Quality Operations Technical Assistance Workgroup Meeting Agenda
Wednesday, January 25, 2023
Via Zoom Link Platform
9:30 a.m. – 11:30 a.m.

I.	Announcements	A. Siebert
II.	Substance Use Disorder (SUD)	J. Davis/G. Lindsey
III.	Recipient Rights	C. Witcher
IV.	Population Assessment FY21 Update	A. Bond
V.	Complex Case Management (CCM) FY21 Update	A. Bond
VI.	Policy/Procedure Review	E. Reynolds
	a. Conflict Free Case Management	
VII.	QAPIP Effectiveness	
	a. HCBS Transition	W. Sabado
	b. SFY2023 Provider Audit Tools	D. Dobija/S. Bergman
	c. CE/SE Reporting	
	o CRM (MDHHS) Reporting System	S. Applewhite/M. Lindsey
	o RCA (Electronic MH-WIN)	C. Spight-Mackey
	d. Medicaid Verification Review	
	o Findings and Trends	M. Peters
VIII.	Adjournment	

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Via Zoom Link Platform
9:30 a.m. – 11:30 a.m.
Note Taker: DeJa Jackson

1) **Item: Announcements:**
   - There are several job title changes and promotions within each unit/department at DWIHN. Also, MyDWIHN app has been launched and can be downloaded for resources for mental health, SUD, Disability, etc.

2) **Item: Substance Use Disorder (SUD) – Gregory Lindsey, Treatment Services Administrator SUD**
   Goal: Updates from SUD

   Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems ☐ Quality ☐ Workforce
   NCQA Standard(s)/Element #: QI ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Discussion		
Gregory Lindsey provided the workgroup with the following SUD updates: •The American Society of Addiction Medicine and the Commission on the Accreditation for Rehabilitation (ASAM McCAR) updated several elements to the ASAM criteria ratings. Those including ASAM's level of care 3.1, 3.5, and 3.7 which those changes have gone into effect as of January 15, 2023. •The Prevention department of the Substance use Disorder Department is holding a request for qualifications (RFQ). A qualified list is currently being compiled for use during the next five years. The R.F.Q. should remain open to accept responses all the way up into June 30, 2027. Any provider that wish to initiate or continue to provide prevention services, they must submit a response to be evaluated for the qualified list. The response can be submitted anytime between now, and June 1, 2027. If any more information is needed, it can it found on the DWIHN website, it's the R.I.Q 2023 for prevention. •The Community Anti-Drug Coalitions of America (CACA) are holding a four day conference from January 30th through February 2nd. The conference will provide opportunities to learn the latest strategies, to fight substance misuse and to hear from nationally known experts and policymakers.		
Provider Feedback	**Assigned To**	**Deadline**
No additional provider feedback was provided.		
Action Items	**Assigned To**	**Deadline**
None		

3) Item: Recipient Rights – Chad Witcher, Prevention Manager
Goal: Updates from ORR
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems ☐ Quality ☐ Workforce
NCQA Standard(s)/Element #: QI ☐ CC# ___ ☐ UM #____   ☐CR # ___ ☐ RR # ___

Discussion		
Chad Witcher provided the workgroup with the following ORR updates: •Polly McCallister, Director of Recipient Rights, is putting an effort towards providing resources to prevent rights violations in a number of areas, the most important area is during an environmental scan, meeting with providers to talk about: What are the challenges? What are the concerns?, What issues are out there in terms of Recipient Rights? Etc. Some things have already been initiated at the providers request such as: consultation and technical assistance venues, targeted discussions and trainings, in-services on the recipient rights complaint resolution process, identifying issues that are affecting members in terms of having their rights protected. •The remedial actions substantiated violations in Michigan Law chapter 7 of the health code has some requirements that are currently being under review to identify what needs must be adjusted, improved, or changed within the process. •Recipient Rights are recognizing individuals who do exemplary efforts or have exemplary performance in protecting rights. ORR is open to recommendations of individuals, situations, or teams of people that exhibit some outstanding or exemplary performance in the protection of rights when working with our members served. •ORR is currently working on a process improvement project to reduce the length of time that it takes to complete the recipient rights investigation. Trying to decrease it from a maximum of 90 days, down to 75 days. Also, a revision of the death log form is underway.		
Provider Feedback	**Assigned To**	**Deadline**
Providers Questions/ Concerns: 1. When you define new form, is it within the last month? Six months? Is the current form being used incorrect now? 2. Is this form on the DWIHN website under ORR? 3. What is the normal turnaround time for background checks? 4. What can be done about the inconsistencies with reporting and receiving reports? 5. What should be done in a situation when trying to report a death to try to get a death log number and being asked additional information that we don't have and we can't get a death log number?		

