



Detroit Wayne Integrated Health Network

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FULL BOARD
Wednesday, February 16, 2022
707 W. Milwaukee
Detroit, Michigan 48202
1:00 P.M
AGENDA

- I. CALL TO ORDER**
- II. ROLL CALL**
- III. APPROVAL OF THE AGENDA**
- IV. MOMENT OF SILENCE**
- V. APPROVAL OF BOARD MINUTES** – Full Board Meeting – January 19, 2022
- VI. RECEIVE AND FILE** – Approved Finance Committee Minutes – January 5, 2022
Approved Program Compliance Committee Minutes – January 12, 2022
- VII. ANNOUNCEMENTS**
 - A) Network Announcements
 - B) Board Member Announcements
- VIII. NOMINATING COMMITTEE** – Election of Officers
- IX. BOARD COMMITTEE REPORTS**
 - A) Board Chair Report
 - 1) Update Board Member Appointments - City of Detroit and Wayne County
 - 2) Update Community Mental Health Association of Michigan (CMHAM) Winter Virtual Conference February 7th & 8th 2022
 - 3) National Council for Wellbeing – NatCon22 April 11th -13th 2022 National Harbor, Washington D.C.
 - 4) Chamber of Commerce Policy Conference - May 31 – June 3, 2022 Mackinac Island, Michigan
 - B) Executive Committee
 - 1) Board Study Session - February 23, 2022
 - 2) CEO Incentive Compensation Performance Objectives
 - 3) Update Annual Report to the Commission
 - C) Finance Committee
 - D) Program Compliance Committee
 - E) Recipient Rights Advisory Committee

Board of Directors

Angelo Glenn, Chairperson
Dorothy Burrell
Kevin McNamara

Kenya Ruth, Vice Chairperson
Lynne F. Carter, M.D.
Bernard Parker

Dora Brown, Treasurer
Michelle Jawad
William Phillips

Dr. Cynthia Tauog, Secretary
Jonathan C. Kinloch

Eric W. Doeh, President and CEO



IX. SUBSTANCE USE DISORDER OVERSIGHT (SUD) POLICY BOARD REPORT

X. FY 2021-2022 RESOLUTION NUMBER #1 – RESOLUTION APPOINTING MEMBERS TO THE SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD

XI. AD HOC COMMITTEE REPORTS

A) Policy/Bylaw Committee

**XII. FY 2021/2023 QUALITY ASSURANCE PERFORMANCE IMPROVEMENT PROGRAM (QAPIP)
Plan Description *(Program Compliance)***

XIII. PRESIDENT AND CEO MONTHLY REPORT

XIV. UNFINISHED BUSINESS

Staff Recommendations:

- A. BA #21 36 (Revision 2) Independent Evaluator for Autism Spectrum Disorder (ASD) Children's Center of Wayne County, Inc. *(Program Compliance)*
- B. BA #22-12 (Revision 2) DWIHN FY 2021/2022 Operating Budget *(Finance)*

XV. NEW BUSINESS

Staff Recommendations:

- A. BA #22-47- Mental Health First Aid (MHFA) *(Program Compliance)*
- B. BA #22-49 - Tri-County Crisis Counseling Program *(Program Compliance)*
- C. BA#22-52 - PCE/MHWIN Maintenance Contract Renewal *(Finance)*
- D. BA #22-53 - Sleeping Bags/Coats – The Empowerment Plan *(Program Compliance)*
- E. BA #22-54 - Jail Plus – DWIHN's Provider Network *(Program Compliance)*
- F. BA #22-55 - American Rescue Plan Act (ARPA) DWIHN's Provider Network *(Program Compliance)*
- G. BA#22-56 - Lease Agreement – Considine Recreation Center *(Executive Committee)*
- H. BA#22-57 - Professional and Strategy Development for Clinical Leadership *(Executive Committee)*

XVI. PROVIDER PRESENTATION – Starfish Family Services

XVII. REVIEW OF ACTION ITEMS

XVIII. GOOD & WELFARE/PUBLIC COMMENT/ANNOUNCEMENTS

Members of the public are welcome to address the Board during this time for no more than two 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).

XIX. ADJOURNMENT



**DETROIT WAYNE INTEGRATED HEALTH NETWORK
FULL BOARD MEETING
Meeting Minutes
Wednesday, January 19, 2022
1:00 pm.**

BOARD MEMBERS PRESENT

Kenya Ruth, Vice Chairperson
Dr. Cynthia Taueg, Secretary
Lynne Carter, M.D.
Dorothy Burrell

Michelle Jawad
Commissioner Jonathan C. Kinloch
Kevin McNamara
William Phillips

BOARD MEMBERS EXCUSED: Mr. Angelo Glenn, Chair; Ms. Dora Brown, Treasurer; and Mr. Bernard Parker

GUEST(S): None

CALL TO ORDER

The meeting was called to order at 1:10 p.m. by Ms. Kenya Ruth, Vice Chairperson

ROLL CALL

Roll call was taken by the Board Secretary, Dr. Taueg and a quorum was present.

APPROVAL OF THE AGENDA

Ms. Ruth, Vice Chairperson welcomed everyone to the meeting. The Vice Chairperson called for a motion on the agenda.

It was moved by Commissioner Kinloch and supported by Dr. Taueg approval of the agenda as presented. Motion carried unanimously.

MOMENT OF SILENCE

The Vice Chairperson called for a moment of silence. Moment of Silence taken.

APPROVAL OF BOARD MINUTES

The Chair called for a motion on the Board minutes from the Special Full Board meeting of November 3, 2021 and the Full Board Meeting of November 17, 2021. **It was moved by Mr. McNamara and supported by Dr. Taueg to accept the Special Full Board minutes of November 3, 2021 and the Full Board minutes of November 17, 2021 with any necessary corrections. Motion carried unanimously.**

RECEIVE AND FILE

The approved Finance Committee minutes from the meeting of November 3, 2021 and the approved Program Compliance Committee minutes from the meeting of November 10, 2021 were received and filed.

ANNOUNCEMENTS

Network Announcements

T. Devon, Director of Communications noted the upcoming Suicide Prevention Conference Kevin's Song would be held from January 27 to January 29, 2022. There is still time to register for the event. Mr. Eric Doeh will be the Keynote Speaker.

Board Announcements

Ms. Kenya Ruth, Vice Chairperson read the following statement regarding a potential conflict of interest. "At the board meeting held on November 17, 2021, the Board voted on and approved BA#22-25 School Success Initiative. Subsequently, I, Kenya Ruth was made aware of a potential conflict of interest and wanted to disclose it to the board and public. I have been temporarily appointed to the Board of Directors for George Washington Carver. Although my vote in this matter was not in any way influenced by this newly discovered conflict of interest, and also not the deciding vote, to avoid even the appearance of a conflict of interest, I wanted to disclosed this potential conflict and will be abstaining from votes and discussion regarding the School success Initiative at all future DWIHN Board meetings."

There were no additional Board Announcements.

Swearing in Ceremony - Judge Freddie Burton – Board Member Mr. William Phillips

Judge Freddie Burton welcomed everyone to the meeting and gave a message of thanks on behalf of the Wayne County Probate Court to Detroit Wayne Integrated Health Network staff for all of the work performed in the community and with our most vulnerable population. Judge Burton performed the swearing in ceremony and administered the oath for Mr. William Phillips Wayne County appointed Board member. Vice Chairperson Ruth welcomed Mr. Phillips to the Board and invited him to address the board and public. Mr. Phillips noted that he was honored to serve on the board and look forward to working with the seated board members. Dr. Taueg noted that Mr. Phillips was on the Program Compliance Committee and had attended the most recent meeting on last Wednesday. Mr. Doeh, CEO welcomed Mr. Phillips to the board and noted that he was excited about having his expertise added to the Board of Directors.

Board Chair Report

Board Vice Chair, Ms. Ruth requested an update on the City of Detroit appointment. It was reported by Ms. B. Blackwell, Chief of Staff that the City of Detroit is in the process of making a new appointment. She provided an overview on the appointment of Ms. Gail Perry-Mason who was appointed by the City and fully appointed by the Wayne County Commission however due to a personal conflict of interest Ms. Perry-Mason is unable to serve on the DWIHN Board of Directors. Ms. Blackwell will keep the board informed on the status of the City appointment.

Nominating Committee

It was reported that the Board Chair had provided a slate of appointments for the Nominating Committee that needed to be confirmed by the Full Board. The Board Liaison provided the slate which consisted of Mr. Bernard Parker, Chair; Ms. Burrell; Ms. Ruth and Commissioner Kinloch. The Chair called for a motion on the Nomination Committee.

It was moved by Dr. Taueg and supported by Ms. Burrell approval of the slate of appointees for the Nominating Committee which consisted of Mr. Bernard Parker, Chair; Ms. Dorothy Burrell; Ms. Kenya Ruth and Commissioner Kinloch. Motion carried.

It was noted that the Metro Region meeting hosted by Macomb was held on December 2, 2021. Ms. Blackwell reported. It was noted that updates were received from the Association on the Integrated Health

initiatives; the redesign efforts and education efforts on the policy initiatives. An update was provided on the Shirley and Whiteford bills that are currently in discussion. It was also noted that in Lansing there were discussions on how we can work to educate our networks and how we can best be equipped to educate the people we serve on how they can best use their voices. The Association will continue to provide updates on Lansing. We are continuing to work together within the tri-county area with our Customer Service areas. It was also noted that given the incident that occurred in Oxford we are putting together resources so that we can create some collaborative initiatives on how best serve the people. These efforts will continue and will update the board in February.

The New Board Member Orientation is scheduled for Friday, January 21st and will be held virtually, please contact the Board Liaison to notify her of your attendance.

The Community Mental Health Association of Michigan (CMHAM) Winter Conference is scheduled for February 7th -9th 2022; the conference has been moved from a hybrid platform to a virtual platform. Interested board members should contact the Board Liaison if you are planning to attend.

The National Council for Wellbeing – NatCon22 is scheduled from April 11th-13th 2022 at National Harbor in Washington, DC. Registration is required before lodging arrangements can be made; please contact the Board Liaison if you are interested in attending.

The Chamber of Commerce Policy Conference is scheduled for May 31st through June 3rd on Mackinac Island. There are some restrictions this year; everyone in attendance must be vaccinated and the number of registrants has been reduced to 1300 individuals. If you are interested in attending please contact the Board Liaison.

Executive Committee

The Board Vice Chairperson Kenya Ruth reported. A verbal report was provided. It was reported that the Executive Committee met on Tuesday, January 18, 2022. The Board Study Session will be held in late February and will be in person. The CEO Incentive Compensation Performance Objectives will be deferred to the next Executive Committee meeting scheduled for February. Ms. Blackwell, Chief of Staff noted the Annual Report to the full Commission is scheduled for March 3, 2022 at 10:00 a.m. The Vice Chair Ms. Ruth noted that Mr. Glenn Board Chair sent a message apologizing for his absence and that for the record as a part of the CEO Incentive Compensation Performance Objectives a third-party survey will be done for staff and Providers.

Dissolution of Board Building Ad Hoc Committee

The Board Vice Chairperson Ms. Kenya Ruth reported that a recommendation was made at the Executive Committee meeting to dissolve the Board Building Ad Hoc Committee as the charge of the committee had been completed; however, reports should be provided at the Full Board meeting and in the CEO report that is provided at the Board Executive Committee meeting. The Chair called for a motion.

It was moved by Commissioner Kinloch and supported by Mr. McNamara dissolution of the Board Building Ad Hoc Committee with updates being provided at the Full Board meeting and in the CEO report that is provided at the Board Executive Committee meetings. There was no further discussion. The motion carried unanimously.

Finance Committee

Mr. Kevin McNamara Vice Chair of the Finance Committee, gave a verbal report of the highlights from the Finance Committee and noted the committee met on Wednesday, January 5, 2022. There was some really good news to report. It was reported that things are really going well here at DWIHN. DWIHN will be providing \$4.3 million dollars in stability payments to 13 of the 26 eligible providers. In addition, DWIHN identified Clubhouse services as eligible for financial stability payments. As a result, an additional \$1.6 million was paid to five (5) Clubhouse providers. DWIHN's total specific provider financial stability payments issued for fiscal year ended September 30, 2021 were \$6.9 million. DWIHN offered two additional network wide stability payments which included a lump sum retention payment to all provider staff that serve DWIHN members, both clinical and administrative; DWIHN issued \$24.7 million in retention payments to two hundred ninety-two (292) providers for 13,000 full and part time employees which represents approximately 90% of DWIHN providers. DWIHN disbursed \$4.7 million to the provider network related to the overtime initiative. We will be implementing an across the board 5% increase for all fee for service programs; it does exempt some programs such as some of the hospital groups. The Michigan Department of Health and Human Services approved the SED value-based incentive model where the SED Children's providers can earn up to \$2.5 million a year in value-based payments. The committee reviewed and moved five board actions to full board for approval. The liquidity is strong and cash flow is sufficient to support operations. There was no further discussion. The report was received and filed.

Program Compliance Committee

Dr. Taueg, Chair provided a verbal report. It was reported that the Committee met on January 12, 2022. The Chief Medical Officer's report shared information on the tri-county group that are meeting to look at youth mental health which came as a response from the incident at Oxford as well as some other incidents that are occurring in our schools that has created a continuing concern over the mental health status of our children and youth in the midst of a pandemic. The group has met once and includes staff from all three counties. This was a planning meeting and they are going to be developing some additional information regarding strategies and to determine who else might be included.

The Medical Officer's report also mentioned how we are continuing as an agency with robust outreach efforts. We now have resources listed on our website that are related to the options people have and can access and they have had held town hall meetings on youth violence. Our Medical Director has also created several videos to address vaccine hesitancy as well as a newsletter that address community issues.

The Compliance Officer's report was deferred until the next meeting, as we have a vacancy in terms of our Corporate Compliance Officer. There were no major issues that needed to be discussed.

The Committee received an update on the crisis services and a review of all the accomplishments for FY 20/21 and discussion about some of the plans for FY 22, including the development of an RFP for the Crisis Assessment Center. Staff also plans to address the issue of COVID-positive behavioral health patients that come to the ER in our area hospitals. They have difficulty getting placed so those will be two specific areas that will be worked on for the remainder of this fiscal year.

The Committee reviewed and recommended for Full Board approval two revised board actions BA #20-49 and BA#21-13 and four new board actions which are on the agenda for today. There was no further discussion. The report was received and filed.

Recipient Rights Advisory Committee

Commissioner Kinloch, provided the report of the Recipient Rights Advisory Committee (RRAC). A written report was provided for the record. It was reported the Recipient Rights Advisory Committee met on January 7, 2022, at 11:00 a.m. The annual report was submitted on December 23, 2021, after review and approval from Mr. Eric Doeh, CEO. The Office of Recipient Rights reporting period is from October 1st through September 30, 2021. The report was 35-pages documenting 1110 allegations, 898 Investigations, and 287 Substantiated Investigations. The complaint sources for the allegations were as follows: 326 were from recipients; 327 were from staff; 140 were from ORR staff; 202 were from guardians/family; and 82 were from the community and general public.

Each year staff has been the highest reporting mechanisms informing our office on violations of our recipient's rights and we appreciate their dedication. A detailed copy of the full report is available for all Board members. Any questions regarding the report can be directed to Ms. Polly McCalister, Recipient Rights Director.

The Office of Recipient Rights received 19 appeals; 18 met the criteria for appeal and were accepted; 10 were upheld and eight (8) were sent back for reinvestigation. A recipient can file an appeal if they feel the investigative findings of the Rights Office were not consistent with the facts, or with the law, rules or policies of the agency; the action or proposed action of the agency director did not provide adequate resolution; or the Rights Office did not start or finish the investigation in a timely fashion.

The RRAC Committee is required by the State of Michigan to make at least three recommendations/goals for the ORR department; the three recommendations that the committee has selected are to increase staffing levels in the ORR department; ensure all committee members receive training to be well rounded and informed which includes all DWIHN policies, IPOS explanations should be included in this training to assist our committee with making decision on appeals and lastly to have more information on decisions before sending the appeals cases back. There was no further discussion. The report of the Recipient Rights Advisory Committee was received and filed.

SUBSTANCE USE DISORDER OVERSIGHT (SUD) POLICY BOARD REPORT

Mr. Tom Adams, SUD Oversight Policy Board Chair noted the SUD Oversight Policy Board did not meet as their meeting had to be rescheduled from January 15th which was the Martin Luther King Holiday. The next meeting is scheduled for January 24, 2022.

AD HOC COMMITTEE REPORTS

Policy/Bylaws Committee

There was no report.

PRESIDENT AND CEO MONTHLY REPORT

Mr. Doeh, CEO, reported. A written report was provided for the record. Mr. Doeh wished everyone a Happy New Year. It was reported that there are so many goals that have been set at the organization all while making sure we adhere to our strategic plan. We are working collaboratively with other regions including Oakland and Macomb County. An overview was provided on the activities that took place because of the flooding in Wayne County. Discussions were held with the department regarding what could be done to assist individuals in Wayne County. We were able to write a grant which has grown from \$900,000 to \$3.7 million dollars - this money will go towards providing counseling services and crisis counseling service to folks throughout the region.

We stand in a healthy financial perspective and have distributed well over \$30 million dollars including employee retention and overtime for folks involved in our residential settings. He gave an overview of the value-based payments. An overview was provided on the Opioid litigation and it was noted that according to the Attorney General we fit into one of the special circumstances which is not automatic and was something that we needed to know about; there is approximately \$19 million dollars that could be available for services for individuals that have a need. An overview was provided on the increase on the COVID-19 positive numbers and it was noted that that it was important to have transitional settings that those individuals could return to. Over 90% of the individuals in residential settings have been vaccinated. In our organization over 90% have been vaccinated as well.

It was reported 707 W. Milwaukee was proceeding quite nicely. He thanked the Board members that worked to help bridge the gap between the organization and the community. There will be additional information provided on where board meetings will be held; however, conversations have been held with the Considine Center regarding the use of space.

He stated that in terms of clinical services, he would like the focus to be on children's services. This was going to be added to our Strategic Plan. He stated that his recommendation to the board for 2022 would be to focus on children's mental health care – no child left behind. We have already started with billboards and we're going to literally overflow social media to talk about this. As was discussed about what happened in Oxford as well as Canton, again we are coming together tri-county strong to not only coordinate our services but to also coordinate our smarts. He told the Committee to expect more information to come regarding mental health services on the no child left behind initiative.

CFO Durant provided an overview of the finances, the ISF and the fund balances. Discussion also ensued regarding the revenues; services that have been brought into DWIHN and the building of a Crisis Center; and how the State mandates the use of funds. The Vice Chair applauded the efforts of Mr. Doeh and his insight on focusing on our youth and their mental health.

The Vice Chair noted that the members of the Nomination Committee needed to be corrected and the committee should have consisted of Mr. Parker as Chair; Ms. Burrell; Ms. Jawad and Ms. Ruth. Ms. Turner, Deputy Legal Counsel noted that because the motion had previously been approved the body needed to reconsider the slate and vote the motion either up or down and the new slate would have to be voted on.

It was moved by Mr. McNamara and supported by Dr. Taueg that the slate for the Nomination Committee be reconsidered. The previous slate consisted of Mr. Bernard Parker, Chair; Commissioner Kinloch; Ms. Burrell and Ms. Ruth. There was no further discussion. Motion carried.

It was moved by Ms. Jawad and supported by Dr. Taueg that the recommended slate for the Nomination Committee be adopted and confirmed as follows: Mr. Bernard Parker, Chair; Ms. Michelle Jawad; Ms. Kenya Ruth and Ms. Burrell. There was no further discussion. Motion carried.

There was no further discussion on the report of the CEO. The Chair called for a motion to accept the report of the CEO.

It was moved by Ms. Jawad and supported by Dr. Taueg to accept the report of the CEO. There was no further discussion. Motion carried.

The Vice Chair called for a motion to bundle the board actions listed under unfinished business.

It was moved by Mr. McNamara and supported by Dr. Taueg to bundle all of the unfinished Board actions. Motion carried.

UNFINISHED BUSINESS

Staff Recommendations:

- A. BA #19-62 (Revision 2) – Pyratech Security – M. Maskey, Facilities Manager reporting. This board action is requesting the approval to exercise the one-year extension option from February 1, 2022 through January 31, 2023 for an amount not to exceed \$162,927 with Pyratech Security Systems. Pyratech provides physical security at DWIHN buildings. The contract was originally procured through the IFB process and issued for a 3-year contract with a one year extension option. The total contract amount will not exceed \$642,977.
- B. BA #20-49 (Revised2) – OBRA/PASARR Services – Neighborhood Service Organization (NSO) – Staff requesting board approval for a one-year extension for an estimated amount of \$2,229,120.00 starting April 1, 2022 through March 31, 2023. The total cost of the contract would increase to \$6,687,360.00.
- C. BA#20-54 (Revision 4) – HEDIS/NCQA Professional Consultant Services – M. Singla, CIO reporting. This Board Action is to request a term extension only of contractual Professional IT services for the period from January 1, 2022 to June 30, 22. The funds allocated are sufficient to support the additional six months of the contract.
- D. BA #21-13 (Revised 3) – Wayne County Health, Human and Veteran’s Services – Third Circuit Court, Clinic for Child Study – Staff requesting board approval to amend this contract with The Third Circuit Court (3CC), Clinic for Child Study and increase funding by \$940,000.00 in general fund dollars for the fiscal year ended September 30, 2021. The amendment will include the Youth Assessment Screening Instrument (YASI). Approval of this amendment would bring the total amount of 3CC’s allocation to \$1,540,000.00.
- E. BA #21-69 (Revised) – DWIHN Proposed General Fund Program Allocation – The Children’s Center Foster Care Program – Staff requesting board approval to amend this board action to include The Children’s Center (TCC) Foster Care Program. No additional funds are requested as funds allocated to the other programs in this board action will be re-allocated to the foster care program. Also, this board action is to include Wayne Health as the provider for the Mobile Outreach Unit. Funds will be re-allocated between these specific programs without board approval to reduce the risk of lapsing funds to MDHHS.
- F. BA#22-12 (Revision 1) – DWIHN FY2021-2022 Operating Budget – S. Durant, CFO reporting. This board action is requesting the approval to amend the FY 2022 Operating Budget. The amendment certifies/decertifies additional revenue of \$42,513,062 (net). Additional details on each item was provided in the Board action.

The Chair called for a motion on the board actions listed under Unfinished Business.

It was moved by Ms. Jawad and supported by Dr. Taueg approval of BA#19-62 (Revision 2); BA#20-49 (Revision 2); BA#20-54 (Revision 4); BA#21-13 (Revision 3); BA#21-69 (Revised); and BA#22-12 (Revision 1). There was no further discussion. **Motion carried.**

NEW BUSINESS

Staff Recommendations:

- A. Board Action #22-35 – Westcomm – T. Devon, Director of Communications reporting. The Chair called for a motion on BA #22-35. **It was moved by Dr. Taueg and supported by Mr. McNamara approval of BA #22-35.** The Communications Department would like to enter into a contract agreement with Westcomm, a social media management company. The contract would begin February 1, 2022 through September 30, 2022. The total cost of the eight-month contract is \$55,600.00 Westcomm was the second qualified bidder on an RFP issued in July 2020. The initial vendor selected was Equal Sign Partners whose contract had been cancelled. Discussion ensued. It was noted that additional information was sent to the Board per the request of the Finance Committee. The contract is now for an amount less than initially presented at the Finance Committee. **Motion carried.**
- B. BA #22-41 – Michigan Child Collaborative Care Program (MC3) and the Behavioral Health Consultant Starfish Family Services – The Chair called for a motion. **It was moved by Ms. Jawad and supported by Dr. Taueg approval of BA#22-41.** Staff requesting board approval for a one-year contract for an amount not to exceed \$79,922.00. Starfish Family Services will provide local oversight, in collaboration with MC3 program of the Behavioral Health Consultant as they implement MC3 in Wayne County as well as work in concert with other regional Behavioral Health Consultants. The State of Michigan identified the agency to provide the Behavioral Health Consultant. There was no further discussion. **Motion carried.**
- C. BA #22-42 – Substance Use Disorder (SUD) Parenting Postpartum Women Pilot – Elmhurst/Naomi's Nest and Central City Integrated Health Network – The Chair called for a motion. **It was moved by Dr. Taueg and supported by Ms. Jawad approval of BA#22-42.** Staff requesting board approval for a one-year contract of the Parenting Postpartum Women Pilot that has been awarded by MDHHS for \$267,302.00. Central City Integrated Health and Elmhurst/Naomi's Nest are the two providers that have been selected to implement this program. DWIHN has the discretion to allocate the funds among the providers based upon utilization as long as the total amount of the contract does not increase. There was no further discussion. **Motion carried.**
- D. BA #22-43 – Wayne Health-Mobile Outreach Clinic – Wayne State University Physicians' Group – The Chair called for a motion. **It was moved by Ms. Jawad and supported by Ms. Burrell approval of BA#22-43.** Staff requesting board approval for a one-year contract for the fiscal year ended September 30, 2022 for an amount not to exceed \$565,000.00 with WSU's Physicians Group dba Wayne Health. Wayne Health provide physical health screening, COVID Testing, COVID vaccinations and behavioral health screening. There was no further discussion. **Motion carried.**
- E. BA #22-44 – Infant and Early Childhood Mental Health Consultation in Home Visiting (IECMHC-HV) – Development Centers, Inc. – The Chair called for a motion on BA#22-44. **It was moved by Dr. Taueg and supported by Ms. Burrell approval of BA#22-44.** Staff requesting board approval for a one-year contract for the fiscal year ending September 30, 2022 for an amount not to exceed \$53,913.00. This is a prevention based, indirect intervention that teams a mental health professional

with home visiting programs to improve the social, emotional and behavioral health of children. There was no further discussion. **Motion carried.**

- F. BA #22-45 – Special Media Outreach Initiative – S. Durant, CFO reporting. The Chair called for a motion on BA#22-45. **It was moved by Mr. McNamara and supported by Ms. Jawad approval of BA#22-45.** This board action is requesting the approval of a joint request between the Communications, SUD and Workforce Training and Development departments for an amount not to exceed \$30,000 for additional media services that would exceed the amount of approved FY21/22 contracts. Approval of this board action would allow Communications to amend existing contracts should a special initiative arise with one of our media partners throughout FY 21/22. This Board action was moved for approval to Full Board by the Finance Committee with the condition that Finance Committee be notified of expenses in the quarterly Procurement report or monthly Finance report. There was no further discussion. **Motion carried.**

PROVIDER PRESENTATION – Changing Lives & Staying Sober (C.L.A.S.S.) Dr. Karla Mitchell, Executive Director reporting. A PowerPoint presentation was provided for the record. The purpose of the project is to explore what factors influence and are barriers that contribute to disparate SUD and Behavioral Health follow up services for African Americans. The presentation provided an overview of the team; the data design of the project; timelines and the data collection status. It was noted that over 1200 surveys had been responded to that provided Information. Gave an overview of the discovery plan, sustainability and the reporting process. The Board Vice Chair, Ms. Ruth thanked Dr. Mitchell for the presentation and noted that this type of project is important as it provides the foundation for removing barriers and increasing access to services. The presentation was definitely appreciated.

REVIEW OF ACTION ITEMS

There were no action items.

GOOD AND WELFARE/PUBLIC COMMENT

The Board Vice Chair, Ms. Ruth read the Good and Welfare/Public Comment statement.

Ms. Mallory, Project Manager; Ask the Messenger thanked DWIHN for their continued partnership and for the renewal of their contract.

Mr. Derek Thompson, Ask the Messenger requested a copy of the C.L.A.S.S presentation from Ms. Mitchell.

ADJOURNMENT

There being no further business, the Board Vice Chair, Ms. Ruth called for a motion to adjourn. **It was moved by Ms. Jawad and second by Dr. Taueg to adjourn. The motion carried unanimously and the meeting adjourned at 2:29 p.m.**

Submitted by:
Lillian M. Blackshire
Board Liaison

FINANCE COMMITTEE

MINUTES

JANUARY 5, 2022

1:00 P.M.

**707 W. MILWAUKEE ST.
DETROIT, MI 48202
(HYBRID/ZOOM)**

MEETING CALLED BY	I. Ms. Dora Brown, Chair called the meeting to order at 1:06 p.m.
TYPE OF MEETING	Finance Committee Meeting
FACILITATOR	Ms. Dora Brown, Chair
NOTE TAKER	Nicole Smith, Administrative Assistant
ATTENDEES	<p>Finance Committee Members Present: Ms. Dora Brown, Chair Mr. Kevin McNamara, Vice Chair Ms. Kenya Ruth Mr. Bernard Parker (Virtual)</p> <p>Committee Members Excused: Commissioner Jonathan C. Kinloch</p> <p>Board Members Present: Ms. Dorothy Burrell (Virtual)</p> <p>Board Members Excused: None</p> <p>Staff: Mr. Eric Doeh, CEO; Ms. Stacie Durant, CFO; Ms. Yolanda Turner, Deputy Legal Counsel; Ms. Tiffany Devon, Director of Communications; Mr. Mike Maskey, Facilities Manager; Manny Singla, CIO</p> <p>Guests: None</p>

AGENDA TOPICS

II. Roll Call Ms. Lillian Blackshire, Board Liaison

DISCUSSION	Roll Call was taken by Ms. Blackshire and a quorum was present.
<p>III. Committee Member Remarks The Chair, Ms. Brown, called for any Committee remarks. Vice Chair, McNamara invited committee members to attend meeting with Western Wayne regarding mental health.</p> <p>IV. Approval of Agenda The Chair, Ms. Brown called for a motion on the agenda. There were no changes or modifications requested to the agenda. Motion: It was moved by Ms. Ruth and supported by Mr. McNamara approval of the agenda. Motion carried.</p> <p>V. Follow-up Items: There were no follow up items noted on the agenda.</p>	

VI. Approval of the Meeting Minutes

The Chair, Ms. Brown called for a motion on the Finance Committee minutes from the meeting of Wednesday, November 3, 2021. **Motion:** It was moved by Mr. McNamara and supported by Ms. Ruth approval of the Finance Committee minutes from the meeting of Wednesday, November 3, 2021. There were no corrections to the minutes. **Motion carried.** Minutes accepted as presented.

