



**Detroit Wayne
Integrated Health Network**

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PROGRAM COMPLIANCE COMMITTEE MEETING
Virtual Meeting
Thursday, November 12, 2020
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. **Board Action #21-13 - Wayne County CFS; Jails and Third Circuit Court – Provide information on the Clinic for Child Study Program and why it is important – *Request from Full Board Meeting on October 21, 2020***
- VI. **Approval of the Minutes – October 14, 2020**
- VII. **Report(s)**
 - A. Corporate Compliance Report
 - B. Children's Redesign Update
- VIII. **Year-End Reports**
 - A. Children's Initiatives
 - B. Access and Crisis Services
 - C. Clinical Practice Improvement
 - D. Customer Service
 - E. Integrated Health Care
 - F. Managed Care Operations
 - G. Residential Services
 - H. Substance Use Disorder
- IX. **Strategic Plan – Access Pillar**

Board of Directors

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Dr. Iris Taylor, Vice-Chairperson
Lynne F. Carter, MD
Kenya Ruth

Tim Killeen, Treasurer
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Dr. Cynthia Tauieg

Dora Brown, Secretary
Kevin McNamara



- X. Quality Review(s)**
 - A. QAPIP Work Plan

- XI. Chief Clinical Officer's Report**

- XII. Unfinished Business**
 - A. **BA #18-34 (Revised)** – Medversant Contract Extension
 - B. **BA #21-32 (Revised)** – Addendum to include PA2 Recovery Support Services, missed on SUD Treatment allocation grant FY '21 - **(Contingent upon SUD Board approval)**
 - C. **BA #21-33 (Revised)** - Allocation of PA2 Dollars for Substance Use Disorder (SUD) Contractor for additional services in Southwest Detroit – National Council for Alcohol and Drug Dependence (NCADD) - **(Contingent upon SUD Board approval)**
 - D. **BA #21-38 (Revised)** – Self-Determination Services – Community Living Services (CLS)

- XIII. New Business**
(Staff Recommendations):
 - A. **BA #21-44** – MI-Health Link Demonstration Project – Adult Well-Being Services
 - B. **BA #21-45** – Michigan Child Collaborative Care Program (MC3) – Starfish Family Services
 - C. **BA #21-48** – Community Foundation for Southeast Michigan's Philanthropic Grant for Opioid Use Disorders in Wayne County Jails – **DWIHN Providers' Network List Included in Board Action**

- 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**

Over the years, Detroit Wayne Integrated Health Network (DWIHN) has worked in partnership with the Third Circuit Court – Clinic for Child Study (Clinic) to ensure children, youth and families who are involved or are at-risk of being involved in the Juvenile Justice System have access to services. In years past, the Clinic has provided intensive outpatient mental health services to children with a Serious Emotional Disturbance and their families that have come to the attention of the juvenile justice system through the Court in order to prevent and/or decrease the number of youth that re-offend which may result in incarceration or out of home placement. These services included the following:

- Face-to-face psychiatry or psychiatry via telemedicine to conduct Psychiatric evaluations, medication monitoring and medication review
- Individual, group and family therapy
- Crisis intervention
- Linking, coordinating and monitoring of services
- Sexual Awareness Information and Treatment
- Assessment and treatment for families involved in protective hearings
- Trauma-Focused Treatment

While the majority of these services have been provided as the standardized fee for service model for the other Community Mental Health (CMH) Agencies, the Clinic was still providing the service through a different funding model. During Fiscal Year 2017-2018, in order to ensure DWIHN was maximizing Medicaid funding, we began to review the funding model and services provided through the Clinic. It was determined that the Clinic was indeed providing standard services as other CMH agencies; therefore, the Clinic would move to the standard fee for service model.

During this transition, Wayne County, both the Clinic and the Department of Health, Human and Veteran’s Services, evaluated programs that were being offered to the Juvenile Justice population in order to reduce duplicative services. After a thorough evaluation with outside stakeholders, it was determined that the Clinic would no longer provide traditional outpatient services but instead would only provide assessment services (pre-dispositional assessments including psychological testing/social history/GAINS) per the request of the court. In addition to providing only assessment services, DWIHN requested that the Clinic continue to provide the Sexual Awareness Information and Treatment because there isn’t another program that offers this specialized treatment to all youth in Wayne County. This transition of services officially occurred June 8, 2020.

During Fiscal Year 2019-2020, the Clinic provided both set of services and served the following number of children and youth:

- 1st Quarter: 305
- 2nd Quarter: 177
- 3rd Quarter: 119
- 4th Quarter: 114
- FY total: 490

PROGRAM COMPLIANCE COMMITTEE

MINUTES

OCTOBER 14, 2020

1:06 P.M.

VIRTUAL MEETING

MEETING CALLED BY	I. Dr. Iris Taylor, Program Compliance Chair at 1:00 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Dr. Iris Taylor, Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	<p>Committee Members: Dr. Lynne Carter; Chief William Riley, III; Kenya Ruth; Dr. Cynthia Taueg and Dr. Iris Taylor</p> <p>Board Member(s) Present: Dorothy Burrell</p> <p>Staff: Brooke Blackwell; Willie Brooks; Jacquelyn Davis; Eric Doeh; Kimberly Flowers; Bernard Hooper; Callana Ollie; Crystal Palmer; John Pascaretti; Ebony Reynolds; April Siebert; 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. The Chair wanted to support and acknowledge the families of the Pershing High School students who were in a car accident on the way home from work yesterday morning. There was one fatality and the other two are in critical condition.

III. Roll Call

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

IV. Approval of the Agenda

DISCUSSION/ CONCLUSIONS	The Chair called for approval of the agenda. Motion: It was moved by Chief Riley and supported by Mrs. Ruth to approve the agenda. Dr. Taylor asked if there were any changes/modifications to the agenda. There were no changes/modifications to the agenda. Motion carried.
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V. Follow-Up Items from Previous Meetings

DISCUSSION/ CONCLUSIONS	<p>A. Dr. Taylor requested a more comprehensive list of board actions that will be coming to the Program Compliance Committee to be provided before Executive Committee meeting – Eric Doeh – Completed and on target</p> <p>B. Third quarter report (April-June) on the Children’s Initiative School-Based program to be sent to board members – Crystal Palmer – Mrs. Palmer reported that during FY 19/20, 8,182 students received services for all 3-Tier Levels. Specifically, in quarter 3, 982 unique students were served. A total of 3,967 services were delivered; Tier 1 – 409; Tier 2 – 1,237, and Tier 3 – 2,321. The services included case management, classroom observation (only 1), consultation, crisis intervention, family therapy, individual therapy, psychoeducation therapy.</p> <p>C. SUD quarterly report to be sent to board members – Darlene Owens – COMPLETED</p> <p>D. Provide Program Compliance Committee with follow-up on the bed bug infestation – April Siebert – Ms. Siebert reported that the bed bug infestation has been resolved and will provide supported documentation to the committee.</p>
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VI. Approval of Meeting Minutes

DISCUSSION/ CONCLUSIONS	<p>The Chair called for approval of the August 12, 2020 and September 9, 2020 meeting minutes. Motion: It was moved by Dr. Taueg and supported by Chief Riley to approve the August 12, 2020 and September 9, 2020 meeting minutes. Dr. Taylor 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. Telehealth and Public Facing Platforms – A number of telehealth providers reported using public-facing remote communication products (Tik Tok, Facebook Live, Twitch, or a public chat room) to provide telehealth. The U.S. Dept. of Health and Human Services, Office of Civil Rights (OCR), the enforcement agency for HIPAA violations has identified those formats in a notification as unacceptable forms of remote communication for telehealth. DWIHN is instructing all telehealth providers currently using public-facing platforms to provide telehealth to transition to the use of a non-public facing remote communication product on or before November 16, 2020. Non-public facing remote communication products are Apple Face Time, Facebook Messenger video chat, Google Hangouts video, Whatsapp video chat, Zoom or Skype. 2. Internal Audit Function for 2020-2021 – Corporate Compliance is preparing a list of proposed compliance objectives to present to the Compliance Committee. This is to implement an internal audit function to review compliance with business procedures that correspond to NCQA standards. Corporate Compliance and Quality Improvement will monitor the practice of telehealth through the network. 3. Number of Opened cases with the OIG – There are more than 10 open matters with the OIG. The results have been submitted to the OIG, but they
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have not yet closed the cases. They will be seeking to close those matters in the next quarter with follow-up information from DWIHN if any is required.

4. **Quarter 3 report to the OIG** – The report was submitted to the OIG in a timely manner and was accepted without comment. Discussion ensued. Dr. Taylor opened the floor for further discussion. There was no discussion.
- B. **Medical Director's Report** – Dr. Margaret Hudson-Collins, Medical Director submitted her written Medical Director's report. Willie Brooks, CEO, informed the committee that Dr. Margaret Hudson-Collins has resigned as the Medical Director for DWIHN. Dr. Hudson-Collins' last day as the Medical Director will be October 30, 2020. DWIHN are looking to fill the position soon.
- C. **Access and Crisis Services' Quarterly Report** - Jacquelyn Davis, Director of Access and Crisis Services submitted and gave highlights on the Access and Crisis Services' Quarterly report. Ms. Davis reported that since August, the hospital liaison staff and COPE mobile intervention teams have resumed face-to-face visits at most hospitals. Meetings have been established with the CRSP providers to provide technical assistance on how to enter crisis alerts and develop plans to address individual needs and make an impact on recidivism. DWIHN is in the process of implementing the transition plan to provide Access Call Center services internally. Ms. Davis also informed the committee of areas of concerns and the plans for FY 20/21 (Q1). Dr. Taylor opened the floor for discussion. There was no discussion.
- D. **Utilization Management's Quarterly Report** – John Pascaretti, Director of Utilization Management submitted and gave highlights on the Utilization Management's quarterly report. There are 1,084 slots assigned to DWIHN and 95.4% of those slots are filled for the Habilitation Supports Waiver. Mr. Pascaretti reported on the authorization requests, admissions and screenings for the following programs – Autism; Evidence Based Supported Employment; County of Financial Responsibility (COFR); General Fund; Provider Network Hospital admissions; MI-Health Link; State Facilities, MCG; and SUD. There were 26 denials for Denials/Appeals throughout Q4, which is a 400% increase from Q3. All denials did not meet MCG medical necessity criteria for continued inpatient hospitalization and ABA services. Utilization Management's staff is preparing for the upcoming NCQA "Mock Review" (10/16-10/30/2020). Discussion ensued.
- E. **School Success Initiative's Report** – Eric Doeh, Deputy CEO/COO submitted and gave highlights of the School Success Initiative's Report. Ebony Reynolds, Clinical Officer of Clinical Practice Improvement reported that DWIHN staff met with eleven (11) CMH providers for the School Success Initiative on Friday, September 25, 2020 to discuss the redesign of Children's Services. Staff will continue to collaborate with the CMH providers to enhance children's services to ensure the four identified risks (depression/anxiety; bullying; dating violence; and suicide) are being addressed. Eric Doeh, Deputy CEO/COO reported that DWIHN's and CMH's clinical team will develop four mental health prevention training modules to address the identifiable risks. There will be three versions of the identifiable risks to accommodate the unique developmental needs of the elementary, middle and high school populations. A pre/post test will be developed county-wide using a survey platform and everything will be linked back to the Strategic Plan. The providers will only receive funding for the first four months (October 2020-January 2021) in order to continue to serve students currently in identified schools. DWIHN will evaluate the progress, performance, and create a more cohesive plan to ensure accessibility to services to more children, youth and their families within the Wayne County system during these four months. A recommendation will be

	<p>made on how to allocate the remaining funds for the remainder of the fiscal year once this is developed. A timeline for this initiative was included in the report. Dr. Taylor opened the floor for discussion. Discussion ensued. The Chair bundled all reports and called for a motion to accept the Corporate Compliance and Medical Director’s reports; Access and Crisis Services and Utilization Management’s Quarterly reports and the School Success Initiative’s update. Motion: It was moved by Dr. Tauveg and supported by Chief Riley to accept the Corporate Compliance and Medical Director’s reports; Access and Crisis Services’ quarterly reports and the School Success Initiatives’ update. Motion carried.</p>
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VIII. Quality Review(s) - None

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. Strategic Plan-Quality Pillar – April Siebert, Director of Quality Improvement submitted and gave highlights on the Strategic Plan-Quality Pillar Report. Ms. Siebert reported that the goal of the Quality Pillar is to improve the quality in safety and clinical care services provided to our clients. There are four high level organizational goals under the Quality Pillar. They range from 43%-95%. Since the last reporting cycle in July, there has been a 16% increase for the Quality Pillar bringing the overall percentage from 45% to 65% completion. There are 17 sub-goals under this pillar with an overall goal completion of 55%. The Chair called for a motion to accept the Quality Improvement’s Quarterly report. Motion: It was moved by Dr. Tauveg and supported by Chief Riley to accept the Strategic Plan-Quality Pillar report. Dr. Taylor opened the floor for further discussion. There was no discussion. Motion carried.</p>
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IX. Chief Clinical Officer’s (CCO) Report

<p>DISCUSSION/ CONCLUSIONS</p>	<p>Kimberly Flowers, Provider Network Clinical Officer submitted a full report and gave highlights on the Chief Clinical Officer’s report in the absence of Melissa Moody, Chief Clinical Officer. Ms. Flowers reported that:</p> <ol style="list-style-type: none"> 1. COVID-19 and Inpatient Psychiatric Hospitalization – Hospitalization data shows an increase in admissions for the month of September by 2.5%. No reported cases of COVID-19 patients. 2. COVID-19 Intensive Crisis Stabilization Services – COPE had a 10% increase for the month of September – 216 served; and Team Wellness had a 24% increase for the month of September – 42 served. 3. COVID-19 Pre-Placement Housing – There were no admissions for Forever Care Home for the month of September; and four admissions for the Detroit Family Homes for the month of September. 4. Residential Department Report of COVID-19 Impact – From 3/30/20 to 9/30/20, 169 positive cases were reported and 34 reported deaths. Total number of cases in residential placement increased by three and number of deaths increased by one since the last report. 5. COVID-19 Recovery Housing/Recovery Support Services – There were 29 clients served through September 30th for Quality Behavioral Health and six (6) served for the Detroit Rescue Mission Ministries (DRMM). 6. COVID-19 Urgent Behavioral Health Urgent Care Sites – There were six (6) adults served in September for Community Care Services; 17 adults served in
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	<p>Northeast Integrated Health; and 13 youths served for The Children’s Center. There was a decrease in admissions and no COVID positive cases for the month of September.</p> <p>7. COVID-19 Testing, Tracing and Reporting – DWIHN collaborated with the City of Detroit Health Department and the Wayne County Health Department to provide COVID-19 testing for persons served in residential or community living arrangements, as well as staff.</p> <p>Discussion ensued. The Chair called for a motion to accept the Chief Clinical Officer’s report. Motion: It was moved by Dr. Tauog and supported by Chief Riley to accept the Chief Clinical Officer’s Report. Dr. Taylor opened the floor for further discussion. There was no further discussion. Motion carried.</p>
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X. Unfinished Business

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. BA# 21-01 (Revised) – Wayne County Jail Diversion– The Chair called for a motion on BA #21-01 (Revised). Motion: It was moved by Mrs. Ruth and supported by Chief Riley to move BA #21-01 to Full Board for approval. Staff requesting a continuing and modified contract with the providers listed in the board action for the jail diversion program. Dr. Taylor opened the floor for discussion. Discussion ensued. Motion carried.</p> <p>B. BA# 21-08 (Revised) – Certified population health management and data analytics tool vendor solution – Healthcare Effectiveness Data and Information Set (HEDIS) – Vital Data Technology, LLC – The Chair called for a motion on BA #21-08 (Revised). Staff requesting board approval to amend the contract with Vital Data Technology to add the Care Coordination platform. Motion: It was moved by Mrs. Ruth and supported by Chief Riley to move BA #21-08 (Revised) to Full Board for approval. Staff is requesting approval to amend the contract with Vital Data Technology to add the Care Coordination platform. This platform will support DWIHN’s pilot projects with Medicaid Health Plans and enable DWIHN to perform Care Coordination activities more efficiently. Dr. Taylor opened the floor for discussion. There was no discussion. Motion carried.</p>
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XI. New Business: Staff Recommendation(s) -

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. BA# 21-13 – Wayne County CFS, Jails and Third Circuit Court – Wayne County – The Chair called for a motion on BA #21-13. Motion: It was moved by Chief Riley and supported by Mrs. Ruth to move BA #21-13 to Full Board for approval. Staff requesting board approval to enter into a one-year renewal contract with Wayne County Third Circuit Court-Clinic for Child Study, Wayne County Department of Health Human and Veteran’s Services and Wayne County Jail. Dr. Taylor opened the floor for discussion. There was no discussion. Motion carried.</p> <p>B. BA# 21-17 – Multicultural Integration and Veteran’s Navigator – Provider list included in Board Action - The Chair called for a motion on BA #21-17. Motion: It was moved by Dr. Tauog and supported by Chief Riley to move BA #21-17 to Full Board for approval. Staff requesting board approval of the revised contract with the Association of Chinese Americans to increase the</p>
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	<p>amount to \$19,625.00 from \$12,000.00 in General Fund. Dr. Taylor opened the floor for discussion. There was no discussion. Motion carried.</p> <p>C. BA# 21-36 – Independent Evaluator for Autism Spectrum Disorder – The Children’s Center - The Chair called for a motion on BA #21-36. Motion: It was moved by Mrs. Ruth and supported by Chief Riley to move BA #21-36 to Full Board for approval. Staff requesting board approval for a two-year period, including a two-year renewal option to perform the Autism assessments. Dr. Taylor opened the floor for discussion. There was no discussion. Motion carried.</p> <p>D. BA# 21-38 – Self-Determination Services – Community Living Services (CLS) – The Chair called for a motion on BA #21-38. Motion: It was moved by Chief Riley and supported by Mrs. Ruth to move BA #21-38 to Full Board for approval. Staff is requesting approval for a one-year contract renewal with CLS for continued implementation of the Self-Determination initiatives and provision of a comprehensive Wayne County wide direct care training for FYs 2020/21 (October 1, 2020 through September 30, 2021). Dr. Taylor opened the floor for discussion. There was no discussion. Motion carried.</p> <p>E. BA# 21-39 – PIHP Contract – Michigan Department of Health and Human Services (MDHHS) - The Chair called for a motion on BA #21-39. Motion: It was moved by Chief Riley and supported by Mrs. Ruth to move BA #21-39 to Full Board for approval. Staff request approval for the Detroit Wayne Integrated Health Network’s (DWIHN) Prepaid Inpatient Health Plan (PIHP) contract with the State of Michigan’s Department of Health and Human Services (MDHHS) for Fiscal Year 2020/21. Dr. Taylor opened the floor for discussion. There was no discussion. Motion carried.</p> <p>F. BA# 21-40 – School Success Initiatives – Arab-American and Chaldean Council - The Chair called for a motion on BA #21-40. Motion: It was moved by Dr. Tauieg and supported by Chief Riley to move BA #21-40 to Full Board for approval. Staff is requesting approval of one-year contract for the School Success Initiative with the providers listed in the board action. Dr. Taylor opened the floor for discussion. Discussion ensued. The committee requested that staff make language changes and dollar amounts in BA #21-40 and bring before the Executive Committee next Monday for review and approval. (Action) The Chair called for a motion to bring BA #21-40 before the Executive Committee for further discussion and approval. Motion: It was moved Dr. Tauieg and supported by Mrs. Ruth to bring BA #21-40 with the recommended changes before the Executive Committee for further discussion and approval. Motion carried.</p>
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XII. Good and Welfare/Public Comment

<p>DISCUSSION/ CONCLUSIONS</p>	<p>The Chair asked if there were any Good and Welfare/Public Comment. Lillian Blackshire, Board Liaison informed everyone that the next month’s Program Compliance Committee meeting will be held on Thursday, November 12, 2020 due to Veteran’s Day being on Wednesday, November 11, 2020 in which the office will be closed.</p>
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ACTION ITEMS	Responsible Person	Due Date
1. Follow-Up Item from Previous Meeting: Provide Program Compliance Committee with follow-up on the bed bug infestation – Provide written documentation of bed bug infestation being resolved	April Siebert	November 12, 2020
2. New Business: BA #21-40 School Success Initiatives - Make language changes and dollar amounts in BA #21-40 and bring before the Executive Committee next Monday for review and approval	Ebony Reynolds	Executive Committee October 19, 2020

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

ADJOURNED: 2:53 p.m.

