



Detroit Wayne Integrated Health Network

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PROGRAM COMPLIANCE COMMITTEE MEETING Wednesday, May 10, 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. Adults' Initiatives Quarterly Report – Make sure all providers are offered the Med Drop Program.
 - B. Adults' Initiatives' Vision Presentation – Revise the Pillars of Hope to include Access.
- VI. Approval of the Minutes – April 12, 2023
- VII. Report(s)
 - A. Chief Medical Officer
 - B. Corporate Compliance
- VIII. Quarterly Reports
 - A. Autism Spectrum Disorder
 - B. Managed Care Operations
 - C. Residential Services
 - D. Substance Use Disorder
- IX. Strategic Plan Pillar – *None*
- X. Quality Review(s) - *None*
- XI. VP of Clinical Operations' Executive Summary

Board of Directors

Kenya Ruth, Chairperson
Karima Bentounsi
Jonathan C. Kinloch

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

Dora Brown, Treasurer
Eva Garza Dewaelsche
Bernard Parker

William Phillips, Secretary
Angelo Glenn



XII. Unfinished Business

- A. **BA #21-64 (Revised)** – COVID Supplemental
- B. **BA #23-07 (Revised 4)** – Provider Network System FY 23 – ***Additional Provider Added***
- C. **BA #23-27 (Revised 3)** – Substance Use Disorder (SUD) Treatment Services Network FY23
- D. **BA #23-57 (Revised 2)** – BizAnalytix Technologies, LLC

XIII. New Business (Staff Recommendations)

- A. **BA #23-52** – Western Wayne Therapeutic Recreation FY 23
- B. **BA #23-64** – Summer Youth Employment

XIV. Good and Welfare/Public Comment

Members of the public are welcome to address the Board during this time up to two (2) minutes (***The Board Liaison will notify the Chair when the time limit has been met***). Individuals are encouraged to identify themselves and fill out a comment card to leave with the Board Liaison; however, those individuals that do not want to identify themselves may still address the Board. Issues raised during Good and Welfare/Public Comment that are of concern to the general public and may initiate an inquiry and follow-up will be responded to and may be posted to the website. Feedback will be posted within a reasonable timeframe (information that is HIPAA related or of a confidential nature will not be posted but rather responded to on an individual basis).

XV. Adjournment

PROGRAM COMPLIANCE COMMITTEE

MINUTES

APRIL 12, 2023

1:00 P.M.

IN-PERSON MEETING

MEETING CALLED BY	I. Dr. Cynthia Tauег, Program Compliance Chair at 1:08 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Dr. Cynthia Tauег, Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	<p>Committee Members: Karima Bentounsi; Commissioner Jonathan Kinloch; and Dr. Cynthia Tauег</p> <p>Committee Member Excused: Dr. Lynne Carter and William Phillips</p> <p>SUD Board Chair: Tom Adams</p> <p>Staff: Eric Doeh; Dr. Shama Faheem; Monifa Gray; Marianne Lyons; Vicky Politowski; Ebony Reynolds; April Siebert; Manny Singla; Andrea Smith; Brandon Taylor; Leigh Wayna; and Daniel West</p> <p>Staff (Virtual): Jacquelyn Davis; Tania James; and Ebony Reynolds</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 at 1:00 p.m. There was no quorum. The agenda could not be approved for lack of quorum. The Chair requested the Committee receive the Quarterly Reports until a quorum was present.

IV. Approval of the Agenda

DISCUSSION/ CONCLUSIONS	A quorum was present at 1:48 p.m. upon the arrival of Commissioner Kinloch. The Chair called for a motion to approve the agenda. Motion: It was moved by Ms. Bentounsi and supported by Commissioner Kinloch to approve the agenda. Dr. Tauег asked if there were any changes/modifications to the agenda. There were no changes/modifications to the agenda. Motion carried.
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V. Follow-Up Items from Previous Meetings

DISCUSSION/ CONCLUSIONS	<p>A. Chief Medical Officer’s Report –</p> <ol style="list-style-type: none"> 1. Provide a report on the trends within the 55-74 age group (Veterans Suicides) and explore options for this group – In 2017 (26.6%); 2018 (29.5%); 2019 (24.5%); and in 2020 (33.5%), 8-9% increase in that age range. DWIHN’s Veteran’s Navigator program is a program created to help veterans get access to the services needed. DWIHN has reached out to Veteran’s Affairs to discuss a potential collaboration to provide services to our veterans and are awaiting a response. 2. Provide an update on the status of hiring staff for the OBRA program – All staff needed for the OBRA program has been hired except for three (2 evaluators and 1 support staff). 3. Provide background information in the next report if the numbers remain low on the performance indicators – Staff are meeting with providers on a monthly basis to discuss challenges, share data and collaborate on ways to improve the timely appointments. <p>The Chair opened the floor for discussion. Discussion ensued.</p>
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VI. Approval of the Minutes

DISCUSSION/ CONCLUSIONS	<p>The Chair called for a motion to approve the March 8, 2023 meeting minutes. Motion: It was moved by Commissioner Kinloch and supported by Ms. Bentounsi to approve the March 8, 2023 meeting minutes. Dr. Tauieg asked if there were any changes/modifications to the March 8, 2023 meeting minutes. There were no changes/modifications to the meeting minutes. Motion carried.</p>
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VII. Reports

DISCUSSION/ CONCLUSIONS	<p>A. Chief Medical Officer – Dr. Shama Faheem, Chief Medical Officer submitted and gave an update on the Chief Medical Officer’s report. Dr. Faheem reported:</p> <ol style="list-style-type: none"> 1. Behavioral Health Education and Outreach – DWIHN has continued outreach efforts for behavioral health services through panel discussions around suicide, and children services. The FDA has approved the naloxone nasal spray to be available over the counter. The State has released a new telemedicine guideline and the DEA has added a requirement about face-to-face medical evaluation before a controlled substance is prescribed. 2. DW IHN Crisis Continuum Updates – The construction continues at the Milwaukee location. DWIHN has hired three staff that are focusing on the electronic medical record forms and templates, policies and procedures, job descriptions, workflows to be uploaded in the system. Staff continues to work with the State as they revise the Crisis Stabilization Unit Guidelines. Staff is also working on the Mobile Crisis Grant and hoping to have a team by the Fall. We have also collaborated with Wayne State University (WSU) Department of Psychiatry on potential educational partnership and Crisis Center rotation opportunities for their residents and the CSUs. 3. Improvement in Practice Leadership Committee (IPLT) – Staff continue to meet on a monthly basis and the evidence-based new guidelines and how to
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incorporate them into our policies have been a topic of discussion. The Medication Assisted Treatment for Opioid Use Disorder has been reviewed and updated.

4. **Quality Improvement Steering Committee** – The Behavior Treatment Advisory Committee (BTAC) and their analysis of FY 22 have identified that more Clinically Responsible Service Providers (CRSP) have established Behavior Treatment Review Committees. FY 23 Critical and Sentinel Events were done and opportunities to make system-wide improvements such as a 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.
 5. **Quality Department** – DWIHN met the Recidivism indicator for this quarter, started with more than 22% and is down to 14.03% (below the State cut-off of 15%); Indicator 2a (Timeliness) has shown a little improvement from 37.8% FY22, Q3 overall to 45% FY 23, Q1. The Home and Community Base compliance to CMS Final Rule has been a huge project for DWIHN. DWIHN has successfully completed the transition project for members identified by the State as needing transition to State identified pathways.
The Chair opened the floor for discussion. Discussion ensued.
- B. **Corporate Compliance - There was no Corporate Compliance report to review this month.**

The Chair noted that the Chief Medical Officer’s report has been received and placed on file.

VIII. Quarterly Reports

- A. **Adults Initiatives** – Marianne Lyons, Director of Adults Initiatives submitted and gave highlights of the Adults Initiatives’ quarterly report. Ms. Lyons reported:
1. **Evidence-Based Supported Employment/Individual Placement and Support** – There were 262 referrals, 173 admissions and 108 obtained employment and no longer needed any assistance.
 2. **Assertive Community Treatment (ACT)** – The program serviced 832 members this quarter. There are currently eight (8) ACT providers in Wayne County. Staff facilitates the monthly ACT Forum and assists when needed.
 3. **Med Drop** – Staff facilitated follow-up monthly meetings with all our pilot providers for the Med Drop program. The program will be opening up soon to Southwest Solutions. There was a 39% reduction in the number of psychiatric hospital admissions for clients while participating in Med Drop and a 45% reduction in psychiatric hospital days during the Q1 compared to the number of psychiatric hospital days used by the Med Drop clients in the 12 months prior to entering into the program. There was a 50% reduction in jail admissions for clients while participating in the program.
 4. **Home and Community Based Services (HCBS) Monitoring Pathway Three** – Discussions and meetings took place to address the current HCBS concerns. Staff have been monitoring 46 individuals very closely for their well-being and safety.
 5. **Outcomes Improvement Committee (OIC)** – The committee meets bi-monthly with DWIHN’s internal departments and the CRSPs to discuss and get updates on 35 high-risk and recidivistic members, recommendations are

made to ensure the safety and well-being, monitor the level of care, the different treatment modalities and ensuring that they are providing evidence-based treatment.

6. **High Priority Committee** – An internal committee developed to meet monthly to discuss members requiring immediate attention. There are currently 10 children with SED, six (6) with I/DD, two (2) adults with SMI and seven (7) that are not guilty by reason of insanity being monitored by this committee.

Dr. Taueg opened the floor for discussion. Discussion ensued. The committee requested that staff make sure that all of DWIHN's providers are offered the Med Drop program. **(Action)**

- C. **Crisis Services** – Dan West, Director of Crisis Services submitted and gave highlights of the Crisis Services' quarterly report. Mr. West reported that there was a 6% increase in the number of requests for service for children and a 2% decrease for adults. There was a decrease in the number of members served at the Crisis Stabilization Units (COPE and Team Wellness) this quarter. From this time last year until now, there was a 36% increase in request for service from COPE, a 15% increase from Team Wellness and an 8% decrease from the emergency department. There was a 137% increase in Troy Police Department drop-offs indicating the CSU is more readily utilized than it was this time last year. This time last year, COPE diverted members from the CSU 84% of the time and Team Wellness diverted 77% of the time. Last year, 20% of members were diverted from hospital emergency rooms and 21% were diverted this quarter. Hospital Liaisons were involved in 646 cases and staff was able to divert 36 of those cases this quarter, which is a 10% increase from Q1. Staff received 56 crisis alerts this quarter and 46% of those cases were diverted to a lower-level of care. A policy and process and procedure for County of Financial Responsibility (COFR) was developed for the tri-county areas in an effort to coordinate services at the onset of a crisis encounter in a more efficient way. The internal committee has developed a crisis area that has member/provider resources on what to do in a crisis on DWIHN's website. Dr. Taueg opened the floor for discussion. Discussion ensued.
- D. **Integrated Health Care** – Vicky Politowski, Director of Integrated Health Care submitted and gave a report on the Integrated Health Care's quarterly report. Ms. Politowski reported that Vital Data has completed building the shared platform for our health plans and CRSPs to review the members' health, mental health and claims information. Staff meet with Quality at the 45-day meeting every month with different CRSP to go over, educate on the HEDIS Measures and to explain how to access the shared platform. Discussion ensued regarding consent forms for Care Coordination. A high-level overview of the HEDIS Scorecard FY 21 compared to FY 22 was provided to the committee. There was a significant improvement from last year with the pay-for-performance, kids with follow-up with ADHD medication and SSD (a diabetes screening) for people with schizophrenia or bipolar. There was a drop in the MI-Health Link enrollment last year. Access has designated staff to process the referrals in hopes that this will increase the number of enrollees. There are currently 43 Complex Case Management active cases in this quarter and staff provided training to 53 provider organizations. The OBRA/PASRR program will now be serviced in-house by DWIHN starting April 1, 2023. All of the positions have been filled except for three (3) of them (two evaluators and a support staff). There were no issues with the State's system with the transfer of members to DWIHN. Dr. Taueg opened the floor for discussion. Discussion ensued.

- E. **Innovation and Community Engagement** – Andrea Smith, Director of Innovation and Community Engagement submitted and gave an update on the Innovation and Community Engagement’s quarterly report. Mrs. Smith reported that the DWIHN/DPD Mental Health Co-Response Partnership responded to a total of 646 encounters; and the Jail Navigator received 18 referrals (only five accepted into the program) with our partnership with the 36th District Court. There were 59 encounters with DWIHN’s Behavioral Health Specialist (BHS) embedded at the DPD’s Communication Center. There were 215 encounters with DWIHN’s Detroit Homeless Outreach Team (D-HOT). Reach Us Detroit responded to 188 tickets this quarter, with requests for therapy and connection to housing, food and income resources. Staff held CIT trainings in January and February 2023. Trainer-the-Trainer session and an advanced CIT course was also held. There were 42 events held during this quarter. Staff worked closely with Reverend Keyon Payton on the ACE’s Trauma Conference (120 attendees). The Trauma-Informed Conference with over 150 attendees was hosted by DWIHN. The All-Girls Mentorship Group at Renaissance High School located in Detroit has been relaunched. Dr. Tauveg opened the floor for discussion. Discussion ensued. The committee requested that staff consider recording the conferences and trainings for reference and review.
- F. **Utilization Management** – Leigh Wayna, Director of Utilization Management submitted and gave highlights of the Utilization Management’s quarterly report. Ms. Wayna reported that a total of 1,004 Habilitation Supports Waiver slots are filled and 80 are opened with a utilization rate of 92.6% (a decrease from 93.4% last quarter). There are currently 2,357 cases open in the Autism benefit. There were 965 General Fund authorization approvals and 29 administrative denials for the 2nd quarter. The State of Michigan has indicated that Medicaid Eligibility Renewals will restart April 1, 2023. There were 44,858 outpatient services authorizations approved by the UM department for Q2 (75% were auto-approved utilizing the Service Utilization Guidelines (SUGs). The State Hospital Liaison functions have been moved into the Residential department. Staff is auditing the pre-admission review screenings from COPE, Children’s Center and staff that does our emergency screenings for compliance. Dr. Tauveg opened the floor for discussion. Discussion ensued.

The Chair noted that the Adults Initiatives, Crisis Services, Integrated Health Care, Innovation and Community Engagement and the Utilization Management’s quarterly reports have been received and placed on file.

IX. Adults Initiatives’ Vision Presentation

Marianne Lyons, Director of Adults Initiatives submitted and gave an overview of the Adults Initiatives’ Vision PowerPoint presentation. Ms. Lyons reported that this vision is a guidepost to ensure that efforts are coordinated, sustained and accountable by work working collaboratively with internal DWIHN departments and CRSPs to achieve a greater wellness to those we serve. Serious Mental Illness (SMI) has the highest number of members (51,849) followed by Intellectual/Developmental Disability (I/DD) (12,494), age range from 26-39 years old being serviced by DWIHN. Team Wellness, CRSP provider, provides services to the most of the members (7,993) and Hegira Health, Inc. is second with servicing 5,263 members. A chart listing all of the providers and the number of people enrolled each quarter was included in this packet. Program highlights and future goals for the Med Drop program, Supported Employment, the ACT program and the Outcomes Improvement Committee (OIC) were included in this presentation. Ms.

	Lyons also presented The Pillars of Hope to committee. The Chair opened the floor for discussion. Discussion ensued. The committee asked staff to revise the Pillars of Hope to include Access. (Action) The Chair noted that the Adults Initiatives' Vision Presentation has been received and placed on file.
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X. Strategic Plan Pillar - Quality

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

DISCUSSION/ CONCLUSIONS	A. QAPIP Work Plan FY 22/23 – April Siebert, Director of Quality Improvement submitted and gave highlights of the QAPIP Work Plan FY 22/23. Ms. Siebert reported that the first quarter Performance Indicator data was submitted to the Michigan Department of Human Services (MDHHS) on March 31, 2023 and DWIHN met all standards. DWIHN’s Annual Needs Assessment is due to MDHHS on March 31, 2023. There are three (3) requirements for submission for FY 23 – Waiting List (DWIHN has no waiting list); Request for Service and Disposition of Requests; and Community Data Set Worksheet. Dr. Taueg opened the floor for discussion. There was no discussion. Eric Doeh, President and CEO informed the committee of the passing of DWIHN’s Administrator of the Quality department, Starlit Smith.
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XII. VP of Clinical Operations’ Report

DISCUSSION/ CONCLUSIONS	<i>The VP of Clinical Operations’ report was deferred to May 10, 2023 Program Compliance Committee meeting.</i>
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XIII. Unfinished Business

DISCUSSION/ CONCLUSIONS	<p>A. BA #23-07 (Revised 3) – 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>The Chair called for a motion on BA #23-07 (Revised 3). Motion: It was moved by Commissioner Kinloch and supported by Ms. Bentounsi to move BA #23-07 (Revised 3) to Full Board for approval. The Chair opened the floor for discussion. There was no discussion. Motion carried.</p>
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XIV. New Business: Staff Recommendation(s)

DISCUSSION/ CONCLUSIONS	<p>B. BA #23-62 – Department of Housing and Urban Development (HUD) Permanent Supportive Housing – Staff request board approval to renew and disburse the Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Permanent Supporting Housing funds for providers listed in board action. Motion: It was moved by Commissioner Kinloch and supported by Ms. Bentounsi to move BA #23-62 to Full Board for approval. The Chair opened the floor for discussion. There was no discussion. Motion carried.</p> <p>The Chair called for a motion on BA #23-62. Motion: It was moved by Commissioner Kinloch and supported by Ms. Bentounsi to move BA #23-62 to Full Board for approval. The Chair opened the floor for discussion. Discussion ensued. Motion carried.</p>
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XV. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS	<p><i>There were no Good and Welfare/Public Comment to review this month.</i></p>
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ACTION ITEMS	Responsible Person	Due Date
1. Adults’ Initiatives Quarterly Report – Make sure that all DWIHN’s providers are offered the Med Drop Program	DWIHN	May 10, 2023
2. Adults’ Initiatives Vision Presentation – Revise the Pillars of Hope to include Access	Marianne Lyons	May 10, 2023

The Chair called for a motion to adjourn the meeting. **Motion:** It was moved by Commissioner Kinloch and supported by Ms. Bentounsi to adjourn the meeting. **Motion carried.**

ADJOURNED: 2:48 p.m.

NEXT MEETING: Wednesday, May 10, 2023 at 1:00 p.m.

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



Behavioral Health Education and Outreach:

DWIHN has continued outreach efforts for behavioral health services

- Ask the Doc Newsletter on Mental Health Awareness Month completed and will address the importance of mental health, common warning signs and coping strategies.

DWIHN Crisis Continuum Updates

707 Crisis Care Center:

Facilities	Construction is going timely. Generator is expected in August/September with anticipated Oct 1 st start date. Equipment and various other vendors such as food service, telephone/fax, pharmacy, lab are been explored.
HR	VP of Crisis Operations, 707 Site Director, Unit administrator and Quality Manager have been hired. Draft Staffing plan established with some ongoing changes based on State's draft guidelines. Nursing administrator and Unit administrator have been posted with ongoing interviews Draft list of Staff training created. Unit administrator and Quality Director scheduled for CIT instructor training this month. Most of the job descriptions are completed. Bulk hiring expected in June/July
Credentialing	Developing expedited Credentialing process for new hires for Care Center
Quality Control, Policies and Procedures	State requirements as well as JAHCO accreditation requirements are reviewed Draft versions of more than 60 policies and procedures have been created. Consents are being finalized
IT/Electronic Health Record	PCE is working on developing Crisis Module for DWIHN Draft versions and requirements of assessments such as Intake BH assessment, Nursing assessment, Triage form, Shift note, Progress note, Crisis Safety Plan, Medication Administration Record, Bed Board with Bed availability have been submitted and some are available for review in demo environment Ongoing work in progress with PCE on remaining forms, notes and documents.

	Other IT equipment needs are being reviewed with IT department
Finance	Draft version of Operational Budget created Started discussions on codes that are applicable to the setting
Crisis Clinical Operations	Draft work flows and SOPs created for each unit. 6 bed Pilot Project criteria, staffing requirements and SOPs being developed.

Mobile Crisis Response:

Staffing/HR	Mobile Crisis Director hired. Anticipated 10 teams divided as North and South, each with a clinician and peer specialist. Admin, NP and evaluator to be hired as well. Bulk hiring expected in June/July. Job descriptions being created.
EHR	Consent draft created. Assessment drafts created and being worked with PCE.
Mobile vehicles	Being worked with Finance
Mobile Crisis Operations	Policy and procedure list being established based on State guidelines
IT	GPS technology, Mobile dispatch hub, Integration with Crisis Call center and Access Center scheduling is being discussed. Demos from IT vendors with specialty in this area is being requested.
Trainings	Training requirements and plans for new hires in progress

Quality Department:

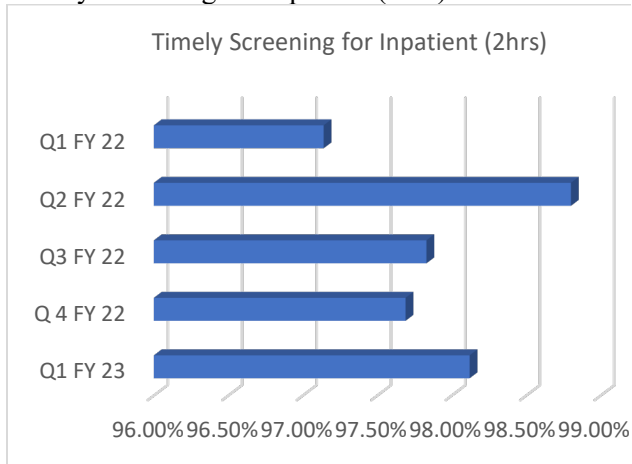
Highlights:

- For indicator 2a (Access of services or Biopsychosocial within 14 days of request), the reporting percentage increased from Q4 2022 (44.6%) to (45.15%) for Q1 2023. The preliminary score for Q2 2023 is noted at 49.42% which is a 4.27 percentage point increase from Q1. The average score for the state is noted at **51.57% for Q1 2023.**
- For Quarter 1 2023, DWIHN met the standards for PI#1 (Children and Adult), PI#4a (Children and Adults), 4b (SUD) and PI#10 (Children and Adults). While DWIHN is pleased to meet all of MDHHS' standards for this quarter, ongoing efforts will continue to try and achieve these rates during future quarters.

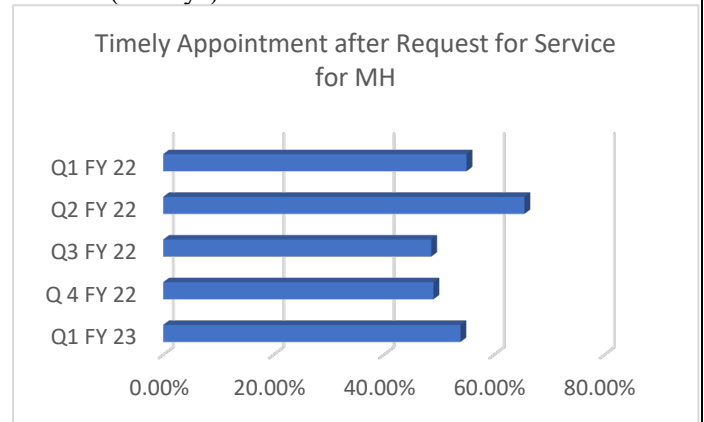
Performance Indicator Trends:

Adult Data

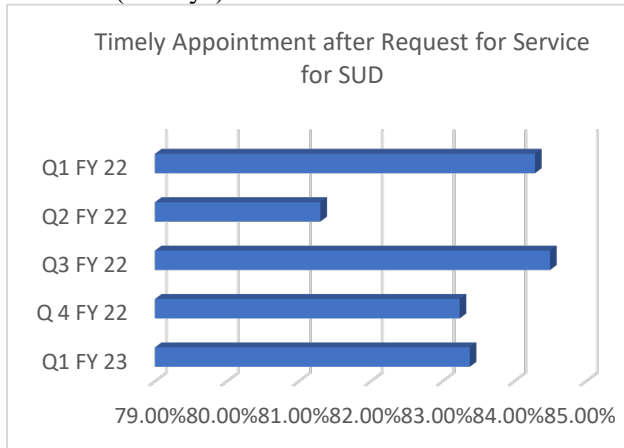
Timely Screening for Inpatient (2hrs)



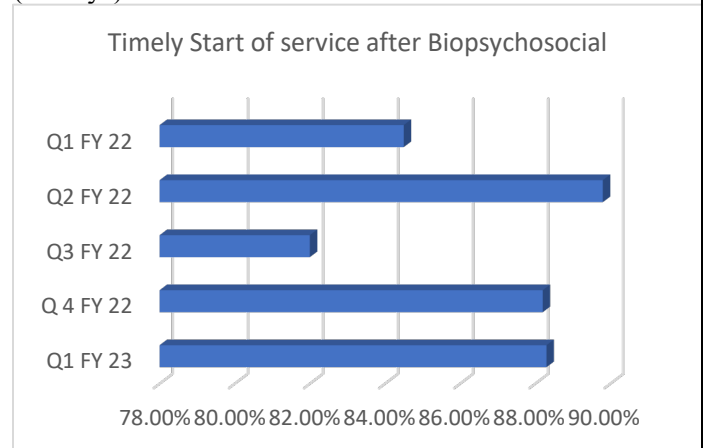
Timely Appointment after Request for Service for MH (14 days)



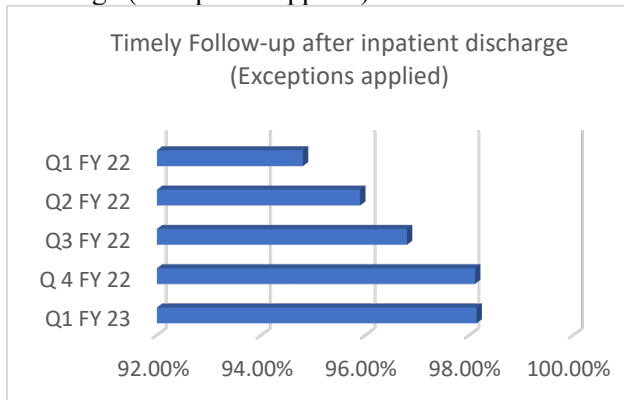
Timely Appointment after Request for Service for SUD (14 days)



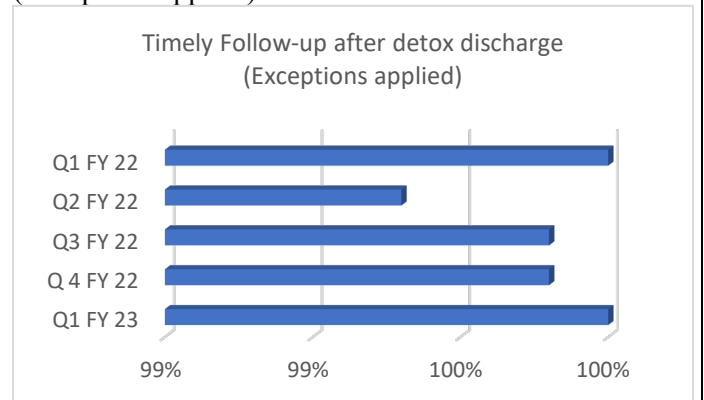
Timely Start of service after Biopsychosocial (14 days)



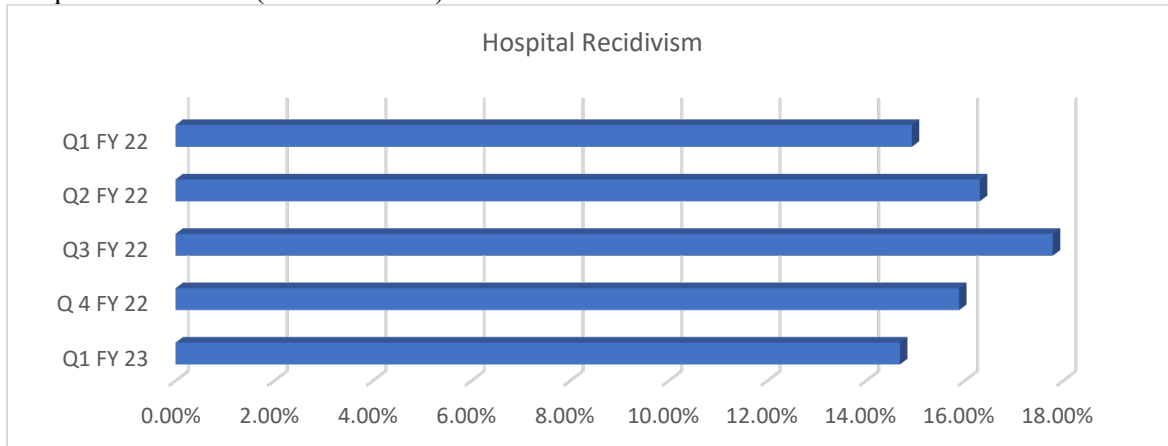
Timely 7-day Follow-up after inpatient discharge (Exceptions applied)



Timely 7-day Follow-up after detox discharge (Exceptions applied)