VII. Presentation of the Monthly Finance Report

S. Durant, CFO presented the Monthly Finance report. A written report ending November 30, 2021 was provided for the record. Network Finance accomplishments and noteworthy items were as follows:

In response to a letter dated October 1, 2021, twenty-six (26) providers from four (4) lines of business were eligible for a stability payment. Thirteen (13) of the providers responded and were eligible for a total payment amount of \$4.3 million. The claims will be adjusted and payment will be disbursed over the next few weeks. In addition, DWIHN identified Clubhouse services as eligible for financial stability and requested similar information. As a result of the review, an additional \$1.6 million was paid to five (5) Clubhouse providers.

DWIHN's total specific provider financial stability payments issued for fiscal year ended September 30, 2021 were \$6.9 million.

DWIHN offered two additional network wide stability payments:

(1) A lump sum retention payment to all provider staff that serve DWIHN members, both clinical and administrative, employed on September 30, 2021. Approximately 90% of the providers responded after DWIHN made three separate attempts to reach out to non-responsive providers. On Monday, December 6, 2021, DWIHN issued \$24.7 million in retention payments to two hundred ninety-two (292) providers for 13,000 full and part time employees. In addition, three hundred thirty-two (332) full time and ten (10) part-time/student interns and DWIHN staff were also eligible for the retention payment for a total of approximately \$755,000. DWIHN applied the same guidelines as the provider network. It should be noted that the amount disbursed to DWIHN employees were within the board approved budget for administrative costs for the fiscal year ended September 30, 2021.

(2) Payment of overtime premiums (i.e. half time) for certain residential providers, in part, for services performed during the fiscal year ended September 30, 2021. Although DWIHN's standardized rate of \$18.54/hr. factor in an overtime component, given the staff shortages, providers incurred an excess amount of overtime during the year. On December 7, 2021, DWIHN disbursed \$4.7 million to the provider network related to the overtime initiative.

Effective October 1, 2021, DWIHN will be implementing an across the board 5% rate increase for all fee for service programs, with the exception of Hospitals, COFR's, special provider negotiated rate contracts (i.e. Hope Network), Wayne County programs, Children Crisis contracts, COPE, MHL, Fiscal Intermediaries, Med Drop, PMPM providers, and federally funded grant programs (i.e. PASARR). DWIHN will be working with PCE to update the MHWIN contract records to reflect the revised rates on 1/1/22 however October – December claims will be retroactively adjusted and paid by early April 2022. Discussion ensued regarding the DWIHN goal of "Rainy Day Funds". CFO, S. Durant responded with the percentages for the goal amounts for local funding. It was stated the goal met for FY2021 was 10% for ISF, 7.5% Medicaid Internal Revenues, and up to 5% for Medicaid Savings; in dollar amounts are \$5.9 million (7.5%) and \$39 million (5%).

On November 15, 2021, MDHHS approved the SED value-based incentive model. The SED Children's Providers can earn up to \$2.5 million a year in value-based payments. In addition, on December 10, 2021, DWIHN met and introduced a similar value-based payment model to the AMI provider network. On the same day, DWIHN submitted the request for all approvals to MDHHS; they have 25 days to respond, however we anticipate implementation effective January 1, 2022. The AMI providers can earn up to \$5.5 million per year in value-based payments.

Cash and Investments – comprise of funds held by three (3) investment manager, First Independence CDARS, Comerica, and Flagstar accounts.

Due from other governments – comprise various local, state and federal amounts due to DWIHN. The account balance primarily related to \$5.9 million for MDHHS performance incentive and \$6.0 million due from MDHHS for SUD and MH block grant.

Accounts receivable and allowance for uncollectible – Approximately \$2.1 due from Molina for MHL; and \$2 million due from Wayne County for 4th quarter PA2 and November match payment. DWIHN recorded \$.5 million in an allowance for two SUD providers due to length of amount owed and likelihood of collections. Discussion ensued discussion regarding department forgiveness for the SUD providers that owe monies to DWIHN. Mr. Doeh, CEO noted that discussion would take place at a later date.

IBNR Payable – represents incurred but not reported (IBNR) claims from the provider network; historical average claims incurred through November 2021, including DCW hazard pay, was approximately \$117.9 million however actual payments were approximately \$57.1 million. The difference represents claims incurred but not reported and paid of \$60.8 million.

Due to other governments – includes \$8 million due to MDHHS for death recoupment and \$1.6 million for 2/3 of the 1st quarter IPA tax payable due January 30, 2022. In addition, the amount includes \$1.8 million due to MDHHS for FY20 general fund carryover in excess of 5% and \$.9 million for State facilities.

Federal revenue/grant program expenses – variance due to several grants not accrued due to timing of receiving invoices. In addition, the budget assumes revenues are incurred consistently throughout the year.

State revenue and contracts – Various due to pending budget adjustment for DCW revenues for approximately \$7.6 million for October and November receipts.

Autism, SUD, Adult, IDD and Children services – \$12.3 million variance due to impact of COVID on certain lines of business and timing in services (i.e. summer programs).

The Chair, Ms. Brown noted the Monthly Finance Report ending November 30, 2021 was received and filed.

VIII. 4th Quarter FY21 Procurement Report

The 4th Quarter Procurement Report was presented by Ms. J. Mira, Procurement Administrator. The written report was provided to the Finance Committee and was included in the agenda packet for informational purposes. Noteworthy information includes purchasing percentages: Contract Percentage for Wayne County is 36.11% and Out of County is 63.89%; Funding Percentage w/o IT for Wayne County is 65.60% and Out of County is 34.40%. Amounts include Total under 50K or Cooperative purchasing is \$233,733.95, Wayne County is \$84,405.98, IT totals is \$105,063.58, and Total funding w/o IT 128,670.37. There was no further discussion. wThe 4th Quarter Procurement Report was received and filed.

IX. Unfinished Business – Staff Recommendations:

a. Board Action #19-62 (Revision 2) – Pyratech Security – M. Maskey, Facilities Manager reporting. This board action is requesting the approval to exercise the one-year extension option from February 1, 2022 through January 31, 2023 for an amount not to exceed \$162,927 with Pyratech Security Systems. Pyratech provides physical security at DWIHN buildings. The contract was originally procured through the IFB process and issued for a 3-year contract with a one year extension option. The total contract amount will not exceed \$642,977. The Chair, Ms. Brown called for a motion on Board Action #19-62(Revision 2). **Motion.** It was moved by Mr. McNamara and supported by Ms. Ruth approval of Board Action #19-62 (Revision 2) to Full Board. There was no further discussion. **Motion carried.**

b. Board Action #20-54 (Revision 4) – HEDIS/NCQA Professional Consultant Services – M. Singla, CIO reporting. This Board Action is to request a term extension only of contractual Professional IT services for the period from January 1, 2022 to June 30, 22. The funds allocated are sufficient to support the additional six months of the contract. The Chair, Ms. Brown called for a motion on Board Action #20-54 (Revision 4). **Motion.** It was moved by Ms. Ruth and supported by Mr. McNamara approval of Board Action #20-54 (Revision 4). There was no further discussion. **Motion carried.**

c. Board Action #22-12 (Revision 1) – DWIHN FY2021-2022 Operating Budget – S. Durant, CFO reporting. This board action is requesting the approval to amend the FY 2022 Operating Budget. The amendment certifies/decertifies additional revenue of \$42,513,062 (net). Additional details on each item was provided in the Board action. The Chair, Ms. Brown called for a motion on Board Action #22-12 (Revision 1). **Motion.** It was moved by Mr. McNamara and supported by Ms. Ruth approval of Board Action #22-12 (Revision 1). **Motion carried.**

X. New Business – Staff Recommendations:

a. Board Action #22-35 – Westcomm – T. Devon, Director of Communications reporting. The Communications Department would like to enter into a contract agreement with Westcomm, a social media management company. The contract would begin February 1, 2022 through September 30, 2022. The total cost of the eight-month contract is \$69,500. Westcomm was the second qualified bidder on an RFP issued in July 2020. The initial vendor selected was Equal Sign Partners whose contract had been cancelled. Ms. Brown recommended the Director obtain a contract and scope of services/plan of action of how the monies were to be spent. The Chair, Ms. Brown called for a motion on Board Action #22-35. **Motion.** It was moved by Ms. Ruth and supported by Mr. McNamara approval of BA#22-35 pending receipt of the plan of action at Full Board meeting. **Motion carried.**

b. Board Action #22-45 – Special Media Outreach Initiative – S. Durant, CFO reporting. This board action is requesting the approval of a joint request between the Communications, SUD and Workforce Training and Development departments for an amount not to exceed \$30,000 for additional media services that would exceed the amount of approved FY21/22 contracts. Approval of this board action would allow Communications to amend existing contracts should a special initiative arise with one of our media partners throughout FY 21/22. The Chair, Ms. Brown called for a motion on Board Action #22-45. **Motion.** It was moved by Mr. McNamara and supported by Ms. Ruth approval of BA#22-45 to Full Board with the condition that the Finance Committee be notified of expenses in the Quarterly Procurement Report or the Monthly Finance Report. **Motion carried.**

X. Good and Welfare/Public Comment – The Chair read the Good and Welfare/Public Comment statement. There were no members of the public to address the committee and there were no written comments.

<p>XI. Adjournment – There being no further business; The Chair, Ms. Brown called for a motion to adjourn. Motion: It was moved by Ms. Ruth and supported by Mr. McNamara to adjourn the meeting. Motion carried. The meeting adjourned at 2:27 p.m.</p>	
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<p>FOLLOW-UP ITEMS</p>	
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| <ul style="list-style-type: none">a. CEO to research if any monies reported in the Finance report as accounts receivables or uncollectibles can be forgiven. Mr. Doeh and Ms. Durant to discuss and provide an update.b. Communications to provide a scope of services to Finance Committee and Full Board on BA#22-35 WestComm.c. Finance Report or Quarterly Procurement Report to be include expenses of monies being spent in regards to BA#22-45 Special Media Outreach Initiative. | | |
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PROGRAM COMPLIANCE COMMITTEE

MINUTES

JANUARY 12, 2022

1:00 P.M.

VIRTUAL MEETING

MEETING CALLED BY	I. Dr. Cynthia Taueg, Program Compliance Chair at 1:13 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Dr. Cynthia Taueg, Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	<p>Committee Members: Dorothy Burrell; Dr. Lynne Carter; Michelle Jawad; and Dr. Cynthia Taueg</p> <p>Staff: Brooke Blackwell; Jacquelyn Davis; Judy Davis; Eric Doeh; Dr. Shama Faheem; Monifa Gray; Jennifer Jennings; Cassandra Phipps; Vicky Politowski; Ebony Reynolds; April Siebert; Yolanda Turner; Michele Vasconcellos; and Dan West</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 Mrs. Burrell to approve the agenda. Dr. Taueg asked if there were any changes/modifications to the agenda. There were no changes/modifications to the agenda. Motion carried
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V. Follow-Up Items from Previous Meetings

DISCUSSION/ CONCLUSIONS	<p>A. Year-End Reports (Clinical Practice Improvement) – Provide more information/plan and feedback for Returning Citizens’ Initiative – Ebony Reynolds, Clinical Officer of Clinical Practice Improvement submitted and provided more information for the Returning Citizen’s Initiative. Ms. Reynolds reported any member that expresses a desire to work can be referred to our Individual Placement and Support (IPS) program which can assist them finding employment and employers who are willing to work with our Returning to Citizens with felonies. The IPS program does have a non-exclusion policy which means that a person’s incarceration history, probation or parole status does not prevent them from finding employment for the individual. There is a very comprehensive list of felony-friendly employers provided to DWIHN by one of our jail providers, Central City Integrated Health (CCIH). It is located on the Re-entry Works website. It is used to link returning citizens to jobs and temporary agencies. Development Centers is also able to work with any Detroit including those with a felony background. This program is in partnership with Detroit Economics Solutions Corporation. All of our jail providers do require background checks in which they do consider the offense and timeframe in which the offense was committed. Ms. Reynolds stated that she will look into the IPS program to see if there are any individuals that are Returning Citizens, separate that population and report on it during the Clinical Practice Improvement’s quarterly report. The committee requested that staff track and provide a written report on a quarterly basis the success rate of those individuals that sought employment and were successful in receiving employment. (Action)</p>
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VI. Approval of Meeting Minutes

DISCUSSION/ CONCLUSIONS	<p>The Chair called for approval of the November 10, 2021 meeting minutes. Motion: It was moved by Dr. Carter and supported by Mrs. Burrell to approve the November 10, 2021 meeting minutes. Dr. Tauog asked if there were any changes/modifications to the meeting minutes. There were no changes/modifications to the meeting minutes. Motion carried.</p>
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VII. Reports

DISCUSSION/ CONCLUSIONS	<p>A. Chief Medical Officer – Dr. Shama Faheem, Chief Medical Officer submitted and gave highlights of her Chief Medical Officer’s report. Dr. Faheem reported:</p> <ol style="list-style-type: none"> 1. Behavioral Health Outreach – DWIHN provided outreach and assistance to schools, teachers and students after the tragic Oxford shooting as well as other school threats and lockdowns. DWIHN’s School Success Initiative’s team and providers also provided support and outreach. DWIHN continues the advocacy and outreach efforts towards the COVID-19 cases and the new variant. Staff provided mental health support and outreach through the Tri-County training on “Is there a healthy response to stress?” to Peer professionals in November 2021. The three CMHs were the starting point of this outreach, but will expand to adding providers, hospital groups, etc. DWIHN and the Detroit Police Department (DPD) Pilot partnership continue their efforts to provide behavioral health for the homeless. 2. Quality Improvement Indicators – Indicator 1 (Pre-admission Crisis Screening in three hours) – Staff continue to meet the criteria for children
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	<p>screening and working on meeting the criteria for adults in FY 2022 Q1.</p> <p>Indicator 2a (Access of services or completion of Biopsychosocial within 14 days of request) – This has been relatively lower than other Regions though the State does not have a standard compliance cut-off yet. Staffing shortages with providers putting holds to new intakes as well as to certain types of services and member no-show have been significant barriers. Staff is working closely with providers on identifying their plan for resuming intakes as well as to highlight the importance of meeting this standard.</p> <p>Indicator 4a (Hospital discharge follow-up in seven (7) days) – DWIHN continues to meet this standard for adults throughout FY 21 and met the standard for children in FY 21 Q4.</p> <p>Indicator 10 (Recidivism or readmission in 30 days) – DWIHN continues to meet this standard for children. DWIHN has had a trend of increasing compliance for adults with a significant increase between the last two quarters that was submitted to the State. The improvement trend as well as the preliminary data from FY 22 indicates possibility of meeting the criteria in FY 2022 Q1.</p> <p>3. Performance Improvement Projects – MDHHS/HSAG has notified DWIHN about concentrating on the upcoming PIP topic to “Reduce racial and ethnic disparities in healthcare and health outcomes.” Staff did not find disparities for a number of measures and indicators tested but found some disparity and opportunity for improvement with our hospital discharge 7-day follow-up appointment data. The brief description has been submitted to HSAG and awaiting their response. The review and analysis of the Michigan Mission Based Performance Indicator (MMBPI) reporting data for PI# 4a (The percentage of discharges from a psychiatric inpatient unit that were seen for follow-up care within 7days) has revealed a racial disparity with the African American population as compared to the White population served. DWIHN has submitted the Performance Improvement Project (PIP) topic to HSAG and to date, HSAG has not yet accepted the selected PIP. Dr. Tauveg opened the floor for discussion. Discussion ensued. The Chair noted that the Chief Medical Officer’s report has been received and placed on file.</p> <p>B. Corporate Compliance Report – Deferred to February 9, 2022</p>
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VIII. Quarterly Reports

	<p>A. Crisis Services – Dan West, Director of Crisis Services submitted and gave highlights of the Crisis Services’ quarterly report. Mr. West reported:</p> <ol style="list-style-type: none"> 1. FY 21/22 Accomplishments – DWIHN’s Hospital Liaisons staff were involved in 999 cases receiving crisis services for Q1 of FY 21/22. The overall diversion rate from inpatient care was 48%. Staff received 812 AOT orders in collaboration with Probate Court which were uploaded into MH-WIN and monitored monthly in coordination with the CRSP. CRSPs continue to be educated on crisis alerts and coordination of processes are taking place to involve more peer-to-peer reviews to influence recidivism. Staff working with law enforcement in real-time to utilize the CSUs as opposed to the emergency departments depending on concerns. 2. FY 21/22 Q1 Area of Concern – Individuals testing positive for COVID in the ED, needing inpatient placements and being denied. 3. Plans for FY 21/22 Q2 – Continued efforts to solidify a process to educate and utilize AOT orders with the 36th District Court and relevant staff. Develop RFP for Crisis Assessment Center; Work with inpatient facilities to address difficulties related to placement with COVID positive members; and
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	<p>Work with CRSPs to establish procedures for crisis alerts to address recidivism.</p> <p>Dr. Tauzeg opened the floor for discussion. Discussion ensued.</p> <p>B. Utilization Management – Jennifer Jennings, Director of Utilization Management submitted and gave highlights of the Utilization Management’s quarterly report. Ms. Jennings reported:</p> <ol style="list-style-type: none"> 1. Serious Emotional Disturbance Waiver (SEDW) – As of December 2021, 52 youth were enrolled in the SEDW, slightly down from previous quarters. 2. General Fund – There were 1,152 approvals for General Fund authorizations. 3. Provider Network Hospital Admissions – There were 2257 inpatient admissions for Q4 (44% increase from Q3-2247). Staff continues to conduct bi-weekly case conferences with DWIHN’s physician consultant to decrease the average length of stay and hospital admissions. 4. State Facilities – State hospital census counts remain consistent during Q1 despite restricted admissions. 5. Substance Use Disorder (SUD) – For Q1 of FY ’22, there were 465 urgent authorizations (458 were approved within 24 hours); 2920 non-urgent authorizations (2520 were approved within 14 days by SUD/UM reviewers) slightly below the 90% threshold. 6. Milliman Care Guidelines (MCG) – For Q1 of FY 22, 2,581 members were screened. Since data was pulled early (12/16/21) due to the holiday, it is anticipated the screening volume will be similar to last quarter’s report (3,089 cases). Staff continue using the guidelines to review member’s length of stay and continued stay. 7. Interrater Reliability (IRR) – Annual testing for FY 20/21 is complete. The annual IRR report and the use of the 25th edition of the MCG guidelines were approved at the Improving Practices Leadership Committee meeting on 11/2/21. 8. Denials and Appeals – The three denials that did not meet the MCG medical necessity criteria for continued inpatient hospitalization and Applied Behavior Analysis (ABA) services and one appeal for the Q1. <p>Dr. Tauzeg opened the floor for discussion. Discussion ensued. The Chair noted that the Crisis Services’ and Utilization Management’s quarterly reports have been received and placed on file.</p>
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IX. Strategic Plan Pillars

DISCUSSION/ CONCLUSIONS	<p>A. Customer – Michele Vasconcellos, Director of Customer Services submitted and gave highlights of the Strategic Plan Customer Pillar’s report. Ms. Vasconcellos reported that the Customer Pillar is at 93% completion. There are three goals under this pillar:</p> <ol style="list-style-type: none"> 1. Enhance the Provider experience by September 30, 2022 – 82% completion 2. Ensure inclusion and Choice for members by September 30, 2021 – 97% completion 3. Improve person’s experience of care and health outcomes by September 30, 2022 – 91% completion <p>Dr. Tauzeg opened the floor for discussion. Discussion ensued.</p> <p>B. Quality – April Siebert, Director of Quality Improvement submitted and gave highlights of the Strategic Plan Quality Pillar’s report. Ms. Siebert reported that the Quality Pillar is at 83% completion. There are four organizational goals under this pillar:</p> <ol style="list-style-type: none"> 1. Ensure consistent Quality by September 30, 2022 – 72% completion
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	<ol style="list-style-type: none"> 2. Ensure the ability to share/access health information across systems to coordinate care by December 31, 2021 – 95% completion 3. Implement Holistic Care Model: 100% by December 31, 2021 – 85% completion 4. Improve population health outcomes by September 30, 2022 - 78% completion <p>Dr. Tauzeg opened the floor for discussion. There was no discussion. The Chair noted that the Strategic Plan Pillars' Customer and Quality have been received and placed on file.</p>
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X. Quality Review(s) -

DISCUSSION/ CONCLUSIONS	<p>A. QAPIP Work Plan Update – April Siebert, Director of Quality Improvement submitted and gave highlights of the QAPIP Work Plan Update. Ms. Siebert reported:</p> <ol style="list-style-type: none"> 1. <i>Michigan Mission Based Performance Indicators (MMBPI) preliminary data for Q4 Pl#10 (Adult Recidivism) – The percentage of readmissions to an inpatient psychiatric unit within 30 days of discharge from psychiatric inpatient unit</i> – DWIHN's efforts has continued to show improvement through Recidivism Workgroups which includes our CRSP providers. These initiatives have led to a decrease with the adult recidivism rate from 22% during Q2 in FY 20 to 15.01% for Q4 in FY 21, with a total population rate of 14.51%. This is the second lowest rate in the last two years and the threshold for Pl#10 is 15% or less. 2. <i>Behavior Treatment Advisory Committee</i> – DWIHN organized the two system-wide training events on the Technical Requirements of Behavior Treatment Plans (BTP). The first training event was for Habilitation Supports Waiver (HSW) providers on MDHHS' requirements for the beneficiaries of HSW and BTP. DWIHN hosted the virtual technical assistance with MDHHS for network providers on the requirements of Behavior Treatment review and Occupational Therapy Evaluations in FY 20/21 with 133 participants in attendance. All delegated contracted CRSP providers are to have the BT review process in place and the requirements are included in the CRSP contract for FY 20/21. The Behavior Treatment Category has been implemented in MH-WIN Critical and Sentinel Reporting Module to improve the systemic under-reporting of the four reportable categories for the members on BTP. DWIHN submits quarterly data analysis reports to MDHHS. 3. <i>Critical/Sentinel Event Training</i> – Staff has completed 100% review of backlog events for FY 19/20 with 95% closure rate and now focusing on review of FY 20/21 events. During FY 20/21, 316 staff throughout the provider network participated in the Critical/Sentinel Event training via the webinar platform. The Critical/Sentinel Event Guidance Manual was updated as the Performance Improvement team worked with the IT department to streamline and improve the MH-WIN electronic reporting access in the Critical/Sentinel Event Module. The Sentinel Event/Peer Review Committee (SEC/PRC) has expanded and revamped processes to include broader representation from DWIHN's department leaders. Staff along with ORR is working with the IT department to rectify glitches in data entry/data pull directly related to our Death Reporting and Closure process. <p>Dr. Tauzeg opened the floor for discussion. There was no discussion. The Chair noted that the QAPIP Work Plan Update has been received and placed on file.</p>
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XI. Chief Clinical Officer's (CCO) Report

DISCUSSION/ CONCLUSIONS	<i>The Chief Clinical Officer's (CCO) Report has been deferred to February 9, 2022</i>
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XII. Unfinished Business

DISCUSSION/ CONCLUSIONS	<p>A. BA #20-49 (Revised2) – OBRA/PASARR Services – Neighborhood Service Organization (NSO) – Staff requesting board approval for a one-year extension for an estimated amount of \$2,229,120.00 starting April 1, 2022 through March 31, 2023. The total cost of the contract would increase to \$6,687,360.00. Dr. Tauveg opened the floor for discussion. There was no discussion.</p> <p>B. BA #21-13 (Revised3) – Wayne County Health, Human and Veteran's Services – Third Circuit Court, Clinic for Child Study – Staff requesting board approval to amend this contract with The Third Circuit Court (3CC), Clinic for Child Study and increase funding by \$940,000.00 in general fund dollars for the fiscal year ended September 30, 2021. The amendment will include the Youth Assessment Screening Instrument (YASI). Approval of this amendment would bring the total amount of 3CC's allocation to \$1,540,000.00. Dr. Tauveg opened the floor for discussion. There was no discussion.</p> <p>C. BA #21-69 (Revised) – DWIHN Proposed General Fund Program Allocation – The Children's Center Foster Care Program – Staff requesting board approval to amend this board action to include The Children's Center (TCC) Foster Care Program. No additional funds are requested as funds allocated to the other programs in this board action will be re-allocated to the foster care program. Also, this board action is to include Wayne Health as the provider for the Mobile Outreach Unit. Funds will be re-allocated between these specific programs without board approval to reduce the risk of lapsing funds to MDHHS. 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 #20-49 (Revised 2); BA #21-13 (Revised 3); and BA #21-69 (Revised). Motion: It was moved by Dr. Carter and supported by Ms. Jawad to move BA #20-29 (Revised2); BA #21-13 (Revised 3); and BA #21-69 (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)

DISCUSSION/ CONCLUSIONS	<p>A. BA #22-41 – Michigan Child Collaborative Care Program (MC3) and the Behavioral Health Consultant – Starfish Family Services – Staff requesting board approval for a one-year contract for an amount not to exceed \$79,922.00. Starfish Family Services will provide local oversight, in collaboration with MC3 program of the Behavioral Health Consultant as they implement MC3 in Wayne County as well as work in concert with other regional Behavioral Health Consultants. The State of Michigan identified the agency to provide the Behavioral Health Consultant. Dr. Tauveg opened the floor for discussion. Discussion ensued.</p> <p>B. BA #22-42 – Substance Use Disorder (SUD) Parenting Postpartum Women Pilot – Elmhurst/Naomi's Nest and Central City Integrated Health Network – Staff requesting board approval for a one-year contract of the Parenting Postpartum</p>
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	<p>Women Pilot that has been awarded by MDHHS for \$267,302.00. Central City Integrated Health and Elmhurst/Naomi's Nest are the two providers that have been selected to implement this program. DWIHN has the discretion to allocate the funds among the providers based upon utilization as long as the total amount of the contract does not increase. Dr. Tauveg opened the floor for discussion. Discussion ensued.</p> <p>C. BA #22-43 – Wayne Health-Mobile Outreach Clinic – Wayne State University Physicians' Group - Staff requesting board approval for a one-year contract for the fiscal year ended September 30, 2022 for an amount not to exceed \$565,000.00 with WSU's Physicians Group dba Wayne Health. Wayne Health provide physical health screening, COVID Testing, COVID vaccinations and behavioral health screening. Dr. Tauveg opened the floor for discussion. There was no discussion.</p> <p>D. BA #22-44 – Infant and Early Childhood Mental Health Consultation in Home Visiting (IECMHC-HV) – Development Centers, Inc. – Staff requesting board approval for a one-year contract for the fiscal year ending September 30, 2022 for an amount not to exceed \$53,913.00. This is a prevention based, indirect intervention that teams a mental health professional with home visiting programs to improve the social, emotional and behavioral health of children. Dr. Tauveg opened the floor for discussion. Discussion ensued.</p> <p>The Chair bundled the board actions and called for a motion on BA #22-41; BA #22-42; BA #22-43; and BA #22-44. Motion: It was moved by Dr. Carter and supported by Ms. Jawad to move BA #22-41; BA #22-42; BA #22-43; and BA#22-44 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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XIV. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS	<p><i>There was no Good and Welfare/Public Comment to review.</i></p>
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ACTION ITEMS	Responsible Person	Due Date
<p>1. Follow-Up Items from Previous Meeting – Year-End Report (Clinical Practice Improvement) Returning Citizen's Initiative – Track and provide a written report on a quarterly basis the success rate of those individuals that sought employment and were successful in receiving employment.</p>	Ebony Reynolds	March 9, 2022

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

ADJOURNED: 2:28 p.m.

NEXT MEETING: Wednesday, February 9, 2022 at 1:00 p.m.



Detroit Wayne Integrated Health Network

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SUD OPB met for their monthly meeting, Monday, January 31, 2022.

Substance Use Disorder Oversight Policy Board recommended candidate Darryl Woods for the Wayne County vacant position to the DWIHN SUD OSPB

Darryl Woods (Wayne County Commission Recommendation)

Darryl Woods (Elder Woods) is a minister and help lead countless men to salvation. He organizes church services, revivals; gospel concerts; mentoring programs, and many baptismal and other Christian outreach programs. He Chaired the NAACP Detroit Branch Prison Program Committee for over a decade; and served on the Board of Directors of Chance For Life, all while incarcerated. He also partnered with the FBI, DEA, US Attorney Office, city officials, and countless leaders who gathered at sessions and special events. After serving 28 years and 11 months behind prison walls, Elder Woods's sentence was commuted by Governor Rick Snyder. In the same spirit of service and love, he is continuing his work of impacting the lives of others through a message of hope and transformation.

