



Detroit Wayne Integrated Health Network

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PROGRAM COMPLIANCE COMMITTEE MEETING *Virtual Meeting* **Wednesday, March 10, 2021** **1:00 p.m. – 3:00 p.m.**

AGENDA

- I. Call to Order**
- II. Moment of Silence**
- III. Roll Call**
- IV. Approval of the Agenda**
- V. Follow-Up Items from Previous Meeting**
 - A. MI-Health Link Referrals** – Provide information on how to eliminate duplicative referrals in the Integrated Health Quarterly Report next month
- VI. Approval of the Minutes** – February 10, 2021
- VII. Report(s)**
 - A. Corporate Compliance Report**
- VIII. Quarterly Reports**
 - A. Children's Initiatives**
 - B. Clinical Practice Improvement**
 - C. Customer Service**
 - D. Integrated Health Care**
- IX. Strategic Plan Pillar**
 - A. Quality**
- X. Quality Review(s) - None**

Board of Directors

Bernard Parker, Chairperson
Dorothy Burrell
Kevin McNamara

Tim Killeen, Treasurer
Lynne F. Carter, MD
William T. Riley, III

Dora Brown, Secretary
Angelo Glenn
Kenya Ruth

Michelle Jawad
Dr. Cynthia Taueg

Eric W. Doeh, Interim President and CEO



XI. Chief Clinical Officer's Report

XII. Unfinished Business

- A. **BA #20-57 (Revised)** – COVID-19 Virtual Therapy Collaborative
- B. **BA #21-23 (Revised2)** – Certified Community Behavioral Health Clinic - Detroit Recovery Project
- C. **BA #21-33 (Revised)** – SUD Prevention, Treatment and Recovery Block Grant Funding
- D. **BA #21-53 (Revised)** – HUD Permanent Supportive Housing

XIII. New Business

(Staff Recommendations):

- A. **BA #21-56** – Mental Health First Aid

XIV. Good and Welfare/Public Comment

Members of the public are welcome to address the Board during this time up to two (2) minutes ***(The Board Liaison will notify the Chair when the time limit has been met)***. Individuals are encouraged to identify themselves and fill out a comment card to leave with the Board Liaison; however, those individuals that do not want to identify themselves may still address the Board. Issues raised during Good and Welfare/Public Comment that are of concern to the general public and may initiate an inquiry and follow-up will be responded to and may be posted to the website. Feedback will be posted within a reasonable timeframe (information that is HIPAA related or of a confidential nature will not be posted but rather responded to on an individual basis).

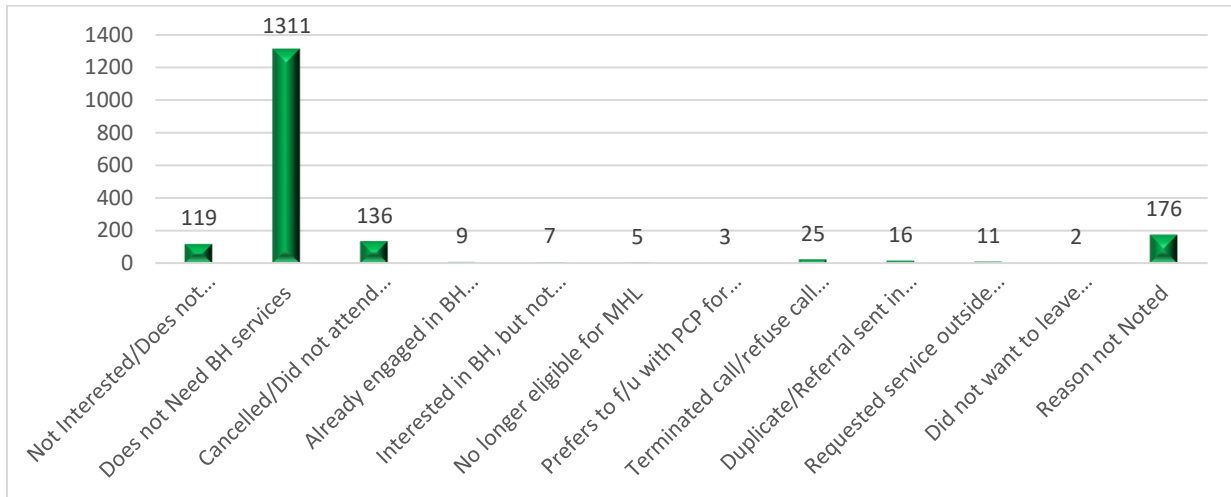
XV. Adjournment

Program Compliance Committee-3/10/2021

MI Health Link Referral – Follow up

DWIHN received 4933 referrals electronically from 4 ICOs in FY20. Of those referrals, 1820 were with individuals who declined to engage in behavioral health services. DWIHN staff completed a review of the notes entered in MHWIN for these referrals and below is a breakdown of the reasons for decline of behavioral health services.

ICO declined Behavioral Health Services post referral FY20



The cited reason for declining behavioral health services are listed in the order of prevalence:

- 72% of referrals that declined services, indicated the individual did not need behavioral health services.
- 10% did not have a reason listed as to why behavioral health services were declined.
- 7% of the referrals that declined services involved individuals who cancelled or did not attend the scheduled appointment to engage in behavioral health services.
- 7% of the declined referrals indicated that they were not interested or did not want behavioral health services.
- 1% of the declined referrals were a result of the individual terminating the call when DWIHN reached out to them, the individual refusing the offer of DWIHN to call them back, or DWIHN staff unable to reach the member.
- <1% of the declined referrals: the individual was already engaged in behavioral health services; the individual was interested in engaging in behavioral health services but not interested at the time of DWIHN outreach; the individual was no longer eligible for Mi Health Link due to living outside of the Demonstration region or disenrolled from Mi Health Link; individual prefers to follow-up with their PCP for behavioral health services.

Plan: Integrated Health Care Department and ACCESS Department will create a workgroup to review current practice/procedure when completing MI Health Link referral requests. Additionally, IHC will provide training and education (components of documentation, available services, presentation and timeframes) regarding the MI Health Link Demonstration.

The goal is to identify opportunities for process improvement, referral coordination, and ensuring DWIHN Staff are equipped to explain benefits of the MI Health Link Demonstration and Behavioral Health Services.

PROGRAM COMPLIANCE COMMITTEE

MINUTES

FEBRUARY 10, 2021

1:00 P.M.

VIRTUAL MEETING

MEETING CALLED BY	I. Dr. Cynthia Taueg, Program Compliance Chair at 1:00 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Dr. Cynthia Taueg, Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	<p>Committee Members: Dr. Lynne Carter; Michelle Jawad; Chief William Riley, III; Kenya Ruth; and Dr. Cynthia Taueg</p> <p>Board Members: Dorothy Burrell; Angelo Glenn; and Bernard Parker, Board Chair</p> <p>Staff: Willie Brooks; Jacquelyn Davis; Eric Doeh; Kimberly Flowers; Bernard Hooper; Kelly McGhee; Melissa Moody; John Pascaretti; Ebony Reynolds; April Siebert; Manny Singla; Andrea Smith; Michele Vasconcellos; and June White</p>

AGENDA TOPICS

II. Moment of Silence

DISCUSSION	The Chair called for a moment of silence.
CONCLUSIONS	Moment of silence was taken.

III. Roll Call

DISCUSSION	The Chair called for a roll call.
CONCLUSIONS	Roll call was taken by Board Liaison, Lillian Blackshire. There was a quorum.

IV. Approval of the Agenda

DISCUSSION/ CONCLUSIONS	<p>The Chair called for approval of the agenda. Motion: It was moved by Chief Riley and supported by Mrs. Ruth to approve the agenda. Dr. Taueg asked if there were any changes/modifications to the agenda. Board Chair, Bernard Parker requested that the Board Actions (Contracts) be presented before IX. Revised Annual Utilization Management Program Evaluation FY 2020 to ensure enough time to review and discuss because Dr. Taueg has to leave at 2:30 p.m. Motion: It was moved by Chief Riley and supported by Ms. Jawad to approve the agenda as amended. Motion carried as amended.</p>
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V. Follow-Up Items from Previous Meetings

DISCUSSION/ CONCLUSIONS	<p>A. MI Health Link Referrals – Pull out the duplicative numbers of referrals that were sent and counted and report back correct number of referrals to the committee – Ms. Kimberly Flowers, Provider Network Clinical Officer submitted and gave an update on the MI Health Link referrals. Ms. Flowers reported that DWIHN received 4933 referrals electronically from four ICOs in FY20 and 1,118 were sent in error. There were 3815 referrals after the removal of those in error. The team contacted the members with following results:</p> <ul style="list-style-type: none"> • 1820 referrals were individuals who declined behavioral health services; • 812 individuals were unable to reach; and • 5 unable to obtain consent <p>There were 1178 referrals that resulted in members engaging in behavioral service. Discussion ensued. Ms. Flowers will provide information on how to eliminate duplicates of referrals in her quarterly report next month. (Action) The committee requested a full report in May on the individuals that declined behavioral health services and the actions that have been taken. (Action)</p> <p>B. Chief Clinical Officer’s Report – Provide the number of staff in residential homes that have received COVID Vaccine. Mrs. Moody reported that there were 62 staff that have been vaccinated to date. The Residential department is reaching out to over 500 AFC homes that we contract with to get number of staff that have been vaccinated. Some providers are not feeling comfortable providing that information for their staff due to HIPPA. There are 120 foster care homes in the City of Detroit and 67% have been vaccinated. If available, an update of staff in AFC homes who have been vaccinated will be provided in the monthly CCO’s report.</p>
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VI. Approval of Meeting Minutes

DISCUSSION/ CONCLUSIONS	<p>The Chair called for approval of the January 13, 2021 meeting minutes. Motion: It was moved by Dr. Carter and supported by Mrs. Ruth to approve the January 13, 2021 meeting minutes. Dr. Tauveg 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. Corporate Compliance Report - Bernard Hooper, Director of Corporate Compliance submitted and gave an update on the Corporate Compliance report:</p> <ol style="list-style-type: none"> 1. National Committee on Quality Assurance (“NCQA”) – Staff are complying and uploading the final documents for DWIHN’s submission for NCQA’s review. The final upload date is February 16, 2021 and the virtual review will occur on April 5, 2021. DWIHN is seeking a three-year renewal certification. 2. MDHHS OIG Quarterly Submission – Staff is currently preparing the Q1 submission to the MDHHS-OIG which is a compliance requirement defined in the MDHHS-PIHP contract with DWIHN. The submission date is February 15, 2021 and no unusual matters have been identified. <p>Discussion ensued. The Chair called for a motion to accept the Corporate Compliance report. Motion: It was moved by Chief Riley and supported by Ms.</p>
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Jawad to accept the Corporate Compliance report. Dr. Taueg opened the floor for further discussion. There was no further discussion. **Motion carried.**

- B. **Managed Care Operations' Quarterly Report** – June White, Director of Managed Care Operations submitted and gave highlights of her quarterly report. Ms. White reported the effects that COVID-19 has had on providers. There were home/location closures; consolidation to lessen the effects of COVID-19; financial and staffing issues; Autism programs closed; closure of unlicensed settings; and temporary closure of two providers for intake and skill building. The department continues to receive new residential providers requesting to become a part of our Network. They have received over 120 requests from providers that can address any capacity concerns and can quickly be approved through our credentialing process. An ad-hoc group was formed to discuss the results of the Provider and Practitioner Survey for September 2021. The group has taken first steps in finding and tailoring a survey to best fit our contracted provider organizations and practitioners to achieve a higher response rate and to gain a better understanding of how we can support and maintain a strong provider network that will provide high quality supports and services to our members. A final product is expected by May 2021. Outpatient and residential providers' trainings/meetings are held every six weeks and will be virtual until further notice. Discussion ensued. Staff will provide a capacity concern study to the committee, date to be determined. **(Action)**
- C. **Residential Services' Quarterly Report** – On behalf of Shirley Hirsch, Kelly McGhee, Residential Manager of Residential Services submitted and gave highlights of the Residential Services' quarterly report. Ms. McGhee reported that the department received 931 referrals and 613 completed assessments for Q1 FY20-21. There were 2,001 requests and approvals for Q1 from October 1st - December 31st. CRSP Services Authorization Entry Process was implemented on June 5, 2020 and new emails were implemented for direct inquiries. Conversion of residential authorizations under H0043 retirement and entering new H2015 (with related modifiers) went into effect on 10/1/20 (1,011 authorizations). Finance project to review H2015 Outpatient/Staffing Agent authorizations (1,2336 authorizations). Staff is doing continuous reviews with I.T. and Finance to determine modifications for the residential assessment (SPG) for unlicensed settings.
- D. **Substance Use Disorders Initiatives' Quarterly Report** – Ebony Reynolds, Clinical Officer of Clinical Practice Improvement submitted and gave highlights of the Substance Use Disorders Initiatives' quarterly report. The Naloxone program has saved 710 lives since its' inception up to December 31, 2020. Total number of Naloxone saves in Region 7 from the first quarter of FY 21 is 50 with one (1) unsuccessful save. The mobile unit have expanded services in Wayne County. DWIHN's Opioid Use Disorders (OUD) programs have increased services in emergency rooms and some services have been suspended (drug courts and jails/prisons) due to COVID-19. There were 2,245 reported COVID-19 tests completed from October through December 2020 through the COVID Emergency Grant for the first quarter. DWIHN received a \$2.4M Block Grant cut in SUD treatment dollars in December 2020. The committee was informed that services were not used due to COVID and the State considered it as an overpayment. The reduction is to DWIHN and not direct correlation to the providers. The pandemic will cause impact to the providers because the lack of availability for services caused by the pandemic. Mr. Doeh, Stacie and Mr. Brooks are working with SUD on financial stability payments to approved SUD providers. Discussion ensued.

	<p>E. Access and Crisis Services' Quarterly Report – Jacquelyn Davis, Director of Access and Crisis Services' submitted and gave highlights of her quarterly report. Ms. Davis reported that DWIHN has transitioned the Access Call Center and the office “Go Live” date was February 1, 2021. Services for the Children Crisis Providers continues to be telephonic with the exception of The Children’s Center. The Request for Service has increased by 12% from the previous quarter. The diversion rate has increased by 27.5% from the previous quarter due to the re-opening of Safehaus. COPE along with Hegira and NSO and Northeast as sub-contractors has had a slight decrease in Request for Service by 22 cases as reported previously. The available capacity for CR continues to be down to 14 to comply with social distancing guidelines. The documentation of Crisis Alerts in Consumer Records for identified recidivistic cases appears to have been effective. Hospital Liaison staff received 110 crisis alerts for the quarter and an average of 63% was diverted from inpatient. Staff is working with MDHHS to develop a process for ensuring ongoing treatment plans are in place for Child Welfare settings. Staff continue working with the Detroit Police Department to develop a process for routing 911 calls directly to the Crisis Line. The committee received a report on Hegira/COPE Law Enforcement Partnerships which outlines our efforts in four areas (COPE’s Mobile Crisis Co-Response program, DPD’s Mental Health Partnership, Crisis Intervention Teams (CIT), and Hegira’s First Responder Wellness Initiative.</p> <p>The Chair bundled Managed Care Operations, Residential Services, Substance Use Disorders Initiatives and Access and Crisis Services quarterly reports. The Chair called for a motion to accept the Managed Care Operations, Residential Services, Substance Use Disorders Initiatives and Access and Crisis Services quarterly reports. Motion: It was moved by Chief Riley and supported by Dr. Carter to accept the Managed Care Operations, Residential Services, Substance Use Disorders Initiatives and Access and Crisis Services quarterly reports. Dr. Taueg opened the floor for discussion. There was no discussion. Motion carried.</p>
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VIII. Strategic Plan Pillars

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. Access – Jacquelyn Davis, Director of Access and Crisis Services submitted and gave her report on the Strategic Plan-Access Pillar. Ms. Davis reported that this pillar is at an overall 61% completion. There are four high level goals under this pillar:</p> <ol style="list-style-type: none"> 1. Create infrastructure to support a holistic care delivery system (full array) by December 31, 2021 – 35% completion; 2. Create Integrated Continuum of Care for Youth by September 30, 2020 – 83% completion; 3. Establish an effective crisis response system by December 31, 2021 – 65% completion; and 4. Implement Justice Involved Continuum of Care by September 30, 2020 – 93% completion <p>DW IHN is behind in the 1st high level goal due to waiting on direction the state was taking re: The Specialty Integrated Plan (SIP). DW IHN is moving forward with piloting a Risk Assessment/Score Card that will be completed for Providers beginning in March. Updates will be provided. DW IHN will continue to be behind in the 3rd high level goal until the Crisis Assessment Center is completed. Completion date has been established as the Fall of 2022. Discussion ensued.</p>
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	<p>B. Customer – Michele Vasconcellos, Director of Customer Service submitted and gave her report on the Strategic Plan-Customer Pillar. Ms. Vasconcellos reported that this pillar is currently at 84% completion. It includes the collaborative efforts of Customer Service, I.T., Network Management, Credentialing, Self-Determination and Utilization Management. There are three goals under this pillar:</p> <ol style="list-style-type: none"> 1. Goal 1 – Enhance the Provider Experience – 78% completion – 12/31/21 is the completion date; 2. Goal 2 – Ensure Inclusion and Choice for Members – 92% completion – 9/30/20 was the completion date; and 3. Goal 3 – Improve Person’s Experience of Care and Health Outcomes – 64% completion – 12/31/21 is the completion date. <p>With the exception of Goal 2 being at 92%, there does not appear to be any substantial barriers for meeting the other two targeted Goals by the end of this year.</p> <p>The Chair bundled the Strategic Plan’s Access and Crisis and Customer Pillars reports. The Chair called for a motion to accept the Strategic Plan’s Access and Crisis and Customer Pillars reports. Motion: It was moved by Chief Riley and supported by Dr. Carter to accept the Strategic Plan’s Access and Crisis and Customer Pillars reports. Dr. Tauzeg opened the floor for further discussion. There was no further discussion. Motion carried.</p>
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IX. Unfinished Business

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. BA# 19-24 (Revised2) – ProAct/Interoperability Funding Modification – Relias Learning, LLC – The Chair called for a motion on BA #19-24 (Revised2). Motion: It was moved by Chief Riley and supported by Mr. Parker to move BA #19-24 (Revised2) to Full Board for approval. Staff requesting approval to secure additional funding to complete all payment transactions/outstanding balances for services rendered through CMT, Relias and their ProAct Analytics tool. Dr. Tauzeg opened the floor for discussion. There was no discussion. Motion carried.</p> <p>B. BA #20-55 (Revised) – SUD Recovery Home and Mobile Unit COVID-19 Funding Increase – DWIHN’s Network Providers – The Chair called for a motion on BA #20-55 (Revised). Motion: It was moved by Mr. Parker and supported by Chief Riley to move BA #20-55 (Revised) to Full Board for approval. Staff requesting approval for an additional \$15,000.00 in funding from the original award \$393,973.00 (approved 5/20/20) for SUD Block Grant to implement COVID-19 withdrawal management (detox), residential, mobile unit and recovery home services. Dr. Tauzeg opened the floor for discussion. There was no discussion. Motion carried.</p> <p>C. BA #21-19 (Revised) – Crisis Intervention Services – Hegira Health, Inc. – The Chair called for a motion on BA 21-19 (Revised). Chief Riley abstained due to his relationship with Hegira Health. Motion: It was moved by Dr. Carter and supported by Ms. Jawad to move BA #21-19 (Revised) to Full Board for approval. Staff requesting approval to revised BA #21-19 crisis intervention services via the Community Outreach for Psychiatric Emergencies (COPE), for continuum of services and revise from an extension to a comparable source procurement. The Chair opened the floor for discussion. There was no discussion. Motion carried.</p>
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	<p>D. BA #21-40 (Revised) – School Success Initiatives – The Chair called for a motion on BA #21-49 (Revised). Motion: It was moved by Chief Riley and supported by Dr. Carter. Staff requesting approval to extend funding for 11 Community Mental Health (CMH) entities to continue providing services in the School Success Initiative project based on the approved program design. Dr. Taueg opened the floor for discussion. Discussion ensued. Motion carried.</p>
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X. New Business: Staff Recommendation(s) -

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. BA# 21-55 – Jail Plus Program – Black Family Development –The Chair called for a motion on BA #21-55. Motion: It was moved by Chief Riley and supported by Dr. Carter to move BA #21-55 to Full Board for approval. The Wayne County Department of Health, Human and Veteran Services (HHVS), Clinical Services Division, Adult Community Corrections are requesting approval of a sub-recipient Intergovernmental Agreement (IGA) between the County of Wayne and Detroit Wayne Integrated Health Network (DWIHN). Dr. Taueg opened the floor for discussion. There was no discussion. Motion carried.</p> <p>B. BA #21-57 – DWIHN’s Detroit Police Department (DPD) Pilot – The Chair called for a motion on BA #21-57. Motion: It was moved by Chief Riley and supported by Dr. Carter to move BA #21-57 to Full Board for approval. Staff is requesting approval of \$400,000.00 for the Mental Health Diversion Pilot program for the fiscal year ended September 30, 2021. The pilot program is a partnership between DWIHN, Detroit Police Department and the City of Detroit Housing and Revitalization Department (HRD). Dr. Taueg opened the floor for discussion. There was no discussion. Motion carried.</p>
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**XI. Revised Annual Utilization Management Program Evaluation
FY 2020**

<p>DISCUSSION/ CONCLUSIONS</p>	<p>John Pascaretti, Director of Utilization Management submitted and gave an update on the revised Annual Utilization Management Program Evaluation FY 2020. Mr. Pascaretti reported that he met with the NCQA Consultant, Diana Hallifield and she recommended some additions to include in the Program Evaluation to make it more compliant with NCQA standards. Mr. Pascaretti presented the Program Evaluation with recommended additions to the QISC meeting yesterday and it was accepted. The Vice-Chair called for a motion to accept the revised Annual Utilization Management Program Evaluation FY 2020. Motion: It was moved by Chief Riley and supported by Ms. Jawad to accept the revised Annual Utilization Management Program Evaluation FY 2020. Dr. Carter opened the floor for discussion. There was no discussion. Motion carried.</p>
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XII. Quality Review(s)

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. FY 2020 Annual QAPIP Evaluation – April Siebert, Director of Quality Improvement submitted and gave a report on the FY 2020 Annual QAPIP Evaluation. Ms. Siebert reported that this Evaluation assesses the written results of improvements and outcomes that DWIHN has made from the FY 2020 Annual Work Plan that reflects ongoing activities throughout the year. It</p>
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	<p>addresses areas of timeliness; accessibility; quality and safety clinical care; quality of services; performance monitoring; member satisfaction and performance improvement projects. The Evaluation follows a structured format that aligns with NCQA standards and the Strategic Plan six pillars</p> <p>B. QAPIP Work Plan FY 2020-21 – April Siebert, Director of Quality Improvement submitted and gave a report on the QAPIP Work Plan FY 2020-21. Ms. Siebert reported that the Work Plan will include partially met or not met activities from the previous year. It will also include quality improvement activities; identified departments that will assist in achieving goals and objectives; timeframe; and monitoring of identified issues experienced from the previous year. The Chair called for a motion to accept the FY 2020 Annual QAPIP Evaluation and QAPIP Work Plan FY 2020-21. Motion: It was moved by Chief Riley and supported by Ms. Jawad to accept the FY 2020 Annual QAPIP Evaluation and QAPIP Work Plan FY 2020-21. Dr. Carter opened the floor for discussion. Discussion ensued. Motion carried.</p>
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XIII. Chief Clinical Officer’s (CCO) Report

DISCUSSION/ CONCLUSIONS	<p>Melissa Moody, Chief Clinical Officer submitted a full report and gave highlights on the Chief Clinical Officer’s report. Mrs. Moody reported that:</p> <ol style="list-style-type: none"> 1. COVID-19 and Inpatient Psychiatric Hospitalization – Hospitalizations’ data showed an increase in admission for the month of January by approximately 12%. There were also 14 reported cases of COVID-19 Inpatient/partial hospitalization in January. There were six inpatient/partial hospitalization in December 2020. 2. COVID-19 Pre-Placement Housing – DWIHN added two more residential providers in November 2020 to make the option of five residential pre-placement housing for COVID. In January, there was a slight decrease in utilization of the five homes but we will keep all five until further notice. 3. Residential Department Report of COVID-19 Impact – From 3/30/20 to 1/31/21, 258 positive cases were reported and 40 reported deaths. 4. Total Number of COVID-19+ Staff in Residential Placement – From March 2020 to January 31, 2021, 89 positive cases and three deaths of staff reported. 5. COVID-19 Recovery Housing/Recovery Support Services – There was a 30% increase in the utilization of COVID-19 recovery homes in the month of January 2021 compared to December 2020. 6. COVID-19 Urgent Behavioral Health Urgent Care Sites – There was a slight (10%) decrease in utilization of Urgent Behavioral Health Urgent Case Service in January 2021. 7. Michigan COVID-19 Cases Increase – February 1, 2021 – The total number of confirmed COVID-19 cases in Michigan is 561,307 with 14,609 deaths. Wayne County is reported to have 61,791 confirmed cases and 1,974 deaths, Detroit is listed with 28,779 confirmed cases with 1,795 deaths reported. (Source: www.michigan.gov/Coronavirus) <p>The City of Detroit reached out to partner with DWIHN to assist in getting vaccinations out to persons living in AFC and residential homes (staff and clients). The Initiative started yesterday. Vaccination clinics are located at several provider sites throughout the City of Detroit. The City of Detroit also has mobile vaccination unit and they are going out to certain areas with multiple AFC and SUD facilities so that they can see many people in a day. The goal is to</p>
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	get up to 300 individuals vaccinated in a day for the next two weeks. There will be a re-assessment of the partnership at the end of the two-week period. Discussion ensued. The Vice-Chair called for a motion to accept the Chief Clinical Officer's report. Motion: It was moved by Chief Riley and supported by Ms. Jawad to accept the Chief Clinical Officer's Report. Dr. Carter opened the floor for discussion. Discussion ensued. Motion carried.
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XIV. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS	The Chair asked if there were any Good and Welfare/Public Comment. There was no Good and Welfare/Public Comment.
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ACTION ITEMS	Responsible Person	Due Date
1. Follow-Up Items from Previous Meeting:		
A. MI-Health Link Referrals		March 10, 2021
i) Provide information on how to eliminate duplicative referrals in the Integrated Health Quarterly Report next month	Kim Flowers	
ii) Provide a full report in May on the individuals that declined behavioral health services and the actions that have been taken		May 12, 2021

The Vice-Chair called for a motion to adjourn the meeting. **Motion:** It was moved by Chief Riley and supported by Ms. Jawad to adjourn the meeting. **Motion carried.**

ADJOURNED: 2:57 p.m.

NEXT MEETING: Wednesday, March 10, 2021 at 1:00 p.m. (*Virtual Meeting*)



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**CORPORATE COMPLIANCE
MEMORANDUM**

TO: Dr. Cynthia Taueg, Chairperson
Program Compliance Committee

FROM: Bernard K. Hooper
Corporate Compliance Officer

DATE: March 10, 2021

RE: REPORT TO PROGRAM COMPLIANCE COMMITTEE

1. National Committee on Quality Assurance (“NCQA”) – On February 17, 2021, DWIHN submitted documents or evidence of compliance with the 2020 Managed Behavioral Healthcare Organization (MBHO) Standards. On March 10, 2021, DWIHN will receive a list of issues identified by the NCQA Survey Team (e.g., why DWIHN marked an Element “Not applicable”). The next step will be a conference call with the NCQA Survey Team on March 16, 2021. The purpose of the call is to clarify and respond to issues identified. Standard owners will prepare explanations of the resolution of the issues for presentation during the conference call. During the Conference Call only one person – Bernard Hooper, the Corporate Compliance Officer, will speak for the group and will be responsible to moderate the meeting, present the agenda and conclude the call within the 1.5 hour time perimeter set by NCQA. The NCQA Survey Team will conduct a file review on April 5 and 6, 2021. Due to the pandemic, the file reviews will be conducted electronically. The Corporate Compliance Officer will host the NCQA Reviewers on Teams. The reviews will include files selected by NCQA from the workbooks submitted for Complex Case Management, Credentialing, and Utilization Management Denials and Appeals. Credentialing and Utilization Management Denials and Appeals File Reviews have Must-Pass Elements.

Board of Directors

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Michelle Jawad
Dr. Cynthia Taueg



NCQA completes the survey process by sending a letter to DWIHN indicating that the survey tool is final and including the Accreditation decision and effective date of Accreditation approximately 30 days after the File Review.

2. MDHHS 1915 (c) HSW Plan of Correction (POC) - As part of DWIHN's 2019-2020 MDHHS 1915 (c) HSW POC, DWIHN was required to have a Behavior Treatment Plan Review Committee (BTPRC) in place or require all contracted Mental Health (MH) Clinically Responsible Service Providers (CRSP) to have a BTPRC. DWIHN has required all twenty-six (26) MH CRSP's to have a BTPRC in place. To date, all twenty (26) CRSP's have identified a process for BTPRC reviews. The BTPRC requirements are included in the MH CRSP written contract for FY 2020-2021.

As an option, the network providers and MH CRSPs may collaborate on developing and operating a joint BTPRC. Providers are required to partner with a BTPRC and the CRSP must ensure that the joint BTPRC will provide the required review of proposed Behavior Treatment Plans (BTP) in real-time or during emergent situations. Three (3) MH CRSP providers have chosen this option.



Children's Initiatives Quarterly Report

MARCH 2021

Executive Summary

The Children's Initiatives Department has provided a high-level overview regarding a few of the projects that are occurring within Detroit Wayne Integrated Health Network (DWIHN). Attached you will find the following:

AUTISM SPECTRUM DISORDER: An update is provided on the ASD benefit and services provided through the 1st Quarter.

WRAPAROUND SERVICES: An update is provided regarding new strategies to evaluate DWIHN's provider services. A report is provided on 1st Quarter outcomes.

HOME BASED SERVICES: An update is provided regarding new strategies to evaluate DWIHN's provider services for home-based services. A report is provided on 1st Quarter outcomes.

MC3 PROJECT: An overview of the MC3 Project and data provided from the University of Michigan for the 1st Quarter.

PATIENT HEALTH QUESTIONNAIRE – MODIFIED FOR ADOLESCENTS: An overview of the self-administered tool implemented by DWIHN for the 1st Quarter.



Detroit Wayne Integrated Health Network Autism Spectrum Disorder Benefit Quarterly Report

1st Quarter Fiscal Year 2020/2021

1st Quarter Highlights

- ⇒ *UPAC's Detroit location closed in December*
- ⇒ *1 Provider joined our ABA Network: Positive Behavior Supports*
- ⇒ *Independent Evaluator onboarding has begun with full transition next quarter.*
- ⇒ *207 referrals were received in the first 2 months of the 1st Quarter of FY20/21*
- ⇒ *DWIHN has a 22% denial rate during this time period; 78% approval rate for meeting ASD benefit enrollment criteria and Medical Necessity criteria.*
- ⇒ *215 cases have been successfully discharged from the benefit.*
- ⇒ *DWIHN continues to receive approximately 100 referrals per month*
- ⇒ *DWIHN hosted a New Provider Orientation and the bi monthly Provider Meeting.*

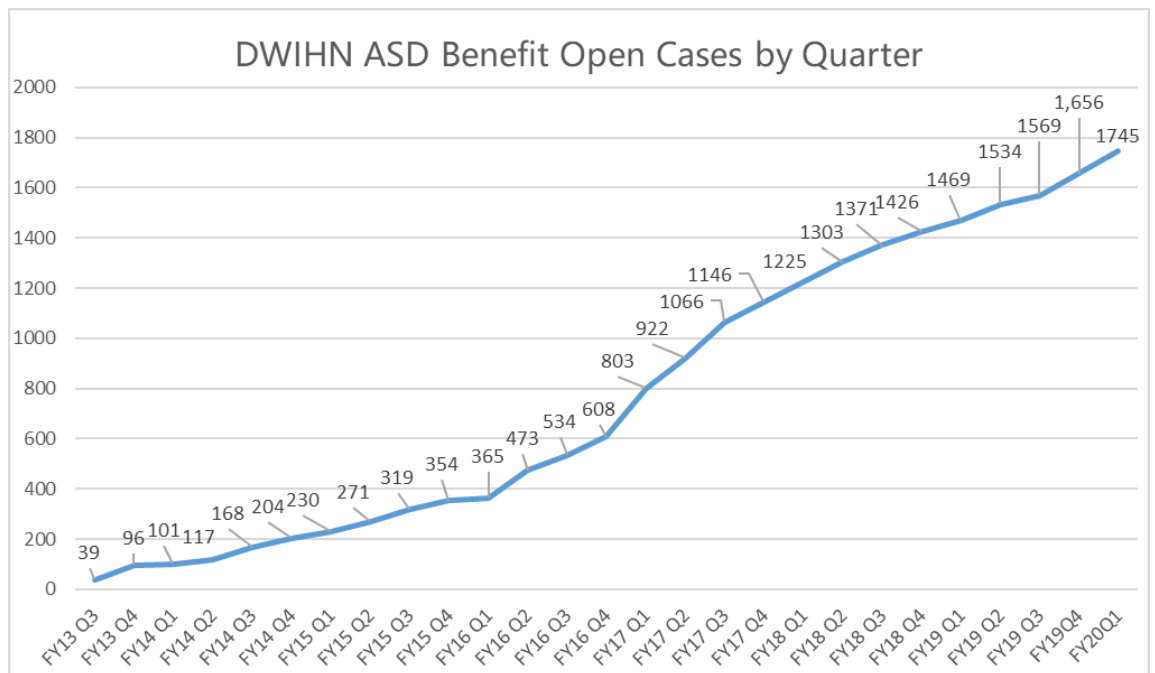
Cases Served 2013 to Present

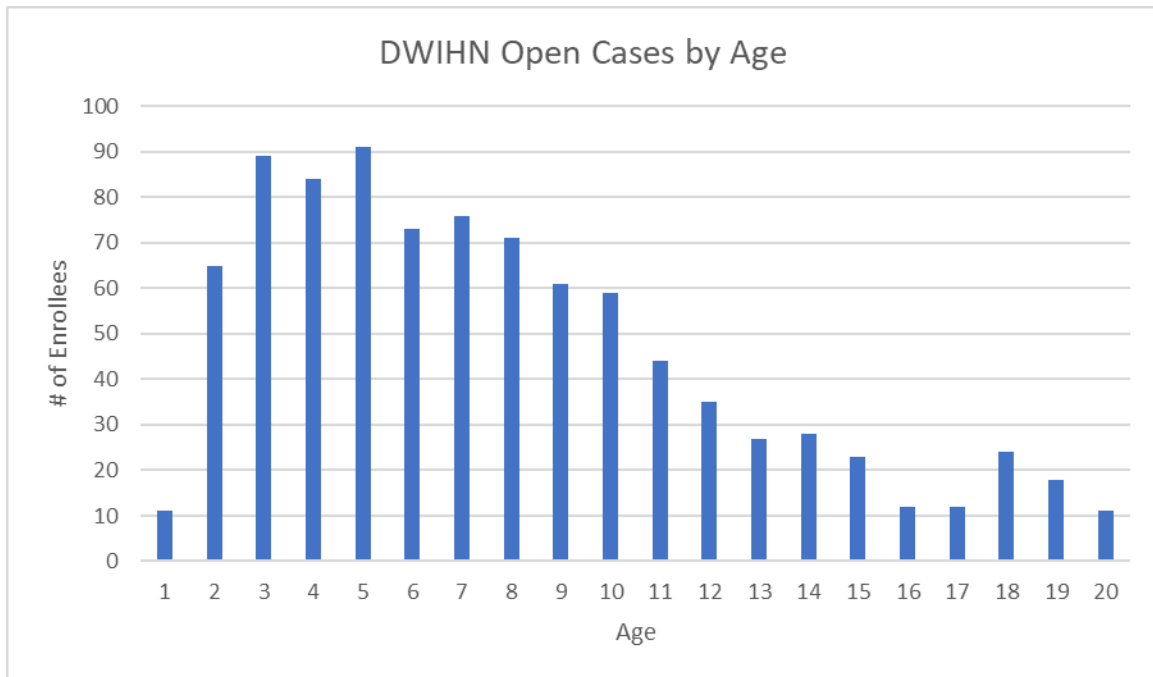
Status	Level Of Care		Did Not Receive ABA Direct Services*	Grand Total
	FBI(Lower Level of Care)	CBI (Higher Level of Care)		Total
Closed	609	1088	3518	5215
Open	456	1077	215	1748
Pending Intake	0	0	114	114
Total	1065	2165	3847	7077

Summary

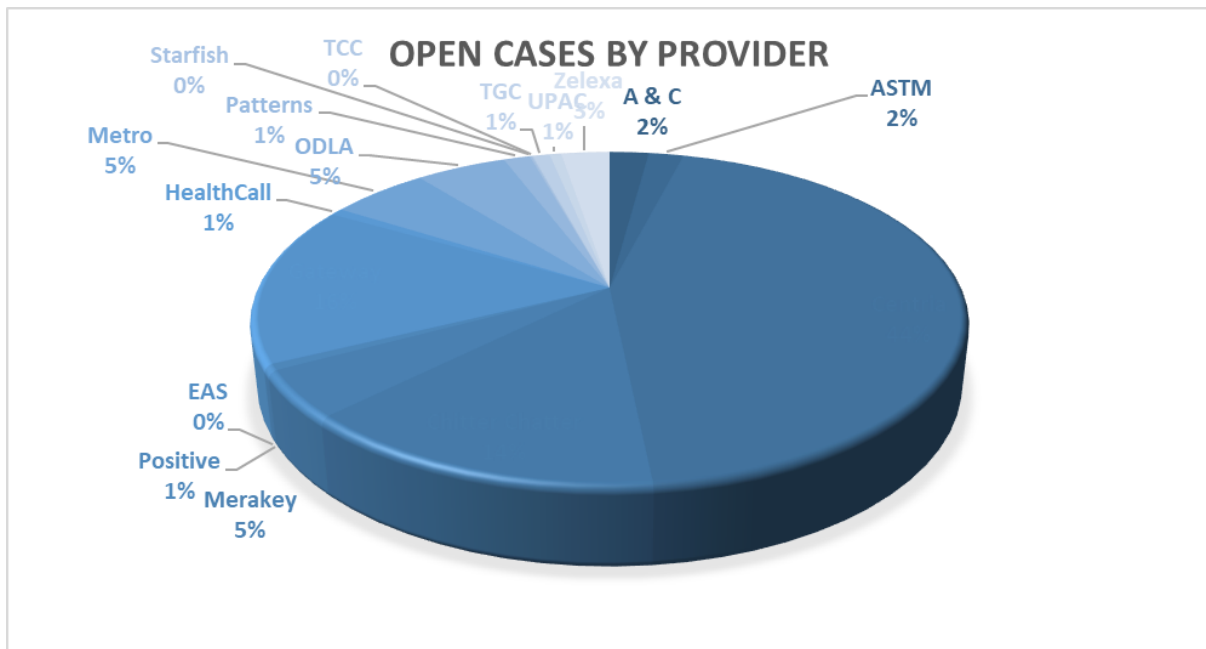
This report will review the general metrics for the benefit and provide an overview of activities and issues addressed during the quarter.