NEXT MEETING: Thursday, November 12, 2020 at 1:00 p.m. *(Virtual Meeting)*



CORPORATE COMPLIANCE MEMORANDUM

TO: Dr. Iris Taylor, Chairperson
Program Compliance Committee

FROM: Bernard K. Hooper
Corporate Compliance Officer

DATE: November 12, 2020

RE: REPORT TO PROGRAM COMPLIANCE COMMITTEE

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

HSAG PMV: The PMV review was conducted on July 9th, 2020. The draft PMV report was received on August 25th, 2020 with feedback based on the findings from the review due to HSAG by September 1, 2020. DWIHN accepted the findings which detailed that DWIHN has met all required reportable areas with the exception of BH-TEDS Data Elements (*Disability Designation). A workplan has been developed with the assistance of DWIHN's IT and PCE Vendor. PCE has corrected the software issue, including correction of the historical data. HSAG has submitted DWIHN's final report on September 25th, 2020 with no plan of correction required.

Performance Improvement Project (PIP) Improving Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using an Antipsychotic Medication: The PIP report was submitted to HSAG on June 30th, 2020. HSAG submitted to DWIHN a draft Preliminary Report on July 20th, 2020 with the opportunity to address any Partially Met and/or Not Met due to HSAG by Friday, August 14, 2020.

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Dr. Cynthia Tauger



Additional documentation was submitted addressing the Partially Met and/or Not Met areas on August 14th, 2020. DWIHN's initial submission received a Percentage Score of Evaluation (45%) and a score for Percentage Score of Critical Elements (50%). DWIHN's final report was submitted from HSAG on October 27th 2020. The resubmission final report received a Percentage Score of Evaluation (85%) and a score for Percentage Score of Critical Elements (80%). The three areas in which DWIHN received a Partially Met and/or Not Met include the following:

Section IV. C – DWIHN must describe the eligible population in the denominator description rather than listing the exclusion criteria (Partially Met).

Section IX. C2. DWIHN has not demonstrated improvement in the study indicator result (Not Met).

Section IX. C3. The study indicator did not achieve statistically significant improvement over the baseline (Not Met).

There is no Plan of Correction (POC) required. It is recommended per HSAG that the causal/barrier analysis is revisited at least annually to ensure barriers identified remain appropriate and potentially identify any new barriers. This will assist in the development of interventions or the need to modify or discontinue existing interventions. DWIHN will also develop intervention specific evaluations to determine its effectiveness and impact on the study indicator outcomes and use that data to drive decisions on our QI efforts.

Compliance Review: DWIHN received the final Compliance Report from HSAG on March 10th, 2020 which required a Plan of Correction (POC). A POC status update was due to HSAG on June 4th and July 17th with supporting documentation due on August 28, 2020 on the implementation of the plan. All required documentation has been submitted to HSAG as required with progress for the identified areas noted below. DWIHN is currently waiting on feedback and acceptance of the implementation of the POC.



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Children's Redesign Update Program Compliance Committee 11/12/20

PROJECT UPDATE

Detroit Wayne Integrated Health Network leadership continues to partner with the Children's Community Mental Health agencies within Wayne County to complete **Phase I – Increasing Accessibility – Prevention Services**. As stated in the previously, the following is in progress:

- DWIHN and CMHs' clinical team is developing and finalizing the four (4) mental health prevention training modules to address the four (4) Identifiable Risks: Suicide; Anxiety/Depression; Dating Violence; and Bullying. (Ensure this is reflective of the Michigan Model utilized by schools.)
- In order to ensure the Michigan Model is reflective in the curriculum created, DWIHN would like to purchase the curriculum for the 11 CMH agencies. The Michigan Model for Health™ (MMH) is a comprehensive health education curriculum that targets Pre-K through 12th grade students utilizing a skills-based approach. The MMH curriculum teaches students the knowledge and skills they need to build and maintain healthy behaviors and lifestyles. Age-appropriate and sequential lessons focus on the most serious health challenges school-aged children face. (Social & Emotional Health, Nutrition & Physical Activity, Safety, Alcohol, Tobacco & Other Drugs, Personal Health & Wellness, and HIV/AIDS & Other STIs). **Curriculum Cost Pre-K through 12th Grade - \$3,263.50; Total cost for 11 agencies to purchase curriculum - \$35,898.50.**
- May be necessary to have three (3) versions of the identifiable risks to accommodate the unique developmental needs of the elementary, middle school and high school populations.
- Each curriculum/module would be in PDF, Word and PowerPoint formats for dissemination to the CMHs. This will allow for vetting by principals and others who may want to preview the curriculum.
- Develop 1 – 2 interactive, fun activities as part of the curriculum during the 30-minute presentation to ensure engagement, particularly in a Zoom format.
- When appropriate, a face-to-face large forum assembly styled may be an option with strict adherence to CDC's recommendations.
- A pre/posttest may be developed, county-wide using a survey platform. Each of the CMHs will launch the survey tool and collect the data responses from students and staff attending each session. The results of the data will be analyzed to ensure and enhance program design.

Board of Directors

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Willie E. Brooks, Jr., President and CEO



- Community involvement, that is townhalls could be held in partnership with Wayne RESA or other partners focusing either on districts or specific schools. Exploring whether the use of Zoom in this design will be a viable option will be necessary.
- There have also been communications with the Children’s Initiatives Department and the Mayor’s Office for the City of Detroit regarding collaboration to create access to services.
- Ensuring children and families have access to services whether it’s via telehealth, in-person, etc.
- In preparation to roll out the curriculum, communication from DWIHN in collaboration with the CMH agencies will be distributed to all schools in Wayne County offering services and supports to students.

As Phase I is being finalized, our focus turns to ***Phase II – Identifying Deliverables and Measurables.***

- DWIHN leadership has been reviewing our current databases that are used to collect data for children’s services and determine what elements can be captured in one electronic record. We are also identifying what are important elements that are missing and needed to be added to the same electronic record.
- Additionally, we are collecting data regarding CMH agency involvement in Wayne County Schools in order to create the best plan to implement the rollout of the curriculum, and how this data will be captured.

This phase will also include collaboration between DWIHN and hospitals/clinics. We will still have to identify a structure and referral network process.



CHILDREN'S INITIATIVES – BRIEF ANNUAL REPORT – FY19-20

CHILDREN SERVED:

During Fiscal Year 2019-2020, Detroit Wayne Integrated Health Network served **15,141** children, youth and families in Wayne County ages 0 up to 18. These numbers include all children and youth within the Disability Designations of Serious Emotional Disturbance (SED) and Intellectual/Developmental Disability (I/DD).

- Children and youth served with an SED diagnosis ages 0 to 18 totaled **10,883**. (Due to Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines, youth ages 18-21 with an SED designation are able to be served through children's services; however, at this time we are not able to extract this data due to a glitch in the system which we are addressing.)
- Children and youth served with an I/DD diagnosis ages 0 to 18 totaled **4,258**.
- Children and youth with an Autism diagnosis from ages 0-18, totaled **1,915** which could receive a disability designation of either SED or I/DD.

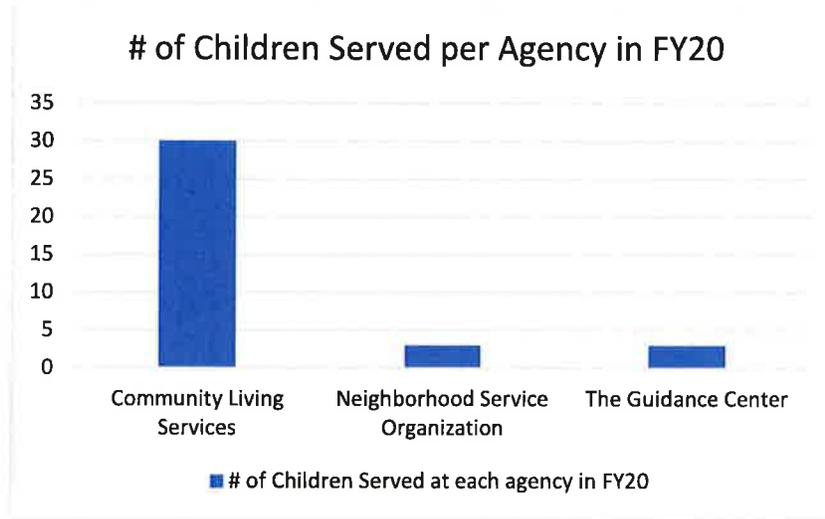
In comparison to last Fiscal Year, the number of children, youth and families served appeared to have a decrease, which is likely a direct result of the COVID pandemic. However, until we can extract the numbers served for the youth ages 18-21, the actual decrease cannot be determined. ***It should be noted there is a 60-day lag in claims submission; therefore, numbers are likely not reflective of the entire fiscal year.

CHILDREN'S CRISIS DATA:

As of October 9, 2020, there were **1,839 unduplicated** consumers who were screened by our three Children's Crisis Screeners (The Guidance Center, The Children's Center, and New Oakland Family Services) in Fiscal Year 2019-2020. **1,412 consumers** were diverted to a lower level of care for a **diversion rate of 77%**.

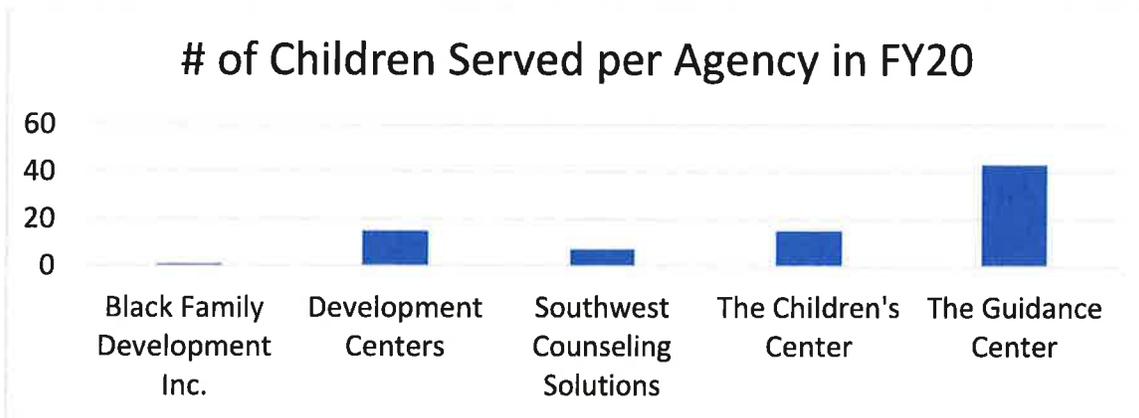
CHILDREN'S WAIVER PROGRAM:

The Children's Waiver Program (CWP) makes it possible for Medicaid to fund home and community-based services for children with Intellectual and/or Developmental Disabilities who are under the age of 18 when they otherwise wouldn't qualify for Medicaid funded services. Three Provider Agencies deliver services to children and youth on this waiver: Community Living Services (CLS), Neighborhood Services Organization (NSO) Life Choices, and The Guidance Center (TGC). A total of **36 consumers** were served.



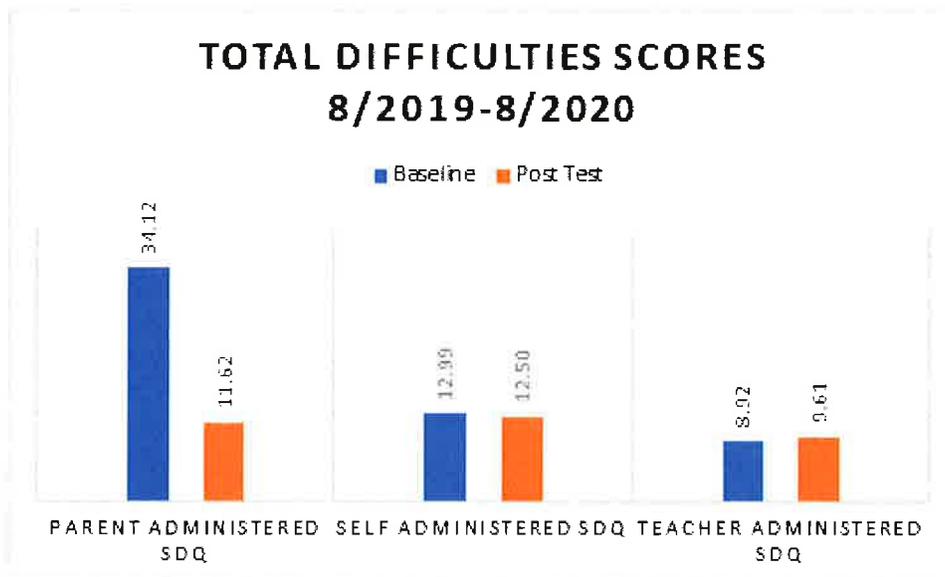
SERIOUS EMOTIONAL DISTURBANCE WAIVER:

The Serious Emotional Disturbance Waiver (SEDW) program provides an array of community mental health services to children and youth ages 0-21 who are involved with child welfare, have been adopted, or are seeking community mental health services under Medicaid. We were required to serve at a minimum of 65 children and youth in this program, and we exceeded by 16 as we **served 81**.



SCHOOL SUCCESS INITIATIVES:

During FY19-20, **8,182 students** received services for all 3 Tier Levels. A total of **16,792 services** were delivered. The services included: case management, classroom observation, consultation, crisis intervention, family therapy, individual therapy, group therapy, psychoeducation, and other.



Over the past fiscal year, the 11 Community Mental Health Agencies have been administering the Strengths and Difficulties Questionnaire (SDQ) with parents, students and teacher. The initial test was completed as a baseline with an expectation that a post test would be completed in order to measure student level of improvement. There was a large return rate for baseline SDQs which was 6,837. Unfortunately, due to the COVID-19 pandemic there was an extremely low rate of return for the post test which was only 314. Therefore, the numbers do not accurately reflect the level of student improvement.

During the Fiscal Year, **four (4) risk factors** were identified in order to increase accessibility to children, youth and families within Wayne County. DWIHN staff have collaborate with the Children’s Community Mental Health (CMH) providers to enhance children’s services to address the risks. The following are the identifiable risks:

- **Depression and Anxiety:** 62% of students experience symptoms of depression and 56% experience symptoms of anxiety;
- **Bullying:** 65% of students who have heard students called mean names and 71% of students have heard rumors or lies being spread about other students.
- **Dating Violence:** 33% of students reported witnessing community or domestic violence, 61% of students who have seen students get pushed, hit, or punched, 51% of students heard students threatened to hurt other students.
- **Suicide:** 31% of students reported having thoughts of suicide or self-harm; 23% of students reported having seriously thought about attempting suicide; one-third of students in grades 8 – 12 have considered suicide.

PATIENT HEALTH QUESTIONNAIRE – ADOLESCENTS (PHQ-A):

Data from Fiscal Year 19-20 was assessed to determine growth in the completion of PHQ-A assessments for youth within the network between the ages of 11-17.

The PHQ-A assesses for depression and suicidality and allows DWIHN providers to assess at intake then continue screening for these symptoms every three months until the symptoms recede. According to the data, DWIHN providers showed much improvement in completing these assessments upon intake, with **88.9%** of youth between the ages of 11-17 receiving a PHQ-A at the start of treatment, up from **71.7%** in Fiscal Year 18-19. Compliant completion of follow-up screens also showed some improvement as well. Each children’s provider received a breakdown of their agency’s compliance with completing the PHQ-A and every one of those providers renewed their commitment to increasing compliance to meet **DWIHN’s goal of 95% overall completion** in both areas (PHQ-A at intake and compliant 3-month follow-up for those who score 10 or higher on the screening).



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Access and Crisis Services Annual Summary: FY 19/20

The Access and Crisis Unit has been working remotely as of March 16, 2020. Request for crisis services across all programs had decreased due to COVID, however, numbers have consistently increased near the end of the 3rd quarter.

Crisis Stabilization Units (COPE and Team Wellness Center) and the Psychiatric Urgent Care (Community Care Services and Northeast Integrated Health) sites continued to serve individuals face to face, however mobile teams completed Pre-Admission Reviews telephonically. COPE and Hospital Liaison staff resumed face to face visits at most hospitals in August and September. Children's Crisis Providers are in the process of resuming face to face visits. The Children's Center Crisis Care Center resumed face to face and Safehaus re-opened in September.

FY 19/20 Accomplishments

- Familiar Faces workgroup with DPD has engaged 65% of individuals in CMH services. There are 15% that have received long-term housing.
- Members of COPE Leadership have been key contributors to Detroit Police Department's Mental Health Partnership Workgroup, which meets bi-weekly to coordinate care and services for an identified group of high utilizers, or "familiar faces. Hegira has also developed additional partnerships with the following local law enforcement agencies including: Plymouth and Grosse Pointe to receive Mental Health 1st Aide Training and participate in the CIT program. Services have been expanded to Canton and conversations are occurring with Romulus and Livonia.
- Finalized CRSP Responsibilities and disseminated to all CRSP Providers. Documentation will assist in providing and coordinating services for the individuals we serve.
- Established a second Crisis Stabilization Unit with Team Wellness Center (TWC). As of April 11, 2020, TWC has served 238 cases.
- Documented Crisis Alerts in Consumer Records for identified recidivistic cases
- Hospital Liaison Staff and COPE mobile intervention teams resumed face to face visits with most Emergency Departments in August/September. Face to face assessments appear to be more effective in diverting individuals to lower levels of care.

Plans for FY 20/21

- Implement and Complete Transition Plan for the Access Call Center
- Finalize Pre-Admission Review (PAR) Screening for Stabilization Cases only to improve performance of follow-up appointments and to connect Familiar Faces in the ED to a CRSP.

- Continue to working with DPD to develop process for routing 911 calls directly to Crisis Line
- Increase use of “crisis alerts” to impact inpatient recidivism rates.
- Develop CRSP alert system in MH-WIN for when individuals have received services by Crisis Providers
- Continue DWIHN participation in the design and planning of MDHHS statewide crisis line (MiCAL)
- Develop workgroup to revise crisis plan in MH-WIN.
- Access Center to schedule appointments for discharge from medical units for individuals needing to follow up in addressing behavioral health needs



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CLINICAL PRACTICE IMPROVEMENT YEAR-END REPORT FY 19/20

Med Drop

During fiscal year 19/20, DWIHN developed a contract with Genoa pharmacy to establish a program called Med Drop to support the transition of ACT members who have been in the ACT level of care for multiple years in treatment into a lower level of care. Med Drop is a community-based intervention that focuses on improving medication adherence for adults and children who have challenges taking their medications in the prescribed manner. Due to this difficulty, adults and children have more challenges managing their behavioral health symptoms, are often in a more restrictive level of care, and could likely use more support in improving their quality of life.