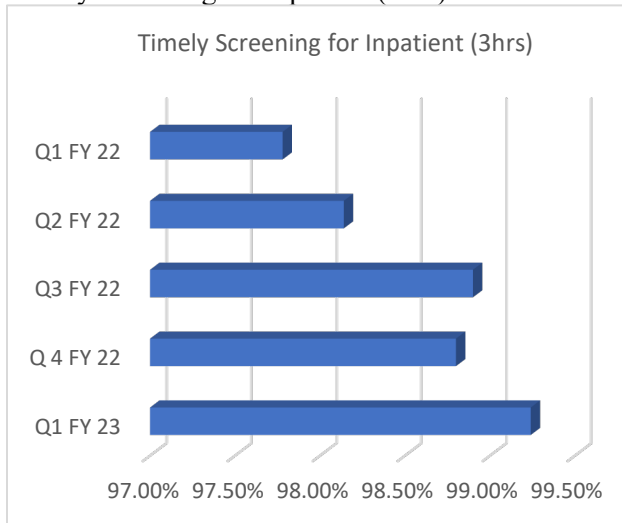


Hospital Recidivism (less than 15 %)

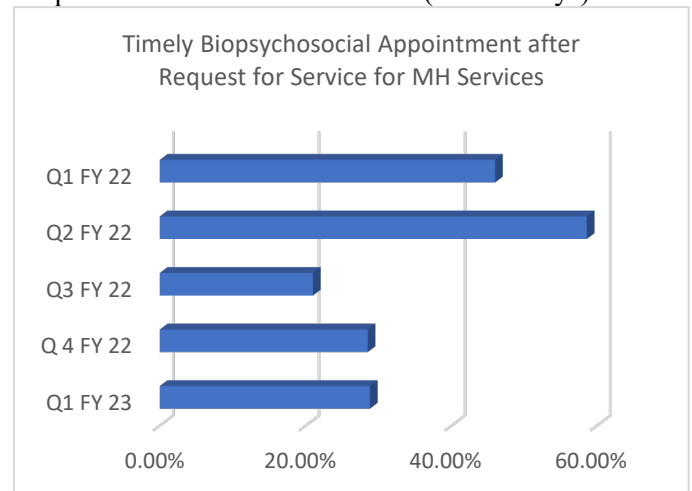


Children’s Data

Timely Screening for Inpatient (3hrs)



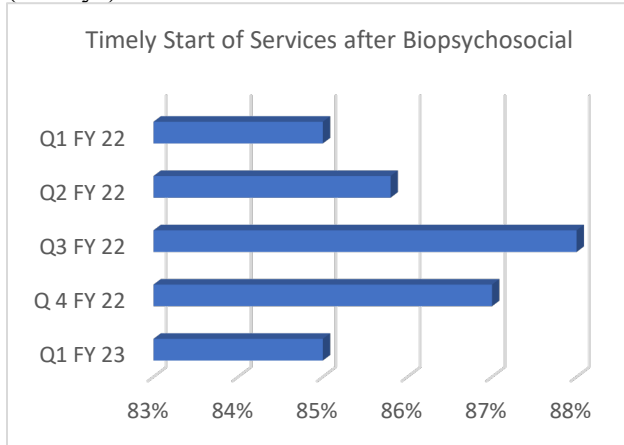
Timely Biopsychosocial Appointment after Request for Service (14 days)



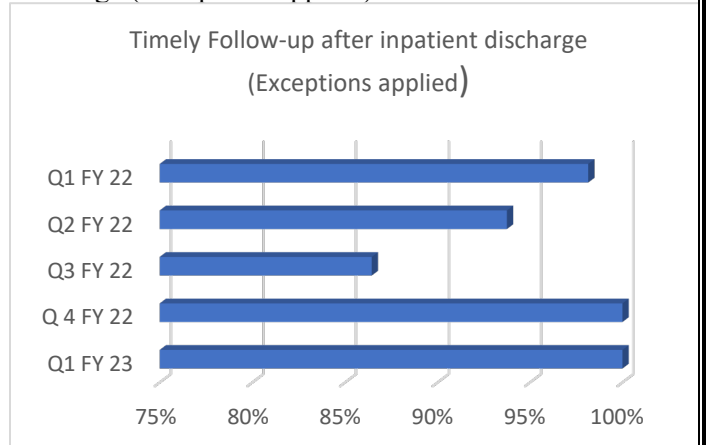
Children’s Intake Data with completed IBPS irrespective of time:

Quarter	MDHHS PI#2a Rate		IBPS Completed		IBPS completed		DD IBPS completion	
	SED Child	DD Child	SED Child	%	DD Child	%		
1st Quarter 2022	317/711=44.5%	138/287=48%	549/711	77.20%	240/287	83.60%		
2nd Quarter 2022	441/973=45.32%	292/406=71.9%	755/973	77.59%	357/406	87.93%		
3rd Quarter 2022	170/887=19.16%	96/454=23.6%	639/887	72.04%	347/454	75.43%		
4th Quarter 2022	153/548=27.9%	118/407=28.9%	440/548	80.29%	328/407	80.58%		
FY 2022	1081/3119=34.65%	768/1554=49.4%	2383/3119	76.40%	1272/1554	81.88%		
1st Quarter 2023	194/673=28.8%	124/430=28.8%	485/673	72.06%	301/430	70%		

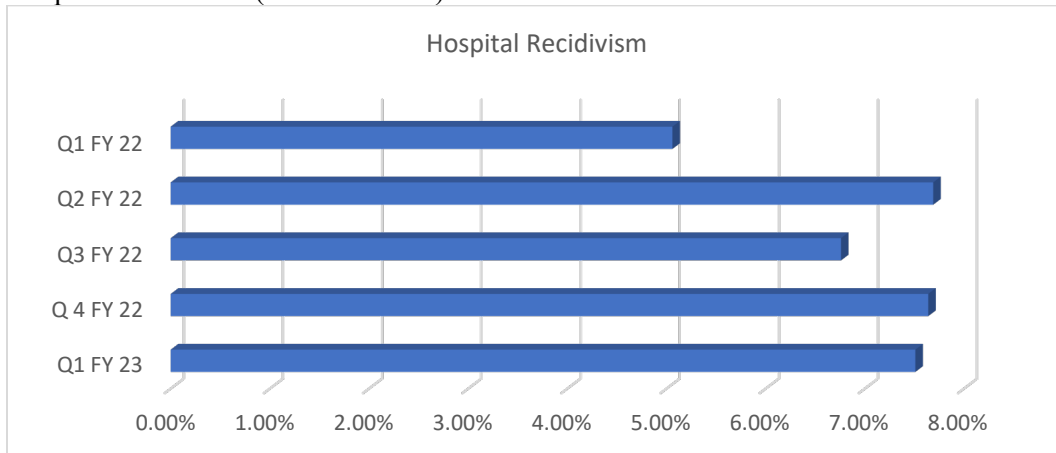
Timely Start of Services after Biopsychosocial (14 days)



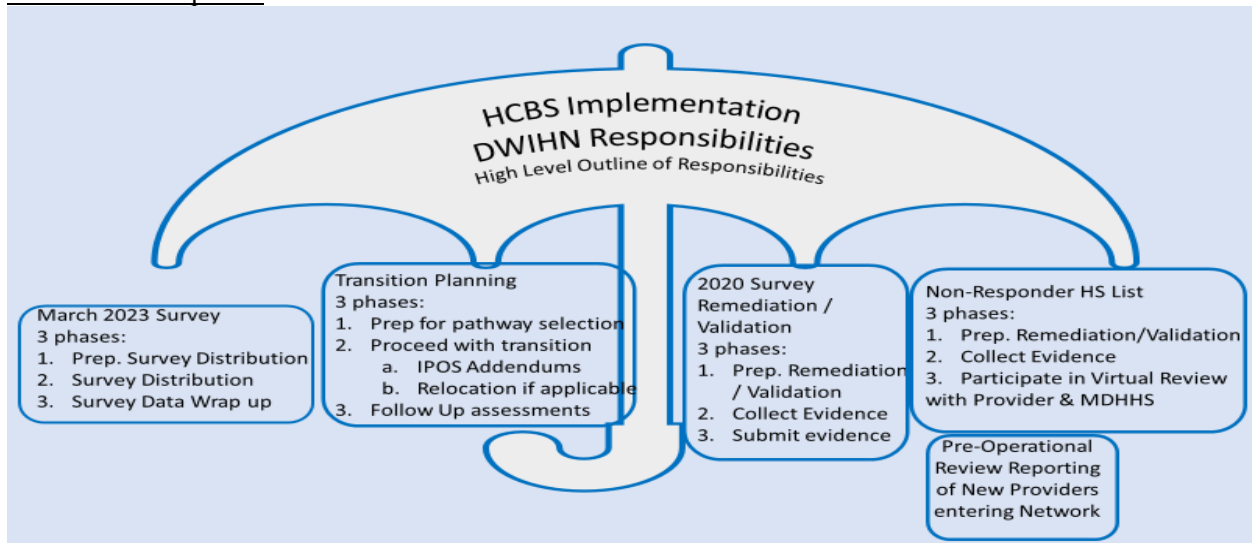
Timely 7- day Follow-up after inpatient discharge (Exceptions applied)



Hospital Recidivism (less than 15 %)



HCBS Status Update:



Transition Project: DWIHN completed transition planning for 51 members from previous surveys and are continuing follow up to ensure member needs are being met and satisfaction with services. Members who chose to stay in noncompliant/non-responsive settings had their funding suspended for HCBS services. Residential Department and Clinical Department coordinated with Quality to help with member transition and IPOS reflecting it.

March/April 2023 Survey: These surveys involved multiple smaller projects such as creating a Master list before survey, sending test emails to providers, distributing and monitoring survey completion, providing Technical assistance, sending reminders.

310 HCBS surveys needed to be completed by May 5th

As of the date of this report (5/4/23), 93% of Surveys have been completed.

Remediation and Validation of 2020 State Survey: DWIHN is responsible for validating accuracy of survey responses from the HCBS Survey completed in 2020 and audit provider for validation of compliance collect evidence of compliance and submit evidence to MDHHS. This project involves:

- 97 providers
- 356 members
- 656 HCBS standards need remediating
- 4,326 HCBS standards need validating
- a total of 4,982 HCBS standards need remediating or validating

Due date for completion has not been identified by MDHHS at this time

Non-responders on Heightened Scrutiny: Providers surveyed in the past that did not respond to the survey but were given a second chance and completed the survey and were found to not meet HCBS requirements. These providers then completed remediation work and after review by MDHHS, were placed on Heightened Scrutiny (HS) because the evidence was not clear if they were HCBS compliant. All Virtual Reviews with MDHHS Rep. must be completed by June 23, 2023. This project involves 37 providers and DWIHN must:

- provide TA on remediation needed
- collect evidence of HCBS remediation / HCBS readiness
- Complete attestation of HCBS remediation / HCBS readiness
- Schedule virtual review with MDHHS representative
- Participate in virtual review with provider and MDHHS Rep.

Integrated Health (IHC) Department:

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

As of April 1 2023, DWIHN is providing OBRA Assessment Services. All staff needed were hired except 2 evaluators and 1 support staff.

Monthly Referrals

1. # Referrals processed: 844
2. # Referrals requiring an assessment: 417
3. # Referrals requiring as exemption letter: 427
4. Current # of referrals in 14-day que: 380

Completed Assessments:

Type	Full	PAS	PARTIAL	Total
MI	37	7	25	69
ID/DD	8	2		10



**Detroit Wayne
Integrated Health Network**

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Detroit, MI 48202-2943
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TDD: (800) 630-1044 RR/TDD: (888) 339-5588

**CORPORATE COMPLIANCE
MEMORANDUM**

TO: Program Compliance Committee

FROM: Sheree Jackson
Vice President of Corporate Compliance

DATE: May 10, 2023

RE: **Second (2nd) Quarter FY 2023 Compliance Report**

Second (2nd) QUARTER

A. Investigations:

The second (2nd) Quarter of Fiscal Year (FY) 2023 (January 1, 2023 to March 31, 2023) ended with twelve (12) new referrals from the Office of Inspector General, eight (8) of the referrals were associated with previous investigations that required additional follow-up.

The following is a breakdown of the type and number of new complaints received in the second quarter:

Types of Reports	Number of Reports Received
OIG Requests	12
Internal Referrals	2
IT Breach	0
Medicaid Fraud Control Unit Request	1
Other Matters	6

Board of Directors

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Karima Bentounsi
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In addition, Compliance completed nine investigations/reviews, which were initiated in the first quarter resulting in recoupment totaling \$26,408.89 and impacted 12 DWIHN members.

The following is a breakdown of recoupment by provider that is referenced above.

Recoupment Projects	Recoupment Amt.
Expert Care	\$785.31
Centria Healthcare	\$315.12
MORC	\$97.50
Companion Plus Care	\$21,952.43
Psygenics	\$2,487.01
Community Living Services	\$771.52

B. Policies and Procedures/ Trainings:

During the second (2nd) Quarter the Compliance Department provided the Compliance Training to 67 DWIHN staff onboarded between January 1, 2023 and March 31, 2023. Compliance will be hosting a conflict of interest training with the SUD Oversight Policy Board during 3rd quarter.

In addition, Compliance trained two other PIHP’s on standardizing their process for conducting investigations and will be presenting the DWIHN Compliance practices nationally during 3rd quarter.

Lastly, all Compliance trainings will be updated to reflect the requirements of the ICO’s, this includes internal staff trainings and board trainings.

C. Mitigation Strategies:

The DWIHN Clinical Practice Improvement (CPI) Department is hosting a round of provider trainings on the plan of service and documentation requirements for members, all of which are key areas of non-compliance identified by the Compliance Department. In addition, if a provider has a substantiated complaint identifying fraud, waste or abuse, or fails to meet the requirements of Home and Community Based Standards (HCBS), Compliance enforces a sanction process to ensure remedial action is taken.



Executive Summary

Autism Spectrum Disorder Benefit

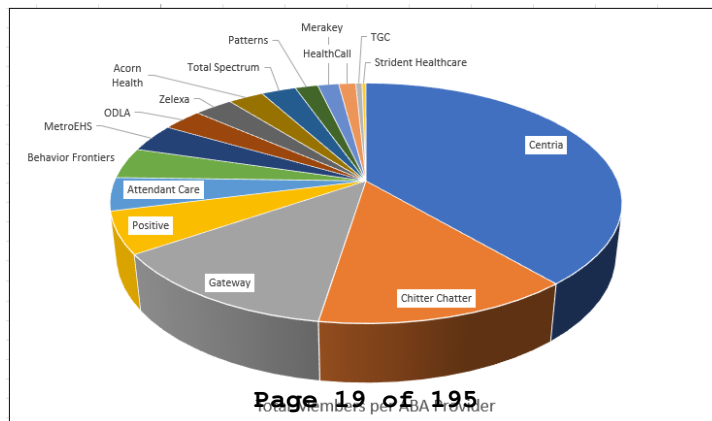
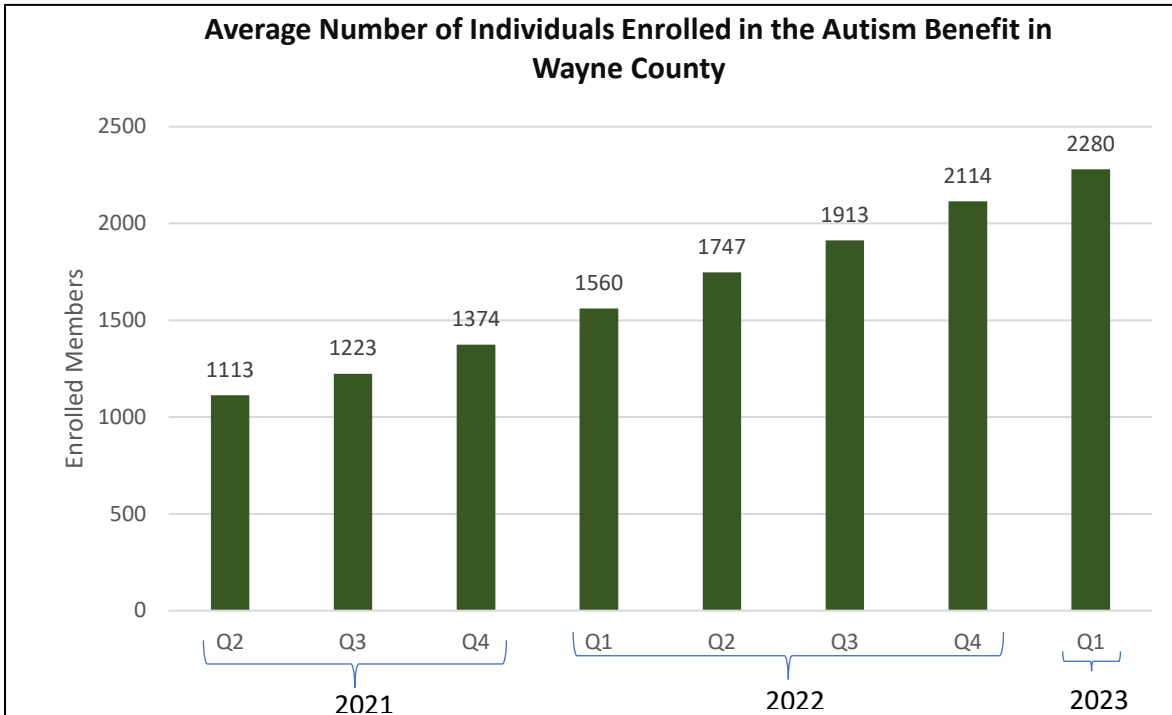
Quarter 1 FY-23 (October – December 2022)

- As of Q1 2023, DWIHN served a total of 2,280 children, youth and families enrolled in the Autism Benefit ages 0–21.
- Early last year the Autism Department began coordinating with Wayne County pediatricians and Head Start programs to improve referrals from pediatrician offices. This effort improved earlier access to screening and diagnosis. As a result, data indicates a 46% increase in the number of 24–36-month-old children screened and diagnosed from 2021 to 2022. The number of 18–24-month-old children diagnosed with ASD also increased by 78% from 2021 to 2022. This effort highlights a benefit because early intervention is crucial for best outcomes.
- The largest increase of 200 new cases occurred between Q3 and Q4 of 2022 which coincides with educating and training the community (Children’s Hospital Pediatric Clinic & Head Start).
- Children referred for further diagnostic testing contact the DWIHN Access Call Center to schedule with one of DWIHN’s three (3) contracted diagnostic evaluation agencies that complete initial diagnostic evaluations. First quarter data highlights an average of 162 scheduled diagnostic evaluations, with the highest amount of 176 appointments in October and November 2022.
- The addition of the third provider for Initial Diagnostic Evaluations has allowed the Access Call Center to schedule within 14 days of the request for services.
- Centria Healthcare has the largest number of enrollees at 904.
- The ASD Department completed 13 provider interviews to review expansion capacity across October and November. Out of the 16 in-network providers 6 of them were interested in expanding: Acorn Health of Michigan, Patterns Behavioral Services, Centria, Behavior Frontiers, MetroEHS, and Strident Healthcare.
- Although DWIHN has 16 Autism providers and a total of 36 locations, the steady growth in early screening and diagnosing children with ASD highlights the importance of expanding network capacity to meet the growing demand. As a result, DWIHN has an open Request for Qualification to add additional provider to the qualified list.

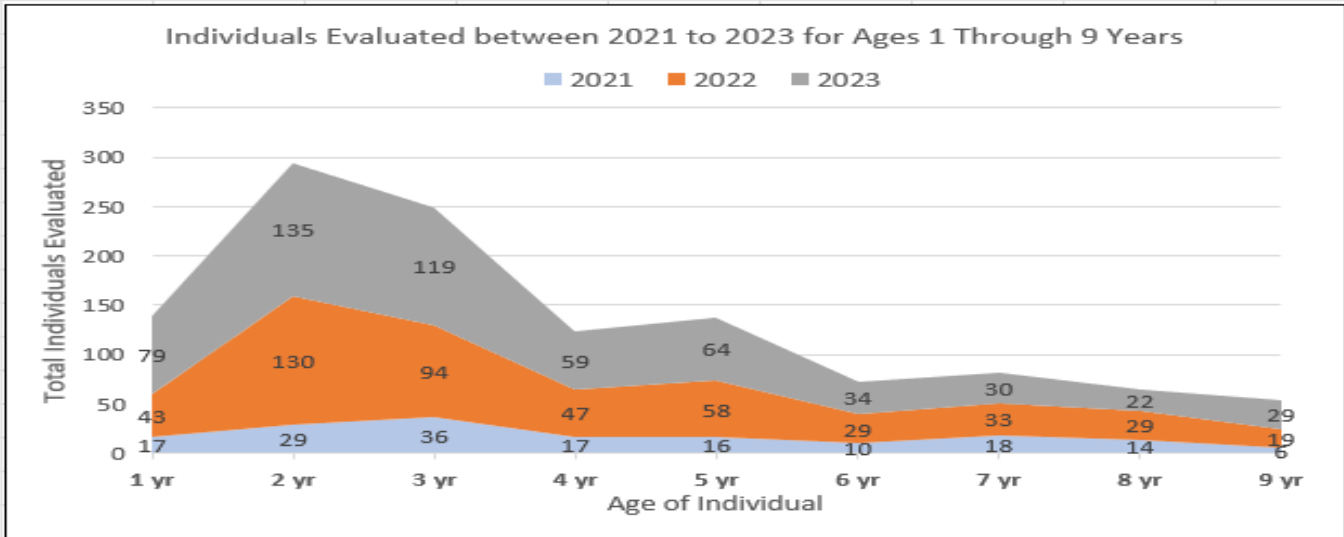


Detroit Wayne Integrated Health Network Autism Spectrum Disorder Benefit Quarter 1 FY-23 (October – December 2022)

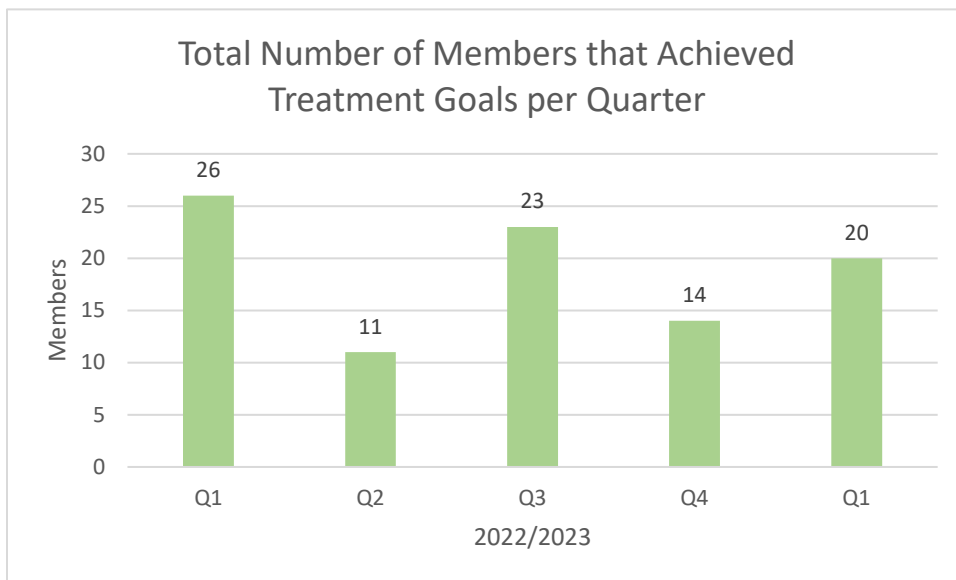
Census: During Q1 2023, DWIHN served a total of 2,280 children, youth, and families enrolled in the Autism Benefit ages 0–21. DWIHN's ASD Benefit continues to grow each quarter by an average of at least 166 new cases per quarter. The largest increase of 200 new cases occurred between Q3 and Q4 of 2022 which coincides with educating and training the community (CHM Pediatric Clinic & Head Start). The second data summary outlines the ABA providers in DWIHN's network. Centria Healthcare has the largest number of enrollees at 904, and the second largest provider is Chitter Chatter with 319 enrollees. The providers with the fewest enrollees are The Guidance Center and Strident Healthcare. Although DWIHN has 16 Autism providers and a total of 36 locations, the steady growth in screening and diagnosing children with ASD highlights the importance of expanding network capacity to meet the growing demand. Additionally, DWIHN's ABA provider network continues to report a staffing shortage that delay timeliness of ABA services. To resolve this DWIHN's ASD Department posted a Request for Qualification (RFQ) in effort to meet the growing demand.



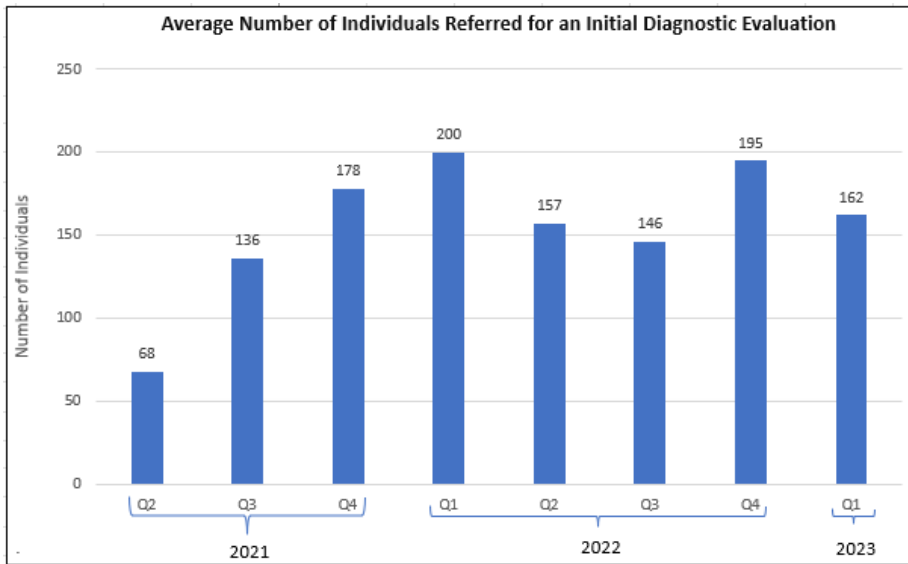
Screening and Diagnosis of Autism Spectrum Disorder: In March of 2022 the Autism Department began coordinating with Wayne County pediatricians and Head Start programs to improve referrals from pediatrician offices. This improved earlier access to screening and diagnosis. As a result, data indicates a 46% increase in the number of 24–36-month-old children screened and diagnosed from 2021 to 2022. The number of 18–24-month-old children diagnosed with ASD also increased by 78% from 2021 to 2022. This effort highlights a benefit because early intervention is crucial for best outcomes.



Summary of Treatment Goals: ABA treatment measures an individual's progress at least once every 180-days or when medically necessary. Data below highlights the total number of individuals that achieved between 95% to 100% of their Treatment goals for each quarter spanning from Q1 2022 to Q1 2023.



Summary of Diagnoses: Individuals referred for further diagnostic testing contact the DWIHN Access Call Center to schedule with one of DWIHN's three (3) contracted diagnostic evaluation agencies that complete initial diagnostic evaluations. First quarter data highlights an average of 162 scheduled diagnostic evaluations, with the highest amount of 176 appointments in October and November.



Major Department Initiatives:

- Improved access point for the referral process:
 - Updated the direct link between the Autism Benefit and the Access Call Center to improve timeliness of the referral process.
 - Education & Training provided to physician offices, Head Start, and other professionals in the community.
- Financial stability for providers:
 - DWIHN offered a one-time retention payment to all employees in the DWIHN Wayne County provider network.
 - DWIHN provided financial assistance to assist with provider stability.
- Improved communication between CRSP and ABA Providers:
 - Conducted a barrier analysis with CRSP and ABA providers spanning across November and December of 2022.
 - Providers were unable to identify supports coordinators so the program assignment tab was updated to include contact information for the case holders.
 - Providers reported inconsistencies with information being communicated between CRSP and BCBA so an electronic Continuity of Care template was developed with provider feedback.
 - ASD Network Monthly meetings.
 - Organizational Contact log spreadsheets/smartsheet.
 - Education & Training provided by both ABA and CRSP.
 - Reduced the communication time between requesting a Case Transfer and approval of program assignment resulting in an improvement in completing the Behavioral Assessment.
- Surveyed DWIHN network to determine immediate capacity:
 - The goal of the survey was to determine which providers within the network had immediate capacity to deliver services with the goal of meeting access and timeliness standards. As the need was immediate the ASD Department only reviewed surveys from providers with adequate staffing, the infrastructure and the ability to deliver services that meet DWIHN standards of care with the availability to begin delivering services in Mid-October 2022.
 - The remaining ABA providers report continued staffing issues creating lengthy holds to complete the intake process.
- Improved awareness and understanding of risk and barriers:
 - Provided training related to risks, concerns and barriers which could impact treatment.
 - Outlined methods of clinically appropriate documentation associated with risks and barriers.
 - Trained on the ethical transition and discharge practices involving MPM and BACB best practice guidelines.

