



Detroit Wayne Integrated Health Network

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PROGRAM COMPLIANCE COMMITTEE MEETING *Virtual Meeting* **Wednesday, July 14, 2021** **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 – June 9, 2021**
- VII. Report(s)**
 - A. Chief Medical Officer
 - B. Corporate Compliance
- VIII. Quarterly Reports**
 - A. Crisis Services
 - B. Utilization Management
- IX. Strategic Plan Pillar - Access**
- X. Quality Review(s)**
 - A. QAPIP Work Plan FY 2021 Update
- XI. Chief Clinical Officer's Report**

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



XII. Unfinished Business

- A. **BA #19-45 (Revised)** - BO Mod 21990039 - Jail Navigator - Thomas Pettus
- B. **BA #21-23 (Revised 3)** - Provider Network System - DWIHN Provider Network
- C. **BA #21-60 (Revised)** - Michigan Peer Review Organization

XIII. New Business

(Staff Recommendations):

- A. **BA #21-64** - COVID-19 Mental Health Block Grant Supplemental Funding

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

JUNE 9, 2021

1:00 P.M.

VIRTUAL MEETING

MEETING CALLED BY	I. Dr. Cynthia Taueg, Program Compliance Chair at 1:00 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Dr. Cynthia Taueg, Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	<p>Committee Members: Dr. Lynne Carter; Michelle Jawad; and Dr. Cynthia Taueg</p> <p>Board Members: Chief William T. Riley, III</p> <p>Staff: Miriam Bielski; Brooke Blackwell; Judy Davis; Eric Doeh; Bernard Hooper; Melissa Moody; Vicky Politowski; Ebony Reynolds; April Siebert; Yolanda Turner; 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 Dr. Carter and supported by Ms. Jawad 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

<p>DISCUSSION/ CONCLUSIONS</p>	<p><i>There was no Follow-Up Item(s) from Previous Meetings to review.</i></p>
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VI. Approval of Meeting Minutes

<p>DISCUSSION/ CONCLUSIONS</p>	<p>The Chair called for approval of the May 12, 2021 meeting minutes. Motion: It was moved by Ms. Jawad and supported by Dr. Carter to approve the May 12, 2021 meeting minutes. Dr. Tauzeg 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

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. Chief Medical Officer – <i>The Chief Medical Officer's Report has been deferred to the July 14, 2021 Program Compliance Committee meeting.</i></p> <p>B. Corporate Compliance Report - Bernard Hooper, Director of Corporate Compliance submitted and gave an update on the Corporate Compliance report:</p> <ol style="list-style-type: none"> 1. MDHHS CWP- HSW-SEDW – 1915(c) Home and Community Based Waiver's Plan of Correction (POC) – All matters were adequately remediated with the exception of three matters addressed on June 4, 2021. Information has been reviewed by MDHHS and we have received full satisfaction of our POC and deemed to be compliant with the waiver programs. 2. Community Living Supports (CLS) and Skill Building Services Review – Corporate Compliance and Quality Improvement identified a practice of incorrectly billing services of exercise instruction and art instructions as Skill Building by CLS. Corporate Compliance and the Chief Clinical Officer are working to determine if these services are appropriately billable as CLS and under what condition these services must be rendered in order to satisfy the terms and provision of the Medicaid Manual. Staff are looking at approximately \$250,000.00 that may be recouped with the exercise services and about \$400,000.00 that has been extended to the art instruction. DWIHN has a very well-developed mechanism for recouping claims. The claims have been identified and tabulation identified is the result of the claims' exercise. The Quality team have consulted with I.T. and they have identified the amounts that have been paid. Staff is working on developing a more specific plan for the use of those billable codes and a notice to the case/support coordinators to indicate to them that the services would have to be included in an IPOS in order for them to be billable. Mr. Hooper is working with the Chief Clinical Officer to decide how she would like to move forward. Dr. Tauzeg opened the floor for discussion. Discussion ensued. The Chair noted that the Corporate Compliance's report has been received and placed on file.
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VIII. Quarterly Reports -

DISCUSSION/ CONCLUSIONS

- A. **Access Call Center** – Miriam Bielski, Director of Access Call Center submitted and gave highlights of the Access Call Center’s quarterly report. Ms. Bielski reported there were 2,399 welcome letters and follow-up letters sent to members in February 2021; 2,597 for March 2021; and 4,222 for April 2021. There are 2000 paper enrollment registrations to be manually loaded into MH-WIN. Staff implemented performance metrics for each call center unit (Call Center Representatives, SUD and Mental Health). Working with staff on processing techniques for “First Call Resolution” and managing staff’s schedules to leverage ultimate coverage. Staff has implemented a quality program; created standardized quality rating standard; began silent monitoring with real-time feedback; and began an all staff/training meetings bi-weekly. Dr. Taueg opened the floor for discussion. There was no discussion.
- B. **Children’s Initiatives** – Ebony Reynolds, Clinical Officer of Clinical Practice Improvement submitted and gave highlights of the Children’s Initiatives’ quarterly report. Ms. Reynolds reported:
1. **School Success Initiative Q2** – Funding allocations has been awarded to 11 CMH School Success Initiatives’ providers. Phase 1 (School Based Re-Design) has been completed. The Michigan Model for Health (MMH) was purchased and providers have completed training to utilize the curriculum. Staff are in the process of completing Phase II, the ability to capture data in one electronic medical record through MH-WIN enhancement. Continued partnership with DWIHN’s SUD Prevention services to capture data and number of children served. DWIHN’s Workforce Development will provide QPR training to schools currently in development.
 2. **Children System of Care Block Grant** – Staff provided several trainings to anyone who interact with children, adolescents and their families who are a part of the CMH system including hospitals, law enforcement, school personnel, DPS, and social services organizations on “Bridging the Gap- Navigating Child Welfare Services and Community Mental Health”, Trauma Prevention, “Childhood Responses to Adverse Situations Happens”, and “Accessing Community Mental Health Services”.
 3. **Home-Based Wraparound** – Home-based services was provided to 686 children for Q2, a 1.2% decrease from Q1. The average length of stay of children completing home-based services was 13.5 months across all DWIHN’s children providers for Q2. A119 (22%) youths receiving home-based services had a meaningful and reliable improvement which is a 3.8% increase from Q1. There were 82 youths in the Child Welfare system; 58 in the Juvenile Justice system; and 271 youths connected to Special Education services received home-based services. 76.92% of facilitators met competency areas “almost all of the time” in “Future orientation in building, coordinating and managing teams” and “Mobilize a group for collective action”.
 4. **Autism** – There are currently 1,847 open cases receiving services with the largest concentration of enrollees between the ages of two and eight years old. An RFP was issued to expand services on specific geographic locations for FY 21/22. DWIHN has a 66% approval rate for meeting ASD benefit enrollment criteria and Medical Necessity criteria. Thirty-seven cases have been successfully discharged from the ASD benefit for Q2. Staff will continue to work with the Quality Improvement department on performance improvement plans to increase outcomes.
- Dr. Taueg opened the floor for discussion. Discussion ensued.

C. **Clinical Practice Improvement** – Ebony Reynolds, Clinical Officer of Clinical Practice Improvement submitted and gave highlights of the Clinical Practice Improvement’s quarterly report. Ms. Reynolds reported:

1. **Evidence-Based Supported Employment (EBSE)/Individual Placement Support (IPS) Services** – General oversight and technical support were provided to nine providers delivering Evidence-Based Services. Providers continue to provide services despite the public health crisis imposed by the pandemic by using virtual platforms and in-person services based on member choice. Some providers continue to face staffing challenges. There were 103 cases opened, 58 employed at \$11.96 average wage, and 10 successful closures for Q2. Staff will continue to monitor the progress of EBSE service-delivery and provide technical support.
2. **Project – WC Jail – IST** – The workgroup is focused on creating alternate pathways for persons with low level offenses. During this past quarter, 643 persons were screened and 336 were admitted into mental health services. The Returning Citizens Workgroup continues to work collaboratively with the transition of the Access Center to DWIHN. Central City Integrated Health’s Homeless Outreach Team has completed the necessary training, developed the workflow for outreach services and awaiting approval from the City of Detroit to begin the program. Downriver Veterans continues to work under difficult circumstances with the court remaining closed.
3. **Assertive Community Treatment (ACT)** – Staff monitored the ACT program admissions/discharges and the appropriateness of level of care determinations for Lincoln Behavioral Services, Community Care Services and Northeast Integrated Health. Technical assistance was provided to Hegira, Team Wellness Center and Northeast Integrated Health to ensure program eligibility requirements were met. A fidelity review was conducted on Lincoln Behavioral Services’ ACT program.
4. **Med Drop** – The Overall Medication Adherence Rate was 91.2%. There was an 84% reduction in psychiatric hospital admissions and an 89% reduction in psychiatric hospital days for individuals that had an admission 12 months prior to entering the program. DWIHN had a cost-savings of \$181,009 for individuals that had a psychiatric hospital admission 12 months prior to entering the program as compare to while in the program. DWIHN has a cost-savings of \$13,420 for individuals that had a crisis home/crisis services admission 12 months prior to entering the program as compared to while in the program.

Dr. Tauveg opened the floor for discussion. There was no discussion.

D. **Customer Service** – Michele Vasconcellos, Director of Customer Service submitted and gave highlights of Customer Service’s quarterly report. Ms. Vasconcellos reported that the Strategic Plan Customer Pillar is at 87% completion. The Reception/Welcome Center/Switchboard activity for this quarter was 4,453 with an abandonment rate of 3.2% and the Customer Center Call Center received 3,350 calls with an abandonment rate of 16.6%. Family Support Subsidy received 1,572 calls and 328 applications were submitted to the State. Customer Service assisted in the final NCQA preparation audit by responding to the ICOs’ audits and plan of corrections. The Provider Directory and Member Handbook have been updated. Staff conducted a series of meetings to address Clubhouse and Drop-In Center re-accreditation concerns. Staff also worked on various survey activities. Dr. Tauveg opened the floor for discussion. There was no discussion.

- E. **Integrated Health Care** – Vicky Politowski, Director of Integrated Health Care submitted and gave highlights of the Integrated Health Care’s quarterly report. Ms. Politowski reported:
1. **Collaboration with Health Department** – State of Michigan and the Health Department has met its’ goal of 80% vaccination rate and has discontinued the Hepatitis A clinics.
 2. **Health Plan Pilots (3)** – *Health Plan 1* – The Care Coordination Module offered by Vital Data Technology, LLC (VDT) will be utilized as a shared electronic platform between DWIHN and the Health Plan 1 Care Coordination provider. The go live date is June 1, 2021. *Health Plan 2* – Staff and the Health Plan 2 Care Coordinators hold monthly meetings to review a sample of shared members who experienced a psychiatric admission during the previous month. *Health Plan 3* – Health Plan 3 Care Coordinators are currently reviewing the proposal for a joint pilot project internally. At this time, the Health Pan 3 has not decided to go forward with any projects.
 3. **Medicaid Health Plans** – Staff continue to perform Care Coordination Data Sharing on a monthly basis with each of the eight Medicaid Health Plans serving Wayne County who met risk stratification criteria. There were 149 cases reviewed.
 4. **MI-Health Link Demonstration** – There was a decrease in DWIHN’s members who are enrolled in MI-Health Link from Q1 FY 21 to Q2 FY 21. 242 Behavioral Health Care referrals were completed and submitted to the ICOs, Care Coordination was provided to 47 MI-Health Link members and Transition of Care Coordination was provided to 149 MI-Health Link members during this quarter. Staff completed 45 LOCUS assessments for 45 MI-Health Link members.
 5. **Complex Case Management** – Staff continues to offer and provide Complex Case Management services to DWIHN’s members as a part of DWIHN’s NCQA Accreditation. Complex Case Management information was sent to 37 provider organizations, including hospitals, clinically responsible service providers (CRSP) and residential providers.
 6. **OBRA/PASRR** – Staff continue to monitor and give oversight of DWIHN’s provider of OBRA/PASRR services. The provider completed 444 PASRR screenings and reviews for members this quarter which is an increase from last quarter of 242 members.
- Dr. Taueg opened the floor for discussion. There was no discussion. The Chair noted that the Access Call Center; Children Initiatives; Clinical Practice Improvement; Customer Service; and Integrated Health Care quarterly reports have been received and placed on file.

IX. Strategic Plan Pillar - Quality

DISCUSSION/ CONCLUSIONS	<p>April Siebert, Director of Quality Improvement submitted and gave a report on the Strategic Plan – Quality Pillar. The Quality Pillar is at 71% completion. There are four organizational goals under this pillar that range from 55% to 95% completion:</p> <ol style="list-style-type: none"> 1. Ensure consistent Quality by September 30, 2022 – 61% completion and on target 2. Ensure the ability to share/access health information across systems to coordinate care by December 31, 2021 – 95% completion and on target 3. Implement Holistic Care Model: 1 unit by December 31, 2021 – 55% completion and on target
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	<p>4. Improve population health outcomes by September 30, 2022 – 74% completion and on target</p> <p>The Chair opened the floor for discussion. There was no discussion. The Chair noted that the Strategic Plan Quality Pillar report has been received and placed on file.</p>
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X. Quality Review(s) – None

<p>DISCUSSION/ CONCLUSIONS</p>	<p><i>There was no Quality Review(s) to report this month.</i></p>
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XI. Chief Clinical Officer’s (CCO) Report

<p>DISCUSSION/ CONCLUSIONS</p>	<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 11% decrease in admissions for the month of May. There were 11 reported cases of COVID-19 inpatient in May 2021 (April 2021 – 6 cases). 2. COVID-19 Intensive Crisis Stabilization Services – There was a 15% increase in crisis stabilization services provided in May 2021 compared to April 2021- 329 served. 3. COVID-19 Pre-Placement Housing – There were 22 people serviced in pre-placement housing for the month of May 2021 (April 2021 – 33) – 30% decrease in utilization of pre-placement housing. 4. COVID-19 Recovery Housing/Recovery Support Services – There was a significant change in the utilization of COVID-19 recovery homes in the month of May 2021(29) compared to April 2021 (41). 5. COVID-19 Urgent Behavioral Health Urgent Care Sites – There was a 20% decrease in utilization of Urgent Behavioral Health Urgent Care Services in May 2021 (33) compared to March 2021 (30). 6. Residential Department Report of COVID-19 Impact – There was 21 new COVID-19 positive members in May 2021 and one (1) reported new death. There was 20 new COVID-19 positive cases and no reported deaths (the three reported deaths were from April 2020). 7. Vaccinations – Licensed Residential Homes – A combined total of 86% of members in licensed settings have been fully vaccinated (88% received at least one dose). 8. Vaccinations – Unlicensed Homes - A combined total of 49% of members have been fully vaccinated in unlicensed settings (35% received at least one dose). 40% were fully vaccinated last month. A combined total in congregate settings – 73% fully vaccinated and 75% received at least one dose. <p>Dr. Tauog 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

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. BA #21-13 (Revised) – Wayne County Jail – Wayne County – The Chair called for a motion on BA #21-13 (Revised) - Staff requesting board to increase funding for the Wayne County Jail from \$4,250,000.00 to 5,250,000.00 to align with the number of consumers served and restore a portion of the General Fund</p>
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	<p>reduction passed through from MDHHS. Dr. Tauveg opened the floor for discussion. There was no discussion.</p> <p>B. BA #21-32 (Revised 4) – Supplemental Block Grant Funding – DWIHN’s Providers Network – Staff requesting board approval for the amount of \$1,847,534.00 of Block Grant funding for treatment and recovery providers for FY 2021, the original award amount \$4,443,575.00 for a total not to exceed \$6,291,109.00. Dr. Tauveg opened the floor for discussion. There was no discussion.</p> <p>C. BA #21-33 (Revised 3) – Electronic Nicotine Delivery System Vendor Education – The Youth Connection, Inc. – Staff requesting board approval for an increase of \$4,000.00 to allocate to the Youth Connection, Inc. to educate the retailers and community on Electronic Nicotine Delivery System (ENDS) products. Additionally, staff is requesting board approval in the amount of \$852,079.00 in supplemental Prevention Block grant for a combined total not to exceed \$5,628.133.00. Dr. Tauveg opened the floor for discussion. There was no discussion.</p> <p>D. BA #21-36 (Revised) – Independent Evaluator for Autism Spectrum Disorder (ASD) – The Children’s Center of Wayne County, Inc. – Staff requesting board approval for a six-month provisional approval to add Sprout, Inc., as an additional ASD Evaluator to meet the growing demand for Autism screening for children in Wayne County. Dr. Tauveg opened the floor for discussion. There was no discussion.</p> <p>The Chair bundled the board actions and called for a motion on BA #21-13 (Revised); BA #21-32 (Revised 4); BA #21-33 (Revised 3); and BA #21-36 (Revised). Chief Riley abstained from voting on BA #21-32 (Revised 4). Motion: It was moved by Dr. Carter and supported by Ms. Jawad to move BA #21-13 (Revised); BA #21-32 (Revised 4); BA #21-33 (Revised 3); and BA #21-36 (Revised) to Full Board for approval. Dr. Tauveg opened the floor for further discussion. There was no further discussion. Motion carried.</p>
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XIII. New Business: Staff Recommendation(s)

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. BA# 21-69 – DWIHN Proposed General Fund Program Allocation – Black Family Development – The Chair called for a motion on BA #21-69. Motion: It was moved by Ms. Jawad and supported by Dr. Carter to move BA #21-69 to Full Board for approval. Staff requesting board approval to re-allocate \$3.8 million of General Fund Dollars. Pursuant to the CFO’s review of the expenses incurred through December 31, 2020, DWIHN is projected to have excess State General Fund to allocate to non-Medicaid and/or other funding sources (i.e., grants) programs. Dr. Tauveg opened the floor for discussion. There was no discussion. Motion carried.</p>
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XIV. Good and Welfare/Public Comment

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

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

ADJOURNED: 2:30 p.m.

NEXT MEETING: Wednesday, July 14, 2021 at 1:00 p.m. (*Virtual Meeting*)



**Program Compliance Committee Meeting
July 14th, 2021**

Chief Medical Officer's Report

Shama Faheem, MD

COVID-19 updates: Michigan Dashboard as of 7/7/21:

Cases:

MI Total cases: 895,395

MI Total Deaths: 19,775

Detroit City Cases: 51,560

Detroit City Deaths: 2298

Wayne County Cases: (excluding Detroit):
102,165

Wayne County Deaths (excluding Detroit): 2,570

Vaccinations (12 and up):

MI 1st dose: 56.6%

MI two 2 doses given: 52.3%

Detroit city 1st dose: 38.3 %

Detroit city 2 doses: 31.5 %

Wayne county (excl. Detroit) 1st dose: 63.7 %

Wayne county (excl. Detroit) 2 doses: 58.2 %

DWIHN Residential Reporting

DCW Staff of Licensed Facilities Vaccinated: 1,321

DCW Staff of Unlicensed Facilities Vaccinated: 904

Licensed Facilities	# of CONSUMERS REPORTED		1st Vaccine ADMINISTERED		Consumers FULLY VACCINATED		Consumer/Guardian REFUSALS	
	AMI	IDD	AMI	IDD	AMI	IDD	AMI	IDD
CITY OF DETROIT	729		646		643		71	
	491	238	419	227	418	225	62	9
			88.6%		88.2		9.7%	

Western Wayne (40 Cities)	1,364		1,231		1,231		115	
	623	741	550	681	550	681	68	47
			90.2%		90.2%		8.4%	

Unlicensed Facilities

CITY OF DETROIT	152		90		89		59	
	95	57	46	44	46	43	47	12
			59.2%		58.6%		38.8%	

Western Wayne (45 Cities)	993		662		651		280	
	283	710	129	533	128	523	145	135
			66.7%		66.6%		28.2%	

DWIHN's COVID-19 Response

Starting June 22nd, Michigan has lifted all restrictions outside of healthcare settings.

DWIHN has continued our efforts towards COVID-19 and its vaccination. Some of our initiatives include:

- Ongoing periodic COVID screening at the office site and at our Residentials
- Periodic mandated routine COVID testing of DWIHN unvaccinated (no record of vaccination submitted to HR) staff.
- Vaccination provided to the residents and staff of AFC homes and Residentials.
- Incentives such gift cards through raffles offered to vaccinated individuals. State of Michigan has initiated such incentive program as well.
- Medical Director did various vaccination outreach speeches and presentations such as DWIHN Constituent Voice Meeting, Wayne State Advisory Board meeting, Detroit Department of Health and Department of Disability lead town hall, upcoming video recording outreach through Detroit Department of Disability Affairs.
- "Ask a doc" initiative where the staff are able to submit COVID vaccination related questions to the Medical Director.
- Biweekly COVID-19 Newsletter as well as "Ask a Doc" motivational article intended to improve vaccination awareness and address hesitancy as well address the mental health impacts of pandemic.
- DWIHN continued its COVID-19 pre-placement and residential programs that provided alternate housing for COVID positive members and COVID-19 recovery housing specifically for individuals with co-occurring substance abuse disorders who have been COVID-19 positive.

