%</u></b>
<b>American Rescue Plan Act (ARPA)</b>	<b><u>\$42,468.791</u></b>	<b><u>9%</u></b>

## Challenges for FSRs

- The invoice number is different on the invoice and FSR.
- The invoice or FSR is missing from the packet.
- The Purchase Order number is entered on the invoice incorrectly.
- The invoice doesn't clearly describe the goods or services provided.
- The total amount is different on the invoice and FSR.
- The FSR is incomplete. · The monthly report is missing.
- The information on the invoice and monthly report differ from what is reported within the MPDS system. Listed above are some common errors where ongoing technical assistance is provided.

## Prevention Services

DWIH SUD Department manages substance use disorder prevention services under contract with the Michigan Department of Health and Human Services (MDHHS). The service region covers all Wayne County. This report provides an overview of the number of prevention efforts supported through the DWIHN. The period covers the month of February.

Number of Direct services = **406**

Number of Educational materials disbursed = **962**

Number of Groups conducted for SUD prevention= **462**

Number of referrals from prevention = **32**

"





## Detroit Wayne Integrated Health Network (DWIHN)

Substance Use Disorders Department Report  
Date: February 2023 Prepared by: Judy Davis  
SUD Director

### Highlighted Program

The Youth Community Centers is a positive youth program that concentrates on creating an oriented recovery of system of care approach that focuses on creating youth strategies on the dangers of drugs, positive relationships, strengthening academics, and offering youth opportunities to succeed in meaningful ways.

#### Partners:

- Detroit Public Schools
- Wellspring Academy Recovery High School
- Riverview High School
- Detroit Job Corps
- Wyandotte Court
- CNS Healthcare
- Legacy Academy
- Wayne State Pediatrics

#### Enrollment

Numbers are as of January 31, 2023

<b>Youth Enrolled in the Program</b>	<b>67</b>
<b>Still Enrolled</b>	<b>37</b>
<b>Completed/Graduated from the Program</b>	<b>4</b>
<b>Partial Completions</b> <i>(Due to the large percentage of Job Corp students who are removed from Job Corp and unable to complete the DRP program)</i>	<b>33</b>



# DWIHN UTILIZATION MANAGEMENT MONTHLY REPORT

## February 2023

### Executive Summary

- **Autism:** There were approximately 220 authorization requests manually approved during the month of January. The number of authorizations auto-approved is unable to be pulled due to a technical issue that is being resolved. There are currently 2,796 cases open in the benefit. Data for February is also unavailable at this time due to the same technical issue that is being resolved.
- **Habilitation Supports Waiver:** There are 1,084 slots as of 2/24/23. A total of 1,013 slots are filled and 71 are open, for a utilization rate of 93.5%; this reflects a net gain of one additional enrollee after discharges and new enrollments.
- **County of Financial Responsibility:** In the month of January there were two (2) adult review requests. This total does not include committee-reviewed cases deemed non-COFR that were redirected to DWIHN Residential and/or identified as single-case agreements/contract updates. February updates were not yet available at the time of this report.
- **Denials and Appeals:** For the month of February, there were three medical necessity (3) denials and one (1) appeal reported. There were also twenty one (21) inpatient service authorization administrative denials and five (5) pending administrative appeals. Please note this report does not reflect the full month of February.
- **General Fund:** Of the General Fund Exception authorization requests reviewed during February 2023, there were 295 approvals, including 36 for the Guidance Center. There were 11 Administrative Denials. There were 196 Advance Notices for timeline and SUG corrections and for Administrative Denials.
- **MI Health Link:** The reporting format of MI Health Link authorizations reflects the total number of authorizations requests and the amount of each authorization type for the 5 ICOs. There were 49 MI Health Link authorizations received and processed as of 2/27/23. The number of MI Health Link admissions to inpatient, partial and CRU are also included in the Provider Network data.
- **Inpatient Services:** A total of 1,295 admissions including Inpatient, MI Health Link, Partial Hospital and Crisis Residential have been managed by the UM Department between 2/1/23 and 2/25/23.
- **Outpatient Services:** Timeframes of Outpatient Service Authorizations are being examined for possible adjustments in accordance with the feedback being received from providers regarding the ways the approval time frames impact the service delivery to our members. At this time, the UM department is preparing a training to assist CRSP Providers in inputting of authorization requests correctly in order to minimize delays caused by authorizations needing to be sent back to be corrected. Currently, the PowerBI Dashboard indicates that between February 1, 2023 and February 25 2023, there were 1,665 authorizations manually approved by the UM department. This number is reflective of non-SUD, non-residential, non-urgent pre-service authorizations. Of these manually approved authorizations, 99% were approved within 14 days of request.