The DWIHN ABA Benefit continues to grow each quarter. There are currently 1,748 open cases receiving services with the largest concentration of enrollee's between the ages of two and seven.





Open Cases by Provider



*Centria to holding to 44% of the open cases in 1st quarter of FY20/21.

DWIHN Autism Spectrum Disorder Benefit Quarterly Report —1st Quarter FY 20/21

DWIHN currently contracts with sixteen (15) ASD Benefit Service providers that deliver the full array of benefit services including Diagnosis and Assessment (H0031, 96132), Applied Behavior Analysis (97153, 97154), Family Training (97156) Supervision: Direction and Observation (97155), Group Therapy (97154) and Exposure Therapy (0373T). Please see Table 1 below for an analysis of expenditure on each service code.

1. Amount of claims paid by service code for 1st Quarters FY 20/21

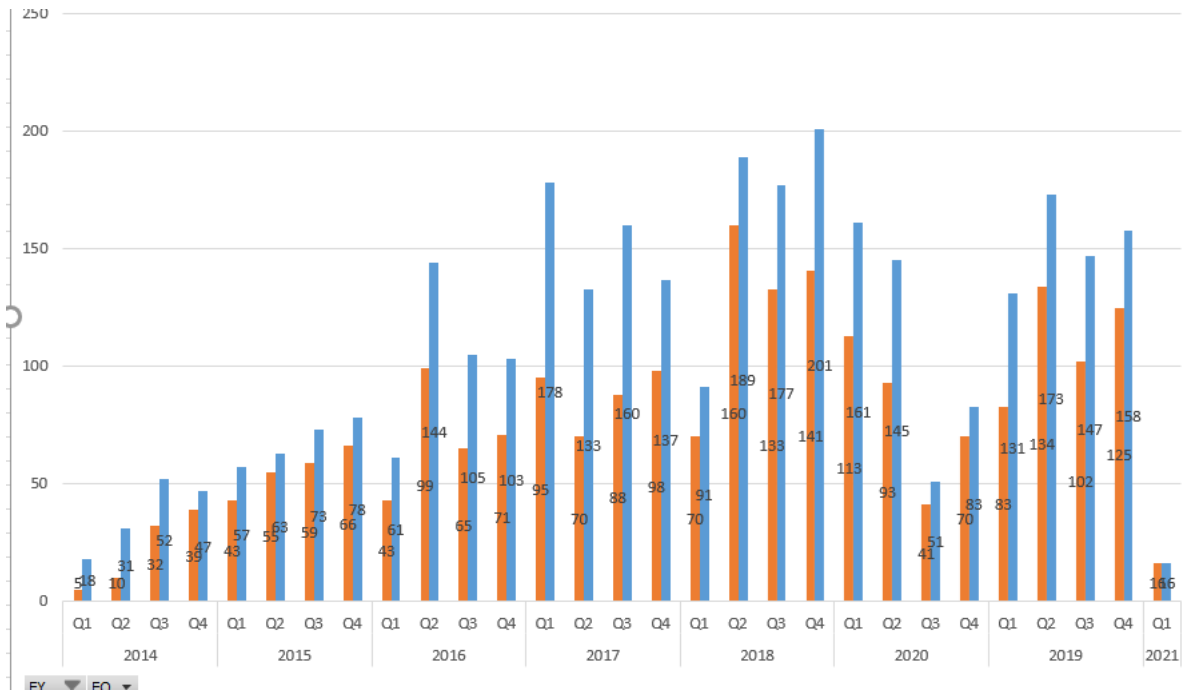
Clm_Code	Sum of Clm_Paid_Derived
0373T	\$18,892.95
96130	\$8,000.00
96131	\$10,000.00
96137	\$144.00
97151	\$183,649.04
97153	\$9,378,253.74
97154	\$864.10
97155	\$2,523,881.87
97156	\$231,991.86
H0031	\$172,802.49
Grand Total	\$12,528,480.05

2. Amount of claims paid by provider 1st quarter 20/21

BillingProvider	Sum of Cost_Derived
A & C Behavioral Solutions	\$279,768.00
Autism Spectrum Therapies of Michigan	\$140,915.00
Centria Healthcare, LLC	\$5,283,310.92
Chitter Chatter P.C.	\$1,650,207.00
Dearborn Speech and Sensory Center, Inc.	\$543,179.80
Gateway Pediatric Therapy, LLC	\$1,231,207.20
HealthCall Of Detroit	\$65,301.10
Merakey Inc.	\$217,407.50
Open Door Living Association	\$320,792.00
Patterns Behavioral Services Inc.	\$37,917.50
Starfish Family Services, Inc.	\$8,367.50
The Guidance Center	\$46,899.50
University Pediatricians Autism Center	\$100,812.00
Zelexa Inc.	\$274,278.00
Grand Total	\$10,200,363.02

NCQA Quality Improvement Timeliness Report

Status		(Multiple Items)	⌵	Closed and Open Only	
Eligibility Date		(Multiple Items)	⌵	All but Blanks	
IPOSExists		Yes	⌵	Yes Only	
Data					
FY	⌵	FQ	⌵	Numerator - 90 Days	Denominator - All Eligible
2014	⌵	Q1		5	18
		Q2		10	31
		Q3		32	52
		Q4		39	47
2015	⌵	Q1		43	57
		Q2		55	63
		Q3		59	73
		Q4		66	78
2016	⌵	Q1		43	61
		Q2		99	144
		Q3		65	105
		Q4		71	103
2017	⌵	Q1		95	178
		Q2		70	133
		Q3		88	160
		Q4		98	137
2018	⌵	Q1		70	91
		Q2		160	189
		Q3		133	177
		Q4		141	201
2020	⌵	Q1		113	161
		Q2		93	145
		Q3		41	51
		Q4		70	83
2019	⌵	Q1		83	131
		Q2		134	173
		Q3		102	147
		Q4		125	158
2021	⌵	Q1		16	16
Grand Total				2219	3163



DWIHN ABA Program Updates:

Network Updates

- UPAC's Detroit clinic closed but UPAC will continue providing ABA services at their other locations. This brings our provider count to fifteen (15). Several other providers have inquired about becoming an ABA Provider with DWIHN.
- DWIHN has contracted with Social Care Administrators and The Children's Center to provide Independent Evaluations for consumers seeking initial evaluations for the ABA Benefit. Efforts have been made to onboard these providers as soon as possible. Independent evaluation for ASD consumers will alleviate any conflict of interest with regard to both diagnosing and treating consumers.

ASD Trainings

- Two (2) virtual trainings were held this quarter: Organizational Behavior Management for Beginners and Waiver Support Application training.

MHWIN Updates for Autism

- The ADOS-2 Worksheets and ASD Behavior Assessment Worksheets in MHWIN have been implemented. DWIHN staff continue to receive feedback from providers but overall, implementation has been successful.
- Service Utilization Guidelines have been entered into MHWIN to allow for auto-authorizations to occur when the request falls within the UM guidelines. Ongoing TA and support for providers is provided by DWIHN to ensure this transition is successful.

Standardized IPOS Rollout

- Supports Coordinators are now responsible for entering the authorizations into MHWIN which is a departure from the previous process of ABA providers entering authorizations. This creates a hardship for SC's as they will be required to obtain several revisions of the IPOS before the authorizations can be submitted. This also may impact the length of time it takes for consumers to receive services. This will be closely monitored and feedback will be provided to leadership as needed.

WRAPAROUND SERVICES: Wraparound is a process used to support families by bringing a group of people together as a team for planning and delivering supportive services that build on family strengths, meet identified needs to accomplish the outcome of keeping families together.

For the 1st quarter, there are a few items to highlight regarding Wraparound in Wayne County. From October to December, there were 81 new families that began receiving these services. There were also 48 families that transitioned out of Wraparound, with 46.2% completing all four phases. It is important to add that 95% of youth receiving Wraparound are connected to other clinical services as well as other community mental health services (Youth Peer Support, Respite, Community Living Supports, and Parent Support Partner).

Even though Wraparound serves youth 0 up to age 21, the majority of youth receiving these services are between the ages of 13-17 (45.6%), a close second is ages 7-12 serving 41.1% of youth in Wraparound. In total, there were 377 youth and families that received Wraparound during the 1st quarter, with 61.8% having 1-3 natural supports on their Child and Family Teams. Natural Supports is an individual who is not paid to be part of the Child's team. See attachment #1 for more detail.

HOME-BASED SERVICES: Home Based services are provided for the family in their home and the community. The services offer support and empower families, emphasize assertive intervention, parent and professional teamwork, and community involvement with other service providers.

After reviewing 1st Quarter baseline data for Home Based in Wayne County, there are a few notable items to share. There were 696 families served in Home Based from October through December, and of these 694, 51.2% were between the ages of 7-13 years old. Also, only 5.2% were placed out of the community and into a psychiatric hospital and 4% were placed in a partial hospitalization setting. It is important to note the average length of stay for families in Home Based services is approximately 13.2 months. Finally of the current total of 67 Home Based clinicians, 13 left during the 1st Quarter and moved on to other positions. See attachment #2 for more detail.

MICHIGAN CHILD CARE COLLABORATIVE: The Michigan Child Care Collaborative (MC3) provides psychiatry support to primary care providers in Michigan who are managing patients with mild to moderate behavioral health problems. This includes children, adolescents and young adults through age 26, and women who are contemplating pregnancy, pregnant or postpartum with children up to a year. Psychiatrists are available to offer guidance on diagnoses, medications and psychotherapy interventions so that primary care providers can better manage patients in their practices. Support is available through educational phone consultations to referring providers as well as remote psychiatric evaluation to patients and families through video telepsychiatry. A review of the 1st quarter report from the University of Michigan shows there were 15 new providers enrolled in the program. To date, there are a total of 173 providers enrolled. Also, during the 1st quarter, the behavioral health consultant facilitated 27 consultations between the Child/Adolescent/Perinatal Psychiatrist (CAPP) and the primary care physicians, and the primary care physicians referred 38 patients to the behavioral health consultant for brief intervention and resources. See attachment #3 for more detail.

SCHOOL SUCCESS INITIATIVE: The School Success Initiative uses evidence-based practices to deliver prevention-based services to children, utilizing a 3-tier universal health screening. During the 1st quarter, a survey was disseminated to the CEO and Directors of the current Community Mental Health (CMH) providers to secure a comprehensive list of the schools, grade levels, and the services which each CMH agency provides. Based on the completed surveys, there are 329 unique schools who are providing Community Mental Health services. The main services being provided were reported to be individual therapy, family therapy and home-based therapy. The main evidence based practices reported were cognitive behavioral therapy, trauma focused cognitive behavioral therapy and motivational interviewing. The funding source is broken down as 66% being Medicaid, 19% being Grant/Private Pay and 14% being General Funds. See attachment #4 for more details.

In order to capture more comprehensive school success data, modifications have been made to DWIHN's electronic record, MH-WIN. As of March 1, 2021, the providers are required to enter education, system involvement, system outreach, access call updates, school-based referrals and student progress records. Trainings on these modifications took place on February 25, 2021 and February 26, 2021. In addition, the Michigan Model for Health curriculum has been purchased and training is being offered to the corresponding agencies who are contracted with the School Success Initiative. Per the trainers, there will be 3 trainings that need to take place for the MMH curriculum. A hybrid training is required to receive the certification needed to complete the one-on-one training with Wayne RESA trainer. In addition, for those who will utilize the HIV and STI curriculum an additional training is required that will be scheduled separately.

PATIENT HEALTH QUESTIONNAIRE-Modified for Adolescents (PHQ-A): This is a self-administered tool implemented by DWIHN for screening, diagnosing, monitoring and measuring the severity of depression. DWIHN expects clinicians to treat depression to remission and the PHQ-A helps monitor the target symptoms and overall progress of the adolescent.

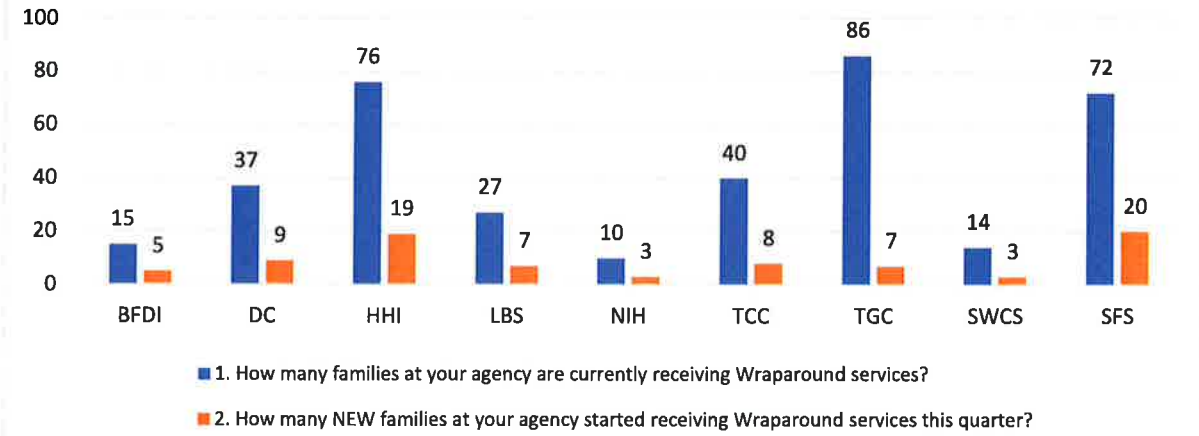
During the 1st quarter, 1,159 intake assessments were completed and of those, 1,090 or 94% had a PHQ-A screening. This is very close to meeting DWIHN's expectation of 95% compliance from the provider network. Regarding the requirement for follow-up PHQ-A screenings for those youth between the ages of 11-17 who score a 10 or higher on the screening, the compliance rate was 68.1% of all youth who met the above criteria.

Efforts to improve the PHQ-A utilization compliance include working with PCE systems, the most commonly used Electronic Medical Record across the service provide network, to ensure providers have reminders that flag charts needing a follow-up PHQ-A close to the quarterly due date. Another intervention being implemented is creating another video to be shared with the children's providers highlighting the importance of the follow-up PHQ-A and serving as a reminder of the timeframe in which it needs to be completed. YouTube channel. Each provider will also be provided data at the end of each quarter detailing youth who did not have a PHQ-A at intake and/or those who did not have consistent follow-up PHQ-A screenings while active in treatment to allow providers to assist in reinforcing compliance within their agencies.

Wraparound Reporting
FY 21
Quarter 1

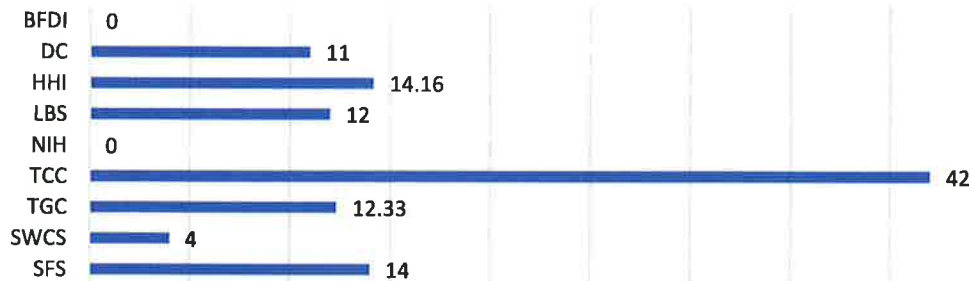
Quantitative Data

Families receiving Wraparound Services by provider:



377 families received Wraparound services in Q1
81 new families were served

What was the average length of stay for families that completed Wraparound during this quarter?



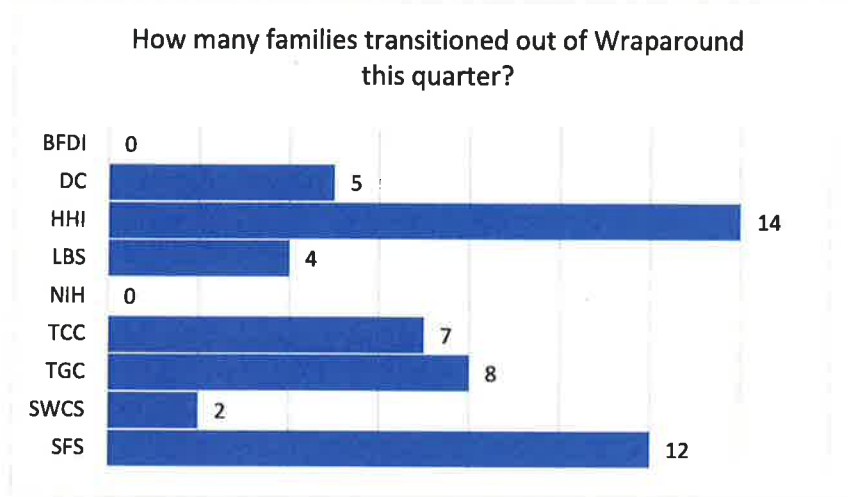
13.7 months was the average length of stay across agencies in Q1

Employment Status

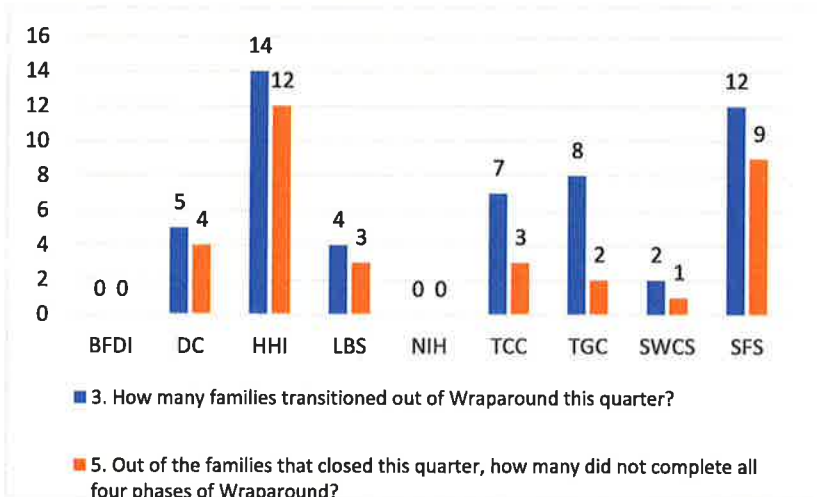
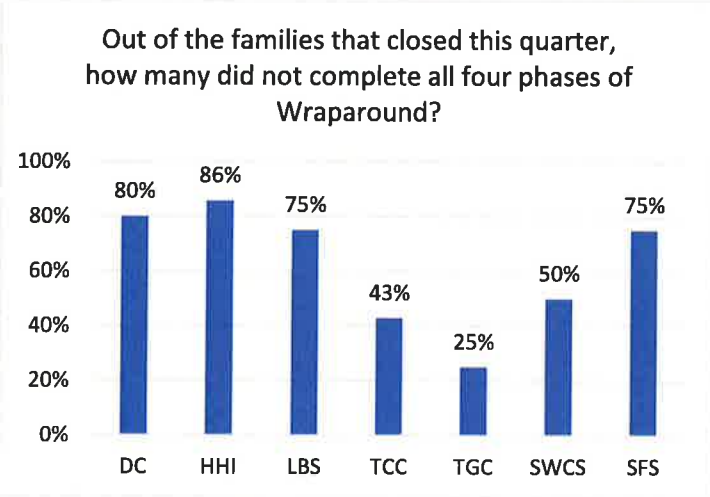
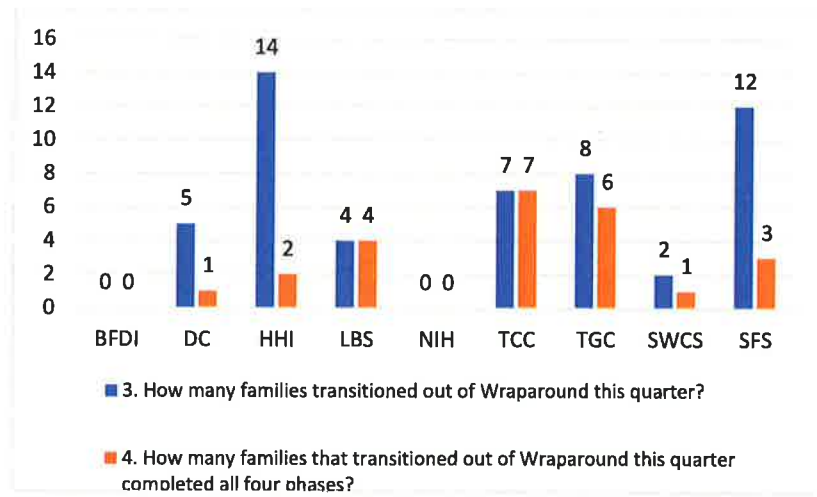
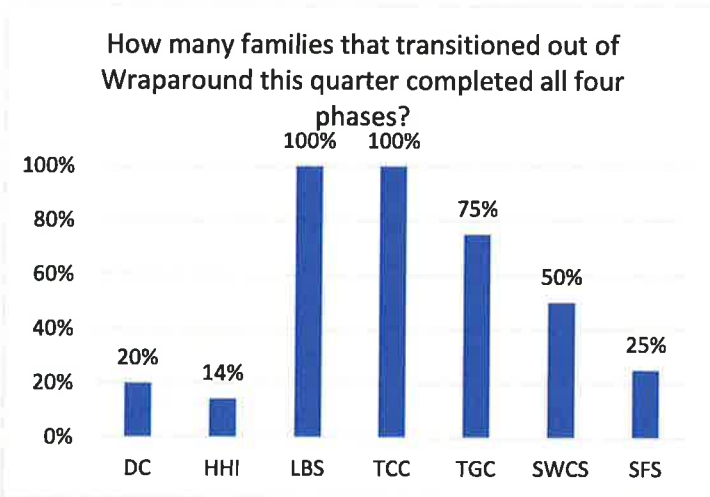


44 Wraparound Facilitators were employed in Q1

Transitions:



48 families transitioned out of Wraparound in Q1



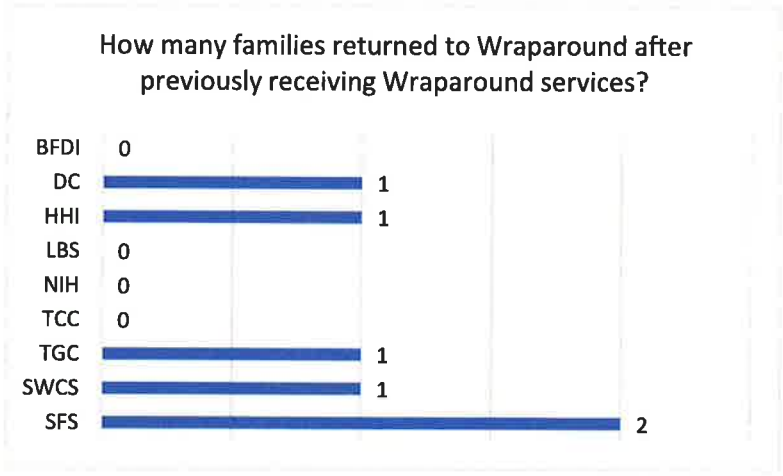
46.2%* of all families that transitioned out of Wraparound in Q1 completed all four phases

65.4%* of all families that closed in Q1 did not complete all four phases

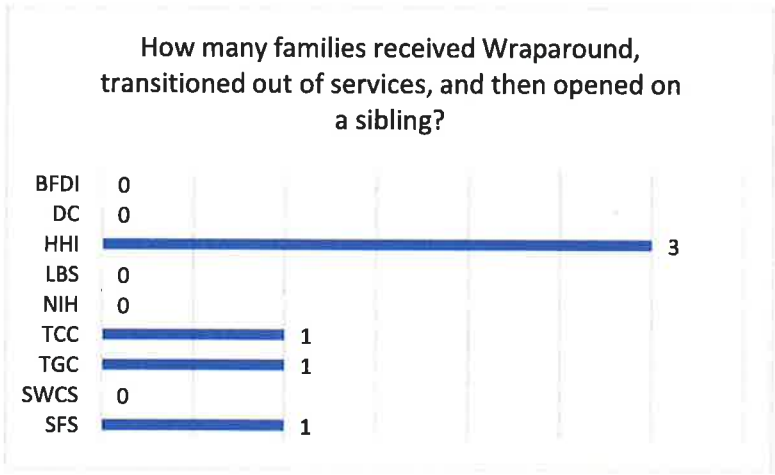
*Based on data provided



44.2% of all families that completed Wraparound in Q1 felt that they achieved their goals



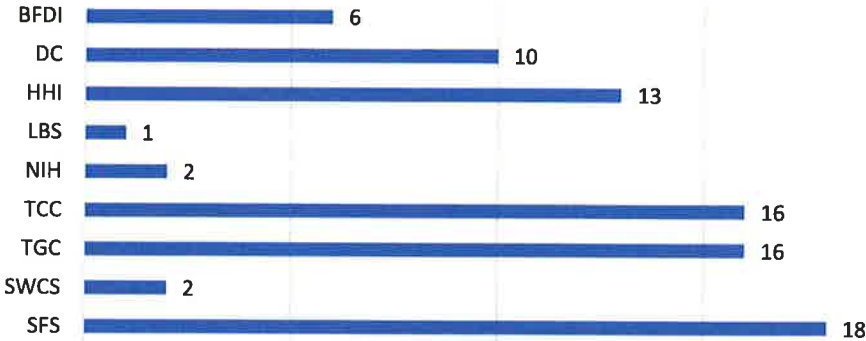
6 families returned to Wraparound after previously receiving Wraparound services



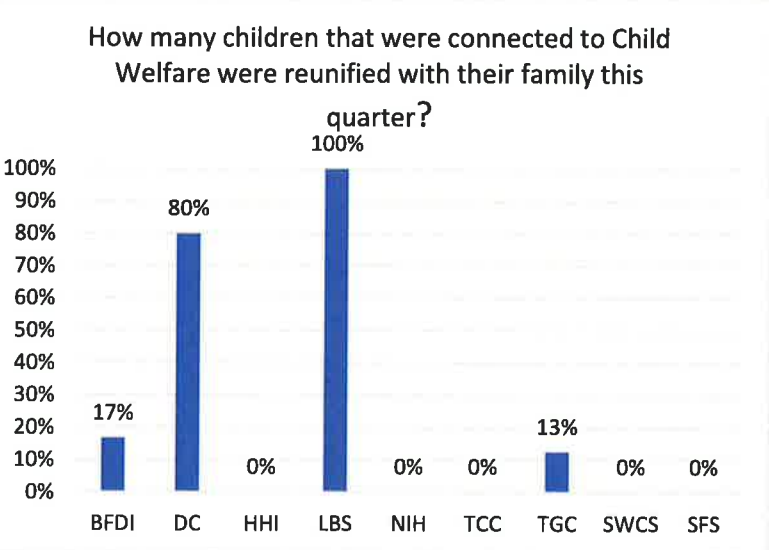
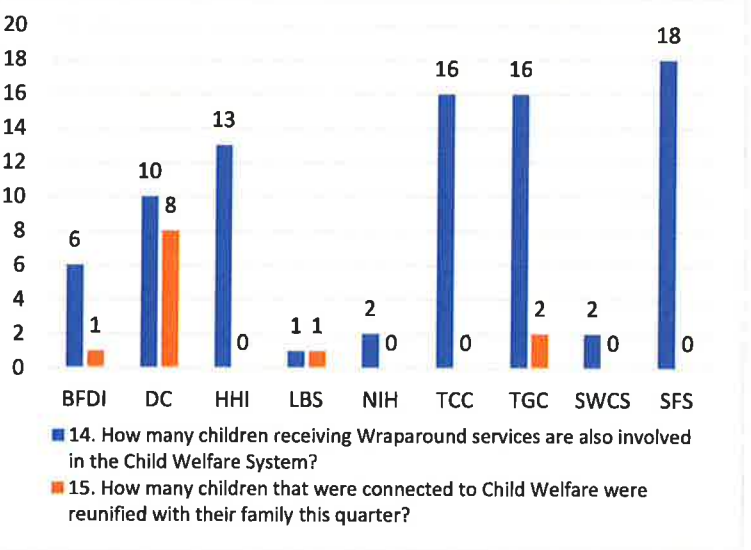
6 families transitioned out of Wraparound and then opened on a sibling

Child Welfare:

How many children receiving Wraparound services are also involved in the Child Welfare System?



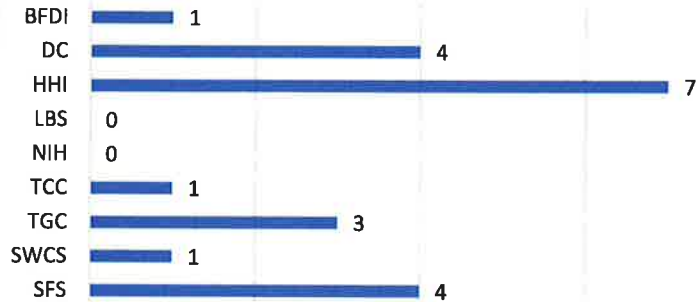
84 (22.3%) children receiving Wraparound services in Q1 were also involved in the Child Welfare System



12 (14.3%) children that were connected to Child Welfare were reunified with their family in Q1

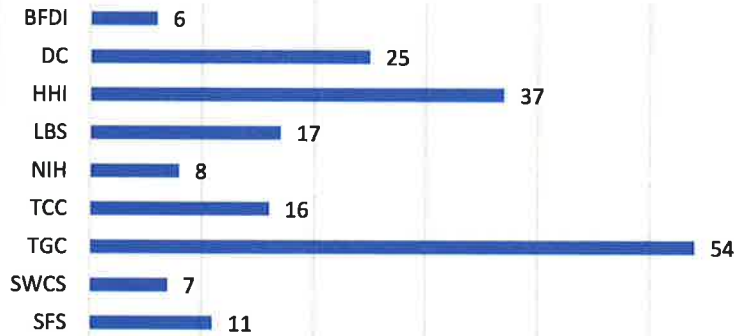
Other Services:

How many children receiving Wraparound services are also currently involved in the Juvenile Justice System?



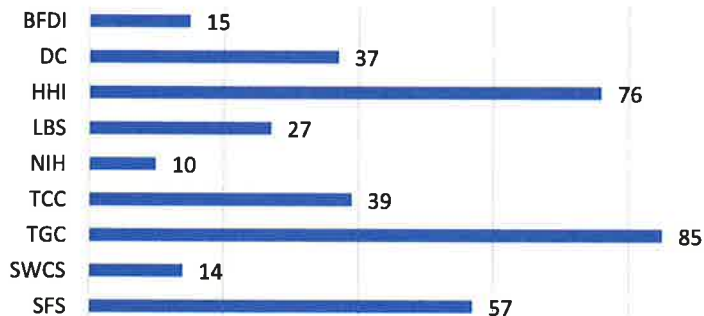
21 (5.6%) children receiving Wraparound services were also involved in the Juvenile Justice System

How many children receiving Wraparound services, also received Special Education services?



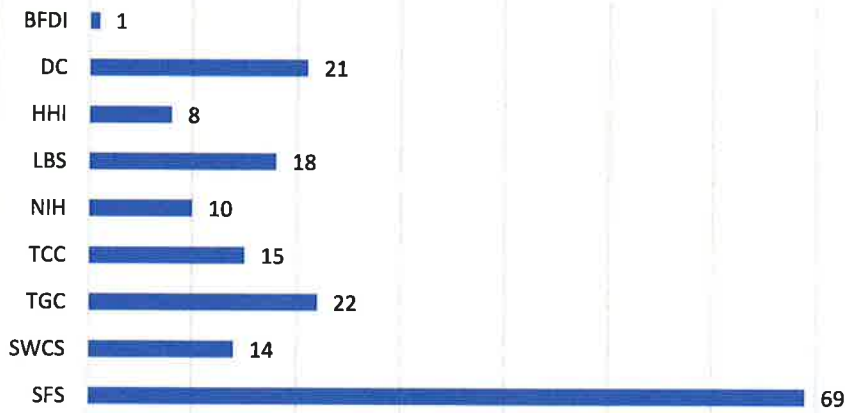
181 (48%) children receiving Wraparound services also received Special Education Services

How many children receiving Wraparound services, also received Clinical Services (home based or outpatient)?



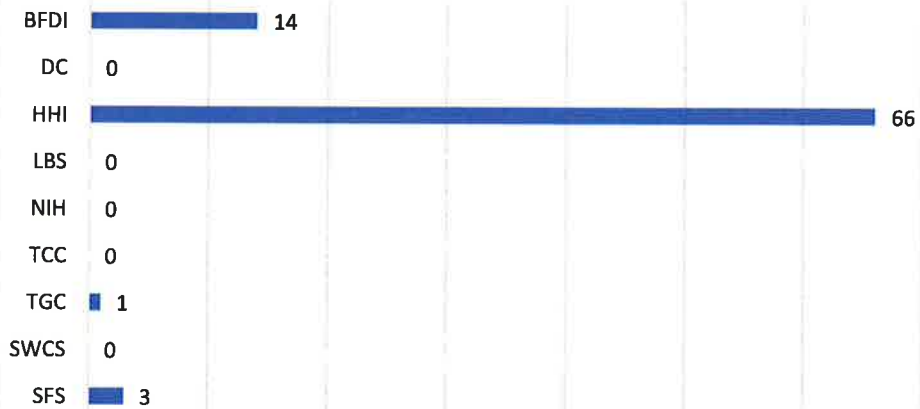
360 (95.5%) children receiving Wraparound services also received Clinical Services

How many children are receiving additional CMH services outside of Wraparound (PSP, YPSS, Respite, CLS)?



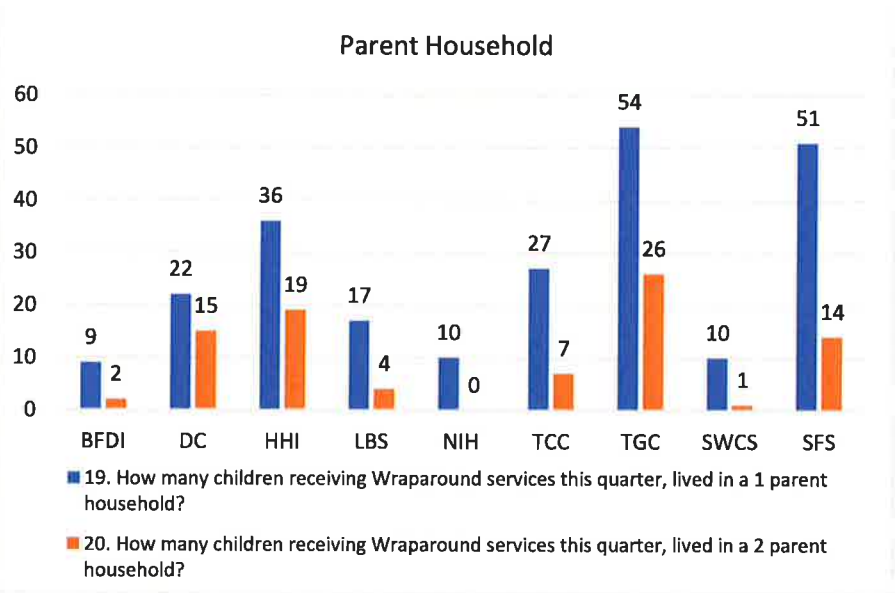
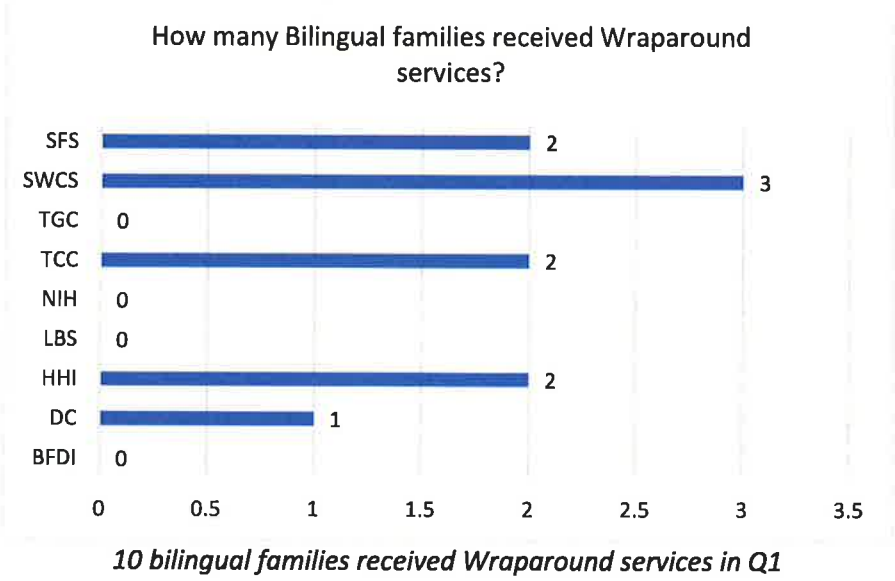
178 (47.2%) youth received additional CMH services outside of Wraparound in Q1

How many youth are NOT receiving any additional CMH services outside of Wraparound?