The Med Drop Program improves medication adherence by delivering medication directly to the members residence 365 days per year, while observing the client self-administer his/her medication. The Med Drop program provides education to the member about his/her specific medications and assists the member in identifying and implementing organizational strategies to take his/her medications as prescribed. The members who participate in the Med Drop Program have a 90% or better medication adherence rate, a reduction in psychiatric hospitalization usage and a reduction in crisis home usage.

ACT Step Down

For FY 19/20 DWIHN established a pilot program that involves 3 ACT providers; Lincoln Behavior Services, Northeast Integrated Health Network, and Community Care Service called ACT Step Down (ACT-SD). ACT-SD is an intensive clinical case management model with a foundation in wellness management and recovery practices. This program is designed to support members in transition from ACT level of care to High Intensity Community Outpatient. Unlike ACT where multiple services are bundled together requiring a multidisciplinary team, ACT-SD staff will be limited to psychiatry, nursing, clinical case management, and peer supports. However, if an immediate need arises the specialists on the

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primary ACT team would be utilized as a first responder to help assess and monitor the need until resolved. It would then be determined whether the members need transitioning back to ACT level of care or continue with the current authorized service.

The Intensive Case Manager will provide individualized support services to persons who have been referred to and meet eligibility criteria for the ACT-SD program in order to promote recovery, stability and independent living. The Intensive Case Manager has the ability to meet members where they are by supporting them to develop and implement goals in an effort to make positive changes in their lives. This position requires a dynamic individual with skills in the areas of advocacy, crisis intervention and conflict resolution. For FY 2019-2020 ACT-SD served 10 members all of which have not had any inpatient hospital admissions since being aligned to the program. The COVID-19 pandemic did slow enrollment of members last year but intakes are expected to increase for next fiscal year.

ACT

Assertive Community Treatment (ACT) is a community-based approach to comprehensive assertive team treatment and support for adults with serious mental illness. Services are targeted to a specific group of individuals with serious mental illness. ACT team members share responsibility for the individuals served by the team, the staff to member ratio is at least 1:10, the range of ACT treatment and services is comprehensive, interventions are carried out in vivo rather than in clinic or hospital settings, and services are individualized. For FY 19/20 there are currently 9 DWIHN ACT providers and they have served more than 3404 members. ACT providers also participated in monthly ACT forums and have participated in ACT fidelity reviews facilitated by DWIHN Clinical Practice Improvement department where 5 out of 9 providers scored an 88% or higher on the ACT fidelity review.

Clinical Practice Improvement reconvened the monthly Behavioral Health Learning Collaborative meetings, where DWIHN provider work groups meet to provide feedback on implementing and providing feedback on the Individualized Treatment plan, Level of Care Utilization Service (LOCUS) and Progress Notes. Executive Leadership from DWIHN ACT, outpatient, and children providers participate and provide feedback on DWIHN procedures and universal assessments.

Evidence Based Supported Employment Annual Outcome Summary FY 19/20

A total of nine (9) DWIHN provider partners successfully delivered Evidence Based Supported Employment Services also known as Individual Placement Support (IPS), an evidence-based practice model for individuals with a serious behavioral health condition to obtain a competitive job in the community based on choice and preferences, with the assistance of Employment Specialists through follow along supports in partnership with Michigan Rehabilitative Services (MRS) and Bureau of Services for Blind Persons.

There were (790) referrals, (523) admissions, (434) employed with an average hourly wage of (\$12.02). Individuals served worked in a variety of industries alongside those who were non-disabled such as manufacturing, food service, hospitality, healthcare, retail, janitorial and held positions as: Maintenance Worker, Health Services Aid, Cashier, Truck Driver and Receptionist.

Such ancillary services as transportation assistance, clothing, employability skills training and job coaching, assistive technology and training for individuals with visual impairments, were provided by the Michigan Rehabilitation Services (MRS) and Bureau of Services for Blind Persons (BSBP) to assist individuals served to achieve employment success.

Peer Supports Specialists utilizing their lived experience continued to be a major contributor to the recovery journey of members served as job club facilitators, job coaches as well as through linking and coordination of needed services and supports, which have resulted in positive employment outcomes.

All EBSE staff from DWIHN's partner agencies participated in the following MDHHS sponsored training: ESBSE/IPS Refresher, EBSE/IPS for Supervisors Training, Job Development and Retention, Benefits and Work Incentives training and obtained technical assistance as needed to ensure fidelity to the IPS model and improve staff competences in areas identified as requiring improvement, such as job development and retention, team-based services with clinical team and time unlimited follow along supports.

Services and Supports Provided

- Vocational Assessment
- Skills Development i.e. resume writing, job interviewing skills, computer operations/use of social media platforms in job search
- Job Development and placement
- Rapid Job Search
- Benefits/Work Incentives Planning/Counseling
- Follow along supports for employer and individual served to maximize job retention

Accomplishments

All nine providers continued to maintain fidelity to the IPS practice model for supported employment.

With supports, individuals who had a desire to work as outlined in their IPOS obtained community-based jobs of their choosing, with an average hourly wage that far exceeded the Michigan minimum wage of 9.65 per hour while keeping their federal entitlements through benefits counseling.

Outcomes as Reported by Individuals Served

- Increase in community integration.
- Reduction of stigma re; behavioral health condition in the workplace.
- Decrease in behavioral health symptoms.
- Improved self-management of behavioral health symptoms.
- Improved relationship with family members and other significant others.
- Increased self-sufficiency/autonomy.
- Improved self-esteem and overall well-being.
- Increased income as well as pride in working.

FY 20-21 EBSE Goals

- Encourage EBSE providers to develop and implement a program improvement plan for a score of three (3) or less on their fidelity review, which will be monitored by the Michigan Department of Health and Human Services (MDHHS) and DWIHN.
- Increase number served who have a desire to work in the community with assistance.
- Assist providers with exploring alternative funding streams to achieve long-term program
- Sustainability i.e. braided funding of members served with MRS.
- DWIHN- Program Manager will continue to monitor service utilization, provide technical assistance as needed to ensure provider adherence to program fidelity.

Jail Diversion Projects

Jail Diversion programs help divert members with serious mental illness and often co-occurring substance use disorders, away from the criminal justice system. Diversion efforts allow for community integration; mental health treatment; reduced hospitalizations; employment and housing linkages. Wayne County Stakeholders use the Sequential Intercept Model to identify available resources, determine gaps in programming, and direct-action plans across the behavioral health system.

Under Clinical Practice Improvement (CPI), there are several jail diversion programs. During fiscal year 19/20, Downriver Veteran's Court provided treatment services to 20 veterans for serious mental illness, co-occurring disorders or substance use disorders caused by traumatic experiences from service in the military. Central City Integrated Health (CCIH) Mental Health Court, a post booking program through Third Circuit Court, diverts participants who committed a non-violent felony away from jail/prison and into the community. Last year they had 47 participants in their program. Lastly, Returning Citizens is a working collaboration comprised of Wellplace; Professional Consulting Services; Central City Integrated Health; Community Care Services; Northeast Integrated Health; and Team Wellness coordinating re-entry efforts for eligible members from prison into Wayne County CMH services.

The Wayne County Jail Mental Health Unit saw 3269 new admissions, and treated 6713 members. Jail mental health staff make concerted efforts to divert persons from jail and into community placement whenever feasible. The Community and Police Partnership Advocacy (CAPPA) program through Northeast Integrated Health (NIH) conducted mental health training for 974 police officers. The co-responder CAPPA police outreach program had a total of 2008 street encounters with homeless individuals. CPI participates on the State Incompetent to Stand Trial (IST) workgroup. The workgroup focuses on improving practices for evaluations; treatment and restoration; data review; and examination of criminal justice systems.

For FY 20/21, the CPI team is adding a co-responder and Detroit Homeless Outreach (HOT) component to the DWIHN jail diversion programs. NIH and Team Wellness will provide behavior health specialists to be paired with Detroit Police Department (DPD) officers trained in Crisis Intervention Team (CIT). CCIH will pilot the DHOT project, to bridge the gaps that exist between the police, homeless, and the service providers. The goal of both projects is to follow a crisis continuum of care that results 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 (MH) and/or substance use disorder (SUD) issues by providing access and linkages to quality mental health and substance use disorder treatment, health care services, and housing.

DDCAT Reviews FY 19/20

An estimated 50% to 75% of with diagnosed mental health or substance use disorder have a “dual diagnosis” in the form of the other disorder according to the National Survey on Drug Use and Health. Research has further revealed that the more severe the dual diagnosis, the greater the likelihood a dual diagnosis would be determined. The Dual Diagnosis Capability in Addiction Treatment (DDCAT) and the Dual Diagnosis Capability in Mental Health Treatment (DDCMHT) are evidence-based tool Detroit Wayne Integrated Health Network utilizes to assess the degree the service provider network can deliver comprehensive treatment for member with co-occurring mental health and substance abuse concerns at the program level. The goal of COD treatment is to help member with co-occurring disorders (also known as “comorbidities”) learn how to manage both illnesses. Both DDCAT and DDCMHT tools explore an organization's policies, clinical practices, and workforce capacities.

During FY 2019/2020, Clinical Practice Improvement, in collaboration with DWIHN Substance Use Disorder (SUD), and members of the Quality departments, facilitated DDCAT reviews on the SUD provider network. 37 programs were reviewed. Results of the reviews were used to determine if program offered members traditional substance use disorder

services, or addition only services (AOS), dual diagnosis capable (DDC) services, or dual diagnosis enhanced (DDE) services, or a mixture of some of those elements. DWIHN has determined that programs within the provider network should have at least DDC capabilities as we have recognized the prevalence of comorbidity is sufficiently high that we can say that comorbidity is an expectation, not an exception throughout the system of care.



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Customer Service PCC Annual Report FY 2019/2020

During the Fiscal Year of 2019/20, DWIHN's Customer Service Department was faced with opportunities during the COVID-19 Pandemic. These opportunities were to find innovative processes that would ensure that DWIHN members continued to receive the services that Customer Service was responsible for providing i.e. Call Center Operations; Member Welcoming; Member Grievances; Member Local Appeals/Medicaid Fair Hearings; Family Support Subsidy, Outreach, Member Education, Peer Training, Customer Service Standards Monitoring and Reporting; as well as Member Engagement and Experience.

Customer Service's mission has always been to assure the accessibility of effective behavioral health services and to continuously exceed its customers' expectations. During FY 19/20, the focus remained on:

1. Improving customer experience with services.
2. Ensuring appropriate engagement in choice of service and care.
3. Ensuring customers enrollee rights
4. Monitoring the satisfaction of customers
5. Enhancing customer and public information awareness
6. Preparing to meet NCQA re-accreditation and other contractor regulatory compliance expectations.
7. Ensuring members continue to receive uninterrupted Customer Service during COVID.

Welcome and Call Center Operations

During COVID the Access Center, Wellplace, initially took calls remotely for a few weeks as DWIHN's IT department implemented processes that allowed for the Customer Service Call Center staff to handle calls remotely. During the fiscal year, the Customer Service "Welcome Center" warmly greeted over 2,162 visitors in comparison to last fiscal year's 6,272. It

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should be noted that after March 13 2020, DWIHN no longer entertained visitors do to COVID. DWIHN's Welcome and Call Center collaboratively handled a total of 24,299 calls. A reduction from the previous year of 42,319. The 24-hr Access Center, processed 228,631 calls compared to 286,051 the previous year while meeting the abandonment standard of less than 5%.

The crisis line ProtoCall showed an increase in calls in FY 19/20. 15,450 inquiries were handled in comparison to 11,616 inquiry calls in FY 18/19 with an abandonment rate of 3.62.

The Family Subsidy division continued to handle over 6,000 phone calls and process over 1700 applications remotely without any interruption of services during the fiscal year.

Grievances and Appeals

Customer Service's Grievance division completed 53 grievances for FY19/20. A 54% decrease from the previous FY 18/19 whereby 97 grievances were addressed. The Grievance division also conducted numerous provider trainings to address updates in processes and technical assistance.

The Customer Service Appeals division completed a total of 28 appeals for FY 19/20. An estimated 17% decrease from the previous FY 18/19 where 34 appeals were completed. There was a total of 10 State Fair Hearings completed for FY 19/20, a 23% decrease from FY 18/19. 13 State Fair Hearings were completed. There were 53,073 Advance and Adequate Adverse Benefit Determination Letters sent in FY 18/19 and 32,278 Advance and Adequate Adverse Benefit Determination Letters sent for FY 19/20, approximately 39% less than the previous year. The Appeals division conducted multiple provider trainings and weekly technical assistance. They worked with Utilization Management Appeals and Denials Coordinator to develop a procedure for NCQA newest requirements and collaborated on the development of the templates for both Medicaid, Uninsured/Underinsured and MI Health Link programs. As well as assisted with the review and auditing of network appeals.

Performance Monitoring

Customer Service's Performance Monitoring division conducted 47 annual provider site reviews to ensure compliance standards were addressed and maintained in the areas of Customer Service, Grievances, Appeals and Enrollee Rights. In the fiscal year Quarterly Customer Service Provider Meetings were held to ensure providers were advised of updates and the importance of Customer Service mandated standards. Meetings evolved into virtual venues as a result of COVID.

Member Engagement and Experience

In response to the statewide stay at home order, the Member Engagement found new ways to connect with members. To remediate the risk associated with social isolation and engage members for support, the team used the following methods:

- Dedicated phone line with weekly updates on services, rights and COVID related matters
- Offered basic technology instruction to members, and some professionals who joined the virtual teaching series
- Expanded use of the text line to share updates and make event announcements
- Issued to special editions of the newsletter to share information on time-sensitive matters
- Started the SOULS (Supportive, Outreach, Understanding, Life-Situations) Casual Chats which are informal conversations with members and other interested persons
- Initiated “Postal Pals” which involved sending out encouraging messages, letters and cards to identified members

The staff continued to outreach using its Quarterly member meetings (EVOLVE), the Persons Point of View newsletter, as well as the What’s Coming Up calendar. The Constituents’ Voice member advisory group continued to meet virtually and offer recommendation for keeping members engaged during COVID. The Customer Service Member Engagement unit organized members, peers and ambassadors to participate in the first virtual Walk a Mile in My Shoes” rally.

The department coordinated one Peer Support Certification trainings along with MDHHS in FY19/20 resulting in 15 additional Peer Support Specialist being trained and certified. Bringing Detroit Wayne’s Peer Support Specialist total to 412. Two Detroit-Wayne Peers were awarded the Cookie Gant award at the Recipient Rights Annual Conference.

Customer Service continued assessing and initiating process improvement efforts as it pertained to member experience, an element of the Quality Improvement Process. In partnership with Wayne State University Center for Urban Studies, the team administered both the ECHO adult and children surveys. In addition, two provider satisfaction surveys were administered to the provider and practitioner network to assess their satisfaction with Detroit Wayne.

Policies & Procedures

Customer Service updated policies and procedures and provided various educational forums with the provider network to address NCQA and MDHHS processes and expectations.

Member Materials

Customer Service efforts to keep members informed included the revision of the Member Handbook, Provider Directory and member brochures. The member's quarterly newsletter, "Persons Points of View" was distributed to providers, as well as to member advocacy, advisory and support groups e.g. clubhouses, drop-in centers and the ARCs throughout the county. The "What's Coming Up!" calendar, another valuable publication of upcoming behavioral health events, continued to be updated twice monthly and available to the community electronically.

Submitted by: Michele A. Vasconcellos MSA, Director, Customer Service 11/2020



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**Year End Report
Integrated Health Care
Fiscal Year 2020**

Accomplishments in FY 20

DWIHN processed over 4500 MI Health Link referrals for services from the ICOs during the Fiscal Year, of which, behavioral health care was coordinated with the ICO for over one thousand of the members. IHC staff completed over 850 LOCUS assessments for MI Health Link members and participated in approximately 20 Integrated Care Team meetings with the ICOs during the Fiscal Year, as well as provided Transitions in Care services for 546 MI Health Link members who experienced a psychiatric hospitalization during the Fiscal Year.

IHC staff performed monthly Care Coordination Data Sharing meetings with each of the 8 Medicaid Health Plans (MHP) serving Wayne County. Joint Care Plans between DWIHN and the Medicaid Health Plans were developed, and outreach completed to members and providers to address gaps in care, for almost 200 members during the Fiscal Year.

IHC staff participated in integration pilot projects with two Medicaid Health Plans during the Fiscal Year: Blue Cross Complete of Michigan (BCC) and Total Health Care (THC). DWIHN and THC staff selected and began the implementation process for a shared electronic platform to assist in risk stratification of shared members, develop shared care plans, and document care coordination activities. Starting in September, DWIHN and BCC Care Coordinator staff held monthly care coordination meetings to review a sample of shared members who experienced a psychiatric admission within the past month to exchange information and address any identified gaps in care.

IHC collaborated with the Detroit Health Department for 2 Hepatitis A vaccination clinics at DWIHN Substance Use Disorder provider sites during the Fiscal Year. A total of 68 individuals were educated about Hepatitis A, and 45 individuals received vaccination against

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Hepatitis A during the clinics. A Hepatitis A and Flu vaccination clinic was also provided to DWIHN staff at the beginning of the Fiscal Year and 48 DWIHN staff were vaccinated against Influenza.

The IHC department managed 6 Quality Improvement Plans during FY 20, in the areas of Follow-Up visit with a Mental Health Practitioner after psychiatric hospitalization, Adherence to Antipsychotic Medication, Adherence to Antidepressant Medication, Decreasing the Use of Multiple Antipsychotic Medications, Diabetes Screening for people with Schizophrenia or Bipolar Disorder who are receiving Atypical Antipsychotic Medication, and Hepatitis A Risk Reduction. Interventions completed for the Quality Improvement Plans included the following: IHC staff made outreach calls to 616 members to remind them of their follow-up after hospitalization appointment, Revisions made to the after-hospitalization scheduling process to ensure that an appointment is made with a Mental Health Practitioner within 30 days of discharge, Short video created for repeated playback at provider sites that includes information and education regarding the importance of attending to and following up with behavioral and physical health care, and multiple educational materials were developed and presented to providers.

40 Complex Case Management cases were opened during the Fiscal Year and the majority of these members met their plan of care goals and were connected to behavioral and physical health care providers. Care Coordination services were provided to an approximately 400 additional members during the year who either did not meet eligibility criteria for CCM services, or declined to participate in CCM services.

IHC staff also participated in multiple forums to educate members and the community about behavioral and physical health care, including presenting at provider events and Women's Group, Detroit Health Department Convening session, Detroit Area Agency on Aging Seniors Event, and Constituents Voice meeting, participated in a Real Talk Panel and Facebook Live series with WXYZ-TV Channel 7, and contributed articles to the Persons Point of View newsletter.

In collaboration with Workforce Development department staff, IHC staff presented on myStrength to CRSP providers, Integrated Care Organizations, and at conferences. Two Integrated Care Organizations were so impressed with the myStrength application, that they began offering the application to the members that they serve for physical health care.

The IHC department applied for and was awarded block grant funding for FY 21 in the area of Integrated Care. The proposal was to place Peer Health Coaches in integrated care settings to educate and advocate for members to attend to their physical and behavioral health care.

The IHC department issued two Requests for Proposals during the Fiscal Year, one for a provider of Omnibus Budget Reconciliation Act/Pre-Admission Screen and Annual Resident Reviews (OBRA/PASRR) services, which was awarded to Neighborhood Services Organization; and one for a HEDIS Certified Population Health Management and Data Analytics Tool, which was awarded to Vital Data Technologies.

