



Detroit Wayne Integrated Health Network

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PROGRAM COMPLIANCE COMMITTEE MEETING

Wednesday, September 8, 2021

VIRTUAL

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 - None**
- VI. Approval of the Minutes – August 11, 2021**
- VII. Report(s)**
 - A. Chief Medical Officer
 - B. Corporate Compliance – *Deferred to October 13, 2021*
- VIII. Quarterly Reports**
 - A. Access Call Center
 - B. Children's Initiatives
 - C. Clinical Practice Improvement
 - D. Customer Service
 - E. Integrated Health Care
- IX. Strategic Plan Pillar - Quality**
- X. Quality Review(s)**
 - A. QAPIP Work Plan FY 2021 Update
- XI. Chief Clinical Officer's Report**
- XII. Unfinished Business - None**

Board of Directors

William T. Riley, III, Chairperson
Dorothy Burrell
Kevin McNamara

Angelo Glenn, Vice-Chairperson
Lynne F. Carter, MD
Bernard Parker

Dora Brown, Treasurer
Michelle Jawad
Kenya Ruth

Dr. Cynthia Tauog, Secretary
Jonathan C. Kinloch



XIII. New Business

(Staff Recommendations):

- A. **BA #21-74** – Request for Additional Funds for Translation Services – Bromberg and Associates, LLC
- B. **BA #22-03** – Crisis Intervention Services – Hegira Health, Inc.
- C. **BA #22-04** – Behavioral Health Emergency Response Call Center – ProtoCall Services, Inc.
- D. **BA #22-08** – Michigan Consortium for Healthcare Excellence (MCHE)
- E. **BA #22-09** – Project for Assistance in Transition from Homelessness (PATH) – Neighborhood Service Organization (NSO) and Wayne Metropolitan Community Action Agency (WMCAA)
- F. **BA #22-10** – Central City PSH CoC Program and Leasing Project – Central City Integrated Health
- G. **BA #22-11** – Donated Funds Agreement DFA22-82009 – Outstation DHHS Services
- H. **BA #22-13** – Michigan Peer Review Organization (MPRO)
- I. **BA #22-15** – System of Care Block Grant – Black Family Development
- J. **BA #22-20** – Infant and Early Childhood Mental Health Consultation (IECMHC) – Development Centers, Inc.
- K. **BA #22-22** – Provider Network System FY 21/22 – DWIHN's Provider Network

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

AUGUST 11, 2021

1:00 P.M.

IN-PERSON MEETING

MEETING CALLED BY	I. Dr. Cynthia Taueg, Program Compliance Chair at 1:08 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Dr. Cynthia Taueg, Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	<p>Committee Members: Dorothy Burrell; Dr. Lynne Carter; Michelle Jawad; and Dr. Cynthia Taueg</p> <p>Board Members: Chief William T. Riley, III</p> <p>Staff: Judy Davis; Eric Doeh; Stacie Durant; Dr. Shama Faheem; Monifa Gray; Shirley Hirsch; Bernard Hooper; Melissa Moody; Andrea Smith; Michele Vasconcellos and June White</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 Board Liaison, Lillian Blackshire. There was a quorum.

IV. Approval of the Agenda

DISCUSSION/ CONCLUSIONS	The Chair called for approval of the agenda. Motion: It was moved by Ms. Jawad and supported by Chief Riley to approve the agenda. Dr. Taueg 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 – Provide more information on outreach for mental health and substance use for children and adolescents – Dr. Shama Faheem, Chief Medical Officer reported:</p> <ol style="list-style-type: none">1. Mobile Outreach Services – Integrated Mobile Health Services in collaboration with Wayne Health was launched during the week of July 6, 2021.2. Youth United Outreach Events – Focused on youth mental health and SUD services;3. Children's Initiatives Department – Attended three events to share information about Children's Services in Wayne County;4. School Success Initiatives – A flyer was created explaining the school prevention services and will be distributed at various events;5. Workforce Development Events – A Skate into Hope Session for youth and families that provided information on DWIHN's services, suicide prevention and risk/protective factors.6. Back-to-school Events – Information provided on behavioral health and services;7. SUD Department – Provided awareness and knowledge on alcohol, tobacco, substance use and misuse, addition and the effects on individuals, families and communities at community events, social media and distributing brochures/pamphlets; and8. DW IHN – Ensuring timely availability of children services, especially during times of staffing shortages. <p>Dr. Tauieg opened the floor for discussion. Discussion ensued. The Chair noted that the follow-up information on outreach for mental health and substance use for children and adolescents has been received and placed on file.</p>
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VI. Approval of Meeting Minutes

DISCUSSION/ CONCLUSIONS	<p>The Chair called for approval of the July 14, 2021 meeting minutes. Motion: It was moved by Ms. Burrell and supported by Chief Riley to approve the July 14, 2021 meeting minutes. Dr. Tauieg asked if there were any changes/modifications to the 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 highlights of her Chief Medical Officer's report. Dr. Faheem reported:</p> <ol style="list-style-type: none">1. School Success Initiative – Dr. Faheem reviewed the elements and flow of DWIHN's School Success Initiative and compared it with the National models and evidenced-based practices in this area. DWIHN uses the Michigan Models for Health Curriculum which incorporates the eight elements used by the Comprehensive School Mental Health System (CSMHS) as well as the three-tier approach and are in line with the National Center for School Mental Health (NCSMH) and American Academy of Pediatrics recommendations for school-based behavioral health services. DWIHN plans to work on developing trainings that can be provided to school professionals, increase collaboration within other departments in our organization to identify resources where will be able to provide some of the
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	<p>Tier-1 education and outreach events ourselves and participate more directly in the outreach, identification and school recruitment. DWIHN will also increase collaboration with other health systems who are providing similar initiatives to schools. There was no monthly meeting held this month.</p> <p>2. Quality Improvement – Dr. Faheem will work closely with the Quality department to improve DWIHN's scores on the State Measured Performance Indicators, analyze DWIHN's performance on HSAG Review and working on areas/departments with identified weakness and being proactive for the next Review cycle.</p> <p>3. Performance Improvement Projects (PIPs) – Staff continues to work collaboratively and aggressively to address PIP measures and HEDIS' scores, send quarterly memos to the Medical Directors about the best-practices on use of antipsychotics, avoiding multiple antipsychotics and closely monitoring of the associated side effects. The goal is to aggressively work on interventions in real-time and improve measures and outcomes.</p> <p>Dr. Tauzeg opened the floor for discussion. Discussion ensued.</p> <p>B. Corporate Compliance Report - Bernard Hooper, Director of Corporate Compliance submitted and gave an update on the Corporate Compliance report. Mr. Hooper reported:</p> <p>1. OIG Quarterly Reports – Staff has submitted quarterly reports for the three prior quarters. OIG/MDHHS has requested inquiries regarding four categories of investigation reported. DWIHN has successfully responded to the request with an explanation of the irregularity of category reporting and all quarterly reports have been accepted.</p> <p>Dr. Tauzeg opened the floor for discussion. There was no discussion.</p> <p>The Chair noted that the Chief Medical Officer's and Corporate Compliance's reports have been received and placed on file.</p>
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VIII. Quarterly Reports -

DISCUSSION/ CONCLUSIONS	<p>A. Managed Care Operations – June White, Director of Managed Care Operations submitted and gave highlights of the Managed Care Operations' quarterly report. Ms. White reported:</p> <p>1. Contract Managers and Providers – DWIHN is expected to process over 300 contracts for FY 2022.</p> <p>2. Effects of COVID-19 on the Providers – There were six closures this quarter (3 licensed homes or location closures, provider retiring, home consolidation and staffing shortages; one provider contract termination; one unlicensed setting closed, landlord sold home; and one provider temporarily closed due to staff's COVID-19 concerns)</p> <p>3. Provider and Practitioner Survey for September 2021 – Improvements were made to the survey and expected to be distributed to providers and practitioners in September.</p> <p>4. Provider/Training Meetings Held – Outpatient and Residential Providers Meetings are scheduled every six weeks for the rest of the calendar year and will be held virtually until further notice.</p> <p>Dr. Tauzeg opened the floor for discussion. There was no discussion.</p> <p>B. Residential Services – Shirley Hirsch, Director of Residential Services submitted and gave highlights of the Residential Services' quarterly report. Ms. Hirsch reported:</p>
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1. **Residential Assessment Productivity** – There were 630 requests received; 236 completed assessments (SALs); 225 returned/cancelled requests; 153 cases for brokering only; and 16 requests awaiting completion.
2. **Referral Outliers** – There was a significant increase of IDD consumers ages 18-25 entering into the community from family homes; 30 requests were received for IDD consumers initially under the self-directed services returning to specialized facilities (5 cases confirmed to no longer choose self-directed services and continuing under specialized residential settings); and there were nine residential facility closures.
3. **Service Authorizations** – There were 4,172 requests for Q3; 3,348 requests were completed; 103 internal requests; and 721 requests returned to CRSP.
4. **Authorization Team Projects** – H2X15/T2X27 Authorization process began 4/29/21
5. **Automated Productivity Reporting** – Residential department obtained licensing for adobe publishing for the implementation of Residential Care Specialists reporting, Specialized facility closures, In-home Assessment w/CPT rate comparison, Residential Care Coordination spreadsheet for brokering placements and Residential Vacancy reporting.

Dr. Taueg opened the floor for discussion. Discussion ensued. Ms. Hirsch informed the committee that staff continues to provide monthly trainings and working on a video training for CRSP providers to make sure that IPOS authorizations are being entered into MH-WIN correctly. Eric Doeh, Interim President/CEO stated that staff was finding that the lines of communication were not linking up; therefore, DWIHN has developed small group meetings that include CRSP and Residential providers along with staff to identify and troubleshoot what the issues are and resolve them.

- C. **Substance Use Disorder** – Judy Davis, Director of Substance Use Disorder submitted and gave highlights of the Substance use Disorder quarterly report. Mrs. Davis reported staff continues to train the community on how to reverse an opioid overdose. Providers, law enforcement, community organizations can request naloxone trainings via DWIHN's website. DWIHN's Naloxone Initiative program has saved 768 lives since its' inception and up to July 2021. DWIHN has two providers that provide mobile unit services for screenings, referrals for treatment, peer services, therapy and relapse services, Rapid HIV testing and host of other services. There are nine Opioid Health Homes to coordinate care for Medicaid beneficiaries with serious and complex chronic conditions while serving the whole person by integrating and coordinating physical, behavioral and social services. Providers have enrolled 124 individuals for this initiative. The 1115 Medicaid Waiver requires that the ASAM Continuum be the sole SUD Assessment tool needed for all SUD providers who serve Medicaid eligible clients. This assessment tool is expected to be fully operational by October 1, 2021. A total of 299 clinicians have registered for the ASAM Continuum training. DWIHN provides access to Naloxone kits, peer support, latex condoms, fentanyl strips and deterra bags for harm reduction strategies.

Dr. Taueg opened the floor for discussion. Discussion ensued.

The Chair noted that the Managed Care Operations', Residential Services' and Substance Use Disorder's quarterly reports have been received and placed on file.

IX. Strategic Plan Pillar - Customer

DISCUSSION/ CONCLUSIONS

Michele Vasconcellos, Customer Service submitted and gave a report on the Strategic Plan – Customer Pillar. Ms. Vasconcellos reported that overall this pillar is currently at 92% completion:

	<p>A. Goal 1 – Enhance the Provider Experience by 12/31/2021 – The focus is on ensuring Provider Satisfaction by conducting surveys, analyze results of our annual Provider Satisfaction survey and making applicable recommendations; improve level of support by conducting regularly scheduled system training across provider networks; and provide tools and support to ensure providers have more meaningful experience. This goal is at 82% completion and on target.</p> <p>B. Goal 2 – Ensure Inclusion and Choice for Members by 9/30/2020 – The focus is on building an infrastructure to support implementation of self-determined/PCP/shared decision-making; develop components to support the self-determination by enabling individualized budget agreements in MH-WIN system along with the standardized IPOS; and train CRSP Providers who have individuals transitioning to Self-Determinations. This goal is at 97% completion and on target.</p> <p>C. Goal 3 – Improve Person’s Experience of Care and Health Outcomes by 12/31/2021 – The focus is on delivering information about providers and practitioners in appropriate formats; updating and distribution of Provider Directories and Member Handbooks; identifying opportunities to improve member satisfaction via Adult and Children Member surveys; and ensuring access to Recipient Rights and ensuring individuals are placed in a least restrictive environment. This goal is at 87% completion and is on target.</p> <p>The Chair opened the floor for discussion. Discussion ensued. The Chair noted that the Strategic Plan Customer Pillar report has been received and placed on file.</p>
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X. Quality Review(s) –

DISCUSSION/ CONCLUSIONS	<i>The QAPIP Work Plan FY 2021 Update has been deferred to September 8, 2021 Program Compliance Committee Meeting.</i>
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XI. Chief Clinical Officer’s (CCO) Report

DISCUSSION/ CONCLUSIONS	<p>Melissa Moody, Chief Clinical Officer submitted a full report and gave highlights on the Chief Clinical Officer’s report. Mrs. Moody reported:</p> <ol style="list-style-type: none"> 1. COVID-19 & Inpatient Psychiatric Hospitalization – Hospitalizations data showed a 7.5% increase in admissions for the month of July. There were no reported cases of COVID-19 inpatient in July 2021 (June 2021 – 2 cases). 2. COVID-19 Intensive Crisis Stabilization Services – There was a 19% increase in crisis stabilization services provided in July 2021 (434) compared to June 2021 (366). 3. COVID-19 Pre-Placement Housing – There were no pre-placement housing for the month of July 2021 (June 2021 – 0). 4. COVID-19 Recovery Housing/Recovery Support Services – There was a 67% reduction in the utilization of COVID-19 recovery homes in the month of July 2021 (2) compared to June 2021 (6). 5. COVID-19 Urgent Behavioral Health Urgent Care Sites – There was a 58% decrease in utilization of Urgent Behavioral Health Urgent Care Services in July 2021 (19) compared to June 2021 (45). 6. Residential Department Report of COVID-19 Impact – There was one new COVID-19 positive member in July 2021 and no reported new deaths. July data for staff was unavailable at the time of this report. July data will be reported in next month’s report.
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	<p>7. Vaccinations – Licensed Residential Homes – A combined total of 89.7% of members in licensed settings have been fully vaccinated (89.9% received at least one dose).</p> <p>8. Vaccinations – Unlicensed Homes - A combined total of 65% of members have been fully vaccinated in unlicensed settings (66% received at least one dose). 49% were fully vaccinated last month. A combined total in congregate settings – 81% fully vaccinated and 81.2% received at least one dose. DWIHN's Residential team has identified licensed and unlicensed homes that show a lower number of individuals being vaccinated and has partnered with the City of Detroit Health Department to provide in-home COVID-19 vaccination education. The Health Department will also be able to provide the vaccination at that time if the individual so chooses. Currently, 11 homes have been scheduled to receive this service. An update will be provided next month as well as Out-County.</p> <p>9. Behavioral Health Home – Efforts continue toward implementation of the Behavioral Health Home (BHH) model. It is expected that this model will be approved for Region 7 implementation by MDHHS by October 1, 2021.</p> <p>Dr. Tauег opened the floor for discussion. There was no discussion. The Chair noted that the Chief Clinical Officer's report has been received and placed on file.</p>
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XII. Unfinished Business

DISCUSSION/ CONCLUSIONS	<p>A. BA #21-01 (Revised) – Jail Diversion – Team Wellness and Northeast Integrated Health - Staff requesting board approval to increase funding for Team Wellness and Northeast Integrated Health for an amount not to exceed \$350,000.00 per provider from the original \$300,000.00 per provider. The request is for the expansion of the co-response team into additional precincts with increased staff. Dr. Tauег opened the floor for discussion. There was no discussion.</p> <p>B. BA #21-09 (Revised) – FY 2021 Comprehensive Services for Behavioral Health Block Grant – Vendors list included in board action – Staff requesting board approval to enter into agreement with several vendors and individuals who have been approved by MDHHS through the Comprehensive Services for Behavioral Health FY 2021 Block Grant. Notification was received from MDHHS approving \$861,516.00. Dr. Tauег opened the floor for discussion. There was no discussion.</p> <p>C. BA #21-13 (Revised 2) – Wayne County Jail – Staff requesting board approval to increase funding for the Wayne County Jail from \$5,250,000.00 to \$5,800,000.00 to align with the number of consumers served and expend additional General Fund available for the fiscal year ended September 30, 2021. Dr. Tauег opened the floor for discussion. There was no discussion.</p> <p>D. BA #21-32 (Revised 5) – ASAM Training Reimbursement and Naloxone Purchase – Abundant Community Recovery Services – Staff requesting board approval to fund \$72,000.00 of unspent Block Grant funding for clinicians to complete the mandatory eight-hour ASAM Continuum training and meet the criteria of the SUD 1115 Medical Waiver. Dr. Tauег opened the floor for Discussion. There was no discussion.</p> <p>E. BA #21-33 (Revised 4) – ENDS Tobacco – Leaders Advancing and Helping Communities (LAHC) – Staff requesting board approval to accept and disburse Treatment Block Grant Funding from MDHHS in the amount of \$4,000.00 to educate the retailers and the community on Electronic Nicotine Delivery System (ENDS) products. The tobacco section is providing funding for the period of May1, 2021 to September 30, 2021. Dr. Tauег opened the floor for discussion.</p>
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	<p>Michelle Jawad will be abstaining from voting on the Leaders Advancing and Helping Communities due to a conflict of interest. Chief Riley will be abstaining from voting on the Hegira and Growth Works portion of this board action due to a conflict of interest.</p> <p>F. BA #21-56 (Revised) – Mental Health First Aid (MHFA)/Question, Persuade and Refer (QPR) – Staff requesting board approval of one-year contract to provide the evidence-based practice models MHFA and QPR to the provider network, faith-based communities, public schools, universities, military installations, hospitals and law enforcement backgrounds. Dr. Tauzeg opened the floor for discussion. There was no discussion.</p> <p>G. The Chair bundled the board actions and called for a motion on BA #21-01 (Revised); BA #21-09 (Revised); BA #21-13 (Revised2); BA #21-32 (Revised 5); BA #21-33 (Revised 4); and BA #21-56 (Revised). Motion: It was moved by Ms. Jawad and supported by Chief Riley to move BA #21-01 (Revised); BA #21-09 (Revised); BA #21-13 (Revised2); BA #21-32 (Revised 5); BA #21-33 (Revised 4); and BA #21-56 (Revised) to Full Board for approval. Dr. Tauzeg opened the floor for further discussion. There was no further discussion. Motion carried with Ms. Jawad abstaining from Leaders Advancing and Helping Communities due to a conflict of interest and Chief Riley abstaining from Hegira and Growth Works due to a conflict of interest.</p>
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XIII. New Business: Staff Recommendation(s)

DISCUSSION/ CONCLUSIONS	<p>A. BA# 21-73 – 123.Net Fibers Internet Services – 123.Net – Staff requesting board approval of a three-year contract for Fiber Internet Services to increase available internet speed for business functions for employee remote access to data and on premises VoIP services along with significant cost-savings. The total amount would not exceed \$77,364.00. Dr. Tauzeg opened the floor for discussion. Discussion ensued.</p> <p>B. BA #22-01 – Multicultural Integration and PIHP Veteran Navigator – <i>Provider list included in board action</i> – Staff requesting board approval of the Memorandums of Understanding between Community Mental Health Association of Michigan (CMHAM), Michigan Department of Health and Human Services (MDHHS) and Pre-paid Insurance Health Plan (PIHP) for the PIHP Veteran Navigator (PIHP VN) and Multicultural Integration Providers formerly known as the Multicultural Programs. Dr. Tauzeg opened the floor for discussion. There was no discussion.</p> <p>C. BA #22-02 – Michigan Rehabilitation Services (MRS) – Staff requesting board approval for a one-year contract for the fiscal year ended September 30, 2022 for the continued funding for an Interagency Cash Transfer Agreement (ICTA) between Detroit Integrated Health Network (DWIHN) and Michigan Rehabilitation Services (MRS) for the amount of \$443,565.00. Dr. Tauzeg opened the floor for discussion. There was no discussion.</p> <p>D. BA #22-05 – Housing Services – Southwest Counseling Solutions Housing Resource Center – Staff requesting board approval of a one-year contract with Southwest Counseling Solutions' Housing Resource Center for the amount of \$1,089,715.00 to provide housing assistance, resources, intervention and collaborative community efforts to reduce homelessness of persons with mental illness and co-occurring disabilities. Dr. Tauzeg opened the floor for discussion. There was no discussion.</p>
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	<p>E. BA #22-06 – Self-Direct Program (formerly Self-Determination) – Community Living Services – Staff requesting board approval of a one-year contract between Detroit Wayne Integrated Health Network (DWIHN) and Community Living Services to continue provision of the Self-Directed Services and Direct Care Worker Training Program for FY 2021-2022. Dr. Tauzeg opened the floor for discussion. There was no discussion.</p> <p>F. BA #22-07 – FY 2022 Comprehensive Services for Behavioral Health Block Grant – Staff requesting board approval to enter to an agreement with several vendors and individuals who have been approved by the Michigan Department of Health and Human Services (MDHHS) through the Comprehensive Services for Behavioral Health FY 2022 Block Grant. Dr. Tauzeg opened the floor for discussion. There was no discussion.</p> <p>The Chair bundled the board actions and called for a motion on BA #21-73; BA #22-01; BA #22-02; BA #22-05; BA #22-06; and BA #22-07. Motion: It was moved by Chief Riley and supported by Ms. Jawad to move BA #21-73; BA #22-01; BA #22-02; BA #22-05; BA #22-06; and BA #22-07 to full board for approval. Dr. Tauzeg opened the floor for further discussion. There was no further discussion. Motion carried.</p>
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XIV. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS	<i>There was no Good and Welfare/Public Comment to review.</i>
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ACTION ITEMS	Responsible Person	Due Date
<i>No Action Items Reported</i>		

The Chair called for a motion to adjourn the meeting. **Motion:** It was moved by Mrs. Burrell and supported by Chief Riley to adjourn the meeting. **Motion carried.**

ADJOURNED: 2:23 p.m.

NEXT MEETING: Wednesday, September 8, 2021 at 1:00 p.m.

**Program Compliance Committee Meeting
Chief Medical Officer's Report
Shama Faheem, MD
September 8th, 2021**



Behavioral Health Outreach:

Mobile Outreach Services: August

Events attended - 21
Education and meaningful conversations- 100 individuals
Screening in the system- none, but Mobile clinician was able to reconnect an individual to their provider for services.

Planning on advancing to Phase 2 where we will be hosting our own events and will be able to offer clinical services onsite

Opioid Awareness Day Aug 31st:

The Detroit Wayne Integrated Health Network (DWIHN) continues to bring awareness to the opioid epidemic with several activities during August:

Monday, August 16th from 12:30-1:30pm: One of the DWIHN Substance Use Disorder (SUD) mobile units, Abundant Recovery Community Services, was at DWIHN's office at 707 West Milwaukee. This was an opportunity for the general public to see the mobile units and how they operate throughout the communities

Tuesday, August 31st Drive-Thru Narcan Distribution from 12:00-4:00 p.m.: Narcan kits were distributed at 707 West Milwaukee.

August 31, 2021, 11:00 a.m.: Overdose Awareness Day: On the Detroit River Walk sponsored by the Michigan Poison & Drug Information Center in partnership with the Empowerment Zone Coalition and other community partners.

School Success Initiative (SSI):

- DWIHN has started more direct involvement in the outreach and school recruitment. Children's team and Clinical Officer have met with School Districts to educate them about the School Success Initiative as well as to address barriers that lead to drop in engagement last year.

Quality Improvement

- Working closely with Quality department to improve DWIHN's scores on State measured Performance Indicators. It is important to note that the data for these indicators lag by almost a quarter, hence the interventions done since last month are anticipated to have an impact in 4th quarter.
- Working closely with Quality Department to analyze DWIHN's performance on HSAG Review, working on areas/department with identified weakness and being proactive for next Review cycle.
- Performance Improvement Projects (PIPs): DWIHN's continues to work collaboratively and aggressively to address PIP measures and HEDIS scores. We continue to send quarterly Memos to the Medical Directors and Executives about the best practices on use of antipsychotics, avoiding multiple antipsychotics and close monitoring of the associated side effects. Other PIPS are being closely evaluated and interventions being modified or updated as necessary. Our Improvement In Practice Leadership Team (IPLT) continues to examine evidence-based interventions and address barriers.

Few Achievements:

- No COVID cases or deaths at our Residentials during August (last update: Aug 24th)!
- DWIHN's Chief Medical Officer joined Detroit Department of Health's Firearm Injury Prevention Project and also got appointed as a member of University of Michigan's Injury Prevention Center!
- DWIHN's Detroit Wayne Integrated Health Network (DWIHN) got recognized nationally by Crisis Intervention Training (CIT) International as CIT Program of the Year! The Detroit-Wayne CIT Program was also recognized with the CIT Best Pin Award which was competing with 20 other programs

DETROIT WAYNE INTEGRATED HEALTH NETWORK

Access Call Center
July 2021
90 Day Performance



Access Call Center Transition 7/01/21 - Monthly

Performance

QUEUES	Calls Offered	Calls Handled	Calls Abandoned	% Abandoned Goal : <5%	Average speed to answer Goal : 30 sec Stretch Goal : 15 sec.	Average call Length	% of calls answered Goal: 80%	Service Level Goal 80% Stretch Goal 85%
CALL REPS	18240	17388	852	4.7%	00:17 sec.	04:44 mins	95.3%	86.8%
SUD (Subset of all calls)	2906	2874	32	1.1%	00::15 sec.	15:52 mins	98.9%	97.5%
Clinicians (Subset of all calls)	1272	1266	6	0.5%	00:11 sec.	25:31 mins	99, 5%	98.2%
Totals	18240	17388	852	4.7%	00:17 sec	04:44 mins	95,3%	86.8%

Access Call Center Transition

90 Day Performance

April 2021-June 2021

QUEUES	Calls Offered	Calls Handled	Calls Abandoned	% Abandoned Goal : <5%	Average speed to answer Goal : 30 sec Stretch Goal 15 sec	Average call Length	% of calls answered Goal: 80%	Service Level Goal 80% Stretch Goal 85%
CALL REPS	52,947	51,436	1507	2.8%	00:12 secs	0:4.47 mins	97.1%	91.5%
SUD (Subset of all calls)	8,292	8,244	48	0.6%	00:14 sec.	0:15:17 mins	99.4%	97.8%
Clinicians (Subset of all calls)	4042	4,027	15	.04%	00:12 sec.	21:49 mins	99.6%	98.2 %
Totals	52,947	51,436	1,507	2.8%	00:12 sec	0:4:47mins	97.1%	91.5%

Access Call Center Transition ProtoCall (Crisis Vendor) Performance

Month	Calls Offered	Calls Handled	Calls Abandoned	% Abandoned	Average Call Length	Average Speed of Answer	% of Calls Answered within 30 sec.	Number of Calls answered within 30 sec.
July	926	888	22	2.4%	11.8 min	22 sec	83.4%	756

Access Call Center Transition

ProtoCall 90 Day Performance

Month	Calls Offered	Calls Handled	Calls Abandoned	% Abandoned	Average Call Length	Average Speed of Answer	% of Calls Answered within 30 sec.	Number of Calls answered within 30 sec.
April	1003	917	55	5.7%	11.4 min	27	75.9%	734
May	774	731	28	2.3%	13.2 min.	23	81.7%	615
June	857	818	19	3.3%	11.3 min.	18	86.0%	719

Access Call Center Transition

- A. Implemented performance Metrics for each call center unit.
 - Created standard reports for evaluation.
- B. Focused processes towards “First Call Resolution”
 - Working with staff on processing techniques
 - Managing staff schedules to leverage ultimate coverage
- C. Implemented a Quality program
 - Created standardized quality rating standard
 - Began silent monitoring with real-time feedback
 - Began All staff/training meetings bi-weekly
- D. Partnering with Corporate areas on Program implementation
 - Reviewing MHWIN to streamline manual processes.
- E. Established a Provider Monthly meeting specific to Access Call Center
- F. Developing Policies and Procedures that support Regulatory Standards
- G. Creating a robust Training program for all Access Call Center units

Access Call Center Transition

Project Work

- A. SUD Program Support
 - MDOC Programs
 - MAT/MOUD
 - Detroit at Work (DAW)
 - Mobile Unit
- B. Children Initiatives
 - School Success Initiative Referrals / Access
 - Partnering with CPS on Children Trauma Process
- C. Behavioral Health Initiatives
 - Wayne County Jail initiatives
 - MCH/OCHN 45th district court
 - Mi Cal State Initiative
 - Wayne State University Behavioral Health and Justice initiative
 - Diverse SOGIESC initiative
 - 911 Crisis call initiative



Detroit Wayne Integrated Health Network Children's Initiatives

EXECUTIVE SUMMARY REPORT (FY QUARTER 3: APRIL – JUNE 2021)

Overview

Children's Initiative Department (CID) follows 4 Pillars of focus.

Pillar 1	Pillar 2	Pillar 3	Pillar 4
Clinical Services & Consultation	Stability & Sustainability	Outreach & Engagement	Collaboration & Partnership

Services / Trainings / Collaboratives

Disability Designation	Q1	Q2	Q3
SED: • 15 Providers	4,441	4,514	4,675
I/DD: • 11 Providers	7,036	7,168	6,920
Total Individuals Served	11,466	11,671	11,573

Home Based Services

Description: Home Based services is an intensive strength based model provided to the family at home, school, and or the community. The goal is to empower families, improve community involvement, and prevent out of home placements.

Census: Overall, a total of 658 families received Home Based services from 12 different Children Providers. This included 63 Home Based Therapists and 8 Home Based Therapists discontinued in that role.

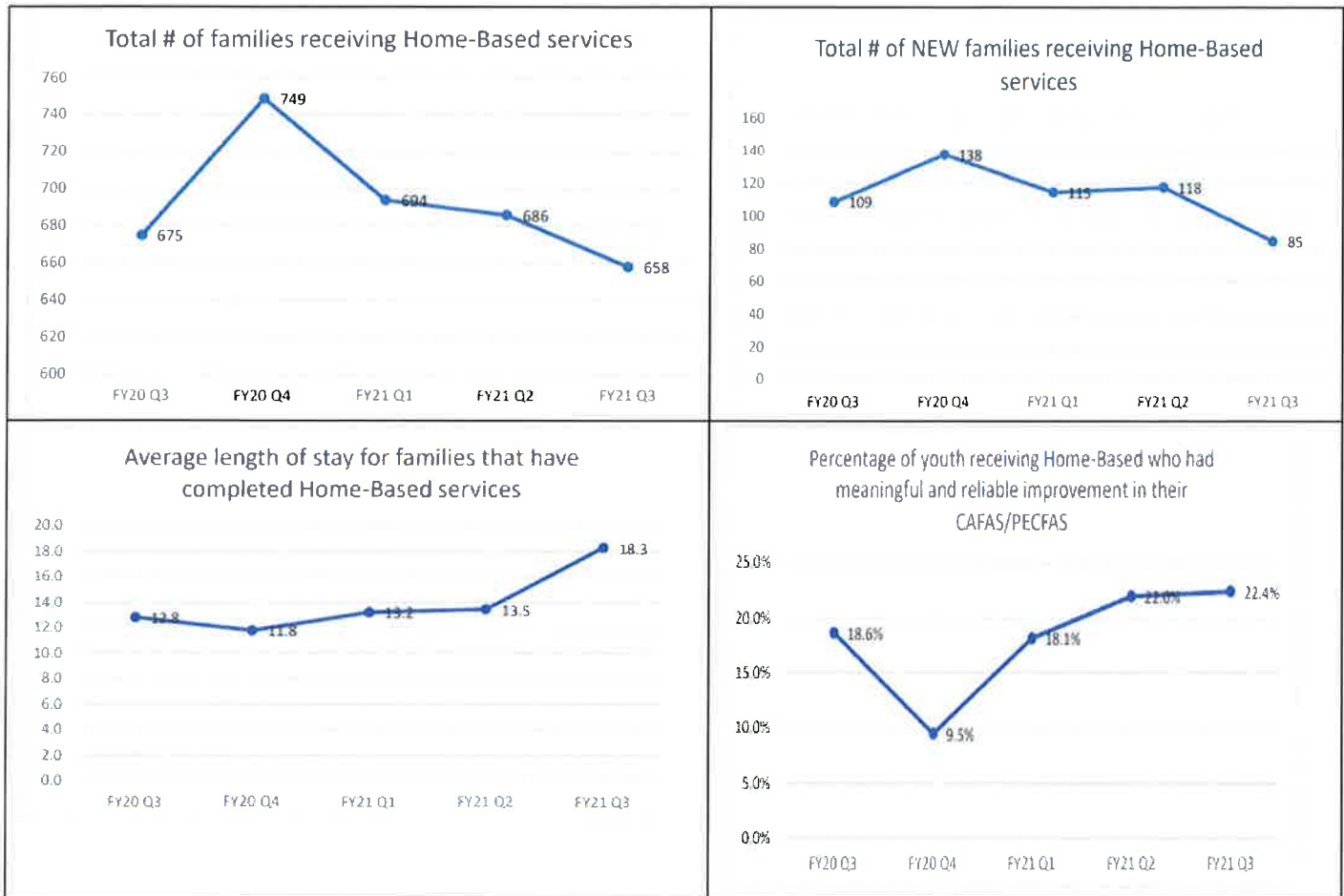
Age	# of Individuals	%
0 to 6 years old	6	0.9%
7 to 12 years old	249	37.8%
13 to 17 years old	356	54.1%
18 to 21 years old	46	7%

Trends: A Total of 658 Individuals Served received Home Based services; in which, 85 were new referrals (12.9%) and 15 Individuals Served returned back to Home Based services. The average length of stay Individuals received Home Based services was about 18.3 months (an increase from previous quarters). In addition, 116 (22.4%) of Individuals in Home Based services had Meaningful and Reliable improvement according to the CAFAS / PECFAS.



Detroit Wayne Integrated Health Network Children's Initiatives

EXECUTIVE SUMMARY REPORT (FY QUARTER 3: APRIL – JUNE 2021)



Systems of Care: The following families were also involved in other systems of care in addition to home based services.

