



Quality Operations Technical Assistance Workgroup Meeting Agenda

Wednesday, May 25, 2022

[Via Zoom Link Platform](#)

9:30 a.m. – 11:00 a.m.

- | | | |
|-------|---|--|
| I. | Announcements | Tania Greason/April Siebert |
| II. | SUD Updates | Gregory Lindsey |
| III. | Habilitation Supports Waiver (HSW) Update | James Kelly |
| IV. | MDHHS Waiver Full Site Audit Review POC | Starlit Smith & Performance Monitor Team |
| V. | DWPHN Policies/Procedures Update <ul style="list-style-type: none">• Michigan Mission Based Performance Indicator• Early Child Hood Mental Health Services (tabled) | Tania Greason
Marika Orme |
| VI. | IHC DWPHN Population Assessment | Ashley Bond |
| VII. | CE/SE Processing Update | Carla Mackey-Spright |
| VIII. | PI #2a Updates Best Practices (Provider Discussion) | Justin Zeller/Tania Greason |
| IX. | MMBPI View Only Module PI #4a & 4b (exception) | Justin Zeller/Tania Greason |
| X. | Provider Feedback | Group |
| XI. | Adjournment | |



Quality Operations Technical Assistance Workgroup Meeting

Wednesday, May 25, 2022

Via [Zoom Link Platform](#)

9:30 a.m. – 11:00 a.m.

Note Taker: Aline Hedwood

1) Item: Announcements – April Siebert, Director of Quality Improvement

Goal: N/A

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: QI # ___ CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made		
<p>April Siebert informed the workgroup of the following DWIHN updates:</p> <ul style="list-style-type: none"> The 2nd Case Management and Support Coordination Quarterly Meeting will be held on Thursday May 26, 2022 from 9:00 am – 11:00 am via Zoom. The purpose of this meeting is to review requirements and receive feedback on DWIHN’s standardized Pre-Plan, IPOS and IPOS periodic review templates; ensuring that DWIHN and our provider network review and implement MDHHS requirements in order to receive compliance. During the meeting discussion regarding how, required changes are working in the network as well as answering any questions as needed will be addressed. QI welcome new staff members to the performance monitoring unit Melissa Peters and William Sabado. 		
Action Items	Assigned To	Deadline
QI will place the Zoom Link for the Case Management and Support Coordination Meeting in the chat box. If you have not received the Zoom Link please reach out to QI for assistance.	Network Providers	May 26 th , 2022



2) Item: SUD Updates – Gregory Lindsey, SUD Contract Manager

Goal: Updates for SUD Programs

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: QI # ___ CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made		
<p>Gregory Lindsey, Treatment Services Administrator (SUD), provided an update on the following initiatives for SUD:</p> <ul style="list-style-type: none"> • SUD received over a million dollar grant from the American Rescue Plan ACT to provide services for student assistant programs; assisting deprived populations with access to Behavioral Health; telehealth technology; social activities for youth in recovery; youth communities center; individual placement and support; prevention and treatments. • SUD has three (3) quarantine sites for member’s who contacted COVID which helps keep member’s engaged in treatment; members are isolated but they can continue to receive recovery support services while in quarantine. • SUD residential gambling has expanded and added a new treatment provider; DWIHN is the only PHIP that offers residential treatment for gambling. 		
Action Items	Assigned To	Deadline
None Required.		



3) Item: Habilitation Supports Waiver (HSW) Update – Jim Kelly, UM Manager, HSW Coordinator

Goal: Review of HSW updates

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: QI # ___ CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made		
<p>Jim Kelly, UM Manager/HSW Coordinator, provided an overview of the Habilitation Supports Waiver (HSW) requirement and available services. The HSW program evolved during closure of state institutions to support individuals with intense needs for complex supports. Michigan’s HSW, allows for enhanced funding and additional services for people meeting certain eligibility requirements. HSW services available include the following:</p> <ul style="list-style-type: none"> • Community Living Supports* • Enhanced Medical Equipment and Supplies • Enhanced Pharmacy: (Physician ordered, non-prescription “medicine chest” items as specified in IPOS) • Environmental Modifications • Family Training • Fiscal Intermediary • Goods and Services (self-determination only) • Out-of-home non-vocational Habilitation* • Overnight Health & Safety Supports • Personal Emergency Response System (PERS) • Prevocational Services* • Private Duty Nursing (over 21 and not in the State Plan) • Non-Family Training • Respite • Supports Coordination • Supported Employment 		



<p>Persons must meet all of the eligibility requirements noted below to be enrolled in the program:</p> <ul style="list-style-type: none"> • Have an intellectual and/or developmental disability (no age restrictions) • Reside in a community setting • Medicaid eligible and enrolled • Would otherwise need the level of services similar to an ICF/IID • Active treatment (Habilitation) for a basic skill • Once enrolled, receives at least one HSW service per month <p>DWIHN has an allocation of 1084 slots in which we are required by MDHHS to maintain 95% usage, if DWIHN is unable to maintain the % of usage, MDHHS will reduce our number of slots and allocate the slots to other regions. DWIHN is currently at a 93.4% utilization. For additional information please review handout “Habilitation Supports Waiver (HSW or HAB Waiver)” on the following highlighted areas below:</p> <ul style="list-style-type: none"> • Services Available in the HSW • Eligibility • Enhanced Funding for Agency • Utilization • Current Year Utilization to Date • Historical Utilization <p>If you have any questions or concern please contact Jim Kelly and Karen Poljanac via email habwaiver@dwihn.org .</p>		
Action Items	Assigned To	Deadline
None Required.		



4) Item: MDHHS Waiver Full Site Audit Review POC and MA Claims Verification Reviews – Starlit Smith, QI Administrator

Goal: Review and update of the MDHHS Waiver Full Site Review

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems **Quality** Workforce

NCQA Standard(s)/Element #: **X QI #1** CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made		
<p>Starlit Smith and the QI team provided a status update from the MDHHS Waiver Full Site Audit Review. The Plan of Correction (POC) for the applicable assigned providers must be submitted to QI staff by May 27th, 2022. QI is required to submit a POC addressing these systemic issues to MDHHS on or before June 6, 2022. The state will review implementation of DWIHN’s POC 90 days after submission.</p> <p>Providers have been notified of the Medicaid Claims Verification Review process and the listing of cases for Q1-Q2 have been submitted to assigned CRSP’s. QI has been noting, thus far, poor documentation that supports the claim including the number of units, as well as some cases lacking complete and or signed IPOS’s. As part of the review process, Providers will receive a POC as well as recommendation for possible recoupment of funds. Assigned CRSP’s are required to complete ongoing self-monitoring of the case records making certain to review the IPOS goals and objectives for medical necessity to monitor the scope/amount and duration of services requested. The biopsychosocial assessment (IBPS) identifies areas of risk, assigned clinicians are required to make certain that the IBPS is completed to support the required needed services.</p>		
Action Items	Assigned To	Deadline
<p>DWIHN will be offering training on the MDHHS audit reviews with assigned DWIHN Subject Matter Experts. The provider network will be notified of the upcoming training sessions.</p>	CPI and QI DWIHN Units	August 31, 2022



5) Item: DWIHN Policies/Procedures Update Michigan Mission Based Performance Indicator (MMBPI) – Tania Greason, QI Administrator

Goal: Review of MMBPI Data

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems **Quality** Workforce

NCQA Standard(s)/Element #: **X QI #4** CC# ____ UM # ____ CR # ____ RR # ____

<Notes on discussion>

Discussion/Decisions Made		
<p>Tania Greason, QI Administrator, provided an overview of the MMBPI Policy and is requesting stakeholders and providers feedback prior to the policy being approved and implemented. Also, all DWIHN CRSP's should have access to review their data in the "View Only Module" via MH_WIN, if you do not have access, please reach out to Tania Greason and or Justin Zeller via email tgreason@dwihn.org and jzeller@dwihn.org.</p> <p>For additional information please review the following highlighted areas below:</p> <ul style="list-style-type: none"> • Performance Indicators detail and MDHHS standards: <ol style="list-style-type: none"> a) PI #1 b) PI #2a c) PI #2b d) PI #3 e) PI #4a f) PI #4b g) PI #10 • Monitoring Steps 		
Action Items	Assigned To	Deadline
<p>After QI receives the feedback from stakeholders and providers, the MMBPI policy will be placed on the DWIHN's website.</p>	<p>Stakeholders and Providers</p>	<p>June 30, 2022</p>



6) Item: IHC DWIHN Population Assessment – Ashley Bond, IHC Clinical Specialist

Goal: Review of DWIHN Population Assessment

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: QI # ___ **CC# 1** UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made		
<p>Ashley Bond, Clinical Specialist Complex Case Management, provided an overview of DWIHN’S Population Assessment and Analysis of Complex Case Management Activities and Resources for FY 2021. DWIHN recognizes the importance of analyzing member data to assure that our programs and services meet the diverse needs of the members we serve. The population assessment is completed annually. IHC utilizes this information to create topic and language appropriate materials, establish partnership with other organizations serving ethnic communities, inform our vendors about specific ethnic and cultural needs; and develop competency training for staff.</p> <p>For additional information please review “DWIHN Population Assessment and Analysis of Complex Case Management Activities and Resources FY21” PowerPoint presentation for addition information on graphs and charts.</p> <ul style="list-style-type: none"> • Population Assessment • Primary Care Physician • Identified Primary Care Physician • Gender • Age Range • Ethnic Background • Primary Language • Residency • Insurance • Member Language Unreported • Diagnosis Comparisons • 2021 County Health Rankings Report • Analysis of Complex Case Management Activities and Resources 		
Action Items	Assigned To	Deadline
None Required.		



7) Item: CE/SE Processing Update – Dr. Carla Mackey-Spright, QI Clinical Specialist

Goal: Review/Updates for CE/SE processing.

