



Detroit Wayne Integrated Health Network

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PROGRAM COMPLIANCE COMMITTEE MEETING Wednesday, April 12, 2023 St. Regis Hotel, 1st Floor Conference Room 1:00 p.m. – 3:00 p.m.

AGENDA

- I. Call to Order**
- II. Moment of Silence**
- III. Roll Call**
- IV. Approval of the Agenda**
- V. Follow-Up Items from Previous Meeting**
 - A. Chief Medical Officer's Report**
 1. Provide a report on the trends within the 55-74 age group and explore options for this group
 2. Provide an update on the status of hiring staff for the OBRA program.
 3. Provide background information in the next report if the numbers remain low on the performance indicators.
- VI. Approval of the Minutes – March 8, 2023**
- VII. Report(s)**
 - A. Chief Medical Officer
 - B. Corporate Compliance – *Deferred to May 10, 2023*
- VIII. Quarterly Reports**
 - A. Adults Initiatives
 - B. Crisis Services
 - C. Innovation and Community Engagement
 - D. Integrated Health Care
 - E. Utilization Management
- IX. Adults Initiatives' Vision Presentation**
- X. Strategic Plan Pillar – None**

Board of Directors

Kenya Ruth, Chairperson
Karima Bentounsi
Jonathan C. Kinloch

Dr. Cynthia Tauег, Vice-Chairperson
Lynne F. Carter, M.D.
Kevin McNamara

Dora Brown, Treasurer
Eva Garza Dewaelsche

William Phillips, Secretary
Angelo Glenn



- XI. Quality Review(s)**
 - A. QAPIP Work Plan FY 22/23

- XII. VP of Clinical Operation's Executive Summary – *Deferred to May 10, 2023***

- XIII. Unfinished Business**
 - A. **BA #23-07 (Revised 3)** – DWIHN's Provider Network System FY 22/23 – Servant's Heart and The Ball Home

- XIV. New Business (Staff Recommendations)**
 - A. **BA #23-62** – Department of Housing and Urban Development (HUD) Permanent Supportive Housing

- XV. 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).

- XVI. Adjournment**

PROGRAM COMPLIANCE COMMITTEE

MINUTES

MARCH 8, 2023

1:00 P.M.

IN-PERSON MEETING

MEETING CALLED BY	I. Dr. Cynthia Taueg, Program Compliance Chair at 1:21 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Dr. Cynthia Taueg, Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	<p>Committee Members: Dorothy Burrell; Dr. Lynne Carter; Commissioner Jonathan Kinloch; William Phillips; and Dr. Cynthia Taueg</p> <p>Committee Members (Virtual): Karima Bentounsi</p> <p>Committee Member Excused: None</p> <p>SUD Board Chair: Tom Adams</p> <p>Staff: Yvonne Bostic; Jacquelyn Davis; Dr. Shama Faheem; Keith Frambro; Monifa Gray; Sheree Jackson; Margaret Keyes; Melissa Moody; Cassandra Phipps; Vicky Politowski; Ebony Reynolds; Manny Singla; Andrea Smith; Brandon Taylor and Michele Vasconcellos</p> <p>Staff (Virtual): Kwesi Betserai and Stacie Durant</p>

AGENDA TOPICS

II. Moment of Silence

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

III. Roll Call

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

IV. Approval of the Agenda

DISCUSSION/ CONCLUSIONS	The Chair called for a motion to approve the agenda. Motion: It was moved by Commissioner Kinloch and supported by Mr. Phillips to approve the agenda. Dr. Taueg asked if there were any changes/modifications to the agenda. It was moved by Commissioner Kinloch and supported by Mr. Phillips to move Item XII (Unfinished Business) after Item VI (Approval of the Minutes – February 8, 2023). It
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was moved by Mr. Phillips and supported by Commissioner Kinloch to move Item XI (VP of Clinical Operations' Executive Summary) after Item VII (Reports). **Motion carried agenda approved as amended.**

V. Follow-Up Items from Previous Meetings

DISCUSSION/ CONCLUSIONS	<p>A. Chief Medical Officer's Report -</p> <ol style="list-style-type: none"> 1. Provide data on veteran suicides in Wayne County and Michigan – There were 178 veteran suicides (167 males and 11 females) in 2020 and the age group that had the highest number was 18-34 years old. The veteran suicide rate in Michigan was not significantly different from the National veterans' suicide rate but significantly higher than the national general population suicide rate. 2. Provide feedback on outcomes, impacts and services for veterans – Michigan has partnered with SAMHSA and the U.S. Dept. 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 key focus and efforts include reducing suicide among service members, veterans and their families; increasing access to services/support; expanding statewide capacity to engage SMVF in public/private services; enhancing provider and SMVF peer practices; implementing innovative best practices; increase Lethal Means Safety and Safety Planning; and promote connectedness and improve care transitions. DWIHN's Veteran's Navigator program helps veterans get the mental health treatment, food, housing, education and income/employment assistance. They also educate veterans and the general community on symptoms related to post-traumatic stress disorder (PTSD), trauma and other mental health issues. In FY 21, there were approximately 250 to 450 veterans enrolled in our system and 10 to 20 are closely monitored by the Veterans' Navigator program. In FY 22, there were 74 new contacts and the most common diagnoses were PTSD and alcohol. <p>The Chair opened the floor for discussion. Discussion ensued. The committee requested a report on the current trends. (Action)</p>
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VI. Reports

DISCUSSION/ CONCLUSIONS	<p>A. Chief Medical Officer - Dr. Shama Faheem, Chief Medical Officer submitted and gave an update on the Chief Medical Officer's report. Dr. Faheem reported that the Integrated Health Care (IHC) department had a monitoring role for the Omnibus Budget Reconciliation Act (OBRA)/Preadmission Screening and Resident Review (PASRR) which has been contracted out to Neighborhood Service Organization (NSO) for many years. DWIHN has decided not to renew the OBRA contract and RFP for FY 2023 and will be providing the PASRR Assessment internally. The contract with NSO expires March 31, 2023 and 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 for the OBRA division. Eric Doeh, President/CEO is meeting with NSO's leadership today to make sure that a smooth transition is put in place. Vicky Politowski, Director of Integrated Health Care is working diligently to ensure that there is adequate staffing by the time the program is fully transitioned. The current NSO contract will be extended during the transition of the OBRA program. Discussion ensued. The committee requested an update on the status of hiring staff for the OBRA program at next month's meeting. (Action) The committee also requested</p>
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	<p>a follow-up in six (6) months on the trending of this program. (Action) For the Quality department, DWIHN continues to make small incremental improvements for PI#2a, Access of Services or Biopsychosocial within 14 days of Request (Q3, 37.8% to Q1, 45.16%). DWIHN also continues to show improvement for PI#10, Recidivism or Readmission within 30 Days (Q4, 15.89% to Q1, 14.71%) with an overall compliance score of 14.06%. Staff will continue with the efforts to meet the standard and evaluate the effectiveness of the interventions for next quarter. A one pager on the State’s data and monitoring that DWIHN does was included in the CMO’s report per Ms. Bentounsi’s request. DWIHN received a 100% compliance score for the Health Services Advisory Group (HSAG) Review and the Performance Improvement Project (PIP) Review for FY 22. The final update for the 56 members identified by the State that was impacted and needing to select a transition pathway for the Home and Community Based Services’ Non-responder is due March 1, 2023. The State has submitted a request and awaiting a response from CMS for a six (6) month extension to address those members. The Chair opened the floor for discussion. Discussion ensued. The committee requested that background information be included in the next report if the numbers remain low on the performance indicators. (Action)</p> <p>B. Corporate Compliance - There was no Corporate Compliance report to review this month.</p> <p>The Chair noted that the Chief Medical Officer’s report has been received and placed on file.</p>
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VII. Approval of the Minutes

<p>DISCUSSION/ CONCLUSIONS</p>	<p>The Chair called for a motion to approve the February 8, 2023 meeting minutes. Motion: It was moved by Mr. Phillips and supported by Dr. Carter to approve the February 8, 2023 meeting minutes. Dr. Taueg asked if there were any changes/modifications to the February 8, 2023 meeting minutes. There were no changes/modifications to the meeting minutes. Motion carried.</p>
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VIII. Unfinished Business

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. BA #23-07 (Revised 2) – Detroit Wayne Integrated Health Network (DWIHN) Provider Network System FY 22/23 – Staff requesting board approval to add an additional credentialed provider to DWIHN’s Provider Network for the continued delivery of behavioral health services for the Serious Mental Illness (SMI), Intellectual/Developmental Disability (I/DD), Serious Emotional Disturbance (SED) and Co-Occurring Disorders members. There is no budget increase due to reallocation of funds within the total budget. Dr. Taueg opened the floor for discussion. There was no discussion.</p> <p>B. BA #23-46 (Revised) – FY 22/23 MI Health Link Demonstration Project – Staff requesting board approval to revise this board action to coincide with the contract term of January 1, 2023 through December 31, 2023. No other additional changes are required. This is a one-year continuation contract with the five (5) Integrated Care Organizations (ICOs) to receive and disburse Medicare dollars to reimburse the Affiliated Providers for the fiscal year ending</p>
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	<p>September 30, 2023. Dr. Taueg opened the floor for discussion. There was no discussion.</p> <p>The Chair called for a motion on BA #23-07 (Revised 2) and BA #23-46 (Revised). Motion: It was moved by Commissioner Kinloch and supported by Mr. Phillips to move BA #23-07 (Revised 2) and BA #23-46 (Revised) to Full Board for approval. The Chair opened the floor for further discussion. There was no further discussion. Motion carried.</p>
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IX. VP of Clinical Operations’ 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"> 1. COVID-19 & Inpatient Psychiatric Hospitalization – There were 623 members that received inpatient hospitalization psychiatric hospitalization services and four (4) COVID-19 positive members in February 2023. 2. COVID-19 Substance Use Disorder – Recovery Housing/Recovery Support Services – There were 13 members that received Recovery Housing/Recovery Support services in February 2023 compared to January 2023 (6). 3. Residential Department – COVID-19 Impact – There was no COVID-19 positive cases nor deaths reported for members/staff in February 2023. 4. Utilization Management – There are 1,013 out of 1,084 Habilitation Supports Waiver slots (HSW) currently filled, which is a utilization rate of 93.5%. Staff is working with our providers on how to discuss the benefits of this program with our members and their families as well as restructuring things internally to increase enrollment. The goal is to fill our slots at 95%. There were 1,665 outpatient authorizations manually approved by UM staff from February 1-25, 2023 and 99% were approved within 14 days of request. The average length of stay for inpatient admissions for the month of February is 8.33 days which is a decrease over the last couple of months. Staff is making intensive efforts working with the hospital on discharge planning and making sure the appropriate supports are in place following discharge. 5. Adult Initiatives – There are currently 55 members enrolled in the Med Drop program and eight (8) new referrals were received. Staff are working with our providers on ways to increase the numbers in this program. Outcome and Improvement and High Priority Committees – These committees were established to look at some of our complex cases and members that have co-occurring disorders. There are currently 52 members that are identified by our providers as high risk. Staff meet with providers to discuss, consult and provide recommendations for these cases. The High Priority Committee was developed so that people could be brought to this committee as an interdisciplinary review from different departments that they see are high risk. 6. SUD Services – DWIHN has facilitated Naloxone training for 163 individuals for the month of February 2023 and distributed 90 sleeping coats to providers for those in need. 7. Crisis Services – Community Law Enforcement Liaison Activity – There has been 14 citizens returned and connected to DWIHN for services upon release from the Michigan Dept. of Corrections. Staff has received 130 Assisted Outpatient Treatment (AOT) orders from Probate Court this month and our respective providers were notified to make sure they incorporate these orders into their treatment planning as well.
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8. **Residential Services** – There were 250 residential referrals to our residential department in the month of February 2023 and one (1) facility closure. All members were relocated to alternative homes successfully. We had 754 service authorizations processed and 638 were approved within 14 days (85%).
9. **Integrated Health Care Services** – There are currently 486 members in the Behavioral Health Home (BHH) Initiative. Region 5 will be having a Kick-Off meeting soon and DWIHN has been asked to participate in the panel discussion. Six (6) out of the 10 PIHPs will have behavioral health home services. There are currently 381 members enrolled in the Opioid Health Home (OHH) Initiative. There has been reported issues and staff is working to clean up any data issues and working with providers to make sure that they have provided all the appropriate claim data to report to the State. The target deadline is the end of March 2023.

The Chair opened the floor for discussions. Discussion ensued. The Chair noted that the VP of Clinical Operations’ Report has been received and placed on file.

X. Quarterly Reports

- A. **Access Call Center** – Yvonne Bostic, Director of the Access Call Center submitted and gave highlights of the Access Call Center’s quarterly report. Ms. Bostic reported that we had 51,874 calls offered; 49,975 were handled; 1,899 were abandoned (3.7% abandonment rate); and the speed to answer is 29 seconds. There was a decrease in the call volume by 818 from FY 22, Q4 to FY 23, Q1. There was also a decrease in the number of crisis calls. Staff continues to work towards the goals of improved productivity, quality of call interaction by working with phone vendors to troubleshoot problem areas; recruiting and training new staff; coaching existing staff and rearranging schedules so that the high call volumes can be addressed. Staff have completed “Silent Monitoring” for 325 calls this quarter. The Call Center is now stationed in the New Center One Building. The evening, midnight and weekend shifts are still remote. Staff is working with our phone vendor to address callers and providers complaints about long hold times. There are plans to hire more staff to address the high call volumes and to cover UPTO and FMLA. Dr. Tauog opened the floor for discussion. Discussion ensued. The committee requested an update on the impact that the DWIHN App has had since its’ launching. **(Action)**
- C. **Children’s Initiatives** – Cassandra Phipps, Director of Children’s Initiatives submitted and gave highlights of the Children’s Initiatives’ quarterly report. Ms. Phipps reported on the many initiatives, meetings and panel discussions that staff has participated in regarding children services and the “Putting the Children First” Initiative. There are 4,021 students that actively receive the School Success Initiative (SSI) services in Wayne County; 387 Strengths and Difficulties Screenings completed; 2,539 Tier 1 services; 384 Tier 2 services and 711 Tier 3 services. There were 41 new SSI referrals and one (1) student was discharged from the program. Three students enrolled in the program had crisis screenings this quarter (1-partial hospitalization and 2-inpatient hospitalization). Redcap access was discontinued effective 9/26/22 due to security challenges. The plan is for data reporting to be transferred from Recap to MH-WIN and training was held on 10/13/22; 75% of the SSI Handbook has been completed; Wayne RESA trained providers on the Michigan Model for Health (MMH) curriculum in August 2022 and The Guidance Center purchased additional kits. “Get On and Learn” (GOAL) Line received a provisional credentialing to start services on 10/1/23. DWIHN served a total of 11,343 children, youth and families in Wayne County ages 0 up to 20 years old for

	<p>Serious Emotional Disturbance (SED) and Intellectual/Developmental Disability (I/DD). There were 404 families that received Home Based services this quarter. There were 331 families that received Wrap Around services this quarter. Dr. Tauzeg opened the floor for discussion. Discussion ensued.</p> <p>D. Customer Service – Michele Vasconcellos, Director of Customer Services submitted and gave a report on the Customer Service’s quarterly report the ECHO Review and Member Experience Summary. Ms. Vasconcellos reported that Reception/Switchboard received 4,139 calls with an abandonment rate of 1.2% for FY 23, Q1. The Customer Service Call Center received 1,696 calls with an abandonment rate of 4.9% this quarter. The Family Support Subsidy area received 1,692 calls; 292 applications received and 194 applications processed for Q1. There were 25 grievances received and 12 resolved for Q1. There were two (2) MI Health Link Grievances for Q1. There were 1,215 Advance Notices and 5,343 Adequate Notices for Q1. There were 198 Appeals Communications received; 10 appeals received and 11 resolved for Q1. There was one (1) DWIHN State Fair Hearing received for Q1. Customer Service continues to assess member experience via various survey activity. DWIHN’s partnership with Wayne State University for Urban Studies assisted in the administering of the ECHO Adult and Children’s Member Satisfaction Tool. The Member Experience Report that looks at the ECHO Surveys has been included in the packet. Dr. Tauzeg opened the floor for discussion. Discussion ensued.</p> <p>E. Integrated Health Care (IHC) – Deferred to April 12, 2023, Program Compliance Committee Meeting.</p> <p>The Chair noted that the Access Call Center, Children’s Initiatives, Customer Service’s quarterly reports and the ECHO Review and Member Experience Summary have been received and placed on file.</p>
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XI. Strategic Plan Pillar - Quality

DISCUSSION/ CONCLUSIONS	<i>There was no Strategic Plan Pillar to review this month.</i>
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XII. Quality Review(s) -

DISCUSSION/ CONCLUSIONS	<i>There were no Quality Review(s) to review this month.</i>
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XIII. New Business: Staff Recommendation(s)

DISCUSSION/ CONCLUSIONS	<i>There were no New Business, Staff Recommendations to review this month.</i>
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XIV. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS	Manny Singla, Executive VP of Operations introduced Brandon Taylor, Director of the Managed Care Operations department and Keith Frambro, Associate VP of the I.T. department to the committee.
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ACTION ITEMS	Responsible Person	Due Date
1. Following Up Items from Previous Meeting 1. A. Chief Medical Officer’s Report: Veterans suicide – Provide a report on the trends within the 55-74 age group and explore options for this group.	Dr. Shama Faheem	TBD
2. Chief Medical Officer’s Report A. Provide an update on the status of hiring staff for the OBRA program at next month’s meeting. B. Provide an update on the trending of the OBRA program in six (6) months. C. Provide background information in the next report if the numbers remain low on the performance indicators	Dr. Shama Faheem Dr. Shama Faheem Dr. Shama Faheem	April 12, 2023 September 13, 2023 April 12, 2023
3. Access Call Center Quarterly Report – Provide an on the impact that the DWIHN App has had since its’ launching		April 12, 2023

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

ADJOURNED: 3:02 p.m.

NEXT MEETING: Wednesday, April 12, 2023 at 1:00 p.m.

**Program Compliance Committee Meeting
Chief Medical Officer's Report
Shama Faheem, MD
April 2023**



Behavioral Health Education and Outreach:

DWIHN has continued outreach efforts for behavioral health services

- Panelist for discussion around Suicides in Muslims at Muslim Mental Health Conference organized by Michigan State University, Lansing March 11, 2023
- Attended and was panelist at The Impact of Adverse Childhood Conference organized by Institute of Trauma and Economic Justice, sponsored and coordinated by DWIHN-March 31, 2023
- FDA approved naloxone nasal spray to be available over the counter

DWIHN Crisis Continuum Updates

DWIHN continues our construction at the Milwaukee location. We have hired Site Director, Unit administrator and Director of Quality who are focusing on creating Electronic Medical Records forms and templates, policies, procedures, job descriptions, reviewing training requirements and workflows. We also continue to work with the State as they revise Crisis Stabilization Unit guidelines. Numerous updated drafts have been completed by the State with the most recent version released 4/5/23 but final guidelines are yet to be released.

We are also working on mobile crisis grant and have interviewed and offered position to Mobile Crisis Director and will be working on next steps of the project plan.

Collaborated with Wayne State University Department of Psychiatry on educational partnership opportunities and Crisis Center rotation opportunities that will help create pipeline programs for psychiatry residents, child and adolescent psychiatry fellows and other fields such as Physician assistant program and psychology to get knowledge and experience with CMH system.

Integrated Health (IHC) Department:

DWIHN Completed its hiring needed for the start of services and went live April 1, 2023. DWIHN has hired 4 fulltime RN, 2 contingent RN, 9 Fulltime Evaluators, 1 Occupational Therapist, 1 Intake Specialist, 1 contingent Evaluator, 1 Manager and 1 Administrator, and 1 part time psychiatrist. The only positions left to hire are the support staff. Communications were sent to hospitals and nursing homes about the new number and to ensure smooth transition. Close collaborations continued with NSO.

Improvement in Practice Leadership Committee (IPLT):

IPLT reviewed and Medication Assisted Treatment for Opioid Use Disorder Policy. PHQ-A compliance as well as intervention steps to improve scores for Children HEDIS measures were discussed during the meeting. IPLT continues to strive for improving clinical practices throughout our network.

Quality Improvement Steering Committee:

QISC reviewed Behavior Treatment Advisory Committee's (BTAC) analysis of report for FY 22 and identified that more and more CRSP have established Behavior Treatment review committees. Monitoring of members on Behavior treatment plans has been made easier by adding alerts in their

chart. Trainings continue to be provided by our BTAC lead. Quantitative and Qualitative review of FY 23 Q1 Critical and Sentinel Events was done and opportunities to make system wide improvements such as Fall study on members with multiple psychotropics was discussed as well as updating and revising the Fall Risk protocols, education and policies on Choking Hazards, and IPOS identification of SUD needs at the onset of treatment. Opportunities to make systemic improvement based on ECHO survey result from last year were also discussed.

Quality Department:

Highlights: For FY 23 1st Qtr, DWIHN met all State standards for Performance Indicators. 2 of the 8 DWIHN reported indicators do not have standards yet but are likely to be released later this year. Indicator 10 or the percentage of readmissions of children and adults to an inpatient psychiatric unit within 30 days of discharge from an inpatient for the 1st Qtr of FY 23 met State standard of less than 15% and was at 14.03% total (7.51% for children and 14.69% for adults). This has been a challenging Indicator for DWIHN historically but has continued to improve steadily. 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 (45.15%) Q1 and very preliminary Q2 at 46.55%.

HCBS Status Update: Home and Community Base compliance to CMS Final Rule has been a huge project with several subprojects. DWIHN successfully completed the Transition project for members identified by the State as needing transition to State identified pathways. Quality, Clinical and Residential team have been working collaboratively to achieve these deadlines. Next and ongoing Project is about surveying settings that were identified by State on Heightened Scrutiny list. These activities will continue for the month of April.

*Adult Initiatives/Clinical Practice Improvement (CPI) Quarter One
Program Compliance Committee Meeting
April 12, 2023*

Executive Summary Report

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.

Adult Initiatives met in person with Joseph Longcor and Dominic D'Aguanno from Michigan Department of Health and Human Services regarding Supported Employment. Discussions included future goals of the program, returning to in- person services, challenges, patterns strengths and opportunities for improvement.

Assertive Community Treatment (ACT)

During 1st quarter, Assertive Community Treatment (ACT) providers currently serviced 832 SMI adult population. There are currently 8 ACT providers agencies in Wayne County. CPI monitors 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 technical assistance ensure program eligibility requirements were met. Please see graph below.

CPI facilitated the monthly ACT forum where topics discussed were completion of clinical documentation with regards to the PAR, PHQ-9 updates, hospital recidivism, Assistance Outpatient Treatment orders and ACT members, ways to engage members, and staff providing coordination of care while in 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.