SUD Oversight Policy Board Recommendation for Re-appointment:

The following SUD Oversight Board Members are being recommended for re-appointment to the SUD Oversight Policy Board for consideration.

Dr. Cynthia Arfken (DWIHN Board of Directors Recommendation for Re-appointment)

Dr. Arfken is a Professor in the Department of Psychiatry and Behavioral Neurosciences at Wayne State University in Detroit Michigan. Her training includes a PhD in chronic disease epidemiology from Yale University and a postdoctoral fellowship in alcohol research from the University of California in Berkeley. Prior to completing her doctorate, she was a research associate in economics at Yale University. Before moving to Wayne State University, she was on the faculty at Washington University in St. Louis, in the division of Biostatistics and then in the Center for Health Behavior Research (Internal Medicine). In addition to research on substance abuse epidemiology and mental health services, she is the epidemiologist and vice chair of the Detroit Wayne Mental Health Authority Substance Use Disorder Oversight Policy Board.

Board of Directors

Angelo Glenn, Chairperson
Dorothy Burrell
Kevin McNamara

Kenya Ruth, Vice Chairperson
Lynne F. Carter, MD
Bernard Parker

Dora Brown, Treasurer
Michelle Jawad
William Phillips

Dr. Cynthia Tauog, Secretary
Jonathan C. Kinloch

Angelo Glenn (DWIHN Board of Directors Recommendation for Re-appointment)

Mr. Glenn serves as the Chairperson for the Detroit Wayne Integrated Health Network Board of Directors. He also was the Michigan Department of Community Health Integrated Testing Project Manager for Mariners Inn from 2012 through 2014. In 2015, Mr. Glenn was appointed to the National Black Leadership Commission on AIDS (NBLCA) and served as Chair of NBLCA Detroit. Mr. Glenn worked for Mariner's Inn, a drug treatment facility, for 15 years; his own story of drug addiction and recovery can inspire others. While he was the Substance Abuse Prevention Director, he helped young men with mental illness, substance use disorder, and those at risk for homelessness find the resources and recovery tools necessary to get back on their feet. He was also responsible for designing and implementing community-based Alcohol, Tobacco, and other drug prevention programming throughout Detroit.

Chief William Riley (DWIHN Board of Directors Recommendation for Re-appointment)

Chief of Police William T. Riley, III is a native of Newport News, Virginia, where he began his career at the Newport News Police Department in 1984. Chief Riley worked his way through the ranks until he was called to duty as Master of Arms for the U.S. Navy following September 11, 2001, terrorist attack on New York. In 2002, Chief Riley returned to Newport News as a Police Lieutenant, was later promoted to Captain in 2007, and became the Police Chief for the historical City of Selma, Alabama, in 2008, where his primary focus was the restructuring of the police department and formation of community partnerships. On August 10, 2015, Chief Riley took the oath to become the Police Chief for the City of Inkster, Michigan. To transform a battered and bruised, understaffed, and underfunded police department, Chief Riley re-established essential divisions and formed additional new units, thus creating a successful police department that provides quality service to its residents.

Maria Avila (DWIHN Board of Directors Recommendation for Re-appointment)

Maria Avila is a bilingual English/Spanish professional with over 10-years of experience providing Prevention Education, Community Outreach, Public Relations for an Elected Office-Specializing in Diverse Communities and international entities, such as the Mexican Consulate. She has served as a Community Outreach Liaison in both the public and private sectors. Additionally, she has worked with the Mexican Consulate and has 16 years of legal experience providing interpreter services for the judicial system. Ms. Avila is a resident of the City of Detroit. Ms. Avila offers strong communication and cultivation skills, fostering business, political, and civic leadership relationships across the City of Detroit.

Commissioner Jonathan Kinloch (DWIHN Board of Directors Recommendation for Re-appointment)

Jonathan C. Kinloch was appointed to the commission in January 2021. He is a member of the Committee on Ways and Means, Committee on Public Service, Committee on Seniors and Veterans Affairs, and the Committee on Public Safety, Judiciary & Homeland Security; Chair of the Special Committee on The Criminal Justice Complex, and Vice-Chair of the Special Committee on Behavioral Health. Appointed by Wayne County Executive Warren C. Evans, Commissioner Kinloch sits as the County Commission's representative on the Board of Directors for Detroit Wayne Integrated Health Network. Commissioner Kinloch has been engaged in Detroit's social and civic community for over thirty years. He serves as Chairman of the Detroit/Wayne County Port Authority and Commissioner on the Detroit Board of Water Commissioners. In addition, Commissioner Kinloch has served on the Detroit Board of Education and the Wayne County Board of Canvassers.

Commissioner Kevin McNamara (DWIHN Board of Directors Recommendation for Re-appointment)

Kevin McNamara currently serves as the Supervisor of the Township of Van Buren. McNamara previously served with the Wayne County Commission as Chairman of Public Services (Roads and Parks) for eight years and also served as Chairman of Wayne County's HEAD START programs, on Southeastern Michigan Council of Government's Executive Board as Chairman of the Finance Committee and as a past Board member of the Detroit Metropolitan Airport. As a member of the Detroit Wayne Mental Health Authority's Board of Directors, McNamara sits on both the Strategic Planning and Policy committees.

There was brief discussion regarding the delay in re-appointments for the board members mentioned above. It was determined that due to COVID and change in the SUD Department leadership this process was an oversight.

The SUD Oversight Policy Board had six board actions items.

The first board action presented ***BA 22-04S FAN-DABO***, The SUD Department requested \$6,000.00 in PA 2 funding for Families Against Narcotics (FAN) Detroit Hope Not Handcuffs program in the Detroit Police Department's 2nd Precinct Through Hope Not Handcuffs a person struggling with any substance use disorder can come to any of the participating police agencies and ask for help. They will be greeted with support, compassion, and respect. The initiative will also engage the community in support of education, prevention, and treatment for Substance Use Disorder (SUD). The overall goal of this project is to reduce the morbidity and mortality associated with overdoses in high-risk communities by strengthening the community capacity through education and to bring community policing to be part of the solution.

The second board action presented ***BA 22-05S, Empowerment Plan, Sleeping Coats***, The

The SUD Department requested \$88,100.00 in PA 2 funding for 700 Sleeping Bag/Coats for our Co-Occurring Homeless consumers. The Sleeping Bag/Coats will allow providers to provide active outreach and support individuals who are experiencing homelessness and substance use disorder throughout Wayne County.

The third board action presented ***BA 22-06S, Jail Plus Program***, The Wayne County Department of Health, Human and Veterans Services (HHVS), Clinical Services Division, Adult Community Corrections requested approval of a sub-recipient Intergovernmental Agreement (IGA) between the County of Wayne and Detroit Wayne Integrated Health Network (DWIHN). DWIHN will be the Prepaid Inpatient Health Plan (PIHP) for Wayne County and manages federal and state prevention treatment and recovery services in Wayne County, in addition to mental health services. The term of the agreement is from October 1, 2021 through September 20, 2022. The total amount of this contract is \$241,000.00.

The fourth board action presented ***BA 22-07S Fast Signs***, The SUD Department requested approval to allocate the amount of \$1,748.20 of PA2 funding for FASTSIGNS services to replace old logos and lettering with the most current and up to date logo and lettering for DWIHN prescription box to distribute to local providers and police precincts for the purpose of appropriated destroying unused medication The amount is for 1,748.20

The fifth board action presented *BA 22-08S, The Michigan Department of Health and Human Services* awarded the SUD Department 1,129,060 from the American Rescue Plan Act (ARPA) grant with an additional \$125,000.00 for administrative cost and unmet needs. The funding will provide prevention, intervention, treatment, and recovery support continuum services to includes various evidence-based services and supports for individuals, families, and communities.

The sixth board action presented *BA 22-09S, Ask the Messengers*, Ask the Messengers will provide 30-minute educational programming on TV 20 airing Sundays at 8:00 a.m. The show reaches up to 11,000 households and its main focus is on educational messaging related to substance use disorder treatment and prevention, suicide prevention and community outreach events. The Total cost: \$38,100.00.

There were discussion and all Board Actions were passed with full support.

The meeting moved to the President and CEO of DWIHN, Mr. Eric Doeh report. The CEO provided updates on the new DWIHN building, CCBHC, No Children Left Behind Initiative and the Opioid Litigation progress.

The DWIHN Legal Counsel, Monifa Gray, provided updates for the OMA Act. The meetings are open to the public; require notice and the documenting of minutes. The SUD OSPB meeting are to be in-person

Stacie Durant, CFO presented to the SUD Board and provided updates on PA2 rollout.

Due to time limitations Ms. Judy Davis, SUD Director, briefly went over her monthly report contained updates on the Naloxone Initiatives, additional funding, COVID cases and new grant opportunities.

Karr Thomas, Prevention Manger, Gregory Lindsey, Treatment Administrator, Stacey Sharp, Opioid Health Home Administrator provided updates on prevention, treatment and the Opioid Health Homes services.

A request to submit the SOR report from Matthew Yascolt, SOR Coordinator was requested and accepted

Report Submitted By: Chair Thomas Adams



**Detroit Wayne
Integrated Health Network**

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FY 2021-2022 RESOLUTION NUMBER #1

**RESOLUTION APPOINTING MEMBERS TO
THE SUBSTANCE USE OVERSIGHT POLICY BOARD**

WHEREAS, the Detroit Wayne Integrated Health Network (“DWIHN”) is a community mental health authority formed under Section 204 of the Michigan Mental Health Code (P.A. 258 of 1974, as amended) (the “Code”) to manage the provision of mental health, intellectual/developmental disability and substance use disorder (“SUD”) programs and services; and

WHEREAS, the Code (MCL 330.1287) requires that community mental health entities, including DWIHN, establish a substance use disorder oversight policy board; and

WHEREAS, on or about October 1, 2014, DWIHN entered into an Intergovernmental Agreement with Wayne County to establish the Substance Use Disorder Oversight Policy Board (the “SUD Board”) which operates under the Bylaws of the Detroit Wayne Integrated Health Network Substance Use Disorder Oversight Policy Board (the “Bylaws”); and

WHEREAS the Bylaws of the SUD Board require that it nominate prospective DWIHN appointees to the SUD Board, and that such appointees be presented to the DWIHN Board of Directors by the SUD Board Chairperson (or the Chairperson’s designee) for consideration and approval at the DWIHN Board of Directors’ regular board meeting; and

WHEREAS on January 31, 2022, the SUD Board nominated six (6) prospective DWIHN members for consideration and appointment by the DWIHN Board of Directors; and

WHEREAS, these six (6) prospective DWIHN SUD Board members are prepared to provide this valuable service to the community in accordance with the Bylaws, including complying with DWIHN’s Conflict of Interest and Standards of Conduct policies and procedures; and

Board of Directors

Angelo Glenn, Chairperson
Dorothy Burrell
Kevin McNamara

Kenya Ruth, Vice Chairperson
Lynne F. Carter, MD
Bernard Parker

Dora Brown, Treasurer
Michelle Jawad
William Phillips

Dr. Cynthia Taug, Secretary
Jonathan C. Kinloch

Eric W. Doeh, President and CEO




NOW, THEREFORE, BE IT RESOLVED THAT:

The DWIHN Board of Directors hereby appoints the following individuals, with effective dates of appointment and termination of appointment, as set forth below:

Name	Effective Date of Appointment	Effective Date of Termination of Appointment
Dr. Cynthia L. Arfken	April 1, 2022	March 31, 2025
Angelo Glenn	April 1, 2021	March 31, 2024
Chief William Riley	April 1, 2022	March 31, 2025
Maria Avila	April 1, 2021	March 31, 2024
Jonathan Kinloch	April 1, 2021	March 31, 2024
Kevin McNamara	April 1, 2022	March 31, 2025

I HEREBY CERTIFY that the foregoing Resolution was adopted by the Detroit Wayne Integrated Health Network Board of Directors on this Sixteenth (16th) Day of February, 2022.


Mr. Angelo Glenn, Chair 2-16-22



President and CEO Report to the Board Eric Doeh February 2022

DWIHN continues to invest in the provider network by infusing stability and retention dollars in the system. To date, DWIHN has issued in direct payment for provider stability payments over \$15 million; another \$26 million in retention payments; and well over \$4 million in reimbursement in overtime for workers in our residential communities. In addition, DWIHN has implemented a 5% rate increase across the board that will total approximately \$30 million. These efforts have been made to ensure that our members continue to receive exceptional services, and to ensure that our provider partners are able to employ and retain a robust and experienced workforce.

Discussions in Lansing regarding the behavioral health redesign remain ongoing. DWIHN's leadership recently had meetings with both Majority Leader Sen. Shirkey and Rep. Whiteford about their bills. It does appear that both bills will appear on the floor of the Senate and House in the coming weeks. Strong opposition to bills, especially Sen. Shirkey's bill continue to be a focal point of advocacy with the PIHPs, Community Mental Health Association of Michigan (the Association), and advocacy groups.

The Governor put forth the FY23 Executive Budget Proposal on Wednesday, February 9, 2022. The budget proposes significant funding increases and one-time funding opportunities for behavioral health services. Here are some of the highlights:

- **\$135 million** to promote recruitment and retention of behavioral health direct care staff, a one- year bonus payment will be provided on per pay period basis to almost 1,000 state psychiatric hospital direct care staff and to approximately 50,000 behavioral health workers operating in Michigan communities.
- **\$5.25 million** to renovate two additional units at Hawthorne
- **\$5.75 million** to operate forensic center satellite facilities (82 FTEs)
- **\$15 million** to renovate the new CFP Satellite Facility
- **\$14.8 million** to purchase access to private, inpatient community-based services
- **\$31.8 million** for non-clinical nursing home staff (\$2.35 for non-clinical staff)

Some one-time funding included \$25 million in student load reimbursement for behavioral health providers working in health professional shortage areas (HPSAs); \$15 million to Jail Diversion to be used by the Mental Health Diversion Council (I was appointed to the Council); and \$325 million to construct a new psychiatric hospital to replace Hawthorn Center and Walter P. Reuther State Hospital. Additionally, the budget proposal called for significant funding increases for mental health services in schools, including \$120 million to hire school based-mental health professionals.

MENTAL HEALTH CARE – NO CHILD LEFT BEHIND INITIATIVE

The first major campaign this new year is called, “Mental Health Care-No Child Left Behind.” In light of all that has happened over the past two years, DWIHN is putting a stronger emphasis on children’s services. We will extend our scope and resources to reach the over 285,000 school-aged children in Wayne County. In the coming months look for increased messaging on billboards, in the media and social media presence on this very important subject.



As DWIHN continues this effort and focus on putting children first by providing a comprehensive system of care, resources, and supports for children and families within our communities, we are working with stakeholders, providers and community agencies to provide a holistic approach to care. This includes mental health, physical health, educational supports and resources, community outreach and mentoring. Opportunities for expansion consist of the following:

Prevention:

- Education and Intervention with Primary Care to include training around mental health screening, available services, and coordination of care. Coordinate with Health Plans on Screening and Early identification. Expand outreach and information on access to services using town halls, trainings, and mobile services. Provide educational support including help with technology, STEM, and collaboration opportunities with Head Start and other school-based programs.
- Expansion of School Success Initiative: Expansion to new schools and continue to focus on teacher and school Social Worker education and training on: Supporting students, Early identification of psychiatric problems, screenings, warning signs, Suicide and Violence Risk Assessment, Threat Assessment training.
- Tri-county Initiative for Children Wellbeing and Injury Prevention- Tri-county collaboration on services and resources including Youth First Aid and town halls/trainings.

Treatment Services:

- Partner with providers to provide a comprehensive list of all of the services and resources for children and adolescents.
- Expansion of services- Youth peer Support and Parent Support Partners
- Focus on Quality of Services with special focus on Child Quality Indicators and HEDIS measures along with development of new PIPs to address this.
- Closely track children service delivery and utilization

FINANCE

In January 2022, Detroit Wayne Integrated Health Network (DWIHN) transferred \$59,500,000 in excess cash to the three investment managers and First Independence Bank. The investments were made in accordance with the DWIHN investment policy and Public Act 20.

DWIHN continues to work on its fiscal year ended September 30, 2021 financial statements in conjunction with its annual audit. Audited financial statements will be presented at the May 2022 Finance Committee meeting.

ADVOCACY

DWIHN has been working with our lobbyists firm Public Affairs Associates (PAA) to meet with various legislators and other leadership in Lansing and MDHHS to discuss the state of behavioral healthcare services in Michigan. Information and updates have been shared with our Provider Network, stakeholders and persons served on a regular basis about COVID-19, essential clinical services and supports and funding updates from MDHHS.

Working with MDHHS and awarded a \$3.7 million Crisis Counseling Assistance and Training Program Grant from the Federal Emergency Management Agency (FEMA) in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA). The DWIHN Workforce Development Department is working with our OCHN and MCCMH to create the “Tri-County Strong” program to hire individuals throughout the region that will provide support to residents emotionally impacted by recent flood disasters and connect them to behavioral healthcare supports and county programs.

In collaboration with Wayne State University, exceeded the goal to collect 600 surveys for adult and children’s Annual ECHO Surveys.

Facilitated the following monthly Member Engagement Activity: EVOLVE, Ambassador Outreach, Faith Based Initiative regarding Narcotics, Evening Soul Chat Line, AFC homes basic computer technology training and the What’s Coming-Up video production.

FACILITIES



Milwaukee Task	Completion Date
Milwaukee Care Center Building Permit Plan Review	3/10/2022
Department Packing/Closeout	3/16/2022
Temporary Onsite Office	3/16/2022

Furniture Sale	3/24/2022
Milwaukee Building Closure	3/25/2022
Milwaukee Care Center Construction RFP	4/1/2022
Milwaukee Care Center Construction Vendor Presented for Board Approval	4/20/2022
Milwaukee Care Center Construction Commence	5/2/2022
Office and Boardroom Task	
Considine Center Space Acquisition	3/1/2022
Considine Center Office and Boardroom Setup	3/30/2022
Building Equipment/Material Removal	4/29/2022
Woodward Task	
Community Engagement Meeting	2/10/2022
Woodward Admin Building Permit Plan Review	2/24/2022
Woodward Admin Building Zoning Approval	3/10/2022
Woodward Admin Building Construction Contract Award	3/25/2022
Woodward Admin Construction Commence	4/1/2022

INFORMATION TECHNOLOGY

Therefore Document Management System:

This is a collective effort project among all IT units, this project will take us to a digital solution to accommodate retention requirements, and reduce the need to accommodate physical storage. We have several new departments scanning the files in the building to prepare for construction.

Security / HIPAA:

AES256 Encryption_- Working with IT Infrastructure team to ensure that the encryption level on workstations meets standards for audits and contracts. PowerBI_- Developing PowerBI dashboards for the Call Center team to aid in management and reporting. Mitel Callback - Working with Call center management Team and BSB to develop a more streamlined callback system.

HUMAN RESOURCES

DWIHN Executive Leadership completed DiSC (Dominance, Influence, Steadiness, Conscientious) training in October 2021, covering topics related to: Optimize Productivity Through Communication and Motivation; Build Bench Strength Through Coaching, Delegation and Engagement; Strategic Leadership: Craft a Vision, People Alignment and Execution for Results - Parts I and II; Strategic Leadership; and Lead Change for Growth and a Sustainable Future.

DWIHN Senior Management began participating in development training in June of 2021 in the following areas: is also undergoing training in the following areas: Optimize Performance Through Effective Supervision; Communicate for Success!; Ready, Set, Goals!; Praise and Recognition to Motivate; Redirect and Coach to Inspire; Handle Difficult Behavior and Discipline; Delegate with Results; Continuous Process Improvement; Lead Effective Meetings; Manage Time and Priorities; Build Teams; and Be a Change Agent.

Development training is scheduled to begin for mid-level managers and supervisors March 2022. Diversity, Equity and Inclusion training is planned for March as well.

DWIHN continues to hire staff to augment our already exceptional workforce. As a point of reference, on January 4, 2021, DWIHN hired the first staff for the Call Center. As of January 3, 2022, all 58 positions in the Call Center were staffed and there were no vacant positions.

DWIHN will complete the hiring of its Compliance Officer by the week of February 14, 2022. As part of our preparation for additional integrated services, DWIHN has added a strategic director and an administrator to assist in implementing and expanding behavioral health homes, certified community behavioral health clinics, and opioid health homes.

CHIEF CLINICAL OFFICER

Health Home Initiatives:

Behavioral Health Home (BHH):

Behavioral Health Home services will be starting in Region 7 on April 1, 2022. DWIHN is the Lead Entity and DWIHN has five (5) Health Home partners in this initiative. A MDHHS Behavioral Health Home kick-off meeting is scheduled for March 2, 2022. All of DWIHN's Health Home partners have met BHH credentialing requirements and have received training from the National Council for Behavioral Health. This will expand integrated physical and behavioral health services for both adults and/or children diagnosed with a serious mental illness or serious emotional impairment.

Opioid Health Home (OHH):

On October 1, 2021 DWIHN began its Lead Entity role as an Opioid Health Home for persons with Medicaid and an Opioid use disorder. As of January 31, 2022, there are 206 persons enrolled on OHH. This is a twenty-two percent increase in enrollment since October 2021. Health Home Partners provide a full array of integrated health services including care management, specialty referrals, assessments, authorizations, treatment planning.

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

The Guidance Center is Region 7's State designated CCBHC provider. A CCBHC site provides a coordinated, integrated, comprehensive services for all individuals diagnosed with a mental illness or substance use disorder. It focuses on increased access to care, 24/7/365 crisis response, and formal coordination with health care. This model launched on 10/1/2021 and currently The Guidance Center, in partnership with DWIHN, has enrolled over 2,500 members.

INTEGRATED HEALTHCARE

Opioid Crisis:

DWIHN continues to train providers, health care workers, jail staff, drug court staff, community organizations and members of our community on how to use Naloxone to reverse opioid overdose. Since 10/1/2021, DWIHN has provided 25 Narcan trainings. There was a reported 74 successful Narcan saves. The Barbershop Men's Health Initiative is another initiative that connects barbers and the clients to Narcan training and information on men's health. DWIHN hosted 24 events.

State Opioid Response Programs (SOR):

The mobile unit served 788 individuals and provided 244 SUD referrals, 448 drug screens, 470 peer supports, 148 Narcan kits distributed, and 5 Narcan saves. There were 49 probationers/parolees served by DWIHN SUD providers.

CLINICAL PRACTICE IMPROVEMENT

Wayne County Jail /Probate Court:

There were a reported 154 releases from the Wayne County jail. Of those, 55 were linked to the assigned provider; 17 were placed in other correctional facilities or hospitalization; 15 were not in MHWIN; and 67 were unassigned and linked to a DWIHN Jail provider. During the first quarter, 602 persons were screened upon entry into the jail and 239 were admitted for mental health services.

There were 66 Assisted Outpatient Treatment Orders reported from December 18, 2021 through January 31, 2022. Of those, 10 were on a continuing hospitalization order; four were not Medicaid eligible; 12 were linked to the Access Center for a provider assignment; nine were not in MHWIN; and 35 where the provider was notified of the order.

RESIDENTIAL SERVICES

The DWIHN Residential Team continues to track and monitor requests for assistance from providers and resultant timeliness. During the month of January 2022, the Residential Team received 185 requests for assistance through e-mail and phone calls. 64% were responded to within 24-48 hours, 10% where connected with other DWIHN departments for resolution, 17% required further investigation, and 9% where referred to a supervisor for further review and resolution.

The Residential Team continues to provide monthly authorization refresher trainings for CRSP providers, in addition, DWIHN meets with CRSPs monthly to review system /process updates, identify potential barriers and discuss resolutions. The Residential Department received 277 residential referrals in the month of January. There were eight homes that were closed in the month of January. All home closures followed a multi-department closeout process that included the Residential Team working with members on identifying new residences.

COVID-19 has continued to impact members living in congregate settings. There have been 60 reported positive cases of COVID-19 in the month of December and one related death. This is a significant increase compared to the month of December (23). Currently, over 90.4% of persons living in licensed residential settings have been fully vaccinated. Over 67.5% of persons living in unlicensed settings have been vaccinated (for a total of 82.3% members vaccinated in congregate settings). Currently 739 residential members have received a booster vaccination (up from 515 in December).

CHILDREN'S INITIATIVES

School Success Initiative (SSI):

DWIHN Met with SSI Providers in January. The main focus involved training to ensure data reporting on the quarterly form is consistent with data in Redcap system. Providers also provided a list of trainings/resources that were given to schools regarding school safety. Identified participants to attend the Michigan Model of Health (MMH) training in February 2022 via Wayne RESA for the Pre-K model. DWIHN met internally to discuss updates to

Redcap that includes the Risk Factors, Evidenced Based Practices, and other features to improve data collection for SSI program.

Children's Services Outreach:

- *Plymouth/Canton School District:* Children's Initiative Department staff met with representatives from Plymouth/Canton School District to discuss plans for Mental Health Fair scheduled for April 30, 2022. Plymouth/Canton High School agreed to work with the School Success Initiative via Hegira.
- *Aijalon Baptist Church:* Healing from Past Trauma Revival (resource table)
- *DPSCD Parent Meeting:* On January 21, 2022, Clinical Officer Ebony Reynolds presented at the Parent Meeting and explained about Children Services.
- *Renaissance High School:* On January 21, 2022, Youth United presented at Renaissance High School Professional Development Day on Anti Stigma Busting.

Children Initiative Collaboratives:

Human Services Community Collaborative (HSCC): MDHHS Director Hertel and Ms. Louis Roubal, Chief Deputy Director of Opportunity, attended HSCC meeting on January 7, 2022, with DWIHN Executive Leadership and discussed workforce, lack of availability for psychiatric hospitalizations, and lack of availability for juvenile justice placements. DWIHN will continue to collaborate with HSCC, MDHHS, and System of Care Partners to identify plans to meet the needs of the community.

MDHHS: Children System Administrative Forum (CSAF) meeting regarding updates from MDHHS. Focused on feedback regarding intensive crisis stabilization services, upcoming evidenced based practices cohorts and guidance for implementing EBP via telehealth.

Association for Children's Mental Health (ACMH): Several meetings were held with Children Providers, ACMH, MDHHS, and the MI Behavioral Health Collaborative to discuss reported barriers with the ACMH trainings for Youth Peer Support Partners and Parent Support Partners. Plan to continue to collaborate with ACMH, Children Providers, and MDHHS to ensure continuation of ancillary services.

January Trainings: Children's Initiative Department offered the following:

The Children's Mental Health Lecture Series (CMHLS)- 101 attendees. The presentation was titled, "Looking at Social Media Through a Cultural Lens". The second training session in the learning series titled "Working with Adolescents: Redefining 'Co-Occurring' as Substance Use and Trauma" - 51 attendees.

AUTISM

ASD services were provided to 2,120 members in January. There were 144 referrals in the month of January (up from 111 in December). Of those, 95 appointments were kept. ABA providers continue to be provided direction on coordination of care considerations with CRSP agencies. Continued support is being provided to the members approved for ASD Benefit, but did not accept an ABA placement at time of appointment.

The ASD Benefit referral process was updated per Medicaid Provider Manual guidelines. A member interested in entry into the ASD Benefit must provide proof of a full medical & physical examination/screening, within the past year, indicating further evaluation is recommended by the

member's primary care physician in order to be scheduled for a comprehensive diagnostic evaluation. The other significant change is that a full diagnostic evaluation is now only required every three years.

SUBSTANCE USE SERVICES

Pandemic/COVID-19 Related Issues:

In the month of January, the SUD Department reported a total of 19 positive COVID cases and no deaths (down from 38 positive cases in December). DWIHN added a COVID-19 recovery home provider to ensure there were available resources for those testing positive for Covid-19.

Authorizations:

There was a reported total of 1,815 SUD authorizations approved during the month of January. This is a significant increase from December (1,325). Over 98.4% of Urgent Authorizations were authorized within 24 hours and 87.9% of non-urgent authorizations were approved within 14 days.

UTILIZATION MANAGEMENT

For the month of January, there were 1,388 prior authorization requests. Of those, 96.69% were approved within the required timeframe (within 14 days). Over 80% of requested services fall within Standard Authorization Guidelines (SUGs), resulting in auto approves based on their level of care. DWIHN continues to assess current SUGs and is currently reviewing the Treatment Planning code for possible updates. The most recent SUG update in January 2022 resulted in a decrease in the number of prior authorization requests by more than half since December 2021.

January 2022 Authorization Outcomes:

Autism: There are 2,229 members currently receiving this benefit. There were 505 authorization requests, and of those requests, 160 were manually approved. The remainder of authorization requests were approved using the Standard Utilization Guidelines.

Habilitation Supports Waiver: There are 1,084 slots assigned to the DWIHN. As of 01/28/2022, 1023 were filled which is a utilization rate of 94.4%. This is just short of the 95% utilization goal.

County of Financial Responsibility (COFR): The total number of open COFR cases decreased by 6% in the month of January.