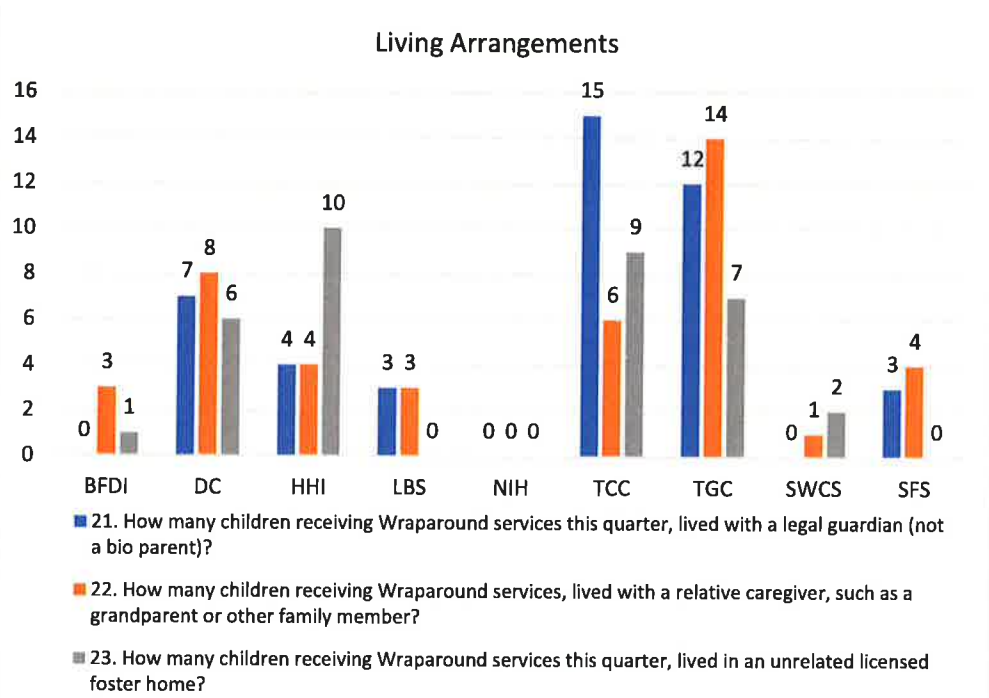


84 (22.3%) youth did not receive any additional CMH services outside of Wraparound in Q1

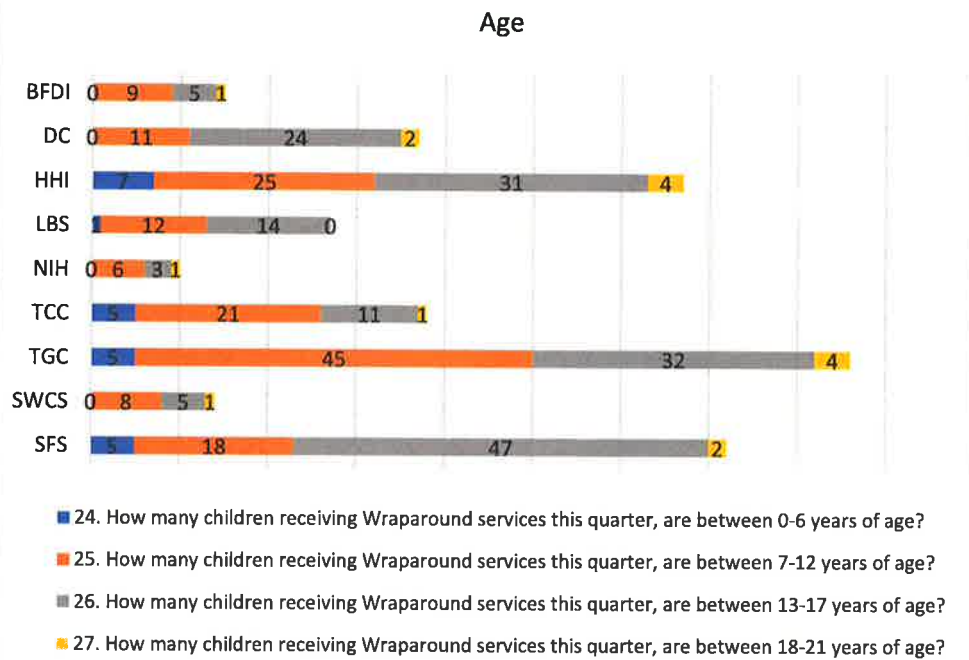
Demographics:



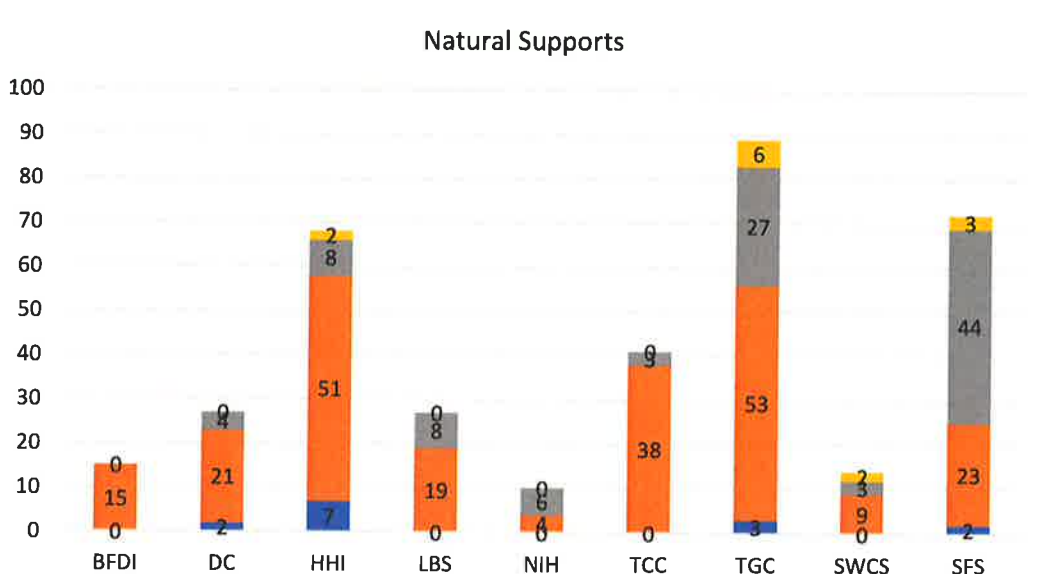
236 (63%) children receiving Wraparound services in Q1 lived in a 1-parent household
88 (23%) children receiving Wraparound services in Q1 lived in a 2-parent household



44 (11.7%) children receiving Wraparound services in Q1 lived with a legal guardian
43 (11.4%) children receiving Wraparound services in Q1 lived with a relative caregiver
35 (9.3%) children receiving Wraparound services in Q1 lived with a foster home



23 (6.1%) children receiving Wraparound services in Q1 were between 0-6 years of age
155 (41.1%) children receiving Wraparound services in Q1 were between 7-12 years of age
172 (45.6%) children receiving Wraparound services in Q1 were between 13-17 years of age
16(4.2%) children receiving Wraparound services in Q1 were between 18-21 years of age



- 31. How many children receiving Wraparound services, have 7 or more natural supports on the Child and Family team?
- 30. How many children receiving Wraparound services, have between 4-6 natural supports on the Child and Family team?
- 29. How many children receiving Wraparound services, have between 1-3 natural supports on the Child and Family team?
- 28. How many children receiving Wraparound services, have 0 natural supports on the Child and Family team?

14 (3.7%) children receiving Wraparound services in Q1 had 0 natural supports
233 (61.8%) children receiving Wraparound services in Q1 had 1-3 natural supports
103 (27.3%) children receiving Wraparound services in Q1 had 4-6 natural supports
13 (3.4%) children receiving Wraparound services in Q1 had 7 or more natural supports

Qualitative Data

What were some successes of your agency's Wraparound program?

BFDI	The BFDI Wraparound team is fully staffed, with a second Facilitator hired in September and participating in the Wraparound Facilitator training with DHHS in October. Both BFDI Facilitators are excelling in engaging families and helping families achieve their goals. The BFDI Wraparound program has seen an increase in both traditional Wraparound and SEDW referrals. BFDI, including the Wraparound program, participated in and successfully navigated the virtual CARF accreditation process. Two Wraparound families agreed to participate in the CARF Surveyor Interviewing Process and gave positive feedback about the impact BFDI and Wraparound have had on their families.
DC	Establishing program criteria.
HHI	We were able to become very creative in how we engaged and maintained clients through telehealth. We learned to navigate a plethora of online meeting platforms. Our Community Team (shared with LBS) has become even more helpful with better attendance since the change of format that allows us to focus more on helping our clients.
LBS	Lincoln Behavioral Services Wraparound has had many successes and challenges through supporting our families during COVID and holidays. We have had a record number of families we were able to connect to resources to support their holiday; from food boxes, to adopt-a-family/toys for tots/local Christmas help programs, to linking families to sources to help with utility payments. Teams have developed while the needs of families change due to current times. With virtual health being readily used and available, we have been able to combine the virtual and in-person opportunities for our families. This has also made teams members much more available to the families. Wraparound facilitators have been able to receive support both virtually and in person through community team and direct supervision. We have been able to share many new and old resources very easily and to the great success of our teams.
NIH	Clients and families appear to have gotten acclimated to the online learning and are doing well in school. One consumer completed trauma therapy and for the first time was able to share her trauma with her family. One consumer gave birth and has stepped up and is being a loving and supportive mother even though she is struggling with her own mental health challenges.
TGC	<ul style="list-style-type: none"> • Tuesday morning Mother's Coffee Break meeting on ZOOM continues to regularly meet on Wednesday mornings for one hour with a regular attendance of eleven mothers. The mothers have provided support to each; shared tips for managing virtual schooling; and one mother has been demonstrating how to knit to several of the mothers which all are finding it to be a way to relax and de-stress. • The Wraparound staff purchased enough food to pack 12 Thanksgiving food boxes for 12 of our families who were most in need. • Wraparound put together 35 Christmas bags of toys that assisted 35 of our clients as well 30 siblings of those clients. The Dollar Tree stores in the downriver area had held a "donation" promotion and The Guidance Center was the fortunate recipient. • A group of women from the surrounding community "adopted" 9 of our families for Christmas. They very generously purchased gifts for all family members and included gift cards to either Kroger or Meijer so the families could also purchase food. • The Linus Project local chapter donated 35 handmade blankets/guilt's which we distributed to our families so our clients would have a warm blanket.

	<ul style="list-style-type: none"> • We had a donation of 54 new pajamas for both children and adults. These were also distributed to both children, teens and parents who were in need. • Youth in Transition group continued on ZOOM very Wednesday @ 5pm. • Wraparound purchased art canvases and distributed to 18 of our clients so that they could create an “art project” over their Christmas break from school. • The agency has continued to partner with Gleaners and has a weekly Friday food distribution. • Wraparound assisted 4 families with obtaining and maintaining Section 8 Housing. One of those families had been living in a shelter for a year with 3 children. • Three parents signed up for and completed Love & Logic parenting classes through the Guidance Center. • Two of our families volunteered at the Downriver Clothes Closet to unpack and sort clothes. They wanted their children to learn to “give something back”. • One parent and one guardian both entered therapy services for themselves. The guardian is 70 years old. • We had one of our SEDW clients’ adoption finalized! • Two siblings were returned to their bio-mother after being out of the mother’s care for almost 2 years. Wraparound, along with other case workers and the mother’s natural supports, worked to make this happen. The family was together for Christmas. • Two open CPS cases closed out with no further action with our two families. • One client successfully completed their probation requirement. • A parent had the goal of buying her own home. She began working on her credit report in March 2020. She bought a home and the family moved into it in December 2020. • One of our mothers overcame the barrier of not being able to return to her job with her children being on virtual home school. She created a recipe for the Hot Chocolate Bombs; handmade them; and then posted them on her own website. She struggled to keep up with the demand! The mother not only provided a wonderful Christmas for her family; she was able to help her neighbor’s family with some gifts too. • We were fortunate to receive a donation of 14 children/youth “very gently used” winter coats which we distributed. • We have been doing In Home visits on a limited basis when requested by client/family while social distancing and required masks being worn. We bring face masks for the entire family. We continue to also offer meetings on ZOOM as the agency maintains a secured ZOOM account for employees to utilize.
SWCS	<p>Families continue to meet regularly and engage well with remote meetings. Facilitators have reported more child and family team meetings have engagement with DHHS and other program involved with children due to their availability to join virtual meetings. Making it easy to be available by video, in the past visiting at the homes all together; their schedules were not as flexible to visit multiple homes with their caseloads being high or mainly office based and unable to attend community meetings. Families during the holidays were provided with Christmas adopt-a family and other community resources.</p>
SFS	<p>Facilitators have found a rhythm in terms of providing telehealth services.</p>

What type of support, if any would be beneficial to your agency's Wraparound program?

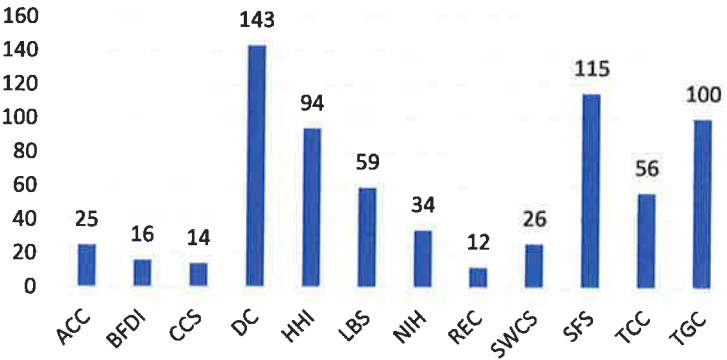
BFDI	No additional support is needed at this time.
DC	More training for new staff as well as billing staff as to the procedures for wraparound.
HHI	Speed up the authorization process. Hegira provides services to a Foster Care residential that does not provide their own services. There is a very high rate of turnover at this facility, which has increased sudden, unplanned closures. Hegira is working with the agency on improvements.
LBS	Larger variety of trainings: <ul style="list-style-type: none"> • Working with the Community in a COVID Climate • Utilizing virtual sessions to reach the whole team • Daily check-ins and Check-ups – Texting Environment; Speaking a Different Language • Paperwork; Brushing up on the Ideas
NIH	The program continues to need more access to concrete items in the community and within the agency, such as housing, appliances, and bedding, there are always families in need of these items and donations are not readily available.
TCC	More options for CLS/Respite services for SEDW clients.
TGC	Nothing at this time.
SWCS	Families that are bilingual are appreciative of the translation services that the agency provides, but would prefer bilingual speaking Wraparound Facilitator. Turn around with one staff, with the pandemic – having to relocate due to family emergency out of State. Barrier with hiring and training staff, then having to replace with new hires and retrain, results in referral being put on hold or transitioning newly assigned families to other worker/supervisor to hold cases.
SFS	N/A

Home-based Reporting
FY 21
Quarter 1

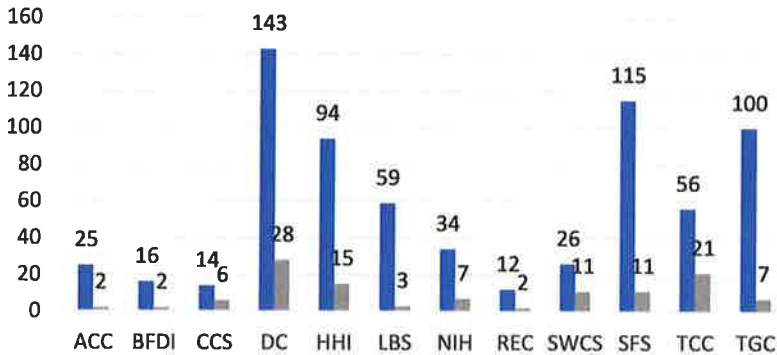
Quantitative Data

Families receiving Home-Based Services by provider:

How many families at your agency are currently receiving Home-Based services?

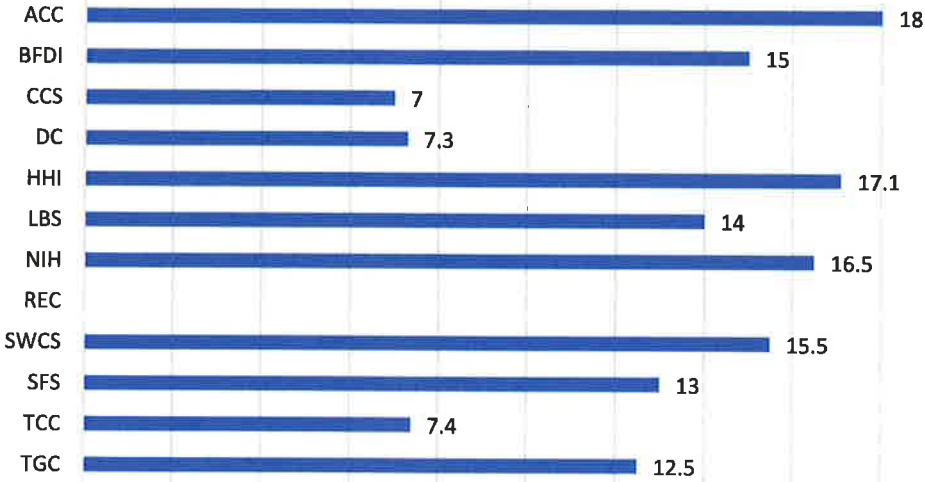


■ Total # of families receiving Home-Based services
 ■ NEW families receiving Home-Based services



*694 families served in Q1
 115 new families served*

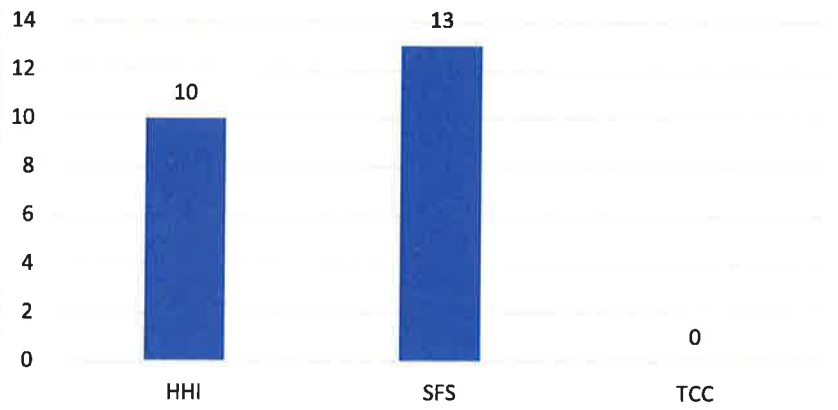
Average length of stay for families that have completed Home Based services this quarter (months)



13.2 months average length of stay across agencies

I/DD Youth Served:

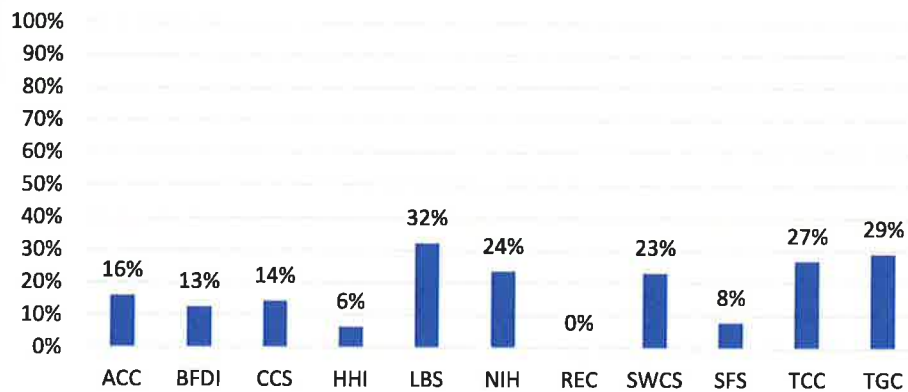
If you are an I/DD Home-Based provider, how many youth did you serve this quarter that were I/DD?



*23 I/DD Youth received Home-based services in Q1
3 I/DD providers*

CAFAS/PECAS:

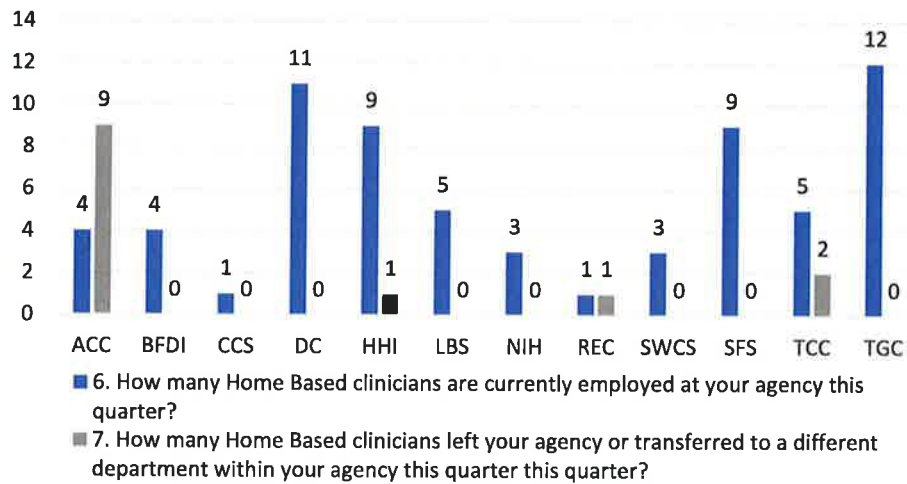
How many youth receiving Home-Based had meaningful and reliable improvement in their CAFAS/PECFAS this quarter?



*100 (18.1%) youth receiving Home-based services had a meaningful and reliable improvement
11 agencies reporting*

Home-Based Clinicians:

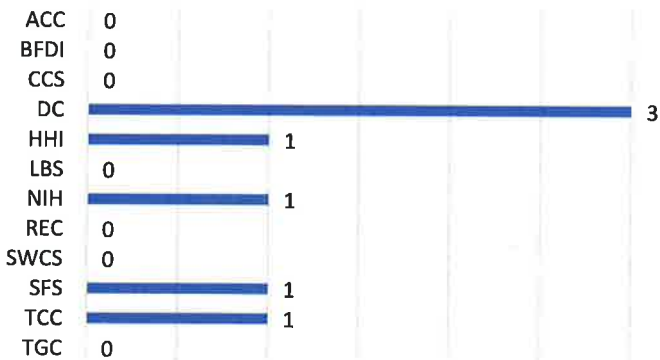
Home-based clinicians by agency



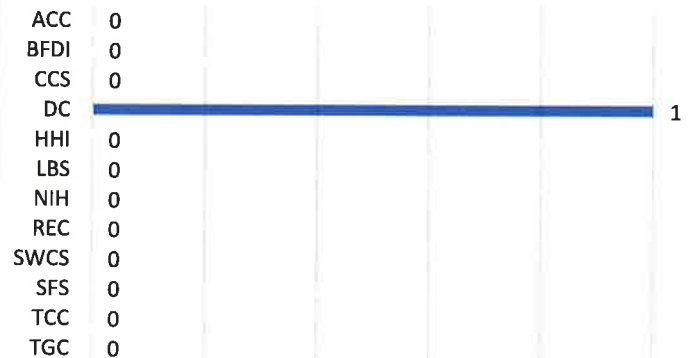
**67 Home-based clinicians currently employed in Q1
13 clinicians left or transferred in Q1**

Transitions:

8. How many families returned to Home Based after previously receiving Home Based services this quarter?

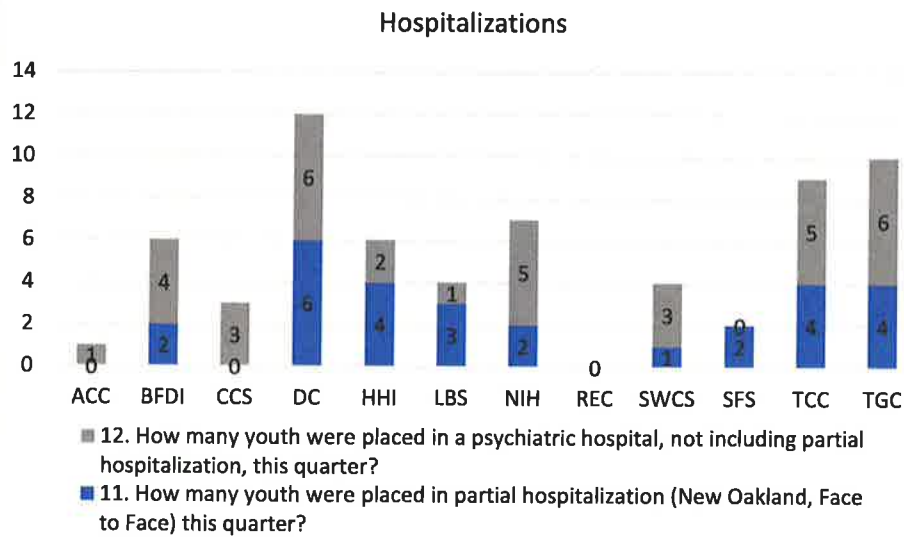


9. How many families received Home Based, transitioned out of services, and then opened on a sibling?



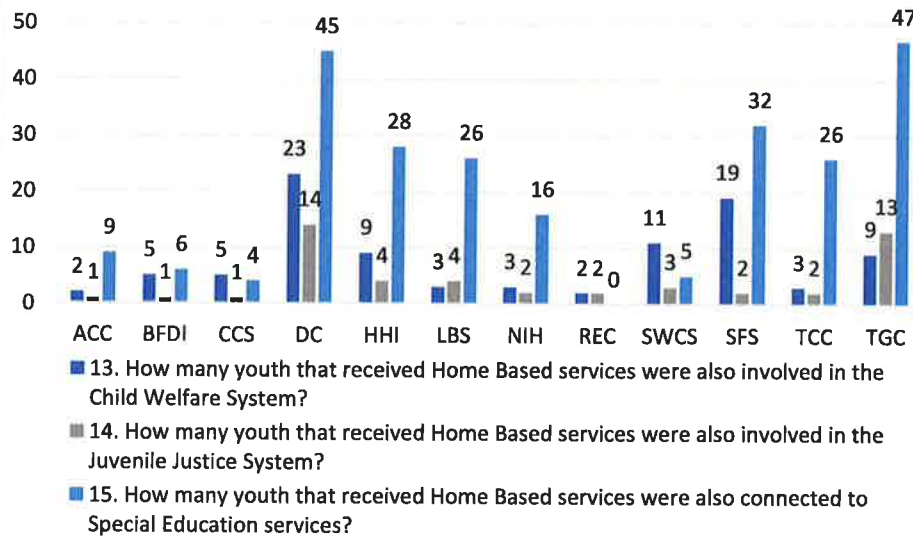
**7 families returned to Home-Based in Q1
1 family opened on a sibling in Q1**

Hospitalizations:



28 (4%) youth were placed in a partial hospitalization in Q1
36 (5.2%) youth were placed in a psychiatric hospital in Q1

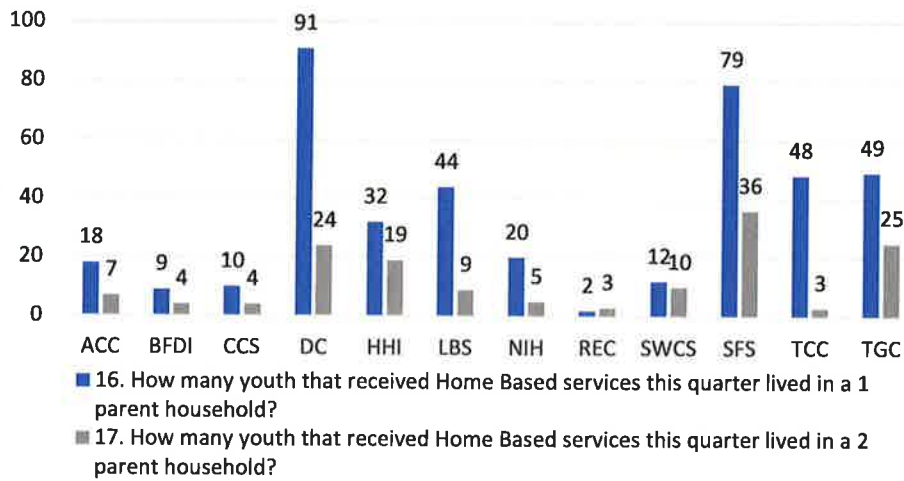
Other Services:



94 (13.5%) youth that received Home-Based services were also involved in the Child Welfare System
49 (7.1%) youth that received Home-Based services were also involved in the Juvenile Justice System
244 (35.2%) youth that received Home-Based services were also connected to Special Education services

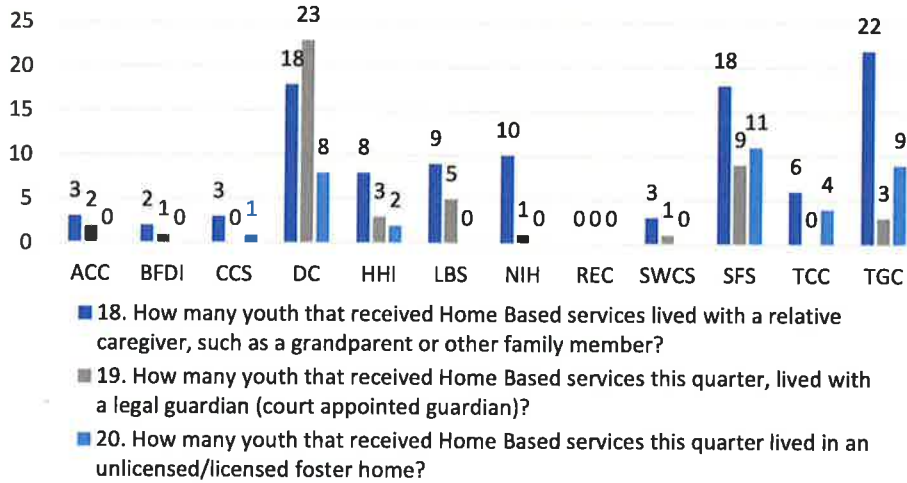
Demographics:

Living Arrangements



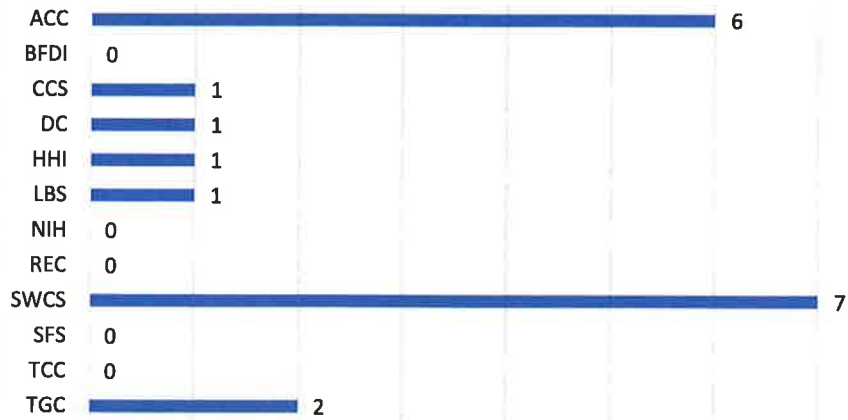
414 (59.7%) youth lived in a 1-parent household
149 (21.5%) youth lived in a 2-parent household

Other Living Arrangements



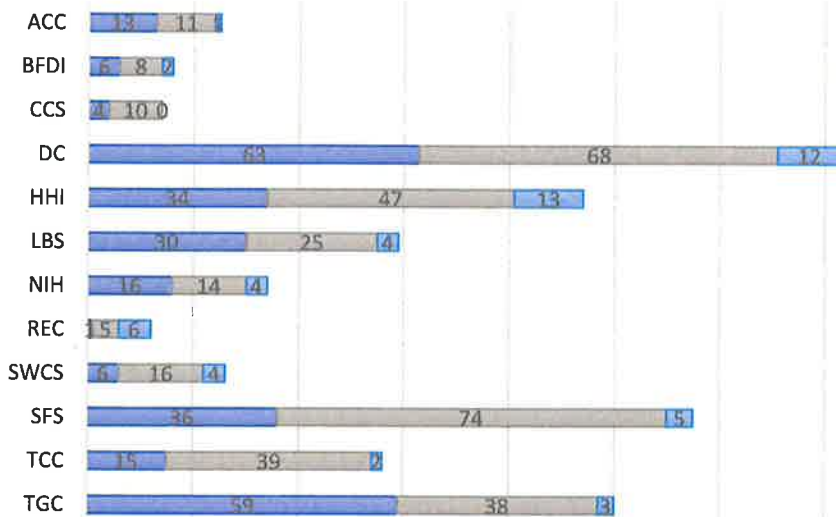
102 (14.7%) youth lived with a relative caregiver
48 (6.9%) youth lived with a legal guardian
35 (5%) youth lived in a foster home

How many Bilingual families received Home-Based services this quarter?



19 (2.7%) Bilingual families received Home-Based services in Q1

Age



- 21. How many youth that received Home Based services this quarter are between 7-12 years of age?
- 22. How many youth that received Home Based services this quarter are between 13-17 years of age?
- 23. How many youth that received Home Based services this quarter are between 18-21 years of age?

283 (40.8%) youth that received Home-Based services were ages 7-12
 355 (51.2%) youth that received Home-Based services were ages 13-17
 56 (8.1%) youth that received Home-Based services were ages 18-21

Qualitative Data

What were some successes of youth agency's Home-Based program this quarter?

BFDI	100% of the youth also being served by Juvenile Justice, did not acquired new charges.
CCS	Two CAFAS scores for clients with depression significantly decreased. Clients with impulsivity are also showing improvements.
DC	We had many successful case closures and transfers to COP.
LBS	Our program has continued to successfully maintain services and support for clients during the COVID-19 pandemic through the use of remote therapy services via telehealth and phone.
NIH	We were able to transition 8 consumers to outpatient therapy. We also have two Home-Based clinicians who are almost TF-CBT trained.
REC	Continued growth despite a clinician leaving, we are actively hiring.
SWCS	We were able to meet productivity and we were able to gain new consumers. We also were able to have a bilingual (Spanish) speaking intern.
TCC	Clinicians continue to work well during telehealth, continuing to find creative ways to keep clients engaged and ensure safety.
TGC	One youth who had completed MST has transitioned to Home-Based and has remained substance free for over a month. One client who recently turned 18 was able to work with TGC's supported employment program and gain part time employment.

What type of support, if any would be beneficial to your agency's Home-Based program?

BFDI	More <u>trainings</u> related to special populations/concerns related to homebased cases. More reflective supervision opportunities to process these cases with others in homebased within the county.
CCS	Case management <u>supports</u> and resources for clients and their families.
DC	We have had a lot of difficulty with the new authorization process could use better <u>support</u> .
LBS	Better/more technology for remote services, more office space for easier transition back to face-to-face services, more available <u>trainings</u> .
NIH	We would love to have the opportunity to be able to attend CAADC <u>trainings</u> to help clinicians get their certification.
SWCS	<u>Trainings</u> that would go toward the CAADC.
TCC	It would be beneficial to have more specialized <u>training</u> for higher acuity clients including psychosis, OCD, hallucinations, self-harm, suicidality, etc. – creative engagement during telemedicine.
TGC	Continued resources to address the growing symptoms of anxiety that are plaguing many of the clients right now as they head into almost one year of isolation/restricted activities/quarantine.



CMH Regional Activity Report -- Q1 FY 21

Wayne

Emani Jacobs

Overview: This document provides a snapshot of enrolled providers, MC3 activity, and outreach for this CMH region.

BHC = Behavioral Health Consultant

CAPP = Child/Adolescent/Perinatal Psychiatrist..