Intellectual Developmental Disabilities	14 individuals served (2.1%)
Child Welfare	86 individuals served (13.1%) <ul style="list-style-type: none"> 3 children were reunified with their families
Juvenile Justice	58 individuals served (8.8%)
Special Education	188 individuals served (52.8%)
Home Based and Outpatient	205 individuals served (31.2%)



Detroit Wayne Integrated Health Network Children's Initiatives

EXECUTIVE SUMMARY REPORT (FY QUARTER 3: APRIL – JUNE 2021)

Psychiatric Hospitals	<ul style="list-style-type: none"> • 5.5% in Partial Hospital (increase from previous quarter) • 5.8% in Inpatient Hospital (increase from previous quarter)
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Wrap Around Services

Description: Wrap Around is a team-driven and family-led process involving the family, child, natural supports, agencies and community services. Individual services and supports build on strengths to meet the needs of children and families across life domains, promoting success, safety and permanence in home, school and community.

Census: Overall, a total of 356 families received Wrap Around services from 9 different Children Providers. This included 38 Wrap Around Facilitators; in which 5 were new hires and 6 left their agencies.

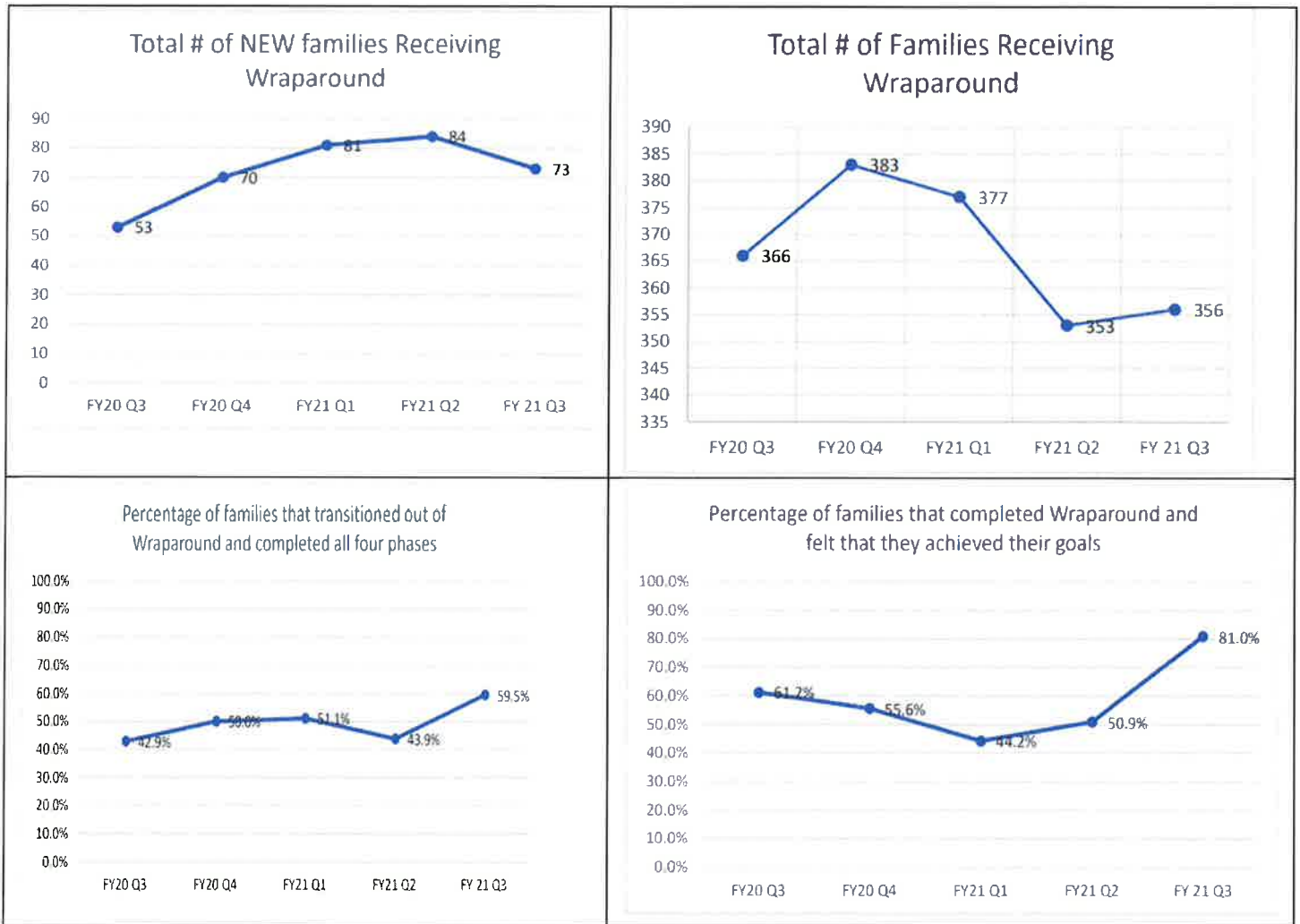
Age	# of Individuals	%
0 to 6 years old	24	6.7%
7 to 12 years old	149	41.9%
13 to 17 years old	168	47.2%
18 to 21 years old	11	3.1%

Trends: A total of 356 families received Wrap Around services; in which, 73 were new families (20.5%). 43 families transitioned out of Wrap Around services and 59.5% of the families successfully completed all 4 phases of the Wrap Around model. For those who completed the model 81% of the families felt they achieved their goals (a 30% increase from Q2).



Detroit Wayne Integrated Health Network Children's Initiatives

EXECUTIVE SUMMARY REPORT (FY QUARTER 3: APRIL – JUNE 2021)



Systems of Care: The following families were also involved in other systems of care in addition to wrap around services.

Child Welfare	90 individuals served (25.3%) • 3 children were reunified with their families
Juvenile Justice	19 individuals served (5.3%)
Special Education	188 individuals served (52.8%)



Detroit Wayne Integrated Health Network Children's Initiatives

EXECUTIVE SUMMARY REPORT (FY QUARTER 3: APRIL – JUNE 2021)

Home Based and Outpatient	343 individuals served (96.3%)
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FRAMES: A Core Competency Model for Wrap Around Facilitators to implement when providing wrap around services.

Competency	Almost all of the time	At least half of the time
Future orientation in building, coordinating and managing teams	74%	26%
Reflects on information to gain an understanding about what has happened, how it's happened and why it matters	95%	5%
Accept with authenticity the opinions & ideas of all involved in Wraparound	82%	16%
Mobilize a group for collective action	79%	21%
Evaluate work for continuous improvement	74%	24%
Strength based approaches that are integrated in all processes	87%	13%

Waiver Services

SED Waiver: Enhanced community based services to children/youth in Foster Care or who have been adopted through the child welfare system, who are at risk of psychiatric hospitalization, utilizing the Wraparound Model, which is a team-driven process involving the family, child, natural supports, agencies and community services.

Children's Waiver: The Children's Waiver Program (CWP) makes it possible for Medicaid to fund home and community-based services for children who are under age 18. To be eligible for the CWP, the child must have a documented developmental disability and need medical or behavioral supports and services at home.

	SED Waiver
New Referrals	35
Active Cases	158 (duplicated)
Renewals	15
Discharges	3

Evidenced Based Practices



Detroit Wayne Integrated Health Network Children's Initiatives

EXECUTIVE SUMMARY REPORT (FY QUARTER 3: APRIL – JUNE 2021)

Trauma Focused Cognitive Behavioral Therapy (TFCBT):	<ul style="list-style-type: none"> • Cohort 28: 3 Providers / 3 Supervisors / 6 Staff • Cohort 29: 5 Providers were accepted for the cohort to start Fall 2021
Child Parent Psychotherapy (CPP):	<ul style="list-style-type: none"> • Cohort 3: 5 Providers / 5 Supervisors / 12 Staff
Caregiver Education:	<ul style="list-style-type: none"> • Cohort 28: 1 Provider / 5 Staff
Dialectical Behavioral Therapy (DBT):	<ul style="list-style-type: none"> • Cohort 3: 3 Providers were approved to start September 2021
Parent Management Training Oregon (PMTO):	<ul style="list-style-type: none"> • 2 day PMTO Training
Youth Peer Support (YPS):	<ul style="list-style-type: none"> • Cohort 20: 4 Providers / 4 Staff
Parent Support Partner (PSP):	<ul style="list-style-type: none"> • Parent Forum in partnership with Hegira Health, Inc. titled, "Dear Survival, Understanding COVID-19 and Managing Your Mental Health".

MC 3

Starfish Family Services (SFS): provides local oversight, in collaboration with MC3 program, of the Behavioral Health Consultant as they implement MC3 in Wayne County as well as work in concert with other regional Behavioral Health Consultants to ensure behavioral health consultation for local primary care providers with MC3 child, adolescent and perinatal psychiatrists.

Trend: Regarding Providers enrolled, there was a light increase from Q2 (183 to 190). There was a decrease in requests from services from Q2 (86 to 39).



Detroit Wayne Integrated Health Network Children's Initiatives

EXECUTIVE SUMMARY REPORT (FY QUARTER 3: APRIL – JUNE 2021)



CMH Regional Activity Report - Q3 FY 2021

Wayne

no BHC

Overview: For this CMH region, this is a snapshot of enrolled providers, MC3 activity, and outreach.

BHC - Behavioral Health Consultant

CAPP - Child/Adolescent/Perinatal Psychiatrist

PCP - Primary Care Provider

Providers enrolled

Total providers enrolled	190
Providers enrolled this quarter	9
Estimated % of eligible providers enrolled	

Requests for services

CAPP to PCP phone consults	26
BHC to PCP consults	12
BHC to patient referrals	0
Telepsych	1
Total requests for services Q3 FY21	39
Total requests for services Q2 FY21	86

Regional Outreach Activity

Educational presentations	0
Enrollment meetings	0
Formal Presentations	0
Informational meetings	0
Screening meetings	0
Workflow integration meetings	0

Embedded Services

Face to face/virtual	
Phone	
Total embedded services	

Request for services definitions

CAPP to consults - BHC collects patient information/history, coordinates with CAPP, sends CAPP summary, and provides resources to PCP.

BHC to PCP consults - BHC provides resources to PCP for patient.

BHC to patient referrals - PCP refers patient to BHC for brief intervention/resources.

Group case consults - CAPP provides case consultation to groups of providers.



Detroit Wayne Integrated Health Network Children's Initiatives

EXECUTIVE SUMMARY REPORT (FY QUARTER 3: APRIL – JUNE 2021)

School Success Initiative (SSI)

The **School Success Initiative** uses evidence based practices to deliver prevention based services to children, utilizing a 3-tier universal health screening.

- **Tier 1** - prevention and stigma reduction services
- **Tier 2** - evidence based behavioral health supports
- **Tier 3** – referred for community mental health services

In addition, the provider network offers parent education and engagement groups, professional development and psychoeducation for teachers and school administrators.

Census: A total of 2,055 Individuals Served actively received SSI services from among 9 Children Providers. There were 21 new referrals and 84 discharges.

SSI:	# of Referrals	# of Active Cases
Tier 1	1	63
Tier 2	5	890
Tier 3	15	1,102
Total	21	2,055

**does not include all provider agencies*

SSI Discharges:	Graduated	Moved to another school	Receiving services from another provider	Declined to participate	Successfully completed program	Tier 1 Discharge - no additional service	Dropped out of treatment	Total
Total	18	4	1	8	33	3	17	84

**does not include all provider agencies*

School Success Initiative Task Force: Per the request of the Board of Directors, a task force was established to update and re-design the curriculum for the School Success Initiative. To date, the Children's Redesign Task Force has completed the established **Phase 1** of the project which focuses on *Increasing Accessibility and Prevention Services*. Additionally, the Task Force finalized the training modules and accompanying syllabi to utilize within classrooms for grade levels K-12. Furthermore, the Michigan Model for Health (MMH) was purchased and the providers have completed training to utilize this curriculum. The trainings took place, with Wayne RESA, on the following dates: Friday, April 9th and Friday, April 23rd.



Detroit Wayne Integrated Health Network Children's Initiatives

EXECUTIVE SUMMARY REPORT (FY QUARTER 3: APRIL – JUNE 2021)

With creating the training modules, there are three (3) versions of the identifiable risks to accommodate the unique developmental needs of the elementary, middle school and high school populations. Within each module, there are two (2) interactive, fun activities during the 30-minute presentation to ensure engagement, particularly in a Zoom format. In addition, pre/posttest were developed, county-wide using a survey platform. To collect the pre/posttest information, each of the CMHs will launch the survey tool and collect the data responses from students and staff attending each session. The results of the data will be analyzed to ensure and enhance program design.

Once Phase I is completed, the focus will move to **Phase II** which concentrates on *Identifying Deliverables and Measurables*. A key portion of this phase includes the ability to capture integral elements in one electronic record and how to best capture the data of the CMH's involvement in the Wayne County Schools. In addition, this phase will work towards establishing a collaboration between DWIHN and hospitals/clinics to ensure cohesiveness and cross-dimensional collaboration are being established to ensure that the whole person is being cared for. The next meeting is scheduled for Monday, December 14th.

Phase II is still in process/continuation as we being the next steps to starting Phase II. Currently, the IT department and Children's Department (School Success Initiative) are working diligently to finalize data collection measures in MHWIN and REDCap for reporting. Minor changes are still being made to the data collection process in MHWIN, based on feedback received at the MHWIN Data Entry training that took place on Thursday, 2/25/21. Once the updates are completed and the PowerPoint presentation has been updated, the presentation will be sent out to providers and the presentation participants. More information on this will be detailed in the *MHWIN & REDCap* portion of this report.

Michigan Model for Health (MMH): The Michigan Model for Health has since been purchased and is being assigned/registered to the corresponding agencies who are contracted with the School Success Initiative. The providers have scheduled and attended their individual appointments to complete their registration. The CMH providers have completed their registration and training with Wayne RESA. For those who will utilize the HIV and STI curriculum an additional training is required that will be scheduled separately. The HIV and STI curriculum training is still pending.

The providers have begin to utilize the MMH curriculum and a presentation was created utilizing information obtained from this curriculum with children 4 – 12 years to introduce them to the topic of emotional intelligence and identifying/expressing their feelings.



Detroit Wayne Integrated Health Network Children's Initiatives

EXECUTIVE SUMMARY REPORT (FY QUARTER 3: APRIL – JUNE 2021)

DPSCD and Wayne RESA Updates: Efforts to expand services within DPSCD, in collaboration with Wayne RESA, have been successful. Community Mental Health providers and schools have responded with interest regarding expanding into more locations, as well as, allowing services at their institutions. A letter communicating DWIHN services was distributed to superintendents by Dr. Daveda Colbert. School representatives have started reaching out to schedule meetings to gain more insight to the School Success Initiative's purpose, goals, and services. In total, nine (9) providers are interested in servicing additional schools. These agencies are: Starfish Family Services, Southwest Counseling Solutions, Northeast Integrated Health, Arab-American Chaldean Council, Team Wellness, Black Family Development Inc., Development Centers, ACCESS, and Assured Family Services.

Update: The curriculum submitted to DPSCD, for approval and use by CMH in schools, is currently awaiting approval from DPSCD's Deputy Superintendent of Schools, Iranetta Wright. The School Success Initiative team will continue to follow-up on status updates and provide additional information, as needed, to finalize this process so the CMH providers can begin using the developed curriculum as intended or make any necessary adjustments to receive approval. A meeting is being scheduled with DPSCD to continue this discussion and finalize allowing this curriculum into schools.

At this time, the School Success Initiative program is currently awaiting follow-up from Adam Kind and Alicia Merriweather regarding this partnership and final notification regarding the survey.

Youth United

Youth United is a youth-led initiative that promotes youth voice and youth partnerships in Wayne County System of Care (SOC) using positive youth development values and philosophy.

- On April 20, 2021, in partnership with Parent Support Partners, Youth United facilitated a **Town Hall event titled "Transitioning in 2021: Celebrating Resiliency"**. There were fifty-two (52) participants. Guest speakers included a teacher, high school coach, parent, entrepreneur and youth who shared their stories on how they have prevailed during 2020. The following questions were discussed:
 - ✓ What advice would you give to youth about resilience and transitioning during challenging times?
 - ✓ What is your outlook/mindset going forward?
 - ✓ Do you see an increase in youth substance use/abuse during the pandemic?
 - ✓ What are some ways you have practiced resilience during this time?
- On April 21, 2021, there was a **Courageous Conversations event titled "Stop the Silence and Stigma of Youth Suicide"**. The guest speakers were Maria Stanfield, Clinical Director of Black



Detroit Wayne Integrated Health Network Children's Initiatives

EXECUTIVE SUMMARY REPORT (FY QUARTER 3: APRIL – JUNE 2021)

Family Development, Inc. and Kevin Fischer, Executive Director of Michigan's Chapter of National Alliance on Mental Health (NAMI). There were forty-one (41) participants. Ms. Stanfield talked about suicide myths, the signs and indicators, how to assess suicidal risk, how to intervene with someone at risk of suicide, the use of a safety plan and other prevention techniques. Mr. Fischer shared his personal story about the suicide of his teenage son in 2010. He also discussed the stigma of youth suicide, factors that continue to the stigma of suicide and ways to challenge the stigma of suicide. A list of resources was disseminated as well.

- On May 26, 2021, there was a **Courageous Conversations** event titled, **"Stop Youth Mental Health Stigma"**.

The speakers were Paris Simpson, President of the Detroit Chapter for National Alliance on Mental Illness (NAMI) and Shanay Cuthrell, DWIHN's Northwest Region Youth Coordinator. There were twenty-five (25) participants. Discussion focused on defining stigma and mental health, types of stigma and mental health issues and strategies to address youth mental health stigma.

- On May 28, 2021, there was a **Meet and Greet Game Night** event with twelve (12) participants. During the event, attendees participated in such games Pictionary, Bing and a Scavenger Hunt. They were also informed about Youth MOVE Detroit and Youth United and given the Facebook, Twitter and Instagram accounts to join/follow. Youth United will be hosting Meet and Greet Game Night the last Friday of each month. The next one is scheduled for June 25, 2021 via Zoom Platform.
- Youth United staff continue to generate colorful, animated, video presentations with youth-friendly music based upon social media trends for every business day of the week on Youth United social media platforms (Facebook, Instagram, and Twitter). This weekly campaign is part of an effort to engage youth, increase the Youth United presence on social media through the use of hashtags, and promote upcoming Youth United events, as well as recruit youth/other youth-led groups.

Work Force Development

Training	Attendees
Quarterly Leadership Training: "The Leadership Paradox"	14
Children's Mental Health Lecture Series (CMHLS): "Understanding Sexual Harm"	95
Children's Mental Health Lecture Series (CMHLS): "Pediatric Health Disparities"	72



Detroit Wayne Integrated Health Network Children's Initiatives

EXECUTIVE SUMMARY REPORT (FY QUARTER 3: APRIL – JUNE 2021)

Collaboratives

- Michigan Child Care Collaborative (MC3)
- Behavioral Health Learning Collaborative (BHLC)
- Human Services Community Collaborative (HSCC)
- Cross System Management (CST)
- Children's System Transformation (CSM)
- Juvenile Justice Partnership
- Trauma Leadership Committee
- Department of Health and Human Services (DHHS) Special Projects Committee
- Parent Involvement Advisory Council
- Wayne County Youth Involvement Committee
- Fatherhood Initiative (Wayne County)
- Home Based Task Force
- Children's Practice Standards Committee
- Wraparound Project Team
- Cornerstone/Youth Peer Support Specialist (YPSS) Workgroup
- Great Start Collaborative
- Early Childhood Task Force
- Baby Court Steering Committee
- Crossover Youth Practice Model Implementation Team
- LGBTQ2S Task Force

CPI Q3 FY 21 Executive Summary-Highlights

ACT Program

- CPI is responsible for monitoring individuals enrolled in the ACT level of care at DWIHN.
- Monthly Forums are held with ACT providers to provide updates on DWIHN policy procedure.
- For Q3, DWIHN CPI department updated the ACT protocol and the Med Drop manual. Both were approved and sent to providers for stakeholder feedback.
- CPI also worked with DWIHN quality department on recidivistic members and offered recommendation on engagement strategies and ways to increase services to reduce ED visits. Continued efforts will occur to reduce the percentage of individuals going to ED within less than 30 days.
- CPI also participated in the FY 21-22 Code Changes Kickoff where it was noted that H0039 TG and GT will be phased out and replaced with place of service or POS codes.

MED DROP

- 39 current Admissions. 15 members (38%) were referred from case managers. 9 clients (23%) were referred from Returning Citizens Program. 7 members (17%) were referred Post Behavioral Hospital.
- 11 members had 100% adherence
- 10 members had 95-99% adherence
- 6 members had 90-94% adherence.
- 3 discharges occurred during this quarter- no successful completions, but 2 individuals are getting ready to step down to 1 drop every 2 weeks.
- 1 person went into the Psychiatric Hospital while in the program that did not have a prior psychiatric admission in the past 12 months.

Evidence Based Supported Employment (EBSE)

- (131) referrals, (108) admissions, (85) competitively employed with an average wage of (\$11.96) per hour, (27) successfully transitioned from EBSE services to case management services. Individuals served were employed in a variety of positions, such as maintenance worker, health service aid, stock associate, warehouse assistant, food service worker, grocery store bagger and receptionist.
- DWIHN's EBSE/IPS program manager continues to provide technical support to DWIHN's SUD Services Director and Team Wellness Center to ensure successful implementation of the IPS/Opioid Pilot Project, which will end September 30, 2021 and not be renewed. DWIHN'S EBSE program Manager will assist DWIHN's SUD Services Director and Team Wellness Center EBSE staff regarding next steps.

CPI Q3 FY 21 Quarterly Report

Assertive Community Treatment (ACT)

For Quarter 3, CPI monitored ACT program admissions and discharges of Lincoln Behavioral Services, Community Care Services, and Northeast Integrated Health, including the appropriateness of the level of care determinations. CPI also provided technical assistance to Hegira, Team Wellness Center, and North East Integrated Health Network to ensure program eligibility requirements were met.

For Quarter 3, CPI participated in IPLT where topics discussed were the revision of the ACT and LOCUS Policy and Procedure. For Quarter 3, CPI also facilitated a meeting with Genoa Pharmacy to obtain an update on DWHIN four Pilot Providers that are participating in the Med Drop program.

April 2021, CPI participated in IPLT to present the Assertive Community Treatment Policy. CPI manager completed the ACT protocol which went through the approval process and was sent out to providers for stakeholder feedback and approval.

During the month of April, CPI participated in a procedure work code group to provide feedback on upcoming code changes effective for the PIHP's effective 10/1/2021. CPI also facilitated a monthly update meeting with Genoa/Med Drop manager and facilitated technical assistance with Northeast Integrated Health Network and Team Wellness.

Also during the month of April 2021, CPI attended the COPE hospital liaison meeting and DWIHN Quality department and hospital recidivism workgroup. Recommendations on level of care and service provision was offered to providers to help improve outcomes for individuals served.

During the month of April, CPI hosted the monthly ACT forum. Topics discussed included upcoming state training dates for the ACT service model, face to face requirements, discharging members, technical assistance sign-up, and provider's concerns and issues. CPI manager also met with DWIHN providers for feedback on ACT step down/ Med Drop manual.

CPI and Genoa/Med Drop met with Central City Integrated Health and Team Wellness for an introduction to Med drop/ ACT step down.

For the month of April, CPI met with the DWIHN finance department to discuss the ACT fidelity incentive and the outcome for ACT this fiscal year. The CPI manager updated the ACT fidelity incentive memo and sent it to Chief Clinical Officer for review and distribution.

May 2021 CPI manager presented The ACT Step down and Med Drop Manual. CPI also facilitated a monthly update meeting with Genoa/Med Drop manager. Topics discussed were the total number of individuals that are enrolled in the program, referrals received and Med Drop intakes completed. Please see the attached quarterly report for Med Drop.

CPI manager met with the DWIHN Crisis department for a training on smart sheet input. CPI manager presented an Access Clinical Specialist training on ACT and mental health symptoms. CPI also met with Genoa/Med Drop and the following providers: All Well Being Service, Development Centers, Hegira, Team Wellness, and The Guidance Center to introduce Med Drop/ ACT step down.

Also in May CPI manager attended the FY 21-22 Code Changes Kickoff P2, where it was noted that H0039 TG and GT will be phased out and replaced with place of service or POS codes.

June 2021 the CPI manager attended the modifier information meeting with finance department. CPI manager also attended the recovery data discussion with customer care department.

CPI manager facilitated a meeting with Genoa/ Med Drop, Lincoln Behavior Services, Northeast Integrated Health/ CNS, and Community Care Services to discuss updates, barriers, strengths and improvements to the Med Drop program. Also for the month of June the CPI manager met with direct supervisor of CPI and CIO of DWIHN to discuss follow up on outcome measures for Med Drop program. The meeting resulted in discussion in the cost of the Med Drop program and ways to ensure services delivered are beneficial to individuals served.

CPI manager met with Team Wellness for monthly technical assistance. CPI also briefly met to discuss scheduling of upcoming ACT annual fidelity reviews. CPI manager also met with Northeast Integrated for monthly technical assistance.

CPI hosted the Behavioral Health Learning Collab where topics discussed were upcoming ACT fidelity reviews, inpatient psychiatric reduction plan subgroup, as well as Med Drop expansion to the remaining 6 ACT providers, who will include All Well Being Service, Development Centers, Heigra, Team Wellness, and The Guidance Center.

CPI manager also meet with DWIHN Crisis Director to clarify the inpatient psychiatric reduction plan subgroup. Out of 9 ACT providers 3 were below the threshold of 6.73 hospital days for the hospital incentive. The 3 providers were Lincoln Behavior Services, Northeast Integrated Health Network/CNS and The Guidance Center for Quarter 2. Hospital incentive calculations are a quarter behind due to the 60 days allowable lag time to submit claims for reimbursement.

Med Drop Q3 updates:

For the month of April 2021 Quarter 3, there were 30 current members enrolled in Med Drop.

- Community Care Service- 17 members.
- Lincoln Behavior Service-10 members.
- Northeast Integrated Health Network -3 members.

For the month of May 2021 Q3 there were, 33 active members enrolled in Med Drop.

- Community Care Service -20 members.
- Lincoln Behavior Service -10 members.
- Northeast Integrated Health Network -3 members.

For the month of June 2021 Q3 there were 32 active members enrolled in Med Drop.

- Community Care Service-19 members.
- Lincoln Behavior Service-10 members.
- Northeast Integrated Health Network-3 members.

With regard to progress of members enrolled in Med Drop for Q3 FY 2021 there was:

- 88% reduction in the number of Med Drop members admitted to a psychiatric hospital, who had a psychiatric hospital admission within the 12 months prior to entering the Med Drop Program.
- 93% reduction in psychiatric hospital admissions for Med Drop members who had a psychiatric hospital admission within the 12 months prior to entering the Med Drop Program.
- 89% reduction in psychiatric hospital days for Med Drop members who utilized hospital days within 12 months prior to entering the Med Drop Program.

Please see Med Drop Q3 FY 21 outcome report attached.

Project – WC Jail – Incompetent to Stand Trial (IST) Workgroup

The IST workgroup continues to discuss and revise the IST process for misdemeanants. Instead of using the IST process for misdemeanants, persons would be assessed for their need for treatment under new criterion in chapter 10 of the Mental Health Code. If a person does not meet the criteria for Assisted Outpatient Treatment (AOT), the court would then proceed to hear the underlying criminal case. The goal of this process is to promote recovery and reduce recidivism, homelessness and poverty. It is believed that AOT orders in misdemeanor and low-level non-violent felony cases where the defendant is IST should stay in the district court.

Wayne State University presented data on the activity across the Sequential Intercept Model. Recidivism in Wayne County Jail and the average length of stay in the jails is down. 121 individuals released from Jail during Q3 FY 2021 were linked with DWIHN providers.

The Wayne County Jail screened 570 persons and admitted 416 new inmates. During Q3 FY 21, 223 persons were on the in-patient unit.

Meetings were held to discuss the process for the jail to enter inmates not registered in MHWIN. It was decided that it is unnecessary to use the LOCUS assessment for inmates due to individuals being treated with a prevention-based model funded through general fund dollars.

Due to the number of members served, the jail received an increase of \$1 million for FY 20/21. A revised Board Action was submitted and approved.

Wayne County is working with a new agency called NaphCare in preparation for October. The EMRA system will be converted to NaphCare's records. NaphCare plans to implement the following changes effective 10/1/2021:

- In-stock medicine program will be implemented.
- Psychiatrists and psychologists will conduct initial intake upon a referral from the nurse.
- Social workers will be used for case management, discharge planning, and re-entry.

Project - Jail Diversion

The Returning Citizens Workgroup continues to work collaboratively and efficiently. Meetings will resume in September.

Mental Health Court currently has 11 participants; 3 participants graduated from the program. Mental Health Court held a Question & Answer Forum for specialty court participants. The forum provided the opportunity to allow participants to ask questions about medication and the benefits of therapy. Clarification was also made between therapy, case management, and peer support.

Downriver Veterans Court has 11 participants and 1 participant successfully completed the program. Due to COVID the number of referrals to the program has dropped. However, the court is now open and staff believe that will increase the referral rate from other courts. They are preparing to graduate 5 participants in the next quarter.

Co-occurring Disorder (COD)/ PHQ-9

- NCQA Program Improvement Project
 - CPI staff completed the Public Service Announcement (PSA) for the PHQ-9 this quarter. The PSA was an intervention listed in the NCQA Performance Improvement Project (PIP) focusing on PHQ-9. PSA was reviewed by the Director of Communications. Her recommendations are being included. The PSA will be finalized during the beginning of the next quarter. Finalization is being completed in collaboration with Children's Initiative staff, Marika Orme.
 - Discussion about sunseting the current PHQ-9 PIP began this quarter. The PHQ-9 may increase to monthly monitoring for those scoring 10 or greater replacing the current quarterly monitoring. The increase monitoring may make the current PIP obsolete. The adoption of monthly monitoring will effect changes in all the associating policies and procedures including the recently revised Self-management Tool policy.
- CPI staff participated in MDHHS Co-occurring Leadership Committee meeting
 - All MiFast ACT and IDDT/ACT fidelity reviews have been suspended for the remainder of the fiscal year with possibility of including FY 2021/2022. Committee developed some initial framework to conduct fidelity visits and workforce training for FY 2021
 - Focus this year would be on facilitation skills for practitioners.
 - Motivational interviewing (MI) will be used to advance skills. Areas of focus will be:
 - MI skills training for COD
 - MI for COD and opioid treatment practitioners
 - MI for cannabis treatment disorders
 - MI for COD and alcohol or other drug disorders

- MyStrength
 - CPI continues to expand use of MyStrength within the system. This initiative is part of the NCQA PIP.
- Assisted Outpatient Treatment (AOT)
 - DWIHN is still in the development/structuring phase for the AOT program this quarter. No referrals have occurred during this quarter.
- Henry Ford Hospital
 - DWIHN staff met with Henry Ford Hospital to improve referral procedures for individuals who accessed HFH's ED and were assessed to need of SUD treatment. DWIHN's Access Department assisted in developing a protocol for referrals.
- Motivational Interviewing Expansion
 - No movement on this project has occurred over the last quarter. This is not a priority endeavor for the SUD department at this time.
- Supplemental Training Workgroup
 - CPI staff joined the Statewide Training Guideline Workgroup (STGW) to translate standards established by the State to DWIHN workforce.
 - The initial courses slated for vetting were identified.
 - Required and supplemental training for Direct Care professionals went through initial revision and was follow up review and revisions by the workgroup.

Evidence Based Supported Employment

For Q3 the EBSE program outcomes to date are as follows:

(131) referrals, (108) admissions, (85) competitively employed with an average wage of (\$11.96) per hour, (27) successfully transitioned from EBSE services to case management services. Individuals served were employed in a variety of positions, such as maintenance worker, health service aid, stock associate, warehouse assistant, food service worker, grocery store bagger and receptionist.

EBSE/IPS program manager continues to provide technical support to DWIHN's SUD Services Director and Team Wellness Center to ensure successful implementation of the IPS/Opioid Pilot Project, which will end September 30, 2021 and not be renewed. DWIHN'S EBSE program Manager will assist DWIHN's SUD Services Director and Team Wellness Center EBSE staff regarding next steps.



Program Outcome Report-Site Name: DWIHN (Redford, Lincoln Park, and NIH (20093))
3rd Quarter Reporting Period: 4/1/2021 to 6/30/2021

Total # of Client Admissions ¹	Ages 18-19	Ages 20-29	Ages 30-39	Ages 40-49	Ages 50-59	Ages 60-69	Ages 70+
39	0	7	7	9	6	7	3

¹This includes current and discharged clients

Provider	# of Admits	Step Down from ACT	Referred from Returning Citizens	Referred POST Behavioral Hospital	Referred POST Crisis Services	Referred POST AFC	Referred by CSM	Referred by Prescriber	Referred from MHC	Referred by Genoa Pharmacy	Referred by DWIHN
LBS (start date 3/2020)	14	1	0	4	0	0	9	0	0	0	0
CCS (start date 10/2020)	22	4	9	3	0	0	6	0	0	0	0
NIH (start date 2/2021)	3	3	0	0	0	0	0	0	0	0	0

Axis I Diagnosis *	ADHD	Adjustment Disorder	Agoraphobia or Social Phobia	Alcohol Abuse or Dependence	Anxiety or Panic Disorder	Bipolar Disorder	Cannabis Abuse or Dependence	Impulse Control Disorder
# of Clients	1	1	3	8	8	13	12	1
Axis I Diagnosis *	Major Depressive Disorder	Mixed Obsessional Thoughts & Acts	Opioid Dependence	Polysubstance Abuse or Dependence	PTSD	Schizoaffective Disorder	Schizophrenia	
# of Clients	5	2	3	5	4	14	13	

Axis II Diagnosis*	Antisocial Personality Disorder	Borderline Personality Disorder	Dependent Personality Disorder	Intellectual Disability	Paranoid Personality Disorder	Personality Disorder NOS	Schizoid Personality Disorder
# of Clients	5	1	1	2	1	3	1

Axis III Diagnosis*	Anemia or Hypoglycemia	Arthritis or lower back pain or chronic pain or Fibromyalgia or Migraines	Asthma	Brain Injury or Stroke	Colitis or IBS or Crohn's Disease	COPD or Emphysema	Diabetes	Epilepsy or Seizure Disorder	GERD
# of Clients	3	15	6	2	1	3	7	4	3
Axis III Diagnosis*	Hepatitis C	Heart Disease	Hyperlipidemia	Hypertension	Hypothyroidism	Kidney Disease	Obesity	Progressive Neurological Disease (Dementia)	Vision Loss
# of Clients	1	3	11	15	5	1	5	1	2

*Diagnosis is reported based upon the Client's Face Sheet in the Provider's Electronic Health Record

Total # of Clients Served	# of Clients in Program < 1 Year	# of Clients in Program 1 Year to 2 Years	# of Clients in Program 2 Years to 3 Years	# of Clients in Program 3 Years to 4 Years	# of Clients in Program 4 Years to 5 Years	# of Clients in Program 5 Years to 6 Years
39	35	4	0	0	0	0
Average Length of Stay (LOS) per Category	149 days	474 days	0	0	0	0

Total # of Clients Served	Overall Adherence Rate of Clients Served	# of Clients achieving Full Adherence ¹	# of Clients achieving Partial Adherence ²	# of Clients that were Non-Adherent ³
36*	91.6%	28 (77% of the 36 clients who received Med Drops)	6 (16% of the 36 clients who received Med Drops)	2 (5% of the 36 clients who received Med Drops)

* 3 clients did not start drops until 7/2021.