Achieved Goals, Accomplishments, and Recognitions:

- The Autism Department supported up to 7 children in need of ABA therapy that were residing in foster care, hospital, or shelter settings.
- The addition of the third provider for Initial Diagnostic Evaluations has allowed the Access Call Center to schedule within 14 days of the request for services.
- The ASD Department completed 13 provider interviews to review expansion capacity across October and November. Out of the 16 in-network providers 6 of them were interested in expanding: Acorn Health of Michigan, Patterns Behavioral Services, Centria, Behavior Frontiers, MetroEHS, and Strident Healthcare.
- Initial Diagnostic Evaluation reports continue to be provided to beneficiaries within 10-calendar days for a diagnosis and 7-days for a rule out of Autism.
- DWIHN continues to support ABA providers to ensure members are engaged in ABA services. For providers that are experiencing capacity concerns, DWIHN's ASD Department offers support in linking children and families to providers with current availability to avoid delays in treatment.



Detroit Wayne Integrated Health Network (DWIHN)
2nd Quarter Report – January 2023 – March 2023
Contract Management/Managed Care Operations (MCO)

EXECUTIVE SUMMARY

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 efficient operation
- Comply with and/or exceed regulatory, accreditation, and ICO standards.

MCO Operations:

- Department is comprised of 2 teams, Contracting and Credentialing
- 23 staff members

FY 22/23 Contracts

- Management of over 400 contracts
- Credentialing and Re-credentialing of over 4,000 providers/practitioners

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

- 11 closures during 2nd Quarter FY 22-23
 - 2 licensed, residential homes
 - 7 unlicensed, residential homes
 - 2 outpatient providers

*Note closures are managed by DWIHN's Closure Process to ensure a smooth transition of members to other contracted services to ensure continuity of care.



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 are being implemented to address network challenges:
 - Meeting with providers to understand and find solutions to their specific needs
 - Create and implement a clear onboarding process
 - Reduce onboarding turn-around times
 - Provide direct line of sight into the onboarding process
 - Increase credentialing process compliance

MHWIN system maintenance

- MCO is responsible for maintain the provider data/information in MHWIN, inclusive of fee schedules.
- Procedures are in place to maintain accuracy and integrity of data.
- Provider data migrates to DWIHN's Online Provider Directory.

Internal /External-Training Meetings Held

- Meeting with network providers in regular intervals to exchange pertinent information and to ensure that quality standards are being adhered to
- Meeting weekly with Medversant (credentialing vendor) to identify, provide root cause analyses on credentialing concerns

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.

New Provider Programs:

- Developing a comprehensive/clear Onboarding process.

Provider Meetings and Trainings Meetings

- Ongoing scheduled trainings and meetings
- Adhoc meetings scheduled when necessary



High Priority Initiatives

- Reducing onboarding turnaround times
- Streamlining Onboarding Process
- Imbedding MDHHS, NCQA and ICO standards into MCO departmental operations

Submitted by Brandon A. Taylor, CPCS, Director of Managed Care Operations



Detroit Wayne Integrated Health Network (DWIHN)
 2nd Quarter Report
 January – March 2023
 Contract Management --Managed Care Operations (MCO)

MCO MISSION

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

MCO supports the following DWIHN Strategic Pillars:

- **Customers:** Having an adequate number of providers/practitioners to service our consumers
- **Access:** We are accessible to our consumer(s) via our 24/7 call center, with a drop call ratio of less than under 5%, even with the crisis.
- **Quality:** Monitoring and training the providers under this time have been lax by the state but we are still monitoring and supporting our providers and direct care workers to ensure safe and quality service is provided to our consumers.

MCO Operations:

There are 23 staff employees in the department consisting of 12 Provider Network Managers, 4 Credentialing Specialists, and 7 Support staff. MCO credentials and manages 400 contracted providers (excluding 51 SUD contracts which are managed in the SUD division) for outpatient, inpatient, residential, specialty programs with 1,084 licensed (534) and unlicensed (550) homes. Our purview also includes managing the HUD Housing Contracts, Supported Employment, Michigan Rehabilitation Services Contract and five DHS Outstation Contracts where Medicaid Applications are processed for DWIHN members. The network is comprised of an efficient and effective number of providers that improve the quality of life for all of our members.

FY 22/23 Contracts

Over 300 Outpatient and Residential Contracts were fully executed. The contracts extended the contractual relationships with existing providers. The contracting process is a collaborative effort between Legal and MCO.

Contract Type	Number
Residential	226
Outpatient (includes 28 BH CRSP Provider Contracts)	123
HUD	2
Hospitals	12
Total	363



Note: This excludes SUD contracts which are managed by the SUD department, Single Case Agreements and Out of Network Contracts. Single Case Agreements and Out of Network Contracts are established on and as needed basis or exception basis per DWHIN's Out of Network Policy.

New Providers Changes to the Network /Provider Challenges

The impact of the pandemic is still being felt. Residential and Outpatient providers continue to struggle with staff shortages in homes as well as the ability to properly maintain outpatient services. As we monitor changes within the network, we add more providers based on need. Request for Proposals (RFP) are utilized as a means of recruiting new providers, particularly in areas of shortage. In Q2 of FY 22-23, there were a total of 5 new Residential providers added to the network.

Providers/Practitioner Credentialing

There are over 4,000 practitioners in the DWHIN network.

In Q1, MCO's Credentialing Team:

Processed 227 files
Adjudicated 127 within acceptable 90-day window
Adjudicated 100 outside acceptable 90-day window

In Q2, MCO's Credentialing Team:

Processed 244 files
Adjudicated 199 within acceptable 90-day window
Adjudicated 11 outside acceptable 90-day window

Merger/Closures Data

Listed below are the summary of closures that have occurred during the 1st Quarter of FY 22-23. Please note YTD closures for the FY22/23 totaled 19 closures which were mostly unlicensed home related closures. In comparison with the previous quarter, 4th Quarter FY 21-22 there were five less fewer closure. Note fewer closures of licensed residential homes also.

All providers are required to give provide a 30-day notice prior to closing and DWHIN is required to report closures to MDHHS within 7 days of notice. MCO has a very structured process that facilitate the closure and / or termination of providers. The facilitation of the closure is carried out by the assigned PNM. It should be noted that HSAG commended DWHIN for this process.



Provider Closure/Mergers FY 22-23					
Description	1 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr.	YTD Totals
Licensed-Residential Homes	4	2			6
Unlicensed /Private Home Services (SIL's)	9	7			16
Clubhouse services	0	0			
Outpatient-services, SUD services	2	2			4
Provider Organization Merger(s)	0	0			0
Total	15	11			26

Network Initiatives

Although our network continues to experience challenges with staffing we continue to support the network through the following initiatives:

- Training and educating providers
- Reducing onboarding turnaround times
- Advocating at the State level to reduce the overburden reporting requirement.
- Provide direct line of sight into the onboarding process
- Meeting with providers to understand and find solutions to their specific needs

Internal /External-Training Meetings Held

- Meeting with network providers in regular intervals to exchange pertinent information and to ensure that quality standards are being adhered to
- Meeting weekly with Medversant (credentialing vendor) to identify, provide root cause analyses on credentialing concerns

PIHP Email Resolutions and Phone Provider Hotline

For the 2nd Quarter of FY 22-23, we received/answered and resolved provider related concerns. There were 95 emails and 10 phone messages from providers with concerns related to claims billing, IT concerns, Procedure Code changes, Single Case agreements.

New Provider /New Programs

MCO is developing a clear and comprehensive Onboarding process which includes clear line of sight so that providers/practitioners will know exactly where they are in any given portion of the process, and what is expected of them in facilitation of the process.

MCO is also diligently working in aiding the CRSPs to assist consumers with Medicaid Redetermination



High Priority Initiatives

- Reducing onboarding turnaround times
- Streamlining Onboarding Process
- Imbedding MDHHS, NCQA and ICO standards into MCO departmental operations

Submitted by Brandon A. Taylor, CPCS, Director of Managed Care Operations



Residential Department PCC Executive Summary
2nd Quarter 2023 Reporting (January-March 2023)

Referrals (quarter comparison)	<u>2022</u>	<u>2023</u>
Residential Referrals	546	569
Inpatient Hospitals	245	252
CRSP	207	208
ED	40	53
Nursing Home/SNF	17	14
Foster Care for Age-Outs (DHHS)	8	10
Self-directed -into- Residential Services	4	9
COPE	4	0
Crisis Residential Unit (Oakdale House)	10	11
Residential Assessment reviews in Specialized Settings	8	6
OTHER	1	6

2023 Referral Trends

- Overall significant increases in submitted referrals:
 - o **Inpatient Hospitals** – Medicare admissions and new DWIHN enrollments.
 - o **Emergency Department** – APS involved cases, members brought to the department by police, as well as members without previous DWIHN services. Some members from specialized services due to extreme behaviors that would benefit from additional CRSP involvement.
 - o **DHHS Aging-out from Foster Care** – Increased DHHS youth placed outside of Wayne county are reengaging in services and returning to Wayne county.
 - o **Nursing Homes** – Current DWIHN members in short-term rehab settings are returning into the community into specialized placements.

Residential Authorizations (quarter comparison)	<u>2022</u>	<u>2023</u>
Total PROCESSED	2,923	2,804
Authorizations Approved	2,037	2,436
Authorizations Returned to CRSP by DWIHN Auth Team	886	368
Approved Less than 14 days	2,007	2,358
Returned Less than 14 day	914	368
Approved Greater than 14 days	1	2
Returned Greater than 14 days	1	0
Case Conference Held	---	20
Cases Discussed	52	20

- o Case Conferences with CRSP Providers began in March 2022, 52 cases were discussed during multiple case conferences. The number of case conferences held was not captured to a later date.

Dept. Meetings/Trainings (quarter comparison)

	<u>2022</u>	<u>2023</u>
CRSP Alignment of Documentation	6	2
CRSP Service Authorization Refreshers	6	2
CRSP/Residential Monthly Meetings	41 mtgs 272	25 mtgs 104 attendees
Quarterly Pre-placement Providers	---	1 mtg 58 attendees
Quarterly Residential Provider/CRSP	---	2 mtgs 99 attendees

- Residential Provider/CRSP and Advisory meetings now quarterly (April 2023)
- Monthly Standardized Progress Note trainings reimplemented in 2023.
- Quarterly Pre-placement Provider Meetings reimplemented in 2023.
- January and February 2023 meetings/trainings were cancelled due to multiple scheduling conflicts and immediate special projects.

State Hospitals (quarter comparison)

	<u>2022</u>			<u>2023</u>		
<u>WRPH</u>	<u>22-Jan</u>	<u>22-Feb</u>	<u>22-Mar</u>	<u>23-Jan</u>	<u>23-Feb</u>	<u>23-Mar</u>
# of carryovers	16	19	14	12	13	9
New referrals	6	2	2	6	1	2
# placed	3	7	2	5	5	4
length of stay with outliers	71 days	88 days	103 days	64 days	50.5 days	57.8 days
Length of stay without Outliers	29 days	49.7 days	51.5 days	32.1 days	34.6 days	42.5 days

<u>Caro</u>	<u>22-Jan</u>	<u>22-Feb</u>	<u>22-Mar</u>	<u>23-Jan</u>	<u>23-Feb</u>	<u>23-Mar</u>
# of carryovers	1	1	1	0	0	0
New referrals	0	0	0	0	0	1
# placed	0	0	0	0	0	0
length of stay	120 days	150 days	180 days	0 days	0 days	12 days

<u>KPH</u>	<u>22-Jan</u>	<u>22-Feb</u>	<u>22-Mar</u>	<u>23-Jan</u>	<u>23-Feb</u>	<u>23-Mar</u>
# of carryovers	0	0	0	0	1	2
New referrals	0	0	1	1	1	0
# placed	0	0	0	0	0	1
length of stay	0 days	0 days	15 days	0 days	30 days	27 days

<u>CFP</u>	<u>22-Jan</u>	<u>22-Feb</u>	<u>22-Mar</u>	<u>23-Jan</u>	<u>23-Feb</u>	<u>23-Mar</u>
# of carryovers	1	0	1	0	1	1
New referrals	0	1	0	1	0	3
# placed	0	0	0	0	0	0
length of stay	120 days	0 days	30 days	30 days	60 days	90 days

HCBS Update

Pathway #3

- 19 members have transferred to HCBS-approved facilities

Pathway #4

- 24 members to remain in current settings.
 - o 9 – TWC
 - o 6 – LBS
 - o 4 – WC
 - o 2 – NSO
 - o 2 – AWBS
 - o 1 – HHI
- The department is in the process of scheduling new residential assessments for all identified members
- Residential Services will review available funding sources for each member
- Residential Services will meet with each CRSP during monthly meetings to assure all IPOSs have been updated

Detroit Wayne Integrated Health Network (DWIHN)

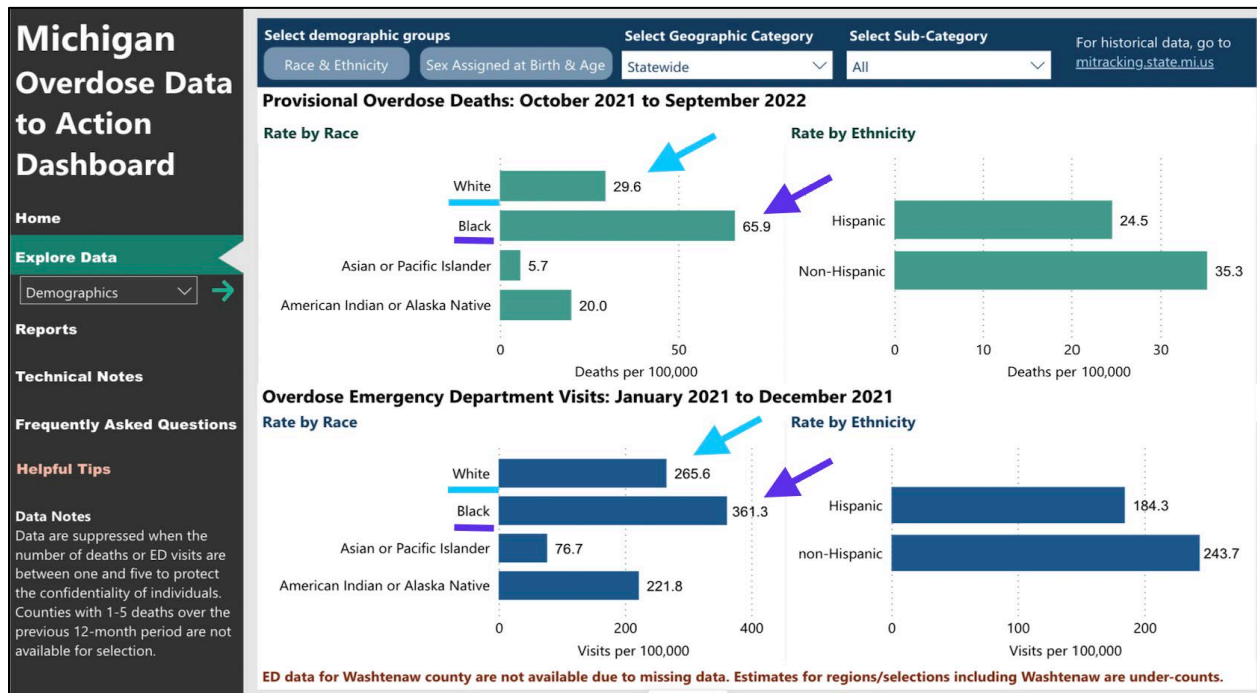
Substance Use Disorders (SUD) Report

Date: May 1, 2023 • Prepared by: Judy Davis • SUD Director

Substance Use Disorders

The national opioid epidemic has been well publicized and well documented as one of our time's most pervasive public health and public safety issues. The last five years have sharply increased opioid misuse and overdose fatalities. The magnitude of the crisis is staggering because it claims more than 100 American lives daily. The death rate has been steadily increasing with no sign of slowing down. The prevalence of

Michigan Overdose Data



Screening Brief Intervention and Referral to Treatment (SBIRT) in the Emergency Department

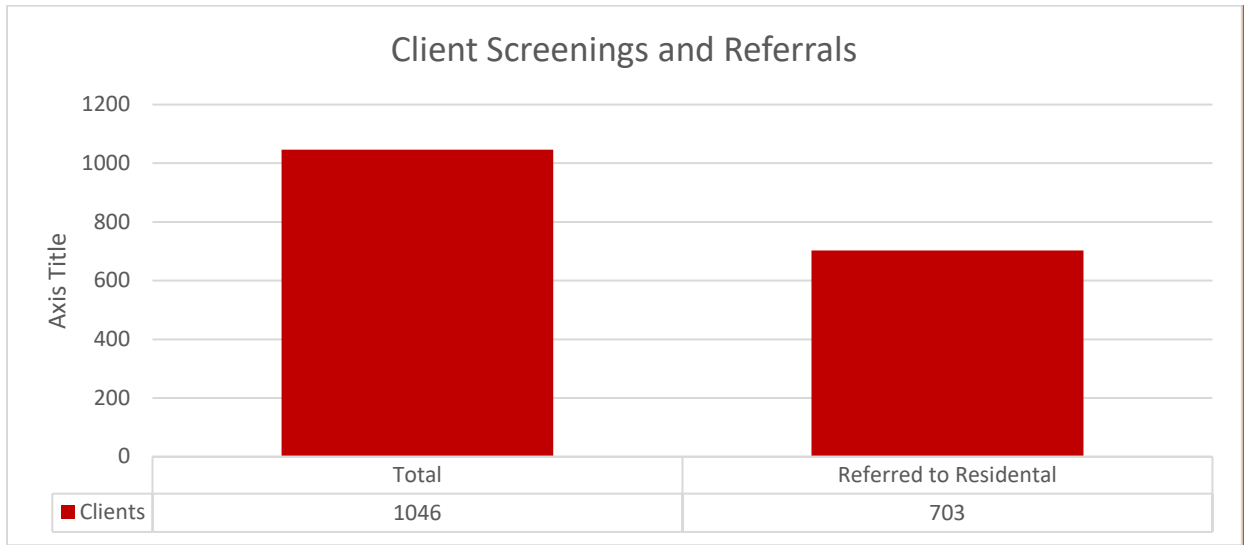
DWIHN estimated the annual associated medical cost of SUD in Wayne County hospitals to be \$1.2 million. Hospitalizations are critical opportunities to engage patients at high risk for an overdose to prevent future overdoses, as hospital addiction care with referral to treatment increases SUD treatment engagement. EDs are essential for identifying, intervening, and connecting patients with treatment and recovery support to improve patient health and reduce healthcare utilization. They are nurturing relationships with community treatment and recovery providers.

Since implementation, 1,046 patients have been screened, with 703 referred to residential, which results in 67.2% of persons screened being admitted into residential treatment.

Detroit Wayne Integrated Health Network (DWIHN)

Substance Use Disorders (SUD) Report

Date: May 1, 2023 • Prepared by: Judy Davis • SUD Director



METHADONE MOBILE UNIT SERVICE

The DEA has finalized regulations allowing opioid treatment programs to add mobile units. We are working with Quality Behavioral Health to help fill the gaps. This will bring medication to several underserved populations, those without ready access to treatment and locations where high degrees of overdose and opioid misuse exist, places where getting methadone would be most helpful.

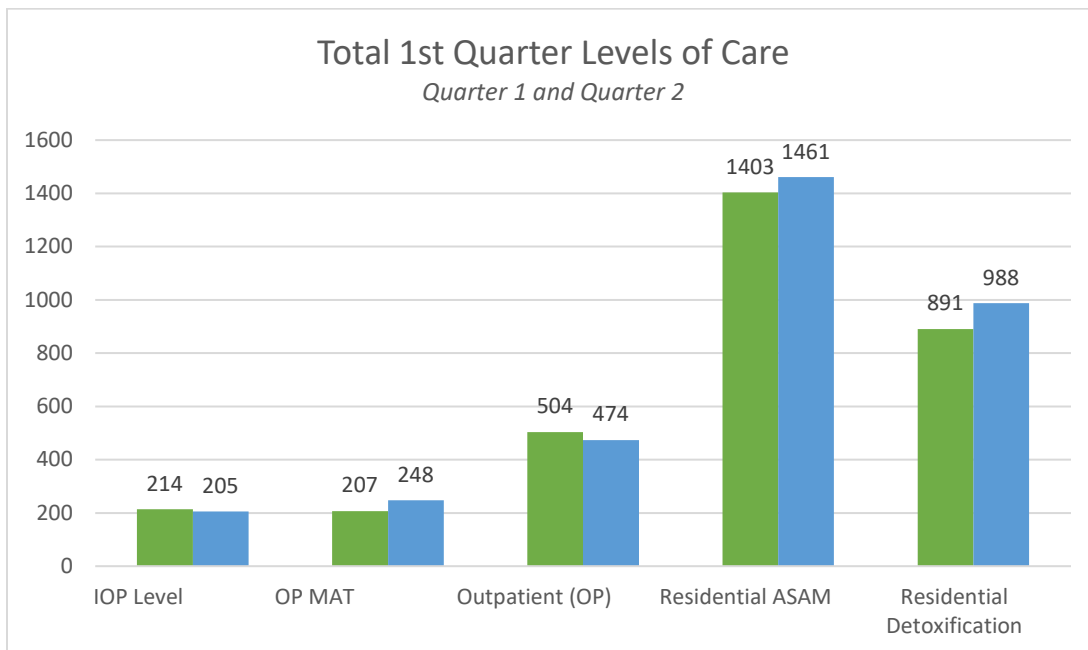
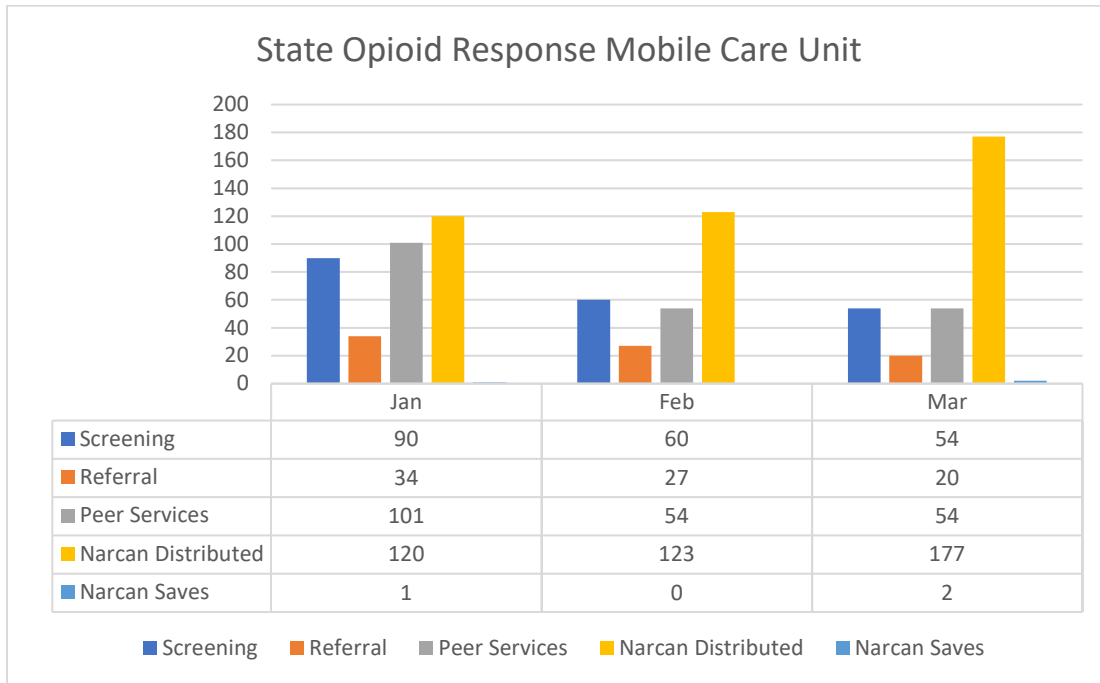
Service Area	Location	City
Mack and Bewick	10400 Mack Ave	Detroit, MI 48214
Gratiot and E. Grand Blvd	7220 Gratiot	Detroit, MI 48213
Michigan and Oakdale	43687 Michigan	Canton, MI 48188

SOR Grant Mobile Care Units are mobile triage units that bring outpatient SUD services to the members.

Detroit Wayne Integrated Health Network (DWIHN)

Substance Use Disorders (SUD) Report

Date: May 1, 2023 • Prepared by: Judy Davis • SUD Director

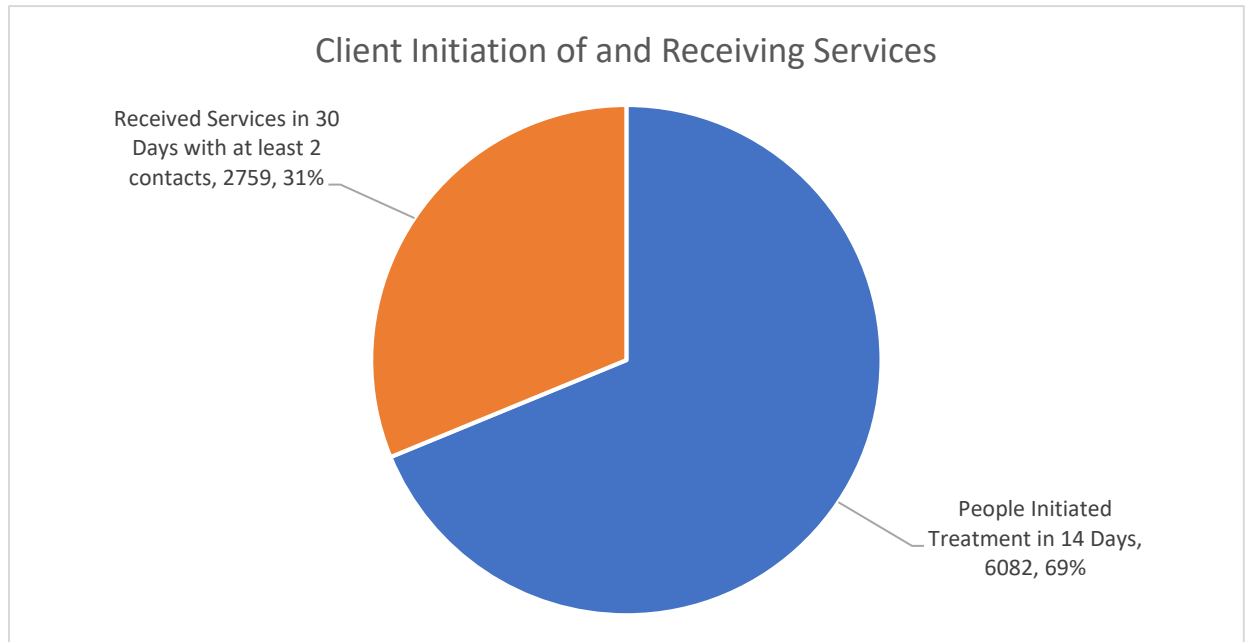


A long-standing concern of the SUD Department in addiction treatment is that a large number of individuals who are admitted to treatment do not return actually to begin the program. We identified members who initiated treatment and had at least two contacts in Quarter 1 and Quarter 2.