6. With the 24 hour reporting of a death, does that 24 hours start the second we hear about it, or does it start the second we have enough information to report it, where we can confirm the death?
7. Regarding the acknowledgment letters, are they still being sent out to the complainants?

ORR's Reply/Answers:

1. The revision to the death log form was approved back in November and it was minor revisions. Revisions included updating phone numbers and adding an area for an email address.
2. Not sure if the current form is under the ORR tab on the DWIHN website, ORR will verify and provide an update.
3. Estimated turnaround time is 3-5 days. The turnaround times shouldn't be long, we get authorization from the employee for us to release information about the substantiated complaints, then we contact the provider with that information within 3-5 days, if it's longer than that, you can contact ORR.
4. We've been meeting with individual providers and going over the process with RR complaints as to why providers get some reports and no other reports and what the law requires in chapter 7, regarding who receives copies of investigative reports, status reports and summary reports. Anyone is welcome to send an email with any questions or concerns related to the matter to the attention of Chad Witcher.
5. You should contact Gwena Jones at gjones@dwihn.org, she's the intake supervisor.
6. Once you have the information needed to report a death, you should report it immediately.
7. Yes, the acknowledgment letters are still being sent out to complainants.

Action Items	Assigned To	Deadline
None		

4) Item: Ashley Bond, Clinical Specialist Complex Case Management
Goal: Population Assessment FY21 Update
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems **X Quality** ☐ Workforce
NCQA Standard(s)/Element #: QI #8 CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Discussion		

Ashley Bond shared with the group the following Population Assessment FY21 updates:
• Data was added to include member population for the LGBTQ+ members, such as including more identities in regards to identifiers for LGBTQ+ people. Also, more risk factors for members of that community are included.
• Information was added in regards to Hispanic and Latino members. Information including: traditional healthcare approaches, as well as barriers and information in regards to different disparities, like the lack of health insurance & fewer health care visits for the identified populations.
• In response to the 2021 Population Assessment, DWIHN (IHC) plans to focus on the subpopulation of LGBTQ+ members, Hispanic & Middle Eastern and North African Cultures (MENA). We will also include more trainings to increase knowledge on the subject matter.
• In regards to DWIHN's language materials, we offer different language materials on our website, our member handbook is listed in Arabic, English, and Spanish for members who speak those languages. Other languages are available per request.
• More information was included on the utilization of translation services. Adding the total number of calls as well as the top languages that were requested by our members.
• In regards to the information gathered for Serious & Persistent Mental Illnesses, the top 5 SPMI Diagnosis includes:
    ○ Major Depressive Disorder (9,503)
    ○ Anxiety Disorder (3,577)
    ○ Bipolar I Disorder (3,368)
    ○ Schizoaffective Disorder (1,886)
    ○ Post-Traumatic Disorder (1,858)
• The top diagnosis are also utilized to adjust the eligibility criteria for Complex Case Management. Due to the prevalence of Autism in our population, DWIHN will be adding Autism to CMM eligibility criteria for Children & Adolescent. Chronic pain will be added to the eligibility criteria for adults.		