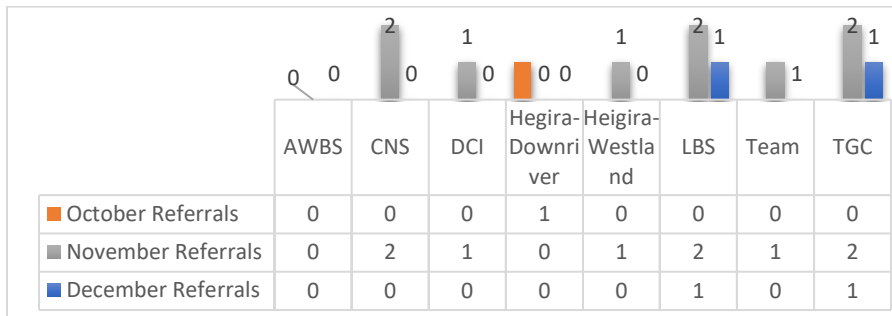
Med Drop

During 1st quarter, CPI facilitated follow up monthly meetings with all of our pilot program providers for Med Drop, who are Lincoln Behavior Services, CNS, All Well Being Services, Hegira,

Development Centers, The Guidance Center, Team Wellness and DWIHN internal staff. Topics discussed were ways to increase admissions rates, talking points, and recommendations for providers with regards to presenting the program to members, med drop new process, and any authorization concerns. Adult Initiatives and Med Drop coordinator discussed the addition of another CRSP, and will open Med Drop program and services to Southwest Solutions where additional members may benefit.

Please see report attached.

For quarter one, there were, 51 Current Active Clients. AWBS has 1 member, Hegira- Downriver has 12; CNS has 7; DCI has 13; Hegira- Westland has 0; LBS has 15; TGC has 1 and Team Wellness has 2.



Med Drop System Outcome from October 1st through December 31st

During the 1st quarter there was a 39% reduction in the number of psychiatric hospital admissions for clients while participating in the Med Drop Program, There was a 45% reduction in psychiatric hospital days for clients while participating in Med Drop Program, compared to the number of psychiatric hospital days used by the Med Drop clients in the 12 months prior to entering the Med Drop Program. There was a 50% reduction in jail admissions for clients while participating in the Med Drop Program compared to the number of jail admissions for the Med Drop clients in the 12 months prior to entering the Med Drop Program.

Collaboration with Clinically Responsible Service Providers, (CRSP)

Adult Initiatives virtually met with staff at Black Family Development. The staff provided us with information on their program offerings which consisted of Juvenile Justice, Mental Health,

Substance Abuse, prevention, Family Preservation and Support, Parents as Teachers (PAT), Community Development and Building Community Partners.

Adult Initiatives met with the staff at the Development Center's W. McNichols location. Their staff provided information on the myriad of programs offered at their program, such as being partnered with the Detroit Workforce board which focus on removing barriers to employment. Some of their programs include training and expanding pathways to careers and system change. The staff provided us with a tour of this location which included an employment services hub, clubhouse store, and a member-operated banking program.

Adult Initiatives met with the staff at The Guidance Center which included the CEO, several Directors and Program Managers. The clinical director of Adult Behavioral Health elaborated on their supported employment program as well as outpatient and residential services. A few of their specialty programs include the jail diversion, AOT and the NGRI populations. The Guidance Center has a host of community programs which include a series of movies which can be accessed via YouTube or in-person. The Guidance Center provided information on their children's programs as well as services for returning citizens populations. TGC also provided information on their Zero Suicide program which yielded in zero suicides within a 6-month period after its implementation. Additional information on the Zero Suicide program can be found at: <https://zerosuicide.edc.org/about>.

Home and Community Based Services, (HCBS) Monitoring Pathway Three

Discussion and meetings took place to address the current HCBS concerns and Adult Initiatives is monitoring **46 individuals** to ensure well-being and safety. Home and Community Based Service (HCBS) are Medicaid services for people with disabilities to help them live in their own homes and communities. The HCBS Rule identifies how specific services and supports must be provided in all states in order for the states to continue to receive Medicaid funding. Services are provided in places that offer full opportunities for connection to the community. Residential homes that did not meet HCBS guidelines and requirements were placed on heightened scrutiny and become non-Medicaid funded. Individuals who chose to remain in the home, rather than move to an approved HCBS home, are being monitored with their CRSP and weekly updates are being provided.

Outcomes Improvement Committee, (OIC)

The Outcomes Improvement Committee continues to meet bi-monthly with DWIHN internal departments and the CRSPs to discuss and get updates on **35 high-risk and recidivistic members**. In collaboration with many DWIHN internal departments and the assigned CRSP's recommendations are made to ensure appropriate level of care, treatment modalities and safety concerns are addressed. Updates and recommendations are tracked on a spreadsheet and updated at each meeting.

Crisis Services 2nd Quarter: January-March 2023

Summary Report

Below is the data for the Crisis Services Department, 2nd quarter FY 22/23 for adults and children. Overall, there was a 6% increase in the number of requests for service for children, and the number of overall requests decreased by 2% for adults. The diversion rate for children decreased by 6% in the 2nd quarter as compared to the 1st quarter. The Crisis Stabilization Unit (CSU) at COPE saw a slight decrease in the number of members served compared to the 1st quarter (653 in Q1, 629 in Q2), whereas Team Wellness Crisis Stabilization Unit saw a decrease in members served at 559 (707 served in Q1).

There was a 15% increase in members served at Team Wellness CSU this quarter as compared to this time last year (Q2 2022), as well as a 137% increase in DPD drop-offs indicating the CSU is more readily utilized than it was this time last year. The CSU at Team Wellness diverted members 80% of the time this quarter, and month to month averages around 77% diversion overall.

Data shows a decrease in telephonic screenings as compared to the 2nd quarter in 2022 and there was a 3% increase in face to face screenings this quarter as compared to this time last year, but numbers reflect no significant differences in diversion rate when the screening is telephonic vs face to face.

There was an 8% decrease in requests for service (RFS) that came from hospital EDs as compared to Q2 2022, and there was a 36% increase in the number of RFS coming from COPE as a walk-in as opposed to last year.

FY 22/23 Q2 Accomplishments

- Hospital Liaison staff were involved in a total of 646 cases receiving crisis services during the 2nd quarter FY 22/23. This involvement consisted of contacts made with community hospitals related to movement of members out of the emergency departments, and individuals awaiting inpatient placement beyond 23 hours. The overall diversion rate from an inpatient level of care was 36% compared to 26% in the 1st quarter. There were 56 crisis alerts received for the quarter and 46% of those cases were diverted to lower levels of care.
- During the 2nd quarter, DWIHN received a total of 421 AOT orders (an 18% increase from the 1st quarter) and the Community Law Enforcement liaison has established working relationships with probate court to ensure compliance with AOTs and transport orders within the network.
- The Crisis Services Department has met internally and with neighboring counties Macomb and Oakland to solidify a County of Financial Responsibility (COFR) process and procedure in an effort to coordinate services at the onset of a crisis encounter in a more efficient way, utilizing feedback from the screening agencies and neighboring counties' processes/procedures.
- The Crisis Services Department is utilizing a pre-admission review (PAR) audit tool to monitor quality of the evaluations done by the contracted screening agencies in tandem with the Utilization Management Department at DWIHN.
- The "Emergency and Post-Stabilization Services" policy has been written and solidified which is in line with 42 CFR and HSAG.
- Established internal committee to discuss high-risk, high complexity cases and provide consultation to the clinically responsible service providers.
- The crisis area of the website has been solidified and catered to both members and providers.

Crisis Services 2nd Quarter: January-March 2023

Summary Report

FY 22/23 Q2 Area of Concern

- DWIHN continues to work toward solidifying another crisis residential site to promote stabilization in the community.

Plans for FY 22/23 Q3

- Solidify a crisis dashboard leveraging IT in order to identify and utilize crisis services data toward process efficiencies.
- Participate in ongoing high-risk member consultation internally at DWIHN.

Crisis Services 2nd Quarter FY 22/23: January-March 2023

Below is the data for the Crisis Services Department, 2nd quarter FY 22/23 for adults and children. Overall, there was a 6% increase in the number of requests for service for children, and the number of overall requests decreased by 2% for adults. The diversion rate for children decreased by 6% in the 2nd quarter as compared to the 1st quarter. The Crisis Stabilization Unit (CSU) at COPE saw a slight decrease in the number of members served compared to the 1st quarter (653 in Q1, 629 in Q2), whereas Team Wellness Crisis Stabilization Unit saw a decrease in members served at 559 (707 served in Q1).

CRISIS DATA

1. Children’s Crisis Providers: The Children’s Center (TCC), The Guidance Center (TGC) and New Oakland (NOFC).

QTR	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	Crisis Stab
1 st FY 22/23	814	733	197	24%	592	73%	345
2 nd FY 22/23	867	785	256	30%	586	68%	350

- There was a 6% increase in the number of requests for service for children as compared to the 1st quarter. The diversion rate for the 2nd quarter decreased 6% from the 1st quarter.
- The number of Mobile Intensive Crisis Stabilization cases increased slightly from the 1st quarter from 345 members served to 350 members served.

2. Community Outreach for Psychiatric Emergencies (COPE): Hegira with Neighborhood Services Organization (NSO) as subcontractor.

QTR	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	# Inpt due to no CRU
1 st FY 22/23	2,770	2,573	1,918	69%	800	29%	15
2 nd FY 22/23	2,700	2,486	1,828	68%	803	30%	28

- Numbers above reflect a 2% decrease in RFS compared the 1st quarter. The percentage of members admitted to inpatient decreased slightly from the 1st quarter, and the percentage diverted increased slightly this quarter as well. The number of individuals going inpatient due to no CRU beds available increased compared to the previous quarter.
- COPE Mobile Stabilization services were provided to 229 members for the 2nd quarter, which is a 43% increase compared to the 1st quarter at 129 members.

Crisis Services 2nd Quarter FY 22/23: January-March 2023

3. Crisis Residential Services (CRU)

Hegira Crisis Residential Unit Admissions	
1 st FY 22/23	72
2 nd FY 22/23	77

- There was a slight increase in CRU admissions in comparison to the 1st quarter.

4. Crisis Stabilization Units

- COPE: Served 629 members for the 2nd quarter which is a slight decrease from the previous quarter at 653 members served.
- Team Wellness Center: Served 559 members for the 2nd quarter, which is a 26% decrease from the 1st quarter (707 members).

5. ProtoCall:

Qtr./FY	# Incoming Calls	# Calls Answered	% answer w/in 30 secs	Avg. Speed of answer	Abandonment rate
2ndFY 22/23 January and February	1,342	1,295	88%	18s	1.85%

6. Mobile Outreach Services: Partnership Wayne Metro and Black Family Development (BFDI)

- The Crisis Services Department Mobile Outreach Clinician attended 28 sites during the 2nd quarter.
- Education and meaningful conversations occurred with 860 individuals who were educated on DWIHN services and provided information.
- 45 follow up calls were made with members met, 8 referrals were made as a result of follow up.
- Referrals made by type: benefit assistance: 3, bill payment assistance: 3, connection to the Access center at DWIHN: 12, and 3 benefit assistance referrals.

FY 22/23 Q2 Accomplishments

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Crisis Services 2nd Quarter FY 22/23: January-March 2023

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Plans for FY 22/23 Q3

- Solidify a crisis dashboard leveraging IT in order to identify and utilize crisis services data toward process efficiencies.
- Participate in ongoing high-risk member consultation internally at DWIHN.

Innovation & Community Engagement

April 2023 Quarter 2

Executive Summary

Presented April 2023

Andrea L. Smith, Director

Department Mission: To lead the organization in innovation by providing effective and efficient workforce development needs to the provider network. We strive to provide continuous support to the community through educational outreach and engagement while placing an emphasis on recovery and supporting resilience.

The second quarter focused on ensuring contracts and programs were executed and implemented for the remainder of the fiscal year.

Major projects of focus are the partnership with the Detroit Police Department and the Wayne County Sheriff’s Office and suicide prevention and outreach.

The DWIHN/DPD Mental Health Co-Response Partnership – The co-responders responded to a total of 646 encounters.

The Jail Navigator program received 18 referrals and of those interviewed, 5 were accepted into the program and connected to residential treatment. Other individuals not interested in residential were referred to the 36th District Mental Health Court. DWIHN has partnered with the 36th District Court to hire a Court Assessor to attempt to ensure that individuals with a behavioral health nexus are properly screened and referred to the Mental Health or Drug Treatment Court Docket.

Justice Involved Initiative	Number of Encounters/Screened
Co-Response Teams	646
Mental Health Jail Navigator	22
Communications Behavioral Health Specialist	59
Detroit Homeless Outreach Team	215

Innovation & Community Engagement Quarterly Executive Board Report

Presented April 2023

Andrea L. Smith, Director of Innovation & Community Engagement

Department Mission: To lead the organization in innovation by providing effective and efficient workforce development needs to the provider network. We strive to provide continuous support to the community through educational outreach and engagement while placing an emphasis on recovery and supporting resilience.

The past quarter provided lessons learned about the opportunities available for Innovation and Community Engagement. Reach Us Detroit, Student Training Programs, and Community Awareness and Education have been identified in the community as necessary components to improve the well-being of Wayne County.

Justice Involved Initiatives

This quarter, the **Mental Health Co-Response Partnership** - Co-responders had a total of 646 encounters, and 132 individuals were connected to a service.

The continuation of CIT training, the introduction of virtual behavioral health assessments where possible, and centralization of the Mental Health Co-response Units. As well as centralizing the co-response units to operate as 12 units across the six call districts over two shifts, 7 days a week (A: 11am -7pm and B: 7pm-3am)

DWIHN continued to oversee and manage the **Mental Health Jail Navigator Project**. The goals are to Reduce the length of stay in jail.

- Reduce recidivism.
- Improve access to mental health services.
- Increase treatment retention.
- Increase public safety.

Individuals booked in the Wayne County Jail charged with misdemeanor offenses who are also DWIHN participants are identified within 24-72 hours of booking for participation in the Program. A Mental Health Jail Navigator (MHJN) meets face-to-face with each identified participant within this same time period and screens them for clinical and legal eligibility while considering criminogenic risk factors and needs such as mental health treatment, substance use disorder treatment, and housing assistance.

The target population is non-violent misdemeanor offenders with mental health and/or substance abuse issues. They can be on public record as being previously diagnosed or treated – or even listed as receiving services from an agency currently.

The Mental Health Jail Navigator referrals remain consistent, as 22 individuals were referred and interviewed.

DWIHN continues to have a **Behavioral Health Specialist (BHS) embedded at DPD’s Communication Center** to assist with any calls that need mental health support and resources. During this quarter, there were 59 individuals referred for follow-up.

Central City Integrated Health serves as the lead behavioral health provider for the homeless outreach team, along with our City of Detroit partnering provider Motor City Mittens. The population served are predominately African American and Caucasian, there is a small percentage of Latinos and two Asian. For the Quarter there were 215 encounters.

Justice Involved Initiative	Number of Encounters/Screened
Co-Response Teams	646
Mental Health Jail Navigator	22
Communications Behavioral Health Specialist	59
Detroit Homeless Outreach Team	215

COVID-19 Virtual Therapy Line – Reach Us Detroit

Reach Us Detroit responded to 188 tickets this quarter, with requests for therapy and connection to housing, food, and income resources. Therapy services have had a central theme of healing from trauma that individuals weren't aware they had prior to learning in community-based settings (e.g. school, church, work).

Although there is a need for services, the capacity of the line with limited staffing has been challenging, and funding for full-time staff would support the availability and access to services.

Crisis Intervention Teams (CIT)/Crisis Response Training (CRT)

Crisis Intervention Teams (CIT) help divert people with mental illness away from jail and to treatment. CIT creates partnerships between law enforcement, mental health providers, hospital emergency services, and individuals with mental illness and their families. Through collaborative community partnerships and intensive training, CIT improves communication, identifies mental health resources for those in crisis, and ensures officer and community safety. DWIHN hosted **two** CIT 40-hour block during the quarter, **one** courses for dispatchers and call-takers, and **one** course in Crisis Response Training for Detroit Police Academy cadets. We also held **one** CIT for Executives course and **two** CIT Advanced courses which focused on responding to crisis situations when weapons are involved.

Network Training/Events

There were **42 events** during the quarter. A few of these are outlined below:

Additionally, we worked closely with Reverend Keyon Payton on the ACEs trauma conference. This event saw over 120 in attendance.

We hosted our own Trauma-Informed Conference with over 150 attendees, six breakout sessions, four guest speakers, and three vendors attending this annual conference held at Laurel Manor Banquet and Conference Center.

This month the team participated in the re-launch of our all-girls mentorship group at Renaissance High School located in Detroit. The purpose of this mentorship group is to provide sisterhood and information to girls transitioning from middle school to high school, and high school to college.

Executive Summary

Integrated Health Care 1st Quarter Report 2022-2023

Program Compliance Committee meeting – April 12, 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 December.

Measure	Measure Name	Eligible	Total Compliant	Non-Compliant	HP Goal	FY 22 Dec 2022	FY 2021
ADD	Follow-Up Care for Children Prescribed ADHD Medication Continuation Phase	261	129	132	62.04	49.43	6.25
ADD	Follow-Up Care for Children Prescribed ADHD Medication Initiation Phase	376	232	144	46.1	61.7	15.76
AMM	Antidepressant Medication Management Acute Phase	2929	1049	1880	77.32	35.81	41.28
AMM	Antidepressant Medication Management Continuation	2929	366	2563	63.41	12.5	13.36
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics						
APM	Blood Glucose and Cholesterol 1-11 age	177	30	147	23.36	16.95	19.34
APM	Blood Glucose and Cholesterol 12-17 age	376	127	249	32.71	33.78	29.35
APP	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics						

APP	Ages 1-11	67	47	20	67.39	70.15	83.06
APP	Ages 12-17	206	152	54	71.16	73.79	74.71
BCS	Breast Cancer Screening	7204	930	6274	59.29	12.91	22.76
CBP	Controlling High Blood Pressure	14151	3066	11085	79.08	21.67	16.58
CCS	Cervical Cancer Screening	15786	3488	12298	63.99	22.1	33.41
COL	Colorectal Cancer Screening	0	0	0	0	0	
FUH	Follow-Up After Hospitalization for Mental Illness 30-day P4P						
FUH	Ages 6-17	622	421	201	70	67.68	66.32
FUH	Ages 18-64	6689	3370	3319	58	50.38	46.67
FUM	Follow-Up After Emergency Department Visit for Mental Illness 30 day						
FUM	Ages 6-17	595	488	107	84.33	82.02	81.7
FUM	Ages 18-64	1256	578	678	61.05	46.02	42.11
SAA	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	1037	335	702	85.09	32.3	46.42
SMD	Diabetes Monitoring for People with Diabetes and Schizophrenia	820	154	666	85.71	18.78	35.97
SPR	Use of Spirometry Testing in the Assessment	706	120	586	31.48	17	13.41
SSD	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Med	1841	1346	495	86.36	73.11	64.86
UAM45	Use of three or more antipsychotics for 45 or more days	3454	9	3445	<10	0.26	0.35

Areas of improvement:

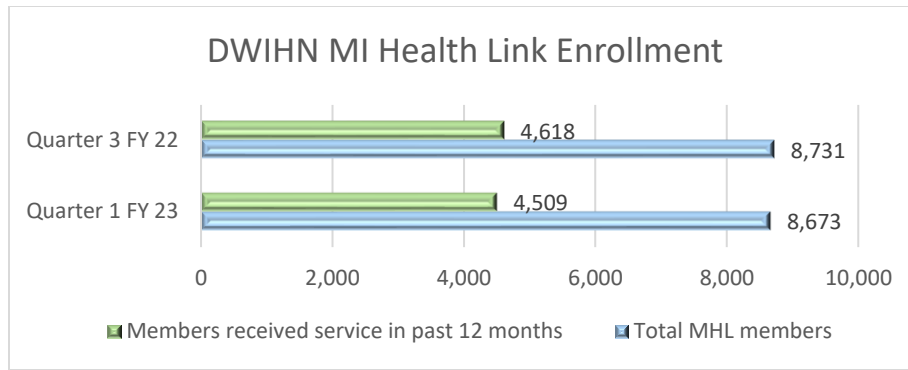
- FUH 30 day for adults and Children. This is a pay for performance measure and since October of 2022 DWIHN staff have presented the individual organization scores to CRSP providers in the 45-day meeting.
- ADD Follow-Up Care for Children Prescribed ADHD Medication
- SSD Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Med

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 and Access has a designated staff to process the referrals with the hope that this will increase the number of enrollees.



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 17 staff have been hired and started on March 27. Three more staff will be starting on April 3rd. Two support staff positions are needed.

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.

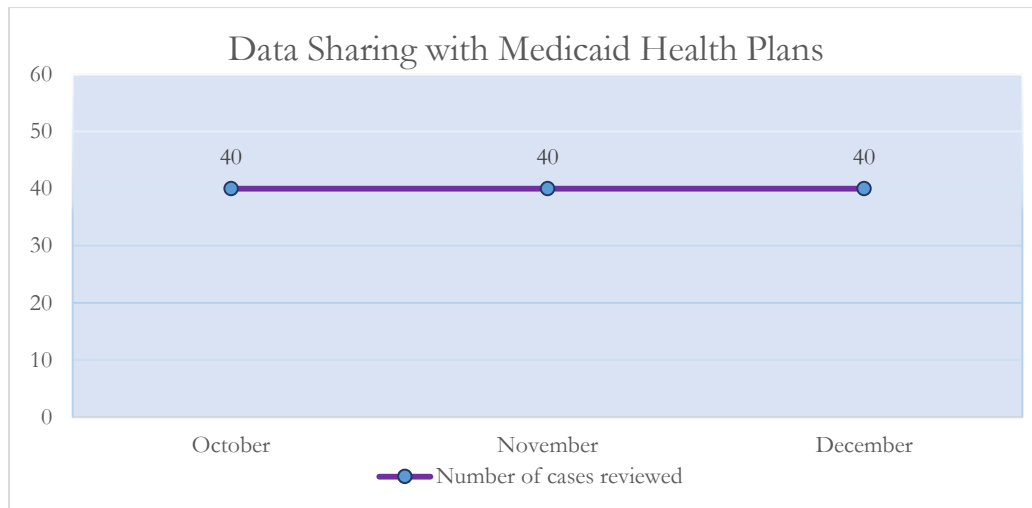
Detroit Wayne Integrated Health Network
Integrated Health Care Department
First Quarter Report FY 2023
Program Compliance Committee – April 12, 2023

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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.

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Quality Improvement Plans

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

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

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 December 2022.