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems **Quality** Workforce

NCQA Standard(s)/Element #: **X QI #1** CC# ____ UM # ____ CR # ____ RR # ____

<Notes on discussion>

Discussion/Decisions Made		
<p>Carla Spight-Mackey, Clinical Specialist Performance Improvement, informed the work group that QI has completed the six-month review of Critical and Sentinel Events and is currently preparing a report to DWIHN’s Executive Leadership Team (ELT) . Once approved, the report will be posted on DWIHN’s website. The top four categories reported from October 1, 2021 – March 31, 2022 were 259 deaths; 111 ER visits for physical health issues; 149 Hospital admissions for physical illness, a total of 950 critical events reported for the first six months.</p> <p>The next highest injury category were 63 ER injuries; 21 hospitalization due to injuries; 46 other issues; 39 arrests; 10 environmental emergencies, 28 BT issues reported the first six months. The Clinical Practice Improvement (CPI) team has been assigned to assist QI in the process of reviewing cases that require a Root Cause Analysis (RCA).</p> <p>Trends identified include the following:</p> <ol style="list-style-type: none"> 1. The standard of care; the score of services; is appropriate credentials & trainings available to implement the plan of care; lots of the injuries took place in AFC homes and semi-independent living facilities. 2. The RCA lack of re-engagement activity when a member does not show up for an appointment 3. Under inappropriate level of care. DWIHN had an increase in suicide attempts, serious challenge behavior, SUD related overdose and deaths. 4. The most challenging part is the staffing shortage in behavior and physical health. <p>As of May 16th, 2022, DWIHN is requiring that all RCA’s are completed on the developed template (MH-WIN). If you have any questions or concerns please reach out to QI team through E-Message in MH_WIN. Assigned CRSP providers are required to attend a training outlining the RCA process. Ongoing TA assistance will be available from DWIHN’s QI Unit.</p>		
Action Items	Assigned To	Deadline
<p>All CRSP providers must attend the RCA Documentation Training sessions. DWIHN’s QI unit will be available for ongoing TA assistance as requested.</p>	<p>CRSP Providers and DWIHN’s QI Unit</p>	<p>August 31, 2022 and ongoing for TA sessions.</p>



8) Item: PI #2a Updates Best Practices (Provider Discussion) – Justin Zeller, QI Clinical Specialist

Goal: Update for MMBPI PI # 2a

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems **Quality** Workforce

NCQA Standard(s)/Element #: **X QI #4** CC# ____ UM # ____ CR # ____ RR # ____

<Notes on discussion>

Discussion/Decisions Made		
<p>Justin Zeller informed the workgroup of the following updates for PI# 2a:</p> <ul style="list-style-type: none"> • PI #2a QI finished 1st Quarter FY 2022 at 52.85%, the state average was about 60%. • For 1st Quarter Children SED and DD scored the lowest at 40%. However, I/DD Children demonstrated an overall increase with a compliance score of 47.2%. • Preliminary data for 2nd Quarter shows DWIHN currently at 58.90%. • DWIHN’s QI, MCO and Access units continue to meet with the CRSP’s to review identified barriers and interventions. Overall providers continue to stress the number one barrier as staffing shortages. • SUD PI incentive payments are being submitted this week to providers. Communication has been forwarded to each provider with noted details. 		
Action Items	Assigned To	Deadline
Ongoing updates will be provided to the workgroup.	QI Team (Justin Zeller)	Ongoing.



9) Item: MMBPI Update – Tania Greason, QI Network Administrator

Goal: Revie and update for MMBPI data.

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems **Quality** Workforce

NCQA Standard(s)/Element #: **X QI #4** CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made		
Tania Greason informed the workgroup for PI #4a and #4b exceptions are still allowed if the member does not show, cancels or requests a scheduled date outside of the 7 days. Please make certain to review your data and update exceptions as applicable for Q2 data. Q2 data will be submitted to MDHHS on June 30 th , 2022.		
Action Items	Assigned To	Deadline
Assigned Providers must review their MMBPI module and update Q2 PI# 4a and 4b exceptions as applicable for members that do not show, cancel and or reschedule. Providers are to clearly document the reason or the exception within the clinical record and MH-WIN.	Assigned CRSP Providers	June 15 th , 2022

10) Item: Providers Feedback – None

NEXT MEETING: Wednesday June 29, 2022 @ 9:30 a.m. – 11:00 a.m. [via Zoom Link Platform](#)


ADJOURMENT: 11:05 a.m.

ah_06.15.2022



Habilitation Supports Waiver (HSW or HAB Waiver)

An opportunity to better serve our members with IDD



Habilitation Supports Waiver

- Evolved during closure of state institutions to support individuals with intense need for complex supports
- Michigan's HSW, allows for enhanced funding and some additional services for people meeting certain eligibility requirements






SERVICES AVAILABLE IN THE HSW

(All 1915(b) Services PLUS)

<ul style="list-style-type: none"> • Community Living Supports* • Enhanced Medical Equipment and Supplies • Enhanced Pharmacy: (Physician ordered, non-prescription "medicine chest" items as specified in IPOS) • Environmental Modifications • Family Training • Fiscal Intermediary • Goods and Services (self determination only) • Out-of-home non-vocational Habilitation* 	<ul style="list-style-type: none"> • Overnight Health & Safety Supports • Personal Emergency Response System (PERS) • Prevocational Services* • Private Duty Nursing (over 21 and not in the State Plan) • Non-Family Training • Respite • Supports Coordination • Supported Employment*
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* Considered HSW Services



Eligibility

Person must meet all of the following:

- Have an intellectual and/or developmental disability (no age restrictions)
- Reside in a community setting
- Medicaid eligible and enrolled
- Would otherwise need the level of services similar to an ICF/IID
 - Active treatment (Habilitation) for a basic skill
- Once enrolled, receives at least one HSW service per month




Enhanced Funding for Agency

While DWIHN receives enhanced funding to provide more intensive services, your agency receives:

- 7% Higher payment for Supports Coordination
- One time incentive payment for initial certifications

\$1,000.00
 (\$500 at least to S/C)

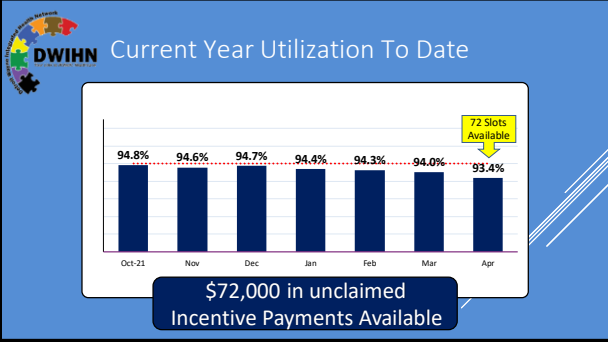


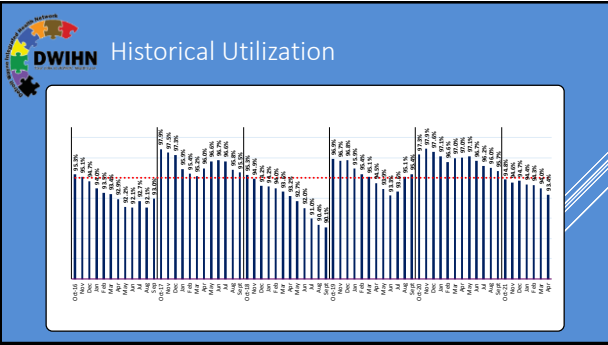


Utilization


- MDHHS requires each Region to maintain **95%** utilization of allocated HSW slots.
- Failure to maintain 95% risks reallocation of allotted slots to other Regions
 - October 2017: reduction of 60 slots
 - October 2019: reduction of 80 slots

DWIHN is allocated 1,084 slots
95% equals 1,030





- DWIHN** We're here to help...
- Training for Supports Coordinators and others
 - Technical Assistance (phone/email/meetings)
 - Quarterly Provider Meetings
 - Customized for your agency's needs




We are eager to help...

DWMHA HAB Waiver Team

Jim Kelly
jkelly@dwihn.org
(313) 498-5048

Karen Poljanac
kpoljanac@dwihn.org



habwaiver@dwihn.org

DWIHN Population Assessment and Analysis of Complex Case Management Activities and Resources FY21

ASHLEY BOND MA, LPC, NCC

DETROIT WAYNE INTEGRATED HEALTH NETWORK



Population Assessment

- ▶ DWIHN recognizes the importance of analyzing member data to assure that our programs and services meet the diverse needs of the members we serve.
- ▶ We use this information to create topic and language appropriate materials, establish partnership with other organizations serving ethnic communities, inform our vendors about specific ethnic and cultural needs; and develop competency training for staff.
- ▶ This information is gathered annually

Primary Care Physician

- ▶ DWIHN completes an Integrated Biopsychosocial assessment for its members. Per the 2021 this assessment, only 68% of members had an identified Primary Care Physician in 2021. This is a decrease from 69% of members in 2020 and from 70% of members in 2019 who had an identified Primary Care Physician. *(Table 1)*