- **State Facilities:** There were two adult state hospital admissions for the month and 74 NGRI consumers are currently managed in the community. 3 consumers remain on the wait list. There were no new children's state hospital admissions; there are no youth in the admission pool.
- **SUD:** The Power Bi dashboard indicates SUD UM staff approved 813 authorizations between 2/1/23 and 2/27/23. Of these 813 authorizations, 676 or 83.1% were approved within applicable timeframes, 137 or 16.9% were outside of timeframes. This is likely due to some technical programming problems that caused authorizations to not populate appropriately and needing authorization correction. These concerns have since been resolved.
- **Administrative Denials:** During the month of February the SUD team issued 24 administrative denials compared to 20 the previous month.
- **Pre-Admission Review Audits:** During the Month of February, PAR Audits were conducted on PARs completed between January 1 and January 31 of 2023. There were a total of 1,248 PARs completed during that timeframe, and a sampling of 25 (or 2%) were reviewed. The PAR Audit data has not yet been aggregated for purposes of this report but will be added to future reports.

## General Report

### Utilization Management Committee

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

### Autism Spectrum Disorder (ASD) Benefit

There were approximately 220 authorization requests manually approved during the month of January. The number of authorizations auto-approved is unable to be pulled due to a technical issue that is being resolved. There are currently 2,796 cases open in the benefit.

MDHHS has formally announced that moving forward, they will no longer be utilizing the WSA for the ASD Benefit. DWHIN has developed internal reporting to capture the data typically pulled from the WSA (number of referrals and open cases).

There were 110 referrals for the month of January and 106 referrals for the month of December

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

	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept
Manual Approvals	374	332	348	241								
Auto Approvals	174	128	172	130								
Total Approvals	547	460	520	371								

\*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\****

<b>Fiscal Year to Date</b>												
	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept
Open Cases	2550	2628	2666	2745								
Referrals	134	110	106	110								

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

### **Habilitation Supports Waiver**

There are 1,084 slots assigned to the DWIHN. As of 2/24/23 1,013 filled, 71 were open, for a utilization rate of 93.5%.

<b>Monthly HSW Utilization</b>	<b>February 2023</b>
Allocated	1,084
Used	1,013
Available	71
Percent Used	93.5%

Quality and Timeliness are the primary issues. Currently the overall quality of the IPOS' greatly impacts timeliness (reviewing, returning certs, corrections needed). "Training" has been the primary action taken to address audit citations for the past two years. However, unless quality is addressed in a different manner, repeat citations are likely to continue. It should also be noted, HSW Manager only monitors one habilitative goal and does not make recommendations or review IPOS in its entirety. To address timeliness; a clear timeline which includes follow up has been established, 2 additional CRSPs (NSO and WC) will begin entering their recertifications directly into the WSA, tasks for backlog/recertification/future enrollees has been divided. Additional staff are now in place and ongoing discussion regarding quality will be pursued in the upcoming month. The UM and Residential Departments are working collaboratively to develop a process to increase enrollment. The network has been provided two instructional memos detailing the implementation of the new process. In addition, the HSW Manager has presented the information at the I/DD Clinical Practices Improvement Committee and at the HSW Quarterly Meeting.