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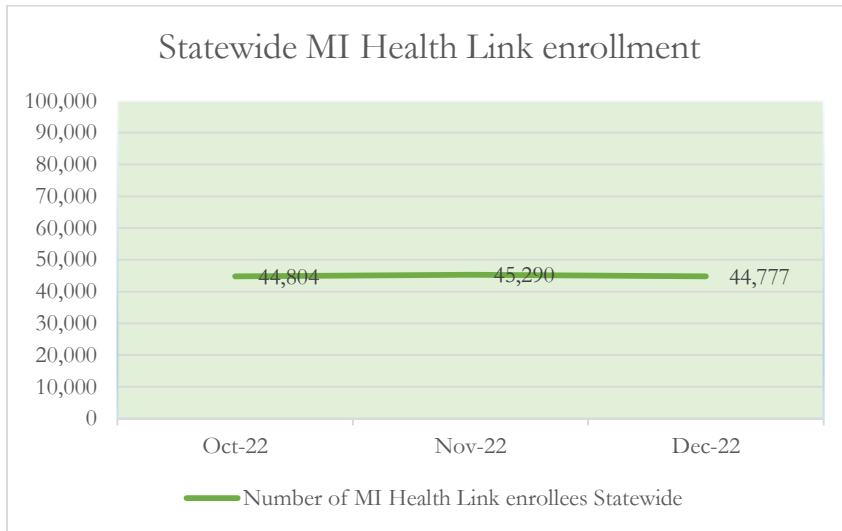
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- ADD Follow-Up Care for Children Prescribed ADHD Medication
- SSD Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Med

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. Access has designated individual staff to process the referrals with the hopes this will increase the number of enrollees.

Disability Designations for Members with MI Health Link

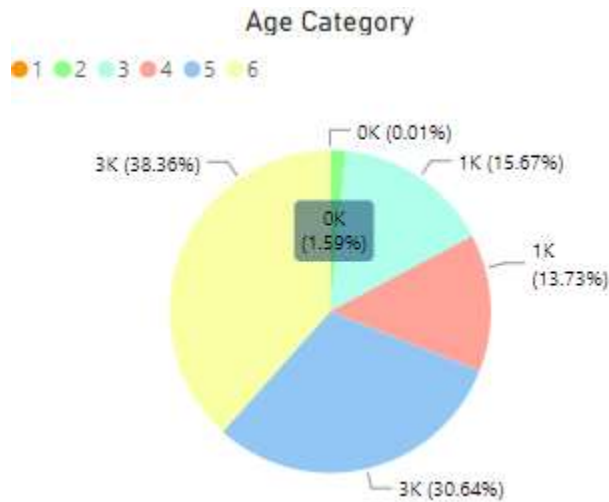
DWIHN provided services to 4509 MI Health Link members in the last 12 months. Approximately 73% of the members had a Mild to Moderate Mental Illness or Serious Mental Illness designation. 18% had an Intellectual/Developmental Disability. 599 active members with MI Health Link currently have a SUD disability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

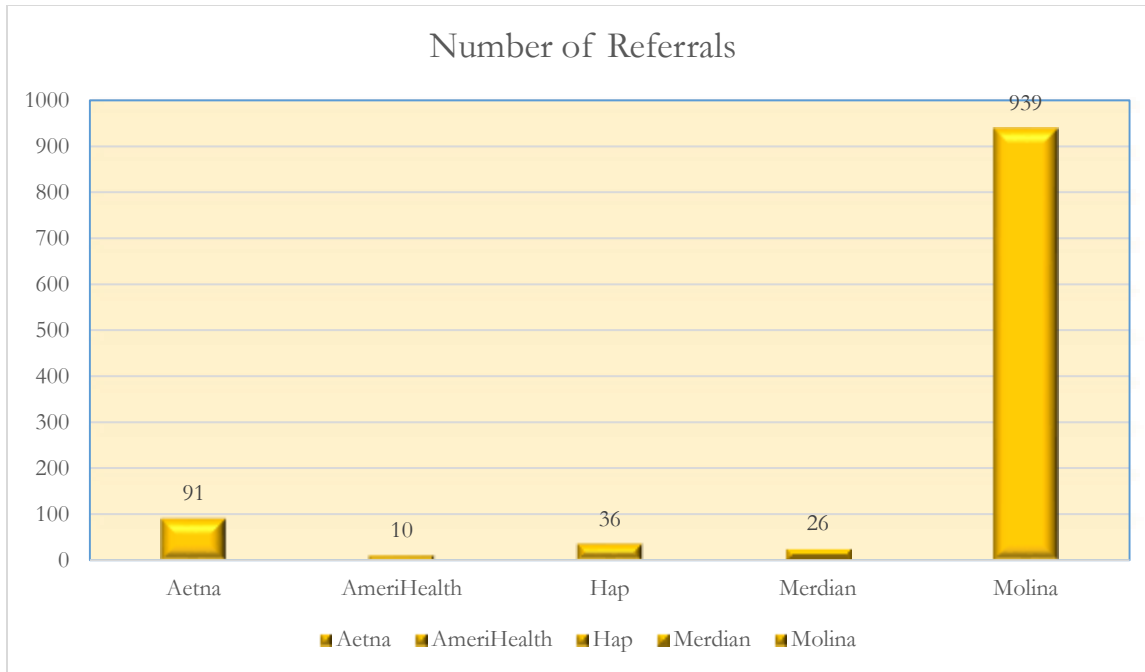
The majority of MI Health Link members served within the last four months reside in a Private Residence.

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 pending.



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:

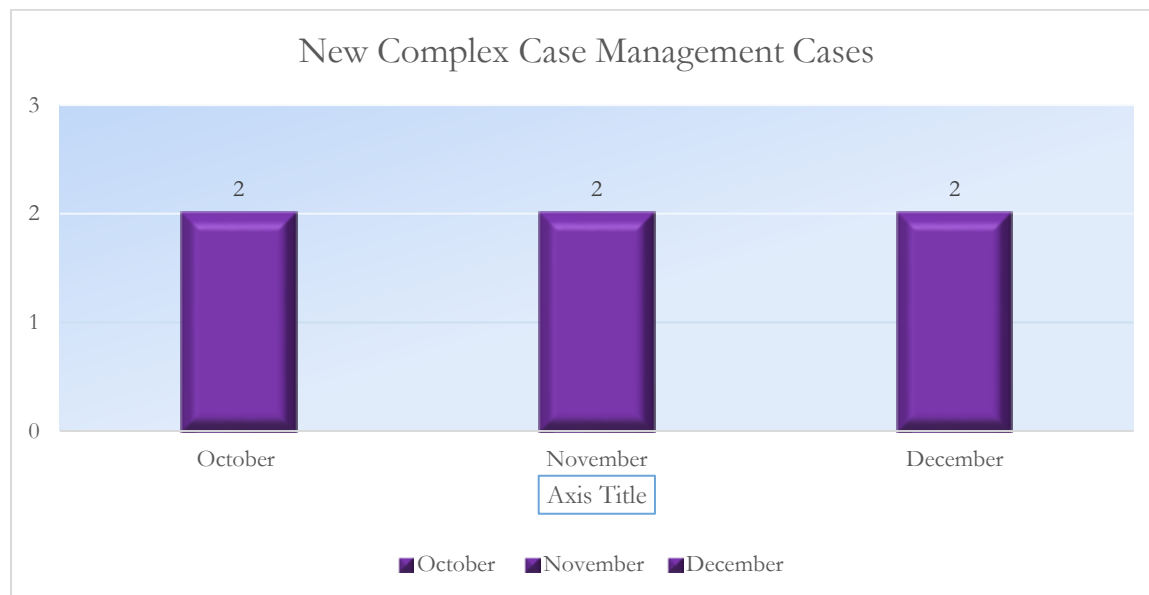
ICO Molina has initiated the delegation annual audit for MHL all departments completed virtual desk audit. Outcome from audit indicates more collaboration with Access Dept to complete lv2 timely

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

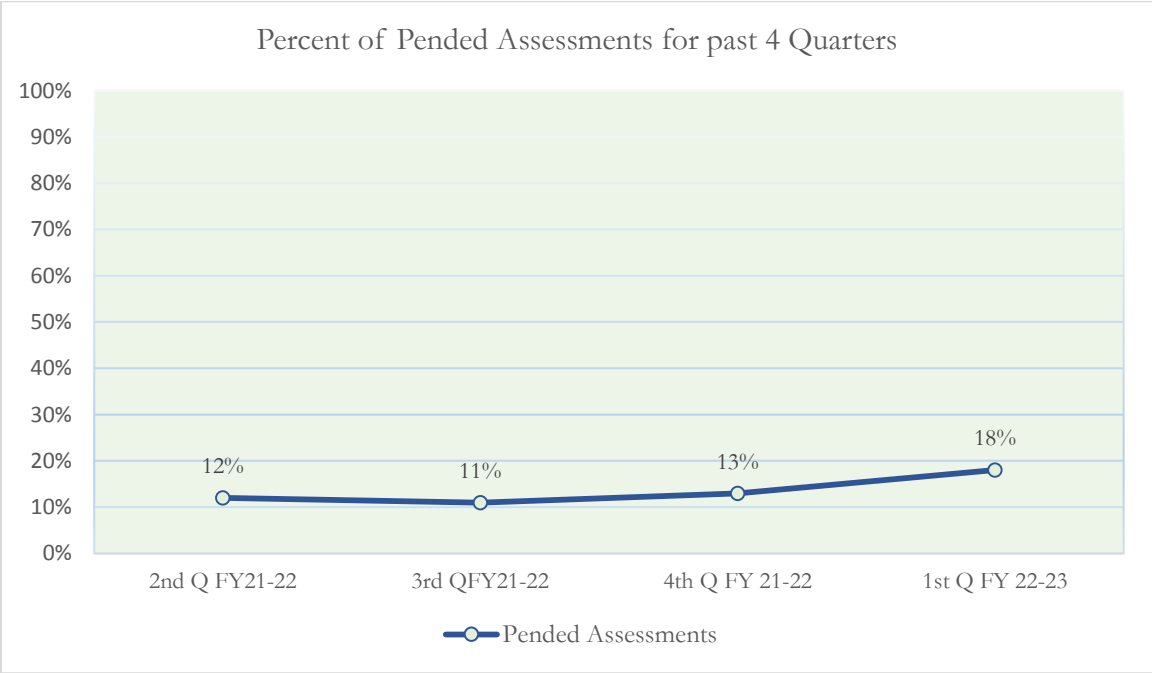
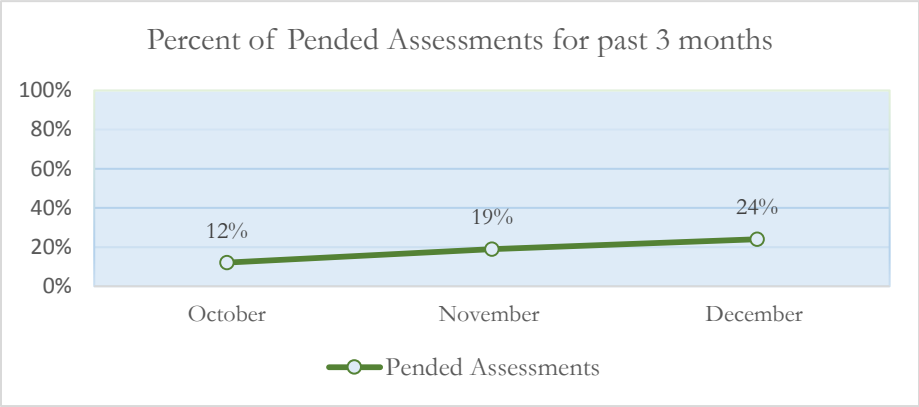
IHC continues to offer and provide Complex Case Management services to DWIHN members as part of DWIHN's NCQA accreditation. There were 43 CCM active cases within the quarter. Six (5) new Complex Case Management cases were opened during the quarter and 10 Complex Case Management cases were closed during 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/PASRR assessment que on an ongoing basis to review assessments that have been submitted by the OBRA/PASRR provider, Neighborhood Services Organization (NSO), to MDHHS. The Clinical Specialist also participated in the monthly meetings with NSO and quarterly meeting with MDHHS during the quarter.

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

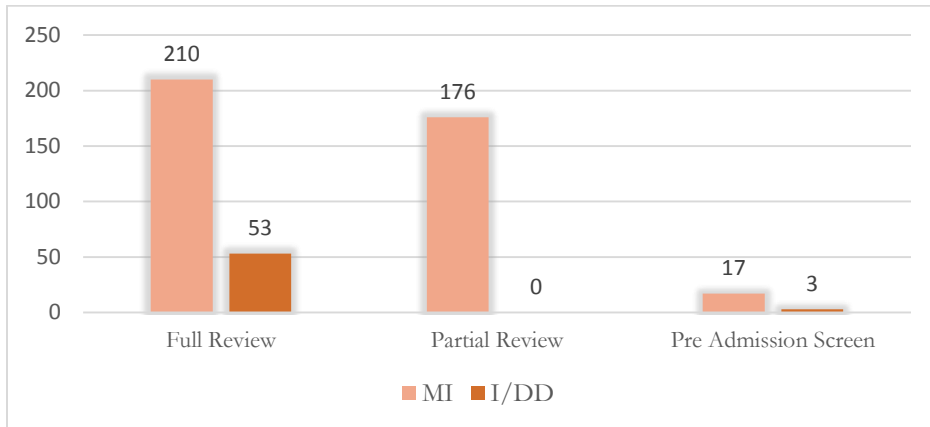


There were 28 consumers with MI placed out of nursing homes in the 1th quarter and 6 with I/DD. During the 1th quarter of the Fiscal Year, NSO’s OBRA trainer conducted 52 trainings involving 52 staff. Training topics included PASARR process and information, Abuse/Neglect, Resident’s Rights, Alzheimer’s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

The congruency was 97% for this quarter.

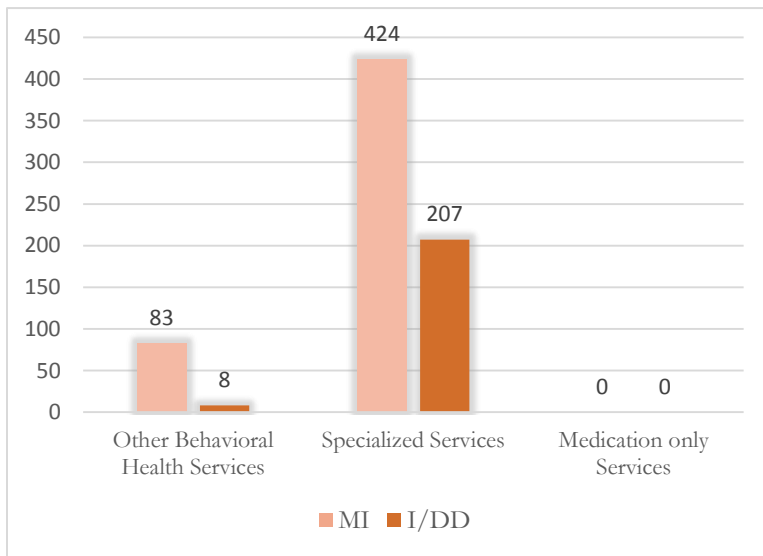
During the quarter, NSO completed screenings and reviews 458 members.

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





DW IHN UTILIZATION MANAGEMENT QUARTER 2

EXECUTIVE SUMMARY FY 2023

- **Habilitation Supports Waiver:** There are 1,084 slots assigned to the DWIHN. As of 3/31/23 A total of 1,004 slots are filled and 80 are open, for a utilization rate of 92.6%, which is a decrease from 93.4% last quarter. We continue collaborative efforts with our CRSP Providers as well as DWIHN's Residential Department to identify and enroll eligible members.
- **Autism:** Approximately 932 authorization requests were manually approved during the Second Quarter of 2023. There were an additional 400 authorizations completed via the auto-approval process for a total of 1,332 approvals for the quarter. There are currently 2,357 cases open in the benefit. There has been some staffing change and restructuring within this team and we now have an utilization management Administrator, an utilization management Manager of Autism Services, and two support individuals who assist with clerical functions and data analysis as well as assist with communications and collaborations with the CRSPs to coordinate enrollment processes.
- **Serious Emotional Disturbance Waiver (SEDW):** As of March 31, 2023, there were 64 active youth enrolled in the SEDW. This is an increase of 8 members since last quarter.
- **County of Financial Responsibility (COFR):** The COFR Committee meets weekly for one (1) hour to determine DWIHN's responsibility for behavioral health services. For the 2nd Quarter, the COFR committee had ten (10) adult COFR requests, and one (1) children's case. The crisis services department has also been working collaboratively with Macomb and Oakland Counties in order to draft a tri-county COFR process that will be implemented once complete.
- **General Fund:** Of the authorization approval requests received, there were 965 approvals for the 2nd quarter (reflecting an increase of 46 approvals), 71 of these approvals were for The Guidance Center CCBHC. Advance Notices issued for SUG and time span adjustments to requests totaled 711. There were also 29 administrative denials. The State Of Michigan has indicated that Medicaid Eligibility Renewals will restart, effective 4/1/23.
- **Provider Network:** Data for FY 23 Quarter 2 reflects 2,233 Inpatient, Crisis Residential and Partial Hospitalization admissions. This total is inclusive of adults and children admitted to

the types of care outlined above. To decrease the average length of stay and hospital admissions, the Utilization Management department continues to conduct bi-weekly case conferences with DWIHN's physician consultant to review inpatient admissions with lengths of stay equal to or beyond 14 days, promote treatment in the least restrictive environment and interdepartmental collaboration with Crisis Services, Residential, Quality and Integrated Care.

- **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. Currently, the PowerBI Dashboard indicates that in Quarter 2, there were 44,858 authorizations approved by the UM department. 75% of these were auto-approved utilizing the Service Utilization Guidelines. This number is reflective of non-SUD, non-ASD, non-urgent pre-service authorizations. Of the manually approved authorizations, our compliance with the 14 day processing time did have a decrease in February due to some technical issues that were causing authorizations to not populate and approve appropriately. This issue has since been resolved and our compliance has improved as a result.
- **MI Health Link:** During Quarter 2, there were 160 MI Health Link authorizations across all ICOs compared to 155 authorizations in Quarter 1, a 3.2% increase.
- **State Facilities:** The State Hospital Liaison Functions have been moved into the Residential Department.
- **SUD:** For the second quarter of FY 23, there were 3350 authorizations; 3,070 or 91.6% were approved within appropriate timeframes, an improvement of 1.6%.
- **MCG:** The Milliman Care Guidelines (MCG) are evidence-based care guidelines that are integrated within our MH-WIN system within the Preadmission Review and Continued Stay review processes. The majority of the PIHPs have adopted use of the MCG Behavioral Health guidelines to ensure parity across the state. DWIHN and other PIHPs are currently using the MCG BH Guidelines to screen for inpatient hospitalization, crisis residential and partial hospitalization. The 26th edition of the MCG guidelines and upgrade to Indicia have been implemented. Based on a meeting with the account representative and review of the Summary of Changes, very minor changes were made to the Behavioral Health Guidelines.
- **IRR:** New hire Interrater Reliability (IRR) testing continues to occur for new hires within the Learning Management System.
- **Denials and Appeals:** For the 2nd Quarter there were 7 denials that did not meet MCG medical necessity criteria for continued inpatient hospitalization. Also, we had 3 appeals

requested during the quarter. There were also 58 administrative denials and 13 administrative appeals.

- **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 collaborating with the clinical initiatives departments in preparing a training to assist CRSP Providers in writing quality IPOS documents that will then also improve the authorization request process.
- **Pre-Admission Review Audits:** During the Months of February and March, PAR Audits were conducted on PARs completed between January 1 and February 28 of 2023. A sampling of 25 charts per month were reviewed. There were several areas where the compliance was below 95% (threshold). Data was presented to the screening entities at huddle meetings, and further discussion will take place regarding updates to the PAR form in order to capture the needed information to improve compliance rates.

Adult Initiatives Department Vision/Strategic Plan

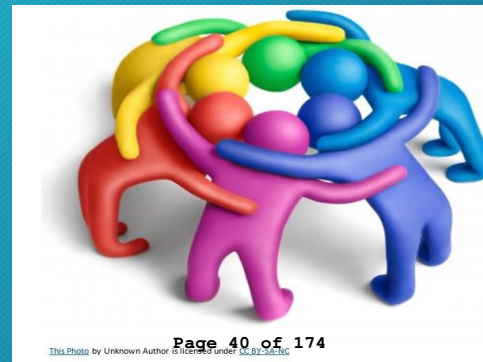
Presented By Marianne Lyons, LMSW, CAADC
Director of Adult Initiatives
1/2023



Adult Initiatives Vision



- The Adult Initiatives Department Vision is the result of months of engagement with Providers, Members, and other DWIHN internal departments.
- The goal is to improve and enhance behavioral health care for all members.
- This vision is a guidepost to ensure that efforts are coordinated, sustained, and accountable by working collaboratively with internal DWIHN departments and CRSP's to achieve greater wellness to those we serve.



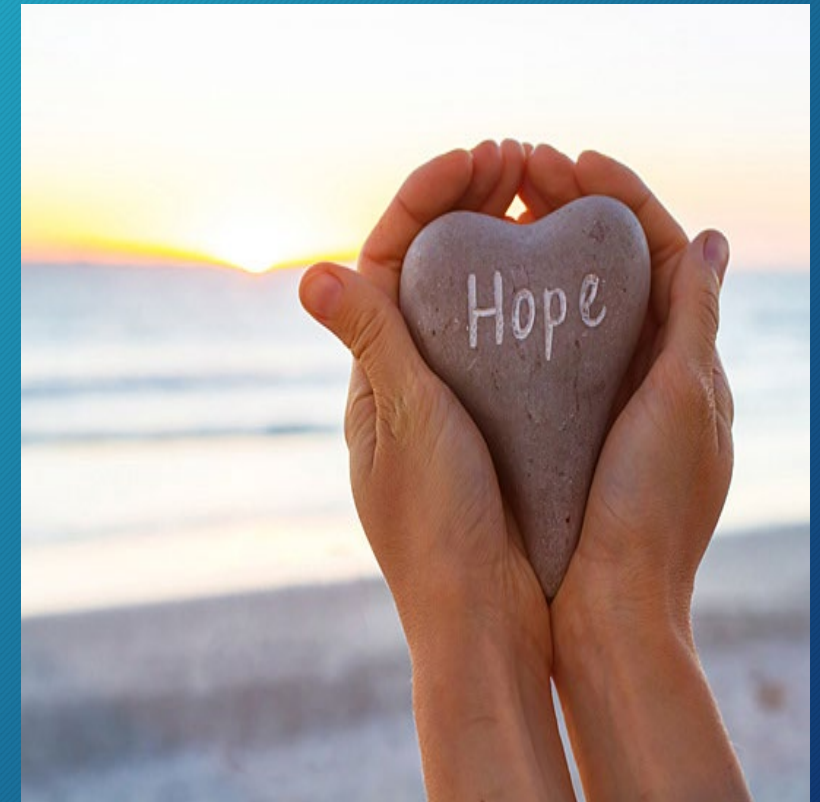
Adult Initiatives: Connecting Adults and Families to Hope



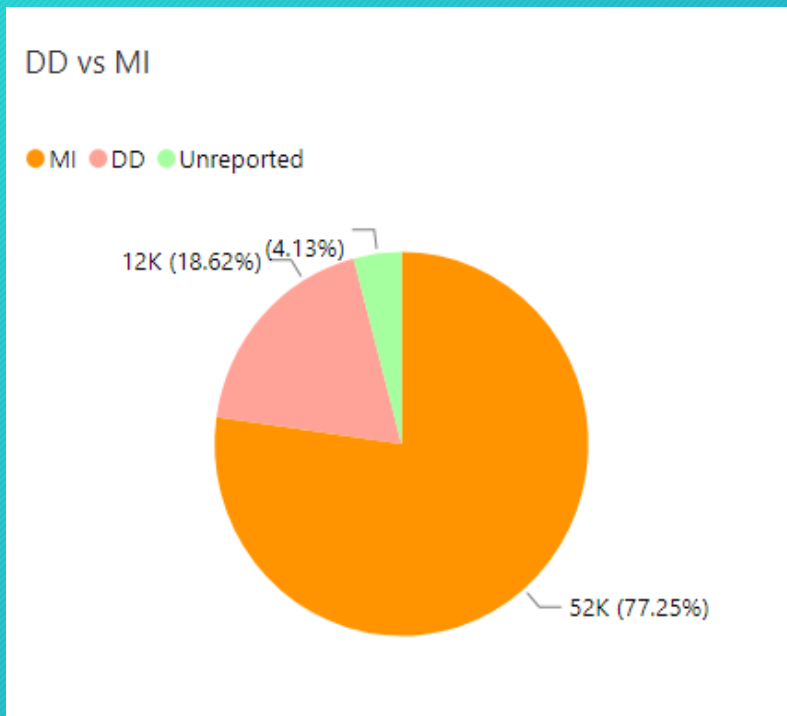
Hope is the belief that our future can be better than our past, and that we have a role to play in making that future a reality.