Identified Primary Care Physician

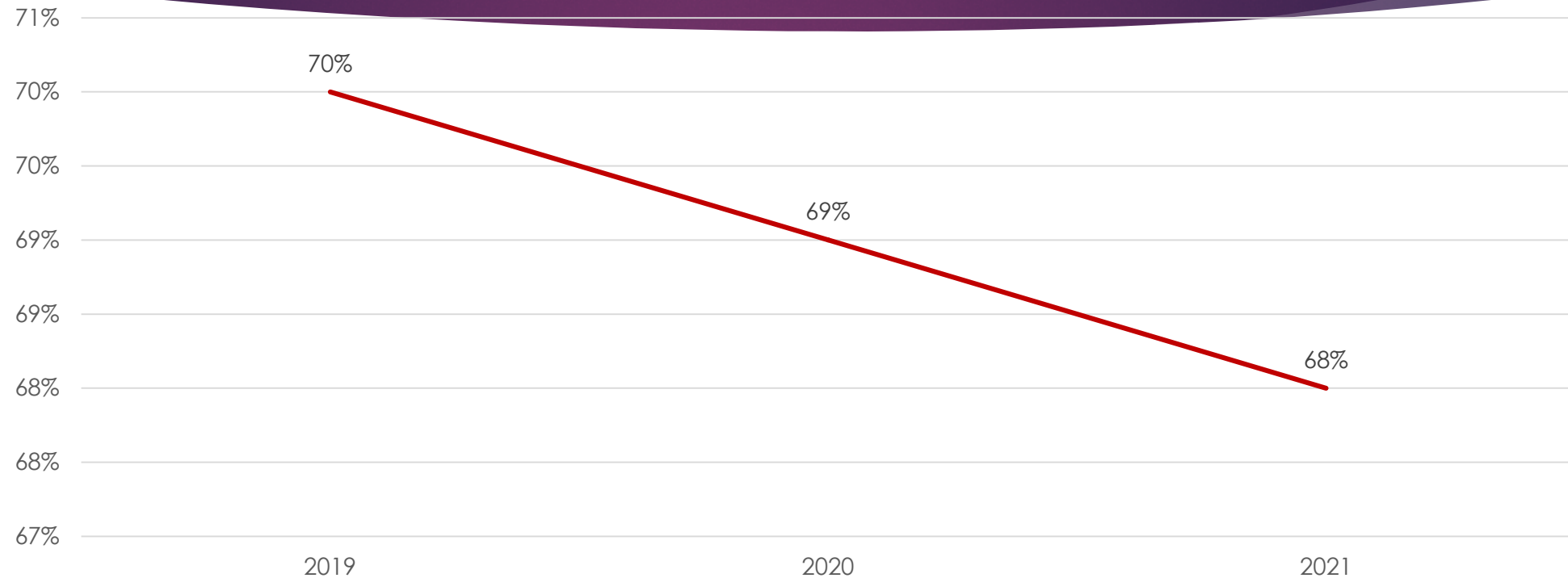


Table 1

* Data derived from Risk Matrix

- ▶ DWIHN also gathers demographic data for its members on an annual basis. The information includes gender, age, primary language spoken, ethnic background, disability designation, residency, and insurance.