• For Schizoaffective Disorder, some potential barriers that may create challenges for members to seek support were added to population assessment. Those potential barriers include: Stigma & Fear, Lack of awareness, Severe symptoms, Possible substance use, and Client Resistance. • The 2022 Population Assessment is currently in the process of being finalized and will be presented once the final draft is approved. • Please see attached "Updates to DWIHN Population Assessment.pptx" for more information.		
Provider Feedback	**Assigned To**	**Deadline**
No provider feedback.		
Action Items	**Assigned To**	**Deadline**
None Required		

5) Item: Ashley Bond, Clinical Specialist Complex Case Management
Goal: Complex Case Management (CCM) FY21 Evaluation Update
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems **X Quality** ☐ Workforce
NCQA Standard(s)/Element #: QI #8 CC# ___ ☐ UM #____   ☐CR # ___ ☐ RR # ___

Discussion		

Ashley Bond provided the following CCM FY21 Evaluation updates:
 	
• A new goal has been added to increase participation in a number of members who attended two or more behavioral health outpatient service business within 60 days of starting complex case management services.
• Timeframes were added to PHQ and WHO-DAS, members who were open for at least 90 days were included.
• Timeframes were also added to Emergency Room, Inpatient admit and Utilization of Out-Patient Services, members who were open for at least 60 days were included.
• A Causal Analysis has been added to explore goals, discuss interventions, discuss barriers, and goal evaluations for the upcoming fiscal year, it will include:
    o PHQ
    o WHO-DAS
    o ED and Hospital Admits
    o Out-Patient Services
    o Satisfaction Surveys
• For the Satisfaction Surveys for FY21, out of 42 members only 16 returned Satisfaction Surveys, in order to increase our return rate, we've added electronic surveys. Members will have the option to submit a paper or electronic survey response.
• Changes to the satisfaction survey's format has also been made in fiscal year 23, in which neutral responses will be eliminated in order to obtain negative and positive feedback from members.
• Please see attached "Updates to CCM Eval FY 21.pptx" for more information.		

Provider Feedback	**Assigned To**	**Deadline**
No provider feedback.		
Action Items	**Assigned To**	**Deadline**
None Required.		

6) Item: Ebony Reynolds, **Clinical Officer**
Goal: Policy/Procedure: Conflict Free Case Management
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems ☐ Quality ☐ Workforce
NCQA Standard(s)/Element #: QI ☐ CC# ___ ☐ UM #____   ☐CR # ___ ☐ RR # ___

Discussion		
Ebony Reynolds provided the following updates to the work group regarding the *Conflict Free Case Management* policy: • The *Conflict Free Case Management* policy is requiring that safeguards and firewalls are in place to reduce any type of risk for potential conflict. It is a requirement that all of our contractor providers, as well as DWIHN, have firewalls and protections in place to protect the individuals that we serve. • What the policy covers is ensuring that individuals access to services and provider of services are separated by a supervision oversight between entities. Basically, the goal of that is to ensure that the person center planning process is being honored and followed for each and every individual that is receiving services through DWIHN, ensuring that the assessment of functional need and at the person center plans are safeguarded. Protecting the health and the welfare of the individuals that are served. • The policy is also developed with the use of home and community-based services (HCBS); however, the person center planning process and guidelines are a requirement for all of our providers to follow. It is a requirement for everyone to maintain conflict-free case management when delivering services. This policy will ensure that individuals receiving services has no conflict between eligibility, determination, and who is delivering the service. • DWHIN's access center is the entity that determines eligibility for individuals served, after which we refer to our provider network to develop the assessment and the treatment plan. Some portions of the requirements are in place, including authorizations approval through DWIHN's UM unit. • MDHHS is currently working on how conflict free case management will be rolled out to the PIHP's. DWIHN will update the policy as the State to establishes guidance on how the requirements for our network will be determined and implemented.		
Provider Feedback	**Assigned To**	**Deadline**
No provider feedback.		
Action Items	**Assigned To**	**Deadline**
Policy updates will occur as more information is provided from MDHHS.	CPI – Ebony Reynolds	Ongoing