Goals and Objectives for FY 21

Implement the HEDIS Certified Population Health and Data Analytics and Care Coordination Platforms

Utilize the Care Coordination platform to integrate services with Medicaid Health Plan Total Health Care

Execute a contract with Henry Ford Health System Outpatient Services

Improve DWIHN performance on the Follow-Up After Hospitalization Performance Metric

Implement the Peer Health Coach program at two integrated provider locations

Obtain full points in the NCQA survey areas of Care Coordination and Complex Case Management



Contract Management (MCO Department)

The Managed Care Operations (MCO) Department continues to focus on developing, maintaining and continually evaluating the Detroit Wayne Integrated Health Network (DWIHN) providers. With over 400 providers in our network, consisting of SUD, Autism, MI-Health Link, IDD/SMI, Self-Determination and Grant Funded programs, we ensure network adequacy to provide quality services to individuals within the Detroit Wayne System. Additionally, we have continued to provide oversight for provider contracts as it relates to performance, outcomes and regulatory compliance to enrollees and to fulfill obligations of the Michigan Department of Health and Human Services (MDHHS) contract. There are 11 Provider Network Managers also known as Contract Managers overseeing 400 providers, serving over 75,000 members in Detroit and Wayne County.

The key components of maintaining a strong network of providers are:

1. Building a Partnership/Relationship with the providers.
2. Ensuring our Standardize Rate is competitive and adequate
3. Ensure provider compliance- with their contractual obligations with DWIHN.
4. Training and guiding the provider's on changes within our system and MDHHS changes ensuring understanding and competency
5. Monitor Performance of the provider network for contract renewal

Moving forward into FY'20-21, the MCO Department will continue to work diligently with our network of providers reviewing, monitoring, building relationships/partnerships and ensuring compliance with their contractual agreement.





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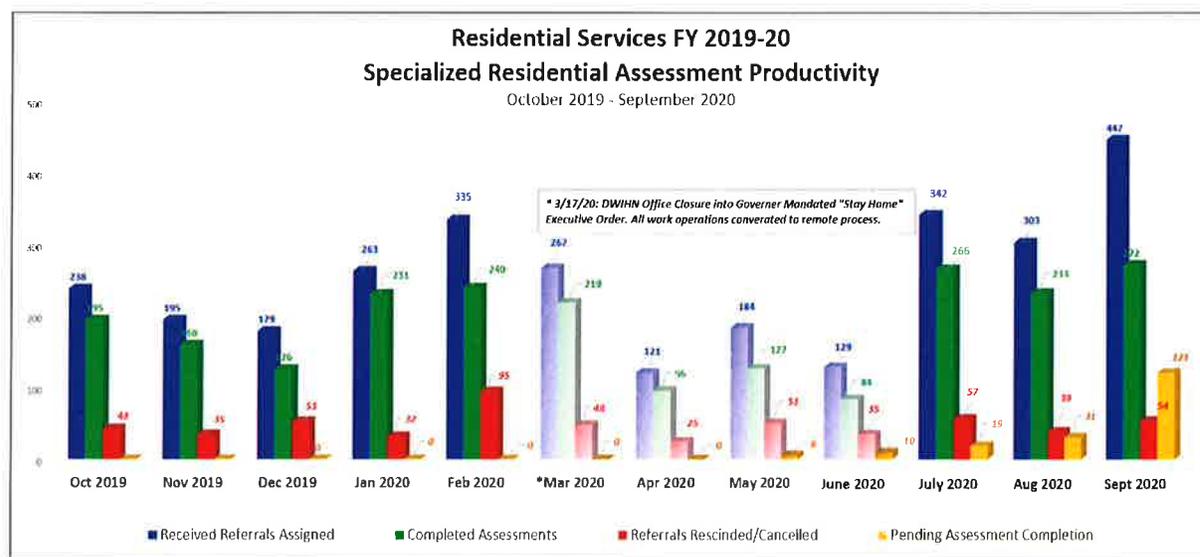
residentialreferral@dwihn.org

TDD: (800) 630-1044 RR/TDD: (888) 339-5588

2019-20 Fiscal Year Department Summary Residential Director, Shirley Hirsch, LMSW

Residential Assessment Productivity

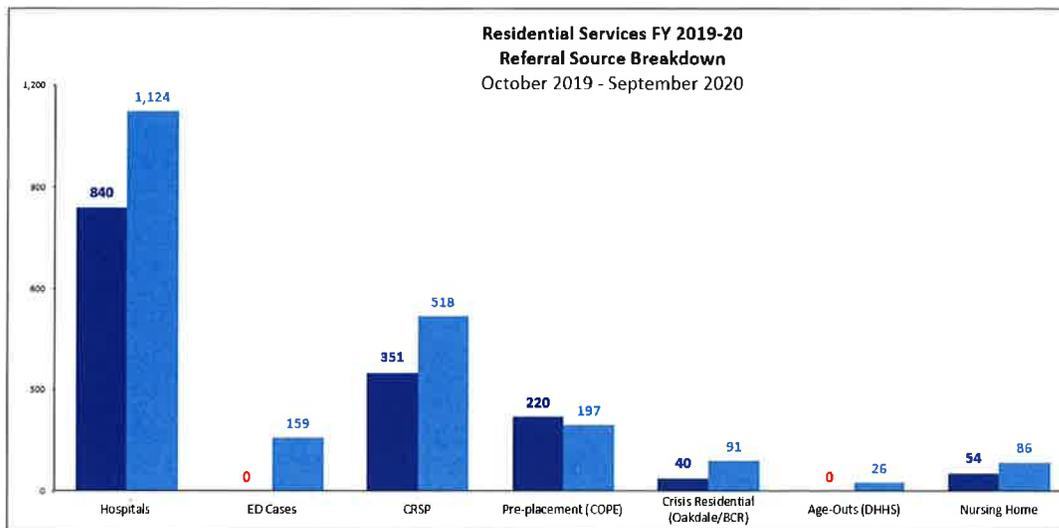
	2020	2019	% (-/+)
Received Referrals	3,003	2,437	23.2%
Completed Assessments	2,249	1,984	13.3%



Referrals

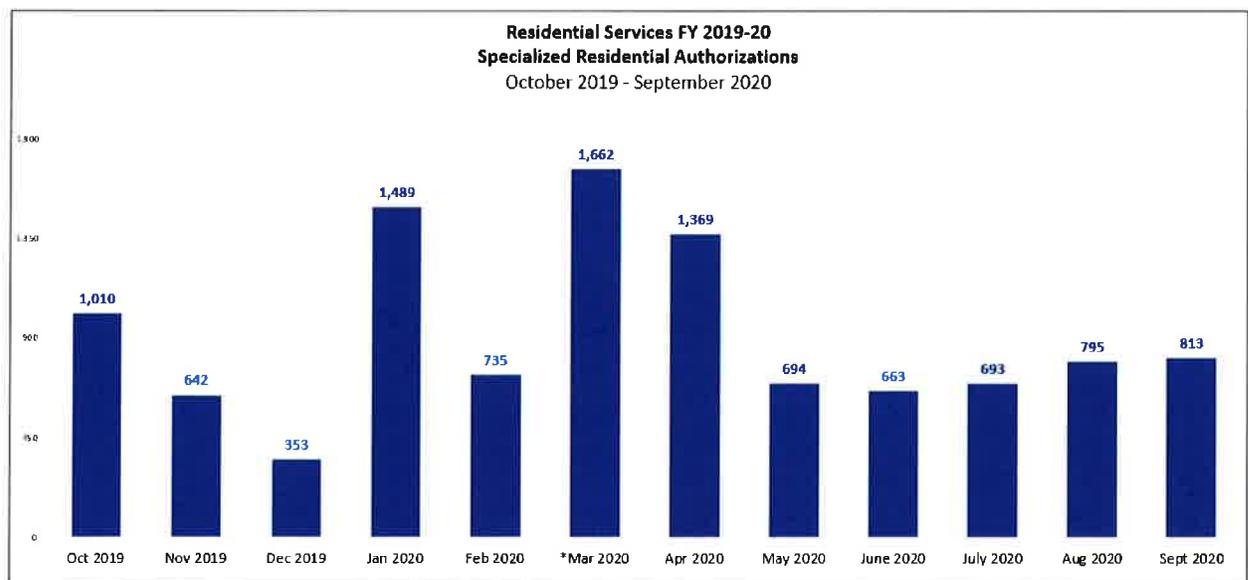
- Significant increase in **ED** and **DHHS Age-outs**

	2020	2019	% (-/+)
Hospitals	1,124	840	23.2%
EDs	159	<i>Did Not Report</i>	---
CRSP	518	351	47.6
Pre-placement (COPE)	197	220	-10.5%
Crisis Residential	91	40	127.5%
Age-Outs	26	<i>Did Not Report</i>	---
Nursing Homes	86	54	59.3%



Service Authorizations

	2020	2019	% (-/+)
1 st Quarter	2,005	336	496.7%
2 nd Quarter	3,886	614	532.9%
3 rd Quarter	2,726	1,365	99.7%
4 th Quarter	2,302	2,159	6.6%



- **Authorization Projects:**

- * 500 Project /Proof of Concept (2/6-4/20):

- * PCE Project (3/20-3/24); consumer residential address verification; 234 authorizations

- * Residential Authorizations Queue Launch (4/30/20): included over 102 auth corrections

- * CRSP Service Authorization Review/Entry Process

- * Internal process development: Page 26 of 106 Requests, H0043 Retirement, & PC/CLS Worksheets

COVID-19 Reporting

- **169** COVID-19 positive cases reported
* **95% decrease** since last quarter
- **34** deaths
* **93% decrease** since last quarter

	<u>COVID-19 Positive</u>	<u>COVID-19 Deaths</u>
3rd Quarter 3/30/20 – 6/30/20	161	31
4th Quarter 7/1/20 – 9/30/20	18	3

- **3** Licensed COVID-19 Quarantine Facilities; **10** available beds
* **12** potential licensed facilities to be considered event more sites are needed

Telecommunications

- **Project “Reach Out” (eff. 3/30/20):** The department established to maintain one-on-one communications and continue services to 741 specialized facilities to complete daily contact (reporting weekly) in support to over 200 residential providers to assist in notifying and informing of available support services to include:
 - * Obtaining additional personal protection equipment (PPE)
 - * Access to mandated COVID processes, procedures, and related resources
 - * Knowledge of available testing in Wayne County (9/1-9/15, facilitated by DHHS)
 - * Identify/report related problems; implementing solutions timely

Process Implementations

- Standardized Residential Progress Note, eff. 10/1/19
- Hospital/ED Referral Receipt Notifications, eff. 11/1/19
- Medicaid Spend-down Process Change, eff. 1/1/20
- Standardized Staff Planning Guide/SPG & Calculation Page Redevelopment
- DWIHN Remote Operations Transition, eff. 3/17/20
- CRSP Residential Emergent Consumer Transfer Process, eff. 5/5/20
- MHWIN Residential Assessment/SPG Implementation, eff. 6/1/20
- CRSP Transition of Service Authorization Request Process, eff. 6/5/20
- DWIHN Residential Temporary COVID-19 Quarantine Referral Guidelines & Process
- DHHS H0043 Retirement for Community Living Supports in Unlicensed Setting, eff. 9/30/20

Department Trainings

- Internal Department(s)
 - * DWIHN Directors' Training of Residential Assessment/SPG
 - * Residential Referral Criteria Presentation for DHHS Age outs
 - * Consumers Eligibility & Criteria for HAB Waivers

- Outpatient Providers
 - * Residential Standardized Progress Note Refresher Sessions
 - * Residential Department Presentation (Henry Ford, DMC, and Garden City hospitals)
 - * CRSP Train-the-Trainer Sessions: Residential Assessments/SPG
 - * CRSP Supervisory Service Authorization Entry Process & Technical Assistance Trainings
 - * Home Help Services/Title XIX
 - * Residential CRSP Monthly Meetings (on-going)
 - * H2015 Conversion Review Sessions (to be announced)
 - * Residential Pre-Placement Providers Meeting

Department Goals

- Automate and report services for all lines of residential service
- Format reporting to monitor timeliness and response to service request
- Establish residential guidelines to evaluate specialized utilization functions



Detroit Wayne Integrated Health Network

707 W. Milwaukee St.
Detroit, MI 48202-2943
Phone: (313) 833-2500
www.dwihn.org

FAX: (313) 833-2156
TDD: (800) 630-1044 RR/TDD: (888) 339-5588

Date: November 4, 2020

To: Dr. Iris Taylor, Chair Program Compliance Committee
From: Darlene D. Owens, Director of Substance Use Disorder Initiatives
RE: Yearend Report FY 20 Summary

SUD Department Major Initiatives

Areas of Enhancements

Prevention and Treatment Data

COVID-19 Update

Accomplishments

- Request for Proposal (RFP)
- COVID Recovery Homes
- COVID SAMHSA Emergency Grant
- Michigan Department of Health and Human Services (MDHHS)
- Michigan Department of Corrections (MDOC)
- Successful SUD Grants FY 20

Opioid Heroin Efforts

- Naloxone Stats
- State Opioid Response (SOR)
- MyStrength App
- Syringe Services Program (SSP)
- Faith Based Initiative

Board of Directors

Bernard Parker, Chairperson
Dorothy Burrell
William T. Riley, III

Dr. Iris Taylor, Vice-Chairperson
Lynne F. Carter, MD
Kenya Ruth

Timothy Killeen, Treasurer
Angelo Glenn
Dr. Cynthia Taueg

Dora Brown, Secretary
Kevin McNamara





November 11, 2020

Strategic Plan - Access Pillar

PCC 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.

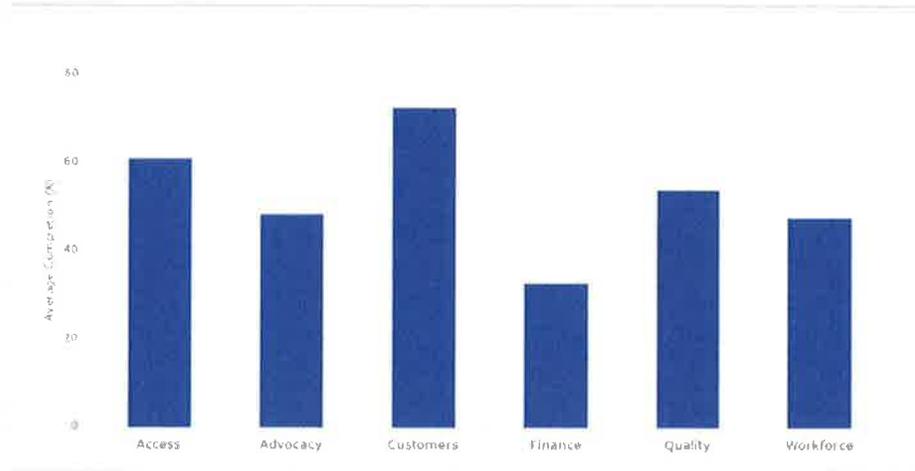
Our Strategic Planning Status Report is our report to our board members. It tells how we are performing against key indicators that measure our performance against the Customer, Access and Quality pillars and impact the areas that matter most to our stakeholders.

Pillar Summary

BOARD DASHIBOARD

Date: 11/09/2020

DWIHN 2019 - 2021 STRATEGIC PILLAR



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

Summary of Pillar Status

Quality is under the leadership of April Siebert. Overall, we are at 54% completion on this pillar. There are four (4) high level organizational goals under this pillar. They range from 43% - 95% completion.

Title	Completion
Ensure consistent Quality by 31st Dec 2021	43%
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	50%
Improve population health outcomes by 31st Dec 2021	60%

Customer is under the leadership of Michele Vasconcellos, Director of Customer Service. Overall, currently reaching 73% completion on this pillar. The three (3) high-level goals range from 56% to 85%.

Title	Completion
Enhance the Provider experience by 31st Dec 2021	56%
Ensure Inclusion and Choice for members by 30th Sep 2020	85%
Improve person's experience of care and health outcomes by 31st Dec 2021	56%

Access is under the leadership of Jacquelyn Davis, Director of Access and Crisis Services. Overall, we are at 61% completion on this pillar. There are four (4) high-level goals. They range from 31% - 82% completion.

Pillar	
ACCESS	
61%	
Title	Completion
Create infrastructure to support a holistic care delivery system (full array) by 31st Dec 2021	31%
Create Integrated Continuum of Care for Youth by 30th Sep 2020	82%
Establish an effective crisis response system by 31st Dec 2021	65%
Implement Justice Involved Continuum of Care by 30th Sep 2020	67%

A detailed report of this pillar will follow.

Access Pillar
Detailed Dashboard
Program Compliance Committee Meeting

November 11, 2020



17 GOALS

60% GOAL COMPLETION

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

DWIHN 2019 - 2021 STRATEGIC PLAN
ACCESS

Goal	Owner	Task	Update	Current ...
Create infrastructure to support a holistic care delivery system (full array) <ul style="list-style-type: none"> → Create a satellite network: 100% → Ensure Behavioral Health Homes receive 80% or greater on Risk Assessment Tool annually: 100% → Create Integrated Continuum of Care for Youth → Deliver Integrated model of Care of Care for Children: 100% → Develop a referral system that will include all the social, economic, spiritual, physical, dental, behavioral, and education organizations to share a central system that DWIHN members can access resources to address holistic care.: 100% 	Eric Doeh		Eric Doeh: We have identified our specialty and CRSP providers. We are in the process of determining our capacity with respect to behavioral health providers and SUD providers. 02/07/2020	31% 31% behind 62% 61.85 / 100% 38% behind 0% 0 / 100% 53% behind 83% 17% behind 74% 73.5 / 100% 26% behind
			NEW Allison Smith: Children Initiatives are exploring the ability to capture system involvement in MH WIN in order to have a holistic approach to treatment. 11/06/2020	60% 60 / 100% 2% behind

→ **Ensure anyone in Wayne County can access crisis services**

Jacquelyn Davis

- Increase # of Liaisons**
- Increase DHHS Staff processing Medicaid Benefit Applications**
- Additional Crisis Stabilization Services**
- Psychiatric Urgent Care Units**
- Activate Crisis Assessment Center**

75%
26% ahead

→ **Establish means to enable interoperability using Health Information Exchange to share care plans across providers: 100**

Manny Singla

NEW Manny Singla:
All CRSP providers are now on the HIE platform
09/30/2020

100%
100 / 100

Establish an effective crisis response system

Manny Singla

Nasr Doss:
In January of 2020 DWIHN IT rolled out a new computer infrastructure that is based on:
1- New Dell Laptop computers for all users, these laptops are much more powerful and provide much more resources to the users than the old thin client system that was exist since 2014.