Program Adherence is defined as the following:

- ¹ Full Adherence is defined as taking medication as prescribed for 80% or more of the available days while in the program. "Available Day" is defined as the client is in the community and in the MDS designated delivery area.

² Partial Adherence is defined as taking medication as prescribed for 60-79% of the available days while in the program.

³ Non-Adherence is defined as taking medication as prescribed for 59% or less of the available days while in the program.

# of Clients who had a Psychiatric Hospital Admission within the 12 months prior to entering the Med Drop Program	# of Psychiatric Hospital Admissions by Clients who had a Psychiatric Hospital Admission within the 12 months prior to entering the Med Drop Program	# of Psychiatric Hospital Days used by Clients who had a Psychiatric Hospital Admission within the 12 months prior to entering the Med Drop Program
18 (46% of the 39 clients served)	31*	289
# of Clients who had a Psychiatric Hospital Admission within the 12 months prior to entering the Med Drop Program AND had a Psychiatric Hospital Admission while in the Med Drop Program	# of Psychiatric Hospital Admissions by Clients while in the Med Drop Program, who had a Psychiatric Hospital Admission within the 12 months prior to entering the Med Drop Program	# of Psychiatric Hospital Days used by Clients while in the Med Drop Program, who had a Psychiatric Hospital Admission within the 12 months prior to entering the Med Drop Program
2	2**	29

*Outliers = 1 client had 4 prior admissions for 55 days; 2 clients had 4 prior admissions for a total of 41 days. ** The client with 4 prior admissions for 55 days had 1 admission for 14 days while in the program. The 2 clients with 4 prior admissions totaling 41 days had NO hospitalizations while in the program.

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Individual Outcomes for Med Drop Participants:

- 88% reduction in the number of Med Drop clients admitted to a psychiatric hospital, who had a psychiatric hospital admission within the 12 months prior to entering the Med Drop Program
- 93% reduction in psychiatric hospital admissions for Med Drop clients who had a psychiatric hospital admission within the 12 months prior to entering the Med Drop Program
- 89% reduction in psychiatric hospital days for Med Drop clients who utilized hospital days within 12 months prior to entering the Med Drop Program

Assigning a value of \$700 per day for Inpatient Psychiatric Hospital, 12 month prior cost = \$202,300. While in cost = \$20,300.
Difference of \$202,300- \$20,300 = \$182,000.

# of Clients who had a Psychiatric Hospital Admission within the 12 months prior to entering the Med Drop Program	# of clients with 1 prior admissions	# of clients with 2 prior admissions	# of clients with 3 prior admissions	# of clients with 4+ prior admissions*	# of clients re-admitted within 30 days of discharge	# of clients re-admitted within 60 days of discharge	# of clients re-admitted within 90 days of discharge
18	12	2	1	3*	4**	2	0
# of Clients who had a Psychiatric Hospital Admission within the 12 months prior to entering the Med Drop Program AND had a Psychiatric Hospital Admission while in the Med Drop Program	# of clients with 1 prior admission who were admitted while in the program	# of clients with 2 prior admissions who were admitted while in the program	# of clients with 3 prior admissions who were admitted while in the program	# of clients with 4+ prior admissions while in the program***	# of clients admitted while in the program that were re-admitted within 30 days of discharge	# of clients admitted while in the program that were re-admitted within 60 days of discharge	# of clients admitted while in the program that were re-admitted within 90 days of discharge
2	1 (91% reduction in # of clients admitted)	0 (100% reduction in # of clients admitted)	0 (100% reduction in # of clients admitted)	1 (66% reduction in # of clients admitted)	0 (100% reduction in # of clients re-admitted)	0 (100% reduction in # of clients re-admitted)	0

*1 client had 4 prior admissions for 55 days. 2 clients had 4 prior admissions totaling 41 days.

**Outliers =1 client had 3 prior admissions within a 45 day time frame. 1 client had 3 prior admissions within a 75 day time frame. 1 client had 3 prior admissions within a 70 day time frame.

# of Clients who had a Crisis Home/Crisis Services Admission within the 12 months prior to entering the Med Drop Program	# of Crisis Home/Crisis Services Admissions by Clients who had a Crisis Home/Crisis Services Admission within the 12 months prior to entering the Med Drop Program	# of Crisis Home/Crisis Services Days used by Clients who had a Crisis Home/Services Admission within the 12 months prior to entering the Med Drop Program
1 (2% of the 39 clients served)	1	35*
# of Clients who had a Crisis Home/Crisis Services Admission within the 12 months prior to entering the Med Drop Program AND had a Crisis Home/Crisis Services Admission while in the Med Drop Program	# of Crisis Home/Crisis Services Admissions by Clients while in the Med Drop Program, who had a Crisis Home/Crisis Services Admission within the 12 months prior to entering the Med Drop Program	# of Crisis Home/Crisis Services Days used by Clients while in the Med Drop Program, who had a Crisis Home/Crisis Services Admission within the 12 months prior to entering the Med Drop Program
1	1	31

*Outlier = 1 client was admitted for 35 days prior to program admission. The same client received crisis services while in the program.

Individual Outcomes for Med Drop Participants:

- No change in the number of Med Drop clients admitted to the crisis home/crisis services, who had a crisis home/crisis services admission within the 12 months prior to entering the Med Drop Program
 - No change in crisis home/crisis services admissions for Med Drop clients who had a crisis home/crisis services admission within the 12 months prior to entering the Med Drop Program
 - 11 % reduction in crisis home/crisis services days for Med Drop clients who utilized crisis home/crisis services days within the 12 months prior to entering the Med Drop Program
- Assigning a value of \$380 per day for Crisis Home Services, 12 month prior cost = \$13,300. While in cost = \$11,780.
Difference of \$13,300- \$11,780 = \$1,520.

# of Clients who had a Medical Hospital Admission within the 12 months prior to entering the Med Drop Program*	# of Medical Hospital Admissions by Clients who had a Medical Hospital Admission within the 12 months prior to entering the Med Drop Program*	# of Medical Hospital Days used by Clients who had a Medical Hospital Admission within the 12 months prior to entering the Med Drop Program*
5 (12% of 39 clients served)	5	22
# of Clients who had a Medical Hospital Admission within the 12 months prior to entering the Med Drop Program <u>AND</u> had a Medical Hospital Admission while in the Med Drop Program	# of Medical Hospital Admissions by Clients while in the Med Drop Program, who had a Medical Hospital Admission within the 12 months prior to entering the Med Drop Program	# of Medical Hospital Days used by Clients while in the Med Drop Program, who had a Medical Hospital Admission within the 12 months prior to entering the Med Drop Program
1	1	27

*Data represents clients' self-report.

Individual Outcomes for Med Drop Participants:

- 80% reduction in the number of Med Drop clients admitted to the medical hospital, who had a medical hospital admission within the 12 months prior to entering the Med Drop Program
- 80% reduction in medical hospital admissions for Med Drop clients who had a medical hospital admission within the 12 months prior to entering the Med Drop Program
- 22% increase in medical hospital days for Med Drop clients who utilized medical hospital days within the 12 months prior to entering the Med Drop Program

# of Clients who had a Jail Admission within the 12 months prior to entering the Med Drop Program*	# of Jail Admissions by Clients who had a Jail Admission within the 12 months prior to entering the Med Drop Program*	# of Jail Days used by Clients who had a Jail Admission within the 12 months prior to entering the Med Drop Program*
7 (17% of the 39 clients served)	7	1049**
# of Clients who had a Jail Admission within the 12 months prior to entering the Med Drop Program <u>AND</u> had a Jail Admission while in the Med Drop Program*	# of Jail Admissions by Clients while in the Med Drop Program, who had a Jail Admission within the 12 months prior to entering the Med Drop Program	# of Jail Days used by Clients while in the Med Drop Program, who had a Jail Admission within the 12 months prior to entering the Med Drop Program
0	0	0

*Data represents clients' self-report.

**Outlier = 3 returning citizens reported 224+ prior days in prison

Individual Outcomes for Med Drop Participants:

- 100% reduction in the number of Med Drop clients admitted to the jail setting who had a jail admission within the 12 months prior to entering the Med Drop Program
- 100% reduction in jail admissions for Med Drop clients who had a jail admission within the 12 months prior to entering the Med Drop Program
- 100% reduction in jail days for Med Drop clients who utilized jail days within the 12 months prior to entering the Med Drop Program

Medication Adherence Questionnaire	Average # of Strengthening Factors Reported by Clients	Average # of Risk Factors Reported by Clients
First Administration of Questionnaire (N=39 admissions)	6.41	3.58
Second/Most Recent Administration of Questionnaire (N=18 clients)	7.72	2.27

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Total # of Discharges ¹ from the Med Drop Program	Average LOS in Med Drop Program for clients discharged from the Program
3	148 days

¹ The number of discharges represents the number of "exits" from the program versus the number of clients that "exited" the program.

Total # of Discharges ¹ from the Med Drop Program	Discharge Category:	Client Moved Out Of The Designated Drop Area	Discharge Category:	Client Transferred To A Different Program	Discharge Category:	Client Died	Discharge Category:	Client Incarcerated For 30 days Or More	Discharge Category:	Client Dropped Out Of Program; Cannot Be Located; ATO Ended; MHC Ended And Client Did Not Continue Services	Discharge Category:	Other Reasons
3	# of Discharges:	0	# of Discharges:	2 (66% of the 3 discharges)	# of Discharges:	0	# of Discharges:	0	# of Discharges:	1 (33% of the 3 discharges)	# of Discharges:	0
Average LOS in Med Drop Program for Discharges by Category	0 days	0 days	137days	0 days	0 days	0 days	0 days	0 days	170 days	0 days	0 days	0 days

¹ The number of discharges represents the number of "exits" from the program versus the number of clients that "exited" the program.

² 5 current clients are in the process of stepping down in drop frequency and moving toward successful completion

	# of Psychiatric Hospital Admissions	# of Psychiatric Hospital Days	# of Crisis Home /Crisis Services Admissions	# of Crisis Home/Crisis Services Days	# of Medical Hospital Admissions	# of Medical Hospital Days	# of Jail Admits	# of Jail Days
Number of Admissions & Days used in settings outside of the home/community by Med Drop Program Clients 12 months prior to the client entering the Med Drop Program	31	289	1	35	5*	22*	7*	1049*
Number of Admissions & Days used in settings outside of the home/community by Med Drop Program Clients while in the Med Drop program	3	37	1	31	10	64	0	0

*Data represents client's self-report

System Outcomes:

- 90% reduction in the number of psychiatric hospital admissions for clients while participating in the Med Drop Program, compared to the number of psychiatric hospital admissions for the Med Drop clients in the 12 months prior to entering the Med Drop Program.
- 87% reduction in psychiatric hospital days for clients while participating in Med Drop Program, compared to the number of psychiatric hospital days used by the Med Drop clients in the 12 months prior to entering the Med Drop Program.
- No change in crisis home/crisis services admissions for clients while participating in the Med Drop Program, compared to the number of crisis home/crisis services admissions for the Med Drop clients in the 12 months prior to entering the Med Drop Program.
- 11% reduction in crisis home/crisis services days for clients while participating in the Med Drop program, compared to the number of crisis home/crisis services days used by the Med Drop clients in the 12 months prior to entering the Med Drop Program.
- 100% increase in medical hospital admissions for clients while participating in the Med Drop Program compared to the number of medical hospital admissions for the Med Drop clients in the 12 months prior to entering the Med Drop Program. The pre-admission program data is the client's self-report at the time of the program orientation session.
- 190% increase in medical hospital days for clients while participating in the Med Drop Program compared to the number of medical hospital days for the Med Drop clients in the 12 months prior to entering the Med Drop Program. The pre-admission program data is the client's self-report at the time of the program orientation sessions.
- 100% reduction in jail admissions for clients while participating in the Med Drop Program compared to the number of jail admissions for the Med Drop clients in the 12 months prior to entering the Med Drop Program. The pre-admission program data is the client's self-report at the time of the program orientation sessions.
- 100% reduction in jail days for clients while participating in the Med Drop Program compared to the number of jail days for the Med Drop clients in the 12 months prior to entering the Med Drop Program. The pre-admission program data is the client's self-report at the time of the program orientation sessions.



MED DROP™ Program

3rd Quarter FY2021 Program Outcome Report-Site Name: DWIHN (Redford, Lincoln Park, and NIH (20093)

Reporting Period: 4/1/21 to 6/30/21

NARRATIVE/TALKING POINTS

Section 1 (AGE) – Youngest client was 24 years old. Oldest client was 75 years old.

Section 2 (Referral Table)- 39 Admissions. 15 clients (38%) were referred from case managers. 9 clients (23%) were referred from Returning Citizens Program. 7 clients (17%) were referred Post Behavioral Hospital

Section 3 (Diagnoses)- 39 clients served. **Axis I** comments: 71% (28) of clients have a Co-Occurring Disorder. 33% (13) of clients gave Bi-Polar Disorder. 12% (5) of clients have Major Depressive Disorder. 69% (27) of clients have Schizoaffective Disorder (14) or Schizophrenia Disorder (13) **Axis II** comments: 12% (5) of clients have Antisocial Personality Disorder and 5% (2) have an Intellectual Developmental Disability. **Axis III** comments: 38% (15) report chronic pain disorders; 17% (7) report Diabetes; 28% (11) report hyperlipidemia; 38% (15) report hypertension; 12% (5) report Obesity.

Section 4 (Clients Served & LOS) - 39 non-duplicated clients served in the reporting time frame. The original 4 clients have been in the program over a year. 1 is moving toward discharge.

Section 5 (Adherence Data) - 36 clients' data in this category- 3 clients were opened by 6/30/21, but did not receive their first drop until July 2021.

Further breakout of adherence

11 clients had 100% adherence;

10 clients had 95-99% adherence;

6 clients had 90-94% adherence.

Significant piece is that 21 clients (58% of the 36) had a 95% or better overall adherence rate.

Section 6 (Psychiatric Hospitalizations 12 months prior compared to while in) -18 out of 39 clients had prior hospitalization (46%)

Prior: Outliers- 1 client had 4 prior admissions for 55 days. 2 clients had 4 prior admissions for a total of 41 days.

While In: The client with 4 prior admissions for 55 days had 1 admission for 14 days while in the program. The 2 clients with 4 prior admissions totaling 41 days had NO hospitalizations while in the program.

Section 7 (readmission psychiatric data- comparing prior to while in) – 18 clients had admissions prior to entering the program.
Outliers: 1 client had 3 prior admissions within a 45 day time frame. 1 client had 3 prior admissions within a 75 day time frame. 1 client had 3 admissions within a 70 day time frame.

Section 8 (Crisis home-)- 1 client had 1 prior admission for 35 days . While in the program, this client was admitted into the crisis home for 31 days.

Section 9 (Medical Admissions)- No outliers

Section 10 (Jail Admissions)- 3 returning citizens reported 224+ days in prison prior to entering the Med Drop Program.

Section 11 (MAQ) – All 39 clients completed an initial MAQ. 18 (46%) of the 39 clients completed at least 1 additional MAQ.

Section 12 (Discharges) – 3 discharges occurred during this quarter- no successful completions, but 2 individuals are getting ready to step down to 1 drop every 2 weeks.

Section 13 (System Outcomes)- 1 person went into the Psychiatric Hospital while in the program that did not have a prior psychiatric admission in the past 12 months. The same person that had a prior crisis home admission had a crisis admission while in the program.

**DWIHN CUSTOMER SERVICE
3rd QUARTER 2021
PROGRAM COMPLIANCE 9/8/21 COMMITTEE REPORT**

I. Customer Strategic Plan Pillar: 92% completion.

II. DWIHN Customer Service Unit Call Center Activity: Reception/Welcome Center/Switchboard (3,047) Abandonment Rate (1.1%) and Customer Center Call Center (2,324) Abandonment (4.6%) The Abandonment rate standard is (< 5%).

III. DWIHN Welcome Center (Reception Area) Walk-ins: Includes Customer Service, Family Support Subsidy, Recipient Rights and other. As a result of COVID, DWIHN's building is not open to the public (0).

IV. Family Support Subsidy Activity: Calls (1,296) decrease. Applications rec'd (386^). Applications Submitted to State (257).

V. Grievances Activity: Number of Grievances filed (21^). Grievances by Categories involved: (32) top 4 areas: Delivery of Service, Interpersonal & Access to Services tied in 3rd place and Customer Service followed in 4th place.

VI. Appeals Activity: Advance Notices: (3,116) and Adequate Notices (330).

Local Appeals Activity Calls received: (56) decrease.

Appeals Filed with Customer Service: (9^).

State Fair Hearings Request (0) decrease.

MI Health Link Appeals and State Fair Hearings (0).

VII. QI & Performance Monitoring Activity: Responded to HAP, Molina, AmeriHealth and Michigan Complete ICO audits and POC's. Conducted Customer Service Orientations to new Access Center Staff. Updated Member materials i.e. Provider Directory and Member Handbook. Continued to conduct annual CRSP Customer Service Standards audits.

VIII. Member Engagement Activity: Coordinated monthly CV meetings. Conducted outreach activities and training on topics such as: COVID, Ambassadors, DD Community partnership, Self Determination and Police Trainings. Continued to conduct a series of meetings with Clubhouse & Drop-in Centers regarding re-accreditation. Published Member Quarterly Newsletter "Person's Point of View". Prepared for annual member events i.e, Reaching for the Stars and Walk-a-Mile.

XI. Member Experience Activity: Continued to work on various survey activity i.e. Peer Employment, National Core Indicator, Provider Satisfaction, Telehealth, NCQA Member Experience and Needs Assessment.

Submitted by: Michele Vasconcellos, Director, Customer Service 9/3//2021



Customer Service

FY 21

Quarters 1-3 Report

Presented at the Program Compliance Committee

September 8, 2021

**Submitted By: Michele A. Vasconcellos MSA,
Director, Customer Service**

Customer Service FY21 Quarterly Report

Unit Overview

The Customer Service Unit is responsible for the following activities: Call Center Operations; Member Welcome Center; Member Grievances; Member Appeals/Medicaid Fair Hearings; Family Support Subsidy, Member Engagement Member Experience, and Customer Service Standards Performance Monitoring and Reporting.

The mission of the Customer Service Unit is to assure the accessibility of effective behavioral health services and to continuously exceed our Customers' expectations.

Unit Goals

1. To be the front door of the DWIHN.
2. To convey an atmosphere that is welcoming, helpful, and informative.
3. To provide oversight and monitoring of the Customer Service function at those provider networks that have been delegated functions of Customer Service.
4. To assure that all delegated entities follow specific Customer Service mandated standards.
5. To welcome and orient individuals to service benefits.
6. To provide information on how to access services and rights processes.
7. To assist with resolution of local complaints, grievances, and appeals processes.
8. To survey, track, trend, and report on member/provider experiences.
9. To provide behavioral health customer service, advocacy, outreach, education, and training supports.

DW IHN Strategic Plan

The DWIHN Board's Strategic Plan is an overarching framework that strives towards common goals, establishes agreement around intended outcomes/results, and assesses and adjusts the organization's direction in response to changing environment.

DW IHN's approach to fulfilling its strategic Plan is based on the following five pillars:

Customers: Services should be designed to meet the needs and expectations of consumers. **Overall Pillar Completion 84%**

Access: Provide affordability of services provided to the customer.

Workforce: Provide staff development activities while empowering staff in the competitive and market-driven workforce.

Finance: Ensure the Administrative Cost as a portion of the Total Cost is low and reasonable.

Quality: Deliver a robust decision support system as DWIHN will be recognized as the Behavioral Health Subject Matter expert through the use of Standardized treatment protocols and guidelines.

I. DWIHN Customer Service Unit Call Center Activity

Quarterly Comparison FY 20/21

	1 st Quarter		2 nd Quarter		3 rd Quarter		4 th Quarter	
Call Center	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%
*DWIHN Reception Welcome Center	1,184	1.43%	4,453	3.2%	3,047	1.1%		
DWIHN Customer Service	2,243	5%	3,350	16.06%	2,324	4.1%		
*Access Center	47,140	3.20%	14,050	1.45%	N/A	N/A		
*ProtoCall	3,384	3.13%	1,016	2.7%	N/A	N/A		
Total	53,951		22,869		5,371			

As of February 1, 2021, the Access Center and ProtoCall statistics are be reported by DWIHN's Access Center unit.

Quarterly Comparison FY 19/20

	1 st Quarter		2 nd Quarter		3 rd Quarter		4 th Quarter	
Call Center	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%
*DWIHN Welcome Center	10,585	1.2%	9,199	0.8%	695	1.4%		
DWIHN Customer Service	3,415	3.7%	2,591	2.1%	654***	2.7%		
Access Center	66,391	6.4%	71,114	4.3%	43,481	4.25%		
ProtoCall	3,169	5.2%	4,409	1.8%	3,909	1.83%		
Total	83,560		87,313		48,739			

Year to Date FY 19/20 vs 20/21

	FY 19/20		FY 20/21	
Call Center	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%
*DWIHN Welcome Center	20,479	0.7%	8,684	1.1%
DWIHN Customer Service	6,660***	3.45%	7,917	4.1%
Access Center	180,986	4.96%	N/A	N/A
ProtoCall	11,487	4.5%%	N/A	N/A
Total	219,612		82,191	

Please Note: The YTD Total for FY 20/20 includes phone data from Access and ProtoCall for the 1st and 2nd Quarter.

II. DWIHN Welcome Center (Reception Area) Walk-ins

Quarterly Comparison FY 20/21

Walk-in Type	*1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	YTD
Customer Service	0	0	0		0
Family Support Subsidy	0	0	0		0
Recipient Rights	0	0	0		0
Other	0	0	0		0
Total	0	0	0		0

Due to COVID, DWIHN's Reception area continued to remain closed to outside visitors.

Quarterly Comparison FY 19/20

Walk-in Type	*1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	YTD
Customer Service	445	384	0		829
Family Support Subsidy	128	73	0		201
Recipient Rights	337	591	0		928
Other	147	83	0		230
Total	1,057	1,131	0		2,188

Due to COVID –19 For the months of April May and June of 2020 no walk-in activity- Company is closed to the public.

Year to Date FY 19/20 vs FY 20/21

Walk-in Type	FY 19/20	FY 20/21
Customer Service	829	0
Family Support Subsidy	201	0
Recipient Rights	928	0
Other	230	0
Total	2,188	0

III. Medical Record Request

Quarterly Comparison FY 20/21

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	YTD
DWIHN Medical Record Request	38	4	39		81
New Center Medical Record Request	1	1	0		2
Total Payments	\$195.37	\$594.84	\$2,005.93		\$2,796.14

Quarterly Comparison FY 19/20

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	YTD
DWIHN Medical Record Request	45	7	37		52
New Center Medical Record Request	57	13	0		70
Total Payments	\$430.80	\$1,123.54	\$1,286.21		\$2,840.55

IV. Family Support Subsidy Activity

Quarterly Comparison FY 20/21

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	YTD
Family Subsidy Calls	2,235	1,572	1,296		5,103
Family Support Subsidy Applications Received	261	193	386		840
Family Support Subsidy Applications Processed	261	328	257		846

Note: Not all applications are processed on the same day that they are received. Some applications can be received and not processed for up to six months, based on what other documentation we may need for each student. All unprocessed applications are pending until all supporting documentation is received to complete the file.

Quarterly Comparison FY 19/20

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	YTD
Family Subsidy Calls	1,565	1,413	1,935		4,913
Family Support Subsidy Applications Received	410	387	313		1,110
Family Support Subsidy Applications Processed	393	309	359		1,061

Year to Date FY 19/20 vs FY 20/21

	FY 19/20	FY 20/21
Family Subsidy Calls	4,913	5,103
Family Support Subsidy Applications Received	1,110	840
Family Support Subsidy Applications Processed	1,061	846

V. Grievances Activity

Quarterly Comparison FY 20/21

Grievances	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Y-T-D
Grievances Received	8	19	21		48
Grievances Resolved	6	6	10		22

Quarterly Comparison FY 19/20

Grievances	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Y-T-D
Grievances Received	18	16	7		41
Grievances Resolved	18	16	6		40

Year to Date FY 19/20 vs FY 20/21

	FY 19/20	FY 20/21
Total Grievances	41	48

VI. Grievances by Category

Category	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Y-T-D Total
Access to Staff	3	1	3		7
Access to Services	2	5	6		13
Clinical Issues	0	2	3		5
Customer Service	0	3	6		9
Delivery of Service	4	7	4		15
Enrollment/Disenrollment	0	1	0		1
Environmental	0	0	0		0
Financial	0	2	2		4
Interpersonal	0	8	5		13
Organization Determination and Reconsideration Process	0	1	0		1
Program Issues	0	0	0		0
Quality of Care	1	1	0		2
Transportation	0	0	0		0
Wait Time	0	1	0		1
Other	2	3	3		8
Overall Total	12	35	32		79

*Note: * A grievance may contain more than one issue.*

Year to Date FY 19/20 vs FY 20/21

	FY 19/20	FY 20/21
Total by Categories	73	79

For 19/20, the 3 top categories of grievances in order are: Delivery of Service, Access to Staff and Access to Services. For 20/21 the top 3 grievance categories in order are: Delivery of Service, Interpersonal and Access to Services

VII. MI Health Link Grievances

Grievance	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Y-T-D Total
Aetna	0	0	0		0
AmeriHealth	0	0	0		0
HAP Midwest	0	1	1		2
Michigan Complete	0	0	1		1
Molina	0	1	1		2
Overall Total	0	2	3		5

VIII. Appeals Advance and Adequate Notices

Quarterly Comparison 20/21

Notice Group	1 st Quarter Advance Notices	1 st Quarter Adequate Notices	2 nd Quarter Advance Notices	2 nd Quarter Adequate Notices	3 rd Quarter Advance Notices	3 rd Quarter Adequate Notices	4 th Quarter Advance Notices	4 th Quarter Adequate Notices	Y-T-D Total
MI	3,370	251	4,320	316	2,638	169			11,064
ABA	138	82	189	124	127	55			715
SUD	26	80	162	21	91	11			391
IDD	258	151	348	177	260	95			1,289
Overall Total	3,792	564	5,019	638	3,116	330			13,459

Total number of Advance and Adequate Adverse Benefit Determination Notices reported was 10,013

Quarterly Comparison FY 19/20

Notice Group	1 st Quarter Advance Notices	1 st Quarter Adequate Notices	2 nd Quarter Advance Notices	2 nd Quarter Adequate Notices	3 rd Quarter Advance Notices	3 rd Quarter Adequate Notices	4 th Quarter Advance Notices	4 th Quarter Adequate Notices	Y-T-D Total
MI	5,851	4,558	5,072	1,089	3,398	191			19,390
ABA	195	197	362	173	153	70			1,192
SUD	208	348	92	163	14	8			716
IDD	386	2,787	179	2,100	190	885			5,753
Overall Total	6,640	7,890	5,705	3,525	3,755	1,154			27,051

Adequate Notice: Written statement advising enrollee/member of a decision to deny or limit of Medicaid services requested. Notice is provided to the Enrollee/Member Beneficiary on the same date the action takes effect or at the time of signing on the individual plan of service or master treatment plan. (please remove this verbiage, no longer accurate)

Advance Notice: Written statement advising the enrollee/member of a decision to reduce, suspend, or terminate services currently provided. Notice to be mailed at least 10 calendar days prior to the effective date of the notice.

IX. Local Appeals Activity

Appeals Phone Inquiries

Quarterly Comparison 20/21

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Y-T-D
Calls Received	163	64	56		283

Quarterly Comparison FY 19/20

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Y-T-D
Calls Received	61	86	88		174

Appeals Filed

Quarterly Comparison 20/21

Appeals	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Y-T-D
Appeals Received	4	3	9		16
Appeals Resolved	4	3	9		16

Quarterly Comparison FY 19/20

Appeals	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Y-T-D
Appeals Received	6	11	5		22
Appeals Resolved	4	12	4		20

X. MI Health Link Appeals and State Fair Hearings

Quarterly Comparison 20/21

ICO	Local Appeals	Medicaid Fair Hearing
Aetna	0	0
AmeriHealth	0	0
Fidelis	0	0
HAP/Midwest	0	0
Molina	0	0
Total	0	0

Quarterly Comparison FY 19/20

ICO	Local Appeals	Medicaid Fair Hearing
Aetna	0	0
AmeriHealth	0	0
Fidelis	0	0
HAP/Midwest	0	0
Molina	1	1
Total	1	1

XI. State Fair Hearings

Quarterly Comparison 20/21

SFH	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Y-T-D
Received	1	1	0		2
Scheduled	0	1	0		1
Dismissed or Withdrawn	0	1	0		1
Transferred out	0	0	0		0
Upheld by MDHHS	0	0	0		0
Pending	0	0	0		0

Quarterly Comparison FY 19/20

SFH	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Y-T-D
Received	2	4	1		7
Scheduled	0	2	2		4
Dismissed or Withdrawn	1	3	1		5
Transferred out	0	0	0		0
Upheld by MDHHS	0	0	0		0
Pending	2	3	0		5

XII. Member Experience Activity

Peer Surveys	Continued to identify peer liaisons at the various CRPS, and gather employment data on the peer workforce.
National Core Indicator (NCI)	Finalized the collection of the National Core Indicators Pre-Survey Background Packages (n=267) required by the MDHHS, and continuing to gather the remainder across the 17 providers directly responsible for compiling those packages.
Provider Satisfaction	Coordinated the launch of the FY 2022 DWIHN Provider and Practitioner Surveys with Managed Care Operations
NCQA Experience of Care & Health Outcomes (ECHO) Member Experience Surveys	Finalized reports for both adult and child ECHO surveys. Disseminated the findings to stakeholders and made presentations to various DWIHN workgroups such as the Quality Improvement Steering Committee (QISC), Quality Operations and Customer Service Liaisons.
NCQA	Compiled and submitted for NCQA review, responses for the "Q15-Member Experience" Standard. This Standard has three elements and eleven factors on complaints and appeals, member experience, and out of network services.
Needs Assessment Survey	Continued to review and organize data submitted for the Needs Assessment survey, developed a spreadsheet to enter the data for analysis.

XIII. Member Engagement

Peer Support – Administered a couple of surveys to gather information on the peers employed by the CRSP, as well as surveyed the peers directly to gather information about their employment status (e.g., salary range, duties, satisfaction, etc.). In collaboration with the Detroit Health Department, Michigan Community Health Workers Alliance, and Wayne State University, developed the 2021 monthly workshop series to host peer professional development sessions on social determinants of health. Two credits are offered for each session. The February topic focused on racial relations and March was specific to the COVID vaccination. Participation ranges from 75 to 100 individuals. Partnered with the Michigan Developmental Disability Council to present a peer mentor training on Human Sexuality training during a statewide relationship conference.

Outreach – Facilitated several Constituents' Voice meetings, three of which were meetings of the full group. The topics for those general assemblies were self-determination, police trainings, and COVID. In response to a negative review of the Ambassador program, staff developed a plan of correction and started putting components in place to strengthen the program. Efforts will include an Ambassador policy, updated curriculum, and a refresher training. Ambassadors will only be able to present information which Member Engagement has trained them on. In observance of Developmental Disability Awareness month, hosted three of four events in the "Black and Disability for People with Developmental Disabilities" series in collaboration with community partners, Michigan Developmental Disabilities Council, Arc of Detroit, Services to Enhance Potential, Champions of Tomorrow, and Warriors on Wheels. Attendance has ranged from 50 to 70 individuals per session. The final event will take place on April 9. The biggest take away was the lack of timely and useful information. Continued to host virtual outreach meetings, including SOULS' (Supportive Outreach Understanding Life-Situations) Faith Talk on Monday and Casual Talk on Wednesday evening.

Clubhouses & Drop-ins– Initiated a series of conversations to address concerns raised by Clubhouse International, the accrediting body for clubhouses, that three clubhouses may be at risk of not getting reaccredited given their current status. The accrediting body posed that frequently changing directors might be a contributing factor. As a result, the staff will convene CMHs with clubhouse for an information session on their role and responsibility to the clubhouses.

XIV. Performance Monitoring & Quality

Customer Service has responded to HAP and Molina's POCs. Customer Service has also participated in the Annual ICO audits of AmeriHealth and Michigan complete. The Customer Service Performance Monitors has continued to monitor CRSPs POCs from FY '20. The Department has also actively worked on NCQA activities in preparation for the NCQA re-accreditation review.