7) Item: William Sabado, Clinical Specialist Performance Monitor
Goal: HCBS Transition Updates
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems ☐ Quality ☐ Workforce
NCQA Standard(s)/Element #: QI ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Discussion		
William Sabado discussed the following: • DWIHN is currently working with the Clinically Responsible Service Provider (CRSP's) for meetings and discussions to address the challenges that the CRSP's are facing with the members, which also includes speaking with the members to provide technical assistance in this HCBS process and to address identified pathways each member is choosing for their living arrangements if the organizations are deemed as "non-compliant". • March 1st is the deadline for the final report to the state regarding which individual member's choice as a pathway will be implemented as well as identifying and adopting the planning process that will be in place by the required timeframe. • March 17th is a state federally mandated deadline for billing of services that do not support the HCBS requirements. • Waiver Support Application information needs to be updated. Providers need to make sure that they're updating the information required as the demographic information will be utilized with the next wave of HCBS surveys, which will be coordinated through DWIHN. • Quality will be sponsoring and coordinating what we are terming subject matter, based trainings and discussions, focusing on HCBS standards and trends for the provider network. The first training will occur on February 14th, at 11:00 a.m. Information for the training will be posted on DWIHN's website. Notices of the trainings will also be forwarded from the Communications department. The trainings will include the subject matter experts and specialists from within DWIHN including information from our provider network with discussions about certain matters that focus on the residential setting of our members served.		
Provider Feedback	**Assigned To**	**Deadline**
No provider feedback.		
Action Items	**Assigned To**	**Deadline**
None Required.		

8) Item: **Danielle Dobija/Sabrina Bergman, Clinical Specialist - Performance Monitor**
Goal: **SFY2023 Provider Audit Tools**
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems **X Quality** ☐ Workforce
NCQA Standard(s)/Element #: **QI 1** CC# ____ ☐ UM #_____ ☐CR # ____ ☐ RR # ____

Discussion		

Danielle Dobija shared the following updates for the FY 2023 Provider Audit Tool:
 	
• There were only a few changes that were made:
    o The State Standardized "Consent to share behavioral health information for care coordination purposes" form was updated. Requirements included in the updated form effective for March 1st.
    o Question has been added to the Plan of service and Documentation Requirements section.
    o The title of the Home and Community Based Final Rule (HCBS) section has been changed to implement the HCBS Rule in Residential Settings. The HCBS section is now also scorable. Revisions to the first question in the section was also made to eliminate the need to enter any information if the member was not residing in a provider owned or operated or controlled setting.
    o DWIHN developed a step by step guide to completing the HCBS section in the IPOS and is now available on the website.
    o A new question was also added to the Wraparound Fidelity Standards.
 	
Sabrina Bergman shared the following updates for FY 2023 Provider Protocol Review Tool:
• There's been quite a few changes to the Provider Protocol tool:
    o The first question in the Administrative Effectiveness was slightly edited.
    o A new question has been added as well to the Administrative Effectiveness, question number 14: If the provider experienced a merger or change of ownership or a name change to it.
    o A few new questions were added to the Accommodations section regarding ADA Accessibility Requirements.
    o New questions number 5-11 were added to the Program Requirements and has to do with the Michigan Mission Based Performance Indicators.		

	Assigned To	Deadline
o A new question was added to the Person Centered Planning & Family Centered Planning section. o A few new questions were added to the Recipient Grievance Process section. o Question number one was removed from the Home & Community Based Settings and question number two was edited, "residential setting" changed to "service setting". o SED Waiver and Skill Building Assistance sections were removed.		
Provider Feedback	**Assigned To**	**Deadline**
Providers Questions/Concerns: 1. When will these provider audits be occurring? 2. Any target date for when the Performance Indicator (PI) questions will be scored? 3. Have these new tools, both the Admin and the case record tools been sent out? Answers: 1. This is part of the administrative tool, that's going to be dependent on the schedule that your organization and your performance monitor (PM) set up. If you haven't heard from your PM. about your annual review, please reach out to them, but usually the provider audit will take place with your annual review. 2. Scoring for the PI sections will occur next fiscal year. Typically, we don't make any changes to the tool throughout the year, because we want to make sure that all providers are utilizing the same tool. 3. The audit tools have not yet been sent out to the providers in a mass communication . As providers audits are being scheduled, the audit tools are being submitted.		
Action Items	**Assigned To**	**Deadline**
None Required.		