Mental health Initiatives

- Launch of Integrated Mobile Health Services in Collaboration with Wayne Health during week of 7/6/21. We have started the program by having our clinician join Wayne Health's scheduled events where individuals will have the opportunity to be screened for behavioral health symptoms and will be connected with services at the same time. In next phase, we will be facilitating our own events targeting areas with overutilized hospital services as well as underutilized community programs.
- Ongoing efforts towards Behavioral Health Homes (BHH) implementation which include but are not limited to: working with DWIHN consultant, Working with State BHH leads, ongoing education for DWIHN staff and providers regarding BHH goals and its model and reviewing provider certification standards. We will be working on hiring a BHH administrator as well.
- Various community Outreach efforts to address mental health awareness as well as to address COVID related mental health problems such as: Courageous Conversation with Students, Parents and teachers about mental health and the stigma, Presentations for Wayne Health on Pandemic related grief, loss and anxiety, upcoming mental health and vaccination outreach presentation for Goodwill, upcoming presentation for DWIHN community workers on pandemic related losses such as unemployment as well as Return to Work anxiety.
- Expansion of Med Drop program to incorporate more providers and target recidivistic individuals, with goals to decrease need for higher level of care such as Assertive Community Treatment and inpatient hospitalizations.
- Ongoing collaboration with Detroit Police Department in providing Crisis Intervention training and expansion of the program to other cities. New interest has been expressed by the Airport Authority and Detroit Transit. Team Wellness Center (TWC) continues to co-respond with Detroit

Police in the Downtown Service area and transported 15 individuals to Crisis Stabilization Unit at TWC for stabilization services, re-engaged 8 individuals with their assigned CRSP per MHWIN and continued to patrol hotspots in downtown area daily. Northeast Integrated Health/CNS also continued to co-respond and made a total of 236 encounters with law enforcement. They had a total of 49 individuals who were connected to services. During the month of June NEIH/CNS also began co-response services with the 4th precinct and have been able to build community relationships and engage with other agency such as the Community Justice Center. This month they had 12 suicide attempts and 12 overdose calls and were able to prevent those individuals from death. They were able to connect those individuals to services and/or transported them to the nearest Emergency Departments

Substance Use Disorder (SUD) Initiatives:

- DWIHN began providing Naloxone training and kits since March, 2016. DWIHN is increasing the number of providers that can train and distribute Naloxone in the community. DWIHN is also partnering with Wayne State to implement a strategy of achieving widespread distribution of kits through the use of vending machines.
- The Michigan Department of Health and Human Services continues to move forward with the establishment of the American Society of Addiction Medicine (ASAM) Continuum as the standardized SUD assessment instrument. The ASAM CONTINUUM is a software which guides clinicians through an ASAM Criteria assessment and assist with determining appropriate level of care for individuals. The implementation deadline remains October 1, 2021 and DWIHN is ready to move forward with it by organizing 19 trainings beginning July 12, 2021. To date, there have been a total of 265 individuals that have registered for the ASAM Continuum Training.
- DWIHN partners with MDHHS in ensuring that formal Synar compliance checks are conducted each year with the intent of lowering youth use of tobacco rates. Our providers are continuing to train the community and tobacco retailers virtually and in person on not selling tobacco products to underage youth.
- Ongoing efforts and education to encourage prescribers about Medication assisted treatment. This will be one of the educational items for the next Medical Director's meeting with our CRSP.
- We have continued our jail collaboration/diversion program in partnership with Wayne State Center for Behavioral Health and Justice, providing opioid use screening (RODS) while in jail and to help facilitate immediate availability of Opioid Use Treatment when getting out of jails.
- DWIHN is currently managing 9 Opioid Health Homes (OHH). To date, 85 beneficiaries have been enrolled in the OHH. We are now working on expansion of Opioid Health Homes in October 2021, once funding source moves to Medicaid.

Crisis and Access Services:

Ongoing efforts to address Hospital Recidivism. DWIHN has established Inpatient Psychiatric Prevention and Reduction Plan Steering Committee with 6 subgroups. It is in the initial phase now, waiting to get recommendations from various subcommittees.

DWIHN has also been involved in State-wide Sequential Intercept Model initiative aimed at reducing the number of people with mental illness or intellectual or developmental disabilities (including comorbid substance addiction) from entering the corrections system, while maintaining public safety. Our Crisis team has participated in providing recommendations to Michigan Mental Health Diversion Council.

We have been working with Crisis team and Hospital Liaison group to identify potential delays in care and addressing barriers. We have been doing care coordination meetings for complex cases who end up staying in Emergency Departments for extended periods of time.

The Detroit COVID-19 Virtual Therapy Collaborative (ReachUsDetroit) has continued to thrive. There were 351 calls. The line provides therapeutic and soft supports to anyone in Wayne County.

Children Services:

Our Children's Department has been working on identifying barriers in getting connected with mental health services. They are also working on ensuring timely availability of services especially during times of staffing crises. We have been coordinating care meetings for pediatric cases waiting in the Emergency Department as well as those who wait on the inpatient units or State hospitals due to lack of alternate safe placement/discharge plan. DWIHN has been working on outreach for both mental health and SUD services for children and adolescents.

Utilization Management (UM) and Appeals:

UM Team continues to meet with our psychiatrists to discuss cases with long length of stay. Working with UM Department to develop collaborative pathways with clinical teams and residential teams. Working on internal workflow regarding State hospitalization requests to make it more efficient. Working with our Autism lead on increasing collaboration with UM team regarding Autism Service requests and denials. Overall goal is to have more interdepartmental collaboration.

Improvement in Practice Leadership Team (IPLT):

We continue to meet monthly to review policies, procedures, practices, quality improvement projects and care delivery standards with goals to incorporate the most evidence-based practices and guidelines.

Performance Improvement Projects (PIPs):

DWIHN worked intensely to address the decline in certain PIP measures and HEDIS indicators such as the diabetic screening for individuals on antipsychotics and updated evidenced based interventions. Chief Medical officer continues to send quarterly Memos to the Medical Directors 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. Goals is to aggressively work on interventions in real time and improve measures and outcomes.



**Program Compliance Committee Meeting
July 14, 2021**

**Crisis Services 3rd Quarter Summary Report
April – June, 2021**

Jacquelyn Davis, Director of Crisis Services

FY 20/21 Q2 Accomplishments

- The documentation of Crisis Alerts in Consumer Records for identified recidivistic cases appears to have been effective. Hospital Liaison staff received 103 crisis alerts for the quarter (31% decrease from the 2nd Quarter) and an average of 59% were diverted from inpatient.
- Worked with DPD to develop a process for 911 to transfer calls directly to the Crisis line (ProtoCall). The project went live May 17, 2021. Monitoring will occur on a monthly basis to ensure an efficient process.
- DWIHN is participated on the Wayne County Jail Mental Health Initiative (WCJMH). The initiative included collaborations from Hospitals and CCBHC's. The sub-groups met and made the following recommendations:
 - **AOT/Familiar Faces:**
 - Train the following groups on updated AOT processes and protocols: COPE, CRSP, Hospital ED's.
 - Create an AOT notification process to inform hospitals, DWIHN and CRSP of person's AOT status. DWIHN has developed an email address for Probate Court to send AOT orders to assist in coordinating with CRSP to follow-up on treatment planning.
 - Establish a pilot program
 - **Sober Center/Crisis Center:**
 - DWIHN adopt recommendations for Crisis Assessment Center
 - Create Sober Center Task Force through the probate court
 - Promote use of Crisis Residential Beds.
 - **Information sharing:**
 - Hospital Partners create a process to notify DWIHN of member ED visits
 - Information sharing agreements between DWIHN and ED's
Duplicate the centralized inpatient discharge appointments scheduling for ED discharges.
 - **CCBHC:**
 - Utilize probate court as hub for creating MOU's between CCBHCs, CRSPs and hospitals
 - Create a referral program for CCBHC's to be integrated into the AOT provider network for those not active with a provider

- Promote utilization of CCBHCs integrated behavioral health services for court referrals for overlapping target populations

Area of Concern

- Though there has been a decrease in RFS for the quarter, there has been an increase of children cases being admitted to inpatient. DWIHN is working with mobile crisis teams for children to resume face to face services and completing re-evaluations to determine if dispositions can change to lower level of care.

Plans for FY 20/21 Q4

- Begin Mobile Outreach services in partnership with Wayne Health
- Finalize case consult procedures for children approaching 72 hours in the emergency department waiting inpatient placement. Will track to determine effectiveness of reducing those wait times and if it impacts the diversion rate.

Provide update on the recommendations from the Steering Committee responsible for developing plans to reduce psychiatric inpatient and recidivism.



Program Compliance Committee Meeting

July 14, 2021

Crisis Services 3rd Quarter: April-June 2021

Below is the data for crisis services for the 3rd Quarter for adults and children. Overall, there are no major differences from previous quarters. Within the last 2 months of this quarter, the diversion rate for children has decreased, while it has slightly increased for adults. There has also been an increase for adults visiting the Crisis Stabilization Units and mobile crisis stabilization services.

CRISIS DATA

- 1. Children’s Crisis Providers: The Children’s Center (TCC), The Guidance Center (TGC) and New Oakland (NO). Services continue to be telephonic with the exception of TCC.**

QTR	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	Crisis Stab
3 rd FY 20/21	697	602	187	27%	495	71%	356

- The Request for Service (RFS) for the 3rd Quarter is a slight decrease from the previous quarter. The diversion rate for the quarter has decreased by 5% from the last quarter. There was a consistent decrease the last two months of the 3rd quarter.
- The number of Mobile Intensive Crisis Stabilization cases increased by 26% from the 2nd Quarter.

- 2. Community Outreach for Psychiatric Emergencies (COPE): Hegira with Neighborhood Services Organization and Northeast Guidance Center as sub-contractors**

QTR	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	# Inpt due to no CRU
3 rd FY 20/21	3192	2875	2135	66%	975	31%	5

- Numbers above reflect an increase in RFS by 7% as reported in the previous quarter. The percentage admitted is slightly lower than the last quarter and the number of diversions slightly increased by 2% this quarter. Though the available capacity for CRU continues to be down to 14 to comply with social distancing

guidelines. The number of individuals going inpatient due to no CRU bed available decreased by 2 cases as reported in the previous quarter.

- COPE Mobile Stabilization services were provided to 313 cases for the quarter, which is a decrease of 16% as reported in the 2nd Quarter.

3. Crisis Residential Services

Hegira Crisis Residential Unit Admissions	
3 rd FY 20/21	162 * 10 cases pending at time of report

- There was a decrease of 6 cases in CRU admissions in comparison to the previous quarter. The capacity continues to be 14 available beds due to COVID social distancing requirements.

4. Crisis Stabilization Units

- COPE: Served 756 individuals for the quarter: An increase of 12% from the previous quarter.
- Team Wellness Center: Served 226 consumers for the quarter. An increase of 44% from the previous quarter

5. ProtoCall:

Qtr./FY	# Incoming Calls	# Calls Answered	% answer w/in 30 secs	Avg. Speed of answer	Abandonment rate
Q3 FY 20/21	2,634	2466	81.2 (avg)	23 (avg)	3.9 (avg)

- The number of incoming calls decreased from the 2nd quarter by 15%. Percentage of calls answered within 30 seconds has decreased slightly the 2nd quarter. This outcome has not been met this FY but had been improving. There has been staffing and system issues that ProtoCall has been working to address. Average speed of answer and abandonment rate has slightly improved and are within requirements of performance outcomes.

FY 20/21 Q2 Accomplishments

- The documentation of Crisis Alerts in Consumer Records for identified recidivistic cases appears to have been effective. Hospital Liaison staff received 103 crisis alerts for the quarter (31% decrease from the 2nd Quarter) and an average of 59% were diverted from inpatient.
- Worked with DPD to develop a process for 911 to transfer calls directly to the Crisis line (ProtoCall). The project went live May 17, 2021. Monitoring will occur on a monthly basis to ensure an efficient process.

- DWIHN is participated on the Wayne County Jail Mental Health Initiative (WCJMHI). The initiative included collaborations from Hospitals and CCBHC's. The sub-groups met and made the following recommendations:
 - **AOT/Familiar Faces:**
 - Train the following groups on updated AOT processes and protocols: COPE, CRSP, Hospital ED's.
 - Create an AOT notification process to inform hospitals, DWIHN and CRSP of person's AOT status. DWIHN has developed an email address for Probate Court to send AOT orders to assist in coordinating with CRSP to follow-up on treatment planning.
 - Establish a pilot program
 - **Sober Center/Crisis Center:**
 - DWIHN adopt recommendations for Crisis Assessment Center
 - Create Sober Center Task Force through the probate court
 - Promote use of Crisis Residential Beds.
 - **Information sharing:**
 - Hospital Partners create a process to notify DWIHN of member ED visits
 - Information sharing agreements between DWIHN and ED's Duplicate the centralized inpatient discharge appointments scheduling for ED discharges.
 - **CCBHC:**
 - Utilize probate court as hub for creating MOU's between CCBHCs, CRSPs and hospitals
 - Create a referral program for CCBHC's to be integrated into the AOT provider network for those not active with a provider
 - Promote utilization of CCBHCs integrated behavioral health services for court referrals for overlapping target populations

Area of Concern

- Though there has been a decrease in RFS for the quarter, there has been an increase of children cases being admitted to inpatient. DWIHN is working with mobile crisis teams for children to resume face to face services and completing re-evaluations to determine if dispositions can change to lower level of care.

Plans for FY 20/21 Q4

- Begin Mobile Outreach services in partnership with Wayne Health
- Finalize case consult procedures for children approaching 72 hours in the emergency department waiting inpatient placement. Will track to determine effectiveness of reducing those wait times and if it impacts the diversion rate.
- Provide update on the recommendations from the Steering Committee responsible for developing plans to reduce psychiatric inpatient and recidivism.



DWIHN UTILIZATION MANAGEMENT QUARTER 3 REPORT

I. Executive Summary

- **Habilitation Supports Waiver:** There are 1,084 slots assigned to the DWMHA. As of the end June, 1048 slots (96.7%) were filled.
- **Autism:** There were 1,205 authorization requests approved during the 3rd Quarter. There are 1,954 cases currently open in the benefit.
- **Serious Emotional Disturbance Waiver (SEDW):** As of the end of June, there were 57 youth who were open in the SEDW, which is up 9 youth from April 2021.
- **Evidence Based Supported Employment:** After careful consideration, the UM Department, in consultation with the CPI team and DWIHN clinical officer, determined that service utilization guidelines could be entered into MHWIN to allow, when appropriate, EBSE requests to be auto-approved should the request fall within the service utilization guidelines. Starting June 2021, DWIHN UM department will no longer report out on EBSE in this report.
- **General Fund:** There were 1074 approvals for Q3, 863 for Q2, 1071 for Q1 (NOTE: Q4 =1152) General Fund Authorizations.
- **Provider Network Hospital admissions:** Preliminary number(s)*. The UM Team managed the following Inpatient Admissions for Q3 = 2247* (Note Q2 = 2303), which is a 2.39% decrease. In an effort to decrease length of stay and hospital admission, the Utilization Management department continues to have Bi-weekly meetings with the physician consultant to review cases with length of stay greater than 14 days.
- **MI Health Link:** For Quarter 3 of FY 21, there were a total of 169 MI Health Link authorizations across all ICOs, compared to 146 authorizations in Quarter 2, a 14.9% increase. These figures are inclusive of pre-service, urgent, expedited and post-service authorizations.
- **State Facilities:** COVID-19 vaccinations continued this period and all hospitals remained with established quarantine units and visitor restrictions. Q3= 17 admissions and 23 discharges. Q2 = 3 admissions and 4 discharges. Note; Q1 = 10 admissions and 8 discharges. 65 NGRI consumers are currently managed in the community.
- **SUD:** For the third quarter of FY 21, there were 4399 authorizations approved by SUD UM reviewers. This is a 33% increase from last quarters, 3301 approved authorizations. UM currently does not have access to the timeliness dashboard and is unable to report at this time. Will report data in the next quarterly report.

- **MCG:** The Milliman Care Guidelines (MCG) are evidence-based care guidelines that were integrated within our MH-WIN system effective January 13, 2020. COPE, the Children's screening entities, and ACT teams during the 3rd quarter of FY 21, screened a total of 3,293, a 16% increase from last quarter's 2,834 cases. DWIHN UM staff continue reviewing patient's stay utilizing the guidelines for continued stay.
- New hire Interrater Reliability (IRR) continues to occur. MCG updates their guidelines annually and a new release is expected to be deployed this month. The Parity workgroup recently recommend PIHPs update to the 25th edition by scheduling with their account representative. DWIHN has a web-ex meeting scheduled in July to accomplish this. A handout highlighting the brief changes to the Behavioral Health Guidelines was distributed to front end users on March 12, 2021.
- **Timeliness:** Timeliness: The timeliness report calculates rates of adherence to time frames for each category of request (urgent concurrent, urgent preservice, nonurgent preservice and post-service) for each factor. The numerator represents the number of cases meeting the decision time frame. The denominator represents the total number of requests. *Please note 3rd quarter timeliness data/information is not available at this time, will defer until next report.*
- **Denials and Appeals:** For the 3rd Quarter there are 18 denials that did not meet The Milliman Care Guidelines (MCG) medical necessity criteria for continued inpatient hospitalization and Applied Behavior Analysis (ABA) services. There are 8 appeals. All denials did not meet MCG medical necessity criteria for continued inpatient hospitalization and ABA services.



Utilization Management FY20-21 Quarter 3 Report

Utilization Management Report by Area

Habilitation/Supports Waiver (HSW):

Detroit Wayne Integrated Health Network (DWIHN) receives enhanced funding for participants enrolled in the 1915(b) Habilitation Supports Waiver (HSW) ranging from \$3,500.00 to \$5,500.00 per member/per month from the Michigan Department of Human Services (MDHHS). In order to be enrolled in the HSW program, applicants must meet the following requirements:

- Have an intellectual disability (no age restrictions),
- Reside in a community setting,
- Be Medicaid eligible and enrolled,
- Would otherwise need the level of services similar to an Intermediate Care Facilities/Individuals with Intellectual Disabilities, and
- Once enrolled, receive at least one HSW service per month

HSW utilization for the current fiscal year is summarized below:

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Owned	1,084	1,084	1,084	1,084	1,084	1,084	1,084	1,084	1,084
Used	1,055	1,061	1,058	1,053	1,047	1,051	1,052	1,053	1,048
Available	29	23	26	31	37	33	32	31	36
% Used	97.3%	97.9%	97.6%	97.1%	96.6%	97.0%	97.0%	97.1%	96.7%

As of July 1, 2020, DWIHN instituted a onetime payment of \$1,000.00 to provider agencies for each new HSW certification. The number of onetime incentive payments made to CRSPs thus far is summarized below:

Month	#
July	15
August	26
September	24
October	19
November	8
December	6
January	1
February	1
March	5
April	7
May	9
Jun	6

Program Details									
Outcome Measurement	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
# of applications received	16	2	7	5	5	4	14	5	6
# of applications reviewed	16	2	7	3	5	4	14	5	6
# of app. Pended PIHP level for more information	9	1	0	1	3	4	3 (all BHTEDS issues)	0	2
#of pended app. resubmitted	9	1	0	0	1	0	0	0	0
# of app. withdrawn	0	0	0	0	0	0	0	0	0
Total of application sent to MDHHS.	16	2	7	3	1	4	11	5	5
Technical Assistants contacts	5	8	5	7	5	10	2	4	8
# of deaths/disenrollment's (recertification forms reviewed & signed)	1 death	4 all deaths	4 deaths 1 moved out of state	1 vol disenroll 6 deaths	0	9 deaths	6	9 deaths	5 deaths, 7 moved voluntarily
# of recertification forms reviewed and signed	91	77	121	30*	** 149 consent signatures	89	49	133	174
# of recertification forms pended	16	16	23	0	0	0	19	16	16
# of dis-enrollments (not meeting HSW criteria)	0	0	0	8	0	0	0	0	0

As indicated, DWIHN's HSW utilization leveled somewhat following rapid growth following the implementation of the incentive bonus. Importantly, new submissions continue to exceed disenrollment's allowing for continued moderate growth. Outreach and the provision of technical assistance to our provider network continues.

Serious Emotional Disturbance Waiver (SEDW)

MONTH	April	May	June
# of youth expected to serve in the SEDW for FY 20-21	65	65	65
# of active youth served in the SEDW, thus far for FY 20-21	68	75	81
# of youth currently active in the SEDW for the current month	48	53	57
# of referrals received for current month	11	10	14
# of youth approved/renewed for the SEDW this month	3	7	5
# of referrals currently awaiting approval at MDHHS	2	6	3
# of referrals currently at SEDW Contract Provider	14	9	12
# of youth terminated from SEDW for this month	0	2	1
# of youth transferred to another County, pursuing the SEDW	0	0	2
# of youth coming from another county, receiving the SEDW	1	2	1
# of youth moving from one SEDW provider in Wayne County to another SEDW provider in Wayne County	0	0	1

Autism Spectrum Disorder (ASD) Benefit:

The ASD benefit is a MDHHS carve out benefit that funds Applied Behavior Analysis (ABA), an evidenced based treatment for autism spectrum disorder. Medicaid consumers are eligible through age 21 years old. All referrals begin with DWIHN's Access Center. Parents wishing to have their child screened for the benefit call DWIHN's Access Center who completes a preliminary screening and then schedules the consumer for an in-depth evaluation with an Applied Behavior Analysis (ABA) provider who determines if the consumer is eligible for the benefit.

DWIHN has identified several geographical service areas within its network that are believed to be underserved by centers that provide ABA services. DWIHN issued a RFP requesting bids from providers with brick and mortar ABA centers in the identified underserved zip codes and adjacent areas. DWIHN intends to add successful bidders to the network by 10/1/2021 to build a more robust ABA provider network.

ASD Authorization Approvals Fiscal Year to Date*									
	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June
Manual Approvals	473	269	235	255	306	323	254	255	346
Auto Approvals	135	157	153	121	200	158	115	103	122
Total Approvals	608	426	388	376	506	481	369	368	468

*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
Open Cases	1718	1747	1753	1745	1801	1792	1827	1849	1954
Referrals	107	60	60	59	42	83	79	49	Pending data update from WSA

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

Evidence Based Supportive Employment (EBSE) Benefit:

EBSE is a service that provides employment support to consumers with severe and persistent mental illness. EBSE assists with tasks like preparing resumes, developing interview skills, and maintaining employment. After careful consideration, the UM Department, in consultation with the CPI team and DWIHN clinical officer, determined that service utilization guidelines could be entered into MHWIN to allow, when appropriate, EBSE requests to be auto-approved should the request fall within the service utilization guidelines. Starting June 2021, DWIHN UM department will no longer report out on EBSE in this report.

EBSE Authorization Approvals

Fiscal Year To Date								
	Oct	Nov	Dec	Jan	Feb	Mar	April	May
Approved Authorizations	82	71	73	69	73	98	76	94

County of Financial Responsibility (COFR)

The COFR Committee meets weekly for one (1) hour to determine DWIHN’s responsibility for behavioral health services. During the 3rd Quarter, the COFR committee had six (7) adult COFR requests, two (0) children’s cases and six (17) cases resolved. There are currently 66 pending cases.

	Adult COFR Case Reviews Requests	Children COFR Case Reviews Requests	Resolved	Pending*
January	1	1	1	124
February	2	1	4	118
March	3	0	1	87
April	2	0	13	67
May	3	0	1	69
June	2	0	3	66

*This is a running total.