MI Health Link: DWIHN works with five ICOs under MI Health Link. As of January 28, 2022, there were 35 MI Health Link authorizations received in January. This is a slight decrease from the month of December 2021.

State Hospital: State hospital admissions continue to be restricted to forensic referrals, but community referrals may be prioritized if hospital or residential placement options have been exhausted. This month 2 referrals were submitted for expedited review and are pending.

Inpatient Admissions: There were 468 hospital admissions in the month of January, with an average length of stay of 13 days. This is a 24% decrease in admissions compared to December and a slight decrease in length of stay (from 13-day average in December to a 12-day average in January 2022).

CRISIS SERVICES

There was a 15% increase in children's crisis request for services in January compared to December (264 in December to 309 in January). The diversion rate for January was 76% which is slightly higher than December's 75% diversion rate. There was a 22% reduction in children's intensive crisis stabilization services in the month of January.

There was a 22% increase in adult crisis request for service in January and a 32% diversion rate (similar to December's diversion rate). There was a 36% increase in crisis stabilization services in January 2022 (366 served).

The number of ATRs for the month of January increased by 70% (283 completed for this month as compared to 166 in December). The Community Law Enforcement Liaison engaged 36 individuals this month.

In January there were 401 contacts made with community hospitals related to level of care services for members in the emergency departments. This was a 40% increase in the number of requests for service in the month of January. Of those, 220 were diverted to a lower level of care resulting in a diversion rate of 54.86%. This is an increase in the diversion rate by approximately 15% from the month of December.

COMMUNICATIONS

Digital:

The Detroit Wayne Integrated Health Network (DWIHN) was awarded part of a \$3.7 million grant to create the Tri-County Strong partnership, which will offer crisis and mental health services to those affected by severe flooding last summer. MDHHS, DWIHN, OCHN and MCCMH will help provide support to residents who were emotionally impacted by recent flood disasters. Several local media picked up the story, see below.

CBS 62 Detroit 1/11/22

MDHHS Awarded Grant to Address Mental Health Needs of SE Michigan Flood Survivors

<https://detroit.cbslocal.com/2022/01/11/mdhhs-awarded-grant-to-address-mental-health-of-se-michigan-flood-survivors/>

Metro Detroit Today 1/14/22

<https://www.metrodetroittoday.com/news/health/mdhhs-awarded-grant-for-mental-health-needs-of-se-mi-flood-survivors>

DWIHN was mentioned in a Bridge Michigan guest commentary that spoke about the importance of health care systems and community mental health agencies needing to focus on education and collaboration.

Bridge Michigan 1/20/22

Opinion | Health systems, Community Mental Health must learn to work together

<https://www.bridgemi.com/guest-commentary/opinion-health-systems-community-mental-health-must-learn-work-together>

Print:

In January, DWIHN had educational messaging in both the Hamtramck Review and the Latino Press.



Community Outreach:

1/12/22: Distributed information to providers, staff and the community about FEMA providing financial assistance for funeral expenses that occurred after Jan. 20, 2020 for deaths related to COVID-19 to help ease some of the financial stress and burden caused by the pandemic.

1/13/22: Distributed over 110,000 PPE items to our Provider network to assist them in their places of business and with the people we serve throughout this pandemic. Additional efforts will be coordinated in the near future and will be coordinated with our provider network.



1/15/22: Access and Crisis staff participated in a health resource event sponsored by the City of Detroit and other local agencies.

1/21/22: Children's Initiatives staff presented at a DPSCD Parent Outreach discussion.

1/21/22: Children's Initiatives staff presented at Renaissance HS Professional Development Day.

1/27/22: DWIHN hosted a virtual booth at Kevin's Song 6th Annual Virtual Conference on Suicide.

1/28/22: I was one of several keynote speakers at the sixth annual Kevin's Song Virtual Conference on Suicide Prevention.

1/29/22: DWIHN live streamed the final day of the Kevin's Song Virtual Conference on Suicide Prevention. The Saturday Program: "Surviving Suicide – Erasing Stigma" was a journey of hope and healing dedicated to survivors of suicide loss and attempt survivors.

<https://www.facebook.com/DetroitWayneIHN/videos/1045254052722114>



Social Media:

Top Performing Posts: DWIHN social media accounts are growing with an increase in impressions across all four channels. DWIHN content is trending upward. Posts that generated the greatest reach on DWIHN social media channels were posts acknowledging DWIHN Board Chair, Angelo Glenn for receiving a Men of Excellence award from the Michigan Chronicle newspaper. Another post that did very well was a Mental Health Care-No Child Left behind billboard post.

Reach

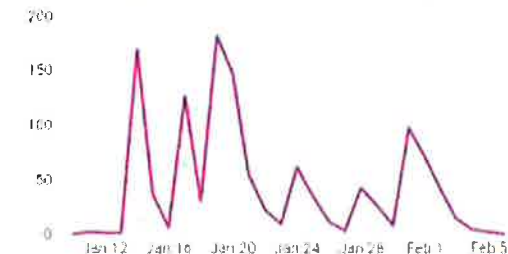
Facebook Page Reach ①

7,278 ↑ 268.1%



Instagram Reach ①

408 ↑ 134.5%



Page and profile visits

Facebook Page Visits ①

275 ↑ 25.6%



Instagram Profile Visits ①

76 ↑ 123.5%



Ask the Doc:

DWIHN's Chief Medical Officer Dr. Shama Faheem continues to educate the public with her bi-monthly newsletter containing information about COVID-19, vaccinations and answers to questions that are sent in by staff, people we serve, etc. This publication is sent to Providers, stakeholders and posted on the DWIHN website and social media. The Communications Team has also moved this newsletter to a digital format which you will see in next month's report. Visit AskTheDoc@dwihn.org

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 21-36 R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 2/16/2022

Name of Provider: Children's Center of Wayne County Inc., Sprout Evaluation Center, LLC

Contract Title: Independent Evaluator for ASD

Address where services are provided: See attached list

Presented to Program Compliance Committee at its meeting on: 2/9/2022

Proposed Contract Term: 10/1/2020 to 9/30/2022

Amount of Contract: \$ 1,400,000.00 Previous Fiscal Year: \$

Program Type: Continuation

Projected Number Served- Year 1: 2,200 Persons Served (previous fiscal year): 1879

Date Contract First Initiated: 2/23/2022

Provider Impaneled (Y/N)? Y

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

DWIHN is requesting to add Sprout Inc. as an additional ASD evaluator to meet the demand for Autism screening for children in Wayne County. The request is a follow-up to a RFP 2020-003 Rebid 2. Adding Sprout has improved the backlog of assessments allowing DWIHN to remain in compliance with regard to MDHHS minimum timeframes for the completion of assessments.

DWIHN awarded Sprout Inc. a six (6)month provisional approval which expired January 31, 2022. **This amendment is a request to extend Sprout, Inc.'s contract to September 30, 2022.**

The board action was approved for a two-year term for an amount not to exceed \$1,400,000. This board action does not change the dollar amount or the term of the two previously awarded providers.

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

Source of Funds: Medicaid

Fee for Service (Y/N): Y

Revenue	FY 21/22	Annualized
Medicaid	\$ 1,400,000.00	\$ 1,400,000.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 1,400,000.00	\$ 1,400,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64940.827010.00000

In Budget (Y/N)? Y

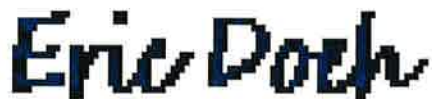
Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Thursday, February 3, 2022

Signed: Thursday, February 3, 2022

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 16th day of February, 2022

☒ Approved

☐ Rejected

☐ Modified as follows: _____

☐ Executive Director - Initial here: _____

☐ Tabled as follows: _____

Signature

Lillian M. Blackshire
Board Liaison

Date

2/16/2022

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 22-12 R2 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 2/16/2022

Name of Provider: Detroit Wayne Integrated Health Network

Contract Title: FY 2021-2022 Operating Budget

Address where services are provided: 'None'

Presented to Finance Committee at its meeting on: 2/2/2022

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

Amount of Contract: \$ 953,417,257.00 Previous Fiscal Year: \$ 927,640,119.00

Program Type: New

Projected Number Served- Year 1: 70,000 Persons Served (previous fiscal year): 70000

Date Contract First Initiated: 1/10/2022

Provider Impaneled (Y/N)?

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

Staff requests board approval to amend the FY 2022 Operating Budget to add recently awarded federal Substance Abuse and Mental Health Services Administration ("SAMHSA") grant of \$3,725,575 for the Michigan "Tri-County Strong" Crisis Counseling & Training Program. The purpose of the grant is to fund crisis counseling assistance and training under Section 416 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act. The grant term is January 10, 2022 through September 09, 2022.

In addition, the budget amendment includes increasing the budget for seven (7) newly created positions at \$717,632 (salary/fringes): One (1) Diversity, Equity, & Inclusion Officer (\$198,645 salary/fringes); Three (3) Clinical Specialists - Self Determination positions (\$277,686 salary/fringes); and Three (3) Recipient Rights Supervisors (\$241,302 salary/fringes). The budgeted reserves were reduced by a like amount.

The revised FY 2022 Operating Budget, in the amount of \$953,417,257 includes revenues of \$21,460,905 (State General Funds); \$735,553,673 (Medicaid, DHS Incentive, Medicaid-Autism, Children's/SED Waiver, HAB); \$9,886,123 (MI Health Link); \$118,163,663 (Healthy MI-Mental Health and Substance Abuse); \$17,686,447 (Wayne County Local Match Funds); \$4,040,539(PA2 Funds); \$4,988,982 (State Grant portion of OBRA,SUD); \$40,234,275 (Federal Grants/Federal Block Grants/SUD); \$362,650 (Local Grants); \$1,000,000 (Interest Income); \$40,000 (Misc. Revenue).

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

Source of Funds: Other

Fee for Service (Y/N): N

Revenue	FY 21/22	Annualized
Multiple	\$ 953,417,257.00	\$ 953,417,257.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 953,417,257.00	\$ 953,417,257.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? N

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Thursday, January 27, 2022

Signed: Thursday, January 27, 2022

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 16th day of February, 2022

☒ Approved

☐ Rejected

☐ Modified as follows: _____

☐ Executive Director - Initial here: _____

☐ Tabled as follows: _____

Signature

Lillian M. Blackshire
Board Liaison

Date

2/16/2022

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 22-47 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 2/16/2022

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Mental Health First Aid/QPR

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 2/9/2022

Proposed Contract Term: 2/1/2022 to 9/30/2022

Amount of Contract: \$ 550,000.00 Previous Fiscal Year: \$ 550,000.00

Program Type: Continuation

Projected Number Served- Year 1: 1,000 Persons Served (previous fiscal year): 1320

Date Contract First Initiated: 2/1/2022

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).

The Detroit Wayne Integrated Health Network (DWIHN) is requesting approval to enter into a contract with various vendors (enclosed) for the continuation of Mental Health First Aid and QPR-Question, Persuade, Refer under BA 22-47. Each of the curricula support the efforts that DWIHN has worked toward for the past couple of years.

It is requested that the contracts utilizing General Fund begin February 1, 2022 and continue through September 30, 2022. The cost and fees for professional services to DWIHN will not exceed \$550,000.00. Each of the entities has certified trainers and has met outcomes in alignment with DWIHN expectation were selected for contract continuation. These are Providers who will offer training and participate in training efforts for the county.

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

Source of Funds: General Fund

Fee for Service (Y/N): Y

Revenue	FY 21/22	Annualized
General Fund	\$ 550,000.00	\$ 550,000.00

	\$ 0.00	\$ 0.00
Total Revenue	\$ 550,000.00	\$ 550,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64931.827206.05900

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Signature/Date:

Eric Doeh

Signed: Friday, February 4, 2022

Stacie Durant, Chief Financial Officer

Signature/Date:

Stacie Durant

Signed: Friday, February 4, 2022

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 16th day of February, 2022.

☒ Approved

☐ Rejected

☐ Modified as follows: _____

☐ Executive Director - Initial here: _____

☐ Tabled as follows: _____

Signature

Lillian M. Blackshire
Board Liaison

Date

2/16/2022

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 22-49 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 2/16/2022

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Tri-County Strong Crisis Counseling Program (CCP)

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 2/9/2022

Proposed Contract Term: 2/1/2022 to 9/30/2022

Amount of Contract: \$ 3,725,575.00 Previous Fiscal Year: \$ 0.00

Program Type: New

Projected Number Served- Year 1: 800 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 2/1/2022

Provider Impaneled (Y/N)? Y

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

The Detroit Wayne Integrated Health Network (DWIHN) is requesting approval to enter into a contract with nine various vendors (enclosed) for an amount not to exceed \$3,725,575 to implement a virtual and face to face crisis counseling program designed to serve victims of flooding in the tri-county area. Each of the partners are named and approved via the federal funder and the State of Michigan. Providers were selected based on the Governors declaration of disaster areas and their catchment areas; MDHHS will be providing the grant funds directly to DWIHN.

The state's partners in this grant pursuit are Detroit Wayne Integrated Health Network (DWIHN), Oakland Community Health Network (OCHN), and Macomb County Community Mental Health (MCCMH). DWIHN will be the grant's lead partner and will disburse all funding.

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

Source of Funds: Block Grant

Fee for Service (Y/N): Y

Revenue	FY 21/22	Annualized
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Block Grant	\$ 3,725,575.00	\$ 3,725,575.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 3,725,575.00	\$ 3,725,575.00

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, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Friday, February 4, 2022

Signed: Friday, February 4, 2022

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 16th day of February, 2022

☒ Approved

☐ Rejected

☐ Modified as follows: _____

☐ Executive Director - Initial here: _____

☐ Tabled as follows: _____

Signature

Lillian M. Blackshire
Board Liaison

Date

2/16/2022

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 22-52 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 2/16/2022

Name of Provider: Peter Chang Enterprises

Contract Title: PCE/MHWIN Maintenance Contract Renewal FY2022-2023

Address where services are provided: 'None'

Presented to Finance Committee at its meeting on: 2/2/2022

Proposed Contract Term: 3/1/2022 to 9/30/2023

Amount of Contract: \$ 1,530,000.00 Previous Fiscal Year: \$ 1,494,000.00

Program Type: New

Projected Number Served- Year 1: 70,000 Persons Served (previous fiscal year): 70000

Date Contract First Initiated: 3/17/2017

Provider Impacted (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).

This board action is requesting approval of a nineteen month contract with Peter Chang Enterprises Inc. (PCE) for an amount not to exceed \$1,530,000. The contract period is March 1, 2022 through September 30, 2023.

The contract with PCE is for hosting and maintenance of the MHWIN, DWIHN Electric Medical Record system, which serves Substance Use Disorder Module and Twillio Text Message system.

Currently, all PIHP's and the entire DWIHN provider network utilizes the PCE system and MDHHS has developed most of its requirements and processes around the use of the PCE system. Although there are other providers of an Electric Medical Records system, changing the vendor would result in significant disruption to the network.

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 22/23	Annualized
Multiple	\$ 1,530,000.00	\$ 1,530,000.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 1,530,000.00	\$ 1,530,000.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? N

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Thursday, January 27, 2022

Signed: Thursday, January 27, 2022

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 16th day of February, 2022.

☒ Approved

☐ Rejected

☐ Modified as follows: _____

☐ Executive Director - Initial here: _____

☐ Tabled as follows: _____

Signature

Lillian M. Blackshire
Board Liaison

Date

2/16/2022

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: BA #22-53 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 2/16/2022

Name of Provider: The Empowerment Plan

Contract Title: Sleeping Bags/Coats

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 2/9/2002

Proposed Contract Term: 3/1/2022 to 9/30/2022

Amount of Contract: \$ 88,100.00 Previous Fiscal Year: \$ 50,000.00

Program Type: Continuation

Projected Number Served- Year 1: 199 Persons Served (previous fiscal year): 50

Date Contract First Initiated: 10/1/2021

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).

The SUD Department is requesting \$88,100.00 in PA 2 funding for 700 Sleeping Bag/Coats for our Co-Occurring Homeless consumers. The Sleeping Bag/Coats will allow providers to provide active outreach and support individuals who are experiencing homelessness and substance use disorder throughout Wayne County. In addition, the service will allow providers to maximize their outreach efforts and assist in supporting linkages to SSI assistance, housing, substance use disorder services, and mental health etc. The Empowerment Plan's durable and weather-resistant coat can be converted into a sleeping bag or an over-the-shoulder bag when not in use. The coats are intended to last for multiple seasons and materials used include upcycled fabric from companies such as General Motors and Patagonia. The Empowerment Plan will include 400 socks, hats and gloves.

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

Source of Funds: PA2

Fee for Service (Y/N): N

Revenue	FY 21/22	Annualized
PA2	\$ 88,100.00	\$ 88,100.00
	\$ 0.00	\$ 0.00

Total Revenue	\$ 88,100.00	\$ 88,100.00
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Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64932.826606.00000

In Budget (Y/N)?

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Friday, February 4, 2022

Signed: Friday, February 4, 2022

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 16th day of February, 2022.

☒ Approved

☐ Rejected

☐ Modified as follows: _____

☐ Executive Director - Initial here: _____

☐ Tabled as follows: _____

Signature

Board Liaison

Date

2/16/2022

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: BA 22-54 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 2/16/2022

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Jail Plus

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 2/9/2022

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

Amount of Contract: \$ 241,000.00 Previous Fiscal Year: \$ 241,000.00

Program Type: Continuation

Projected Number Served- Year 1: 200 Persons Served (previous fiscal year): 50

Date Contract First Initiated: 10/1/2021

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).

The Wayne County Department of Health , Human and Veterans Services (HHVS), Clinical Services Division, Adult Community Corrections, is requesting approval of a sub-recipient Intergovernmental Agreement (IGA) between the County of Wayne and Detroit Wayne Integrated Health Network (DWIHN).

DWIHN is the Prepaid Inpatient Health Plan (PIHP) for Wayne County and manages federal and state prevention treatment and recovery services in Wayne County, in addition to mental health services. The IGA with the DWIHN is based on DWIHN's ability to bring added value to our contracted services not funded via the Community Corrections grant, including, access to its network of providers for intensive wrap-around service, utilization of its Access Management System for immediate client placement.

The term of the agreement is from October 1, 2021 through September 20,2022. The total amount of this contract is \$241,000.00, which includes Black Family Development (\$82,500.00), Detroit Recovery Project (\$113,500.00), Detroit Rescue Mission (\$18,750.00), Elmhurst Home/Naomi's Nest (\$18,750.00) and \$7,500.00 DWIHN administrative fee allocation. This IGA is a locally funded, and does not include federal dollars, or any match requirements

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

Source of Funds: Other

Fee for Service (Y/N): N

Revenue	FY 21/22	Annualized
Local grant	\$ 241,000.00	\$ 241,000.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 241,000.00	\$ 241,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: VARIOUS

In Budget (Y/N)?

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Signature/Date:

Eric Doeh

Signed: Thursday, February 10, 2022

Stacie Durant, Chief Financial Officer

Signature/Date:

Stacie Durant

Signed: Thursday, February 10, 2022

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 16th day of February, 2022

☒ Approved

☐ Rejected

☐ Modified as follows: _____

☐ Executive Director - Initial here: _____

☐ Tabled as follows: _____

Signature

Lillian M. Blackshire
Board Liaison

Date

2/16/2022

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 22-55 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 2/16/2022

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: American Rescue Plan Act (ARPA)

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 2/9/2022

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

Amount of Contract: \$ 1,254,060.00 Previous Fiscal Year: \$ 0.00

Program Type: New

Projected Number Served- Year 1: 1,200 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 10/1/2021

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).

The Michigan Department of Health and Human Services awarded the SUD Department \$1,129,060 from the American Rescue Plan Act (ARPA) grant with an additional \$125,000 for administrative cost and unmet needs. The funding will provide prevention, intervention, treatment, and recovery support continuum services to includes various evidence-based services and supports for individuals, families, and communities. These underserved and marginalized populations include, but are not limited to, pregnant women and women with dependent children; persons who inject drugs; persons using opioids and/or stimulant drugs associated with drug overdoses; persons at risk for HIV, TB, and Hepatitis; persons experiencing homelessness; persons involved in the justice system; persons involved in the child welfare system; Black, Indigenous, and People of Color (BIPOC); LGBTQ individuals; rural populations; and other underserved groups.

The award identifies 14 areas of services:

Recovery Housing, Recovery Community Organization, Recovery Support Services, Individualized Placement and Support, Youth Community Centers, Prosocial Activities, Telehealth Hubs, Telehealth Technology, Accessing Behavioral Health for African American, Staffing Support, Student Assistance Programming, and Evidence-Based Programming

The selected providers include: Elmhurst Home/Naomi's Nest, Personalized Nursing Lighthouse, SHAR, Sobriety House, Detroit Rescue Mission Ministries, Growth Works, Detroit Recovery Project, and Team Wellness Center.

The selected Prevention Providers include Beaumont, Leaders Advancing and Helping Communities, and the National Council on Alcoholism and Drug Dependence and Empowerment Zone.

The provider allocation is as follows:

Treatment

Elmhurst Home - Recovery Support \$75,000

Recovery Housing \$100,000

Personalized Nursing Lighthouse - SUD Health Home - \$10,000

SHAR - Accessing behavioral health for African Americans - \$50,000 Telehealth hubs \$25,000

Development of recovery community organization \$75,000

Sobriety House accessing behavioral health for African American - \$50,000. Telehealth technology \$75,000

Detroit Recovery Project Youth community centers \$350,000

Collegiate Recovery Program \$25,000

Growth Works Development of recovery community organization \$75,000

Detroit Rescue Mission Ministries

Telehealth hubs \$25,000

Team Wellness Center Individual Placement and Support \$25,000

Prevention

Beaumont - Student Assistance Program - \$50,000K

LAHC - Evidence Based Program - \$40,000

NCADD - Evidence Based Program - \$40,000

Empowerment Zone - Evidence Based \$39,060

The Authority has the discretion to allocate the funds among the providers based upon utilization as long as the total amount of the board action (i.e. contract amount) does not increase. As a result, budget may be decreased/increased among sub-recipients as long as overall budget does not change.

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

Source of Funds: Block Grant

Fee for Service (Y/N): N

Revenue	FY 21/22	Annualized
Federal grant	\$ 1,254,060.00	\$ 1,254,060.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 1,254,060.00	\$ 1,254,060.00

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

Type of contract (Business/Clinical):

ACCOUNT NUMBER: VARIOUS

In Budget (Y/N)?

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Signature/Date:

Eric Doeh

Signed: Friday, February 4, 2022

Stacie Durant, Chief Financial Officer

Signature/Date:

Stacie Durant

Signed: Friday, February 4, 2022

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 16th day of February, 2022

☒ Approved

☐ Rejected

☐ Modified as follows: _____

☐ Executive Director - Initial here: _____

☐ Tabled as follows: _____

Signature

Lillian M. Blackshire
Board Liaison

Date

2/16/2022

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 22-56 Revised: ☒ Requisition Number:

Presented to Full Board at its Meeting on: 2/16/2022

Name of Provider: Considine Recreation Center

Contract Title: Lease Agreement - Considine Recreation Center

Address where services are provided: 'None'

Presented to Executive Committee at its meeting on: 2/14/2022

Proposed Contract Term: 3/1/2022 to 8/31/2023

Amount of Contract: \$ 90,000.00 Previous Fiscal Year: \$ 0.00

Program Type: New

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

Date Contract First Initiated: 3/1/2022

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 Administration is requesting approval to enter into a Lease Agreement with Considine Recreation Center, 8406 Woodward Avenue, Detroit. The agreement will contain auditorium space to hold all DWIHN board and committee meetings (approximately 4-6 per month), remote work stations for employees, six office and storage spaces exclusively and parking.

Considine was selected to serve DWIHN as it is located one block from our new administration headquarters and half mile from our existing facility.

The total cost of this contract is \$90,000 for a lease term of 18 months, with an option to extend.

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 21/22	Annualized
Multiple	\$ 90,000.00	\$ 90,000.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 90,000.00	\$ 90,000.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64922.941000.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Friday, February 11, 2022

Signed: Friday, February 11, 2022

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 16th day of February, 2022.

☒ Approved

☐ Rejected

☐ Modified as follows: _____

☐ Executive Director - Initial here: _____

☐ Tabled as follows: _____

Signature

Lillian M. Blackshire
Board Liaison

Date

2/16/2022

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 22-57 Revised: ☒ Requisition Number:

Presented to Full Board at its Meeting on: 2/16/2022

Name of Provider: Purposeful Consulting, LLC

Contract Title: Professional and Strategy Development for Clinical Leadership

Address where services are provided: 'None'

Presented to Executive Committee at its meeting on: 2/14/2022

Proposed Contract Term: 3/1/2022 to 2/28/2023

Amount of Contract: \$ 100,000.00 Previous Fiscal Year: \$ 0.00

Program Type: New

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

Date Contract First Initiated: 3/1/2022

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 Administration is requesting authorization to enter into an agreement with Purposeful Consulting, Inc. to provide a series of professional coaching and development sessions for the DWIHN Clinical Leadership Team.

The sessions would center around persons served and drive programs and initiatives that we are implementing such a CCBHC, School Based Services, Integrated Healthcare Initiatives, Crisis and Access Services and Homeless Outreach.

The total cost would be \$100,000 for a period of 12 months beginning in March 2022 and will be funded with savings from vacant Chief Operating Officer position.

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

Source of Funds: Multiple

Fee for Service (Y/N): N

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

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64910.817000.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Chief Executive Officer

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Friday, February 11, 2022

Signed: Friday, February 11, 2022

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Lillian M. Blackshire
Board Liaison

Date

2/16/2022

DETROIT WAYNE INTEGRATED MENTAL HEALTH NETWORK

QUALITY ASSURANCE PERFORMANCE IMPROVEMENT PLAN (QAPIP) DESCRIPTION Updates

FY 2021-2023



QAPIP Description Changes

The Power point shows the changes that have been made to enhance the QAPIP to ensure stronger alignment with regulatory requirements of MDHHS and NCQA.

The (QAPIP) Program Description covers FY 2021-2023.

Changes to the QAPIP Program include the following:

- ☐ List the clinical/non-clinical Performance Improvement Projects (PIPs) (Pg.16)
- ☐ Add language to support that residential treatment providers prepare and file Critical Incidents reports (Pg. 18)
- ☐ Add a description of how DWIHN analyze, at least quarterly, the critical incidents, sentinel events, and risk events to determine what action needs to be taken to remediate the problem or situation and to prevent the occurrence of additional events and incidents (Pg. 18)
- ☐ Add the methodology for assessment of member experience with services to include a qualitative assessment (e.g., focus groups of member experience with services (Pg. 19).

QAPIP Description Changes

- ☐ Add a description of how DWIHN ensure the incorporation of members receiving LTSS into review and analysis (Pg.20)
- ☐ Add a description of how findings of the QAPIP are incorporated into the recredentialing process (Pg. 8)
- ☐ Add a description of how DWIHN verifies whether services are reimbursed by Medicaid were furnished to members by affiliates (as applicable), providers and subcontractors (Pg. 21)
- ☐ Add mechanisms to assess the quality and appropriates of care furnished to members receiving Long-Term Services and Supports (LTSS) (Pg. 20).

*QAPIP FY2021-2023 is attached for your review of the identified changes.

BOARD ACTION TAKEN

The following Action was taken by the Full Board on the 16th day of February, 2022.

☒ Approved

☐ Rejected

☐ Modified as follows: _____

☐ Executive Director - Initial here: _____

☐ Tabled as follows: _____

Signature

Board Liaison

Date

2/16/2022



DETROIT WAYNE INTEGRATED HEALTH NETWORK QUALITY ASSURANCE PERFORMANCE IMPROVEMENT PLAN (QAPIP) DESCRIPTION FY2021-2023

Approved:

Approved by the Quality Improvement Steering Committee (QISC)	1/26/22
Approved by Program Compliance Committee (PCC)	
Approved by Full Board of Directors	

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SECTION 1: Introduction

The Detroit Wayne Integrated Health Network (DWIHN), a National Committee Quality Assurance (NCQA) accredited Managed Behavioral Health Organization (MBHO) is the Pre-Paid Inpatient Health Plan (PIHP) and Community Mental Health Service Provider (CMHSP) for Detroit and Wayne County. DWIHN is the largest community mental health service provider in the State of Michigan. The Quality Assurance Performance Improvement Plan (QAPIP) Description provides the structure and governance to guide the formal processes for evaluating and improving the quality and appropriateness of health care services and the health status of the populations we serve. The QAPIP describes the quality activities undertaken by DWIHN to promote and achieve excellence in all areas through continuous quality improvement.

The QAPIP demonstrates to members, advocates, community organizations and health care providers that it has a distinct competency as a high-performing, member-focused, quality-focused, and evidence-based efficient provider of behavioral health and substance use disorder services and is an essential partner in helping healthcare reform to succeed. It has the infrastructure necessary to improve the quality and safety of clinical care and services to our members and to oversee the Quality Improvement (QI) program.

The term of the QAPIP begins October 1, 2021 and ends September 30, 2023. Upon expiration of the term, the QAPIP shall remain in effect until the DWIHN's Board of Directors approves a new QAPIP. The QAPIP incorporates by reference, any and all policies and procedures necessary to operate as a Prepaid Inpatient Health Plan and Community Mental Health Services Program. The DWIHN's Board of Directors hereby approves all current and subsequent policies and procedures through the approval of the QAPIP.