Providers enrolled

Total providers enrolled	173
Providers enrolled this quarter	15
Estimated % of eligible providers enrolled	17%

Requests for services

CAPP to PCP phone consults	27
BHC to PCP consults	2
BHC to patient referrals	38
Total requests for services Q1 FY21	67
Total requests for services Q4 FY20	67

Regional outreach activity

Informational meetings	0
Enrollment meetings	1
Screening meetings	0
Workflow integration meetings	0
Educational presentations	0
Formal presentations	0

Embedded services

Face to face/virtual	1
Phone	32
Total embedded services	33

Request for services definitions

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

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

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

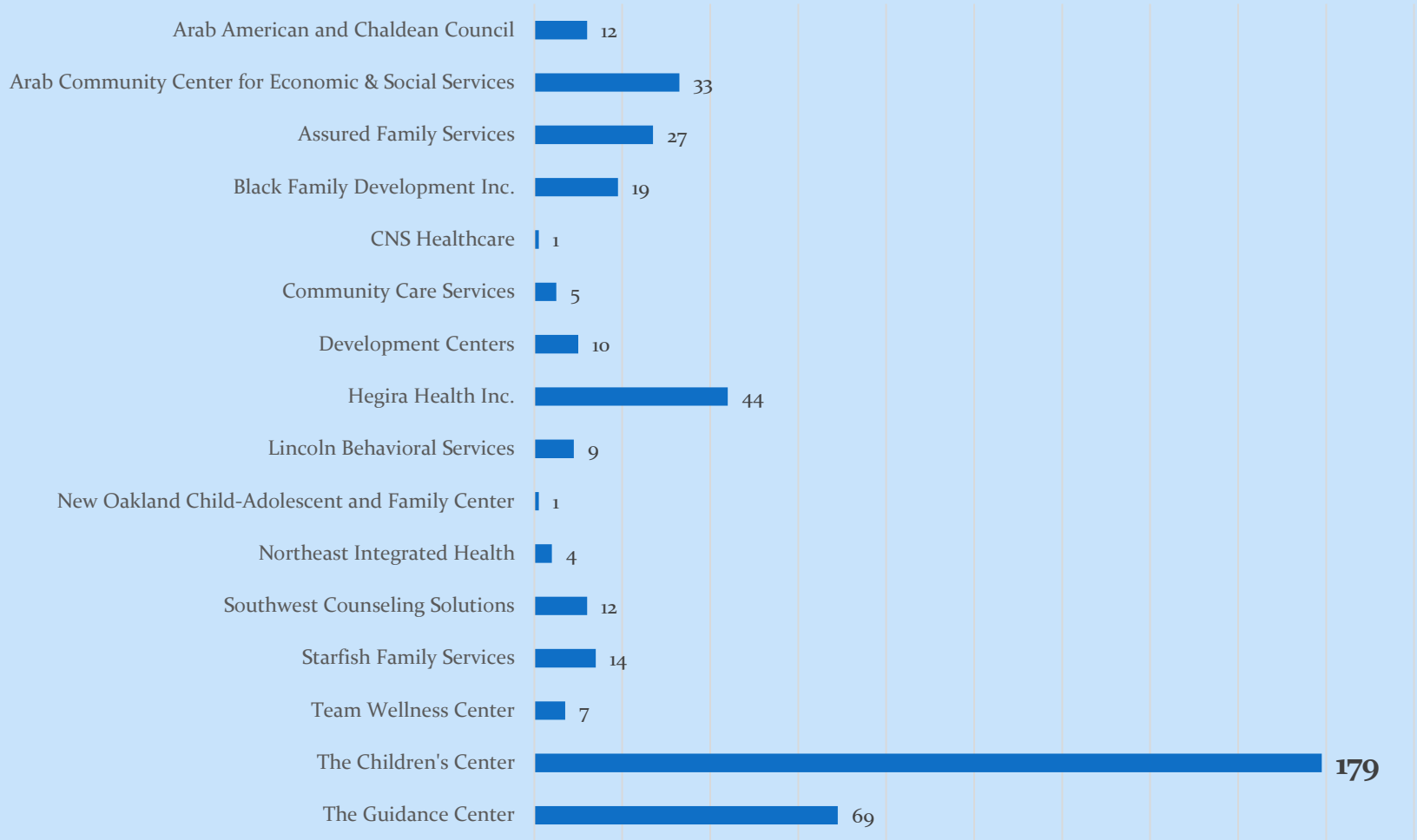
Wayne

DETROIT WAYNE INTEGRATED HEALTH NETWORK

Service Delivery and Involvement in Schools Survey Results



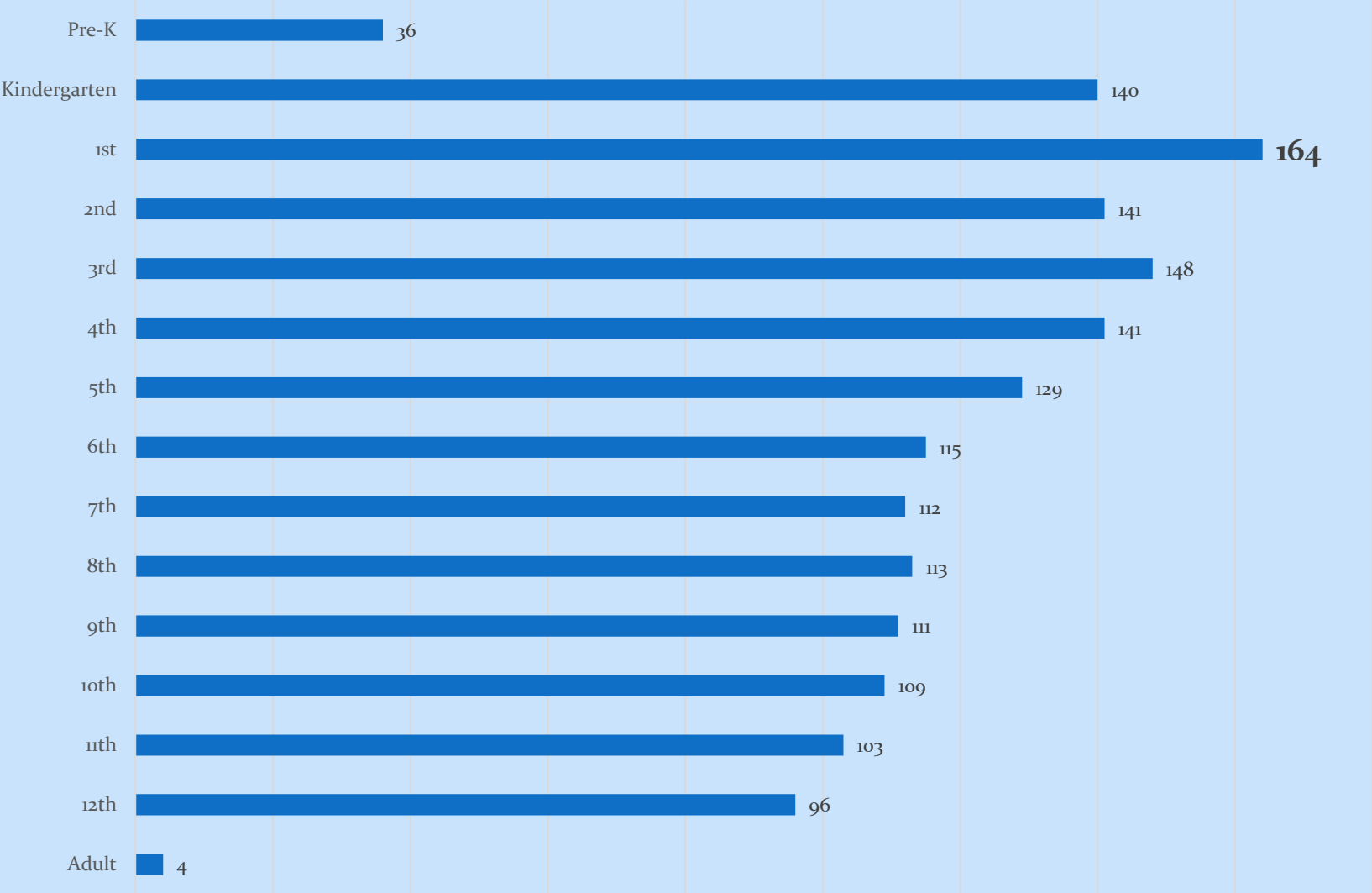
Schools Served



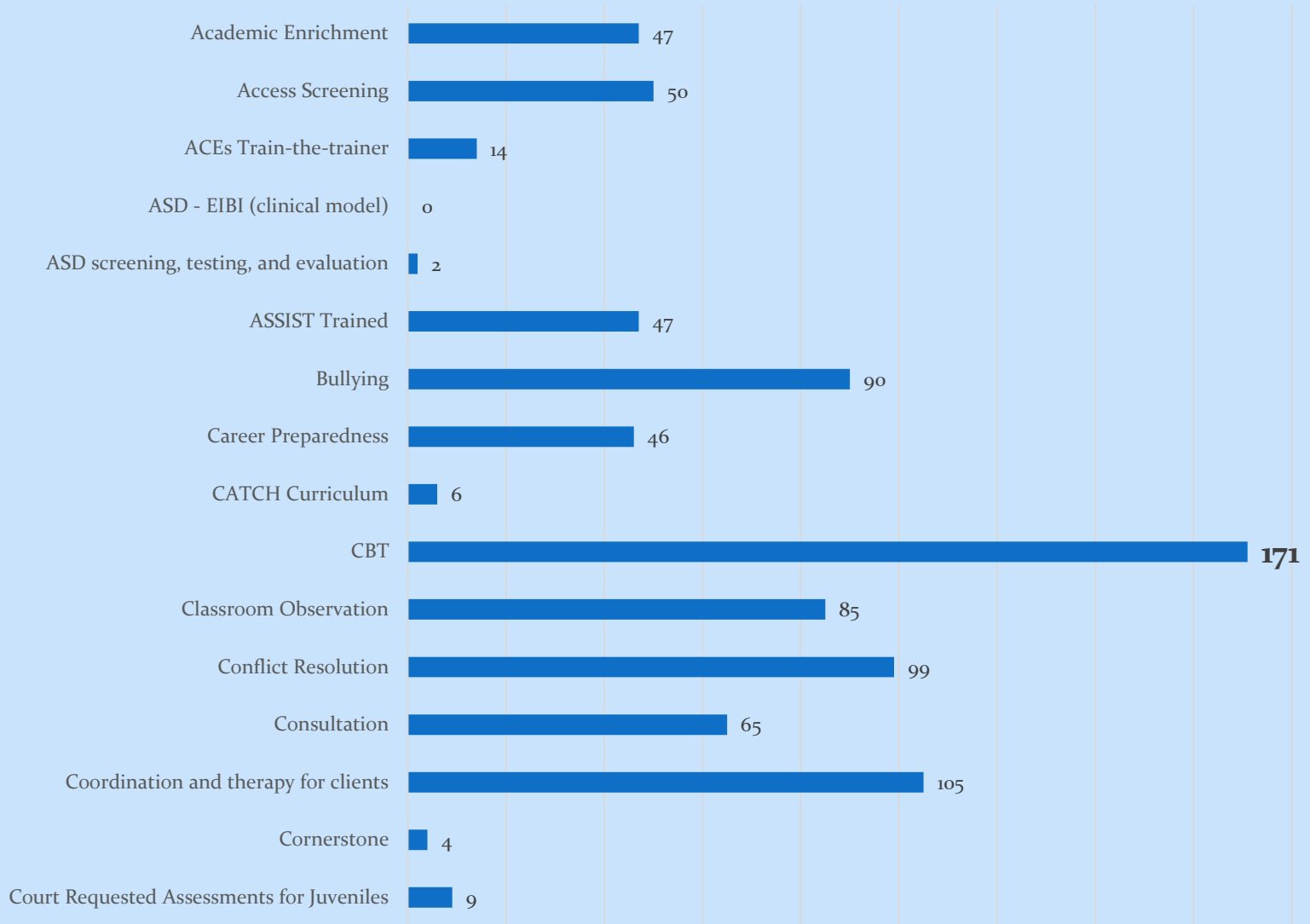
329 Unique Schools
Page 46 of 207



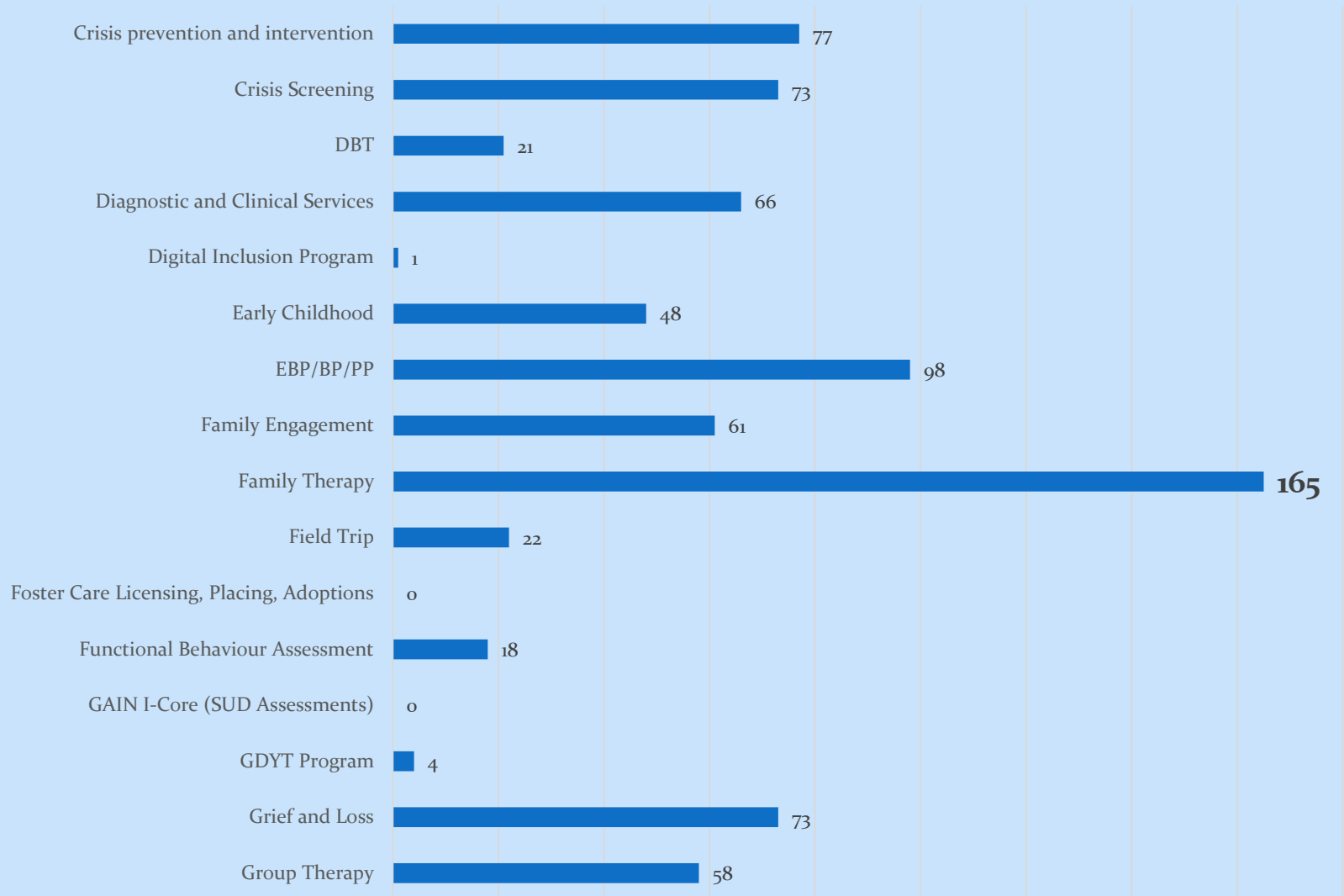
Grades Served



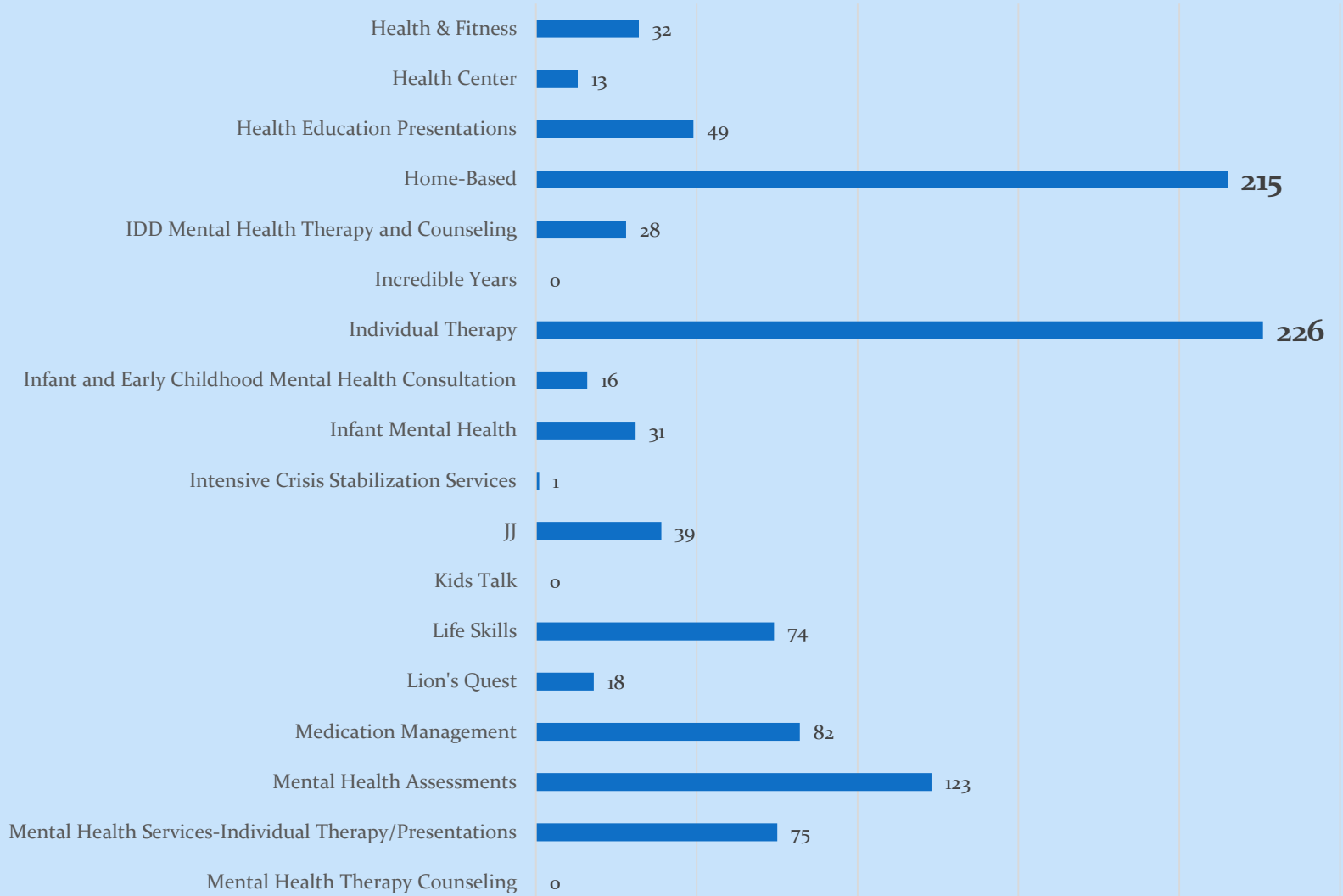
Services Provided



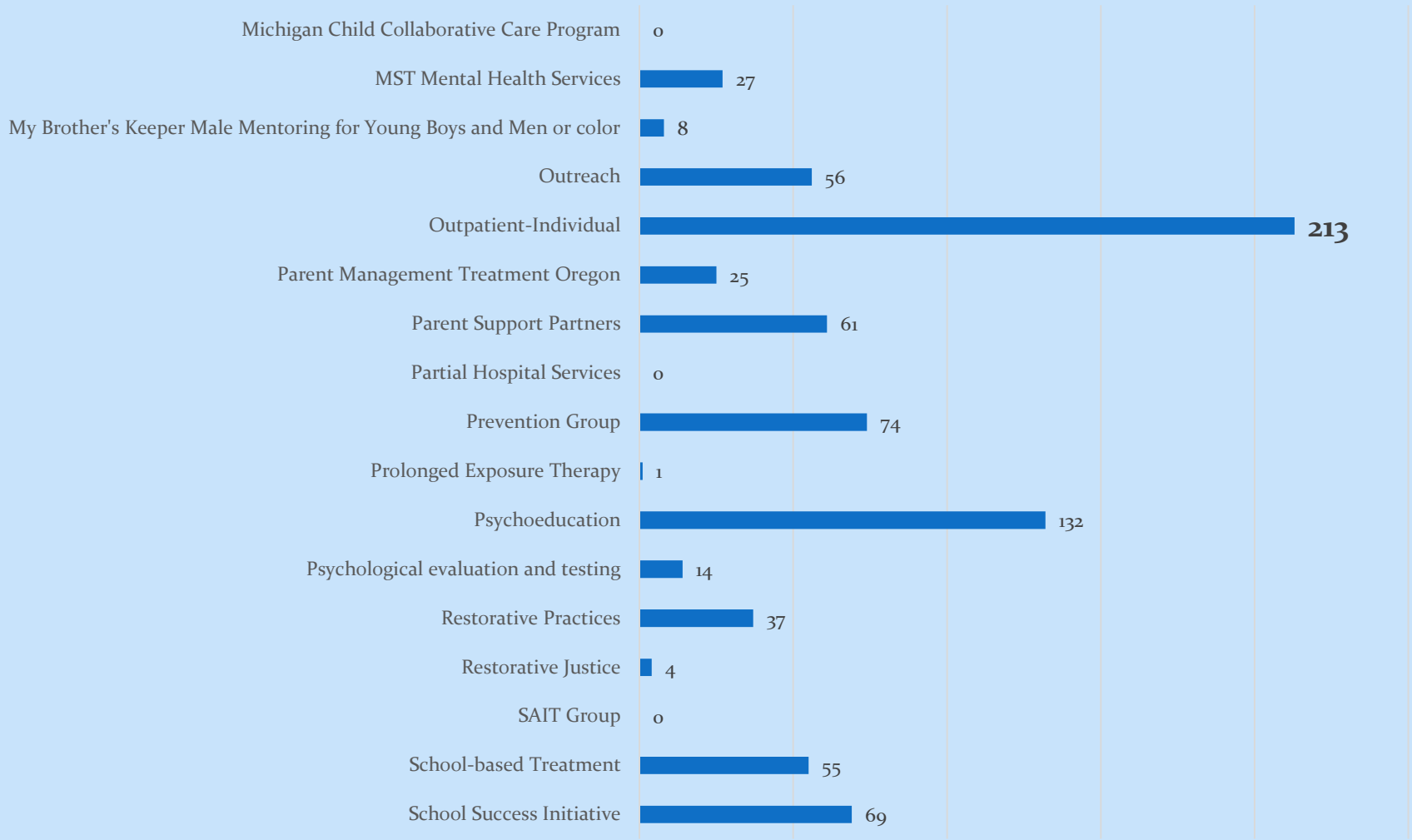
Services Provided



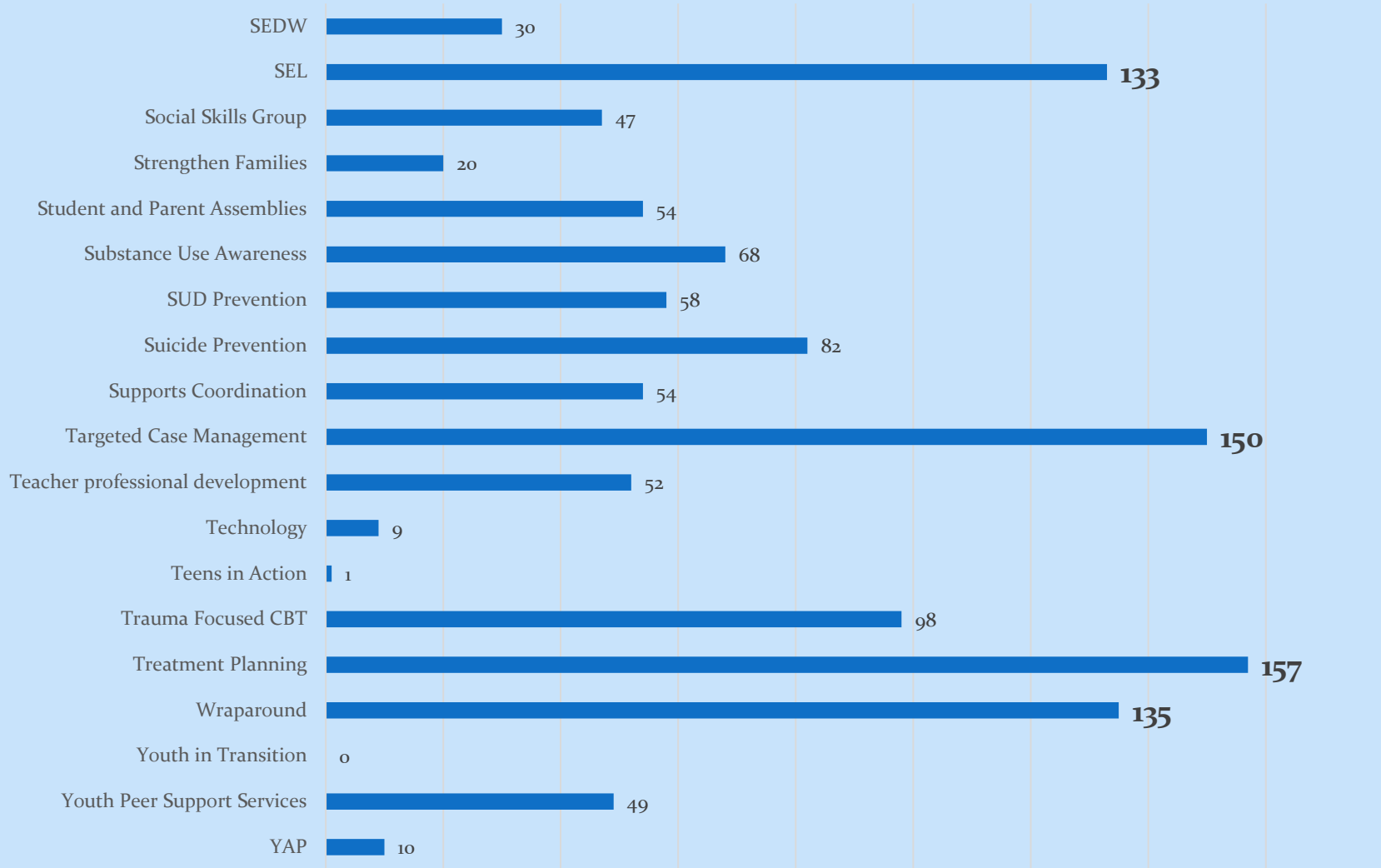
Services Provided



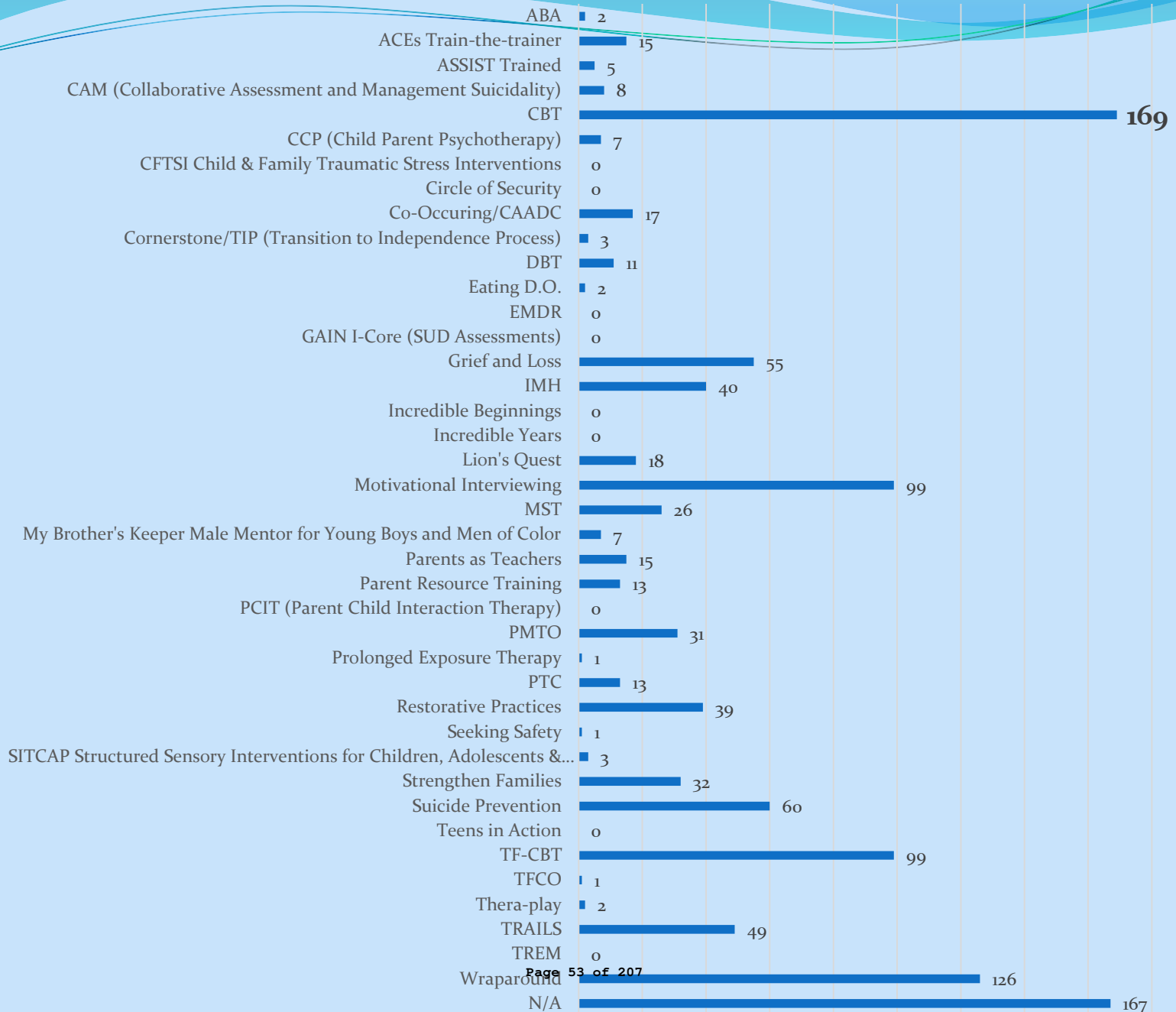
Services Provided



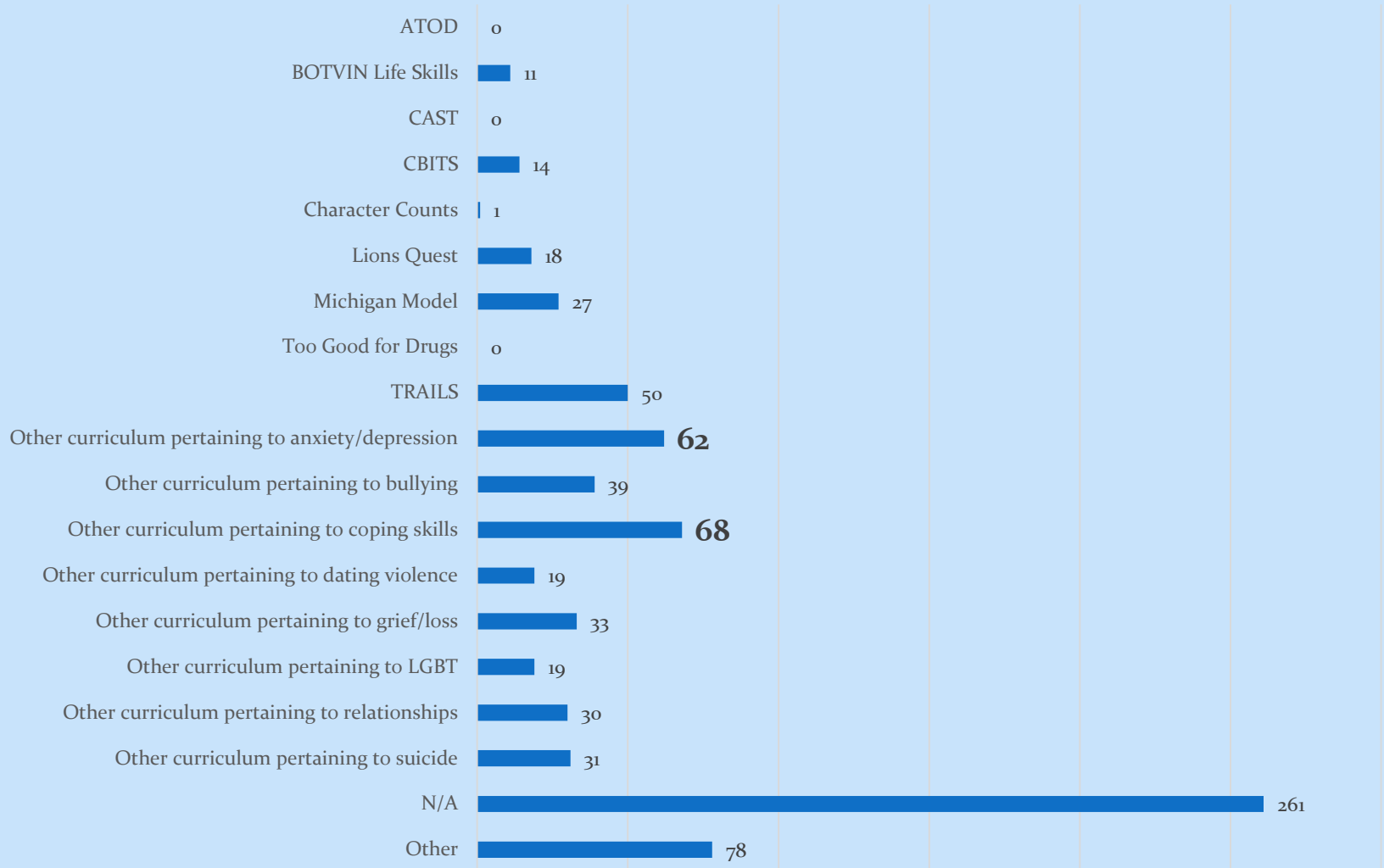
Services Provided



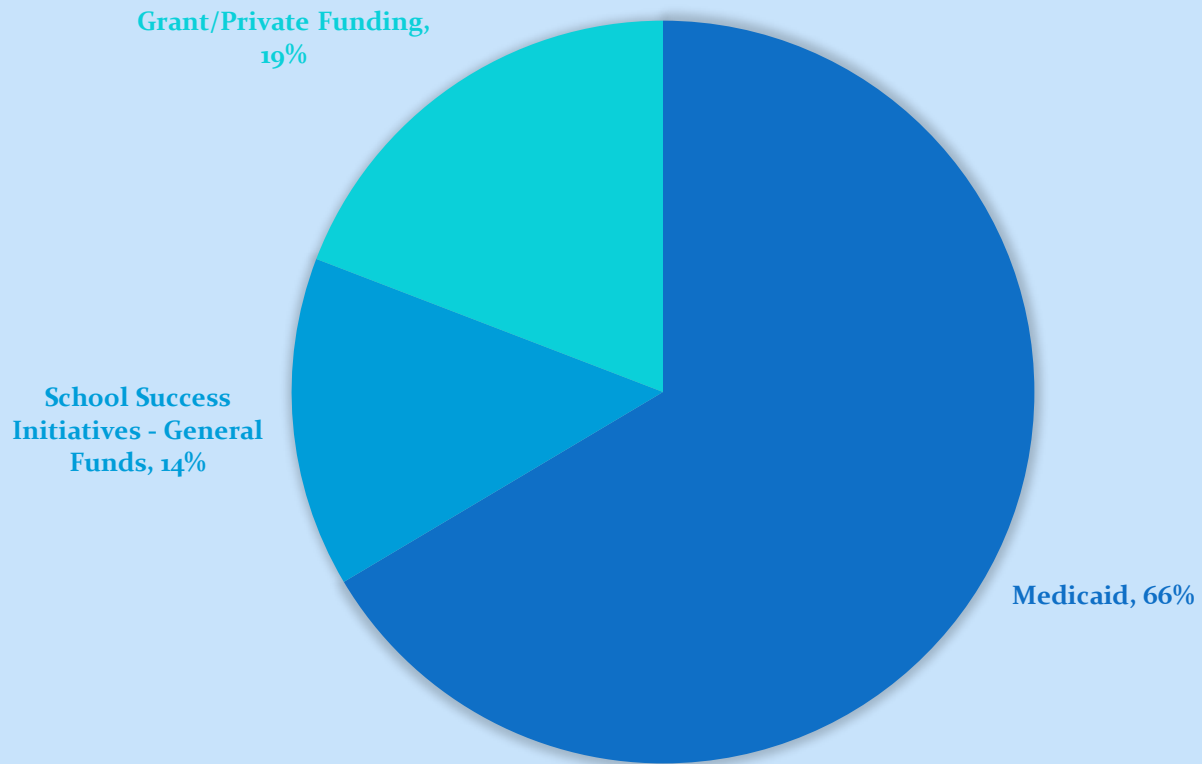
EBP/BP/PP Provided



Curriculum Used



FUNDING SOURCE





Clinical Practice Improvement FY 21-Quarter 1 - Executive Summary Report

Evidence-Based Supported Employment (EBSE)/Individual Placement Support (IPS) Services

The EBSE Program Manager continued to provide support to providers delivering EBSE services through routine weekly telephonic check-ins. A monthly EBSE Supervisors meeting was held for networking, sharing of ideas, and best practices as well as resources. Agenda items of discussion: Evaluation of IPS Summit Zoom Event, Social Security Administration (SSA) Access to assist individuals served, Data Collection, Fidelity, and Outcomes. Technical assistance provided to Central City Integrated Health and Team Wellness Center administrators on DWIHN's authorization process for EBSE services. DWIHN EBSE program manager met with quality management team member assigned to EBSE/IPS services for a status update on IPS provider service delivery, including challenges due to the COVID-19 pandemic and changes going forward in upcoming (FY20-21). EBSE program 3rd quarter outcome data: Referrals-(163), Admissions-(91), Employed-(86), Average Wage-(\$12.20). Individuals served were employed in a variety of industries, such as food service, janitorial, hospitality, manufacturing, and healthcare. All nine (9) providers delivering EBSE services continue to maintain fidelity standards.

A monthly EBSE Supervisors meeting was held during this reporting period. Agenda items for discussion: Use of outcome data to inform service delivery, Incentivizing Quarterly Outcome Data in FY2021 based on (5) areas: (Number employed, Successful Closures, Individuals employed 90 & 180 days, Average Hours worked per week), Provision Technical Assistance and Required Improvement Plan for fidelity review score of three (3) or under in any of the anchors. CPI participated in a meeting with MDHHS's consultant for DWIHN's EBSE/IPS Opiate Use Pilot Project to coordinate technical assistance for DWIHN's new IPS worker to address his project role and associated responsibilities. EBSE program 4th quarter outcome data: Referrals-(143), Admissions-(123), Employed-(112), Average Wage-(\$11.92). Individuals served were employed in a variety of industries, such as food service, retail, hospitality, manufacturing, and healthcare. All nine (9) providers delivering EBSE services continue to maintain required fidelity standards.

An EBSE Supervisors meeting was held in this reporting period. Agenda items of discussion: 1) Success Stories/Challenges, 2) MDHHS virtual training in FY20-21 for new employment staff and staff needing a refresher in Job Development and the EBSE/IPS Model, 3) Technical Assistance Requests- to address areas identified by provider needing improvement, 4) Scheduling of Monthly 30-minute Power Hour Meeting per provider- various areas of interest will be discussed, including program status, the IPS fidelity scale/anchors, as well as other concerns/issues.

Project – WC Jail – Incompetent to Stand Trial (IST) – Probate Court

The Probate Court meeting was postponed until December per Judge Burton. To date, there have not been any issues or concerns. The Wayne County Jail Board Action is proceeding with a reduction in current funding of \$6,000,000 to \$4,250,000. The Returning Citizens did not hold a September meeting.

The Wayne County Diversion Committee Meeting was held. Chief Dunlap reported a drop in the prisoner population from 1650 to 1015.