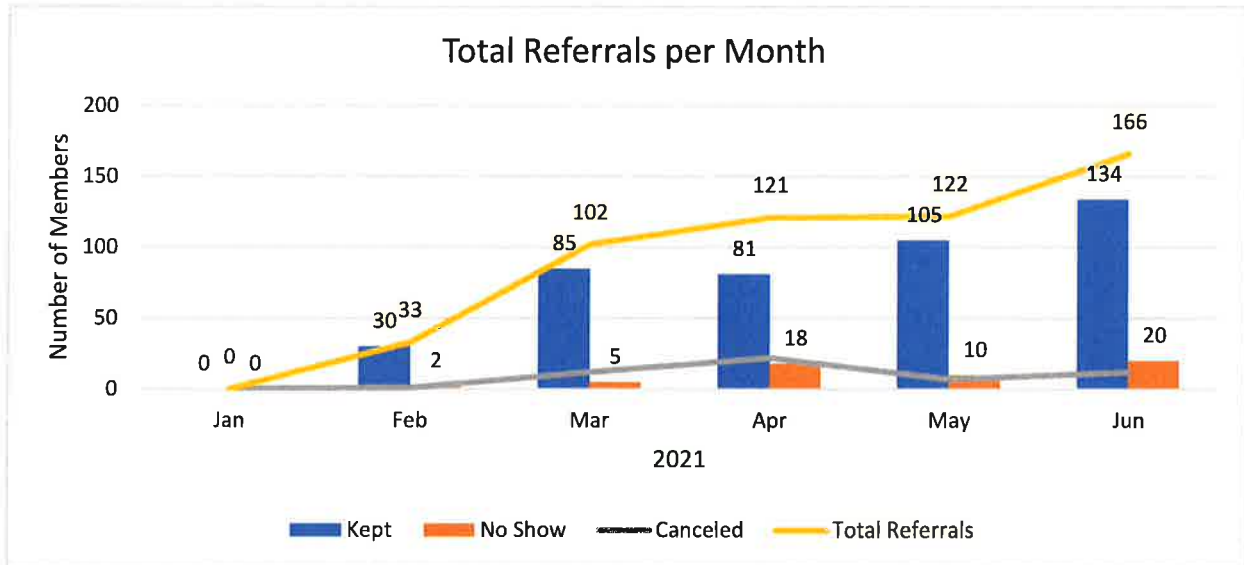
ASD Q3 FY 2- EXECUTIVE SUMMARY

- DWIHN ASD Benefit added and additional Independent Evaluator to the provider network in the 3rd Quarter FY 20/21 to increase the 14-day timeliness standard.
- Sprout, LLC will become the third Independent Evaluator for DWIHN.
- The DWIHN ASD Benefit continues to grow each quarter. There are currently 2070 open cases receiving services with the largest concentration of members enrolled with Centria Healthcare.
- The ASD RFP 2021-002 awarded two new ABA providers and expanded one existing provider to increase member choice of locations to 5 new Autism Centers across Wayne County.
- The addition of the 5 new providers will add two new site locations to Detroit and the other 3 locations will cover Western Wayne and the Downriver.
- Research has shown that by addressing delays early on, especially between birth and 3 years of age, children have better outcomes. DWIHN's ASD Benefit provides early intervention services for infants and toddlers with the largest concentration of enrollees between the ages of 2 and 6 years with the youngest member at 1 year 3 months old and the oldest at 20 years 7 months old.
- ASD Learning Series Conference hosted by DWIHN will be providing a total of 16 presentations across 5 months. Topics were selected by peers and are covering the following areas: ethics, guardianship, coordination of care, feeding and swallowing interventions, supervision of ABA services, play skills, telehealth and pandemic.
- DWIHN will continue to work in collaboration with Supports Coordinating agencies to increase accuracy and timeliness of service authorizations for children enrolled in the benefit.
- DWIHN also continues to host monthly meetings with the ASD provider network to provide updates on initiatives implemented by MDHHS. There is discussion that the frequency of diagnostic re-evaluations will change from the current yearly requirement to every 3 years or as clinically necessary for children diagnosed with ASD.



Detroit Wayne Integrated Health Network Autism Spectrum Disorder Benefit Quarterly Report *3rd Quarter Fiscal Year 2020/2021*

This report will review the general metrics for the benefit and provide an overview of activities and issues addressed during the quarter.



Summary

DWIHN ASD Benefit added Independent Evaluators to the provider network in the 1st Quarter FY 20/21. Independent Evaluator data displayed above includes both Social Care Administrator and The Children's Center total referrals per month. Due to the increasing demands of ASD referrals in Wayne County an additional Independent Evaluator was added to the network in Quarter 3 to improve the timeliness standard of incoming referrals. Sprout, LLC will become the third Independent Evaluator for DWIHN.

Cases Served 2013 to Present

Status	Level Of Care		Did Not Receive ABA Direct Services*	Grand Total
	FBI(Lower Level of Care)	CBI (Higher Level of Care)		Total
Closed	468	2323	2909	5700
Open	257	1810	3	2070
Pending Intake	4	43	1	48
Total	729	4176	2913	7818

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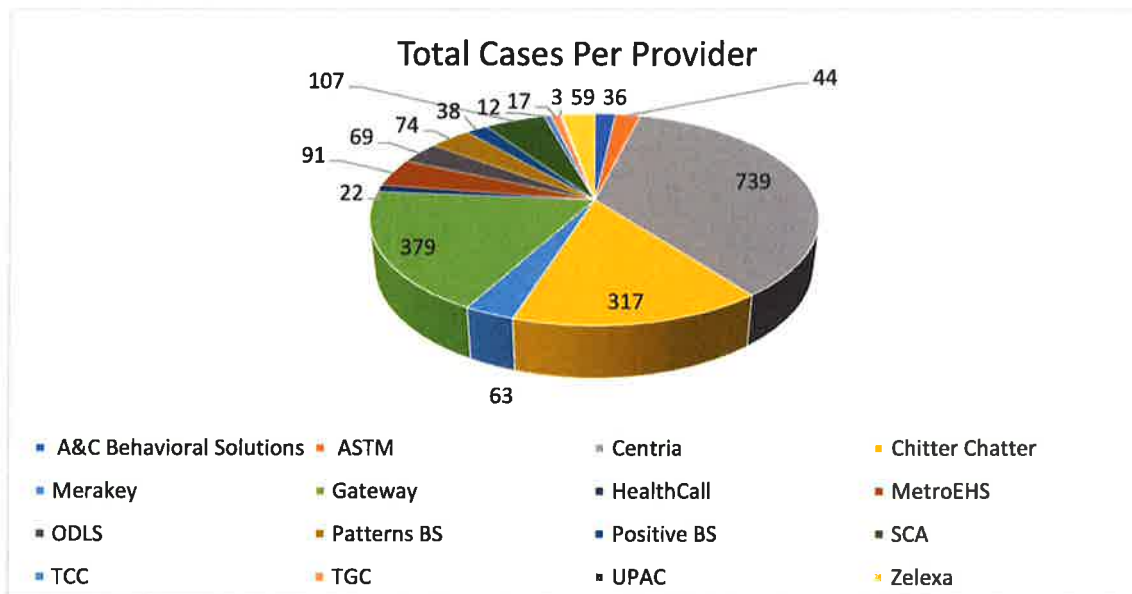
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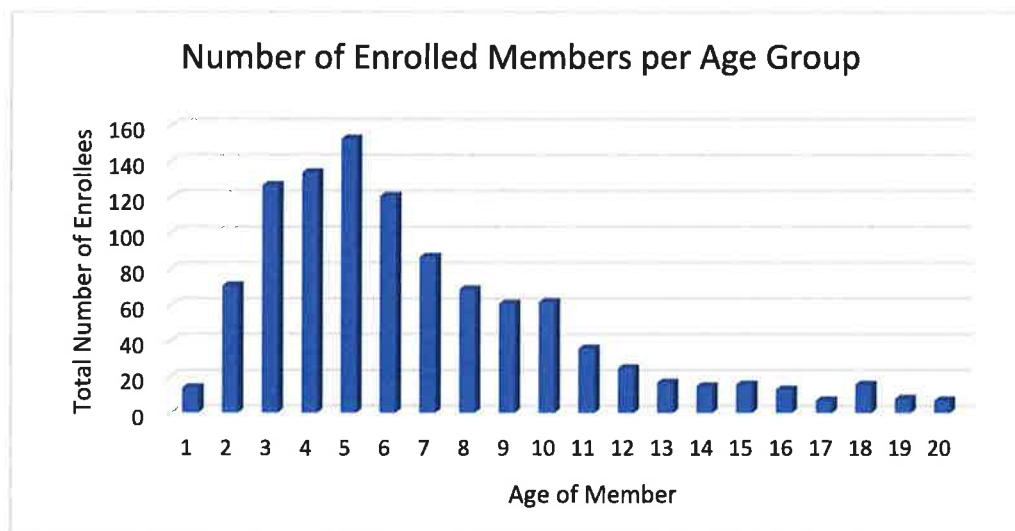
Summary

DWIHN ASD Benefit continues to grow each quarter. There are currently 2070 open cases receiving services with the largest concentration of members enrolled with Centria Healthcare. To meet the growing demands a Request for Proposal (ASD RFP 2021-002) was posted to Wayne County to expand access to services in specific demographic areas. The ASD RFP 2021-002 awarded two new ABA providers and expanded one existing provider to increase member choice of locations to 5 new Autism Centers across Wayne County.



Summary

Research has shown that by addressing delays early on, especially between birth and 3 years of age, children have better outcomes. DWIHN's ASD Benefit provides early intervention services for infants and toddlers with the largest concentration of enrollees between the ages of 2 and 6 years with the youngest member at 1 year 3 months old and the oldest at 20 years 7 months old.





DWIHN Autism Spectrum Disorder Benefit

DWIHN ASD Program Updates:

Network Updates

- DWIHN has posted an RFP to expand our ABA provider network in high need areas within Wayne County. The RFP has been finalized and the selected providers have received their award letters to begin service effective 10/1/2021.
- The Independent Evaluators continue to add more availability to MH-WIN calendars, however referrals continued to increase which impacted the 14 day timeliness standard for access to diagnostic evaluations. An additional independent evaluator has been added to the DWIHN network to support completing referrals in a timely manner and offer an additional location for families to receive service.

ASD Learning Series Conference 2021

- ASD Learning Series Conference hosted by DWIHN will be providing a total of 16 presentations across 5 months. Topics were selected by peers and are covering the following areas: ethics, guardianship, coordination of care, feeding and swallowing interventions, supervision of ABA services, play skills, telehealth and pandemic.

MHWIN Updates for Autism

- The ADOS-2 Worksheets and ASD Behavior Assessment Worksheets in MHWIN were implemented in the 1st quarter and the overall implementation has been successful.
- Service Utilization Guidelines entered into MHWIN to allow for auto-authorizations to occur when the request falls within the UM guidelines.

Standardized IPOS Rollout

- Supports Coordinators are responsible for entering the authorizations into MHWIN. On average authorizations are returned at least 103 times a month and are reported as one the main barriers by the ASD Network Provider to accessing timely services. DWIHN will continue to offer technical assistance to supports coordinating agencies to offer training and support on how to enter authorizations correctly and within the appropriate service utilization guidelines.

Executive Summary

Integrated Health Care 3rd Quarter Report

Program Compliance Committee meeting – September 8th, 2021

Collaboration with Health Department

The State of Michigan and the Health Department has identified Hepatitis C in the SUD population as a new focus and DWIHN will be collaborating on this.

Health Plan Pilots (3)

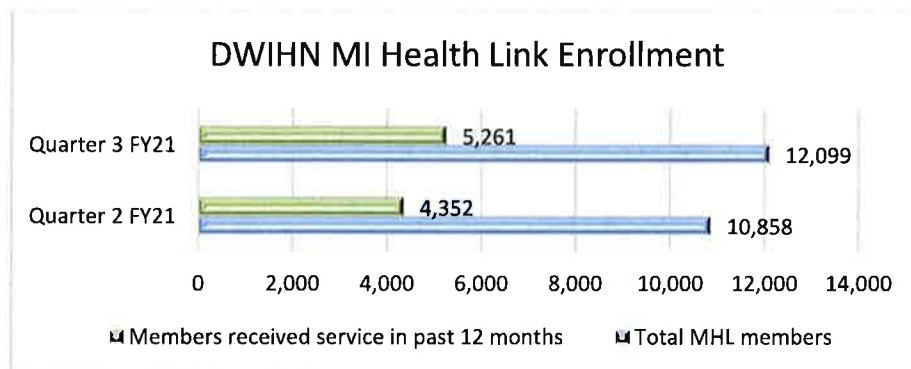
DWIHN, Health Plan 1, and their Care Coordination provider agreed to utilize the Care Coordination module offered by Vital Data Technology, LLC (VDT) as a shared electronic platform and the contract between DWIHN and VDT was fully executed in late October. Weekly Implementation Status meetings were initiated and continue to be held. The go live date for the shared platform was June 1st, 2021. Health Plan 1 and DWIHN staff meet every two weeks to discuss members care and needs, currently there are 9 active members. DWIHN and Health Plan 2 Care Coordinators and Manager staff continued to hold monthly care coordination meetings to review a sample of shared members who experienced a psychiatric admission during the previous month. The goal of the care coordination activities is to exchange information and address any identified gaps in care. IHC staff was in communication with Health Plan 3 staff throughout the 1st Quarter and Health Plan 3 is reviewing the proposal for a joint pilot project internally. A meeting was scheduled to occur between DWIHN and Health Plan 3 in March and at this time the Health Plan has not decided to go forward with any projects.

Medicaid Health Plans

In line with the MDHHS/PIHP contract, IHC staff continues to perform Care Coordination Data Sharing on a monthly basis with each of the 8 Medicaid Health Plans (MHP) serving Wayne County for mutually served individuals who met risk stratification criteria, which includes multiple hospitalizations and Emergency Department visits for both physical and behavioral health, and multiple chronic physical health conditions. There were 167 cases reviewed during the quarter.

MI Health Link Demonstration

The number of DWIHN members who are enrolled in MI Health Link, and the number of those members who received a behavioral health service within the previous 12 months decreased from Quarter 2 FY21 to Quarter 3 FY21.



During this quarter, 255 Behavioral health care referrals were completed and submitted to the ICO, Care Coordination was provided to 74 MI Health Link members to support engagement in Behavioral Health services, and Transitions of Care coordination was provided for 153 MI Health Link members who were discharged from a psychiatric hospitalization during the quarter. IHC staff also completed LOCUS assessments for 58 MI Health Link members and participated in 8 Integrated Care Team meetings with the ICOs during the quarter.

Complex Case Management

IHC continues to offer and provide Complex Case Management services to DWIHN members as part of DWIHN's NCQA accreditation. There were 17 CCM active cases within the quarter. Thirteen (13) new Complex Case Management cases

were opened during the quarter and 9 Complex Case Management cases were closed during the quarter. Of the 9 closed cases 6 of the cases were closed as a result of the members meeting their identified Plan of Care goals. Information regarding Complex Case Management was also sent to staff at 30 different provider organizations, including hospitals, clinically responsible service providers, and a residential provider. Care Coordination services were provided to an additional 53 members during the quarter who either declined or did not meet eligibility for CCM services. Complex Case Management was presented at our Outpatient Provider Meeting to further educate the Provider Network on this program in April and June. Going forward the Clinical Specialist will focus on educating provider organizations at the team level and at the Outpatient Provider Meeting monthly.

OBRA/PASRR

IHC continued the monitoring and oversight of DWIHN's provider of Omnibus Budget Reconciliation Act/Pre-Admission Screen Annual Resident Review (OBRA/PASRR) services. The average percentage rate of pended assessments during the third quarter is 40% which is higher than the previous quarter of 24%. DWIHN and NSO administration met in June to discuss this increase and what steps will be taken in the 3rd quarter. NSO is disputing the pends with the State as they were for areas that they were unaware of. NSO has hired another supervisor to help with the oversight of staff and reading completed OBRA assessments for errors.

The provider's rate of congruence between their and MDHHS determinations of mental health services needs for members in the 3rd quarter 96%. The provider completed PASRR screenings and reviews for 349 members in the second quarter which is a decrease from the last quarter of 444 members.

Detroit Wayne Integrated Health Network

Integrated Health Care Department

Third Quarter Report FY 21

Program Compliance Committee – September 8th, 2021

Collaboration with Wayne County and Detroit Health Departments

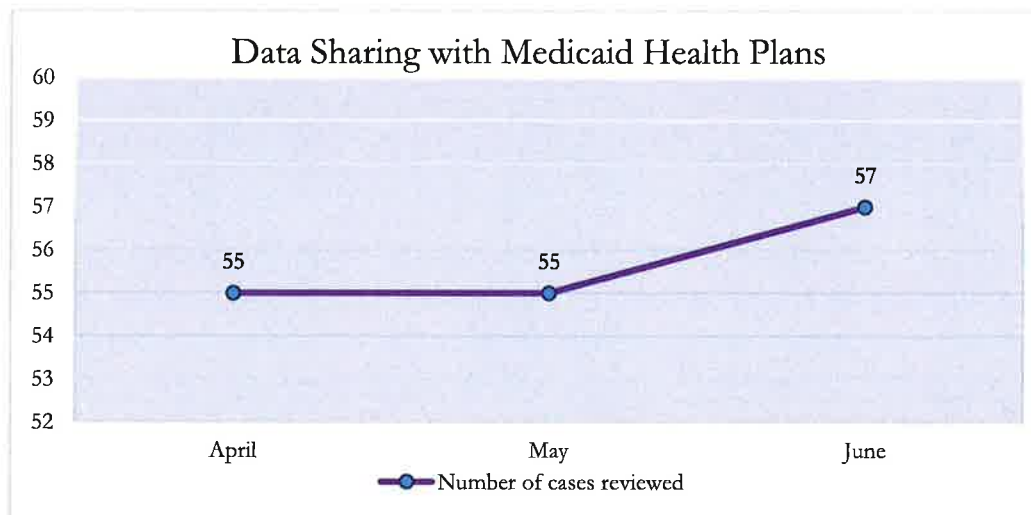
During the third quarter the State of Michigan and the Health Department announced their plan to promote testing and treatment within the SUD population for Hepatitis C. DWIHN will be working with SUD providers on this initiative to increase the treatment provided to members.

Community and Member Education

During this Quarter staff presented at the Peer Evolve meeting on: Anxiety and Anticipation: Rejoining the post COVID World, The Importance of Medication Adherence and Follow up Appointments.

Care Coordination with Medicaid Health Plans

As part of DWIHN's implementation of the MDHHS Performance Metric to Implement Joint Care Management processes between the PIHP and Medicaid Health Plans, IHC staff continued to perform Care Coordination Data Sharing on a monthly basis with each of the 8 Medicaid Health Plans (MHP) serving Wayne County for mutually served individuals who met risk stratification criteria, which includes multiple hospitalizations and ED visits for both physical and behavioral health, and multiple chronic physical health conditions. Care Coordination data sharing involves developing and updating Joint Care Plans between DWIHN and the Medicaid Health Plans. IHC staff continued to collaborate with the Medicaid Health Plans regarding increasing the number of members reviewed during the meetings. The monthly average of cases reviewed during the third quarter was 55. Quarter 1 FY21 was 56, Quarter 2 FY21 was 50.



Integrated Health Pilot Projects

IHC staff continued to participate in integration meetings with Health Plan 1 and Health Plan 2 to further develop care coordination activities between DWIHN and the Medicaid Health Plans.

Regarding a shared electronic platform, DWIHN, Health Plan 1, and their Care Coordination provider agreed to utilize the Care Coordination module offered by Vital Data Technology, LLC (VDT) as a shared electronic platform to assist in risk stratification of shared members, development of shared care plans, and documentation of care coordination activities. A revised Board Action to include the care coordination module to the VDT contract was presented to and approved by the Board in October and various implementation meetings were also held in October. The contract between DWIHN and VDT was fully executed in late October. Files including data from DWIHN and Total Health Care were sent to VDT and multiple meetings were held to review and set-up the Assessment and Plan of Care documents in the VDT module. Weekly Implementation Status meetings were initiated and continue to be held. The program went live on June 1st and 8 individuals have received joint care from DWIHN and Health Plan 1. Care Coordination is completed every two weeks on members.

DWIHN and Health Plan 2 Care Coordinator and Manager staff continued to hold monthly care coordination meetings to review a sample of shared members who experienced a psychiatric admission during the previous month. The goal of the care coordination activities is to exchange information and address any identified gaps in care.

IHC staff was in communication with Health Plan 3 staff throughout the First Quarter and Health Plan 3 is reviewing the proposal for a joint pilot project internally. A meeting occurred between DWIHN and Health Plan 3 staff in March and Health Plan 3 has not decided on a joint project.

Quality Improvement Plans

The IHC department continued to manage seven Quality Improvement Plans (QIPs) that are in alignment with NCQA requirements. The focus of the QIPs includes the following: *7 and 30 day Follow Up After Hospitalization for Mental Illness, Adherence to Antipsychotic Medication, Increasing Adherence to Antidepressant Medication, Decreasing the Use of Multiple Antipsychotic Medications, Diabetes Screening for members prescribed atypical antipsychotic medications, and Hepatitis A Risk Reduction.*

During this quarter two QIP were presented to the IPLT meeting: Diabetes Screening for members prescribed atypical medications and the Hepatitis A QIP was sunsetted and replaced by the Hepatitis C initiative.

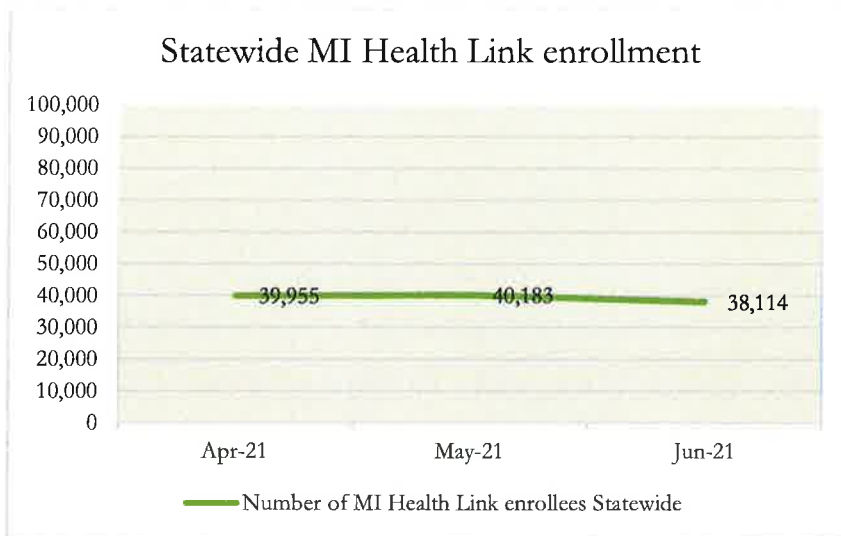
IHC staff continued collaborations with the Customer Services department regarding identifying barriers to members participating in their Follow-Up After Hospitalization appointments and the Quality Improvement department regarding monitoring CSRP providers performance on the measure. IHC staff met with Access Department to discuss better ways to engage Mi Health Link members into services. IHC staff also made outreach telephone calls to 232 members during the quarter to remind them of their follow-up after hospitalization appointment.

MI Health Link Demonstration

IHC staff continued to attend and participate in multiple meetings regarding the MI Health Link demonstration, including the following: monthly ICO/PIHO Joint Operations Meeting with MDHHS, monthly ICO/PIHP Systems Sub-Workgroup, monthly ICO/PIHP Quality Sub-Workgroup, monthly meetings with each ICO, and quarterly Member Advisory Group meeting with each ICO.

Statewide Enrollment

The total number of persons enrolled in the MI Health Link demonstration statewide has decreased since March -39,233 to 38,114 in June.



DWIHN Enrollment

12,099 persons with MI Health Link are currently enrolled with DWIHN. Of those persons, 5,261 received services from DWIHN within the past 12 months. This is an increase from the number of members enrolled and received services as of last quarter of 10,858 and 4,544 respectively

Disability Designations for Members with MI Health Link

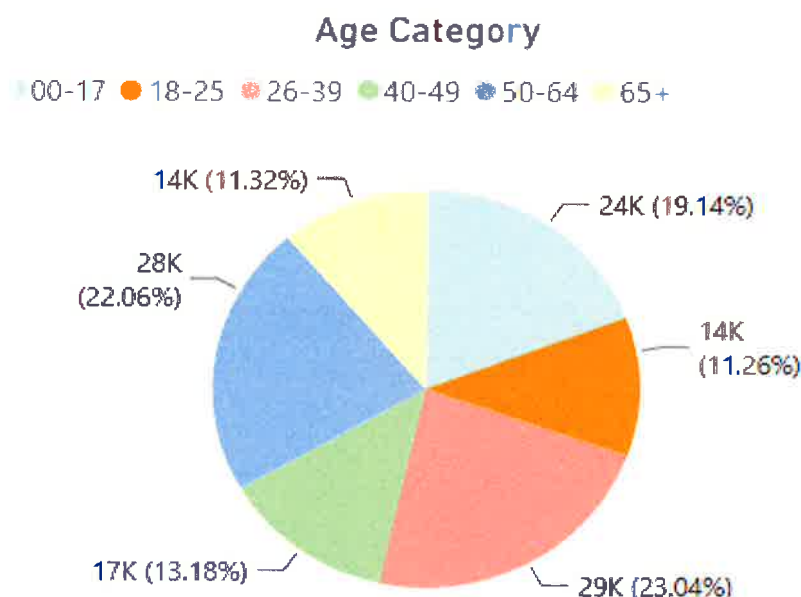
DWIHN provided services to 4,756 MI Health Link members in the last 12 months. Approximately 80.2% of the members had a Mild to Moderate Mental Illness or Serious Mental Illness designation. 16.4% had an Intellectual/Developmental Disability. 284 active members with MI Health Link currently have a Mild to Moderate disability designation. 158 active members with MI Health Link currently have a SUD disability designation.

Co-Occurring Diagnosis

80% of MI Health Link members served in the last 12 months did not have Co-Occurring Mental Illness and Intellectual/Developmental Disability diagnosis. 20% of MI Health Link members had Co-Occurring Mental Illness or Intellectual/Developmental Disability diagnosis.

Age Category

Given that members must be eligible for both Medicaid and Medicare to enroll in MI Health Link, it is not unexpected that over 33% members are age 50 and above. The largest growing population of eligible members though is the 26-39 yrs. 11.32% of MI Health Link members were within the age category of 65+ years. 13.18% of MI Health Link members served within the last 12 months were within the age category of 50-64 years. 19.14% of MI Health Link members were within the age category of 40-49 years. 23% of MI Health Link members were within the age category of 26-39 years. 24% of MI Health Link members were within the age category of 18-25 years.



Living Arrangement

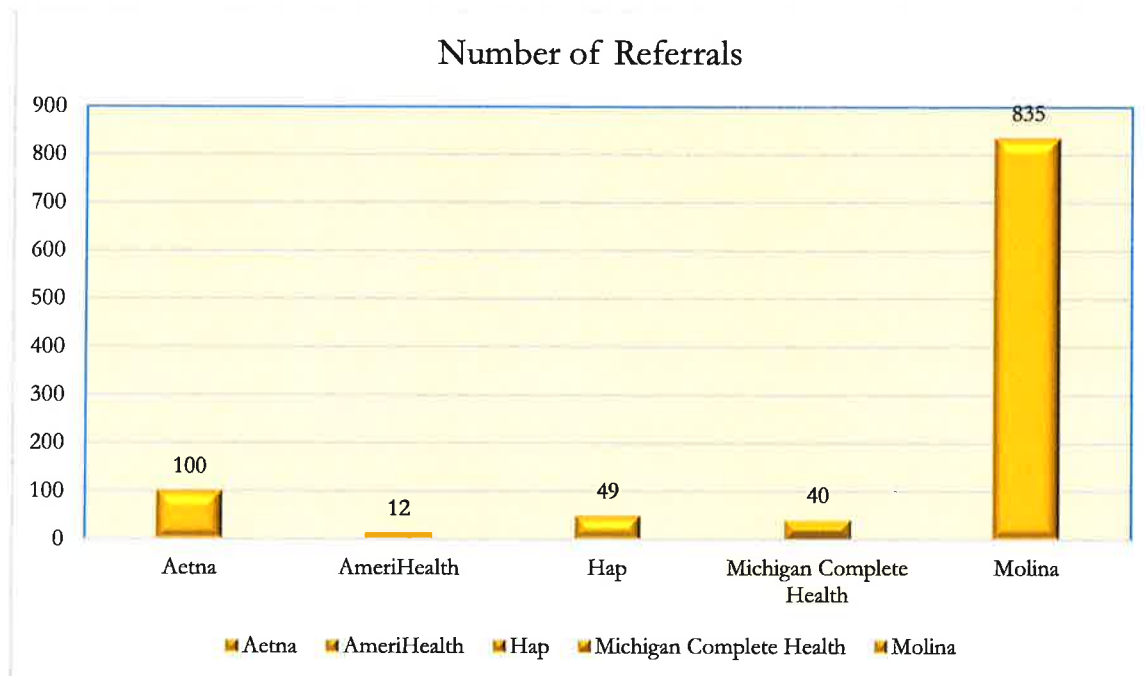
The majority of MI Health Link members served within the last four months reside in a Private Residence.

Habilitation Waiver

Currently, 37 MI Health Link members are enrolled in the Habilitation waiver, which is an increase from 14 members last quarter.

MI Health Link Referrals

DWIHN processed 1,121 referrals from the ICOs for behavioral health services during the last quarter. Of those referrals, behavioral health care was coordinated with the ICO for 274 of the members.



MI Health Link Care Coordination

DWIHN continues to send weekly and monthly reports to each of the five ICO's. The reports include information regarding *Critical Events, Member and Provider Grievances and Appeals, Transitions of Care, Referrals, Utilization Management, and Credentialing*. IHC staff performed Care Coordination for 74 MI Health Link members to support engagement in Behavioral Health services and provided Transitions of Care Coordination for 153 MI Health Link members who were discharged from a psychiatric hospitalization during the quarter. IHC staff completed LOCUS assessments for 58 MI Health Link members during the quarter. IHC staff also participated in 6 Integrated Care Team meetings with the ICOs during the quarter, regarding 5-10 members per meeting.

MI Health Link Audits

In the third quarter DWIHN went through multiple audits:

- HSAG audit with all five ICO organizations of Case Coordination, Claims, Grievances and Appeals, and Utilization Management. DWIHN supplied all ICOs with necessary universes, policies and procedures to complete audit no additional findings.
- ICO HAP delegation audit is complete, additional information still needed for IDN's letters and Customer Service Metrix. IDN's letters were submitted to ICO HAP for review recommendation from ICO HAP was to update DWIHN system with appropriate templates eta June 2021.
- ICO Amerihealth requested policy and procedure clarification and additional information for a credential file that ICO Amerihealth incorporated within their HSAG audit file. IHC department assisted with the coordination of documentation submission. ICO Amerihealth placed DWIHN on plan of correction for Access Center due to issue with calls

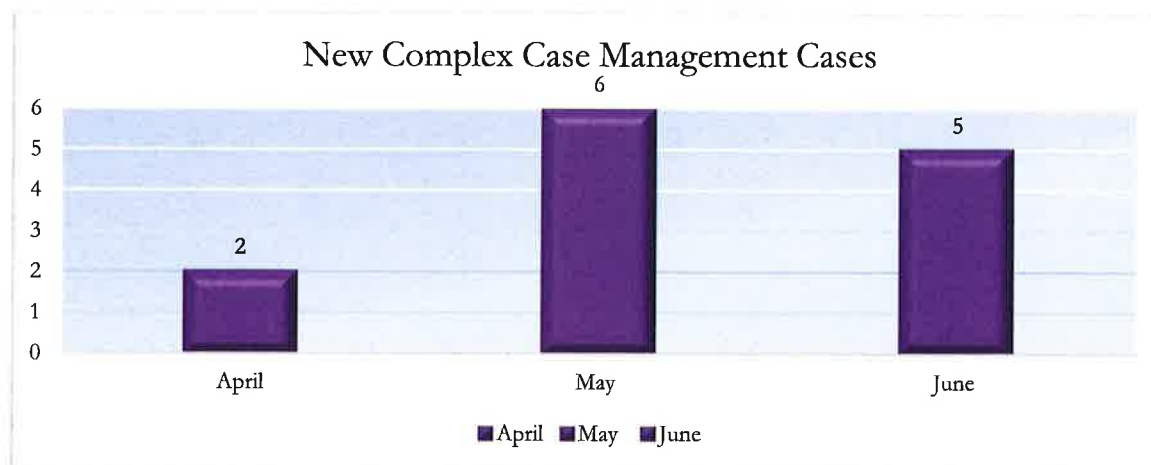
- DWIHN during this reporting month completed ICO Molina Annual Delegation Audit with the exception of the UM Review that will be finalized July 2021. IHC department lead was the liaison for the audit DWIHN passed for the following areas: IHC, UM, Credentialing, Quality Claims, Access and Member Services.

Cost Settling with the ICOs

Medicare rules allow for claims for services to be submitted up to one year after a service is provided. Therefore, cost settlement is not able to begin until at least one year after the time period of the demonstration. DWIHN is currently in various stages of Cost Settlement for the multiple years of the demonstration with each ICO. Cost settling is completed with Molina, Michigan Complete Health for Demonstration Year 1, Periods 1 and 2 2017-2018, and AmeriHealth up to Demonstration Year 2 2017. DWIHN and Aetna completed cost settling for Demonstration Years 2020. Cost settlements have not yet occurred with Hap.

Complex Case Management

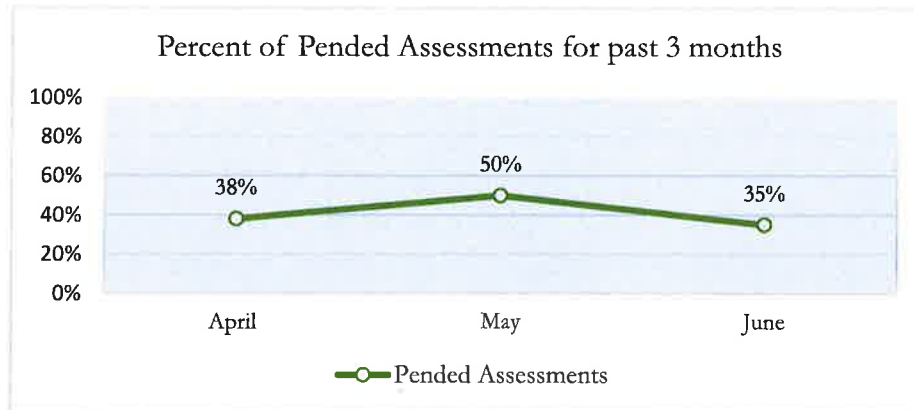
IHC continues to offer and provide Complex Case Management services to DWIHN members as part of DWIHN's NCQA accreditation. There were 17 CCM active cases within the quarter. Thirteen (13) new Complex Case Management cases were opened during the quarter and 9 Complex Case Management cases were closed during the quarter. Six (6) cases were closed as a result of the members meeting their identified Plan of Care goals. One member refused services, one member was unable to locate and one was transferred to nursing facility. Information regarding Complex Case Management services was offered to and declined by an additional 63 individuals during the quarter. Information regarding Complex Case Management was also sent to staff at 91 different provider organizations, including hospitals, clinically responsible service providers, and a residential provider.