As behavioral health professionals, we encounter people everyday who have lost hope and are unable to see a future.

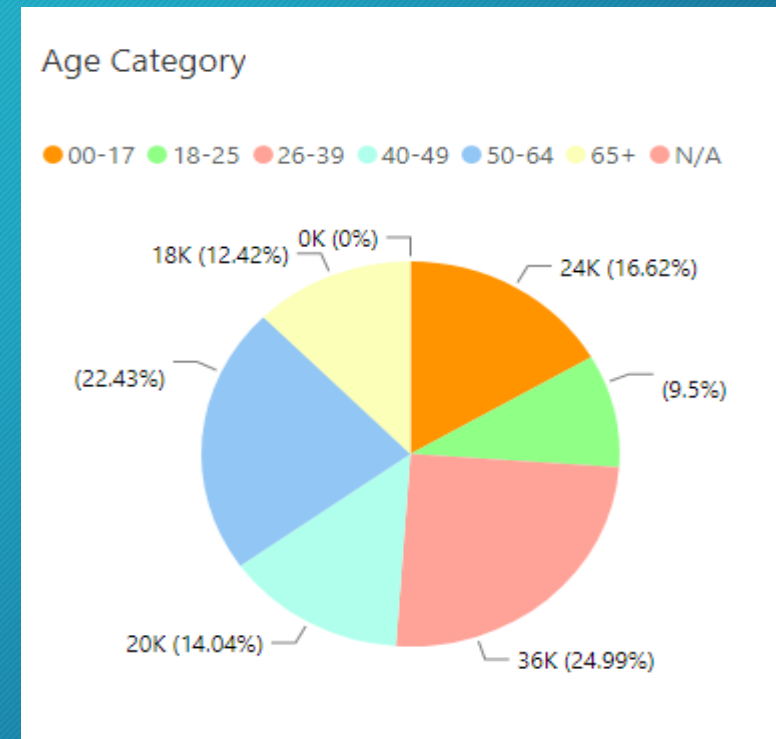
Our goal, our intent and our mission is to instill hope until that individual is able to find it for themselves.



Adult Initiatives : Who we Serve

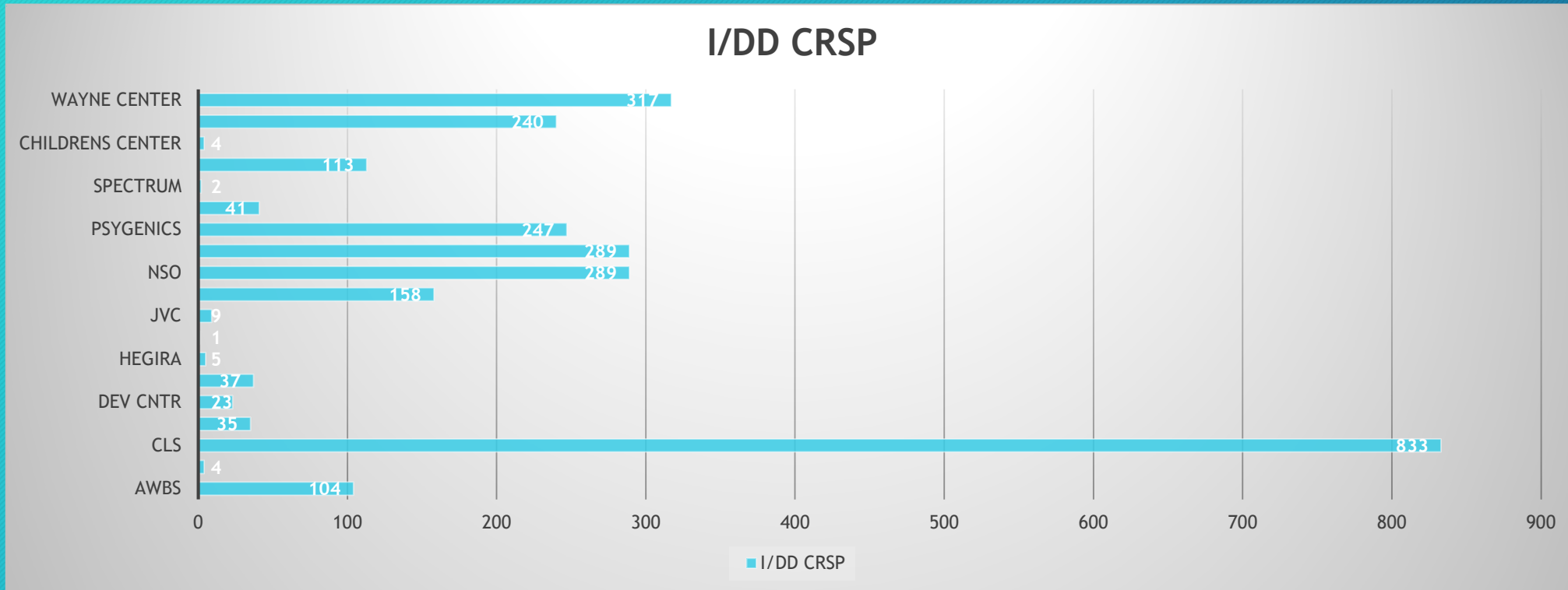


SMI had the highest # of Members at 51,849 followed by I/DD at 12,494 and Unreported at 2772.

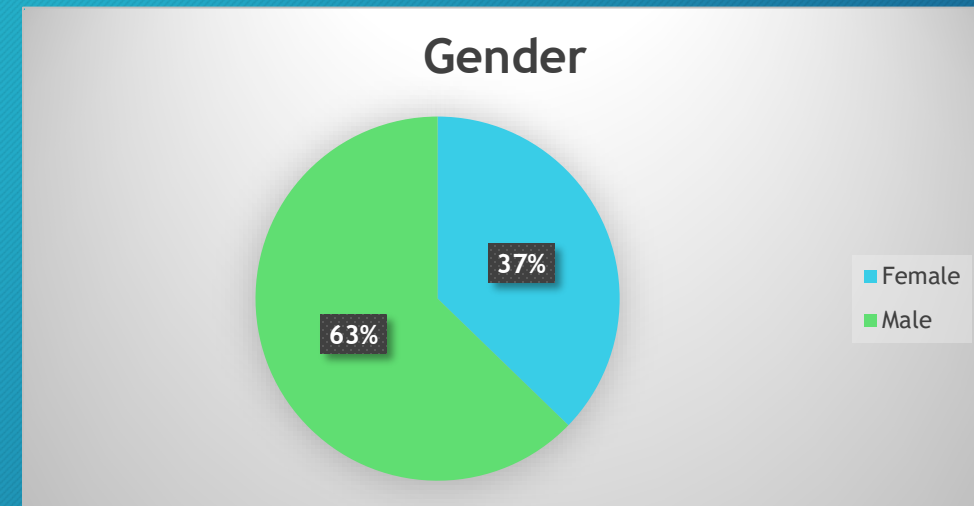
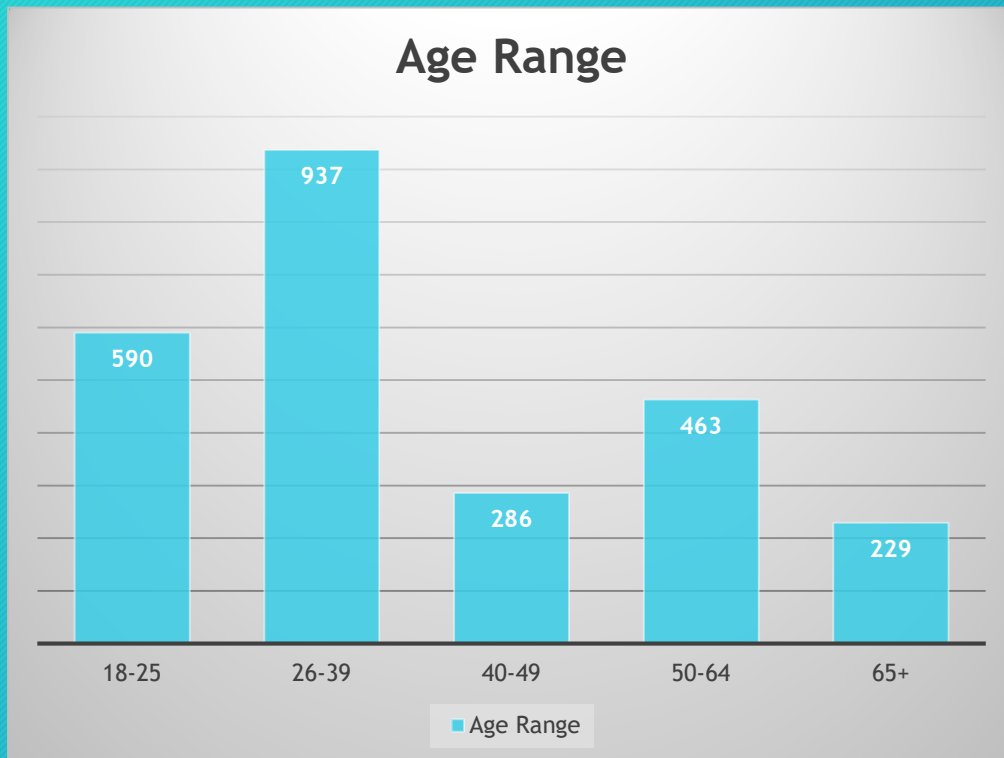


The largest age bracket is 26-39 years old.

Adult Intellectual Developmental Disability



Adult Intellectual Developmental Disability



SERVICES UNDER ADULT INITIATIVES



• Evidence Based Supported Employment

• MED DROP

• ACT

• Co-Occurring Disabilities

• Community Outpatient Level of Care

• Therapy

Case Management

• Adult Developmental Disabilities

Psychiatric

Adult Mental Health Services



BH CRSP

Members with Services

All Well-Being Services d/b/a AWBS - Main Office	1,099
The Children's Center of Wayne County	1,184
Central City Integrated Health (CCIH)	1,854
Development Centers, Inc.	2,143
Southwest Counseling Solutions	1,445
Wayne Center	1,009
Goodwill Industries of Greater Detroit	148
Jewish Vocational Services - Main Office	90
Arab Community Center for Economic Social Services (ACCESS) Inc.	1,109
Black Family Development, Inc.	189
Macomb-Oakland Regional Center, Inc.	633
Lincoln Behavioral Services Inc.	4,083
Hegira Health, Inc.	5,263
Starfish Family Services, Inc.	1,323
Assured Family Services	19
The Guidance Center	2,915
Arab-American & Chaldean Council (Acc)	732
Elmhurst Home, Inc.	131
Services To Enhance Potential - Dearborn North Resource Center	401
Team Mental Health Services, Inc - Main Office	7,993
Neighborhood Service Organization	2,709
Spectrum Community Services, Inc.	16
Ruth Ellis Center	37
PsyGenics, Inc.	1,565
Detroit Recovery Project, Inc.	65
Community Living Services	3,023
CNS Healthcare	2,045



Case Management & Therapy



Case Management

- High Intensity Community Based Services for members with a level of care 3 on the LOCUS assessment scale.
- Case Management is linking, coordinating and monitoring for best outcomes based on medical necessity.
- Targeted Case Management level of care can include: illness education, coping skills, teaching, securing safe housing, employment supports, enrolling in educational programs, coordination of care with doctor visits, therapy and medication management.

Therapy

- Can be offered to members receiving Case Management Services when deemed medically necessary.
- Utilizes evidence-based practice or research-based treatments that are tailored to meet people's needs, preferences, and cultural expectations.
- Common Interventions include:
 - Cognitive behavioral therapy (CBT)
 - Dialectical behavior therapy (DBT)
 - Mindfulness-based cognitive therapy (MBCT)
 - Motivational Interviewing
 - Assertive Community Treatment (ACT)
 - Applied Behavior Analysis.

Psychiatry Services-Psychiatric Evaluation and Medication Management

- **Psychiatric Evaluation**

- Face to Face comprehensive evaluation performed by a psychiatrist.
- Collects relevant clinical background history to help develop diagnosis.
- Addresses the presenting problem
- History of the current condition
- Includes mental status exam.
- Evaluation includes a written summary.
- Service is optional.
- Included in the State plan for Medicaid eligible beneficiaries that can benefit from medication to address a psychiatric condition.

- **Medication Review**

- Evaluation and Monitoring of Medication.
- Evaluates for side effects of prescribed medication.
- Determines the need to continue or change medication.
- Typically performed by a psychiatrist but can be performed by a registered nurse or physician assistant or Nurse Practitioner.

Adult Initiative Med Drop Highlights



Current Highlights

Program Highlights

- Med Drop is a community-based intervention focused on improving medication adherence for adults.
- It improves medication compliance by delivering prescribed medication directly to the persons home 365 days a year.
- Med Drop supports members that have challenges with medication adherence. They observe them self-administer the medication and document any concerns.
- **1695** Med Drops were scheduled in December 2022. **85%** were successful.
- **61% reduction** in the number of psychiatric hospital admissions for clients.
- **50% reduction** in jail admissions for clients while participating in the Med Drop Program.

- November 2022. Changes were made to ease access and increase enrollments.
- Worked collaboratively with Utilization Management so that authorizations would auto approve for the service.
- Hosted meetings along with Genoa Pharmacy to ensure staff are aware, and familiar with the service and process to refer.
- CRSP's are expected to refer individuals who have been recidivistic or experiencing difficulty in managing their medications.
- Result: Enrollment since November 2022 has experienced the greatest increase since the program began. Currently 62 admissions and another 14 new referrals in addition.

Total # of Client Admissions ¹	Ages 18-19	Ages 20-29	Ages 30-39	Ages 40-49	Ages 50-59	Ages 60-69	Ages 70+
62	1	12	13	12	17	7	0

Adult Initiatives Supported Employment Highlights



- Evidence Based Supported Employment (EBSE)/ Individual Placement Support (IPS) is an evidence-based practice that helps people with mental illness and other disabilities identify and acquire part-time or full-time jobs of their choice in the community with rapid job-search and placement services.
- During FY2021-22 There were a total of (864) referrals, (634) admissions, (425) employed with an average hourly wage of (\$14.00), and (138) successful closures from EBSE services.
- Of the individuals served who were employed, (65) were returning citizens.
- Members were employed in a variety of industries, such as food service, hospitality, manufacturing, security/protection services, retail, healthcare, construction, transportation and education.
- Goal for FY 23 is:
- Improve over-sight and monitoring to ensure fidelity of the program.
- Resume in-person provider fidelity reviews.
- Link more members to EBSE.
- Support individuals with disabilities by providing skills and identifying interest to secure employment that matches their skills and unique support needs.
- Adult Initiatives will monitor for adherence to the fidelity principles of the IPS.

Adult Initiatives Supported Employment Highlights



Supported Employment/Individual Placement and Support Providers:

CRSP Provider Agency	PIHP	Current Fidelity Rating	Total Number of People on Caseload of IPS Supported Employment Staff. Include total number of clients that are on the assigned caseload of the IPS supported employment staff at any time during the reporting quarter. Only include those people (unduplicated) who received at least one employment service.				
ACCESS	DWIHN	Good	83	85	70	62	
Central City Integrated Health	DWIHN	Good	61	29	30	30	
Community Care Services	DWIHN	Fair	38	35	23	56	
Development Centers	DWIHN	Fair	0	10	19	24	
LBS	DWIHN	Fair	104	89	90	101	
Northeast Guidance Center	DWIHN	Fair	0	37	24	24	
Southwest Counseling Solutions	DWIHN	Fair	59	58	48	39	
Team Wellness Center	DWIHN	Fair	75	42	52	21	
The Guidance Center	DWIHN	Good	65	82	78	98	

Adult Initiatives Assertive Community Treatment (ACT) Highlights



Program Highlights

- ACT is an evidence-based treatment intervention that improves outcomes for people with severe mental illness who are most at-risk of psychiatric crisis, hospitalization and involvement in the judicial system.
- ACT is required to be delivered by a team of interdisciplinary professionals which consists of a team leader, psychiatrist, nurse, case managers, and a peer support specialist.
- The ACT Team is available 24/7 365 days of the year.
- DWIHN currently has eight (8) ACT providers and there are currently 615 Members being served in these ACT Programs.
- ACT's goal is to help people become independent and integrate into the community while in recovery.

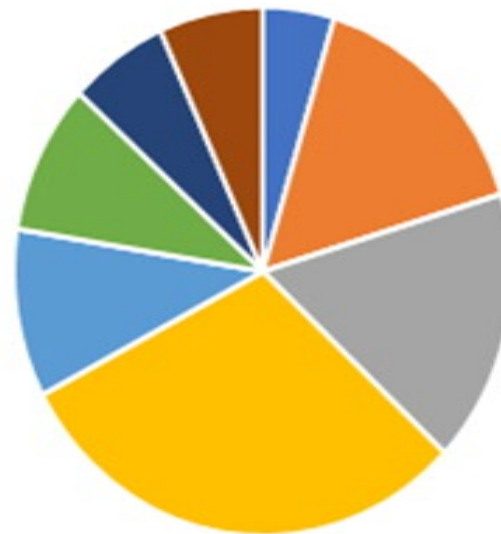
FY 23 Future Goals

- Increase engagement efforts by working with providers to ensure Members are seen while in the hospital and within 7 days of discharge.
- Monitor for compliance, fidelity, and opportunities for improvement.
- Provide CRSP's with clear expectations, training opportunities and bi-weekly meetings to provide case consultations and best practice learning collaborations.
- Revised the Engagement and Closure Policy to ensure additional outreach attempts are made before closing a member.

ACT & Providers



Members



- Guidance Center
- Team Wellness
- Lincoln Behavioral Services
- Hegira Health
- Development Centers
- CNS
- Central City
- All Well Being

Guidance Center	30
Hegira	197
Central City	42
Team Wellness	102
Development Cen	67
All Well Being	44
Lincoln BHS	109
CNS	60

Total Served: 651

Adult Initiatives ACT Highlights



- Q1 FY 22, four (4) of the eight (8) ACT providers received the ACT fidelity model incentive.
- All Well Being, Hegira-Downriver, Lincoln Behavior Services and The Guidance Center. (TGC met ACT fidelity but did not earn the incentive based on CCBHC status)
- The goal for FY 23 is for all eight (8) providers to meet the ACT fidelity model incentive.
- The ACT Fidelity Incentive is measured annually as part of the provider fidelity reviews.
- The current rate of \$1,300 PMPM rate would be applied to all PMPMs for that provider for that program year.
- ACT providers can earn an additional premium of \$100 Per Member Per Month (PMPM) for a rate of \$1400 PMPM for the year if the fidelity incentives are met. Final measurement of the incentive will be made within 120 days of the program year- end.
- The provider must score 95% or higher on all thirty-four of the Michigan Medicaid ACT fidelity anchors.

Adult Residential



- Residential Services department is to standardize and manage services to those that are receiving MI/IDD Community Living Support and Personal Care Services in various specialized residential settings.
- Individuals that receive Specialized Residential are typically at a Level of Care 5 on the LOCUS Assessment Scale.
- Individuals that are eligible for this LOC typically have significant behavioral health issues or are medically fragile that require hands on assistance.
- These individuals typically require 24/7 monitoring and supervision.

		<u>LICENSED</u>	<u>UNLICENSED</u>
# of TOTAL Vendors	213	176	37
		<u>AMI</u>	<u>IDD</u>
# of LICENSED Facilities	404	205	199
# of Members Serviced in LICENSED Settings	2,047		
# of UNLICENSED Facilities	422	215	207
# of Members Serviced in Unlicensed Settings	826		

Adult Initiatives OIC Highlights



Current Highlights

- The Outcomes Improvement Committee (OIC) strives to reduce recidivism and improve clinical outcomes.
- DWIHN or the CRSP can request a member be brought to the OIC that experience: crisis encounters, frequent inpatient hospitalization, critical/sentinel events, Assisted Outpatient Treatment orders (AOT) or those who will not engage but continue to have high acuity.
- OIC reviews the members electronic medical record and makes treatment recommendations.
- CRSP are given time to implement treatment recommendations and schedules follow up.
- Outcomes measured are reduction in assessments scores, ER visits, inpatient hospitalization, increased engagement/compliance in treatment.
- As of January 1, 2023 there are 52 Members being reviewed, monitored by the OIC.

Future Highlights

- Continue to collaborate, monitor and ensure best practices for those we serve.
- Continue to support growth, provide education and learning opportunities.
- Continue using a tracking tool to monitor outcomes report success, patterns and trends.



Adult Initiatives Department

5 Pillars of Hope



The Vision for the Adult Initiative Department is to operate under 5 Areas of focus:

Pillar #1: Collaboration

Pillar # 2: Community Engagement

Pillar #3: Coordination

Pillar #4: Continuity of Care

Pillar # 5 Accountability



Adult Initiatives: Connecting Adults and Families to Hope.



Collaboration

1. Working together with all DWIHN departments to utilize and share information, data, trends.
2. Partnerships with the CRSP's to ensure adequate knowledge, support and dialogue continue to develop and grow.
3. Oversight and monitoring to ensure fidelity, evidence based practices and provide case consultation for difficult or recidivistic members.
4. Teaching and encouraging to look at the whole person. Goals should reflect this and coordination with community partners, (PCP, Dentist, parole/probation).
5. Ensure knowledge and utilization of resources, Food banks, housing assistance, Medicaid, Guardianship, Alternative Treatment Orders when needed.