Detroit Wayne Integrated Health Network (DWIHN)

Substance Use Disorders (SUD) Report

Date: May 1, 2023 • Prepared by: Judy Davis • SUD Director





Detroit Wayne Integrated Health Network (DWIHN)

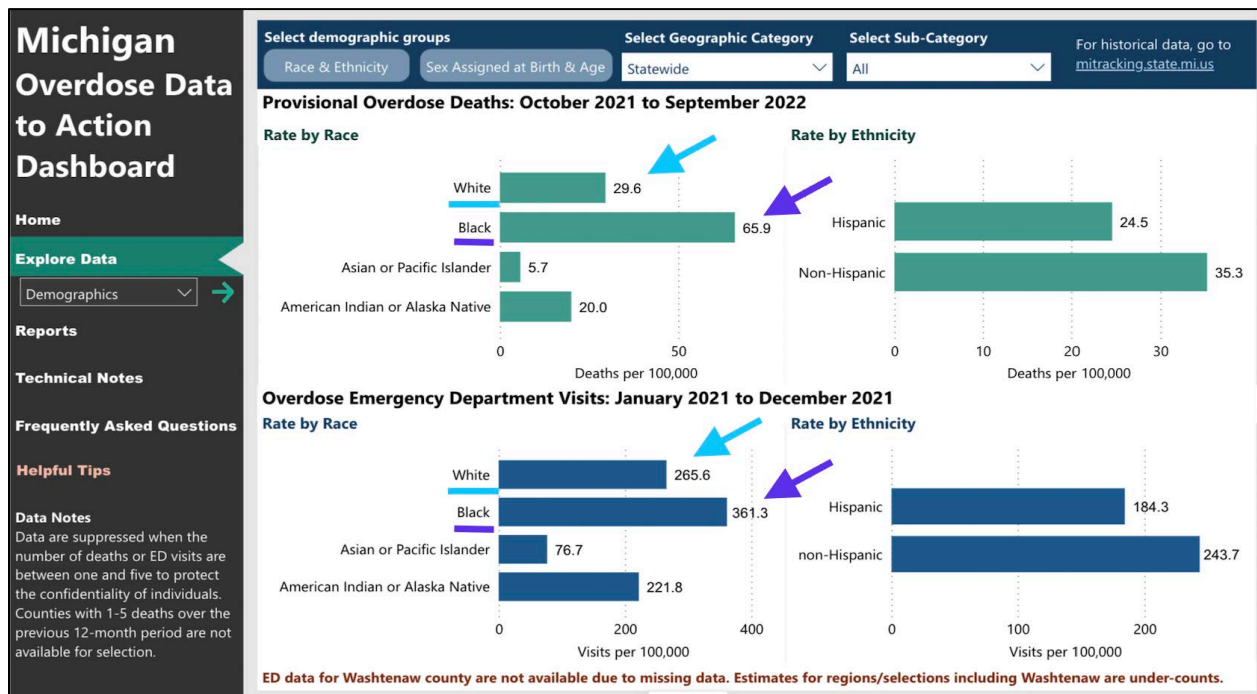
Substance Use Disorders (SUD) Report

Date: May 1, 2023 • Prepared by: Judy Davis • SUD Director

Substance Use Disorders

The national opioid epidemic has been well publicized and well documented as one of our time's most pervasive public health and public safety issues. The last five years have sharply increased opioid misuse and overdose fatalities. The magnitude of the crisis is staggering because it claims more than 100 American lives daily. The death rate has been steadily increasing with no sign of slowing down. The prevalence of

Michigan Overdose Data



Screening Brief Intervention and Referral to Treatment (SBIRT) in the Emergency Department

DWIHN estimated the annual associated medical cost of SUD in Wayne County hospitals to be \$1.2 million. Hospitalizations are critical opportunities to engage patients at high risk for an overdose to prevent future overdoses, as hospital addiction care with referral to treatment increases SUD treatment engagement. Members who misuse substances present an excessive numbers for emergency department (ED) services. Therefore, EDs are essential for identifying, intervening, and connecting patients with treatment and recovery support to improve patient health and reduce healthcare utilization. EDs have depended mainly on external funding or additional personnel to execute SBIRT. DWIHN successfully integrated SBIRT into the ED workflow and coordinated transfer to treatment and community support programs without added monetary/staff resources for the hospital. Beginning in 2021, DMC coordinated with Sobriety House and DMC's ED to



Detroit Wayne Integrated Health Network (DWIHN)

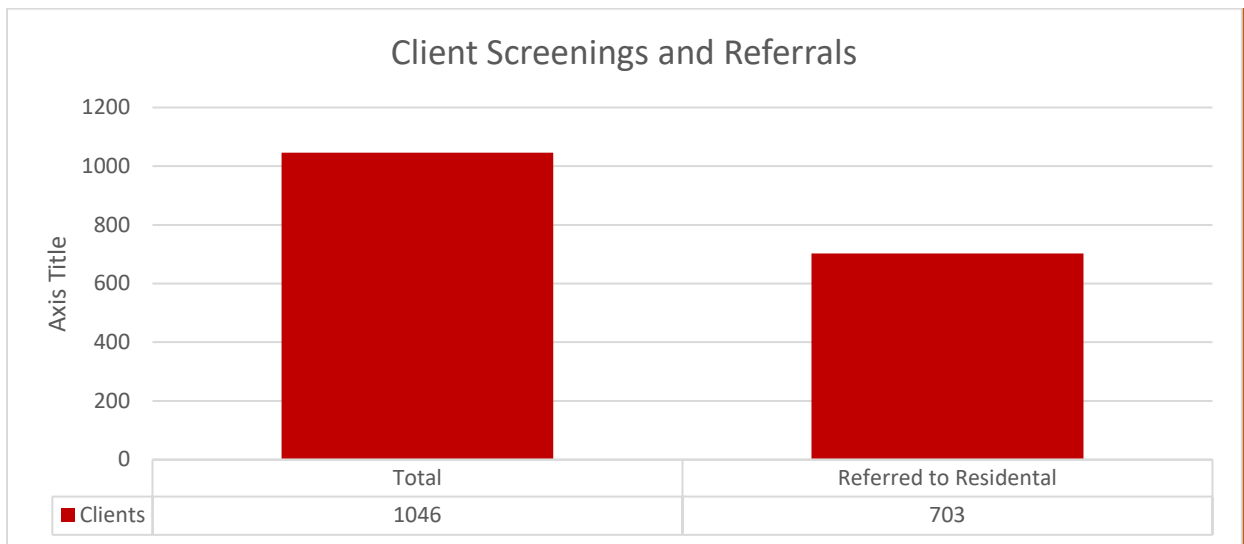
Substance Use Disorders (SUD) Report

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integrate SBIRT into the typical ED workflow. This program of screening, brief interventions, and warm-handoff referral is dubbed “Safe Landing.” Efforts have focused on:

- Training staff.
- Embedding the SBIRT tool.
- They are nurturing relationships with community treatment and recovery providers.
- It is developing protocols for a “warm handoff” that would ensure patients who express an immediate interest in following a road to recovery in the context of a health crisis.

Since implementation, 1,046 patients have been screened, with 703 referred to residential, which results in 67.2% of persons screened being admitted into residential treatment.



METHADONE MOBILE UNIT SERVICE

The DEA has finalized regulations allowing opioid treatment programs to add mobile units. We are working with Quality Behavioral Health to help fill the gaps. This will bring medication to several underserved populations, those without ready access to treatment and locations where high degrees of overdose and opioid misuse exist, places where getting methadone would be most helpful.

Service Area	Location	City
Mack and Bewick	10400 Mack Ave	Detroit, MI 48214
Gratiot and E. Grand Blvd	7220 Gratiot	Detroit, MI 48213
Michigan and Oakdale	43687 Michigan	Canton, MI 48188



Detroit Wayne Integrated Health Network (DWIHN)

Substance Use Disorders (SUD) Report

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What does a mobile unit allow OTPs to do that they can't do in a brick-and-mortar treatment facility?

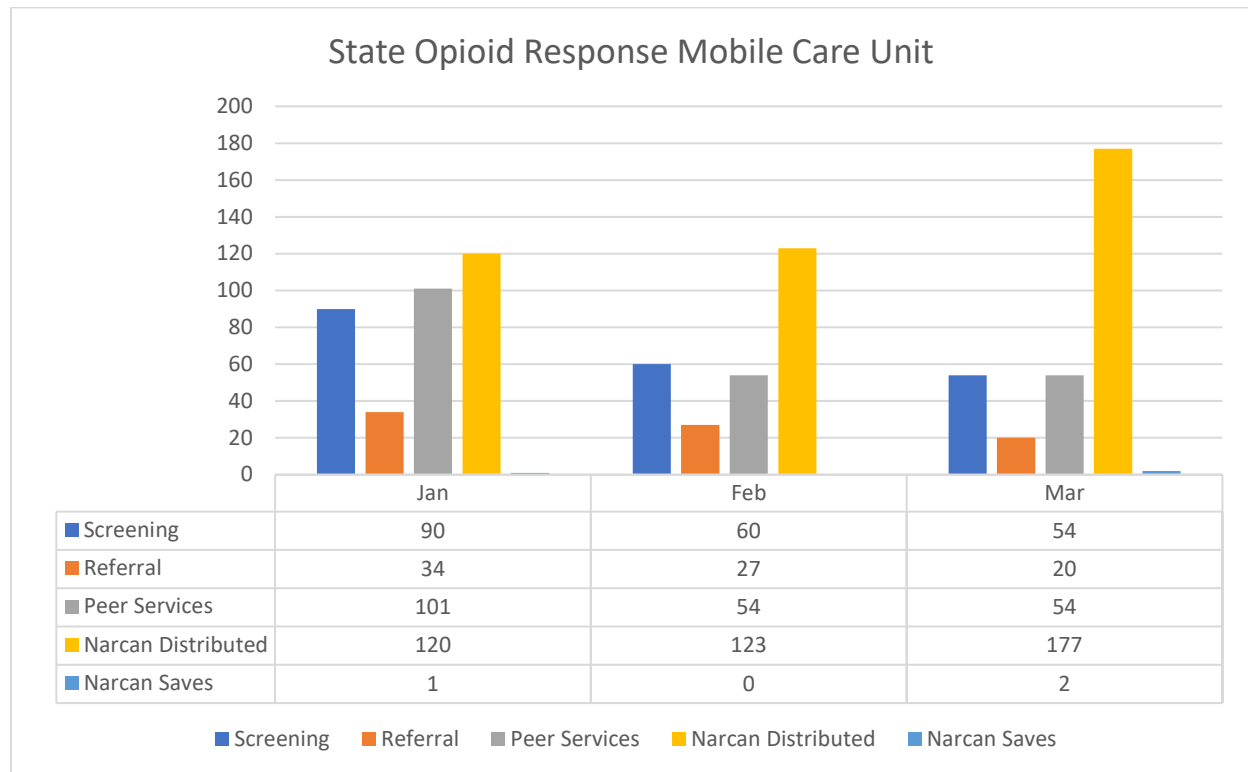
A few things. One, our vans provide flexibility: The agency can send staff out at different times of day and reach people who may find it difficult to access treatment during an OTP's hours of operation.

Mobile units can also go where people diagnosed with OUD may congregate—such as homeless shelters, tent cities, and correctional facilities. Mobile units are a great way to engage people in these settings with treatment services. For example, imagine someone homeless and can't easily access a pharmacy; providing them with methadone via a mobile unit eliminates that problem.

The MU vehicles are about the size of a school bus. The agency uses one part of the vehicle to dispense medication and another part for counseling. They also have lavatories for urine drug screens, space for exams and blood tests, and space to store medicine appropriately. There are other components, too, like security, that are in place for us to meet requirements set forth by DEA.

State Opioid Response (SOR)

SOR Grant Mobile Care Units are mobile triage units that bring outpatient SUD services to the members.

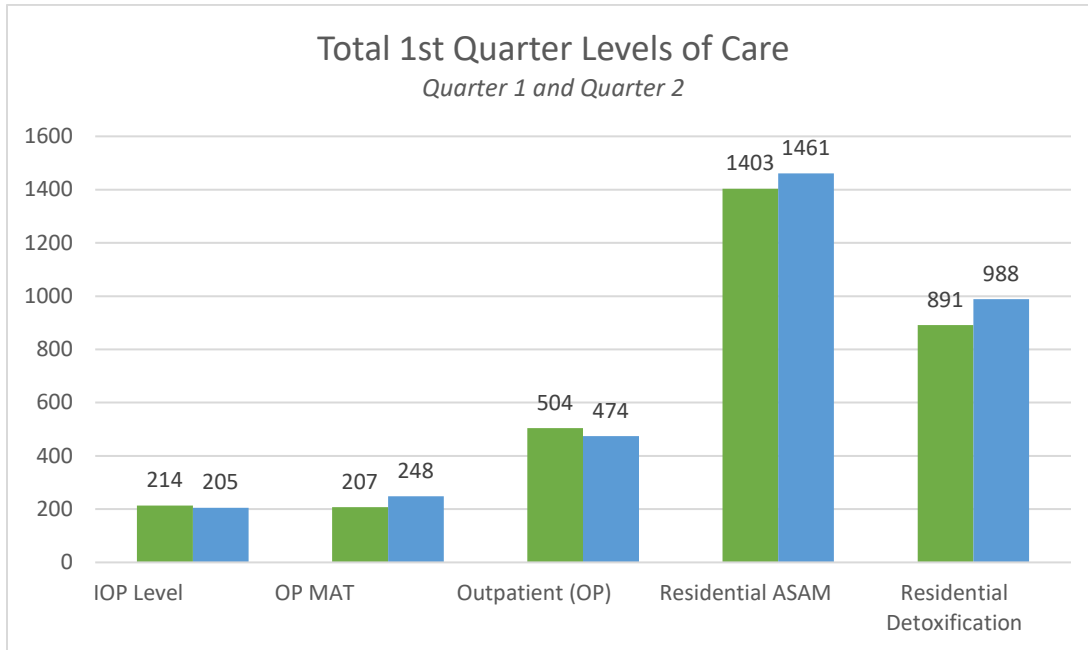




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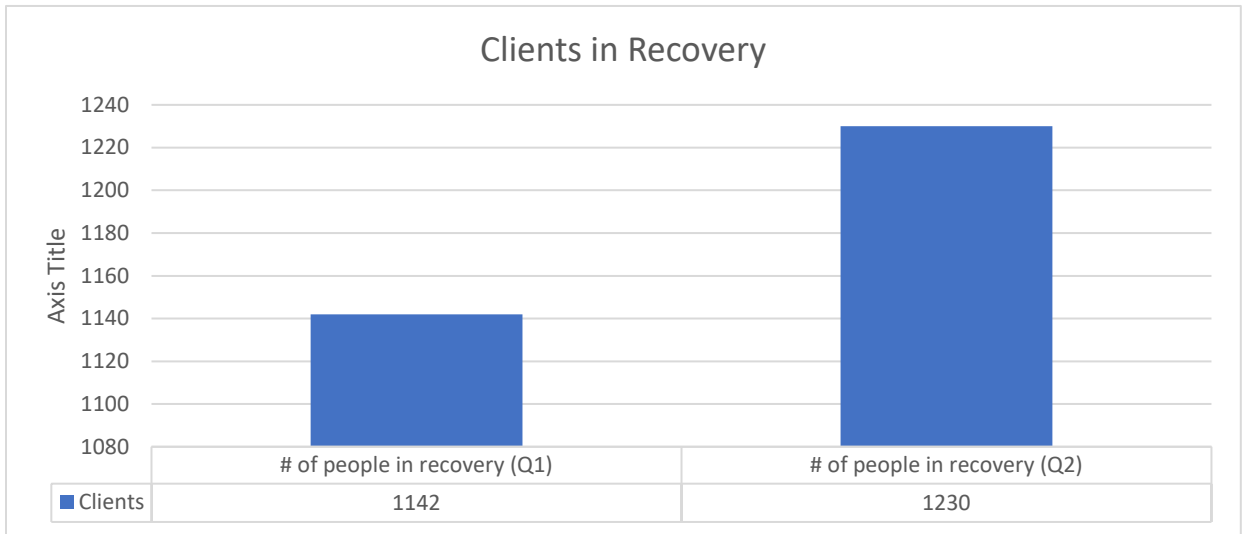
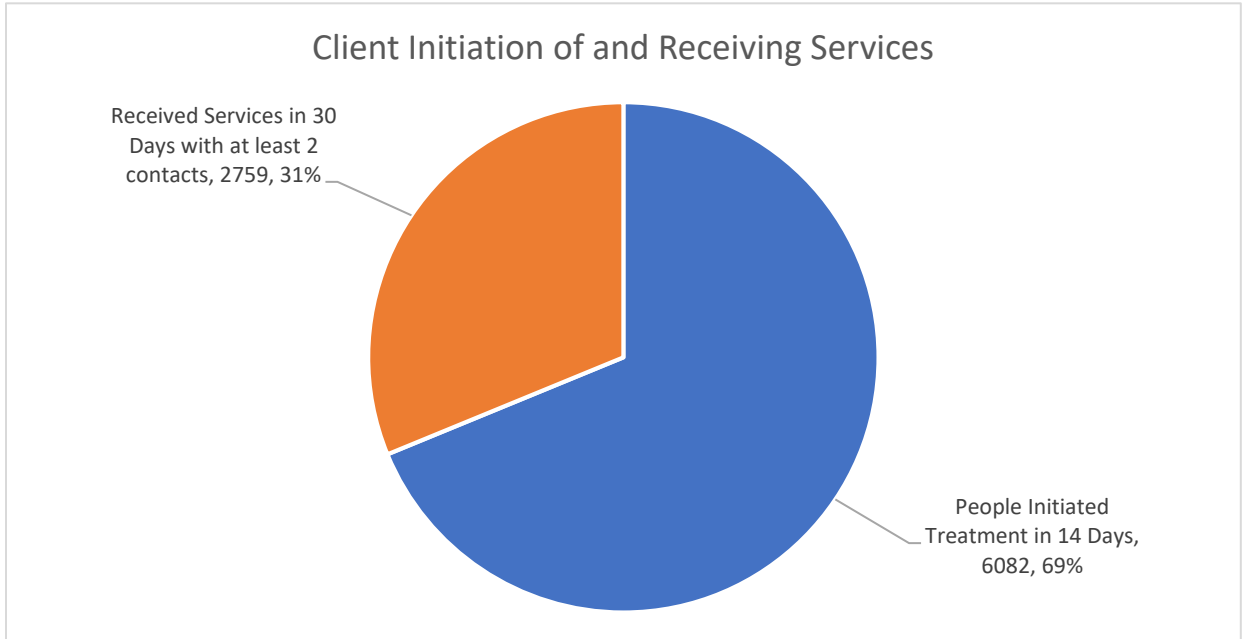
A long-standing concern of the SUD Department in addiction treatment is that a large number of individuals who are admitted to treatment do not return actually to begin the program. We identified members who initiated treatment and had at least two contacts in Quarter 1 and Quarter 2.



Detroit Wayne Integrated Health Network (DWIHN)

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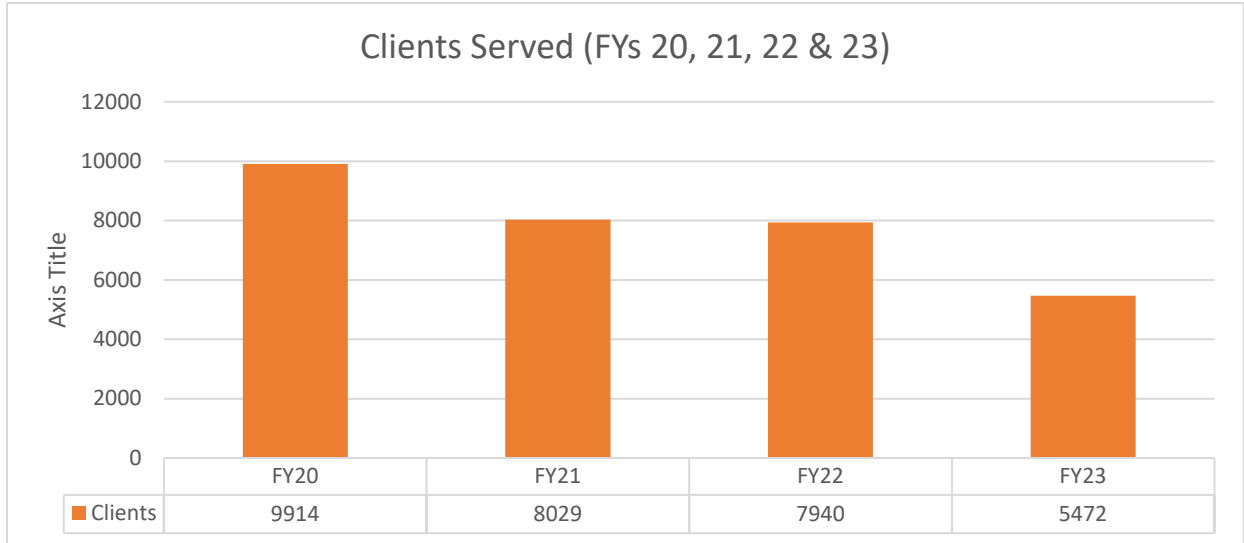




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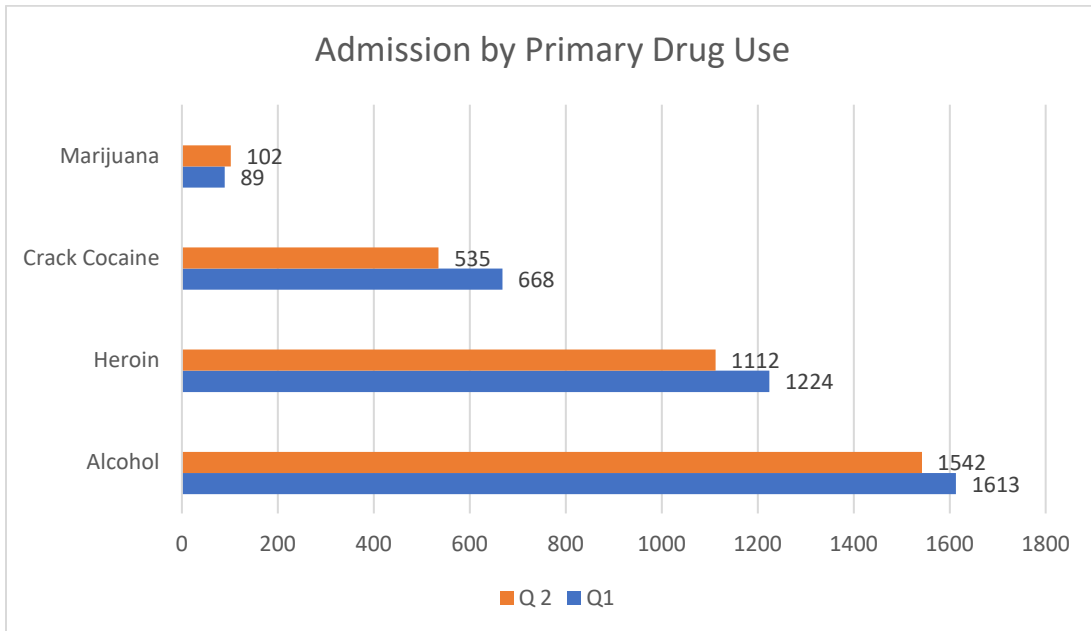
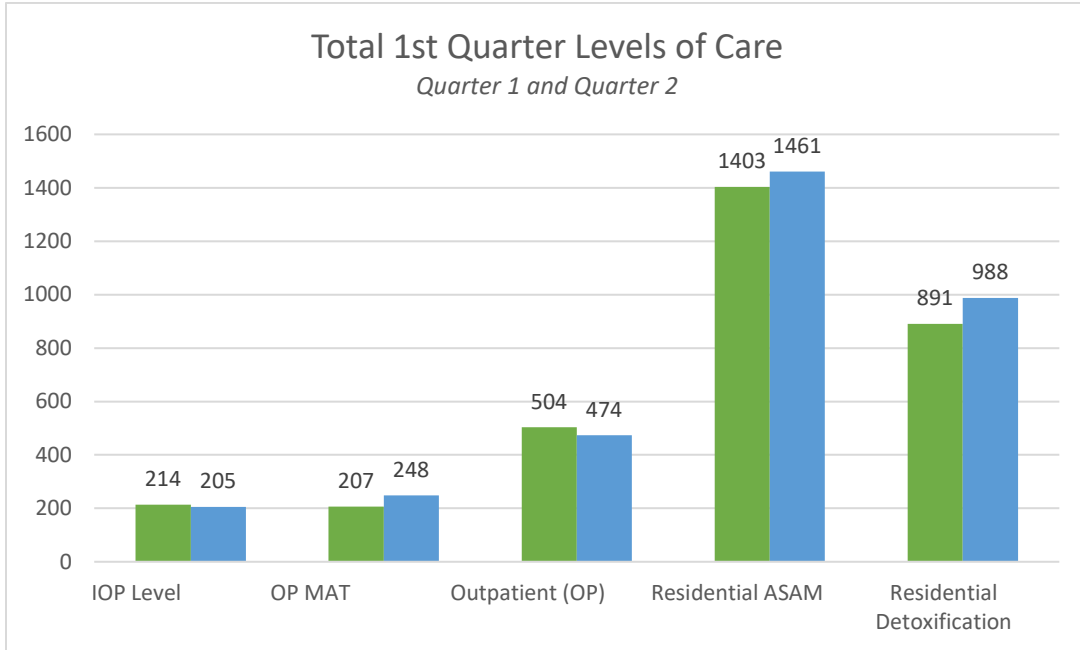
As with the rest of the country, opioid misuse represents only one facet of the broader addiction problem in Wayne County. Individuals who suffer from addiction often misuse more than one substance. Below are the primary drug of choice reported in Wayne County for the first two-quarters of FY 23:



Detroit Wayne Integrated Health Network (DWIHN)

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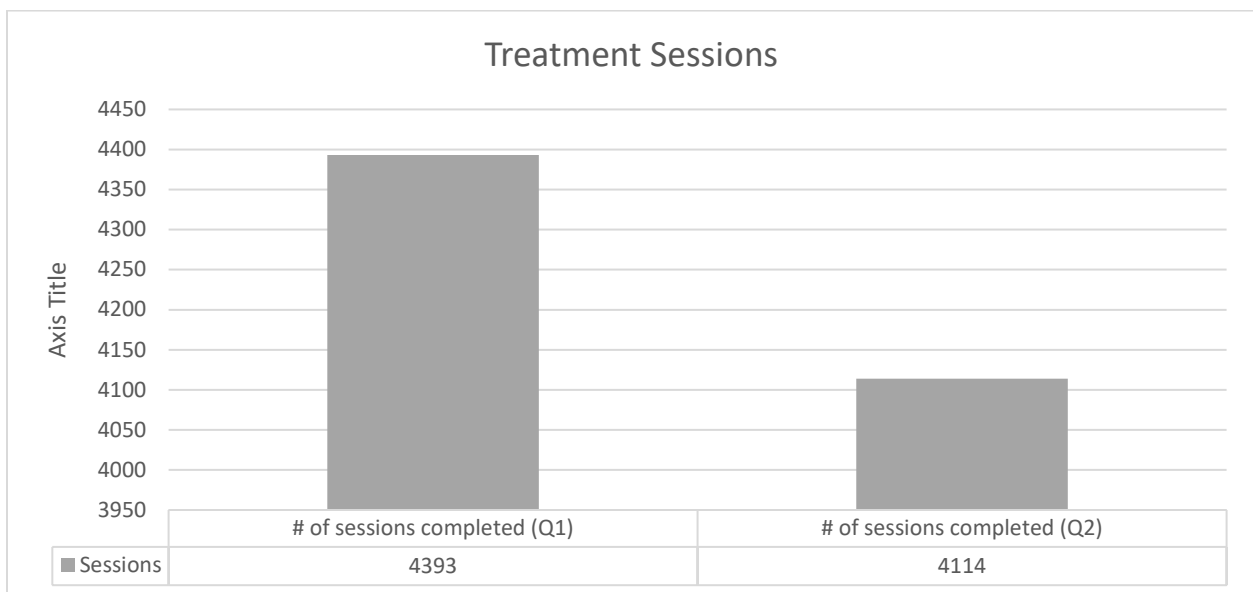
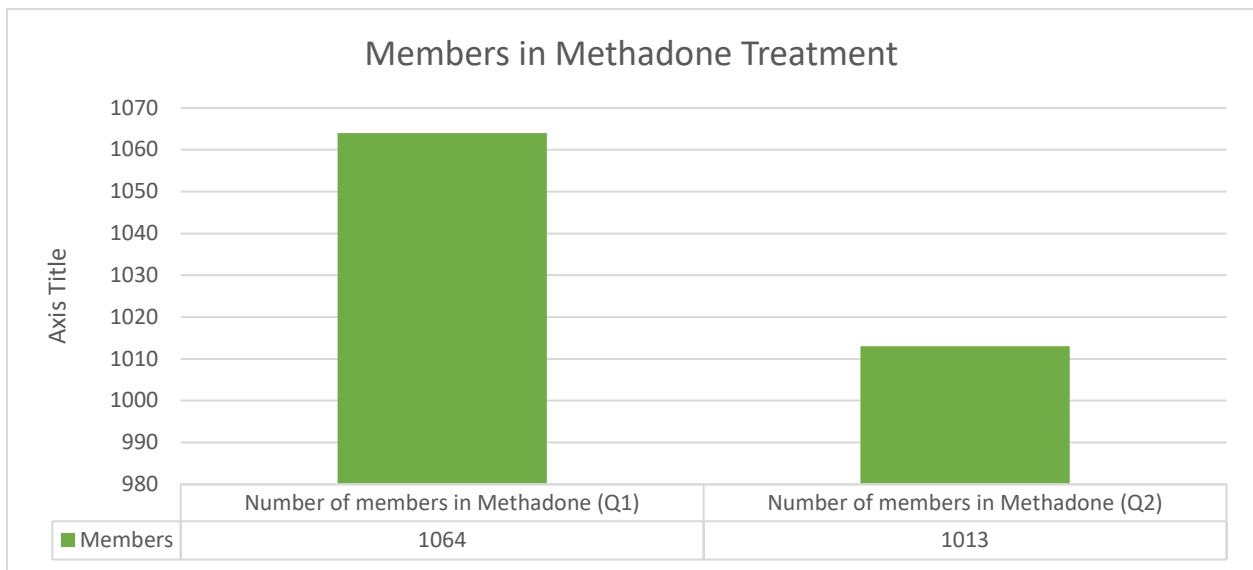


Detroit Wayne Integrated Health Network (DWIHN)

Substance Use Disorders (SUD) Report

Date: May 1, 2023 • Prepared by: Judy Davis • SUD Director

The SUD Department reviewed the number of members receiving methadone from seven Opioid Treatment Programs (OTP) in our networks for the first two quarters. Among 3004 members receiving OTP services from seven clinics. 54.5% were 36–59 years old, 65.9% were men, and 88.2% were African American. Approximately 18.1% (177) of participants had been receiving methadone in their current treatment episode for fewer than six months, 27.7% (261) had been receiving methadone for six to 12 months, and 54.3% (1951) had been receiving methadone for more than 12 months. In addition, 2,563 received take-homes, and 1,015 had positive urine drug screens for illicit drugs.

