



President and CEO Report to the Board

Eric Doeh

January 2023

CEO INTEGRATED HEALTH REPORT

The Detroit Wayne Integrated Health Network (DWIHN) continues to make progress with integrating with Medicaid Health Plans. Below is a list of updates of the collaborations with Medicaid Health Plan Partners One, Two, and Three.

Health Plan Partner One

Health Plan 1 agreed to use the shared platform and was trained on December 12, 2022. The platform will be used in care coordination meetings to stratify shared members based on HEDIS measures due and follow up after hospitalization. Six members were discussed in December for care coordination that had needs after hospitalization. Eight members were discussed for data sharing.

DWIHN and Health Plan 1 are working on individuals who present at the Emergency Department for substance use-related issues (FUH). DWIHN pulls data from CC360 and filters the information. DWIHN follows up with open cases and gives other names to Health Plan 1. There was 1 FUA shared member who had an ED visit in December.

Health Plan Partner Two

DWIHN IHC staff and Health Plan 2 continue with monthly care coordination meetings to review a sample of shared members who experienced psychiatric inpatient admission within the past month. Eight members were discussed and the team is waiting on verification as to how many attended the FUH appointment.

DWIHN and Health Plan 2 are working on individuals who present at the Emergency Department for substance use-related issues. DWIHN pulls data from CC360 and filters the information. DWIHN follows up with open cases and gives other names to Health Plan 2. There were 5 FUA shared members who had an ED visit in December.

DWIHN is sending Health Plan 2's data to Vital Data (VDT). DWIHN and VDT are expanding the shared platform to include gaps in care reports. The platform is developed and training happened in December. The shared platform will be used to find more members who need care coordination.

Health Plan Partner Three

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. Health Plan 3 will be able to obtain the CRSP's name for a member in the ED (for any reason) and start coordination of care with that CRSP. There are four CRSP's in the pilot: Neighborhood Services Organization, Lincoln Behavioral, Hegira and Guidance Center. This started on June 16, 2022. Since the program began in June, there are 1000 shared consents for treatment coordination between the four CRSP's and Health Plan 3.

DWIHN’s IT Department and PCE are still working together to create a SharePoint site where all data reports. will be located.

Shared Platform and HEDIS Scorecard

DWIHN and VDT continue to conduct weekly collaboration meetings to review project timelines, tools, and trainings.

DWIHN and VDT continue to work on updating the scorecard with new data feed, adding all members into Carespace. This will allow all Medicaid health plans and CRSP to see shared members and careflow rules created. DWIHN can now filter members by CRSP and Health plan. Member demographics, encounters, conditions diagnosed and physicians can be seen for behavioral health and medical. This has been presented to CRSP’s in the 45-day meeting. CRSP and Health Plans are very pleased with the data they can now see.

DWIHN and VDT met on the mobile app and gave feedback for changes. Some problems were discovered and this will push back training. Training for phase one is planned for January. First phase will allow members to access different departments within DWIHN, for example; Office of Recipient Rights, Complex Case Management, Customer Service, Marketing and DWIHN website. The second phase will allow members to see claims data, authorizations and limited clinical documents.

The HEDIS Scorecard was rolled out to all CRSP providers. In addition, DWIHN IHC staff has met with CRSP’ individually to help them better understand the platform and the capabilities. IHC has been added to the 45-day meeting with CRSP’s and the FUH score is added to the measures tracked. IHC has attended 11 of these meetings in December and then had two separate meetings with providers to train more in depth on the Scorecard.

Below are scores for the FUH measure as shown in the Scorecard as of August 31, 2022. This is all CRSP scores combined.

Measure	Measure Name	Eligible	Total Com	Non Comp	HP Goal	Year To Date
FUH301	Follow-Up After Hospitalization for Mental Illness Age 6 - 17 (30 days)	424	284	140	70	66.98
FUH302	Follow-Up After Hospitalization for Mental Illness Age 18 - 64 (30 days)	4873	2363	2510	58	48.49
FUH303	Follow-Up After Hospitalization for Mental Illness (30 days) Age 65+	157	41	116	58	26.11
FUH71	Follow-Up After Hospitalization for Mental Illness Age 6 - 17 (7 days)	424	190	234	70	44.81
FUH72	Follow-Up After Hospitalization for Mental Illness Age 18 - 64 (7 days)	4873	1483	3390	58	30.43
FUH73	Follow-Up After Hospitalization for Mental Illness (7 days) Age 65+	157	34	123	58	21.66

ADVOCACY/ LEGISLATIVE EFFORTS

Working with our lobbyists as we continue conversations with Lansing leadership surrounding our advancements towards building care centers around Wayne County to best serve our region.

We will be sitting down with 2023 lawmakers as they start this next term to tackle major issues pertinent to the behavioral healthcare services and the people we serve: workforce shortages, general fund, expanding access to care services that already exist and additional funding.