### **Serious Emotional Disturbance Waiver (SEDW)**

# of youth expected to be served in the SEDW for FY 22-23	65
# of active youth served in the SEDW, thus far for FY 23	59

# of youth currently active in the SEDW for the month of February	50
# of referrals received in February	12
# of youth approved/renewed for the SEDW in February	3
# of referrals currently awaiting approval at MDHHS	0
# of referrals currently at SEDW Contract Provider	20
# of youth terminated from the SEDW in February	3
# of youth transferred to another County, pursuing the SEDW	0
# of youth coming from another county, receiving the SEDW	0
# of youth moving from one SEDW provider in Wayne County to another SEDW provider in Wayne County	0

### **County of Financial Responsibility (COFR)**

Due to staffing transitions, limited updates are available for reporting.

	<b>Adult COFR Case Reviews Requests</b>	<b>Children COFR Case Reviews Requests</b>	<b>Resolved</b>	<b>Open*</b>
December 2022	3	1	0	n/a

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

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

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

### **General Fund**

Consumers requesting General Fund Exception are:

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

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

<b>General Fund Fiscal Year 2022-2023 to Date</b>													
	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	<b>FY To Date TOTAL</b>
Approvals	<b>33</b>	<b>32</b>	<b>260</b>	<b>316</b>	29								<b>1,530</b>
	<b>2</b>	<b>7</b>			5								
The Guidance Center	<b>12</b>	<b>12</b>	<b>11</b>	<b>5</b>	36								<b>76</b>

Advance Notices	25 7	26 6	203	285	19 6								1,207
Administrative Denials	9	10	9	9	11								48

## **Denials and Appeals**

### ***Medical Necessity Denials***

For the month of February, there were eleven (11) authorization requests sent to the physician for a peer review. Of the eleven (11) peer reviews sent to the physician, three (3) reviews were denied due to not meeting medical necessity criteria for continued inpatient hospitalization stay days. The remaining eight (8) authorization requests that were sent to the physician for a peer review were approved for additional continued inpatient days. There was one (1) medical necessity appeal reported for the month of January. This appeal was upheld. Please note the data does not reflect the full month of February.

	Oct 22	Nov. 22	Dec. 22	Jan. 23	Feb. 23	Mar 23	Apr 23	May 23	Jun. 23	Jul. 23	Aug. 23	Sept 23
<b>Denial</b>	3	2	2	2	3	0	0	0	0	0	0	0
<b>Appeal</b>	0	0	0	1	1	0	0	0	0	0	0	0

### ***Service Authorization Administrative Denials***

During the month of February, there were a combined total of forty-seven (52) administrative denials between the inpatient, outpatient, and SUD services. There were also five (5) administrative appeals pending. The chart below shows the number of denials and appeals for each service. Please note the data does not reflect the full month of February.

	Inpatient	Outpatient	SUD
<b>Denial</b>	21	7	24
<b>Overtake</b>	0	0	0
<b>Upheld</b>	0	0	0
<b>Partial Denial</b>	0	0	0
<b>Pending</b>	5	0	0

### ***Timeliness of UM Decision Making: Quarter 1 (October-December 2022) Threshold 90%***

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

## **Autism Program**

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post Service
<b>Numerator</b>	N/A	N/A	1060	N/A
<b>Denominator</b>	N/A	N/A	1065	N/A
<b>Total</b>	N/A	N/A	99.5%	N/A

### **MI Health Link Program**

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post Service
<b>Numerator</b>	2	N/A	30	12
<b>Denominator</b>	2	N/A	34	12
<b>Total</b>	100%	N/A	88.2%	100%

### **Substance Use Disorder**

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post Service
<b>Numerator</b>	1053	N/A	3071	N/A
<b>Denominator</b>	1097	N/A	3464	N/A
<b>Total</b>	95.9%	N/A	88.7%	N/A