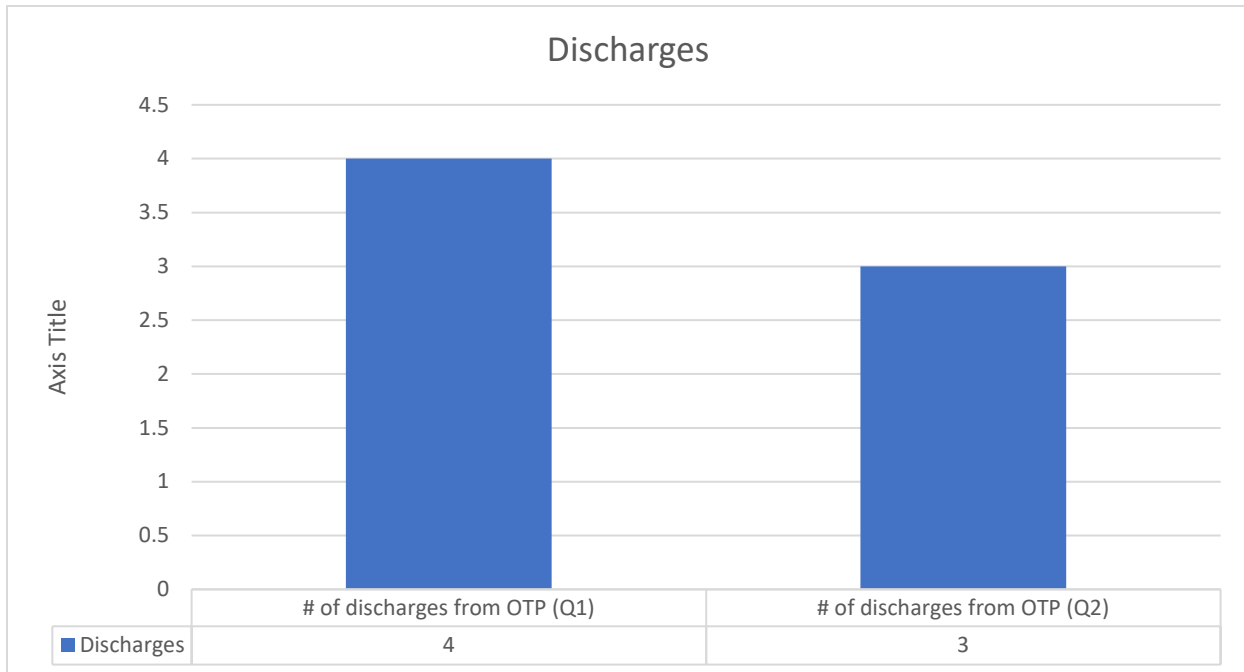




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Detroit Wayne Integrated Health Network (DWIHN)

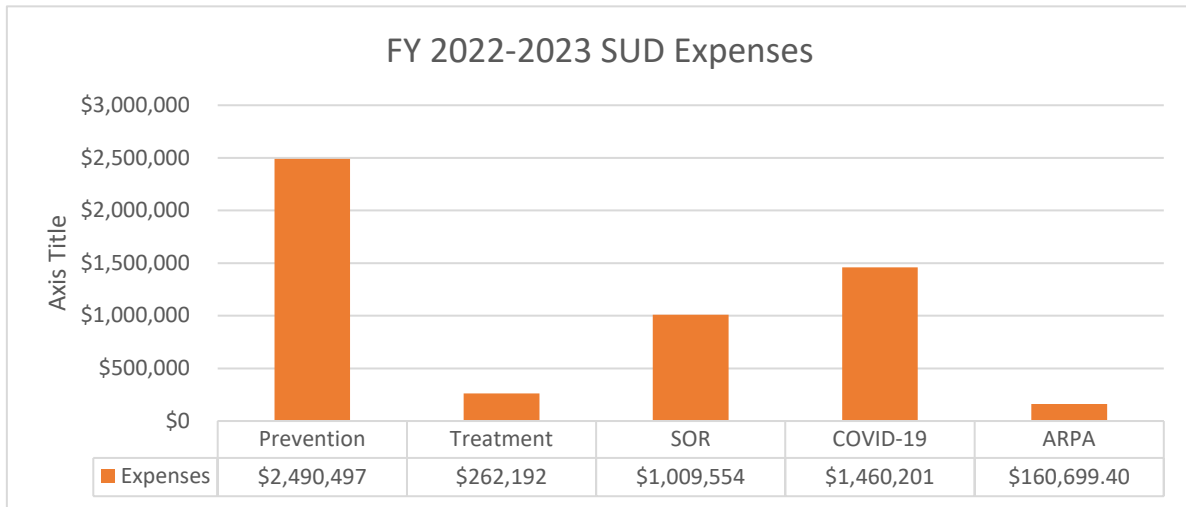
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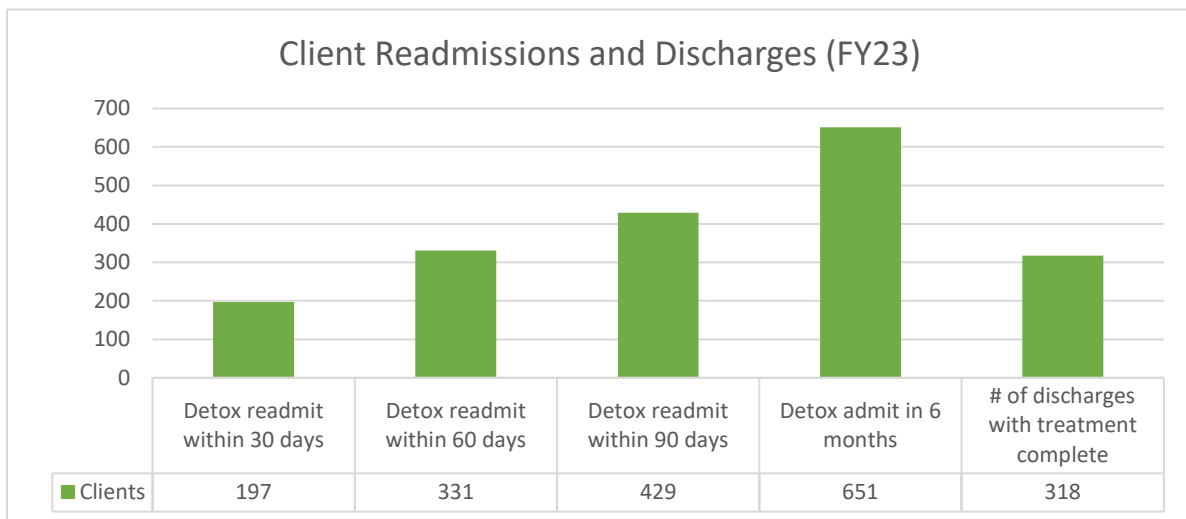
The Special Grant program funding is distributed to all SUD providers. The special grants and other Block Grant funding was administered by MDHHS for the following programs:

- American Rescue Plan (27%)
- COVID-19 (57%)
- Prevention (49%)
- State Opioid Response (43%)

Federal statute requires States to direct at least 20% of SAPT Block Grant funds toward primary prevention of substance abuse.



The numbers below represent the number of people who have a readmission following discharge from withdrawal management services (detox) within 30, 60 and 90 days.



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ADULT INITIATIVES:

Assertive Community Treatment (ACT):

There are currently 835 individuals receiving ACT services from eight (8) service providers in Wayne County. The monthly ACT forum discussed completion of clinical documentation with regards to the Pre-admission Review (PAR), PHQ-9 updates, hospital recidivism, Assisted Outpatient Treatment orders, ways to engage members, and coordinating care. For the month of April there were nine (9) ACT members who were hospitalized out of 835 members (1.07% of total members).

PHQ-9 Performance Improvement Project:

DWIHN monitors network providers PHQ-9 performance at intake and at the 90 day follow up period. The PHQ9 is a self-report tool administered to screen, diagnose, and measure the severity of depression. It is required that all providers administer this tool with at least a 95% completion rate. For the month of April 2023, it is currently 100.0% completion at intake (up .8% from March). The 90-day follow-up completion within 90 days is currently at 81.2% completion (down .5% from March). DWIHN is currently working with the provider network to increase the 90-day compliance rate using monitoring and training tools.

Evidence-Based Supported Employment (EBSE):

Supported Employment focuses on assisting people with securing gainful employment in the community and providing supports that are necessary to increase success in their jobs. DWIHN facilitates monthly meetings with CRSPs who provide EBSE to ensure the program has high visibility and zero exclusions for member engagement. The providers have demonstrated an eagerness to engage in this forum and feedback has been well-received. Motivational interview training will take place within the next quarter which will be provided by MDHHS in an effort to improve member employment retention while increasing job development skills.

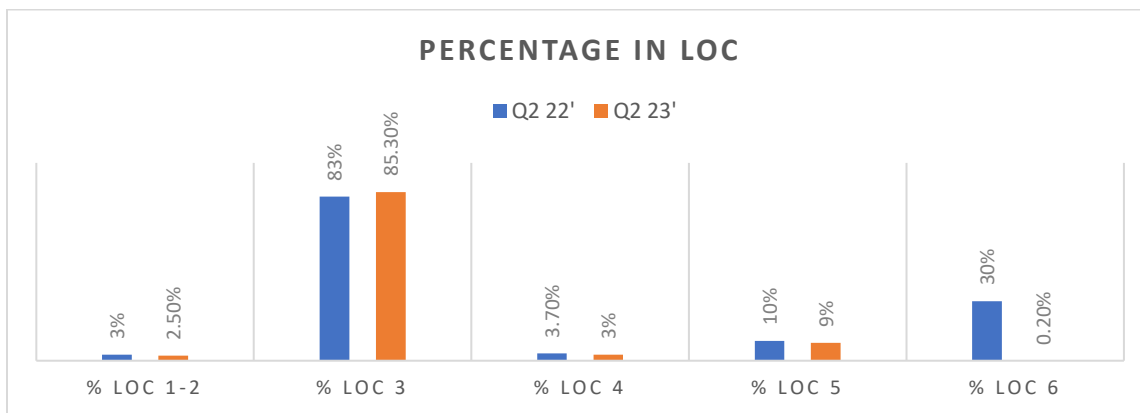
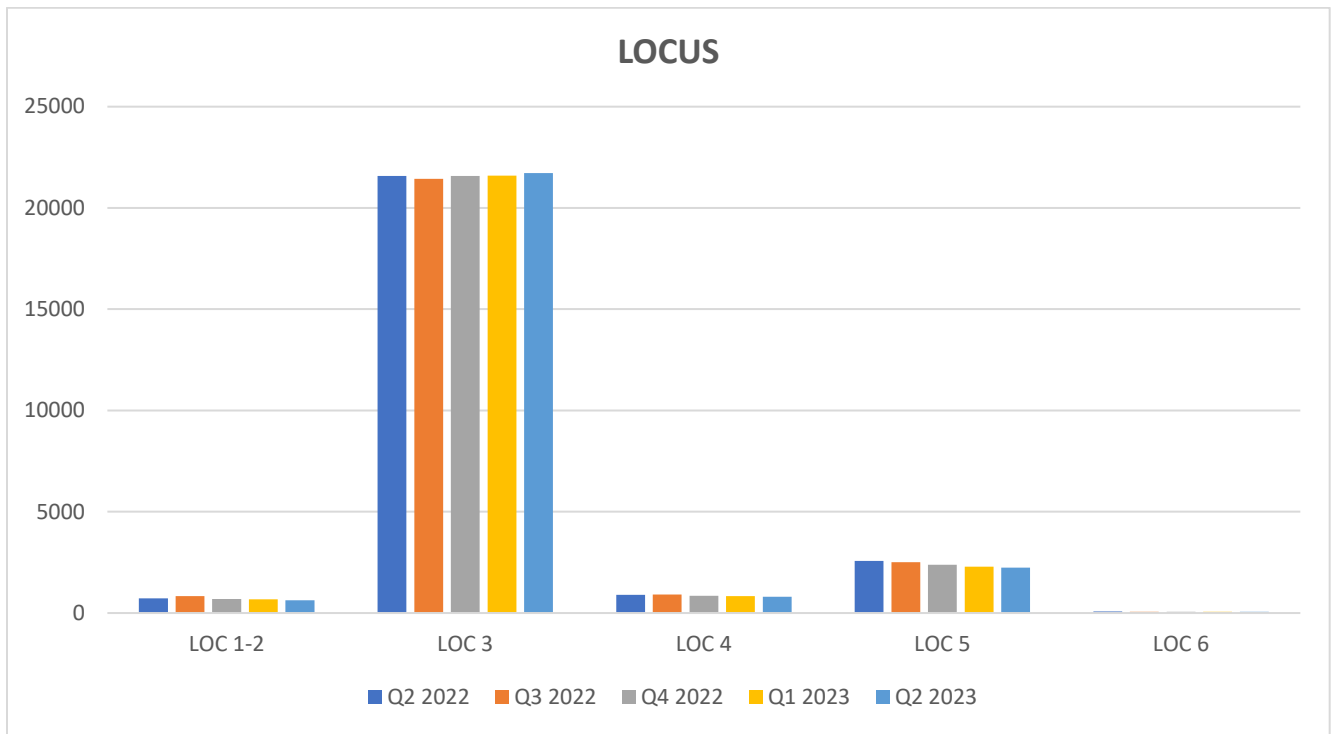
1915iSPA:

MDHHS, as required by CMS, has implemented its new approval process for 1915iSPA services. These services were formally known as Medicaid B3 services and has transitioned to 1915iSPA. These services included Community Living Supports, Respite, Fiscal Intermediary, Housing Support, Supported Employment, Skill Building, Medical Equipment, Environmental Modification, and Enhanced Pharmacy Services. Individuals recommendation for any of these services are first required to be assessed and referred for approval through DWIHN and then MDHHS. It is projected that DWIHN has over 6,000 members that receive at least one of the above-mentioned services. DWIHN has approved and enrolled over 1,369 members to date. DWIHN has provided additional training for our provider network, which included member-specific information for enrollment. DWIHN has also worked with PCE to add the 1915iSPA application information into the clinical assessment for easier identification and follow-up. DWIHN has provided each provider with their current enrollment status and expectations regarding timely submission.

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LOCUS Assessments: The Level of Care utilization System (LOCUS) is used to assess an individuals' current mental health, determine intensity of service needs, and make treatment recommendations. It is a scale used to determine what level of care an individual's needs. It evaluates Risk of Harm, Functional Status, Medical, Addictive & Co-Morbidity, Recovery Environment, Treatment and Recovery History, and Engagement & Recovery Status. A Locus is done at initial Access Screening, upon Intake, and at minimum annually as a part of the person-centered planning process.

	LOC 1-2	LOC 3	LOC 4	LOC 5	LOC 6
Q2 22	725	21582	895	2567	78
Q2 23	624	21718	801	2245	61



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Mental Health conditions are chronic in nature and clinicians look for incremental improvements in recovery. The goal is for persons to improve in their mental well-being and be able to move to the least intensive treatment environment as possible. LOC 1&2 is considered mild to low intensity community-based Service needs, LOC 3 is High Intensity Community Based Services, LOC 4 is Medically Monitored Non-Residential Services, LOC 5 is Medically Monitored Residential Services, and LOC 6 Medically Managed Residential Services. When comparing Q2 2023 to Q2 2022, there was a decrease in individuals receiving the three (3) highest levels of care.

CHILDREN’S INITIATIVES:

Putting Children First:

Access:

- DHHS Trauma Checklist Pilot: Effective May 1, 2023 DHHS North Central Office Child Welfare Specialists are to contact Children Providers directly to submit Trauma Screening Checklists and request for community mental health services. This new process has been communicated to Children Providers, DWIHN Access Department and DHHS North Central Office as well. This change in process occurred with the goal of removing barriers to children involved in child welfare system receiving screenings for mental health services.

Crisis Intervention:

- Juvenile Justice Partnership: Meetings were held with MDHHS, DWIHN, Children Providers, and Care Management Organizations to brainstorm resources and referral pathways for youth discharging from juvenile justice placements. Children’s Initiative, Crisis Department, and Access Departments are currently participating in subcommittees to offer support.

Treatment:

- 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.
- HEDIS Performance Improvement Plan (PIP): Children’s Initiative presented the two HEDIS Performance Improvement Plans (ADD Medication Performance Improvement Plan and Antipsychotic Medication Performance Improvement Plan):to both the Improving Practices Leadership Team (IPLT) and Quality Improvement Steering Committee (QISC) this month, Next Steps: 1). Review raw data with Providers to determine explanation or decrease in eligible members and research consistency of members receiving medications.
- MDHHS Home Based Recertification: Children’s Initiative Department held a training this month for Children Providers on how to submit recertification application for Home Based Services. MDHHS developed a new electronic system for DWIHN to upload applications by 5/31/23.

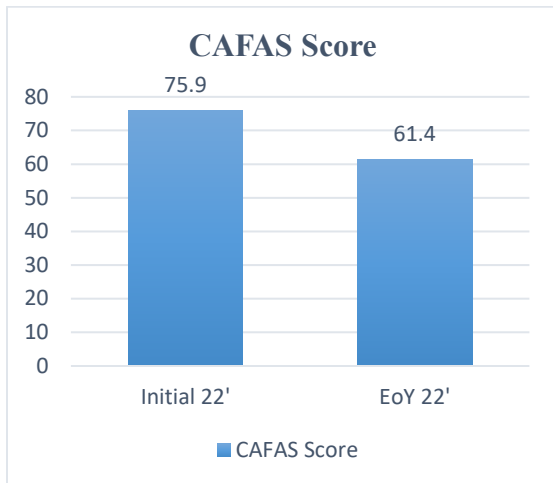
School Success Initiative: Children’s Initiative Department met with the Access Department to review the status of SSI referrals from FY 2022 to present time. There were barriers with students and families completing the screening to start the SSI Program. Barriers included: 1) Families avoiding answering unknown phone numbers when screeners make phone calls, 2) Families not being available to complete

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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. Next Steps: Discuss the two options during the next SSI Provider meeting in May 2023.

Goal Line: 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.

Child and Adolescent Functional Assessment Scale (CAFAS): The CAFAS is used to assess functioning across critical life domains and yield a total score and subscale scores for children 7-21 years of age. The total score ranges from 0-240 and measures overall impairment. A 20-point decrease is considered to be meaningful improvement. Subscales are rated 0 (no impairment) to 30 (severe impairment). Subscales include School, Home, Community, Behavior, Mood, Self-Harm, Substance Use, and Thinking.



-47% of youth had a reduction in total score by at least 20 points from their initial score.

Juvenile Detention Facility (JDF) Treatment Services: DWIHN is working on two programs to assist youth receive behavioral health treatment services. The first is a partnership between DWIHN, Team Wellness, and JDF. Team Wellness has established a partial day treatment program for adjudicated youth. This will be at Team Wellness location. Currently six (6) youth have been identified for the program, but it is projected that it could increase to upwards of 70 youth. This program will offer mental health and co-occurring treatment, education, recreational activities, and community living skills. This program is projected to start by June 2023. The second program is working with JDF, Growth Works and Havenwyck on a program for youth identified as needing hospital stabilization that may require a longer than average stay. This program is targeted to begin 10/1/2023.

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CRISIS SERVICES:

Requests for Service (RFS): Request for Services for children decreased by 14% this month and the diversion rate decreased slightly from 71% to 70% compared to March. There were 148 intensive crisis stabilization service (ICSS) cases for the month of April which is a 21% increase from March. Of the 148 cases there were 52 initial screenings. There was a slight decrease in both the number of requests for service and the diversion rate for adults in the month of April. The Crisis Stabilization Unit (CSU) at COPE served 220 members this month, an 8% increase from March at 239. Team Wellness CSU served 121 members in April which is a 26% decrease from March at 153 members.

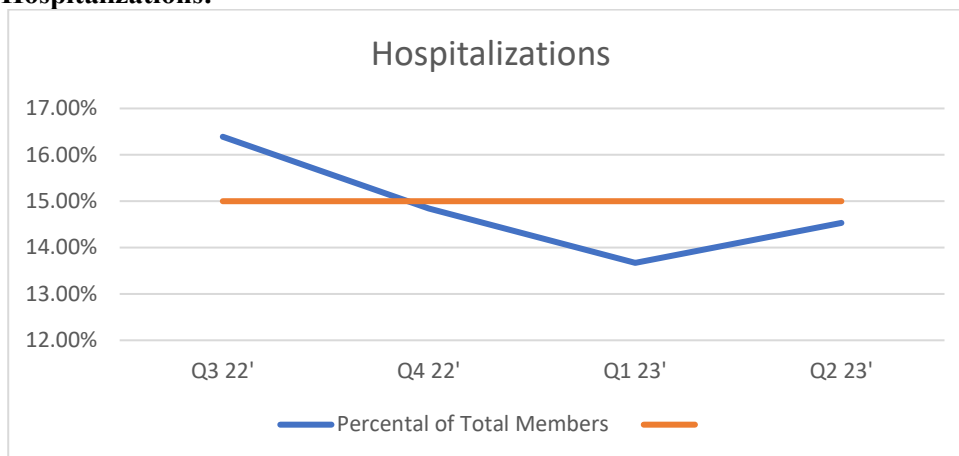
Community Law Enforcement Liaison: The number of ATRs for the month of April increased by 21.81% (298 completed for this month as compared to 233 in March).

- Community Law Enforcement Liaison engaged 56 individuals this month.
 - 100% have repeat interactions/ hospitalizations without follow up by the CRSP. CRSPs were alerted and engaged in discharge planning.
 - 38% have no CRSP assigned.
 - 13% have a history of SUD.
- DWIHN received 136 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 and 19 transport orders were issued

Mobile Outreach: DWIHN and partners had a significant turnout with Michigan Department of Health Human Services-Pathways to Potential at Durfee Innovation Society with upwards of 250 people attending. The DWIHN Mobile Outreach Clinician was able to meet the head Supervisors of MDHHS and they would like for DWIHN to attend several school resource events in Wayne County over next month and moving forward. DWIHN will be able to reach several schools in Wayne County with the support of MDHHS Pathways to Potential.

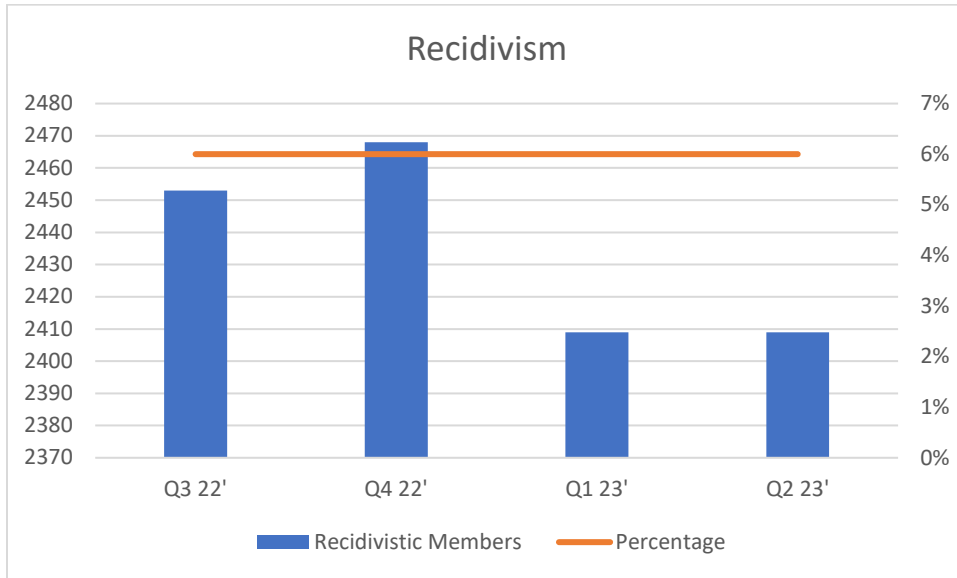
Community Hospital Liaison Activity: In April 2023, there were 215 contacts made with community hospitals related to movement of members out of the emergency departments, which is a 15% decrease in contacts from March at 253. Out of the 215 encounters, 48 were diverted to a lower level of care, an overall diversion rate of 22%. One (1) admission was made to Hawthorn, and 0 admissions were made to WRPB and Kalamazoo.

Hospitalizations:



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Recidivism: Persons re-hospitalized within 30 days of hospital discharge.



INNOVATION AND COMMUNITY ENGAGEMENT:

Detroit Police Department Partnership: During the month of April, there was participation in weekly Detroit Homeless “DHOT” Outreach Meetings. Identified complex cases and assisted with the coordination of care to address individual needs. There were 107 encounters, 92 individuals received follow-up and one (1) was directly 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. At the time of this report, 15 individuals received follow-up support.

In the month of April, DPD co-responders had 222 encounters; 31 of those were suicide-related and 37 were connected to a service. Individuals were provided with various resources for assistance with mental health, substance use, and homelessness.

Wayne County Jail: Staff met with the Mental Health Director of Naphcare and Wayne County for the second quarter review. The enrollment process was further discussed and how the discharge planners can determine appropriate referrals. It was stated that it seems probable that the mental health designation from the jail will be changed to only indicate current mental health designations, not previous ones. That would allow accurate information on who is a current mental health designee.

Veteran Navigator Services:

Staff interacted with 27 new veterans via face-to-face, phone, text, and email correspondence. DWIHN received several requests from the Veteran Resource Center in Lansing to check in on veterans. There were approximately 17 veterans in the VA inpatient unit. The team met to discuss ways that we can

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assist Veterans who are released from prison and may need transitional assistance. The same is true for Veterans getting out of jail. Attended food distribution events with Soldiers Angels in Detroit and Veterans Haven in Wayne. Both monthly ongoing events. It was the regular food distribution event with roughly 170 being served in Detroit and 87 served in Wayne/Romulus. It continues to be a good way to connect with Veterans while they are waiting in their cars to get food. Was able to assist a number of Veterans on the spot with resources.

Reach Us Detroit: Reach Us Detroit 24/7 Virtual Therapy Line continues to be offered to residents of Wayne County that are 14 years of age and up. Engagement using social media has increased this month. Community engagement included neighborhood group associations, DPSCD, and Detroit at Work providers to provide trauma-informed awareness, training, and resources connection for job seekers. Population-focused learning was provided with a focus of Race and SOGIE.

Workforce Development

During the month of April, staff continued to monitor DWIHN staff compliance with required training. Weekly notifications are sent to staff in the form of reminders to the org administrators and supervisors. Mental Health First Aid and QPR were offered to the network and interest continues to grow from community members and laypersons. staff approved CEU applications for agency and network-hosted training sessions. Staff conducted a self-audit of the DWC training site to verify that the credit hours listed match on the front end and back end.

This month staff continued to participate in the facilitation of the all-girls mentorship group at Renaissance High School located in Detroit. The purpose of this mentorship group is to provide sisterhood and advice to girls transitioning from middle school to high school, and high school to college. However, we recently had two males join the group and we are welcoming a more inclusive group approach. Staff have begun taking steps to prepare for the 2023 Summer Youth Employment Program (SYEP) cohort.

INTEGRATED HEATHCARE SERVICES:

Behavioral Health Home (BHH):

- ❖ Current enrollment- 532 members (March- 486)
 - DWIHN continues to work on increasing enrollment by adding additional Health Home Partners (HHPs) to our BHH network. Working with providers on data clean-up and ensuring members are being seen as expected in this program model. DWIHN will be putting a Request for Information (RFI) to our CRSP provider network to expand BHH services. DWIHN met our BHH incentive goal for year 1.

Opioid Health Home (OHH):

- ❖ Current enrollment- 591 members (March- 381)
 - DWIHN continues to work on increasing OHH enrollment and ensuring enrollment data is accurate in both the DWIHN and State systems. DWIHN is working with providers on data clean-up and stress the importance of seeing members as expected in this program model. DWIHN met the MDHHS OHH incentive for this fiscal year.

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

- ❖ Current enrollment- 3,340 members (March- 3,297)
 - A CCBHC site provides a coordinated, integrated, comprehensive services for all individuals diagnosed with a mental illness or substance use disorder. It focuses on increased access to care, 24/7/365 crisis response, and formal coordination with health care. The Guidance Center is the

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- designated CCBHC provider for Region 7. Baseline outcome data has been established for year 1 and during year 2 outcomes will be a major focus, including outcome incentives.

DWIHN CCBHC Efforts: DWIHN is currently working on the SAMHSA CCBHC Expansion grant. The application is due May 19, 2023. The State of Michigan has also announced that they are expanding the CCBHC Demonstration in Michigan and the CMHSPs are eligible to apply. DWIHN will be applying for this as well and the application is due by July 1, 2023.

UTILIZATION MANAGEMENT:

Habilitation Supports Waiver (HSW): DWIHN’s HSW utilization is currently at 93.6%. MDHHS expects each region to be at 95% utilization. DWIHN has put in corrective efforts to increase these enrollments and we are seeing an overall increase. DWIHN’s Residential team has identified 11 potential HSW enrollees that the CRSPs have either completed or are in the process of completing. The residential’s team’s work on this project continues to be invaluable in supporting the CRSPs and the HSW team in identifying new members that are likely to be appropriate for HSW enrollment. The DWIHN IPOS initiative identified 11 potential enrollees. The CRSPs have been working to either enroll these members or provide context as to why these members may not be appropriate for HSW enrollment. The CRSP’s have received the IPOS lists for an additional 22 members with IPOS’s due in May and June so they can begin working on confirming if these members are eligible for HSW enrollment.

The HSW team continues to meet with providers to provide education and training around HSW, the eligibility criteria, and benefits to DWIHN’s members. MDHHS has indicated that members without current certification (more than 30 days old) will no longer be certified in HSW as of May 2023. DWIHN is working with providers to ensure these recertification applications are submitted timely.