75%
75 / 100%
26% ahead

→ **Ensure anyone in Wayne County can access crisis services**

Jacquelyn Davis

- Increase # of Liaisons**
- Increase DHHS Staff processing Medicaid Benefit Applications**
- Additional Crisis Stabilization Services**
- Psychiatric Urgent Care Units**
- Activate Crisis Assessment Center**

75%
26% ahead

→ **Implement Crisis Project Plan: 100%**

Jacquelyn Davis

Jacquelyn Davis:
There are Adult and Childrens Mobile Crisis Providers. There are now 2 Crisis Stabilization Units, one in Livonia and the other recently established in Detroit. April 2020 we established 2 Psychiatric Urgent Care facilities, one in Detroit, the other in Lincoln Park. We have added the Benefits Administrators to assist individuals with obtaining Medicaid Benefits.
05/06/2020

45%
45.45 / 100%
1% ahead

Jacquelyn Davis

→ Ensure individuals are placed in the least restrictive environment

Implement Justice Involved Continuum of Care

- Conduct gap-analysis of the Sequential Intercept Model Ebony Reynolds
- Implement improvements to existing programming Ebony Reynolds
- Implement new programs within the Sequential Intercept Model Julie Black

Jacquelyn Davis: DWIHN ensures all level of service is available for individuals. The addition of the Psychiatric Urgent Care Facilities at CCS and NIH and the Crisis Stabilization Unit at Team Wellness are options to avoid psychiatric inpatient care when possible. Disbursement of the CRSP Responsibilities gives guidance for ensuring individuals receive appropriate services. There is a need for additional options to divert individuals with I/DD from the emergency departments. Respite Settings
05/29/2020

NEW Andrea Smith: Services reflecting each level of the SIM have been mapped for Wayne County.
Wayne County SIM.pdf
09/29/2020

NEW Julie Black: In upcoming fiscal year 20-21, three new programs will be implemented for Jail Diversion. Central City Integrated Health will develop and provide programming for the Detroit Homeless Outreach pilot in collaboration with law enforcement. This collaboration is between the City of Detroit, homeless outreach providers and behavioral health providers with the goal of getting the homeless off of the street utilizing available resources, and reducing the negative issues associated with homelessness and behavioral health challenges (SMI/SUD). Northeast Integrated Health and Team Wellness are collaborating with the Detroit Police Department to pilot a Detroit Co-Response Team. The program is founded on the understanding that by working together, behavioral health specialists and law enforcement can respond appropriately to the needs of individuals in the community who are in crisis. Police and behavioral health specialists are being trained on the CIT model. Each provider will participate in the collaborative process including monthly team meetings with DWIHN.
10/02/2020

45%
6% ahead

67%
33% behind

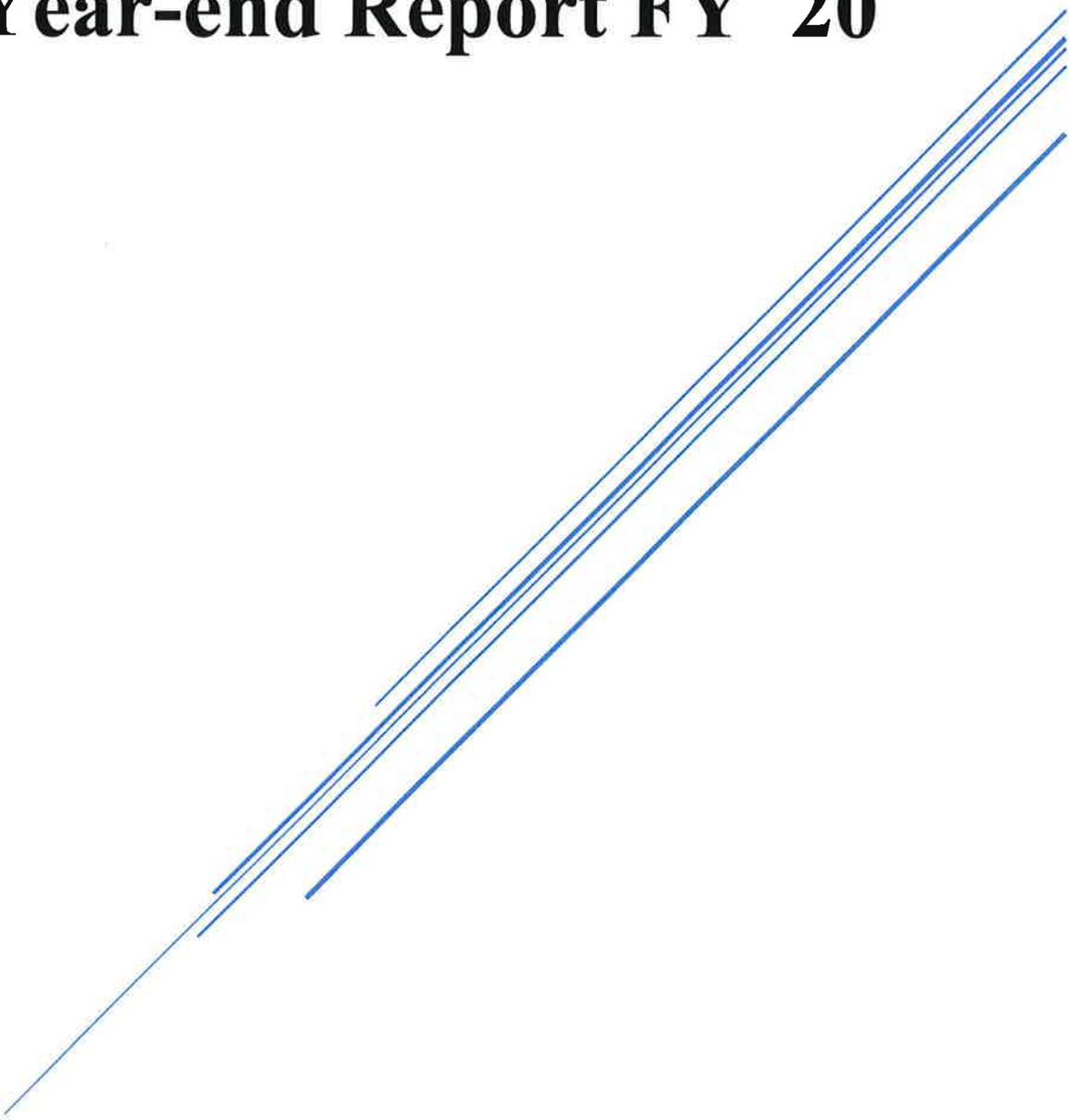
100%

0%
100% behind

100%

SUBSTANCE USE DISORDER
INITIATIVES

Substance Use Disorder Year-end Report FY 20



Darlene D. Owens, Director, Substance Use Disorder Initiatives
Prevention, Treatment and Recovery

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**Detroit Wayne Integrated Health Network (DWIHN)
Substance Use Disorders (SUD)
FY 20**

Executive Summary

DWPHN's SUD department developed strategies using a data informed process to implement innovative programming. This report uses data to generate a more complete analysis of need in our region. It demonstrates emerging drug problems in the Detroit Wayne County area. It contains data from Michigan Prevention Data System (MPDS) and our Mental Health Wellness Information Network (MH WIN) web-based technology system. As a result, DWPHN has been strategic in meeting the challenges presented to allocate resources using the information available.

Substance use disorders touch many lives in many ways, DWPHN coordinates prevention, treatment and recovery efforts for Wayne County residents. Our data collection shows that alcohol and heroin use are high in our region. DWPHN believes that there is a continued need for SUD education and having a recovery-oriented system of care that is consumer, community and data driven.

The data will illustrate how many clients we served for prevention and treatment and how the drug problem has impacted our community. DWPHN has created some innovative initiatives that target and address Heroin/Opioid efforts in the Detroit Wayne County area. This report will highlight SUD Department objectives, areas of enhancement, prevention and treatment data, COVID details, accomplishments: request for proposal, COVID Recovery Homes, COVID Grant, Michigan Department of Corrections, New Grants, Naloxone update, State Opioid Response (SOR), Mystrength, Faith Based Initiatives, and Michigan Department of Health and Human Services.

Department Objectives

The SUD Department creates an environment conducive to recovery of clients in prevention and substance abuse treatment programs. Recovery from alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness and quality of life.

DWIHN provides a comprehensive, integrated, evidence-based practices, trauma informed care, gender specific, and a culturally sensitive service array. Serving individuals from 11 years of age to 65+ years seeking help. Services are holistic, treating a person's mind body and spirit; our services are individualized, client-centered and work with each person's strengths, and abilities.

Major Department Initiatives

- Naloxone Initiative, on going
- Increase Prescription and Heroin Efforts, on going
- Increase Marijuana awareness facts, on going
- Reduce Childhood and Underage Drinking, on going
- Reduce Prescription and Over the Counter Drug Abuse/Misuse, on going
- Reduce Youth Access to Tobacco, on going
- Reduce Illicit Drug Use, on going
- Increase Environmental Change, on going
- Increase Community Advocacy, on going
- Increase Multimedia campaign to encourage prevention, treatment and recovery services through: television public service advertisement (PSAs), billboards, radio, ongoing
- Increase Harm Reduction Strategies, on going

Areas of Enhancement

- Initiate more outreach activities to increase access to SUD services in Wayne County 24 hours/7 days a week/365 a year.
- DWIHN will utilize its mobile units and recovery housing to combat COVID-19.
- DWIHN has several strategies to address the Opioid Epidemic and COVID Pandemic.
- DWIHN strive to have an enhanced provider network and provide evidenced based practices and innovative programming.
- Reduce barriers that limit SUD services in Wayne County Jails.
- Increase our Heroin/Opioid/Marijuana awareness efforts in Wayne County.
- Increase Office Based Opioid Treatment (OBOT) Providers.
- Increase treatment programs in places where people worship.
- Increase State Opioid Response (SOR) Jail-Based Medicated Assisted Treatment programs.
- Increase reach, consumer participation, and access to SUD services via mobile care units.
- Increase Overdose Education and Naloxone Distribution (OEND) in Wayne County.
- Increase Harm Reduction Strategies: Syringe Service Programs, Hep A vaccinations, Hep C Screening, and Fentanyl Strips.
- To write on more grants to meet the needs of our populations.

DWIHN will remain a leader in the behavioral health system and stay in the forefront of trends in the community.

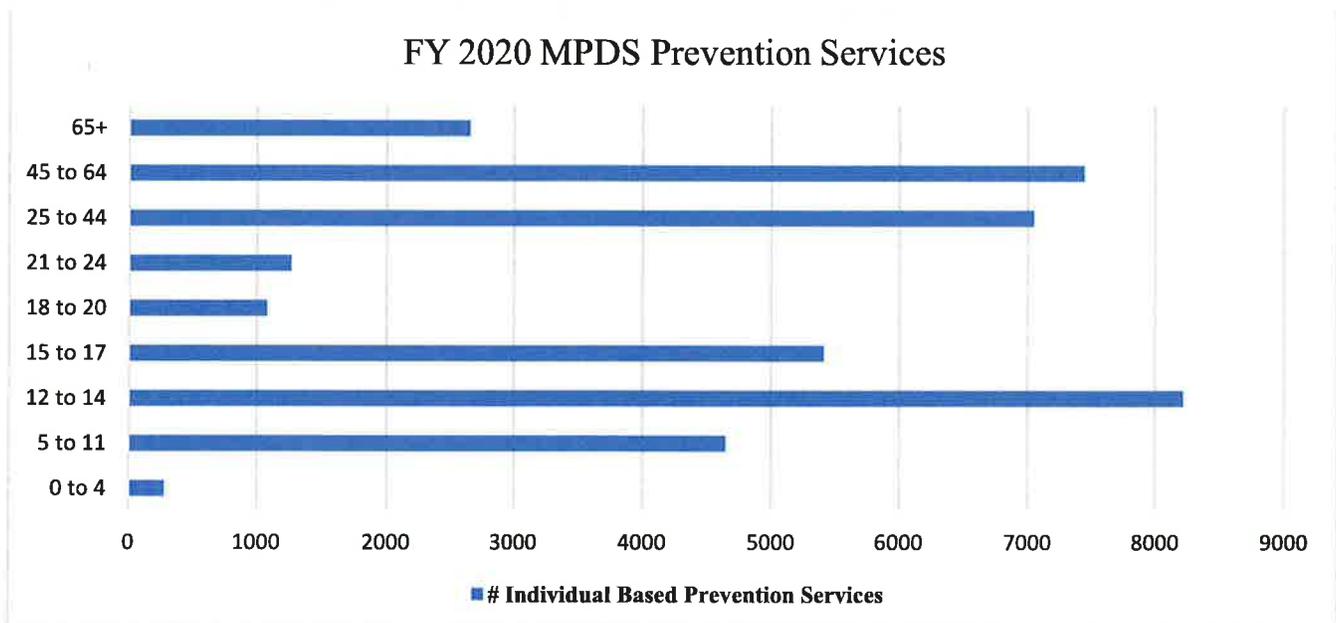
Prevention Data

Michigan Prevention Data System

Michigan Prevention Data System (MPDS) for Substance Use Disorder Services (SUDS) is a staff activity reporting system that collects information about the recipients of service and type of activity. All Prevention Providers input data by type of intervention from service activities. They organize the data activities in the system monthly. MPDS maintains the prevention service strategies and activities that are conducted.

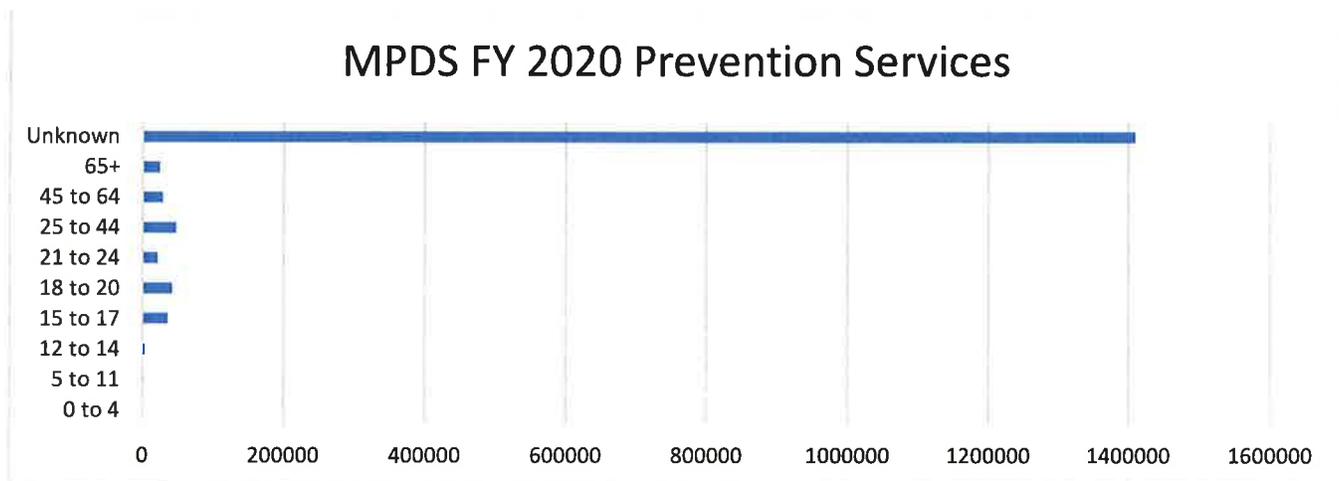
DWIHN's prevention services were provided to 1,655,556 persons in the Detroit Wayne County area. Prevention services were provided as 38,051 Individual-Based Programs and 1,617,505 Population-Based Programs and Strategies by the Number of Persons Served by Age, Gender, Race, and Ethnicity.

Individual Based Prevention Services



Individual-based programs and strategies are provided to individuals or group of individuals who receive the services over a period of time in a planned sequence of activities that are intended to inform, educate, develop skills, alter risk behaviors, or provide direct services.

Population Based Prevention Services

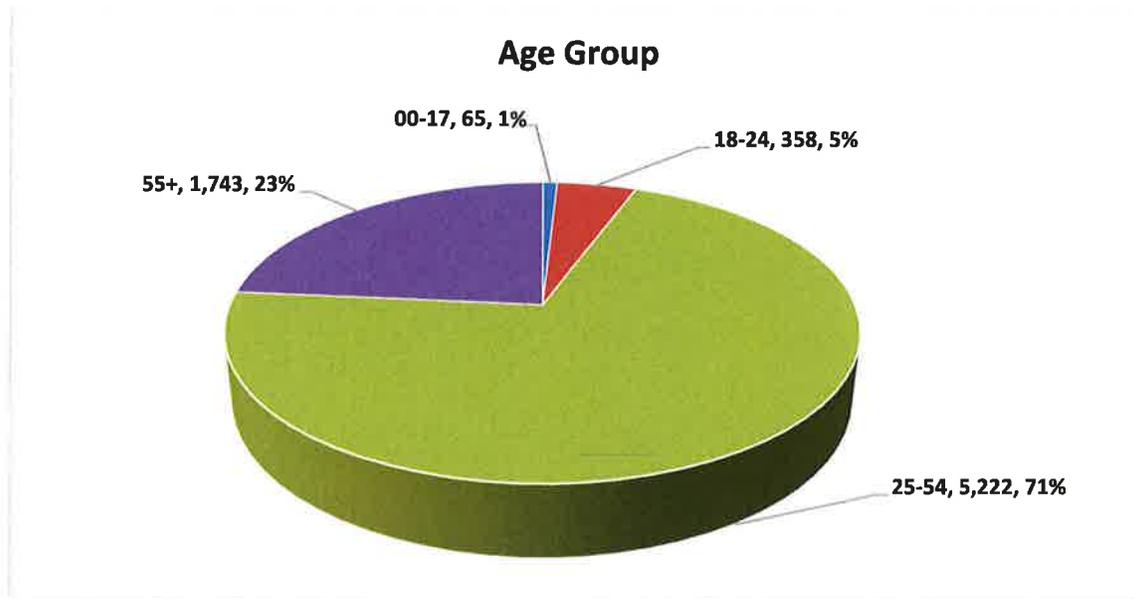


Population-based programs and strategies are activities when you are NOT directly working with the individuals whose behavior you are trying to impact such as working with a coalition to improve resources for parents in the community, or creating and delivering a community norming campaign. Includes planned and deliberate goal-oriented practices, procedures, processes, or activities that have identifiable outcomes achieved with a sequence of steps subject to monitoring and modification. They also include environmental strategies and services.