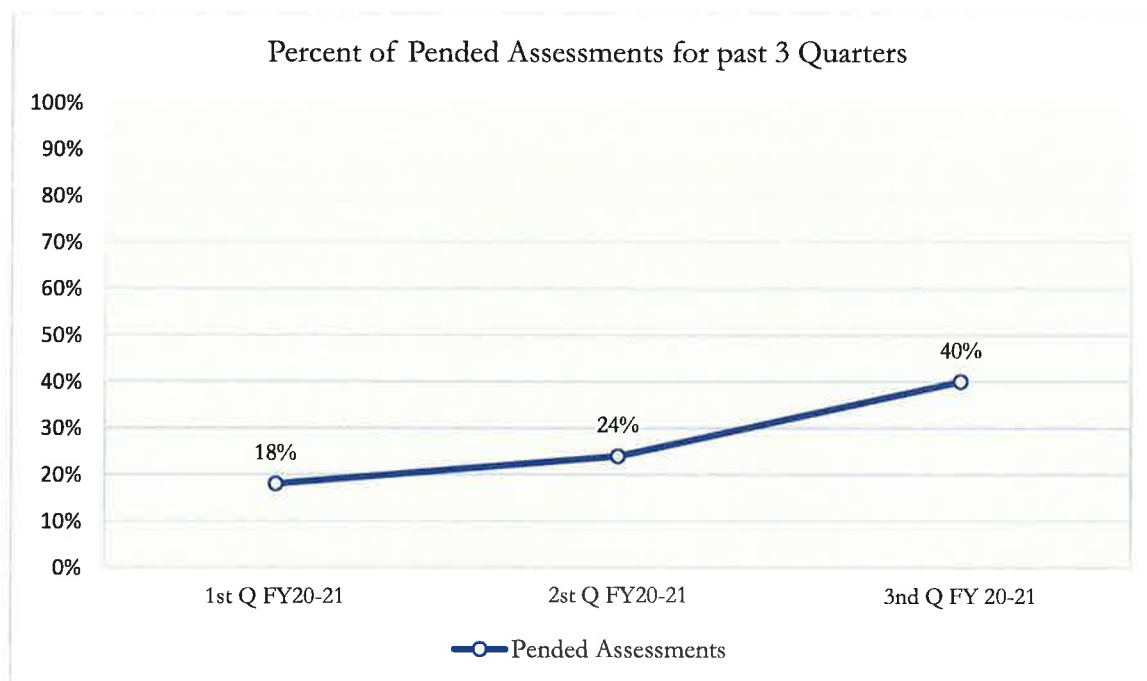
Omnibus Budget Reconciliation Act/Pre-Admission Screen Annual Resident Review (OBRA/PASRR) Services

The Clinical Specialist OBRA/PASRR continued to monitor the MDHHS OBRA/PASARR assessment que on an ongoing basis to review assessments that have been submitted by the OBRA/PASARR provider, Neighborhood Services Organization (NSO), to MDHHS. The Clinical Specialist also participated in the monthly meetings with NSO and quarterly meeting with MDHHS during the quarter.

The percentage of pended assessments increased from the end of the previous quarter to this quarter, April (38%), May (50%) June (35%). DWIHN met with NSO to discuss how to prevent this from increasing. NSO is disputing many of the pends and have hired another supervisor to monitor documentation.



Overall, the average percentage of OBRA/PASARR assessments that were pended this quarter is higher than the last quarter.



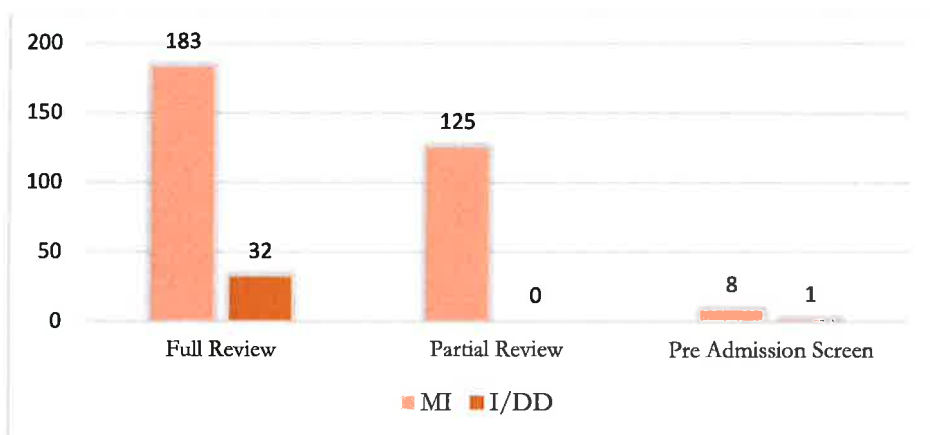
Eight members were placed out of an Extended Care Facility this quarter.

During the 3rd quarter of the Fiscal Year, NSO's OBRA trainer conducted 56 trainings involving 58 staff. Training topics included PASARR process and information, Abuse/Neglect, Resident's Rights, Alzheimer's Disease, Eloping, Bereavement, Communication, Resident to Resident Altercations, and Behavioral Management.

The congruency was 97% for this quarter.

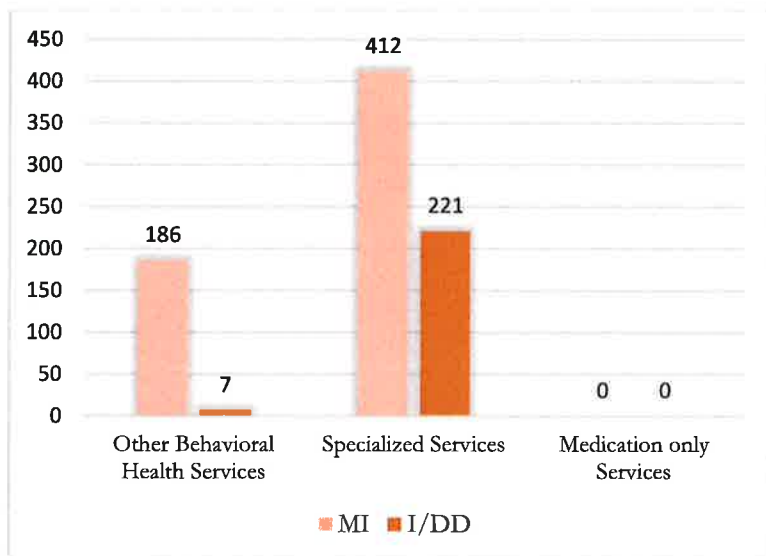
During the quarter, NSO completed screenings and reviews for 2349 members.

Completion of Screenings and Reviews for the 3rd Quarter



Thus far this Fiscal Year, NSO has provided Clinical services to 835 members. See chart below for breakdown of services.

Individuals seen for Clinical services during this Fiscal Year





September 8, 2021

Strategic Plan – QUALITY PILLAR

Program Compliance Committee Status Report

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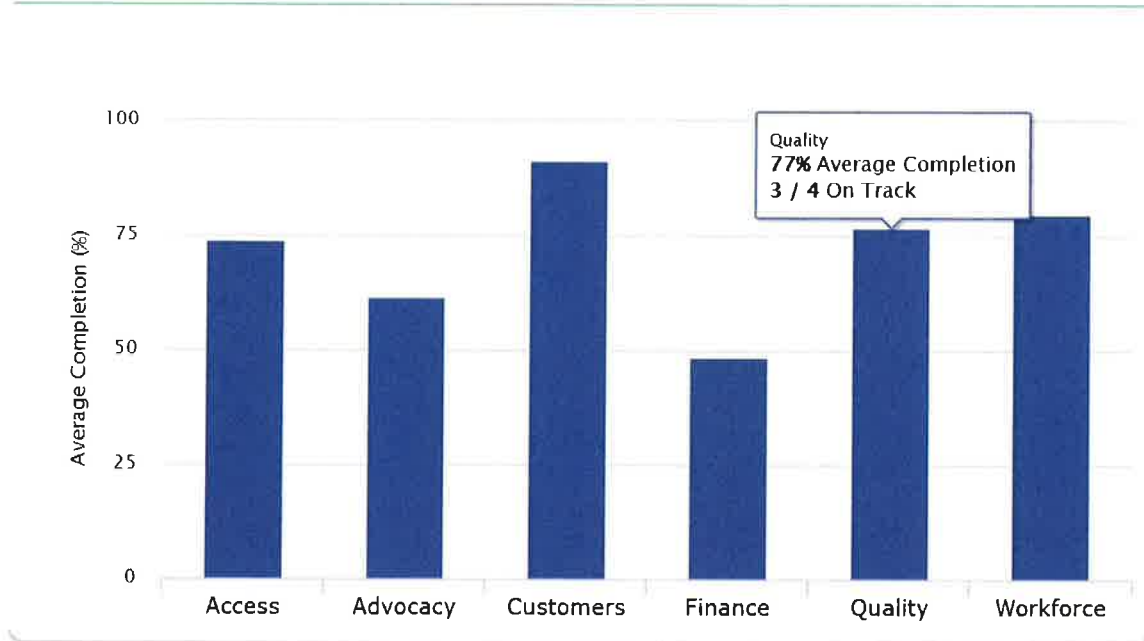
To our board members:

Our commitment to social responsibility includes a dedication to transparency, collaboration and stakeholder engagement as a core component of our business and sustainability strategy, our monthly reporting process, and our activities within the county.

Our Strategic Planning Status Report is our report to our board members. It tells how we are performing against key indicators that measure our performance against the Access, Customer and Quality Pillars and impact in the areas that matter most to our stakeholders.

Pillar Dashboard Summary

 DWIHN FY 2020 - 2022 Strategic Plan Pillar



There are three (3) pillars that are under the governance of the Program Compliance Committee: Access, Customer and Quality.

Summary of Pillar Status

Access Pillar is presented under the leadership of Jacquelyn Davis, Director of Access and Crisis Services. Overall, we are at 75% completion on this pillar. There are four (4) goals under this pillar. They currently range from 44% - 96% completion.

Access

Title	Completion
Create infrastructure to support a holistic care delivery system (full array) by 30th Sep 2022	44%
Create Integrated Continuum of Care for Youth by 30th Sep 2022	80%
Establish an effective crisis response system by 30th Sep 2022	79%
Implement Justice Involved Continuum of Care by 30th Sep 2020	96%

Customer Pillar is presented under the leadership of Michele Vasconcellos, Director of Customer Service. Overall, we are at 92% completion on this pillar. There are three (3) goals under this pillar. They range from 82% - 97% completion.

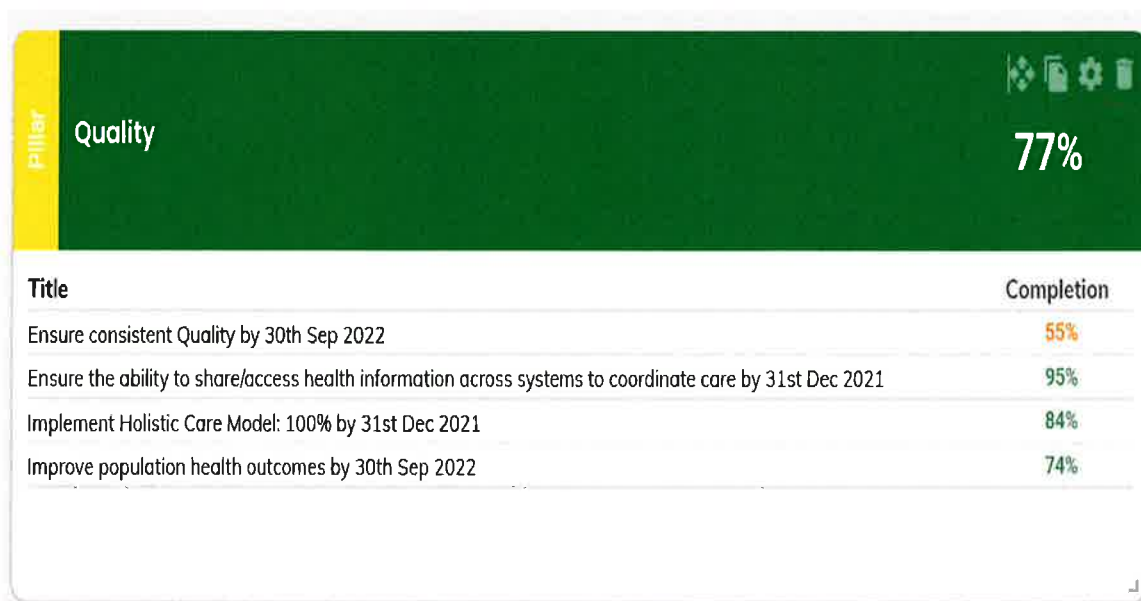
Customers

Title	Completion
Enhance the Provider experience by 30th Sep 2022	82%
Ensure Inclusion and Choice for members by 30th Sep 2021	97%
Improve person's experience of care and health outcomes by 30th Sep 2022	87%

Quality

Quality Pillar is presented under the leadership of April Siebert, Director of Quality. Overall, we are at 77% completion on this pillar. There are four (4) organizational goals. They range from 55% to 95% completion for the high-level goals.

A detail report of this pillar will follow.



Quality Pillar
Detailed Dashboard
Program Compliance Committee Meeting

September 8, 2021



● Draft ● Not started ● Behind ● On Track ● Nearly There ● Overdue ● Complete → Direct Alignment --- Indirect Alignment

DWHN FY 2020 - 2022 STRATEGIC PLAN PLAN QUALITY

Goal	Task	Update	Current Co...
Ensure consistent Quality			
→ Achieve NCQA Re-Accreditation: 100 unit		<p>NEW Alison Smith: Successful reaccreditation was achieved with DWHN receiving Full 3-Year MBHO. Summary report attached. Areas that were not 100%:</p> <ul style="list-style-type: none">• QI: Health Services Contracting, Availability of Practitioners and Providers, Accessibility of Services, Member Experience, Complex Case Management, Effectiveness of the QI Program• CC: Continued Access to Care• UM: Appropriate Professionals, Delegation of UM	55% 16% behind
→ Assist Utilization Management in developing a system that helps tracks over and under Utilization: 100%		<p>06/03/2021</p> <p>NEW Nasr Doss: We now have Health Information Exchange (HIE) process that transfers various datasets from the major CRSP systems to MHWIN. IT also worked and still working (because this is a Continuous quality improvement matter) with UM and Residential departments on generating various authorizations reports to assist them to analysis over and under utilization.</p> <p>03/03/2021</p>	92% 92.49 / 100 unit 8 unit behind
			100% 100 / 100%

→ Deliver Annual HEDIS measures to support NCQA requirements: 100%

→ Ensure all eligible network providers (organizations) are Credentialed/Re-Credentialed FY 22 within 60 days of a clean file

→ Ensure all Providers receive 80% or greater on Risk Assessment/Score Card annually: 100%

→ Ensure compliance with monitoring standards: 1.94% to 98.19%

→ Ensure fidelity Reviews

→ Ensure Practitioners are credentialed/recredentialed in 60 days FY 2021: 100%

→ FY21 Meet the External Quality Review (EQR) Standards: 100%

→ Meet the External Quality Review (EQR) Standards: 100%

Microsite Training For Non-Responders
100% of the Providers, the did not attend, Microsite Training will be re-scheduled. If they are no call or no show their Contract Manager will be notified.

Action Plan for Non-Responders
60% of practitioners identified as non-responders will complete the ProviderSource application by 9/30/2021 starting the credentialing process

NEW Manny Singla:

The system is scheduled to go live with our health plan partners in May 2021 and we will also be piloting it with couple of providers to extend the care coordination across the network

04/22/2021

NEW Allison Smith:

Additional CRSP providers are being added into the Risk Matrix Scorecard Pilot weekly. Anticipate all CSRP's will be utilizing the scorecard by September 2021. Compliance/Risk Management Committee meetings to review data will begin this quarter Q4 2021.

07/09/2021

NEW Tania Greason:

Performance Improvement Project (PIP) Increase Diabetes Screening for members with Schizophrenia or Bipolar Disorder who are dispensed Atypical Antipsychotic Medications.

Overall, (85) percent of all applicable evaluation elements received a score of Met. However, The identification and prioritization of barriers through causal/barrier analysis and the selection of appropriate active interventions to address these barriers are necessary steps to improve outcomes. DWIHN's choice of interventions, combination of intervention types, and sequence of implementing the interventions are essential to the DWIHN's overall success in achieving the desired outcomes for the PIP. The three areas in which DWIHN received a Partially Met and/or Not Met include the following:

- DWIHN failed to describe the eligible population in the denominator description rather than listing the exclusion criteria (Partially Met).
- DWIHN failed to demonstrate improvement in the study indicator result (Not Met).
- The study indicator did not achieve statistically significant improvement over the baseline (Not Met).

95%
95 / 100%
5% behind

0%

18%
18.42 / 100%
42% behind

51%
51.18 / 98.19%
29.34% behind

45%
44% behind

83%
82.86 / 100%
17% behind

0%
0 / 100%

69%
69.23 / 100%
21% behind

Performance Measure Validation (PMV)

DWIHN met all required reportable areas during the HSAG Performance Measure Validation (PMV) review for FY20, with the exception of BH-TEDS Data Elements (*Disability Designation) during the HSAG Annual Review Validating that DWIHN's systems and processes successfully captured critical data elements needed to calculate performance indicators in alignment with MDHHS' expectations and codebook. In FY19, DWIHN implemented several quality improvement initiatives to address challenges and improve indicator rates. In June 2019, DWIHN initiated a Performance Indicator Provider and Internal Workgroup to review past performance, address challenges to improving rates, and define quality improvement initiatives. This workgroup meets quarterly and includes both DWIHN staff members and members of its provider network. Additionally, we worked with PCE to enhance the reporting module within MH-WIN that allows the provider to review the performance indicator data prior to submission to the PIHP. This system and process change was designed to address data quality issues and address the completeness and accuracy of information impacting performance. Finally, DWIHN develop a Recidivism Workgroup to review and implement interventions targeted at addressing non-compliance with Indicator #10.

Compliance Review

DWIHN received a total compliance score of (79) percent across all standards reviewed during the 2018–2019 compliance monitoring review, which was equal to the statewide average. DWIHN scored above (90%) indicating strong performance in the following areas: QAPIP Plan and Structure, Members' Rights and Protections, and Coordination of Care standards. DWIHN scored (75) percent, (75) percent, (67) percent, (81) percent, (56) percent, and (50) percent respectively in the Quality Measurement and Improvement, Practice Guidelines, Staff Qualifications and Training, Utilization Management, Credentialing, and Confidentiality of Health Information standards, indicating that additional focus is needed in these areas. DWIHN's performance measure rates were above the MDHHS established MPS for one of the two reportable indicators, indicating strengths in this area. DWIHN's MPS related to timely preadmission screening for psychiatric inpatient care for new Medicaid members for children was not met, indicating opportunities for improvement in this area.

03/01/2021

Ensure the ability to share/access health information across systems to coordinate care

→ Enable Interoperability using HIE to share data between care coordinating agencies, providers, health plans, hospitals to provide the provider the holistic view of the health of the individual.: 100%

95%
6% ahead

95%
95 / 100%
5% behind

Implement Holistic Care Model: 100%

→ Ensure consistent and standardized model of care: 100%

→ Obtain leadership buy-in for the Behavior Health Home Model

Improve population health outcomes

→ Manage performance improvement outcomes: 100%

NEW Allison Smith:

DWIHN was approved for inclusion in the Michigan BHH Pilot (Estimate January 2022 for implementation). Certification tool for inclusion as a BHH partner has been developed and shared with potential providers and review will occur in Oct/Nov. 09/02/2021

NEW Allison Smith:

DWIHN continues move to a holistic care model by ensuring care coordination is occurring between BH & Physical providers as we move towards the BHH and OHH models and the CCBHC model. OHH Medicaid funding begins 10/1/21. Integrated Health Care unit is working to implement a strategy to ensure better transitions in care (Kids aging-out, or levels of needed care). 09/02/2021

NEW Tania Greason:

NCQA Upload for the Effectiveness of the QI Program (QI 11). Performance Improvement Projects submitted include:

- Phone Abandonment
- Habilitation Supports Waiver
- PHQ-A
- PHQ-9

03/01/2021

84%
83.7 / 100%
5% behind

67%
67.4 / 100%
457% behind

100%

74%
3% ahead

53%
52.78 / 100%
36% behind

NEW Allison Smith:

Goal is 1000 drops per month;

May = 666 drops June = 590 drops July = 729 drops

Total Current Active Clients:

36 Current Active Clients CCS= 19 LBS= 14 NIH = 3 as of July 1st 2021

37 Current Active Clients CCS= 20 LBS = 14 NIH = 3 as of August 1st 2021

35 Current Active Clients CCS= 19 LBS = 14 NIH= 2 as of September 1st 2021

Engagement strategy to increase participation:

- Meeting with medical staff and CSM supervisors/managers and doing the role play to help these individuals become more comfortable in talking with the clients about the Med Drop Program
- Connecting with the Discharge Staff at the Behavioral Hospitals to identify Med Drop as a needed service when the client is referred to DWIHN's intake department- DWIHN needs to figure out this piece.
- DWIHN's Crisis Services needs to be educated about the Med Drop Program

09/02/2021

95%
95.26 / 100
5 behind

Executive Summary:

The Quality Improvement Unit is responsible for implementing and monitoring the QAPIP Annual Work Plan that reflects ongoing activities throughout the year. This report reflects an update of the activities related to External Quality Review (EQR) conducted by HSAG as required by MDHHS and detailed in the Code of Federal Regulations (CFR) at 42 CFR (Managed Care). The purpose of the HSAG reviews are to assess DWIHN's performance in providing quality, timeliness and accessible healthcare services to our members served.

Goal VII – Ensure Compliance with Applicable laws and Regulations

HSAG completes three separate reviews as required by MDHHS: Performance Measure Validation (PMV), Performance Improvement Project (PIP) and the Compliance Monitoring review.

Performance Measure Validation (PMV) Review

HSAG PMV is one of three mandatory external quality review (EQR) activities required by the Balanced Budget Act of 1997 (BBA) to ensure that performance measures developed and selected by the state are validated.

The 2021 PIHP Validation of Performance Measures review was conducted on June 16th, 2021. This activity assesses if the Michigan Mission Based Performance Indicators (MMBPI) data is accurate based on MDHHS reporting requirements. DWIHN will receive a draft PMV report detailing the review by September 17th, 2021, with an opportunity to provide feedback to HSAG on or before September 25th, 2021. A final report will be issued by HSAG by September 30th, 2021.

Performance Improvement Project (PIP) Review

HSAG, MDHHS, and NCQA require that the PIHP conducts and submit performance improvement projects (PIP) annually to meet the requirements of the Balanced Budget Act. One of the clinical PIP's selected for this year's validation is *Improving Diabetes Screening for people with Schizophrenia or Bipolar who are using Antipsychotic Medications*. The goal of the PIP is to ensure that members with schizophrenia or bipolar disorder who are taking an antipsychotic medication are receiving necessary and relevant diabetes screenings (specifically glucose or HbA1c screenings) related to mental health medicines prescribed. This study topic aligns with the HEDIS measure.

The 2021 PIP Validation Project for Remeasurement 2 (*Improving Diabetes Screening Rates for People with Schizophrenia or Bipolar Who Are Using Antipsychotic Medications*) was submitted to HSAG on June 28th, 2021. DWIHN received the initial validation findings, with the opportunity to provide feedback on areas that were deemed partially met or not met. The resubmission was submitted to HSAG on Friday, August 13, 2021. A final report will be issued by HSAG on October 25th, 2021.

Compliance Review

In accordance with the federal requirements located within the Code of Federal Regulations (CFR), 42 CFR §438.358, the state, an agent that is not a prepaid inpatient health plan (PIHP), or its external quality review organization (EQRO) must conduct a review within a three-year period to determine a Medicaid PIHP's compliance with the standards set forth in 42 CFR §438—Managed Care Subpart D, the enrollee rights requirements described in §438.100, the emergency and post-stabilization services requirements described in §438.114, and the quality assessment and performance improvement requirements described in §438.330.

DWIHN's Compliance Review was conducted on July 16th 2021. DWIHN was requested to submit additional supporting documentation during the post site review. Additional supporting documentation was submitted on July 19th, 2021. HSAG will submit a draft report to DWIHN on September 24th, 2021 with an opportunity to provide additional feedback.

CHIEF CLINICAL OFFICER EXECUTIVE SUMMARY
PROGRAM COMPLIANCE COMMITTEE
September 8, 2021

COVID-19 RESPONSE PLAN:

DWIHN's Covid-19 Response Plan includes maintaining and creating an infrastructure to support a holistic care delivery system, with access to a full array of services. Planning will continue for COVID-19 to ensure access, placement and specialized programs for individuals served by DWIHN.

COVID-19 & INPATIENT PSYCHIATRIC HOSPITALIZATION

	# of Inpatient Hospitalizations	COVID-19 Positive
June 2021	636	2
July 2021	685	0
August 2021	592	2

Inpatient Hospital Admission Authorization data as of 8/31/2021. Hospitalization data showed an approximate 14% decrease in admissions in August.

COVID-19 INTENSIVE CRISIS STABILIZATION SERVICES - At the request DWIHN and due to the shortage of Mental Health Resources, particularly, crisis services, MDHHS granted provisional approval of the Team Wellness Center (TWC) application to perform Intensive Crisis Stabilization Services. Intensive Crisis Stabilization Services are structured treatment and support activities provided by a multidisciplinary team and designed to provide a short-term alternative to inpatient psychiatric services. Services may be used to avert a psychiatric admission or to shorten the length of an inpatient stay when clinically indicated. We saw a decrease in both hospitalizations and crisis services within the last month.

Crisis Stabilization Service Provider	Services	August 2021- # Served
Community Outreach for Psychiatric Emergencies (COPE)	Intensive Crisis Stabilization Services (MDHHS Approved)	220 (July report- 303)
Team Wellness Center (TWC)	Intensive Crisis Stabilization Services (MDHHS Approved)	154 (July report- 131)

*There was an approximate 14% decrease in crisis stabilization services provided in August 2021 (compared to July 2021).

COVID-19 PRE-PLACEMENT HOUSING - Pre-Placement Housing provides Detroit Wayne Integrated Health (DWIHN) consumers with immediate and comprehensive housing and supportive services to individuals who meet DWIHN admission criteria and eligibility. Pre-Placement Housing provides funding to residential providers contracted to provide short-term housing for a maximum stay of 14- days, meals, transportation and supportive services that promote stable housing and increase self-sufficiency. Due to the COVID-19 emergency, DWIHN Credentialing Department provisionally impaneled the following residential providers, to provide services for those persons identified as COVID-19 positive or symptomatic (mild to moderate).

Provider	Services	# Beds	July 2021- # Served	August 2021 – # Served
Detroit Family Homes	Licensed Residential Home- Adults	4	0	0
Novis-Romulus	Licensed Residential Home- Adults	3	0	0
Kinloch	Licensed Residential Home- Adults	3	0	0
Detroit Family Home- Boston	Licensed Residential Home- Adults	6	0	0
Angel Patience	Licensed Residential Home- Adults	3	0	0

**CHIEF CLINICAL OFFICER EXECUTIVE SUMMARY
PROGRAM COMPLIANCE COMMITTEE
September 8, 2021**

COVID -19 RECOVERY HOUSING/RECOVERY SUPPORT SERVICES

These individuals must be receiving outpatient services from a licensed SUD provider in DWIHN's network via telehealth or telephone communications. The providers may provide up to 14 days for this specific recovery housing service for individuals who are exhibiting COVID-19 symptoms and/or tested for COVID-19 and positive.

Provider	# Beds	# Served- August 2021
Quality Behavioral Health (QBH)	36	0 (July- 0)
Detroit Rescue Mission Ministries (DRMM)	86	3 (July- 2)

COVID -19 URGENT BEHAVIORAL HEALTH URGENT CARE SITES

Effective April 3, 2020, providers listed below began offering Urgent Behavioral Health Care Service. The available services include Same-Day Access Services for assessment/intake, crisis services for existing DWIHN members, psychiatric evaluations, medication reviews, crisis stabilization, Peer Support Specialists, nursing assessments, medication injections, and non-ER transport.

Provider	Population	Hours of Operations	# Served August 2021
Community Care Services	Children ages 6-17 Adults ages 18 & older	Mon. -Fri. 8:30am – 6:00pm	2 Adults (5 in July)
Northeast Integrated Health	Adults ages 18 & older	Mon.- Fri.9am – 9pm Saturdays 9am-1pm	13 Adults (12 in July)
The Children's Center	Children SED ages 6-17	Monday thru Friday 8:00am – 8:00pm	9 Youth (6 in July)

*There was no significant change in overall utilization of Urgent Behavioral Health Urgent Care Services in August 2021 (compared to July 2021).

Residential Department Report of COVID-19 Impact:

	Cumulative (Dates 3/30/20 to 8/31/2021)
Total # COVID-19 Persons in Residential Placement	339
# of Deaths Reported	40

- 0 new positive Covid-19 positive members in August 2021, and 0 reported deaths

CHIEF CLINICAL OFFICER EXECUTIVE SUMMARY
PROGRAM COMPLIANCE COMMITTEE
September 8, 2021

Vaccinations- Licensed Residential Homes:

Residential COVID-19 Vaccinations	City of Detroit	Wayne County
# of Residential Members	729	1,364
# of Residential Members Fully Vaccinated (2 doses)	646 (88.6%)	1238 (90.8%)
# of Residential Members received initial (1 st) vaccination	1	2

A combined total of 90% of members in licensed settings have been fully vaccinated

Vaccinations- Unlicensed Homes:

Unlicensed Homes: COVID-19 Vaccinations	City of Detroit	Wayne County
# of Members	152	993
# of Members Fully Vaccinated (2 doses)	90 (59.2%)	656 (66%)
# of Members that have received initial (1 st) vaccination	0	0

A combined total of 65.1% of members have been fully vaccinated in unlicensed settings

*Combined total in congregate settings: 81.2% fully vaccinated

City of Detroit Health Department Vaccination Education Initiative:

The DWIHN Residential team has identified licensed and unlicensed residential homes that have shown a lower number of individuals being vaccinated and has partnered with The City of Detroit Health Department to provide in home covid-19 vaccination education.

- 12 homes have currently been scheduled to receive this educational service
- 4 licensed homes and 1 unlicensed home have already received the education.
- 29 members were educated and 7 agreed to the vaccination (1 is undecided) and scheduled appointments

Wayne County Health Department (WCHD): DWIHN met with the WCHD on 8/24/21 to discuss a similar partnership. DWIHN will work with WCHD to provide education and provide vaccinations for those residents who express interest.

COVID-19 MICHIGAN DATA:

Michigan COVID-19 Cases: September 4, 2021 update: The total number of confirmed COVID-19 cases in Michigan is 951,192 with 20,316 confirmed deaths. Wayne County reported 108,926 confirmed Covid cases and 2,633 deaths. The City of Detroit reported 54,238 confirmed Covid cases with 2,361 deaths. (Source: www.michigan.gov/Coronavirus)

Michigan COVID-19 Vaccination Updates:

Area	First dose- Initiation	Fully Vaccinated
State of Michigan	66%	55.9%
Wayne County	68.6%	62.6%
City of Detroit	43.2%	35.4%

**CHIEF CLINICAL OFFICER EXECUTIVE SUMMARY
PROGRAM COMPLIANCE COMMITTEE
September 8, 2021**

Clinical Initiative Updates:

- **Behavioral Health Home (BHH)**: Efforts continue toward implementation of the Behavioral Health Home (BHH) model. This model focuses on care coordination and health education to ensure persons have both their physical and behavioral healthcare needs met. MDHHS reported that there has been a delay in the review of the State amendment which will likely push the start date back for BHH until mid-2022 for our region. DWIHN did receive start-up funding to assist with implementation of the model. DWIHN continues to meet with MDHHS bi-weekly on this initiative.
- **Opioid Health Home (OHH)**: DWIHN began the OHH pilot in March of 2021. This model is currently funded through SOR funds. There are currently 137 members enrolled in the OHH model. It is anticipated that the number of participants will increase further when this becomes a Medicaid service starting 10/1/2021 (full implementation). DWIHN is working with Vital Data to ensure outcomes measures can be continuously reviewed and monitored for effectiveness in this program.
- In recognition of International opioid awareness day, and to continue our efforts to combat the opioid epidemic, DWIHN hosted a free, drive-through Narcan kit event. DWIHN passed out 1,500 Narcan kits during this one-day event.



CHIEF CLINICAL OFFICER'S REPORT
Program Compliance Committee Meeting
Wednesday, September 8, 2021

CHILDREN'S INITIATIVES – Director, Cassandra Phipps



Summary

<div>Pillar 1</div> <div>Clinical Services & Consultation</div>	<div>Case Consultation</div> <ul style="list-style-type: none">CID continues to provide case consultation internally and externally as needed to explain about children services in Wayne County and clinical support for cases that are high risk.This month CID created a shared spreadsheet to track the status of case consultations.CID is proposing to develop a new process to have Children Providers present specific cases at the biweekly Children’s Huddle in collaboration with the Crisis Department in efforts to reduce hospital recidivism.															
	<div>Clinical Services</div> <p>CID works with 15 Children Providers for Individuals with <u>Severe Emotional Disturbances (SED)</u> and 11 Children Providers for Individuals with <u>Intellectual Developmental Disabilities (IDD)</u>.</p>															
	<div>Wrap Around:</div> <ul style="list-style-type: none">Wrap Around enrollment packets were sent to MDHHSContinue to meet internally and externally to develop a new I/DD Wrap Around program and policy															
	<div>SED Waiver / Children’s Waiver:</div> <table><tr><td></td><td>SED Waiver</td><td>Children’s Waiver</td></tr><tr><td>New Referrals</td><td>11</td><td>0</td></tr><tr><td>Active Cases</td><td>52</td><td>44</td></tr><tr><td>Renewals</td><td>3</td><td>0</td></tr><tr><td>Discharges</td><td>2</td><td>0</td></tr></table>		SED Waiver	Children’s Waiver	New Referrals	11	0	Active Cases	52	44	Renewals	3	0	Discharges	2	0
		SED Waiver	Children’s Waiver													
	New Referrals	11	0													
	Active Cases	52	44													
	Renewals	3	0													
	Discharges	2	0													
	<ul style="list-style-type: none">There is 1 Family participating in the Treatment Foster Care Oregon (TFCO) serviceChildren’s Initiative Coordinator trained 18 staff at The Children’s Center on SED Waiver.I/DD Specialist conducted 2 presentations this month (Children Provider and DWIHN Access Department)															
<div>Child Welfare:</div> <ul style="list-style-type: none">CID is working with Child Welfare and DWIHN Access Department to develop a new process to accept Trauma Screenings from Child																

Protective Service Specialists for children who are getting screened for community mental health services.