*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 Exceptions

UM receives General Fund Exceptions requests for individuals currently living in the community and receiving multiple services. UM also continues to address needs for Supports Coordination or Targeted Case Management staff to verify insurance/waiver coverage and on-going eligibility. The below reflects the number of General Fund manual approvals for each quarter.

Number of General Fund Approvals		FY 2020 - 2021			
October 20	425	January 21	261	April 21	346
November 20	252	February 21	249	May 21	363
December 20	394	March	350	June 21	365
Total Quarter 1	1071	Total Quarter 2	863	Total Quarter 3	1074

Provider Network Hospital Admissions

The UM Team managed the following Inpatient Admissions for Q3 = 2247* (Note Q2 = 2303), which is a 2.39% decrease.

Provider Network - Hospital Utilization Reports

Inpatient	Apr 20	May 20	Jun 20	July 20	Aug 20	Sept 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	March 21	Apr 21	May 21	June 21
Admissions/month	642	816	671	731	681	701	712	710	818	765	713	825	745	791	711*
Bed Days/month	7529	8744	5005	8344	8291	8517	8489	8486	9000	8466	6965	8696	7620	8326	5642*
ALOS	11	12	12	10	10	11	12	11	12	11	11	11	11	10	11*

*NOTE: JUNE 2021 are preliminary

Month	JULY 20	AUG 20	SEP 20	OCT 20	NOV 20	DEC 20	JAN 21	FEB 21	MARCH 21	April 21	May 21	June 21
Partial Hosp Admission/month	89	81	109	150	96	80	78	94	92	80	75	89
Crisis Residential Admission/month	42	42	62	48	44	35	39	40	41	33	40	44

In an effort to decrease length of stay and hospital admission, the Utilization Management department continues to have Bi-weekly meetings with the physician consultant to review cases with length of stay greater than 14 days. Additionally, there is a Residential/UM work group to identify cases with the ability to transition from inpatient to CRU or from CRU to AFC. Please note that the COVID concerns continue throughout the 3rd Quarter with hospital admissions decreasing their capacity at times. Units are available for individuals who tested positive or asymptomatic. Please note by the end of the 3rd Quarter, many staff have been vaccinated and are tested to ensure the health and safety of the consumers. The Crisis Residential Unit remains at 50% due to COVID restrictions, however, due to many being vaccinated, their capacity is expected to increase during the next quarter.

Safehaus:

June 2021

- 2 males
- 13 females
- No Covid-19 symptoms

May 2021

- 7 females
- 0 males
- No Covid-19 symptoms

April 2021:

- 3 males
- 11 females
- No Covid-19 symptoms

March 2021

- 13 females

- 1 male
- 0 positive for COVID-19

February 2021

- 15 female consumers'
- 0 male consumer's
- 0 positive for COVID-19

January 2021

- 2 males
- 10 females
- 0 positive for COVID-19

Please note: All of these consumers were at Warren location. Grand Rapids and Rose City location have been permanently closed.

MI Health Link

MI Health Link is a health care option for Michigan adults, ages 21 or over, who are enrolled in both Medicare and Medicaid. MI Health Link offers a broad range of medical and behavioral health services, pharmacy, home and community-based services and nursing home care, all in a single program designed to meet individual needs. Also, there are no co-pays for in-network services and medications.

For MI Health Link enrollees, all behavioral health services covered by Medicare and Medicaid will be managed by Michigan Pre-paid Inpatient Health Plans (PIHPs), organizations that the Department of Community Health contracts with to administer the Medicaid covered community mental health benefit. Behavioral health services are delivered through the local Community Mental Health Services Provider (CMHSP).

The report for FY Quarter 3 delineates the total number of authorizations requests and the amount of each authorization type for the 5 ICOs.

For Quarter 3 of FY 21, there were a total of 169 MI Health Link authorizations across all ICOs, compared to 146 authorizations in Quarter 2, a 14.9% increase. From April to May 2021, authorizations increased by 10.9% across all ICOs and decreased by 13.1% from May to June 2021. During the month of June, two post service authorizations were processed outside of the 14-day timeframe. Authorizations received and processed in April and May, were approved within the required timeframes. Below is a breakdown of authorizations for Q3 of FY 21.

Monthly ICO Authorization Report



Report Filters

Date Range 4/1/2021 thru 6/30/2021
Selected:

ICO's Selected: AETNA BETTER HEALTH OF MICHIGAN;
AMERIHEALTH MICHIGAN, INC.; FIDELIS
SECURECARE OF MICHIGAN; HAP
MIDWEST HEALTH PLAN, INC.; MOLINA
HEALTHCARE OF MICHIGAN INC

Total # of Auth's Received for the Month	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations (Currently No DWHN Authorizations labeled as Expedited)		Post Service Authorizations	
	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
169	11	11	55	55	0	0	103	101

Monthly ICO Authorization Report



Report Filters
 Date Range 4/1/2021 thru 4/30/2021
 Selected:
 ICO's Selected: AETNA BETTER HEALTH OF MICHIGAN;
 AMERIHEALTH MICHIGAN, INC.; FIDELIS
 SECURECARE OF MICHIGAN; HAP
 MIDWEST HEALTH PLAN, INC.; MOLINA
 HEALTHCARE OF MICHIGAN INC

Total # of Auth's Received for the Month	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations (Currently No DWIHN Authorizations labeled as Expedited)		Post Service Authorizations	
	Total Amount Preservice Auth's Received	Total 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
55	5	5	24	24	0	0	26	26

Monthly ICO Authorization Report



Report Filters
 Date Range 5/1/2021 thru 5/31/2021
 Selected:
 ICO's Selected: AETNA BETTER HEALTH OF MICHIGAN;
 AMERIHEALTH MICHIGAN, INC.; FIDELIS
 SECURECARE OF MICHIGAN; HAP
 MIDWEST HEALTH PLAN, INC.; MOLINA
 HEALTHCARE OF MICHIGAN INC

Total # of Auth's Received for the Month	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations (Currently No DWIHN Authorizations labeled as Expedited)		Post Service Authorizations	
	Total Amount Preservice Auth's Received	Total 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
61	5	5	15	15	0	0	41	41

Monthly ICO Authorization Report



Report Filters
 Date Range 6/1/2021 thru 6/30/2021
 Selected:
 ICO's Selected: AETNA BETTER HEALTH OF MICHIGAN;
 AMERIHEALTH MICHIGAN, INC.; FIDELIS
 SECURECARE OF MICHIGAN; HAP
 MIDWEST HEALTH PLAN, INC.; MOLINA
 HEALTHCARE OF MICHIGAN INC

Total # of Auth's Received for the Month	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations (Currently No DWIHN Authorizations labeled as Expedited)		Post Service Authorizations	
	Total Amount Preservice Auth's Received	Total 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
53	1	1	16	16	0	0	36	34

State Hospital Report

COVID-19 vaccinations continued this period and all hospitals remained with established quarantine units and visitor restrictions. Liaison staff have continued to coordinate discharges remotely and via Telehealth to limit member exposure to COVID-19 and secure available community beds.

- Forensic admissions remain a priority, but MDHHS has developed a system to assess and triage community referrals for state hospital admission to address the need for long-term care. Wait lists remain for all hospitals, but emergency department cases are prioritized.

- Liaison staff continue to manage cases referred through the Direct-to-Community Placement Program, DCP, facilitated by MDHHS. By-passing the traditional step-down to a regional facility (Caro, Kalamazoo, Walter Reuther) following Forensic Center admission, the DCP expedites discharges and releases members directly to the community. There have been 21 NGRI consumers released through this program.
- MDHHS continues to refer members for placement via it's MCTP program which is also designed to expedite discharges from the state hospital. Identified cases are selected by the hospital treatment teams and submitted to select providers contracted with MDHHS to provide placement for 90 days with ultimate transfer to the CMHSP. Contracted providers include Hope Network, Beacon, and Turning Leaf.

The census at the end of the 3rd quarter of FY 2020-2021 is as follows:

Hospital	Caro Center (MI)	Kalamazoo (DD)	Walter Reuther (MI)
Census	1	12	108
Wait List	0	1	4
Admissions	0	0	3
Discharges	0	1	11
ALS Status	0	1	64

The census at the end of the 2nd quarter of FY 2020-2021 is as follows:

Hospital	Caro Center (MI)	Kalamazoo (DD)	Walter Reuther (MI)
Census	1	12	112
Wait List	0	0	11
Admissions	0	0	3
Discharges	0	0	4
ALS Status	0	1	60

The census at the end of the 1st quarter of FY 2020 – 2021 is as follows:

Hospital	Caro Center (MI)	Kalamazoo (DD)	Walter Reuther (MI)
Census	1	14	115
Wait List	0	0	15
Admissions	0	1	9
Discharges	0	3	5
ALS Status	0	1	68

Milliman Care Guidelines (MCG)

The Milliman Care Guidelines (MCG) are evidence-based care guidelines that were integrated within our MH-WIN system effective January 13, 2020. The majority of the PIHPs have adopted use of the MCG Behavioral Health guidelines to ensure parity across the state. DWIHN and other PIHPs are currently using the MCG BH Guidelines to screen for inpatient hospitalization, crisis residential and partial hospitalization. COPE, the Children's screening entities, and ACT teams during the 3rd quarter of FY 21, screened a total of 3,293, a 16% increase from last quarter's 2,834 cases. DWIHN UM staff continue reviewing patient's stay utilizing the guidelines for continued stay.

New hire Interrater Reliability (IRR) continues to occur. MCG updates their guidelines annually and a new release is expected to be deployed this month. The Parity workgroup recently recommend PIHPs update to the 25th edition by scheduling with their account representative. DWIHN has a web-ex meeting scheduled in July to accomplish this. A handout highlighting the brief changes to the Behavioral Health Guidelines was distributed to front end users on March 12, 2021.

Substance Use Disorders

For the third quarter of FY 21, there were 4399 authorizations approved by SUD UM reviewers. This is a 33% increase from last quarters, 3301 approved authorizations.

Please note; the UM Team does not currently have access to the timeliness dashboard and is unable to obtain 3rd quarter data at this time. This will be provided in the next quarterly report.

Authorization Requests 1 st Quarter FY 21	#Authorizations	#Reviewed Timely	Percentage of Compliance (Benchmark 90%)
Urgent	1087	1045	96%
Non-Urgent	2641	2633	97%
2 nd Quarter FY 21			
Urgent	925	907	98%
Non-Urgent	2376	2365	99.6%
Total	3301	3272	99%

Bi-Monthly SUD Provider Meeting

On June 23rd, the bi-monthly SUD Provider meeting was held. Judy Davis, SUD Director facilitated the meeting. Greg Lindsay, SUD UM Reviewer was promoted to SUD Contract Manager and this was announced. It was also relayed to providers that a workgroup was reviewing new changes to the HCPCS and modifiers for FY 22.

Denials and Appeals

For the 3rd Quarter there were 18 denials that did not meet MCG medical necessity criteria for continued inpatient hospitalization and ABA services. There were also 8 appeals requested during the 3rd quarter.

Timeframe	Denials	Appeals
Q1	22	8
Q2	47	12
Q3	18	8

DWIHN is required to monitor the

turnaround time for all decisions (denials and approvals) and the notifications of the decisions. This is for initial determinations and does not include appeals. It is for both benefit and medical necessity determinations.

The timeliness report calculates rates of adherence to time frames for each category of request (urgent concurrent, urgent preservice, nonurgent preservice and post-service) for each factor. The numerator represents the number of cases meeting the decision time frame. The denominator represents the total number of requests.

All Crisis Centers are compliant with the timeliness (decision and notification) threshold of 90%. Internally, the UM Department, Autism and MI Health Link timeliness response met or exceeded the 90% threshold. Substance Use Disorder response times were out of compliance for the 2nd quarter. Corrective measures were implemented, weekend coverage, review of timeliness requirements and monitoring. The timeliness reports are outlined below.

Please note 3rd quarter timeliness data/information is not available at this time, will defer until next report

Timeliness of UM Decision Making

****Note:** COPE and The Guidance Center measures are not available at the time of the report.

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	768	N/A
Denominator#	N/A	N/A	772	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 *	100	0	6	0
Denominator#	100	0	6	0
Rate	100%	n/a	100%	n/a

Timeliness of UM Decision Making-DWIHN- Substance Use Disorder

UNABLE TO REPORT THIRD QUARTER ; DATA UNAVAILABLE

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

Timeliness of UM Decision Making- Children's Center

	Urgent Concurrent	Urgent Preservice	Non-Urgent Preservice	Post-Service
Numerator *	N/A	33	N/A	N/A
Denominator#	N/A	33	N/A	N/A
Rate	N/A	100%	N/A	N/A

Timeliness of UM Notification- COPE (NOTE: data not available at time of report)

	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- Guidance Center (NOTE: data not available at time of report)

	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	153	N/A	N/A
Denominator	N/A	153	N/A	N/A
Rate	N/A	100%	N/A	N/A



July 14, 2021

Strategic Plan – Access Pillar

PCC Status Report

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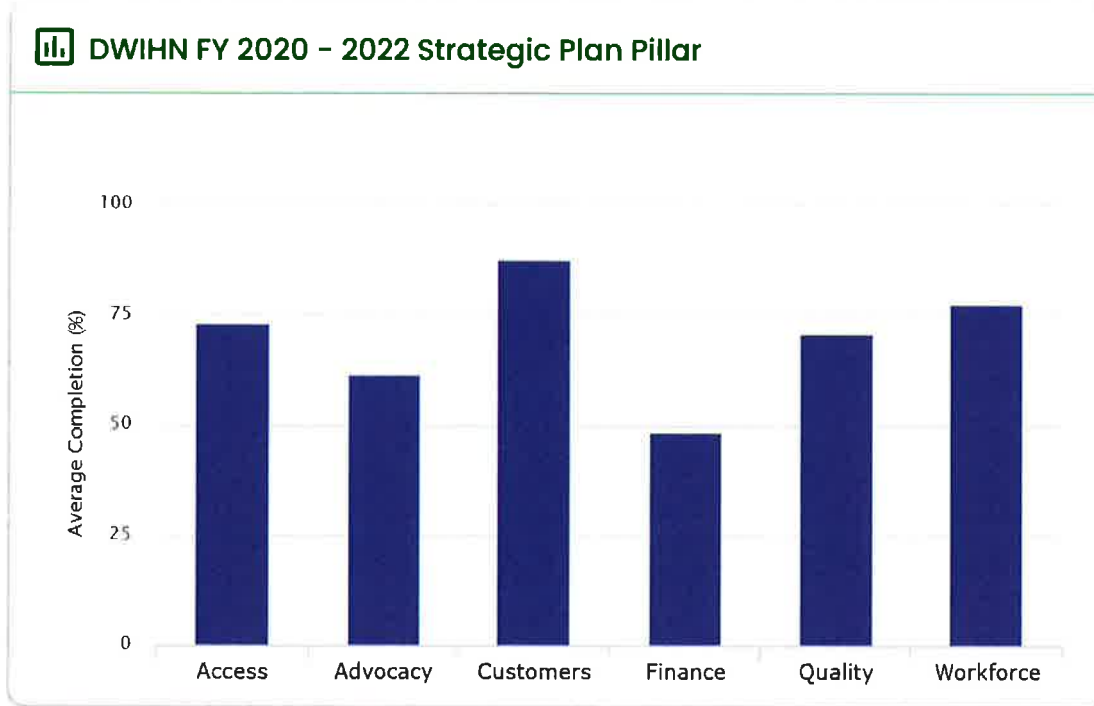
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To our board members:

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 Customer, Access and Quality pillars and impact the areas that matter most to our stakeholders.

Pillar Summary



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

Summary of Pillar Status

Quality is under the leadership of April Siebert. Overall, we are at 71% completion on this pillar. There are four (4) high level organizational goals under this pillar. They range from 55% - 95% completion.

QUALITY

Title	Completion
Ensure consistent Quality by 30th Sep 2022	60%
Ensure the ability to share/access health information across systems to coordinate care by 31st Dec 2021	95%
Implement Holistic Care Model: 1 unit by 31st Dec 2021	55%
Improve population health outcomes by 30th Sep 2022	74%

Customer is under the leadership of Michele Vasconcellos, Director of Customer Service. Overall, currently reaching 88% completion on this pillar. The three (3) high-level goals range from 75% to 92%.

Title	Completion
Enhance the Provider experience by 30th Sep 2022	84%
Ensure Inclusion and Choice for members by 30th Sep 2021	92%
Improve person's experience of care and health outcomes by 30th Sep 2022	75%

Access Pillar

Access is under the leadership of Jacquelyn Davis, Director of Access and Crisis Services. Overall, we are at 73% completion on this pillar. There are four (4) high-level goals. They range from 44% - 100% completion.



Title	Completion
Create infrastructure to support a holistic care delivery system (full array) by 30th Sep 2022	47%
Create Integrated Continuum of Care for Youth by 30th Sep 2020	85%
Establish an effective crisis response system by 30th Sep 2022	64%
Implement Justice Involved Continuum of Care by 30th Sep 2020	96%

A detailed report of this pillar will follow.

Access Pillar
Detailed Dashboard
Program Compliance Committee Meeting

July 14, 2021



16
GOALS

70%
GOAL COMPLETION

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

DWIGHN FY 2020 - 2022 STRATEGIC PLAN PLAN

ACCESS

Goal	Details	Due Date	Owner	Co-owne...	Task	Update	Current ...
Create infrastructure to support a holistic care delivery system (full array)	Providing services to people directly in our communities <ul style="list-style-type: none"> Add in the # of MOUs to be signed Data Use Agreements 	09/30/2022	-	-			47% 21% behind
→ Create a satellite network: 100%	Eric Doeh: We have identified our specialty and CRSP providers. We are in the process of determining our capacity with respect to behavioral health providers and SUD providers. 02/07/2020	12/31/2021	-	-			66% 66.07 / 100% 34% behind

<p>→ Ensure all Providers receive 80% or greater on Risk Assessment/Score Card annually: 100%</p> <p>In order to become a Behavioral Health Home, an initial score will need to be identified for each BHH contracting with DWMHA. Annually, each BHH will need to be scored as well. The Risk Management Assessment tool will be used to calculate the overall score. This data will be tracked in a dashboard and then pull that score into Cascade "by BHH Provider" to track overall organizational health.</p>	<p>09/30/2022</p> <p>June White</p>	<p>NEW Allison Smith: Additional CRSP providers are being added into the Risk Matrix Scorecard Pilot weekly. Anticipate all CSRPs 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</p> <p>27% 26.93 / 100% 33% behind</p>
<p>→ Create Integrated Continuum of Care for Youth</p>	<p>09/30/2020</p>	<p>85% 15% behind</p>
<p>→ Deliver Integrated model of Care of Care for Children: 100%</p> <p>Although the authority was not awarded the InCK Grant from CMS in December 2019, working towards the components that help coordinate care for Children still is a priority.</p>	<p>09/30/2020</p> <p>Shama Faheem</p>	<p>79% 78.5 / 100% 21% behind</p>
<p>→ Ensure anyone in Wayne County can access crisis services</p> <p>There is no wrong door. Anyone experiencing a behavioral health crisis in Wayne County can have an assessment completed.</p>	<p>09/30/2022</p> <p>Jacquelyn Davis</p>	<p>75% 16% ahead</p> <p>Jacquelyn Davis: There are Adult and Children's Mobile Crisis Providers. There are now 2 Crisis Stabilization Units, one in Livonia and the other recently established in Detroit. April 2020 we established 2 Psychiatric Urgent Care facilities, one in Detroit, the other in Lincoln Park. We have added the Benefits Administrators to assist individuals with obtaining Medicaid Benefits. 05/06/2020</p>
<p>→ Establish means to enable interoperability using Health Information Exchange to share care plans across providers: 100</p> <p>Establish an effective crisis response system</p>	<p>09/30/2020</p> <p>Manny Singla</p>	<p>100% 100 / 100</p> <p>Manny Singla: All CRSP providers are now on the HIE platform 09/30/2020</p> <p>64% 4% behind</p>

<p>→ Ensure all technology aspects are addressed to ensure connectivity, redundancy and access for mission critical operations: 100%</p>	<p>12/31/2021</p> <p>Manny Singla</p>	<p>On March 2021 DWIHN upgraded its Firewall and VPN to a speed of 1Gig. The upgrade allows better access to staff from home to mission critical applications like the data warehouse, accounting system and shared network drives.</p> <p>04/23/2021</p>	<p>80% 80 / 100% 1% ahead</p>
<p>→ Ensure anyone in Wayne County can access crisis services</p>	<p>09/30/2022</p> <p>Jacquelyn Davis</p>	<p>There is no wrong door. Anyone experiencing a behavioral health crisis in Wayne County can have an assessment completed.</p>	<p>75% 16% ahead</p>
<p>→ Implement Crisis Project Plan: 100%</p>	<p>09/30/2022</p> <p>Jacquelyn Davis</p>	<p>Ensure individuals are placed in the least restrictive environment</p>	<p>36% 36.11 / 100% 64% behind</p>
<p>→ Implement Justice Involved Continuum of Care</p>	<p>09/30/2020</p>	<p>Conduct gap-analysis of the Sequential Intercept Model</p>	<p>36% 64% behind</p>
<p>→ Implement Justice Involved Continuum of Care</p>	<p>06/28/2019</p> <p>Ebony Reynolds</p>	<p>Conduct gap-analysis of the Sequential Intercept Model</p>	<p>96% 4% behind</p>
<p>→ Implement Justice Involved Continuum of Care</p>	<p>09/30/2020</p> <p>Ebony Reynolds</p>	<p>Based on Gap-Analysis and the identified opportunities for improvement necessary improvements to existing process</p>	<p>100%</p>
<p>→ Implement Justice Involved Continuum of Care</p>	<p>01/19/2021</p>	<p>Two new initiatives began with Detroit Police Department - Integrated 911 and the Detroit Homeless Outreach Team. These programs will support the identification of individuals with behavioral health concerns and assist them with gaining and maintaining access to the DWIHN network of services. The launch for these programs is January 2021.</p> <p>12/28/2020</p>	<p>88% 12% behind</p>

↳ Implement new programs within the Sequential Intercept Model

Based on the gap-analysis, new programs may need to be developed.