9) Item: Sinitra Applewhite/ Micah Lindsey / Carla Spight-Mackey, Clinical Specialist Performance Improvement

Goal: CE/SE Reporting
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems **X Quality** ☐ Workforce
NCQA Standard(s)/Element #: QI 1 CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Discussion		

Carla Spight-Mackey shared with the group an overview of the CE/SE reporting process.
 	
• Josephine Austin has been added to the Contact Critical Event team, she will be focusing on medical and death issues along with Micah Lindsey.
• A few changes in reporting:
    ○ CRSP provider must submit names and contact information of two primary staff persons responsible for critical/sentinel event reporting by February 3rd COB.
    ○ All designated staff must attend re-training to be scheduled in the month of February.
    ○ A new category of Timeliness of reporting has been added that is called Immediately Reportable as well as subcategories that are being added to MHWIN.
 	
Sinitra Applewhite shared information and requirements for reporting Root Cause Analysis (RCA):
 	
• The first two RCA trainings will occur on February 21st and February 23rd.
• The RCA's are now electronic after training the system, it will be mandated to enter RCA's into MHWIN.
 	
Micah Lindsey shared information on the CIS/CRM system and SUD Reporting for Residential:
 	
• The State has opened up the Michigan crisis and access line, and the part of that line is the (Customer Relationship Management (CRM) system. The State is goal is review behavioral health and S. U. D. services in a more integrated way, which is occurring through the critical sentinel event reporting in the CRM system.
• DWIHN QI unit will be hosting upcoming provider network trainings beginning in February allowing for the network to learn the system in more depth.		

• The State is looking directly at our critical and sentinel events, and requesting information and subsequent remediation, that is why our CE/SE DWIHN team is requesting information in a quicker timeframe.		
Provider Feedback	**Assigned To**	**Deadline**
No Provider feedback.		
Action Items	**Assigned To**	**Deadline**
Providers to review the DWIHN website and sign-up for required CE/SE trainings. Trainings will begin in February and continue each month as needed.	CRSP providers	Ongoing.

10) Item: Melissa Peters, Clinical Specialist - Performance Monitor
Goal: Medicaid Verification Review
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems **X Quality** ☐ Workforce
NCQA Standard(s)/Element #: QI 1 CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Discussion		
Melissa Peters shared with the workgroup the following updates: • The Medicaid Verification Claims reviews completed twice a year. Quarters 1 & 2 are completed as a group, then quarters 3 & 4. • 75% of the claims that were reviewed for FY22 were either 100% compliant or above the 95% threshold. Out of the remaining claims, about 51 of the providers are currently participating in a plan of correction. • The Medicaid Verification review, revealed that many areas of lower or non-compliant scores are regarding the completion and signatures of the IPOS. Areas were noted that providers, especially non CRSP providers did not have access to a valid signed IPOS. The CRSP must also make certain that the IPOS is available in MHWIN and that the goals and objectives in the IPOS reflect that the services are being delivered to the members served. • The other major area that was noted, were the staff qualification section. The reviews are based on the Medicaid Provider Manual for the type of service being provided. • The Plan of Corrections have been submitted to each provider for Quarters 1 & 2, with Quarters 3 & 4 being submitted by the end of this month. • Please see hand out "Medicaid Claims Results FY22 Q3.Q4 for more information.		
Provider Feedback	**Assigned To**	**Deadline**
No provider feedback.		
Action Items	**Assigned To**	**Deadline**
None.		

New Business Next Meeting: 02/22/23
Adjournment:

UPDATES TO DWIHN POPULATION ASSESSMENT

Ashley Bond MA, LPC
Detroit Wayne Integrated Health Network

Member Populations

◦ Data has been added to include information in regards to LGBTQ+ members. This includes:

◦ According to the UCLA Williams Institute 2020 data, there is an estimated 311,000 LGBTQ+ members in Michigan.