Having conversations with MDHHS leadership surrounding the Public Health Emergency that was recently announced will soon come to an end and its impact on the individuals we serve. DWIHN has proactively been providing information to our providers and community stakeholders titled *“What Does Ending the Public Health Emergency Mean for Michigan’s Medicaid Population”*. Helpful links can be found on the DWIHN website homepage www.dwihn.org

December 2022: The long fight for Senate Bill 597 and Senate Bill 598, sponsored by Sen. Shirkey (R) and Sen. John Bizon (R), was finally brought to the Senate floor and promptly rejected in a bipartisan vote. The bills were tied into a separate supplemental bill that would have given Michigan’s mental health system more than \$560 million.

ENGAGEMENT INITIATIVE

January 30 – 31: CIT for Executives

January 26: DWIHN Presentation before the City of Detroit Board of Police Commissioners

January 6 – Arab American News: Dr. Shama Faheem shares resources, treatments and other effective ways to prevent and combat mental health struggles.

<https://arabamericannews.com/2023/01/06/mental-health-specialists-share-ways-to-combat-illness-struggles/>

January 5 – Detroit News: DWIHN Board Member and Commissioner Jonathan Kinloch OpEd on today’s Medicare Advantage program as it helps connect vulnerable seniors and Michigan residents with disabilities to the vital services and support they need to live fuller, healthier and more active lives.

<https://www.detroitnews.com/story/opinion/2023/01/06/medicare-advantage-is-essential-for-seniors/69781875007/>

Andrea Smith, our Director of Innovation and Community Engagement was interviewed on how DWIHN provides crisis intervention training to public safety officers including the Detroit Police department.

https://www.wjr.com/?s=Lloyd+Jackson&fbclid=IwAR1J46eFe5iL0Sfl6yv-QB1QJtXaKAxVdz_Iv0Ndxu5g4CmQ9vZwMGeFBpM

CHIEF CLINICAL OFFICER

Behavioral Health Home (BHH):

- ❖ Current enrollment- 399 members (October - 300, 33% increase)
 - Detroit Wayne is one of 5 PIHPs in the State that participates in the Behavioral Health Home model
 - Behavioral Health Home is comprised of primary care and specialty behavioral health providers, thereby bridging two distinct delivery systems for care integration.
 - Utilizes a multi-disciplinary team-based care comprised of behavioral health professionals, primary care providers, nurse care managers, and peer support specialists/community health workers.
 - Michigan's BHH utilizes a monthly case rate per beneficiary served
 - Currently in the process of adding Psygenics as a new Behavioral Health Home provider. This will result in a total of seven (7) Health Home partners for DWIHN. DWIHN has also opened this model up to our CRSP Network in an effort to provide these integrated services to more members.

Opioid Health Home (OHH):

- ❖ Current enrollment- 344 members (October- 394) *Reduction noted due to data clean-up and closures.
 - Michigan's OHH is comprised of primary care and specialty behavioral health providers, thereby bridging the historically two distinct delivery systems for optimal care integration.
 - Michigan's OHH is predicated on multi-disciplinary team-based care comprised of behavioral health professionals, addiction specialists, primary care providers, nurse care managers, and peer recovery coaches/community health workers.

- Michigan's OHH utilizes a monthly case rate per beneficiary served
- Michigan's OHH affords a provider pay-for-performance mechanism whereby additional monies can be attained through improvements in key metrics.

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

- ❖ Current enrollment- 3,383 members (October- 3,343)
 - A CCBHC site provides a coordinated, integrated, comprehensive services for all individuals diagnosed with a mental illness or substance use disorder. It focuses on increased access to care, 24/7/365 crisis response, and formal coordination with health care.
 - This State demonstration model launched on 10/1/2021 and The Guidance Center is the designated provider for Region 7.
 - Baseline outcome data has been established for year 1. During year 2, outcomes will be a major focus, including outcome incentives.

CRISIS SERVICES

Request for Service (RFS): For children decreased by 19% this month. There were 89 youth intensive crisis stabilization service (ICSS) cases for the month of December, a 23% decrease compared to November. There was a slight decrease in the number of requests for service (RFS) for adults in December compared to November, and the diversion rate increased slightly. The Crisis Stabilization Unit (CSU) at COPE served 225 cases in December.

Assisted Outpatient Treatment/Returning Citizens: DWIHN received 104 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. One (1) Returning Citizen returned and was connected to DWIHN services upon release from MDOC. The Community Law Enforcement Liaison engaged with 50 individuals in December.

Community Hospital Liaison Activity: In December 2022, there were 135 contacts made with community hospitals related to movement of members out of the emergency departments. Out of the 135 encounters, 32 were diverted to a lower level of care, an overall diversion rate of 76%. Hospital liaisons received thirteen (13) “crisis alert” calls collectively in December and two (2) of those members were diverted to lower levels of care (15% diversion rate for crisis alert calls).

Mobile Outreach: The DWIHN Mobile Outreach Clinician was able to add new events to the calendar for December and continued the existing partnership with Wayne Metro and Black Family Development, adding events for December calendar with the following entities: The Humane Society for the City of Detroit, CAD Lakeshore, Uplite Family Service, and Health Day at Citadel of Praise.