1. Adult
2. Juvenile

09/30/2020

Julie Black

Brooke Blackwell
Ebony Reynolds

Julie Black:

In upcoming fiscal year 20-21, three new programs will be implemented for Jail Diversion. Central City Integrated Health will develop and provide programming for the Detroit Homeless Outreach pilot in collaboration with law enforcement. This collaboration is between the City of Detroit, homeless outreach providers and behavioral health providers with the goal of getting the homeless off of the street utilizing the available resources, and reducing the negative issues associated with homelessness and behavioral health challenges (SMI/SUD). Northeast Integrated Health and Team Wellness are collaborating with the Detroit Police Department to pilot a Detroit Co-Response Team. The program is founded on the understanding that by working together, behavioral health specialists and law enforcement can respond appropriately to the needs of individuals in the community who are in crisis. Police and behavioral health specialists are being trained on the CIT model. Each provider will participate in the collaborative process including monthly team meetings with DWIHN.

10/02/2020

100%

Executive Summary:

The Quality Assurance Performance Improvement Plan (QAPIP) report serves to provide the Program Compliance Committee (PCC) Board with an update on how DWIHN is performing against the goals and objectives established in the QAPIP Work Plan for Fiscal Year 2020/2021. The QAPIP Work Plan is aligned with DWIHN's Strategic Plan, it embraces the six (6) pillars, the philosophy and methodology of continuous quality improvement. This report contains an analysis and evaluation of performance measures from the work plan used to improve better health, access, efficiency and outcomes for the people we serve.

Goal II – Access Pillar

Michigan Mission Based Performance Indicators (MMBPI)

The 2nd Quarter Performance Indicator data was submitted to the Michigan Department of Health and Human Services (MDHHS) on June 30, 2021.

Objective

Meet 95% and 15% or less for PI 10

Reporting Period

January 1, 2021 – March 31, 2021

Data Source

MH-WIN System

Measurement Frequency





Quarterly

Activity Description

DWIHN monitors access to service using the Michigan Mission Based Performance Indicators (MMBPI). The indicators measure the performance of the PIHP for Medicaid beneficiaries served through the CMHSP/SUD affiliates. There are five (5) indicators that have been established by MDHHS that are the responsibility of the PIHP to collect data and submit on a quarterly basis. The established standards for indicators #1 and #4 are 95% or above and the standard for indicator #10 is 15% or less. Indicators #2 (The percentage of new persons during the Period receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service) and #3 (The percentage of new persons during the Period starting any medically necessary on-going service within 14 days of completing a non-emergent biopsychosocial assessment) are new indicators in which there are no exceptions. No established standard for indicators #2 and #3 has been set by MDHHS.

Quantitative Analysis and Trending of Measures

DWIHN did not meet the required MDHHS standards for two (2) indicators during 2nd Quarter 2021. The indicators that were not met include #1 "The percentage of persons during the quarter receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours" (Adult (92.74%) and Overall rate (94.08%)) and "The percentage of readmissions of adults during the quarter to an inpatient psychiatric unit within 30 days of discharge" #10 (Adult (17.34%) and Overall rate (16.97%)).

-  PI#1 - Adult rate was 92.74% (95% standard), down 2.30 percentage points from Quarter 1
-  PI#1's - Overall rate was 94.08% (95% standard), down 1.80 percentage points from Quarter 1.
-  PI#10 - The adult rate was 17.34% (15% standard), a decrease of 0.6 percentage point from Quarter 1.
-  PI#10's - Overall rate was 16.97% (15% standard), a decrease of 0.15 percentage points from Quarter 1.

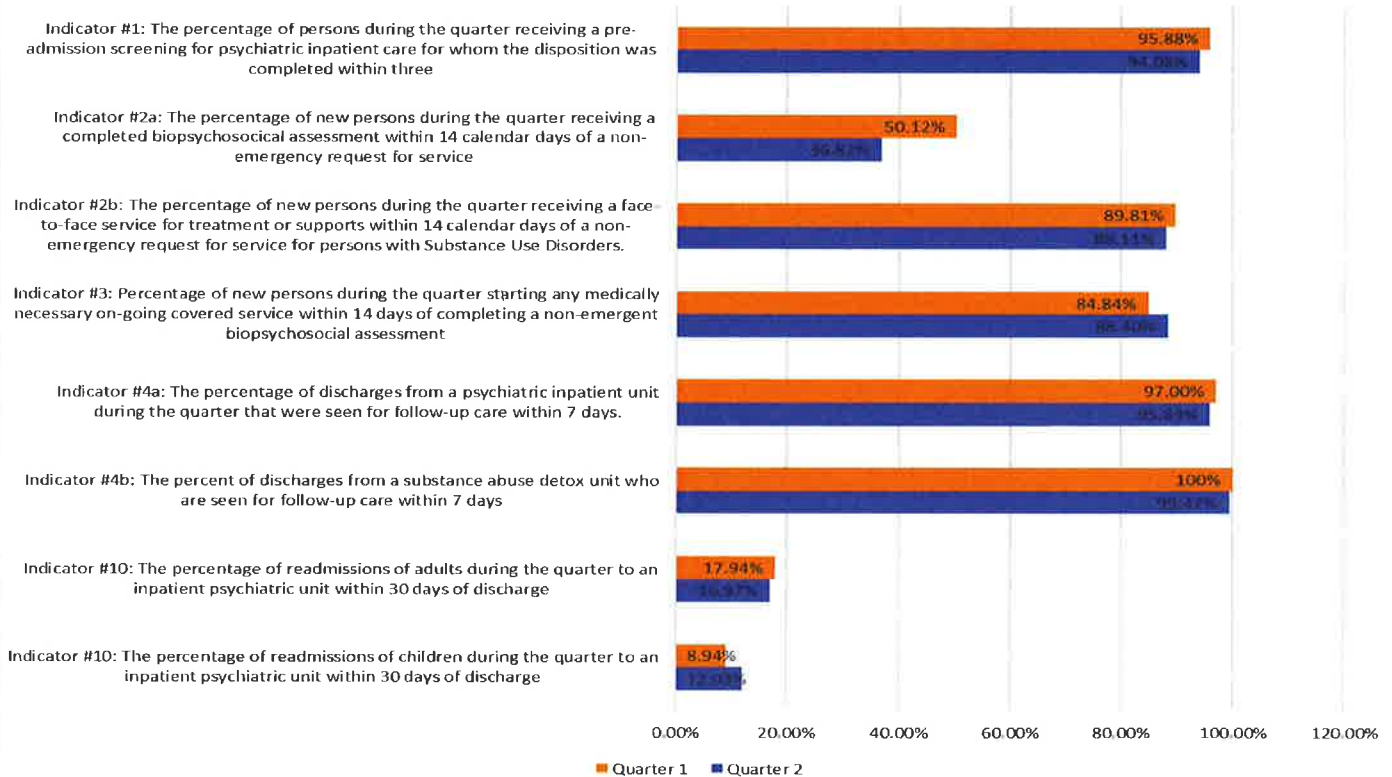
Evaluation of Effectiveness

For Q1 and Q2, PI #1 (Adults) did not meet the 95% compliance standard. Efforts for PI#1 (Adults) include DWIHN's Access/Crisis team monitoring COPE documentation in MH-WIN for cases that are not meeting the three (3) hour threshold. The Access/Crisis team will submit cases that were non-compliant to COPE for review, corrective action plans and follow-up. COPE will be also required to submit monthly reports to DWIHN's Access/Crisis unit for cases that do not meet the three (3) hour disposition standard. Ongoing efforts and interventions for PI # 10 (Adults) include the ongoing meetings with the internal Recidivism workgroup (led by the QI team) and the External Recidivism Workgroup, which includes our CRSP providers (led by DWIHN Crisis/Access team). These noted efforts has continued to demonstrate a decrease with the adult recidivism rate from 20% to 17 % for Quarter 2 of this FY.

Beginning Q3 of FY 2020, separate indicators were developed for new persons receiving a completed Biopsychosocial Assessment within 14 calendar days of a non-emergency request for service and/or SUD Services. There are no exceptions for indicators 2a or 2b. No standard/benchmark for first year of implementation has been set by MDHHS. Also, beginning Q3 of FY 2020, a separate indicator was developed for new persons starting any medically necessary on-going covered service within 14 days of completing a non-emergent Biopsychosocial Assessment. There are no exceptions for indicator 3. No standard/benchmark for first year of implementation has been set by MDHHS.

DWIHN continued to meet the standards for #4a, #4b and #10 (Children). DWIHN has also developed a workplan to address the lower reported scores for PI#2 (The percentage of new persons during the Period receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service). Indicator #2 scores were reported for Q1(50.12%) and Q2 (36.82%). Efforts will include working with DWIHN's Access Center unit, IT and PCE to review and identify barriers from scheduling the first appointment to completing the biopsychosocial assessment within 14 calendars (i.e. lack of insurance, hang ups, missed calls, etc.) The chart below represents Q1 and Q2 reporting rates.

MMBPI 1st & 2nd Quarter FY 2020/2021 Reporting Rates



Barrier Analysis

For Q1 and Q2 DWIHN has failed to meet the threshold (95%) for PI# 1. DWIHN’s Access/Crisis team is working with COPE to review and request Corrective Action Plans as required. During the COVID-19 pandemic, COPE has expressed issues with being understaffed which has attributed to the lower compliance scores. DWIHN has also failed to meet the threshold of (15%) or less for Indicator #10 (Adult Recidivism) for Q1 and Q2. Efforts to decrease hospital admissions and readmissions continue to be a challenge for DWIHN, especially during the COVID-19 pandemic. DWIHN seeks to reduce psychiatric inpatient admissions and provide safe, timely, appropriate and high-quality treatment alternatives while still ensuring members receive the appropriate required care. DWIHN continues its efforts to expand the comprehensive continuum of crisis services, supports, and improve care delivery.

Opportunities for Improvement

DWIHN has identified the following interventions and improvement efforts:

- Engaged and collaborated with members’ outpatient (CRSP) providers to ensure continuity of care and when members present to the ED in crisis but may not require hospitalization.
- Charted alerts which notify the screening entities and the Clinically Responsible Service Provider (CRSP) of members who frequently present to the ED.
- Properly navigated and diverted members to the appropriate type of service and level of care.
- Provided volunteer referrals to Complex Case Management for members with high behavioral needs.
- Implemented the Recidivism Task Force to:
 - 👉 Identify Familiar Faces and CRSP responsibility
 - 👉 Create a plan to address the needs of persons served

- 👉 Chart alerts developed in MH-WIN
- Coordinated and collaborated with DWIHN's crisis screeners on measures to decrease inpatient admissions
- Access/Crisis team is meeting with COPE for review and analysis of cases that are not meeting the three-hour disposition threshold (Adults).

Goal VII - Compliance with Applicable Standards

National Committee for Quality Assurance (NCQA)

DWIHN has been accredited for three years through the National Committee for Quality Assurance (NCQA). DWIHN received high marks and perfect scores in several critical areas including Member Experience, Self-Management Tools, Clinical Practice Guidelines, Clinical Measurement Activities, Coordination of Behavioral Healthcare and Collaboration between Behavioral Health and Medical Care. DWIHN scored 92.49 out of a possible 100 points.

Health Services Advisory Group (HSAG) Activities

As the external quality review organization for MDHHS, HSAG is responsible for conducting annual assessments through three separate reviews: Performance Measure Validation (PMV), Performance Improvement Project (PIP) and the Compliance Monitoring review. The following information for each review is outlined below.

Performance Measurement Validation (PMV) - The validation of performance measures is one of the mandatory external quality review activities that the Balanced Budget Act requires state Medicaid agencies to perform. The purpose of the PMV is to validate the data collection and reporting processes used to calculate the performance measure rates. The 2021 PMV review was held on June 16th, 2021. Outcomes from the review will be reported to PCC and appropriate committees as required. Below is HSAG outlined workplan for the review:

- 👉 **September 3rd, 2021**- HSAG will send Draft of PMV report to DWIHN for review
- 👉 **September 17th, 2021**- DWIHN will provide feedback on draft PMV Report
- 👉 **September 30th, 2021** – HSAG will submit final PMV Report to DWIHN.

Performance Improvement Project (PIP) Improving Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using an Antipsychotic Medication: The purpose of the PIP is to achieve, through ongoing measurements and interventions, significant improvement sustained over time. DWIHN's PIP was submitted to HSAG on June 28th, 2021. HSAG will provide initial validation findings by Monday, July 19, 2021. Outcomes from the review will be reported to PCC and appropriate committees as required.

Compliance Review: The HSAG Compliance Review is scheduled for July 15th, 2021. Supporting documentation has been submitted to HSAG on June 7th, 2021. The new cycle of compliance reviews for DWIHN begins this fiscal year. A high-level methodology for this three-year cycle is identified in the table below.

Year One (SFY 2021)	Year Two (SFY 2022)	Year Three (SFY 2023)
Review 1/2 of the standards	Review 1/2 of the standards	Conduct a comprehensive desk review of Year One and Year Two corrective action plans (CAPs)

The following standards will be reviewed during this year cycle: Outcomes from the compliance review will be reported to PCC and appropriate committees as required.

- 👉 Standard I—Member Rights and Member Information
- 👉 Standard II—Emergency and Post stabilization
- 👉 Standard III—Availability of Services
- 👉 Standard IV—Assurances of Adequate Capacity and Services
- 👉 Standard V—Coordination and Continuity of Care
- 👉 Standard VI—Coverage and Authorization of Service

**CHIEF CLINICAL OFFICER'S EXECUTIVE SUMMARY - Program Compliance Committee Meeting
Wednesday, July 14, 2021**

During the month of June 2021, clinical operations continued to focus on continuity of services and supports during the COVID-19 pandemic. The following programs have been implemented and continue to operate with periodic monitoring by DWIHN staff.

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
April 2021	666
May 2021	592
June 2021	636

Inpatient Hospital Admission Authorization data as of 6/30/2021

Hospitalizations data showed a 7% increase in admissions for the month of June. There were 2 reported cases of COVID-19 inpatient in June 2021 (May 2021- 11 cases).

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 slight increase both hospitalizations and crisis services within the last month.

Crisis Stabilization Service Provider	Services	Capacity	June 2021- # Served
Community Outreach for Psychiatric Emergencies (COPE)	Intensive Crisis Stabilization Services (MDHHS Approved)	9	274 (May report- 248)
Team Wellness Center (TWC)	Intensive Crisis Stabilization Services (MDHHS Approved)	18	92 (May report- 81)

*There was an approximate 10% increase in crisis stabilization services provided in June 2021 (compared to May 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	May 2021- # Served	June 2021 - # Served
Detroit Family Homes	Licensed Residential Home- Adults	4	3	0
Novis-Romulus	Licensed Residential Home- Adults	3	8	0
Kinloch	Licensed Residential Home- Adults	3	2	0
Detroit Family Home- Boston	Licensed Residential Home- Adults	6	3	0
Angel Patience	Licensed Residential Home- Adults	3	6	0

**CHIEF CLINICAL OFFICER'S EXECUTIVE SUMMARY - Program Compliance Committee Meeting
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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.

COVID-19 Recovery Homes Utilization Update

Provider	# Beds	# Served- June 2021
Quality Behavioral Health (QBH)	36	0 (May- 19)
Detroit Rescue Mission Ministries (DRMM)	86	6 (May- 10)

*There was a 79% reduction in the utilization of Covid-19 recovery homes in the month of June 2021 (compared to May 2021).

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 June 2021
Community Care Services	Children ages 6-17 Adults ages 18 & older	Mon. -Fri. 8:30am – 6:00pm	7 Adults (8 in May)
Northeast Integrated Health	Adults ages 18 & older	Mon.- Fri.9am – 9pm Saturdays 9am- 1pm	15 Adults (10 in May)
The Children's Center	Children SED ages 6-17	Monday thru Friday 8:00am – 8:00pm	23 Youth (15 in May)

*There was a 35% increase in utilization of Urgent Behavioral Health Urgent Care Services in June 2021 (compared to May 2021).

Residential Department Report of COVID-19 Impact:

	Cumulative (Dates 3/30/20 to 6/30/2021)
Total # COVID-19 Persons in Residential Placement	338
# of Deaths Reported	40

- 1 new positive Covid-19 positive member in June 2021, and 0 reported death

	Cumulative (Dates 3/30/20 to 6/30/2021)
Total # COVID-19+ Staff in Residential Placement	130
# of Staff Deaths Reported	3

- 0 new cases of Covid -19 and 0 reported deaths (the 3 reported deaths were from 4/2020).

**CHIEF CLINICAL OFFICER'S EXECUTIVE SUMMARY - Program Compliance Committee Meeting
Wednesday, July 14, 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)	643 (88%)	1231 (90%)
# of Residential Members received initial (1 st) vaccination	3	0
# Waiting on guardian consent	0	0
# Declined	71	115
# Clients Awaiting Provider to Report Additional Information	8	12
# Members Undecided	5	6

A combined total of 89.4% of members in licensed settings have been fully vaccinated (89.6% received at least 1 dose).

Vaccinations- Unlicensed Homes:

Unlicensed Homes: COVID-19 Vaccinations	City of Detroit	Wayne County
# of Members	152	993
# of Members Fully Vaccinated (2 doses)	89 (59%)	651 (66%)
# of Members that have received initial (1 st) vaccination	1	11
# Waiting on guardian consent	0	0
# Declined	59	280
# Waiting Additional Information from Provider/Guardian	0	11
# Members Undecided	4	21

A combined total of 65% of members have been fully vaccinated in unlicensed settings (66% received at least 1 dose). 49% were fully vaccinated last month.

*Combined total in congregate settings: 80.7% fully vaccinated. 81.1% received at least 1 dose.

COVID-19 OPERATIONAL Plans

Michigan COVID-19 Cases Increase: July 7, 2021 update: The total number of confirmed COVID-19 cases in Michigan is 895,395 with 19,775 deaths. Wayne County is reported to have 102,165 confirmed cases and 2,570 deaths. Detroit is listed with 51,560 confirmed cases with 2,570 deaths reported. (Source: www.michigan.gov/Coronavirus)

Michigan COVID-19 Vaccination Updates:

State of Michigan vaccination rates:

Area	First dose- Initiation	Fully Vaccinated
State of Michigan	62%	56.6%
Wayne County	63.7%	58.2%
City of Detroit	38.3%	31.5%



CHIEF CLINICAL OFFICER'S REPORT
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CHILDREN'S INITIATIVES – Director, Cassandra Phipps
Please See Attached Report

CLINICAL PRACTICE IMPROVEMENT – Clinical Officer, Ebony Reynolds

Evidence Based Supported Employment

Northeast Integrated Health/CNS report their ESBE program transition continues, particularly with its IT system integration and reporting. MDHHS and DWIHN's program manager will continue to monitor to ensure continuity of EBSE service delivery.

MDHHS has completed virtual (half day) EBSE/IPS Fidelity Check-ins with ACCESS, Community Care Services, Southwest Counseling Solutions and Team Wellness Center. As follow-up, a summary of review results will be provided without a fidelity score as well as technical assistance, if needed. MDHHS reports it will continue to honor EBSE providers most recent fidelity review score for FY 20-21 until complete in-person EBSE/IPS fidelity reviews resume in FY 2022.

CCS shared their staff have since returned back to the office three days per week with an expectation to deliver in-person services in the community based on member choice. CCIH indicated their EBSE staff have resumed providing in-person services completely in the community. ACCESS mentioned its staff is currently delivering in-person EBSE/IPS services four days per week.

EBSE providers also report employment opportunities are abundant and salaries offered by employers are significantly higher than a year ago. Some employers have offered recent wage increase from \$16.00 to \$19.00 per hour. All providers indicate employers have become increasingly more flexible during the pandemic in their attempt to recruit and retain employees.

MDHHS Quarterly Competitive Employment meeting for EBSE/IPS staff was held. Agenda items discussed: Billing Code Change for EBSE/IPS Services and EBSE/IPS Outcome Data.

Monitored Hegira and Team Wellness Center's ACT program admissions and discharges to ensure they are entered in MHWIN, while adhering to appropriate guidelines.

Finalized recommended updates to DWIHN's draft Case Management Provider Network Procedure and Proven Behavioral Health Clinical Technology Inclusion and Application Guidelines.

Continued to assist with the restructure of DWIHN's training grid containing required and supplemental training to ensure ease of use by DWIHN and provider network staff as well as assure training content is relevant and current.

Project – WC Jail – IST – Probate Court – Returning Citizens

- The revised Jail Board Action was presented to the PCC and full Board for approval.
- Tracking mental health releases from the jail continues while determining how to proceed with persons categorized in MHWIN as unassigned.
- The IST Workgroup continues to discuss and revise the IST process change for misdemeanants. Instead of using the incompetent to stand trial process for misdemeanants, persons would be assessed for their need for treatment under a new criterion in chapter 10 of the Mental Health Code. If a person

does not meet the criteria for 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.

- A meeting was held regarding the AOT process which will begin July 1. The AOT will be used on members who have had three hospitalizations within 12 months; do not adhere to the treatment plan; and are non-compliant with medication. The providers will develop the treatment plan and services while DWIHN tracks the outcome of the of the 180-day treatment order. Training needs to occur from Probate Court and the providers need to be informed of the upcoming changes
- The Wayne County Jail Mental Health Initiative held the quarterly meeting. Future initiatives include a behavioral health unit at Probate Court; continued work on the Sequential Intercept Model; develop a familiar faces program; and a behavioral health problem solving court.

Project - Jail Diversion/ ACT Reviews/DDC AT Reviews

- 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.
- The panel was comprised of Robert Warmack/NIH; Alicia Oliver/DWIHN; and Kevin Scott/Peer Mentor. The panel did an excellent job of answering questions and explaining medications, etc. It was especially beneficial to have a Peer address the participants.
- Clinician met with Customer Service regarding programs and outcomes.
- Nanci Hambrick/WSU stated the report covering the 2019/2020 data analysis around recidivism and connection to treatment is almost complete. A meeting is being scheduled to review the findings.
- The Wayne County Steering Committee held its quarterly meeting. The Driver's License Restoration initiative was reported on. The fines and costs of incarcerated persons would be paid so they could re-enter the work force with greater ease. This will save the state of Michigan money while formerly incarcerated individuals can enter the workplace without having to pay for their license to be re-instated.