- 2 new Referrals for Wayne County Baby Court this month

Evidenced Based Practices (EBP) via MDHHS:

Trauma Focused Cognitive Behavioral Therapy (TFCBT):

- Cohort 28: 3 Providers / 3 Supervisors / 6 Staff
- Cohort 29: 5 Providers were accepted for the cohort to start Fall 2021

Child Parent Psychotherapy (CPP):

- Cohort 3: 5 Providers / 5 Supervisors / 12 Staff

Caregiver Education:

- Cohort 28: 1 Provider / 5 Staff

Dialectical Behavioral Therapy (DBT):

- Cohort 3: 3 Providers were approved to start September 2021

Parent Management Training Oregon (PMTO):

- 2 day PMTO Training was held this month (17 attendees)

Youth Peer Support (YPS):

- Cohort 20: 4 Providers / 4 Staff
- Youth Peer Round Table meetings were held this month with Youth Peers and Supervisors

Parent Support Partner (PSP):

- Back to School Drive Through Bash was held this month
- Southwest Solutions and Family Alliance for Change are developing a PSP Manual for Wayne County Providers.

Workforce Development

CID provided the following clinical trainings this month.

Training	Attendees
Quarterly Leadership Training: focused on behavioral systems analysis in leadership as well as how authenticity relates to being an impactful leader	17
Children's Mental Health Lecture Series (CMHLS): Traumatic Grief / Loss and Secondary Traumatic Stress	51
Cultural and Linguistic Competency Learning Series: Engaging youth in positive activities	13
Cultural and Linguistic Competency Learning Series: Social Media through a cultural lens	15
Cultural and Linguistic Competency Learning Series: Bridging the Credibility Gap: Societal Inequities and Their Implications for Behavioral Health	72
Cultural and Linguistic Competency Learning Series: A Restorative Approach to Cultural Humility in Schools	50
CAFAS Booster Training	15
PECFAS Booster Training	17

Policies

CID started working with other departments to develop a policy / process for:

- IDD Wrap Around
- Trauma Screenings
- Case Consultations

	<ul style="list-style-type: none"> • School Success Initiative Referrals • Home Visiting Grant (Infant Mental Health)
Pillar 2 Stability & Sustainability	<p style="text-align: center;">Children's Payment / Incentive Model</p> <p>Workgroup held bi weekly to review the Payment / Incentive Model for Children's Providers for the next fiscal year.</p> <p style="text-align: center;">Provider Capacity</p> <p>CID worked with various departments to develop a Provider Capacity Form for Children's Providers to complete when facing capacity challenges.</p> <p style="text-align: center;">Data / Technology</p> <ul style="list-style-type: none"> • CID collaborated with the IT Department to provide ipads / laptops to Individuals Served with the following needs such as: 1). Receiving telehealth services, 2). Able to use for school support for summer school, 3). Young Adults using for transition into work and or college, 4). Independent Learning, 5). Kids in foster care in between homes. • CID is working on developing a smartsheet for Children Providers to complete to submit monthly and quarterly reports for programs and services <p style="text-align: center;">Mentorship / Development:</p> <ul style="list-style-type: none"> • CID identified a potential intern for the Fall 2021 who is a student at Wayne State University (Master of Social Work Program). • Staff completed Performance Evaluations this month • CID Director attended a DISC Leadership Training this month • New Youth Regional Coordinator started this month (Carly Steele)
Pillar 3 Outreach & Engagement	<p style="text-align: center;">Youth United</p> <p>The following events were held this month.</p> <ul style="list-style-type: none"> • Statewide Youth Summit: Aftermath of Trauma (30 attendees, 2 attendees won an ipad, 2 attendees won gift cards) • Grants: Youth United is offering to fund 3 grants (each up to \$500) for youth lead project focused on leadership, advocacy and/or anti-stigma to youth groups or schools. • Training: Facilitated Cultural Linguistic Training on Social Media <p style="text-align: center;">Advertisement</p> <p>CID has been collaborating with the Communications Department to improve advertisement of CID services and events.</p> <ul style="list-style-type: none"> • Created the School Success Initiative Flyer that explains about services (also developed flyers in other languages of Spanish and Arabic) • Various events are posted on DWIHN and Youth United Social Media platforms • During the distribution of laptops and ipads to Children Providers flyers about children services were included as well <p style="text-align: center;">Resources</p> <p>CID shares resources for children / young adults / staff internally and externally. Provided resource for Children Services for ACCESS Back to School Rally.</p> <p style="text-align: center;">Community</p> <ul style="list-style-type: none"> • CID and Customer Service Department are collaborating to facilitate a Focus Group for children in services to identify needs to improve socialization.

	<ul style="list-style-type: none"> • CID attended 4 community events to share information about Children's Services in Wayne County. <ul style="list-style-type: none"> ○ Presented at Greater Grace MBC to children ages 5 to 12 for Youth Summer Camp about emotional wellness skills ○ Attended the Housing Commission event to share resources on children services ○ Annual NAMI Walk
Pillar 4 Collaboration & Partnership	<p style="text-align: center;">School Success Initiative (SSI)</p> <ul style="list-style-type: none"> • CID continues to work with IT Department to add features to MHWIN (referrals, outreach, engagement, open cases, etc). • CID held meeting with Ascension Teen Health Clinic to discuss partnership. Plan to meet monthly. • CID Director spoke with Beaumont Teen Health Clinic Director to discuss building a partnership • CID Director reached out to Lincoln Park Middle School to offer for Community Care Services to build a SSI program in the middle school <p style="text-align: center;">Behavioral Health Learning Collaborative (BHLC)</p> <ul style="list-style-type: none"> • BHLC meeting was held this month • CID provided a "This is not my Suicide Note" video to BHLC that will be added to the BH Works website that explains the benefit of mental health services for adolescent students who complete an anonymous mental health screening. <p style="text-align: center;">Child's Hope Board of Directors</p> <ul style="list-style-type: none"> • CID Director was selected to be a part of the Child's Hope Network Board of Directors and will participate on the Prevention Committee <p style="text-align: center;">System of Care Collaboratives</p> <ul style="list-style-type: none"> • CID participated in first quarterly meeting with MDHHS to share successes of the System of Care (SOC) Block Grant. <p><u>The following Collaboratives met this month:</u></p> <ul style="list-style-type: none"> • Human Services Community Collaborative (HSCC) • Juvenile Justice Partnerships • Fatherhood Initiative • State Parent Support Partner Round Table <p style="text-align: center;">Children's Providers</p> <p>Administered a SWOT analysis for Providers to provide feedback on the Strengths, Weaknesses, Opportunities, and Threats in order to identify key areas of focus for the Cross-System Management (CSM) Meeting and the Children System Transformation (CST) Meeting.</p>

Evidence Based Supported Employment

Providers delivering DWIHN's Evidence Based Supported Employment (EBSE) services ensured individualized supports and services were provided to its members to obtain employment regardless of their diagnosis, previous work history or lack thereof. The merger of Northeast Integrated Health (NIH) and Community Network Services (CNS) EBSE program continues to be challenging, according to NIH's employment specialist. MDHHS and DWIHN will continue to monitor and provide technical assistance as needed to ensure continuity of EBSE services.

Central City Integrated Health (CCIH) reports its EBSE program is now staffed with a full-time employment specialist and supervisor who will carry a small caseload. However, some EBSE providers report continued workforce challenges, particularly in the area of recruitment and retention of qualified staff. Southwest Counseling Solutions indicated they are still recruiting for a new employment specialist after one of their Employment Specialist left in May 2021 after accepting a new position. Community Care Services shared its recently hired employment specialist resigned after two weeks to pursue a job offer offering better pay. Development Centers mentioned it has increased face to face and on-site service availability for all programs, while it continues to undergo workforce challenges. A new Adult Services Director was hired in May 2021 and the manager previously responsible for IPS services was reassigned. In addition, the IPS responsibilities were assigned to a new staff. The new staff and director are in the process of obtaining training in the IPS fidelity model and reviewing the previous caseload to determine which members that were receiving IPS services have a continued interest in pursuing an employment goal.

- DWIHN's EBSE/IPS program manager continues to provide technical support to DWIHN's SUD Services Director and Team Wellness Center to ensure successful implementation of the IPS/Opioid Pilot Project, which will end September 30, 2021 and not be renewed. DWIHN'S EBSE program Manager will assist DWIHN's SUD Services Director and Team Wellness Center EBSE staff regarding next steps.
- Power Hour Meeting was held with EBSE service providers. Topic areas of discussion: 1) Michigan Rehabilitation Services (MRS) Eligibility Process, 4) Suggested remedies were discussed to improve relationship with MRS: Cultivate a strong working relationship with assigned MRS counselor, learn about MRS and its eligibility process, include MRS counselor in routine weekly meetings at your organization, provide MRS staff with training on EBSE/IPS model.
- MDHHS EBSE supervisor virtual meeting held. Agenda topics discussed: 1) EBSE Outcome Data, 2) Statewide EBSE Staffing Challenges/Suggested Remedies: a) Strategies for staff burnout, b) Incorporate staff appreciation through employee recognition activities, c) Explore improvements in salary and benefits to attract and retain employees.
- EBSE program outcomes to date: (131) referrals, (108) admissions, (85) competitively employed with an average wage of (\$11.96) per hour, (27) successfully transitioned from EBSE services to case management services. Individuals served were employed in a variety of positions, such as maintenance worker, health service aid, stock associate, warehouse assistant, food service worker, grocery store bagger and receptionist.

Assertive Community Treatment (ACT)

- Monitored the admissions and discharges of Hegira and Team Wellness Center to ensure appropriate guidelines are met prior to being entered in MHWIN.
- Conducted an annual ACT fidelity review at Northeast Integrated Health/CNS, The Guidance Center and Community Care Services as well as assisted with report development of review results.

DWIHN-CPI Policy Review

- Updated DWIHN's Integrated Bio-Psychosocial Policy to include language in adherence to the Access and Timeless performance indicator.

DWIHN Workforce Development Project

- Continue to review and provide updates to DWIHN's workforce training grid for ease of use and accuracy as well as develop a process for vetting DWIHN required training, including supplemental training for its provider network workforce.

CRISIS SERVICES – Director, Jacquelyn Davis

Below is the monthly available data for Crisis Services for adults and children. The report is incomplete due to availability of data at time of report. The complete data will be included in next month's report.

Children's Crisis Services

Month	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	Crisis Stab Cases
August							174

- There were 174 crisis stabilization cases receiving services for the month of August, a 50% increase from last month. Of the 174 cases there were 76 initial screenings.
- There was a total of 9 cases served by The Children's Center- Crisis Care Center, three cases more than last month. TCC closed early once this this month and individuals were directed to their CRSP or the emergency department.

COPE

Month	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	# Inpt due to no CRU
August							

- The Crisis Stabilization Unit (CSU) served 220 cases, a decrease of 27% as reported last month. This number includes 5 days of closure due to the power outages caused by severe weather.
- The Mobile Crisis Stabilization Team provided services to 118 cases, an increase by 1 as reported last month.

Crisis Residential Unit/Hegira:

- The number of available beds remains at 14 to comply with the social distancing order.

Referral Source	Total Referrals	Accepted Referrals	Denials
ACT	0	0	Level of Care change – 2
COPE	44	39	Not medically stable due to SUD – 1
DWIHN Res.	1	1	Not medically stable due to physical health concerns – 1
Step Down (Inpatient)	15	14	Violent/aggressive behavior – 1
Total	60	54	Immediate danger to self – 1 No follow-up from SW/Hospital - 1 Total - 7

Crisis Continuum

- For the month of August, Team Wellness Crisis Stabilization Unit (CSU) provided services to 154 individuals, an 18% increase from the month of July.

ProtoCall

Month/Year	# Incoming Calls	# Calls Answered	% answer w/in 30 secs	Avg. Speed of answer	Abandonment rate
July	926	888	83.4	22	2.4
August	Data not available at time of report				

- Call data for the month of July was not included in last month's report. There were minor changes in the numbers. Data for the month of August not available at time of report.
- Upon Board approval, ProtoCall will continue as the crisis line vendor as DWIHN continues to work with MDHHS on implementation of the statewide crisis line. DWIHN is also attending meetings to determine plans for implementing the nationwide behavioral health crisis line number 988.

COMMUNITY/LAW ENFORCEMENT LIAISON REPORT:

- The number of ATRs for the month of July increased slightly by 8% (368 completed for this month as compared to 340 in July).
- Community Liaison engaged 21 individuals this month.
 - 100% have repeat hospitalizations w/o follow up with CRSP. Working with CRSP and Probate Court to improve discharge planning and CRSP engagement.
 - 14% has a SUD hx
 - 19% are on parole or under MDOC jurisdiction
 - 9% were on court orders
 - 28% are homeless
- 8 Citizens returned and connected to DWIHN services upon release from MDOC.
- DWIHN began receiving Assisted Outpatient Treatment (AOT) orders from Probate Court, the month of July. Thirty-five were received this month. CRSP are notified to incorporate orders in treatment planning.
- There were 18 ACT consumers referred to COPE from 8/1 to 8/24/21. Twenty-seven percent of PARs were completed by COPE and 77% dispositioned to inpatient, with 22% Outpatient.

- In August 2021, there were 312 consumer contacts made with community hospitals related to movement of consumers out of the emergency departments (approximately 5% decrease in contacts from July at 330). Out of the 312 encounters, 152 were diverted to a lower level of care resulting in a diversion rate overall of 49%. No admissions were made to Hawthorn, 2 admissions to WRPH, 1 admission was made to Kalamazoo.
- Hospital liaisons were involved in 140 cases that were NOT on the 23-hour report (a 33% decrease in contacts NOT on the 23-hour list from July at 215), and of those cases, 59% were diverted to a lower level of care, an increase in diversion rate from July at 51%.
- Hospital liaisons received 17 “crisis alert” calls collectively (which was a significant decrease from July at 39) and the crisis alert diversion rate was 82% for August (a 25% increase from July at 61%) which could potentially represent effectiveness of consumer knowledge of their own crisis alerts in combination with CMH involvement with our familiar faces as a result of CMH notification done by liaisons. In August, 14 consumers “triggered” crisis alerts with only 3 inpatient admissions.
- Of the overall 312 contacts, 8 consumers had at least 2 emergency encounters in August (decrease from 12 consumers in July), and were therefore considered recidivistic in August (17 encounters between 8 consumers, and one consumer repeated a crisis encounter 3 times, but all 3 were diverted to a lower level of care). Of these recidivistic consumers (17 encounters total), 2 consumers went inpatient twice (same as June and July). Ultimately with the 8 recidivistic consumers, 7 were diverted to a lower level of care at least once (65% diversion rate for consumers considered recidivistic, increased from 58% in July).
- No requests were made related to veterans’ affairs.

- Of the 23-hour report activities during this reporting period there were 268 encounters (a 17% increase from July at 222 encounters) related to movement from a 23+ hour wait in the ED.
- 154 of the 268 cases specifically related to the 23-hour list went inpatient, resulting in a 41% diversion rate, a 2% increase in diversion rate compared to July.
- Diverted cases went to the following levels of care:

Res.	CCM	CRU	CSU	PHP	Pre-Place	OP/Stab	SUD	Other
0	0	Hegira -1 Safehaus-1	2	3	0	97	7	2: Medical Admits

- The Unit's Call Center continued to operate remotely with calls being able to be accessed from home by DWIHN staff.
- Family Subsidy requests continue to be remotely addressed and processed without interruption.
- Processed and mailed out "Choice" letters to members as a result of provider closures or discontinuance of services.
- Continued to meet to discuss Medical Record retention and Therefore initiative.
- Participated on state's MI Cal webinars
- Worked on CRSP Disenrollment Project rollout.
- Addressed Special follow-up cases from the state.

- Provided Customer Service overview for Wayne County HHS report.
- Attended Crisis Center Outreach activities.

Customer Service Performance Monitoring/ Grievance & Appeals

- More providers were added to the Disenrollment Project effective 8/12/21. Questions asked regarding module modifications.
- CS Performance Monitor hired. Tentative start date is 9/7/21.
- Continued to participate in DWIHN provider closure meetings and initiation of Member Choice letters.
- Continual revising of Customer Service Appeals Policy.
- Conducted Network wide Grievance Training on August 6th.
- Conducted Network wide Appeals Training on August 24th
- Worked on MI Health Link forms in collaboration with UM.
- Participated in the Access Clinical Call Center trainings.
- Successful submission of Grievance and Appeal State reports on 8/15/21.
- Presented Grievance and Appeal information to E.V.O.L.V.E participants.
- Participated in UM, Disenrollment, Quality Operations, PI #2a, BHDDA CSM training and BHDDA Contract training and ICO monthly meetings.
- Audited 5 CRSP on Customer Service Standards.

NCQA/HSAG

- Updated policies with both NCQA and HSAG references.
- Updated CS module to capture grievances whether or not remedial action is required or not. Added clarification regarding the various appeal types to the module as well.

Member Engagement/ Experience

- Received MDHHS award notification for drop-in center health and wellness (\$7500) and clubhouse spend down (\$340,019).
- Hosted Reaching for the Stars Gala event, over 100 members were in attendance.
- Constituent Voice and Advocates participated in community hearings regarding the proposed Crisis Center and State Representative Whiteford town hall meetings.
- Preparing for Annual Walk-A-Mile in My Shoes annual event.
- Coordinated DWIHN's participation in Annual NAMI walk.

INTEGRATED HEALTH – Director, Vicky Politowski

Please See Attached Report

MANAGED CARE OPERATIONS – Director, June White

MCO Development Mission

Our 10 contract managers are committed to reaching out to providers monthly, quarterly to ensure providers know we are here to assist in answering any questions surrounding closing sites, as well as general questions that may arise.

COVID-19 Effect on Providers-Managed Care Operations:

As we move to the beginning of the 4th Quarter, closures seem to have been slowing down. Providers have adjusted to the pandemic -COVID-19 and vaccination have been administered, although we have noticed that providers are struggling with keeping adequate staff to provide services to our members.

DWIHN continues to provide support to the network through training, webinars and emailing providers to ensure compliance with state and federal regulations. Over the past few months more and more providers are struggling to maintain adequate staff. We are finding that providers have shifted their operations in a way that operates in the best interest for their staff and our members.

COVID-19 Effect on the Homeless Population

Providers are reporting that COVID-19 has resulted in moratoriums on evictions, some clients are still untrusting of the vaccinations among minorities and clients needing transportation to sites that offer the vaccine. The Wayne Providers report that where consumers are hesitant to sign up for the vaccinations. Shelter providers have provided transportation, on-site sign up and held focus groups to encourage vaccination participation. Even though, there is hesitation the homeless population has grown a little as we see the homeless population is getting vaccinated monthly as the word is getting out about the vaccine and safety.

New Providers to the Network

We continue to stay provider sufficient for our member services. We have consistently received daily new request to become part of our network. We have maintained a number of providers in our pool that can be potential providers ranging from private clinicians, therapy services, outpatient and residential providers if approved through our credentialing process and the board if the need is there for such providers.

Provider /Training Meetings Held

The provider meetings are held every six weeks and for the year they have all been virtual. Our next Provider Meetings scheduled for the rest of the year in 2021 for the Outpatient and Residential Providers are as follows: March 19th, April 30th, June 11th, July 23rd, September 3rd, October 15th (10am-12:30pm) Virtual meeting.

RESIDENTIAL SERVICES – Director, Shirley Hirsch

Please see attached Report

SUBSTANCE USE DISORDER – Director, Judy Davis**Project or Goal 1: Naloxone Initiative**

Status Overview: Each year thousands of individuals die from opioid overdoses with oxycodone, morphine and fentanyl accounting for a significant number of deaths in Detroit Wayne County. To support the Governor's initiative to respond to the increase in opioid overdose related deaths and to save lives in the Detroit Wayne County area, DWIHN began providing Naloxone training and kits, March 22, 2016, to all Wayne County residents at no cost. The life-saving drug Naloxone allows those at risk of experiencing an overdose the chance to recover and spare families the heartache of losing a loved one.

Work in progress: DWIHN is working in collaboration with Wayne State University to combat this crisis and one strategy for achieving such a widespread distribution with few resources and limited staff is through the use of vending machines. The use of vending machines to distribute free naloxone kits has been successful in jail setting across the United States. DWIHN has identified several Opioid Treatment

Programs that are interested in a free vending machine to distribute naloxone. The Naloxone vending machines are programmed to dispense free naloxone kits. Wayne State University will purchase vending machines and DWIHN will arrange for the machine to be refilled with a provider, who will be responsible for monitoring supply levels and ordering additional naloxone kits as necessary. **There will be no cost to the provider to implement a vending machine for the purpose of naloxone distribution.** DWIHN will purchase Pocket Counselors devices that are designed to go around an individual risk.

The providers that are participating in this initiative include Star Center, Abundant Community Recovery Services and Quality Behavioral Health.

The Pocket Counselors are designed to give Recovery Coaches alerts if an individual is in distress or are in areas where there is high drug usage.

DWIHN continue to support access to naloxone by training health care workers, providers, drug court staff, inmates/jail staff and the community and other organizations that intersect closely with people who use opioids on how to reverse an opioid overdose.

It can be easily administered by nasal spray and does not affect someone who has not used opioids. DWIHN is increasing the number of providers that can train and distribute Naloxone in the community and is utilizing the zoom platform to implement these trainings. To date we have trained 2,191 first responders and 1,214 residents of Wayne County on how to reverse an opioid overdose, in addition, we have provided each person with a Naloxone kit.

On August 31, 2021 the SUD Department recognized International Overdose Awareness Day, the world's largest annual campaign to end overdose deaths. DWIHN distributed 1500 Narcan kits from 12:00 pm to 4:00 pm to individuals that came through DWIHNs drive through process. We distributed 400 more kits than the previous year. It was a great success, DWIHN remember those who have died, and acknowledge the grief of those left behind.

Planned Key Milestones, Activities and/or Events: DWIHN's Naloxone Initiative program has saved **768** lives since its inception. Again, the saved lives are under reported, especially during this time of COVID pandemic. The logs are coming in slowly from law enforcement and the community. DWIHN only reports those saves that we have documentation to support this initiative. DWIHN to date have distributed over 11,000 Narcan kits.

Calendar year 2020 DWIHN reports the following:

Naloxone saves 164

Unsuccessful saves 5

The SUD Department has been working tirelessly to address the Opioid Epidemic, which has devastated the lives of so many and harmed millions nationwide. We will not rest until we dramatically reduce opioid use disorder and overdose deaths and work to provide those suffering with the support they need. We still have a lot of work to do in this area

Another Naloxone initiative is the Barbershop Talk Tour Initiative is ongoing. Topics include Men's Health Issues, Male Responsibilities, Substance Use Disorder, Mental Health Police Brutality and Naloxone training. During the month of August presentations were conducted at 4 locations in Wayne County. For the month of August

Date	Barbershop	Location
Aug 6	Pins, Pumps and Pony Beauty	16333 Linwood, Detroit
August 13	Cadillac Styles	9920 Kercheval, Detroit
August 20	Mr. Buck	1339 Inkster, Inkster
August 27	Low's Barbershop	10326 Britan, Detroit

Opioid Health Home

Status Overview: DWIHN is currently managing 9 Opioid Health Homes (OHH). The programs are pilot programs and are supported by MDHHS. The OHH provides an enhancement of services to persons who are identified to have an opioid addiction. The Opioid Health Home works to provide support, therapy, and health assessments and treatment as long as the person is enrolled in the program. OHH services include a physician prescribing the medications, therapist for brief SUD treatment and groups, a nurse care manager to evaluate and assist the client in coordination of their health care needs, and to monitor through the client's success as they participate in the medication assisted treatment for their addiction. The nine programs are all referred to as Health Home Providers (HHPs) and seem to have some common elements. However, each program has its specialty and DWIHN is proud to be able to provide an integrated approach to this type of treatment.

Work in progress: Opioid health home received reimbursement for providing the following federally mandated core services in the month of August 2021: Care Management, Care Coordination, Health Promotion, Transitional Care, Individual and Family Supports, Referral to Community and Social Services. To date, **148** beneficiaries have been enrolled in the OHH

Barriers experienced by providers include three main barriers:

- Lack of funds
- Staffing
- Collecting GPRA data

Benefits and successes include:

- Strong implementation and enrollment since February
- Provider TA meetings, and trainings.
- Providers submitting care plans, 5515 and reports.
- Open office hours meetings

Status Overview: The 7th Annual Faith-Based Conference was held on August 13, and 14th was a success. The conference focused on empowering youth, and the theme of the conference was Wellness Beyond the Walls. The conference brings together stakeholders from many faith-based communities who share the aspiration of providing support in their community.

The two-day conference convened 307 participants representing various organizations throughout Wayne county. The conference included discussions on: COVID scams, Gambling, Suicide Prevention Self-Care, Human Trafficking, Naloxone and others. There were opening remarks given by our CEO, Eric Doeh, followed by nine excellent presentations.

COVID Numbers

	Prevention	Treatment
Number of Staff Positive	1	0
Number of Clients Positive	0	3
Number of Deaths	0	0

SUD EVENTS

Michigan Celebrate Recovery Walk & Rally "Remembering the Journey"

Save the Date: September 11, 2021 – Michigan Celebrate Recovery Event – Belle Isle Detroit and virtually MICHIGAN CELEBRATE RECOVERY WALK & RALLY - Home

When: September 11, 2021

Where: Belle Isle, Detroit

Time: 10:30am Registration

FREE, family fun, food, games, music & more

Follow Michigan Celebrate Recovery on social media:

Facebook: Michigan Celebrate Recovery Walk & Rally

Instagram: @micelebraterecovery

Twitter: @micelerecovery

YouTube: <https://tinyurl.com/mirecovery>

Website: <https://www.michigancelebraterecovery.com/>

22nd Annual Substance Use and Co-Occurring Disorder VIRTUAL Conference

Register Today for the Largest SUD Conference in Michigan!

22nd Annual Substance Use and Co-Occurring Disorder VIRTUAL Conference

"HEALTH EQUITY: Transforming to Meet the Challenge"

September 13-16, 2021

Location: Virtual

Conference Attendees: Deadline to register is September 6, 2021, by 5pm.

https://cmham.ungerboeck.com/prod/emc00/PublicSignIn.aspx?&SessionID=fa6fe5fa1fc8fb5fc2&Lang=*

UTILIZATION MANAGEMENT – Director, John Pascaretti

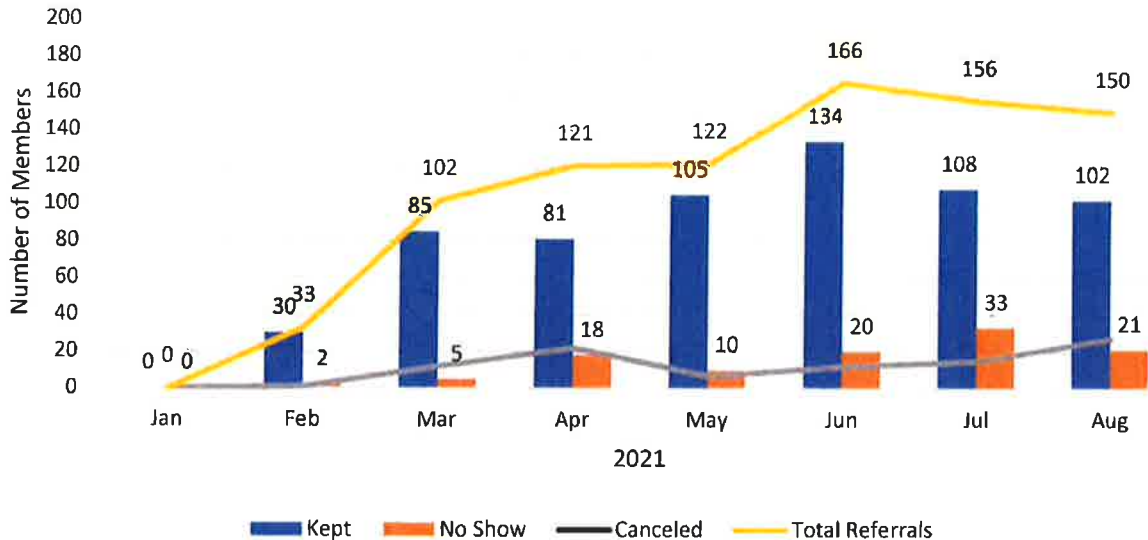
Please See Attached Report



Detroit Wayne Integrated Health Network Autism Spectrum Disorder Benefit August 2021 Monthly Report

This report will review the general metrics for the benefit and provide an overview of activities and issues addressed during the month of August.

Total Referrals per Month to Independent Evaluators



Summary

The Independent Evaluators provide the second step in the chain to obtain access to the Autism Behavior Health Services for Applied Behavior Analysis. The Independent Evaluator data displayed above includes two providers in DWIHN's network; Social Care Administrator and The Children's Center. Referrals were brought "in-house" in January 2021 through the Access Center. Although there has been a slight reduction of referrals over the last two months referrals are on an upward trajectory. It is anticipated that referrals will increase once 2021/2022 school year begins. In order to meet the Medicaid member demand at least 200 evaluation slots will need to be available per month to meet demand.

Per the timeliness standards, a member should receive a diagnostic evaluation within 14-days of service request. Each month the Independent Evaluators add additional availability and diagnosticians to meet the demand for diagnostic evaluations. Even though the Independent Evaluators increase employee rosters and expand scheduling they are unable to meet the 14-day timeliness standard. Data had to be collected for the month of July to provide a baseline for comparison of data. In the month of July, only 30 members met the 14-day timeliness standard out of 108. Due to the increasing demands of ASD referrals in Wayne County an additional Independent Evaluator was added to the network to improve the timeliness standard of incoming referrals.

Board of Directors

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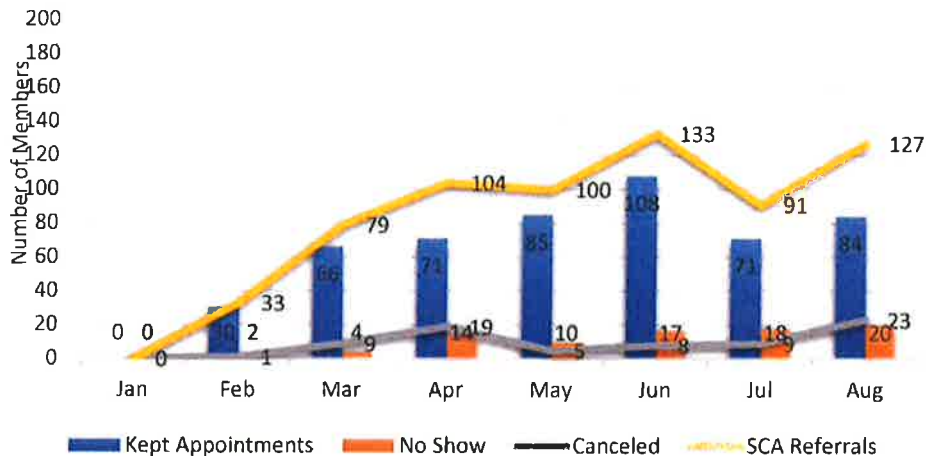
Dora Brown, Treasurer
Michelle Jawad
Kenya Ruth

Dr. Cynthia Tauger, Secretary
Jonathan C. Kinloch



The graphs below outline each Independent Evaluator's data per month.

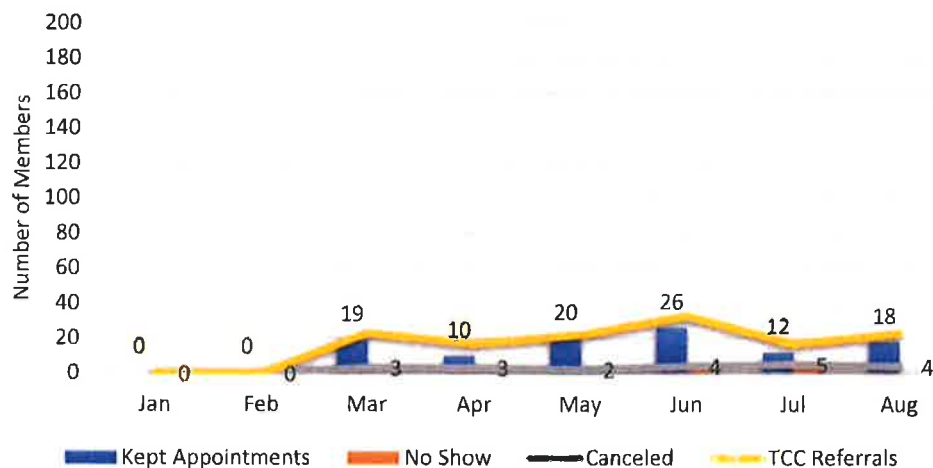
Social Care Administrator Monthly Referral Trends



Summary

Social Care Administration (SCA) opened a second location in Livonia, Michigan. SCA provides more availability than TCC for diagnostic evaluations and continues to post to increase positions and availability.

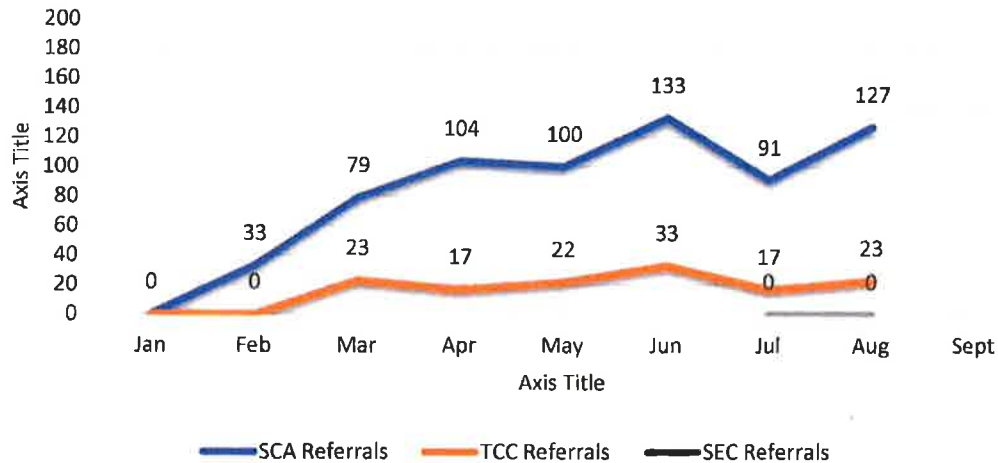
The Children's Center Monthly Referral Trends



Summary

The Children's Center (TCC) continues to average 20 diagnostic evaluations per month.