The DWIHN Mobile Outreach Clinician added several new resource vendors including Detroit Health Department, Detroit Area Agency on Aging, Matrix Human Service, Brilliant Detroit, and The University of Michigan. Above numbers reflect a partial reporting period in the month of December, with ongoing follow up and referrals in process.

CHIEF MEDICAL OFFICER

Behavioral Health Education:

DWIHN has continued outreach efforts for behavioral health services:

- Interview with Today’s magazine on Children Services.
- Interview with Telegram newspaper on Holiday Stress (December 2022)
<https://www.telegramnews.net/story/2022/12/15/lifestyles/dont-let-holiday-stress-get-you-down/2100.html>

Crisis Care Center (Milwaukee Ave):

DWIHN continues to work on our Crisis Center projects. We recently completed our consultation with RI International and their report is getting finalized which can eventually be shared with Board and Stakeholders. State is currently drafting the Operational Guidelines for CSU and we have been part of their pilot with regular meetings to discuss areas such as Staffing, Building, Security, Pharmacy and Metrics.

Med Drop Program:

A new Med Drop referral process has been created to facilitate easier referral. For quarter four, there were 51 Current Active members. During the 4th quarter there was a 73% reduction in the number of Med Drop clients admitted to a psychiatric hospital and 25% reduction in jail admissions while participating in the Med Drop Program.

Outcomes Improvement Committee:

The Outcomes Improvement Committee strives to reduce recidivism and improve clinical Outcomes and is Chaired by CPI team and DWIHN Psychiatrist with participation from Network. Data elements currently being tracked and monitored include: referral date, initial assessment scores (CAFAS, LOCUS, PHQ-A, PHQ-9), quarterly assessment scores, crisis encounters (crisis stabilization and hospitalization), critical/sentinel events, and members with Assisted Outpatient Treatment (AOT) status. Tracking tool is updated quarterly (Oct, Jan, April, July).

Currently the OIC is monitoring and providing follow up regarding 30 high recidivistic cases. CRSP bring the members to OIC meetings for recommendation on high acuity cases. and we have received additional referrals from the Sentinel Event Review Committee (SERC), Quality and Office of Recipient Rights have also been brought to the OIC for treatment recommendations.

During Q4 there were 25 referrals made to the OIC. Bi-Monthly meetings take place with CRSP's to hear the issue that brought the members to OIC, (lack of engagement, recidivistic, high-risk). Recommendations are made to assist the CRSP with the member and updates on members are brought back to the OIC team.

ADULT INITIATIVES

Assertive Community Treatment (ACT): There were ten (10) ACT members referred to COPE: 70% went inpatient, 20% went Outpatient, 10% were admitted to Crisis Residential Unit. No pre-placement was sought during this reporting period. It should be noted 30% of ACT Pre-Admission Reviews were completed by COPE.

DWIHN reviewed 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 including the appropriateness of the level of care determinations and provided technical assistance to ensure program eligibility requirements are met. DWIHN facilitated the monthly ACT forum where topics discussed were DWIHN staff, updates on PAR completion rate within 2 hours' time frame, quarter 3 data on PHQ-9- letter, quarter 3 Hospital Recidivism list, face-to-face percentages per provider agency and provider discussion, feedback and questions/concerns were discussed.

Med Drop Program: During the month of December, DWIHN met with the Med Drop coordinator to discuss the updates to the pilot med drop referral process and any potential barriers. DWIHN has been working with providers to increase members enrolled in Med Drop due to the positive outcomes that has been demonstrated. There are currently 60 members enrolled; All Well Being Services = 1; CCS (Hegira-Downriver) = 13; CNS = 9; DCI = 14; Hegira- Westland = 2; Lincoln Behavioral Services = 16; The Guidance Center = 2; Team Wellness= 3. This is an increase of 22% from previous months.

Self-Management Performance Improvement:

DWIHN offers MyStrength as a self-management tool to the DWIHN Provider Network. The current goal for the Self-Management Performance Improvement Project is to enroll an additional one thousand and twenty (1,020) new MyStrength members annually. DWIHN educated the provider network on the benefits of utilizing this tool. The MyStrength flyer, with updated access codes and QR code, was uploaded to the DWIHN website on December 9th. In addition, the MyStrength flyer and access code was presented at the Outpatient/Residential Provider Meeting on December 16th and the Clinically Responsible Service Provider Meeting on December 19th.

Outcomes Improvement Committee (OIC):

The Outcomes Improvement Committee (OIC) strives to reduce recidivism and improve clinical outcomes. Data elements currently being tracked and monitored include: referral date, initial assessment scores (CAFAS, LOCUS, PHQ-A, PHQ-9), quarterly assessment scores, crisis encounters (crisis stabilization and hospitalization), critical/sentinel events, and members with Assisted Outpatient Treatment (AOT) status.