Mission, Vision and Values

The Mission and Vision Statement provides inspiration for DWIHN and describe what we aim to achieve mid-to-long term. The Values are the core principles and define DWIHN culture and identity.

Mission

We are a healthcare safety net organization that provides access to a full array of integrated services that facilitate individuals to maximize their level of function and create opportunities for quality of life.

Vision

To be recognized as a national leader that improves the behavioral and physical health status of those we serve, through partnerships that provide programs promoting integrative holistic health and wellness.

Values

- We are an *advocate*, person-centered, family and community focused organization.
- We are an *innovative*, outcome, data-driven, and evidence-based organization.
- We respect the dignity and diversity of individuals, providers, staff and communities.
- We are *inclusive*, culturally sensitive and competent.
- We are fiscally responsible and accountable with the highest standards of integrity.
- We achieve our mission and vision through partnerships and collaboration.

Quality Assurance Performance Improvement Plan (QAPIP) Description

The QAPIP provides the framework necessary to improve the quality, safety and efficiency of clinical care. The QAPIP provides structure and governance to guide the formal processes for evaluating and improving the quality and appropriateness of health care services and the health status of the populations we serve. It also defines the authority, scope and content of the QI program, including the roles and responsibilities of committees and individuals supporting program implementation. Member participation and involvement in the development and ongoing monitoring of DWIHN's QAPIP is critical.

The QAPIP contains the core functions of DWIHN's Board approved Strategic Plan, and the (6) pillars which serve as the foundation of the commitment of DWIHN to continuously improve the quality and safety of clinical care and quality of service. These functions will be conducted by DWIHN and its network of contracted service providers. It is the responsibility of DWIHN to ensure that the QAPIP meets the requirements of the Balanced Budget Act (BBA) of 1997, Public Law 105-33 and 42 Code of Federal Regulations (CFR) 438.358 of 2002. The QAPIP also reflect concepts and standards appropriate to the population of persons served under the Managed Specialty Supports and Services Waiver Program.

Scope of the QAPIP

The functional areas of the QAPIP are detailed through assigned Standing Committees. DWIHN has created committees to provide oversight and implementation of all quality improvement activities. The Compliance Committee focuses on regulatory compliance as well as corporate compliance issues to ensure service provision in network as required. The Improving Practices Leadership Team (IPLT) develops and monitors clinical service areas such as clinical practice guidelines, evidence-based practices, care integration processes, home and community-based services transition planning to ensure quality of clinical care, safety of clinical care, quality of service, and enhance members' experience. The Credentialing Committee focuses on ensuring network practitioners and providers have the appropriate qualifications to provide services to ensure safety and quality of clinical care. The Quality Improvement Steering Committee (QISC) focuses on performance indicator data, conducting and analyzing satisfaction survey data, oversight of performance improvement projects, and monitoring QI plans to ensure quality of services, and evaluate members' experience.

The Critical Sentinel Events Committee (CSEC) focuses on reviewing and monitoring critical and sentinel events to ensure safety of clinical care, and quality of service and Utilization Management Committee focuses on underutilization of services within the network to ensure quality and safety of clinical care and quality of service. The quality improvement activities are achieved through a complex infrastructure which includes key stakeholders and process owners, and cross-functional units and committees. It identifies the important processes and aspects of care, both clinical and non-clinical, required to ensure quality supports and services for persons in the system. DWIHN requires all contracted Clinical Responsible Service Providers (CRSP) and substance use disorder providers to have a quality improvement plan relevant to the services they provide. DWIHN assures that all demographic groups, care settings and types of services are included in the scope of the QAPIP by including members, advocates, contracted service providers and community groups in the quality improvement process using a Continuous Quality Improvement (CQI) perspective.

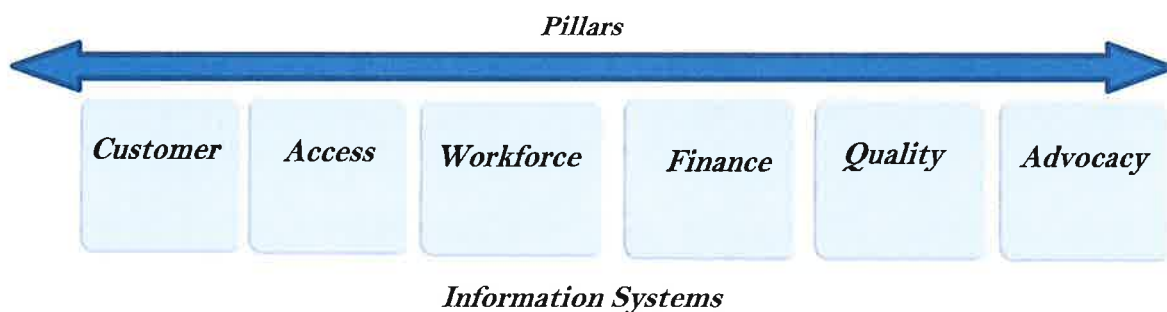
DWIHN has an adequate organizational structure which allows for clear and appropriate administration and evaluation of the QAPIP. DWIHN's QISC is the decision-making body of the QAPIP and the evaluation which reports to PCC and to the full Board of Directors for review and approval. There is a designated senior official and Chief Medical Officer (CMO) responsible for the QAPIP implementation. There is active participation of providers and persons served in the QAPIP processes. The participating practitioners are external to the organization and part of the organization's network, providing input on process improvement, program planning, and program evaluation, through data collection and analysis. DWIHN believes the structure supports effective governance and align key strategic initiatives to ensure adequate guidance to help DWIHN reach goals and objectives.

Quality Improvement (QI) Program

DWIHN's Quality Improvement Program is based on the principles of Continuous Performance Improvement (CPI) which is adopted and utilized throughout the organization. The Centers for Medicare and Medicaid Services (CMS) Medicaid Bureau mandates that QIP be a part of Pre-Paid Inpatient Health Plans. DWIHN has several contracts with the Michigan Department of Health and Human Services (MDHHS) for the provision of Managed Specialty Supports and Services (Medicaid), General Fund and waiver services for mental health and substance abuse and must comply with Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY19 Attachment P7.9.1 and CMHSP Managed Mental Health Supports and Services Contract FY19: Attachment C6.8.1.1 "Quality Assessment and Performance Improvement Programs for Specialty Pre-Paid Inpatient Health Plans" and the "Department of Community Health Michigan Mission Based Performance Indicators", the Balanced Budget Act, External Quality Review, and the Application for Renewal and Recommitment. DWIHN maintains a network-wide commitment to quality and industry best practices and standards as set forth by state and federal regulations, as well as accrediting organizations.

Quality Improvement Program (QIP) Governance

The DWIHN Strategic Plan is an overarching process that works toward common goals, establish agreements around intended outcomes/results, and assess and adjust the organization's direction in response to a changing environment. The QIP provides a systematic approach to assessing services and improving them on a priority basis. The DWIHN's approach to quality improvement is based on the following six pillars. The six pillars are the focus areas that help realize the vision and a call to action with Information Systems as the foundation for supporting success across each of the pillars.



DWIHN's ability to understand and meet the unique health needs of our members is supported by our capabilities to effectively access, integrate, and analyze data. We have built and continue to invest in our members and technology to support industry-leading capabilities in data analytics. DWIHN's understanding of health care analytics and statistics enables us to develop and adjust standard methodologies to achieve targeted accurate results.

Cultural and Linguistic Needs

DWIHN's objectives for serving a culturally and linguistically diverse membership is a commitment to innovation, affordability, professional competence, continuous learning, teamwork and collaboration. The racial and ethnic disparities in behavioral health care have been well documented. Data analysis has demonstrated that racial and ethnic disparities contribute to lower HEDIS effectiveness of care scores. DWIHN seeks to improve the overall care of members by identifying the racial and ethnic composition so that potential health care disparities can be identified. This is accomplished by systematic monitoring and evaluation of provided services and by actively pursuing opportunities for improvement. DWIHN includes the following principles into its QIP:

- The importance of culture
- The assessment of cross-cultural relations
- Expansion of cultural knowledge, and
- The adaptation of services to meet the specific needs of our members

DWIHN and its Provider Network shall demonstrate an ongoing commitment to linguistic and cultural competence that ensures access and meaningful participation for all individuals receiving behavioral health services. Such commitment includes acceptance and respect for the cultural values, beliefs and practices of the community, as well as the ability to apply an understanding of the relationship of language and culture to the delivery of supports and services. Professional competence includes a general awareness of the cultural diversity of the service area including race, culture, religious beliefs, regional influences in addition to the more typical social factors such as gender, gender identification, sexual orientation, marital status, education, employment and economic factors, etc.

DWIHN Medversant software captures the capacity to recruit providers of diverse racial and ethnic background by documenting the provider's self-identified ethnicity, culture and race (if provided). The software also includes a question about other languages spoken by providers to indicate their linguistic diversity – this information can also be found in the provider e- directory and provider directory for informational purposes to members. In addition, to ensure a competent work force of qualified practitioners, DWIHN utilizes Detroit Wayne Connect (DWC) for ongoing cultural diversity training. DWIHN monitors the delivery of care and services in relation to the provision of culturally competent services through review of Staff Training Records, Member Satisfaction Surveys and Provider Satisfaction Surveys.

Credentialing and Re-Credentialing

The QAPIP contains written procedures to determine whether physicians and other health care professionals, who are licensed by the state and who are employees of the provider network or under contract with DWIHN, are qualified to perform their services. The QAPIP also has written policies and procedures to ensure that non-licensed providers of care or support are qualified to perform their jobs. DWIHN policies and procedures for credentialing process are in compliance with the MDHHS Credentialing and Re-Credentialing processes, and includes the organization's initial credentialing of practitioners, as well as its subsequent re-credentialing, re-certifying, and/or reappointment of practitioners. The qualifications of physicians and other licensed behavioral healthcare practitioners/professionals employed by or under contract with DWIHN are reviewed by DWIHN's Credentialing and Re-Credentialing policy and procedures. Within this framework, the DWIHN credentials all organizational providers under direct contract with DWIHN and its own CMHSP behavioral healthcare practitioners. Conversely, DWIHN has delegated to each contracted providers the responsibility of credentialing of all organizational providers under direct contract to the organization; and all behavioral health practitioners employed directly or under contract to the CMH as part of its panel network. DWIHN has delegated to each SUD Treatment Provider the responsibility of credentialing all behavioral health practitioners employed by the provider. All CMHs and SUD Treatment Providers will have Credentialing policies in place that are approved by DWIHN and that cover all behavioral health care practitioners.

Providers are also bound by DWIHN contract requirements and MDHHS standards to provide training for all new staff and periodic training and staff development activities for all staff. This requirement includes Recipient Rights training. Other specific trainings are designated for non-licensed staff to ensure competency skills. DWIHN and its Provider Network's Staff Training program will ensure, regardless of funding mechanism (e.g., voucher), that staff possess the appropriate qualifications as outlined in their job descriptions, including the qualifications for all the following: educational background; relevant work experience; cultural competence; and certification, registration, and licensure as required by law. A program shall train new personnel regarding their responsibilities, program policy, and operating procedures.

DWIHN Credentialing Unit conducts bi-annually reviews of the delegates (accredited Behavioral Health and Substance Use Disorder Providers and Credentialing Verification Organizations). DWIHN's Credentialing Review Procedure will include but are not limited to the following:

- Review of the delegate Credentialing Policy and Procedures,
- Review of the Minutes of the delegate's Credentialing Committee,
- Review of Credentialing/Recredentialing files for the period specified by DWIHN Credentialing Unit, and
- Review of other information (Delegate reports, evidence of monthly monitoring of sanctions, organizational sanctions, complaints, etc.

DWIHN auditing procedure for the electronic files in the primary source verification database (Medversant). The Data and documentation that is stored in Medversant is reviewed for accuracy, completeness and quality during the credentialing and re-credentialing process by the Virtual Review Committee. Data in the Medversant is audited between credentialing cycles utilizing various data integrity reports and queries. Erroneous data is corrected in the application as it is identified to ensure credentialing data is correct and up to date. The DWIHN Credentialing Unit randomly select 15% of the universe of files received by the Virtual Review Committee the previous month. The sample of files are identified using the Medversant IDs and generated through the use of the Microsoft Excel Randomization Function. The Credentialing Committee provides oversight of the auditing process. The findings summarized in the Monitoring/Audit Report will be presented to the Credentialing Committee and Quality Improvement Steering Committee. When poor quality issues are identified appropriate sanctions will occur from technical assistance to revocation of delegated credentialing function. The contracted providers shall train new staff regarding their responsibilities, program policy and operating procedures.

Framework for Quality Improvement

1. **Find a Process to Improve**
2. **Organize to Improve**
3. **Clarify Current Knowledge of the Process**
4. **Uncover Causes of Process Variation or Poor Quality**
5. **State Plan Do Study Act (PDSA)**
 - i. **Plan the Improvement Process**
 - ii. **Do the Improvement, Data Collection, and Analysis**
 - iii. **Study the Results and Lessons Learned**
 - iv. **Act by Adopting, Adjusting, or Abandoning the Change**

To ensure compliance of the QAPIP methodology, the use of quality improvement process management/improvement tools and techniques will consistently be included using the following four steps:

1. **Identify - Determine what to improve**
2. **Analyze - Understand the problem**
3. **Develop - Hypothesize what changes will improve the problem**
4. **Test/Improvement - Test the hypothesized solution to see if it yields improvement.**
Based on the results, decide whether to abandon, modify, or implement the solution.

Key cultural components also ensure the success of improvement efforts include: leadership involvement, data informed practice, use of statistical tools, prevention over correction, and continuous quality improvement. Strong leadership, direction and support of quality improvement activities by the governing body and CEO are key to performance improvement and audit readiness. This involvement of organizational leadership assures that quality improvement initiatives are consistent with the DWIHN mission, vision, values and strategic plan.

Successful QI processes create feedback loops, using data to inform practice and measure results. Fact-based decisions are likely to be correct decisions, for continuous improvement of care, tools and methods needed to foster knowledge and understanding. Processes must be continually reviewed and improved. Small incremental changes do make an impact, and providers can almost always find an opportunity to make things better.

Continuous Quality Improvement Activities

The Quality Program encompasses all aspects of care and service delivery. Components of DWIHN's quality improvement activities include but not limited to:

- Clinical components across the continuum of care from acute hospitalization to outpatient care
- Organizational components of service delivery such as case management, discharge planning, prior authorizations, as well as other procedures or processes that affect care including access to care
- Processes that impact our members or providers of care such as claims, interpreter services, enrollment, customer services, credentialing/recredentialing and utilization management
- Member satisfaction
- Member safety

These quality improvement activities emerge from a systematic and organized framework for improvement. This framework, adopted by the leadership, is understood, accepted and utilized throughout the system, as a result of continuous education and involvement of staff at all levels in performance improvement. Quality Improvement involves two primary activities:

- Measuring and assessing the performance of processes and services through the collection and analysis of data.
- Conducting quality improvement initiatives and acting where indicated, including the redesign of processes, design of new services, and/or improvement of existing services.

The Michigan Department of Health and Human Services (MDHHS) requires that DWIHN provide a written description of the QAPIP plan for approval by the Board of Directors. The contract with MDHHS requires DWIHN to annually conduct an effectiveness review of its QAPIP. The effectiveness review includes an analysis of whether there have been improvements in the quality of health care and services for members as a result of quality assessment and improvement activities and interventions carried out by DWIHN. The analysis takes into consideration trends in service delivery and health outcomes over time and include monitoring of progress on performance goals and objectives.

The QAPIP is also reviewed for effectiveness of the methods used to implement, monitor and evaluate the quality improvement processes and for any necessary revisions and adjustments on a monthly basis. The review of the QAPIP includes members, providers, Quality Improvement Steering Committee (QISC), Program Compliance Committee (PCC) of the DWIHN's Board of Directors, and other stakeholders. Information on the effectiveness of DWIHN's QAPIP is provided annually to our stakeholders and to members upon request.

At a minimum, the QAPIP specifies the following elements:

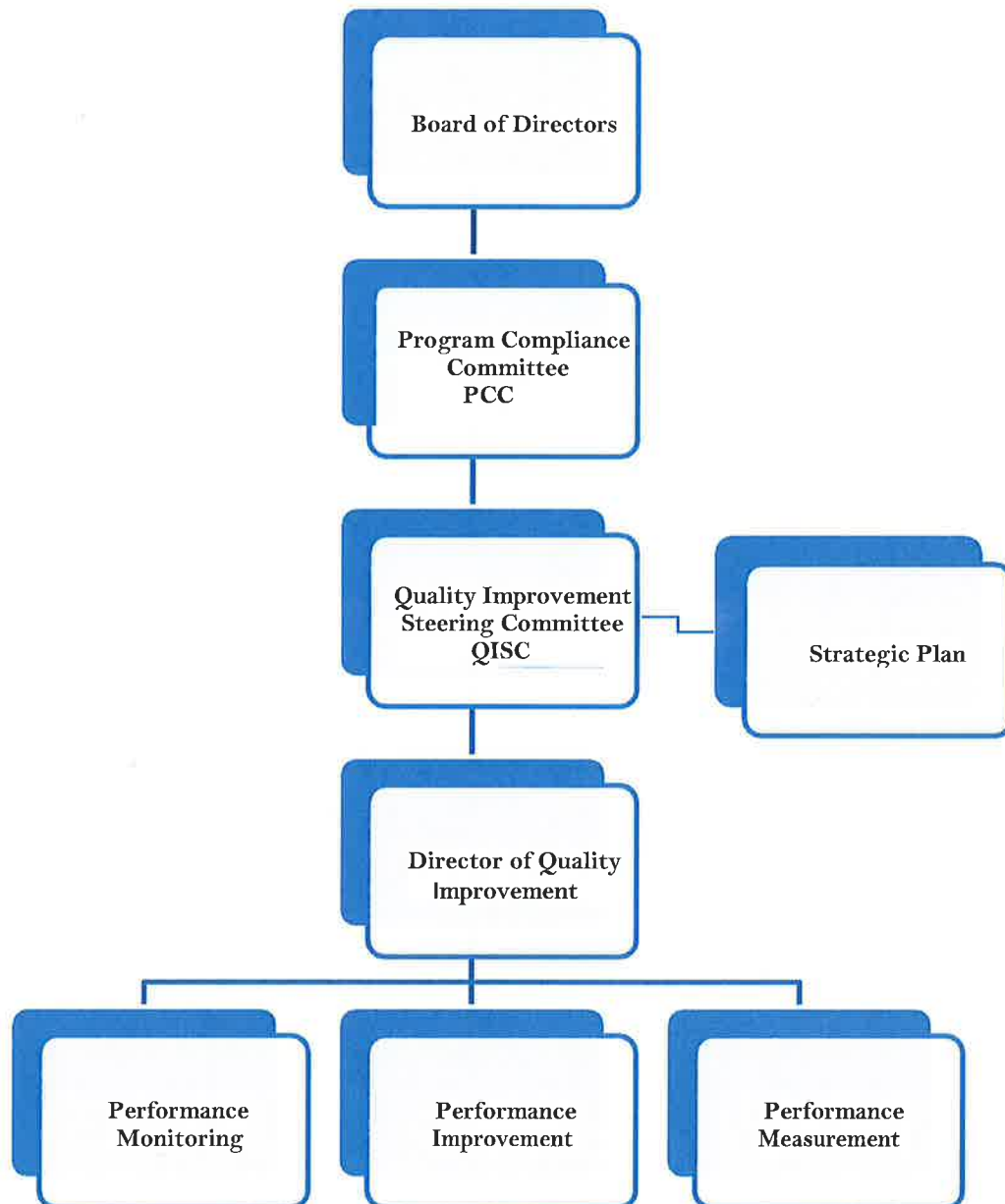
- a. An adequate organizational structure that allows for clear and appropriate administration and evaluation of the QAPIP.
- b. Responsibilities of the governing body for monitoring, evaluation and making improvements to care.
- c. Objectives and timelines for implementation and achievement.
- d. Role of recipients of services and other stakeholders in the QAPIP plan.
- e. Mechanisms or procedures used for adopting and communicating process and outcome improvements.
- f. Description of a designated senior official responsible for QAPIP implementation.
- g. Performance measures to address access, availability, quality, efficiency and outcome of services, using standardized indicators based upon the systematic, ongoing collection and analysis of valid and reliable data.
- h. Performance improvement projects that address clinical and non-clinical aspects of care that are directed as the state and the DWIHN established aspects of care. Clinical areas include high volume services, high-risk services and continuity and coordination of care. Non-clinical areas include grievances and appeals, complaints and access to and availability of services.
- i. Process from the review and follow-up of Critical/ Sentinel Events and events that place members at risk of harm.
- j. Periodic quantitative (i.e., survey) and qualitative (i.e., focus group) assessments of member experiences with services. These assessments must address issues of quality, availability and accessibility of care.
- k. Process for the incorporation of members receiving services into the review and analysis of the information obtained from quantitative and qualitative reviews.
- l. Written procedures to determine whether physicians and other licensed health care professionals are qualified to perform their services.
- m. Written procedures to ensure non-licensed providers of care or support are qualified to perform their jobs.
- n. The organization's process for the initial credentialing and re-credentialing of providers.
- o. Identification of staff training needs and provision of in-service training, continuing education and staff development activities.
- p. DWIHN process to verify whether services reimbursed by Medicaid were actually provided to enrollees by affiliates and service providers.

The Quality Improvement Unit reviews the response received regarding the effectiveness of the methods proposed or used to implement, monitor and evaluate the quality improvement processes. The results and recommendations are incorporated in the QAPIP for the next fiscal year cycle.

DWIHN quality improvement goals are integrated and communicated throughout the organization with structured work plans, goals and objectives that are owned at the department level. Our organizational monitoring activities and reports are reviewed throughout the year to identify opportunities for needed changes and improvements. These activities, in addition to ongoing improvement projects, form the basis of the organization's work plan and support all services offered by DWIHN.

SECTION 2: Leadership and Structure

Leadership. The key to the success of the Continuous Quality Improvement (CQI) process is leadership. Consistent with a total quality Improvement philosophy, the following is the structure of the organization in which the Quality Improvement Unit resides.



GOVERNING BODY

DWIHN's Program Compliance Committee (PCC) is the governing body for the QAPIP plan. PCC formally reviews on a periodic basis a written report on the operation of the QAPIP activities. PCC delegates direct oversight of all QI functions to the Quality Improvement Steering Committee (QISC), which serves as the oversight body and has responsibilities for the day to day management of the QI program. PCC annually reviews the specific goals and objectives of DWIHN, including a description of the services provided. This includes, but is not limited to, the QAPIP, Year End Evaluation, and periodic review of quality improvement progress reports. The Director of Quality Improvement provides monthly and quarterly reports on QI activities to PCC. As the governing body, PCC, with recommendations from appropriate clinical personnel, act on all major contracts and other arrangements affecting the delivery of health care services. PCC actively supports the Quality Improvement Program as demonstrated by ongoing involvement in the policy making process of the organization. The final approval of the QAPIP is retained by DWIHN's Full Board of Directors.

Director of Quality Improvement

The Director of Quality Improvement has the overall responsibility for implementation of the QAPIP. Under the Director of Quality Improvement's leadership, an integrated interdivisional approach to improving DWIHN services and systems is undertaken. The Director of Quality Improvement is also responsible for the following:

1. Assisting staff in understanding and participating in the Continuous Quality Improvement (CQI) process.
2. Establishing regular communication throughout DWIHN's network about CQI issues, problems, status and progress.
3. Assisting the PCC Committee and the Full Board of Director's understanding of the CQI process.
4. Developing and implementing a data collection system that yields real-time meaningful data for needs assessment, program planning, outcome evaluations and operationalizing quality improvement opportunities.
5. Pursuing opportunities for partnership between DWIHN and other public and private entities involved in quality improvement efforts.
6. Participating on quality improvement teams and work groups at DWIHN and state levels.
7. Assisting in the Strategic Planning process.
8. Developing a DWIHN Audit Ready philosophy.
9. Standardized protocols for ensuring appropriate use for telehealth services, appropriate billing codes and quality measures.

SECTION 3: Quality Improvement (QI) Unit

The Quality Improvement Unit is responsible for performing quality improvement functions assuring that program improvements are occurring within the Pre-Paid Inpatient Health Program (PIHP) and the Community Mental Health Services Program (CMHSP). The QI unit provides support for all departments in the organization for quality improvement projects.

The QI Unit operates in partnership with stakeholders, members, advocates, contracted providers, and DWIHN staff. The QI Unit achieves the scope of continuous quality improvement through three functions: performance monitoring, performance measurement and performance improvement.

Performance Improvement

Performance Improvement is a formal approach to the analysis of performance and systematic efforts to prevent, reduce or eliminate waste, and problems that will lead to improvement in service quality. As the steward of the system, the Performance Improvement component ensures guidance is provided to the system through the provisions of policy directives. This approach is system-wide, and addresses DWIHN and its service provider network. All service providers are required to have certain policies in place which mirror DWIHN's policies. The policies address those areas that are contractually mandated in the contract with MDHHS, and describes the process for ensuring compliance. DWIHN's policies undergo a public comment period before becoming final. This process allows for stakeholders to comment and provide feedback on proposed policies. In addition, approved policies are reviewed and disseminated to DWIHN service provider network via Quality and Provider meetings. Approved policies are located on DWIHN's website.

To meet the regulatory requirements for MDHHS and NCQA, DWIHN conducts Performance Improvement Projects (PIPs) that are approved through the Improving Practices Leadership Team (IPLT) and the Quality Improvement Steering Committee (QISC). The QISC provides oversight to the Performance Improvement Projects. The purpose of each PIPs is to achieve through ongoing measurements, demonstrable and sustained improvement in both clinical and non-clinical services that will have beneficial health outcomes and member satisfaction. The clinical areas include, but not be limited to high-volume services, high-risk services and continuity and coordination of care. Non-clinical areas include, but not be limited to appeals, grievances, trends, and patterns of substantiated recipient rights complaints as well as access and availability of services. The methodology DWIHN works to improve clinical issues involves the following:

- Collecting data appropriate for the clinical issues
- Conduct quantitative and qualitative analysis of data that compares results against goals
- Identifying opportunities for improvement
- Implementing interventions to improve performance
- Measuring the effectiveness of interventions

Clinical/Non-Clinical PIPs

DWIHN have engaged in at least two (2) projects during the waiver renewal period.

- Improve children and adults within DWIHN provider network with follow-up services within 30 days after discharge from a psychiatric inpatient hospital. This study topic aligns with the Performance Bonus Incentive metric “Follow-up After Hospitalization for Mental Illness within 30 days”. The PIP performance targets have been set to exceed performance standards.
- Increase the Number of New Habilitation Supports Waiver Program Enrolled Members and Improve the Utilization Rate of Habilitation Supports Waiver Program Slots that are allocated to DWIHN from the MDHHS. Refer to the FY2022 Workplan for the listing of additional Performance Improvement Projects.

Once the performance of a selected process has been measured, assessed and analyzed, the information gathered by the above performance measures are used to identify DWIHN’s defined continuous quality improvement initiative to be undertaken. The decision to undertake the initiative is based upon DWIHN priorities. The purpose of an initiative is to improve the performance of existing services or to design new ones. The models utilized for analysis Focus-Plan-Do-Study-Act (PDSA) and the Ishikawa Fishbone Diagram.

DWIHN requires its provider network to participate in the PIPs related to their respective programs and services. The Substance Use Disorder Providers and the Clinical Responsible Service Providers (CRSP) are expected to participate in DWIHN’s PIP related to their programs and services. They are also expected to conduct PIPs based on their own self-assessment of need, risk, frequency and performance. DWIHN’s contract with MDHHS requires a State mandated performance improvement activity as well as, activities identified by IPLT and QISC.

Oversight of the quality improvement infrastructure is achieved through collaboration with members, advocates, providers, DWIHN’s Chief Medical Officer, and other stakeholders. Planned, systematic activities are implemented so that quality requirements for community mental health services are fulfilled by DWIHN and contracted service providers.

In partnership with stakeholders Quality Improvement activities include:

- Assessment of needs, quality of services, accessibility of care, availability of care, outcomes of services provided and beneficiary experiences with services
- Evaluation of systems, programs and services
- Collect performance data utilizing effective quantitative metrics that are specific, measurable, actionable, relevant and timely for Michigan Mission Based Performance Indicator System, MDHHS and DWIHN Performance Improvement Projects, QAPIP Status/Outcomes, Satisfaction Surveys (Member and Provider), Standardized HCPCS Code Utilization, Medicaid and Other Claim Verification, MDHHS and DWIHN Needs Assessments, and Network Policies
- Identification of positive and negative process trends
- Analysis of causes of positive and negative statistical variation and outliers
- Identification of opportunities for improvement

- Determination of goals and objectives
- Decision making and planning
- Stakeholder education/information sharing
- information and technical assistance regarding the quality improvement issues, trends, techniques and proposed outcomes
- Implementation of performance improvement activities
- Measure and monitor progress toward goal achievement
- Evaluate outcomes and modify performance improvement process as needed
- Implementation of standardized performance improvement activities
- Strategic and annual planning

Some of the tools and techniques used in the continuous quality improvement process include Problem Solving Methodology, Process Mapping, Force Field Analysis, Cause and Effect Diagrams, Brainstorming, Pareto Analysis, Control Charts, Check Sheets, Bar Charts, Scatter Diagrams, Matrix Analysis, Tally Charts and Ishikawa Fishbone Diagram.