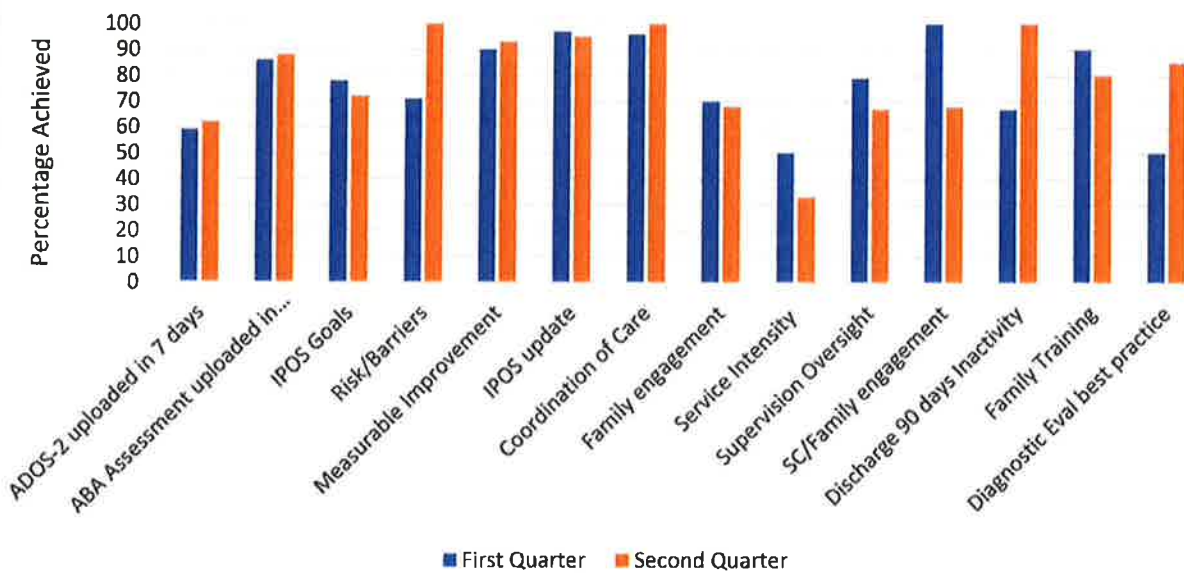
Independent Evaluator Referral Trends over Time



Summary

A third Independent Evaluator has been provided with provisional status which should be able to add availability to the diagnostic evaluation calendars coming in September.

Best Practice Guidelines per Quarter FY 20/21





Summary

The bar graph above is cumulative data across ABA providers audited per quarter. The section outlined above indicates one of the three main content areas evaluated by quality. Sections are described in more detail below. DWIHN expects providers to score at 95% or better across all measures. Overall the ABA providers are doing well in updating the IPOS and communicating on a monthly basis. Significant deficit areas are in three main areas: family engagement, service intensity, and supervision oversight. Family engagement is related to ensuring the provider has made multiple attempts weekly to keep families engaged when attendance is sporadic. Service intensity is related to ensuring that the member is attending the hours that were recommended. Lastly, supervision oversight is related to the number of hours the supervisor oversees the case as it should be in a specific ration to the service hours received.

Best Practice Guidelines:

1. The comprehensive diagnostic evaluation and psychological assessment were uploaded within Seven (7) calendar days of the completed assessment.
2. There is evidence that the ABA Assessment (ABLS, VB-MAPP, AFLS) was uploaded to MHWIN within Ten (10) calendar days of the completed assessment
3. There is evidence that as part of the IPOS, there is a comprehensive individualized ABA behavioral plan of care that includes specific targeted behaviors for improvement, along with measurable, achievable, and realistic goals.
4. There is evidence risk factors have been identified for the child/family, a description of how the risks may be minimized and the backup plan for each identified risk.
5. There is evidence the Beneficiary's ongoing determination level of service (which occurs every six months) has evidence of measurable and ongoing improvement in targeted behaviors as demonstrated with the evidence bases assessment such as ABLLS-R or VBMAPP.
6. There is evidence that the Individual Plan of Service was updated within 365 days of the last plan of service
7. There is evidence that the ABA Provider and Supports Coordinator communicate on a monthly basis.
8. When one week of services were missed, inactivity was entered in the WSA and there was evidence of multiple attempts to keep the family engaged.
9. The number of ABA hours of direction/observation during a quarter were equal to or greater than 10% of the total ABA direct service provided.
10. There is evidence the ABA provider made multiple attempts (weekly) to keep families engaged, when the family's attendance is sporadic.
11. There is evidence the ABA provider's discharge policy was implemented when the consumer is inactive for 90 days. The comprehensive diagnostic evaluation and psychological assessment follows the best practice guidelines.



DWIHN ASD Program Updates:

Network Updates

- DWIHN is in the process of credentialing and contracting both the new ASD Providers as well as the providers for fiscal year 21/22.
- A Provider Capacity Worksheet has been provided to the network to record difficulties obtaining and retaining staff which impacts the ability to maintain and accept members.
- Dearborn Speech and Sensory DBA/MetroEHS has been approved through credentialing to add on three site locations: Dearborn, Detroit, and Plymouth.
- Acorn Health has been provisionally credentialed until February 2022 while their credentialing application is processed by Medversant Technologies, LLC.

Utilization Management Updates

- ASD the Michigan Department of Health and Human Services Department (MDHHS) will be changing the reporting requirements for service codes and modifiers. MDHHS will begin provider group modifiers on all encounters for non-team-based services beginning in SFY 2022. All ASD authorizations will need to be terminated and resubmitted with new CPT codes and modifiers by October 1, 2021.

Quality Updates

- Positive Behavior Supports and Open Door Living Association have consistently been on a Correction Action Plan. Quality has established a final quality review to determine if provider is maintaining adequate contractual obligations.
-

DWIHN Updates for Autism

- Announcements regarding Behavior Treatment Plans and proper documentation of the four-reportable sub-categories for members on BTP as well as compliance with Behavior Treatment Review requirements. Also, ACCESS-Timeliness/First Request (PIHP) announcement regarding new reporting requirements and definition of individuals counted as new referral for Performance Indicator #2a.

MDHHS Updates for Autism

- MDHHS provided ABA providers with information regarding three-year evaluations along with updates regarding code changes for evaluations.

Integrated Health Care Department

Monthly Report

September, 2021

Collaboration with Health Department

The Health Department will be focusing on Hepatitis C, DWIHN will prepare for this initiative.

Quality Improvement Plans

The IHC department manages seven Quality Improvement Plans (QIPs) that are in alignment with NCQA requirements. The focus of the QIPs includes the following: 7 and 30 day Follow Up After Hospitalization for Mental Illness, Adherence to Antipsychotic Medication, Increasing Adherence to Antidepressant Medication, Decreasing the Use of Multiple Antipsychotic Medications, Diabetes Screening for members prescribed atypical antipsychotic medications, and Hepatitis A Risk Reduction. Currently implementing a HEDIS certified platform which will display individual CRSP provider data to allow early intervention and opportunity to improve outcomes. The HEDIS certified platform will also include measures for Opioid Health Home and Behavior Health Home. During the month of August, the Chief Medical Officer, IHC, UM and others met to discuss finalize the new interventions and complete documentation. IHC and Medical director sent out correspondence on the importance of follow up with members on multiple antipsychotics and labs for diabetes screening to the providers medical directors.

Population Health Management and Data Analytics Tool

DWVHN and Health Plan and Health Plan designee staff continue to meet at least weekly to prepare for implementation of the two platforms, one for providers to view member encounter information and performance on HEDIS measures, and the other for DWVHN and Health Plan designee to utilize to coordinate care for shared members and for DWVHN to view HEDIS measure performance. VDT continues to make corrections and revisions to both platforms based on feedback from DWVHN and Health Plan and Health Plan designee staff. The platform went live on June 1st. To date DWVHN and Health Plan designee staff are meeting on a twice monthly basis to complete coordination of members who are new and in Tier 2 and 3. VDT is made the corrections to the member management form and the reporting system. These are projected to be completed in July but we are still waiting. DWVHN and VDT had a meeting on 7/16 to discuss projects that have not been completed by VDT.

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 50 individuals in June. 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.

Integrated Health Pilot Projects

DWIHN has identified 3 Health Plans for Integrated HealthCare Pilot Projects.

Health Plan 1:

Collaboration continues between DWIHN and **Health Plan 1** staff with implementation of shared electronic platform with VDT to facilitate information exchange and document care coordination activities. Platform review continues, recommended changes/additions are in process with projected go live of HEDIS measures and scorecards platform (ProviderLink) and Care Coordination platform (PlanLink) to be determined.

Health Plan 2:

Care Coordination with **Health Plan 2** was initiated in September 2020, these meetings occur monthly. There were 10 cases discussed in the month of June for the Pilot program. The plan requests the number of cases to be discussed during Case Review. The focus of the plan has been on Follow Up After Hospitalization (FUH) and coordinated efforts to increase outcomes. The goal is 58% identified by MDHHS and at last review (most current data is 58.17% December 2020). We are currently working to improve effort towards the FUA measure the state set the benchmark at 27%, DWIHN is at 16.96%.

Health Plan 3:

Health Plan 3's Leadership continues in the review process. A meeting occurred with DWIHN and Health Plan 3 in March. The Health Plan continue to review plans for collaboration.

MI Health Link Demonstration

IHC department under the MI Health Link Program received total of 327 request for level II in the month of August 2021 from 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	13	4	11	28
Amerihealth	1	2	0	3

HAP	4	3	1	8
Michigan Complete Health	3	1	6	10
Molina	61	57	160	278
TOTAL	82	67	178	327

Voided referrals reasons are as follows:

	Member Declined Assessment	Member Declined Services	Member not available before deadline	Referrals in error	Unable to reach
Aetna	0	5	0	0	6
Amerihealth	0	0	0	0	0
HAP	0	0	0	0	1
Michigan Complete Health	0	3	0	0	3
Molina	0	70	2	31	57
Total	0	78	2	31	67

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
March 2021	182	1	85	13	34	49
April 2021	230	2	113	3	44	68
May	173	0	82	1	27	66
June	156	2	79	5	30	42
July	195	2	102	0	20	69
August	178	0	78	2	31	67

*Increase in number of Member declined services, process and interventions to be reviewed.

IHC department continues to meet with Access center during this reporting period to discuss ways in which to improve process and contact efforts. IHC department along with the Access Department, implemented a new process in which Access Center will confirm referrals of new

and existing enrollees in a more streamline process, any referrals for new engagement will be sent to Network Providers. All referrals for existing enrollees will be managed by IHC Department for submission of acknowledgement of engagement to ICOs on behalf of the network providers. This new process allows network providers the new enrollee service needs. IHC staff continues to assist the closing submissions of voided referrals. This change allows the Access Center staff to process New referrals to DWIHN with increased timeliness and efficiency, decreasing the backlog. IHC staff continues to assist the closing submissions of voided referrals department process 172 referrals for the month.

ICO Michigan Complete Health is still unable to receive level II responses through the Care Bridge, referrals are logged in MH WIN and manually processed by sending to MCH through secure email.

IHC has met with the Customer Service department to ensure that effective 8/1/21 all Grievances and Appeals for the MHL demonstration will be reported to the ICOs including the Medicaid Only G&A's.

During the next reporting period IHC Administrator will generate new reporting templates for FUH and Quality Withhold reports for the MHL program. It has been determined from meeting with all ICOs individually that the current weekly TOC report is not sufficient for reporting FUA measures for quality assurance. The care coordination report will still be sent to ICOs on weekly basis to ensure continuity of care.

Transition of care services were provided for **50** persons who were discharged from the hospital to a lesser level of care, community outpatient, or additional level of service Behavioral Health or Physical Health.

There were **20** LOCUS assessments completed for the MI HealthLink Demonstration received from Network Providers who service Nursing Home Facilities for Mild-Moderate population.

Care Coordination Activities for the ICO enrollees—**75** – for individuals who have been identified to have a gap in services. This is a combined effort between IHC staff and the ICOs.

AUDITS

PIHP DWIHN continues to go through the auditing process with the following ICOs:

- DWIHN during this reporting month completed ICO Molina Annual Delegation requested DWIHN to submit names for CMS audit participation. CMS collaborative audit with ICO Molina will take place later August 2021 covering UM, Claims, Appeals and Grievances. IHC department continues to work closely with quality department for delegation audits ICO Molina is currently undergoing audit from CMS department coordinated with quality department prep to be contacted by ICO Molina to participate in auditing area of Appeals & Grievances for Member

Services and UM for authorization of services. DWIHN was not selected for Appeals and Grievances during this reporting time however was informed that Utilization Management department along with Chief Medical Director for next month week ending Sept 10, 2021.

- ICO Amerihealth placed DWIHN on plan of correction for Access Center due to issue with calls that were reviewed. Plan will be submitted to ICO Amerihealth on or before May 15, 2021. ICO Amerihealth DWIHN Access Center CAP is still open, review of calls will take place in July 2021. ICO received a verbal write up from ACCESS Center regarding call annual delegation audit review awaiting determination.
- ICO Amerihealth is still awaiting the BAA agreement being handled by DWIHN Legal Department.
- IHC department held several internal and external meeting for new processes for MHL State Hospital Inpatient operational process. This is a new process for DWIHN in which several departments are collaborating to complete processes to execute oversight from Admission to Discharge on behalf of the ICOs. IHC has met with the State of MI billing department takeaways July 6, 2021 DWIHN will need to formalize next steps for this process of monthly payment to State of Michigan on behalf of the ICOs. DWIHN created fee schedule and still working through the process for payment for MHL State cases that are pending payment for ICO HAP and ICO Molina. DWIHN has formalized process for receiving and paying claims for MHL enrollees who are placed in State Psychiatric Facilities. There were 4 outstanding cases for state admits with the MHL program two with ICO Molina and two with ICO HAP current to date during this reporting period DWIHN paid in full for one of the ICO Molina cases. IHC Manager contacted State billing representative and assist with DWIHN to receive three outstanding claims. IHC manager will continue to report outcomes of incoming claims during next reporting period.

Compliance Meetings for MHL Program

DWIHN has met with ICO HAP Empowered during this reporting period to review MHL program lettering material updates for 2022. IHC Manager collaborated with UM and Member Grievance & Appeal department to review the new tools and set timeline for updates to DWIHN in prep 2022. IHC manger will coordinate meeting with remaining four ICOs to complete process of review of letter templates during next reporting period.

MHL Program has updates to SARAG reports that are required by all ICOs for CY2022. IHC manager is working with IT and Quality department to ensure that updates are following timeline.

IHC manager as reviewed all policies and procedures for HSAG and NCQA requirements and awaiting approvals

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 August, there are currently **19** active cases, **7** new case opened, **2** case closure, and no pending cases. All **2** cases were closed due to meeting their treatment goals.

Care Coordination services were provided to **20** additional members in July who either declined or did not meet eligibility for CCM services. Follow up after hospitalization was completed with **37** consumers to help identify needs.

Complex Case Management staff have been working to identify additional referral opportunities. Twenty Four (24) presentations were provided for DWIHN CRSPs and at Provider Meetings.

The following Community Providers received information regarding CCM services: Meridian, The Guidance Center, Community Care Services, Black Family Development, Hegira, Star Treatment, Family Options, COPE, Garden City Hospital, University of Michigan Hospital, St. Mary's Hospital, Providence, Karmanos, Beaumont Taylor, Henry Ford Kingswood, St. Joe's Hospital, Samaritan, Stonecrest, Havenwyck, BCM, Henry Ford Wyandotte, Samaritan and Pontiac General.

Peer Health Coach Grant:

DWPHN has contracted with four Certified Peer Health Coaches who will be stationed at Central City working with individuals who have multiple medical conditions along with behavior health. All four Peer Health Coaches were onboarded and started May 24th.

For the month of August, 20 members were surveyed below are the results for the Peer Health Coaching Participant Questionnaires.

1. What would you say your overall health was/is before PHC?

Poor- 5

Fair- 9

Good - 6

Very Good - 0

2. How aware are you of risk factors and ability to manage existing health issues before PHC?

Poor -5

Fair- 13

Good - 2

Very Good - 0

3. Awareness of risk factors and ability to manage existing health issues after PHC?

Poor- 0

Fair -7

Good - 11

Very Good - 2

4 Satisfaction Surveys were obtained

1. Did the PHC help you understand the importance of follow up care?

Yes- 4

No - 0

Not Sure - 0

2. Did the PHC assist and support you to get the care you needed?

Yes - 4

No – 0

Not Sure – 0

3. Was the PHC attentive and help you work through problems?

Yes - 1

No -

Not Sure - 0

4. Did the PHC treat you with courtesy and respect?

Yes - 4

No - 0

Not Sure- 0

5. How satisfied were you with your PHC?

Very -1

Some What - 0

Not Sure - 1



**Detroit Wayne
Integrated Health Network
Residential Services Department**

Department Monthly Report: August 2021

Residential Assessment Productivity

July 2021 Report's <i>Pending Assignments</i>	44
# of Referral Requests RECEIVED for August 2021	196
Total Referrals	240
Assessment/Referral Cancelled	59
Cases Requiring Placement (Brokerling) Only	58
Assignments Awaiting Completion	36
Completed Assessments	87

<i>Per Disability Designation</i>	
AMI Referrals	161
IDD Referrals	79

Referral Sources

Inpatient Hospitals	93
<i>Emergency Departments</i>	10
CRSP	114
<i>Self-Directed Cases referred to Residential Services</i>	6
<i>Youth Aging Out (DHHS)</i>	1
Pre-placement (C.O.P.E.)	2
Crisis Residential	6
Nursing Homes	8
Total Received Referrals	240



**Detroit Wayne
Integrated Health Network
Residential Services Department**

Residential Assessments (in Licensed Setting)

In-home assessment review process was temporarily placed hold to complete roll-out and trainings of new residential assessment (effective 3/8/21) and H2X15/T2X27 code changes, effective 4/1/21.

COVID-19

of Positive Cases Reported (8/1 – 8/31): **1**

<u>Per Designation</u>	<u>AMI</u>	<u>IDD</u>
Males	0	0
Females	1	0

of Deaths Reported (8/1 – 8/31): **0**

<u>Per Designation</u>	<u>AMI</u>	<u>IDD</u>
Males	0	0
Females	0	0

Residential Service Authorizations

Total Processed Authorization Requests	920
Authorizations APPROVED	691
Requests Returned to CRSP	229

Approved >14 days	688
Returned >14 days	227
Approved <14 days	3
Returned <14 days	2

Authorization Submission Type	
Interim IPOS Completed by DWIHN Auth Team	31
Requests Submitted by Residential Care Specialists	244
Requests Processed Through MHWIN Queues	676

Authorization (Per Disability Designation)	
AMI Authorizations	318
IDD Authorizations	602



**Detroit Wayne
Integrated Health Network
Residential Services Department**

30-Day/Emergency Consumer Discharge Notifications

Total Received Consumer Notifications	25
30-Day Notices for Licensed Facilities	7
Emergency Discharges	15
Rescinded Requests/Self-Discharges	3

Residential Facility Closures

The following residential facility closures were processed during August 1-31, 2021 to relocate all consumers to alternate specialized placements.:

# of Facility Closure Notifications	7
Received in August 2021: On-Going/In Process	5
Requests ON-HOLD/PENDING	1
Completion of Facility Closures	1

Huron House – 25755

Provider Notification Received: 7/26/21

Facility Closure Date: 8/6/21

Residential provider's notification reports facility will be closing due to property owner is selling home to a private owner; requesting to relocate 4 (DD) consumers (assigned to **Community Living Services**). Residential Care Coordination team confirmed consumers successfully relocated to DWHN contracted facilities.

Current Status: **COMPLETED**

Norris Home – 25051

Provider Notification Received: 7/2/21

Scheduled Closure Date: 9/2/21

Residential provider's notification reports facility closure due to lack of staffing. Residential Care Coordination team confirmed with designated CRSP (Community Living Services) 2 (DD) consumers had been successfully relocated consumers to alternate DWHN contracted facilities. Awaiting MCO close-out confirmation.

Current Status: **PENDING**

Denby Home – 25112

Provider Notification Received: 8/2/21

Scheduled Closure Date: 9/2/21

CRSP residential referral received noting request to relocate 2 (DD) consumers as residential provider has reported facility is closing due to lack of staffing. Residential Care Coordination team continues brokering process to relocate consumers to an alternate placement within DWHN contracted facilities.

Notice forwarded to MCO to confirm facility closure.

Current Status: **In Progress**



Detroit Wayne Integrated Health Network Residential Services Department

Burly III Home - 25112

Provider Notification Received: 8/5/21

Scheduled Closure Date: 9/5/21

Residential provider's notification reports facility closure due to property owner not completing repairs in timely fashion; requesting to relocate clients to a non-contracted address. Residential Care Coordination team continues to review relocation requests with MCO as suggested relocation facility is not contracted with DWHN.

Current Status: **In Progress**

Mortenview II Home – 25895

Provider Notification Received: 8/24/21

Scheduled Closure Date: 9/16/21

Residential provider's notification reports facility closure due to lack of staffing. Residential Care Coordination team continues brokering process to relocate 4 (DD) consumers to an alternate placement within DWHN contracted facilities.

Current Status: **In Progress**

Thedoshia Carter AFC I – 26443

Carter-Wyoming AFC - 26445

MCO Notification Received: 8/25/21

Scheduled Closure Date: 9/24/21

MCO submitted notification to residential department reporting LARA recommendation to close listed facilities due to discontinuance of licensing. Residential Care Coordination team continues brokering process to relocate 6 consumers to an alternate placement within DWHN contracted facilities.

Current Status: **In Progress**

Residential Communications

The department has begun quantifying communications received and responded to during the month August 2021; by telephone calls/voicemails, faxes, and/or emails.:

Voicemails: August 2021	101
Blank Messages/Fax Machine Calls/No Contact Info from Caller	36
Calls/Voicemails Responded to with 24/48 Hours	41
Forwarded to Assigned Residential Staff	18
Forwarded to other DWHN Departments	2
Responses Requiring Director/Manager Review	4

Emails: August 2021	ResidentialReferral@dwihn.org	267
Emails Responded to with 24/48 Hours		187
Forwarded to Assigned Residential Staff		42
Forwarded to other DWHN Departments		21
Responses Requiring Director/Manager Review		17

- Reporting for ResidentialAuthorizations@dwihn.org and ResidentialBrokering@dwihn.org email inboxes will be added to reporting beginning, 9/1/2021.



Detroit Wayne Integrated Health Network Residential Services Department

Department Project Summaries

Authorization Team

- ***Bundled Authorizations (H2X15/T2X27) Billing Unit Shortage:*** The authorizations team continues to receive and review spreadsheets from residential providers that reported unit shortages under the bundled authorizations (H2X15/T2X27) to assist with their billing. The team will continue with this temporary process until PCE reports an update to the system to correct the matter.
- ***CRSP Service Authorization Refresher Trainings:*** Effective Thursday, 8/5, Residential's Authorizations team introduced the monthly service authorization refresher training sessions with DWHN CRSP providers: IDD CRSP staff are scheduled at 11 AM and AMI CRSP providers at 2 PM for every third Thursday in TEAMS until December 2021. Attendees include CRSP supervisors, supports coordinators, case managers to refresh the appropriate process of entering residential service authorization requests in MHWIN. Both initial sessions held a total of **135 attendees: 71 IDD and 64 AMI**. Majority of the feedback was that the sessions were indeed needed to assist new staff working in adult and residential services.

CRSP/Department Meetings

- ***CRSP/Residential Services Monthly Meetings:*** A total of **16 CRSP meetings were completed** for July 2021, with two CRSP meeting cancellations due to July 4th Observance (**JVS** on Friday, August 13th due to CRSP staff changes; and 4th) and MCO Outpatient Providers' Meetings (**CLS** on Friday, July 29th). Bi-monthly meetings for **CCS**, **JVS**, and **Goodwill-Detroit** are scheduled for August 2021. ***Department calendar is attached for review.***

CRSP/Residential Provider Trainings

- ***CRSP/Residential Providers Monthly/Bi-monthly Meetings:*** As suggested by CEO Mr. Doeh, Residential Services immediately implemented monthly meetings with all DWHN CRSP and residential providers. The meetings were divided between unlicensed and licensed residential providers so that the open forum would pertain specifically to the typed setting. IDD CRSP providers are scheduled monthly every 3rd Monday with the unlicensed providers meeting at 10 AM and the licensed providers meeting at 2 PM. The AMI CRSP providers follow a similar schedule every other 3rd Thursday (same times for unlicensed and licensed) until December 2021. ***All (4) sessions*** included a total of **220 attendees, as follows:**
 - IDD CRSP/Unlicensed (72)
 - IDD CRSP/Licensed (82)
 - AMI CRSP/Unlicensed (29)
 - AMI CRSP/Licensed (37)

During the initial open forums, residential services introduced fillable/editable documentation utilized for residential vacancy reporting, consumer discharge notifications, and internal consumer transfer requests. Many residential providers welcomed the open opportunity. The majority of provider concerns were around adverse actions from Quality Improvement due to non-compliance of documentation normally placed in the home by the CRSP. Residential Services advised they would request a list from QI that identifies the documents all contracted providers should have in the home for each of their clients, also requesting a copy of the case management progress note being utilized by the CRSP at this time.



Detroit Wayne Integrated Health Network Residential Services Department

Department Projects

Residential Assessment Development (Darryl Smith)

- Completed assessment reviews of **Eisenhower Center (7) consumers**: (4) out of the seven consumers will require further discussion to finalize rate increases if necessary.
- Providing direct training and supervision to the Support Coordinators of **Wayne Center** and **Community Living Services** in completing and reviewing the various areas of the residential assessment.
- Completed independent trainings for **Wayne Center** and **Community Living Services**.

Continuation of COVID-19 Projects (Megan Latimer)

- Continued monthly department COVID-19 case and vaccination tracking and reporting.
- Wayne County Health Dept Collaboration with DWIHN to continue in-home education of vaccine to residential providers/residents for those who've expressed interest.
- Reviewing CRSP referrals from **Goodwill Industries of Greater Detroit** to review and update residential assessments for assigned consumers.

Department Goals

Productivity Measures

- Complete the Phase-In Plan for Re-Entry into the Community
- Prepare reports and updates for the year-end review
- Create a work plan to review all operations of the Residential Department
- Review/update all department processes and procedures

July 2021 - August 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
25	26	27	28	29	30	31
	MORC: CRSP/Residential	CCIH: CRSP/Residential	AWBS: CRSP/Residential ACC: CRSP/Residential			
August 1	2	3	4	5	6	7
	Southwest Solutions:		Hegira: CRSP/Residential	IDD CRSP Services AMI CRSP Services		
8	9	10	11	12	13	14
	Wayne Center:	CNS & NEIH: TGC: CRSP/Residential	RS Monthly Team Meeting	DCI: CRSP/Residential CCS: CRSP/Residential	JVS: CRSP/Residential Goodwill-Detroit:	
15	16	17	18	19	20	21
	IDD CRSP & (Unlicensed) IDD CRSP & (Licensed)	S.T.E.P.:	DWIHN All Staff Meeting TEAM: CRSP/Residential	AMI CRSP & (Unlicensed) LBS: CRSP/Residential AMI CRSP & (Licensed)		
22	23	24	25	26	27	28
	DWIHN Residential MORC: CRSP/Residential PsyGenics:	CCIH: CRSP/Residential	AWBS: CRSP/Residential ACC: CRSP/Residential		CLS: CRSP/Residential NSO: CRSP/Residential	

August 2021 - September 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
29	30	31	September 1	2 IDD CRSP Services AMI CRSP Services	3	4
			Hegira: CRSP/Residential			

DWIHN Residential CVD-19 Residential Vaccination Reporting: 9/2/21

DCW Staff of Licensed Facilities Vaccinated: 1,437

DCW Staff of Unlicensed Facilities Vaccinated: 1,001

Licensed Facilities	# of CONSUMERS REPORTED			1st Vaccine ADMINISTERED			Consumers FULLY VACCINATED			Consumer/ Guardian REFUSALS			ADDITIONAL INFO from PROVIDER			TO BE SCHEDULED			# of Consumers Remaining to Verify Vaccination Status
	AMI	IDD		AMI	IDD		AMI	IDD		AMI	IDD		AMI	IDD		AMI	IDD		
CITY of DETROIT	729			663			646			70			13			0			13
	491	238		437	226		421	225		62	8		11	2		0	0	0	
	91.0%			91.0%			88.6%			9.6%			1.8%			0%			1.8%

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Western Wayne (40 Cities)	1,361			1,243			1,241			107			3			5			8
	623	738		556	687		556	685		59	48		1	2		0	5		
	91.3%			91.3%			91.2%			7.9%			0.2%			0.4%			0.6%

Unlicensed Facilities

CITY of DETROIT	152			92			91			60			0			1			1
	95	57		47	44		47	43		47	12		0	0		0	1		
	59.9%			59.9%			59.2%			39.5%			0%			0.7%			0.7%

Western Wayne (45 Cities)	993			680			678			295			4			16			22
	283	710		139	541		137	541		132	163		2	2		10	8		
	68.5%			68.5%			68.3%			29.7%			0.4%			1.8%			2.2%

Reporting Highlights:

- Significant increase of DCW Staff reporting vaccination received since July reporting (+116 on licensed facilities; +97 in unlicensed facilities)
- 22 (AMI) consumers now fully vaccinated after reporting initial refusals (since last reporting)

City of Detroit/Health Department Vaccine Collaborative Updates:

- 29 total residents were educated; 7 residents (possibly an 8th) agreed to receive the vaccine.
- Out of 12 DCWs educated; 0 DCW staff have either continued to decline or have already received COVID vaccine.
- 12 facilities were submitted for education by the DHD; 4 AFCs and 1 SIL completed in-home vaccine education
- DHD reports no additional homes have been scheduled at this time as the team has been busy attending events in the city, also being down 3 staff members which prevents scheduling home visits and attending community events. Elise Grongstad's goal is to bring onboard 3 additional staff members and schedule 3-6 homes for in-home education next week.

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Provider locations to be scheduled for in-home education:

- * Rose Care Home
- * Akwaaba House II
- * Forrest Haven East
- * Northrop Loving Care
- * Peoples Community of MI AFC
- * Rose Care AFC
- * Masterliving SIL (5) locations

Wayne County Health Department Updates:

- Meeting held on 8/24/21 @ 10 AM via TEAMS, with follow-up from health department (date and time to be determined).
- DWIHN will work with WCHD to provide in-home education and vaccinate those residents who express interest.

Next reporting update to be completed for year-end reporting by COB on Friday, October 1st.



DWIIHN UTILIZATION MANAGEMENT MONTHLY REPORT August 2021

I. Executive Summary

- **Autism:** There were 343 authorization requests manually approved during the month of August. There were approximately an additional 122 authorizations approved via the auto approval process for a total of 465 approved authorizations. There are 2,072 cases currently open in the benefit. Please note that data for this report is pulled before the end of the month and so actual numbers are higher than those reported.
- **Habilitation Supports Waiver:** There are 1,084 slots assigned to the DWIHN. As of 8/30/21, 1043 filled, 41 open, for a utilization rate of 96% taken.
- **County of Financial Responsibility:** The total number of open COFR cases increased by 3% for the month of August.
- **Denials and Appeals:** There were a total of two (2) medical necessity Denials and one (1) Appeal for the month of August.
- **General Fund:** There were 332 General Fund Authorization approvals for the month of August.
- **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 a total of 44 MI Health Link authorizations received in August 2021. The number of MI Health Link admissions to inpatient, partial and CRU are included in the Provider Network data.
- **Provider Network:** *Preliminary number(s) for August. The UM Team managed a total of 719 consumers within the provider network during the month of August 2021. This includes Inpatient, MI Health Link, Partial Hospital and Crisis Residential.
- **State Facilities:** There were 3 state hospital admissions and 5 discharges for the month. 68 NGRI consumers are currently managed in the community.
- **SUD:** There was a total of 2002 SUD authorizations approved during the month of August compared to 2342 approved in July, a decrease of 15%. UM reviewed 1212 authorizations in August a 17% decrease from 1468 reviewed in July. Access generated the remaining 790 auto-approved authorizations, a 10% decrease from 874 in July. (Note: Reports were pulled 8/30/2021)
- **Administrative Denials:** During the month of August, the SUD team issued 26 administrative denials compared to 7 the previous month.
- **MCG:** For the month of August, there were 1014 individuals screened in Indica which is an average of 34 cases per day screened using the MCG Behavioral Health Guidelines. This is very close to

the 1019 screened per day in June, also 34 per day on average.
(Note: Reports were pulled 8/30/2021)

II. General Report

Autism Spectrum Disorder (ASD) Benefit

There were 343 authorization requests manually approved during the month of August. There were approximately an additional 122 authorizations approved via the auto approval process for a total of 465 approved authorizations. There are 2,072 cases currently open in the benefit.

MDHHS has announced a number of code and modifier changes that impact the ASD benefit effective 10/1/21. DWIHN had inquired if MDHHS would allow a rolling start to these changes, with authorizations reflecting the new codes as IPOS expires. DWIHN noted that having a hard start would create a significant strain on the network and was concerned that this may impact consumer care. MDHHS confirmed in July that these changes would be a hard start. The UM team will have to develop a work plan to address updating the service utilization guidelines, educate the providers on how to request new authorizations within the context of these changes, and how the UM can attempt to meet timeliness standards with what will be an influx of authorization requests, not just related to the ASD Benefit, but across several service populations.