Assertive Community Treatment (ACT)

CPI Monitored ACT program admissions and discharges of all DWIHN ACT providers including the appropriateness of the level of care determinations and technical assistance ensure program eligibility requirements were met.

CPI host the monthly ACT forum, topics discussed included, ACT upcoming state training dates, face to face requirements, discharging members and, technical assistance sign-up, and provider's concerns and issues.

CPI participated in IPLT to discuss policy updates as well as new policies and procedures. CPI manager presented The ACT step down model and Med Drop Manual.

CPI participated in a procedure work code group focused on upcoming code changes for FY 21/22. CPI manager attended the modifier information meeting with finance department.

CPI facilitated a monthly update meeting with Genoa/Med Drop manager. Things discussed were the total number of members enrolled in the program, referrals received, med drop intakes completed, etc. Please see May report for med drop. CPI also facilitated technical assistance with Northeast Integrated Health Network and Team Wellness, Lincoln Behavior Services, CNS, and Community Care Services to discuss updates, barriers, strengths and improvements to the Med Drop program. CPI manager met with direct supervisor of CPI and CIO of DWIHN to discuss follow up on outcome measures for med drop program

CPI attended the COPE hospital liaison meeting and quality department hospital recidivism workgroup. CPI manager had a meeting with crisis director to clarify inpatient psychiatric reduction plan sub group

CPI manager presented in Access Clinical Specialist training on ACT and mental health symptoms.

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

CPI staff met with Strategic Planning Project Manager to discuss suggested changes to PHQ-9 procedure which would require monthly completion of the PHQ-9 and PHQ-A.

CPI staff participated in training subgroup to develop training requirements and recommendations for DWIHN system workforce.

Staff met with Crisis Department staff to discuss Assisted Outpatient Treatment (AOT) program to develop a way to monitor members eligible for service through our provider network.

CPI coordinated with DWIHN-Quality to discuss training needs for Intellectual and or Development Delay (I/DD) behavioral plan development.

CPI Staff met with Customer Service Department for strategy meeting to track and develop outcome measures for members receiving DBT and COD services.

CPI met with MIFast DBT Consultant regarding plan to support DBT in Detroit Wayne.

CPI will continue to support DWIHN-Quality Department in satisfying the recommendations received by MDHHS on training its' network of providers through a Lunch and Learn series. Quality will be scheduling the series with support from CPI as subject matter experts.

CRISIS SERVICES – Director, Jacquelyn Davis

Below is the monthly data for Crisis Services for adults and Children.

Children’s Crisis Services

Month	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	Crisis Stab Cases
June	245	210	75	31%	162	66%	126

- Request for Services (RFS) for children has increased by 8% as reported in May. The diversion rate has decreased by 3%.
- There were 126 crisis stabilization cases receiving services for the month of May, a 12% decrease from last month. Of the 126 cases, there were 58 initial screenings.
- There was a total of 23 cases served by The Children’s Center- Crisis Care Center, eight more than last month.

COPE

Month	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	# Inpt due to no CRU
June	1139	1014	731	64%	380	33%	1

- The RFS increased by 5% from May and the percentage of individuals diverted to a lower LOC increased slightly by 5%.
- The Crisis Stabilization Unit (CSU) served 274 cases, an increase of 10% as reported last month.
- The Crisis Stabilization Team provided services to 116 cases, a 22% increase 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	Consumer/Guardian choice - 0
COPE	61	51	No follow up from SW/Hospital – 1
DWIHN Residential	0	0	Level of Care Change – 4
Step Down (Inpatient)	13	9	Violent/aggressive behavior - 1
			Elopement Risk – 1
			Reason blank - 13
Total	74 (76)	46-10 pending	Total Denied – 20

Crisis Continuum

- For the month of June, Team Wellness Crisis Stabilization Unit (CSU) provided services to 92 individuals, a 14% increase from the month of May.

ProtoCall

Qtr./FY	# Incoming Calls	# Calls Answered	% answer w/in 30 secs	Avg. Speed of answer	Abandonment rate
May	774	731	81.7	23	3.7
June	857	818	86.0	18	2.3

- For the month of May, the volume of total calls answered decrease by 23% as reported last month, however increased by 11% the month of June. The percentage of calls answered within 30 seconds has increased the last 2 months. The average speed of answer and abandonment rate meet the performance outcome of 5.0.

COMMUNITY/LAW ENFORCEMENT LIAISON REPORT:

- The number of ATRs for the month of June increased by 8% (335) completed for this month as compared to 288 in May 2021.
- Community Liaison engaged 23 individuals this month.
 - 84% have repeat hospitalizations w/o follow up with CRSP.
 - 22% has a SUD hx
 - 38% are on parole or under MDOC jurisdiction
 - 1% are homeless
- 6 Citizens returned and connected to DWIHN services upon release from MDOC.

COMMUNITY HOSPITAL LIAISON ACTIVITY REPORT June 2021

- In June 2021, there were 295 consumer contacts made with community hospitals related to movement of consumers out of the emergency departments (approximately 4% decrease in contacts

from May at 308). *Noteworthy is that Hospital Liaisons took significant time off this reporting period.* 2 admissions were made to WRPH, and 1 admission was made to Hawthorn.

- Hospital Liaisons were involved in 128 cases that were NOT on the 23-hour report (a 22% decrease from May at 164), of those cases, 64% were diverted to a lower level of care, a 6% decrease in diversion rate from May at 70%.
- Hospital Liaisons received 39 “crisis alert” calls collectively (a 41% increase from May at 23 calls) and the crisis alert diversion rate was 58% (slight increase from May at 57%) which represents an increase in crisis alerts received but also a subsequent increase in diversion rate, suggesting the effectiveness of multiple conversations taking place between COPE, requesting providers, CMH, and the liaisons.
- Of the overall 295 contacts, 15 consumers had at least 2 emergency encounters in June (increase from 11 consumers in May), and were therefore considered recidivistic in June (32 encounters between 15 consumers). Of these recidivistic consumers (32 encounters total), 2 consumers went inpatient twice. Ultimately with the 15 recidivistic consumers, 13 were diverted to a lower level of care at least once (65% diversion rate for consumers considered recidivistic, increased from 46% in May).
- No requests were made related to veteran’s affairs.

DATA SPECIFICALLY RELATED TO 23-HOUR REPORT May 2021

- Of the 23-hour report activities during this reporting period there were 330 encounters (a 22% increase from May at 255 encounters) related to movement from a 23+ hour wait in the ED.
- 203 of the 330 cases specifically related to the 23-hour list went inpatient, resulting in a 36% diversion rate, a 1% increase in diversion rate compared to May).
- Diverted cases went to the following levels of care:

Res.	CCM	CRU	CSU	PHP	Pre-Place	OP/Stab	SUD	Other
0	0	Hegira -3 Safehaus-4	1	11	0	99	1	7: Medical Admits 1: Skilled Nursing Facility 1: MDHHS placement

CUSTOMER SERVICE – Director, Michele Vasconcellos

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

- Revised Customer Service section of the Provider Manual for submission.
- The Unit’s Call Center continued to operate remotely with calls being able to be accessed from home by DWIHN staff.
- A new Clerical staff was hired and began working on 06/28/21.
- 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.

Customer Service Performance Monitoring/ Grievance & Appeals

- Continue to monitor and provide technical assistance to participating providers in the Disenrollment Pilot Project.
- Interviewed five applicants for the vacant Customer Service Performance Monitor position. None of the applicants interviewed met the scoring threshold and therefore, the position is being reposted.
- Continued to participate in DWIHN provider closure meetings and initiation of Member Choice letters.

- Continual revising of Customer Service Appeals Policy.
- Completed a successful Molina audit on grievances.
- Case consultation with Pro Care and internal departments regarding Medicaid CLS services.
- Worked on MI Health Link forms in collaboration with UM.
- Participated in the Access Clinical Call Center trainings.
- Participated in Quarterly Customer Service Meeting and participated in the State's MI Health Link Quality subgroup.
- Participated in UM, HSAG and ICO monthly meetings.

NCQA/HSAG

- Continued to meet with MCO and IT regarding enhancements to the on-line Provider Directory. The directory will now be updated twice per month to ensure accuracy.
- Revised a Customer Services Policy and a procedure to add NCQA Standards per new internal requirements.

Member Engagement/ Experience

- Received MDHHS award notification for drop-in center health and wellness (\$7500) and clubhouse spend down (\$340,019).
- Hosted a joint meeting of the clubhouses and drop-in centers on 6/28.
- Engaged, trained and coordinated a train-the trainer session for a diverse group of peers for the DWIHN Oral Health initiative. Training was on June 14 and a practice run was organized for June 28. Additionally, worked with the Coding and Procedure Workshop to develop a Bulletin for tracking use of the service, and facilitates practice session with the peers. DWIHN's four peers in the Integrated Health unit were also trained. Program launched July 1, 2021. Joined with the University of Michigan to evaluate administration of the program with the six peers employed by Central City Integrated Health Dental Clinic.
- Participated in community hearing regarding the proposed Crisis Center.

INTEGRATED HEALTH – Director, Vicky Politowski

Please See Attached Report

MANAGED CARE OPERATIONS – Director, June White

MCO DEVELOPMENT MISSION

DWVHN continues to make huge strives to be part of a larger picture with other Health Plan Agencies by creating an effective and efficient provider network of services that enhances the quality of life for all of our members.

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 end of 3rd Quarter there has been fewer closing than last quarter. 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.

DWVHN continues to provide support to the network through training, webinars and emailing providers to ensure compliance with state and federal regulations. Providers are trying to maintain, shift and pivot their operations in a way that operates in the best interest for their staff and our members.

Provider site or business closures to date by Quarter, this also include expected closer for through the end of the Fiscal Year 20/21:

		Count of Providers
Service Type		
Advocacy Provider		2
Autism Center Services		3
Year 2021	Count of Provider	Licensed home/provider Personal Care and CLS services
1st Qtr	16	MI Health Link ONLY -Psychiatry, med mgt, psychotherapy, ps
2nd Qtr	1	Provider-- Merger
3rd Qtr	6	Skill Building Services/supported employment
4th Qtr	6	Staffing agent- cls/respice
(blank)		Temporary close -IDD intake services
Grand Total	29	Unlicensed Homes
		(blank)
		Grand Total
		29

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

There were no new providers added to our network, but we did have a number of providers that added additional services and licensed site locations to our network over the last few months. We continue to stay provider sufficient for our member services. We receive daily new requests to become part of our network daily. 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 if the need is there for such providers.

Provider /Training Meetings Held:

Provider Meetings scheduled for the year 2021 for the Outpatient and Residential Provider Meetings are as follows: March 19th, April 30th, June 11th, July 23rd, September 3rd, October 15th (10am-12:30pm) virtual meeting.

Meetings are held every six weeks for Outpatient and Residential providers and all meetings going forward until further notice will be Virtual with the providers.

There was 3 provider closure training held this month with a total of 15 providers attending. The provider training that was held on May 4th and 7th on our contract renewal process, was a success with 96% of the providers in our network attending.

RESIDENTIAL SERVICES – Director, Shirley Hirsch

Please see attached Report

SUBSTANCE USE DISORDER – Director, Judy Davis

Please See Attached Report

UTILIZATION MANAGEMENT – Director, John Pascaretti

Please See Attached Report



Detroit Wayne Integrated Health Network Children's Initiatives

EXECUTIVE SUMMARY REPORT (June 2021)

Team

The Children's Initiative Department consists of a team of 8 staff. Completed interviews for 2 positions and plan to extend offers in July 2021 (ASD Benefit Specialist and Youth Regional Coordinator).

System of Care

Home Based: Home Based Task Force did not meet during the month of June. Children's Initiative Department worked with Home Based Consultant (Carol Oleksiak) to complete her FY 21-22 contract with DWIHN. Thus, the completed contract was sent to the appropriate Contract Manager for approval; and currently working on a few edits to the contract. The Children's Initiative Department will be hosting a Home Based Brown Bag training for the 4th Quarter to HB Clinicians to focus on Workforce Safety. The quarterly report from HB Providers are due July 2021.

Wrap Around: The SED Specialist and I/DD Specialist with the Children's Initiative Department are collaborating to implement a new policy for Individuals Served with an I/DD designation to also receive Wraparound Services in Wayne County. This has been approved by MDHHS in which the CAFAS / PECFAS would not be required. Various work group meetings were held with 4 I/DD Providers and 1 SED Provider to discuss the new policy and service. It is expected that I/DD Providers submit a Needs Statement to begin the process of developing the policy.

In addition, reoccurring monthly meeting with all Wraparound providers was held this month. The MDHHS Wrap Around Enrollment documentation is due to MDHHS by 8/6/21. Wraparound Project Team also reviewed the Wraparound Quarterly Report in more detail this month and had discussion around the areas that need further attention; specifically, families completing all four phases in Wraparound and feeling like they have accomplished their goals upon transition out of Wraparound. The Wraparound Project Team was reminded that 3rd Quarter Wraparound report and FRAMES Competency Tool is coming due in July. There will also be a Wraparound Brown Bag during 4th Quarter, (July 27th) hosted by BFDI and DC. Each quarter two Wraparound providers conduct a training or bring in a community resource for all Wayne County Wraparound Facilitators. Majority of Wraparound providers are stating 80-90% of the families they are serving are now requesting face to face for Wraparound.

SED Waiver: The Children's Initiative Department continues to have monthly individual meetings with each SED W provider (total of 5) to address any barriers, challenges, changes to youth on the waiver. Also maintain a check and balance system in regards to who is open/closed. SED W/Wraparound Training for Wraparound and Clinical staff is scheduled at The Children's Center 7/19/2021.



Detroit Wayne Integrated Health Network Children's Initiatives

EXECUTIVE SUMMARY REPORT (June 2021)

In addition, monthly SED W/CMH meetings are held with each DHHS District Office within Wayne County, (3 offices / Western Wayne, South Central and North Central) to discuss possible SED W referrals, questions regarding how to access CMH services, barriers to accessing services, etc. These meetings are open to all staff, Health Liaison Officers (HLO's), DHHS Specialists, Supervisors, Section Managers, etc.

Infant Mental Health: Wayne County Baby Court meeting was held this month in which the discussion centered around increasing referrals as well as training more staff within IMH, DHHS, and other agencies on the Baby Court process. There was one baby court referral for the month of June. Both DWIHN Children's Director and Special Project Specialist attended the Annual Maternal Infant Conference this month.

CLS/Respite Workgroup: Children's Initiative Department continues to address the needs of CLS/Respite in Wayne County. Currently a work group meets and identified the following solutions: Review and develop a CLS policy, require a standard Respite/CLS referral form, standard template for case notes, provide a CLS/Respite PowerPoint, and providers use the CLS Assessment Tool to name a few. This group is currently in the process of piloting the CLS Assessment Tool again with a handful of providers. This is the second time a pilot will be occurring for this tool, as the first rollout was during the heart of the pandemic and very few families were utilizing CLS or Respite. Current pilot will run the beginning of July through the end of September, 2021.

Transition Age Youth Programs: The Wayne County YPSS Roundtable, which is a gathering of all the Youth Peer Support Specialists from the provider network, occurred on June 9th. The discussion focused on welcoming new YPSS staff, finding motivation within the role of YPSS and handling changes within their organization. Three new DWIHN provider YPSS staff attended the MDHHS Summer Youth Peer Support Training this month.

Parent Support Partner: Children's Initiative Department met with representatives from MDHHS and PSP Coordinators, and Southwest Solutions to review the Parent Support Partner manual. Plan for Southwest Solutions to complete a finalized PSP Manual that meets Medicaid guidelines and is Family driven.

Intellectual Disability Disorder

Children's Waiver: During the month of June there was a census of 39 Individuals on the Children's Waiver remained the same at 39 cases. There were 4 pre-screen assessments reviewed by the I/DD Clinical Specialist in June. There was one Individual who was disenrolled from CWP due to aging out of eligibility, that youth is now supported by the HAB Waiver. In addition to reviewing prescreen assessments this month, the I/DD Clinical Specialist met with Terri Nekoogar (Children's Waiver Specialist / MDHHS Contractor) to discuss what the appropriate steps are when a prescreen is placed on hold. A virtual training



Detroit Wayne Integrated Health Network Children's Initiatives

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is scheduled for July 16th with all Children's Waiver providers to ensure proper steps for due process are being followed.

Wrap Around: See previous Wrap Around Section.

Case Consultations: Ongoing this writer continues to review, consult and advise on complex cases. These cases are brought to the attention of this writer by professionals throughout the DWIHN CMH network, as well as MDHHS/Child Welfare. Additionally, frequent discussions are held with DWIHN Medical Director, Dr. Faheem to address any children with lengthy stays in the Emergency Rooms throughout Wayne County. Ongoing discussions are also held with the Children's Crisis team consisting of I/DD Clinical Specialist and Children's Initiatives Coordinator, Hospital Liaisons, and the UM Utilization Reviewer, among others.

Trainings: During FY 2020/2021 the I/DD Clinical Specialist collaborated with the Michigan Developmental Disabilities Institute through Wayne State University (MI-DDI) to offer a free training series. This series, entitled the Empowerment Education Series, was offered once a month through 2020 and 2021 beginning in October 2020 and ending June 2021. Each session was an hour and a half to two hours long and offered Social Work CEU's as well as QIDP (Qualified Intellectual Disability Professional) hours. On June 23rd the I/DD Clinical Specialist met with MI-DDI to discuss offering this series again during the 2021/2022 fiscal year. The format will be slightly different, instead of once a month for 1.5-2 hours, the new format will be one session quarterly lasting 2.5 – 3 hours. CEU's and QIDP hours will be offered accordingly. The first session in the new series will be held on September 22, 2021. The I/DD Clinical Specialist is very proud of this series and the ability to offer more options for QIDP hours to the network.

Evidenced Based Practices

The Children's Initiative Department continues to support various Evidenced Based Practices endorsed by MDHHS in order for clinicians to provide quality treatment models to Individuals Served in Wayne County.

Parent Management Training Oregon Model (PMTO): There was a Wayne County PMTO two (2) day information training on May 6-7, 2021 during which there were fifteen (15) participants. This training provides an overview of PMTO. Note the next Wayne County PMTO two (2) day training is July 15-15, 2021, and the next State two (2) day training is July 15-16, 2021.

Trauma Focused CBT (TFCBT): For Cohort 28 there are currently 3 Providers and 6 Clinicians, and 3 Supervisors participating. The final day of training is July 14th, 2021. Throughout the cohort participants will continue to participate in supervision and conference calls as required.



Detroit Wayne Integrated Health Network Children's Initiatives

EXECUTIVE SUMMARY REPORT (June 2021)

Dialectical Behavioral Therapy (DBT): For Cohort 2; 3 Providers applied for the cohort and currently waiting on response from MDHHS for acceptance status.

Child Parent Psychotherapy (CPP): For Cohort 3 there are currently 5 Providers participating, 12 Clinicians, and 5 Supervisors. The cohort is an 18 month commitment with an anticipated to be completed February 2023.

Caregiver Education: For Cohort 28 there is currently 1 Provider and 5 Staff participating. The final date of training is July 14th, 2021. Throughout the cohort participants will continue to participate in supervision and conference calls as required.

School Success Initiative

Engagement: The Children's Initiative Department met with about 7 Providers this month to review the status of the School Success Initiative Program, any barriers during Covid 19, intervention and engagement efforts, and plans for the end of the fiscal year. Overall, the Providers discussed the information and shared creative ideas of how they were able to engage Individuals and the schools for the program. Many Providers have summer plans such as summer camps, groups, school professional development, back to school events, etc. The Providers were eager to continue to collaborate with DWIHN for support educating the community about the School Success Initiative Program in various school districts. Plan to provide a more detailed report during July 2021 quarterly report.

Advertisement: A workgroup was developed with the Children's Initiative Department and 2 members from Providers to create a DWIHN School Success Initiative Flyer to advertise about the program. The Flyer has been sent to the Communications Department and currently making edits before final approval. The School Success Initiative was also advertised during the Courageous Conversation Town Hall and at New Prospect MBC in Detroit, MI.

MHWIN: The Children's Initiative Department met with IT Department to inform of updates in MHWIN that are needed in order to successfully process School Success Initiative Referrals. Suggested updates include: 1). Adding a comment box for Access Screeners to document Parent / Guardian availability to receive a call back, 2). Fix the issue of cases closing in the EHR due to not being aligned to a designation disability, 3). IT adding to MHWIN the data requirements that are currently being tracked in Redcap by Providers.

School District: The Children's Initiative Department is coordinating with Detroit Public Schools District to train on QPR. Also assisted in reviewing a survey monkey with Providers to administer to the school staff regarding wants and feedback for the School Success Initiative. Based on feedback from the Providers



Detroit Wayne Integrated Health Network Children's Initiatives

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DWIHN Children's Department also plans to work on building relationships with other School District Superintendents to support the School Success Initiative in various school districts within Wayne County.

Budget: As of May 2021 the Providers have utilized about 60% of the allotted budget of \$3,588,758 for the fiscal year.

Youth United

All Staff: Children's Initiative Department presented at DWIHN All Staff Meeting about Youth United.

Project: Youth United is working on a oral history project with COVID Black, an organization whose mission is to help institutions address and combat health disparities that impact the Black community. Youth will be discussing their experiences with COVID-19 on video and will serve as an archive. There is an application process as there are only ten (10) youth slots available.

Events:

- 2 Stigma Busting Workshops were held this month and another workshop is schedule in July 2021..
- Advocate Khalil Booker gave a virtual presentation on Communication in the workplace on Monday, June 28, 2021.
- The statewide Youth United Summit is August via Zoom. The theme is "After Math of Trauma". 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.

Trainings

Peer to Peer: The third Quarterly Peer-to-Peer training occurred virtually on June 10th, focusing on clinical documentation and case management. There were 22 people in attendance.

Children's Mental Health Lecture Series: The Children's Mental Health Lecture Series (CMHLS) for this month was held on June 17th with 129 attendees. Ruth Ellis Center staff provided a presentation on Gender Affirming Care, which was recording and will be posted on the Detroit Wayne Connect website. The next CMHLS will occur on July 15th with the topic being Adventure Therapy.