Gender

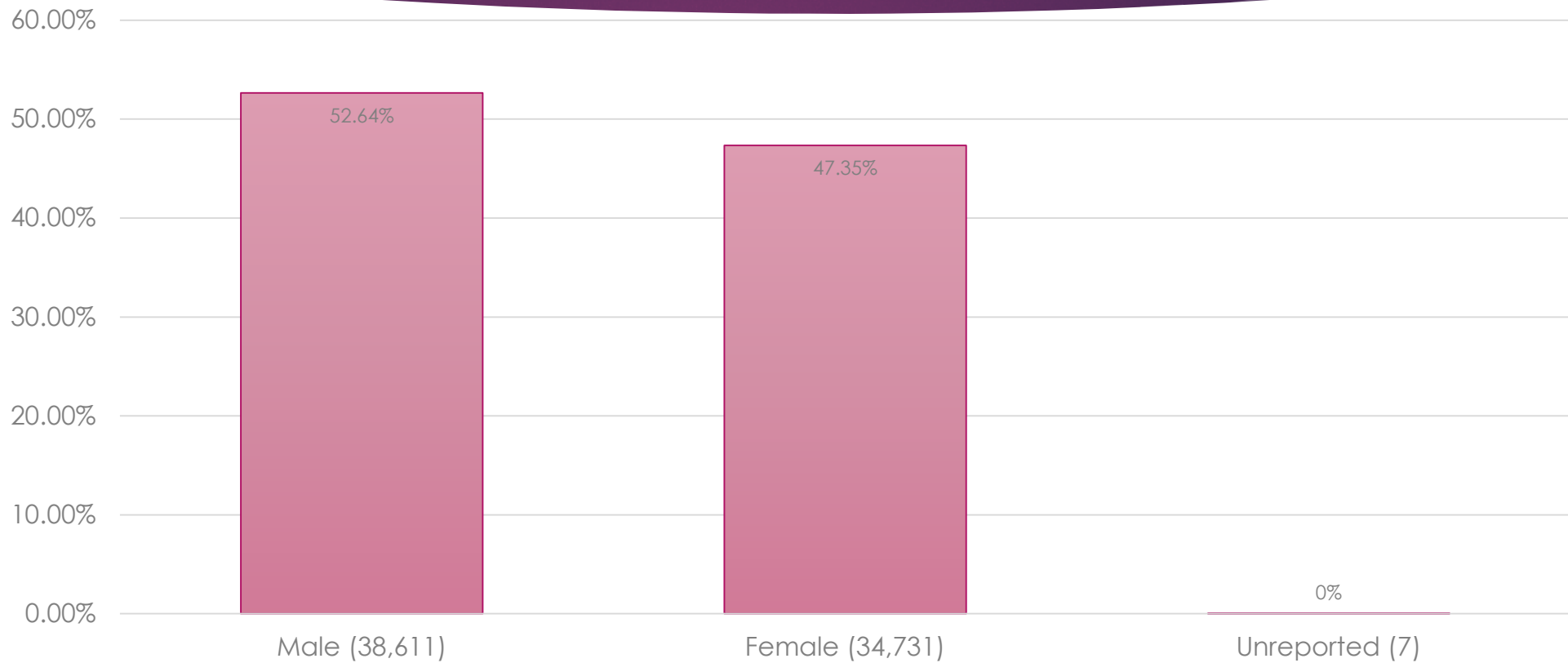


Table 2

* Data derived from Risk Matrix

Age Range

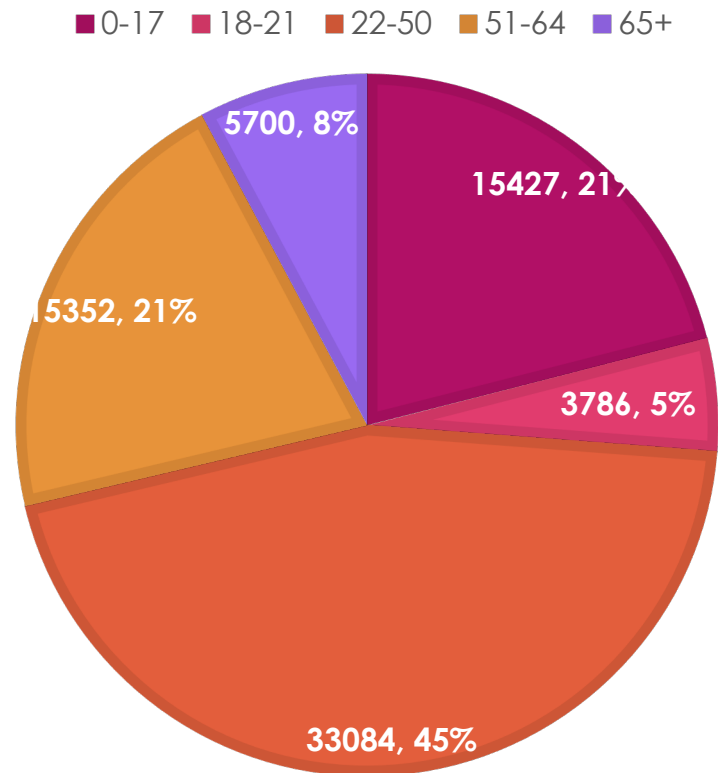


Table 3

*Data derived from Risk Matrix

Ethnic Background

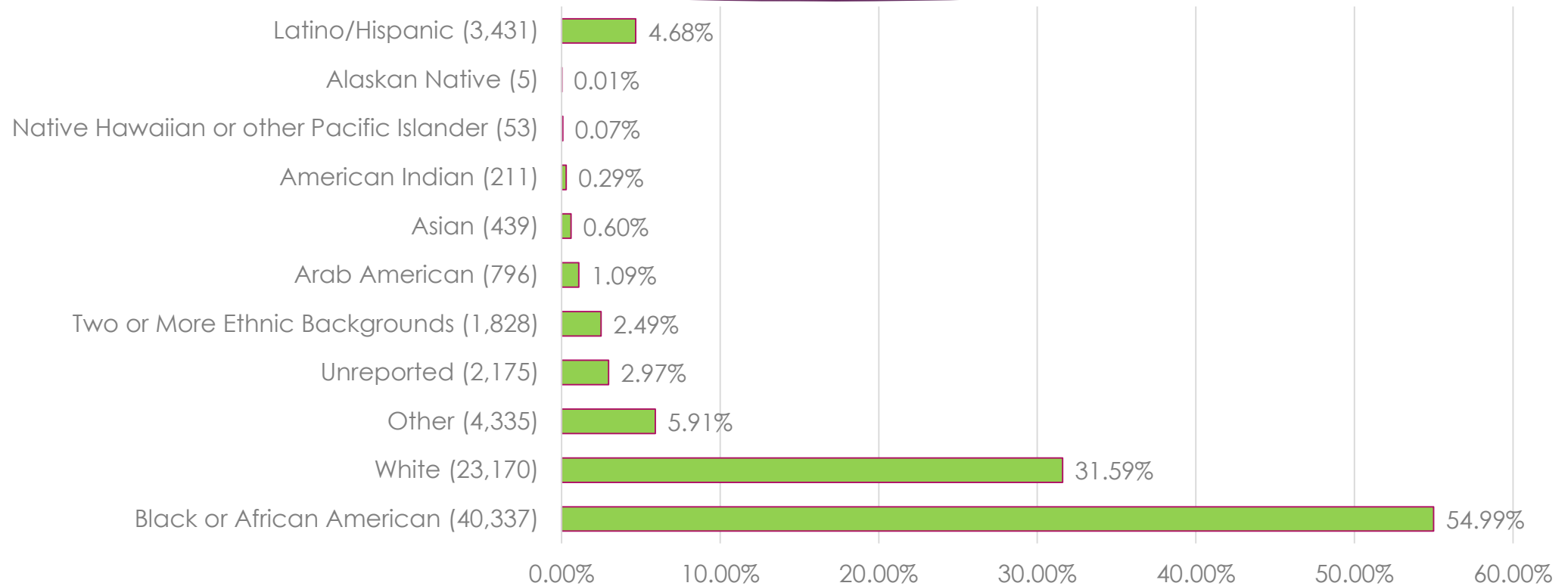


Table 4

*Data derived from Risk Matrix

Primary Language

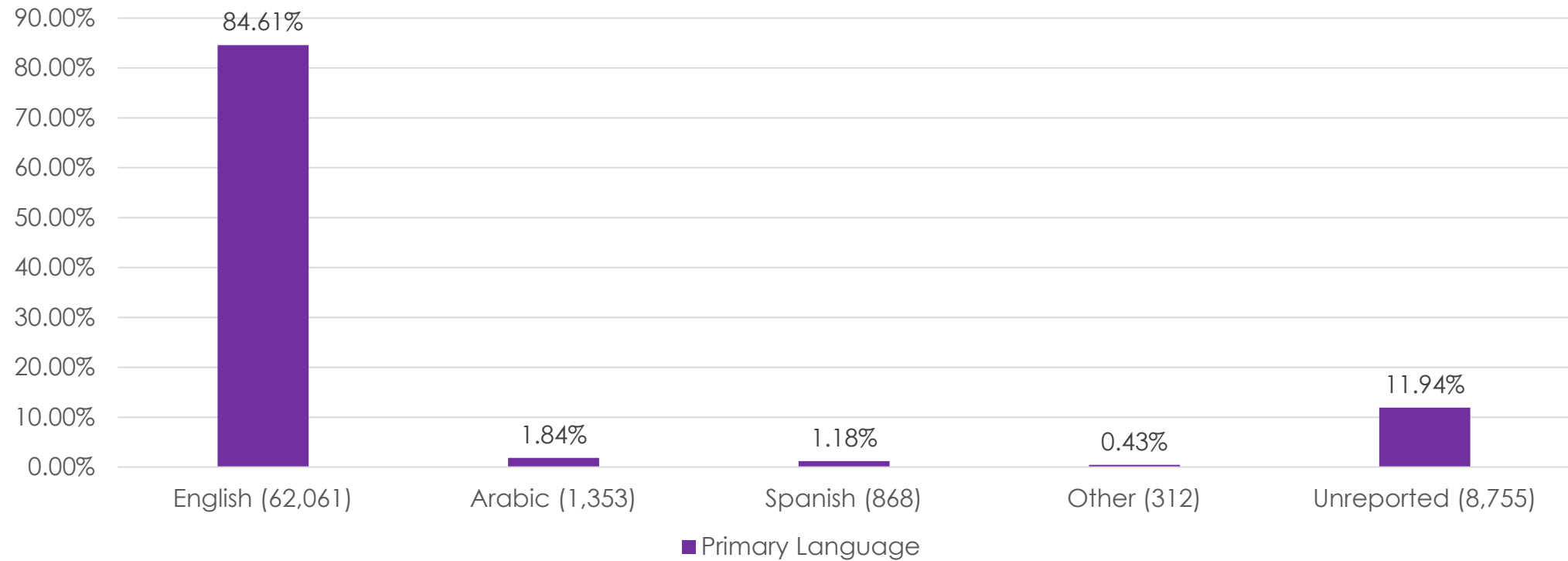


Table 5

*Data derived from Risk Matrix

Disability Designation

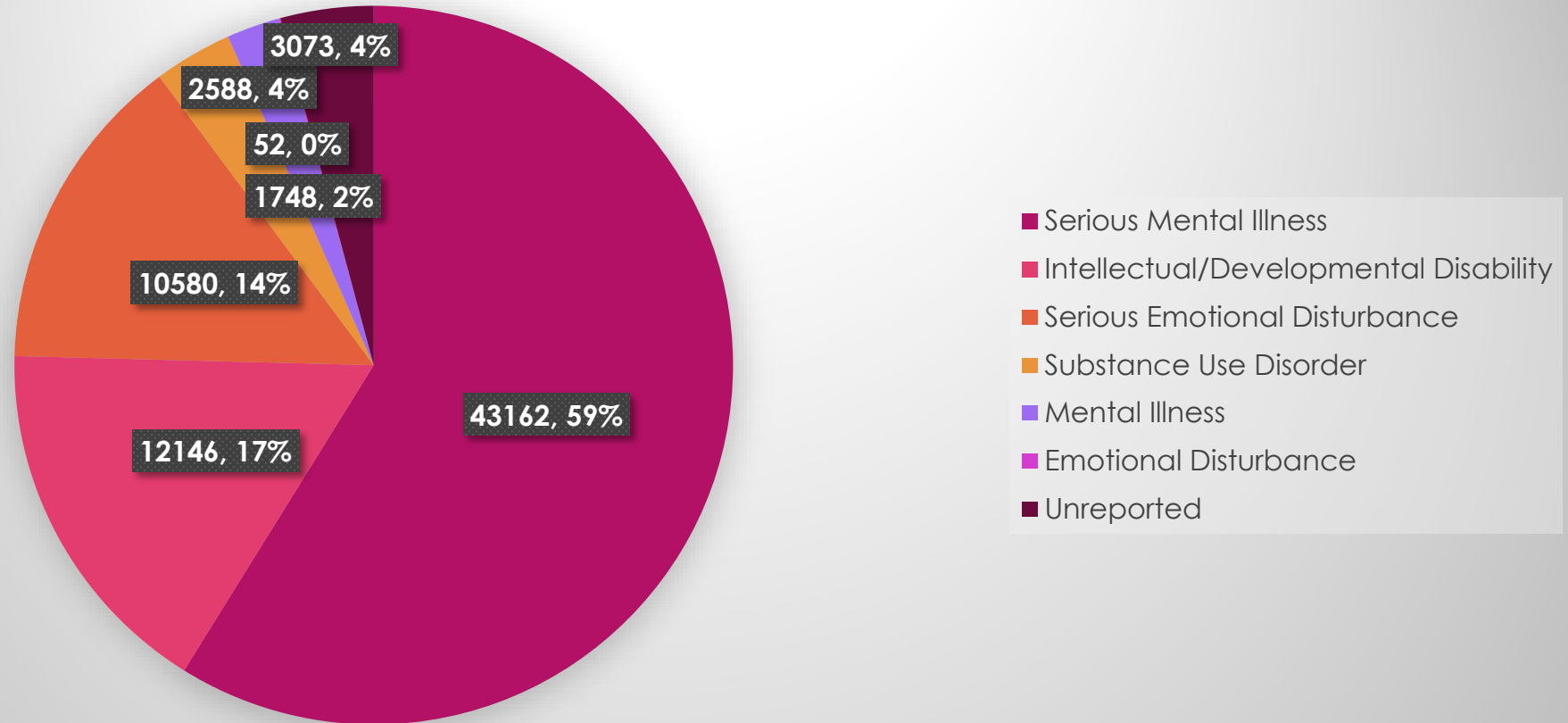


Table 6

*Data derived from Risk Matrix

Residency

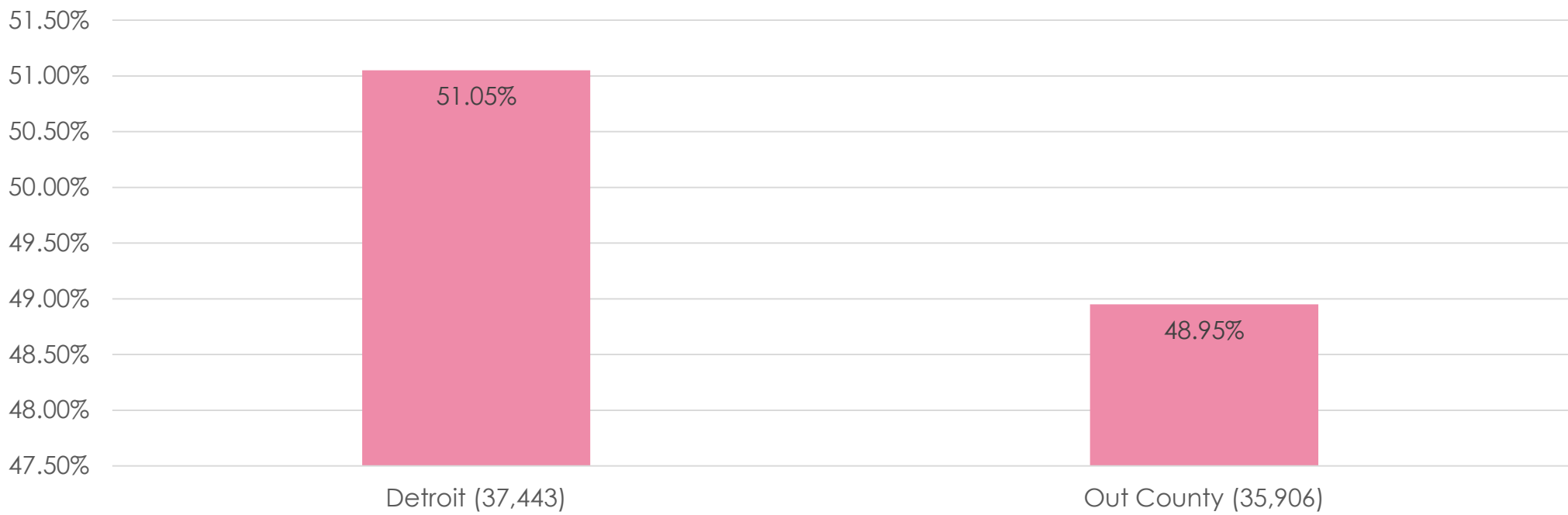


Table 7

*Data derived form Risk Matrix

Insurance

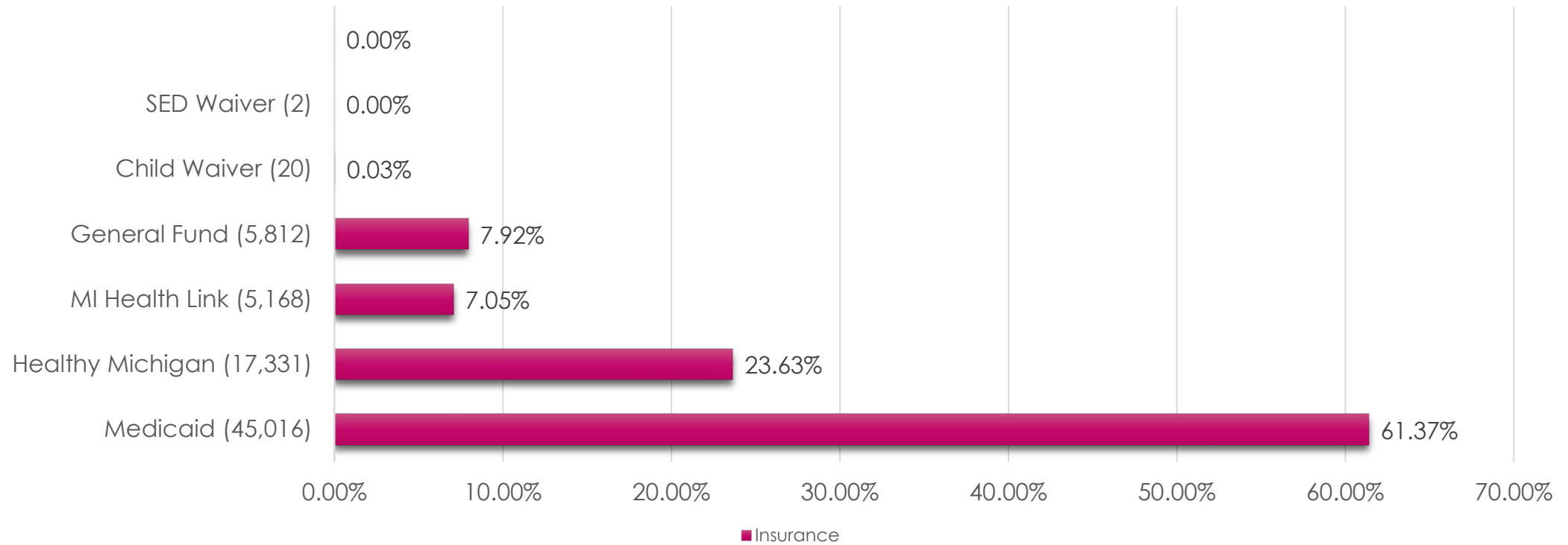


Table 8

*Data derived from Risk Matrix

Member Language Unreported

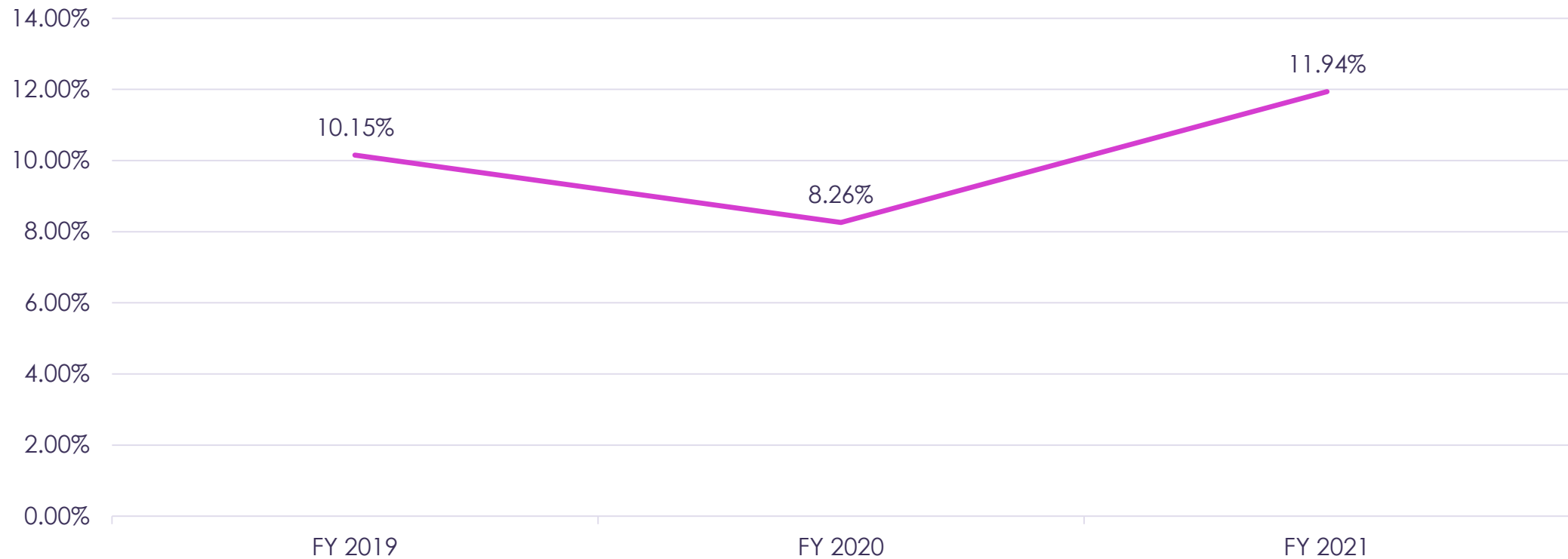