Fiscal Year to Date												
	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept
Total Slots	1084	1084	1084	1084	1084	1084	1084					
Utilized	1009	1009	1008	1007	1007	1005	1015					
Available	76	76	76	77	77	79	69					
New Enrollments	9	5	6	2	7	6	TBD					
Utilization	93%	93.1%	93%	92.9%	92.9%	92.7%	93.6%					

Outpatient Authorizations: There was a recent discovery of a technical error that was pulling incorrect data for this section. Once that was corrected it was noted that of the 6,582 outpatient authorizations approved between 4/1/23 and 4/30/23. DWIHN made one additional change to improve this compliance rate, whereby the UM department requested assistance from the IT department to change the date displayed on a requested authorization to reflect the original submission date and not the subsequent re-submission dates should the authorization have to be returned for corrections. This is to ensure that the count of 14 days will always begin at the original submission date. SUD UM staff approved 1,459 authorizations between 4/1/23 and 4/30/23. Of these 1,459 authorizations, 1,264 or 86.6% were approved within applicable timeframes. The above- mentioned technical changes will also impact these authorizations and the data that is reported about them.

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Inpatient Admissions:

In the month of April, the UM Team has managed a total of 831 new hospitalization admissions across the provider network (including MI Health Link members). This data includes inpatient, partial hospitalization, and crisis residential services. In the month of April, there were 721 (non-MI Health Link) admissions for inpatient treatment, reflecting a 3.6% increase from the 701 inpatient admissions during March 2023.

SMI/SED	# Admitted Members	# Admissions	Avg Length Of Stay	Median Length of Stay
IDD	19	19	11.63	11
SED	83	87	9.56	8
SMI	582	611	8.71	8
SUD	7	8	6.00	6
Total	691	725	8.86	9

Source: Power BI - Hospitalizations and Recidivism - Acute Inpatient

The data outlined below reflects the number of admissions as of 4/30/2023:

- Inpatient: 721
- MHL Inpatient: 6
- Partial Hospital: 75
- Crisis Residential: 29 (adults – 21 and children - 8)
- Total Admissions: 831

Peers to Higher Education Program (WSU/DWIHN)

- ▶ Focuses on enhancing the behavioral health workforce by creating a clear and supportive pathway for Peer Specialists to become licensed social workers and certified addiction counselors (CAC).
- ▶ Peer Specialists are an integral part of the recovery community
- ▶ Honor skills and experience of peers while providing for greater opportunities.

Assessment phase

- Conducted a national scan for similar initiatives and review of current literature (e.g., certificate program, degreed programs)
- Conducted interviews, focus groups and surveyed peers to assess academic and career interests and perceived barriers to obtaining an education (CMH providers in DWIHN) for data collection/interest in program
- Collaborated with DWIHN, MDHHS, SSW Office of Field Placement

Goals of Peers to Higher Education

- ▶ Facilitate movement of peers to higher wage, higher demand job through higher education
- ▶ Increase/improve the behavioral health workforce
- ▶ Educate and advocate for Peers pursuing BSW and MSW degrees
- ▶ Locate supports and services to support Peers through their education
- ▶ Illuminate the path to a BSW and MSW at Wayne State University

WSU School of Social Work

- ▶ Guaranteed tuition for families making less than \$70,000 (new university-wide)
- ▶ In person and online options for both BSW and MSW
- ▶ Support services for students
- ▶ Plentiful opportunities for Peers to engage in community inclusion on campus

Pathways

Community College

- Addiction Studies College Cert Programs (e.g., WCCCD)
- Social Work/Service Associates (Social Service Technician)/pre-BSW program (e.g., OCC)
- MTA Transfer
- Transfer to WSU for a 2-year BSW (online or in-person)

Wayne State University-Direct

- 2-year General Education Program
- 2-year BSW Program (online or in-person)
- 1 or 2 - year MSW program w/online option

Existing Supports WSU

- ▶ Childcare
- ▶ Student Advisors
- ▶ Social Work Peer Support Mentors
- ▶ Student Disability Services
- ▶ Adult Learner Program
- ▶ Writing Center/Coaches
- ▶ Technology Assistance

Partnership Needed

- ▶ This pilot will require a partnership to work
 - ▶ WSU
 - ▶ coordinate services for peers, do recruitment meetings, flexibility in placements
 - ▶ Agencies
 - ▶ Incentivize education by offering to keep peers' salary at full during internship
 - ▶ Provide appropriate placement that meets educational criteria

Place of Employment Practicum Policy/Criteria Highlights

- ▶ Practicum may be located in the student's place of employment if the agency has employed the student for at least six months and suitable assignments can be arranged.
- ▶ Suitability of assignments for work site is determined by the Director of Practicum Education. The Director will use the advice of the Placement Committee in determining suitability.
- ▶ The agency must be large enough, (multiple programs, geographic locations) in order to provide the student with a practicum experience which is in a unit or program and location which is different from the student's employment assignment.



VP of CLINICAL OPERATIONS' REPORT
Program Compliance Committee Meeting
Wednesday, May 10, 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 style="color: purple;">ACCESS</p> <p>Branding Outreach Census Screening New Opportunities</p>	<ul style="list-style-type: none"> Outreach: Various outreach events were held this month. Assisted with facilitating resource tables at the 2nd Annual Plymouth-Canton School District Wellness Fair and the Detroit Police Department Walk to honor victims of crime. DHHS Trauma Checklist Pilot: Effective May 1, 2023 DHHS North Central Office Child Welfare Specialists are to contact Children Providers directly to submit Trauma Screening Checklists and request for community mental health services. This new process has been communicated to Children Providers, DWIHN Access Department and DHHS North Central Office as well. This change in process occurred with the goal of removing barriers to children involved in child welfare system receiving screenings for mental health services.
<p style="color: purple;">PREVENTION</p> <p>Conferences Workshops Schools Tri-County Initiative Pediatric Care Prevention Activities</p>	<ul style="list-style-type: none"> Child Abuse Prevention Month: Children’s Initiative partnered with <u>Child’s Hope</u> 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. In addition, Children’s Initiative and Communications Department supported the <u>Detroit Police Department</u> pinwheel celebration this month. <u>Next Steps:</u> Collected all photos from agencies who supported child abuse prevention month by 5/5/23
<p style="color: purple;">CRISIS INTERVENTION</p> <p>Care Center Juvenile Justice Expansion of Crisis Services</p>	<ul style="list-style-type: none"> Juvenile Justice Partnership: Various meetings were held with MDHHS, DWIHN, Children Providers, and Care Management Organizations to brainstorm resources and referral pathways for youth discharging from juvenile justice placements. Children’s Initiative, Crisis Department, and Access Departments are currently participating in subcommittees to offer support.

Crisis Trainings	
<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. • HEDIS ADD Performance Improvement Plan (PIP): Children’s Initiative presented the two HEDIS Performance Improvement Plans to both the Improving Practices Leadership Team (IPLT) and Quality Improvement Steering Committee (QISC) this month. <ul style="list-style-type: none"> a). ADD Medication Performance Improvement Plan: b). Antipsychotic Medication Performance Improvement Plan: <u>Next Steps:</u> 1). Review raw data with Providers to determine explanation or decrease in eligible members and research consistency of members receiving medications. • MDHHS Performance Indicators: Children’s Initiative Department requested Quality Department to adjust the children’s MDHHS Performance Indicators report to include the following: • Outcomes Reports: Children’s Initiative Department submitted requests to the IT Department to develop the following reports to assist with measuring trends and outcomes. The following reports have been completed thus far: 1). Last date of service report for children with SED and IDD disability designation, 2). Including the Total Score to the PHQ A report, 3). Developing a Total Cafas Score report. <ul style="list-style-type: none"> <u>Next Steps:</u> 1). Develop a process for Providers to upload discharge summaries in MHWIN and document discharge date in MHWIN to use as a data point when developing reports, 2). Request IT Department add Evidenced Based Practice options to the Program Assignments. • 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. Communication was sent to Children Providers in April 2023 requested updating Program Assignments in MHWIN by 4/21/2023 that will inform Children’s Initiative of CRSP expiration date. <ul style="list-style-type: none"> <u>Next Steps:</u> Children’s Initiative Department to review the updated report in MHWIN to follow up with Children Providers any barriers regarding service delivery for members (Ex: Length of services past 2 years, CAFAS scores, Transition Planning, Capacity, etc). • CRSP IPOS Training: Children’s Initiative Department assisted with the CRSP IPOS Training on 4/5/2023 at Lincoln Behavioral Services to train Providers on how to complete adequate Individual Plans of Services that meeting quality standards (37 attendees). • MDHHS Home Based Recertification: Children’s Initiative Department held a training this month for Children Providers on how to submit recertification application for Home Based Services. MDHHS developed a new electronic system for DWIHN to upload applications by 5/31/23.

School Services

<p>School Success Initiative</p>	<ul style="list-style-type: none"> • 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 in May 2023.
<p>GOAL Line “Get On and Learn”</p>	<ul style="list-style-type: none"> • 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. <u>Next Steps:</u> GOAL Line provide definitions of the various interventions they provide to students

Additional Updates

- **Accomplishments:** DWIHN and Children’s Initiative Department received the 2023 Child Advocate Award on behalf of Child’s Hope this 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, and 5) MichiCANS Soft Launch plan.

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 1,503 calls were offered to the Customer Service Department’s Welcome/Reception Switchboard and Call Center Operations during the month of April. The Welcome /Reception Switchboard handled 1,127 calls with an ABD rate of 1.0%. The Customer Service Call Center processed 376 calls with an Abandonment (ABD) rate of 1.9%. The ABD compliance standard is <5%
- In April, the service level for the Front Desk was 100%, and Call Center Operations was 97.0%, 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 continuing to assist Integrated Care (Felicia Grant) with outreach calls to SUD members who were seen in the ED and needed follow-up care.
- **AFP/RFP Evaluations:** Customer Service Director and Administrator continue to participant in the AFP Call Center Phone System evaluation and RFQ evaluation committee for SUD Treatment.

- **Member Materials:** Continue to distribute member materials to providers on a weekly basis
- **EOBs:** 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. Customer Service Staff were trained on EOB quarterly preparation process.
- **PIHP Customer Service Emails:** Responded to a total of PIHP Customer Service emails. All were forwarded to appropriate departments for follow-up and resolution.
- **Special Cases-** The Call Center handled 13 special cases for the month of April.
- **Family Support Subsidy Activity:** Handled 689 calls for April. Applications rec'd 91. Applications Submitted to State 97.
- **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 32 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.
- **Quarterly CS Report:** Provided Customer Service Quarterly Report to PCC Committee.

Customer Service Performance Monitoring/ Grievance & Appeals

- **Performance Monitoring:** Six audits in process of review (Children's Center, Elmhurst, Goodwill, Growth Works, The Star Center and All Well Being). AWBS had to be re-scheduled due to issues on the provider side. The Performance Monitors continue to assist the providers with compliance. There have been a few requests for a POC regarding Provider's website updates and the TTY line.
- **Grievances/Appeals:** Conducted Grievance and Appeal trainings with multiple providers. Completed EOB submission to Accuform for distribution. Attended CS Statewide Meeting. Tested multiple phone systems for RFQ. JOC meeting with Aetna. Met with IT regarding secure medium to transfer EOBs to Accuform. Provided TA for Cross System Mgmt. and Children's System Transformation. G & A overview conducted with CS Performance Monitors.
- **Disenrollment:** To date DWIHN has 6,338 pending disenrollments and 54,572 discharged. DWIHN CS staff has discharged a total of 9,139 Non-CRSP assignments and 894 are pending.
- **DWIHN Collaborative Meetings:** Participated in the following: Engagement monitoring meeting with Centria and DWIHN ASD department; SUD Prevention Reviews; Risk Matrix; EOB meeting with Claims; IHC department and IT; Credentialing,
- **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.
- 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.
- Participated in Mock HSAG Review for Standard 9.

Member Engagement & Experience

- **ECHO Surveys:** Staff continues to work with WSU for a review of the preliminary ECHO report. The 2023 Report is a look back survey with data ascertained during the 2022. In addition to the data, Staff

is looking at the requirements for submitting data to the National ECHO Survey Bank/CAHPS to begin to look at how DWIHN compares to national data from others using the same tool. 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:** Peer Services are continuing to spread the word and information about the Certified Peer Credentialing requirement. DWIHN has approximately 123 Certified Peers who have completed their NPI number. Continuing to work on assisting Certified PSS to file paperwork to get their NPI numbers. Addressed 77 during March.

Staff met with Oakland and Macomb counterparts to discuss working together on developing training that will support peer training activity. DWIHN will host a train the peer event, which will help peers to learn how they can begin to identify their expertise and become content experts so we can expand the cadre of available Peer Lead Trainers within our system. State rolled out Peer Credentialing requirement effective January 1, 2023 and subsequently sent out letters saying they are pushing back the start date, they have not announced officially the start date, rumors indicate it will be official 3/1/23 but that is not confirmed.

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:** COS Blackwell has approved the proposed reorganization of the Ambassador program as of 4/20/2023. Action is being taken to set up the recruitment efforts for the CV, Ambassadors, and the newly created Peer Agent position. Proposed a reorganization of the Ambassador program to make it more efficient. The continuation of curriculum training is being reviewed.
- **Constituent Voice:** CV members are working closely with staff on an aggressive reorganization to bring about more efficiency and productivity. 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:** Clubhouses have recently received and returned contracts for the Medicaid Spend-down grant, it has been a slow process to engage members except for Hegira, there has been little movement. Staff will meet with individual Clubhouse Director's to provide some guidance.
- Staff has worked to developed more comprehensive wellness programming with the Drop-in Centers, they have improved consistently, in one case from buying (wellness) snacks such as packaged granola bars to actually offering fresh fruit and showing members how to make smoothies. 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:** Participated in an in- person Member Meeting at Place of Our Own Clubhouse, having resumed in person monthly meetings, ME staff will rotate visits to Clubhouses on 4th Thursdays, bringing relevant subject discussion for approximately 45 minutes along with updates and other updates about DWIHN services, DWIHN App, getting a free (govt) phone, etc.

- Events are planned for May 8th in partnership with Disabilities Network/Legislative day in Lansing, May 11th, ME is co-sponsoring a May is Mental Health Month “Keeping your Thinking Clear” a discussion with youth and adults about keeping a check on one’s mental health and assisting one to be able to assess their mental health status during stressful times and how to seek assistance.
- 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:** Preparation has begun for the Summer Edition of PPOV, Staff as well as other guests contribute to the publication, the focus will be on upcoming civic programs including Walk a Mile Event, Dreams Come True Applications and Reaching for the Stars event.
- **Member Meeting:** Continue to work on the planning of the Member Meetings which are held every 4th Thursday in person at a designated Clubhouse location.
- Plans are underway to “revive” the CV Variety Show event by not making it a fundraiser but rather a gathering of talent, at Milligan State Park in Detroit, Requests to finance for securing the Park is underway for the June event. 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

DPD/DWIHN Partnership

During the month of April, there was participation in weekly Detroit Homeless “DHOT” Outreach Meetings. Identified complex cases and assisted with the coordination of care to address individual needs. There were 107 encounters, 92 individuals received follow-up and 1 was directly 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. At the time of this report, 15 individuals received follow-up support.

Organized, and coordinated Bi-weekly DWIHN Co-Response check-in w/ Team Wellness (TWC) and CNS Healthcare (CNS). Identified complex cases and assisted with the coordination of care to address individual needs. In the month of April, DPD co-responders had an approximate total of 222 encounters, 31 suicide-related and 37 connected to a service. Individuals were provided with various resources for assistance with mental health, substance use, and homelessness.

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

Justice Involved Initiative	Number of Encounters/Screened	Connected to a service/resources/supports
Co-Response Teams	222	37
Mental Health Jail Navigator	6	4
Communications Behavioral Health Specialist	15	15
DHOT	107	92

Wayne County Jail

For the month of April there were 142 releases from the jail. Of those releases, 39 were linked back with the provider for follow-up with their member; 11 were not in MHWIN because the mental health designation from jail mental health may not meet DWIHN criteria; 8 were sent directly to another correctional facility (i.e. prison or another county jail); 2 were on an active AOT; and 84 were not assigned to a provider within the MHWIN.

Staff met with the mental health director of Naphcare and Wayne County for the second quarter review. The enrollment process was further discussed and how the discharge planners can determine appropriate referrals. Due to a change of leadership, there are still questions that this writer continues to assist with. It was stated that it seems probable that the mental health designation from the jail will be changed to only indicate current mental health designations, not previous ones. That would allow accurate information on who is a current mental health designee.

Jail Data: Current/YTD

# Persons Screened/Eligibility	2784	3395
# New Admissions	177	375
# Males	140	265
# Females	37	78
# Residential Division	10	68
# Outpatient, Division I & II	182	388
#Bio-psychosocial Assessments	407	880
# Individual Therapy	N/A	N/A
# Case Management	112	392
#Discharge Planning	254	564
#Residential Placements	32	60
# Crisis Interventions	1687	2012
#Co-Occurring	104	312
# Psychiatric Evaluations	299	880
# Pharmacological Management	842	1611
# Probate Referrals	5	10
MAT admissions	117	241

The meeting focused on the procedure for enrolling inmates that Naphcare staff have identified as needing services upon discharge. The reason for post-release follow-up was to emphasize for the importance of jail diversion. Although this procedure has been in place, the previous director had indicated multiple problems that prevented the discharge planners from using the Access Center to enrollment.

Specialty Court/AOT/Diversion Efforts

Staff processed 127 AOT orders; with 12 orders not in the MHWIN system. The provider is responsible for sending an updated treatment plan to the court and filing a notice of non-compliance when required.

Staff met with Psygenics per their request to clarify the processes between AOT's and jail releases. The IST committee sent the former HB 5399I that would divert misdemeanants from the criminal justice system by instead ordering an AOT.

The second quarter review was conducted with the Downriver Veterans Court. The program continues with the challenge of enrolling new participants. The difficulty is that the requirement for straight probation is more lax than the treatment court. Once in the program, however, the participants progress incredibly well.

There were 2 returning citizens for the month of April. The assigned providers for returning citizens are CNS; CCIH; Team Wellness; and Hegira.

The Returning Citizens meeting was held. The discussion focused on treatment planning for returning citizens. It was stated that parole officers should refer to the CMH and what they have written in the treatment plan. The treatment plan should always be followed. CCIH is planning to begin meeting again on a weekly basis with the parole officers.

Mental Health Court has 18 participants. The current providers for the program are AWBS and Hegira.

Veteran Navigator

Staff interacted with 27 new veterans via face-to-face, phone, text, and email.

Continued to assist 6 veterans with complex issues in an ongoing way. Several requests have been received by the Veteran Resource Center in Lansing to check in on veterans. There were approximately 17 veterans in the VA inpatient unit. The team met to discuss ways that we can assist Veterans who are released from prison and may need transitional assistance. The same is true for Veterans getting out of jail. Their transition can be especially challenging.

Attended food distribution events with Soldiers Angels in Detroit and Veterans Haven in Wayne. Both monthly ongoing events. It was the regular food distribution event with roughly 170 being served in Detroit and 87 served in Wayne/Romulus. It continues to be a good way to connect with Veterans while they are waiting in their cars to get food. Was able to assist a number of Veterans on the spot with resources.

Reach Us Detroit

Reach Us Detroit 24/7 Virtual Therapy Line continues to be offered to residents of Wayne County that are 14 and up. Engagement using social media has increased this month.

Community engagement included neighborhood group associations, DPSCD, and Detroit at Work providers to provide trauma-informed awareness, training, and resources connection for job seekers. Population-focused learning was provided with a focus of Race and SOGIE.

Guidance on license requirements and continuing education was offered to partners and providers.

Outcomes from focus groups and surveys to evaluate the retention of trainees through grant-funded initiatives were shared at the Undergraduate Research Symposium.

The site application with National Health Service Corps has started to support the retention of staffing.

Workforce Development

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

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

This month staff continued to participate in the facilitation of the all-girls mentorship group at Renaissance High School located in Detroit. The purpose of this mentorship group is to provide sisterhood and advice to girls transitioning from middle school to high school, and high school to college. However, we recently had two males join the group and we are welcoming a more inclusive group approach.

Staff have begun taking steps to prepare for the 2023 Summer Youth Employment Program (SYEP) cohort. Additionally, staff approved CEU applications for agency and network-hosted training sessions. Staff also conducted a self-audit of the DWC training site to verify that the credit hours listed match on the front end and back end. Staff responded to 95 requests for account mergers, transcript verification, and DWC training site troubleshooting Continued coordination with Peer services to secure credentialing from MDHHS.

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 APRIL 2023

Assertive Community Treatment/ Med Drop Clinical Specialist

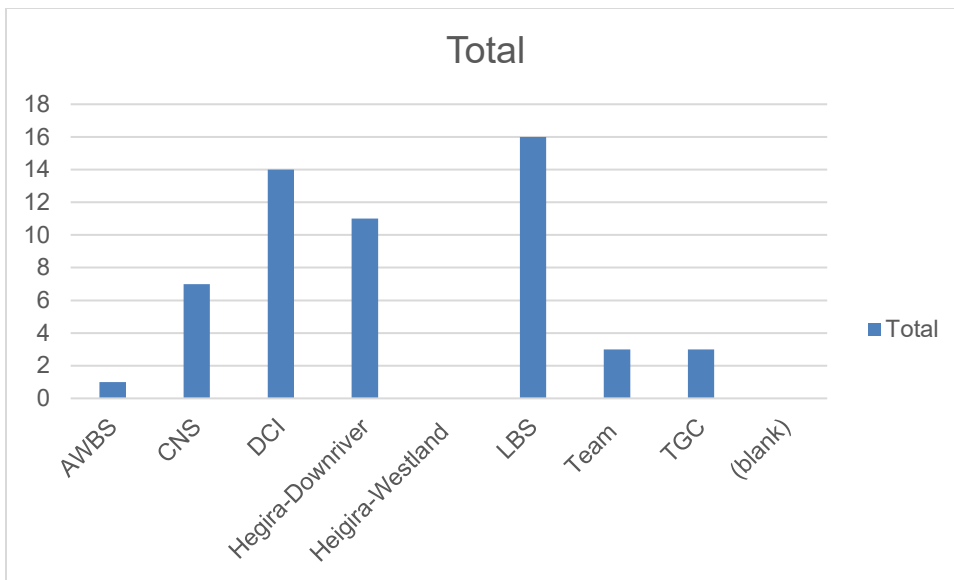
Assertive Community Treatment (ACT) providers currently service 835 SMI adult population for FY 2023 quarter 2. There are currently 8 ACT providers contracted with DWIHN. CPI monitors ACT program admissions and discharges of Lincoln Behavioral Services, Hegira- Westland, Hegira-Downriver, All Well Being 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 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 Pre-admission Review (PAR), Patient Health Questionnaire (PHQ-9) updates, hospital recidivism, Assisted Outpatient Treatment (AOT) 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. Adult Initiatives also provided, technical assistance to All Well Being Services and Team Wellness, surrounding 2022 ACT fidelity review as well as FY 2023 review. **For the month of April there were 9 ACT members who were hospitalized out of 835 members.**

During the month of April, 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.

CPI met with Med Drop for a monthly follow up meeting, where it was noted that there are, **54 open clients**. AWBS = 1; Hegira-Downriver = 10; Hegira-Westland- 0; CNS = 9; DCI = 12; LBS= 14; TGC = 4; Team Wellness= 4

Adult Initiatives sent another MEMO to all CRSP's to ensure knowledge of and participation in Med Drop Program. Those that stated they are unaware are being scheduled for follow up introduction meeting to initiate the Med Drop Program within their agency, South West Solutions and ACC are the two agencies requesting information.



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 April 2023, it is currently **100.0% completion at intake** for the months. For the month of April 2023 follow up completion within 90 days, it is currently **81.2% completion**.

Evidence Based Supportive Employment

Adult Initiatives Clinical Specialist completed the conference on Individual Placement and Supports 101 which was held in Lansing, MI. Clinical Specialist coordinated a monthly collaboration between the CRSPs who provide Evidence-Based Supported Employment. This meeting will be held on the first Monday of each month at 2 PM. The providers/agencies have demonstrated an eagerness to engage in this forum and feedback has been well-received. Providers expressed true interest in expanding their knowledge of service delivery to the populations served. An additional SE conference targeted for program managers, supervisors and job developers is scheduled for July 2023. Motivational interview training will take place within the next quarter which will be provided by MDHHS in an effort to improve member employment retention while increasing job development skills.

Pathway members-

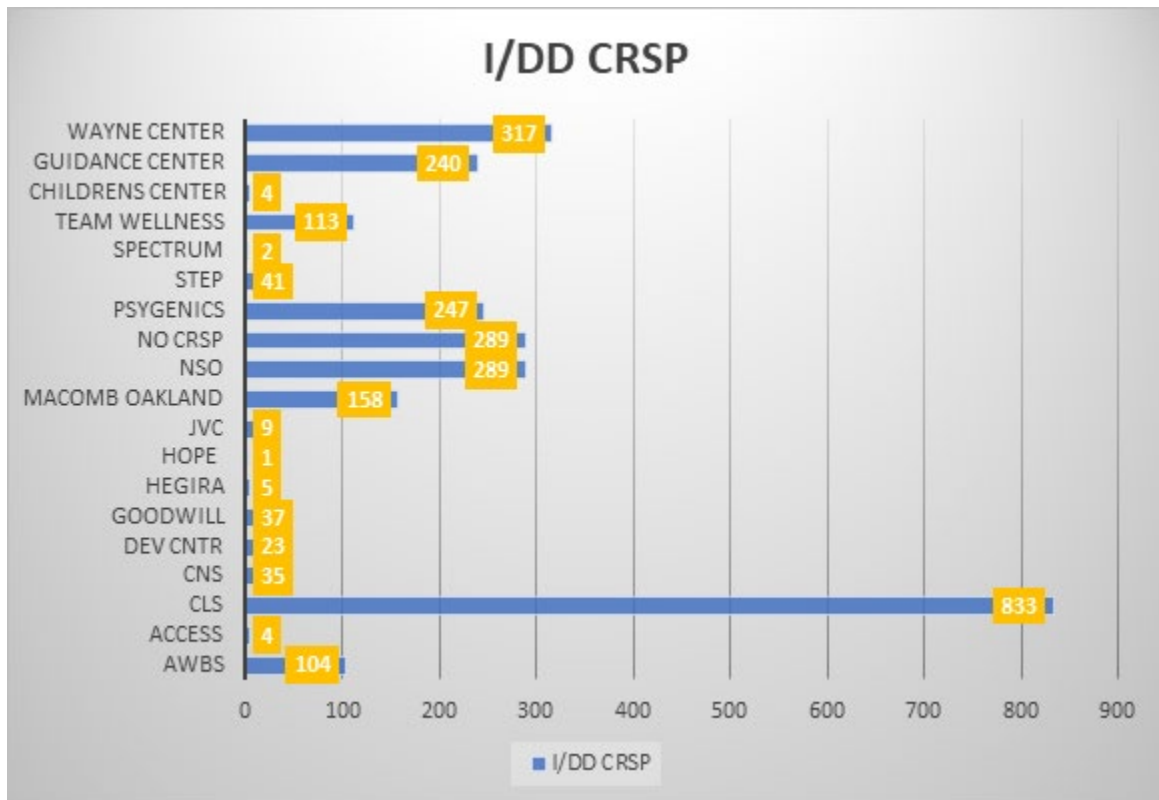
CPI Team partnered with DWIHN Quality department to monitor individuals that chose to reside in settings that were no longer Home and Community Based Services (HCBS) compliant. There are two pathways for monitoring members. Pathway 3 are members that chose to stay in non HCBS placements and Pathway 4 are members are individual chose to move to homes that are HCBS compliant. There have been two (2) members who have been relocated to their respective placements. Supervisors at CRSP level have submitted weekly progress notes indicating bi-weekly face-to-face, and alternating telehealth (video or phone) contacts made by the case managers/support coordinators. The supervisors of these CRSP have been compliant and there have been no issues to report at this time. Documentation continues to be updated in a shared folder with Quality Department.