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

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

### **State Hospital Liaison Activity Report**

Hospital	Caro Center		Kalamazoo		Walter Reuther	
<b>Census</b>	Total	1	Total	2	Total	72
	NGRI	0	NGRI	0	NGRI	21
	Non-NGRI	1	Non-NGRI	2	Non-NGRI	51
<b>Wait List</b>	0		0		3	
<b>Admissions</b>	Total	0	Total	0	Total	2
	NGRI	0	NGRI	0	NGRI	1
	Non-NGRI	0	Non-NGRI	0	Non-NGRI	1
<b>ALS Status</b>	0		0		74	

- One referral for state hospital admission was received this month; three total referrals are on the wait list. All referrals are pending for Walter Reuther. All referred members are being treated in a community hospital inpatient setting and are continuously being reviewed for discharge.
- Liaison staff continue to provide NGRI training to DWIHN and CMH partners to support provider staff, maintain and meet target deadlines, and facilitate skill development. 103 individual liaison/training contacts were made this month.
- This month 2 NGRI members were released to the community for aftercare and follow-up.
- One referral for the MDHHS DCPD program was received this month, 1 NGRI member is awaiting discharge via the DCPD.

## **Children's State Hospitalization**

As of 2/27/23, there are three (3) youth admissions being funded by DWIHN, with no new admissions this month. Two (2) of the funded members are discharge ready and awaiting MDHHS placement, with the longest since 8/2022. No additional discharges. One (1) youth was removed from the admission pool this month; no new additions.

As noted in previous reports, MDHHS State Hospitals Administration partnered with Hope Network to create the Michigan Community Transition Program (MCTP), which is used as a step down from state hospitalization; the State Hospitals Administration fully funds this program. Like state hospitalizations, DWIHN (or its CRSP designee) participates in monthly meetings to monitor treatment updates. Currently, there are currently three (3) DWIHN members in that program.

## **MI Health Link**

### ***Monthly ICO Authorization Report – February 2023 (as of 2/27/23)***

Report Filters			
Date Range Selected:	2/1/2023	thru	2/28/2023
ICO's Selected:	AETNA BETTER HEALTH OF MICHIGAN; AMERIHEALTH MICHIGAN, INC.; FIDELIS SECURECARE OF MICHIGAN; HAP MIDWEST HEALTH PLAN, INC.; MOLINA HEALTHCARE OF MICHIGAN INC		

	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations (Currently No DWIHN Authorizations labeled as Expedited)		Post Service Authorizations	
Total # of Auth's Received for the Month	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
49	3	3	17	17	0	0	29	26

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

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

There were 49 MI Health Link authorizations received compared to 52 authorizations during the month of January, a 5.8% decrease. By ICO, there were 13 authorizations for Aetna, 5 for AmeriHealth, 0 for Michigan



Complete Health (Fidelis), 10 for HAP Midwest and 21 for Molina. Of the 49 of MI Health Link authorization requests, 46 (93.9%) were processed within the appropriate timeframes.

At the time of this report, UM Clinical Specialists continue to encounter fewer errors with initial MI Health Link authorizations, though the issue is not eliminated. As indicated in previous reports, this technical error likely affects the validity of the MI Health Link & Provider Network monthly reports, along with other indicators, as members may be incorrectly reported (and initially authorized) under the DWIHN CMH affiliate.

## **Provider Network**

As of 2/27/23, the UM Team has managed a total of 719 new admissions across the provider network (including MI Health Link members). This data includes inpatient, partial hospitalization, and crisis residential services. In the month of February, there were 617 (non-MI Health Link) admissions for inpatient treatment, reflecting a 12% decrease from the 701 inpatient admissions during January 2023.