Table 9

*Data derived from Risk Matrix

English Primary Spoken Language

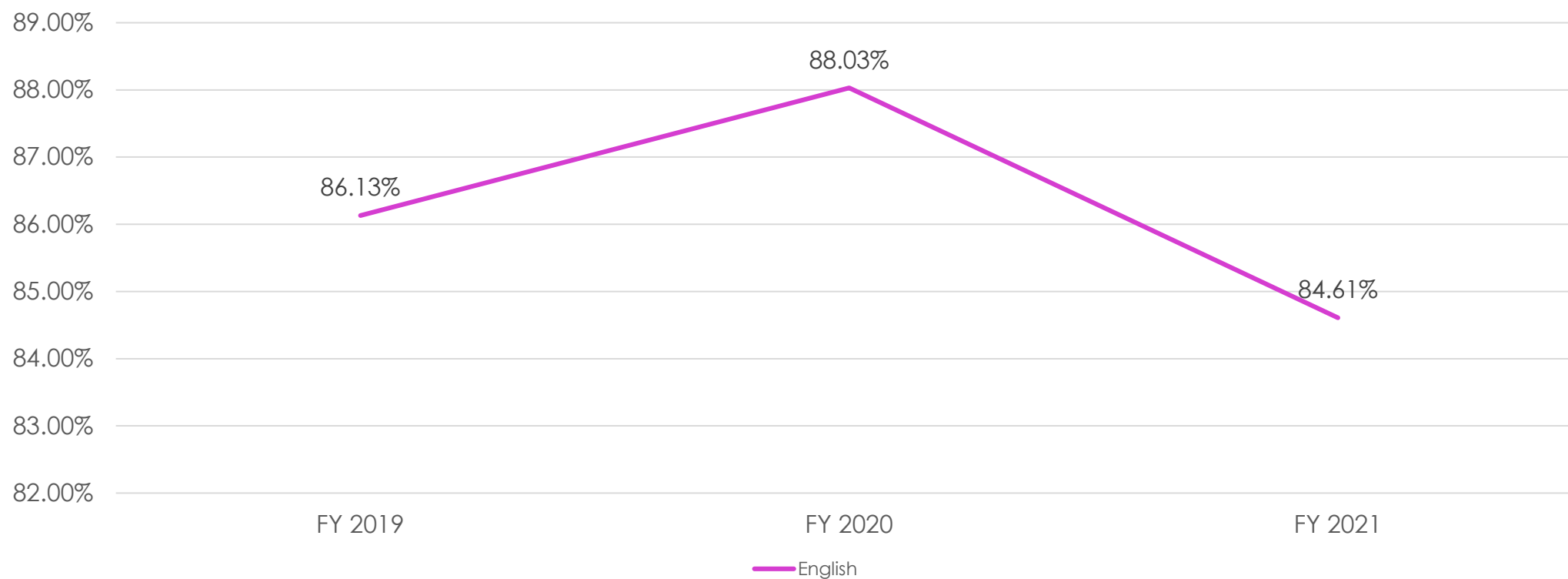


Table 10

*Data derived from Risk Matrix

Two or More Ethnic Backgrounds

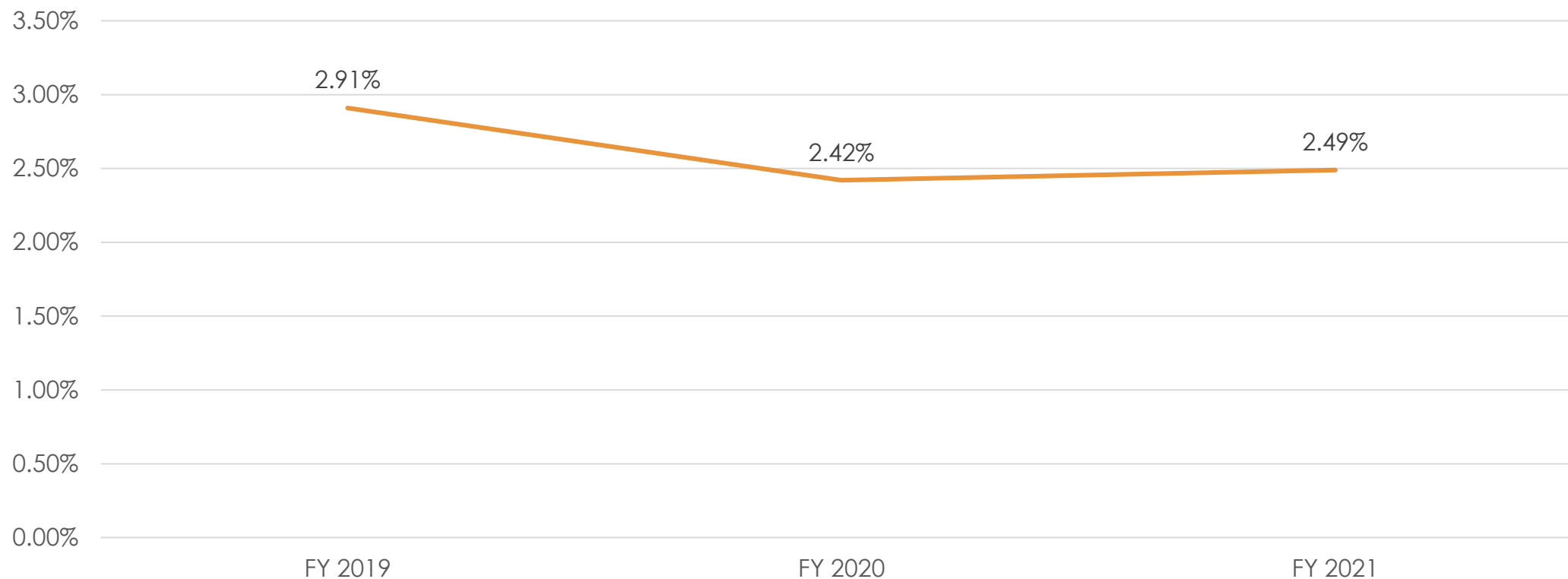


Table 11

*Data derived from Risk Matrix

Top Behavioral Health Diagnosis for Children

Top 5 Behavioral Health Diagnosis for Children ages 0-17

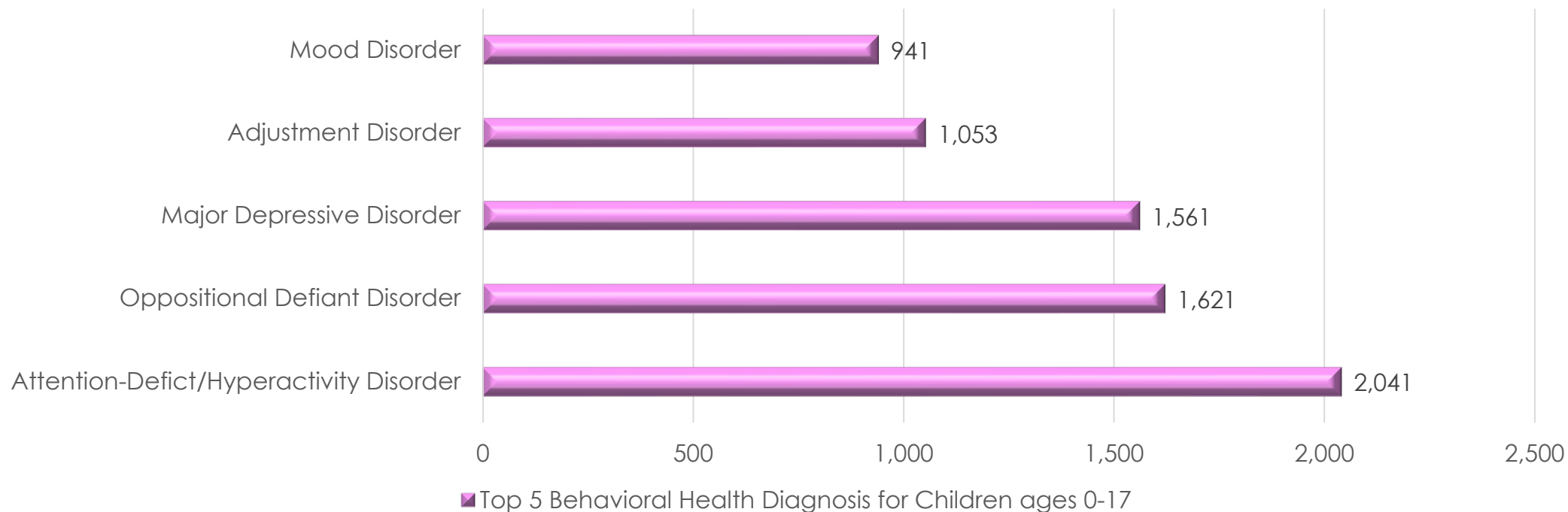


Table 12

* Data derived from IT-MHWIN Chart

Top Medical Diagnosis for Children

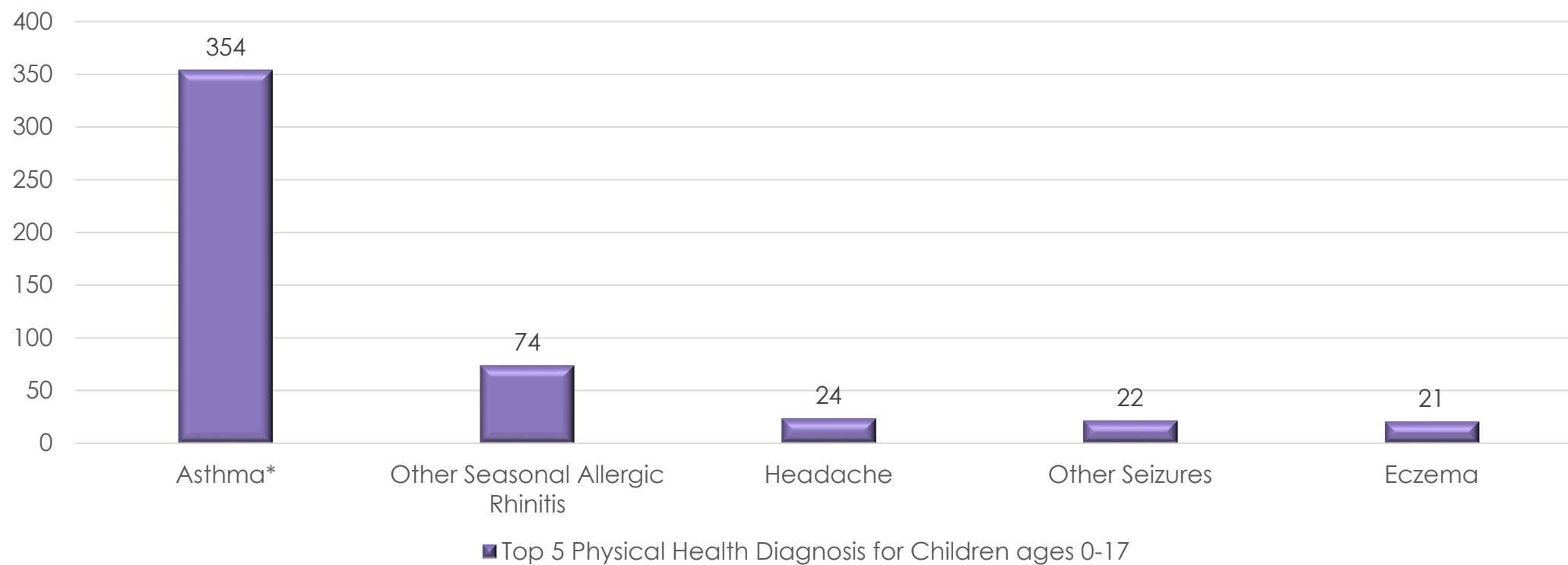


Table 13

*Data pulled from IT/MHWIN

Top Behavioral Health Diagnosis for Adults

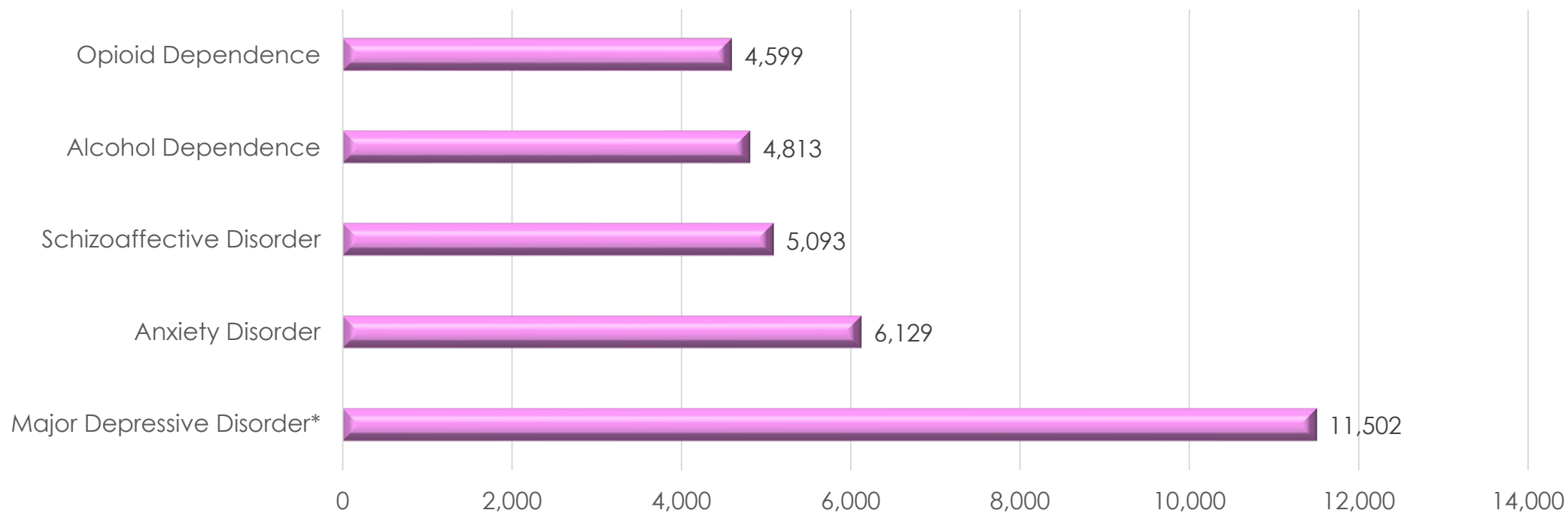


Table 14

*Data pulled from IT/MHWIN