Community

1. Ensure community awareness. Advertisement, Provider open house.
2. Community forums and training partnerships.
3. Increase the ability for walk in intakes, same day service.
4. **Ensure that individuals are seen in the inpatient hospital setting to support continuity of care in discharge planning.**
5. Reduce transportation barriers for person served.

Coordination

1. Improve coordination of care with members PCP. If in need of a PCP, assist with the linking individual.
2. Referral and follow for preventative physical health needs.
3. Educate and enforce monitoring of HEDIS measures (mammograms, diabetes screening, weight management, vision testing and routine blood work.)
4. Increase blood pressure monitoring at each CRSP.
5. Increase coordination with hospitals and discharge planning.

Adult Initiatives: Connecting Adults & Families to Hope



Continuity of Care

1. Prioritize Continuity of Care for members.
2. Improve transition from children and adolescent services to adult services when needed.
3. Improve transition from jail or prison when discharge or release is pending.
4. Improve hospital discharge planning to include a team format with the person served as center focus.

Accountability and Oversight

1. Adult Initiatives will assign clinical specialist to each CRSP for oversight of adults with severe and persistent mental illness and/or intellectual developmental disabilities.
2. Adult Initiatives will monitor and review electronic medical records to ensure adequate service delivery
3. Adult Initiatives will provide monthly meetings with CRSP's to discuss what is working well and opportunities for improvement.
4. Adult Initiatives will provide ongoing technical, clinical and training support when needed.
5. Adult Initiatives will provide case consultations and track for recidivism and improved outcomes.

Adult Initiatives and Pillars for Hope Outcomes:



Improved Oversight

Decreased Recidivism

Zero Suicide

Improved Health

Member Hope

Greater Engagement

QUALITY DIRECTOR'S QAPIP WORK PLAN UPDATE FOR FY22/23
APRIL 12, 2023

Executive Summary:

This report serves to provide the Program Compliance Committee (PCC) Board with updates on the goals and objectives that are set forth in the QAPIP Work Plan for Fiscal Year 2023.

Goal II – Access Pillar (Quality of Clinical Care and Service)

Michigan Mission Based Performance Indicators (MMBPI)

The 1st Quarter Performance Indicator data was submitted to the Michigan Department of Health and Human Services (MDHHS) on March 31, 2023.

Quantitative Analysis and Trending of Measures

DWIHN met the standards for PI#1 (Children and Adults), PI#4a (Adult), 4b (SUD) and PI#10 (Children and Adult) during Quarter 1. DWIHN provided access to treatment/services for 95% or more members receiving a pre-admission screening for psychiatric inpatient care within 3 hours of a request for service. DWIHN demonstrated a 6.75% performance rate for Children who were re-admitted within 30 days of being discharged from a psychiatric hospitalization.

Performance Indicators	Population	1st Quarter21/22
Indicator 1: Percentage who Received a Prescreen within 3 Hours of Request (95% Standard)	Children	98.86%
	Adults	98.08%
	Total	98.26%
Indicator 4a & 4b: Percentage who had a Follow-Up within 7 Days of Discharge from a Psychiatric Unit/SUD Detox Unit (95% Standard)	Children	100.00%
	Adults	94.21%
	Total	97.48%
	SUD	100%
Indicator 10: Percentage who had a Re-Admission to Psychiatric Unit within 30 Days (<15% Standard)	Children	7.56%
	Adults	14.71%
	Total	14.05%

The results below show that the initiatives and interventions that were implemented in FY2021 were generally effective in reducing recidivism rates. In FY2022, the total number of Crisis Alerts received for the year was 269. The diversion rate for these alerts received was 55%, which positively impacted the recidivism rate. Also, as displayed in the table below, DWIHN's Recidivism Workgroups, led by DWIHN Crisis/Access team including our Clinically Responsible Service Providers (CRSP), have led to a decrease with the adult recidivism rate from 17.94% during Quarter 1 in FY2021 to 15.89% for Quarter 4 FY2022, with a total population rate of 15.19%. Preliminary rates for Quarter 1 FY2023 (7.56%) show a rise in the Children rates from Quarter 1 FY2022 (5.06%). The preliminary rates for Quarter 1 FY 2023 (Adults- 14.69%) demonstrating an overall decrease of 1.2 percentage points from Q4 2021. The MDHHS threshold for PI# 10 is 15% or less.

QUALITY DIRECTOR'S QAPIP WORK PLAN UPDATE FOR FY22/23
APRIL 12, 2023

Indicator 10: Percentage who had a Re- Admission to Psychiatric Unit within 30 Days	Population	2021				2022				2023 (Preliminary)
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
	Children	8.94%	12.03%	6.76%	8.22%	5.06%	7.69%	6.76%	7.64%	7.56%
	Adults	17.94%	17.34%	17.03%	15.01%	14.93%	16.31%	17.79%	15.89%	14.71%
	Total	17.12%	16.97%	16.23%	14.51%	14.05%	15.63%	16.86%	15.19%	14.05%

Evaluation of Effectiveness

DWIHN’s Quality Department continues to monitor various Performance Indicators and standards closely. During Quarter 1 in FY2021 PI# 10 (Adults) was noted at to 17.94 decreasing to 14.71% by Quarter 1 of FY2023, with a total population rate of 17.12% in FY2021 to 14.05% during FY2023. Preliminary rates for Quarter 1 FY2023 (7.56%) show a rise in the Children rates from Quarter 1 FY2022 (5.06%). The MDHHS threshold for PI# 10 is 15% or less.

Challenges and Barriers

Staff shortages continue to be a reported barrier with our behavioral health provider network. The shortage is not just in our state but is Nationwide. Evidence and resources indicate that the shortage is attributed to several factors:

- Shortage of behavioral health workforce particularly: Master’s Level Licensed Social Workers, Psychiatrists, and Nurses
- Organizations are pulling from the same limited pool of professionals
- Current staff are moving into private clinical practice or School Based Programs as there is less paperwork and what is described as an administrative burden
- Current shortages have resulted in high caseloads
- Staff prefer more options to work from home

Next Steps/Addressing Barriers

QI will continue ongoing collaboration and efforts towards working with the providers to target recidivistic individuals to improve recidivism outcomes for PI#10 and staff shortages. We will continue to review providers’ data and meet with CRSPs every 30-45 days to discuss their staffing recruitment strategy, member engagement, and making same-day appointments to avoid member no-shows and cancellations. DWIHN will also continue working on the expansion of the “Med Drop” Program to improve outpatient compliance with goals to decrease the need for a higher level of care for inpatient hospitalizations.

Goal V Quality Pillar (Safety of Clinical Care)

Performance Monitoring Activities

Home and Community Based Services (HCBS)

DWIHN is currently working with the state to implement the required Home and Community-Based Services (HCBS) Final Rule. This is a federal mandate that requires us to ensure that residential providers make sure that individuals 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. So, the Quality Team is working diligently with our providers to ensure that the Final Rule is implemented and that it is reflected throughout our system.

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

Annual MDHHS Needs Assessment

DWIHN's Annual Needs Assessment is due to the Michigan Department of Health and Human Services (MDHHS) on March 31, 2023. The Needs Assessment is contractual requirement that can be found in Section 7.8 and Attachment 6.5.1.1 of the MDHHS/CMHSP Managed Mental Health Supports and Services Contract. There are three requirements for submission for FY23 which include the following:

- Attachment A: Waiting List
- Attachment B: Request for Service and Disposition of Requests
- Attachment C: Community Data Set Worksheet

The Priority Needs and Planned Actions are not required this Fiscal Year, only required every 2 years.



VP of CLINICAL OPERATIONS' REPORT
Program Compliance Committee Meeting
Wednesday, April 12, 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

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

Goals	Updates
<p>ACCESS</p> <p>Branding Outreach Census Screening New Opportunities</p>	<ul style="list-style-type: none"> • Youth United: Issued a new newsletter this month. Selected a new Youth United logo for the 20th year celebration. Hosted resource tables at MarchDADness on 3/13/2023 and 3/17/2023 at the Children’s Center in Detroit, MI. Youth MOVE Detroit hosted a Bowling Meet and Greet at Thunderbowl Lanes in Allen Park, MI and shared DWIHN resources (42 in attendance). On 3/29/2023 hosted a resource table at Crisis to Connection: Imperative for our Black Boys Townhall. • Woodhaven Today Article: Children’s Initiative IDD Clinical Specialist, Kim Hoga was interview was featured in Woodhaven article “Making Sure They Have a Voice” to advocate for those with disabilities. http://mymediaflip.com/publication/?m=32390&i=787237&p=12&ver=html5
<p>PREVENTION</p> <p>Conferences Workshops Schools Tri-County Initiative Pediatric Care Prevention Activities</p>	<ul style="list-style-type: none"> • Adverse Childhood Experiences Trauma Conference: Children’s Initiative, Innovation Community and Engagement, Substance Use Department, and Communications Department collaborated with the Institute of Trauma Economic Justice organization to present the ACE Trauma Conference on 3/31/2023 at Huntington Place in Detroit, MI for Wayne County. Conference included an ACE presentation, panel discussions, small group discussions, and a DWIHN resource table. In addition, Customer Service and Crisis Department assisted as well. • Child Abuse Prevention Month: Children’s Initiative partnered with Child’s Hope to support Child Abuse Prevention Month in April 2023 by connected 6 agencies to receive blue and silver pinwheels to display at their locations: The Guidance Center, Assured Family Services, Development Centers, Hegira Health, Growth Works, and Team Wellness Center. • Youth United: Hosted a Courageous Conversations on Suicide Prevention in Detroit, MI on 3/23/2023 (9 attendees).

	<ul style="list-style-type: none"> • Jerry L. White School Presentation: Children’s Initiative partnered with Utilization Management and Residential Departments to attend Jerry L. White Parent Teacher Association meeting on 3/24/2023 and explain guardianship options, self-determination, and transition planning options.
<p style="text-align: center;">CRISIS INTERVENTION</p> <p style="text-align: center;">Care Center Juvenile Justice Expansion of Crisis Services Crisis Trainings</p>	<ul style="list-style-type: none"> • Inpatient Adolescent Stabilization Program: Children’s Initiative presented the proposed FY 24 program to DWIHN Procedure Code Workgroup this month. Children’s Initiative received data from 3 Care Management Organizations (Black Family Development, Growth Works, and Bridgeway). <u>Next Steps:</u> Children’s Initiative to summarize the data and schedule another joint planning meeting in April 2023. • Moral Reconciliation Therapy (MRT): Children Practice Standards Committee reviewed the MRT group therapy evidenced based practice and discussed pros and cons. As a result, decision to not proceed with training Providers on this group therapy model due to research indicating lack of outcomes, barriers with families committing to 40 weeks of group therapy.
<p style="text-align: center;">TREATMENT</p> <p style="text-align: center;">Workforce Diversity / Equity / Inclusion Evidenced Based Practices Quality Services Expansion of Services</p>	<ul style="list-style-type: none"> • 1915i SPA: Clinical Officer, Ebony Reynolds facilitated a meeting with Children Providers to explain the 1915i SPA expectations. All forms are to be submitted to the WSA system by 9/30/2023 for Respite and Fiscal Intermediary Services for members receiving children services. • HEDIS ADD Performance Improvement Plan (PIP): Children’s Initiative submitted the ADD Performance Plan to the consultant and received feedback. Due to timing Children’s Initiative Director was unable to present the PIP at the Quality Improvement Steering Committee (QISC) meeting this month. <u>Next Steps:</u> 1) Present PIP at the Improving Practices Leadership Team (IPLT) on 4/4/2023, 2) Present PIP at QISC meeting on 4/25/2023. • MDHHS Performance Indicators: Children’s Initiative Department requested Quality Department to adjust the children’s MDHHS Performance Indicators report to include the following: • Patient Health Questionnaire for Adolescents (PHQA): This month Children’s Initiative met with 3 Providers to review progress, barriers, and interventions to improve quarterly compliance of Providers completing the PHQ A. Noted barriers included: 1) All of the Provider locations were not included in the report, 2) 3 Providers PCE system is not compatible; as a result, data is not included in the report, 3) Providers allowing Psychiatrists to complete the PHQ A during psychiatric appointments. <u>Next Steps:</u> 1) Provider Locations has been updated to the report and is now resolved, 2) Send memo to Providers informing to submit PHQ A data quarterly if PCE system is not compatible, 3) Continue to meet with Providers to review progress and barriers, 4) Follow up with Providers to allow Psychiatrists to complete PHQ A. • Reports: Children’s Initiative Department submitted requests to the IT Department to develop the following reports to assist with measuring trends and outcomes: 1). Last date of service report for children with SED and IDD disability designation (completed), 2). Including the Total Score to the PHQ A report (pending), 3). Developing a Total Cafas Score report (pending). • Clinical Dashboards: Children’s Initiative Dept collaborated with the IT Department for the development of the Quarterly Home-Based Clinical Dashboard. Currently on Phase 4 of the project.

	<p><u>Next Steps:</u> Send memo to Children Providers in April 2023 requested updating Program Assignments in MHWIN and to inform Children’s Initiative of CRSP expiration date.</p> <ul style="list-style-type: none"> • CRSP IPOS Training: Children’s Initiative Department attended weekly planning meetings to host a CRSP IPOS Training for 4/5/2023 at Lincoln Behavioral Services.
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School Services

<p>School Success Initiative</p>	<ul style="list-style-type: none"> • Referrals: For the month of March 2023 there were 25 new SSI referrals submitted. • MHWIN: IT Department completed additional updates in MHWIN: 1) added an “Other” category for the Risk Factors, 2) added a “School Supporting Documents” as a drop-down option for school presentations, 3) and added the CRSP name to the referral section • Access Department: Children’s Initiative Department met with the Access Department to review the status of SSI referrals from FY 2022 to present time. There were barriers with students and families completing the screening to start the SSI Program. Barriers included: 1) Families avoiding answering unknown phone numbers when screeners make phone calls, 2) Families not being available to complete the screening, 3). Longer wait time when families call for the screening. As a result, discussed proposed solutions of SSI Providers also being able to complete screenings; however, Access Department preferred either DWIHN Access Department or Children Provider complete the screenings. <u>Next Steps:</u> Discuss the two options during the next SSI Provider meeting on 4/13/2023.
<p>GOAL Line “Get On and Learn”</p>	<ul style="list-style-type: none"> • GOAL Line contract has been finalized and FSRs from 10/1/2023 to present time has been submitted. • There are currently 340 students enrolled in the program this school year. • GOAL Line provided additional information to submit to March 2023 DWIHN Full Board: Provided data of number of students enrolled per school, additional information on in school interventions, student / professional ratio count. • GOAL Line informed they administer the Devereux Student Strengths Assessment (DESSA) through Aperture Education. This screening tool is normed for K-8 that measures outcomes for social emotional learning in the areas of 8 core competencies: 1) Self Awareness, 2) Self-Management, 3) Social Awareness, 4) Relationship Skills, 5) Goal Directed Behavior, 6) Personal Responsibility, 7) Decision Making, 8) Optimistic Thinking.

Additional Updates

- **Accomplishments:** Children’s Initiative Director, Cassandra Phipps was recognized by DWIHN for being a “Phenomenal Woman” during Women’s Month.
- **MDHHS Updates:** Children’s Initiative discussed with Children Providers MDHHS Updates regarding the following: 1) Termination of the Public Health Emergency status as of May 11, 2023, 2) Telemedicine Policy and the new billing rounding rules, 3) Home Based Recertification training scheduled for 4/3/2023, 4) MDHHS Children’s Bureau data report from FY 2022 and upcoming goals.
- **Grant Updates:**

Youth Homelessness Demonstration Program: New grant to launch 4/1/2023. Focus is to provide case management, short term therapy, crisis services, and connect long term community mental health services. Children's Initiative Department has attended weekly planning meetings to offer professional expert support with developing a referral flow for when young adults are in need of ongoing community mental health services.

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.

The Children's Center: Children's Initiative assisted with providing a DWIHN support letter for the Michigan Health Endowment Fund Behavioral Health Grant for 2023 for TCC to coordinate Child Welfare and Behavioral Health services.

Project Launch: Children's Initiative assisted with providing a DWIHN support letter for the Project LAUNCH: Promoting Young Child Wellness in Detroit grant from 9/30/2023 to 9/29/2028.

CRISIS SERVICES – Director, Daniel West

Please See Attached Report

CUSTOMER SERVICE – Director, Michele Vasconcellos

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

- **Call Center Operation:** A total of 1,892 calls were offered to the Customer Service Department's Welcome/Reception Switchboard and Call Center Operations during the month of March. The Welcome /Reception Switchboard handled 1,386 calls with an ABD rate of 2.5%. The Customer Service Call Center processed 506 calls with an Abandonment (ABD) rate of 2.5%. The ABD compliance standard is <5%
- In March, the service level for the Front Desk was 100%, and Call Center Operations was 95.0%, meeting the answering goal standard of within 30 seconds. The goal is 80%. There was a slight decrease in the call volume and a decreased ABD rate for the Customer Service Dept.
- The Call Center is assisting Integrated Care (Felicia Grant) with outreach to SUD members who were seen in the ED Follow-up care. Call Center received 3 members to follow-up on for appointments -no success.
- **AFP/RFP Evaluations:** Customer Service Director and Administrator were a participant of the AFP Call Center Phone System and RFQ evaluation committee for SUD Treatment.
- **Member Materials:** Continue to distribute member materials to providers on a weekly basis
- **EOB's:** After a quarterly Customer Service mailing of nearly 7,000 EOB's to members, 122 were returned for improper addresses. These returned EOB's were scanned by the support staff and uploaded into member records. A follow-up investigation to address applicable errors in mailings is being conducted. Staff were trained on EOB quarterly preparation process.
- **Rapid Response:** Responded to a total of 5 Rapid Response emails. All were forwarded to appropriate department for follow-up and resolution.
- **Family Support Subsidy Activity:** 740 calls were handled. Applications received was 104, out of which 82 were submitted to the State for consideration.
- **Provider Closures:** Continued to initiate "Choice" letters for mailing to members as a result of provider closures or discontinuance of services.
- **Medical Records:** A total of 15 requests for Member Medical records were addressed.

- **Customer Service Orientations:** Director 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.
- **Quarterly CS Report:** Provided Customer Service Quarterly Report to PCC Committee.

Customer Service Performance Monitoring/ Grievance & Appeals

- **Performance Monitoring:** Developed CRSP Customer Service Performance Monitoring Audit schedule for 2023. Three audits in process of review (NSO, SHAR, DRMM). There has been one request for a POC regarding Standard 1.
- **Grievances/Appeals:** Conducted Grievance trainings with new Grievance liaisons. Provided training to new Call Center staff persons on grievances, appeals and second opinions.
- **DWIHN Collaborative Meetings:** Participated in the Engagement monitoring meeting with Centria and DWIHN ASD department. As well as participated as an evaluator for SUD Prevention Reviews. Also participated in 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. Submission completed March 2022. Met with new HSAG consultant.
- Provided applicable HSAG recommended changes to the Medicaid Grievance and Appeals forms for submission to PCE for implementation. PCE updated the Medicaid forms and were put into production.
- Met with Quality regarding HSAG Standard 13, Element 25 to devise a plan of action.
- Updated the Provider Performance Monthly Data Report to include NCQA and HSAG compliance recommendations for future reviews.

Member Engagement & Experience

- **ECHO Surveys:** Achieved a major sampling for the ECHO® Adult and Children’s Surveys and to date we have 724 and 949 completed surveys. ECHO® completed surveys are continuing to be monitored and added to the system.

Prepared the Member Experience Review Report of ECHO Survey Results for Program and Compliance Committee.

- **Peer Support:** Continuing to work on assisting Certified PSS to file paperwork to get their NPI numbers. Addressed 77 during March.

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.

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

- **Ambassadors:** Proposed a reorganization of the Ambassador program to make it more efficient. The continuation of curriculum training is being reviewed.
- **Constituent Voice:** CV recruitment is continuing to be addressed. A CV retreat was held to advance plan for changes to operations and to address the reduction in attendance.

- **Club houses /Drop-In Centers:** Five club house contracts were signed after delays were identified. Drop-In Centers continue their wellness programs. In continuing to address Drop In Center invoices, assistance is being offered to address the best allocation of grant dollars to maximize benefits to members.
- **Outreach:** Member Engagement sponsored a Housing Inequities event to address March's DD Month. The event was well attended with 55-five people attending. The discussion which featured members who discussed their barriers and challenges in seeking affordable independent living. The second event will be held via zoom on 4/14/23.
A second Guardianship Forum this spring is being planned with Probate Chief Judge Freddie Burton.
- **PPOV Newsletter:** Spring PPOV was advanced in its publishing to meet HSAG requirements of 3/31 to include pertinent information that had to be published by 3/31 Winter PPOV published and distributed.
- **Member Meeting:** A member meeting was conducted at the Harvest Retreat. Members were updated briefly about peer services, general updates. A presentation on active listening were the topics as well as the introduction to the DWIHN application.

INNOVATION AND COMMUNITY ENGAGEMENT (ICE) – Director, Andrea Smith

Justice Initiatives

Project – WC Jail – IST

For the month of March, there were **138 releases from jail**. Of those releases, 43 were linked back with the provider for follow-up with their member; 15 were not in MHWIN because the mental health designation from jail mental health may not meet DWIHN criteria; 2 were sent directly to another correctional facility (i.e. prison or another county jail); 2 were on an active AOT; and 78 were not assigned to a provider within the MHWIN system. A series of meetings were held with DWIHN; Naphcare; and Wayne County regarding member registration through the Access Center and the identification of processes/procedures for enrolling inmates that Naphcare staff have identified as needing services upon discharge.

Staff processed **67 AOT orders**; with 4 orders not in the MHWIN system. Providers have the responsibility of sending updated treatment plans to the court and filing a notice of non-compliance when required.

There were **5 returning citizens** for the month of March. The assigned provider for returning citizens are CNS; CCIH; Team Wellness; and Hegira.

The Mental Health Jail Navigator referrals remain consistent, as 6 individuals were referred and interviewed, and 2 did not meet criteria and/or released prior to placement. Currently 4 individuals are monitored and receiving treatment services from Team Wellness Center and/or Detroit Rescue Mission Ministries.

DPD/DWIHN Partnership

The Detroit Homeless Outreach Team (**DHOT**) reflected **55 encounters**. There were 3 individuals connected to both behavioral health and housing services.

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 **15 individuals referred** for follow-up, and individuals received various mental health resources and support.

At the time of this report, the month of March DPD co-responders reported an approximate total of **208 encounters**, and 101 individuals were connected to a service. Individuals were provided with various resources for assistance with mental health, substance use, and homelessness.

Veteran Navigator

Staff provided one-on-one engagement with 23 new veterans face-to-face, via phone, text, and email. Continue to assist 8+ veterans with complex issues that I have been working with for over six months. Was called and emailed by the Veteran Resource Center in Lansing on numerous occasions to check in on veterans. There are 7 Veterans in hospitals right now and met with the VA inpatient team to discuss how we can assist Veterans who are released from prison and may need transitional assistance.