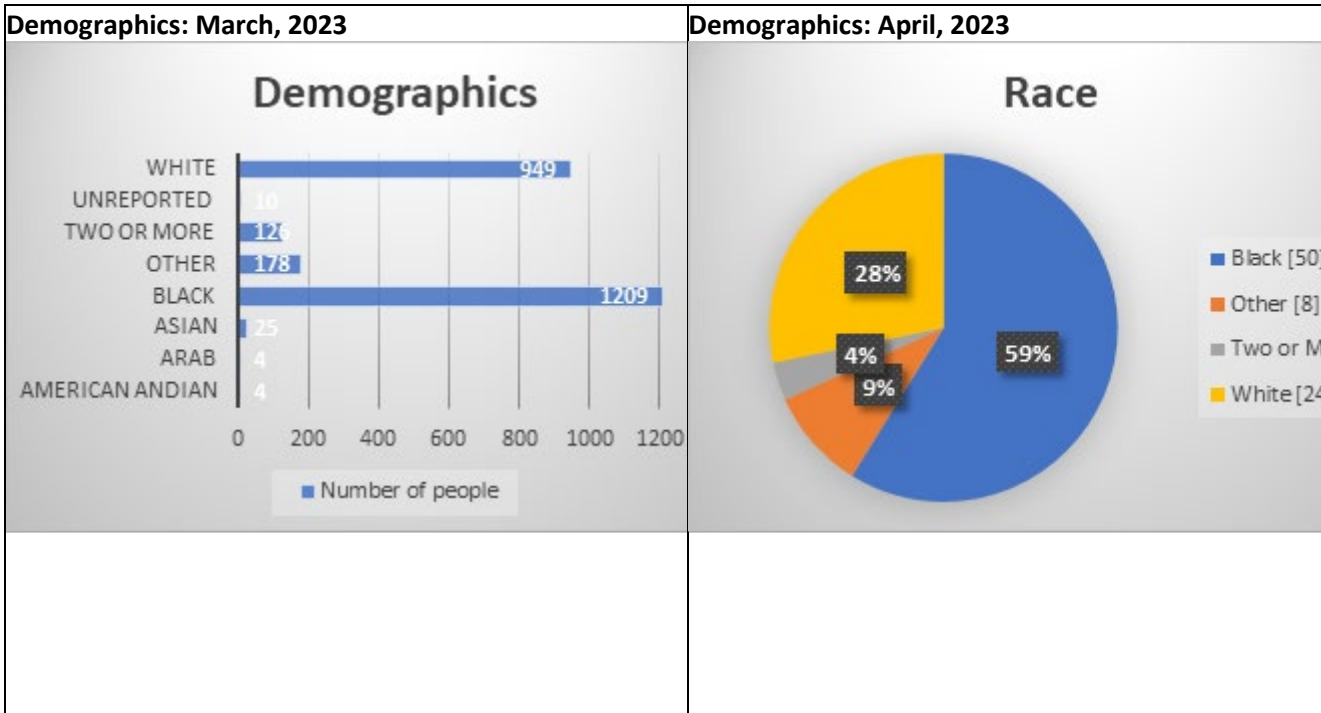
CRSP Train-the-Trainer-

Adult Initiatives Clinical Specialist assisted in the facilitation of a Person-Centered Planning Train-the-Trainer workshop sponsored by DWIHN and hosted by Lincoln Behavioral Services. Instruction included writing appropriate goals, interventions and objectives. This follows the person-centered planning model as well as facilitates quicker and approved authorizations.

Adult Intellectual Developmental Disabilities

Adult Initiatives hired a Clinical Specialist to over-see the adults in our system of care with Intellectual Developmental Disabilities. The Clinical Specialist will monitor for compliance, best practices and address any areas of concern, need or patterns being seen.





Demographics are around the same for both **March** and **April**. There are more men enrolled than women with the most enrolled age range being 26-39 and more African American than any other race.

[Committee Meetings](#)

SEC/PRC Committee

Adult Initiatives met and discussed sentinel events and patterns being seen that need to be addressed.

I/DD Clinical Specialist Engagement

Clinical Specialist met with 13 out of the 17, I/DD CRSP's with an upcoming appointment with ACCESS on 5/4. Clinical specialist met with providers to introduce herself, learn more about the services offered as well as discuss any issues that they may be experiencing. As a result DWIHN will offer to assist with:

- Resources
 - Refer providers DWIHN provider directory of Medicaid services and supports.
 - Assist in ensuring authorizations meet medical necessity criteria for members.
 - Assist in ensuring services are appropriately for reimbursement.
 - Assist in using the Risk matrix to monitor individuals for Diabetes or other medical issues.

[Other activities completed by the Adult Initiatives/ Clinical Practice Improvement Department:](#)

- 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.

- Worked collaboratively with other DWIHN departments to ensure BH TEDS completion among the CRSPs and addressed those agencies with missing, or rejected BH TEDS to be following State expectations.
- Began and Adult Initiatives goal of identifying all evidence-based practices being offered at the CRSP's and will begin to collect data from these programs to determine and monitor effectiveness of these treatment modalities.
- Worked collaboratively with DWIHN internal departments to monitor 1915 compliance and requirements from the State to enroll members in this waiver program that are receiving what was previously B-3 services. Working with the CRSP's to obtain compliance with this enrollment.
- Worked with SERC Department to identify suicidal attempts/completions to review data for trends or patterns so we may make any necessary corrections to eliminate suicide in our County.

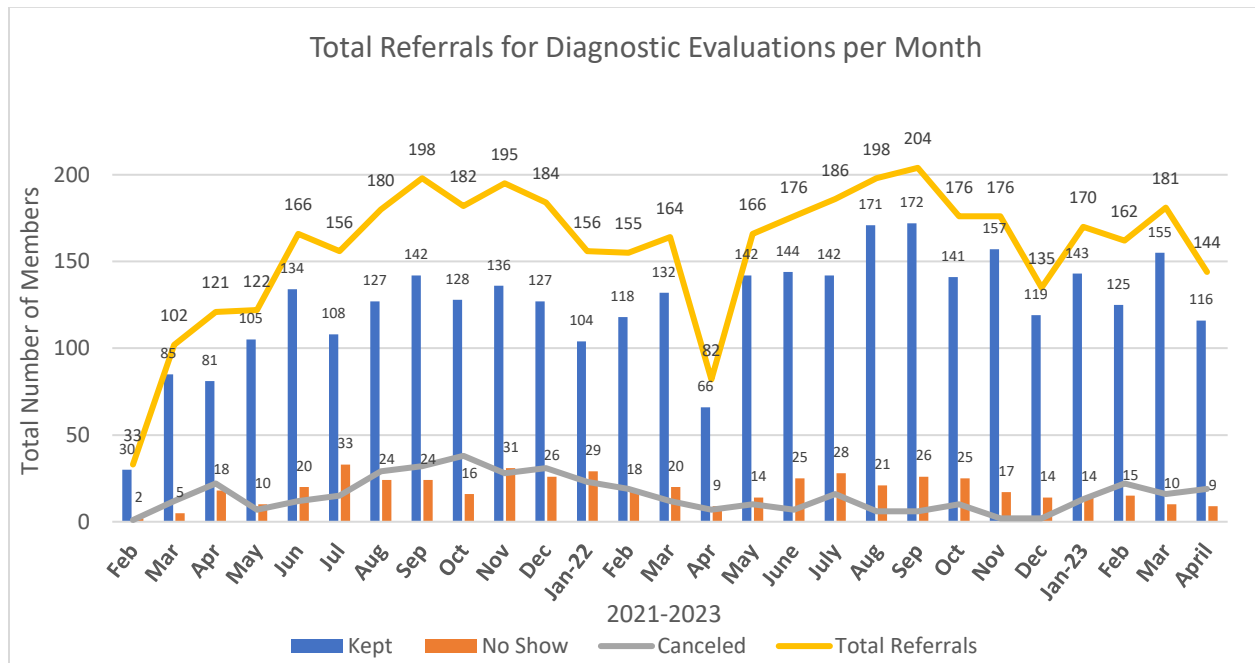
Autism Spectrum Disorder Benefit April 2023 Monthly Report

Enrolled in ASD Benefit

Total open cases for the month of April are 2351 which is a decrease 6 members from March to April (data pulled on 4/26/2023).

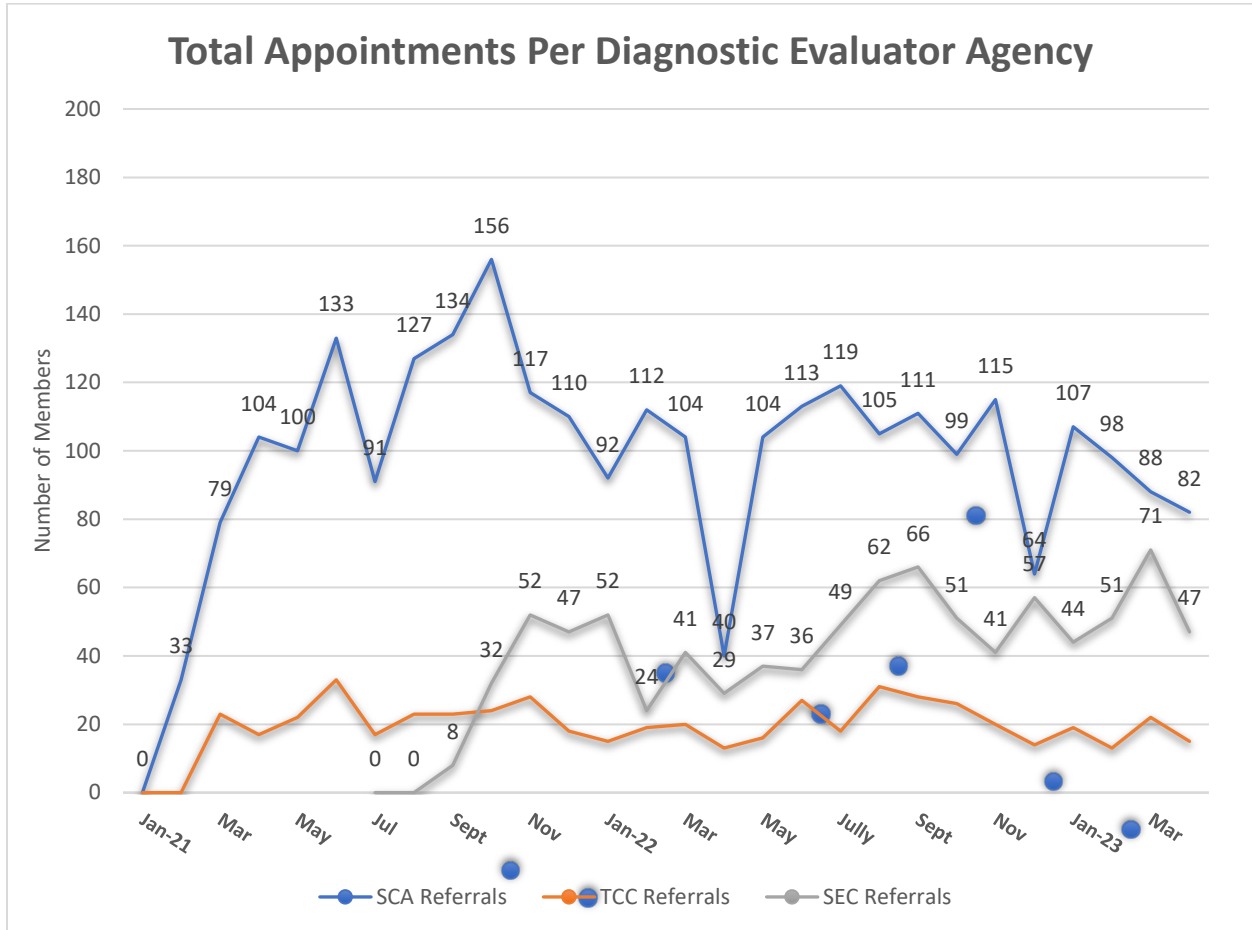
Summary of Initial Diagnostic Evaluations

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 144. Of those scheduled referrals, 139 appointments were kept. Of the 116 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 April 2023. Social Care Administration (82) appointments, The Children’s Center (15) appointments, and Sprout Evaluation Center reports (47) appointments.



Autism Department Updates

- The ASD Department and Workforce Development came together to establish new content for the Autism library on DWC website. Discussions across departments will result on developing 11 hours of carefully crafted courses to ensure innovative professionally created content which will result in a more dynamic and quality training that not only provides certification and licensure opportunities but also an efficient and effective transfer of knowledge for professional growth.
- The ASD Department provided The Guidance Center’s IECMH Director, Intake Coordinator, Supervisors, and IMH Therapists on a training on how to navigate the DWIHN process for accessing Autism Services.
- To improve access to ABA therapy the Access Call Center and ASD Department coordinated efforts to reestablish scheduling members for intakes with ABA providers within DWIHN’s network. The ABA provider network was informed during the monthly meeting and the Access Call Center staff have been trained on the new procedure. The new procedure for scheduling ABA intakes is slotted to begin in the first week of May.
- The Autism provider network was updated that MDHHS provided two bulletins to update program coverage of telemedicine services after conclusion of the federal COVID-19 Public Health Emergency (PHE) and to clarify which bulletins are now discontinued as of the date indicated.
- The Detroit Wayne Integrated Health Network (DWIHN) offered a training on the Treatment Plan

Training Procedure for Direct Support Professionals to ensure all 16 ABA providers in the network were present. DWIHN provided two opportunities to attend and for those that could not attend, the training was videotaped. After the training, ABA providers are expected to internally train staff to ensure a successful roll out date of June 1, 2023. All Treatment Plan training documentation from June 1st and beyond must occur using both the forms and systems outlined in the training.

DWIHN's Diagnostic Evaluators Update(s)

- The ASD Department reviewed best practice guidelines related to completing diagnostic reevaluations as well as documentation expectations which included evaluating the members' historic progress in therapy, developmental, medical, behavior and family history and an observational assessment to obtain sufficient clinical impressions, diagnostic conclusion and treatment recommendations. Additionally, evaluators should be spending at a minimum of two hours per best practice guidelines.
- MDHHS hosted a 2nd webinar-based presentation with Kara Brooklier, PhD & Crystal Young, PhD. The presentation, 'Assessing Development & Behavior in ASD Evaluations' was well received by the community. The 3rd webinar-based presentation with Kara Brooklier, PhD & Heather Hennrick, PhD. The presentation, 'Disentangling Childhood Trauma & ASD: Differential & Comorbid Presentations.'

ABA Provider Update(s)

- DWIHN completed credentialing and contracting process with HealthCall to add an additional location on Woodward Avenue.
- In the month of April, the Autism Department continued to meet each week with Centria Healthcare to provide support and training on member engagement, authorization and due process.
- On April 24, 2023, in the monthly provider meeting DWIHN reiterated the importance of member engagement which included only beginning the intake process for members engaged with a CRSP and which 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 April 2023

Below is the monthly data for the Crisis Services Department for April 2023 for adults and children, partial reporting period from 4/1/2023 to 4/27/2023.

CHILDREN'S CRISIS SERVICES April 2023

Month	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	Crisis Stab Cases
March	341	302	94	28%	241	71%	122
April	290	262	82	28%	202	70%	148

- Requests for Service (RFS) for children decreased by 14% this month and the diversion rate decreased slightly from 71% to 70% as compared to March.
- There were 148 intensive crisis stabilization service (ICSS) cases for the month of April which is a 21% increase from March. Of the 148 cases there were 52 initial screenings.
- 24 cases were served by The Children's Center Crisis Care Center in April, which was a significant decrease from March.

COPE April 2023

Month	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	# Inpt due to no CRU
March	908	841	617	68%	270	30%	7
April	900	833	657	73%	221	25%	7

- There was a slight decrease in the number of requests for service for adults in April compared to March, and the diversion rate decreased slightly in April.
- The Crisis Stabilization Unit (CSU) at COPE served 220 members this month, an 8% increase from March at 239.
- The Mobile Crisis Stabilization Team provided services to 78 members in April, down from 79 in March.

CRISIS RESIDENTIAL/HEGIRA April 2023

- The number of available beds is 9.

Referral Source	Total Referrals	Accepted Referrals	Denials
ACT	3	2	Level of Care change: 13
COPE	35	14	Not medically stable due to SUD: 0 CRU bed unavailable: 7
DWIHN Res.	3	0	Not medically stable due to physical health: 0 Criteria not met: 1, 1:1 staffing not available: 1
Step Down (Inpatient)	10	1	Violent/aggressive behavior: 5 Member refusal: 5
Total	51	17	No follow-up from SW/Hospital: 1 Pending: 1

Crisis Services Monthly Report for April 2023

TEAM WELLNESS CSU April 2023

- Team CSU served 121 members in April which is a 26% decrease from March at 153 members. 41 resulted in a higher level of care. 17 members seen at Team Wellness CSU were on an AOT and 2 on a Transport Order.

PROTOCOL March 2023

Month/Year	# Incoming Calls	# Calls Answered	% answer w/in 30 secs	Avg. Speed of answer	Abandonment rate
February	676	648	85.4%	20s	2.3%
March	738	718	89.3%	17s	1.8%

- April 2023 data not available at the time of this report
- In March 2023, Protocol saw an increase in calls offered, as well as calls answered, where they experienced roughly 10% more volume than January and February. Their answer rate is around 96% on average, with March 2023 exceeding that with 97.3% of all calls answered, and 89.3% of calls answered in under 30 seconds. While their goal is to answer 90% of all calls within 30 seconds, they are constantly evaluating their staffing models and efficiency initiatives to ensure they're operating in an efficient and effective way. The average speed of answer continues to be within their goal of under 30 seconds, which has also improved since this time last year. Protocol also remains in range of the custom abandonment rate, measured at 16 seconds for DWIHN service, and averaging under 2% for the year.

COMMUNITY LAW ENFORCEMENT LIAISON ACTIVITY REPORT April 2023

- The number of ATRs for the month of April increased by 21.81% (298 completed for this month as compared to 233 in March)
- Community Law Enforcement Liaison engaged 56 individuals this month.
 - 100% have repeat interactions/ hospitalizations without follow up by the CRSP. CRSPs were alerted and engaged in discharge planning.
 - 38% have no CRSP assigned. 22% have Team Wellness as a CRSP
 - 13% have a history of SUD.
- 7 Citizens returned and were connected to DWIHN services upon release from MDOC. 3 were paroled with an active combined AOT and 1 missed the initial intake appointment. The Community Law Enforcement Liaison has reached out to CRSP and MDOC to ensure a follow up appointment has been made.
- DWIHN received 136 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 and 19 transport orders were issued.
- There were 28 ACT consumers referred to COPE: 64% went inpatient, 32% went Outpatient, less than 1% were diverted to CRU. No pre-placement was sought during this reporting period. It should be noted 25% of ACT PARs were completed by COPE. No AOT came to COPE CSU on an AOT and two on a Transport Order.

COMMUNITY HOSPITAL LIAISON ACTIVITY REPORT April 2023

- In April 2023, there were 215 contacts made with community hospitals related to movement of members out of the emergency departments, which is a 15% decrease in contacts from March at

Crisis Services Monthly Report for April 2023

253. Out of the 215 encounters, 48 were diverted to a lower level of care, an overall diversion rate of 22%. 1 admission was made to Hawthorn, and 0 admissions were made to WRPH and Kalamazoo.

- Hospital liaisons received 34 “crisis alert” calls collectively in March and 6 of those members were diverted to lower levels of care (18% diversion rate for crisis alert calls).
- In April, there were 5 members who repeated an emergency encounter at least twice within the month, and between those 5 members there were 10 encounters. 4 of those encounters resulted in a diversion due to liaison involvement resulting in a 40% diversion rate for those members considered recidivistic.
- No requests were made related to veteran’s affairs.

DATA SPECIFICALLY RELATED TO 23 HOUR REPORT April 2023

- Of the 23-hour report activities during this reporting period there were 211 encounters (a 19% decrease from March for member specifically related to the 23-hour report).
- 34 of the 211 cases specifically related to the 23-hour list were diverted, resulting in a 17% diversion rate for those members specifically related to the 23-hour report

DISPOSITION TOTALS 23 HOUR REPORT, April 2023

Admission Type	Members
St. John Main	1
Beaumont Behavioral	6
BCA Stonecrest	19
Detroit Receiving	6
Garden City	6
Harbor Oaks	25
Havenwyck	0
Henry Ford Wyandotte	2
Henry Ford Kingswood	9
Behavioral Centers of Michigan	0
St. John Macomb	2
Pontiac General	58
St. John Providence	8
Samaritan	4
Sinai Grace	2
St. Mary Mercy	6
St. Joes Ann Arbor	0
McClaren Pontiac	1
Discharge with Mobile Crisis Stabilization	37
Medical Admissions	7

Crisis Services Monthly Report for April 2023

Partial Day Hospitalization	5
Residential Referrals	1
Nursing Home	0
AMA	0
SUD	0
Police Custody	1
St. John Oakland	0
CRU	3

DISCHARGE LIAISON TOTALS, April 2023

- The DWIHN Discharge Hospital Liaison was involved in 8 cases in April. There were 6 referrals from clinical specialists within Utilization Management at DWIHN, and 2 were a self-referral from the Discharge Hospital Liaison. 7 of the referrals already had a crisis alert within the system. Of the 3 hospital discharge appointments scheduled, 0 members kept their appointment while 3 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, April 2023

Category	
Number of mobile events attended	14
Number of members educated on DWIHN services	545
Number of screenings in the system	0
Number of follow-up calls made	36
Number of referrals made as a result of follow up	5
Benefit Assistance Referral	1
Bill Payment Referral	1
Complex Case Management referral	1
Connection to Access Center	5
Housing Referral	0

MOBILE OUTREACH SUMMARY, April 2023

- In April, our Mobile Outreach Clinician was able to add several new events to the DWIHN calendar. DWIHN and partners had a significant turnout with Michigan Department of Health Human Services-Pathways to Potential at Durfee Innovation Society with upwards of 250 people attending. The DWIHN Mobile Outreach Clinician had a young man in his early 30s break down in tears, stating that it was a blessing that he came to the event as he was going through a crisis in his life. Our clinician

Crisis Services Monthly Report for April 2023

had him sit behind the DWIHN table for about an hour. Our clinician was able to comfort the young man and he voiced that he was at the right place. He left the even in good spirits and stated that he would call our Access to receive services for his depression. The DWIHN Mobile Outreach Clinician was able to meet the head Supervisors of MDHHS and they would like for DWIHN to attend several school resource events in Wayne County over next month and moving forward. DWIHN will be able to reach several schools in Wayne County with the support of MDHHS Pathways to Potential. Our clinician added several new resource vendors to the team, Prevention Specialist of the State of Michigan, Urban Neighborhoods Initiatives, MSHDA Homeless Assistance Specialist Rental Assistance and The Homeless Solutions, Southwest Solutions, and THAW The Heat and Warmth Fund.

Integrated Health Care Department

Monthly Report

May 1, 2023

Collaboration with Community Partners

During the month of April, IHC had a lunch and learn for the provider network on Hepatitis C and treatment.

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 April the HEDIS scorecard was reviewed at the 9 CRSP monthly meetings and FUH data was 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.

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

Scores from HEDIS Scorecard as of January 2023 due to claims lag.

Measure	Measure Name	Eligible	Total Com	Non Com	HP Goal	Year to Da
AMM	Antidepressant Medication Management Acute phase	3240	1217	2023	77.32	37.56
AMM	Antidepressant Medication Management Continuation Phase	3240	489	2751	63.41	15.09
FUH	Follow-Up After Hospitalization for Mental Illness Adults	733	226	507	30.83	2.2
FUH	Follow-Up After Hospitalization for Mental Illness Children	71	35	36	70	49.3
SAA	Adherence to Antipsychotic Medications for Individuals With Schizophrenia	56	54	2	85.09	96.43
SSD	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who	229	67	162	86.36	29.26

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. Eight members (**8**) had gaps in care and 4 of those members had successful outcomes. 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 **6** members identified of having gaps in care and **2** members had successful outcomes. 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 BHCSP. B.) Coordinate w/ICO for transportation. C.) Outreach to members	Number of cases to refer to Complex Case Management	Total Number of Successful Outcomes
Health Plan 1	8	A, B	A	0	4
Health Plan 2	6	A, B	A, B	0	2

Health Plan 3's

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

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. Based on this data, the Detroit location is not referring as many individuals for coordination. It is unsure as to why this is happening. DWIHN need to find a way to track if the follow up appointment happen at the CRSP level. Without this information we cannot determine if the referral from Health Plan 3 reduces rehospitalization.

MI Health Link Demonstration

IHC department under the MI Health Link Program received total of 368 level II requests in April which was a decrease of 124 requests. 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	8	17	11	36
Amerihealth	1	6	4	11
HAP	3	3	0	6
Meridian	0	6	11	17
Molina	70	122	106	298
TOTAL	82	154	132	368

Voided referrals reasons are as follows:

	Member Declined Assessment	Member Declined Services	Member not available before deadline	Referrals in error	Unable to reach
Aetna	2	1	1	1	6
Amerihealth	0	1	1	0	3
HAP	0	0	0	0	2
Meridian	1	6	0	0	4
Molina	6	32	15	5	48
Total	9	40	17	6	63

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
April 2023	135	9	40	17	6	63

*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 **33** 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 **36** individuals who had gaps in care and **14** of those were successful in April. 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	Number of cases to refer to Complex Case Management	Total Number of Successful Outcomes
AET	4	0	1
BCC	4	0	4
HAP	3	0	0
McLaren	3	0	0
Meridian	4	0	1
Molina	5	0	1
Priority	5	1	4
United	8	0	3

In April **518** members admitted of those **242** are still inpatient. IHC staff contacted **90** of those members and **36** 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	10	7	1
BCC	30	10	0
Aetna	8	4	0
HAP	5	1	0
McLaren	2	0	0
Meridian	15	7	0
Molina	13	4	0
UHC	7	3	0

FUA:

There was a total **92** FUA members presented at an ED for the month of April. **49** cases were fee for service Medicaid no plan attached of the cases **12** were open to DWIHN and **3** 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	0	0	0	0	0	0
BCC	2	1	1	0	1	0
Aetna	3	1	0	2	0	0
HAP	2	2	0	0	0	0
McLaren	1	1	0	0	0	1
Meridian	3	3	1	0	3	2

Molina	4	3	1	0	2	1
UHC	0	0	0	0	0	0
Fee for Service	12	9	n/a	n/a	9	2
Total	27	20	3	2	15	6

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. Currently DWIHN Operational Risk Management Agency plan is outstanding but compliance is working on it. ICO Molina agreement has been updated and signed by DWIHN returned during this reporting period.
- ICO Meridian has requested policies and procedures for review awaiting determination. Information was provided during last reporting period, additional information was requested from UM, MCO, Credentialing and Business Operation and will be submitted 3/31/23 COB. Currently DWIHN Operational Risk Management Agency plan is outstanding but compliance is working on it. No updates have been provided regarding this delegation request.
- ICO Aetna requested additional policies and procedures for review for 2021/2022 desk audit. Additional information is due from Credentialing department will be submitted 4/3/2023. 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 awaiting response. Cover letter has been placed on hold as ICO is going through CMS Audit.
- ICO Amerihealth has requested policies and procedures for review awaiting determination. DWIHN was requested special meeting on 3/22/23 and on 3/27/23 Additional DWIHN Policies have been requested and submitted. Currently DWIHN Operational Risk Management Agency plan is outstanding but compliance is working on it.
- ICO HAP as requested review of MHL Agreement legal is still reviewing. ICO HAP requested DWIHN to participate in CMS Mock audit for claims and authorizations. Data integrity Mock Audit completed DWIHN not selected to participate as a delegate.
- IHC is currently on work group with internal staff for update development process for EOB. DWIHN is currently sending EOB for MHL members 100% but not sending timely lag is two quarters behind.

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 April 2023, there are currently **17** active cases, **4** new case opened, case closures, and no pending cases. Two (**2**) cases were closed, **1** met their goals and **1** was unable to reach.

Care Coordination services were provided to **28** additional members who either declined or did not meet eligibility for CCM services.

Follow up after hospitalization was completed with **58** consumers to help identify needs and **0** individuals who had hospital recidivism. Thirteen (**13**) 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 **15** 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 April 2023.

CCM billing Pilot: In the month of April 1-21 CCM billed 10 hours of face to face services.

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

As of April 1 2023, DWIHN is providing OBRA Assessment Services. All staff needed were hired except 2 evaluators and 1 support staff.

Monthly Referrals

1. # Referrals processed: 844
2. # Referrals requiring an assessment: 417
3. # Referrals requiring as exemption letter: 427
4. Current # of referrals in 14-day que: 380
5. Will add canceled assessments next month

Completed Assessments:

Type	Full	PAS	PARTIAL	Total
MI	37	7	25	69
ID/DD	8	2		10

9/54 (17%) assessment were pended. Reasons include: Type of eval 3, Diagnostic 1, Late/delayed 1, coordinator 3.



Detroit Wayne Integrated Health Network (DWIHN)
March 2023 – April 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 thee 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: **April 2023**
Report Date Range: 3/30/23-4/28/23

Referrals

<i>Carry-over (prior to 3/30/2023)</i>	16
Referrals RECEIVED: 3/30/23-4/28/23	137
TOTAL Referrals	153

Residential Referrals

153

AGE-OUT (DHHS)	2
CRSP	42
CSU CRU	4
ED	20
HOSPITAL	64
IN-HOME ASSESSMENT ONLY	10
NURSING HOME/SNF	3
OTHER (Wayne County Jail)	1
SELF-DIRECTED to RESIDENTIAL SERVICES	7

Referral Trends

- 7 identified IDD members transferring from self-directed services into specialized residential.

Service Authorizations

Authorizations Processed	962
Authorizations APPROVED	855
Requests Returned to CRSP by DWIHN Auth Team	107
○ Interim IPOS Completed by DWIHN Auth Team	40
○ Requests Submitted Residential Care Specialists	236
○ Requests Processed Through MHWIN Queues	726

State Hospitals

	Walter Reuther	Caro	Kalamazoo	Forensic Psychiatry
<i># of Carry Overs (prior to 3/30/23)</i>	6*	1	1	3
New Referrals Received	3	0	0	0
# Members Placed	3	0	0	1
Pending Discharges (awaiting community placement)	5	1	1	2
Prospective Discharge Locations:				
MCTP Program	0	0	0	2
Out-of-County	1	0	0	0
Community	4	1	1	0
Independent Referrals	0	0	0	0

State Hospitals

Placement Barriers

- *1 WRPH referral removed from waitlist due to the WRPH social worker not submitting paperwork to the prosecuting attorney prior to referral taking place.
- Average wait-time for difficult-to-place members: 4-6 months
- Bed Availability requests NGRI committee requests (outside Detroit/Wayne County)
- Noted behaviors (history of aggression, property destruction, etc.)