In the month of December, four (4) new members were reviewed and presented at the December 8th OIC Meeting. There are currently 31 members that are being monitored and reviewed through this Committee. DWIHN meets with the CRSP's of where those members are being served and reviewed bi-weekly to get updates and make recommendations and ensure follow up is being completed.

COMMUNICATIONS

Print:

DWIHN was mentioned as a resource and community asset in multiple stories during the month of December.

Health Network Treating Mentally Challenged Residents in Wayne County

Michigan Chronicle 11/30/22

<https://michiganchronicle.com/2022/11/30/health-network-treating-mentally-challenged-citizens-in-wayne-county/>

Shirkey's long sought-after mental health legislation defeated in a bipartisan vote

MLIVE 12/2/22

<https://www.mlive.com/politics/2022/12/shirkeys-long-sought-after-mental-health-legislation-defeated-in-bipartisan-vote.html>

Detroit Police announce new initiative to improve mental health crisis intervention

WDET.ORG 12/15/22

<https://wdet.org/2022/12/15/detroit-police-announce-new-initiative-to-improve-mental-health-crisis-intervention/>

How to survive the holidays and stay sober, or help loved ones do the same

Detroit Free Press 12/20/22

<https://www.freep.com/story/news/local/2022/12/20/helping-a-loved-one-avoid-relapse-and-survive-the-holidays-sober/69710278007/>

Radio:

WJR 12/13/22

The Detroit police department like others around the country receives hundreds of calls for people in mental health crisis and all too often we hear how they ended violently. New approaches in police training could result in better outcomes for those in a mental health crisis. Andrea Smith, our Director of Innovation and Community Engagement was interviewed on how DWIHN provides crisis intervention training to public safety officers including the Detroit Police department.

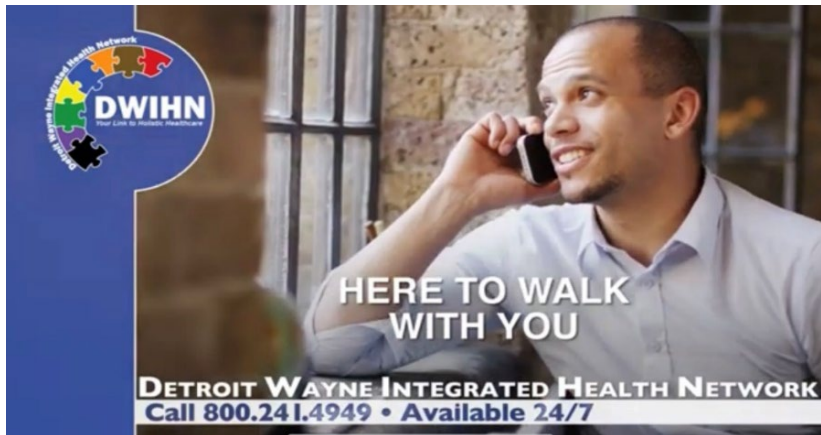
https://www.wjr.com/?s=Lloyd+Jackson&fbclid=IwAR1J46eFe5iL0Sfl6yv-QB1QJtXaKAXvdz_Iv0Ndxu5g4CmQ9vZwMGeFBpM

SUD Media Messaging Campaign:

WDIV-LOCAL 4

In December, DWIHN had a message which focused on youth turning to substances to cope and the help and resources available through DWIHN.

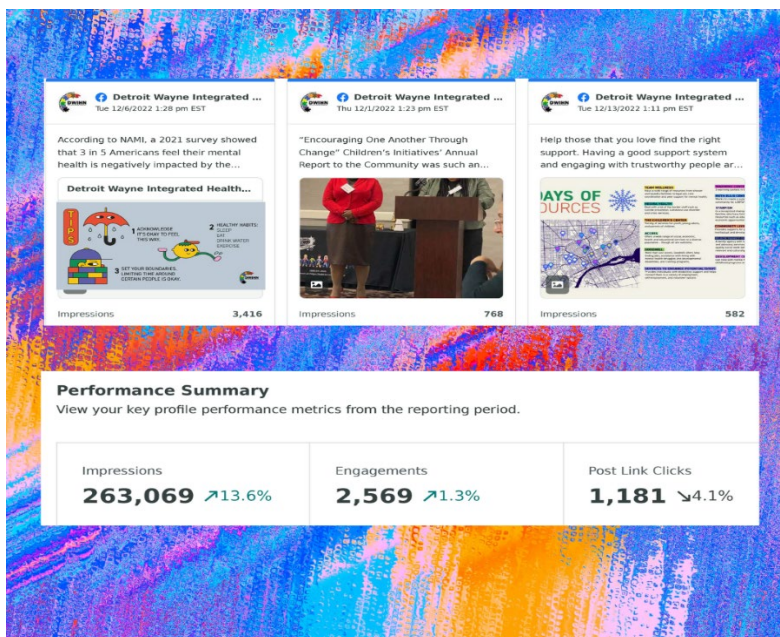
<https://youtu.be/SnH2ZeZ6EVg>



DWIHN continues its SUD messaging with various local media and on social media platforms including: Ask the Messengers, Comcast, Cumulus Radio, Fox 2 News, Global Media Television (formerly Middle Eastern TV), Mind Matters with Dr. Michele Leno, Scripps Media, WDIV-TV 4, Facebook, Instagram, Linked In, Twitter, Tik Tok, SnapChat, streaming platforms include Pandora and Spotify.