Workforce Development

Reach Us Detroit 24/7 Virtual Therapy Line continues to be offered to residents of Wayne County that are 14 and up. Connections to Access continue to be a goal for individuals who will need ongoing services. We have been able to make one successful warm handoff this month. We would like to see that increase. Advocacy with **National Health Service Corps** score and site approval process for internal employee continued. Support to employee provided and resolution of providing dual sites assignment within provider network for completion of the requirements and not been finalized. Recommendations for a pilot that provides support at provider sites has been made.

Community engagement included DPSCD and Detroit at Work to provide trauma informed awareness and resources connection for job seekers.

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

Focus groups and surveys to evaluate the retention of trainees through grant funded initiatives have begun.

INTEGRATED HEALTH CARE (IHC) – 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 (SUD) – 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 (March 2023)

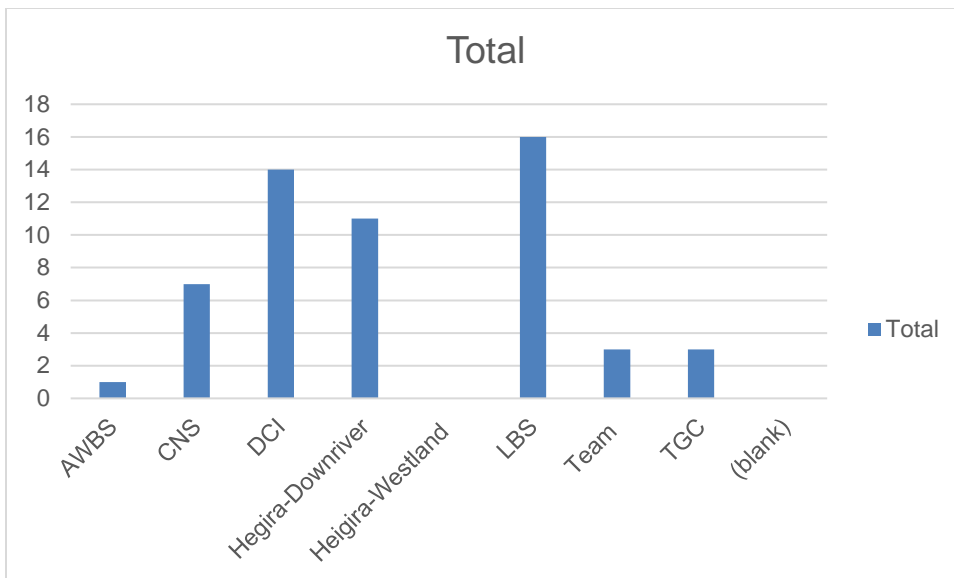
Assertive Community Treatment/ Med Drop Clinical Specialist

Assertive Community Treatment (ACT) providers currently services 913 SMI adult members. There are currently 8 ACT providers agencies in Wayne County. Adult Initiatives monitors ACT program admissions and discharges at 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 technical assistance to ensure program eligibility requirements were met.

Adult Initiatives facilitated the monthly ACT forum, where topics discussed were completion of clinical documentation with regards to the PAR, PHQ-9 updates, hospital recidivism, Assisted Outpatient Treatment orders and ACT members, ways to engage members, and staff providing coordination of care 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 March, CPI met with Med Drop coordinator to discuss the updates to the pilot med drop referral process and any barriers. CPI 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 and any concerns, any authorizations issues or concerns. Adult Initiatives and Med Drop coordinator discussed the addition of another CRSP, and will open Med Drop program and services to Southwest Solutions where additional members may benefit.

CPI met with Med Drop for a monthly follow up meeting, where it was noted that there we have 52 open members. AWBS = 1; Hegira-Downriver = 10; Hegira-Westland- 0; CNS = 8; DCI = 14; LBS= 13; 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. Within compliance is completing both with at least 95% completion rate. For the month of February and March 2023, at intake, it is currently 99.0% completion at intake for these months. For the follow up completion within 90 days, for the month of February and March 2023, it is currently 69.3% completion.

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

Collaboration with Clinically Responsible Service Providers, (CRSP)

Adult Initiatives virtually met with staff at Black Family Development. The staff provided us with information on their program offerings which consisted of Juvenile Justice, Mental Health, Substance Abuse, prevention, Family Preservation and Support, Parents as Teachers (PAT), Community Development and Building Community Partners.

Adult Initiatives met with the staff at the Development Center’s W. McNichols location. Their staff provided information on the myriad of programs offered at their program, such as being partnered with the Detroit Workforce board which focus on removing barriers to employment. Some of their programs include training and expanding pathways to careers and system change. The staff provided us with a tour of this location which included an employment services hub, clubhouse store, and a member-operated banking program.

Adult Initiatives met with the staff at The Guidance Center which included the CEO, several Directors and Program Managers. The clinical director of Adult Behavioral Health elaborated on their supported employment program as well as outpatient and residential services. A few of their specialty programs include the jail diversion, AOT and the NGRI

populations. The Guidance Center has a host of community programs which include a series of movies which can be accessed via YouTube or in-person. The Guidance Center provided information on their children's programs as well as services for returning citizens populations. TGC also provided information on their Zero Suicide program which yielded in zero suicides within a 6-month period after its implementation. Additional information on the Zero Suicide program can be found at: <https://zerosuicide.edc.org/about>.

Supported Employment

Adult Initiatives met with the staff at Southwest Counseling Solutions where information was provided to us regarding their staffing shortages and the need for additional staff to sustain Supported Employment. Staff is currently working 32-hours per week remotely and this arrangement has improved their staff retention rate. There hope and goal is to return to offering Supported Employment services.

Adult Initiatives met in person with Joseph Longcor and Dominic D'Aguanno from Michigan Department of Health and Human Services regarding Supported Employment. Discussions included future goals of the program, returning to in- person services, challenges, patterns strengths and opportunities for improvement.

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.

The creation of dashboards and continued organizational efforts have been on-going as a means to streamline processes for accessing pertinent information. Adult Initiatives participated in (Evidence-Based) Supported Employment Steering Committee and discussed requirements to be considered Evidence-Based which includes receiving a score of more than 73 on the Baseline Review. The last fidelity review was conducted March 4, 2019, next fidelity review will take place in August of 2023. This review will consist of a 2-day review with interviews from stakeholders, employer and persons served. This steering committee meeting will take place on a quarterly basis and virtual invitations will be distributed prior to the event. The current goals of the Steering Committee: 1-integration of Employment Services, 2-Zero exclusion.

Information was shared from the current Manager of Clinical Practice Improvement with directives on addressing, in writing, the HCSB CRSPs which are currently under Pathway-3 status. Correspondence was sent to all agencies assigned to this writer. Updated progress notes on the identified individuals has been received and noted in the Adult Initiatives file in Teams. It has been communicated to the CRSPs that all progress notes identifying contact with the members are to be received on Friday of each week.

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)
- Correspondence sent to CRSP providers regarding discontinuing of CLS services of HCBS members
- 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 and any concerns, any authorizations issues or concerns.

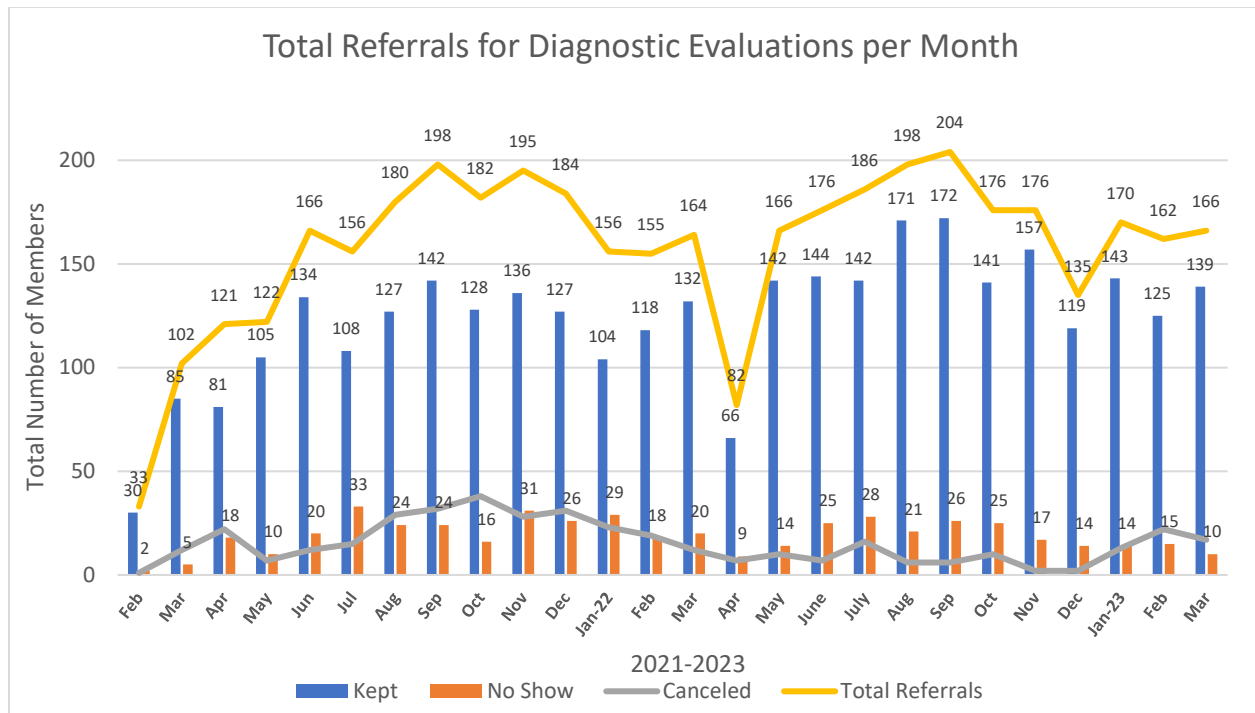
Autism Spectrum Disorder Benefit March 2023 Monthly Report

Enrolled in ASD Benefit

Total open cases for the month of March are 2,357 which is an increase of 90 members from February to March (data pulled on 3/31/2023).

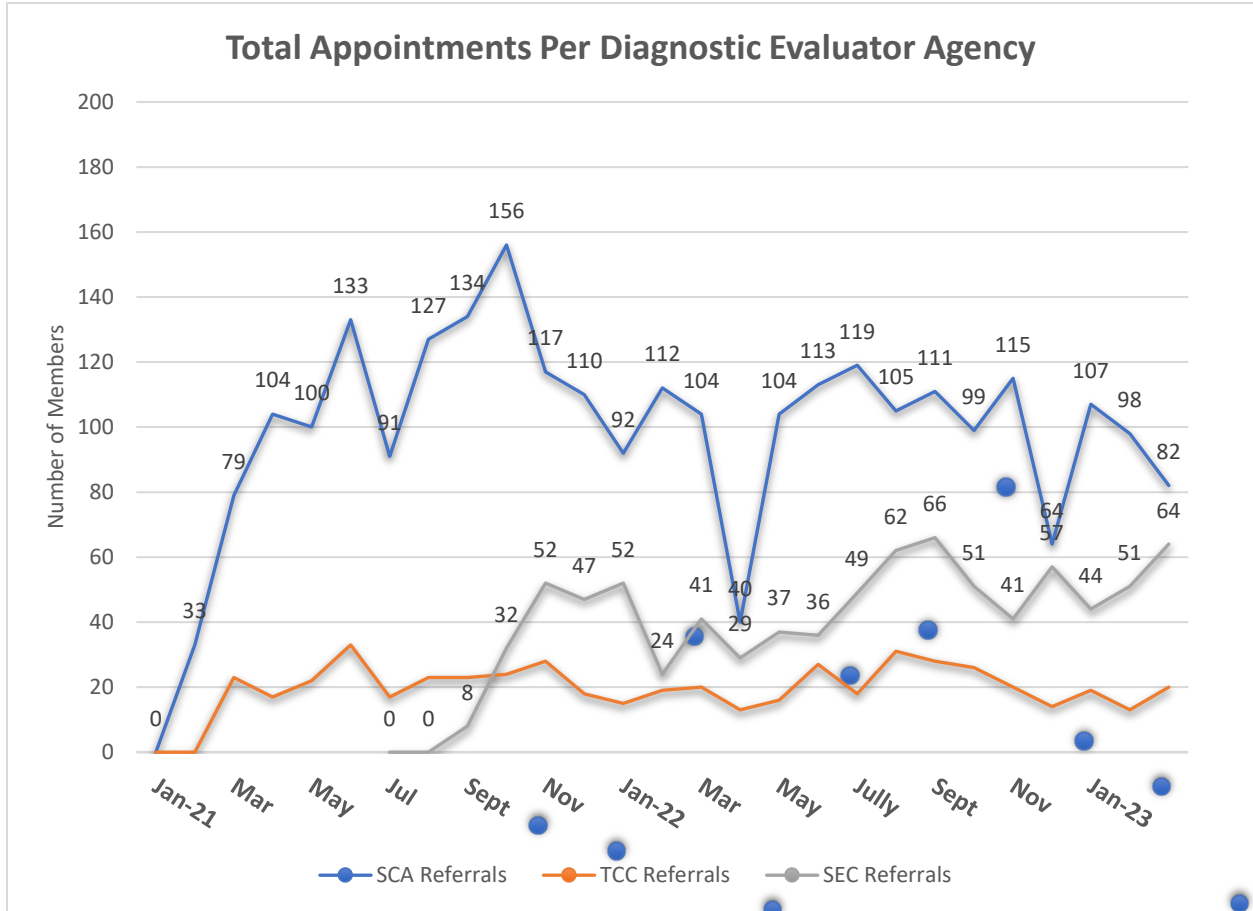
Summary of Initial Diagnostic Evaluations

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 166. Of those scheduled referrals, 139 appointments were kept. Of the 139 appointments kept, 20 members were found not eligible (non-spectrum) for the Autism Benefit. The other 119 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 March 2023. Social Care Administration (82) appointments, The Children’s Center (20) appointments, and Sprout Evaluation Center reports (64) appointments.



Autism Department Updates

- Detroit Wayne Integrated Health Network (DWIHN) issued \$3.76/hr. direct care wage increase payment on March 6, 2023, which directly impacts the Autism benefit CPT codes of 97153, 97154, 0373T. Per the Michigan Department of Health and Human Services (MDHHS) Numbered Letter 23-04, MDHHS no longer requires hazard pay to be separately identified in the pay stubs.
- The ASD Department provided training and support to The Children’s Center I/DD program and Psygenics IMH and SED programs on how to access ASD services, necessary documentation for benefit, and communicating with ABA providers.
- The ASD Department is in the initial phase of coordinating with Workforce Development to update the DWC Training website for Qualified Behavioral Health Professionals (QBHP). The goal is to add 10 hours of Behavior Analytic content to the workforce trainings.
- To improve access to the Autism Benefit, the DWIHN Autism page was updated with 4 different videos 1) Significance of Early Intervention 2) Is My Child at Risk for Autism 3) Autism Evaluation & Applied Behavioral Analysis Services 4) ASD Diagnosis: Next Steps.

Independent Diagnostic Evaluators Update(s)

- The three Independent Diagnostic Evaluators have opened their intake calendars to complete member eligibility redeterminations to support ABA providers that are unable to complete the redeterminations for the benefit.
- MDHHS hosted a webinar-based presentation with Kara Brooklier, PhD & Christy Schweitzer, MA, CCC-SLP. The presentation, ‘What ASD Evaluators Need to Know about Language Disorders (and How Language Affects Your ADOS-2)’ was well received by the community. The speakers provided an overview of common types of developmental speech and language disorders and treatment recommendations, including expressive-receptive language disorders, autism spectrum disorders, and speech sound disorders. Comparisons between language disorders in children with and without autism spectrum disorder will be made throughout the presentation. Practical tips for selecting the most appropriate ADOS-2 module based on level of language development and language features to look for during your ADOS-2 will be provided.

ABA Provider Update(s)

- In the month of March, the Autism Department met each week with Centria Healthcare to provide support and training on member engagement, authorization and due process.
- On March 27, 2023, in the monthly provider meeting DWIHN reiterated the importance of member engagement which included only beginning the intake process for members that can be immediately staffed. Additionally, DWIHN reminded providers members should not be put on-hold or added to a waitlist. Each provider is expected to assist in transfers to available providers or assist in connecting member back to their Clinically Responsible Support Provider (CRSP).

Crisis Services Monthly Report for March 2023

Below is the monthly data for the Crisis Services Department for March 2023 for adults and children.

CHILDREN'S CRISIS SERVICES March 2023

Month	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	Crisis Stab Cases
February	243	225	72	30%	165	68%	89
March	341	302	94	28%	241	71%	122

- Requests for Service (RFS) for children increased by 40% this month and the diversion rate increased from 68% to 71% as compared to February.
- There were 122 intensive crisis stabilization service (ICSS) cases for the month of March which is a 27% increase from February. Of the 122 cases there were 66 initial screenings.
- 45 cases were served by The Children's Center Crisis Care Center in March. As an update from February, TCC has continued efforts in recruiting to support a lack of staffing. Their efforts continue via HR and a contracted recruitment agency and have since implemented an enhanced pay rate. TCC has a case manager who has accepted a position, and that role will be supporting clinicians and families during crisis encounters. TCC has been able to maintain their abbreviated hours by having intake clinicians conduct crisis screenings.

COPE March 2023

Month	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	# Inpt due to no CRU
February	775	714	526	68%	227	29%	8
March	908	841	617	68%	270	30%	7

- There was a 14% increase in the number of requests for service for adults in March compared to February, and the diversion rate increased slightly in March.
- The Crisis Stabilization Unit (CSU) at COPE served 239 members this month, a 17% increase from February at 192.
- The Mobile Crisis Stabilization Team provided services to 79 members in March, up from 66 in February.

CRISIS RESIDENTIAL/HEGIRA March 2023

- The number of available beds is 9.

Referral Source	Total Referrals	Accepted Referrals	Denials
ACT	0	0	Level of Care change - 13
COPE	47	23	Not medically stable due to SUD – 0 CRU bed unavailable: 19
DWIHN Res.	9	1	Not medically stable due to physical health – 0 Criteria not met: 2
Step Down (Inpatient)	19	5	Violent/aggressive behavior: 7 Member refusal: 4
Total	75	29	No follow-up from SW/Hospital 0 Pending: 1

TEAM WELLNESS CSU March 2023

- Total served at TEAM CSU 153 members. 25 resulted in a higher level of care. 17 members seen at the CSU were on an AOT and 3 on a Transport Order.

PROTOCOLL February 2023

Month/Year	# Incoming Calls	# Calls Answered	% answer w/in 30 secs	Avg. Speed of answer	Abandonment rate
January	666	647	90.6%	16s	1.4%
February	676	648	85.4%	20s	2.3%

- March 2023 data not available at the time of this report
- Protocol came just short of their service level goal with an 84.5% overall service level while still meeting their average speed of answer and abandonment rate goals with an ASA of 25 seconds, and a 2.5% abandonment rate.
- Protocol indicated staffing increases were a significant contributor to their overall improvements to service level metrics. On average, Protocol had almost 20 more call takers working per day than they had a year ago. Protocol also continues to make improvements in efficiency, with their after-call documentation time significantly lower than a year ago, which increases their ability to manage more calls (increases their availability with more documentation occurring during the call as opposed to after the call).

COMMUNITY LAW ENFORCEMENT LIAISON ACTIVITY REPORT March 2023

- The number of ATRs for the month of March decreased by 8.9% (233 completed for this month as compared to 256 in February).
- Community Law Enforcement Liaison engaged 55 individuals this month.
 - 100% have repeat interactions/ hospitalizations without follow up by the CRSP. CRSP were alerted and engaged in discharge planning.
 - 36% have no CRSP assigned. 22% had Team Wellness as a CRSP
 - 9% were Homeless
- 11 Citizens returned and were connected to DWIHN services upon release from MDOC. 2 were paroled with an active combined AOT. 2 missed their initial intake appointment. Liaison has reached out to CRSP and MDOC to ensure a follow up appointment has been made.
- DWIHN received 129 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 13 ACT consumers referred to COPE: 69% 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 <1% of ACT PARs were completed by COPE. 2 members came to COPE CSU on an AOT and 2 on a Transport Order.

COMMUNITY HOSPITAL LIAISON ACTIVITY REPORT March 2023

- In March 2023, there were 253 contacts made with community hospitals related to movement of members out of the emergency departments, which is a 19% increase in contacts from February at 204. Out of the 253 encounters, 94 were diverted to a lower level of care, an overall diversion rate of 37%. 0 admissions were made to Hawthorn, and 0 admissions were made to WRPH and Kalamazoo.
- Hospital liaisons were involved in 63 cases that were NOT on the 23-hour report. Of those 63 cases, liaisons were able to divert 38 resulting in a 56% diversion rate for those members serviced not on the 23-hour report.
- Hospital liaisons received 15 “crisis alert” calls collectively in March and 5 of those members were diverted to lower levels of care (33% diversion rate for crisis alert calls).
- In March, there were 20 members who repeated an emergency encounter at least twice within the month, and between those 20 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 March 2023

- Of the 23-hour report activities during this reporting period there were 253 encounters (a 19% increase from February for member specifically related to the 23-hour report).
- 94 of the 253 cases specifically related to the 23-hour list were diverted, resulting in a 37% diversion rate for those members specifically related to the 23-hour report

DISPOSITION TOTALS 23 HOUR REPORT, March 2023

Admission Type	Members
St. John Macomb	1
St. John Main	1
Beaumont Behavioral	6
BCA Stonecrest	32
Detroit Receiving	2
Garden City	1
Harbor Oaks	13
Havenwyck	13
Henry Ford Wyandotte	5
Henry Ford Kingswood	16
Behavioral Centers of Michigan	0
Pontiac General	25
St. John Providence	2
Samaritan	2
Sinai Grace	8
St. Mary Mercy	3
St. Joes Ann Arbor	0
Discharge with Mobile Crisis Stabilization	94
Medical Admissions	7
Partial Day Hospitalization	6
Residential Referrals	0
Nursing Home	0
AMA	3
SUD	1
Police Custody	0
St. John Oakland	0
CRU	0

DISCHARGE LIAISON TOTALS, March 2023

- The DWIHN Discharge Hospital Liaison was involved in 8 cases in March, down from 14 cases in February. There were 7 referrals from clinical specialists within Utilization Management at DWIHN, and 1 was a self-referral from the Discharge Hospital Liaison. 7 of the referrals already had a crisis alert within the system. Of the 8 hospital discharge appointments scheduled, 1 member kept their appointment while 2 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, March 2023

Category	
Number of mobile events attended	15
Number of meaningful engagements	250
Number of screenings in the system	0
Number of follow-up calls made	34
Number of referrals made as a result of follow up	4
Benefit Assistance Referral	1
Bill Payment Referral	1
Complex Case Management referral	1
Connection to Access Center	4
Housing Referral	0

MOBILE OUTREACH SUMMARY, March 2023

- Our DWIHN Mobile Outreach Clinician was able to add new events to the DWIHN community calendar and continued the partnership with Wayne Metro and Black Family Development. DWIHN and partners had a great turnout at “Michigan Department of Health Human Services- Pathways to Potential” at Henry Ford High School. DWIHN held 3 March Madness events with Detroit Area Agency on Aging. Our Mobile Outreach Clinician was able to meet new Supervisors at MDHHS, and they would like for DWIHN to attend several school resource events in Wayne County within the next month and moving forward. DWIHN’s Mobile Outreach Clinician will be able to reach several schools in Wayne County with the support of MDHHS. Our department has added several new resource vendors to the team: Lakeshore Legal Aid, Dedicated Senior Medical Center, MDHHS and Detroit Area Agency on Aging.