Residential Facilities Closures

<i>Carried Over prior to 3/30/23</i>		4
Facility Closure Notifications RECEIVED: 3/30/23 – 4/28/23		3
TOTAL # of Notifications		7
Requests On-going		7
Completion of Facility Closures		0
Members Relocated under Alternate DWIHN Providers		
NOTIFICATION TYPE	MCO Notifications Sanctions	1
	APS Complaint	0
	CRSP Notifications Recipient Rights Complaint	0
	Provider Notifications	1

MCO Sanctions

Vendor Facility Name	AMI IDD	Sanction Date	End Date	# of Vacant Beds	# of Current Members
Forever Care Homes (29070) – 3 sites	AMI & IDD	03/01/23	08/27/23	3	15
Lilley Home II (33310)	IDD	03/01/23	TBD	2	4
Asanpee Care Inc. (28262) – 2 sites	AMI	02/06/23	02/06/24	2	10

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
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	2	4

Member Discharges Notifications

<i>30-DAY DISCHARGES carried over prior to 3/30/23</i>	
Notifications Received: April 2023	17
30-Day Discharges COMPLETED within 30-days	11
<i>Rescinded 30-Day Discharges</i>	2
Discharges in Progress	4
Average timeliness of 30-day discharge closure:	18.6 days

Emergent Discharge Notifications Received: April 2023	14
<i>Rescinded Emergency Discharges</i>	2

COVID-19

# of COVID-19 Positive Cases: 3/30/23 – 4/28/23	0
AMI 0 IDD 0	
Related Death Cases: 3/30/23 – 4/28/23*	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	12	36
Residential Assessment Clinical Alignment of Documentation Trainings	Tuesday, 4/4	2	71
Service Authorization Trainings	Thursday, 4/6	2	68
Standardized Residential Progress Note Trainings	Friday, 4/13	1	67
Residential Providers/CRSP Meetings	Monday, 4/17	2	72

- The department began weekly meetings with residential providers, CRSP, and community resource contacts to review specialized residential referral process and programming for members ages 18-30.

Department Goals

Staffing

- (1) Residential Care Coordinator accepted new position. We continue to interview for additional Residential Care Specialists this month.
- Continue to assess department staffing needs based on increased number specialized referral and emergent placement requests

Members' Services

- Began weekly discussion meetings (Friday, April 22, 2023) with residential providers, CRSP, and DHHS representatives to review specialized residential referral process and service development for DHHS members aging-out of foster care.
- Overview of specific MDHHS (direct) specialized placement referrals identifying staffing and specialized residential facility needs.
- Identify number of requests for first-time IDD member CRSP referrals entering specialized placement 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.



Detroit Wayne Integrated Health Network
 Substance Use Disorders
 Date: May 1, 2023 • Prepared by: Judy Davis
 SUD Director

Project/Activity/Event	Status	Follow-up
FUNDING OPPORTUNITY SAMHSA (Substance Abuse and Mental Health Service Administration)	<p>Adult Reentry Program</p> <p>We 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>
Communicable Disease Policy	<p>Communicable Disease Prevention Policy Draft. MDHHS sent out the Communicable Disease Policy for comment and feedback. It addresses requirements with regard to communicable disease 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 assure SUD provider staff, completes the Level1 training. 	<p>Attached Draft Communicable Disease Policy</p>



Detroit Wayne Integrated Health Network
Substance Use Disorders
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COVID Supplemental Funding

COVID Supplemental Funding is expected to end on 3/14/24, and it is unknown if there will be a no-cost extension offer. We should know by late summer this year if this will be the case.

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
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
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Detroit Wayne Integrated Health Network
Substance Use Disorders
 Date: May 1, 2023 • Prepared by: Judy Davis
 SUD Director

<p>MDHHS Site Reviews <i>1115 Waiver</i> <i>Annual Fiscal</i></p>	<p>SUD is scheduled for site review with the MDHSS for 1115 Waiver/SABG Region 7: April 4/19/23@ 2:00</p> <p>The annual fiscal monitoring activities is scheduled to start on March 20, 2022, and it is expected to continue throughout the fiscal year.</p> <p>The review will encompass projects from the following grants:</p> <p>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>	<p>All requested documentation must be submitted in advance</p>
<p>Universal Audit Tool</p>	<p>PIHPs have formed a group to meet on creating a universal audit tool for both prevention and treatment services. The underlying goal is to have this be as standard as possible and to achieve being able to have the review accepted and able to be shared across regions. The group plan to have this process completed this year for implementation</p>	<p>Ongoing</p>



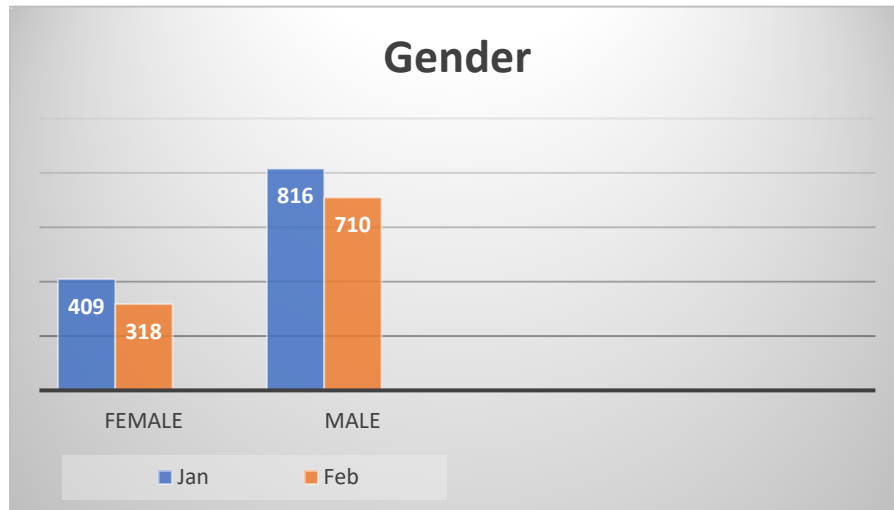
Detroit Wayne Integrated Health Network
Substance Use Disorders
 Date: March 20, 2023 • Prepared by: Judy Davis
 SUD Director

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		
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		
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			



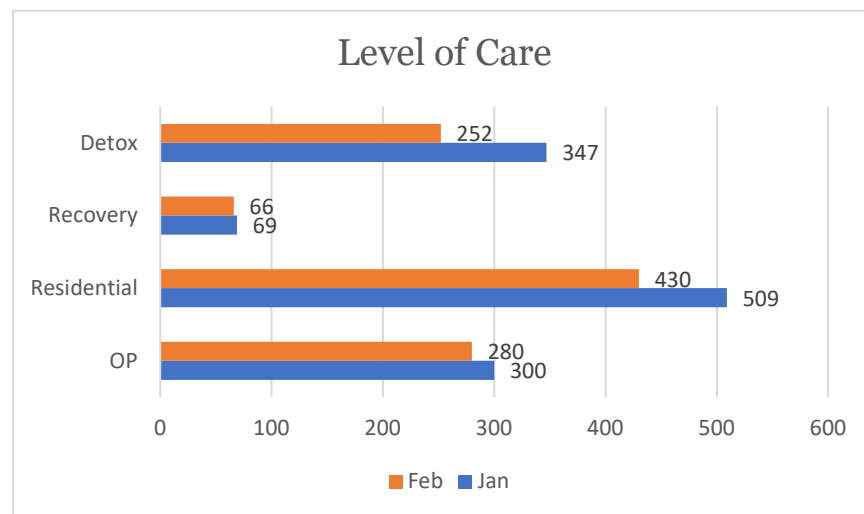
Detroit Wayne Integrated Health Network
Substance Use Disorders
 Date: March 20, 2023 • Prepared by: Judy Davis
 SUD Director

**Admissions
by Gender**



In January, 409 females were admitted to treatment and 816 males were admitted in treatment. In February, the share of women enrolled in service decreased to 318 and decreased to 710 for males.

**Admission
by Level of
Care**

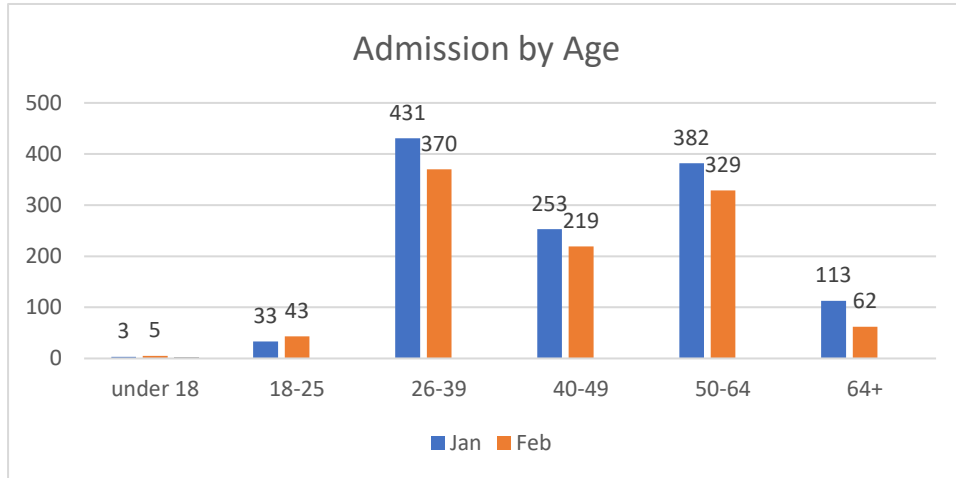


There are four main levels of treatment for substance use disorder: Outpatient, Residential, Withdrawal Management (Detox) and Recovery. The majority of members are referred to Residential services.



Detroit Wayne Integrated Health Network
Substance Use Disorders
 Date: May 1, 2023 • Prepared by: Judy Davis
 SUD Director

**Admission
by Age**



Among Admissions for January and February, the members in the age range of 26-29 are referred for treatment services followed by the age range of 50-64.



Detroit Wayne Integrated Health Network
Substance Use Disorders
 Date: May 1, 2023 • Prepared by: Judy Davis
 SUD Director

<p>Recovery Coach Outreach Initiative</p>	<p>Total: 944 SBIRT screenings utilized with 624 referrals confirmed residential treatment admissions from 3/8/2022 to 3/8/2023 which resulted in 66% of persons screened being admitted into residential treatment. Of the number of individuals screened 628 were African American and the 266 where Caucasian, 4 Asian, 5 Hispanics, 1 Chaldean, 1 Polish, 1 Lebanese, 1 Yemeni, and 6 Arabs and 31 were other. 728 were male and the 216 were female between the ages of 21-73.</p>	<p>Ongoing</p>
<p>Congratulations</p>	<p>DWIHN attended award ceremony with DMC and Sobriety House to congratulate staff on their one-year anniversary for providing recovery support services at DMC. Mr. Eric Doeh received the Outstanding Community Champion of the Year Award</p>	<p>DMC and Sobriety House Initiative</p>



DWIHN UTILIZATION MANAGEMENT MONTHLY REPORT

April 2023

Executive Summary

- **Autism:** There were approximately 276 authorization requests manually approved during the month of April. There were approximately 111 authorization requests automatically approved during the month of April. There are currently 2,351 cases open in the benefit.
- **Habilitation Supports Waiver:** There are 1,084 slots as of 4/25/23. A total of 1015 slots are filled and 69 are open, for a utilization rate of 93.6%, the highest in the past 13 months. This increase is a direct result of multiple initiatives to boost enrollment.
- **County of Financial Responsibility:** In the month of April there were five (5) 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.
- **Denials and Appeals:** As of 4/25/2023, there were two (2) medical necessity denials and one (1) appeal reported. There were also eleven (11) inpatient service authorization administrative denials and seven (7) administrative appeals. Of the seven (7) administrative appeals, five (5) were overturned, two (2) were upheld.
- **General Fund:** Of the General Fund Exception authorization requests reviewed during April 2023, there were 258 approvals, including 22 for the Guidance Center. There were 32 “Returned to Requester” authorization requests and 13 Administrative Denials. There were 200 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 57 MI Health Link authorizations received and processed as of 4/30/23. 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 1,196 admissions including Inpatient, MI Health Link, Partial Hospital and Crisis Residential have been managed by the UM Department between 4/1/23 and 4/30/23.
- **Outpatient Services:** There was a recent discovery of a technical error that was pulling incorrect data for this section. Once that was corrected it was noted that of the 6,582 outpatient authorizations approved between 4/1/23 and 4/30/23, 64% were manually approved and 36% were auto approved (via the Service Utilization Guidelines). This correction in the data set also presented that at current only 80.6% of authorizations are being approved within 14 days of request.
- We have made one additional change to improve this compliance rate, whereby the UM department requested assistance from the IT department to change the date displayed on a requested authorization to reflect the original submission date and not the subsequent re-submission dates should the authorization have to be returned for corrections. This is ensure that the count of 14 days will always begin at the original submission date.
- **SUD:** The Power Bi dashboard indicates SUD UM staff approved 1,459 authorizations between 4/1/23 and 4/30/23. Of these 1,459 authorizations, 1,264 or 86.6% were approved within applicable timeframes. The above-mentioned technical changes will also impact these authorizations and the data that is reported about them. The above-mentioned changes will also apply to assist with improvement of this compliance.

- **Administrative Denials:** As of 4/27/2023, the SUD team issued 17 administrative denials compared to 1 the previous month.
- **Pre-Admission Review Audits:** PAR Audits were conducted on PARs completed between January 1 and March 31 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 March and minutes are available for review.

Autism Spectrum Disorder (ASD) Benefit

There were approximately 276 authorization requests manually approved during the month of April. There were approximately 111 authorization requests automatically approved during the month of April. There are currently 2,351 cases open in the benefit.

There were approximately 2,351 open cases during the month of April. There were 144 referrals in the month of April. Data is no longer being pulled from the WSA.

*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	276					
Auto Approvals	174	128	172	130	Data Unavailable	134	111					
Total Approvals	547	460	520	371		605	387					

*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	2351					
Referrals	134	110	106	110	125	139	144					

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

Habilitation Supports Waiver

Fiscal Year to Date												
	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept
Total Slots Owned	1084	1084	1084	1084	1084	1084	1084					
Used	1009	1009	1008	1007	1007	1005	1015					
Available	76	76	76	77	77	79	69					
New Enrollments	9	5	6	2	7	6	TBD					
Utilization	93%	93.1%	93%	92.9%	92.9%	92.7%	93.6%					

DWHIN’s HSW utilization is currently the highest it’s been in 13 months at 93.6%. This uptick is encouraging and suggests that the initiatives put in place to boost enrollment are effective and, with time, will result in DWHIN meeting or exceeding MDHHS’s requirement to utilize 95% of owned HSW slots. DWHIN will need 1,030 members enrolled to meet 95%.

Since the residential initiative launched in March 2023, the team has identified 11 potential HSW enrollees that the CRSPs have either completed or are in the process of completing. The residential’s team’s work on this project continues to be invaluable in supporting the CRSPs and the HSW team in identifying new members that are likely to be appropriate for HSW enrollment.

For March and April, the IPOS initiative identified 11 potential enrollees. The CRSPs have been working to either enroll these members or provide context as to why these members may not be appropriate for HSW enrollment. The CRSP’s have received the IPOS lists for another 22 members with IPOS’s due in May and June so they can begin working on confirming if these members are eligible for HSW enrollment.

The HSW team continues to meet with providers to provide education and training around HSW, the eligibility criteria, and benefits to DWHIN’s members. Several providers have expressed that these meetings have resulted in a better understanding of the benefit and that this has led them to be able to identify members for HSW that they otherwise would not have considered for enrollment.

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	65
# of youth currently active in the SEDW for the month of April	49
# of referrals received in April	4
# of youth approved/renewed for the SEDW in April	1
# of referrals currently awaiting approval at MDHHS	0
# of referrals currently at SEDW Contract Provider	15
# of youth terminated from the SEDW in April	2
# 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)

	Adult COFR Case Reviews Requests	Children COFR Case Reviews Requests	Resolved	Open*
April 2023	5	0	5	11

*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	FY To Date TOTAL
Approvals	332	327	260	316	295	335	258	2,123
The Guidance Center	12	12	11	5	36	23	22	121
Advance Notices	257	266	203	285	196	211	200	1,618
Administrative Denials	9	10	9	9	11	8	13	69

Denials and Appeals

Medical Necessity Denials

As of 4/27/2023, there were eight (8) authorization requests sent to the physician for a peer review. Of the eight (8) peer reviews sent to the physician, two cases were denied, and the remaining six (6) 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. 232	Aug. 23	Sept 23
Denial	3	2	2	2	3	2	2	0	0	0	0	0
Appeal	0	0	0	1	1	1	1	0	0	0	0	0

Service Authorization Administrative Denials

As of 4/27/2023, there were a combined total of thirty-one (31) administrative denials between the inpatient, outpatient, and SUD services. There were also eight (8) administrative appeals. Of the eight (8) administrative appeals, six (6) of the appeals were overturned, two (2) were upheld. The chart below shows the number of denials and appeals for each service.

	Inpatient	Outpatient	SUD
Denial	11	3	17
Overturn	5	0	1
Upheld	2	0	0
Partial Denial	0	0	0
Pending	0	0	0

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

MI Health Link

Monthly ICO Authorization Report – April 2023

Report Filters	
Date Range Selected:	4/1/2023 thru 4/30/2023
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 < 514 days	Total Amount Urgent Auth's Received	Total Urgent processed < 524 hrs	Total Amount Expedited Auth's Received	Total Expedited processed < 572 hrs	Total Amount Postservice Auth's Received	Total Post Service processed < 514 days
57	1	1	28	28	0	0	28	28

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

The data for April 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 57 MI Health Link authorizations received compared to 59 authorizations during the month of February, a 3.4% decrease. By ICO, there were 15 authorizations for Aetna, 11 for AmeriHealth, 0 for Michigan Complete Health (Fidelis), 10 for HAP Midwest and 21 for Molina. Of the 57 of MI Health Link authorization requests, 100% were processed within the appropriate timeframes.

After a period of progress, UM Clinical Specialists are now encountering an increase in errors with initial MI Health Link authorizations. The Higher Levels of Care (HLOC) Administrator has addressed this in-writing with COPE, DWIHN Director of Crisis Services, and the assigned DWIHN Provider Network Manager. As indicated in previous reports, this technical error 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 4/30/23, the UM Team has managed a total of 831 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 April there were 721 (non-MI Health Link) admissions for inpatient treatment, reflecting a 3.6% increase from the 696 inpatient admissions during March 2023.

SMI/SED	# Admitted Members	# Admissions	Avg Length Of Stay	Median Length of Stay
IDD	19	19	11.63	11
SED	83	87	9.56	8
SMI	582	611	8.71	8
SUD	7	8	6.00	6
Total	691	725	8.86	9

Source: Power BI - Hospitalizations and Recidivism - Acute Inpatient

The data outlined below reflects the number of admissions as of 4/30/2023:

- Inpatient: 721
- MHL Inpatient: 6
- Partial Hospital: 75
- Crisis Residential: 29 (adults – 21 and children - 8)
- Total Admissions: 831

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) began the aftercare scheduling pilot on 4/25/23. UM Director and UM HLOC Administrator will meet with member of executive leadership at least monthly to discuss progress. Expansive data tracking has also begun, in order to monitor specific indicators related to members served.

Outpatient Services

There was a recent discovery of a technical error that was pulling incorrect data for this section. Once that was corrected it was noted that of the 6,582 outpatient authorizations approved between 4/1/23 and 4/30/23, 64% were manually approved and 36% were auto approved (via the Service Utilization Guidelines). This correction in the data set also presented that at current only 80.6% of authorizations are being approved within 14 days of request.

We have made one additional change to improve this compliance rate, whereby the UM department requested assistance from the IT department to change the date displayed on a requested authorization to reflect the original submission date and not the subsequent re-submission dates should the authorization have to be returned for corrections. This is to ensure that the count of 14 days will always begin at the original submission date.

Substance Use Disorder

SUD: The Power Bi dashboard indicates SUD UM staff approved 1,459 authorizations between 4/1/23 and 4/30/23. Of these 1,459 authorizations, 1,264 or 86.6% were approved within applicable timeframes. The above-mentioned technical changes will also impact these authorizations and the data that is reported about them. The above-mentioned changes will also apply to assist with improvement of this compliance.

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: 21-64R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 5/17/2023

Name of Provider: See attached list

Contract Title: FY 23 Covid Supplemental

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 5/10/2023

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

Amount of Contract: \$ 1,017,914.00 Previous Fiscal Year: \$ 880,000.00

Program Type: Continuation

Projected Number Served- Year 1: 1,100 Persons Served (previous fiscal year): 1,100

Date Contract First Initiated: 10/1/2022

Provider Impaneled (Y/N)?

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

Board approval is requested to amend BA #21-64 to add \$424,138 per Amendment #1 of the Michigan Department of Health and Human Services award to Detroit Wayne Integrated Health Network. The additional federal grant fund revenue represents MDHHS approval of COVID-19 carryover funds from FY22.

The COVID-19 Supplemental allocation increases from \$425,000 to \$849,138. The original allocation also includes CCBHC Non-Medicaid Operations Support of \$168,776.

Upon approval of this request, the revised total allocation is \$1,017,914.

The grant term of October 1, 2022 through September 30, 2023 remains the same.

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
FEDERAL GRANT	\$ 1,017,914.00	\$ 1,017,914.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 1,017,914.00	\$ 1,017,914.00

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

Type of contract (Business/Clinical):

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)?

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Tuesday, May 9, 2023

Signed: Tuesday, May 9, 2023

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 23-07 R4 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 5/17/2023

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: 5/10/2023

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 R4 is a request to add 1 new provider to the DWIHN provider network. BA 23-07 R4 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	\$ 0.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 804,448,924.00	\$ 0.00

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:

Eric Doeh

Stacie Durant

Signed: Thursday, April 27, 2023

Signed: Thursday, April 27, 2023

04/27/2023

04/27/2023

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 23-27R3 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 5/17/2023

Name of Provider: National Council on Alcoholism/Drug Dep, Sobriety House Inc, Elmhurst Home Inc., Piast Institute, Michigan Public Health Institute

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

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 5/10/2023

Proposed Contract Term: 5/1/2023 to 9/30/2023

Amount of Contract: \$ 155,000.00 Previous Fiscal Year: \$ 85,000.00

Program Type: New

Projected Number Served- Year 1: 13,200 Persons Served (previous fiscal year): 103,000

Date Contract First Initiated: 5/1/2023

Provider Impaneled (Y/N)? Y

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

The SUD Department requests approval for \$155,000.00 in PA2 funding to continue providing community SUD Annual Conferences. The conferences are aimed at educating and bringing awareness to important topics. The goal is to reduce barriers, enrich personal lives, inspire hope, allow participants to experience an atmosphere of understanding, and provide additional outreach. Conferences will include giveaways, i.e., fentanyl test strips, DWIHN's educational material, Detera bags, and other giveaways.

The 5th Annual Men's Conference is scheduled to occur on August 2, 2023, in coordination with Sobriety House, 2081 W. Grand Blvd, Detroit, for \$50,000.00

The 9th Annual Faith-based conference is to educate, equip, and engage clergy, adults, youth, and the larger community on substance use prevention, treatment and recovery, and mental health awareness in coordination with Piast for \$30,000.00 in PA2 funds. The hybrid conference is scheduled for August 17th and 18th, 2023, at Pelister Park, The Venue, 19600 Ford Rd. Dearborn Michigan

The 6th Annual Women's Conference is scheduled for June 21, 2023, at Pelister Park, The Venue, 19600 Ford Rd. in Dearborn, MI. In coordination with Elmhurst Home at a cost of \$25,000.00

The 7th Annual Opioid Summit is a joint effort with Michigan Public Health Institute (MPHI), Southeast Michigan for Addiction-free Communities (SEMAAC), to educate participants on current programs that address Substance Use Disorder in SE Michigan. The conference is scheduled for July 27th at the cost of \$25,000.00 in PA2 funds.

The statewide SUD Celebrate Recovery Walk and Rally event will be held at Freedom Hill Saturday, September 10, 2023, and coordinated with the National Council on Alcoholism and Drug Dependence (NCADD) at a cost of \$25,000.00

The Treatment Services program of \$10,973,680 consist of Federal Block Grant of \$9,561,670 and Public Act 2 funds of \$1,412,000.00

Funds may be reallocated between providers up to the not to exceed amount without board approval.

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

Source of Funds: PA2

Fee for Service (Y/N): N

Revenue	FY 22/23	Annualized
Block grant	\$ 9,561,670.00	\$ 9,561,670.00
PA2	\$ 1,412,000.00	\$ 1,412,000.00
Total Revenue	\$ 10,973,670.00	\$ 10,973,670.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64932.826606.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Wednesday, April 26, 2023

Signed: Wednesday, April 26, 2023

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 23-52 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 5/17/2023

Name of Provider: Charter Township of Canton

Contract Title: FY 23 Western Wayne Therapeutic Recreation

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 5/10/2023

Proposed Contract Term: 5/1/2023 to 9/30/2023

Amount of Contract: \$ 75,000.00 Previous Fiscal Year: \$ 48,000.00

Program Type: Continuation

Projected Number Served- Year 1: 140 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 1/1/2016

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).

FY 23 Western Wayne Therapeutic Recreation

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

Source of Funds: General Fund

Fee for Service (Y/N): N

Revenue	FY 22/23	Annualized
General Fund	\$ 75,000.00	\$ 75,000.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 75,000.00	\$ 75,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64931.827206.06425

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Tuesday, May 9, 2023

Signed: Tuesday, May 9, 2023

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 23-57 R2 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 5/17/2023

Name of Provider: Bizanalytix Technologies LLC

Contract Title: Claim Audit and Utilization Review System (CAURS) and Information Technology Consulting

Address where services are provided: 6837 Dulles Dr. Powell, OH 43065

Presented to Program Compliance Committee at its meeting on: 5/10/2023

Proposed Contract Term: 6/1/2023 to 5/31/2024

Amount of Contract: \$ 243,600.00 Previous Fiscal Year: \$ 0.00

Program Type: New

Projected Number Served- Year 1: 3 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 5/15/2023

Provider Impaneled (Y/N)? 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).

Board approval is requested to amend BA#27-57 to modify the contract to the original request by adding consulting services to support DWIHN's Information Technology department for a period of 12 months in the amount of \$96,000.00. The revised total for this contract is \$243,600.

The original board action was approved for a one year contract with two one-year renewal options for the period of March 1, 2023 through February 29, 2024 and for an amount not to exceed \$147,600 for a claims audit software. The contract amount consist of both a software and implementation amount of \$51,600 (capitalized) and an annual licensing fee of \$96,000 (expensed).

In response to a RFP issued in January 2023, Bizanalytix Technologies LLC was deemed the most responsive.

The Claims Audit and Utilization Review System (CAURS) unlike claim processing subsystems that process one claim at a time, CAURS can be used to analyze post payment data for multiple claims at a time to identify suspicious provider billing patterns along with conducting audit both internally as well as externally working with providers.

The reports generated by the system well be used to assist in the detection of program fraud and abuse, monitor quality of services, and provide a function for the development of program policy.

The vendor's will provide professional services around database management as well as restructuring and calibration of the enterprise architecture including reports platform development, Power BI dashboards, Indexing and optimizing database and Datawarehouse for the existing and new systems pertaining to claims audits and development of support structures.

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	\$ 243,600.00	\$ 243,600.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 243,600.00	\$ 243,600.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 00000.137003.00000

In Budget (Y/N)?

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Thursday, May 4, 2023

Signed: Thursday, May 4, 2023

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 23-64 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 5/17/2023

Name of Provider: See attached list

Contract Title: FY 23 Summer Youth Employment

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 5/10/2023

Proposed Contract Term: 5/1/2023 to 5/30/2023

Amount of Contract: \$ 1,900,000.00 Previous Fiscal Year: \$ 1,900,000.00

Program Type: Continuation

Projected Number Served- Year 1: 900 Persons Served (previous fiscal year): 900

Date Contract First Initiated: 5/1/2023

Provider Impaneled (Y/N)? 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).

Board approval is requested for \$1.9 million to fund the continuation of the DWIHN Summer Youth Employment ("SYEP").

The FY23 SYEP Program has been funded for the last five fiscal years and involves collaboration with organizations that thrive on community outreach to adolescents -- focusing heavily on youth recruitment plans and educational and mentoring goals to be accomplished over the summer months.

Funds can be reallocated between the providers without board approval up to the total approved allocation.

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

Source of Funds: General Fund

Fee for Service (Y/N): N

Revenue	FY 22/23	Annualized
General Fund	\$ 1,900,000.00	\$ 1,900,000.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 1,900,000.00	\$ 1,900,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64931.827206.06300

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Tuesday, May 9, 2023

Signed: Tuesday, May 9, 2023