Top Medical Diagnosis for Adults

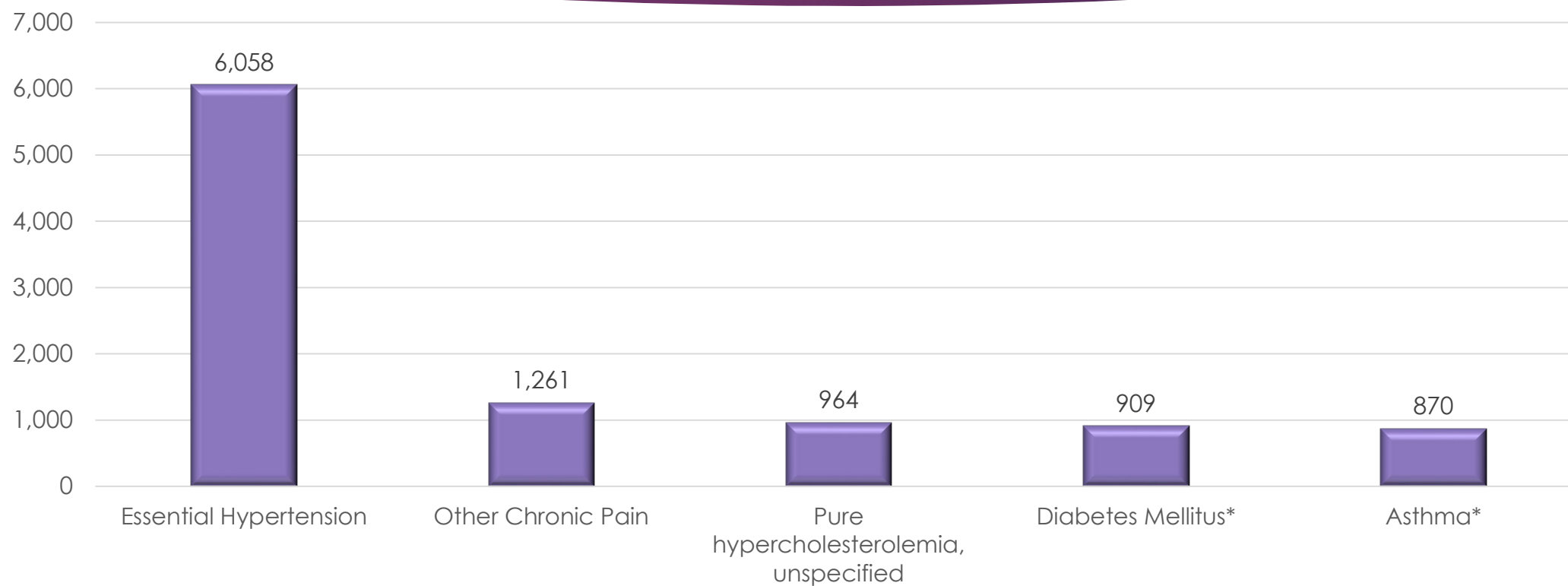


Table 15

*Data pulled from IT/MHWIN

Diagnosis Comparisons

<u>Top 5 Behavioral Health Dx Children</u> <u>2021</u>	<u>Top 5 Behavioral Health Dx Children</u> <u>2020</u>
1. Attention Deficit/Hyperactivity Disorder	1. Autistic Disorder
2. Oppositional Defiant Disorder	2. Oppositional Defiant Disorder
3. Major Depressive Disorder	3. Attention Deficit/Hyperactivity Disorder
4. Adjustment Disorder	4. Disruptive Behavioral Disorder
5. Mood Disorder	5. Mood Disorder NOS

Table 16

<u>Top 5 Medical Dx Children 2021</u>	<u>Top 5 Medical Dx Children 2020</u>
1. Asthma	1. Asthma
2. Other Seasonal Allergic Rhinitis	2. Other Seasonal Allergic Rhinitis
3. Headache	3. Eczema
4. Other Seizures	4. Other Seizures
5. Eczema	5. GERD without esophagitis

Table 17

<u>Top 5 Behavioral Health Dx Adults 2021</u>	<u>Top 5 Behavioral Health Dx Adults 2020</u>
1. Major Depressive Disorder	1. Major Depressive Disorder
2. Anxiety Disorder	2. Anxiety Disorder
3. Schizoaffective Disorder	3. Schizophrenia, Paranoid Type
4. Alcohol Dependence	4. Schizoaffective Disorder
5. Opioid Dependence	5. Post-Traumatic Disorder

Table 18

<u>Top 5 Medical Dx Adults 2021</u>	<u>Top 5 Medical Dx Adults 2020</u>
1. Essential Hypertension	1. Essential Hypertension
2. Other Chronic Pain	2. Other Chronic Pain
3. Pure Hypercholesterolemia, unspecified	3. Pure Hypercholesterolemia, unspecified
4. Diabetes Mellitus	4. Diabetes Mellitus
5. Asthma	5. Asthma