Integrated Health Care Department

Monthly Report

April 1, 2023

Collaboration with Community Partners

During the month of March 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 March, the HEDIS scorecard was reviewed at the CRSP monthly meeting and in individual meetings with 6 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.

FUH scores have consistently increased since HEDIS Scores have been presented at the 45 day meeting.

ICH will be providing more lunch and learns on quality plans and HEDIS scores.

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

Measure	Measure Name	Eligible	Total Com	Non Comp	HP Goal	Year to Da
AMM	Antidepressant Medication Management Acute phase	2929	1049	1880	77.32	35.81
AMM	Antidepressant Medication Management Continuation Phase	2929	366	63.41	12.5	12.5
FUH	Follow-Up After Hospitalization for Mental Illness Adults	6689	3370	3319	58	50.38
FUH	Follow-Up After Hospitalization for Mental Illness Children	622	421	201	70	67.68
SAA	Adherence to Antipsychotic Medications for Individuals With Mental Illness	1037	335	702	85.09	32.3
SSD	Diabetes Screening for People With Schizophrenia or Bipolar Disorder	1841	1346	495	86.36	73.11

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 are using the shared platform 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. Health Plan 1 Leadership and DWIHN met in March to discuss current care coordination and other projects that could be created. DWIHN shared the difficulty with coordination of care of members when they are in the ED. Health Plan 1 will speak to the health system and see if they are interested in a shared project. DWIHN and IHC meet monthly for care coordination. See below for care coordination project.

Health Plan 2:

Care Coordination with Health Plan 2 was initiated in September 2020, these meetings occur monthly. Health Plan 2 had 7 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 See below for care coordination project.

Special Care Coordination Project

Plan Name	Number of members w/Gaps in care	Type of Gap: A.) Non/Partial Compliance B.) Assisting Plan to connect for HRA/Physical Health Care C.) FUH post follow up	What Were Interventions: A.) Coordinate and Outreach to BHCRSP. B.) Coordinate w/ICO for transportation. C.) Outreach to members	Number of cases to refer to Complex Case Management	Total Number of Successful Outcomes
Health Plan 1	4	A, B	A	0	1
Health Plan 2	7	A, B	A, B	0	3

Health Plan 3s

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 was completed March.

MI Health Link Demonstration

IHC department under the MI Health Link Program received total of 492 level II requests in March which was an increase of 65 requests. This was due to an increase in passive enrollments. 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	10	8	12	30
Amerihealth	7	2	30	39
HAP	5	7	2	14
Meridian	8	4	7	19
Molina	53	253	84	390
TOTAL	83	275	132	492

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	2	3	3	4
Amerihealth	0	1	1	18	10
HAP	0	0	0	0	2
Meridian	0	3	0	0	4
Molina	0	38	4	4	38
Total	0	44	8	25	58

Comparison Data for Voided Referrals:

	Number of Voided Referrals	Member Declined Assessment	Member Declined Services	Member not available before deadline	Referrals in error	Unable to reach
October 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
February 2023	146	0	36	6	18	86
March 2023	135	0	44	8	25	58

*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.

There were **27** LOCUS assessments completed for the MI Health Link Demonstration received from Network Providers who service Nursing Home Facilities for Mild-Moderate population.

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

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

McLaren	3	A,B,C	A,C	1	2
Meridian	8	A,B,C	A,C	0	3
Molina	2	A,B,C	A,C	0	3
Priority	9	A,B,C	A,B,C,D	1	3
United	7	A,B,C	A,C	0	1

In March, **519** members admitted and discharged of those **10** are still inpatient. IHC staff contacted **97** of those members and **49** attended outpatient appointments due to connecting with IHC Care Coordination team. Below is the breakdown by Medicaid Health Plan.

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	18	10	2
BCC	26	15	0
Aetna	8	2	2
HAP	5	2	1
McLaren	2	0	1
Meridian	21	12	2
Molina	10	4	0
UHC	7	3	0

FUA:

There was a total **77** FUA members presented at an ED for the month of March of those cases. **44** cases were fee for service Medicaid no plan attached of the cases **17** were open to DWIHN and **5** kept the appointment. Below is the breakdown by Medicaid Health Plan.

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	1	2	0	0	0
BCC	1	1	3	0	1	0
Aetna	3	1	0	2	0	0
HAP	2	2	0	0	0	0
McLaren	0	0	0	0	0	0
Meridian	3	3	2	0	3	2
Molina	3	3	2	0	2	0
UHC	2	2	1	0	2	0
Fee for Service	17	9	n/a	n/a	15	5
Total	32	21	10	2	23	7

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.
- 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 1 closure that was 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 today's standards of Medicare service fees. DWIHN has not resolved cost settlements but has confirmed CEO address for Quality Withhold notifications that will be sent to DWIHN before the end of this reporting period for CY2020, CY 2021. 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 March 2023, there are currently **12** active cases, **2** new case opened, case closures, and no pending cases. Three (**3**) cases were closed due to unable to reach.

Care Coordination services were provided to **12** additional members in February who either declined or did not meet eligibility for CCM services.

Follow up after hospitalization was completed with **66** consumers to help identify needs and **0** individuals who had hospital recidivism. Twenty (**20**) attended their FUH appointment, **9** 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 **34** presentations for DWIHN CRSPs and at Provider Meetings: St. Mary's Livonia, Henry Ford Kingwood, Beaumont Main, Garden City, St. John Providence, Samaritan, Detroit Receiving, Henry Ford Hospital, Stonecrest, Black Family Development, Community Living Services, Slim Haven AFC homes, Star Center, Home Lifestyles, Lincoln Behavioral Services

EMS Friendly Faces: DWIHN had **0** on the EMS lists for March 2023.

CCM billing Pilot: In the month of March CCM started to bill for their Face to Face services. This has been built in MHWIN

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

DWIHN contracted 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. DWIHN has hired 4 fulltime RN, 2 contingent RN, 9 Fulltime Evaluators, 1 Occupational Therapist, 1 Intake Specialist, 1 contingent Evaluator, 1 Manager and 1 Administrator, and 1 part time psychiatrist. The only positions left to hire are the support staff.

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.

Congruence rate between OAS recommendations and MDHHS determinations for the month of January 2023 was 98%.

14/112 (13%) pended in **January 2023**. Reasons include: Psychosocial Issue 6, Diagnosis 1, Clerical 2, 3877/3878 or No SPMI Letters 1, Dx Formulation Issue 2, and Presenting Problem 2.

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**.



Detroit Wayne Integrated Health Network (DWIHN)
February 2023 – March 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 R2 was approved by PCC on March 8, 2023 and the DWIHN Board on March 15, 2023 for the addition of one provider; Godspeed Transportation



Credentialing/Re-Credentialing

Description	As of March of 2023
Practitioner Credentialing Applications	3489
Facility Credentialing Applications	274
Files in VRC	1522
Practitioners Approved Files	2487
Facility Approved Files	169

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:

- 3 provider closures during month of March
 - 1 Outpatient Program Closure
 - 2 licensed residential homes

Provider Name	Type of Closure	Reason for Closure	Numbers of Members Impacted	Intervention
NSO	Outpatient Children's' Waiver Program	Provider unable to keep up with the program demands	8	Members transferred to another contracted DWIHN provider
Liberal Manor	Licensed Residential Home Contract	Provider Retiring	3	Members transferred to another contracted DWIHN provider
	Licensed Residential Home Contract	Home Fire	6	Members transferred to another contracted DWIHN provider



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
- DWIHN's CoC HUD grants have been renewed. On March 28, 2023 HUD announced 2.76 Billion in Awards for the homeless. in approximately 7,000 local homeless housing and service programs across the U.S. and its territories. These CoC grants provide funding for efforts by nonprofit providers, states, and local governments to quickly rehouse individuals and families experiencing homelessness and provide support while minimizing the trauma and dislocation caused by homelessness. Board Actions will be submitted to PCC and DWIHN Board at April meetings.

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.

March 2023 Provider Inquires via Email & Provider Relations Help Line	
PIHP Email Inquiries	100
Provider Relations Help Line	12



Provider Code Workgroup (PCWG)

MCO is responsible for facilitating the Provider Code Workgroup (PCWG). PCWG is responsible for maintaining fee schedules, operationalizing and maintaining codes, compliance with state mandated codes as well as resolving departmental and provider issues.

Projects/Updates	Numbers
PCWG Ticket System	Resolved 78 Trouble Tickets
Rate Updates with the Batch Schedule Updater	1,429 rate updates (Codes with the education and member served modifiers)
Deployed MDHHS Codes	23 new codes
Smart Sheet Request-Deactivation	3 Deactivations
Smart Sheet Request – Add New CSL	8
Smart Sheet Request – Add SCA	4
Smart Sheet - Other	5
Smart Sheet – Address change & Contact info	4
Smart Sheet Request – Add new services (Contract fee schedules)	9
Outlook Requests – Claims & Residential	3
Enter Board Actions in Reqlogic	0
MH-WIN Clean Up Project	Directory project complete

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

- 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

DWIHN Risk Matrix

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

High Priority Initiatives

- Supporting DWIHNs 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 Brandon Taylor, Director/Managed Care Operations



Detroit Wayne Integrated Health Network Residential Services Department

Department Monthly Report: **March 2023**

Report Date Range: 2/27/23-3/29/23

Referrals

<i>Carry-over (prior to 2/27/2023)</i>	14
Referrals RECEIVED: 2/27/23 – 3/29/23	135
TOTAL Referrals	149

Residential Referrals

135

AGE-OUT (DHHS)	2
CRSP	38
CSU CRU	4
ED	22
HOSPITAL	63
NURSING HOME/SNF	5
OUT OF COUNTY	1

Referral Trends

- 6 identified IDD members that qualify for HAB Waiver services
- 15 DHHS referrals received for youth aging-out of the foster care system since 1/1/2023: (three) department meetings held in March with DHHS case managers to review specialized residential referral process.
- Significant increase of IDD CRSP referrals (31 cases for March) for members requesting to go into specialized placement from their family homes.

Service Authorizations

Authorizations Processed	1228
Authorizations APPROVED	1088
Requests Returned to CRSP by DWIHN Auth Team	140

- Interim IPOS Completed by DWIHN Auth Team 54
- Requests Submitted Residential Care Specialists 355
- Requests Processed Through MHWIN Queues 873

Offline Provider Request

Providers requesting to be removed from vacancy census due to staffing shortages.

Vendor Facility Name	AMI / IDD	Request Date	End Date	# of Vacant Beds	# of Members Effected
Berry's Adult Foster Care Homes (25535)	AMI	03/30/23	TBD	2	4
Detroit Family Home-Boston (33356)	IDD	02/23/23	TBD	1	5
Kentucky 2 (326180)	AMI	02/23/23	TBD	1	5
Pam's Norwood Care (29905)	AMI	02/15/23	TBD	1	5
Woods Care (28132)	AMI	02/10/23	TBD	3	2
Charlotte's Care II (25584)	AMI	12/21/22	TBD	1	5
Good Company (29334) – 4 sites	AMI	12/13/22	TBD	11	8
Miracle Manor #2 (26222)	AMI	08/24/22	TBD	4	2
Miracle Manor #3 (26223)	IDD	08/24/22	TBD	2	4

Member Discharges Notifications

30-DAY DISCHARGES carried over prior to 2/27/23	5
Notifications Received: March 2023	7
30-Day Discharges COMPLETED within 30-days	6
Rescinded 30-Day Discharges	2
Discharges in Progress	4
Average timeliness of 30-day discharge closure:	17.7 days

Notifications Received: March 2023	12
Rescinded Emergency Discharges	0

COVID-19

# of COVID-19 Positive Cases: 2/27/23 – 3/29/23	0
AMI 0	
IDD 0	
Related Death Cases: 2/27/23 – 3/29/23*	0
AMI 0	
IDD 0	
DCW Staff COVID-19 Positive cases	0

***No reported deaths since February 2022**

Residential Sponsored Meetings and Trainings

	Meeting Date	# of Meetings	# of Attendees
CRSP (Supervisory)/Residential Mtgs	Monthly	14	61
Standardized Residential Progress Note Trainings	Friday, 3/13/23	2	67
Residential Assessment Clinical Alignment of Documentation Trainings	Tuesday, 3/7/23	1	75
Service Authorization Trainings	Thursday, 3/9/23	2	55

Department Goals

Staffing

- (1) Residential Care Specialist and (1) Hospital Liaison accepted new positions, transferred internally from UM department.
- 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
 Substance Use Disorders
 March Monthly Report
 Prepared by: Judy Davis, SUD Director

Project/Activity/Event	Status	Follow-up																																		
<p>FUNDING OPPORTUNITY SAMHSA (Substance Abuse and Mental Health Service Administration)</p>	<p>Adult Reentry Program</p> <p>The DWIHN-SUD department had a grant opportunity with SAMSHA for Adult Reentry Program to provide extra financial support to assist providers with prisoner reentry from Wayne County Jail.</p> <p>The grant awards organizations an amount up to \$400,000.00 per year up to 5 years.</p> <p>The purpose of this program is to expand substance use disorder (SUD) treatment and related recovery and reentry services to sentenced adults in the criminal justice system with a SUD and/or co-occurring substance use and mental disorders, who are returning to their families and community following a period of incarceration in state and local facilities including prisons, jails, or detention centers.</p>	<p>Application due date is Monday, March 06, 2023</p> <p>Grant was submitted timely</p>																																		
<p><u>Michigan Department of Corrections (MDOC)</u></p>	<p style="text-align: center;">March 2023</p> <table border="1" data-bbox="500 1094 1081 1335"> <thead> <tr> <th>Month</th> <th>SUD Calls</th> <th>MDOC SUD Referrals.</th> <th>MDOC Clients admitted to Treatment</th> </tr> </thead> <tbody> <tr> <td>January</td> <td>4714</td> <td>207</td> <td>103</td> </tr> <tr> <td>February</td> <td>4190</td> <td>209</td> <td>96</td> </tr> <tr> <td>March</td> <td>4977</td> <td>254</td> <td>107</td> </tr> </tbody> </table> <p>In comparison to the previous month, there has been a slight increase in MDOC clients admitted into SUD treatment.</p> <p style="text-align: center;">March Admitted Clients Level of Care</p> <table border="1" data-bbox="500 1522 997 1837"> <tbody> <tr> <td>IOP Level 1</td> <td>2</td> </tr> <tr> <td>IOP Level 3</td> <td>1</td> </tr> <tr> <td>OP MAT</td> <td>5</td> </tr> <tr> <td>Outpatient OP</td> <td>26</td> </tr> <tr> <td>Residential 3.5</td> <td>40</td> </tr> <tr> <td>Residential 3.7</td> <td>5</td> </tr> <tr> <td>Residential Detox</td> <td>17</td> </tr> <tr> <td>Recovery Services</td> <td>11</td> </tr> <tr> <td>Total</td> <td>107</td> </tr> </tbody> </table> <p>42% of individuals admitted to treatment received Residential Services, 31% were admitted to Outpatient, 16% to Withdrawal Management, and 10% to Recovery Support Services.</p>	Month	SUD Calls	MDOC SUD Referrals.	MDOC Clients admitted to Treatment	January	4714	207	103	February	4190	209	96	March	4977	254	107	IOP Level 1	2	IOP Level 3	1	OP MAT	5	Outpatient OP	26	Residential 3.5	40	Residential 3.7	5	Residential Detox	17	Recovery Services	11	Total	107	<p>MDOC clients are screened and referred to treatment within 24 hours from contacting the Access Center.</p> <p>Referred Client Demographics</p> <p>150 African American, 95 White, 1 Asian American, 4 Arab American, and 11 identified as other race.</p> <p>261 individuals were referred. 107 were admitted.</p>
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Detroit Wayne Integrated Health Network
 Substance Use Disorders
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<p>Communicable Disease Policy</p>	<p>Communicable Disease Prevention Policy Draft. MDHHS sent out the Communicable Disease Policy for comment and feedback. It addresses requirements concerning communicable diseases among the substance use disorder (SUD) population. Feedback was due on March 8, 2023</p> <ul style="list-style-type: none"> • Minimum Knowledge Standards for Substance Use Disorder Professionals - Communicable Disease Related • PIHP regions are required to maintain a tracking mechanism to ensure SUD provider staff completes the Level 1 training. 	<p>Communicable Disease Policy</p>



Detroit Wayne Integrated Health Network
 Substance Use Disorders
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**FY 23 and 24
 Grant
 Funding**

COVID Supplemental Funding is expected to end on 3/14/24. It is unknown if there will be a no-cost extension offer but if so DWIHN expects an update by late summer this year.

ARPA Funding is expected to end FY 25

Fiscal Year 24

Project	Amount	Fund Source
ADMIII-DW	\$100,000	ARPA SABG
PREVCV-DW	\$144,060	ARPA SABG
TRMTCV-DW	\$730,000	ARPA SABG
PREVII-DW	\$587,640	COVID SABG – ends 3/14/24
SUDADII-DW	\$50,000	COVID SABG – ends 3/14/24
TRMTII-DW	\$2,020,633	COVID SABG – ends 3/14/24
WSSII-DW	\$362,249	COVID SABG – ends 3/14/24
PPWP-DW	\$267,302	Pregnant and Postpartum Women’s Pilot grant
SDA-DW	\$730,598	State Disability Assistance
SOR3-DW	\$2,208,938	State Opioid Response 3
PREV-DW	\$3,350,667	SABG
SUDADM-DW	\$1,105,015	SABG
TRMT-DW	\$9,945,136	SABG
WSS-DW	\$1,426,753	SABG
SUDTII-DW	\$4,000	Tobacco Section funding

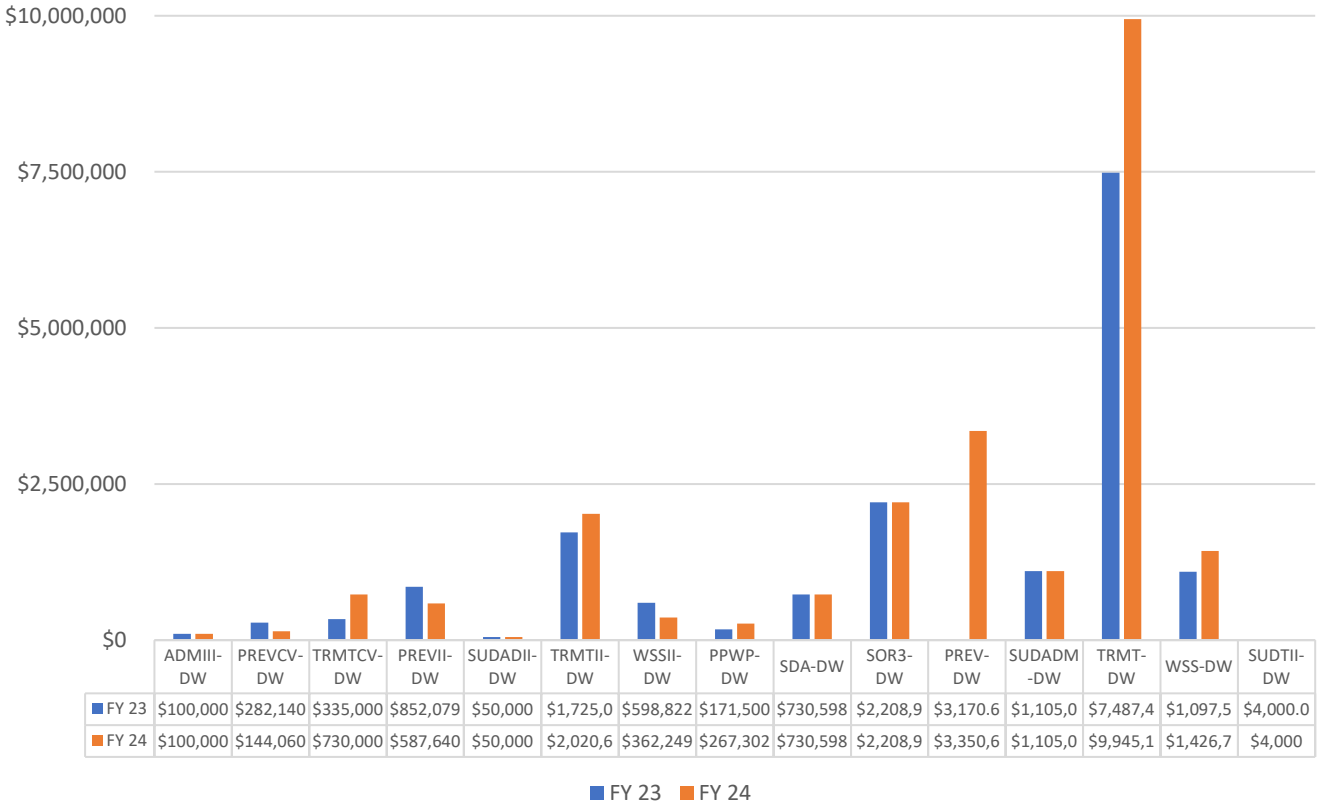
Fiscal Year 23

Project	Amount	Funding Source
ADMIII-DW	\$100,000	ARPA SABG
PREVCV-DW	\$282,140	ARPA SABG
TRMTCV-DW	\$335,000	ARPA SABG
PREVII-DW	\$852,079	COVID SABG
SUDADII-DW	\$50,000	COVID SABG
TRMTII-DW	\$1,725,031	COVID SABG
WSSII-DW	\$598,822	COVID SABG
PPWP-DW	\$171,500	Pregnant and Postpartum Women’s Pilot grant
SDA-DW	\$730,598	State Disability Assistance
SOR3-DW	\$2,208,938	State Opioid Response 3
PREV-DW	\$3,170,619	SABG
SUDADM-DW	\$1,105,015	SABG
TRMT-DW	\$7,487,434	SABG
WSS-DW	\$1,097,537	SABG
SUDTII-DW	\$4,000.00	Tobacco Section funding



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Grant Funding (FY 23 and FY 24)





Detroit Wayne Integrated Health Network
 Substance Use Disorders
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Financial Status Report (FSR)	<p>For the month of March, 491 FSRs were approved and submitted via the cobblestone database. DWIHN-SUD dept has settled 448 FSR's during the first two quarters within 30 days or less. A total of 72 FSRs are awaiting review and were submitted from 3/30- 4/4/2023. As a result, SUD is 91% compliant for the first two quarters.</p>	<p>Ongoing</p>
MDHHS Site Reviews <i>1115 Waiver Annual Fiscal</i>	<p>SUD is scheduled for a 1115 Waiver/SABG site review with MDHHS on April 4/19/23@ 2:00.</p> <p>The annual fiscal monitoring activity is scheduled to begin on March 20, 2022 and is expected to continue throughout the fiscal year.</p> <p>The review will encompass projects from the following grants:</p> <ul style="list-style-type: none"> • American Rescue Plan Act Substance Abuse Block Grant • Partnership for Success • Pregnant and Postpartum Women Pilot • Prescription Drug Overdose • State Opioid Response 2 No-Cost Extension • State Opioid Response 3 • Tobacco II 	<p>All requested documentation has been submitted in advance.</p>
Universal Audit Tool	<p>PIHPs have formed a group to create a universal audit tool for both prevention and treatment services. The underlying goal is to standardize the audit tool so that it can be accepted across regions. The groups goal is to have this process completed this fiscal year for implementation.</p>	<p>Ongoing</p>



Detroit Wayne Integrated Health Network

Substance Use Disorders

Date: March 20, 2023

Prepared by: Judy Davis, SUD Director

Performance Indicators

Percentage of Persons Requesting a Service who Received Treatment or Supports within 14 Day.