Age Range	# Population Based Prevention Services
0 to 4	355
5 to 11	2,096
12 to 14	4,964
15 to 17	35,698
18 to 20	42,198
21 to 24	21,630
25 to 44	47,563
45 to 64	28,608
65+	24,287
Unknown	1,410,103
Total	1,617,502

Treatment Data**Number of People Served by Age, Unduplicated Count**

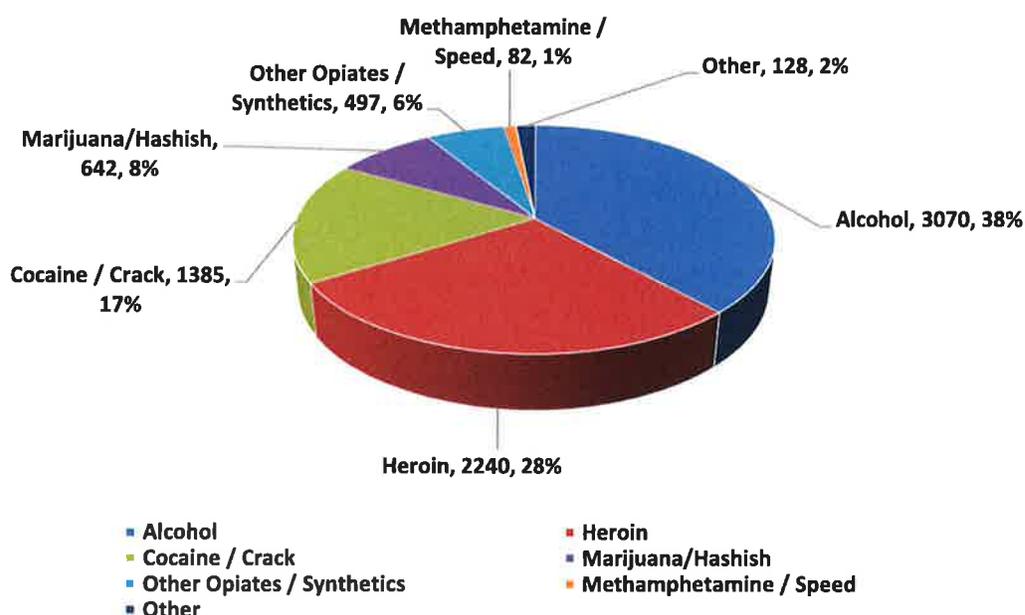
Age Group	Number of clients	Percentage
00-17	65	1.15%
18-24	358	4.85%
25-54	5,222	70.68%
55+	1,743	23.59%
Total	7,408	100%



Primary Drug of Choice

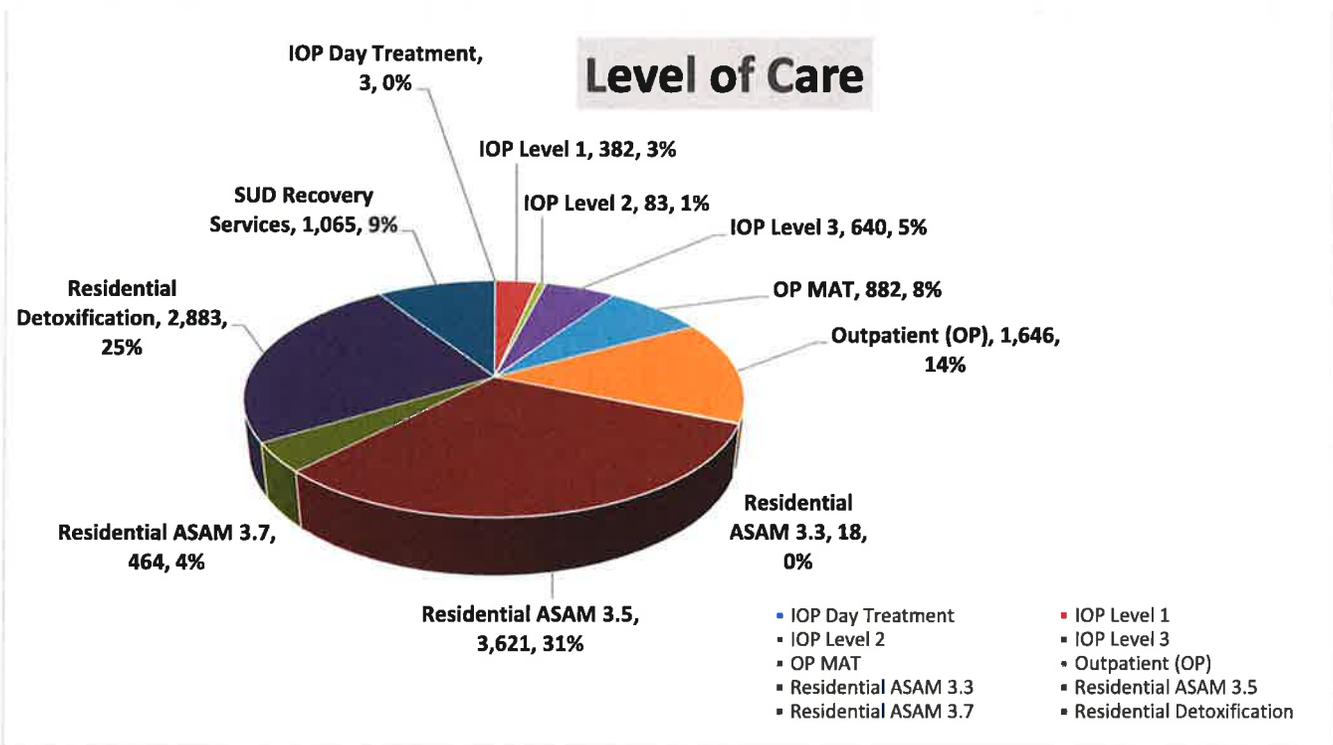
Primary Drug Admitted	Count	% of Total	Female	Male
Alcohol	3070	38.17%	894	2176
Heroin	2240	27.85%	811	1431
Cocaine / Crack	1385	17.22%	477	908
Marijuana/Hashish	642	7.98%	209	433
Other Opiates / Synthetics	497	6.18%	188	309
Methamphetamine / Speed	82	1.02%	32	50
Other	128	1.59%	62	67

Significant Primary Drug



Level of Care (LOC) Admissions

LOC Admit	Number of clients	Percentage
IOP Day Treatment	3	0.03%
IOP Level 1	382	3.27%
IOP Level 2	83	0.71%
IOP Level 3	640	5.48%
OP MAT	882	7.55%
Outpatient (OP)	1,646	14.08%
Residential ASAM 3.3	18	0.15%
Residential ASAM 3.5	3,621	30.98%
Residential ASAM 3.7	464	3.97%
Residential Detoxification	2,883	24.67%
SUD Recovery Services	1,065	9.11%

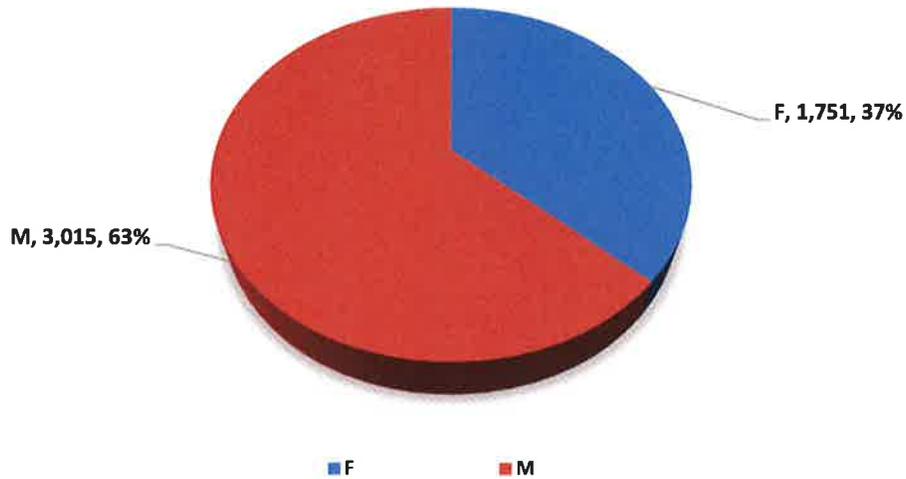


Co-occurring (COD) Clients

Gender	Number of clients	Percentage
Female	1,751	36.74%
Male	3,015	63.26%

64% of DWIHN SUD clients have a COD Disorder.

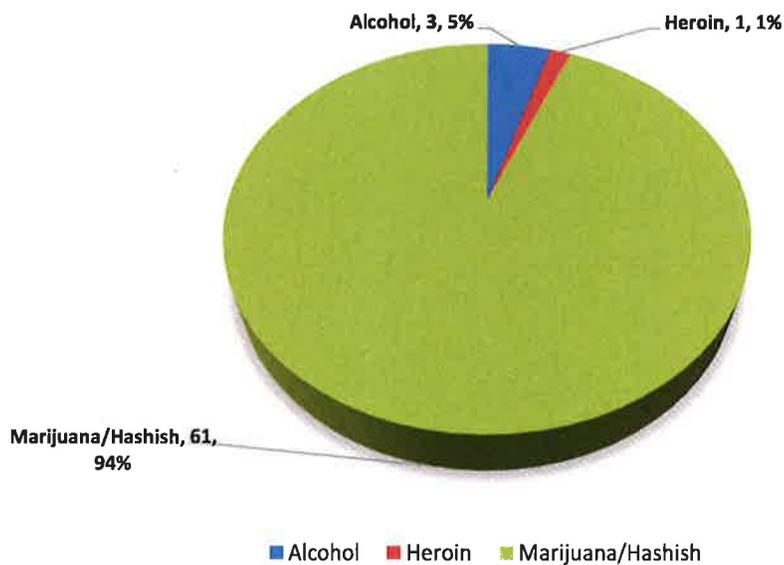
Co-Occurring Gender



Adolescent Drug of Choice

Primary Drug Admit	Number of clients	Percentage
Alcohol	3	4.62%
Heroin	1	1.54%
Marijuana/Hashish	61	93.85%
TOTALS	65	100.00%

Adolescent Primary Drug



COVID-19 Update

COVID Update

3rd & 4th Quarter COVID Sentinel Events

Number Tx Staff tested Positive	Number of Client tested Positive	Number of Staff Death	Number of COVID Client Deaths
48	123	12	35
Number Prevention Staff tested Positive	Number of Client tested Positive	Number of Staff Death	Number of COVID Client Deaths
14	41	0	8

COVID-19 updates will be on-going quarterly.

ACCOMPLISHMENTS

Request for Proposal (RFP)

Implemented the SUD Request for Proposal (RFP) for Prevention, Treatment and Recovery Services for FY 21.

DWIHN FY 21 have the following prevention (29 providers), treatment & recovery providers (30 providers). For a total of 59 providers in its SUD network.

SUD FY 21 Prevention and Treatment providers received their contracts with their statement of work before October 1, 2020.

Michigan Department of Health and Human Services (MDHHS)

MDHHS approved DWIHNS SUD three-year Strategic Plan for 2021 - 2023.

DWIHNs Partnership for Success (PFS) five-year projects from 2015-2020 are completed and were successful.

DWIHN passed its SOR Site Visit, May 27, 2020, with no findings.

COVID Recovery Housing

SUD Department established Two COVID-19 Recovery Homes

Detroit Rescue Mission Ministries at 626 E. Grand Blvd. Detroit 48207 and Quality Behavioral Health at 1500 E. Grand Blvd, Detroit 48211, which may provide up to 14 days for this specific recovery housing and recovery services for individuals who are exhibiting the following symptoms:

- ✓ Symptomatic COVID-19
- ✓ Tested for COVID-19 and positive

Quality Behavioral Health has (34 beds) and Detroit Rescue Mission Ministries has (86 beds) for this initiative. These individuals received outpatient services from a licensed SUD provider in DWIHNS network via telehealth or telephone communications.

DWIHNs COVID Housing served 58 unduplicated clients, within their 14 days being quarantine each client received medical and telehealth services.

COVID SAMHSA Emergency Grant Key outputs for FY 20

- # COVID tests conducted: 313
- # Screening/Assessment/Referrals to Treatment: 467
- # Receiving medical services: 240
- # Referred into COVID Residential/Recovery Services: 32
- # Served in COVID Residential/Recovery Services: 35

Results - Quarantined, hospitalized, etc. 41

- Outcomes of coordinated medical services 6
- All clients were prescreened for COVID-19
- All clients and staff are given masks, gloves and gowns if appropriate
- Clients are ensured social distancing
- Quarantined clients were provided virtual resources
- Offer onsite testing

Michigan Department of Corrections (MDOC)

The SUD department began providing treatment services for MDOC individuals coming out of prison that require SUD treatment as of April 1, 2020. This process is going smoothly.

Months of Service	MDOC Admits for SUD Services
April	13
May	13
June	13
July	10
August	9
September	5
Total	63

Grants

SUD wrote on several successful Grants in FY 20

Residential Gambling Program	\$400,000.00
Expanded MAT services in Wayne County Jails	\$350,000.00
Jail Plus Program	\$388,500.00
COVID Grant	\$393,973.00
State Opioid Response (SOR) II (implementation FY 21)	\$1,466,237.00
Total	\$2,998,710.00

Name of Program	Program Description	Amount of Grant	Fiscal Year
Residential Gambling Program	Gambling Disorder Residential Treatment Pilots (GDRTP) are for individuals with a gambling	\$400,000.00 RECEIVED	FY 20

	disorder who require the highest level of treatment services.		
Expanded MAT services in Wayne County Jails	In the pilot DWHIN's has two MAT providers that will provide all three approved MAT medications (Methadone, Suboxone and Vivitrol) to those is the jail that have an Opioid Use Disorder (OUD). Each provider can provide services up to 30 clients per jail. The providers will have peer recovery coaches providing peer and recovery support services to those individuals receiving MAT in the jail. The peer will aide in returning citizens transition back into the community and maintain engagement with either MAT program they received services from in the jail or select from DWIHN vast array of services to meet their treatment needs.	\$350,000.00 RECEIVED	FY 20 The program closed mid-March 2020 due to COVID 19.
Jail Plus Program	Services provided to clients who are identified as having a substance abuse problem ranging from minimal to severe use, who are at risk of continued or increased use, and who display treatment resistant behavior. The primary focus of the Jail Plus Program is to provide case management/relapse recovery activities for the Jail Plus participants they are as follows: assessment; reassessment; service plan; linking/coordinating and monitoring.	\$388,500.00 RECEIVED	FY 20 The program closed mid-March 2020 due to COVID 19.
SAMHSA Emergency COVID Grant	Provide COVID crisis intervention services, substance use disorder /co-occurring treatment, and other related recovery supports for children and adults impacted by the COVID-19 pandemic.	\$393,973.00 RECEIVED	FY 20
State Opioid Response (SOR) II	Programs geared to address the Opioid Epidemic in a variety of settings. ACE's Prevention OEND with harm reduction	\$1,466,237.00 Received FY 21	Started October 1, 2020

	Project Assert OUD & Stimulant Tx costs Jail Based MAT services GPRA incentives Recovery Housing Mission Rep Criminal Justice Case management Opioid Health Home Transportation Peers in FQHC's		
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Opioid/Heroin Efforts

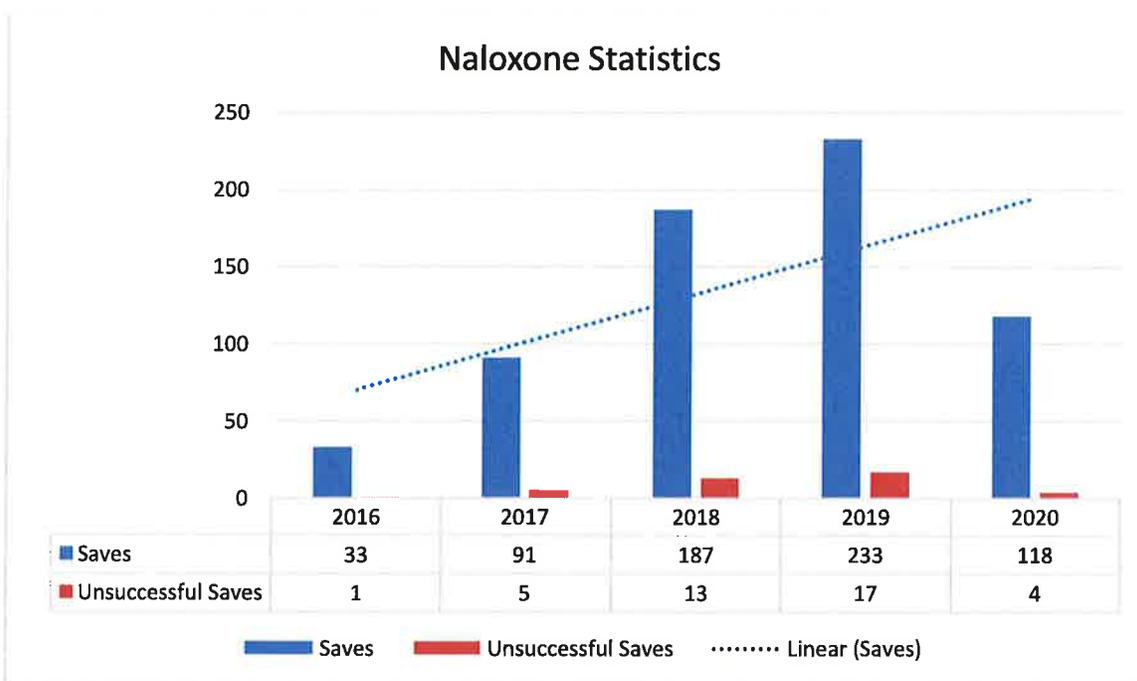
DWIHN participated in National Opioid Awareness Day. DWIHN distributed 1100 Narcan kits on International Opioid Overdose Awareness Day which was Monday, August 31, 2020 from 8:00 am to 4:00 pm to individuals that came through DWIHNs drive through process in parking lots A and B.

Naloxone Update

Fentanyl remains the driving force in the drug overdose deaths. COVID 19 impacted the outcomes of our data.

DWIHN Naloxone Initiative program has saved 660 lives since its inception, this number is based on documentation up to September 30, 2020.

SUD continue to train entities on how to reverse and opioid overdoses in person and via zoom. The majority of the trainings are conducted remote due to COVID-19 with various law enforcement agencies, First Responders, Businesses, Churches, Schools, Colleges, motels, restaurants, Barber shops, the community at large.



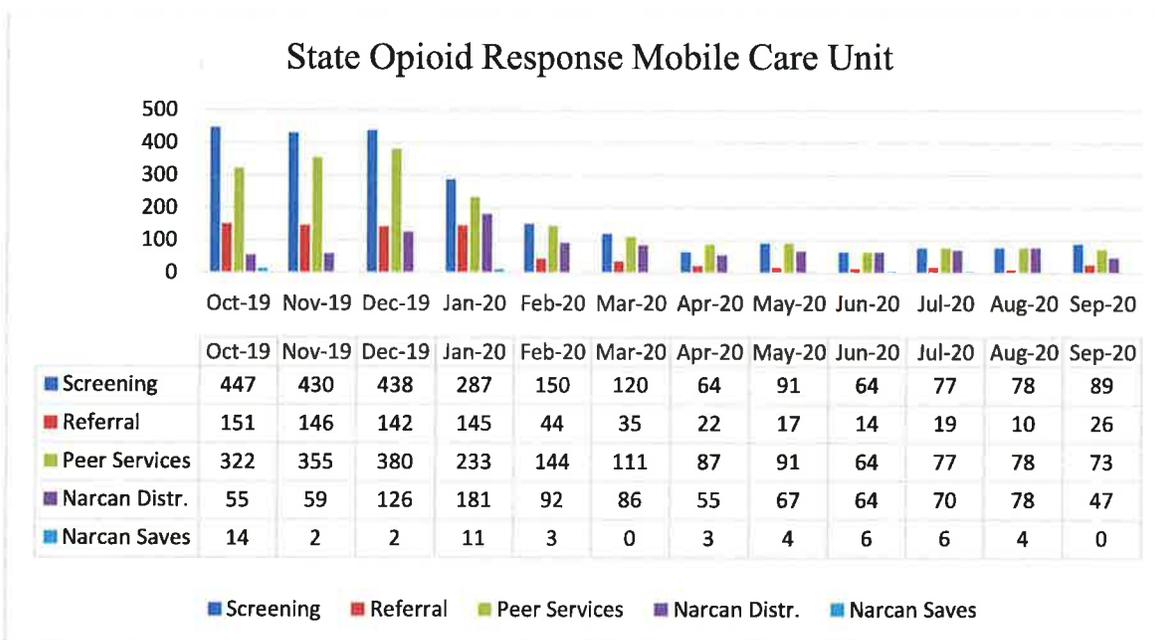
State Opioid Response (SOR)

The purpose of the SOR project is to increase access to Medication-Assisted Treatment for the three FDA-approved medications; reduce unmet treatment need; and reduce opioid overdose-related deaths through the provision of prevention, treatment and recovery activities for opioid use disorders.

Mobile Units

Mobile care units are retrofitted vans/recreational vehicles (RV) that will bring counseling, therapeutic, and physical health services to Opioid Use Disorder (OUD) individuals. The units have an area for intake and scheduling, a restroom to incorporate urine screening, and at least one private room for counseling. Harm reduction activities including overdose education and naloxone distribution are provided within the mobile care units.