Cultural and Linguistic Competency Learning Series: The Cultural and Linguistic Competency Learning Series will begin next month on July 22nd, featuring a morning session on the transgenerational health effects of racism and an afternoon session on the clinical implications of colorism.



Detroit Wayne Integrated Health Network Children's Initiatives

EXECUTIVE SUMMARY REPORT (June 2021)

CAFAS / PECFAS: A PECFAS Booster training occurred on June 7th with 16 participants and a CAFAS Booster was held on June 16th with 12 participants present. Plan for DWIHN representative to attend the MDHHS CAFAS / PECFAS Data Training that was rescheduled.

Collaboratives

Human Service Community Collaborative (HSCC): The HSCC met this month and focused on reviewing the HSCC Guidelines which should be finalized at the next meeting on August 6, 2021. The Collaborative also identified wanting to develop a letter to send to the state representative to advocate for the need of improving the mental health workforce and Individuals receiving psychiatric inpatient care.

Department of Health and Human Services (DHHS) /Community Mental Health (CMH) Special Projects: This committee with DWIHN staff and DHHS district staff continues to work on barriers among youth involved with both child welfare and community mental health regarding transitional services for youth turning 18 years of age. Meeting was held this month.

Juvenile Justice Partnership: The purpose of the Juvenile Justice Partnership meetings is to identify and work on barriers among System of Care partners and to exchange information about trainings and upcoming organization events. The next meeting is scheduled for July 24, 2021 during which there will be a presentation on the Student Advocacy Center of Michigan. In addition, the DWIHN Access Center staff will be available to address access barriers.

Fatherhood Initiative: The Fatherhood Initiative Coordinator continues to host podcasts designed to provide a positive and motivating mindset for fathers and male caregivers.

The Fatherhood Initiative Forum was held this month via zoom. The keynote speaker is Jason Wilson, Founder and CEO of Yunion, a faith based youth serving non-profit organization whose mission is to counter negative cultural influences that misdirect the lives of youth and young adults by raising awareness and building character through innovative and relevant youth programming, mentoring and ministry.

Trauma Informed System:

- DWIHN continues to actively seek participation from System of Care providers in the Trauma Leadership Committee. The next meeting is August 3, 2021. The next Trauma Leadership Stakeholder event is tentatively scheduled for September 2021 via Zoom Platform. The purpose of this event is to show case trauma-informed case accomplishments and activities in Wayne County.

Pediatric Integrated Health Care Workgroup: It has been agreed to discontinue this workgroup due to pediatric integrated health care services being completed by Starfish.

Crossover Youth Practice Model (CYPM): Meeting was held this month.



Detroit Wayne Integrated Health Network Children's Initiatives

EXECUTIVE SUMMARY REPORT (June 2021)

Integrated Community Based Services (ICBS): No new updates.

Parent Involvement: On June 8, 2021, there was a Parent Forum in partnership with Hegira Health, Inc. titled, "Dear Survival, Understanding COVID-19 and Managing Your Mental Health". There were twenty-nine (29) participants. The next Parent Forum will be in September 2021 in collaboration with the Detroit Health Department. There is a State Parent Support Partner Supervisor Roundtable scheduled July 28, 2021.

Behavioral Health Learning Collaborative (BHLC): Children's Initiative Department is apart of BHLC Youth Subcommittee. Main focus is to provide resources for Youth who complete a Mental Health Screening via BHLC website. Thus far, DWIHN Children's Initiative has suggested youtube 5 min informational videos on various adolescent mental health needs (ex: depression, anxiety, anger management, trauma, stress management). Currently working on also providing informational videos from Youth Peers / Youth Advocates. BHLC hosted a Youth Summit III.

Communications / Outreach

New Prospect Missionary Baptist Church: DWIHN Children's Initiative Department attended New Prospect MBC Child / Youth Fun Day at Shepherds Park in Oak Park to share children's services information.

Disability Town Hall: Cassandra Phipps (Director of Children's Initiative) and Dr. Faheem (Chief Medical Officer) participated in a Town Hall to discuss using the Covid 19 Vaccine for those with disabilities. Cassandra and Dr. Faheem were invited to attend another discussion in person in which date is still to be determined.

Technology: Children's Initiative Department is working with the IT Department to identify Individuals who would benefit from receive an ipad or laptop to meet various needs. Some of these needs include: 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. Also considering awarding technology to winners of the Youth Summit and Spotlight Awards this summer.

Quality

CPT Code Changes: Children's Initiative Department assisted in reviewing and making changes to various cpt codes according to MDHHS requirements. Specifically focused on the following codes (Assessment, Children's Waiver).

DWIHN Policy Manual: Children's Initiative Department reviewed and edited the policy manual for Children's Services and Autism Services.



Detroit Wayne Integrated Health Network Children's Initiatives

EXECUTIVE SUMMARY REPORT (June 2021)

Finance

Children's Payment / Incentive Model: Children's Initiative Department is working with the Finance Department to establish a new Payment Model and Incentive Model. Thus far a workgroup has been developed in order to receive feedback from Children Providers as well regarding the new models.

The proposed Children's Incentive Model includes the following goals:

- 1) Hospitalizations are below 2.5% per quarter
- 2). Readmission for Inpatient Hospitalization within 30 days of Hospital Discharge is at 10% or less per quarter.

The proposed Children's Payment Model includes the following goals:

- 1). Provider reimbursed \$1,400 for each Individual that receives a minimum of 4 hours of Home Based Services per month (this is a 25% increase from the current fee for service rate of \$70 per unit).
- 2). Provider reimbursed fee for service for each Individual that receives below 4 hours of Home Based Services.
 - Fee for Service HB Rate = \$70 per unit for Individuals in a Transition Plan
 - Fee for Service HB Rate = \$35 per unit for Individuals not in a Transition Plan

Overall, DWIHN Children's Initiative Department and Finance Department continue to research state data and county data to determine appropriate metrics for the new models. Also working on developing internal reports to track status of the new models and reports for providers to review as well. Plan to finalize the new payment and incentive model by 10/1/2021.

Budget: As of 4/30/21 the remaining budget balance is \$557,598 for the System of Care Block Grant. The Children's Initiative Department will be scheduling meetings July 2021 to develop a plan on how to utilize the remaining funds for Workforce Development (\$25,500) and Travel / Training (\$15,500) since the majority of trainings were held virtually this year. The FY 2021-2022 System of Care Budget of \$1,043,582 was finalized, approved by MDHHS, and submitted into EGRAMS.

Integrated Health Care Department

Monthly Report

July 1, 2021

Collaboration with Health Department

The Health Department will be focusing on Hepatitis C, DWIHN will prepare for this initiative DWIHN RN presented Anxiety and anticipation: Rejoining the post COVID World at the peer Evolve meeting in June.

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. During the month of June, the Chief Medical Officer, IHC, UM and others met to discuss the interventions of the QIP's and how to make them more meaningful. In the month of June the QIP's were brought to IPLT and QISC for review of interventions. During the month of June IHC submitted the quality plan for, Adherence to Antipsychotic medications for individuals with schizophrenia to HSAG.

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. VDT is making corrections to the member management form and the reporting system. These are projected to be completed in July.

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 57 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-55.78% June 2020 and 57.10% September 2020). We are currently working to improve effort towards the FUA measure—no benchmark currently.*

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 June 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	8	14	13	35
Amerihealth	1	0	1	2
HAP	8	10	3	21

Michigan Complete Health	0	7	10	17
Molina	53	70	129	252
TOTAL	70	101	156	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	4	4
Amerihealth	0	0	0	1	0
HAP	0	0	0	1	2
Michigan Complete Health	0	6	2	0	2
Molina	2	68	3	24	34
Total	2	79	5	30	42

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

*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 worked with Access Center to modify call script for referrals, the goal of this modification is to reduce the number of declines and yield more enrollment to Behavioral Health Services; implementation was mid-March and monitoring will continue. Since April there has been a reduction in members declining services.

Transition of care services were provided for 55 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 19 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—26 – 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 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.
- 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 that were reviewed. Plan will be submitted to ICO Amerihealth on or before May 15, 2021. Plan has been submitted a review of claims verification will take place next month. ICO Amerihealth DWIHN Access Center CAP is still open, review of calls will take place in July 2021. 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.

Quality Withhold- Aetna update

IHC department during this reporting period met with ICO Aetna to complete the quality withhold review for CY2019 however there are some discrepancies in the categories for the review. Meeting took place between ICO Aetna and DWIHN to finalize process in this reporting period additional information was requested by ICO Aetna regarding encounter submission by DWIHN quality withhold is not finalized. The meeting to finalize ICO Aetna 2021 TOC withhold for 2020 Calendar Year, was completed during this reporting period. Final report will be submitted to leadership regarding the financial withhold analysis for CY2021 PMPM.

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 June, there are currently **17** active cases, **5** new cases opened, **4** case closure, and no pending cases.

Care Coordination services were provided to **19** additional members in June who either declined or did not meet eligibility for CCM services. Follow up after hospitalization was completed with **56** consumers to help identify needs.

Complex Case Management staff have been working to identify additional referral opportunities. 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:

DWIHN 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 June, 25 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 - 9

Very Good - 2

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

Poor -3

Fair- 15

Good - 7

Very Good - 0

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

Poor- 2

Fair -12

Good - 11

Very Good - 0

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 - 0

No -

Not Sure - 1

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: June 2021

Residential Assessment Productivity

May 2021 Report's Pending Assignments	55
# of Referral Requests RECEIVED for June 2021	181
Total Referrals	236
Assessment/Referral Cancelled	45
Cases Requiring Placement (Brokering) Only	56
Assignments Awaiting Completion	55
Completed Assessments	80

Per Disability Designation	
AMI Referrals	194
IDD Referrals	42

Referral Sources

Inpatient Hospitals	110
<i>Emergency Departments</i>	<i>11</i>
CRSP	98
<i>Youth Aging Out (DHHS)</i>	<i>1</i>
Pre-placement (C.O.P.E.)	2
Crisis Residential	8
Nursing Homes	6
Total Received Referrals	236

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.



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

COVID-19

of Positive Cases Reported (6/1 – 6/30): 1*

Per Designation	AMI	IDD
Males	0	1
Females	0	0

**COVID positive-reported case was submitted to the department for pre-placement; however, consumer is total care and is weak. Consumers' AFC home will follow-up with PCP as soon as possible for further consultation and possible nursing home evaluation.*

of Deaths Reported (6/1 – 6/30): 0

Per Designation	AMI	IDD
Males	0	0
Females	0	0

Residential Service Authorizations

Total Processed Authorization Requests	1,150
Authorizations APPROVED	962
Requests Returned to CRSP	188

Authorization Submission Type	
Interim IPOS Completed by DWIHN Auth Team	35
Requests Submitted by Residential Care Specialists	217
Requests Processed Through MHWIN Queues	925

Authorization (Per Disability Designation)	
AMI Authorizations	398
IDD Authorizations	752

30-Day/Emergency Consumer Discharge Notifications

Total Received Consumer Notifications	33
30-Day Notices for Licensed Facilities	11
Emergency Discharges	20
Rescinded Requests/Self-Discharges	2



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

Residential Facility Closures

The following residential facility closures were processed during June 1-30, 2021 to relocate all consumers to alternate specialized placements (No residential facility closures reported this month due to COVID-19 issues; i.e. lack of staff, consumer exposure, etc.):

# of Facility Closure Notifications	2
Received in June 2021: On-Going/In Process	2
Requests ON-HOLD/PENDING	0
Completion of Facility Closures	2

Nuttall AFC Home II – 25922

Provider Notification Received: 4/26/21

Confirmed Facility Closure Date: 6/1/21

RS department confirmed 2 AMI consumers (assigned to CCIH-CRSP) have been successfully relocated to alternate specialized settings. Notifications sent to designated CRSP (Central City Integrated Health) and MCO to conclude process.

Current Status: **COMPLETED**

Mill Creek Home – 25883

Provider Notification Received: 4/21/21

Confirmed Facility Closure Date: 6/14/21

RS department confirmed all (4) DD consumers have been successfully relocated to alternate specialized settings. Notifications sent to designated CRSP (Community Living Services) and MCO to conclude process.

Current Status: **COMPLETED**

Northline II Home – 25206

MCO Notification Received: 6/24/21

Scheduled Closure Date: 7/24/21

MCO forwarded response to residential provider's notification to close facility due to lack of DCW staffing. RS received notification CRSP (Community Living Services) has already relocated 2 of 3 DD consumers from the home. Third consumer pending placement relocation upon receipt guardian consent.

Current Status: **In Progress**

Wayne AFC Home – 25883

Provider Notification Received: 4/21/21

Facility Closure Date: Awaiting MCO Notification

Residential provider emailed department notification to close facility due to lack of DCW staffing. RS forwarded notification to MCO to identify Provider Network Manager to assist in closing process. RS department has confirmed (2) DD consumers assigned under All-well Being Services and Wayne Center (awaiting additional clinical documentation to complete relocation process.).

Current Status: **In Progress**



Detroit Wayne Integrated Health Network Residential Services Department

Department Project Summaries

Authorization Team

- ***H2X15/T2X27 Authorization Process:*** The Residential Authorization team has been working to establish a standardized process for approving H2X15/T2X27 authorizations. The Authorization team has been working with the Finance department for clarification and understanding; also having met with leadership, as well as continue to schedule meetings with CRSP and unlicensed residential home providers to continue on a path of resolution.
- ***IDD Residential Unlicensed Home Provider Meetings:*** The Residential Authorization team manager has participated in multiple monthly meetings with our CRSP to listen and discuss concerns regarding the H2X15/T2X27 authorization changes and updates effective June 1st.
- ***24 Hour Staffing CLS Unlicensed Homes Project:*** The Residential Authorization team met with ICCS (Janice Crawford, Jeremy Hayes, Monique Adams) on June 11th to discuss barriers. The decision was made to add authorizations for OHSS/non-HAB Waiver Members as well as daily monitoring authorizations. A total of **107 authorizations** were review for their related clients.
- ***Claims Cube Training:*** The IT department created the Claims Cube and shared with the Residential Department on June 22nd through TEAMs training.

CRSP/Department Meetings

- ***CRSP/Residential Services Monthly Meetings:*** A total of **16 CRSP meetings were completed** for June 2021, with four CRSP meetings being cancelled due to lack of CSRP Staff availability (**TEAM** on 6/16 and **ACCESS** on 6/23), and implementation of new federal holiday on Friday, June 18th (**JVS** and **Goodwill-Detroit**).

CRSP Meeting Agenda and Meeting Calendar attached for review.

CRSP/Residential Provider Trainings

- No Department trainings for June 2021.



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

Department Projects

Residential Assessment Development (Darryl Smith)

Special Projects

- The residential Assessment updates have been completed and are in use. This month I focused on the process flow to go with the assessment. This was done in order to help those who are in need of instruction or direction when completing the assessment. I have also continued providing direct training and supervision to ensure that the Support Coordinators at Wayne Center and CLS feel comfortable in the completion of the various areas of this assessment. This assessment was updated to flow with the updated 2015 authorizations. There has also been an adjustment made to make this assessment work with the unlicensed (home based) authorizations. Overall things continue to go well and I have received a lot of positive feedback from those completing the assessment.

Trainings:

- For the month of June, I completed a training for Oakland County on the completion of the Residential Assessment. This was done to help them understand our assessment and to see if it would be a useful tool for them with their residential entity. I am personally responsible for working with Wayne Center, but also continue to work with my team to train and support other CRSPs. When it comes to any questions and/or reviews requested on assessment completion and other intensive questions they are directed to me and I assist. I spend most of my time sitting in on assessments to ensure that they are completed properly and that individuals are getting the proper amount of needed staffing. I also continue to assist with MORC and NSO in the same capacity.

Document Development:

- I am actively involved in any updates needed with the residential assessment. I have also completed the residential process flow to go along with the revised assessment.

Meeting Attendance:

- I participate in our weekly team meetings, and the monthly support meeting with CLS and Wayne Center. The purpose of these meetings is to ensure that the processes in the department are running correctly and to ensure the CRSP are supported and knowledgeable of any changes or new departmental implementations.



Detroit Wayne Integrated Health Network Residential Services Department

Department Special Projects (Megan Latimer)

COVID-19 Monthly Reporting and Data Collection

- Update COVID-19 master list (2 different tabs on Excel sheet) when COVID-19 positive cases and or deaths of AFC residents/DCW staff as identified by residential department team members (Project: Reach Out) or residential referrals are made by the CRSP.
- Send report on the number of COVID-19 positive case and/or deaths daily and accumulatively. This report breaks down the numbers based on age, diagnosis designation, and gender.
 - *Cases are tracked monthly for DCW staff and members (positive cases and deaths).*
 - *Meeting participation with residential management, and RCS Lezlee Adkisson, to discuss findings of COVID-19 in the residential department.*
- Communicate with RCC Lezlee Adkisson on those residents who require a Pre-Placement for COVID-19 quarantine and discuss members who meet criteria as CRSP case manager submits residential packet.

Project Reach Out

- Call providers from call list weekly to inquire about
 - *Any staff or residents that have been tested positive for COVID-19*
 - *Issues with obtaining PPE*
 - *Overall concerns/issues*
 - *Sending resources/information to providers that relate to COVID-19, DWIHN, etc.*
 - *Collecting information on # of residents and staff who have received the COVID-19 vaccination*
 - *Updating # of staff and residents who reside at the facility*
- Attend meetings related to Project: Reach Out every Tuesday @ 1 PM
- Vaccination tracking of department master list-
 - *Responsible for creating a "master list" of unlicensed and licensed providers.*
 - First tab is a compiled list of each unlicensed provider and includes name of facility, provider ID, address, telephone, contact, fax and email.
 - Remaining tabs are listed by city, the location of each unlicensed location. Provides the name of the facility, provider ID#, address, members, 1st vaccine date, 2nd vaccine date, who administer vaccine, CRSP, # of staff vaccinated (if known).
 - All information from project "reach out" regarding vaccination is kept on this list.
- Vaccination tracking- Project Reach Out- main focus 4/2021-current
 - *Call residential providers to inquire if residents have been vaccinated, if they have received the vaccine, collect the following information:*
 - Obtain names of the residents (including member ID's) the dates of 1st and 2nd vaccine, who administered the vaccine (Walgreens, CVS, Health Department etc.), the capacity of the AFC home and number of residents who have been vaccinated.
 - Obtain the number of staff/DCW's who have been vaccinated and the total number of staff/DCW's who work at the facility.
 - Continued to follow up until all data is capture, includes obtaining the 2nd dates, members/staff reconsidered obtaining vaccine.
 - Assisted homes locate vaccine clinics (for those interested) and provided resources.
 - *Continuation of vaccination efforts- I reached out to providers (licensed/unlicensed) re: their resident's vaccine status with special attention to those homes who had multiple or whole home refusals. Each time a home/provider was contacted an updated note was submitted in the spreadsheet. Unlicensed providers were sent an email with an attached spreadsheet of those members who were still listed as not receiving a vaccine. Upon receipt of the updates from the provider, the "master list" excel spreadsheet in turn was updated.*



Detroit Wayne Integrated Health Network Residential Services Department

- Most updates were leisurely returned from providers, resulting in multiple reminders to return the status updates.
- **Vaccination Barriers:** No ID, adamant refusals, residents failure to be present for the vaccine (i.e. hospital admit, transient), decline to attend appointment to receive vaccine, psychiatric diagnosis (paranoia, delusions etc.), PCP didn't recommend, resident was dx w/COVID and would need to wait 90 days and guardian refusals.
- **Solutions:** I contacted the Detroit Health Department (Heather Rinkevich, Communicable Disease Investigator), to inquire on assistance that could be provided by the DHD. Ms. Rinkevich and I discussed how a collaboration between our departments could benefit the residents of residential settings and we collectively reached out to our administration.
- **Idea:** DHD would educate the residents and DCW's about the COVID-19 vaccines via their designated team. If the residents elected to obtain the vaccines the DHD would vaccinate interested individuals via their vaccination team after consents were signed and collected (DHD has consents).
- **Update:** Working with Elise Grongstad, DHHS Outreach unit leader, to schedule residential facilities for COVID-19 education. A list of providers was submitted on 6/28/21. Scheduling will begin this week and in-home education to begin the week of 7/5/21.

Licensed Facilities- Vaccination Status

- # of Cities 100% Vaccinated: **16**
 - *There was a state effort to vaccinate residents in their home through the winter of 2021.*

City Name	Percentages of Vaccinations
1. Allen Park	90%
2. Ann Arbor	79%
3. Belleville	90%
4. Brownstown	100%
5. Canton	78%
6. Caro	100%
7. Chelsea	92%
8. Detroit	90%
9. Dearborn	100%
10. Dearborn Heights	90%
11. Eastpointe	80%
12. Ecorse	75%
13. Ferndale	100%
14. Flat Rock	78%
15. Garden City	100%
16. Gibraltar	100%
17. Grosse Ile	100%
18. Hamtramck	100%
19. Harper Woods	95%
20. Highland Park	100%
21. Holly	75%
22. Inkster	95%
23. Kentwood	100%
24. Plymouth	92%
25. Lincoln Park	100%
26. Livonia	98%
27. New Boston	100%
28. Redford	88%
29. River Rouge	100%
30. Riverview	95%
31. Rockwood	94%
32. Romulus	90%
33. Southfield	67%
34. Southgate	70%
35. Taylor	85%
36. Wayne	100%
37. Westland	87%
38. Woodhaven	100%
39. Wyandotte	100%



Detroit Wayne Integrated Health Network Residential Services Department

Unlicensed Facilities- Vaccination Status

- # of Cities 100% Vaccinated: 7
 - No (current) state effort to vaccinate unlicensed or Semi-Independent Living facilities.
 - DHD would be beneficial in efforts to vaccinate these facilities

City Name	Percentages of Vaccinations
1. Allen Park	90%
2. Belleville	65%
3. Brownstown	100%
4. Canton	60%
5. Dearborn	78%
6. Dearborn Heights	84%
7. Detroit	58%
8. Ecorse	71%
9. Garden City	70%
10. Gibraltar	100%
11. Grosse Pointe	84%
12. Harper Woods	71%
13. Highland Park	100%
14. Holly	67%
15. Inkster	49%
16. Lincoln Park	56%
17. Livonia	93%
18. New Boston	100%
19. Plymouth	75%
20. Redford	80%
21. Rockwood	100%
22. Romulus	61%
23. Southgate	83%
24. Taylor	61%
25. Trenton	100%
26. Van Buren	100%
27. Wayne	78%
28. Westland	77%
29. Woodhaven	80%
30. Wyandotte	60%



Detroit Wayne Integrated Health Network Residential Services Department

Department Goals

Staffing

- The department welcomed new **Residential Care Coordinator Samreen Bukhari** on June 14th. We also requested through HR to repost another Residential Care Coordinator and Specialist positions.