Social Media:

Top Performing Posts:



Top posts included DWIHN’s Mental Wellness Tips which garnered almost 3,500 impressions. Impressions are different than reach because **it doesn't count people who click or engage with your content, just those who**

are exposed to it. If your ad was displayed 500 times on social media, your impressions would be 500. On all social media accounts, impressions, engagements and post link clicks grew in December.

Ask the Doc - DWIHN’s Chief Medical Officer Dr. Shama Faheem continues to educate the public and DWIHN stakeholders with her bi-monthly newsletter and digital content. Topics this season include influenza, seasonal affective disorder and RSV in children.

Community Outreach:

12/01 “Encouraging One Another Through Change” Children’s Initiatives’ Annual Report to the Community was held in Livonia.



(2022 Report to the Community)

12/03 - Santa Day in Detroit with Southwest Solutions and Family Alliance for Change

12/03 - North End Resource Fair sponsored by the City of Detroit.

12/08 - Winter Wonderland Bash at the Children’s Center.



(2022 Winter Wonderland Bash)

12/18 - Youth United hosted A Courageous Conversations Workshop in Detroit.

12/21- DWIHN participated in Health Day at Citadel of Praise in Detroit.

FACILITIES



Administration Building
- Estimated Completion Date December 2023



Care Center
- Estimated Completion Date October 2023

DIVERSITY, EQUITY AND INCLUSION OFFICER

Detroit Partner Call: Continuing the Conversation Financial Stability Challenges at the Intersection of Race, Ethnicity, Poverty and Disability – Steering Committee Meeting

Earlier this year, a group of local partners, with the support of National Disability Institute (NDI) and JPMorgan Chase, held a virtual meeting convening on financial equity for people with disabilities who live at the intersection of disability, race/ethnicity and poverty. The goals for these roundtables were to: 1) highlight the importance of having this conversation on intersectionality and 2) to promote an ecosystem of collaboration between three key stakeholder groups, organizations serving individuals with a disability, organizations offering financial empowerment services and organizations serving communities of color.

At the end of the convening, a brief was developed that summarized the discussion and most importantly, noted the list of concrete actions and opportunities that participating organizations can jointly take to address some of the barriers to financial stability and financial resilience that contribute to the significant wealth gap faced by communities of color with a disability.

A steering Committee was formed to continue to build capacity, expand awareness, provide training and technical assistance, and explore raising funds to sustain the commitment to financial inclusion and continue laying the foundation for this work.

Diversity, Equity & Inclusion: The Building Blocks of Belonging – Part of the Diversity & Inclusion in the Workplace Series:

- The five crucial building blocks of a sustainable DEI strategy
- The value of training in creating a common language and shared vocabulary
- Strategies for cultivating inclusive leaders
- How to measure the effectiveness of your efforts

Black Health & Racial Equity Research Network Planning Meeting – CenR Community-Engaged Research:

- The planning committee decided to address three overarching topics at the symposium: implicit bias, structural racism, & health outcomes, food access, and the digital divide. In order to educate

the community on these overarching topics, the planning committee will invite academic speakers and community representatives to educate attendees on each of these topics from multiple perspectives.

INFORMATION TECHNOLOGY

Business Processes

- DWIHN Mobile Application
 - DWIHN has been developing a Community mobile application titled myDWIHN. Beta testing was completed in December and the app was approved by Apple & Google stores for launch in January. myDWIHN is now able to be downloaded by anyone.
 - DWIHN has been developing a Member mobile application tentatively titled myDWIHN-Health. This is a collaboration with Vital Data to configure and start TestFlight (the beta testing portion).

Applications and Data Management

- Henry Ford Joint Project
 - DWIHN team is working on expanding this collaborative to develop insights and member engagement for ADT's when members show up in the Emergency Department.
- RedCap
 - This project is complete. The RedCap system has been turned off and the providers are now using the new MHWIN module to report their SSI grant activities to DWIHN.
- Detroit Wayne Connect Backup
 - We are nearing the completion of a project to maintain a backup system for the data and system modules of the Detroit Wayne Connect training system. This backup is housed on DWIHN servers so that we are protected from any outage of the production system.
- Dashboards for Behavioral Health Homes and Opioid Health Homes
 - Currently in the process of creating new PowerBI dashboards for monitoring health home information.