Quality Assurance and Improvement functions include informing practitioners, providers, members, and the Governing body of assessment results, and facilitates a process of evaluating the effectiveness of the assessments and outlining systematic action steps to follow-up on findings.

The Leaders support QI activities through the planned coordination and communication of the results of measurement activities related to QI initiatives and overall efforts to continually improve the quality of care provided. This sharing of QI data and information is an important leadership function. Leaders, through a planned and shared communication approach, ensure the Board of Directors, staff, members and families have knowledge of and input into ongoing QI initiatives as a means of continually improving performance.

This planned communication may take place through the following methods:

- Story boards and/or posters displayed in common areas
- Recipients participating in QI Committee reporting back to recipient groups
- Sharing of the annual QI Plan evaluation
- Newsletters and or handouts
- Dashboards
- DWIHN website

Critical Incidents, Sentinel Events, Unexpected Deaths and Risk Event Management

DWIHN Reporting of Consumer Critical Event, Sentinel Event, and Death policy establishes the guidelines for reporting and reviewing possible Sentinel Events and/or Critical Incidents. The policy states that DWIHN will conduct administrative reviews and follow-up of Sentinel Events to determine if the event meets the criteria and definition for a critical event, critical incidents, risk events, sentinel event, media events, or risk thereof and is related to a practice or standard of care. The Sentinel Event Committee/Peer Review (SEC/PRC) Committee reports Sentinel Event findings for review and analysis, and document follow-up and system improvement efforts, as required by MDHHS practice guidelines. The SEC/PRC Committee also conducts review and analysis of sentinel event reports submitted by the CRSP/SUD Providers. The SEC/PRC submits no less than annually to the Governing Body a periodic summary and recommendations for action response and disposition. The SEC/PEC committee may require follow-up action on the part of the provider in the form of a Corrective Action Plan / Improvement Plan or Root Cause Analysis (RCA).

The QI Department may convene the SEC/PRC Committee ten (10) times per year to review cases in the five (5) reportable category areas as required by MDHHS, and other cases identified by the Chief Medical Officer and/or SEC/PEC Committee members. The identified reportable categories for members include Suicide; Non-Suicide Deaths; Arrest of Member; Emergency Medical Treatment due to injury or Medication Errors. The QI Department is responsible for tracking of trends and patterns through this review process. The QI Department also provide annual data reports based on monthly and quarterly review of events. The reports are forwarded through the QISC, PCC, and to the full Board of Directors for review and approval.

DWIHN Critical Incident Reporting System captures information on specific reportable events which include but not limited to suicide, non-suicide death, emergency medical treatment due to injury or medication error, hospitalization due to injury or medication error, and arrest of member. The population on which these events must be reported differs slightly by type of event. The SEC/PEC ensures that all critical incidents, sentinel events, and risk events are analyzed to determine what action needs to be taken to remediate the problem or situation and prevent the occurrence of additional events and incidents.

Each Clinically Responsible Service Provider (CRSP) is responsible to enter the Critical Event, Critical Incident, Sentinel Event, and Risk Events into the Critical/Sentinel Event Module in MH-WIN for members actively receiving services in their organization within 24 hours of knowledge of the event. The Residential Treatment Providers are responsible for submitting and notifying CRSP timely of events involving members and also must provide hospital documentation or police reports when applicable. DWIHN has expanded reporting to include data for each CRSP and the SEC/PRC trends and patterns with recommendations. SEC/PRC is represented by the Chief Medical Officer, clinicians and administrative staff members of DWIHN.

All unexpected deaths of Medicaid beneficiaries who at the time of their death were receiving specialty supports and services are reviewed by the CRSP Provider. Refer to DWIHN policy on Reporting of Consumer Critical Event, Sentinel Events and Death Reporting for specific review and procedures.

DWIHN has a process for analyzing additional critical events that put individuals at risk of harm. This analysis is used to determine what action needs to be taken to remediate the problem or situation and to prevent the occurrence of additional events and incidents. These events minimally include: actions taken by individuals who receive services that cause harm to themselves; actions taken by individuals who receive services that cause harm to others; two or more unscheduled admissions to a medical hospital (not due to planned surgery or the natural course of a chronic illness, such as when an individual has a terminal illness) within a 12-month period; police calls by staff of specialized residential treatment providers or other provider agency staff for assistance with an individual during a behavioral crisis situation regardless of whether contacting police is addressed in a behavioral treatment plan; and emergency use of physical management by staff in response to a behavioral crisis.

DWIHN requires all contracted CRSP to have Behavior Treatment Plan Review Committee (BTPRC). As an option, the network providers and Mental Health CRSP may collaborate on developing and operating a joint BTPRC. It is DWIHN's expectation that it is the responsibility of the providers joining as partners in the BTPRC and CRSP to ensure that the joint BTPRC will provide the required review of proposed Behavior Treatment Plan (BTP) in real-time or during emergent situations. DWIHN contracted CRSP (Mental Health) monitor and ensure their implementation of Behavior Treatment policies and procedures.

The QAPIP quarterly review analysis of data for reporting to the QISC and PCC from the BTPRC intrusive or restrictive techniques that have been approved for use with members and where physical management or 911 contacts with law enforcement have been used in an emergency behavioral crisis. DWIHN also submits quarterly data analysis reports on system-wide trends of BTP to MDHHS. Data includes numbers of interventions and length of time the interventions were used per person. The techniques that have been approved during person-centered planning by the beneficiary or his/her guardian and are supported by current peer-reviewed psychological and psychiatric literature may be used with members.

Member Experiences with Services

The QAPIP is designed to improve the quality of care and service provided to members. Issues of quality, availability, and accessibility of care are evaluated through periodic quantitative (e.g., surveys) and qualitative (e.g., focus groups) assessments of member experiences with services. The assessments will be representative of the persons served and supports offered. The survey instruments used include the Experience of Care and Health Outcomes (ECHO) survey for (Adult/Children) and the National Core Indicators (NCI) survey (I/DD Population).

The QAPIP annual review analysis and data from the ECHO and NCI surveys are forwarded to the QISC, PCC and the full Board of Directors for review and approval. DWIHN and its Providers uses the assessment results to improve services for members. Processes found to be effective and positive will be continued, while those with questionable efficacy or low member satisfaction will be revised using the following methodology:

- Takes specific action on individual cases as appropriate,
- Identifies and investigates sources of dissatisfaction,
- Outlines systemic action steps to follow-up on the findings
- Informs practitioners, providers, recipient of service and the governing body of assessment results.

Long-Term Services and Supports (LTSS)

The QAPIP includes mechanisms to assess the quality and appropriateness of care furnished to members receiving LTSS. The process includes an assessment of care between care settings and a comparison of services and supports received with those set forth in the member's individual plan of service. Members receiving long-term supports or services (e.g., customers receiving case management or supports coordination), are included in the Quality Improvement process, as survey participants, as members of Consumer Advisory Councils, and as members of the DWIHN's Board. In this way members are incorporated into the review and analysis of information obtained from quantitative and qualitative methods. The LTSS cases or persons with special needs are tracked and reported on the MDHHS OBRA dashboard as established in response to the provisions of the federal Omnibus Budget Reconciliation Act (OBRA) of 1987, which amended the Medicaid program requirements for all nursing facilities. DWIHN Integrated Health Care unit has monthly meetings with the providers and quarterly meetings with MDHHS as required to discuss monthly and quarterly analysis of DWIHN's LTSS activities.

DWIHN continually evaluate its oversight of "vulnerable" individuals to determine opportunities for improving the health care and outcomes of members. DWIHN will continue to work with MDHHS to develop uniform methods for targeted monitoring of vulnerable individuals as well as review and approve corrective action plans that result from identified areas of non-compliance and follow-up on the implementation of the plans at the appropriate interval. Reports of the annual monitoring and plans of correction shall be subject to MDHHS review.

The QAPIP describes the process for the adoption, development, implementation and continuous monitoring and evaluation of practice guidelines when there are nationally accepted or mutually agreed upon clinical standards, evidence-based practices, practice-based evidence, best practices and promising practices that are relevant to the individual served. The clinical protocols and practice guidelines are utilized as a tool to determine eligibility for services and assist in making determinations regarding continued necessity of care. DWIHN refers to these protocols and guidelines to determine medically necessary supports, services, or treatment for those we serve. DWIHN develops its clinical practice guidelines from scientific evidence, professional standards and/or a consensus of board-certified health care professionals in the particular field. Where ever possible, guidelines are derived from nationally recognized sources and are evidence-based in their foundation. For any DWIHN developed clinical guidelines, a literature search is conducted, including a search for established practice guidelines from national organizations and professional associations. With the support of the Improving Practices Leadership Team (IPLT) and the direction of the Chief Medical Officer develops and maintains up to date clinical Practice Guidelines that are well researched and well documented in the literature for DWIHN's provider network.

The following criteria are considered when establishing priorities for adopting Clinical Practice Guidelines relevant to the membership: the incidence or prevalence of the diagnosis or condition, the degree of variability in treatment approaches or outcomes for the diagnosis or condition, the availability of scientific and medical literature related to the effectiveness of various treatment approaches. The final step occurs when the guidelines are posted on DWIHN website for provider use and access. Additionally, all providers utilize the practice guidelines to assist in ongoing treatment decisions and methods of behavioral health care.

Public review and comment are also an integral piece of the developmental process. Following a series of clinical trainings and postings on the DWIHN website of the most updated clinical protocols and practice guidelines, implementation takes place via the proposed policies process. DWIHN may choose to send the draft version of the clinical practice guidelines to contracted providers who treat the condition for feedback. The IPLT has ultimate responsibility for ensuring effective, evidence-based practice which is accomplished by the development or adoption of robust clinical guidelines. All clinical practice guidelines must be presented to the DWIHN's IPLT for approval.

DWIHN staff under direction of the Chief Medical Director assumes responsibility for continuous monitoring and updating of all practice guidelines and clinical protocols, regarding the latest literature, state/federal rules and regulations, and most effective standards of care. The Clinical Practice Guidelines are reviewed and updated at least every two (2) years or more frequently if national guidelines change during that two (2) year period. DWIHN expects its contracted practitioners to adopt these guidelines in their practice and encourages the use of evidence-based practices but recognizes the inability of the guidelines to address all individual circumstances. DWIHN monitors providers compliance with clinical guidelines through reports, treatment chart reviews, and/or process indicators. DWIHN supports its members in self-management of their conditions by making practice guidelines available on their website and through specific quality improvement initiatives/activities.

Verification of Services

The QAPIP addresses how DWIHN verifies whether services reimbursed by Medicaid were furnished to members by affiliates (as applicable) providers and subcontractors. The Individual Plan of Services (IPOS) is the conduit in which the Claims Verification process begins. DWIHN conducts claims verification reviews of randomly selected contracted providers encompassing all funding streams (MI-HEALTH LINK, Medicaid, SUD, Autism, Grants and General Fund) through desk audits, compliance investigations and on-site provider reviews. Bi-annually, DWIHN generates a statistically sound random sample, obtained from a pool of "Paid Encounters/Claims". The review sample size complies with the Office of Inspector General (OIG) minimum sampling standards. All program and clinical case records must comply with DWIHN's policy and procedures, existing requirements, and state guidelines as defined by MDHHS. Annually, DWIHN submits a report to MDHHS which contains its methodology for verification and its findings from the process, as well as providing any follow up actions that were taken because of the findings.

Verification for service includes testing of data elements from the individual claims/encounters to ensure the proper code is used for billing; the code is approved under the contract; the eligibility of the member on the date of service; that the service provided is part of the members IPOS (and provided in the authorized amount, scope and duration); the service date and time; services were provided by a qualified individual and falls within the scope of the code billed/paid; the amount billed/paid does not exceed the contract amount; and appropriate modifiers were used following the HCPCS guidelines.

Performance Monitoring

DWIHN annually monitors its provider network including any affiliates and subcontractors to which it has delegated managed care functions, including service and support provision. The process includes review and follow-up on any provider network monitoring of its subcontractors. The standards used to assess contractors are the applicable sections of the Social Security Act, the Code of Federal Regulations (CFR), the Center for Medicare and Medicaid (CMS), MDHHS Operations Manuals, Michigan's Medicaid State Plan, and the Michigan Medicaid Provider Manual.

In an ever-changing economy, quality services and supports that result in positive outcomes for persons that receive services in a cost-effective manner are crucial. DWIHN continues to move toward a system that ensures accountability and transparency relative to service quality and cost. As a result, DWIHN's QI Unit will continue to develop, train and implement a standardized system in which to measure performance and outcomes. These measurements will ensure accountability and transparency relative to the quality of services and cost. DWIHN's monitoring, which includes but is not limited to onsite, virtual and provider self-monitoring these monitoring measures are a component of the CQI process.

This process is designed to provide an organized documented process for assuring that eligible Detroit and Wayne County residents are receiving quality services for members with Serious Mental Illness, Severe Emotional Disturbance, Substance Use Disorders, Intellectual Developmental Disabilities, and Co-Occurring Disorders that are both medically necessary and appropriate standards of care while achieving the member desired outcomes.

DWIHN has adopted a performance monitoring process to support a CQI practice in an on-going effort to improve services through consistent evaluation, resulting in process/procedure/program refinements by on-going monitoring improvements as seen in Figure 1.

Figure 1.

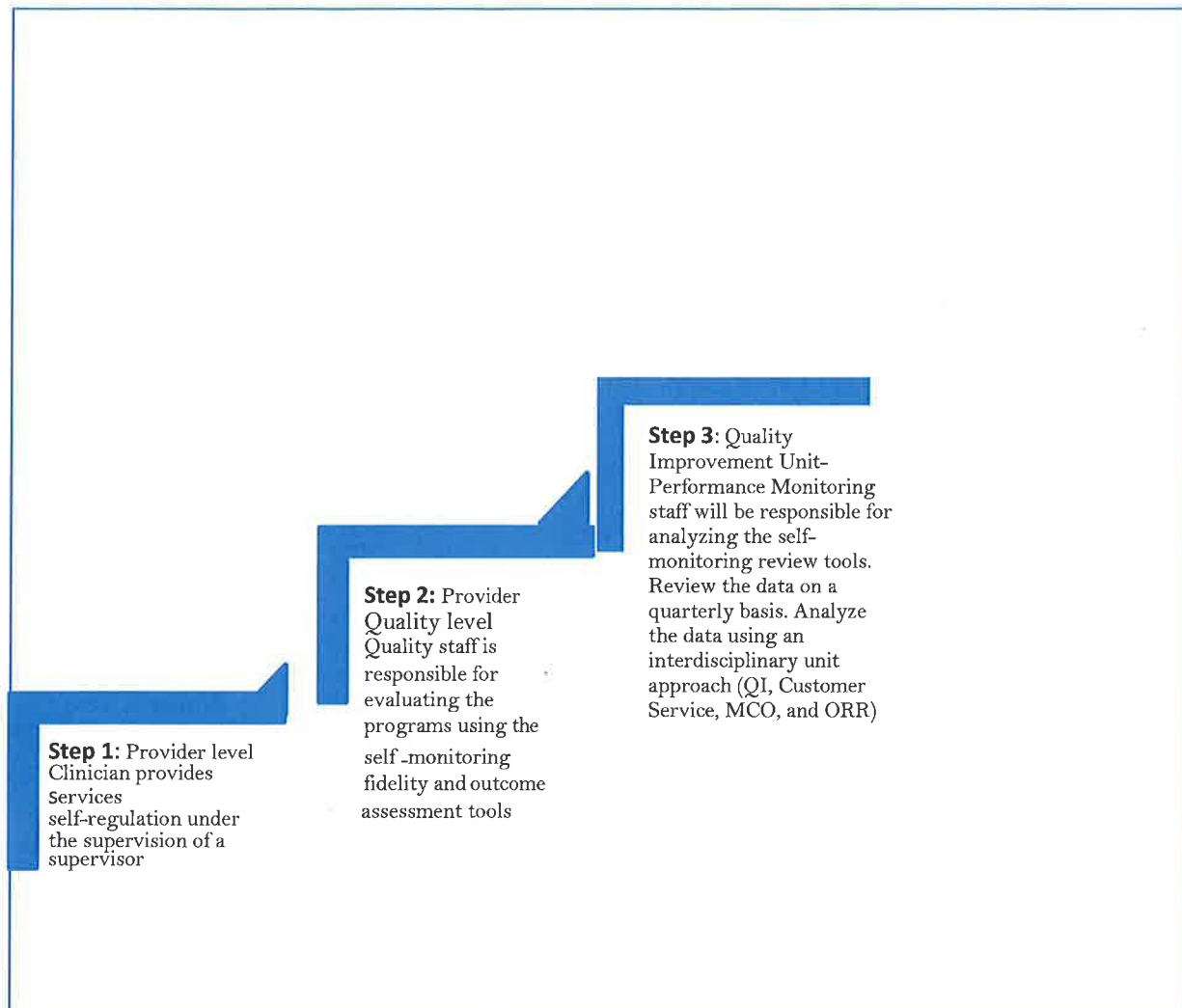


The Performance Monitoring Plan is geared to improve quality and measure our performance in the delivery of service and compliance with required standards. This plan requires the involvement, skills, expertise and input from DWIHN's Service Provider Network and internal staff. Requiring self-regulation and monitoring by all partners (DWIHN, Contracted Providers, Practitioner and Members).

As part of the monitoring process, DWIHN developed multiple levels using a standardized self-monitoring/self-regulating approach. This multilevel monitoring approach begins at the service provider level and cascades up to DWIHN's Quality Improvement Team. The "Monitoring Process" standardized tools assist in the documentation to ensure that:

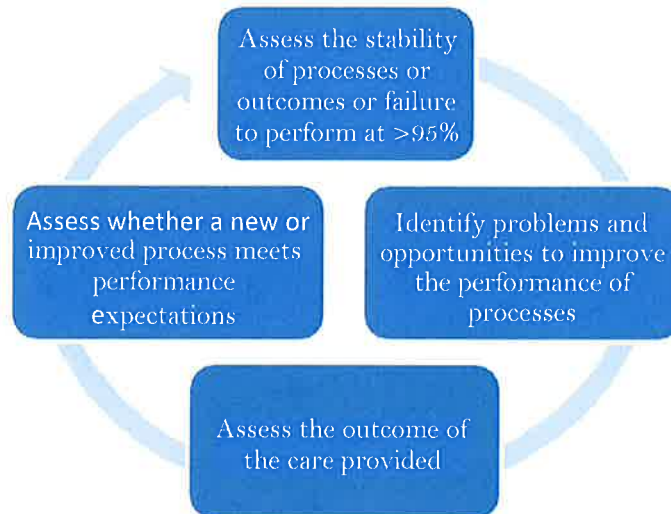
- Actions and/or process requirements are not open to different interpretations
- The process is made easier to understand
- Non-value-added steps are eliminated
- Effectiveness and efficiency are increased
- The process can be benchmarked to determine if it is excellent or to set new performance goals
- DWIHN and Contracted Provider staff can collect evidence relying on process conformity to increase validity and reliability in findings.

Process Steps of Performance Monitoring Pathway (defined by QI)

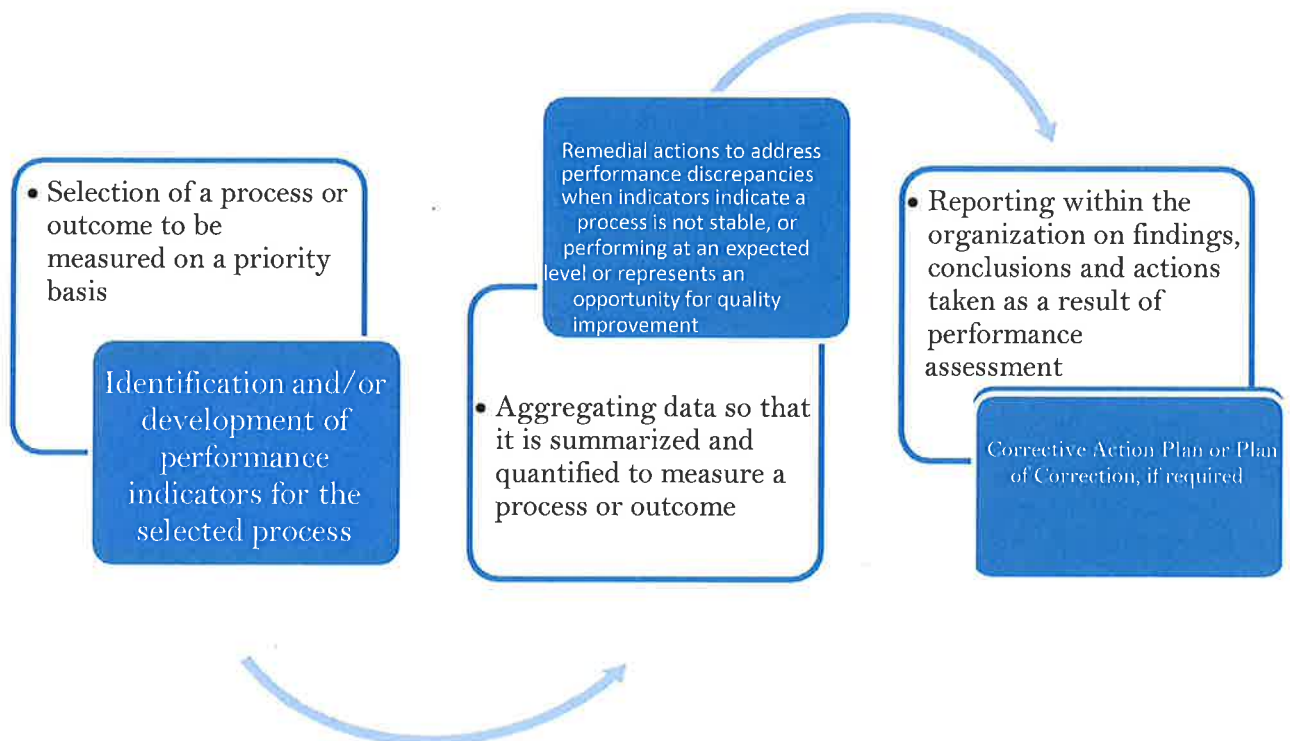


Performance Measurement

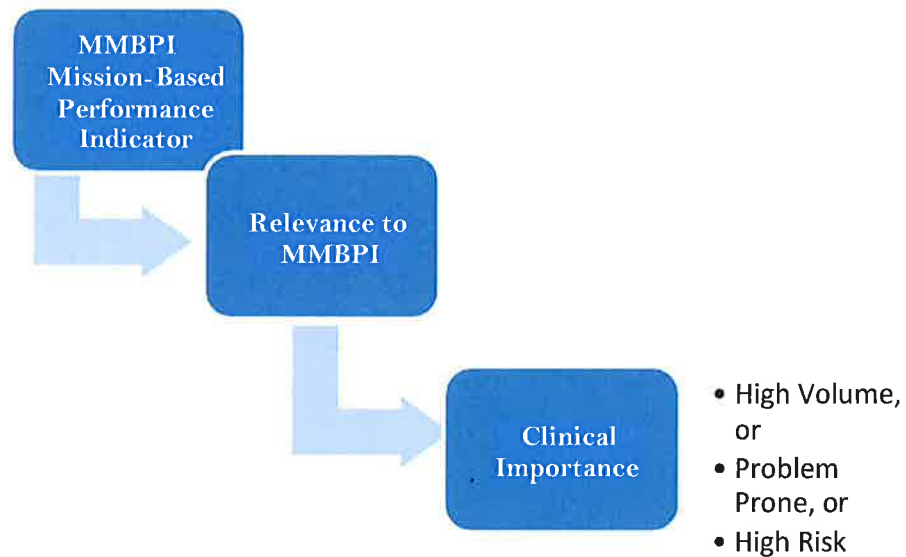
Performance measurement is a critical component of the PDSA cycle. Performance Measurement is the process of regularly assessing the data results produced by a program. The **purpose** of measurement and assessment is to:



Measurement and assessment **involve**:

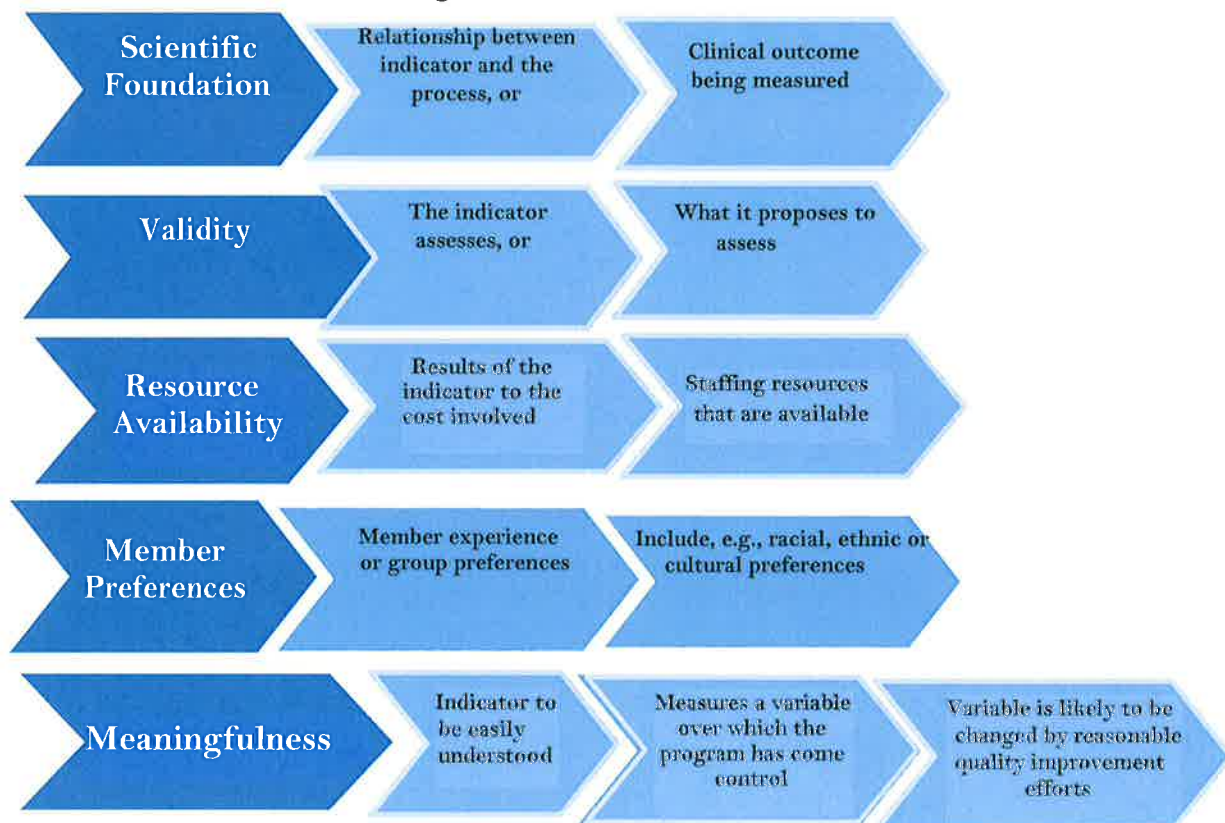


Selection of a Performance Indicator



Characteristics of a Performance Indicator

Factors to consider in determining which indicator to use include:



The Performance Indicators Selected for the DWIHN'S Quality Improvement Plan FY21-23 from the Strategic Plan

For purposes of this plan, an indicator(s) comprises five (5) key elements: name, definition, data to be collected, the frequency of analysis or assessment, and preliminary ideas for improvement. The following ten (10) performance indicators will be the focus using the Board approved Strategic Plan, Pillars and Focus Areas.