Automated Productivity Reporting

- Residential Services received training for the new Claims Cube and will continue to review with IT as to how it can assist with realOtime reporting accuracy.

Residential Task Log

- Attached for review



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

CRSP Name (CRSP) Monthly Meeting Agenda

(DATE)

(TIME)

Welcome

Residential Services Items

- CRSP Staff Updates
- Next Outpatient Provider Meeting: **June 11th at 10 AM** on Zoom
- Review of Last Meeting Minutes **(XX/XX/XX)**
 - Attached for Review
- CRSP Clinical Alignment of Documentation
 - Consumers' Stimulus Checks
 - Personal Identification
 - MHWIN & Medicaid Updates
 - * CRSP must assure the consumer demographic info is current and accurate. SC/CM are to also review Medicaid is assigned under Wayne County to assure payments services will be paid appropriately.
- Residential Referrals
 - United Horizons Contract Termination, Eff. 5/12/21
 - * Referral Suspension for 60 days to *Help at Home* and *Second Chance Living Supportive Services*
- COVID-19
 - Consumer COVID-19 Case Reporting
 - COVID-19 Temporary Quarantine Facilities
 - Consumer/DCW Staff Vaccination reporting (on-going)
- Authorizations
- Residential Review Committee

CRSP Items / Action Items

Closing - Next Meeting

(Weekday, Date, Time)

May 2021 - June 2021

June Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
30	1 DWHN Offices CLOSED:	June 1 2 Hegira: CRSP/Residential	3 4 5 Goodwill-Detroit: JVS: CRSP/Residential	6 7 8 9 10 11 12	13 14 15 16 17 18 19	20 21 22 23 24 25 26 27 28 29
7 Southwest Solutions:	8 9 10 11 12 13 14 Wayne Center:	15 16 17 18 19 20 21 22 TGC: CRSP/Residential	23 24 25 26 27 28 29 30 ACCESS:	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000		

June 2021 - July 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
27	28 MORC: CRSP/Residential	29	30	July 1	2	3



Detroit Wayne Integrated Health Network

Director Monthly Report

Reporting Department Substance Use Disorders

For the Month of June, 2021

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 a machine for the purpose of naloxone distribution**

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

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 1,896 first responders and 1013 residents of Wayne County on how to reverse an opioid overdose, in addition, we have provided each person with a Naloxone kit.

Planned Key Milestones, Activities and/or Events: DWIHN's Naloxone Initiative program has saved **788** 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.

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

Monthly Trainings conducted for the month of May

Date	Agency	Number of Attendees	Trainer
June 25, 2021	DPD Training Center	21	Greg Lindsey
June 17, 2021	LAHC	47	Matthew Yascolt
June 18, 2021	LAHC	22	Matthew Yascolt

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 May presentations were conducted at 4 locations in Wayne County. For the month of June and due to Men’s health awareness month information about prostate cancer, HIV testing, COVID-19 and the importance of receiving vaccinations and blood pressure checks were included in the topics.

Date	Name	Time	Number of Attendees
6/5/2021	Herman Barbershop	19149 Van Dyke	11
6/12/2021	Lifestyle Salon	19144 Van Dyke	14
6/19/2021	Cadillac Barbershop	8008 Kercheval	9
6/26/2021	The Barber Station	2631 Gratiot	7

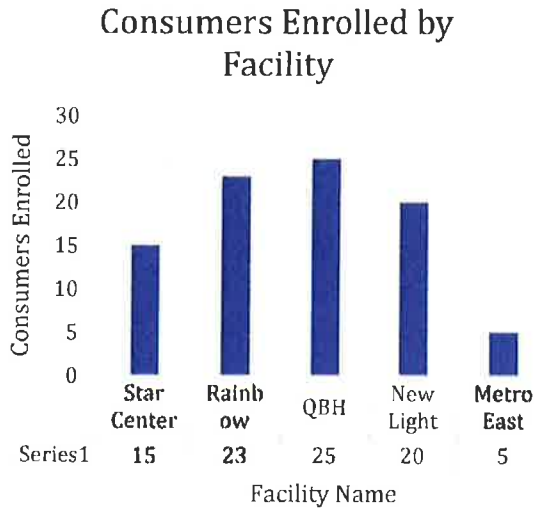
Opioid Health Home

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.

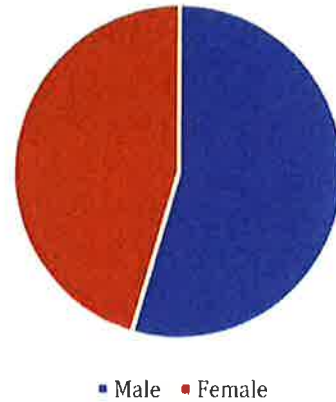
Work in progress: Opioid health home received reimbursement for providing the following federally mandated core services in the month of June 2021: Care Management, Care Coordination, Health Promotion, Transitional Care, Individual and Family Supports, Referral to Community and Social Services. To date, 85 beneficiaries have been enrolled in the OHH

The provider with the highest number of enrolled consumers is Quality Behavioral Health, whom is also an OHH provider for Region 9, so they have experience with the program. The prevailing age of enrollees is 55+ distribution across race/ethnicity/gender is very close to even. Utilization of funding across providers indicates that 3 providers have/will spend out their entire allocation before the end of the fiscal year. Outcomes reported for Opioid Health Home are provider reported and consumer self-reported demographic data. The data supplied in the report is compiled from data submitted reflecting consumer enrollment at time of submission and are subject to change.

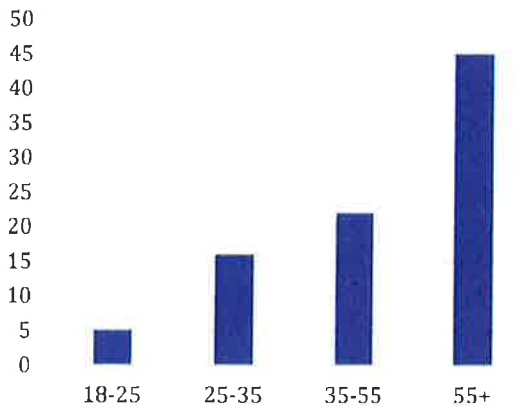
Here is a brief overview of who the providers are and the services each provide



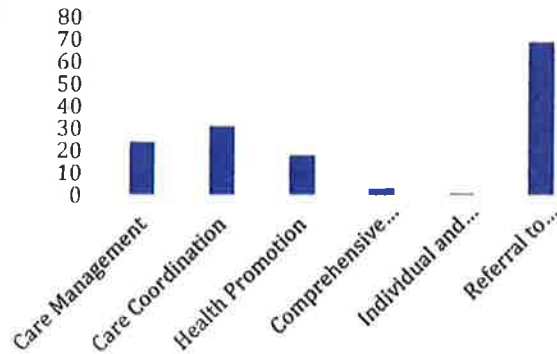
Consumers enrolled by gender



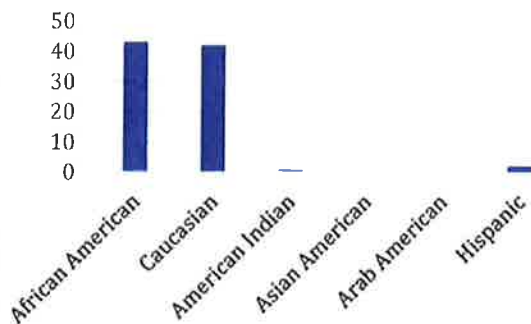
Consumers enrolled by age



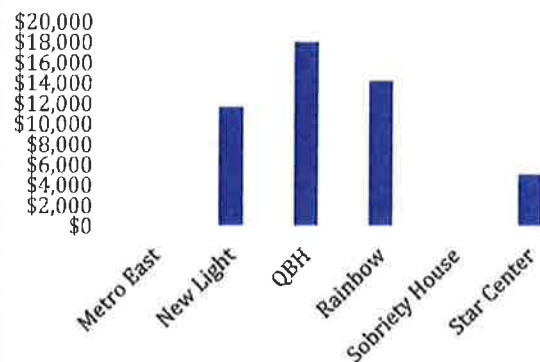
Core Health Home Services Provided



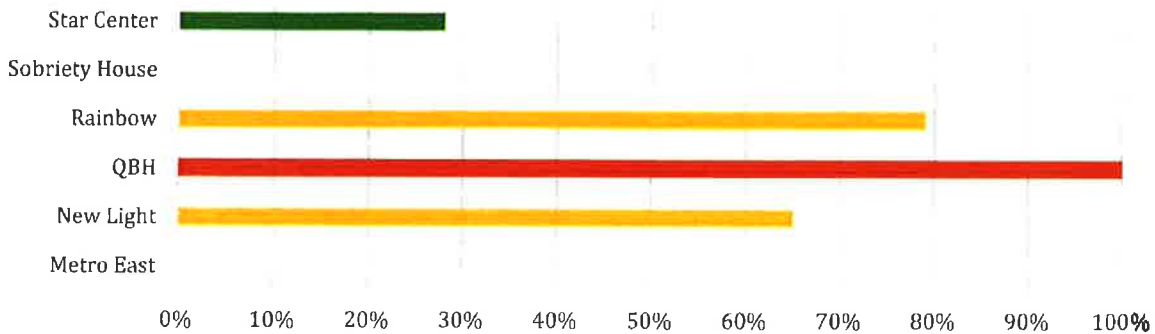
Consumers Enrolled by Race/ethnicity



Funding Utilization



Percent of funding utilized



- Trainings to implement the new process starts in July 2021
- Media efforts to promote the OHH services are in process
- WSA efforts with MDHHS took place this month to provide more information on the process.

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

DWIHN is on track for the October 1, 2021 start date.

Project or Goal 2: ASAM CONTINUUM (SUD Assessment Implementation)

Status Overview: ASAM CONTINUUM® provides counselors, clinicians and other treatment team members with a computer-guided, structured interview for assessing patients with addictive, substance-related conditions and to inform treatment planning.

Work in progress: The Michigan Department of Health and Human Services continues to move forward with the establishment of the American Society of Addiction Medicine (ASAM) Continuum as the standardized SUD assessment instrument to meet the criteria of the SUD 1115 Medicaid Waiver and the Office of Recovery Oriented Systems of Care (OROSC) is leading that effort.

The implementation deadline remains October 1, 2021. DWIHN realizes it is less than 3 months away and we are confident that we can work with our provider and meet this deadline.

The information below document ongoing communication with MDHHS and with representatives of the FEI regarding integration, training and implementation.

Activity	Responsible Party	Expected Completion	Comments/Updates	Cost
Department letter regarding implementation	SUD Director	12/10/2020	Provided information to the SUD Network	N/A
Received implementation requirements and planning	SUD Director	2/18/2021	PIHPs provided feedback regarding the process	N/A
Initial meeting with FEI completed	SUD Director IT Chief	3/31/2021	Requested number of staff that will require the training for Region(approx.. 200 staff)	N/A
Completed webinar demonstration with FEI	SUD Director IT Utilization Manager	5/19/2021	Pilot demonstration within the provider network was requested with the IT Chief	N/A
Met with PIHP Directors to discuss the cost per clinician	PIHPs Directors	5/28/2021	PIHP agreed to pay 45 per hour or 400.00 stipend fee	72,000.00
Registration process began	SUD Director	6/9/2021	First live training begins on 7/12/2021. Clinicians are required to complete a self-paced portion before the live training	40.00 per registration

Planned Key Milestones, Activities and/or Events:

The ASAM is the most widely used and comprehensive text of guidelines for treating individuals with substance use disorders. The ASAM CONTINUUM is a software which guides clinicians through an ASAM Criteria assessment and assist with determining appropriate level of care for individuals. There will be 19 trainings beginning July 12, 2021 and participants registering may register on a first-come, first-serve basis. Each training will hold 75 participants and each staff must commit to 8-hour time commitment. 17 trainings are hybrid 4 hour live/4 hour self-paced; 2 trainings are 8- hour live format. To date there have been a total of 265 individuals that have registered for the ASAM Continuum Training.

Project or Goal 3: Synar Update

Status Overview: DWIHN partners with MDHHS in ensuring that formal Synar compliance checks are conducted each year with the intent of lowering youth use of tobacco rates. Our Synar initiative will reflect the current age of tobacco sales in Wayne County conducted with 98 retailers. Note, birthdate requirements have been updated to comply with the federal tobacco laws 21 age. It is now illegal for a retailer to sell any tobacco product – including cigarettes, cigars, hookah and e-cigarettes – to anyone under 21.

Work in progress: The Synar compliance check process is conducted annually, and reported to MDHHS each year as part of the Block Grant requirement. The requirements also states that DWIHN must develop a strategy and negotiate a time frame for achieving an inspection failure rate of less than 15% of illegal sales to youth. The inspections are to cover a range of retailers to measure overall level of compliance as well as to identify violator(s).

In June of this year, youth between the ages of 16-20 will enter a store/business in Wayne County that sell tobacco products and attempt to make a cigarette pack purchase. The results are collected by two designated providers (The Youth Connection and LAHC). The report is aggregated and shared with the retailers and DWIHN.

Planned Key Milestones, Activities and/or Events: The providers are continuing to train the community and tobacco retailers virtually and in person on not to sell tobacco products to underage youth. Providers are wearing their personal protection equipment (PPEs) and staying socially distant while conducting their presentations in person. PIHP will continue to work with OROSC to help set concrete content and outreach goals for participation in the Synar initiative and will expand distribution efforts of YTA signage through our various community partners as well as state retailer associations

Regional incentives include sending congratulations letters and/or certificates of appreciation to retailers thanking them for being responsible members of the community as follow up to successful results during past compliance check activity. In addition, for any retailer that is part of a larger corporation (retail chain) their corporate headquarters is notified that a check was conducted and what the results were.

COVID Numbers

	# of Client Positive	# of Staff Positive	# of Client Deaths	# of staff Deaths
Treatment	6	1	0	0
Prevention	0	0	0	0

Additional Impact Measures

- Outputs # COVID tests: 292
- # Screening/Assessment/Referrals: 146
- # Receiving medical services: 9
- # Referred into COVID Residential/Recovery Services: 6
- # Served in COVID Residential/Recovery Services: 6

*All the quarantine individuals recovered and were COVID-19 symptom free. No deaths reported.



DWIHN UTILIZATION MANAGEMENT MONTHLY REPORT June 2021

I. Executive Summary

- **Autism:** There were 346 authorization requests manually approved during the month of June. There were approximately an additional 122 authorizations approved via the auto approval process for a total of 468 approved authorizations. There are 1,954 cases currently open in the benefit.
- **Evidence Based Supported Employment:** After careful consideration, the UM Department, in consultation with the CPI team and DWIHN clinical officer, have determined that service utilization guidelines will be enter into MHWIN to allow, when appropriate, these requests to be auto-approved. Moving forward, DWIHN UM department will no longer report out on EBSE in this report.
- **Habilitation Supports Waiver:** There are 1,084 slots assigned to the DWMHA. As of 7/1/21, 1048 filled, 36 open, 96.7% taken.
- **County of Financial Responsibility:** The total number of open COFR cases decreased by 3% for the month of June.
- **Denials and Appeals:** There were a total of five (5) medical necessity Denials and Zero (0) Appeals for the month of June.
- **General Fund:** There were 365 General Fund Authorization approvals for the month of June.
- **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 53 MI Health Link authorizations received in June 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 June. The UM Team managed a total of 897* consumers within the provider network during the month of June 2021. This includes Inpatient, MI Health Link, Partial Hospital and Crisis Residential.
- **State Facilities:** There were 3 state hospital admissions and 12 discharges for the month. 65 NGRI consumers are currently managed in the community.
- **SUD:** There was a total of 2296 SUD authorizations approved during the month of June compared to 2247 approved in May, an increase of 2%. UM reviewed 1367 authorizations in June, a 4% decrease from 1418 reviewed in May. Access generated the remaining 929 auto-approved authorizations, a 12% increase from 829 in May.
- **Administrative Denials:** During the month of June, the SUD team issued 21 administrative denials compared to 17 the previous month.

- **MCG:** For the month of June, there were 1015 individuals screened in Indica which is an average of 34 cases per day screened using the MCG Behavioral Health Guidelines. This is a decrease from the average of 37 cases screened per day in May.

II. **General Report**

Autism Spectrum Disorder (ASD) Benefit

There were 346 authorization requests manually approved during the month of June. There were approximately an additional 122 authorizations approved via the auto approval process for a total of 468 approved authorizations. There are 1,954 cases currently open in the benefit.

In the past quarter, DWHIN identified particular geographical areas within our service area that were being underserved and issued an RFP asking for bids to contract with centers who have a brick and mortar ABA center within those designated zip codes and adjacent areas. DWHIN intends to have the awarded providers contracted and providing services by 10/1/21.

ASD Authorization Approvals for Current Fiscal Year to Date*:

	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June
Manual Approvals	473	269	235	255	306	323	254	255	346
Auto Approvals	135	157	153	121	200	158	115	103	122
Total Approvals	608	426	388	376	506	481	369	368	468

*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
Open Cases	1718	1747	1753	1745	1801	1792	1827	1849	1954

Referrals	107	60	60	59	42	83	79	49	Pending data update from WSA
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*numbers are approximate as they are pulled for this report prior to when all data for the month is available.

Evidence Based Supportive Employment (EBSE)

After careful consideration, the UM Department, in consultation with the CPI team and DWIHN clinical officer, determined that service utilization guidelines could be entered into MHWIN to allow, when appropriate, EBSE requests to be auto-approved should the request fall within the service utilization guidelines. Starting June 2021, DWIHN UM department will no longer report out on EBSE in this report.

EBSE Approved Authorizations

Fiscal Year To Date								
	Oct	Nov	Dec	Jan	Feb	Mar	April	May
Approved Authorizations	82	71	73	69	73	98	76	94

Habilitation Supports Waiver

June Utilization

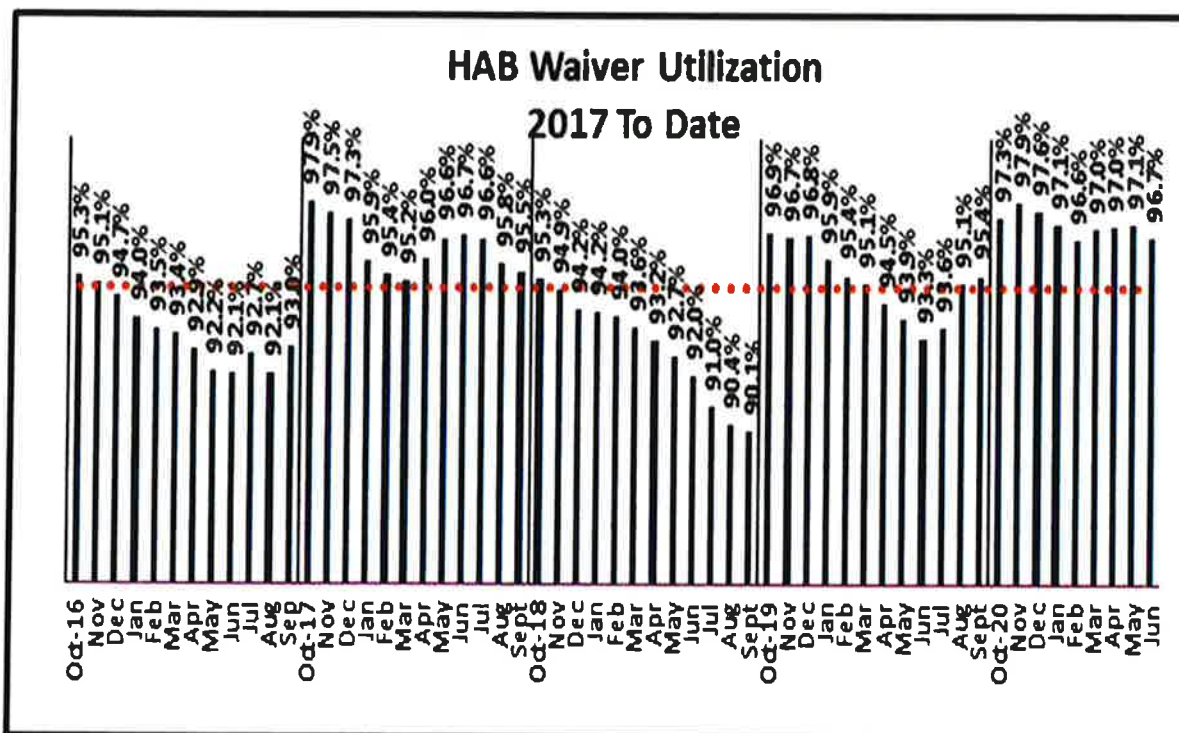
HAB Utilization	June
Allocated	1,084
Used	1,048
Available	36
% Used	96.7

Program Details for June

Outcome Measurement	June
# of applications received	6
# of applications reviewed	6
# of app. Pended PIHP level for more information	2
#of pended app. resubmitted	
# of app. withdrawn	0
Total of application sent to MDHHS.	5

Technical Assistants contacts	8
# of deaths/disenrollment's (recertification forms reviewed & signed)	5 deaths 7 disenrolled- moved, voluntary
# of recertification forms reviewed and signed	174
# of recertification forms pended	16
# of dis-enrollments (not meeting HSW criteria)	0

Historical Utilization Trend



Serious Emotional Disturbance Waiver (SEDW)

June 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	81
# of youth currently active in the SEDW for the month of June	57
# of referrals received in June	14
# of youth approved/renewed for the SEDW in June	5
# of referrals currently awaiting approval at MDHHS	3

# of referrals currently at SEDW Contract Provider	12
# of youth terminated from SEDW in June	1
# of youth transferred to another County, pursuing the SEDW	2
# of youth coming from another county, receiving the SEDW	1
# of youth moving from one SEDW provider in Wayne County to another SEDW provider in Wayne County	1

County of Financial Responsibility (COFR)

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

	Adult COFR Case Reviews Requests	Children COFR Case Reviews Requests	Resolved	Pending*
June 2021	2	0	3	66

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

Previously 69 cases in May 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 365 General Fund Approvals for the month of June, 2021.