ASD Authorization Approvals for Current Fiscal Year to Date*:

	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	August
Manual Approvals	473	269	235	255	306	323	254	255	346	311	343
Auto Approvals	135	157	153	121	200	158	115	103	122	128	122

Total Approvals	608	426	388	376	506	481	369	368	468	439	465
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*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 Per WSA*

Fiscal Year To Date											
	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	August
Open Cases	1718	1747	1753	1745	1801	1792	1827	1849	1954	2031	2072
Referrals	107	60	60	59	42	83	79	49	46	61	Pending updated data from the WSA

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

Habilitation Supports Waiver

August Utilization

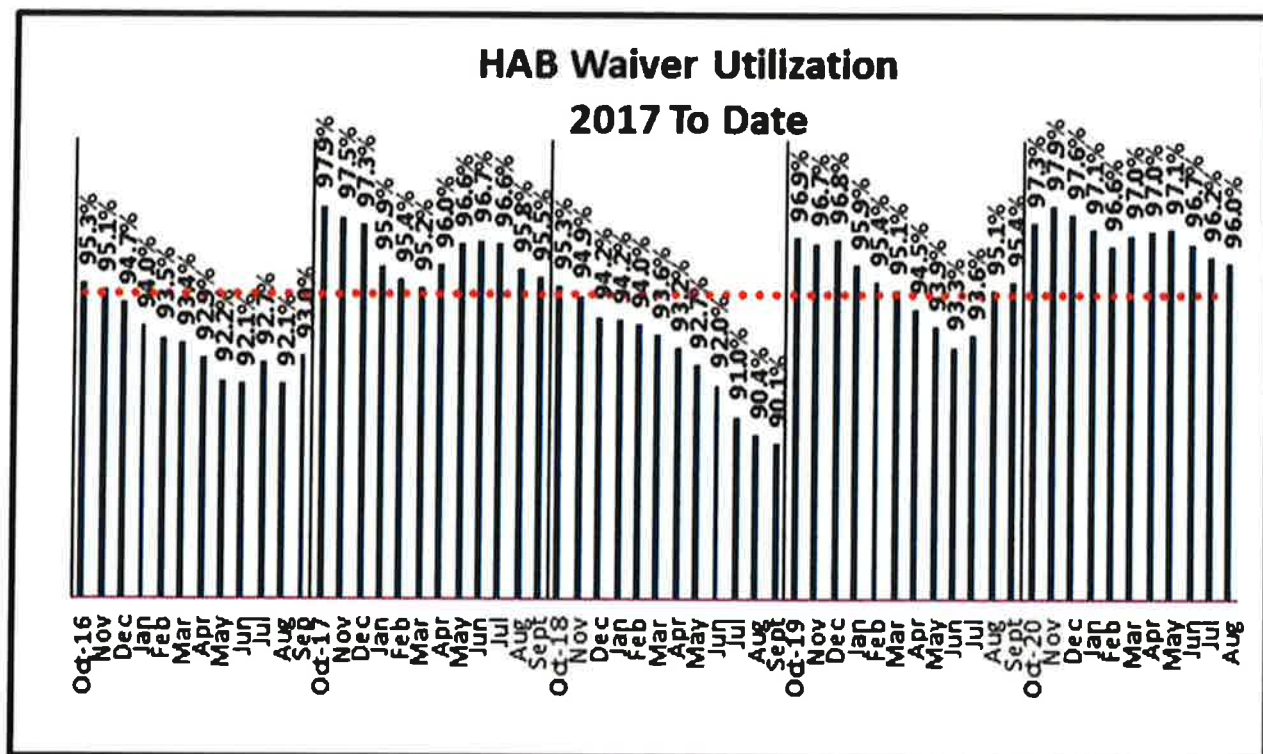
HAB Utilization	August*
Allocated	1,084
Used	1,043
Available	41
% Used	96
*As of August 30, 2021	

Program Details for July

Outcome Measurement	August
# of applications received	4
# of applications reviewed	4
# of app. Pended PIHP level for more information	

#of pended app. resubmitted	
# of app. withdrawn	0
Total of application sent to MDHHS.	4
Technical Assistants contacts	4
# of deaths/disenrollment's (recertification forms reviewed & signed)	8
# of recertification forms reviewed and signed	26
# of recertification forms pended	7
# of dis-enrollments (not meeting HSW criteria)	0

Historical Trend



Serious Emotional Disturbance Waiver (SEDW) August 2021

# of youth expected to serve in the SEDW for FY 20-21	65
# of active youth served in the SEDW, thus far for FY 20-21	85
# of youth currently active in the SEDW for the month of August	52
# of referrals received in August	14
# of youth approved/renewed for the SEDW in August	3
# of referrals currently awaiting approval at MDHHS	4

# of referrals currently at SEDW Contract Provider	15
# of youth terminated from SEDW in August	2
# of youth transferred to another County, pursuing the SEDW	2
# 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)

The COFR Committee continued to meet weekly for one (1) hour during the month of August. Weekly meetings are expected to continue ongoing.

	Adult COFR Case Reviews Requests	Children COFR Case Reviews Requests	Resolved	Pending*
August 2021	2	0	0	70

*This is a running total. Recommendations forwarded to Administration and pending determination

Previously 68 cases in July 2021.

*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.

General Fund

There were 332 General Fund Approvals for the month of August, 2021.

Denials and Appeals

For the month of August 2021, there were a total of two (2) denials that did not meet MCG medical necessity criteria for continued inpatient hospitalization. There was one (1) appeal. The appeal decision was overturned.

	Oct. 20	Nov. 20	Dec. 20	Jan. 21	Feb. 21	Mar 21	Apr 21	May 21	Jun. 21	Jul. 21	Aug. 21	Sept 21
Denial	10	3	5	7	17	23	6	7	5	6	2	
Appeal	2	4	2	2	5	5	2	6	0	6	1	

Service Authorization Administrative Denials

During the month of August there were two (2) administrative denials and two (2) administrative appeals. Both administrative appeals were overturned.

Timeliness of UM Decision Making

Please see attached documents included with the August UMC report for timeliness data for Quarters 1, 2 and 3. This data is being included in this month's report as the UM Department recently gained access to Power-BI for more in-depth Provider Network reporting.

State Hospital Liaison Activity Report

Hospital	Caro Center	Kalamazoo	Walter Reuther
Census	2	10	109
Wait List	0	1	1
Admissions	0	1	2
Discharges	0	0	5
ALS Status	0	2	66

- Admissions remain limited as state hospital beds are at capacity. MDHHS continues to review state hospital waitlists weekly, reviewing and triaging referrals. DWIHN wait list numbers are minimal as hospitals are seeking alternatives to long-term placement.
- Discharges continue despite barriers; provider, CMH, and member/guardian refusals for placement, consumer demographics, and lack of bed availability. Discharges have returned to a baseline average of 5 per month.

MI Health Link

Report Filters
Date Range 8/1/2021 thru 8/31/2021
Selected:
ICO's AETNA BETTER HEALTH OF MICHIGAN; AMERIHEALTH MICHIGAN, INC.; FIDELIS SECURECARE OF MICHIGAN; HAP MIDWEST HEALTH PLAN, INC.; MOLINA HEALTHCARE OF MICHIGAN INC

	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations (Currently No DWIHN Authorizations labeled as Expedited)		Post Service Authorizations	
Total # of Auth's Received for the Month	Total Amount Preservice Auth's Received	Total Preservice processed ≤14 days	Total Amount Urgent Auth's Received	Total Urgent processed ≤24 hrs	Total Amount Expedited Auth's Received	Total Expedited processed ≤72 hrs	Total Amount Post Service Auth's Received	Total Post Service processed ≤14 days
44	3	3	12	12	0	0	29	29

Report Filters

Date Range 8/1/2021 thru 8/31/2021

Selected:

ICO's AETNA BETTER HEALTH OF

Selected: MICHIGAN

Preservice Authorizations			Urgent Authorizations		Expedited Authorizations (Currently No DWIHN Authorizations labeled as Expedited)		Post Service Authorizations	
Total # of Auth's Received for the Month	Total Amount Preservice Auth's Received	Total Preservice processed ≤14 days	Total Amount Urgent Auth's Received	Total Urgent processed ≤24 hrs	Total Amount Expedited Auth's Received	Total Expedited processed ≤72 hrs	Total Amount Post service Auth's Received	Total Post Service processed ≤14 days
9	2	2	2	2	0	0	5	5

Report Filters

Date Range 8/1/2021 thru 8/31/2021

Selected:

ICO's AMERIHEALTH MICHIGAN, INC.

Selected:

Preservice Authorizations		Urgent Authorizations		Expedited Authorizations (Currently No DWIHN Authorizations labeled as Expedited)		Post Service Authorizations		
Total # of Auth's Received for the Month	Total Amount Preservice Auth's Received	Total Preservices processed ≤14 days	Total Amount Urgent Auth's Received	Total Urgent processed ≤24 hrs	Total Amount Expedited Auth's Received	Total Expedited processed ≤72 hrs	Total Amount Postservice Auth's Received	Total Post Service processed ≤14 days
6	0	0	0	0	0	0	6	6

Report Filters

Date Range 8/1/2021 thru 8/31/2021

Selected:

ICO's FIDELIS SECURECARE OF

Selected: MICHIGAN

	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations (Currently No DWIHN Authorizations labeled as Expedited)		Post Service Authorizations	
Total # of Auth's Received for the Month	Total Amount Preservice Auth's Received	Total Preservices processed \$14 days	Total Amount Urgent Auth's Received	Total Urgent processed ≤24 hrs	Total Amount Expedited Auth's Received	Total Expedited processed \$72 hrs	Total Amount Postservice Auth's Received	Total Post Service processed \$14 days
6	0	0	1	1	0	0	5	5

Report Filters

Date Range 8/1/2021 thru 8/31/2021

Selected:

ICO's HAP MIDWEST HEALTH PLAN,

Selected: INC.

	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations (Currently No DWIHN Authorizations labeled as Expedited)		Post Service Authorizations	
Total # of Auth's Received for the Month	Total Amount Preservice Auth's Received	Total Preservice processed ≤14 days	Total Amount Urgent Auth's Received	Total Urgent processed ≤24 hrs	Total Amount Expedited Auth's Received	Total Expedited processed ≤72 hrs	Total Amount Postservice Auth's Received	Total Post Service processed ≤14 days
6	0	0	1	1	0	0	5	5

Report Filters
Date Range 8/1/2021 thru 8/31/2021
Selected:
ICO's MOLINA HEALTHCARE OF
Selected: MICHIGAN INC

	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations (Currently No DWIHN Authorizations labeled as Expedited)		Post Service Authorizations	
Total # of Auth's Received for the Month	Total Amount Preservice Auth's Received	Total Preservice processed ≤14 days	Total Amount Urgent Auth's Received	Total Urgent processed ≤24 hrs	Total Amount Expedited Auth's Received	Total Expedited processed ≤72 hrs	Total Amount Postservice Auth's Received	Total Post Service processed ≤14 days
17	1	1	8	8	0	0	8	8

The data for August 2021 delineates the total number of authorizations 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 a total of 44 MI Health Link authorizations received in August 2021 compared to 61 authorizations in July 2021, a 27.8% decrease. By ICO, there were 9 authorizations for Aetna, 6 for AmeriHealth, 6 for Michigan Complete Health (Fidelis), 6 for HAP Midwest and 17 for Molina. Out of the 44 MI Health Link authorizations reported, 100% of the requests were processed within the appropriate timeframes.

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

Provider Network

The UM Team managed a total of 719 members within the provider network during the month of August 2021. This includes Inpatient, MI Health Link, Partial Hospital and Crisis Residential. The 547 inpatient admissions reflects a 20.1% decrease from the 685 inpatient admissions in July. Out of the 547 members admitted for inpatient treatment in August, 51 readmitted within 30 days of a prior hospitalization, compared to 67 recidivistic members in July 2021, denoting a 23.8% decrease. There were 76 Partial Hospital admissions in August, which shows a 5.5% increase from July and 37 Crisis Residential admissions in August, compared to 36 CRU admissions in July. Please note that the Crisis Residential Units are still at 50% capacity due to COVID and only one location (Warren) of Safehaus remains open. The Grand Rapids and Rose City locations have been permanently closed.

The preliminary data outlined below reflects the admissions for the month of August 2021:

- Inpatient: 547
- MHL: 44
- Partial: 76
- Crisis Residential (adults-37 and children-15): 52
- Total Admissions: 719
- Average Length of Inpatient admissions: 11*

Substance Use Disorder

SUD Authorizations

There was a total of 2002 SUD authorizations approved during the month of August compared to 2342 approved in July, a decrease of 15%. UM reviewed 1212 authorizations in August a 17% decrease from 1468 reviewed in July. Access generated the remaining 790 auto-approved authorizations, a 10% decrease from 874 in July. (Note: Reports were pulled 8/30/2021)

SUD Administrative Denials

During the month of August, the SUD team issued 27 administrative denials compared to 7 reported last month. The primary reason for administrative denials is failure to adhere to timeliness guidelines.

Medical Necessity Denial

There were no SUD medical necessity denials this month.

SUD Appeal Requests and Appeal Determination Forms

There were no SUD administrative appeals received and reviewed during the month.

SUD Timeliness Dashboard

The timeliness data is now available in Power BI. There were 345 Urgent Authorizations and 343 (99%) were authorized within 24 hours. There were 866 non-urgent authorizations and 840 (97%) were approved within 14 days. (Note: Reports were pulled 8/30/2021)

Utilization Management Committee

The monthly UMC Meeting was held in August and minutes are available for review.

MCG

For the month of August, there were 1014 individuals screened in Indica which is an average of 34 cases per day screened using the MCG Behavioral Health Guidelines. This is very close to the 1019 screened per day in July, also 34 per day on average. We also upgraded our Indicia test site on 7/29/2021. Live was updated August 5th. Users were notified via email.

IRR

Annual Interrater reliability administrations were sent out during the month of August for COPE, Autism, and Children's screening entities. A presentation is scheduled at the ACT forum for 9/2/2021 and the ACT Team administrations will go out shortly after that meeting. Follow-up is occurring for DWIHN UM and Residential staff as needed.

Timeliness of UM Decision Making

Quarter 1 (Oct. – Dec., 2020)

Threshold is 90%

Timeliness of UM Decision Making-DWIHN-Autism Program

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post-Service
Numerator *	N/A	N/A	764	N/A
Denominator#	N/A	N/A	768	N/A
Rate	N/A	N/A	99.5%	N/A

Timeliness of UM Decision Making-DWIHN-MI Health Link Program

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post-Service
Numerator *	6	1	59	0
Denominator#	6	1	111	0
Rate	100%	100%	53.1%	100%

Timeliness of UM Decision Making-DWIHN- Substance Use Disorders

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post-Service
Numerator *	1045	N/A	2633	N/A
Denominator#	1087	N/A	2641	N/A
Rate	96.1%	N/A	99.7%	N/A

Timeliness of UM Decision Making- Children's Center

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post-Service
Numerator *	N/A	40	N/A	N/A
Denominator#	N/A	40	N/A	N/A
Rate	N/A	100%	N/A	N/A

Timeliness of UM Notification- COPE

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post-Service
Numerator *	N/A	2853	N/A	N/A
Denominator#	N/A	3002	N/A	N/A
Rate	N/A	95%	N/A	N/A

Timeliness of UM Decision Making- Guidance Center

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post Service
Numerator *	N/A		N/A	N/A
Denominator #	N/A		N/A	N/A
Rate	N/A	%	N/A	N/A

Timeliness of UM Decision Making- New Oakland

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post-Service
Numerator	N/A	178	N/A	N/A
Denominator	N/A	178	N/A	N/A
Rate	N/A	100%	N/A	N/A

Timeliness of UM Decision Making

Quarter 1 (Oct. – Dec., 2020)

Threshold is 90%

Timeliness of UM Decision Making-DWIHN-Autism Program

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post-Service
Numerator *	N/A	N/A	764	N/A
Denominator#	N/A	N/A	768	N/A
Rate	N/A	N/A	99.5%	N/A

Timeliness of UM Decision Making-DWIHN-MI Health Link Program

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post-Service
Numerator *	6	1	59	0
Denominator#	6	1	111	0
Rate	100%	100%	53.1%	0%

Timeliness of UM Decision Making-DWIHN- Substance Use Disorders

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post-Service
Numerator *	1045	N/A	2633	N/A
Denominator#	1087	N/A	2641	N/A
Rate	96.1%	N/A	99.7%	N/A

Timeliness of UM Decision Making- Children's Center

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post-Service
Numerator *	N/A	40	N/A	N/A
Denominator#	N/A	40	N/A	N/A
Rate	N/A	100%	N/A	N/A

Timeliness of UM Notification- COPE

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post-Service
Numerator *	N/A	2853	N/A	N/A
Denominator#	N/A	3002	N/A	N/A
Rate	N/A	95%	N/A	N/A

Timeliness of UM Decision Making- Guidance Center

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post Service
Numerator *	N/A		N/A	N/A
Denominator #	N/A		N/A	N/A
Rate	N/A	%	N/A	N/A

Timeliness of UM Decision Making- New Oakland

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post-Service
Numerator	N/A	178	N/A	N/A
Denominator	N/A	178	N/A	N/A
Rate	N/A	100%	N/A	N/A

Timeliness of UM Decision Making

Quarter 2 (Jan. – March., 2021)

Threshold is 90%

Timeliness of UM Decision Making-DWIHN-Autism Program

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post-Service
Numerator *	N/A	N/A	861	N/A
Denominator#	N/A	N/A	862	N/A
Rate	N/A	N/A	99.9%	N/A

Timeliness of UM Decision Making-DWIHN-MI Health Link Program

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post-Service
Numerator *	1	1	42	1
Denominator#	1	1	46	1
Rate	100%	100%	91.3%	100%

Timeliness of UM Decision Making-DWIHN- Substance Use Disorders

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post-Service
Numerator *	989	N/A	2640	N/A
Denominator#	1009	N/A	2652	N/A
Rate	98%	N/A	99.5%	N/A

Timeliness of UM Decision Making- Children's Center

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post-Service
Numerator *	N/A	49	N/A	N/A
Denominator#	N/A	49	N/A	N/A
Rate	N/A	100%	N/A	N/A

Timeliness of UM Notification- COPE

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post-Service
Numerator *	N/A	2765	N/A	N/A
Denominator#	N/A	2982	N/A	N/A
Rate	N/A	92.7%	N/A	N/A

Timeliness of UM Decision Making- Guidance Center

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post Service
Numerator *	N/A	153	N/A	N/A
Denominator #	N/A	153	N/A	N/A
Rate	N/A	100%	N/A	N/A

Timeliness of UM Decision Making- New Oakland

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post-Service
Numerator	N/A	178	N/A	N/A
Denominator	N/A	178	N/A	N/A
Rate	N/A	100%	N/A	N/A

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 22-03 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 9/15/2021

Name of Provider: Hegira Health Inc.

Contract Title: Crisis Intervention Services

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 9/8/2021

Proposed Contract Term: 10/1/2021 to 9/30/2022

Amount of Contract: \$ 8,400,000.00 Previous Fiscal Year: \$ 8,400,000.00

Program Type: Continuation

Projected Number Served- Year 1: 12,385 Persons Served (previous fiscal year): 13,058

Date Contract First Initiated: 1/1/2016

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).

Detroit Wayne Integrated Health Network (DWIHN) is requesting approval for Hegira Health Inc. crisis intervention services via the Community Outreach for Psychiatric Emergencies (COPE). Hegira was originally awarded the contract in March 2016 via submitting an RFP bid. The original BO was BO21690028.

The extension will allow for DWIHN to continue providing the MDHHS mandated adult mobile crisis services during the process of securing the DWIHN Woodward Hope Center. COPE will continue to authorize inpatient hospitalizations, crisis residential services, partial hospitalizations, and SUD withdrawal management. COPE is also providing services to AFC homes to divert consumers from the Emergency Department for behavioral health crisis whenever possible.

The amount for the extension from October 1, 2021 through September 30, 2022 is not to exceed \$8,400,000.00.

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 21/22	Annualized
Multiple	\$ 8,400,000.00	\$ 8,400,000.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 8,400,000.00	\$ 8,400,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64931.825004.01668

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Friday, August 27, 2021

Signed: Friday, August 27, 2021

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 22-04 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 9/15/2021

Name of Provider: ProtoCall Services Inc

Contract Title: Behavioral Health Emergency Response Call Center

Address where services are provided: 621 SW Alder, Ste 400, Portland, OR & 2845 44th St. SW

Presented to Program Compliance Committee at its meeting on: 9/8/2021

Proposed Contract Term: 10/1/2021 to 9/30/2022

Amount of Contract: \$ 335,500.00 Previous Fiscal Year: \$ 335,500.00

Program Type: Continuation

Projected Number Served- Year 1: 12,100 Persons Served (previous fiscal year): 14,700

Date Contract First Initiated: 3/1/2016

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).

Detroit Wayne Integrated Health Network (DWIHN) is requesting approval for the extension of the ProtoCall Services Inc. contract.

ProtoCall Services Inc. currently operates the DWIHN crisis line. Crisis Calls are warm transferred from DWIHN to ProtoCall. ProtoCall was initially awarded the Behavioral Health Response Crisis Line in March 2016 via an RFP bid. The Original BO number is BO21690027.

MDHHS established a statewide crisis line that is still in pilot stage with plans for full implementation scheduled for October 2022. DWIHN will determine the need for continued crisis line services once the state's plan has been solidified. The ProtoCall contract extension is being requested to ensure there is no disruption of services to individuals calling the DWIHN crisis line.

Approval of this request will allow ProtoCall Services Inc. to fulfill its role as the Emergency Response Call Center during the period of implementation of DWIHN's full Crisis Continuum.

The FY 21/22 contract amount is \$335,500.00.

The purpose of the Behavioral Health Emergency Response Call Center is to implement a staffed, call center to provide telephonic triage, assessment, counseling and referral response to an individual, family, or community caller impacted by a crisis, and referral support for behavioral health emergencies,

24 hours per day, 7 days per week, 365 days per year for citizens of Wayne County. The goal is to provide a fully integrated crisis service system that utilizes a problem-solving approach and that markedly increases access to a comprehensive range of person-centered, recovery-oriented, and trauma informed crisis management and avoidance services.

The Behavioral Health Emergency Response Call Center is an integral part of the overall DWIHN crisis safety net, both for active consumers of DWIHN services, as well as for the community at-large. The Call Center will integrate and coordinate with other established components of the existing DWIHN crisis safety net, including but not limited to the Mobile Crisis Teams services, 24/7 clinical services teams (ACT and Home-Based) and contracted hospital providers. These services will provide opportunities to meet individuals' emergent behavioral health.

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 21/22	Annualized
Multiple	\$ 335,500.00	\$ 335,500.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 335,500.00	\$ 335,500.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64911.815000.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Thursday, August 26, 2021

Page 157 of 285

Board Action #: 22-04

Signed: Thursday, August 26, 2021

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: BA 22-08 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 9/15/2021

Name of Provider: Michigan Consortium for Healthcare Excellence

Contract Title: Michigan Consortium for Healthcare Excellence

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 9/8/2021

Proposed Contract Term: 10/26/2021 to 10/25/2024

Amount of Contract: \$ 350,000.00 Previous Fiscal Year: \$ 464,434.00

Program Type: New

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

Date Contract First Initiated: 10/1/2021

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).

This Board Action is to request a 3-year renewal contract agreement with Michigan Consortium for Healthcare Excellence ("MCHE"), who in turn is entering into a master license agreement ("MLA") with MCG Health ("MCG") on behalf of all ten of the Prepaid Inpatient Health Plans ("PIHP") in Michigan. The DWIHN is a member of MCHE, as are the other ten PIHPs. MCG is providing the ten PIHPs with a utilization management software tool called Indicia that is a clinically validated and evidence-based tool for clinical decision making. The MLA between MCHE and MCG is effective as of October 26, 2021 and continues for a period of thirty-six (36) months. However, our contract renewal is October 1, 2021. The DWIHN's agreement with MCHE will cover this same time period.

The DWIHN's estimated payment to MCHE for MCG cost sharing for the first year is \$100,363.10. The payments for the second and third year indicate a percentage increase from year one of the MCHE agreement that are estimated to be at a similar cost, bringing the total amount not to exceed of the estimated MCHE agreement to \$350,000.00. This is an estimated cost. MCG is negotiating their fees and PIHP's may be subject to a 3%-4% increase per year. The Master License Agreement (MLA) states that the growth cap percentage shall be 10%. Additional payments may be required as a result of the license basis.

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

Source of Funds: Medicaid

Fee for Service (Y/N): Y

Revenue	FY 21/24	Annualized
Multiple	\$ 350,000.00	\$ 350,000.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 350,000.00	\$ 350,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64917.815000.00000

In Budget (Y/N)?

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Wednesday, August 25, 2021

Signed: Wednesday, August 25, 2021

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 22-09 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/15/2021

Name of Provider: Neighborhood Serv. Organizatio, Wayne Metropolitan Community Action Agen

Contract Title: PATH Program

Address where services are provided: Various Locations

Presented to Program Compliance Committee at its meeting on: 9/8/2021

Proposed Contract Term: 10/1/2021 to 9/30/2022

Amount of Contract: \$ 254,493.00 Previous Fiscal Year: \$ 254,493.00

Program Type: Continuation

Projected Number Served- Year 1: 500 Persons Served (previous fiscal year): 450 (3rd Qrt)

Date Contract First Initiated: 10/1/2006

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).

This Board Action requests Board approval to provide supplemental funding for the Projects for Assistance in Transition from Homelessness (PATH) for two providers, Neighborhood Services Organization (NSO) and Wayne Metropolitan Community Action Agency (WMCAA). Both providers receive grant funding directly from the Michigan Department of Health and Human Services (MDHHS) for this program.

The PATH program provides active outreach to individuals who are experiencing homelessness and who have a serious mental illness or co-occurring mental illness and substance use disorder. PATH services include: outreach, assistance with accessing income supports, such as SSI/SSDI, assistance in locating affordable

housing and linkage to appropriate medical and mental health services. In an effort to assist the two (2) PATH providers in maximizing outreach to 500 individuals experiencing homelessness throughout Wayne County.

Board approval is requested to provide supplemental funding to NSO in the amount of \$169,493 and WMCAA in the amount of \$85,000 for (FY) Fiscal Year 2022. DWIHN staff have the discretion to reallocate funds among these providers based upon supported utilization data provided the total amount does not exceed approved funding for this contract.

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

Source of Funds: General Fund

Fee for Service (Y/N): N

Revenue	FY 21/22	Annualized
State General Fund	\$ 254,493.00	\$ 254,493.00
	\$	\$
Total Revenue	\$ 254,493.00	\$ 254,493.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64933.829502.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Interim CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Eric Doeh

Signed: Friday, August 20, 2021

Signature/Date:

Stacie Durant

Signed: Friday, August 13, 2021

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 22-10 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 9/15/2021

Name of Provider: Detroit Central City C.M.H., Inc.

Contract Title: Central City PSH CoC Program and Leasing Project

Address where services are provided: Various Location - Scattered Sites

Presented to Program Compliance Committee at its meeting on: 9/8/2021

Proposed Contract Term: 10/1/2021 to 9/30/2022

Amount of Contract: \$ 165,045.00 Previous Fiscal Year: \$ 165,045.00

Program Type: Continuation

Projected Number Served- Year 1: 134 Persons Served (previous fiscal year): 104 (3rd Qrt.)

Date Contract First Initiated: 10/1/2015

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).

This Board Action recommends Board approval to disburse general fund match in the amount of \$165,045.00 to Central City Integrated Health (CCIH) for their approved Department of Housing and Urban Development (HUD) direct grants for the fiscal year ending September 31, 2022.

The Continuum of Care grant agreements between HUD and Central City Integrated Health (CCIH) is based on the continued need to provide supportive services and to have housing stock in Detroit for persons experiencing homelessness.

The general fund match includes annual amounts for supportives services and administrative costs for the Supportive Housing Program and Leasing Project. The project will provide housing and

supportive services including, but not limited to, psychiatric and nursing care, substance use treatment, Intensive Dual Diagnosis Treatment, Assertive Community Treatment (ACT), motivational interviewing, therapy and case management services. The target population is chronically homeless single adults with severe and persistent mental illness; a co-occurring mental illness and substance use disorder, or have physical health disabilities and a substance use disorder.

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

Source of Funds: General Fund

Fee for Service (Y/N): N

Revenue	FY 21/22	Annualized
State General Fund	\$ 165,045.00	\$ 165,045.00
	\$	\$ 0.00
Total Revenue	\$	\$ 165,045.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64981.829501.00000

In Budget (Y/N)?

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: BA#22-11 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/15/2021

Name of Provider: Michigan, State of - Dept of Human Serv

Contract Title: Donated Funds Agreement DFA22-82009

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 9/8/2021

Proposed Contract Term: 10/1/2021 to 9/30/2022

Amount of Contract: \$ 408,300.00 Previous Fiscal Year: \$ 400,200.00

Program Type: Continuation

Projected Number Served- Year 1: 3,427 Persons Served (previous fiscal year): 3020

Date Contract First Initiated: 10/1/2012

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).

DWIHN staff recommends Board approval of a one year contract with the Michigan Department of Health and Human Services (DHHS), to continue implementation of the Outstation DHHS services to assist persons receiving behavioral health services in Wayne County to gain rapid access to Medicaid benefits and maintain their benefits so they can continue to receive services they are eligible without interruption. This contract funds (6) DHHS Workers,(5) of which are currently filled and strategically placed at DWIHN contracted Service Provider sites.

This contract is a model of DWIHN partnership with other governmental entities to realize a more effective use of allocated State General Fund and to demonstrate the provision of improved supports and access for uninsured consumers.

As of the end of the 3rd Quarter in FY2021, the Out station program has served 3,427 individual. This number includes 1,408 Spenddowns that were processed. Funding for this contract is not to exceed \$408,300.00, for the term of this contract -October 1, 2021 through September 30, 2022.

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

Source of Funds: General Fund

Fee for Service (Y/N): N

Revenue	FY 21/22	Annualized
General Fund	\$ 408,300.00	\$ 408,300.00
0	\$ 0.00	\$ 0.00
Total Revenue	\$ 408,300.00	\$ 408,300.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64931.827206.06425

In Budget (Y/N)? Y

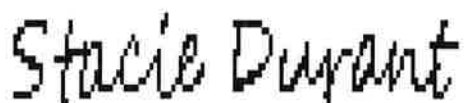
Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Thursday, August 19, 2021

Signed: Thursday, August 19, 2021

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: BA22-13 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 9/15/2021

Name of Provider: Michigan Peer Review Organization

Contract Title: Michigan Peer Review Organization

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 9/8/2021

Proposed Contract Term: 10/1/2021 to 9/30/2022

Amount of Contract: \$ 100,000.00 Previous Fiscal Year: \$ 100,000.00

Program Type: New

Projected Number Served- Year 1: 18 Persons Served (previous fiscal year): 45

Date Contract First Initiated: 10/1/2021

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).

This board action is requesting approval a comparable source service contract with MPRO, an Independent Review Organization (IRO), for an amount not to exceed \$100,000 per year. The contract period is from October 1, 2021 and ending September 30, 2022, with a one-year option to renew. This service contract will allow the Utilization Management (UM) Department the ability to collaborate on utilization reviews and authorization decisions related to the provision of behavioral health services as well as assist with decision-making process for clinical claims adjudication.

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 21-22	Annualized
Multiple	\$ 100,000.00	\$ 100,000.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 100,000.00	\$ 100,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64917.815000.00000

In Budget (Y/N)?

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Wednesday, August 25, 2021

Signed: Wednesday, August 25, 2021

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 22-15 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/15/2021

Name of Provider: Black Family Development, Children's Center of Wayne County Inc., Development Centers Inc., Guidance Center, The, Southwest Counseling Solutions, Starfish Family Services (MH), Ruth Ellis Center, Inc.

Contract Title: System of Care Block Grant

Address where services are provided: 2995 E. Grand Blvd Detroit MI 48202

Presented to Program Compliance Committee at its meeting on: 9/8/2021

Proposed Contract Term: 10/1/2021 to 9/30/2022

Amount of Contract: \$ 1,043,582.00 Previous Fiscal Year: \$ 1,043,582.00

Program Type: Continuation

Projected Number Served- Year 1: 10,181 Persons Served (previous fiscal year): 11,806

Date Contract First Initiated: 10/1/2017

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 System of Care Block Grant expands the capacity of Connections Wayne County's System of Care to support the needs of the most complex children and youth with serious emotional disturbance (SED) served within Wayne County's Public Mental Health System. The Michigan Department of Health and Human Services affords this transforming grant in the amount of \$1,043,582 to supplement Medicaid covered services. It also supports research and evaluation as well as special projects such as facilitating professional development trainings for DWIHN children's service providers. DWIHN collaborates with Black Family Development, Inc., Development Centers, Ruth Ellis Center, Starfish Family Services, Southwest Counseling Solutions, The Children's Center and The Guidance Center to complete the grant goals, objectives and activities. The term of this contract is from 10/1/2021 through 9/30/2022. Last fiscal year 11,806 unduplicated children and youth were served. This fiscal year 10,181 unduplicated children and youth have been served.

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

Source of Funds: Block Grant

Fee for Service (Y/N): N

Revenue	FY 21/22	Annualized
Federal Grant	\$ 1,043,582.00	\$ 1,043,582.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 1,043,582.00	\$ 1,043,582.00

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, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Wednesday, August 25, 2021

Signed: Wednesday, August 25, 2021

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 22-20 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/15/2021

Name of Provider: Development Centers Inc.

Contract Title: Infant and Early Childhood Mental Health Consultation (IECMHC)

Address where services are provided: 17321 Telegraph, Detroit, MI 48219

Presented to Program Compliance Committee at its meeting on: 9/8/2021

Proposed Contract Term: 10/1/2021 to 9/30/2022

Amount of Contract: \$ 163,348.00 Previous Fiscal Year: \$ 176,600.00

Program Type: Continuation

Projected Number Served- Year 1: 50 Persons Served (previous fiscal year): 25

Date Contract First Initiated: 12/1/2017

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).

This board action is requesting the approval of a one year contract effective October 1, 2021 through September 30, 2022 for an amount not to exceed \$163,348 for the Infant and Early Childhood Mental Health (IECMHC). The program Consultation is a prevention based, indirect intervention that teams a mental health professional with child care providers to improve the social, emotional and behavioral health of children. Through the development of partnerships among providers and families, consultation builds adult's capacity to understand the influence of their relationships and interactions on young children's development.

Children's well-being is improved and mental health problems are prevented as a result of the Consultant's work with the child care providers, directors and parents through skilled observations, group and individualized strategies, and early identification of children with challenging behavior which places them at risk for expulsion

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

Source of Funds: Block Grant

Fee for Service (Y/N): N

Revenue	FY 21/22	Annualized
Block Grant	\$ 163,348.00	\$ 163,348.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 163,348.00	\$ 163,348.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64933.822608.00917

In Budget (Y/N)?

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Thursday, August 26, 2021

Signed: Thursday, August 26, 2021

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 22-22 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 9/15/2021

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Provider Network System FY 21/22

Address where services are provided: Service Provider List Attached

Presented to Program Compliance Committee at its meeting on: 9/8/2021

Proposed Contract Term: 10/1/2021 to 9/30/2022

Amount of Contract: \$ 677,393,988.00 Previous Fiscal Year: \$ 681,873,376.00

Program Type: Continuation

Projected Number Served- Year 1: 66,950 Persons Served (previous fiscal year): 71,682

Date Contract First Initiated: 10/1/2018

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).

Detroit Wayne Integrated Health Network (DWIHN) is requesting approval for continued funding for the Provider Network System for the fiscal year ended September 30, 2022. 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, 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 21/22	Annualized
Multiple	\$ 677,393,988.00	\$ 677,393,988.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 677,393,988.00	\$ 677,393,988.00

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, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Tuesday, August 31, 2021

Signed: Tuesday, August 31, 2021