Measure of Service	
Name	<i>Michigan Mission Base Performance Indicators (MMBPI)</i>
Definition	<i>This includes the indicators found in the MDHHS Code Book.</i>
Data Collection	<i>The data is collected through MH-WIN, and the remainder is calculated by MDHHS.</i>
Assessment Frequency	<i>The Quality Improvement Steering Committee will assess information associated with the indicator on a monthly basis and submit to MDHHS Quarterly.</i>
Measure of Service	
Name	<i>Member Grievances</i>
Definition	<i>An expression of dissatisfaction with any aspect of the operations or activities by the Service Provider or DWIHN.</i>
Data Collection	<i>Primarily collected through MHWIN.</i>
Assessment Frequency	<i>The Customer Service Committee will assess information associated with the indicator on a Quarterly basis.</i>
Measure of Service	
Name	<i>Member Satisfaction</i>
Definition	<i>Measure of how services meet or exceed member expectation</i>
Data Collection	<i>MH-WIN, Survey, Member Questionnaire</i>
Assessment Frequency	<i>The Customer Service Committee will assess information associated with the indicator on a Quarterly basis.</i>
Measure of Service	
Name	<i>Clinical Practice Improvement</i>
Definition	<i>Measure of Model Fidelity or Measure of outcomes of persons served within various Evidence-Based, Practice-Based Evidence, Best Practices</i>
Data Collection	<i>Through Provider Data, MH-WIN</i>
Assessment Frequency	<i>The Quality Improvement Committee will assess information associated with the indicator on a Quarterly basis.</i>

Measure of Service	
Name	<i>Finance</i>
Definition	<i>Ensure financial solvency of DWIHN and Network Providers</i>
Data Collection	<i>Site Reviews, Audits, Financial Reports</i>
Assessment Frequency	<i>The Quality Improvement Steering Committee will assess information associated with the indicator on a Quarterly basis or as needed.</i>
Measure of Service	
Name	<i>Crisis Services</i>
Definition	<i>Completion of Crisis/Safety Plans as applicable for each member by Contracted Providers</i>
Data Collection	<i>MH-WIN, Performance Monitoring</i>
Assessment Frequency	<i>The Quality Improvement Steering Committee will assess information associated with the indicator on a Quarterly basis.</i>
Measure of Service	
Name	<i>7 Day Follow-up</i>
Definition	<i>Ensure appointments are scheduled and attended by members</i>
Data Collection	<i>Performance Indicator Module in MH-WIN</i>
Assessment Frequency	<i>The Quality Improvement Steering Committee will assess information associated with the indicator on a Monthly and Quarterly basis.</i>
Measure of Service	
Name	<i>30 Day Follow-up</i>
Definition	<i>Ensure appointments are scheduled with Mental Health Professionals and attended by Members.</i>
Data Collection	<i>MH-WIN, Performance Monitoring</i>
Assessment Frequency	<i>The Quality Improvement Steering Committee will assess information associated with the indicator on a Monthly and Quarterly basis.</i>

Measure of Service	
Name	<i>Critical Event/Sentinel Event/Death Reporting</i>
Definition	<i>Reporting of health and safety incidents and 911 calls by Contracted Providers</i>
Data Collection	<i>MH-WIN</i>
Assessment Frequency	<i>The Quality Improvement Steering Committee, Critical Sentinel Event, Peer Review and Death Review Committees will assess information associated with the indicator on a Monthly and Quarterly basis.</i>
Measure of Service	
Name	<i>Advocacy</i>
Definition	<i>Identify ways to improve community inclusion and integration.</i>
Data Collection	<i>MH-WIN, Site Review, Performance Monitoring, HCBS</i>
Assessment Frequency	<i>The Quality Improvement Steering Committee and Constituents Voice will assess information associated with the indicator on a Quarterly basis.</i>

Performance Indicators Assessment

The Assessment of the Performance Indicators is accomplished by comparing actual performance on an indicator with:

- Self over time
- Pre-established standards, goals or expected levels of performance;
- Information concerning evidence-based practices;
- Other systems or similar service providers

Specific, measurable, actionable, relevant and timely data is a critical element of Quality Improvement operations. Quality Improvement unit staff is engaged in on-going processes for identification of data process deficiencies and opportunities to improve accuracy and completeness of the DWIHN's datasets in MH-WIN and in the state's data warehouse.

The Quality Improvement Unit has responsibility for oversight of the Michigan Mission Based Performance Indicator (MMBPI) System data. Standardized indicators, based on the systematic, on-going collection and analysis of valid and reliable data are utilized. Performance measures utilized have been established by MDHHS in the areas of access, efficiency and outcome. This data is reported to MDHHS according to established timelines and formats. Data is also reported quarterly to various factions of the quality Improvement infrastructure (i.e., Program Compliance Committee, Quality Improvement Steering Committee, Quality Operations Technical Assistance Workgroup, etc.).

SECTION 4: Committee Structure

To promote quality throughout DWIHN's organization, DWIHN has created committees to provide oversight and implementation of all quality improvement activities.

The quality improvement activities are achieved through a complex infrastructure which includes key stakeholders and process owners, and cross-functional units and committees. Due to the Covid-19 global pandemic, committees have been utilizing virtual meeting platforms. The structure is depicted below:

Program Compliance Committee (PCC)

The Program Compliance Committee (PCC) is a committee of the Board of Directors, and provides leadership for the Quality Improvement process through supporting and guiding implementation of quality improvement activities at DWIHN; and reviewing for changes, evaluating, need for Board Actions and approving the QAPIP Description biennial, the QAPIP Evaluation and Work Plan annually.

Membership:

DWIHN's PCC Committee consists of members of the Board of Directors. The Chief Clinical Officer is the liaison to the committee. Meeting notices are posted in public places and on DWIHN's website. Meetings are open to the public.

Function of the Committee:

The committee monitors the effectiveness of the QAPIP and make recommendations on the following:

- Annual evaluation of the effectiveness of the QAPIP and recommends approval of reports to the Board.
- System-wide trends and patterns of key indicators.
- Opportunities for improvement.
- Studies in areas identified from data review as having the potential for affecting the outcomes of care and related quality concerns.
- Policies and Procedures.
- System-wide attainment of goal(s) and objective(s).
- Developing and approving the QAPIP description and evaluation.
- Establishing measurable objectives based upon priorities identified through the use of established criteria for improving the quality and safety of clinic services.
- Developing indicators of quality on a priority basis.
- Periodically assessing information based on the indicators, acting as evidenced through quality improvement initiatives to solve problems and pursue opportunities to improve quality.
- Establishing and supporting specific quality improvement initiatives.
- Reporting to the Full Board of Directors on quality improvement activities on a regular basis.
- Review of program operations.
- Recommend Board Actions to the Full Board of Directors.

Quality Improvement Steering Committee (QISC)

DWIHN's Quality Improvement Steering Committee (QISC) is an advisory group with responsibility for ensuring system-wide representation in the planning, implementation, support and evaluation of DWIHN's continuous quality improvement program. The QISC provides ongoing operational leadership of continuous quality improvement activities for DWIHN. It meets at least monthly or not less than nine (9) times per year. The QISC provides leadership in practice improvement projects and serves as a vehicle to communicate and coordinate quality improvement efforts throughout the quality improvement program structure.

Membership:

Membership includes the Medical Director, directors of DWIHN's units or designee, chairperson of the committees within the Quality Improvement structure or designee, members, advocates and Contracted Providers of services to members with Serious Mental Illness, Severe Emotional Disturbance, Substance Use Disorders, Intellectual Developmental Disabilities, and Co-Occurring Disorders.

Function of the Committee:

- Establish and annually review committee operational guidelines, such as confidentiality, meeting frequency, management of information requests, number of members required for a quorum, membership, etc.
- Establish committee goals and timelines for progress and achievement.
- Participate in the development and review of quarterly/annual reports to the Program Compliance Committee and the Full Board of Directors regarding the Quality Improvement System.
- Annually review and evaluate the effectiveness of the Quality Assessment Performance Improvement Program.
- Oversee a circular communication process in order to ensure that all involved constituencies, including the Board of Directors, DWIHN staff, and members, providers and other stakeholders are a part of the Quality Improvement Process.
- Provide recommendations and feedback on process improvement, program implementation, program results and program continuation or termination.
- Examine quantitative and qualitative aggregate data at predetermined and critical decision-making points and recommend courses of action.
- Review reports from regulatory DWIHN reviews.
- Review of DWIHN improvement plans and make recommendations based on these reviews.
- Monitor progress and completion of plans of correction in response to recommended remedial actions identified for the DWIHN or by regulatory organizations.
- Review quality Improvement operating procedures and propose changes in procedures as needed.
- Oversee a process for establishing, continuing or terminating subcommittees, standing committees, improvement teams, task groups and work groups.

- Identify training needs and opportunities for staff development in the quality Improvement process.
- Identify future trends and make recommendations for next steps.
- Develop standardized forms required for the work of the Steering Committee.
- Initiate and participate in recognition and acknowledgement of successes in quality Improvement for the DWIHN and the community mental health system.
- Leadership in practice improvement projects.

Improving Practices Leadership Team (IPLT)

DWVHN endeavors include implementation and support of Best and Evidence-Based Practices (EBP). The purpose of the Improving Practices Leadership Team (IPLT) is to oversee and monitor these practices. IPLT is charged with developing work plans, coordinating the regional training and technical assistance plan, working to integrate data collection, developing financing strategies and mechanisms, assuring program fidelity, evaluating the impact of the practices, and monitoring clinical outcomes.

Membership:

The IPLT committee is chaired by the Clinical Officer and includes Improving Practice Leadership Specialists in the following areas:

- Individuals with Serious Mental Illness (SMI)
- Children with Serious Emotional Disturbance (SED)
- Individuals with Intellectual and/or Developmental Disabilities (I/DD)
- Individuals with Substance Use Disorders (SUD)
- Quality Improvement
- Finance
- Data Evaluation
- Member employed by the system
- Family Member of a child receiving PIHP services Peer support specialist
- An identified program leader for each practice being implemented
- Identified program leader for peer-directed or peer-operated services

Function of the Committee:

Develop and communicate a strategy that is tailored to the context and the roles, capabilities, and interests of the stakeholder groups involved in the public mental health system:

- Identify and mobilize program leaders or change agents within the organization to implement the activities required to achieve the desired outcomes.
- Develop an on-going process to maximize opportunities and overcome obstacles.
- Monitor outcomes and adjust processes based on learning from experience.
- Align relevant persons, organizations, and systems to participate in the transformation process.
- Support Membership of a Member/Certified Peer Support to represent the PIHP/CMHSP on the Recovery Council of Michigan.
- Assess parties' experience with change.
- Establish effective communication systems.
- Ensure effective leadership capabilities.

- Enable structures and process capabilities.
- Improve cultural capacity.
- Demonstrate their progress in system transformation by implementing evidence based, promising and new and emerging practices.

Standing Committees

DWIHN's quality Improvement system consists of standing committees that oversee on-going monitoring, peer evaluation, and improvement functions, including receipt and review of data related to their identified areas of responsibility. This structure is designed to improve quality of care to members, improve operations of providers and promote efficient and effective internal operations. Standing Committees may be assigned quality indicators to use in monitoring aspects of care and service or may establish indicators for which data will be collected and monitored.

The standing committees consist of qualified representatives of DWIHN units, providers and in some cases, stakeholders and members. The committees define aspects of services and supports to be monitored for opportunities to improve, based on priorities established in the MDHHS contract and on the needs of high-risk members and high volume/problem-prone programs. Results from DWIHN's Performance Indicators System, which is an extension of the MDHHS data collection program, are a key source for identification of aspects to be monitored. The committees develop plans by which data for their scope of responsibility will be reviewed and opportunities for improvement identified. QI staff work with the committees and assure that the principles of data based continuous quality improvement are followed. The standing committees monitor improvements that are implemented for effectiveness and improved outcomes.

Standing committees identify and recommend needs for quality improvement teams, as appropriate, and may bring in outside resources, if needed, to facilitate the work of teams and to facilitate involvement of internal staff, providers, members, stakeholders and various outside groups, as needed. The standing committees are:

Critical/Sentinel Events Committee (CSEC)

The Critical/Sentinel Event process involves the reporting of all unexpected incidents involving the health and safety of the members within DWIHN's service delivery area. Incidents include, at a minimum, member deaths, medication errors, behavioral episodes, arrests, convictions, physical illness and injuries. The CSEC retains the right to make the final decision whether an incident is a Critical/ Sentinel Event. As applicable, when necessary to respond to questions/concerns of the CSEC others will be requested to attend.

Membership includes but not limited to:

- Medical Director
- Utilization Management
- Managed Care Operations
- Quality Improvement
- Substance Use Disorders Initiatives
- Office of Recipient Rights

Function of the Committee:

The mission and goal of the CSEC is to ensure the Contracted Providers and/or Clinically Responsible Service Providers (CRSP) conduct a thorough review of incidents with an action plan to ensure the incident does not reoccur or the risk of the incident reoccurring is minimized.

The CSEC uses a four-tiered system of peer review activity. In the first tier, the Critical Events are reviewed by QI Critical/Sentinel Event Liaison for data collection, reviewed for quality of care issues, request for additional documents, completeness of the information and notification of high-risk critical incidents to DWIHN's QI Director and the DWIHN's Administration.

In the second tier, the Critical/Sentinel Events are reviewed by the Medical Director, Chief Clinical Officer and the QI Critical/Sentinel Event Liaison for clinical issues, standards of care and potential Sentinel Events.

In the third tier, the Critical/Sentinel Events are reviewed by DWIHN's Peer Review Committee, if needed, as a peer review activity. Findings can include requests for corrective action plans, if needed. Repeated deficits or failures to correct identified deficits may result in recommendations for performance sanctions as defined by DWIHN policy, procedures and contracts.

In the fourth tier, the data collection is reviewed by DWIHN's Critical/Sentinel Event Committee for policy review and implementation, patterns, trends, compliance, education and improvement and presentation to DWIHN PCC.

Death Review Committee (DRC)

All unexpected* deaths of Member who at the time of their deaths were receiving specialty supports and services must be reviewed and must include:

- Screens of individual deaths with standard information (e.g., coroner's report, death certificate).
- Involvement of medical personnel in the mortality reviews.
- Documentation of the mortality review process, findings, and recommendations.
- Use of mortality information to address quality of care.
- Aggregation of mortality data over time to identify possible trends.

* Unexpected deaths include those that resulted from suicide, homicide, an undiagnosed condition, accidental, or suspicious for possible abuse or neglect. As applicable, when necessary to respond to questions/concerns of the DRC other persons will be requested to attend.

Membership includes but not limited to:

- Medical Director
- Clinical Practice Improvement
- Managed Care Operations
- Quality Improvement
- Office of Recipient Rights
- Integrated Health Care
- Substance Use Disorders

Function of the Committee:

The mission and goal of the DRC is to ensure that a thorough review of the Member's death has been conducted by the Member's respective Service Provider, CRSP, Recipient Rights and Clinical Practice Improvement Units. All reviews are conducted in accordance with DWIHN's Death Reporting Policy and procedures, state and federal laws and regulations that govern death review activities.

Peer Review Committee (PRC)

The PRC Committee is a peer review activity responsible for the clinical peer review of critical incidents involving, at a minimum, Member deaths, Critical/ Sentinel Events, incidents involving the media or special requests from DWIHN's Medical Director or Administration. All peer review activities are privileged, confidential and are in accordance with the state and federal laws and regulations that govern peer review activities. As applicable, when necessary to respond to questions/concerns of the PRC Committee other persons will be requested to attend.

Membership:

- Medical Director
- Clinical Practice Improvement
- Managed Care Operations
- Quality Improvement
- Office of Recipient Rights
- Integrated Health Care
- Substance Use Disorders

Function of the Committee:

The mission and goal of the PRC Committee is to ensure the Service Providers and CRSP conduct a thorough review of incidents and provide an action plan that will ensure similar incidents do not reoccur and that the risk of reoccurring is minimized. The goal of the PRC Committee is to review the processes at the Service Provider and CRSP when conducting a thorough clinical review of the incident in accordance with DWIHN's Peer Review Policy and Procedures. All Peer Review activities are privileged, confidential and are in accordance with state and federal laws and regulations that govern Peer Review activities.

Behavioral Treatment Advisory Committee (BTAC)

DWIHN's Behavioral Treatment Advisory Committee is charged with the oversight of nine (9) Behavioral Treatment Plan Review Committees (BTPRC) in the network. The committee takes the lead for implementing a systematic approach to monitor service providers and compliance with the MDHHS standards for BTPRC. The committee reviews system-wide BTPRC trends and patterns compared to key indicators such as psychiatric hospitalization, behavior stabilization, reductions or increases in the use of interventions, crisis plans, and behavior treatment plans. The representatives from the network providers are invited for the case validation review process at the BTAC as part of continuous quality improvement at the PIHP level. The committee submits quarterly BTPRC data analysis reports to MDHHS.

Membership:

The committee consists of DWIHN's Medical Director, licensed psychologist, Member, DWIHN staff, provider representatives and Office of Recipient Rights (ORR). The representative of DWIHN's ORR is required to attend each Behavior Treatment Review Committee (BTRC) on Behavior Treatment Plan Requirements for the service provider network.

Each of the providers BTRC consists of a licensed psychologist, a licensed physician/psychiatrist and DWIHN's ORR who assigns a representative. Each committee sends representative(s) to the monthly DWIHN's Behavior Treatment Advisory Committee.

Function of the Committee:

DWIHN's committee provides oversight and monitoring of Behavioral Treatment Plan Review Committees (BTPRC) to ensure compliance with MDHHS Technical requirements and collects data and information on implementation issues including:

- Percent of provider Behavior Management committees with active Recipient Rights representation.
- Types of challenging behaviors resulting in intrusive and/or restrictive interventions.
- Percent of Member exhibiting challenging behaviors per the client record with behavior treatment plans.
- Types of interventions used.
- Frequency and duration of interventions used.
- Frequency of review of behavior management plans.
- Percent of interventions matching behavior management plans.
- Percent of charts labeled appropriately.
- Number of Critical/Sentinel Events involving challenging behaviors.
- Percent of care staff at all levels trained in behavior management (i.e., positive behavior management, the culture of gentle teaching, management of challenging behaviors, etc.).
- Percent of care staff at all levels who demonstrate the required behavior management competencies.
- Number of behavior management related Office of Recipient Rights complaints.

Credentialing Committee

The purpose of the committee is to delineate and describe the functions and oversight of DWIHN's Credentialing Verification Organization (CVO) and the responsibilities of the Service Providers, and to implement credentialing/re-credentialing functions.

In compliance with MDHHS' Credentialing and Re-credentialing processes, DWIHN has established written policy and procedures for ensuring appropriate credentialing and re-credentialing of the provider network. Quality Improvement monitors the provider network qualification of staff to ensure compliance with federal, state, and local regulations. Performance monitoring is completed no less than annually through an established process to ensure providers of care or support are qualified to perform their jobs.

Membership:

- Medical Director
- Network Providers
- DWIHN Staff

Risk Management

The purpose of the committee is to review incidents involving Member and the provider system under the protection of protected information. The Risk Management Committee is an ad-hoc committee and meets as required.

Membership:

- Chief Financial Officer
- Medical Director
- Corporate Compliance Officer
- Deputy CEO/COO
- Others as needed

Function of the Committee:

- Continuously improve member safety and minimize and/or prevent the occurrence of errors, events, and system breakdowns leading to harm to patients, staff, volunteers, visitors, and others through proactive risk management and patient safety activities.
- Minimize adverse effects of errors, events, and system breakdowns when they do occur.
- Minimize losses to the organization overall by proactively identifying, analyzing, preventing, and controlling potential clinical, business, and operational risks.

Cost Utilization Steering Committee

The utilization, standards, access etc. to clinical services, Cost Utilization looks at where our spending is occurring, analyzes the trends, and makes recommendations for the system based on Strategic Initiatives, Market Forecasts, and our historical data.

Membership:

- Chief Financial Officer
- Deputy Financial Officer
- Chief Information Officer
- Deputy CEO/COO
- Medical Director

Function of the committee:

- To receive data from the Cost Integrity Group (CIG), Procedure Code Work Group, along with the contractual expectations.
- Review the needs for improved clinical outcomes (UM/QM/CPI data or input), state mandates (such as EBPs).
- Finds ways fund necessary functions or services. It contemplates state funding (revenue) and network funding (costs) and fund source management along with cost and utilization data integrity and even system processes.
- As a steering committee it would set the priorities for managing our funding to achieve our operating expectations.

Compliance Committee

The Compliance Committee shall meet, at a minimum, on a bi-annual basis during the fiscal year. However, the Compliance Officer can schedule additional meetings as deemed necessary. A majority of the Committee constitutes a quorum for the transaction of business. The Committee shall act by the affirmative vote of a majority of the Committee Member present at a duly held meeting.

Membership:

- Corporate Compliance Officer
- Deputy CEO/COO
- Chief Financial Officer
- Medical Director

Function of the Committee:

- Assist the Compliance Officer with risk assessment and the need for and design of compliance reviews within the organization.
- Advise the Compliance Officer on compliance training needs within the organization and assist in arranging for and conducting such compliance training.
- Assist the Compliance Officer with developing organizational policies supporting the Compliance Plan.
- Assist the Compliance Officer with implementation of the Compliance Plan.
- Assist the Compliance Officer with evaluation of the effectiveness of the Compliance Plan.
- Refer all matters to the Program Compliance Committee (PCC) and the Board for review that relate to the following:
 - ✚ Violations that require notification to federal, state, and/or local agencies.
 - ✚ Violations that have an economic impact (i.e. budgetary) on the Network and/or require funds to be returned to federal or state agencies.
 - ✚ Any other information that the Compliance Committee deems appropriate for Board notification.

Customer Service Committee

The purpose of the committee is to provide procedural and operational guidance on Customer Service functions to DWIHN, the Access Center, Crisis services vendor, and Service Providers. The Customer Service Committee meets on a quarterly basis.

Membership:

- Customer Service Director
- Grievance Coordinator
- Appeals Coordinator
- Provider Customer Services, Grievance, and Appeal staff
- Others as needed

Function of the Committee:

The quarterly meetings are facilitated by DWIHN's Customer Service Department to coordinate with the Customer Service, Grievance and Appeals management at the Service Provider levels that addresses Customer Service, Grievance and Appeals related updates and issues. It also provides for a venue to network and share programs, processes and upcoming events that are occurring in their respective networks.

Recipient Rights Advisory Council (RRAC)

The RRAC is mandated by the Michigan Mental Health Code (MCL 330.1757). The RRAC meets bi-monthly, on the first Monday of every odd-numbered month, from 1:00 – 3:00. The meetings are governed by the Open Meetings Act and the public is welcome to attend.

Membership:

Is broadly based so as to best represent the varied perspectives of the CMHSP's geographical area. At least 1/3 of the Membership shall be primary Member or family Member, and of that 1/3, at least ½ shall be primary Member.

Function of the committee:

- Protect the Office of Recipient Rights (ORR) from pressures that could interfere with the impartial, even-handed, and thorough performance of its functions.
- Serve in an advisory capacity to the executive director and the director of ORR Other specific functions.
- Review the process for funding ORR.
- Recommend candidates for the Director of ORR to the Executive Director.
- Consult with the Executive Director regarding any proposed dismissal of the Director of ORR.
- Receive education and training in ORR policies and procedures.
- Review the Semi-Annual report submitted to the MDHHS.
- Review the Annual report submitted to MDHHS.
- Provide "Goals for ORR" and "Recommendations for ORR" for the Annual Report.
- The RRAC also serves as the Recipient Rights Appeals Committee.

Access Committee (AC)

The Access Committee is charged with developing strategies and working within the organization to provide oversight for the timeliness standards set by our Regulatory agencies. Data along with operational obstacles, and strategies to address challenges will be discussed and action steps will be developed to ensure availability. Recommendations would include documentation and implementations of provider expectation, identifying and addressing barriers, corrective action when those expectations are not met around access standards. The Committee will ensure quality of care monitoring is being developed by setting up additional monitoring mechanisms around access standards. i.e. monitoring access complaints received, % of Availability of appointments within a standard established, etc.

Membership includes but not limited to:

- Medical Director
- Clinical Officer
- Clinical Practice Improvement
- Managed Care Operations
- Quality Improvement
- Utilization Management
- Integrated Health Care
- Substance Use Disorders
- Customer Services
- Director of Crisis Services

Function of the committee:

- Improved and increased member access
- Improved operational workflows
- Enhanced data monitoring and compliance with all Regulatory agencies.
- Improved organizational strategic initiatives and organizational operational alignment
- Review data reporting on appointment type slots availability per provider.
- Review quality access reports on how provider organizations are meeting the access standards and measuring initiatives and implemented strategies to address challenges will be discussed and action steps will be developed to ensure availability.

Research Advisory Committee (RAC)

The purpose of the committee is to implement a research proposal review process, recommend research and evaluation aligned with DWIHN's strategic priorities, and to oversee the protection of any human subjects/members and staff involved in research initiatives. The RAC shall meet at least quarterly or as often as necessary to carry out its charge.

Membership

- Chief Financial Officer
- Medical Director
- Quality Improvement
- Clinical Practice Improvement
- Utilization Management
- Service Providers

Function of the committee:

- Act as a collaborative body to encourage the development of research and evaluation proposals within the framework of a research agenda informed by DWIHN's strategic priorities
- Provide recommendations regarding research and evaluation projects
- Encourage and promote the utilization of research-based practice

Constituent's Voice

The Constituents' Voice (also known as the "CV") is a DWIHN Member advisory group. The body is charged with advising the Network, and specific to driving policies and agendas that facilitate community inclusion.

Membership:

The diverse group of Member, advocates and providers meets monthly. Generally, meetings are held at DWIHN on the fourth Friday of each month from 10:00am -12:00pm.

Function of the Constituent's Voice:

The CV provides oversight for hosting an annual conference that focuses on trending community inclusion issues. The education of stakeholders about community inclusion, i.e. personally, valued participation and interactions with others. The solicitation of funds and sponsorships for the mini-grant project – The George Gaines & Roberta Sanders Fund for Community Inclusion, which was established in 2015. The body also sponsors various advocacy and community efforts to advance inclusion. Events include the annual Michigan Walk-A-Mile in My Shoes event and voter registration drives.

Quality Improvement Teams, Ad Hoc Committees and Workgroup

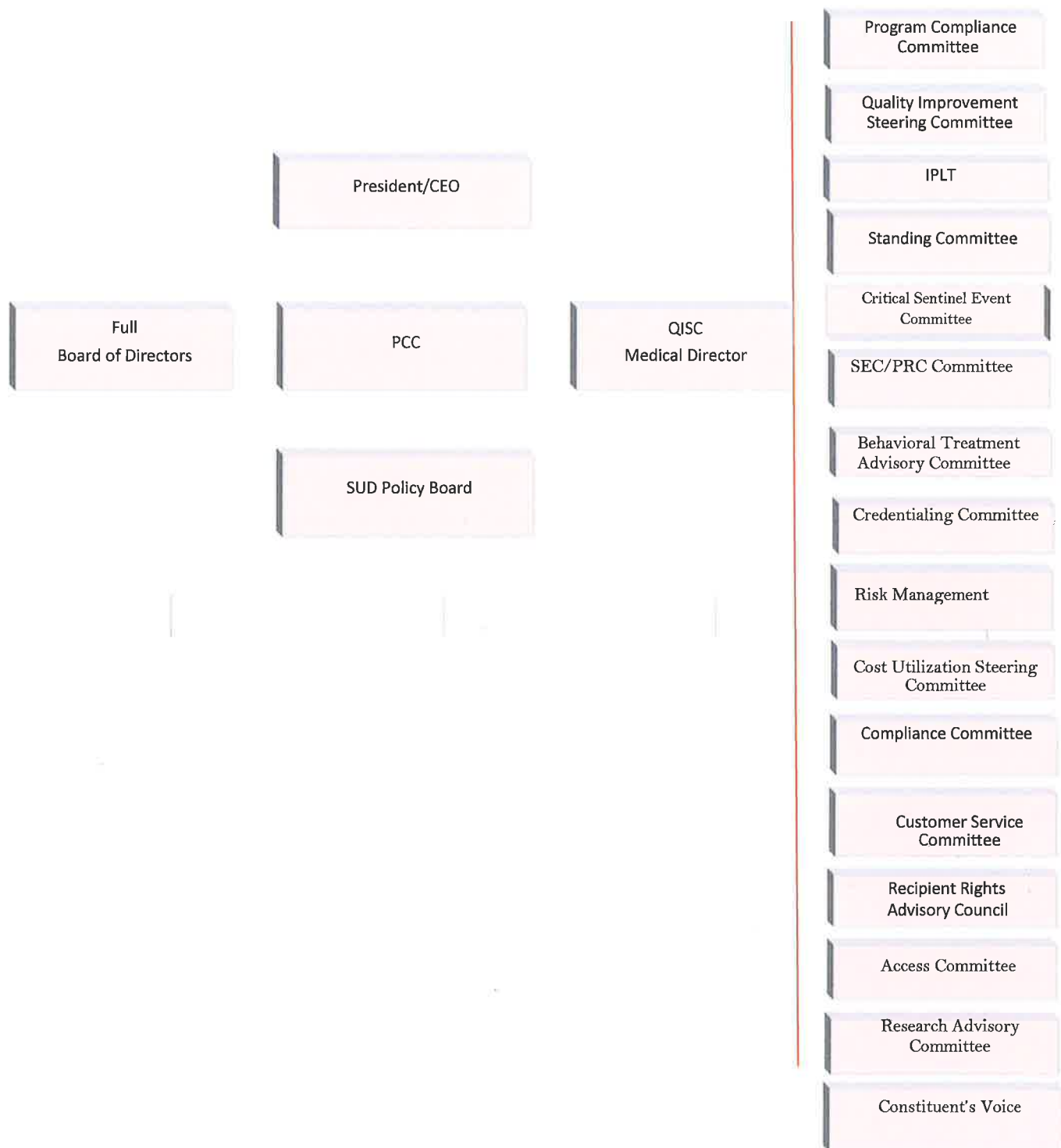
DWIHN may identify opportunities for improvement that do not fit into the existing standing committee structure. Ad hoc teams, workgroups and quality circles are appointed for a limited period of time for a specific task by the Quality Improvement Steering Committee, Quality Improvement or a Standing Committee based on organizational need. Reports from the various Committee(s), Ad hoc team(s), DWIHN Unit(s) and workgroup(s) will include outcome measures and are forwarded to the Quality Improvement Steering Committee (QISC).