The use of mobile units has increased SUD services in the community, Narcan Training, and COVID Testing.



MAT Jail (Dickerson Program)

To develop jail-based Medication Assisted Treatment (MAT) programs. Collaboration with jail-based partners to establish the expansion of MAT services to individuals presenting with an OUD currently incarcerated. Linkages with peer support upon re-entry into the community is strongly encouraged.

Month	# served	# methadone	# naltrexone	# buprenorphine	#post release follow up
October 2019	22	0	0	0	7
November 2019	19	0	0	0	7
December 2019	10	0	0	0	6
January 2020	16	0	5	0	5
February 2020	17	0	0	0	8
March 2020	5	0	0	0	0
April 2020	0	0	0	0	0

May 2020	0	0	0	0	0
June 2020	0	0	0	0	0
July 2020	0	0	0	0	1
August 2020	0	0	0	0	0
September 2020	0	0	0	0	4
Total	89	0	5	0	38

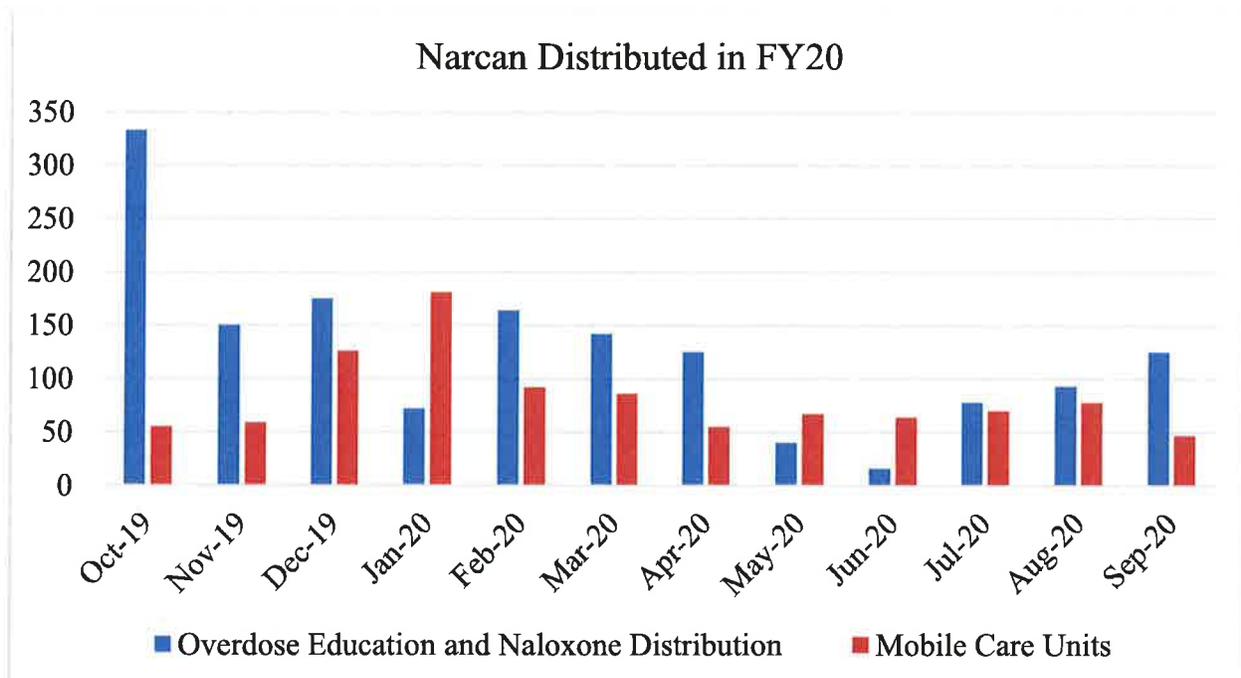
Peers in FQHCs, Urgent Care and other outpatient settings

In an effort to increase access to treatment, peers have been placed in settings that do not have integrated treatment and were provided screenings.

Name	Number of Contacts	Number of Follow ups	Total
Wayne County Healthy Communities	2	4	6
Western Wayne Family Health Center	302	145	447
Detroit Community Health Connection	121	18	139
Central City Integrated Health	92	60	152
Osborn Center	1	10	11
Total	518	237	755

Overdose Education and Naloxone Distribution (OEND)

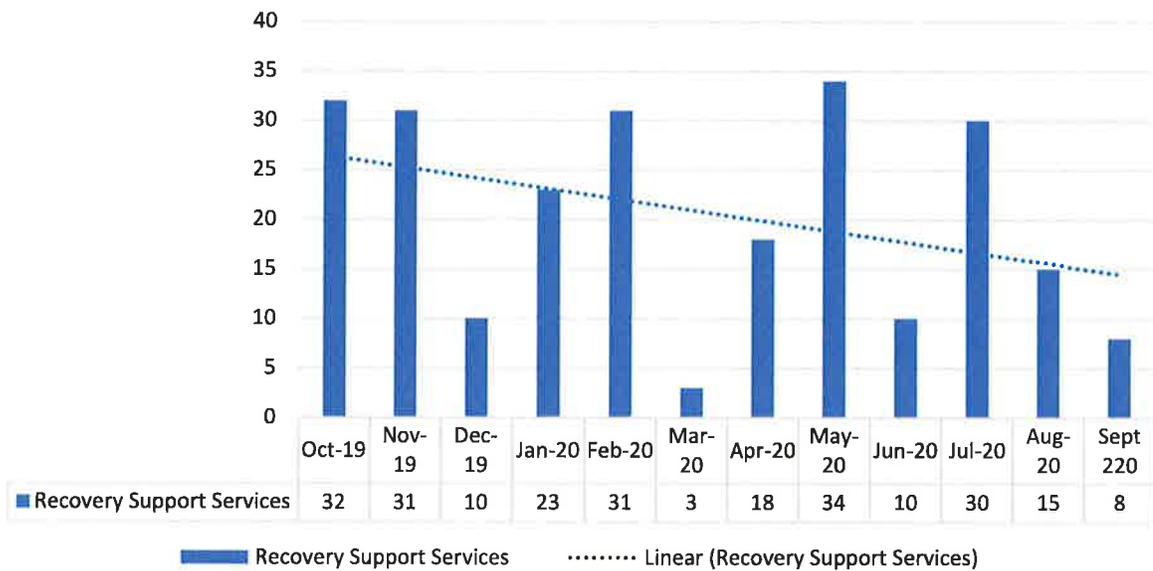
DWIHN has four providers under the SOR Grant conducting OEND trainings with harm reduction, enhancing and expanding our existing Naloxone trainings within different caveats in the community.



Opioid Use Disorder Recovery Support Services

OUD recovery services (ex. Peer Recovery Coach Services, Alumni Groups, peer supports) are to cover the costs of uninsured/under-insured clients and the provision of recovery services.

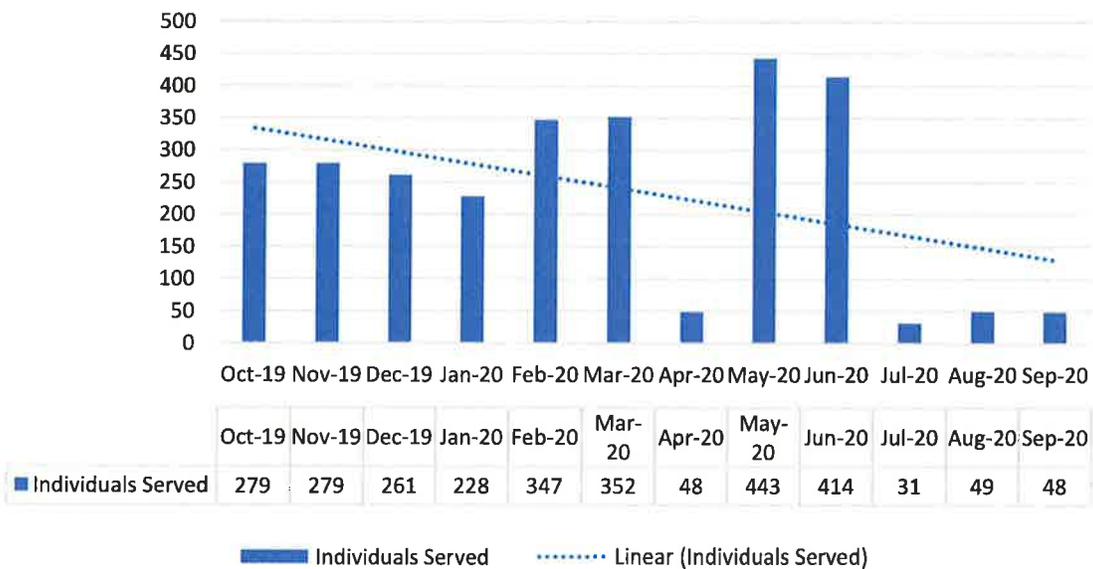
Recovery Support Services in FY20



Youth and Family Oriented Evidence Based Curriculums

Prevention providers selected from 4 evidence-based practices (EBPs) that were selected from MDHHS to expand efforts to middle and high school age youth services that complements the Strengthening Families Program Iowa 10-14 model.

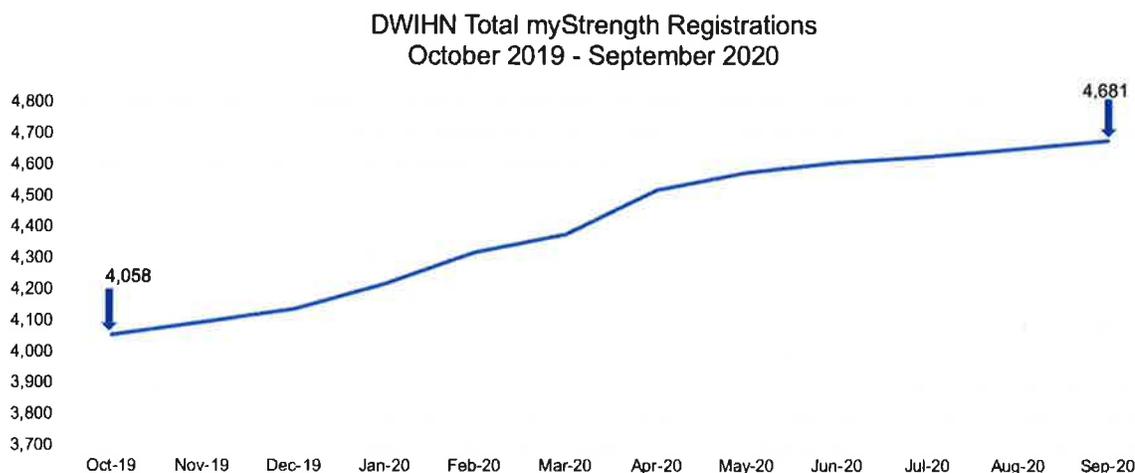
Prevention EBPs in Schools and virtually



MyStrength App

The MyStrength (self-management tool) admissions has increased steadily each month.

Detroit Wayne Integrated Health Network myStrength Registrations – October 2019 – September 2020



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4

SUD Department

Provider Network

As of April 1st SUD, assumed responsibility of the managed care operations functions for the SUD provider network, which is going well.

Syringe Services Program (SSP)

DWVHN is working with Inkster's Patrick Wimberly Mayor and Chief William Riley of Inkster Police (Western Wayne) and Judges Geno Salomone, Gregory Clifton and Beaumont Taylor Teen staff Simona Calvas (Downriver) about launching Syringe Service Programs (SSP) as harm reduction services. MDHHS along with DWIHN staff conducted PowerPoint presentations about SSP and is working with their cities leadership to present to their city councils and provided language to revise their various cities ordinances allowing for the SSP.

Faith Based Initiatives

SUD provided a successful Faith Based community virtual conference, educating and bringing awareness to SUD issues and resources. It was DWIHN's 6th Annual "Faith-Based Initiatives: Wellness Beyond the Walls" Conference held virtually on Thursday and Friday, August 20-21, 2020. Approximately 205 people in attendance. The 1st Power of One Award in honor of the late Rev. Greg Roberts was awarded to Dr. Portia Lockett, Chaplain Director at the Detroit Medical Center. The purpose of this conference is to engage faith leaders on where the gaps are in services, as they relate to substance use disorders and mental health services.

There were 13 weekly prayer calls held from July to September with the Faith Based Initiatives community.

Conclusion

In conclusion, as evidenced in the data Substance Use Disorders (SUD) prevention, treatment and recovery continues to be a relevant and necessary services for Wayne County residents. All SUD activities are inclusive and engaging for all ages across the community. Our innovative approaches highlight our results and demonstrates our work servicing and providing hope to our community. With the many programs and initiatives currently in place and those planned for the future, SUD is aspiring to provide innovative programs to address substance abuse prevention, treatment and recovery with the goal of decreasing the detrimental impact of drug use in our community.



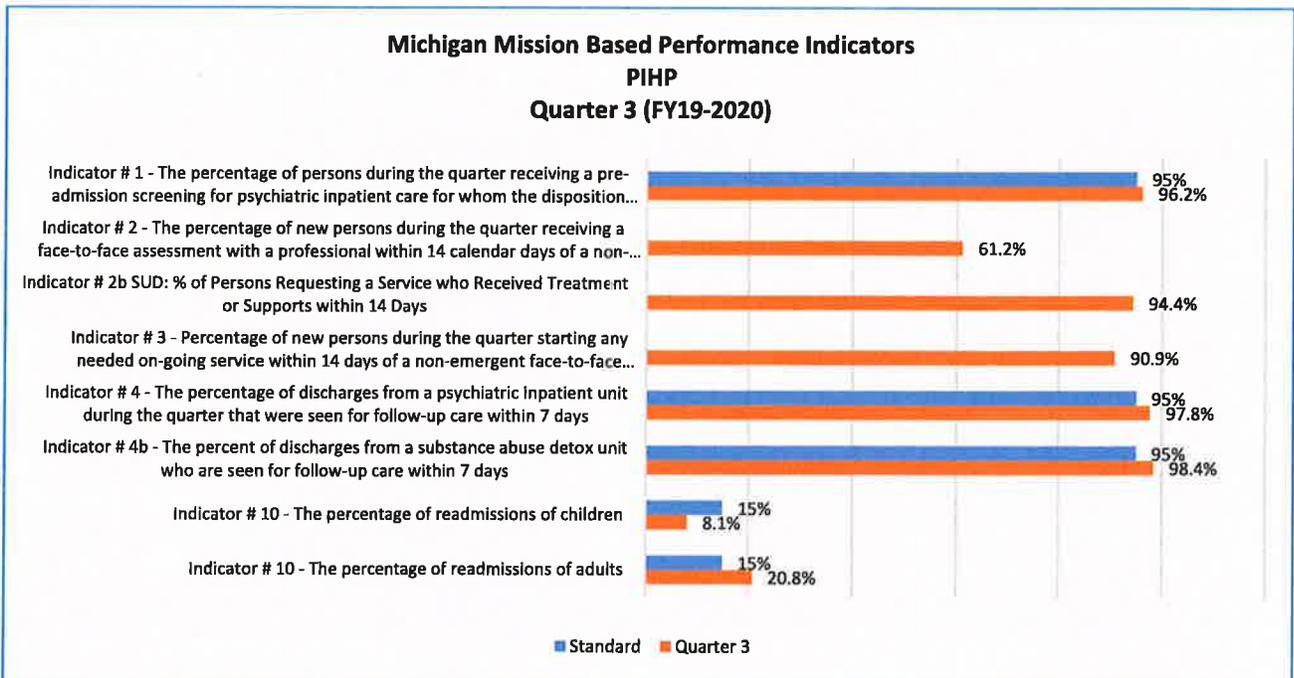
**Quality Director's Report
Work Plan Goals and Objectives Update
November 12, 2020**

Executive Summary:

This report is a summary of the Michigan Mission Based Performance Indicator data (MMBPI) reported to the Michigan Department of Health and Human Services (MDHHS) by DWIHN. The report summarizes DWIHN's results from the third quarter of FY 2020 as well as comparison data of Q1, Q2, Q3 and Q4 (preliminary), and noted improvements with Q4 Indicator 10 (Adult Recidivism). *Data was extracted for this report on November 4, 2020.*

Michigan Mission Based Performance Indicators (MMBPI)

The 3rd Quarter Performance Indicator data reporting (July 1 – September 30, 2019) has been submitted to the Michigan Department of Health and Human Services (MDHHS) on September 30th, 2020. Quarter 4 data is due to MDHHS on December 30, 2020. Chart 1 represents the data submitted for third quarter. Chart 2 represents comparison data for Quarters 1, 2, 3 and 4 (preliminary).

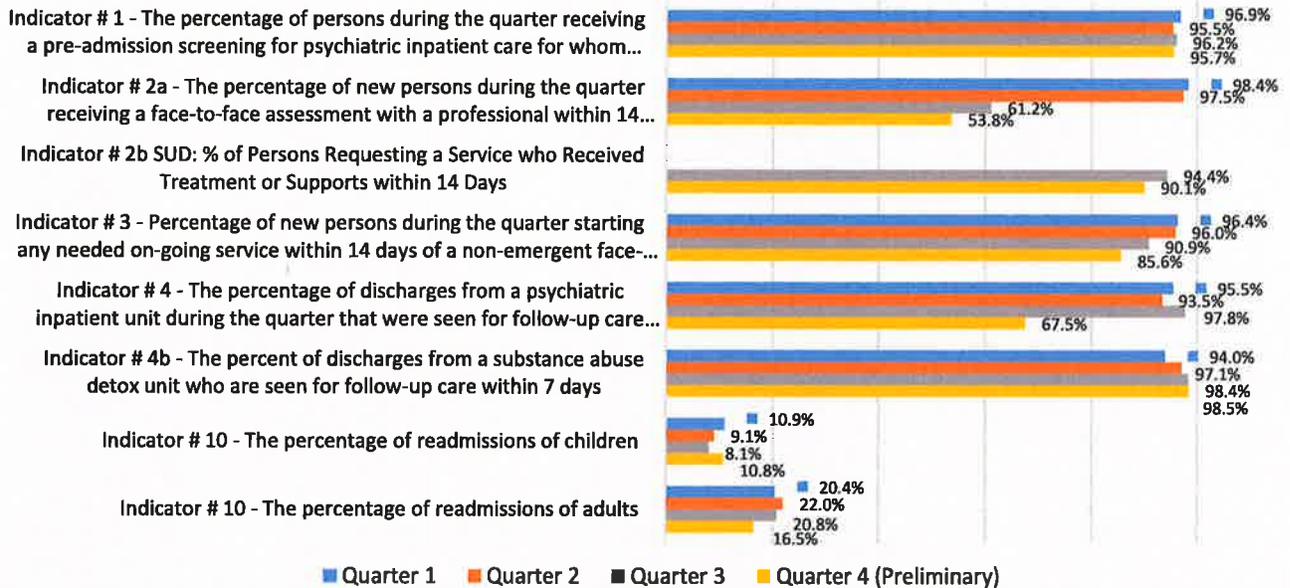


Indicator 2a, 2b and 3 (New)

Beginning the 3Q of FY 2020, there are no exceptions for Indicator 2a, 2b and 3, which impacts the rates. No standard for first year of implementation. A separate indicator has been developed for the SUD population. See Indicator 2b.



**Comparison data for Quarters 1, 2, 3 and 4
FY (2019-2020)**



Results and Analysis

Indicators 1,4 and 4b, continue to meet and exceed the 95% standard. The reporting criteria data for Indicator 2a, 2b and 3 has been updated/revised effective April 16th 2020 for quarter 3. Revisions include the exclusions of exceptions which impacts the rates. No standard/benchmark for first year of implementation has been set by MDHHS. For Quarter 3 with the new reporting criteria, Indicator 2 received a score (61.2%), Indicator 2b (94.4%) and Indicator 3 (90.9%).