Monthly

2B

# of New Persons Who Requested and Were Approved for SUD Treatment	Net of New Persons Who Requested and Were Approved for SUD Treatment	# of Persons Receiving a Service for Treatment or Supports within 14 days of First Request (Based on the BHTEDS Time to Treatment)	Out-of-Compliance	Percentage	Month
940	940	793	147	84.36%	Jan 23
799	799	661	138	82.73%	Feb 23
912	912	776	136	85.09%	Mar 23

The percent of discharges from a substance abuse detox unit who are seen for follow-up care within 7 days

4B

# of Discharges from a SA Detox Unit	Net of Discharges from a SA Detox Unit	# of Discharges Followed up within 7 days	Out-of-Compliance	Percentage	Month
286	221	187	34	84.62%	Jan 23
205	167	135	32	80.84	Feb 23
221	179	172	7	96.09%	Mar 23

All SUD approved service requests during the quarter for which there is no BHTEDS admission record.

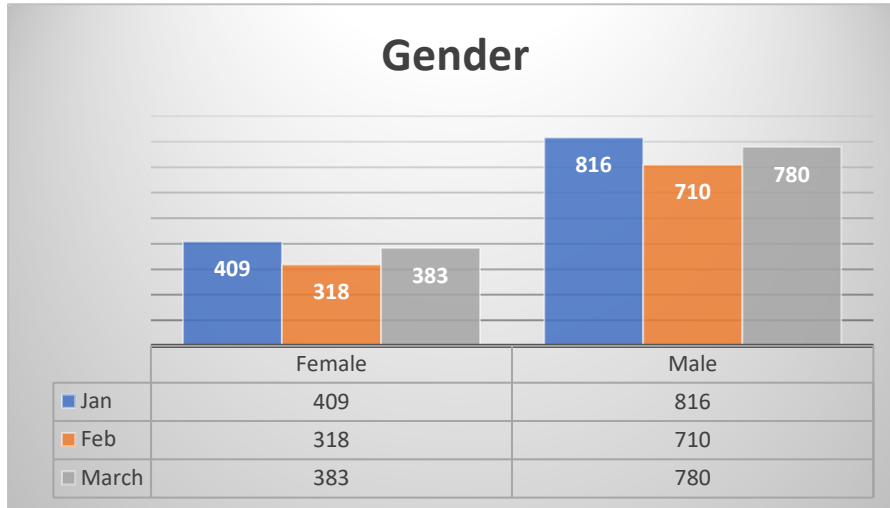
2E

# of New Persons Who Requested and Were Approved for SUD Treatment or Supports / Expired Request	Net of New Persons Who Requested and Were Approved for SUD Treatment or Supports / Expired Request	Out-of-Compliance %	Percentage Compliance	Month
366	366	366	0%	Jan 23
305	305	0	0%	Feb 23
335	335	0	0%	Mar 23



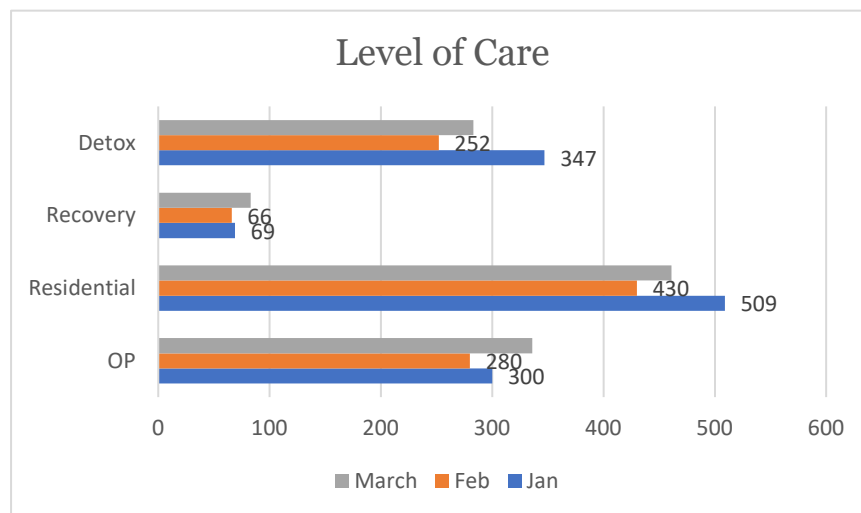
Detroit Wayne Integrated Health Network
 Substance Use Disorders
 Date: March 20, 2023
 Prepared by: Judy Davis, SUD Director

**Admissions
by Gender**



In February, 318 females were admitted to treatment, and 710 males were admitted. In March, the number of women enrolled in service increased to 383 and 780 for males.

**Admission
by Level of
Care**

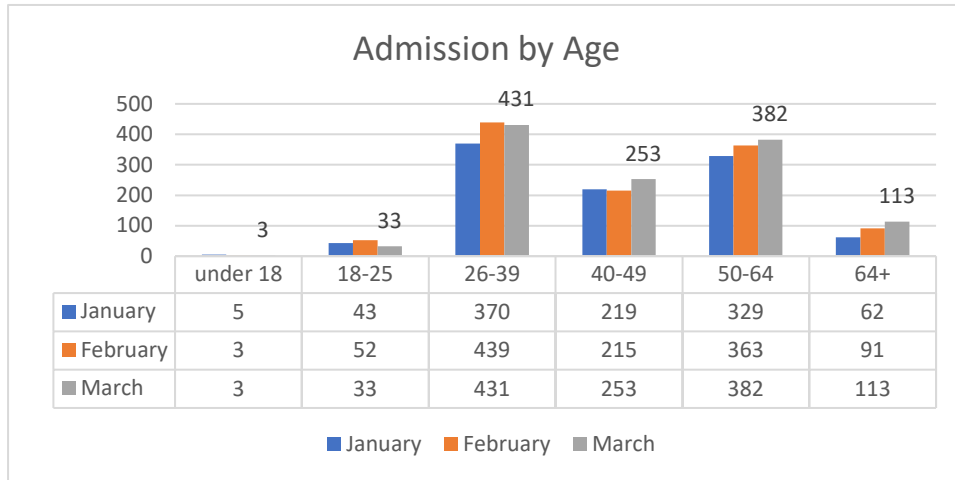


There are four primary levels of treatment for substance use disorder: Outpatient, Residential, Withdrawal Management (Detox), and Recovery. The majority of members are referred to Residential services.



Detroit Wayne Integrated Health Network
 Substance Use Disorders
 March Monthly Report
 Prepared by: Judy Davis, SUD Director




**Admission
 by Age**



Among Admissions, the members aged 26-29 are mostly referred for treatment services, followed by the age range of 50-64.



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 Substance Use Disorders
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<p>Recovery Coach Outreach Initiative with Sobriety House</p>	<p>SBIRT via AUDIT/DAST is being delivered at DMC-RH (Receiving Hospital) by Peer Recovery Coaches from 5 am-1 am (20hrs) Monday thru Friday, with occasional services provided at DMC-HH (Harper Hospital) and on-call for weekends. The services delivered are SBIRT screenings with brief interventions that include distributing educational materials on the harmful effects of substance abuse, referrals for treatment, transportation assistance, additional educational material on healthy living, safe sex, and harm reduction.</p> <p>There have been 65 SBIRT screenings, with 49 admitted into residential treatment for March. A total of 75% were admitted to treatment.</p>	<p>In addition, April 10, 2023 is the official date for PRC representation in the neo-natal unit of Hutzel Hospital.</p>
<p>MCBAP</p>	<p>MDHHS is working with MCBAP to remove the requirement to receive a CADC for those individuals with appropriate professional licensure. Certified Clinical Supervisors would remain the same.</p>	<p>Follow-up next month</p>
<p>Upcoming Trainings and Events</p>	<p>6th Annual Rally and Advocacy Day at the Michigan State Capitol Be the Voice of Change - UFAM Rally 2023 is a great opportunity for those in Michigan to be heard! The UFAM Rally creates Strength in Unity to eliminate stigma, highlight improved access to treatment, support prevention, and promote recovery from addiction through advocacy, education, and outreach. The rally will be held on May 18 from 10am-4pm, https://ufamichigan.org/</p> <p>2023 Michigan Harm Reduction Summit- https://www.michigan.gov/mdhhs/keep-mi-healthy/chronicdiseases/hepatitis/michigan-harm-reduction-summit?utm_campaign=&utm_medium=email&utm_source=govdelivery MDHHS is pleased to announce that registration is now open for the 2023 Michigan Harm Reduction Summit! This year's summit will be hosted in-person in Lansing on May 16-17, 2023 at the Lansing Center.</p> <p>Co-Occurring Disorders Conference 2023</p> <p>The 25th annual Co-Occurring Disorders Conference will be held on Monday, April 17th, called “Brave New World: Balancing Ethics, Pain Management and Addictions.” The conference will be held at the NMC Hagerty Center in Traverse City from 8am-5pm; 7 CEs available. Keynote speaker Dr. Jennifer Harrison is a dynamic presenter hitting on relevant and interesting topics on telehealth, ethics, pain management, addictions, and the opioid</p>	  



Detroit Wayne Integrated Health Network
 Substance Use Disorders
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	<p>crisis. https://files.constantcontact.com/f0d8b696401/e669cd82-e69e-4d96-8841-22d4afcbe6df.pdf?rdr=true</p> <p>Call for Presentations for 7th Annual Opioid & SUD Solutions Summit in July</p> <p>The Southeast Michigan Alliance for Addiction-free Communities (SEMAAC), Michigan Department of Health and Human Services (MDHHS) and Detroit Wayne Integrated Health Network (DWIHN) are pleased and inspired to announce a <u>call for presentations</u> for the upcoming 7th Annual Opioid and Substance Use Disorder Solutions Summit taking place July 25, 2023. The goal this year will be building greater connections that support those in various stages of prevention efforts, treatment, and recovery.</p>	<p>7th Annual Opioid and Substance Use Disorder Solutions Summit</p> <p>Creating Supportive Environments for Prevention, Treatment, and Recovery</p>
<p>Senate Bills Introduced</p>	<p>H. R. 1359 (Modernizing Opioid Treatment Access Act) to expand the take-home prescribing of methadone through pharmacies. in an effort to reduce barriers to patient care through opioid treatment programs.</p> <p>FDA Approves First Over-the-Counter Naloxone Nasal Spray</p> <p>The <u>FDA approved Narcan, 4 milligram (mg) naloxone hydrochloride nasal spray for over-the-counter (OTC), nonprescription, use</u> – the first naloxone product approved for use without a prescription.</p>	<p>Ongoing</p>



DWIHN UTILIZATION MANAGEMENT MONTHLY REPORT

March 2023

Executive Summary

- **Autism:** There were approximately 471 authorization requests manually approved during the month of March. There were approximately 134 authorization requests automatically approved during the month of March. There are currently 2,357 cases open in the benefit.
- **Habilitation Supports Waiver:** There are 1,084 slots as of 3/31/23. A total of 1,004 slots are filled and 80 are open, for a utilization rate of 92.6.
- **County of Financial Responsibility:** In the month of March there were six (6) 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:** As of 3/27/2023, there were two (2) medical necessity denials and one (1) appeal reported. There were also sixteen (16) inpatient service authorization administrative denials and eight (8) administrative appeals. Of the eight administrative appeals, there is one pending, two (2) were overturned, four (4) were upheld and one (1) partially upheld.
- **General Fund:** Of the General Fund Exception authorization requests reviewed during March 2023, there were 335 approvals, including 23 for the Guidance Center. There were 8 Administrative Denials. There were 211 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 59 MI Health Link authorizations received and processed as of 3/31/23. 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 1,214 admissions including Inpatient, MI Health Link, Partial Hospital and Crisis Residential have been managed by the UM Department between 3/1/23 and close of business 3/31/23.
- **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 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 March 1, 2023 and March 30, 2023, there were 2,277 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, 96.2% were approved within 14 days of request, which is a decrease from 99% in February 2023.

- **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 is one (1) youth in the admission pool.
- **SUD:** The Power Bi dashboard indicates SUD UM staff approved 1,359 authorizations between 3/1/23 and 3/30/23. Of these 1,359 authorizations, 1,327 or 97.6% were approved within applicable timeframes (which is an improvement from 83.1% in February), 32 or 2.4% were outside of timeframes. The improvement is directly related to having corrected technical programming problems that caused authorizations to not populate appropriately and needing authorization correction.
- **Administrative Denials:** As of 3/27/2023, the SUD team issued 1 administrative denial compared to 24 the previous month.
- **Pre-Admission Review Audits:** During the Months of February and March, PAR Audits were conducted on PARs completed between January 1 and February 28 of 2023. A sampling of 25 charts per month were reviewed. There were several areas where the compliance was below 95% (threshold). Data was presented to the screening entities at huddle meetings, and further discussion will take place regarding updates to the PAR form in order to capture the needed information to improve compliance rates.

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 471 authorization requests manually approved during the month of March. There were approximately 134 authorization requests automatically approved during the month of March. There are currently 2,357 cases open in the benefit.

There were approximately 2,357 open cases during the month of March. There were 139 referrals in the month of March. Data is no longer being pulled from the WSA. It appears that there is a decrease in open cases for the month of March however, it was determined that there is a discrepancy in data due cases appearing to be open which need to be closed due to not receiving services. There is a plan in place to close those cases which will stabilize the data moving forward.

*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	220	471						

Auto Approvals	174	128	172	130	Data Unavailable	134						
Total Approvals	547	460	520	371		605						

*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**

Fiscal Year to Date												
	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept
Open Cases	2550	2628	2666	2745	2267	2357						
Referrals	134	110	106	110	125	139						

*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 as of 3/31/23. A total of 1,004 slots are filled and 80 are open, for a utilization rate of 92.6.

Monthly HSW Utilization	March 2023
Allocated	1,084
Used	1,004
Available	80
Percent Used	92.6%

While utilization is lower than last month, it is believed this is at least in part to the new quality and support strategies implemented by HSW team. We believe that holding ourselves and the provider network accountable had led us to identify members that should have been closed out previously. Sadly, we also had some member deaths in the month of March.

The collaboration between the Residential and UM Departments has launched and, in a short period of time, has already identified 2 members to enroll into HSW. The HSW team has also been notifying CRSPs on a monthly basis of identified potential enrollees with IPOS' due in the month period and have asked that the CRSPs enroll those members into HSW. For the months of March and April the providers are actively working to enroll approximately 10 more members. We anticipate both strategies to improve enrollment numbers, but we need to allow the CRSPs time to enroll these members before we can see the results. The HSW team has begun the process of meeting with individual CRSP teams to educate them on HSW and enrollment with the intention this will help generate more referrals.

To address timeliness of recertifications; a clear timeline which includes follow up by ELT has been established. To improve efficiency and ease of data tracking, Wayne Center has fully transitioned to direct entry into the WSA and NSO is in the final stages of the process. asks for backlog/recertification/future enrollees has been divided.

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	64
# of youth currently active in the SEDW for the month of March	50
# of referrals received in March	7
# of youth approved/renewed for the SEDW in March	3
# of referrals currently awaiting approval at MDHHS	1
# of referrals currently at SEDW Contract Provider	20
# of youth terminated from the SEDW in March	1
# 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.

	Adult COFR Case Reviews Requests	Children COFR Case Reviews Requests	Resolved	Open*
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.

General Fund Fiscal Year 2022-2023 to Date

	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	FY To Date TOTAL
Approvals	332	327	260	316	295	335							1,865
The Guidance Center	12	12	11	5	36	23							99
Advance Notices	257	266	203	285	196	211							1,418
Administrative Denials	9	10	9	9	11	8							56

Denials and Appeals

Medical Necessity Denials

As of 3/27/2023, there were sixteen (16) authorization requests sent to the physician for a peer review. Of the sixteen (16) peer reviews sent to the physician, two cases were denied, and the remaining fourteen (14) cases continued to meet inpatient hospitalization stay days. There was one (1) medical necessity appeal reported for the month of March. This appeal was upheld.

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

Service Authorization Administrative Denials

As of 3/27/2023, there were a combined total of seventeen (17) administrative denials between the inpatient, outpatient, and SUD services. There were also eight (8) administrative appeals. Of the eight (8) administrative appeals, two (2) of the appeals were overturned, four (4) were upheld, one (1) was partially upheld and one (1) is pending. The chart below shows the number of denials and appeals for each service.

	Inpatient	Outpatient	SUD
Denial	16	0	1
Overturn	2	0	0
Upheld	4	0	0
Partial Denial	1	0	0

Pending	1	0	0
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Timeliness of UM Decision Making: Quarter 2 (January-March 2023) 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
Numerator	N/A	N/A	584	N/A
Denominator	N/A	N/A	681	N/A
Total	N/A	N/A	86%	N/A

MI Health Link Program

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post Service
Numerator	3	7	8	7
Denominator	3	8	18	7
Total	100%	88%	44%	100%

Substance Use Disorder

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post Service
Numerator	1012	N/A	2783	N/A
Denominator	1070	N/A	3045	N/A
Total	95.5%	N/A	91.3%	N/A

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

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

State Hospital Liaison Activity Report

Hospital	Caro Center		Kalamazoo		Walter Reuther	
Census	Total	1	Total	2	Total	72
	NGRI	0	NGRI	0	NGRI	21
	Non-NGRI	1	Non-NGRI	2	Non-NGRI	51
Wait List	0		0		3	
Admissions	Total	0	Total	0	Total	2
	NGRI	0	NGRI	0	NGRI	1
	Non-NGRI	0	Non-NGRI	0	Non-NGRI	1
ALS Status	0		0		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 DCP program was received this month, 1 NGRI member is awaiting discharge via the DCP.

Children’s State Hospitalization

As of 3/31/23, 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. One (1) member will transfer to Walter Reuther Psychiatric Hospital in April. No additional discharges. One (1) youth was added to the admission pool this month; two (2) youth referrals were declined by Hawthorn Center.

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 – March 2023

Report Filters	
Date Range Selected:	3/1/2023 thru 3/31/2023
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

Total # of Auth's Received for the Month	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations (Currently No DWIHN Authorizations labeled as Expedited)		Post Service Authorizations	
	Total Amount Preservice Auth's Received	Total Preservices processed ≤14 days	Total Amount Urgent Auth's Received	Total Urgent processed ≤24 hrs	Total Amount Expedited Auth's Received	Total Expedited processed ≤72 hrs	Total Amount Postservice Auth's Received	Total Post Service processed ≤14 days
59	3	3	22	22	0	0	34	34

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

The data for March 2023 delineates the total number of authorization 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 59 MI Health Link authorizations received compared to 49 authorizations during the month of February, a 20.4% increase. By ICO, there were 17 authorizations for Aetna, 5 for AmeriHealth, 0 for Michigan Complete Health (Fidelis), 12 for HAP Midwest and 25 for Molina. Of the 59 of MI Health Link authorization requests, 100% 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 3/31/23, the UM Team has managed a total of 700 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 March there were 696 (non-MI Health Link) admissions for inpatient treatment, reflecting a 12.8% increase from the 617 inpatient admissions during February 2023.

SMI/SED	# Admitted Members	# Admissions	Avg Length Of Stay	Median Length of Stay
IDD	11	11	9.82	9
SED	107	116	8.99	8
SMI	546	577	8.66	8
SUD	7	7	3.86	4
Total	671	711	8.69	8

Source: Power BI - Hospitalizations and Recidivism - Acute Inpatient

The data outlined below reflects the number of admissions as of 3/31/2023:

- Inpatient: 696
- MHL Inpatient: 4
- Partial Hospital: 113
- Crisis Residential: 32 (adults – 25 and children - 7)
- Total Admissions: 845

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 has completed MiTel phone system training with IT, in anticipation of beginning the aftercare scheduling pilot on 4/5/23. Updates and progress will be recorded in subsequent reports.

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

Timeframes of Outpatient Service Authorizations continues to be 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 March 1, 2023 and March 30, 2023, there were 1,621 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, 93.3% 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 1359 authorizations between 3/1/23 and 3/30/23. Of these 1359 authorizations, 1327 or 97.6% were approved within applicable timeframes, 32 or 2.4% were outside of timeframes.

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

MCG

MCG Has been updated to the 26th 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 R3 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 4/19/2023

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: 4/12/2023

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 R3 is a request to add 2 new providers to the DWIHN provider network. BA 23- 07R2, approved by the DWIHN Board on 3/15/23, added 1 newly credentialed provider. BA 23-07 was approved by the DWIHN Board on 9/21/22. BA 23-07 R3 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.

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

Source of Funds: Multiple

Fee for Service (Y/N): N

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

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:



Signed: Friday, March 24, 2023

Signed: Friday, March 24, 2023

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 23-62 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 4/19/2023

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

Contract Title: HUD Permanent Supportive Housing (PSH)

Address where services are provided: Various locations throughout Wayne County__

Presented to Program Compliance Committee at its meeting on: 4/12/2023

Proposed Contract Term: 2/1/2023 to 4/30/2024

Amount of Contract: \$ 2,266,426.00 Previous Fiscal Year: \$ 2,216,218.00

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2004

Provider Impaneled (Y/N)?

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

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

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

Approval of this Board Action will allow for renewal, acceptance and disbursement of HUD Continuum of Care (CoC) permanent supportive housing grant funds in the amount of \$2,161,641 and the

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

The Providers listed in this Board Action submitted applications for renewal to the local Continuum of Care and were awarded for renewal for the HUD FY 2022.

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

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

Source of Funds: General Fund,HUD

Fee for Service (Y/N): N

Revenue	FY 23/24	Annualized
HUD	\$ 2,161,734.00	\$ 2,161,734.00
General Funds	\$ 104,692.00	\$ 104,692.00
Total Revenue	\$ 2,266,426.00	\$ 2,266,426.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)?

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Eric Doeh

Signed: Thursday, April 6, 2023

Signature/Date:

Stacie Durant

Signed: Thursday, April 6, 2023