Utilization Management (UM)

The Utilization Management (UM) program is an integral part of the DWIHN's QAPIP. DWIHN is required to have a written Utilization Management Program Description which includes procedures to evaluate medical necessity, criteria used, information sources and the process used to review and approve the provision of medical services. The UM program has mechanisms to identify and correct under-utilization as well as over- utilization. Prospective (preauthorization), concurrent and retrospective procedures are established and include:

- Review, deny or reduce service decisions
- Efforts to obtain all necessary information, including pertinent clinical information and consultation with the treating physician as appropriate.
- The reasons for the decisions clearly documented and available to the member.
- Well-publicized and readily available appeals mechanisms for both providers and service recipients, and notification of denial.
- Decisions and appeals made in a timely manner as required by the exigencies of situation.
- Mechanisms to evaluate the effects of the program using data on member satisfaction, provider satisfaction, or other appropriate measures.

To ensure the above goals are achieved, DWIHN UM department has developed a comprehensive UM Program Description Plan for the provider network to ensure that these standards are met. The activities conducted to detect underutilization (for example, various service utilization reports, performance measures, adherence to CPGs, provider/member profiling, appeals and grievances, financial reports, etc.) includes analyze over and underutilization data on a scheduled and ad-hoc basis and report results at least annually to UM Committee for further review and action. Refer to the UM Program Description Plan for specific processes and procedures implemented.



SECTION 5: Quality Improvement Evaluation

The Quality Improvement evaluation is completed at the end of each fiscal year. The annual evaluation is conducted by DWIHN and submitted to MDHHS and kept on file at DWIHN, along with the QAPIP description. These documents will be reviewed by Health Services Advisory Group (HSAG) and MDHHS as part of the certification process. The evaluation summarizes the goals and objectives of DWIHN's Quality Improvement Work Plan. The Quality Improvement Work Plan specifies quality improvement activities DWIHN will undertake in the upcoming year. The plan includes goals and objectives based on the strengths and weaknesses identified in the previous year's evaluation and issues identified in the analysis of quality metrics. The Work Plan is the mechanism for tracking quality improvement activities and is updated as needed to assess the progress of initiatives. The foundation of the Work Plan addresses the following NCQA focus areas:

- Quality and safety of clinical care
- Quality of service
- Member Experience
- Yearly goals and objectives
- Planned Activities
- Monitoring of previously identified issues
- Evaluation/outcomes
- Time frame for each activity's completion
- The staff member responsible for each activity
- Evaluation of the QI program

The Quality Improvement Work Plan is reviewed and approved by the Program Compliance Committee (PCC) and the Full Board of Directors annually.

Plan Action for 2021

In FY 2021, the QAPIP work plan will be reviewing these areas to achieve continuous quality improvement in the quality and safety of clinical care, quality of service and member experience.

- Maintain NCQA accreditation.
- Telehealth services have emerged as essential technology for providing services to our members during Covid-19. It is imperative to ensure adequate and efficient services are being provided to the people we serve and that proper monitoring of this service delivery is accomplished.
- Establish an effective Crisis Response System and Call Center
- Continuously improve the quality, appropriateness, availability, accessibility, coordination and continuity of health care services to members across the continuum of care.
- Improve member and provider satisfaction.
- Conduct reviews through virtual monitoring to ensure that telehealth services are compliant in accordance with regulatory standards.
- Ensure a high-quality network through credentialing, peer review and contracting processes.

- Continue to collaborate with providers to share ideas and implement strategies to improve care coordination and quality of service.
- Improve and manage member outcomes, satisfaction and safety.
- Maintain excellent compliance with state and federal regulatory requirements, and accreditation standards.
- Ensure DWIHN's organizational initiatives related to cultural competency and diversity for members and providers meet the needs of DWIHN members.
- Demonstrate and communicate DWIHN's commitment to improving progress toward influencing network-wide safe clinical practices.

Upcoming Goals for Fiscal Year Ending, September 30, 2021

In FY 2022, the QAPIP work plan will be reviewing these areas to achieve continuous quality improvement in the quality and safety of clinical care, quality of service and member experience.

- Maintain NCQA accreditation.
- Continue coordinated regional response to COVID-19 pandemic, including expansion of the use of telehealth for a broad array of supports/services.
- Establish an effective Crisis Response System and Call Center.
- Continuously improve the quality, appropriateness, availability, accessibility, coordination and continuity of health care services to members across the continuum of care.
- Continue implementation transition of Home and Community Based Services Waiver.
- Improve member and provider satisfaction.
- Conduct reviews through virtual monitoring to ensure that telehealth services are compliant in accordance with regulatory standards.
- Ensure a high-quality network through credentialing, peer review and contracting processes.
- Establish and revised/improved regional standardized contract and provider performance monitoring protocols for autism service providers, fiscal intermediary services, specialized residential providers and inpatient psychiatric units.
- Continue to collaborate with providers to share ideas and implement strategies to improve care coordination and quality of service.
- Improve and manage member outcomes, satisfaction and safety.
- Maintain excellent compliance with state and federal regulatory requirements, and accreditation standards.
- Ensure DWIHN's organizational initiatives related to cultural competency and diversity for members and providers meet the needs of DWIHN members.
- Address regional role in statewide training and provider performance monitoring reciprocity activities.

- Continue efforts to participate in children/family outreach by attending community events, schools, and working with children service providers to increase mental health awareness, information, and access to services.
- Continue efforts on children services. In 2022, DWIHN will begin a campaign/initiative called “Mental Health Care—No Child Left Behind”. We are going to extend our scope and resources to reach the over 285,000 school-aged kids we have in Wayne County.
- Support DWIHN in establishing improved performance metrics for services and supports and for MDHHS incentive payment metrics (including follow-up after hospitalization for mental illnesses, follow-up to persons with a SUD diagnosis following contact with an Emergency Room; identification and follow up activities related to health disparities; better support for veterans and expanded population health and performance monitoring metric.
- Demonstrate and communicate DWIHN’s commitment to improving progress toward influencing network-wide safe clinical practices.
- Support DWIHN strategic planning efforts related to becoming a Certified Community Behavioral Health Home (CCBHC), Behavioral Health Homes (BHH) and increase Opioid Health Home (OHH) provider services.
- Continue to increase the training of providers, health care workers, jail staff, drug court staff, community organizations and members of our region on how to use Naloxone to reverse opioid overdose.



STARFISH
FAMILY SERVICES

Helping Children Grow & Thrive

Presentation to the Detroit Wayne Integrated Health Network Board
February 16, 2022



1

Our History:

We trace our beginnings to 1963 and Northwest Guidance Center – one of the original children's mental health programs. In 1998, Northwest Guidance merged with Youth Living Centers, and the two organizations emerged as Starfish Family Services.

Both organizations realized that challenges faced by youth and families were too often compounded or caused by underlying mental health concerns.

A commitment was made to offer behavioral health services to all Starfish families – whether in the home, the clinic, or the classroom.

2



A boy and a girl were walking on a beach. As far as they could see, thousands of Starfish were stranded and dying.

The boy bent down, picked up a Starfish, and threw it back in the sea.

His friend asked, "What are you doing?" The boy replied, "I'm throwing the Starfish back in the sea."

The girl said, "Why bother? The beach is miles long and you can't possibly make a difference."

The boy bent down, picked up another Starfish, threw it back into the sea, and said, "it makes a difference to this one."

The Starfish Story

3



STARFISH
FAMILY SERVICES

- **Three primary areas with a multi-disciplinary, family-centric approach**
 - Healthy Families – physical and mental well-being
 - Student Success
 - Empowered Families
- **Measurably impact 3,600 children and their families annually**
- **Ages served: prenatal to 21 years-old in partnership with whole family**
- **Team is 450+ professionals strong:**
 - Therapists, case workers, psychiatrists, nurses, early education teachers & home visitors, nutritionists, and administrative supports
- **Governed by a Board of Directors with 16 voting members:**
 - Leaders from across civic, community, philanthropic, business, and education sectors
 - Welcome two visionary parent leaders to the Board of Directors
- **Guided by inspiring, multi-year strategic plan**



4



Our Mission:

Strengthening families to create brighter futures for children

Our Vision:

We envision a just society in which all children, families, and communities have equitable opportunities to grow, learn, and thrive

5



Our Values:

- ✓ Committed
- ✓ Integrity
- ✓ Relationships
- ✓ Equity
- ✓ Teamwork
- ✓ Empowered
- ✓ Reflective

6

What do we do?

Our Blueprint for Brighter Futures and Theory of Change guide us.

Key results that we seek to achieve:

- Successful Students
- Healthy Families
- Empowered Families
- Engaged Employees and Volunteers
- Strong Organizational Reputation
- Sustainable Stewardship

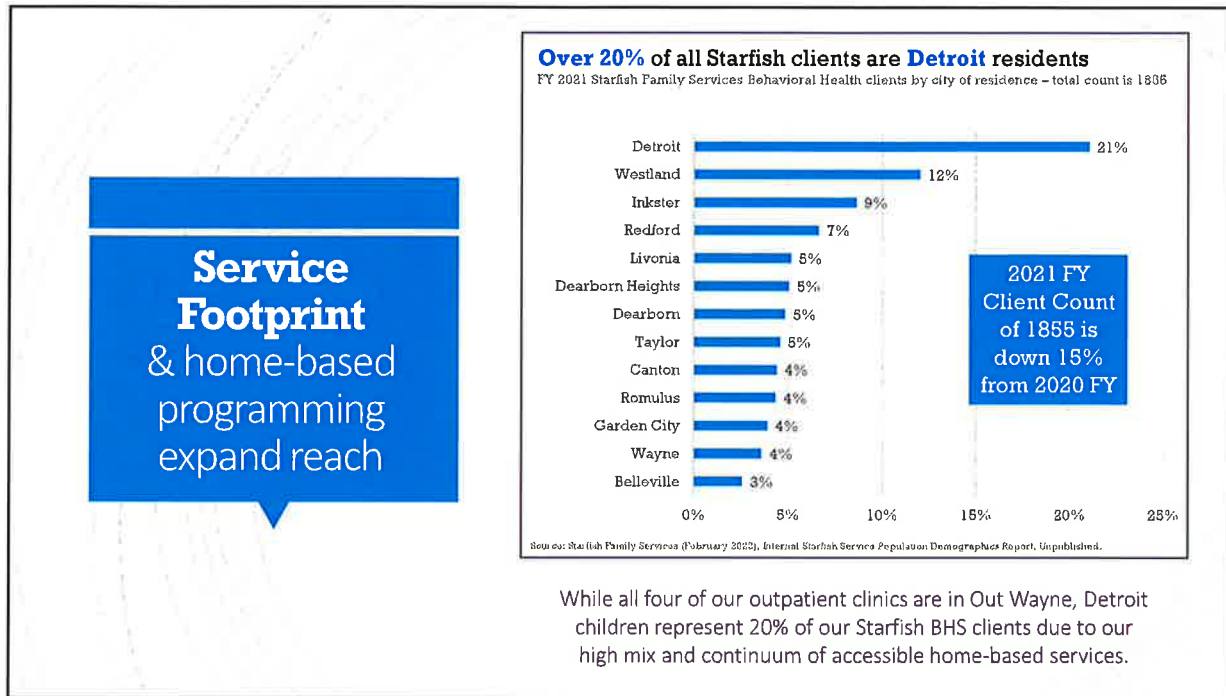


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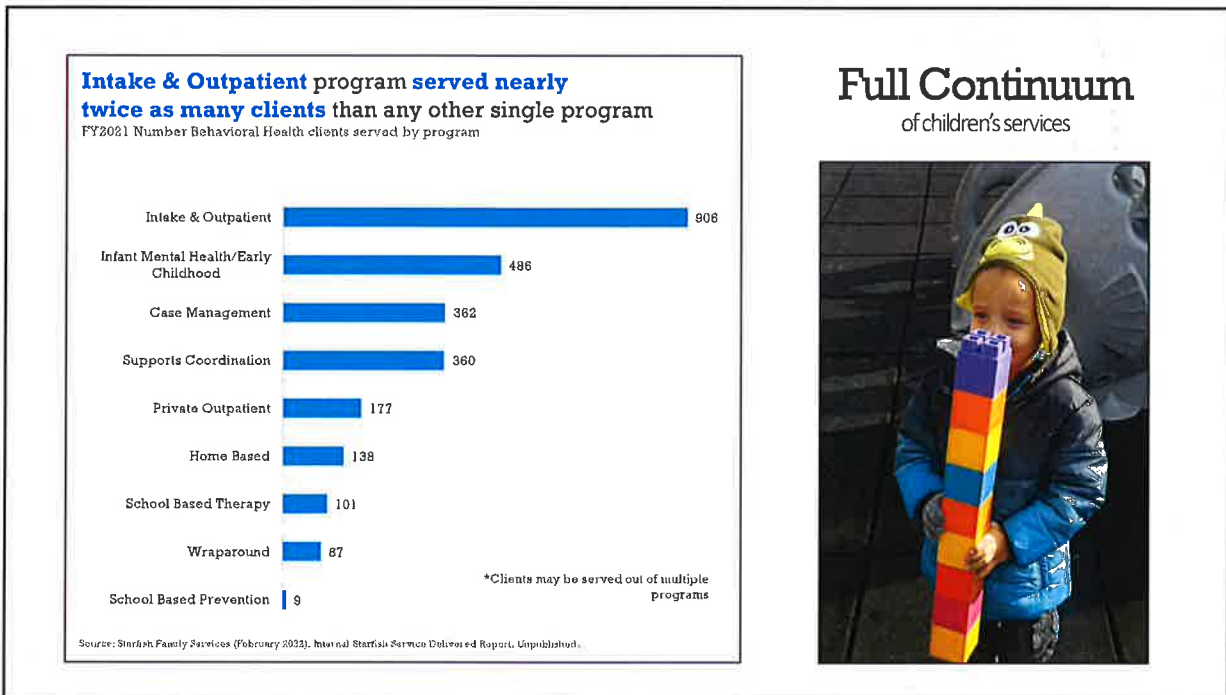


Families & Programming

8



9

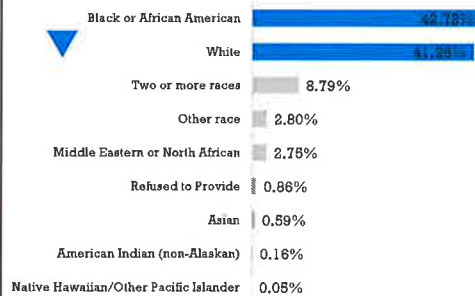


10

Service Area & Client Diversity

Over 80% of all Starfish clients are either Black/African-American or White

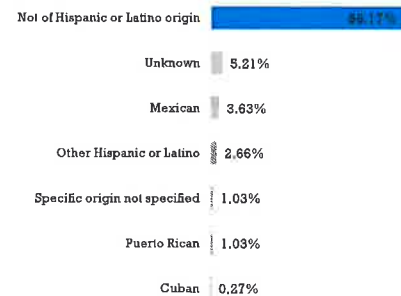
FY2021 Starfish Family Services Behavioral Health clients by race



Sources: Starfish Family Services (February 2022), Internal Starfish Service Population Demographics Report, Unpublished.

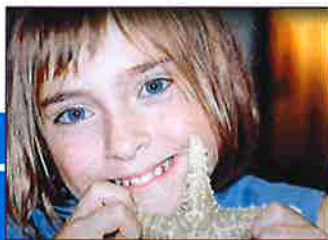
86% of all Starfish clients do not identify as Hispanic or Latinx

FY2021 Starfish Family Services Behavioral Health clients by race



Sources: Starfish Family Services (February 2022), Internal Starfish Service Population Demographics Report, Unpublished.

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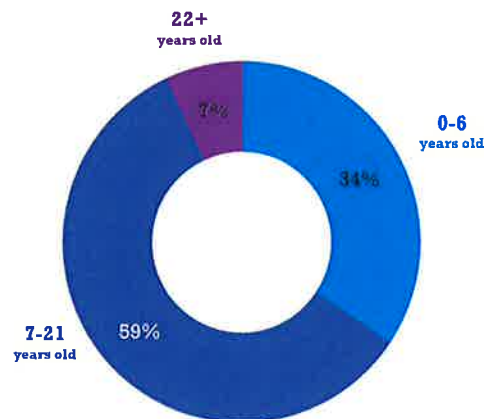


Age & Gender of behavioral health clients

55% male
45% female

Over a third of Behavioral Health clients are 6 and under

FY2021 Starfish Family Services Behavioral Health clients by age bracket



Sources: Starfish Family Services (February 2022), Internal Starfish Service Population Demographics Report, Unpublished.

Starfish uniquely serves a high mix of young children with a large and nationally-recognized Infant Mental Health Team.

12

Increased response for Covid-19

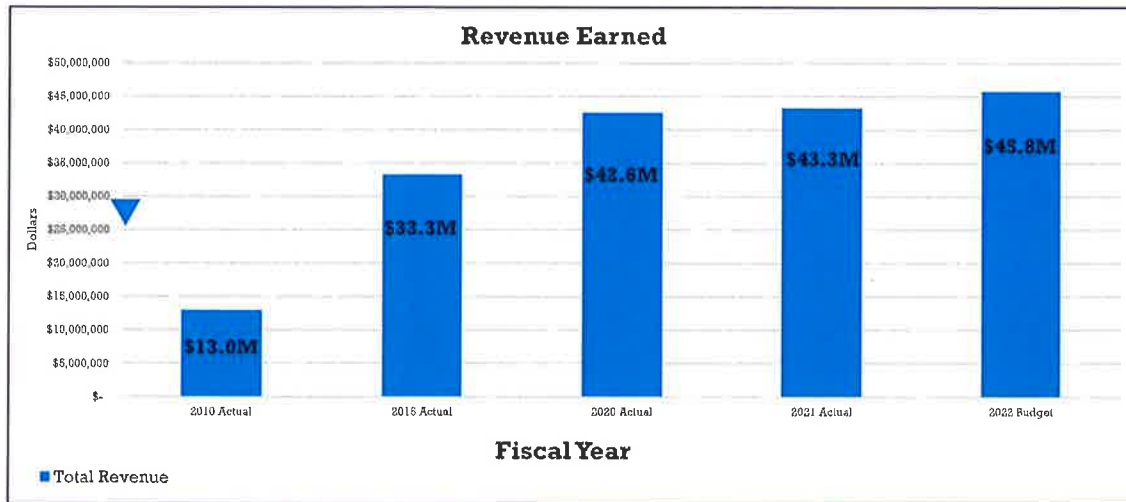
Starfish moved with urgency to meet the evolving needs of families through the pandemic. This included sourcing and distributing **100s of 1,000s of meals**, diapers & wipes, digital tablets, Wi-Fi access boosters, school supplies, and cleaning products.

13

Financial Information & Performance

14

Significant Agency Growth over last decade



15

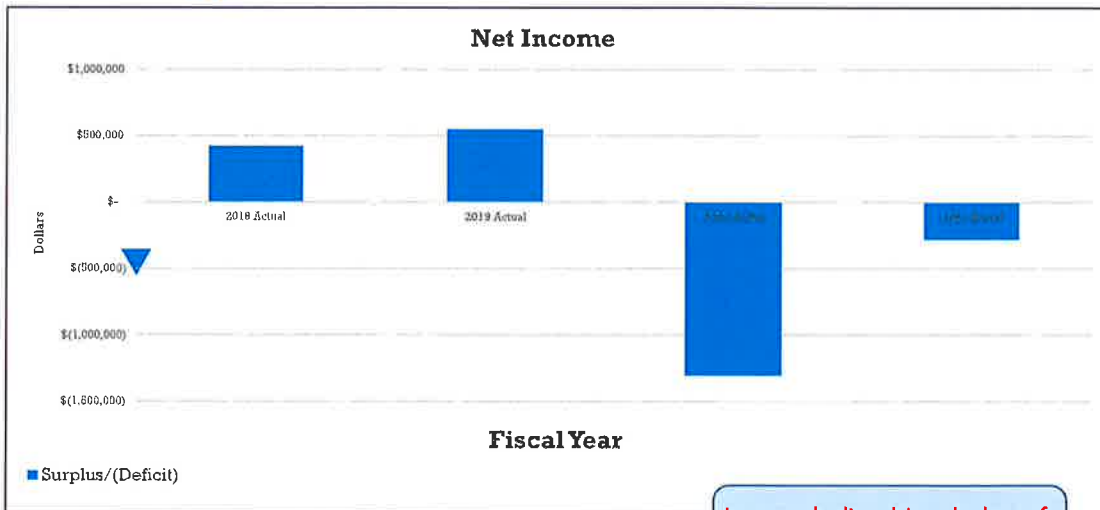
Diversified Revenue from FY21 in \$Ms



	FY 2021	FY 2021
	<u>Dollars</u>	<u>Pct. Total</u>
Early Childhood Education	\$26.7	62%
Behavioral Health Services	\$12.3	28%
Grants And Contributions	3.6	8%%
Other (Primarily Invest. Inc.)	<u>0.7</u>	<u>2%</u>
Total Revenue	<u>\$43.3</u>	<u>100%</u>

16

Net **income eroded** by Covid-19



- FY 2021 BHS FFS revenue is **down \$3.4M** or 23% from FY 2019
- Fixed costs have been adjusted where possible for Starfish

Income decline driven by loss of
BHS fee-for-service revenue

17

Rate Increase & one-time funding is helpful

DWIHN Funding Actions

FY 2021

General Fund Block Grant Funds	\$715,000
Stability Funding	\$420,000

FY 2022

Staff Retention Payment	\$370,000
5% Rate Increase	



18



Starfish partners with 100s of supporters and businesses to support families with new, essential items focused on:

- School supplies & backpacks
- Winter gear: coats, boots, hats, gloves & scarves
- Holiday-season gifts and grocery gift cards
- Summer learning kits and books
- Personal hygiene items & cleaning supplies
- Baby essentials: diapers, wipes, formula

Community Support
for client enrichment & essential supplies

19



Performance
incentives:
access & quality



Hospital
discharge follow
up & recidivism



Home-based
services / 4-hour
monthly essentials



Biopsychosocial
within 14 days of
request



Service
within 14 days of
biopsychosocial

20

Two Unique Starfish strengths



- **#1) High-Impact / Specialized Provider** for children and youth:
 - SED, IDD
 - Infant Mental Health
 - Home-Based
 - Wraparound
 - TF-CBT
 - PMTO
 - Youth Peer Support Specialist and Parent Support Partners
 - Pediatric Integrated Health Care (SKIPP)

21

Two Unique Starfish strengths



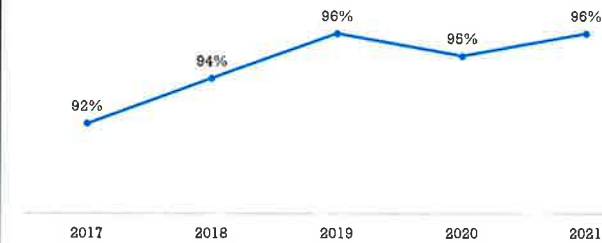
- **#2) Innovation Forward** programming for children and youth:
 - Integrated Healthcare & Integrated Infant Mental Health Care
 - High-risk OB/GYN clinics
 - Trauma Informed Care & Culture
 - Preschool behavioral health therapists
 - Reflective supervision
 - Trauma-centered curriculum and assessments in 14 early childhood ed centers
 - Group Clinical Models
 - Developed and researched with University of Michigan School of Medicine
 - Baby Power
 - Fraternity of Fathers

22



Satisfaction with services has increased by four percentage points since 2017

Percentage of respondents indicated satisfaction with Starfish Services



Source: Starfish Family Services (2021), Internal Family Feedback Survey, Unpublished.



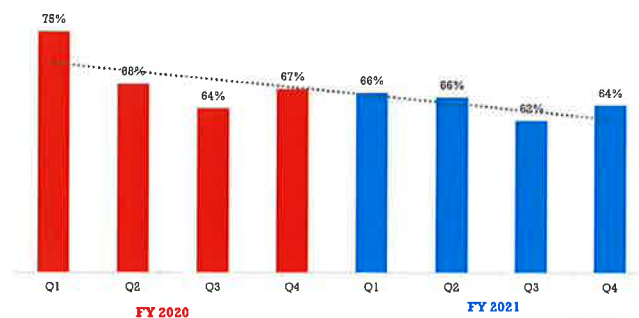
23



Success
in symptom
management

The percentage of depression screenings indicating the presence of depressive symptoms has decreased 11 percentage points since October 2019.

Percentage of PHQ9(a) assessments indicating at least "Mild" for Depression Severity (n=1706)

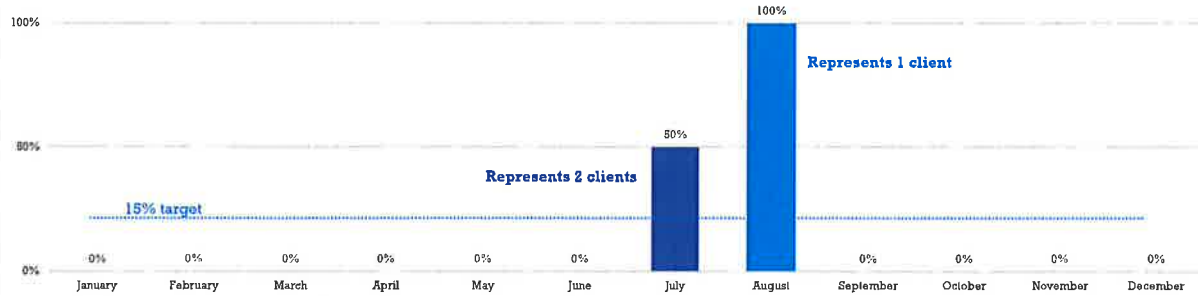


Source: Starfish Family Services (February 2022), Internal Starfish PHQ9(a) Score Report, Unpublished.

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Only 3 instances of **Hospital Recidivism** occurred in 2021 despite rates above target in **July** and **August**.

Starfish Services Family Services 2021 SED hospital recidivism by count and percentage



Source: MHWIN (February 2022), Performance Indicator Round Report, Unpublished.



25

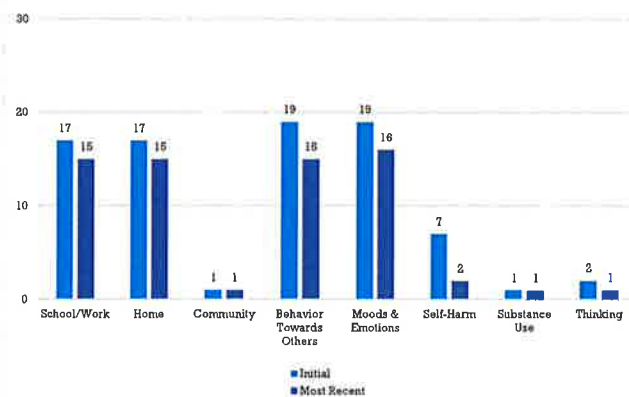


Improvement
to child
functioning scores

Improvements or maintenance in scores were achieved across all CAFAS subscales

Average initial and most recent CAFAS Subscale scores FY 2021

Note: Additional information about CAFAS score can be found at the end of this presentation deck.



Source: FAS (February 2022), CAFAS Outcomes Report, Unpublished.

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Continuously
raising standards
& defining
best-practices

BHS Clinics Certified as
**Gold-Level Adolescent
Centered Environment**
Adolescent Health Initiative,
University of Michigan

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Early Childhood Lead Partner in Marygrove P-20 Educational Campus



Marygrove Early Education Center

Starfish is early childhood partner in **transformative cradle to career** educational initiative including behavioral health space:

- Starfish – program lead for brand new 22,000 sq ft exemplar Marygrove Early Education Center
- Detroit Public Schools Community District – launched new K-12 school The School at Marygrove in fall 2019
- University of Michigan School of Education – Curriculum, Research and Evaluation, Child and Family Supports, The Teaching School at Marygrove
- Kresge Foundation
- Marygrove Conservancy

First opportunity for full **integration of early childhood care and education with a multi-disciplinary health center** – nurse navigators, play therapy, and a sensory room; two full-time Preschool Behavioral Health Therapists on location.



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Commitment to Leadership & Excellence

- Behavioral Health senior leadership possesses a **combined 65 years of experience** in Detroit-Wayne County Community Mental Health
- Largest Infant Mental Health program in the US – 43 total professionals:
 - **Early Childhood and Maternal Health Director** successfully served as Board Chair of Michigan Infant Mental Health Association
 - 2 Infant Mental Health Level III and 6 Infant Mental Health Level IV endorsed infant mental health professionals on Early Clinical Childhood Leadership Team
 - **8 published national and international presenters** on Early Childhood Clinical Leadership Team
- One of **largest Home-Based programs** within DWIHN network
- Significant trauma expertise and capacity:
 - **Clinical Director** holds National Trauma Focused Cognitive Behavioral Therapy Supervisor Certification
 - 20 clinicians trained in Trauma Focused-Cognitive Behavioral Therapy
 - **All clinicians trained in Trauma** Informed or Evidence Based Practice
 - Integration of trauma-informed care and practice into 11 early childhood centers
- Longstanding research and program development **partnership with University of Michigan** School of Medicine

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Gratitude & Questions



STARFISH
FAMILY SERVICES

Proud Provider within the Detroit Wayne Integrated Health Network!