◦ Although the full range of LGBTQ+ identities are not commonly included in large-scale studies of mental health, there is strong evidence from recent research that members of this community are at a higher risk for experiencing mental health conditions — especially depression and anxiety disorders.

◦ Including LGBTQ+ identifiers in our demographic data to reflect the growing population of members that we serve (starting third quarter FY2022)

◦ Hispanic/Latino members represent 4.68% of our members served. Information has been added to include:

◦ Traditional Healthcare approaches

~Many combine traditional approaches combined with Western Medicine

◦ Barriers

~ Hispanic/Latino have the highest rates (32%) of any racial group within the United States to have a lack of health insurance which often results in fewer needed healthcare visits

Language Materials

◦ Currently DWIHN's website offers the Member handbook and other documents in Arabic, English and Spanish to support members who reported other Primary Languages spoken other than English.

◦ During FY21, a total of 835 member calls utilized translation services. The languages requested were Arabic, Spanish, Bengali, Bosnian, Persian, Mandarin, Punjabi, Dari, Vietnamese, Hindi, Urdu, Cantonese and Albanian. The top two languages requested were Arabic and Spanish.

SPMI

◦ The Top 5 Serious and Persistent Mental Illnesses were added for FY21 for Adult Members age 18 and older. These Diagnosis were derived from Member charts in MHWIN. The top 5 SPMI Diagnosis includes:

1. Major Depressive Disorder (9,503)

2. Anxiety Disorder (3,577)

3. Bipolar I Disorder (3,368)

4. Schizoaffective Disorder (1,886)

5. Post-Traumatic Disorder (1,858)

* The SPMI Diagnosis for adults will be compared in FY22.

Analysis of Complex Case Management Activities and Resources

◦ For the last two years Autism has been in the top five conditions for children and youth. In FY 2021 it ranked number six with 914 members served. Due to the prevalence of Autism in our population, DWIHN will be adding Autism to CCM eligibility criteria for children and adolescents.

◦ Chronic pain has been in the top five medical conditions for adults for the last 2 years and thus chronic pain will be added to the eligibility criteria for adults.

◦ Schizoaffective Disorder was the 3rd most common Behavioral Health diagnosis for DWIHN adults in FY 2021 .

◦ We added some potential barriers to accepting treatment/mental health support for individuals diagnosed with Schizoaffective Disorder which could include:

~stigma and fear

~lack of awareness

~severe symptoms

~possible substance use

~client resistance

In response to the 2021 Population Assessment

◦ We plan to focus more on the subpopulations of LGBTQ+ members, Hispanic and Middle East and North African Cultures (MENA).

◦ This includes more trainings to increase our knowledge base in working with members within these subgroups, and partnering with different organizations to better serve our members (such as Ruth Ellis, Affirmations and etc)

◦ The Complex Case Management team participated in a series of SOGIE (Sexual Orientation Gender Identity and Expression) trainings offered by the Ruth Ellis Center to expand knowledge base and better work with LGBTQ+ members.

◦ We will also participate in trainings to learn more about barriers and different approaches that is better received from members of different cultures with the focus primarily being on Hispanic and MENA cultures as they are the second and third highest reported groups of our member populations.

FUH and African American Members

◦ Another population that has been identified as needing more supports/interventions are African American Members and attendance with Follow Up after Hospitalization appointments (FUH).

◦ The Integrated Care Department under which the Care Coordinators function has partnered with the Quality Improvement Department on an initiative the Michigan Department of Health and Human Services has asked to see an improvement on. The Quality Improvement project is titled "Reducing ethnic disparity with African Americans for the percentage of discharges from a psychiatric inpatient unit that were seen in follow-up in seven days.

◦ As part of their job responsibilities, the Care Coordinators perform transition of care activities and will incorporate interventions specific for this population.

◦ Prior to discharge, Care Coordinators contact hospital Social Workers to discuss discharge planning.

◦ Members are contacted post discharge and receive verbal reminders of their scheduled FUH appointments. During these contacts, Care Coordinators also try to address barriers to increase attendance for aftercare appointments. Care Coordinators will continue to make a conscious effort to address barriers for our members, with additional focus on our African American members to increase FUH outcomes.