Infrastructure / Security / HIPAA

- Building Construction
 - New Center One (NCO) alternate work location in place. Internet online and Call Center staff working at NCO.
 - Woodward – Ongoing continuous work in progress for A/V vendor vetting for boardroom
 - Network Assessment – Vendor selected for Wide Area Network strategy for multiple businesses being developed and procuring/securing network services. Working on statement of work.
 - Working to configure the building security and video camera systems to meet the needs of the new Crisis Center as well as support a Multi-Campus system going forward.
 - Working on the Badging system Camera, Printer, and photo configuration standards needed to support the building access system and other security systems that will dovetail on the photos etc.
- Onboarding/Offboarding Process
 - Working with HR on Onboarding and Offboarding of staff as well as integration to AD / ADP to ensure data security that accounts are modified or disabled timely.
- Security
 - Working with the vCISO on the IT security maturity assessment that will show any changes that DWIHN needs to make going forward to adhere to industry best practices, contractual, and legal requirements.
 - Working with various business departments to complete the CVS Health (Aetna) IT Security Audit.

HUMAN RESOURCES

The Department of Human Resources hired 14 new employees during the months of November and December 2022. There were also eight (8) staff promotions during this period.

In addition, the Human Resources department has completed the DWIHN compensation survey with Lockton Corporation.

CHILDREN'S INITIATIVES

School Success Initiative: DWIHN IT representative attended the December meeting to offer support for utilizing the MHWIN system, and representative from PCE finalized the requested school success initiative reports. Providers expressed challenges with schools providing demographic information of students receiving Tier 1 and Tier 2 services. A follow-up meeting has been scheduled to discuss this further. Two (2) students were nominated and selected to receive the Q4 Student Spotlight Awards in connection to Starfish.

Outreach, Access, and Prevention Activities:

- Added Accessing Community Mental Health Services video recording to the website as a resource. Finalized the Sexual Awareness Information (SAIT) Program Flyer. Next steps to complete the HEDIS Flyer for children taking ADHD medications and antipsychotic medications, Children Crisis Flyer, Intellectual Developmental Disabilities Flyer, and Integrated Health Care Flyer.
- DWIHN participated in multiple outreach and educational events including: Suicide Prevention Conference at Schoolcraft College, Child's Hope Summit, Wayne RESA Lunch and Learn on accessing community mental health services, and the K-12 Live Well Lead Well Summit.
- Youth United hosted a focus group with Detroit Public School Community District Exceptional Student Education Program that consisted of students with special needs and disabilities. Discussed social media interests what youth are interested in learning more about in the community.
- Children's Initiative Director, Cassandra Phipps, met with the Detroit Police Department 3rd Precinct to discuss plans for the "Here Me Out" Campaign. Goals include: 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. Next steps: Assist with developing a resource list of trauma-related services.
- Children's Initiative met with community partners to discuss youth in detainment and ways to provide therapeutic supports. Next steps: Follow up with the Dickerson location to address spacing and staffing limitations, and timeline for the new building.
- Children's Initiatives met with Wrap Around Providers to discuss SED Waiver capacity challenges and options to expand SED Waiver services to the additional Wrap around Providers. Providers expressed feedback regarding the reimbursement rate for SED Waiver services, additional coordination of care and administrative components with SED Waiver services,
- Children's Initiative met with DWIHN IT Department to start developing clinical dashboards to track Home Based, Wrap Around, and Outpatient services. Plan to have a draft version to review in January 2023.
- Children's Initiatives hosted the Annual Report to the Community on 12/1/22. The theme was Encouraging One Another Through Change. The President and CEO, Eric Doeh, conducted the opening remarks, Director Cassandra Phipps shared highlights and accomplishments, and Pastor Genetta Hatcher presented the keynote message. Various executive community partners were in attendance and the final program is available on the website (71 attendees).

AUTISM

Total open cases for the ASD Benefit for the month of December is 2,679 members, which is an increase of 102 members from November to December.

DWIHN has continued to see capacity issues within the ASD provider network. As a result, DWIHN provided a Service Delivery Expansion Survey to determine the capacity of ASD providers in the network. A total of five (5) ASD providers submitted a response to immediately accept members waiting for ASD services, and an additional twelve (12) new ASD providers are interested in joining the DWIHN provider network. In addition, meetings occurred with the interested providers.

DWIHN will be posting a Request for Qualifications (RFQ) for the purpose of creating a list of qualified vendors to provide Behavioral Health Therapy (BHT) of high-quality Applied Behavioral Analysis (ABA) services to DWIHN eligible individuals as well as re-evaluation of medical necessity per the Medicaid Provider Manual. Awards will only be issued from the list of qualified providers that result from the RFQ.

INTEGRATED HEALTHCARE

We are closely monitoring HEDIS measures and providing education to provider. During the month of December, the HEDIS scorecard was presented to the CRSP monthly meeting and in individual meetings with 10 CRSP, FUH data was also shared. IHC created an educational presentation on HEDIS measures and definitions for CRSP medical directors. This was shared at last meeting in October and will be followed up during the meeting in January.