The Returning Citizens meeting was held. The upcoming change of Wellplace coming into DWIHN was discussed. Kelly George stated it will be a smooth transition and policies and procedures are being readied for the transfer of services. Community Care Services (CCS) reported success with its Med-drop program. Returning Citizens are being signed up for it because it allows for autonomy and is helpful for anyone having issues with medication adherence. The fourth-quarter review was held with the Wayne County Jail. The meeting was postponed due to a COVID outbreak amongst staff. Precautions were taken to ensure the health and safety of staff. The Jail received an increase in its per diem rate to \$135 due to COVID-19. The Clinician revised the Jail Bulletin to reflect the increase, update the language and change of the actual code to H2016.

The Jail population is currently at 800 individuals. That number is down from 1800 in past years. Daily bookings average between 35-40 persons. Although there would normally be 90 or more individuals on the in-patient unit, there are currently between 72-74 people. Wellpath has hired a new director to replace Dr. Restum. Bridie Johnson will begin at the end of November. The FY 19/20 contract has been signed and now needs to be approved by the Wayne County Commission. The FY 20/21 contract has not yet been signed. A meeting was held to discuss and finalize with Dr. Rinnas and Dr. Pinals their request for DWIHN providers to accommodate them by providing a space for video evaluations to be conducted at the provider site. The providers had previously agreed to do so for their members. Until the Forensic Center has Connect 360 running, the Clinician will review the wait-list every week to determine what members are in the DWIHN system. The IST meeting was held. There was discussion regarding community restoration. The group concluded that for it to work, there need to be viable options. Caro Hospital is going to have regional IST Liaisons.

Project - Jail Diversion

In preparation for the upcoming year, the Wayne County Fatality Review Team presented team members with confidential guidelines for zoom reviews per MC 400.1511. The review team resumes with a new case review in late September. Mental Health Court graduated 14 participants on September 18. The program featured three graduate speakers. The Jail Diversion Board Action is still being modified. Team Wellness will join Northeast Integrated Health (NEIH) in the provision of behavioral health workers with the Detroit Police Department using the co-responder approach. For FY 20/21 CCIH will work with the Homeless population in cooperation with the Detroit Police Department.

The Wayne County Diversion Committee Meeting was held. Chief Dunlap reported a drop in the prisoner population from 1650 to 1015. The Jail Diversion has been revised for FY 20/21 for CCIH and NIH; Team Wellness is now a partner and will work collaboratively with NIH. CCIH is initiating the Detroit Outreach Project pilot program. They will work collaboratively with DPD with not only the street homeless population, but also returning citizens from prison and jail who have no housing.

NEIH and Team Wellness will join collaborative efforts to become a Co-Response Team with DPD in the Downtown; 3rd; 4th; and 7th Precincts. The goal is to follow a crisis continuum of care resulting in the reduction of harm, the use of emergency services (e.g. 9-1-1 calls, emergency room and/or jail visits), and arrests for individuals experiencing mental health and/or substance use disorder issues by providing access and linkages to quality mental health and substance use disorder treatment, health care services, and housing. The Fourth Quarter Review was held with Downriver Veterans Court. For FY 19/20 there

were 20 participants and 8 successful completions. The courts continue to be closed so staff will meet with participants outside of the court setting. Peer mentors are also working with the participants. The participants prefer in-person contact.

The American Legion has donated food baskets for the veterans. Home Depot has again asked the staff to collaborate on a project for the community. The veteran's program is accepting new participants. The Fourth Quarter Review was held with CCIH/Mental Health Court. Since CCIH will be participating in the new homelessness diversion project, this was the final year for their involvement with mental health court. For FY 19/20 Mental Health Court saw 47 participants with 10 successful completions. CCIH will continue with Mental Health Court for any participant with CCIH as provided. Clinician attended Police Dispatch Training. The training is in conjunction with diverting 911 calls that are a mental health emergency. If needed, CIT trained officers and/or mental health professionals will respond to the call. This is a partnership with DPD to help those individuals with a mental health emergency. The Board Actions for Jail Mental Health and Jail Diversion (Veterans Court; CCIH; NIH; and Team Wellness) were submitted to the Program Compliance Committee and the full board.

Mental Health Court began the new fiscal year with the change that CCIH is not the primary provider for the court. CCIH will only continue to participate as the provider for any CCIH member who is a participant in the program. The court is discussing re-opening in January. Jail Diversion meeting was held to discuss the transition and role of Wellplace regarding Returning Citizens; Jail Mental Health; and the Administrative Jail Release. All the programs use Wellplace to enroll persons involved in a criminal justice program. Processes are being finalized with Team; NIH; and CCIH for the Jail Diversion programs in the Programs of Homelessness and Co-Responder Teams. The Wayne County Domestic Violence Fatality Review Board is finishing its 2020 case review and has chosen an in-depth and lengthy case for the upcoming year.

PHQ-9

During the fourth quarter, internal discussions have been had with IT, Quality Operations, Improving Practices Leadership Team (IPLT), for shared problem-solving on increasing outcomes on completion of the PHQ-9 during the initial assessment. It was confirmed some providers circumvent direct input into MHWIN system by using the Health Information Exchange (HIE) portal. CPI requested a report identifying the source of the data (MHWIN vs HIE) and the creator of the data. CPI staff was able to identify several providers that a 29% or higher non-compliance rate for this measure. The providers were:

- Mariner's Inn -71%
- Quality Behavioral Health Medbury & Sterling Heights – 66%
- SHAR House – Main – 53%
- Southwest Solutions – Waterman – 36%
- Team Wellness – Russell & East – 37%

The five providers represent 73% of the non-compliance rate for this measure. DWIHN staff will contact providers directly to problem-solve and increase the completion rate. Initial discussion and planning began to provide remote Technical Assistance (TA) and training to Medical Assistant Treatment (MAT) providers. This will be a collaborative effort between Substance Use Disorder (SUD) Department and

Clinical Practice Improvements (CPI). The centerpiece of the initiative will focus on increasing the proficient use of Motivational Interviewing (MI) with members.

Assertive Community Treatment (ACT)

CPI monitored ACT program admissions and discharges of Lincoln Behavioral Services, Community Care Services, and Northeast Integrated Health, including the appropriateness of the level of care determinations. Provided technical assistance to Hegira to ensure program eligibility requirements were met. Conducted a fidelity review of Lincoln Behavioral Services ACT program in conjunction with CPI staff. Lincoln Behavioral Services received 88% out of 100% for the fidelity review. For ACT additional incentives an 88.5%.

CPI Conducted a fidelity review of Development Center, Hegira, and All Well Being Service. Development Center received 89% out of 100% for the fidelity review. Hegira and All Well Being Service scores will be calculated on October 31, 2020. October 1, 2020, CPI participated in the COPE hospital liaison meeting. CPI also hosts a monthly ACT forum with all 9 ACT providers. Topics discussed were, ACT fidelity reviews ACT fidelity review incentive, ACT on-call updated list, and a special guest from DWIHN Utilization Management discussed protocol for Pre-Admission Screenings (PARS). October 6 CPI participated in IPLT where topics discussed were the revision of the Telemedicine Policy and Procedure. October 7, CPI facilitated an update meeting with Genoa Pharmacy to obtain an update on DWHIN three Pilot Providers that are participating. It was noted that CCS has sent a total of 14 ATR tools and 3 referrals and LBS has a total of 10 members participating in the Med Drop program. October 8, CPI participated in a technical assistance meeting with DWIHN's IT department and CCS regarding inputting authorizations for the Med Drop program.

On October 13, CPI and DWIHN Clinical Officer met with Lincoln Behavior Service to obtain follow up on ACT Step Down/ Med Drop program and to provide any assistance if needed. On October 15, CPI participated in a Telemedicine Procedure draft meeting with Clinical Officer. October 19, CPI met with the Crisis department for Pre- Admission Review discussion. It was noted that ACT providers are authorizing 7-day hospital stays with minimal clinical documentation to justify the length of stay. October 22, CPI participated in Well Place Transition Discussion with Crisis department, as well as a Telemedicine Draft meeting with Clinical Officer. October 22, CPI hosted the Behavioral Health Learning Collaborative with DWIHN contracted provider agencies executive directors. Topics discussed were PAR clinical summary/ disposition, Transition Plan for returning to see members face to face, ACT fidelity review trends, ACT Hospital Incentive, and ACT Fidelity Review Incentive.

CPI Conducted a fidelity review of Hegira and All Well Being Service. Where Hegira scored 89% and AWBS scored 75% out of 100%. On November 4 CPI conducted a follow-up meeting with Med Drop where the current admission, discharges, and referrals for LBS and CCS were discussed. Expected outcomes for December were discussed as well as any concerns. November 5, 2020, CPI participated in the COPE hospital liaison meeting. The November monthly ACT forum was held with all 9 ACT providers. Topics discussed were, ACT fidelity reviews completed, Telehealth/ Telemedicine Consent, ACT on-call list updated and sent to COPE, Pre-Admission Screenings (PARS), clinical summary/ disposition, and providers Transition plan for seeing members face to face.

On November 4 and 18 and 25th, CPI participated in the Wellplace Transition meeting with crisis services as well as with an ACT delegation meeting with the legal and Utilization management department. On

November 5, CPI participated in the recidivism workshop with the quality department. November 10, CPI participated in IPLT where topics discussed were the revision of the Telemedicine Policy and Procedure. On November 13 CPI participated in a meeting hosted by the State regarding ACT providers, completion of ACT fidelity reviews, ACT providers' current staff, and member roster. It was noted that CPI will send all information requested by MDHHS on Friday, November 20, 2020. On November 19, CPI had a meeting with the director at CCS regarding ACT fidelity review score and recommendations. All fidelity scores are as follows; The providers who are highlighted are those who met the benchmark for the fidelity review.

Team Wellness Center	80%
The Guidance Center	82%
Central City Integrated Health	77%
NEIH EAST	90%
NEIH WEST	88%
Lincoln Behavior	88%
Community Care Service	90%
Development Center- Traditional ACT	93%
Development Center- Homeless ACT	89%
Hegira	89%
All Well Being Service	75%

On December 1, CPI met internally to discuss the change from a 21-unit requirement to 32 units per Michigan Department of Health and Human Services. CPI met with Genoa/ Med Drop on a monthly basis to discuss barriers, strengths, outcomes and expectations. Med Drop manager provided CPI manger with an outcome report that exhibited an 80% reduction in the number of Med Drop clients admitted to a psychiatric hospital, who had a psychiatric hospital admission within the 12 months prior to entering the Med Drop Program, 92% reduction in psychiatric hospital admissions for Med Drop clients who had a psychiatric hospital admission within the 12 months prior to entering the Med Drop Program, 91% reduction in psychiatric hospital days for Med Drop clients who utilized hospital days within 12 months prior to entering the Med Drop Program. A total of 94 % Reduction in Hospitalization costs from \$219,921 to \$12,425. The report also displayed a 100% reduction in the number of Med Drop clients admitted to the crisis home, who had a crisis home admission within the 12 months prior to entering the Med Drop Program. A 100% reduction in crisis home admissions for Med Drop clients who had a crisis home admission within the 12 months prior to entering the Med Drop Program. A 100% reduction in crisis home days for Med Drop clients who utilized crisis home days within the 12 months prior to entering the Med Drop Program and an overall 100 % Reduction in Crisis Home costs from \$3204 to \$0. Please see MedDrop Outcome report attached.

During the months of October 2020, November 2020 and December 2020 DWIHN paid out \$1,512,453 to our ACT providers for services rendered. This is an 65% reduction in the amount paid out to our providers from February 2019- July 2019, which was a total of \$8,148,398. **Please see both claims reports attached.**

Agency Name	CMH	Agency Person Reporting	Location of IPS Services: In-Agency or Provider	Number of Persons Referred to IPS Services this quarter (all sources)	Number of New Enrollees Admitted to the IPS Supported Employment Program During this Reporting Quarter. This number is a subset of total number served on IPS supported employment caseload this quarter.	Number of People (unduplicated) from IPS Supported Employment Caseload Working in Competitive Employment at Any time During the Quarter. Integrated competitive employment is defined as a community-based job that pays at least minimum wage, is available to any person, belongs to the worker and does not have time limits determined by the rehabilitation/mental health agency.	Number of People Working Successfully in Individual Integrated Competitive Employment who Transitioned off (were closed from) the IPS Supported Employment Caseload this Quarter.	Average Wage Per Hour for All Employed Individuals this Quarter
ACCESS	DWIHN	Belal Elkadri, BA	Provider		21	7	4	\$12.22
Central City Integrated Health	DWIHN	Norris J. Howard Jr. Rn MSN D.D.	Provider	8	8	2	0	\$11.13
Community Care Services	DWIHN	Katina Haynes, IPS Supervisor	Provider		4	3	2	\$15.33
Development Centers	DWIHN	Christal Eason, PHD, LMSW	Provider		0	0	0	\$11.00
Lincoln Behavioral Services	DWIHN	Glynettie Durrah, PHD	Provider		15	6	0	\$11.50
Northeast Integrated Health	DWIHN	Heather Kohl, LMSW	Provider		25	3	1	\$11.00
Southwest Counseling Solutions	DWIHN	Barbara Gray, MA, LPC	Provider		12	9	2	\$12.44
Team Wellness Center	DWIHN	Rachel Lee, MBA	Provider		9	5	0	\$12.00
The Guidance Center	DWIHN	Karen Harkness	Provider		6	6	0	\$10.43
Total					100	41	9	\$11.94



Customer Service

FY 21

Quarter 1 Report

Presented at the Program Compliance Committee

March 10, 2021

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

Customer Service FY21 Quarterly Report

Unit Overview

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

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

Unit Goals

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

DWIHN Strategic Plan

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

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

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

Access: Provide affordability of services provided to the customer.

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

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

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

I. DWIHN Customer Service Unit Call Center Activity

Quarterly Comparison FY 20/21

Call Center	1 st Quarter		2 nd Quarter		3 rd Quarter		4 th Quarter	
	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%
*DWIHN Reception Welcome Center	1,184	1.43%						
DWIHN Customer Service	2,243	5%						
*Access Center	47,140	3.20%						
*ProtoCall	3,384	3.13%						
Total	53,951	3.19						

*In the future, the Access Center and ProtoCall statistics will be reported by DWIHN's Access Center unit.

Quarterly Comparison FY 19/20

Call Center	1 st Quarter		2 nd Quarter		3 rd Quarter		4 th Quarter	
	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%
*DWIHN Welcome Center	10,585	1.2%						
DWIHN Customer Service	3,415	3.7%						
Access Center	66,391	6.4%						
ProtoCall	3,169	5.2%						
Total	83,560	4.12%						

Year to Date FY 19/20 vs 20/21

Call Center	FY 19/20		FY 20/21	
	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%
*DWIHN Welcome Center	10,585	1.2%	1,184	1.43%
DWIHN Customer Service	3,415	3.7%	2,243	5%
Access Center	66,391	6.4%	47,140	3.20%
ProtoCall	3,169	5.2%	3,384	3.13%
Total	83,560	4.12%	53,951	3.19%

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

Quarterly Comparison FY 20/21

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

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

Quarterly Comparison FY 19/20

Walk-in Type	*1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	YTD
Customer Service	445				445
Family Support Subsidy	128				128
Recipient Rights	337				337
Other	147				147
Total	1,057				1,057

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

Walk-in Type	FY 19/20	FY 20/21
Customer Service	445	0
Family Support Subsidy	128	0
Recipient Rights	337	0
Other	147	0
Total	1,057	0

III. Medical Record Request

Quarterly Comparison FY 20/21

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	YTD
DWIHN Medical Record Request	38				38
New Center Medical Record Request	1				1
Total Payments	\$195.37				\$195.37

Quarterly Comparison FY 19/20

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	YTD
DWIHN Medical Record Request	45				
New Center Medical Record Request	57				
Total Payments	\$430.80				

IV. Family Support Subsidy Activity

Quarterly Comparison FY 20/21

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	YTD
Family Subsidy Calls	2,235				2,235
Family Support Subsidy Applications Received	261				261
Family Support Subsidy Applications Processed	261				261

Quarterly Comparison FY 19/20

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	YTD
Family Subsidy Calls	1,565				1,565
Family Support Subsidy Applications Received	410				410
Family Support Subsidy Applications Processed	393				393

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

	FY 19/20	FY 20/21
Family Subsidy Calls	1,565	2,235
Family Support Subsidy Applications Received	410	261
Family Support Subsidy Applications Processed	393	261

V. Grievances Activity

Grievances	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Y-T-D
Grievances Received	8				8
Grievances Resolved	6				6

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

	FY 19/20	FY 20/21
Total Grievances	18	8

VI. Grievances by Category

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

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

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

	FY 19/20	FY 20/21
Total by Categories	27	12

For both years the 3 top categories of grievances were: Delivery of Services followed by Access to Staff and Access to Services.

VII. MI Health Link Grievances

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

VIII. Appeals Advance and Adequate Notices

Quarterly Comparison 20/21

Notice Group	1 st Quarter Advance Notices	1 st Quarter Adequate Notices	2 nd Quarter Advance Notices	2 nd Quarter Adequate Notices	3 rd Quarter Advance Notices	3 rd Quarter Adequate Notices	4 th Quarter Advance Notices	4 th Quarter Adequate Notices	Y-T-D Total
MI	3,370	251							3,621
ABA	138	82							220
SUD	26	80							106
IDD	258	151							409
Overall Total	3,792	564							4,356

Total number of Advance and Adequate Adverse Benefit Determination Notices reported was 4,356

Quarterly Comparison FY 19/20

Notice Group	1 st Quarter Advance Notices	1 st Quarter Adequate Notices	2 nd Quarter Advance Notices	2 nd Quarter Adequate Notices	3 rd Quarter Advance Notices	3 rd Quarter Adequate Notices	4 th Quarter Advance Notices	4 th Quarter Adequate Notices	Y-T-D Total
MI	5,851	4,558							10,409
ABA	195	197							392
SUD	208	348							556
IDD	386	2,787							3,173
Overall Total	6,640	7,890							14,530

Adequate Notice: Written statement advising beneficiary of a decision to deny or limit of Medicaid services requested. Notice is provided to the Member/Enrollee Beneficiary on the same date the action takes effect or at the time of signing on the individual plan of service or master treatment plan.

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

IX. Local Appeals Activity

Appeals Phone Inquiries

Quarterly Comparison 20/21

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

Quarterly Comparison FY 19/20

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

Appeals Filed

Quarterly Comparison 20/21

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

Quarterly Comparison FY 19/20

Appeals	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Y-T-D
Appeals Received	6				6
Appeals Resolved	4				4

X. MI Health Link Appeals and State Fair Hearings

Quarterly Comparison 20/21

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

Quarterly Comparison FY 19/20

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

XI. State Fair Hearings

Quarterly Comparison 20/21

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

Quarterly Comparison FY 19/20

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

XII. Member Experience Activity

Peer Surveys	
National Core Indicator (NCI)	With MDHHS's assigned goal of 253 needed consents in preparation to administer NCI Spring 2021, Member Experience coordinated the collection of 311 Research Consents from members, guardians, and parents of individuals with developmental disabilities, as well as retrieved 67% of the necessary Pre-Survey Background Package from the respective CRSP for those members.
Provider Satisfaction	Coordinated the launch of the DWIHN Provider and Practitioner Surveys.
NCQA Experience of Care & Health Outcomes (ECHO) Member Experience Surveys	Finalized reports for both adult and child ECHO surveys. Disseminated the findings to stakeholders and made presentations to various DWIHN workgroups such as the Quality Improvement Steering Committee (QISC), Quality Operations and Customer Service Liaisons.

XIII. Member Engagement

Peer Support – Hosted a Trauma conference with peers (n=39), as well as in collaboration with the Detroit Health Department, convened an average of 90 peers and community health workers for three virtual workshops on social determinants of health. Session topics included vaccination, voting, and census. The Tri-county Peers Connect meeting involved peers from Wayne, Oakland and Macomb counties focused on “The Science and Stages of Addiction.

Outreach - Continued to host virtual outreach meetings, including SOULS’ (Supportive Outreach Understanding Life-Situations) Faith Talk on Monday and Casual Talk on Wednesday evening; and a Black and Disability Webinar which attracted 115 registrants. During this quarter, Member Engagement hosted two virtual meetings during which the census and voting were the theme (EVOLVE consumer meeting, Halloween Voting Counts on 10/31), as well as hand-delivered Voting Packets to more than 25% of the AFC homes in Detroit and surrounding areas of Wayne County.

Clubhouse – Given that Medicaid waived spenddown for several of its recipients due to COVID, the MDHHS grant award for clubhouse engagement (spenddown) went grossly underutilized. At the end of quarter FY 2021 Quarter 1, clubhouses had used less than 5% of the total grant award of \$354,019. Member Engagement crafted and submitted for MDHHS consideration, a proposal to expand the scope of the program and allow for the purchase of technological equipment and services for virtual clubhouse engagement.

XIV. Performance Monitoring & Quality

Customer Service has responded to HAP and Molina’s POCs. Customer Service has also participated in the Annual ICO audits of AmeriHealth and Michigan Complete. The Customer Service Performance Monitors have continued to monitor CRSPs POCs performance.

The Department actively worked on NCQA activities in preparation for the NCQA re-accreditation review.

Executive Summary

Integrated Health Care 1st Quarter Report

Program Compliance Committee meeting – March 10, 2021

Collaboration with Health Department

One Hepatitis A vaccination clinic was held during the first quarter at the Salvation Army. 42 individuals received education regarding Hepatitis A and 18 individuals received vaccinations against Hepatitis A.

In November, IHC staff provided information regarding ‘Is It a Cold or Flu?’ for the Winter Persons Point of View Newsletter.

Health Plan Pilots (3)

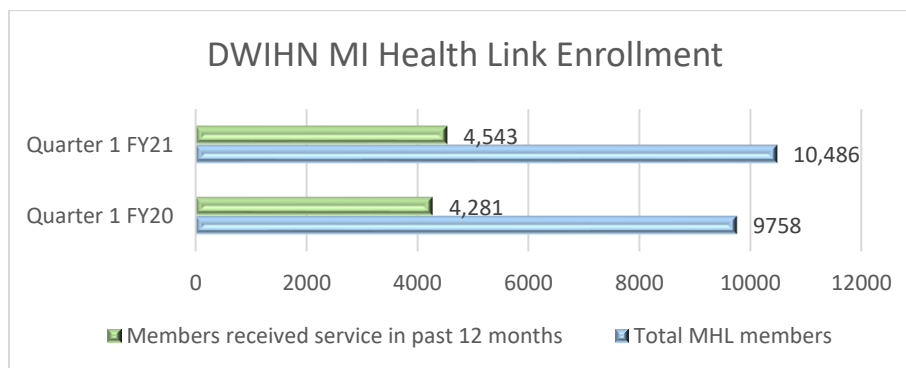
DWIHN, Health Plan 1, and their Care Coordination provider agreed to utilize the Care Coordination module offered by Vital Data Technology, LLC (VDT) as a shared electronic platform and the contract between DWIHN and VDT was fully executed in late October. Weekly Implementation Status meetings were initiated and continue to be held. Tentative go live date for the shared platform is late March. DWIHN and Health Plan 2 Care Coordinators and Manager staff continued to hold monthly care coordination meetings to review a sample of shared members who experienced a psychiatric admission during the previous month. The goal of the care coordination activities is to exchange information and address any identified gaps in care. IHC staff was in communication with Health Plan 3 staff throughout the 1st Quarter and Health Plan 3 is reviewing the proposal for a joint pilot project internally. A meeting is scheduled to occur between DWIHN and Health Plan 3 in March.

Medicaid Health Plans

In line with the MDHHS/PIHP contract, IHC staff continues to perform Care Coordination Data Sharing on a monthly basis with each of the 8 Medicaid Health Plans (MHP) serving Wayne County for mutually served individuals who met risk stratification criteria, which includes multiple hospitalizations and Emergency Department visits for both physical and behavioral health, and multiple chronic physical health conditions. There were 168 cases reviewed during the quarter.

MI Health Link Demonstration

The number of DWIHN members who are enrolled in MI Health Link, and the number of those members who received a behavioral health service within the previous 12 months increased from Quarter 1 FY20 to Quarter 1 FY21.



During this quarter, 235 Behavioral health care referrals were completed and submitted to the ICO, Care Coordination was provided to 39 MI Health Link members to support engagement in Behavioral Health services, and Transitions of Care coordination was provided for 140 MI Health Link members who were discharged from a psychiatric hospitalization during the quarter. IHC staff also completed LOCUS assessments for 29 MI Health Link members and participated in 6 Integrated Care Team meetings with the ICOs during the quarter.

Complex Case Management

IHC continues to offer and provide Complex Case Management services to DWIHN members as part of DWIHN’s NCQA accreditation. There were 17 CCM active cases within the quarter. Eleven (11) new Complex Case Management cases were opened during the quarter and 11 Complex Case Management cases were closed during the quarter. Ten of the

cases were closed as a result of the members meeting their identified Plan of Care goals, and 1 was closed due to the member being admitted to a long-term psychiatric facility. Information regarding Complex Case Management was also sent to staff at 6 different provider organizations, including hospitals, clinically responsible service providers, and a residential provider. Care Coordination services were provided to an additional 60 members during the quarter who either declined or did not meet eligibility for CCM services. Complex Case Management will be presented at our next Outpatient Provider Meeting to further educate the Provider Network on this program.

OBRA/PASRR

IHC continued the monitoring and oversight of DWIHN's provider of Omnibus Budget Reconciliation Act/Pre-Admission Screen Annual Resident Review (OBRA/PASRR) services. The average percentage rate of pended assessments during the first quarter (18%) is lower than the previous quarter (26%), positive trending.

The provider's rate of congruence between their and MDHHS determinations of mental health services needs for members remained the same in the 1st quarter as the previous quarter at 98%. The provider completed PASRR screenings and reviews for 292 members during the 1st quarter.

Detroit Wayne Integrated Health Network

Integrated Health Care Department

First Quarter Report FY 21

Program Compliance Committee – March 10, 2021

Collaboration with Wayne County and Detroit Health Departments

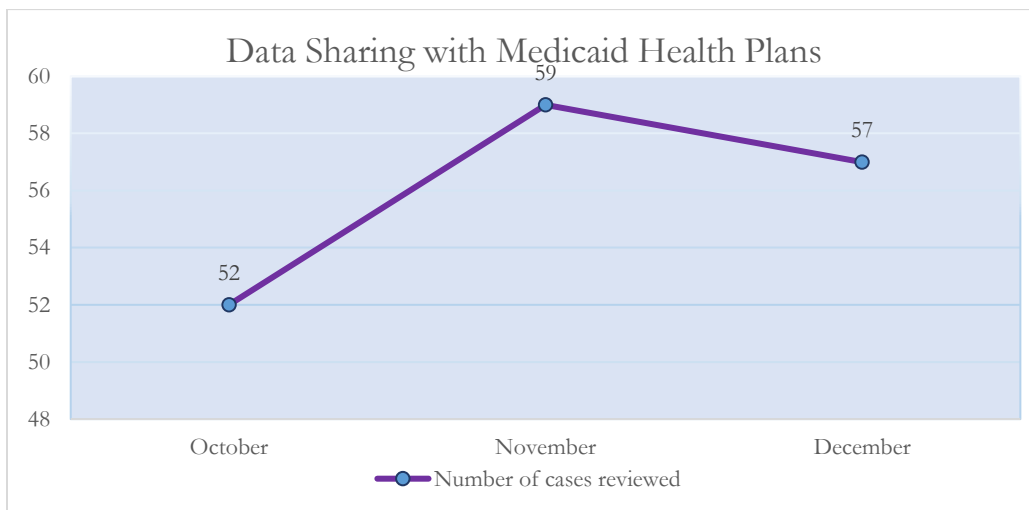
One Hepatitis A vaccination clinic was held during the first quarter at the Salvation Army. 42 individuals received education regarding Hepatitis A and 18 individuals received vaccinations against Hepatitis A.

Community and Member Education

In November, IHC staff provided information regarding *'Is It a Cold or Flu?'* for the Winter Persons Point of View Newsletter.

Care Coordination with Medicaid Health Plans

As part of DWIHN's implementation of the MDHHS Performance Metric to Implement Joint Care Management processes between the PIHP and Medicaid Health Plans, IHC staff continued to perform Care Coordination Data Sharing on a monthly basis with each of the 8 Medicaid Health Plans (MHP) serving Wayne County for mutually served individuals who met risk stratification criteria, which includes multiple hospitalizations and ED visits for both physical and behavioral health, and multiple chronic physical health conditions. Care Coordination data sharing involves developing and updating Joint Care Plans between DWIHN and the Medicaid Health Plans. IHC staff continued to collaborate with the Medicaid Health Plans regarding increasing the number of members reviewed during the meetings. The monthly average of cases reviewed during the first quarter increased to 56. Quarter 4 FY20 result was 50 cases and Quarter 3 FY20 result was 42.



Integrated Health Pilot Projects

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

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

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

IHC staff was in communication with Health Plan 3 staff throughout the First Quarter and Health Plan 3 is reviewing the proposal for a joint pilot project internally. A meeting is scheduled to occur between DWIHN and Health Plan 3 staff in March.

Quality Improvement Plans

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

The QIP regarding Adherence to Antipsychotic Medication was presented at the Quality Improvement Steering Committee meeting in October. The QIP regarding Increased Adherence to Antidepressant Medication was presented to the Improving Practices Leadership Committee in October.

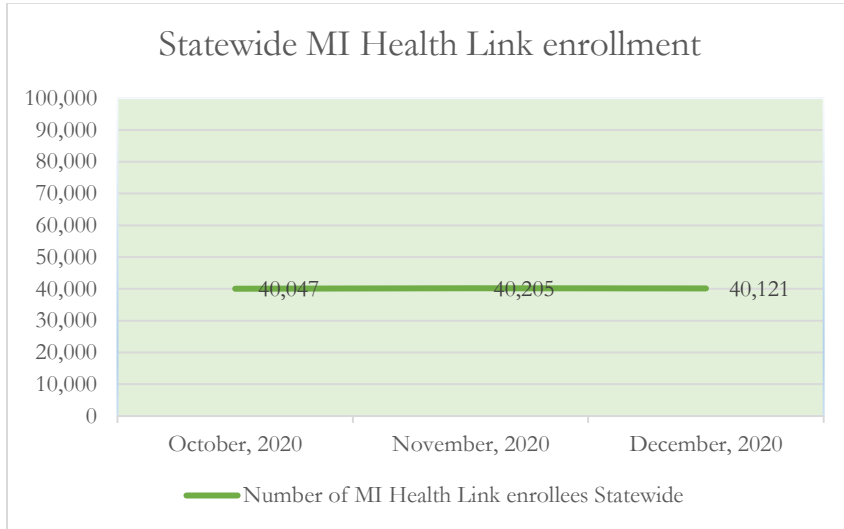
IHC staff continued collaborations with the Customer Services department regarding Peer involvement in identifying barriers to members participating in their Follow-Up After Hospitalization appointments and the Quality Improvement department regarding monitoring CSRP providers performance on the measure. IHC staff also made outreach telephone calls to 210 members during the quarter to remind them of their follow-up after hospitalization appointment.

MI Health Link Demonstration

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

Statewide Enrollment

The total number of persons enrolled in the MI Health Link demonstration statewide continues to gradually increase, from 39,995 in September to 40,121 in December.

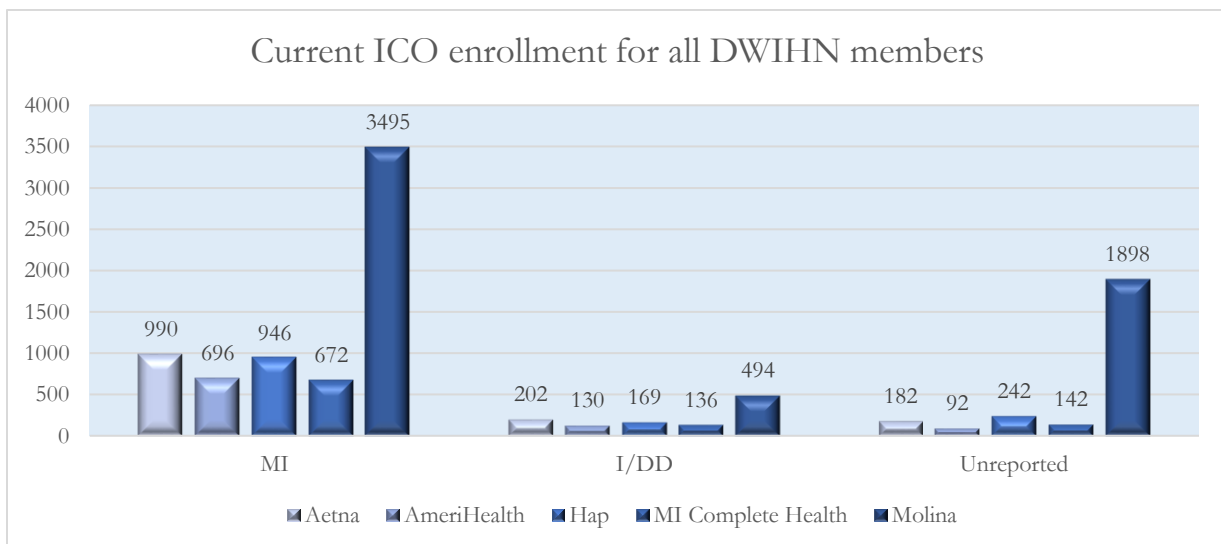


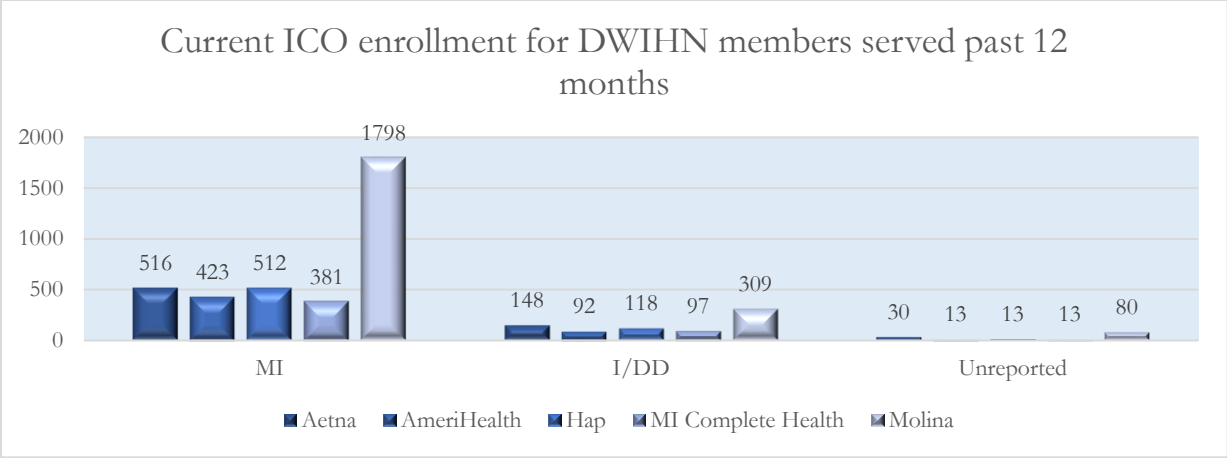
DWIHN Enrollment

10,486 persons with MI Health Link are currently enrolled with DWIHN. Of those persons, 4,543 received services from DWIHN within the past 12 months. This is a slight decrease from the member of members enrolled and received services as of last quarter of 10,532 and 4,549 respectively.

Enrollment by Integrated Care Organization (ICO)

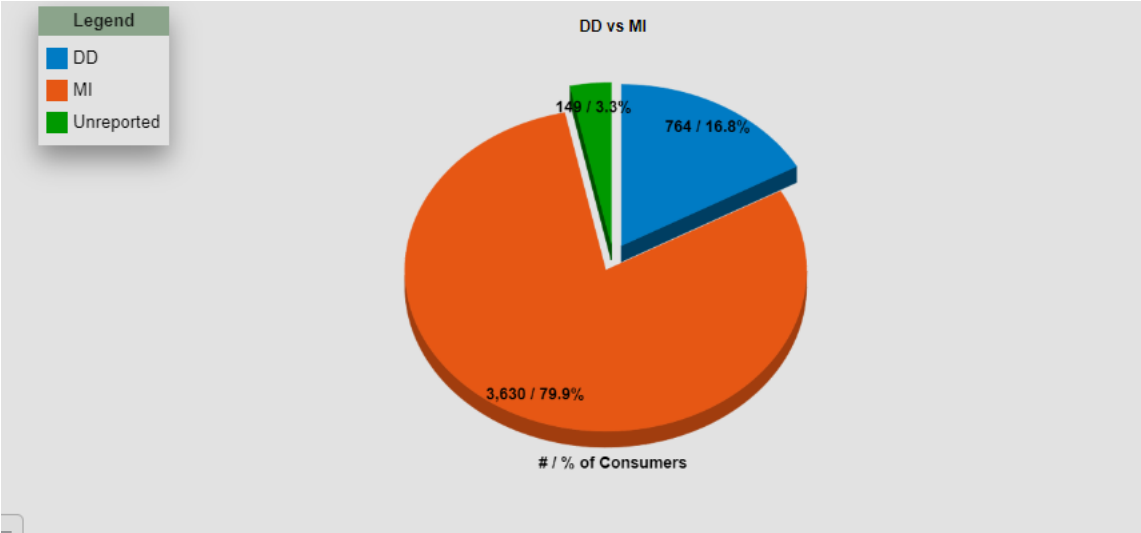
DWIHN has contracts with each of the five ICO’s operating in Wayne County: Aetna, AmeriHealth, Hap, MI Complete Health (formally known as Fidelis), and Molina. The ICO Molina has consistently had significantly higher numbers of MI Health Link enrollees than the other ICO’s. The graphs below show a breakdown of enrolled MI Health Link enrollees by ICO.