Q4 Indicator 10 (Recidivism) Noted Improvements

DWIHN has failed to meet the threshold of 15% or less for Indicator # 10 (Adult Recidivism) during the last four (4) quarters. Quarter 4, preliminary data has demonstrated an overall decrease in adult readmissions (16.50%), which is an average of 4.6% less than the prior three quarters (Q1 20.4%), (Q2 22%), and (Q3 21%). This decrease is noted to ongoing efforts which include review of members that are recidivist.



Interventions and improvement strategies that have attributed to this improvement include the following:

- ✚ Identification of members that are readmitted more than once during each quarter.
- ✚ Development of a Recidivism Workgroup which is a collaboration effort with Quality Improvement, Integrated Health, Access/Crisis and Clinical Practice Improvement Units to review if members that continue to be readmitted, or admitted more than once during a quarter are enrolled in the Complex Case Management Program (voluntary), ACT or assigned to a Clinical Responsible Service Provider (CRSP).
- ✚ Engagement of the CRSP's to conduct Interdisciplinary meetings for members that have multiple readmissions.
- ✚ Monitoring of the Quality Improvement Project (PIP) data for improving the attendance at Follow-up Appointments with a Mental Health Professional after a Psychiatric Inpatient Admission.
- ✚ Providing technical assistance and training to our provider network as required.
- ✚ Review and monitoring of the correlation between Indicator 4a (follow-up care within 7 days) and Indicator 10 (Recidivism).



**CHIEF CLINICAL OFFICER'S EXECUTIVE SUMMARY - Program Compliance Committee Meeting
Thursday, November 12, 2020**

During the month of October, 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 a potential resurgence of COVID-19 to ensure access, placement and specialized programs for individuals served by DWIHN.

COVID-19 & INPATIENT PSYCHIATRIC HOSPITALIZATION

	# of Inpatient Hospitalizations
August 20	630
September 20	646
October 20	635

Inpatient Hospital Admission Authorization data as of 10/31

Hospitalizations data shows a slight decrease in admissions for the month of October by approximately 2%. There were 3 reported Cases of COVID-19- Inpatient.

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	October 2020- # Served
Community Outreach for Psychiatric Emergencies (COPE)	Intensive Crisis Stabilization Services (MDHHS Approved)	9	210 (Sept. report- 216) 2.5% decrease
Team Wellness Center (TWC)	Intensive Crisis Stabilization Services (MDHHS Approved)	18	60 (Sept. report- 42) 42% increase

*Overall increase of 5% in crisis stabilization services provided in the month of October

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	October 2020 # Served
Forever Care Home	Licensed Residential Home for Adults	3	0
Detroit Family Homes	Licensed Residential Home for Adults	4	0

Residential Department Report of COVID-19 Impact

Total # of COVID-19+ Cases in Residential Placement	Cumulative (Dates 3/30/20 to 10/31/2020)
	169*
# of Deaths Reported	34*

*There were no new cases or deaths associated with COVID-19 reported in Residential Placement since last report.

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 – October 2020

Provider	# Beds	# Served- October
Quality Behavioral Health (QBH)	36	7
Detroit Rescue Mission Ministries (DRMM)	86	2

COVID -19 URGENT BEHAVIORAL HEALTH URGENT CARE SITES

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

Provider	Population Service	Hours of Operations	# Served October 2020
Community Care Services	Children ages 6-17 Adults ages 18 & older	Mon. -Fri. 8:30am – 6:00pm	7 Adults (6 in September)
Northeast Integrated Health	Adults ages 18 & older	Mon.- Fri.9am – 9pm Saturdays 9am- 1pm	18 Adults (17 in September)
The Children’s Center	Children SED ages 6-17	Monday thru Friday 8:00am – 8:00pm	15 Youth (13 in September)

COVID-19 OPERATIONAL Plans

Michigan COVID-19 Cases Increase: November 4, 2020 update: The total number of confirmed COVID-19 cases in Michigan is 192,096 with 7,419 deaths. Wayne County is reported to have 24,157 confirmed cases and 1,347 deaths, Detroit is listed with 15,956 confirmed cases with 1,552 death reported. (Source: www.michigan.gov/Coronavirus)

COVID-19 Testing, Tracing & Reporting: MDHHS sent out a notification that starting on October 28, 2020, all licensed Adult Foster Care and Home for the Aged facilities that have more than 13 beds within the facility need to follow new Covid-19 testing and reporting guidelines. This includes:

- Initial testing of all residents and staff unless done previously
- Weekly testing of residents in facilities with any positive cases, until 14 days after the last new positive
- Weekly testing for all staff
- Testing of new or returning residents during intake unless completed within the last 72 hours
- Testing of newly hired staff, or within the last 72 hours prior to start date
- Weekly Covid-19 reporting to the MDHHS (i.e. positive cases, suspected cases, # beds occupied, deaths, staff shortages, supply shortages, access to testing, testing completed)

DWPHN has provided this information to both our Clinically Responsible Service Provider and residential provider. We currently have 1 residential provider that this impacts. MDHHS also sent out notifications directly.

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: BA#21-38 R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 11/18/2020

Name of Provider: Community Living Services

Contract Title: Community Living Services, Inc; Self Determination Services

Address where services are provided: "35425 Michigan Ave, W. Wayne, MI 48184, U.S.A"

Presented to Program Compliance Committee at its meeting on: 11/11/2020

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

Amount of Contract: \$ 59,906,443.00 Previous Fiscal Year: \$ 55,628,442.40

Program Type: Modification

Projected Number Served- Year 1: 1,600 Persons Served (previous fiscal year): 1,519

Date Contract First Initiated: 10/1/2019

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 staff recommends board action #21-38, be revised to increase the annual funding by \$8.1 million dollars. Service Provider (CLS) has increased the number of consumers who are receiving Habilitation Support Waiver (HSW) Services under this contract. Since July 2020, CLS has enrolled over fifty (50) new HSW consumers and believes that reduced amounts paid over the past several months due to COVID-19, will increase over the upcoming months. The term of this contract is from October 1, 2020 through September 30, 2021. The total funding will not exceed \$59,906,443.00.

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 20/21	Annualized
Multiple	\$ 59,906,443.00	\$ 59,906,443.00
0	\$ 0.00	\$ 0.00
Total Revenue	\$ 59,906,443.00	\$ 59,906,443.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: VARIOUS

In Budget (Y/N)? Y

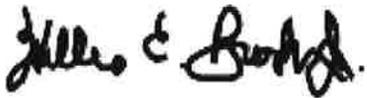
Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Wednesday, November 4, 2020

Signed: Wednesday, November 4, 2020

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 21-44 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 11/18/2020

Name of Provider: All Well-Being Services, Community Care Services Inc., Detroit Central City C.M.H., Inc., Development Centers Inc., Hegira Programs Inc., Neighborhood Serv. Organizatio, Southwest Counseling Solutions, Services to Enhance Potential, Lincoln Behavioral Services, Northeast Integrated Health , Arab Community Center for Economic & Social Services, Community Living Services, The Futures Health Core LLC, Star Center Inc., Nardin Park Recovery Center, Metro East Drug Treatment Corp, Rainbow Center of Michigan Inc, New Light Recovery Center, Inc., Quality Behavioral Health Inc, Health Alliance Plan Dept. 2771101, Macomb Oakland Regional Center, Inc., Wayne Center, St. Mary Mercy Hospital, Havenwyck Hospital, Inc., Goodwill Industries of Greater Detroit, T & G Corporation - BCOM, Samaritan Behavioral Center, POCS-Professional Outreach Counseling Services, Henry Ford - Kingswood Hospital, Henry Ford - Wyandotte Hospital, VHS Detroit Receiving Hospital, Inc., VHS Sinai Grace Hospital Inc, St. John Providence, St. John Macomb Oakland Hospital Corp., Molina Healthcare of Michigan, Inc, Seniors Wellness Group of Michigan, P.C., Senior Psychiatric Services of Michigan, Coventry Health Care, BCA StoneCrest Center, Harbor Oaks Hospital, New Oakland Child Adolescent and Family Ctr, Jewish Vocational Service and Community Workshop, PsyGenics Inc, BCS of Michigan LLC, Behavioral Care Solutions for Adults and Seniors, Inc, St. John Hospital and Medical Center, Team Mental Health Services, Arab-American & Chaldean Council, William Beaumont Hospital, CNS Healthcare, Wayne State University, Michigan Complete Health Inc, AmeriHealth Michigan Inc, Community Programs Inc., The Guidance Center

Contract Title: MI Health Link Demonstration Project

Address where services are provided: See Attachment

Presented to Program Compliance Committee at its meeting on: 11/12/2020

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

Amount of Contract: \$ 7,216,050.00 Previous Fiscal Year: \$ 7,301,450.00

Program Type: Continuation

Projected Number Served- Year 1: 5,000 Persons Served (previous fiscal year): 5000

Date Contract First Initiated: 5/1/2005

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 recommending a one year continuation contract with the 5 Integrated Care Organizations (ICO) to receive and disburse Medicare dollars to reimburse the Affiliated Providers for 2021 of the MI Health Link Demonstration Project for an estimated amount of \$7,216,050.

The services performed by the Affiliated Providers are those behavioral health benefits available to the Dual Eligible (Medicare/Medicaid) beneficiaries being managed by the DWIHN through its contract with the Michigan Department of Health and Human Services and its contracts with the five ICOs. The Affiliated Providers consist of inpatient, outpatient and substance use disorder providers. This

Demonstration Project is designed to ensure that coordinated behavioral and physical health services are provided to this population.

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

Source of Funds: Other

Fee for Service (Y/N): N

Revenue	FY 20/21	Annualized
Medicare	\$ 7,216,050.00	\$ 7,216,050.00
	\$ 0.00	\$ 7,216,050.00
Total Revenue	\$ 7,216,050.00	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64936.827020.00000

In Budget (Y/N)? Y

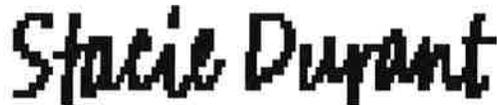
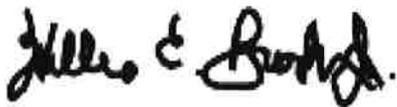
Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Thursday, October 29, 2020

Signed: Thursday, October 29, 2020

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 21-45 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 11/18/2020

Name of Provider: Starfish Family Services (MH)

Contract Title: Michigan Child Collaborative Care Project (MC3) and the Behavioral Health Consultant

Address where services are provided: 30000 Hiveley, Inkster, Michigan 48141

Presented to Program Compliance Committee at its meeting on: 11/12/2020

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

Amount of Contract: \$ 83,488.00 Previous Fiscal Year: \$ 89,015.00

Program Type: Continuation

Projected Number Served- Year 1: 765 Persons Served (previous fiscal year): 549

Date Contract First Initiated: 6/1/2015

Provider Impanaced (Y/N)? Y

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

The Michigan Child Collaborative Care Program and Behavioral Health Consultant Project provides behavioral health consultation for local primary care providers with MC3 child, adolescent and prenatal psychiatrists. Starfish Family Services provides local oversight, in collaboration with MC3 program, of the Behavioral Health Consultant as they implement MC3 in Wayne County as well as work in concert with other regional Behavioral Health Consultants. Note the State of Michigan identified the agency to provide the Behavioral Health Consultant.

Services include:

- Regional Outreach to eligible providers to ensure utilization of the MC3 program;
- Linkage between Primary Care Providers and MC3 Psychiatrist;
- Coordination of care for children, adolescents, and perinatal women;
- Behavioral Health Consultant provides consultation services in designated primary care site; and
- Collection of required data and local utilization to facilitate the project evaluation.

This contract is for \$83,488 (the Behavioral Health Consultant-Starfish: \$75,488 and Tele-Psychiatry: \$8,000)

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 20/21	Annualized
Multiple	\$ 83,488.00	\$ 83,488.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 83,488.00	\$ 83,488.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: VARIOUS

In Budget (Y/N)? Y

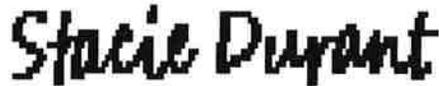
Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Wednesday, November 4, 2020

Signed: Wednesday, November 4, 2020

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: BA #21-48 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 11/18/2020

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Community Foundation for Southeast Michigan's Opioid Partnership

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 11/12/2020

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

Amount of Contract: \$ 151,984.00 Previous Fiscal Year: \$ 0.00

Program Type: New

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

Date Contract First Initiated: 10/1/2020

Provider Impacted (Y/N)? Y

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

This board action is requesting the approval of a one-year contract for an amount not to exceed \$151,984 with Wayne State University (\$28,000), Quality Behavioral Health (\$43,000), Wayne County Healthy Communities (\$30,000) and Abundant Recovery Services (\$43,000).

DWIHN received a philanthropic grant from the Community Foundation of Southeast Michigan for an opioid intervention for two Wayne County jails. Inmates leaving out of jail with an Opioid Use Disorder will be transported to treatment services based on a 24 hours service model.

Wayne State University will be providing facilitation and evaluation services of this grant and the designated FQHC, Wayne County Healthy Communities, will provide Wayne County Jails inmates the initial question of the Rapid Opioid Dependence Screen (RODS), conduct COVID testing and tracing for 6 months using a Disease Intervention Specialist (DIS). The DIS will provide authorization of release to DWIHN's Mobile Unit Providers- Quality Behavioral (QBH) and Abundant Community Recovery Services (ACRS). QBH and ACRS will provide mobile services, MAT, OP, referral, and transportation services. DWIHN admin cost is \$7,984.

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

Source of Funds: Other

Fee for Service (Y/N): Y

Revenue	FY 20/21	Annualized
Local Grant	\$ 151,984.00	\$ 151,984.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 151,984.00	\$

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

Type of contract (Business/Clinical):

ACCOUNT NUMBER: 64932.580000.06890

In Budget (Y/N)? Y

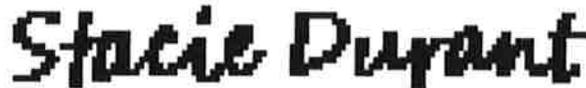
Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Wednesday, November 4, 2020

Signed: Wednesday, November 4, 2020

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: BA #21-32R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 11/18/2020

Name of Provider: Hegira Programs Inc., Growth Works Inc, Personalized Nursing Light House, Detroit Recovery Project, DWIHN
Provider Network - see attached list

Contract Title: Substance Use Disorder Treatment Services Network Fiscal Year 2021

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 11/12/2020

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

Amount of Contract: \$ 4,443,575.00 Previous Fiscal Year: \$ 16,427,733.00

Program Type: Continuation

Projected Number Served- Year 1: 10,000 Persons Served (previous fiscal year): 10,000

Date Contract First Initiated: 10/1/2020

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).

This revised board action is a request increase the amount by \$295,000 from the initial amount of \$4,148,575 to \$4,443,575. The action is requesting to allocate the additional funds to Abundant (\$77,000), Detroit Recovery Project (\$20,000), Growth Works (\$138,000), Hegira Programs (\$50,000) and Personalized Nursing Lighthouse (\$10,000).

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

Source of Funds: PA2

Fee for Service (Y/N): Y

Revenue	FY 20/21	Annualized
Block Grant	\$ 3,409,575.00	\$ 3,409,575.00
PA2	\$ 1,034,000.00	\$ 1,034,000.00
Total Revenue	\$ 4,443,575.00	\$ 4,443,575.00

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

Type of contract (Business/Clinical):

ACCOUNT NUMBER: VARIOUS

In Budget (Y/N)? Y

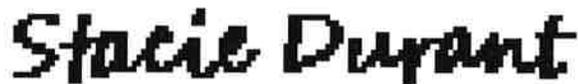
Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Friday, November 6, 2020

Signed: Friday, November 6, 2020

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: BA #21-33R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 11/18/2020

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Substance Use Disorder Prevention Services Network Fiscal Year 2021

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 11/12/2020

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

Amount of Contract: \$ 4,925,054.00 Previous Fiscal Year: \$ 5,574,906.00

Program Type: Continuation

Projected Number Served- Year 1: 400,000 Persons Served (previous fiscal year): 300,000

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).

Requesting board approval to amend the FY21 SUD Prevention Services board action by (1) adding an additional \$70,000 in PA2 funds for the National Council on Alcohol Drug Dependence (NCADD) to service the Latin community in Southwest Detroit; and (2) add \$63,000 in Partnership for Success (PFS) funds per the FY21 SUD Award from the Michigan Department Of Health & Human Services (MDHHS) for DWIHN partnership with Primary Care Organizations to implement Screening and Referral services and individual family programs. Funds will be distributed as follows: Empowerment Zone (\$59,110.00) DWIHN Admin (\$1,890.00) and Mangallan Consultancy, Evaluator (\$2,000.00)

The revised amount of the FY21 SUD Prevention Services program is \$4,925,054 and was increased by \$133,000 from the initial amount of \$4,792,054 .

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

Source of Funds: PA2,PFS

Fee for Service (Y/N): N

Revenue	FY 20/21	Annualized
Block Grant	\$ 2,916,054.00	\$ 2,916,054.00
PA2	\$ 2,009,000.00	\$ 2,009,000.00
Total Revenue	\$ 4,925,054.00	\$ 4,925,054.00

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

Type of contract (Business/Clinical):

ACCOUNT NUMBER: VARIOUS

In Budget (Y/N)? Y

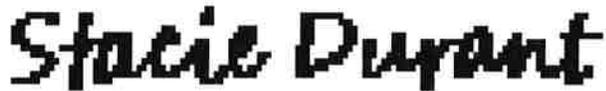
Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Monday, November 9, 2020

Signed: Sunday, November 8, 2020

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 20-54R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 11/18/2020

Name of Provider: Barr, Joseph J.

Contract Title: HEDIS/NCQA Professional Consultant Services

Address where services are provided: 'None'__

Presented to Program Compliance Committee at its meeting on: 11/12/2020

Proposed Contract Term: 1/1/2021 to 6/30/2021

Amount of Contract: \$ 146,470.00 Previous Fiscal Year: \$

Program Type: Continuation

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

Date Contract First Initiated: 8/19/2019

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).

For purposes of NCQA Compliance, this Board Action is to request an extension of contractual services for the period from 1/1/21 - 6/30/21, at the amount of \$41,470.00.

Previous Board action was approved to extend funding provided by Detroit Wayne Integrated Health Network to obtain professional IT services from Mr. Joe Barr for development work related to HEDIS measures that are must required as part of our NCQA compliance. These services are required to get us in compliance with HEDIS 2020 measures.

The initial contract began August 19, 2019 was below the \$50,000 that required board approval. This board action is requesting an additional contract extension from January 1, 2021 for a total amount of \$146470, an increase of \$41470 through June 30, 2021.

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

Board Action #: 20-54R

Revenue	FY 20/21	Annualized
	\$ 146,470.00	\$ 146,470.00
	\$ 0.00	\$ 0.00
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER:

In Budget (Y/N)? Y

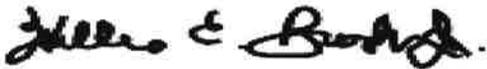
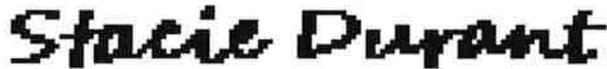
Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Signed: Wednesday, November 11, 2020

Signed: Wednesday, November 11, 2020