SMI/SED	# Admitted Members	# Admissions	Avg Length Of Stay	Median Length of Stay
IDD	20	20	11.55	11.5
SED	81	86	9.17	8.5
SMI	482	501	8.08	7
SUD	8	8	6.50	5.5
		0	0.00	
N/A		0	0.00	
NON		0	0.00	
Not Assesed		0	0.00	
<b>Total</b>	<b>591</b>	<b>615</b>	<b>8.33</b>	<b>7</b>

Source: Power BI - Hospitalizations and Recidivism - Acute Inpatient

***The data outlined below reflects the number of admissions as of 2/27/2023:***

- Inpatient: 617
- MHL Inpatient: 6
- Partial Hospital: 74
- Crisis Residential: 22 (adults – 17 and children - 5)
- Total Admissions: 719

The UM and Crisis Services teams continue their work with increasing education & utilization of other step down and diversion resources. UM Higher Levels of Care (HLOC) staff will complete a MiTel phone system training with IT on 2/28/23, in anticipation of beginning an aftercare scheduling pilot. Updates and progress will be recorded in subsequent reports.

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

Timeframes of Outpatient Service Authorizations are being examined for possible adjustments in accordance with the feedback being received from providers regarding the ways the approval time frames impact the service delivery to our members. At this time, the UM department is preparing a training to assist CRSP Providers in inputting of authorization requests correctly in order to minimize delays caused by authorizations

needing to be sent back to be corrected. Currently, the PowerBI Dashboard indicates that between February 1, 2023 and February 25 2023, there were 1,665 authorizations manually approved by the UM department. This number is reflective of non-SUD, non-residential, non-urgent pre-service authorizations. Of these manually approved authorizations, 99% were approved within 14 days of request.

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

## **Substance Use Disorder**

### ***SUD Authorizations***

The Power Bi dashboard indicates SUD UM staff approved 813 authorizations between 2/1/23 and 2/27/23. Of these 813 authorizations, 676 or 83.1% were approved within applicable timeframes, 137 or 16.9% were outside of timeframes. This is likely due to some technical programming problems that caused authorizations to not populate appropriately and needing authorization correction. These concerns have since been resolved.

### ***SUD Provider Training PowerPoint***

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

## **MCG**

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

## **IRR**

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

## DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 23-07 R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 3/15/2023

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Provider Network System FY 22/23

Address where services are provided: Service Provider List Attached

Presented to Program Compliance Committee at its meeting on: 3/8/2023

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

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

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2022

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).

BA 23-07 R2 is a request to add 1 new provider to the DWIHN provider network. BA 23- 07R, approved by the DWIHN Board on 1/18/23, added 2 newly credentialed providers. BA 23-07 was approved by the DWIHN Board on 9/21/22. BA 23-07 R2 requires no budget increase due to reallocation of funds within the total budget.

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

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

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

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

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

Source of Funds: Multiple

Fee for Service (Y/N): N

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

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:



Signed: Tuesday, February 28, 2023

Signed: Tuesday, February 28, 2023

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

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

Presented to Full Board at its Meeting on: 3/15/2023

Name of Provider: All Well-Being Services

Contract Title: FY22-23 MI Health Link Demonstration Project

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

Presented to Program Compliance Committee at its meeting on: 3/8/2023

Proposed Contract Term: 1/1/2023 to 12/31/2023

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

Program Type: Continuation

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

Date Contract First Initiated: 12/31/2023

Provider Impaneled (Y/N)? Y

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

This Board Action is being revised to coincide with the contract term of January 1, 2023 thru December 31, 2023 for MI Health Link Contracts. No other additional changes are required.

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

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

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

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

Source of Funds: Other

Fee for Service (Y/N): N

Revenue	FY 22/23	Annualized
Medicare	\$ 9,886,123.00	\$ 9,886,123.00
	\$ 0.00	\$ 0.00
<b>Total Revenue</b>	\$ 9,886,123.00	\$ 9,886,123.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64936.827020.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:



Signed: Tuesday, February 28, 2023

Signed: Tuesday, February 28, 2023