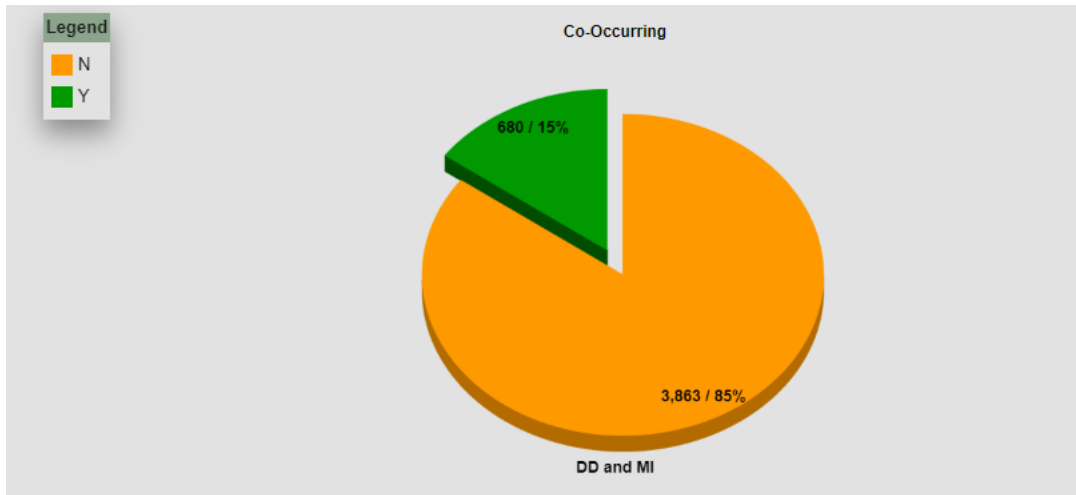
Disability Designations for Members with MI Health Link

DWVHN provided services to 4,543 MI Health Link members in the last 12 months. Approximately 80% of the members had a Mild to Moderate Mental Illness or Serious Mental Illness designation. 16.8% had an Intellectual/Developmental Disability, and 3.3% had an unreported disability designation. 239 active members with MI Health Link currently have a Mild to Moderate disability designation. 150 active members with MI Health Link currently have a SUD disability designation.



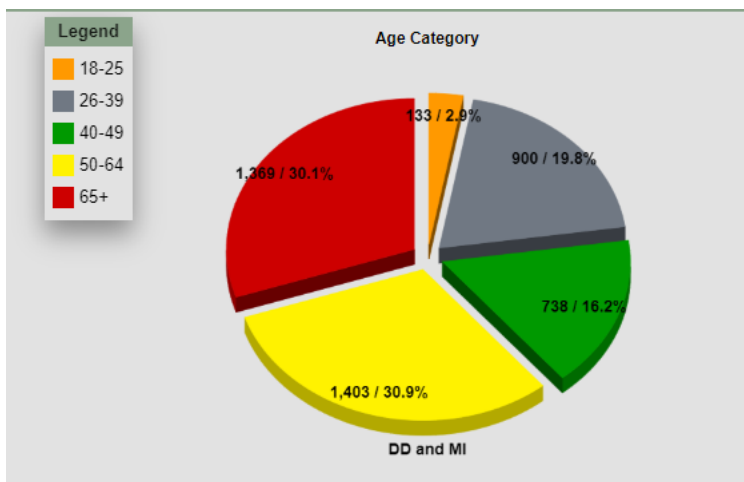
Co-Occurring Diagnosis

85% of MI Health Link members served in the last 12 months did not have Co-Occurring Mental Illness and Intellectual/Developmental Disability diagnosis. 15% of MI Health Link members had Co-Occurring Mental Illness and Intellectual/Developmental Disability diagnosis. 13.6% of MI Health Link members with Mental Illness have a co-occurring Intellectual/Developmental Disability and 5% of the MI Health Link members with an Intellectual/Developmental Disability have a co-occurring mental illness diagnosis.



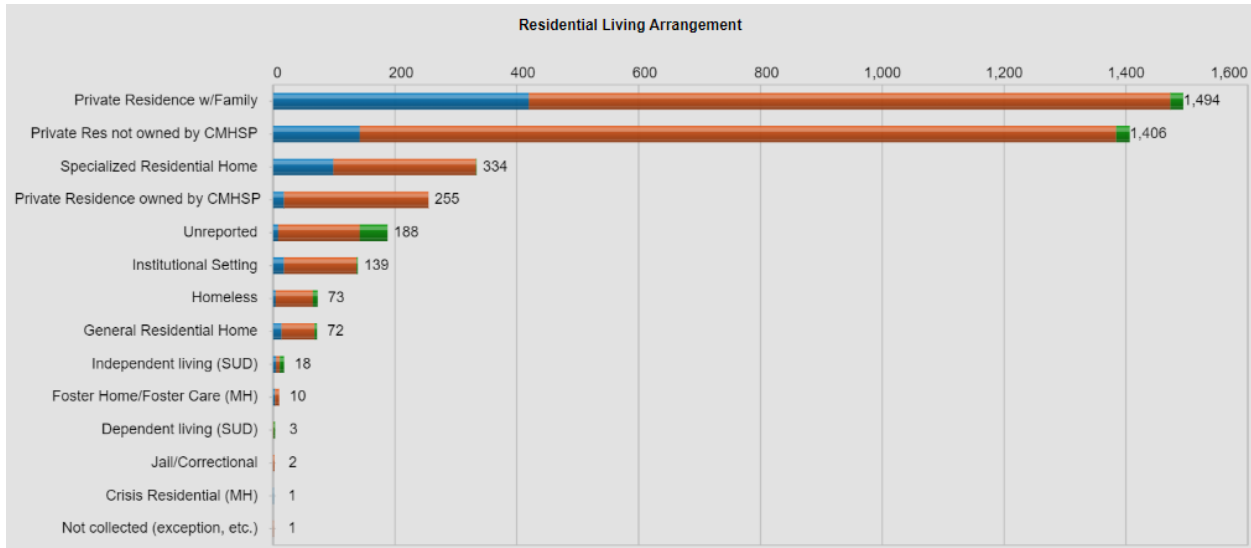
Age Category

Given that members must be eligible for both Medicaid and Medicare to enroll in MI Health Link, it is not unexpected that over half of the members are age 50 and above. 30.1% of MI Health Link members were within the age category of 65+ years. 30.9% of MI Health Link members served within the last 12 months were within the age category of 50-64 years. 16.2% of MI Health Link members were within the age category of 40-49 years. 19.8% of MI Health Link members were within the age category of 26-39 years. 2.9% of MI Health Link members were within the age category of 18-25 years.



Living Arrangement

The majority of MI Health Link members served within the last four months reside in a Private Residence. The blue block represents members with an Intellectual/Developmental Disability designation. The orange block represents members with a Mild to Moderate or Serious Mental Illness disability designation. The green block represents members with an Unreported disability designation.

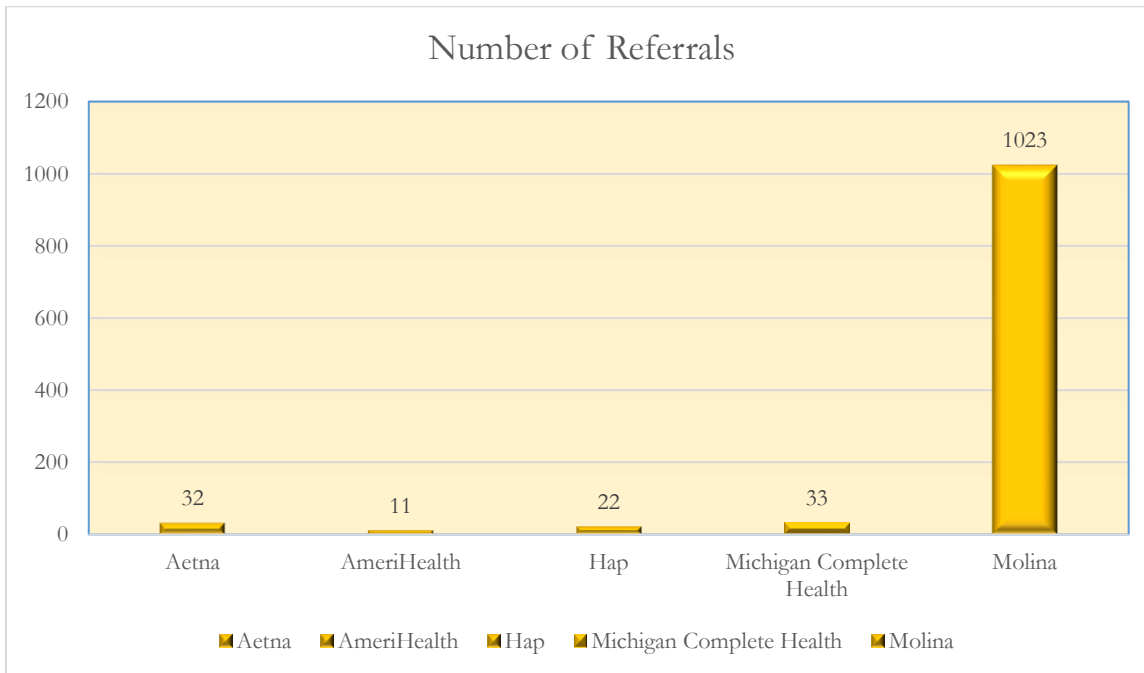


Habilitation Waiver

Currently, 40 MI Health Link members are enrolled in the Habilitation waiver, which is a decrease from 52 members last quarter.

MI Health Link Referrals

DWIHN processed 1,121 referrals from the ICOs for behavioral health services during the last quarter. Of those referrals, behavioral health care was coordinated with the ICO for 235 of the members.



MI Health Link Care Coordination

DWIHN continues to send weekly and monthly reports to each of the five ICO's. The reports include information regarding *Critical Events, Member and Provider Grievances and Appeals, Transitions of Care, Referrals, Utilization Management, and Credentialing*. IHC staff performed Care Coordination for 39 MI Health Link members to support engagement in Behavioral Health services and provided Transitions of Care Coordination for 140 MI Health Link members who were discharged from a psychiatric hospitalization during the quarter. IHC staff completed LOCUS assessments for 29 MI Health Link members during the quarter. IHC staff also participated in 6 Integrated Care Team meetings with the ICOs during the quarter, regarding 3-4 members per meeting.

MI Health Link Audits

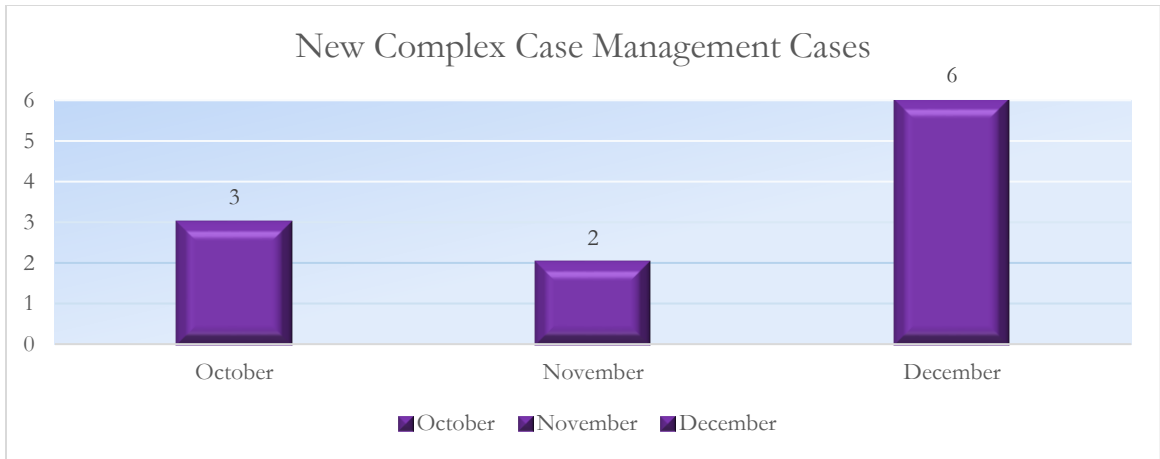
In the First quarter, DWIHN continued to provide information to ICO Hap in response to the Plan of Correction stemming from the Delegation Audit that occurred earlier in the year. DWIHN also continued to provide information to ICOs Molina and Aetna regarding previous audits. ICO AmeriHealth reached out to DWIHN in December regarding initiating a Delegation Review.

Cost Settling with the ICOs

Medicare rules allow for claims for services to be submitted up to one year after a service is provided. Therefore, cost settlement is not able to begin until at least one year after the time period of the demonstration. DWIHN is currently in various stages of Cost Settlement for the multiple years of the demonstration with each ICO. Cost settling is completed with Molina, Michigan Complete Health and Aetna for Demonstration Year 1, Periods 1 and 2 2015-2016, and AmeriHealth and Aetna up to Demonstration Year 2 2017. DWIHN continued to work on cost settlement with Aetna for Demonstration Years 3 and 4, 2018-2019. Cost settlements have not yet occurred with Hap.

Complex Case Management

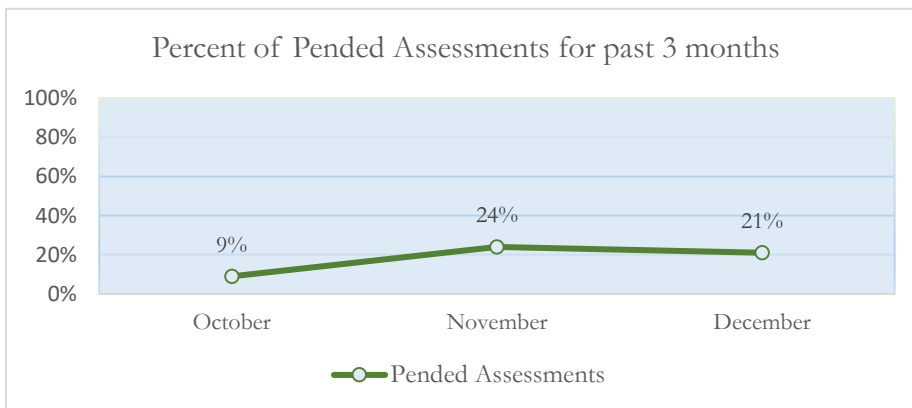
IHC continues to offer and provide Complex Case Management services to DWIHN members as part of DWIHN's NCQA accreditation. There were 17 CCM active cases within the quarter. Eleven (11) new Complex Case Management cases were opened during the quarter and 11 Complex Case Management cases were closed during the quarter. Ten of the cases were closed as a result of the members meeting their identified Plan of Care goals, and 1 was closed due to the member being admitted to a long-term psychiatric facility. Information regarding Complex Case Management services was offered to and declined by an additional 53 individuals during the quarter. Information regarding Complex Case Management was also sent to staff at 6 different provider organizations, including hospitals, clinically responsible service providers, and a residential provider. Care Coordination services were provided to an additional 60 members during the quarter who either declined or did not meet eligibility for CCM services.



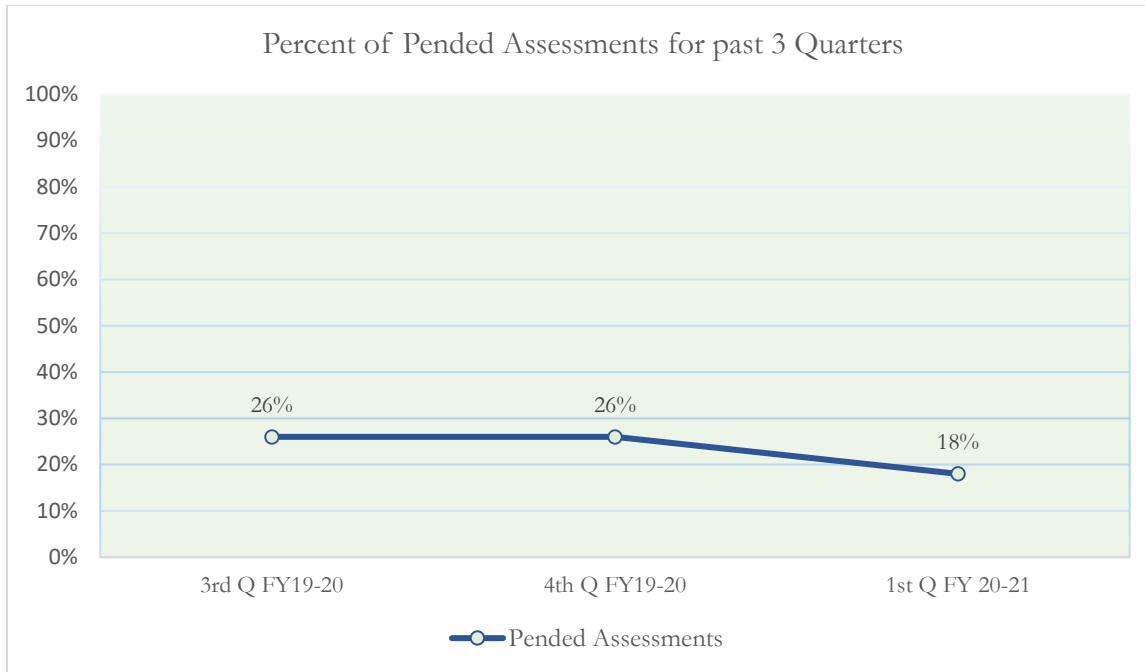
Omnibus Budget Reconciliation Act/Pre Admission Screen Annual Resident Review (OBRA/PASRR) Services

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

The percentage of pended assessments significantly decreased from the end of the previous quarter to this quarter, September (37%) to December (21%).



Overall, the average percentage of OBRA/PASARR assessments that were pended this quarter is lower than the two previous quarters, which is a positive trend.



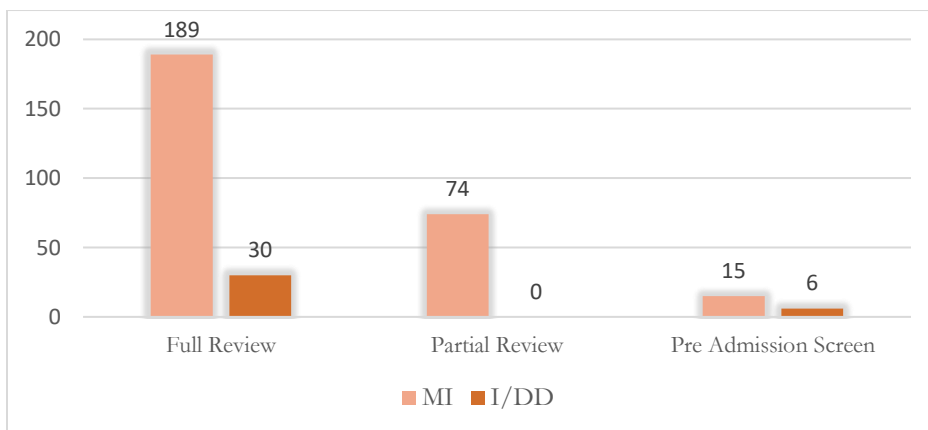
Six members were placed out of an Extended Care Facility this quarter.

During the 1st quarter of the Fiscal Year, NSO’s OBRA trainer conducted 95 trainings involving 95 staff. Training topics included PASARR process and information, Abuse/Neglect, Resident’s Rights, Alzheimer’s Disease, Eloping, Bereavement, Communication, Resident to Resident Altercations, and Behavioral Management.

The congruence rate between NSO’s Older Adult Services recommendations and MDHHS determination was 98% for this quarter, which is the same congruence as the previous quarter.

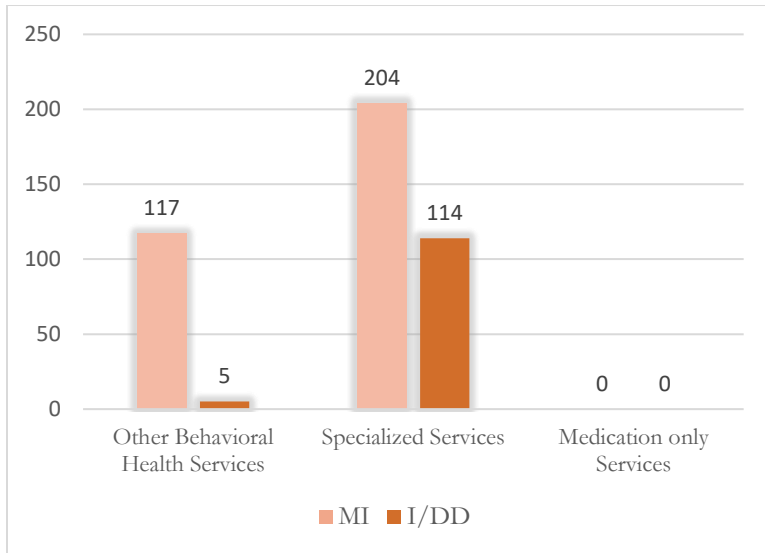
During the quarter, NSO completed screenings and reviews for 292 members.

Completion of Screenings and Reviews for the 4th Quarter



Thus far this Fiscal Year, NSO has provided Clinical services to 440 members. See chart below for breakdown of services.

Individuals seen for Clinical services during this Fiscal Year





March 10, 2021

Strategic Plan – QUALITY PILLAR

Program Compliance Committee Status Report

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To our board members:

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

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

Pillar Dashboard Summary



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

Summary of Pillar Status

Access Pillar is presented under the leadership of Jacquelyn Davis, Director of Access and Crisis Services. Overall, we are at 71% completion on this pillar. There are four (4) goals under this pillar. They currently range from 40% - 100% completion.

Title	Completion
Create infrastructure to support a holistic care delivery system (full array) by 30th Sep 2022	40%
Create Integrated Continuum of Care for Youth by 30th Sep 2020	83%
Establish an effective crisis response system by 31st Dec 2021	62%
Implement Justice Involved Continuum of Care by 30th Sep 2020	100%

Customer Pillar is presented under the leadership of Michele Vasconcellos, Director of Customer Service. Overall, we are at 84% completion on this pillar. There are three (3) goals under this pillar. They range from 64% - 92% completion.

Title	Completion
Enhance the Provider experience by 30th Sep 2022	78%
Ensure Inclusion and Choice for members by 30th Sep 2021	92%
Improve person's experience of care and health outcomes by 30th Sep 2022	64%

Quality Pillar is presented under the leadership of April Siebert, Director of Quality. Overall, we are at 70% completion on this pillar. The last status report on this Pillar was October 2020, where we were tracking at 65% for completion. There are four (4) organizational goals. They range from 55% to 95% completion for the high-level goals.

A detail report of this pillar will follow.

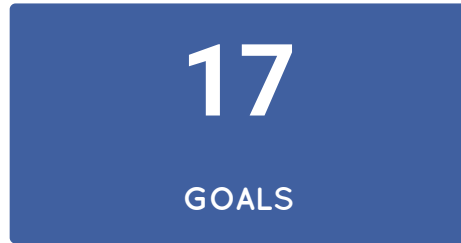
Pillar	QUALITY	70%
Title	Completion	
Ensure consistent Quality by 30th Sep 2022	55%	
Ensure the ability to share/access health information across systems to coordinate care by 31st Dec 2021	95%	
Implement Holistic Care Model: 1 unit by 31st Dec 2021	55%	
Improve population health outcomes by 30th Sep 2022	74%	

Quality Pillar

Detailed Dashboard

Program Compliance Committee Meeting

March 10, 2021



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

DWHIN FY 2020 - 2022 STRATEGIC PLAN PLAN

QUALITY

Goal	NCQA Stan...	Owner	Co-owners	Task	Update	Current Co...
Ensure consistent Quality	Quality of Clinical Care, Safety of Clinical Care	- -	-			55% 3% behind
→ Achieve NCQA Re-Accreditation: 100 unit	Quality of Clinical Care, Safety of Clinical Care	Gail Parker Strategic Planning Manager	-		NEW Tania Greason: NCQA Recertification documents uploaded to IRT on February 17, 2021. Virtual review is scheduled for April 5 and April 6, 2021. Virtual review will include review of Appeals, Denials, Complex Case Management and Credentialing files. 03/01/2021	53% 53 / 100 unit 10 unit ahead
→ Assist Utilization Management in developing a system that helps tracks over and under Utilization: 100%	Quality of Service	Manny Singla CIO	-		NEW Nasr Doss: We now have Health Information Exchange (HIE) process that transfers various datasets from the major CRSP systems to MHWIN. IT also worked and still working (because this is a Continuous quality improvement matter) with UM and Residential departments on generating various authorizations reports to assist them to analysis over and under utilization. 03/03/2021	100% 100 / 100% -

→ Deliver Annual HEDIS measures to support NCQA requirements: 100%	Quality of Clinical Care, Safety of Clinical Care	Manny Singla CIO	Kimberly Flowers	<p>NEW Nasr Doss: IT and Integrated Care departments are still working with Vital Data on building the new system, Vital Data delivered their first NCQA HEDIS measures to DWIHN late February, DWIHN staff are in the process to assess the validity, integrity and accuracy of the delivered report.</p> <p>03/03/2021</p>	<p>95% 95 / 100% 5% behind</p>
→ Ensure all Providers receive 80% or greater on Risk Assessment/Score Card annually: 100%	Quality of Clinical Care, Quality of Service, Members' Experience	June White Director of Network Management	-	<p>NEW Allison Smith: The Risk Matrix Scorecard Pilot launched on 3/1/2021. Initial 5 CRSPs will be included in the pilot of the tool over the next 2 months. Graduating to all CRSPs participating by the end of the September 2021. Remaining provider types (Outpatient and Residential) will be rolled into Pilot starting fall of 2021. Assessment of the scorecard will be completed once all provider types are rolled in (estimated December 2021).</p> <p>03/04/2021</p>	<p>19% 19.23 / 100% 34% behind</p>
→ Ensure compliance with monitoring standards: 2.41% to 98.03%	Quality of Clinical Care, Safety of Clinical Care	April Siebert Director of Quality Improvement	-		<p>58% 57.9 / 98.03% 19.37% behind</p>
→ Ensure fidelity Reviews	Quality of Clinical Care, Safety of Clinical Care	Margaret Hudson-Collins Medical Director	Ebony Reynolds		<p>45% 26% behind</p>
→ Ensure Practitioners are credentialed/recredenti in 60 days FY 2021: 100%	Quality of Service	Ricarda Pope-King Director of Credentialing	June White Rai Williams	<p>Institute process: Providers update MH-WIN Staff Record <input type="checkbox"/> DWIHN instituted a new process for Providers to update their staff record in MH-WIN directly so that the manual process of sending a monthly roster can be discontinued.</p> <p>This is the Credentialed individuals that are from the accredited providers.</p> <p>Wellplace credentialed all non-accredited practitioners for FY2020 <input type="checkbox"/> Upload the verification/report showing all non-accredited practitioners were completed FY 2020 by Wellplace.</p> <p>This is made up of Jail Health, and perhaps one or two other providers that actually provide clinical services.</p> <p>Follow-up Monitoring to Credentialing POCs <input type="checkbox"/> Starting Monday 6-29-20 DWIHN Credentialing Unit will notify CRSPs that follow-up monitoring occur over the next 3 months. Approximate schedule:</p> <ul style="list-style-type: none"> • 15 due into MH-WIN July 13 • 15 July 27 • 15 August 10 • 20 August 24 	<p>0% 0 / 100% 100% behind</p>

Final Report September 30, 2020 to Credentialing Committee

Attach the Timeliness Report of the Wellplace Practitioner Files Cred/ReCred done FY18 - Current

Review and create a report on the Timeliness of the Wellplace Practitioner Files that were Credentialed or Re-Credentialed during FY 18 (start of look back 2/28/2018) though end of June 2020. DWIHN Cred team needs to understand/identify the specific individuals that will now be re-credentialed now using Medversant.

Get the WORKBOOK from Wellplace that they submitted to NCQA.

Develop Timeliness Report in Medversant - Practitioner Credentialing

Work w/Medversant (michael) to develop a report to track timeliness to track how long it takes from the time a practitioner sends a complete application until the Credentialing letter being sent to the Practitioner takes.

Resolve any reporting errors from Medversant (Clean/Unclean)

Review the 8 unclean files from Medversant that are suspected "false negatives".

Report findings of "Test Files" FALSE NEGATIVES. Ensure that Medversant has a fix for moving forward so that our process is shored up before moving onto the next batch.

Define a Practitioner Credentialing Process/Workflow

The Practitioner Credentialing Process/Workflow needs to be agreed upon in the Medversant/Credentialing weekly meeting. Once agreed upon, this needs to be codified in Procedure with PolicyStat and attached to the overarching policy.

Send POC to 59 of 61 CSPs & Receive response to POCs

Where there were deficits identified in the files, POCs were submitted to the CRSPs. Areas of concern across the verified files:

- lack of verification of highest degree
- lack of continuing education (CEUs)
- signed release of information forms
- credentialing applications
- updated resumes

Monitor CRSP compliance using standard checklist

Credentialing unit verify/monitor the submission of a sample the of the Credentialing Files from the CRSPs (400 files) from the 61 CRSPs.

Verify 15% of Roster submissions

DWIHN verify a sample of the rosters submitted to to ensure only individuals with identified credentials are included to make sure they have appropriate staff on roster that could/should be credentialed.

MCO send Wellplace non-accredited provider list for FY 2020

All non-accredited providers will continue to be reviewed by Wellplace annually per contract for Credentialing Compliance. The Credentialing Function will continue to be performed by Wellplace until Medversant has been fully implemented. Wellplace will receive a list of unaccredited providers at a minimum annually and more often if needed.

Implement standard Credentialing Checklist system-wide
 DWIHN standardized the Credentialing Checklist to be used by every CRSP for Credentialing purposes as long as they are a delegate. Once Medversant is fully operationalized the delegate will no longer have to fill out the checklist as this automated by the CVO,.

Obtain roster of all licensed practitioners Accredited Providers

Request roster of all licensed practitioners from accredited provider organizations. This was initially BH providers not the SUD providers.

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

Quality of Clinical Care, Safety of Clinical Care

April Siebert | Director of Quality Improvement

Tania Greason

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

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

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

Performance Measure Validation (PMV)

DWIHN met all required reportable areas during the HSAG Performance Measure Validation (PMV) review for FY20, with the exception of BH-TEDS

69%
69.23 / 100%
4% ahead

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

Compliance Review

DWIHN received a total compliance score of (79) percent across all standards reviewed during the 2018–2019 compliance monitoring review, which was equal to the statewide average. DWIHN scored above (90%) indicating strong performance in the following areas: QAPIP Plan and Structure, Members' Rights and Protections, and Coordination of Care standards. DWIHN scored (75) percent, (75) percent, (67) percent, (81) percent, (56) percent, and (50) percent respectively in the Quality Measurement and Improvement, Practice Guidelines, Staff Qualifications and Training, Utilization Management, Credentialing, and Confidentiality of Health Information standards, indicating that additional focus is needed in these areas. DWIHN's performance measure rates were above the MDHHS established

				MPS for one of the two reportable indicators, indicating strengths in this area. DWIHN's MPS related to timely preadmission screening for psychiatric inpatient care for new Medicaid members for children was not met, indicating opportunities for improvement in this area.	
				03/01/2021	
Ensure the ability to share/access health information across systems to coordinate care	Quality of Clinical Care	- -	-		95% 23% ahead
↳ Enable Interoperability using HIE to share data between care coordinating agencies, providers, health plans, hospitals to provide the provider the holistic view of the health of the individual.: 100%	Quality of Clinical Care, Quality of Service	Manny Singla CIO	-		95% 95 / 100% -
Implement Holistic Care Model: 1 unit	Quality of Clinical Care	- -	-	NEW Allison Smith: Internal leadership developing a work plan to implement the BHH model by 3/19/2021. Consulted with National Council on Behavioral Health on overall BHH strategy and application requirements. Consulted with MDHHS regarding our interest in inclusion in their BHH pilot. 03/04/2021	55% 0.55 / 1 unit -
↳ Ensure consistent and standardized model of care (Behavioral health Home): 1 unit	Quality of Clinical Care	Melissa Moody Chief Clinical Officer (CCO)	-	NEW Melissa Moody: Met with internal leadership to review BHH requirements and develop work plan. Consulted with National Council on Behavioral Health on overall BHH strategy and application requirements. Developed workgroup which will report back on outcome metrics, funding model changes, and potential Health Home Partners by 3/19/2021. 03/01/2021	10% 0.1 / 1 unit -
↳ Obtain leadership buy-in for the Behavior Health Home Model	Quality of Clinical Care, Quality of Service	Eric Doeh Chief Network Officer	-		100% -
Improve population health outcomes	Quality of Clinical Care	- -	-		74% 16% ahead

↳ **Manage performance improvement outcomes: 100%** Quality of Clinical Care April Siebert | Director of Quality Improvement -

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

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

03/01/2021

53%
 52.78 / 100%
 20% behind

↳ **Implement MED DROP Program (genoa healthcare): 100** Quality of Clinical Care, Quality of Service Sherry Scott | Manager of Clinical Practice Improvement Shama Faheem
 Ebony Reynolds

NEW Sherry Scott:
 Individual Outcomes for Med Drop Participants:

● **80% reduction in the number of Med Drop clients admitted to a psychiatric hospital**, who had a psychiatric hospital admission within the 12 months prior to entering the Med Drop Program

● **92% reduction in psychiatric hospital admissions** for Med Drop clients who had a psychiatric hospital admission within the 12 months prior to entering the Med Drop Program

● **91% reduction in psychiatric hospital days** for Med Drop clients who utilized hospital days within 12 months prior to entering the Med Drop Program

**1 client had 3 admissions in the 12 months prior to entering the program. The client was readmitted to the hospital within 30 days of discharge on 1 occasion and was readmitted within 60 days of discharge on 1 occasion.

***1 client had 13 admissions in the 12 months prior to entering the program. The client was readmitted to the hospital within 30 days of discharge on 4 occasions; was readmitted within 60 days of discharge on 3 occasions; and was readmitted within 90 days of discharge on 5 occasions

94 % Reduction in Hospitalization costs - \$219,921 to \$12,425

Individual Outcomes for Med Drop Participants:

● **100% reduction in the number of Med Drop clients admitted to the crisis home**, who had a crisis home admission within the 12 months prior to entering the Med Drop Program

95%
 95.26 / 100
 5 behind

● 100% reduction in crisis home admissions for Med Drop clients who had a crisis home admission within the 12 months prior to entering the Med Drop Program

● 100% reduction in crisis home days for Med Drop clients who utilized crisis home days within the 12 months prior to entering the Med Drop Program

100 % Reduction in Crisis Home costs - \$3204 to \$0

03/01/2021

**CHIEF CLINICAL OFFICER'S EXECUTIVE SUMMARY - Program Compliance Committee Meeting
Wednesday, March 10, 2021**

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

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

COVID-19 & INPATIENT PSYCHIATRIC HOSPITALIZATION

	# of Inpatient Hospitalizations
December 20	613
January 21	685
February 2021	609

Inpatient Hospital Admission Authorization data as of 2/28/2021

Hospitalizations data showed a decrease in admissions for the month of February by approximately 11%. There were 4 reported cases of COVID-19 inpatient in February 2021 (January 2021- 14 cases).

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

Crisis Stabilization Service Provider	Services	Capacity	February 2021- # Served
Community Outreach for Psychiatric Emergencies (COPE)	Intensive Crisis Stabilization Services (MDHHS Approved)	9	211 (Jan. report- 245)
Team Wellness Center (TWC)	Intensive Crisis Stabilization Services (MDHHS Approved)	18	56 (Jan. report- 42)

*There was a 7% decrease in crisis stabilization services provided in February 2021 (compared to January 2021)

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

Provider	Services	# Beds	Jan. 2021- # Served	Feb. 2021 - # Served
Detroit Family Homes	Licensed Residential Home- Adults	4	3	3
Novis-Romulus	Licensed Residential Home- Adults	3	8	5
Kinloch	Licensed Residential Home- Adults	3	3	7
Detroit Family Home- Boston	Licensed Residential Home- Adults	6	0	2
Angel Patience	Licensed Residential Home- Adults	3	1	6

**CHIEF CLINICAL OFFICER'S EXECUTIVE SUMMARY - Program Compliance Committee Meeting
Wednesday, March 10, 2021**

Residential Department Report of COVID-19 Impact:

	Cumulative (Dates 3/30/20 to 2/28/2021)
Total # COVID-19 Persons in Residential Placement	266
# of Deaths Reported	35

Total # COVID-19+ Staff in Residential Placement	99
# of Staff Deaths Reported	3

*10% increase in staff positive rates in Feb. 2021. No new reported deaths. *Last month there was an error in reported deaths. The report stated 40 but it should have been 35.

Total # COVID-19 Vaccinations	Cumulative Count (Wayne Co, City of Detroit, Out County)
# of AFC Staff	392
# of Residential Members	1533
# Pending appointment	237

COVID -19 RECOVERY HOUSING/RECOVERY SUPPORT SERVICES

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

COVID-19 Recovery Homes Utilization Update

Provider	# Beds	# Served- February 2021
Quality Behavioral Health (QBH)	36	0 (Jan- 14)
Detroit Rescue Mission Ministries (DRMM)	86	6 (Jan- 15)

*78% decrease in the utilization of Covid-19 recovery homes in the month of February 2021 (compared to Jan. 2021)

COVID -19 URGENT BEHAVIORAL HEALTH URGENT CARE SITES

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

Provider	Population	Hours of Operations	# Served February 2021
Community Care Services	Children ages 6-17 Adults ages 18 & older	Mon. -Fri. 8:30am – 6:00pm	9 Adults (3 in January)
Northeast Integrated Health	Adults ages 18 & older	Mon.- Fri.9am – 9pm Saturdays 9am- 1pm	18 Adults (13 in January)
The Children's Center	Children SED ages 6-17	Monday thru Friday 8:00am – 8:00pm	14 Youth (18 in January)

*20% increase in utilization of Urgent Behavioral Health Urgent Care Services in February 2021.