# UPDATES TO COMPLEX CASE MANAGEMENT PROGRAM EVALUATION FY21

ASHLEY BOND MA, LPC

DETROIT WAYNE INTEGRATED HEALTH NETWORK

GOALS

- New goal: Improve participation in the number of members who attended two out patient Behavioral Health service visits within 60 days starting CCM services who were open for at least 60 days and closed as of October 2021 as evidenced by an overall 10% increase in participation (86%)

Attended 2 Out-patient Behavioral Health serivces within 60 days
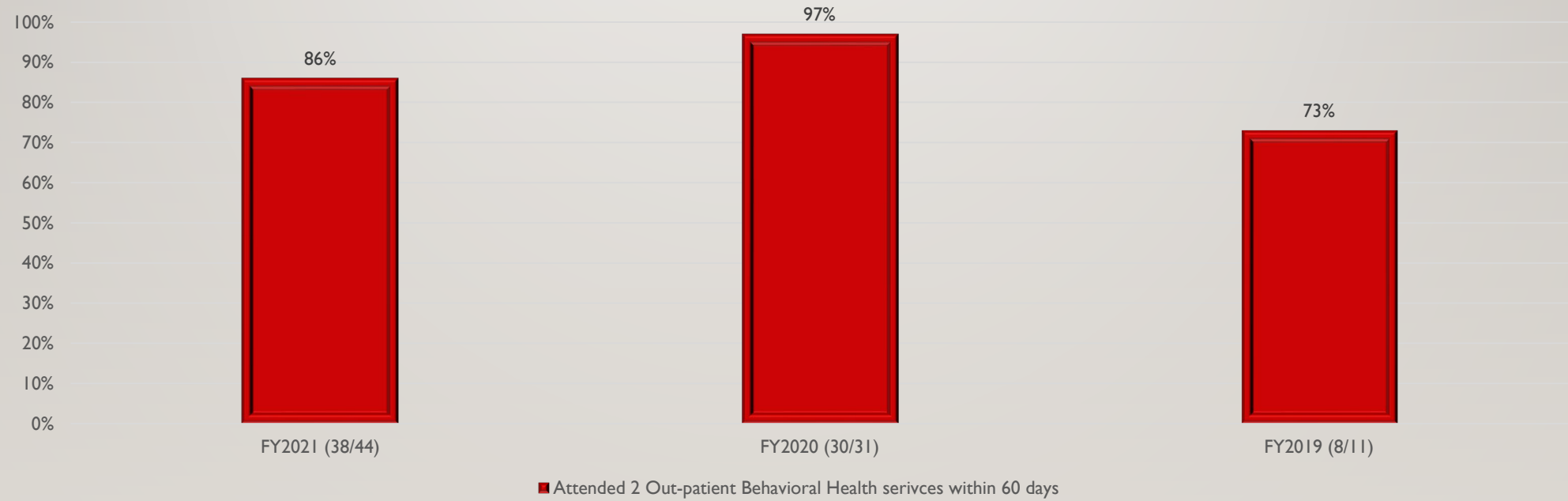
TIMEFRAMES

- PHQ and WHO-DAS

~Members were included who were open for at least 90 days

- Emergency Room, Inpatient admit and Utilization of Out-Patient Services

~Members were included who were open for at least 60 days

CAUSAL ANALYSIS

- Although we met our program goals for FY21, we added a Causal Analysis to explore goals, discuss interventions, discuss barriers, and goal evaluations for the upcoming fiscal year.

- A Causal Analysis was added for the following:

  - PHQ

  - WHO-DAS

  - ED and Hospital Admits

  - Out-Patient Services

  - Satisfaction Surveys

SATISFACTION SURVEYS

- Out of 42 members, 16 returned Satisfaction Surveys (38%)

- Elimination of neutral responses starting in FY23 to obtain members true opinions for negative and/or positive feedback

- Electronic Satisfaction Surveys