Denials and Appeals

For the month of June 2021, there were a total of five (5) denials that did not meet MCG medical necessity criteria for continued inpatient hospitalization. There were no appeals,

	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			
Appeal	2	4	2	2	5	5	2	6	0			

Administrative Denials

During the month of June, there were five (5) administrative denials and there were no administrative appeals.

State Hospital Liaison Activity Report

Hospital	Caro Center	Kalamazoo	Walter Reuther
Census	1	12	108
Wait List	0	1	4
Admissions	0	0	3
Discharges	0	1	11
ALS Status	0	1	64

- Though forensic admissions remain the priority, MDHHS is attempting to assess and coordinate community referrals for state hospital admission to address the need for long-term care. Community admissions are based on acuity and ED cases are prioritized.
- Liaison staff continue to manage cases referred through the Direct-to-Community Placement Program, DCP, facilitated by MDHHS. One consumer was discharged through this program this month. There are 21 NGRI consumers in the community that have been released through this program.
- MDHHS continues to coordinate discharges from the state hospital through it's MCTP program. Identified cases are selected by the hospital treatment teams and submitted to select providers contracted with MDHHS to provide placement for 90 days with ultimate transfer to the CMHSP. Contracted providers include Beacon, Hopc Network, and now Turning Leaf.

MI Health Link

Monthly ICO Authorization Report



Report Filters
 Date Range Selected: 6/1/2021 thru 6/30/2021
 ICO's Selected: AETNA BETTER HEALTH OF MICHIGAN; AMERHEALTH MICHIGAN, INC.; FIDELIS SECURECARE OF MICHIGAN; HAP MIDWEST HEALTH PLAN, INC.; MOLINA HEALTHCARE OF MICHIGAN INC

Total # of Auth's Received for the Month	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations (Currently No DWIHN Authorizations labeled as Expedited)		Post Service Authorizations	
	Total Amount Preservice Auth's Received	Total 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
53	1	1	16	16	0	0	36	34

Monthly ICO Authorization Report



Report Filters
 Date Range 6/1/2021 thru 6/30/2021
 Selected:
 ICO's Selected: AETNA BETTER HEALTH OF MICHIGAN

Total # of Auth's Received for the Month	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations (Currently No DWHH Authorizations labeled as Expedited)		Post Service Authorizations	
	Total Amount Preservice Auth's Received	Total Preservices processed \$14 days	Total Amount Urgent Auth's Received	Total Urgent processed \$24 hrs	Total Amount Expedited Auth's Received	Total Expedited processed \$72 hrs	Total Amount Postservice Auth's Received	Total Post-Service processed \$14 days
12	0	0	3	3	0	0	9	9

Monthly ICO Authorization Report



Report Filters
 Date Range 6/1/2021 thru 6/30/2021
 Selected:
 ICO's Selected: AMERIHEALTH MICHIGAN, INC.

Total # of Auth's Received for the Month	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations (Currently No DWHH Authorizations labeled as Expedited)		Post Service Authorizations	
	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
2	0	0	1	1	0	0	1	1

Monthly ICO Authorization Report



Report Filters
 Date Range 6/1/2021 thru 6/30/2021
 Selected:
 ICO's Selected: FIDELIS SECURECARE OF MICHIGAN

Total # of Auth's Received for the Month	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations (Currently No DWHH Authorizations labeled as Expedited)		Post Service Authorizations	
	Total Amount Preservice Auth's Received	Total Preservices processed \$14 days	Total Amount Urgent Auth's Received	Total Urgent processed \$24 hrs	Total Amount Expedited Auth's Received	Total Expedited processed \$72 hrs	Total Amount Postservice Auth's Received	Total Post-Service processed \$14 days
8	0	0	1	1	0	0	7	7

Monthly ICO Authorization Report



Report Filters
 Date Range 6/1/2021 thru 6/30/2021
 Selected:
 ICO's Selected: HAP MIDWEST HEALTH PLAN, INC.

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



Report Filters
 Date Range: 6/1/2021 thru 6/30/2021
 Selected:
 ICO's Selected: MOLINA HEALTHCARE OF MICHIGAN INC

Total # of Auth's Received for the Month	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations (Currently No DWHN Authorizations labeled as Expedited)		Post Service Authorizations	
	Total Amount Preservice Auth's Received	Total Preservices processed \$14 days	Total Amount Urgent Auth's Received	Total Urgent processed \$24 hrs	Total Amount Expedited Auth's Received	Total Expedited processed \$72 hrs	Total Amount Postservice Auth's Received	Total Post Service processed \$14 days
25	1	1	10	10	0	0	14	12

The data for June 2021 delineates the total number of authorizations requests and the amount of each authorization type for the 5 ICOs. The table accounts 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 53 MI Health Link authorizations received in June 2021 compared to 61 authorizations in May 2021, a 13.1% decrease. By ICO, there were 12 authorizations for Aetna, 2 for AmeriHealth, 8 for Michigan Complete Health (Fidelis), 6 for HAP Midwest and 25 for Molina. Out of the 53 MI Health Link authorizations reported, 96% 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 897 consumers within the provider network during the month of June 2021. This includes Inpatient, MI Health Link, Partial Hospital and Crisis Residential. The 711* Inpatient Admissions, shows a 10.11% decrease from May (i.e., 791). Out of the 711 members admitted for inpatient treatment in June, 59 readmitted within 30 days of a prior hospitalization, compared to 45 recidivistic members in May 2021, denoting a 31% increase. There were 89 Partial Hospital Admissions in June, which shows a 14% increase from May (i.e., 75) and 44 Crisis Residential Admissions in June is a 10% increase from May (i.e., 40). Please note that the Crisis Residential Units are still at 50% capacity due to COVID. *The preliminary number(s)* below reflect the admissions for the month of June 2021:*

- Inpatient: 711*
- MHL: 53
- Partial: 89
- Crisis Residential: 44
- Total Admissions: 897
- Average Length of Inpatient admissions: 11*

Safehaus

June 2021

- 2 males
- 13 females
- No Covid-19 symptoms

May 2021

- 7 females
- 0 males
- No Covid-19 symptoms

April 2021:

- 3 males
- 11 females
- No Covid-19 symptoms

March 2021

- 13 females
- 1 male
- No Covid-19 symptoms

Please note: All of these consumers were at Warren location. Grand Rapids and Rose City location have been permanently closed.

Substance Use Disorder

SUD Authorizations

There was a total of 2296 SUD authorizations approved during the month of June compared to 2247 approved in May, an increase of 2%. UM reviewed 1367 authorizations in June, a 4% decrease from 1418 reviewed in May. Access generated the remaining 929 auto-approved authorizations, a 12% increase from 829 in May.

SUD Administrative Denials

During the month of June, the SUD team issued 21 administrative denials compared to 17 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 during the month.

SUD Timeliness Dashboard

The timeliness data is no longer available in I-dashboard. Members of UM met with IT staff to briefly review the new software where many of the reports have been built. Users will be trained once it is rolled out. It is predicted that overall timeliness for SUD continues to be over the 90% benchmark.

SUD Bi-Monthly Meeting

The SUD Bi-Monthly meeting was held in June. SUD UM Reviewer was promoted to SUD Contract Manager and this was announced at the meeting. Clinical Specialist also redistributed SUD UM Guidelines and Training Packet to providers to assist them when training new hires. HR has posted the position and interviews are scheduled in the near future.

Modifier and HCPCS Workgroup

UM Staff participated in the project to review new code and modifier changes for FY 22. SUD workgroup has recommended and submitted several changes.

Utilization Management Committee

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

MCG

For the month of June, there were 1015 individuals screened in Indica which is an average of 34 cases per day screened using the MCG Behavioral Health Guidelines. This is a decrease from an average of 37 cases screened per day in May.

COVID-19 Quarantine Facility Utilization

<u>Provider</u>	<u>Services</u>	<u># Beds</u>	<u>May 2021 – # Served</u>	<u>June 2021 – # Served</u>
Detroit Family Home-Southfield	Licensed Residential Home- Adults	4	3	0
Novus Living #1 (Romulus)	Licensed Residential Home- Adults	3	8	0
Kinloch Home (Redford)	Licensed Residential Home- Adults	3	2*	0
Detroit Family Home-Boston (Detroit)	Licensed Residential Home- Adults	6	3	0
Angel Patience (Detroit)	Licensed Residential Home- Adults	3	6	0

**Kinloch Home reported to be closed from 5/4-5/21 due to lack of staff exposed to CVD-19.*

COVID-19 Positive Cases/Deaths

<u>Residential Consumers</u>	<u>CVD-19+ Cases:</u>	<u>Resident Deaths</u>
June 2021	1	0
May 2021	21	1
April 2021	31	5
March 2021	21	0
February 2021	8	0
January 2021	33	0
December 2020	33	1
November 2020	23	0
October 2020	0	0
FY 2019-20	169	34
Accumulative Total of CVD-19 Positive Residents	340	
Accumulative Total of CVD-19 Resident Deaths	41	

<u>DCW Staff</u>	<u>CVD-19+ Cases:</u>	<u>Deaths</u>
June 2021	0	0
May 2021	11	0
April 2021	20	0
March 2021	6	0
February 2021	0	0
January 2021	10	0
December 2020	13	0
November 2020	4	0
October 2020	1	0
FY 2019-20	71	3
Accumulative Total of CVD-19 Positive DCW Staff	130	
Accumulative Total of CVD-19 DCW Staff Deaths	3	

COVID-19 Quarantine Facility Utilization

<u>Provider</u>	<u>Services</u>	<u># Beds</u>	<u>May 2021 – # Served</u>	<u>June 2021 – # Served</u>
Detroit Family Home-Southfield	Licensed Residential Home- Adults	4	3	0
Novus Living #1 (Romulus)	Licensed Residential Home- Adults	3	8	0
Kinloch Home (Redford)	Licensed Residential Home- Adults	3	2*	0
Detroit Family Home-Boston (Detroit)	Licensed Residential Home- Adults	6	3	0
Angel Patience (Detroit)	Licensed Residential Home- Adults	3	6	0

*Kinloch Home reported to be closed from 5/4-5/21 due to lack of staff exposed to CVD-19.

COVID-19 Positive Cases/Deaths

<u>Residential Consumers</u>	<u>CVD-19+ Cases:</u>	<u>Resident Deaths</u>
June 2021	1	0
May 2021	21	1
April 2021	31	5
March 2021	21	0
February 2021	8	0
January 2021	33	0
December 2020	33	1
November 2020	23	0
October 2020	0	0
FY 2019-20	169	34
Accumulative Total of CVD-19 Positive Residents	340	
Accumulative Total of CVD-19 Resident Deaths	41	

<u>DCW Staff</u>	<u>CVD-19+ Cases:</u>	<u>Deaths</u>
June 2021	0	0
May 2021	11	0
April 2021	20	0
March 2021	6	0
February 2021	0	0
January 2021	10	0
December 2020	13	0
November 2020	4	0
October 2020	1	0
FY 2019-20	71	3
Accumulative Total of CVD-19 Positive DCW Staff	130	
Accumulative Total of CVD-19 DCW Staff Deaths	3	

DWIHN Residential CVD-19 Residential Vaccination Reporting: 7/2/21

DCW Staff of Licensed Facilities Vaccinated: 1,321

DCW Staff of Unlicensed Facilities Vaccinated: 904

Licensed Facilities	# of CONSUMERS REPORTED		1st Vaccine ADMINISTERED		Consumers FULLY VACCINATED		Consumer/Guardian REFUSALS		Awaiting ADDITIONAL INFO Provider/Guardian		*AWAITING INFORMED CONSENT		UNDECIDED / TO BE SCHEDULED		# of Consumers Remaining to Verify Vaccination Status
	AMI	IDD	AMI	IDD	AMI	IDD	AMI	IDD	AMI	IDD	AMI	IDD	AMI	IDD	
CITY of DETROIT	729		646		643		71		8		0		5		13
	491	238	419	227	418	225	62	9	6	2	0	0	5	0	1.78%
	88.6%		88.2%		9.7%		1.1%		0%		0.7%				

Western Wayne	1,364		1,231		1,231		115		12		0		6		18
(40 Cities)	623	741	550	681	550	681	68	47	4	8	0	0	0	6	1.25%
	90.2%		90.2%		8.4%		0.9%		0%		0.4%				

Unlicensed Facilities

CITY of DETROIT	152		90		89		59		0		0		4		4
	95	57	46	44	46	43	47	12	0	0	0	0	3	1	2.63%
	59.2%		58.6%		38.8%		0%		2.6%						

Western Wayne	993		662		651		280		11		0		21		32
(45 Cities)	283	710	129	533	128	523	145	135	5	6	0	0	3	18	3.22%
	66.7%		65.6%		28.2%		1.1%		0%		2.1%				

Reporting Points:

- 48** Consumers received 1-shot vaccinations (28-licensed, 28 unlicensed)
 - 2** (AMI) consumer refused 2nd vaccination (in City of Detroit-Licensed settings)
 - 50** Consumers to confirm 2nd vaccination has been administered as scheduled
 - Shift TOTAL consumers mostly from relocation from Licensed to Unlicensed settings verified during
 - 5** Consumer increase numbers for LICENSED settings during reporting updates
 - 13** Consumers leaving specialized settings (inpatient, nursing home, self-discharge, etc.) verified during reporting updates
- =====

Report Heading Definitions:

of CONSUMERS REPORTED

Consumers reported through calls to all residential providers by assigned staff.

1st Vaccine ADMINISTERED

Consumers that have received their first vaccination as reported by their residential provider.

Consumers FULLY VACCINATED

Consumers that are confirmed fully vaccinated (this includes consumers that received 1-shot vaccinations), as reported by their residential provider.

Consumer/Guardian REFUSALS

Vaccination refusals by the Consumer, Guardian, or Not Recommended by consumers' PCP due to underline health conditions

Awaiting ADDITIONAL INFO from Provider/Guardian

Number of consumers to verify vaccination with additional information needed from the consumer's guardian (partially reported by the residential provider).

***AWAITING INFORMED CONSENT (Shaded from Reporting)**

All consumers under reporting are confirmed to have received Informed Consent to accept or refuse vaccination.

REMAINING CONSUMERS to Verify Vaccination Status

Follow up reporting needed to confirm the numbers of consumers that had yet to receive their second vaccination as scheduled (as reported by their residential provider).

Next reporting update to be completed by COB on Monday, July 19th.

DWIHN Residential CVD-19 Residential Vaccination Reporting: 7/2/21

DCW Staff of Licensed Facilities Vaccinated: 1,321

DCW Staff of Unlicensed Facilities Vaccinated: 904

Licensed Facilities	# of CONSUMERS REPORTED		1st Vaccine ADMINISTERED		Consumers FULLY VACCINATED		Consumer/Guardian REFUSALS		Awaiting ADDITIONAL INFO Provider/Guardian		*AWAITING INFORMED CONSENT		UNDECIDED / TO BE SCHEDULED		# of Consumers Remaining to Verify Vaccination Status
	AMI	IDD	AMI	IDD	AMI	IDD	AMI	IDD	AMI	IDD	AMI	IDD	AMI	IDD	
CITY OF DETROIT	729		646		643		71		8		0		5		13
	491	238	419	227	418	225	62	9	6	2	0	0	5	0	1.78%
	88.6%		88.2%		9.7%		1.1%		0%		0.7%				

Western Wayne	1,364		1,231		1,231		115		12		0		6		18
(40 Cities)	623	741	550	681	550	681	68	47	4	8	0	0	0	6	1.25%
	90.2%		90.2%		8.4%		0.9%		0%		0.4%				

Unlicensed Facilities

CITY OF DETROIT	152		90		89		59		0		0		4		4
	95	57	46	44	46	43	47	12	0	0	0	0	3	1	2.63%
	59.2%		58.6%		38.8%		0%		2.6%						

Western Wayne	993		662		651		280		11		0		21		32
(45 Cities)	283	710	129	533	128	523	145	135	5	6	0	0	3	18	3.22%
	66.7%		28.2%		1.1%		0%		2.1%						

Reporting Points:

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Consumers reported through calls to all residential providers by assigned staff.

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Consumers that have received their first vaccination as reported by their residential provider.

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Consumers that are confirmed fully vaccinated (this includes consumers that received 1-shot vaccinations), as reported by their residential provider.

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Vaccination refusals by the Consumer, Guardian, or Not Recommended by consumers' PCP due to underline health conditions

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Number of consumers to verify vaccination with additional information needed from the consumer's guardian (partially reported by the residential provider).

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REMAINING CONSUMERS to Verify Vaccination Status

Follow up reporting needed to confirm the numbers of consumers that had yet to receive their second vaccination as scheduled (as reported by their residential provider).

Next reporting update to be completed by COB on Monday, July 19th.

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 19-45R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 7/21/2021

Name of Provider: Pettus, Thomas

Contract Title: Flinn Jail Navigator

Address where services are provided: 'None'__

Presented to Program Compliance Committee at its meeting on: 7/14/2021

Proposed Contract Term: 1/1/2019 to 12/31/2021

Amount of Contract: \$ 49,896.89 Previous Fiscal Year: \$ 200,000.00

Program Type: Modification

Projected Number Served- Year 1: 100 Persons Served (previous fiscal year): 80

Date Contract First Initiated: 1/1/2019

Provider Impaneled (Y/N)? N

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

DWIHN is requesting a TIME ONLY extension of a contract to utilize carryover funds from a two-year Mental Health Navigator Pilot Program that utilized evidence based programs and best practice principles to provide post-booking diversion for persons with mental health disorders who have misdemeanor offenses. The program builds upon the best practices of the patient navigator model, utilizing a person-centered, time-sensitive approach to help individuals with SMI leave jail and obtain mental health treatment in the community. It also incorporates evidence-based practices (EBP) of Motivational Interviewing (MI) and Trauma-Informed Care.

The original amount of the grant was \$200,000 and commenced on January 1, 2019 and ended on December 31, 2020. Approximately \$50,000 remain on the contract and DWIHN is requesting the funds extend through December 31, 2021.

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

Source of Funds: Other

Fee for Service (Y/N): Y

Revenue	FY 20/21	Annualized
Local Grant	\$ 49,896.89	\$ 49,896.89
	\$ 0.00	\$ 0.00
Total Revenue	\$ 49,896.89	\$ 49,896.89

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64933.822608.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Interim CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Monday, July 12, 2021

Signed: Monday, July 12, 2021

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: BA#21-23R3 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 7/21/2021

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Provider Network System

Address where services are provided: Provider List Attached

Presented to Program Compliance Committee at its meeting on: 7/14/2021

Proposed Contract Term: 7/1/2021 to 9/30/2021

Amount of Contract: \$ 614,412,102.00 Previous Fiscal Year: \$ 579,139,150.00

Program Type: Continuation

Projected Number Served- Year 1: 68,932 Persons Served (previous fiscal year): 73,446

Date Contract First Initiated: 7/1/2021

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).

Detroit Wayne Integrated Health Network (DWIHN) is requesting approval for this revised board action to expand the scope of services for Genoa Healthcare, LLC, formerly known as Advance Care to include an indigent pharmacy program for uninsured consumers. Currently, Genoa Pharmacy is located throughout Wayne County including on-site at several of our network providers. The program is a requirement in accordance with the Mental Health Code and is included in the General Fund Priority allocation.

The contract is estimated at approximately \$45,000 per year based on utilization with the former MCPNs prior to system transformation.

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 20/21	Annualized
---------	----------	------------

Multiple	\$ 614,412,102.00	\$ 614,367,102.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 614,367,102.00	\$ 614,367,102.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: VARIOUS

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Interim CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Eric Doeh

Signed: Friday, July 9, 2021

Stacie Durant

Signed: Friday, July 9, 2021

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: BA21-60R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 7/21/2021

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: 7/14/2021

Proposed Contract Term: 10/1/2020 to 9/30/2021

Amount of Contract: \$ 100,000.00 Previous Fiscal Year: \$ 45,000.00

Program Type: Modification

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

Date Contract First Initiated: 3/8/2021

Provider Impaneled (Y/N)?

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

In March 2021, DWIHN board approved a \$20,000 increase in the initial \$45,000 contract due to DWIHN not having the availability of a psychiatrist for appeals & denials, the UM Team has utilized MPRO for peer-to-peer reviews.

DWIHN is requesting an additional increase of \$30,000 to the contract for the remaining of the fiscal year September 30, 2021 for a total contract amount of \$100,000.

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): N

Revenue	FY 20/21	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): Modify

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64917.815000.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Interim CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Tuesday, July 13, 2021

Signed: Tuesday, July 13, 2021

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 21-64 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 7/21/2021

Name of Provider: See attached list

Contract Title: COVID-19 Mental Health Block Grant Supplemental Funding

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 7/14/2021

Proposed Contract Term: 6/1/2021 to 3/14/2023

Amount of Contract: \$1,545,000.00 Previous Fiscal Year: \$0.00

Program Type: New

Projected Number Served- Year 1: 1,100 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 6/1/2021

Provider Impaneled (Y/N)? N

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

DWIHN is requesting the approval of \$1,545,000 for twenty two (22) month contract for COVID-19 Mental Health Block Grant Supplemental Funding for Mental Health Connections, Training, Technology & Outreach. DWIHN will implement projects focusing on connecting individuals to care through services and education. Strong emphasis will be placed on the use of systems navigators, data and technology.

DWIHN will enter into several comp source agreements with vendors (see attached allocation grid) to carry out the approved projects. It should be noted that \$431,000 of funds are unallocated and providers are TBD. Once the providers have been selected, a revised board action will be presented to the board.

The grant award and contract period is June 1, 2021 through March 14, 2023. Providers will not begin work until the board has approved the board action.

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

Source of Funds: Block Grant

Fee for Service (Y/N): Y

Revenue	FY 20/23	Annualized
Block Grant	\$ 1,545,000.00	\$ 1,545,000.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 1,545,000.00	\$ 1,545,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64933.822608.07100

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Interim CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Friday, July 9, 2021

Signed: Friday, July 9, 2021