COVID-19 OPERATIONAL Plans

Michigan COVID-19 Cases Increase: March 2, 2021 update: The total number of confirmed COVID-19 cases in Michigan is 590,217 with 15,558 deaths. Wayne County is reported to have 64,913 confirmed cases and 2,074 deaths, Detroit is listed with 30,136 confirmed cases with 1,855 deaths reported. (Source: www.michigan.gov/Coronavirus)

Michigan COVID-19 Updates:

In an effort to reach the goal of having at least 70% of Michigan residents vaccinated, Michigan has now moved into the next phase of Covid-19 vaccinations:

- Phase 1A: Paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials and are unable to work from home as well as residents in long term care facilities.
- Phase 1B: Persons 75 years of age or older and frontline essential workers in critical infrastructure.
- **Phase 1C** (Group A): Person 65- 74 years of age and pre-k teachers & childcare providers
- Phase 1C (Group B): Individuals 16 years of age or older at high risk of severe illness due to COVID-19 infection and some other essential workers whose position impacts life, safety and protection during the COVID-19 response.
- Phase 2: Individuals 16 years of age or older

The City of Detroit has partnered with DWIHN to distribute vaccinations to the following groups: Adult Foster Care and Substance Use staff and residents, and our CRSP provider network. The first doses of the vaccine were administered the week of 2/8/2021 (and the following week) at identified locations throughout the City of Detroit. This included select provider locations and use mobile units to go out to residential settings. This effort resulted in over 1,100 vaccinations being provided.

Starting March 3, 2021, DWIHN in partnership with the City of Detroit Health Department, started holding vaccination clinics for members we support who reside within the City of Detroit. This provides vaccination availability to over 37,000 of our members.



CHIEF CLINICAL OFFICER'S REPORT
Program Compliance Committee Meeting
Wednesday, March 10, 2021

ACCESS AND CRISIS SERVICES – Director, Jacquelyn Davis

Access

The Access Call Center has been fully transitioned to DWIHN as of February 1, 2021. Monthly reporting will be completed by the Director of the Access Call Center

Children's Crisis Services

Month	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	Crisis Stab Cases
February	245	212	58	24%	186	76%	111

- Request for Services (RFS) for children has slightly increased (by 15%) from January.
- There were 111 crisis stabilization cases receiving services for the month of February, a 42% increase from last month. Of the 111 cases there were 58 initial screenings.
- There was a total of 14 cases served by The Children's Center- Crisis Care Center. Four less than last month.

COPE

Month	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	# Inpt due to no CRU
February	946	862	653	69%	270	28%	5

- The RFS decreased by 7% from February and the percentage of individuals diverted to a lower LOC decreased slightly by 2%.
- The Crisis Stabilization Unit (CSU) served 211 cases, a decrease of 14% as reported last month.
- The Crisis Stabilization Team provided services to 111 cases, 21% less than reported last month.

Crisis Residential Unit/Hegira

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

Referral Source	Total Referrals	Accepted Referrals	Denials
ACT	1	0	CRU Bed unavailable – 2 Level of Care Change - 2 No follow up from SW/Hospital – 3 Immediate danger of harm to self – 1 Not Medically Stable due to physical health –1 Not medically stable due to SUD –1 Severe aggressive behavior - 3 Total Denied – 13
COPE	54	46	
DWIHN Residential	4	3	
Step Down (Inpatient)	12	9	
Total	71	58	

Crisis Continuum

- For the month of February, Team Wellness Crisis Stabilization Unit (CSU) provided services to 56 individuals, an increase by 33% from the month of January.

ProtoCall

The performance outcomes provided are for the month of January. February numbers were not available at time of report, but will be included next month. For the month of January, the volume of total calls answered was 1002 a decrease of 17% as reported last month. The percentage of calls answered within 30 seconds was 91.9, a slight improvement from last month. The abandonment rate was 0.9, well within the requirement of 5.0.

Community/Law Enforcement Liaison Report

- DPD Familiar Faces project – This committee has elected to move in another direction. DWIHN involvement will be reported by the Director of Workforce Training and Program Development. Liaison staff will obtain information on individuals needing crisis alerts placed in their records to assist with coordinating in the event a crisis occurs.
- The number of ATR's completed for the month of February were 274, which is an increase by 15% from last month.
- Community Liaison engaged 26 individuals this month.
 - 65% have repeat hospitalizations w/o follow up with CRSP. This is the same as reported last month.
 - 39% has a SUD hx
 - 54% are on parole or under MDOC jurisdiction
 - 12% are homeless
 - 0% are on a court order
- 5 Citizens returned and connected to DWIHN services upon release from MDOC.

Community Hospital Liaison Activity Report - February 2021

- In February 2021, there were 359 consumer contacts made with community hospitals related to movement of consumers out of the emergency departments (approximately 10% increase in contacts from January at 321). Two referrals were made to Hawthorn, no referrals were made to WRPB.
- Hospital Liaisons were involved in 239 cases that were NOT on the 23-hour report (similar to January at 243), and of those cases, 54% were diverted to lower levels of care, a 7% decrease in diversion rate for those NOT on the 23-hour list from January at 61%.
- Hospital Liaisons received 51 "crisis alert" calls collectively (approximately the same from January at 54) and the crisis alert diversion rate was 76% (which was a 11% increase from January at 65%), which may be related to multiple conversations directing clinical information to COPE psychiatrists and supervision with regard to trends in behavior and presentation.
- Of the overall 359 contacts, 17 consumers had at least 2 emergency encounters (decreased from 20 consumers in January), and were therefore considered recidivistic in February resulting in an approximate 10% recidivism rate (36 encounters among the 17 consumers, down from 45 encounters among 20 consumers in January) with 1 consumer repeating 3x (diverted each encounter). Of these recidivistic consumers (36 encounters total), 4 consumers went inpatient twice. So, with the 17 recidivistic consumers, 13 consumers were diverted to a lower level of care at least once, with 9 consumers diverted at each encounter (61% diversion rate for consumers considered recidivistic).

- 1 request was made involving veterans' affairs.

Data Specifically Related To 23 Hour Report - February 2021

- Of the 23-hour report activities during this reporting period there were 151 encounters (a 14% decrease from January at 176 encounters) related to movement from a 23-hour wait in the ED.
- 95 of the 151 cases on the 23-hour report went inpatient, resulting in a 31% diversion rate (a slight decrease of 1% from January specifically related to the 23-hour report). Diverted cases went to the following levels of care:

Res.	CCM	CRU	CSU	PHP	Pre-Place	OP/Stab	SUD	Other
1	0	3-Safehaus	1	7	0	35	1	5: Medical 1: VA 1 Medicare 1: MDHHS 1: 3 rd Party

CHILDREN'S INITIATIVES – Director, Crystal Palmer

Serious Emotional Disturbance Waiver (SEDW)/Children's Waiver Program (CWP) Numbers Served -
Please see tables below:

Serious Emotional Disturbance Waiver Cases – February 2021	
Cases Served to Date (FY20-21)	61
Active Cases	51
New Referrals	10
Renewals/Approved	7
Terminated Cases	4
Transferred to Another County	0

Detroit Wayne Integrated Health Network (DWIHN) has committed to serve 65 children and youth in the Serious Emotional Disturbance Waiver (SEDW) for FY20-21. During the month of February 2021, DWIHN has served 61 cases and currently has 51 active cases. There were ten (10) new referrals and four (4) cases were approved/renewed by the Michigan Department of Health and Human Services (MDHHS). Four (4) cases were terminated during this month.

Children's Waiver Program Cases – February 2021	
Active Cases	38
Agency Breakdown	
Community Living Services	30
Neighborhood Services Organization	3
The Guidance Center	5

During the month of February, the Children's Waiver Program continued to serve 38 children on the waiver. There were three (3) prescreen submitted to DWIHN for review in February.

Workforce Development – The Children's Initiatives Department in collaboration with the Workforce Development Department hosted the following event during the month of February:

The second Quarterly Leadership Training event occurred on February 12th with 17 participants present. The training provided information on Performance Management, including how to develop and strengthen Key Performance Indicators for staff, depending on their needs within the organization. The next Quarterly Leadership Training event will occur on May 12th, 2021.

Additionally, this month we provided two (2) Preschool and Early Childhood Functional Assessment Scale (PECFAS) Booster trainings, with the total of 39 participants, and one (1) Child and Adolescent Functional Assessment Scale (CAFAS) Booster, with 18 participants. Any child who receives services in Community Mental Health is required to have an assessment; Devereux Early Childhood Assessment (DECA), PECFAS or CAFAS depending on their age. Therefore, as a Pre-paid Inpatient Health Plan (PIHP), we are required to train our workforce.

School Success Initiative - As previously reported, the new approved curriculum has been submitted to Detroit Public School Community District (DPSCD), for approval and use by Community Mental Health (CMH) in schools, is currently awaiting approval from DPSCD's Deputy Superintendent of Schools, Iranetta Wright. The Children's Initiative team will continue to follow-up on status updates and provide additional information, as needed, to finalize this process so the CMH providers can begin using the developed curriculum as intended or make any necessary adjustments to receive approval.

The Michigan Model for Health (MMH) has since been purchased and is being assigned/registered to the corresponding agencies who are contracted with the School Success Initiative. Once each provider completes their registration for the model, the training with Wayne RESA will be scheduled. Per the trainers, there will be three (3) trainings that need to take place for the MMH curriculum. A hybrid training is required to receive the certification needed to complete the one-on-one training with the Wayne RESA trainer. In addition, for those who will utilize the human immunodeficiency virus (HIV) and sexually transmitted infection (STI) curriculum an additional training is required that will be scheduled separately.

As of March 1, 2021, the School Success Initiative providers will enter their School Success Initiative outreach and efforts into MH-WIN, DWIHN electronic health record. In addition, MH-WIN now contains areas for providers to enter education, system involvement, system outreach, access call updates, school-based referrals, and student progress records. Trainings on these updates took place on 2/25/21 and 2/26/21. Additional trainings will be provided at a later date.

CLINICAL PRACTICE IMPROVEMENT – Clinical Officer, Ebony Reynolds

Evidence-Based Supported Employment (EBSE)/Individual Placement Support (IPS) Services

Through provision of technical support and general oversight, DWIHN's program manager assisted nine (9) provider partners on needed supports and services to members served on their recovery journey in pursuit of their vocational goals.

Services and supports provided were based on individual preferences and choice and as identified the individuals Individual Plan of Service (IPOS) by employment specialists based on member choice: Vocational Assessment Services, Job Development, Rapid Job Search, Job Coaching, Skills Development, Work Incentives/Benefits Counseling, Follow Along Supports to maximize retention, while remaining available to provide needed support and assistance to ensure individuals served with a serious behavioral health condition obtain steady employment in mainstream jobs of their choosing in the community, making at least minimum wage. Delivery of EBSE in-person services and supports continued to be compromised due to the COVID-19 pandemic resulting in a majority of services and support being provided through use of virtual platforms by providers, such as telemedicine, video-conferencing and cell phone due to health and safety concerns. individuals served who expressed a desire not to work until the

pandemic subsidies were provided skill building assistance, such as career exploration, job search, interviewing skills, resume writing and computer skills development. Additionally, this reporting period Development Centers (DCI), Central City Integrated Health (CCIH) and Team Wellness Center (TWC) faced staffing challenges due to staff lay off's or staff terminating their employment due to fear of exposure to the COVID-19 virus or for better job opportunities. Team Wellness Center shared that staff are leaving the behavioral health field due to increased stress. CCIH reported they have been unsuccessful in their many attempts to fill two open positions in their EBSE program as interviewees indicated the salary offered was too low given the job requirements. CCIH indicated they are using case managers during the interim to fill the staffing gap and assured DWIHN's EBSE program manager they will continue their recruitment efforts as well as consider placing a request to its senior leadership for an increase in salary being offered. DWIHN's EBSE Program Manager provided available resources, such as job posting board on DWIHN'S website to advertise job openings and the Federal Loan Forgiveness Program for Health Professionals as an incentive for potential job applicants. Despite these challenges, employment specialists continue to provide quality services and supports to ensure members served are successful in achieving their employment goals, while adhering to fidelity standards. EBSE providers report continued support of their employer and colleagues particularly during the current challenging circumstances related to the pandemic. DWIHN's EBSE program manager will continue to monitor provider staffing challenges and provide technical support.

Weekly Power Hour meetings for employment staff were established and monthly supervisor meetings held to review fidelity standards and data collection and outcomes to inform service delivery, share resources and success stories as well as provider suggested topic of interest. Monthly employment specialist meetings were also initiated for networking and sharing of resources. Additionally, for staff development, DWIHN EBSE program and EBSE provider staff participated in the following webinars/training to increase knowledge and core competencies to advance the EBSE program: EBSE/ IPS Refresher, Job Development and Retention, Dispelling the Benefits to Work, Myths EBSE/IPS for Supervisors, ABLE Accounts and Trauma Approach-A conversation with Frank Dees from Inmate to Mayor, Identifying and Treating Compassion Fatigue, Leveraging Protective Factors to Help Mitigate Racial Trauma, and Careers and the Disabled.

First Quarter (FY20-21) Employment Outcomes: (100) cases opened, (47) employed, average hourly wage (\$11.94), and (9) successful closures (transitioned from EBSE services due to successful employment). Individuals served in the EBSE Program were employed in a number of diverse industries, i.e. manufacturing, hospitality, retail and healthcare. Some jobs held include: janitor, general laborer, stock person, health aid, customer care representative and food service worker.

EBSE/IPS Opiate Pilot Project- DWIHN's EBSE/IPS program continue to provide technical support to interim DWIHN IPS worker. Participated in meetings with DWIHN's IPS worker and MDHHS Consultant to review the EBSE/IPS model as well as practical ideas for service delivery amid the pandemic and member recruitment for EBSE/IPS services.

Other Assignments

Assisted with development of DWIHN's Telemedicine Policy and Protocols as well as revised DWIHN's Integrated Biospsychosocial and Case Management Provider Network Procedure for its provider network as well as ensure NCQA standards are met in preparation for DWIHN's upcoming reaccreditation review.

Project – WC Jail – IST

Incompetent to Stand Trial (IST) Workgroup: Judge Milton Mack reported that he has met with Wayne County leadership and he believes that they are becoming more receptive to the use of Assisted Outpatient Treatment (AOT). Due to the importance of using the AOT's it is a priority of the workgroup. Judge Laura Mack reported that she is seeing less citations issued for persons with mental health issues.

Steps are being made for the use of AOT's on a broader basis to support less hospitalizations for members. The committee believes this is a positive sign to push and encourage the use of AOTs.

Clinical Practice Improvement is working with the new Director of Classifications at the Wayne County Jail to retrieve information on the releases of DWIHN members either from an Administrative Jail Release or court. In the past, this has been a challenge with the Jail, however, data on releases will now be provided on a bi-weekly basis. This will allow the Clinician to track DWIHN members post-release to know if they are engaged in treatment to prevent any further criminal justice involvement. Next steps are working with Jail Mental Health staff to determine how they can provide a list of inmates who are either on the mental health unit or general population. The goal is to track DWIHN member discharges from the Jail to prevent further incarceration.

Project - Jail Diversion

Clinician has worked at the Detroit Police 911 Call Center. This new initiative diverts mental health (non-violent) emergency telephone callers away from a police response to a mental health professional. The mental health professional can assess and determine the presenting needs of the caller in distress. Mental Health responders are also following-up on mental health calls received from other operators on different shifts. This initiative facilitates engaging persons back into mental health services, linkage for new services, or immediate crisis response. The burden is also eliminated from law enforcement.

The Returning Citizens Workgroup has been working collaboratively to ease the transition of Wellplace to DWIHN. Thus far, this transition has been smooth. The coordination and communication between Professional Counseling Services; Michigan Department of Corrections; Central City Integrated Health; Community Care Services; Northeast Integrated Health and Team Wellness has been notable. The transition from prison to the community mental health treatment is proceeding well.

The new co-responder diversion program is being delivered by Northeast Integrated Health (NIH) and Team Wellness. NIH is working at the 9th Precinct and Team is in Downtown Services. The goal is to expand to more precincts eventually and will be delivered by both providers. This co-response diversion project highlights the multi-disciplinary team approach to respond to mental health crisis runs. This proactive approach allows persons having a mental health crisis to be linked with needed services in lieu of the traditional approach of transport to jail.

The Homeless Outreach Team (H.O.T.) with CCIH is still in development with training and trial runs until permanent staff can be retained. Homelessness is a complex issue with unique needs. The HOT program is another form of jail diversion, and the team will be utilizing assessment tools to determine and address the immediate and long-term needs of the homeless population in Detroit.

CPI staff revised the Self-Management Tool policy. The policy revisions included the encompassed the launching of the Mental Health Check-up tab empowered by MindWise. MindWise is an on-line digital behavioral health screening app that can assist individuals identify areas of behavioral health risk and concerns. Within MindWise are links to appropriate behavioral health resources. The Mental Health Check-up button was made available for DWIHN staff and the community by being placed on DWIHN Intranet and DWIHN.org. The Self-Management Tool policy was also an element that would be reviewed by NCQA as part of the recertification review.

CPI staff participated in the weekly NCQA Huddles. The focus of the huddles was to lead support and direction to those individuals responsible for preparing projects, documents, and materials for the NCQA

review. CPI staff was responsible for the Patience Health Questionnaire-9 (PHQ-9) and Self-Management Tool policy revisions.

Assertive Community Treatment (ACT)

CPI monitored ACT program admissions and discharges of Lincoln Behavioral Services, Community Care Services, and Northeast Integrated Health, including the appropriateness of the level of care determinations. Provided technical assistance to Hegira to ensure program eligibility requirements were met.

CPI worked with the DWIHN-Strategic Planning department to review ACT performance improvement plan and the med drop program as the intervention to reduce ACT members or to support individuals in being treated in a less restrictive level of care and avoid an increase in service intensity. The plan is to continue offering ACT step down or Traditional ACT to members with a LOCUS assessment score of level of care 3. In addition, Med Drop was identified as a program beneficial for returning citizens who are assessed at high intensity outpatient or LOCUS level of care 3. CPI met with Genoa pharmacy to discuss continued expansion of the Med drop program to include this population.

CPI worked with the DWIHN-SUD department to meet with the ACT forum to discuss ACT team composition for individuals in ACT that also meet criteria for SUD treatment. DWIHN will continue to work with the SUD department to ensure proper credentialing and program requirements are established and delivered within DWIHN standard for these persons.

CPI also met with Genoa Pharmacy to discuss expanding Med Drop beyond its 3 pilot providers to all 9 ACT programs. Genoa will begin with CCIH and Team Wellness and then will continue to expand to all DWIHN ACT programs.

CPI revised the Transitional ACT manual and met with ACT teams for review and discussion. The manual provides information on individuals clinically appropriate for ACT step down or transitional ACT. It also includes a tool to use to help assist in determining if the individual can benefit from a reduction in level of care to a less restrictive service model. CPI will continue to meet with ACT providers bi-weekly to ensure services delivered are medically necessary.

CUSTOMER SERVICE – Director, Michele Vasconcellos

Call Center Operations/ Family Support Subsidy

- The unit's Call Center continued to operate remotely with calls being able to be accessed from home by DWIHN staff.
- Worked on needed staffing revisions to Customer Service Unit to ensure call coverage of Customer Service 313-833-3232 line and Switchboard line 313-833-2500.
- Conducted Customer Service Orientations for new Access Center staff.
- Family Subsidy requests continues to be remotely addressed and processed without interruption.
- Processed and mailed out "Choice" letters to members as a result of provider closures or discontinuance of services.

Customer Service Performance Monitoring/ Grievance & Appeals

- Performance Monitors continue review and monitor CRSP POC's and scheduled Provider audits.
- Continued to participate in DWIHN provider closure meetings and initiation of Member Choice letters.

- Continued to address Grievance and Appeals and Medicaid Fair Hearing cases and to provide technical assistance and virtual trainings to the provider network.
- Reviewed appeal chart for compliance with NCQA standards.
- Policies were finalized and submitted in Policy Stat for comments and approval.
- Responded to HAP and Molina's ICO Plans of Correction.
- Filled vacancies for Grievance and Appeals Specialist positions

NCQA/HSAG

- Continued to review, update and obtain approval on Customer Service related policies and procedures in preparation for the NCQA re-accreditation review.
- Completed work on NCQA activities and met submission for IRT upload.
- Continued to make updates to the Process Improvement (PIP) report which addresses Access Center's Call Abandonment POC. This PIP will be one of two required NCQA Service PIPs.
- Continued to gather research literature, analyze and write sections of the 2020 Member Experience Report, as well as make improvements to the 2018/2019 Member Experience Report.
- Continued to meet and discuss changes with Credentialing, MCO, IT and Strategic Management regarding the searchable Provider Directory to ensure compliance with HSAG and NCQA.

Member Engagement/ Experience

- In observance of Developmental Disability month, collaborated with community partners, Arc of Detroit, Michigan Developmental Disabilities Council, and Warriors on Wheels, to coordinate the "Black and Disability for People with Developmental Disabilities" series which will take place from March 11 to April 9.
- In collaboration with the Detroit Health Department, Michigan Community Health Workers Alliance, and Wayne State University, developed the 2021 monthly workshop series, and implemented the first of the events on February 26, 2021, the topic for which was "Discussion on Finding Common Ground." Two credits were offered.
- Facilitated a monthly Constituents' Voice meeting. The guest speaker was Lucinda Brown who discussed DWIHN's self-determination initiative.

Finalized the collection of the National Core Indicators Pre-Survey Background Packages (n=267) required by the MDHHS, and continuing to gather the remainder across the 17 providers directly responsible for compiling those packages.

INTEGRATED CARE – Provider Network Clinical Officer, Kim Flowers

Collaboration with Health Department

Due to the COVID-19 pandemic, no Hepatitis A vaccination clinics were scheduled during the month of February.

Quality Improvement Plans

The IHC department manages seven Quality Improvement Plans (QIPs) that are in alignment with NCQA requirements. The focus of the QIPs includes the following: *7 and 30 day Follow Up After Hospitalization for Mental Illness, Adherence to Antipsychotic Medication, Increasing Adherence to Antidepressant Medication, Decreasing the Use of Multiple Antipsychotic Medications, Diabetes Screening for members prescribed atypical antipsychotic medications, and Hepatitis A Risk Reduction.* During the month of February IHC staff prepared documents for NCQA Review. Currently, implementing a HEDIS certified

platform which will display individual CRSP provider data to allow early intervention and opportunity to improve outcomes.

Population Health Management and Data Analytics Tool

Multiple training sessions on the ProviderLink platform were held for CRSP providers as well as training for DWIHN and Health Plan designee staff on the PlanLink platform. VDT is making corrections and revisions to both platforms based on feedback from DWIHN and Health Plan designee staff. Tentative go live date for one or both platforms is mid-late March.

Care Coordination/Data Share with Medicaid Health Plans

In accordance with MDHHS Performance Metric to Implement Joint Care Management, between the PIHP and Medicaid Health Plans, IHC staff performs Care Coordination/ Data Sharing with each of the 8 Medicaid Health Plans (MHP) serving Wayne County. Mutually served individuals who meet risk stratification criteria, which includes multiple hospitalizations and ED visits for both physical and behavioral health, and multiple chronic physical health conditions are identified for Case Conference. Care Coordination and data sharing was completed for **44** individuals in February. Joint Care Plans between DWIHN and the Medicaid Health Plans were developed and/or updated, and outreach completed to members and providers to address gaps in care.

Integrated Health Pilot Projects

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

Health Plan 1

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

Health Plan 2

*Care Coordination with **Health Plan 2** was initiated in September 2020, these meetings occur monthly. There were **10** cases discussed in the month of February for the Pilot program. The plan requests only cases be discussed during Case Review. The focus of the plan has been on Follow Up After Hospitalization (FUH) and coordinated efforts to increase outcomes. The goal is 58% identified by MDHHS and at last review (most current data-55.78% June 2020) —current lag in reporting from MDHHS. DWIHN continues to work with plan to increase measure.*

Health Plan 3

Health Plan 3's Leadership continues in the review process. A meeting is scheduled between DWIHN and Health Plan 3 in March.

MI Health Link Demonstration

IHC department under the MI Health Link Program received total of 306 request for level II in the month of February 2021 from the following ICO organizations below: Pending = not processed yet, Voided = Member was unable to reach, referred in error, or declined BH services, Active= Level II was sent to ICO.

ICO	Pending	Voided	Active
Aetna	23	2	5
Amerihealth	4	0	1
HAP	19	0	4
Michigan Complete Health	3	4	4
Molina	214	18	9
TOTAL	263	24	23

Pending referrals are outstanding for the month of February 2021 due to transitions within the DWIHN Central Access division. IHC department met with Access center during this reporting period to discuss ways in which to improve process and contact efforts. IHC staff will assist with closing submissions of voided referrals and discuss other opportunities for support.

Additionally, Transition of care services were provided for **61** persons who were discharged from the hospital to a lesser level of care, community outpatient, or additional level of service Behavioral Health or Physical Health.

There were **25** LOCUS assessments completed for the MI HealthLink Demonstration received from Network Providers who service Nursing Home Facilities for Mild-Moderate population.

Care Coordination Activities for the ICO enrollees—**18** – for individuals who have been identified to have a gap in services. This is a combined effort between IHC staff and the ICOs.

Audits

In this reporting month, ICOs underwent a compliance review activity with HSAG. Part of the compliance review is to secure information on denied authorizations as it relates to Medicaid services under the MI Health Link Program. Due to DWIHN reporting all Medicaid services directly to the State per (DWIHN/MDHHS) contractual obligations, DWIHN had no data to provide to the ICOs for this request. Reporting this information would have yielded duplication of data. DWIHN only reports Medicare encounters to ICOs.

- ICO Amerihealth requested desk audit of DWIHN of CY2020 policies and procedures, authorizations, claims universes and care coordination files in this report month. All Requests were submitted; awaiting outcome of the Audit.
- ICO Michigan Complete Health requested desk audit of DWIHN policies and procedures CY2020 review in this reporting month. All requests were submitted; awaiting outcome of the Audit.

Complex Case Management

The Complex Case Management Program Evaluation was presented at the Quality Improvement Steering Committee Meeting **2/9/2021**. There are currently **13** active CCM Cases. **2** new CCM cases were opened in February and there are no pending cases. **3** CCM cases were closed in February due to members achieving their Plan of Care goals. As a means of proactively identifying members for CCM services, IHC staff engaged in outreach calls to **61** enrollees to offer CCM services. Complex Management staff have been working to identify additional referral opportunities.

Care Coordination services were provided to **24** additional members in February who either declined or did not meet eligibility for CCM services. Information regarding CCM services was provided to a Social

Workers at Sinai-Grace, Stonecrest, Behavioral Care Center Michigan, Henry Ford Hospital, Henry Ford Kingswood, Henry Ford Wyandotte, St. Mary's, Beaumont Taylor, Samaritan, and Pontiac General. Information regarding CCM services was also provided to The Guidance Center, Meridian, Team Wellness Center, COPE, Southwest Solutions, and Starfish Family Services.

MANAGED CARE OPERATIONS – Director, June White

MCO Development Mission

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

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

COVID-19 Effect on Providers-Managed Care Operations

As we move into the 2nd month of the 2nd Quarter there were no closures for February as providers are adjusting to the pandemic -COVID-19 and making moves to sustain themselves as well as provide adequate services to our members

We continue to provide support to the network through training, webinars and emailing providers to ensure compliance with state and federal regulations.

Although the virus continues to be the center of the concerns with providers, we have been able to assist by getting members vaccinated through Wayne County. Providers have been able to shift and pivot their operations in a way that operates in the best interest of their staff and our members. There were no closures for the month of February 2021.

New Providers to the Network

No new providers were added to our network as our network continues to stay sufficient for our member services. We continue to receive new requests to become part of our network daily. There are a number of providers in our pool that can be potential providers ranging from private clinicians, therapy services, outpatient and residential providers if approved through our credentialing process and if the need is there for such providers.

Provider /Training Meetings Held

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

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

RESIDENTIAL SERVICES – Director, Shirley Hirsch

Please see attached Report

SUBSTANCE USE DISORDER – Interim Director, Judy Davis

Project or Goal 1: Naloxone Initiative

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

Work in progress - DWIHN continues to support access to naloxone by training health care workers, providers, drug court staff, inmates/jail staff and the community and other organizations that intersect closely with people who use opioids on how to reverse an opioid overdose. It can be easily administered by nasal spray and does not affect someone who has not used opioids. DWIHN is increasing the number of providers that can train and distribute Naloxone in the community and is utilizing the zoom platform to implement these trainings.

Planned Key Milestones, Activities and/or Events - DWIHN's Naloxone Initiative program has saved **712** lives since its inception. Again, the saved lives are under reported, especially during this time of COVID pandemic. The logs are coming in slowly from law enforcement and the community. DWIHN only reports those saves that we have documentation to support this initiative.

Calendar year 2020 DWIHN reports the following:

Naloxone saves 164

Unsuccessful saves 5

Project or Goal 2: Prescription and Heroin Efforts

Status Overview - DWIHN received a reduction in our State Opioid Response (SOR) no cost extension (NCE) grant for \$223,150.00 during the month of January.

Work in progress - DWIHN's philanthropic grant services returning citizens from the Andrew C. Baird Facility (Division 1) and at the William Dickerson Detention Facility (Division 2). January 18, 2021 the MAT Mobile project officially began. Currently 67 inmates tested positive for the Rapid Opioid Dependence Screen (RODS. The mobile units are available 24 hours for those inmates at the time of their discharge. The mobile units have an hour to pick up those released that request treatment services and have a positive RODS. The mobile units assess therapeutic and peer recovery support needs based upon the individuals self-report at the time of release. The initiative will shine a much-needed light on the profound impact conditions of confinement and support rehabilitation upon release. DWIHN, providers and Wayne State University (WSU) staff collaborate monthly to provide updates and new developments pertaining to this initiative.

Planned Key Milestones, Activities and/or Events

The federal Synar Amendment requires states to have laws in place prohibiting the sale and distribution of tobacco products to person under 18 years of age. In accordance MDHHS requires DWIHN to provide detailed information on progress made in enforcing youth tobacco access laws. DWIHN continues to provide telehealth services in various behavioral health settings. Prevention providers continue to use evidence-based practices (EBPs) prevention curriculum for students via remote.

Project or Goal 3: Synar Update

Status Overview - DWIHN partners with MDHHS in ensuring that formal Synar compliance checks are conducted each year with the intent of lowering youth use of tobacco rates. DWIHN is increasing its Synar education via remote and in person to tobacco retailers by providing parenting education and community informational presentations.

Work in progress - DWIHN's prevention providers are in the process of redesigning door clings for tobacco retailers to display in their shops. These providers are meeting regularly with the SUD department to increase and brainstorm educational activities.

Planned Key Milestones, Activities and/or Events - The providers are continuing to train the community and tobacco retailers virtually and in person on not to sell tobacco products to underage youth. Providers are wearing their personal protection equipment (PPEs) and staying socially distant while conducting their presentations in person.

Project of Goal 4: New Programs/Updates

Status Overview - DWIHN has new innovative programming and overall updates. Also, DWIHN received a 2.4-million-dollar reduction in treatment Block Grant December 2020.

Work in progress

DWIHN is being funded for the Wayne County Department of Health, Human & Veterans Services Jail Plus Program at \$362,194.00. The letter came to DWIHN December 21, 2020.

DWIHN is working with MDHHS and Detroit Medical Center (DMC) to place certified peer recovery coaches in their emergency rooms.

DWIHN as well as the other PIHPs in Michigan are involved with University of Michigan Institute for Healthcare Policy & Innovation this fiscal year in conducting interviews on Opportunities to Strengthen SUD Provider Capacity and Enhance SUD Treatment Services for Medicaid Beneficiaries in Michigan.

Since April 1, 2020 DWIHN obtained MDOC returning citizens for SUD Outpatient and Residential Services. To date MDOC referred 106 returning citizens, services are provided in outpatient and residential and withdrawal management care.

Planned Key Milestones, Activities and/or Events

Beginning April 1, 2021 the Michigan Department of Health and Human Services Medical Services Administration proposed policy regarding Fee-for-Service Coverage of Alcohol Use Disorder and Opioid Use Disorder Treatment Service proposes physicians, other licensed providers, and behavioral health providers (licensed or certified in Michigan) can be reimbursed for services provided in an office-based primary care setting related to AUD/OD through the Medicaid Fee-for-Service (FFS) program. Physicians not associated with a PIHP/CMHSP may be reimbursed for AUD/OD services through the Medicaid FFS program for beneficiaries enrolled either in FFS or in an MHP.

The following services related to AUD/OD treatment will qualify for FFS reimbursement when a beneficiary has a primary diagnosis of opioid use, abuse and dependence or alcohol use, abuse and dependence as classified by the International Classification of Diseases Version 10 (ICD-10):

- Evaluation and Management services (e.g., 99201-99205, 99211-99215)

- Consultation services (e.g., 99241-99245)
- Counseling services (e.g., 90785, 90791, 90792, 90832-90834, 90836, 90847)
- Psychiatric Collaborative Care Management services (e.g., 99492-99494, G0512)
- Behavioral Health Care Management (99484)
- Drug Testing services (e.g., 80305-80307)
- Other Laboratory services (e.g., 80076, 81025, 86580, 86701-86706, 86708, 86709, 86803)

The Michigan SUD Directors have shared the following concerns regarding this proposed policy change:

There is no language in the proposed policy to hold physician practices to the high standards that Prepaid Inpatient Health Programs (PIHP) are required to adhere to. This includes functions such as:

- data collection to measure outcomes
- trainings requirements to ensure staff are knowledgeable of critical treatment, legal and ethical concerns
- verification that therapists/clinicians hold certification in substance use disorder treatment and are qualified to provide this service/are working within their scope of practice (MCBAP certification)
- recipient rights process
- grievance and appeals process
- Substance Use Disorder licensing rules and regulations

Licensing and Regulatory Affairs (LARA) has required 'programs' to hold a substance use disorder Outpatient license to provide the proposed substance use disorder services. This requirement and the review process provide at least a minimal amount of oversight of services being provided. The proposed policy appears to disregard this requirement.

UTILIZATION MANAGEMENT – Director, John Pascaretti

Please see attached Report



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

Department Monthly Report: February 2021

Residential Assessment Productivity

January Report's <i>Pending Assignments</i>	46
# of Referral Requests RECEIVED for February 2021	189
Total Referrals	235

Assessment/Referral Cancelled	75
Cases Requiring Placement (Brokering) Only	62
Assignments Awaiting Completion	28
Completed Assessments	70

Per Disability Designation	
AMI Referrals	200
IDD Referrals	35

Referral Sources

Inpatient Hospitals	86
<i>Emergency Departments</i>	<i>9</i>
CRSP	99
<i>Youth Aging Out (DHHS)</i>	<i>1</i>
Pre-placement (C.O.P.E.)	21
Crisis Residential	14
Nursing Homes	5
Total Received Referrals	235

Residential Assessments (in Licensed Setting)

AMI	22
IDD	31
Total Reviews Completed	53



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

COVID-19

of Positive Cases Reported (2/1 – 2/28): **8**

<u>Per Designation</u>	<u>AMI</u>	<u>I/DD</u>
Males	3	2
Females	1	2

of Deaths Reported (2/1 – 2/28): **0** (No deaths reported since 12/1/20)

<u>Per Designation</u>	<u>AMI</u>	<u>I/DD</u>
Males	0	0
Females	0	0

COVID-19 monthly reporting and data collection

- Assigned staff daily updates COVID-19 master list (2 different tabs on Excel sheet) when positive cases and/or deaths of AFC residents and DCW staff are identified by residential department team members through Project: Reach Out. Referrals are made by the CRSP supports coordinators/case managers as they are requesting temporary quarantine arrangements as needed.
- A daily report on the number of positive cases and/or deaths received along with an accumulative consumer since reporting started. This report breaks down the numbers based on age, gender, and diagnosis designation.
- Reporting staff meets weekly to discuss findings of COVID-19 cases as well as coordinates requests referred for designated temporary quarantine sites.

Consumer Vaccination Tracking

- Assigned staff completes weekly calls to residential providers to inquire if residents have been vaccinated, and if so, collect the following information:
 - *Names of the residents with MHWIN ID3a*
 - *Dates of 1st and 2nd vaccinations administered*
 - *Location or Name of Vendor administering the vaccine (i.e., Walgreens, CVS, Health Department etc.),*
 - *Capacity of the AFC home and number of residents who have been vaccinated*
 - *Number of DCW staff who've been vaccinated compared to the total number of staff that work at the facility.*
- Project Meetings were held Tuesday, 2/23 at 12:30 PM and again on Wednesday, 2/24 @ 1:00 PM to follow-up on the project status.
- More-detailed reporting of the is project is forthcoming

Project: Reach Out

- Call providers from call list weekly to inquire about 1.) Any staff or residents that have been tested positive for COVID-19 2.) Issues with obtaining PPE 3.) Overall Concerns or issues 4.) Sending resources/information to providers that relate to COVID-19, DWIHN etc. 5.) Collecting information on residents and # of staff who have received the COVID-19 vaccination. 6.) Updating # of residents who reside at the facility and # of staff.
 - *Meetings related to Project: Reach Out occur every Tuesday at 1 PM.*



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

Residential Service Authorizations

Total Processed Authorization Requests	963
Authorizations APPROVED	840
Requests Returned to CRSP	123

Authorization Submission Type	
Interim IPOS Completed by DWIHN Auth Team	35
Requests Submitted by Residential Care Specialists	223
Requests Processed Through MHWIN Queues	705

Authorization (Per Disability Designation)	
AMI Authorizations	374
IDD Authorizations	589

30-Day/Emergency Consumer Discharge Notifications

Total Received Consumer Notifications	19
30-Day Notices for Licensed Facilities	8
Emergency Discharges	11
Consumer Relocation Requests	0
Rescinded Requests/Self-Discharges	0



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

Department Project Summaries

Authorization Team

- Members with No Service Authorization (H2015 Only):** Report was run by IT and presented to the Authorization Team on 1/27/2021. The purpose of the report was to identify members that did not have an active H2015 authorization in MHWIN and to communicate the need for entry of an H2015 authorization to their designated CRSP. The Authorization team reviewed the report sorting into categories identified below. Review was completed on February 2, 2021. Each CRSP was sent an email with their own spreadsheet with identifying information and were asked to submit the H2015 authorizations with a deadline of February 9, 2021. An email update was sent on February 5, 2021, asking the CRSPs to end date all H2015 authorizations March 31, 2021. A second report was requested to be run by IT (Nasr) on February 18, 2021. The second report was reviewed by the Authorization team and determined that the information provided in the second report did not have the same information from the initial report.