Table 19

MI percentile ranks for Asthma

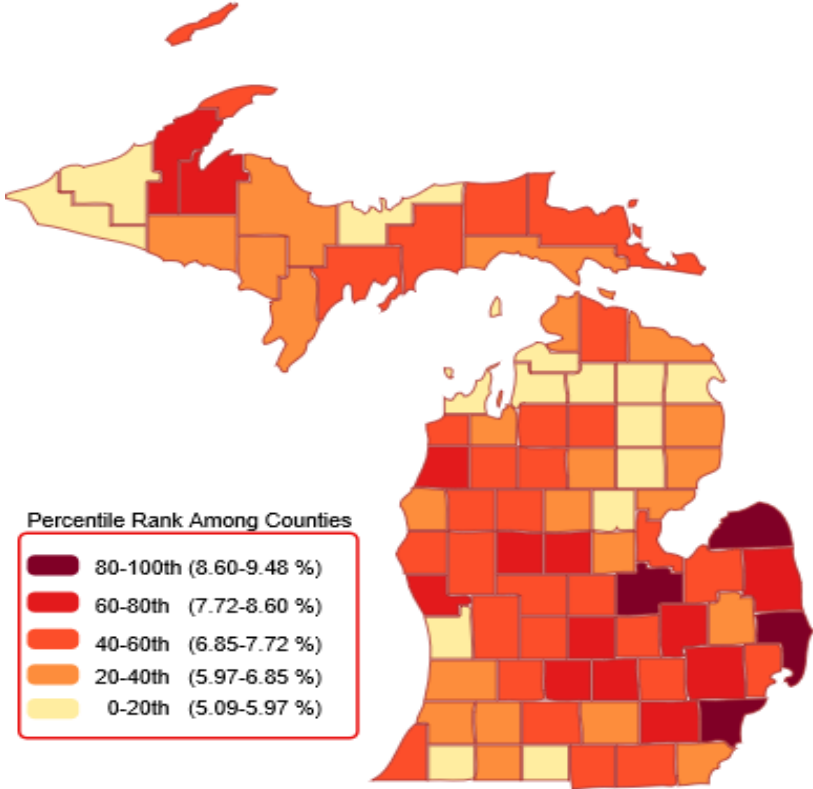


Table 20

*Data derived from CC360

State of Michigan for Health Outcomes and Health Factors

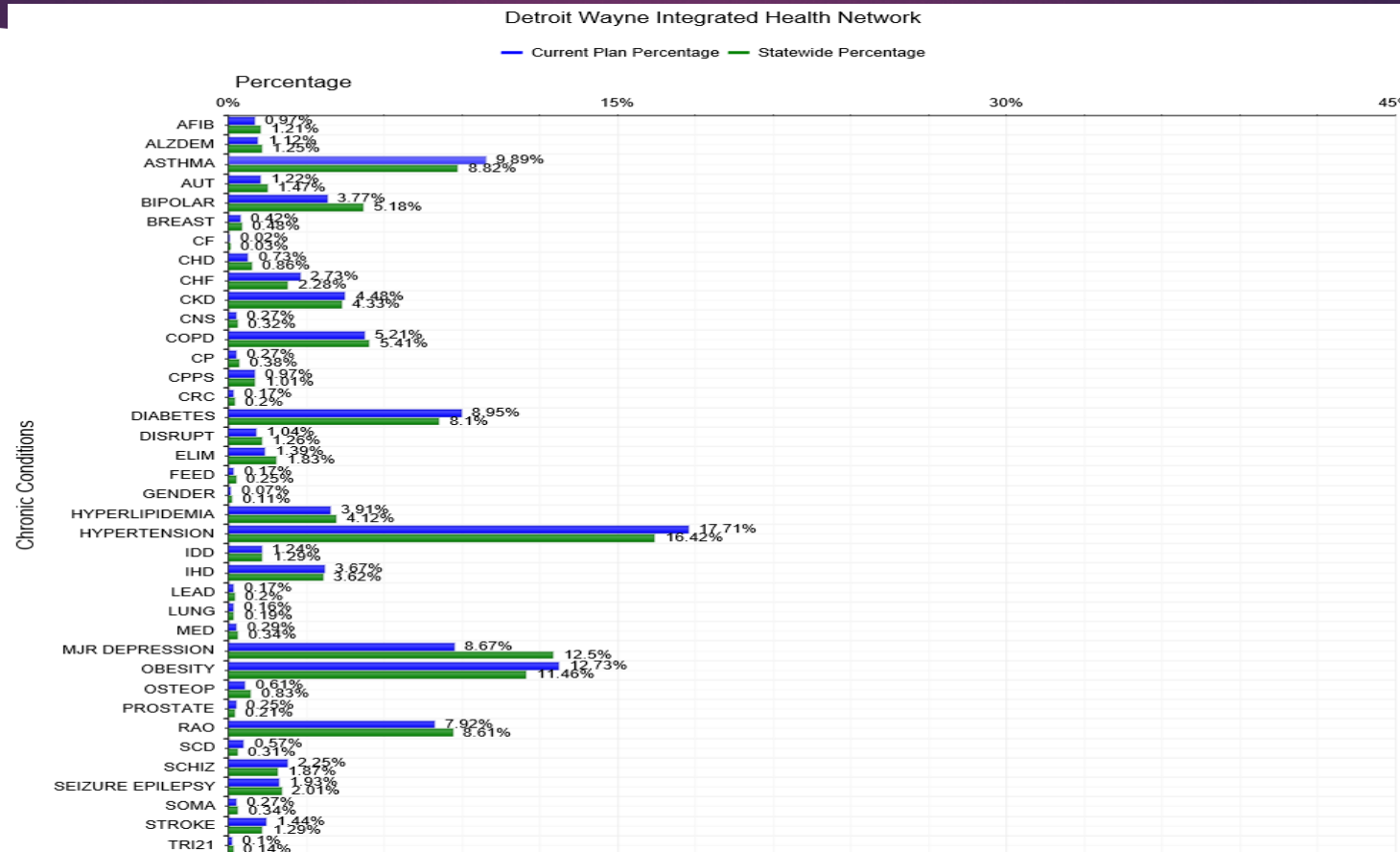


Table 21

*Data derived from CC360

2021 County Health Rankings Report

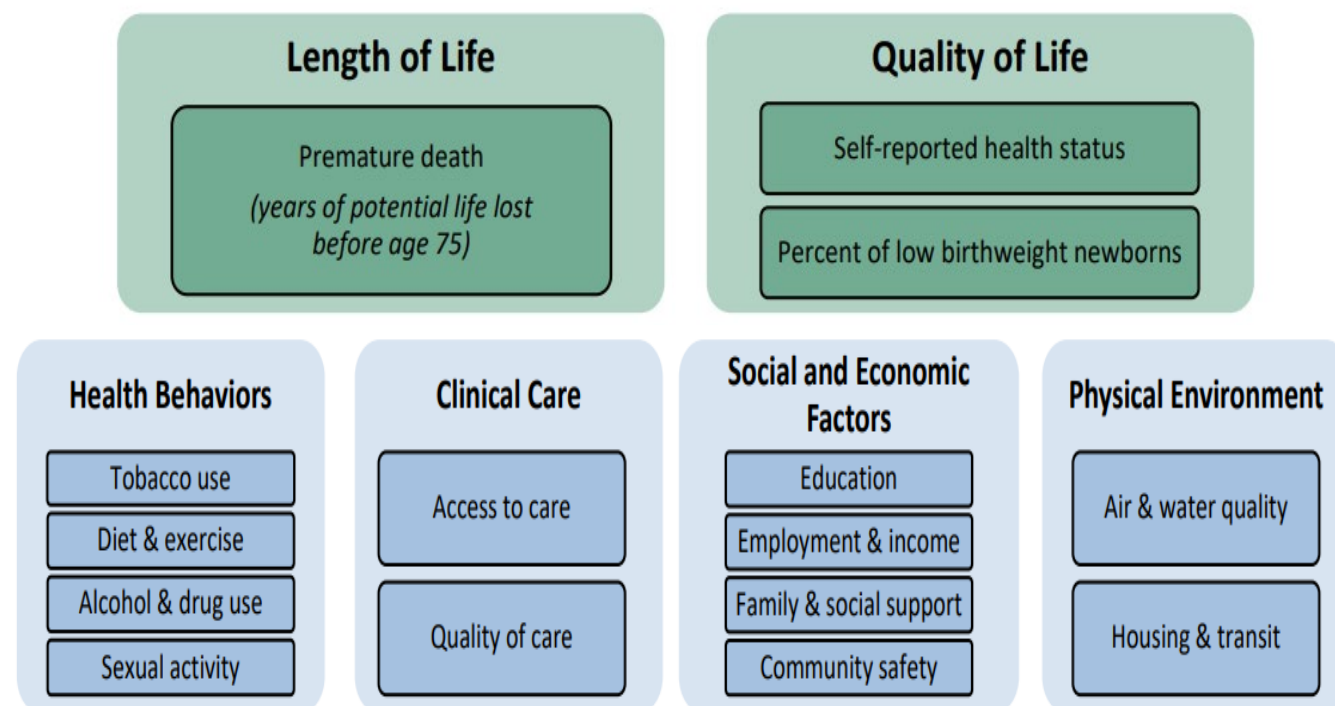


Table 22

* Data derived from 2021 County Health Rankings Report-Robert Wood Johnson Foundation and University of Wisconsin Population Institute

2021 County Health Rankings Report Continued

Social Determinants of Health Percentages

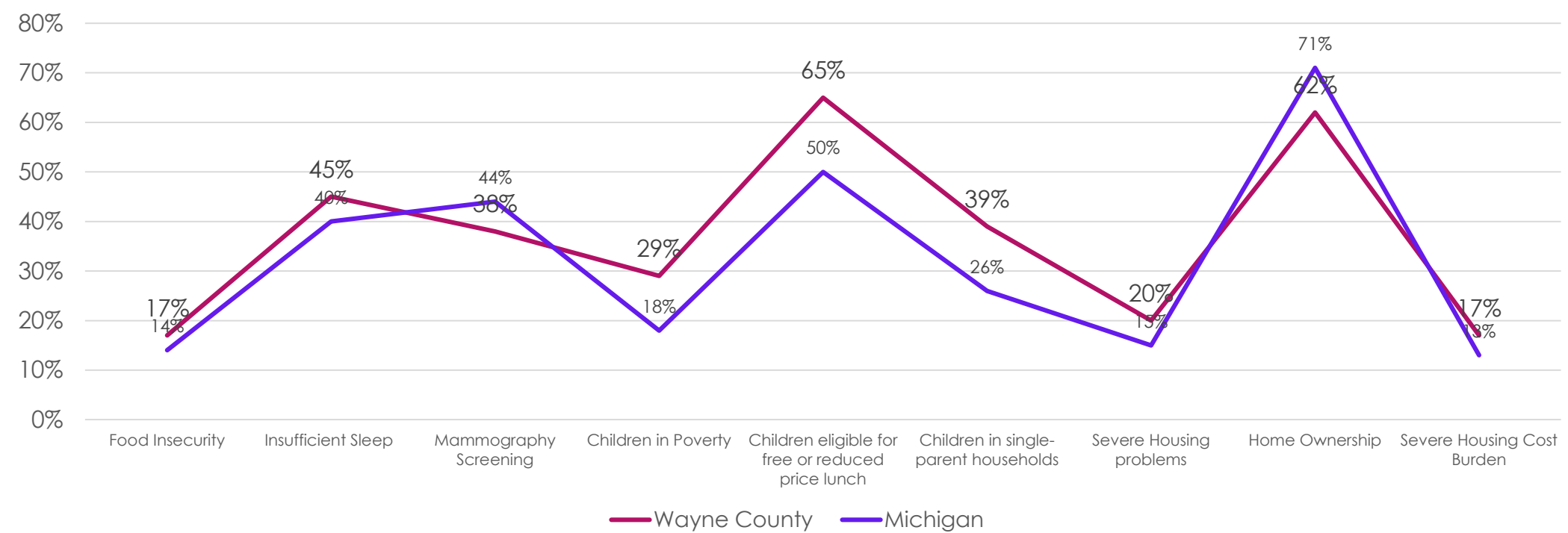


Table 23

* Data derived from 2021 County Health Rankings Report-Robert Wood Johnson Foundation and University of Wisconsin Population Institute

Social Determinants of Health Statistics

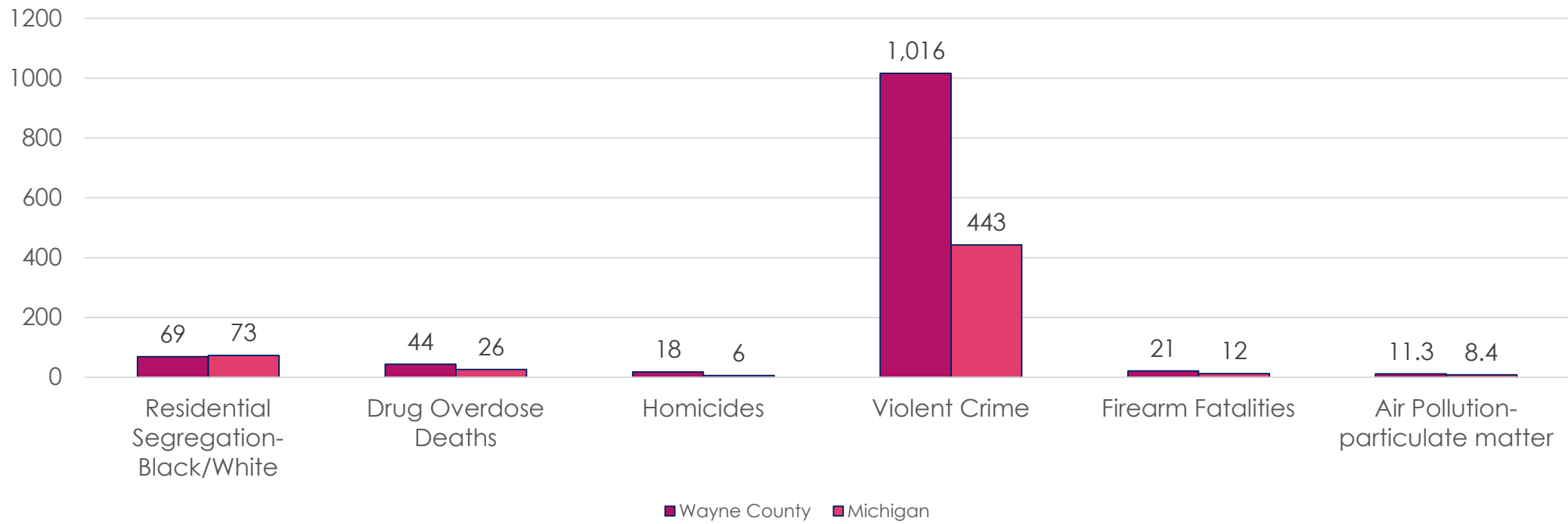


Table 23

* Data derived from 2021 County Health Rankings Report-Robert Wood Johnson Foundation and University of Wisconsin Population Institute

Analysis of Complex Case Management Activities and Resources

- ▶ DWIHN utilizes the information included in the above Population Assessment to review and update complex case management activities and resources to ensure that member needs are addressed.
- ▶ DWIHN Care Coordinators who provide Complex Case Management services will ensure that all members that receive Complex Case Management services are referred to or connected with a Primary Care Physician.
- ▶ DWIHN Care Coordinators participate in annual Cultural Competency training to maintain and increase their knowledge and skills in working with diverse groups of people.

- ▶ DWIHN offers both verbal and written translation services for members in need of such services. Care Coordinator staff are aware of how to access such services for members served in Complex Case Management.
- ▶ DWIHN Care Coordinators are knowledgeable of State and Federal entitlement programs and assist members in accessing insurance benefits and entitlements as needed.

- ▶ A significant number of DWIHN members who are offered Complex Case Management services decline the services. Anecdotal reports from members as to why they decline Complex Case Management services are that they already have Case Managers, along with other behavioral health care professionals, involved in their care.
- ▶ Care Coordinator staff will continue to attend and participate in the monthly Children's Mental Health Lecture series. This series offers training to DWIHN staff and DWIHN network provider staff in various topics related to children served by DWIHN.

- ▶ DWIHN Care Coordinator staff will attend trainings on Pain Management: Interdisciplinary Approaches and Prescription Drug Abuse and Opioid Epidemic offered by Detroit Wayne Connect.
- ▶ To assist in addressing the Social Determinants of Health DWHIN Care Coordinator staff are knowledgeable of multiple community resources to address member needs, including in the areas of transportation, housing, food, utilities, healthcare, and dental services.