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

Measure	Measure Name	Eligible	Total Compliant	Non Compliant	HP Goal	Year to Date
2	AMM Antidepressant Medication Management Acute phase	4549	2110	2439	77.32	46.38
3	AMM Antidepressant Medication Management Continuation Phase	4549	1355	3194	63.41	29.79
4	FUH Follow-Up After Hospitalization for Mental Illness Adults	4228	1996	2232	58	47.21
5	FUH Follow-Up After Hospitalization for Mental Illness Children	372	241	131	70	64.78
5	SAA Adherence to Antipsychotic Medications for Individuals With Schizophrenia	4758	2778	1980	85.09	58.39
7	SSD Diabetes Screening for People With Schizophrenia or Bipolar Disorder	7400	4261	3139	86.36	57.58

DWIHN staff are working with Henry ford Health Plan 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. This should be completed this month.

IHC department continue their care coordination efforts with health plans where joint case reviews are done and improvement in member's compliance is being observed. IHC continues to provide complex case management services and currently have 11 members. Besides these, IHC has been working on the State defined Pay for Performance metrics with other departments with goals to garner maximum incentives. IHC has continued to assist in the development of various apps such as the DWIHN member app and community app.

QUALITY

The State continues to monitor DWIHN on various performance indicators. DWIHN continued to meet the standards for PI#1 (Children and Adult). For indicator 2a (Access of services or Biopsychosocial within 14 days of request), the reporting percentage increased from Q3(37.8%) to (44.6%), demonstrating a 6.7 percentage increase from the previous quarter. We will continue improvement efforts with better outcomes

expected during 1st Quarter. The average score for the state is noted at 51.03% for Q3. DWIHN continues to meet Indicators 4b (SUD) and PI#10 (Children). We have shown a slight improvement in PI#10 (Recidivism or Readmission within 30 days) from Q3 17.79% (Adult) to Quarter 4 final results at (15.89%) for Adults, with an overall compliance score of 15.19%. The standard is 15% or less. This remains an opportunity for ongoing improvement. We will continue with the efforts to meet the standard and will continue to evaluate the effectiveness of the interventions.

DWIHN has received Full Compliance 100% with all the reportable areas for the HSAG PIP (Reducing the Racial Disparity of African Americans Seen for Follow-Up Care Within 7-Days of Discharge from a Psychiatric Inpatient Unit). The goal of the PIP is to achieve, through ongoing measurements and interventions, significant improvement sustained over time. The next scheduled reporting remeasurement period for DWIHN's PIP to HSAG will include data from 01/01/2023–12/31/2023.

HSAG Compliance Review: DWIHN has received the draft SFY 2022 Compliance Review Report with an overall compliance score of 83%. The Quality Team will continue to work internally with each Department to ensure implementation of the CAPs. HSAG will do the final review (Year 3) in the Summer of 2023 and a final score will be aggregated.

MDHHS Full Waiver Review of DWIHN's HSW, CPW, SEDW, and SUD services: DWIHN has received full compliance with the implementation of the plan of correction. The follow-up review involved evaluation of the current status of the Corrective Action Plans, submitted by DWIHN, in response to the Full Site Review that was conducted March 14, 2022 through April 22, 2022.

Medicaid Claims Verification Reviews: For Fiscal Year 2022, a total of 3,598 claims were randomly selected, the QI Team reviewed and validated 3,549 (98.63%). This is an increase of 2,339 (193%) claims reviewed compared to (1,210) for FY21.

HCBS Transition Tracking Process: DWIHN is working with the Michigan Department of Health and Human Services (MDHHS) to implement the required Home and Community-Based Services (HCBS) Transition Tracking for the Members of DWIHN who are residing in homes that are not HCBS compliant. The HCBS rule requires that residential and HCBS Service providers make sure that individual receiving services have the opportunity to make decisions about their lives, are supported in their desire to participate in the community, and have their rights respected. The transition planning and the process have identified 54 members as being in residential settings and not eligible for funding to provide HCBS services after March 17, 2022. All transition planning will occur through the person-centered planning process and be consistent with all Medicaid requirements.

SUBSTANCE USE SERVICES

Request for Qualification (RFQ) for SUD Services: DWIHN issued an RFQ for both Substance Use Disorder (SUD) Prevention and Treatment services. SUD requested responses to these RFQs for the purpose of creating a list of qualified vendors to provide for Prevention and Treatment services to fulfill the commitment to the delivery of substance abuse programs to Wayne County communities. The Qualified list will be valid for 5 years and only approved and qualified providers who meet the qualifications will be placed on the RFQ for services to begin October 1, 2023. All providers must submit a response to the RFQ if they want to participate in any of the SUD Programs. Current providers in good standing are still eligible to continue providing services in FY 23 from the last contract renewal period for the RFP issued in 2020.

Opioid Treatment Program Bundled Rate: The FY23 MDHHS approved budget included language regarding Methadone dosing bundles being paid at \$19.00. Discussion regarding what this means for the Outpatient Treatment Providers, what is the expectation, and when will this take effect. DWIHN is waiting for further guidance from MDHHS, including a clear definition as to what services will be provided in the bundle.