Total Authorizations Reviewed	800
IPOS Expired	38
Self Determination (members)	32
Member no longer in the home/Pre-placement facilities	37
Auth request to be entered by CRSP	603
Member is deceased	8
Member has current (H2015) Auth in MHWIN queue	76
H2015 Auth for Licensed Facility (in error)	6

- Most Recent Auth Expired: H2016/T1020 Project:** The team sent emails to the CRSP on 1/14/21 to complete expired authorizations/update IPOS. Of the 43 expired authorizations and 20 expired IPOSs, there are 2 outstanding residential authorizations and 3 outstanding GF Exception authorizations that have not been completed by the CRSP.

Total Authorizations Reviewed	281
# of Authorizations APPROVED	265
General Fund Consumer / GF Exception Authorization	3
IPOS Expired	2
Member no longer in the home	9
Facility is CLS0ED/Unlicensed setting`	2



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

Residential Facility Closures

The following residential facility closures were processed during February 1-28, 2021 to relocate all consumers to alternate specialized placements (No residential facility closures reported this month due to COVID-19 issues; i.e. lack of staff, consumer exposure, etc.):

# of Facility Closure Notifications	1
Received prior to February 2021: On-Going/In Process	0
Requests ON-HOLD/PENSING	0
Completion of Facility Closures	0

Woodcrest Home – 26127

Notification received: 2/26/21

Closure Effective Date: 4/26/21

3 IDD consumers to relocate; assigned to Community Living Services

Current Status: **ON GOING**

CRSP/Department Meetings

• ***CRSP/Residential Services Monthly Meetings***

Of the 20 CRSP meetings scheduled to meet with monthly with the department, a total of 18 CRSP meetings were completed for February 2021. 2 CRSP remain on hold due to their company merger. Only 2 standing meetings were cancelled (with PsyGenics and TGC) due to no new information to report. The FRSP have indicated this is useful and productive meeting to approach their specific issues and inquires. Participants usually included CRSP supervisors/managers, supports coordinators/case managers, and executive members.

February Meeting agenda is attached.

Trainings

• ***DWPHN Standardized Progress Note Refresher***

Assigned residential staff was assigned to hold an individual refresher training for selected residential providers who expressed interest in updating their knowledge of the Standardized Progress Note. The session was held on Thursday, 2/4 at 2 PM via Microsoft TEAMS. More sessions to assist additional residential providers with this process are forthcoming.

• ***CRSP Supervisory Sessions: New Residential Assessment & Service Authorization Update Review***

AMI & IDD CRSP Supervisory teams are scheduled to meet via TEAMS to introduce the new residential assessment in MHWIN; in conjunction with the Authorizations team introducing the H2X15 and the T2X27. Additional information is to follow with the expected launch date of fee schedules April 1, 2021. Dates for the sessions are 9 AM and 12 PM on the following date:

- *Wednesday, March 3rd (for IDD CRSP)*
- *Thursday, March 4th (for AMI CRSP)*



Detroit Wayne Integrated Health Network Residential Services Department

Trainings (continued)

- **Residential Providers Review Sessions: New Residential Assessment & Service Authorization Update Review**

Residential providers will also have their scheduled date to review the new residential assessment in conjunction with the Authorizations Team introducing the H2X15 and the T2X27. Additional information is to follow with the expected launch date of fee schedules April 1, 2021. The date is scheduled for Friday, March 5th as follows:

- 9 AM for IDD residential providers
- 12 PM for AMI residential providers.

Department Meeting Calendar is attached.

DWPHN Residential Assessments/SPGs

Residential (IDD) Home Assessment Team

Residential Assessment Development

- **Currently involved in updating the new residential assessment.** Both AMI & IDD In-Home Assessment Teams worked on revisions to the new residential assessment in order to enhance the process of completing level-of-care reviews. These revisions were reviewed with Ms. Henson for discussion of actual deployment to the present tool. After revisions were reviewed with Ms. Henson they were presented to PCE. The team has also scheduled trainings to help CRSP and residential providers understand the changes. This project is inclusive to the development of the process flow to go along with the revised assessment.
- **Coordination with CRSP to complete (IDD) home assessments:** In working with CLS, MORC, and NSO-Life Choices the team answers questions, complete an overview on assessment completions, and all other needs as directed to the team. We attend virtual assessment meetings to ensure that they are completed properly. The assistance will assist the team in developing a training for the residential CRSP and residential providers to prepare for the roll-out of the revised assessment on April 1, 2021.

Residential (AMI) Home Team

Process for Residential Assessments (Level of Care)

- Verify residents
 - Look up provider assignment in MHWIN.
 - Confirm with provider the residents in the facility by member ID #. (obtain current and setting capacity).
 - Document in SPG grid.
 - Document any consumers who are no longer living at the facility and make notation of exit date.
 - This is reported to residential auth team who ends auth dates etc.
 - Exit dates are also entered in Smartsheet.
 - Auth team is also notified of wrong home assignments.
 - Identify CRSP and case manager. Obtain contact info (phone email) for case manager (if they have it).
- Schedule SPG's
 - Date/time is scheduled with the home (3 SPG's per day) to complete SPG's via Microsoft Teams or phone (if there is no internet access at the facility).
 - Scheduled date/time is entered via SPG grid and Outlook Calendar (update email addresses in Teams).



Detroit Wayne Integrated Health Network Residential Services Department

Process for Residential Assessments (Level of Care) - continued

- Notify
 - Contact CRSP case manager and or supervisor of the SPG (via email, phone and or Microsoft Team invite).
if case manager is unknown, we may have to reach out to the supervisor first to be notified of the case manager due to high turnover of case managers
- Review of members chart (prior to SPG Completion)
 - IPOS
 - BPS
 - COPE/Hospitalizations
 - Review of discharge documents if there have been hospitalizations. WCPC can also be verified with petitioned hospitalizations (good for hx of hospitalizations).
 - Current Authorizations
 - Insurance type (Medicaid, Medicare, Healthy MI).
 - Guardianship (verify in WCPC)
 - Scanned documents (Hospital discharges, petitions, assessments etc.)
 - Last LOC (if available/scanned).
- Completion of assessment review:
 - Interview resident
 - Interview DCW/home provider/manager
 - Interview case manager (if able to join)
 - If case manager cannot join, call prior to or after SPG review.
 - Document any changes (hospitalizations, change in behavior etc.).
 - Request of information: prescriptions, health care appraisal, medical consultation forms etc.
 - Recommendations: guardianship petitions, OBRA Screenings, Behavioral treatment plans etc.
 - Advise of score SPG tool.
- Follow-up:
 - Obtaining copies of documentation requested from case manager and or home providers.
 - Prescriptions, behavioral treatment plans, health care appraisals, medical consultation forms etc.
 - Once all the SPG's are completed and documentation has been obtained CRSP are advised to submit authorization request.
- Entering of SAL's
 - Continue to enter SALs from 10/1/20- Current.

Department Goals

Automated Productivity Reporting

- Residential Services received licensing for access to develop Smartsheet reporting from the IT department this month to continue to develop productivity reporting throughout the department as needed. To date, the staff utilizes the Residential Care Specialist Assessment reporting and Facility Closure sheets with additional revised reporting forthcoming.

Residential Review Committee: COMPLETED

- Residential review committee process has been and will be forwarded to select departments to receive additional feedback.

Residential Task Log

- Attached for review.



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

CRSP/Residential Monthly Meeting
Neighborhood Services Organization (NSO)
Friday, February 26, 2021
1:00 – 2:00 PM

Welcome

Meeting Purpose

Residential Services Items

- CRSP Staff Updates: New staff, new managers/supervisors

- Next DWIHN Outpatient Provider Meeting
 - **Friday, 3/19 at 10 AM** via Bluejeans.com
 - [Meeting Flyer \(hyperlink\)](#)

- CRSP Clinical Alignment of Documentation
 - Residential Assessments
 - *IDD/AMI CRSP Training for Residential Assessment review (flyer attached)*
 - Individual Plans of Service (IPOS)
 - Behavioral Plans
 - Request for Additional Staffing
 - Service Monitoring

- Residential Referrals
 - Process flow and referral checklist form (*attached*)
 - Internal Transfer Process in a Specialized Residential Setting (*attached*)
 - Emergent Consumer Transfers (*attached*)
 - Out of County Referrals

- COVID-19
 - DWIHN Temporary Quarantine Facilities
 - Consumer Informed Consent
 - Vaccination Reporting

- Service Authorization Process
 - Residential Providers Billing process extended through 3/31/21
 - New team email: **ResidentialAuthorizations@dwihn.org**
 - [DWIHN Memo re: H2015 Authorizations \(hyperlink\)](#)

CRSP Items

Questions / Closing

CRSP Confirmation of Meeting Frequency

Every 4th Friday, 1:00 – 2:00 PM via Microsoft TEAMS

January 2021 - March 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
31	February 1 Southwest Solutions:	2	3 Hegira: CRSP/Residential	4 Residential Standardized	5 TEAM: CRSP/Residential	6
7	8	9 NEH: CRSP/Residential TGC: CRSP/Residential	10 RS Monthly Team Meeting	11 DCI: CRSP/Residential CCS: CRSP/Residential	12 JVS: CRSP/Residential Goodwill-Detroit:	13
14	15 Spectrum Community ACCESS: PsyGenics:	16 S.T.E.P.:	17	18 LBS: CRSP/Residential	19 CCIH: CRSP/Residential	20
21	22 MORC: CRSP/Residential	23	24 ACC: CRSP/Residential AWBS: CRSP/Residential	25	26 CLS: CRSP/Residential NSO: CRSP/Residential	27
28	March 1	2	3	4	5	6

Residential Task Log: February 2021

Received Date	Originated From	Assigned To	Assignment D Task Name	Task Requirements	Last Status Update
02/23/21	Shirley Hirsch	Sherri Watson	Residential tracking of COFR Cases	COFR Cases cc: through Residential Services will tracked by Dept Admin for monthly reporting.	02/23/21
02/15/21	MCO	Amelia Answorth; Andrea Guilbault; Sherri Wa	Res Provider Suspension for United Horizons, Inc.	RS Director advise MCO reporting 6-month contract suspension for residential provider of all DWHN services until August 2021.	02/15/21
01/06/21	Shirley Hirsch	Kelly McGhee; Sherri Watson	Process Flow of Consumer Medical Review Protocol for Residential Providers; managed by designated CRSP	Specify detailed Smartsheet to identify green/yellow/red cases for timeframe tracking	01/06/21
01/06/21	Kelly McGhee	Sherri Watson; Jessica Wright	Consumer Discharge Smartsheet	Finalize process flow to determine whether submitted SD referrals are to remain or are no longer under SD services ; coordinated with SD Liaison Lucinda Brown (cases forwarded for review of current financial status).	01/06/21
12/21/20	Shirley Hirsch	Sherri Watson	Self Determination Tracking and Process Flow	Residential Admin Specialist to develop process flow for reporting grid review/update to track length-of-time for discharge notifications, carry-overs from previous month and process barriers (extending past 30-day or Emergency discharge timeframe).	12/21/20
12/21/20	Shirley Hirsch	Jessica Wright	30-Day Discharge Reporting Updates/Revision	RS Director advise MCO reporting 6-month contract suspension for residential provider of all DWHN services until February 2021.	12/16/20
12/16/20	MCO	Amelia Answorth; Andrea Guilbault; Sherri Wa	Res Provider Suspension for Tender Heart Care AFC	Northeast Integrated Health: every 2nd Tuesday @ 2 PM	01/22/21
09/23/20	Shirley Hirsch	Sherri Watson	CRSP Monthly Meetings with DWHN Residential Services	CNS Healthcare (rec'd notice CRSP is merging w/ NEIH)	01/21/21
09/23/20	Shirley Hirsch	Sherri Watson	CRSP Monthly Meetings with DWHN Residential Services	CRSP Notification of H2015 worksheet suspension; effective 9/15/20 thru 10/15/20... Process extended through 3/31/21/CRSP to continue request entries as "in-lance holders"	01/21/21
09/15/20	Shirley Hirsch	Authorization Team, Darryl Smith; Sheila Jone	CRSP Process for PC/CLS Worksheet Entry		
11/01/20	Shirley Hirsch	Sherri Watson	Internal Department Notifications		
11/01/20	Shirley Hirsch	Sherri Watson	Internal Department Notifications		
11/01/20	Shirley Hirsch	Sherri Watson	Internal Department Notifications		
09/15/20	Shirley Hirsch	Residential Auth Team	CRSP Service Authorization Entries thru MHWIN		
10/01/18	Stacie Durant	Shirley Hirsch	Title XIX (19)		
02/23/21	Shirley Hirsch	Sherri Watson	COFR Case: EG-1531820 (DD); DOB: 5/2/61; Ionia Cnty Medicaid, residing in Hubbard Home (Prov ID# 25748) per Guardian's (mother) request. Consumer assigned under CLS (make completed 1/12/21)	COFR Cases cc: through Residential Services will tracked by Dept Admin for monthly reporting.	02/23/21
02/15/21	Shirley Hirsch	Sherri Watson	DRAFT for completion: Residential Dept Communications process to share with MCO for publication	Dept numbers, fax, and email inbox with directive to what requests go where.	02/16/21
02/09/21	Shirley Hirsch	Kelly McGhee, Sherri Watson	DRAFT Instructions on Informed Consent and Consumer Vaccine Reporting	DRAFT Instructions on Informed Consent (for consumers, reported by CRSP) and vaccination date reporting form (for residential providers per facility, within city of Detroit)	02/10/21
11/01/20	Shirley Hirsch	Kelly McGhee	Department Workflows/Process Development for CRSP	Internal (Res) Provider Consumer Transfers	02/15/21
09/23/20	Shirley Hirsch	Sherri Watson	CRSP Monthly Meetings with DWHN Residential Services	Team Wellness: every 1st Friday @ 1 PM	01/22/21
09/23/20	Shirley Hirsch	Sherri Watson	CRSP Monthly Meetings with DWHN Residential Services	The Guidance Center: every 2nd Tuesday @ 3 PM	01/22/21
09/23/20	Shirley Hirsch	Sherri Watson	CRSP Monthly Meetings with DWHN Residential Services	CCS: every 2nd Thursday @ 1 PM	01/22/21
09/23/20	Shirley Hirsch	Sherri Watson	CRSP Monthly Meetings with DWHN Residential Services	DCI: every 2nd Thursday @ 12 PM	01/22/21
09/23/20	Shirley Hirsch	Sherri Watson	CRSP Monthly Meetings with DWHN Residential Services	CCIH: every 3rd Friday @ 10 AM	01/22/21
09/23/20	Shirley Hirsch	Sherri Watson	CRSP Monthly Meetings with DWHN Residential Services	NSO: every 4th Friday @ 1 PM	01/22/21



DWIHN UTILIZATION MANAGEMENT MONTHLY REPORT February 2021

I. Executive Summary

- **Autism:** There were 306 authorization requests manually approved during the month of February. There were approximately an additional 200 authorizations approved via the new auto approval process (data through 2/26/21) for a total of 506 approved authorizations. There are 1801 cases currently open in the benefit.
- **Evidence Based Supported Employment:** There were 73 authorization requests approved during the month of February for Supportive Employment.
- **Habilitation Supports Waiver:** There are 1,084 slots assigned to the DWMHA. As of 3/1/21, 1052 filled, 32 open 97.0% taken.
- **County of Financial Responsibility:** The total number of open COFR cases decreased by six (6) resulting in a 5% reduction of cases.
- **Denials and Appeals:** There were a total of seventeen (17) medical necessity Denials and five (5) Appeals for the month of February.
- **General Fund:** There were 252 General Fund Authorization approvals for the month of February.
- **MI Health Link:** The reporting format of MI Health Link authorizations will differ from previous months. The report for February 2021 and subsequent data will delineate the total number of authorizations requests and the amount of each authorization type for the 5 ICOs. There was a total of 48 MI Health Link authorizations received in February 2021. The number of MI Health Link admissions to inpatient, partial and CRU are included in the Provider Network data.
- **Provider Network:** *Preliminary number(s) for FEB. The UM Team managed The UM Team managed a total of 791* consumers within the provider network during the month of February 2021. This includes Inpatient, MI Health Link, Partial Hospital and Crisis Residential.
- **State Facilities:** There were 6 state hospital admissions and 4 discharges for the month. 65 NGRI consumers are currently managed in the community.
- **SUD:** There was a total of 2292 SUD authorizations approved during the month of January compared to 2207 approved in January, an increase of 4%. UM reviewed 1381 authorizations in February, a 7% decrease% from 1486 reviewed in January. Wellplace generated the remaining 911 auto-approved authorizations. DWIHN brought the Call Center in-house and began screening consumers, effective, February 1st.
- **Administrative Denials:** During the month of February, the SUD team issued 31 administrative denials compared to 44 the previous month.

- **MCG:** For the month of February, there were 982 individuals screened in Indica which is an average of 35 cases per day screened using the MCG Behavioral Health Guidelines. There were 982 cases screened per day in December.

II. **General Report**

Autism Spectrum Disorder (ASD) Benefit

There were 306 authorization requests manually approved during the month of February. There were approximately an additional 200 authorizations approved via the new auto approval process (data through 2/26/21) for a total of 506 approved authorizations. There are 1801 cases currently open in the benefit.

ASD Referrals by Month	Number
October	107
November	60
December	60
January	59
February	Pending Data Update from the WSA

	Number of Auths Approved Per Month (Manual + auto = total) *	Number of Open Cases Per Month
October	473+135=608	1718
November	269+157=426	1747
December	235+153=388	1753
January	255+121=376	1745
February	306+200=506	1801

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

Evidence Based Supportive Employment (EBSE)

In the month of February, DWIHN approved 73 authorization requests for EBSE.

Month	Number
October	82
November	71
December	73
January	69
February	73

Habilitation Supports Waiver

Outcome Measurement	Oct	Nov	Dec	Jan 2021	Feb 2021
# of applications received	16	2	7	5	5
# of applications reviewed	16	2	7	3	5
# of app. Pended PIHP level for more information	9	1	0	0	3
# of pended app. resubmitted	9	1	0	0	1
# of app. withdrawn	0	0	0	0	0
Total of application sent to MDHHS.	16	2	7	3	1
Technical Assistants contacts	5	8	5	5	5
# of deaths/disenrollment 's (recertification forms reviewed & signed)	1 death	4 all deaths	4 deaths 1 moved out of state	6 deaths 1 moved out of state	0
# of recertification forms reviewed and signed	91	77	121	30*	149**
# of recertification forms pended	16	16	23	0	0
# of dis-enrollments (not meeting HSW criteria)	0	0	0	8	0

Past due and coming due reports will be sent to the providers.

***Recerts were held because MDHHS was moving to an updated WSA. CRSP's will now be**

doing the data entry. **** Recerts were held because the Appendix K/Verbal Consent Signatures expiration was coming to an end (Feb 28) and there were MANY to upload into the WSA. Recert submission put on temporary hold until March.**

	FY2020														
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct-20	Nov	Dec	Jan-2021	Feb
Owned	1,084	1,084	1,084	1,084	1,084	1,084	1,084	1,084	1,084	1,084	1,084	1,084	1,084	1,084	1,084
Used	1,049	1,040	1,034	1,031	1,024	1,018	1,011	1,015	1,031	1,034	1,055	1,061	1,058	1,058	1,052
Open	35	44	50	53	60	66	73	69	53	50	29	23	26	26	32
% Used	96.8%	95.9%	95.4%	95.1%	94.5%	93.9%	93.3%	93.6%	95.1%	95.4%	97.3%	97.9%	97.6%	97.6%	97%

The utilization of the HSW remains steady at an increased level following the implementation of DWIHN's Incentive Payment Program effective July 1, 2020. The number of one-time incentive payments made to CRSPs thus far is summarized below:

Month	#
July	15
August	26
September	24
October	19
November	12
December	8
January*	3
February*	0
*TENTATIVE	

These numbers are from the WSA

We continue to meet regularly with our second largest HSW provider, Wayne Center. We also regularly respond to calls and emails from other providers regarding the HSW benefit, etc.

Serious Emotional Disturbance Waiver (SEDW)

February 2021

# of youth expected to serve in the SEDW for FY 20-21	65
# of active youth served in the SEDW, thus far for FY 20-21	61
# of youth currently active in the SEDW for the month of February	51
# of referrals received in February	10
# of youth approved/renewed for the SEDW in February	7
# of referrals currently awaiting approval at MDHHS	3
# of referrals currently at SEDW Contract Provider	10
# of youth terminated from SEDW in February	4
# of youth transferred to another County, pursuing the SEDW	0
# of youth coming from another county, receiving the SEDW	1
# of youth moving from one SEDW provider in Wayne County to another SEDW provider in Wayne County	0

County of Financial Responsibility (COFR)

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

	Adult COFR Case Reviews Requests	Children COFR Case Reviews Requests	Resolved	Pending*
February 2021	2	1	4	118

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

Previously 124 cases in January 2021.

*Note: Not all new cases referred are reviewed within the month they are received. All new cases are added to COFR Master List with date referral is received. Cases are reviewed by priority of the committee.

General Fund

There were 252 General Fund Approvals for the month of February 2021.

Denials and Appeals

For the month of February 2021, there were a total of Seventeen (17) denials that did not meet MCG medical necessity criteria for continued inpatient hospitalization. There were five (5) appeals. Two of the five appeals were overturned. One appeal was upheld and the last two appeals were partially upheld.

	Oct.20	Nov. 20	Dec. 20	Jan. 21	Feb. 21	Mar21	Apr 21	May 21	Jun. 21	Jul. 21	Aug. 21	Sept21
Denial	10	3	5	7	17							
Appeal	2	4	2	2	5							

State Hospital Liaison Activity Report

Hospital	Caro Center	Kalamazoo	Walter Reuther
Census	1	13	116
Wait List	0	0	9
Admissions	0	0	6
Discharges	0	0	4
ALS Status	0	1	64

- 4 referrals were received for state hospital this month. This is consistent with averages across the quarter, though forensic admissions remain the priority. Forensic cases accounted for all DWIHN admissions this month.
- MDHHS continues to coordinate discharges from the state hospital through its new MCTP program. Identified cases are selected by the hospital treatment teams and submitted to select providers contracted with MDHHS to provide placement for 90 days with ultimate transfer to the CMHSP. Placement through this program occurs in parallel to DWIHN placement efforts. This month two DWIHN members were released through this program bringing the total to 4.
- MDHHS has initiated autism programming at Caro Center with implementation to also occur in Spring 2021 at Kalamazoo Psychiatric.

MI Health Link

Month Start: 2/1/2021
 Month End: 2/28/2021

ICO: AETNA BETTER HEALTH OF								
Total # of Auth's Received for the Month	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations (Currently No		Post Service Authorizations	
	Total Amount Preservice Auth's Received	Total Preservices processed ≤14 days	Total Amount Urgent Auth's Received	Total Urgent processed ≤24 hrs	Total Amount Expedited Auth's Received	Total Expedited processed ≤72 hrs	Total Amount Postservice Auth's Received	Total Post Service processed ≤14 days
7	0	0	4	4	0	0	3	3
ICO: AMERIHEALTH MICHIGAN, INC.								
Total # of Auth's Received for the Month	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations (Currently No		Post Service Authorizations	
	Total Amount Preservice Auth's Received	Total Preservices processed ≤14 days	Total Amount Urgent Auth's Received	Total Urgent processed ≤24 hrs	Total Amount Expedited Auth's Received	Total Expedited processed ≤72 hrs	Total Amount Postservice Auth's Received	Total Post Service processed ≤14 days
3	0	0	2	2	0	0	1	1
ICO: FIDELIS SECURECARE OF								
Total # of Auth's Received for the Month	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations (Currently No		Post Service Authorizations	
	Total Amount Preservice Auth's Received	Total Preservices processed ≤14 days	Total Amount Urgent Auth's Received	Total Urgent processed ≤24 hrs	Total Amount Expedited Auth's Received	Total Expedited processed ≤72 hrs	Total Amount Postservice Auth's Received	Total Post Service processed ≤14 days
8	0	0	4	4	0	0	4	4
ICO: HAP MIDWEST HEALTH PLAN, INC.								
Total # of Auth's Received for the Month	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations (Currently No		Post Service Authorizations	
	Total Amount Preservice Auth's Received	Total Preservices processed ≤14 days	Total Amount Urgent Auth's Received	Total Urgent processed ≤24 hrs	Total Amount Expedited Auth's Received	Total Expedited processed ≤72 hrs	Total Amount Postservice Auth's Received	Total Post Service processed ≤14 days
8	0	0	5	5	0	0	3	3
ICO: MOLINA HEALTHCARE OF MICHIGAN								
Total # of Auth's Received for the Month	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations (Currently No		Post Service Authorizations	
	Total Amount Preservice Auth's Received	Total Preservices processed ≤14 days	Total Amount Urgent Auth's Received	Total Urgent processed ≤24 hrs	Total Amount Expedited Auth's Received	Total Expedited processed ≤72 hrs	Total Amount Postservice Auth's Received	Total Post Service processed ≤14 days
22	0	0	16	16	0	0	6	6

The ICOs have requested authorization data to be submitted in the above format. The number of MI Health Link admissions to inpatient, partial and CRU are included in the Provider Network data. The report for February 2021 and subsequent data delineates the total number of authorizations requests and the amount of each authorization type for the 5 ICOs. The table accounts for the total number of authorizations by ICO, the type of authorization and the amount of time taken to process the request. Pre-service authorizations include outpatient requests, urgent. Additionally, the data only includes those authorizations that required manual review and approval by UM Clinical Specialists. It does not include those authorization that were auto-approved because the request fell within the UM Service Utilization Guidelines. There was a total of 48 MI Health Link authorizations received in February 2021. By ICO, there 7 authorizations submitted for Aetna, 3 for AmeriHealth, 8 for Fidelis, 8 for HAP Midwest and 22 for Molina. Out of the 48 MI Health Link authorizations reported, 100% of the requests were processed within the appropriate timeframes.

Provider Network

The UM Team managed a total of 791* consumers within the provider network during the month of February 2021. This includes Inpatient, MI Health Link, Partial Hospital and Crisis Residential. The 609 Inpatient Admissions, shows a 19.87% decrease from January (i.e., 760). There were 94 Partial Hospital Admissions in FEB, which shows a 20.51% increase from January (i.e., 78) and 40 Crisis Residential Admissions is 2.56 increase from January (i.e., 39). Please note that the Crisis Residential Units are still at 50% capacity due to COVID. The preliminary number(s)* below reflect the admissions for the month of February 2021:

- Inpatient: 609*
- MHL: 48
- Partial: 94
- Crisis Residential: 40
- Total Admissions: 791*
- Average Length of Inpatient Stay: 11*

Safehaus:

February 2021

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

January 12 consumers total

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

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

Substance Use Disorder

SUD Authorizations

There was a total of 2292 SUD authorizations approved during the month of January compared to 2207 approved in January, an increase of 4%. UM reviewed 1381 authorizations in February, a 7% decrease% from 1486 reviewed in January. Wellplace generated the remaining 911 auto-approved authorizations. DWIHN brought the Call Center in-house and began screening consumers, effective, February 1st.

SUD Administrative Denials

During the month of February, SUD team issued 31 administrative denials compared to 44 reported last month. The primary reason for administrative denials is failure to adhere to timeliness guidelines.

Medical Necessity Denial

There were no medical necessity denials this month.

Appeal Requests and Appeal Determination Forms

There were no SUD administrative appeals received during the month.

SUD Timeliness Dashboard

Overall timeliness for SUD February authorizations remains high at 99% reviewed in a timely fashion (1041/1045). Nonurgent authorizations (724/724) were approved within 14 days, 100% of the time. Urgent authorizations (313/321) were reviewed within 24 hours 99% of the time, exceeding the benchmark of 90%.

Utilization Management Committee

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

MCG

For the month of February, there were 982 individuals screened in Indica which is an average of 35 cases per day screened using the MCG Behavioral Health Guidelines. This was the same as last month that also averaged 32 cases screened per day.

Annual UM Program Evaluation

The Annual UM Program Evaluation was presented and accepted as follows:

- Presented to QISC 1/12/2021
- Presented to PCC 1/13/2021
- Presented to Full Board of Directors 1/20/2021
- Revisions Presented to PCC 2/10/2021
- Revisions presented to full Board 2/17/2021

The NCQA is complete. NCQA may have questions between March 10th – 15th 2021 that will be address by each departments content expert(s). The NCQA review is scheduled April 4th and 5th 2021.

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 20-57 R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 3/17/2021

Name of Provider: See attached list

Contract Title: Detroit COVID 19 Virtual Therapy Collaborative

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 3/10/2021

Proposed Contract Term: 1/1/2021 to 3/31/2022

Amount of Contract: \$ 650,000.00 Previous Fiscal Year: \$ 500,000.00

Program Type: Continuation

Projected Number Served- Year 1: 1,000 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 5/12/2020

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 board action is requesting approval to add new funds awarded totaling \$150,000 for a COVID-19 related to virtual therapy via a chat line for Wayne County residents. The funding will come from the Flinn Foundation (\$75,000) and Community Foundation for Southeast Michigan (\$75,000) and extend through March 31, 2022. DWIHN is not required to provide any match funds.

Detroit, particularly African Americans, has been disproportionately impacted by COVID-19. African Americans are 15% of the State of Michigan population but represent 35% of people diagnosed with coronavirus. This means that African Americans in Michigan are 133% more likely to contract the novel coronavirus relative to their percentage of the state. With a death rate hovering near 4% in Michigan, African Americans are also over-represented for deaths related to COVID-19, accounting for 40% of all deaths statewide.

The COVID-19 Virtual Therapy Program was established to provide free behavioral health supports and counseling to those who are not receiving care. This virtual platform provides access to a safe and private network of behavioral health resources and therapy supports by trained counselors. Many young people and families are struggling with isolation, grief, fear, anxiety, depression, substance use, trauma, job losses and uncertainty about the future. An array of comprehensive, culturally responsive supports and counseling services are available to individuals who live, work or worship in Detroit/Wayne County and can be accessed through DWIHN's existing 24/7 line 800-241-4949, the Michigan Covid-19 CCP line by texting the word Restore to 741741, the Michigan Warmline at 888-733-7753, or 211. DWIHN will coordinate with Michigan's existing COVID-19 crisis lines so that individuals will be connected with COVID-19 Therapy as necessary.

Board Action #: 20-57 R

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

Source of Funds: Local Funds

Fee for Service (Y/N): N

Revenue	FY 20/21	Annualized
Local Grants	\$ 650,000.00	\$ 650,000.00
	\$	\$
Total Revenue	\$ 650,000.00	\$ 650,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64931.827206.07100

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Interim CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Tuesday, March 9, 2021

Signed: Tuesday, March 9, 2021

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 21-23 R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 3/17/2021

Name of Provider: Detroit Recovery Project

Contract Title: DWIHN Provider Network / DRP-CCBHC

Address where services are provided: 1145 W. Grand Blvd., Detroit, MI

Presented to Program Compliance Committee at its meeting on: 3/10/2021

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

Amount of Contract: \$ 197,450.00 Previous Fiscal Year: \$ 0.00

Program Type: Modification

Projected Number Served- Year 1: 150 Persons Served (previous fiscal year): NA

Date Contract First Initiated: 10/1/2020

Provider Impaneled (Y/N)? Y

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

Detroit Wayne Integrated Health Network (DWIHN) is requesting approval for the revised board action to include additional funding to Detroit Recovery Project (DRP)/ Certified Community Behavioral Health Clinic (CCBHC) Program in the amount of \$197,450.00 to provide mental health services.

DRP was recently awarded the CCBHC contract from SAMSHA and they have requested DWIHN to partner with them to advance the integration of holistic services by coordinating Mental Health, Primary Care and SUD services to Wayne County residents. CCBHC Program is a collaborative initiative with funding from SAMSHA and DWIHN.

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

Source of Funds: Medicaid

Fee for Service (Y/N): Y

Revenue	FY 20/21	Annualized
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Medicaid	\$ 197,450.00	\$ 0.00
	\$	\$ 197,450.00
Total Revenue	\$ 197,450.00	\$ 197,450.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64931.824100.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Interim CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Monday, March 1, 2021

Signed: Thursday, February 25, 2021

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 21-33R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 1/20/2021

Name of Provider: The Detroit Association of Black Organizations Dabo, Inc., LAHC Leaders Advancing and Helping Communities, CARE of Southeastern Michigan, The Youth Connection, Inc., DWIHN Provider Network - see attached list

Contract Title: SUD Provider Increase

Address where services are provided: See attached list

Presented to SUD Policy Board Committee at its meeting on: 1/19/2021

Proposed Contract Term: 2/1/2021 to 9/30/2021

Amount of Contract: \$ 4,772,054.00 Previous Fiscal Year: \$ 5,574,906.00

Program Type: Modification

Projected Number Served- Year 1: 7,500 Persons Served (previous fiscal year): 20,000

Date Contract First Initiated: 10/1/2020

Provider Impaneled (Y/N)? Y

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

This board action is requesting the approval to increase prevention block grant funding for \$280,000 for the fiscal year ended September 30, 2021 from \$4,492,054 for a revised total of \$4,772,054 for services to be rendered by the following Providers:

Care of SE MI: **\$65,000** ; Chance for Life Organization: **\$65,000**; Detroit Association of Black Organizations(DABO): **\$33,000** ; Leaders Advancing & Helping Communities(LAHC): **\$52,000**; and the Youth Connection:**\$65,000**

The aforementioned providers submitted proposals for various programs and were awarded an allocation based on a pro rata share of available funds; no other providers submitted a proposal that was not considered.

The SUD Oversight Policy Board approved the \$280,000.00 allocation in January 2021 board meeting and is included in the FY21 SUD Prevention Services program totalling \$4,772,054 (includes PA2 funds).

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

Source of Funds: Block Grant

Fee for Service (Y/N): N

Revenue	FY 20/21	Annualized
Block Grant	\$ 2,763,054.00	\$ 2,763,054.00
PA2	\$ 2,009,000.00	\$ 2,009,000.00
Total Revenue	\$ 4,772,054.00	\$ 4,772,054.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64932.8226601.0000

In Budget (Y/N)? Y


Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Wednesday, March 3, 2021

Signed: Wednesday, March 3, 2021

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 21-53R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 3/17/2021

Name of Provider: Detroit Central City C.M.H., Inc., Development Centers Inc., Southwest Counseling Solutions, Wayne Metropolitan Community Action Agen, Coalition on Temporary Shelter

Contract Title: HUD Permanent Supportive Housing

Address where services are provided: Various Location throughout Detroit and Wayne County

Presented to Program Compliance Committee at its meeting on: 3/10/2021

Proposed Contract Term: 2/1/2021 to 1/31/2022

Amount of Contract: \$ 2,210,980.00 Previous Fiscal Year: \$ 2,049,991.00

Program Type: Continuation

Projected Number Served- Year 1: 330 Persons Served (previous fiscal year): 314

Date Contract First Initiated: 10/1/2004

Provider Impaneled (Y/N)? Y

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

This Board Action recommends Board approval to revise Board Action 21-53 for the U.S. Department of Housing and Urban Development (HUD) Supportive Housing funds for the existing grant programs: Coalition on Temporary Shelter (COTS), Development Centers, Inc. (DCI), Central City Integrated Health (CCIH), Southwest Counseling Solutions and Wayne Metropolitan Community Action Agency.

Approval of this Board Action will allow for renewal, acceptance and disbursement of FY 2021 grant amounts for the HUD Continuum of Care (CoC) permanent supportive housing grant funds in the amount of \$2,106,195 and the Detroit Wayne Integrated Health Network State

general fund match of \$104,785 for an amount not to exceed \$2,210.980.

HUD released the announcement of the CoC grant awards. Due to the pandemic, this funding renewed grants for existing programs. The process was dramatically streamlined because HUD and Providers have been and will continue to be consumed with COVID-19 response and have limited capacity to participate in the traditional CoC Competition.

These programs will continue to provide permanent supportive housing and supportive services to individuals and families in Detroit and Wayne County who have a serious mental illness/disability and are experiencing homelessness.

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

Source of Funds: General Fund

Fee for Service (Y/N): N

Revenue	FY 21/22	Annualized
Federal Funds	\$ 2,106,195.00	\$ 2,106,195.00
General Fund	\$ 104,785.00	\$ 104,785.00
Total Revenue	\$ 2,210,980.00	\$ 2,210,980.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: VARIOUS

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Interim CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Friday, March 5, 2021

Signed: Thursday, March 4, 2021

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 21-56 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 3/10/2021

Name of Provider: See attached list

Contract Title: MHFA/QPR

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 3/10/2021

Proposed Contract Term: 3/1/2021 to 9/30/2021

Amount of Contract: \$ 500,000.00 Previous Fiscal Year: \$ 1,000,000.00

Program Type: Continuation

Projected Number Served- Year 1: 3,000 Persons Served (previous fiscal year): 4876

Date Contract First Initiated: 3/1/2021

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).

This board action is requesting the approval of a one year contract from March 1, 2021 to September 30, 2021 for \$500,000.

Over the past six fiscal years (2013-2020), we have successfully trained over 25,000 individuals in the area of Mental Health First Aid (MHFA). Individuals have come from the provider network, faith-based communities, public schools, universities, military installations, hospitals, and law enforcement backgrounds. This current proposal expands the work we have done with First Responders in Detroit and Wayne County, as well as with the Faith Community, and adds an emphasis on schools in Detroit and Wayne County.

The services to be delivered will be training in the evidence-based practice models: **Mental Health First Aid (MHFA)** and **Question, Persuade, Refer (QPR)**.

MHFA is an evidence-based, in-person training program with the proven ability to teach individuals how to recognize and respond to the warning signs of mental and substance use disorders and link people with appropriate treatment. MHFA increases the understanding that mental illnesses are real, common, and treatable. **QPR** utilizes 3 simple steps that anyone can learn to help save a life from suicide. In QPR, people learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help.

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

Source of Funds: General Fund

Fee for Service (Y/N): N

Revenue	FY 20/21	Annualized
General Fund	\$ 500,000.00	\$ 500,000.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 500,000.00	\$ 500,000.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64931.827206.05900

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Interim CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Monday, March 8, 2021

Signed: Monday, March 8, 2021