Naloxone Initiative: DWIHN’s Naloxone Initiative program has saved 1,427 lives since its inception. Again, the saved lives are underreported, especially during this time of COVID pandemic. The logs are coming in slowly from law enforcement and the community. DWIHN only reports those saves that we have documentation to support this initiative.

Consolidated Appropriations ACT, 2023 (Amended): Congress included several elements in a legislative package that will increase resources for SUD services. Highlights include:

- Eliminating the “X-waiver” to prescribe buprenorphine for opioid use disorder (and associated patient limits), as called for by the Mainstreaming Addiction Treatment (MAT) Act;
- Requiring controlled medication prescribers to receive education on treating and managing patients with substance use disorder, as called for by the Medication Access and Training Expansion (MATE) Act;
- Appropriating \$40,000,000 for Fiscal Year 2023 for the Health Resources and Services Administration (HRSA)’s Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program;
- Appropriating \$25,000,000 for Fiscal Year 2023 for HRSA’s Addiction Medicine Fellowship Program to foster robust community-based clinical training of addiction medicine or addiction psychiatry physicians in underserved, community-based settings;
- Reauthorizing a grant program for screening, assessing, and treating maternal mental health conditions and substance use disorders, as well as continued funding of the Maternal Mental Health Hotline;
- Authorizing \$10,000,000 in grants for each of the first five fiscal years beginning after the date of enactment to support mental health and substance use disorder parity implementation;
- Codifying regulations that allow opioid treatment programs (OTPs) to operate mobile medication components without separate DEA registrations, as called for by the Opioid Treatment Access Act;
- Extending mental health and addiction parity requirements to nonfederal governmental health plans;
- Revising Medicare’s partial hospitalization benefit beginning on January 1, 2024 to provide coverage of intensive outpatient services;
- Amending the Medicaid Inmate Exclusion Policy to allow otherwise eligible juveniles to continue receiving Medicaid-funded health care while awaiting trial, at the option of the State (ASAM, December 23, 2022).

RESIDENTIAL SERVICES

DWVHN Serviced in Residential Settings: 2,914

Licensed Settings	2,076
Unlicensed Settings	838

There were 251 referrals to residential services in the month of December. Forty-eight percent (48%) were referred from Clinically Responsible Service Providers and thirty-six percent (36%) were referred by local hospitals. There were 645 authorization requests and 90% were reviewed and approved within 14 days of request. There were three (3) home closures that resulted in eleven (11) members being moved to other home settings in the month of December.

The Residential Department continues to see an increase in placement needs for members aging out of the Foster Care system and LGBTQI+ communities. DWIHN is working with identified Clinically Responsible Service Providers to develop to meet this increased service need. DWIHN is currently reviewing current specialized residential facilities to develop a service gap analysis of over and under-utilized facilities. There is also an identified need for ongoing quarterly meetings with guardianship corporations to address needs and concerns as they relate to DWIHN members which will be scheduled.

UTILIZATION MANAGEMENT

As of 12/31/22, the UM Team has managed a total of 693 admissions across the provider network (including MI Health Link members). This data includes inpatient, partial hospitalization, and crisis residential services. In the month of December, there were 689 (non-MI Health Link) admissions for inpatient treatment, reflecting a 3.2% decrease from inpatient admissions during November 2022. Additional UM services include:

- **Habilitation Supports Waiver (HSW):** There are 1,084 slots assigned by MDHHS to the DWIHN for the HSW benefit. As of 12/31/22 1,011 were filled and 72 were open, which is a utilization rate of 93.4%. The target is 95% or greater. DWIHN has put a large focus in this area including adding additional staff to provide oversight and application processing, working directly with providers on those members whose cases are expiring in the HSW benefit, and reviewing potential members based on MDHHS criteria.
- **County of Financial Responsibility (COFR):** In the month of December, there were two (2) adult review requests and one (1) child review request. 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.
- **General Fund:** Of the General Fund Exception authorization requests reviewed during December 2022, there were 260 approvals, including 12 for the Guidance Center (CCBHC). There were nine (9) Administrative Denials.
- **Provider Network/Outpatient Services:** In December there were 1,799 authorizations manually approved by the UM department. This number is reflective of non-SUD, non-ASD, non-urgent pre-service authorizations. Of these 1,799 authorizations, 1,522 (or 85%) were approved within 14 days of request; 244 (or 13.9%) were approved within 21 days of request; 33 (or 1.8%) were approved within 28 days; and none were approved beyond 28 days.
- **State Facilities:** There were no adult state hospital admissions for the month and 70 NGRI consumers are currently managed in the community. 3 consumers remain on the wait list. There were no new children's state hospital admissions.
- **SUD:** For the month of December, there was a total of 1289 authorizations approved. There were 349 urgent authorizations approved. Out of the 349, 316 (90.5%) were authorized within 72 hours. There were 940 non-urgent authorizations and 912 (97%) were approved within 14 days.