



## **Detroit Wayne Integrated Health Network**

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### **PROGRAM COMPLIANCE COMMITTEE MEETING**

*Virtual Meeting*

**Wednesday, October 14, 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. 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
  - B. Third quarter report (April-June) on the Children's Initiative School-Based program to be sent to board members - Crystal Palmer
  - C. SUD quarterly report to be sent to board members - Darlene Owens - **COMPLETED**
  - D. Provide Program Compliance Committee with follow-up on the bed bug infestation – April Siebert
- VI. Approval of the Minutes**
  - A. August 12, 2020
  - B. September 9, 2020
- VII. Report(s)**
  - A. Corporate Compliance Report
  - B. Medical Director's Report (**Written report only**)
  - C. Access and Crisis Services' Quarterly Report
  - D. Utilization Management's Quarterly Report
  - E. School Success Initiative's Report
- VIII. Quality Review(s)**
  - A. Strategic Plan-Quality Pillar

#### **Board of Directors**

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

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

Tim Killeen, Treasurer  
Angelo Glenn  
Dr. Cynthia Taueg

Dora Brown, Secretary  
Kevin McNamara



**IX. Chief Clinical Officer's Report**

**X. Unfinished Business**

- A. **BA #21-01 (Revised)** – Wayne County Jail Diversion
- 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

**XI. New Business**

**(Staff Recommendations):**

- A. **BA #21-13** – Wayne County CFS, Jails and Third Circuit Court - Wayne County
- B. **BA #21-17** – Multicultural Integration and Veteran's Navigator – ***Provider list included in Board Action***
- C. **BA #21-36** – Independent Evaluator for Autism Spectrum Disorder – The Children's Center
- D. **BA #21-38** – Self-Determination Services – Community Living Services (CLS)
- E. **BA #21-39** – PIHP Contract – Michigan Department of Health and Human Services (MDHHS)
- F. **BA #21-40** – School Success Initiatives – Arab-American and Chaldean Council

**XII. 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).

**XIII. Adjournment**

# PROGRAM COMPLIANCE COMMITTEE

**MINUTES**

**AUGUST 12, 2020**

**1:06 P.M.**

**VIRTUAL MEETING**

<b>MEETING CALLED BY</b>	I. Dr. Iris Taylor, Program Compliance Chair at 1:00 p.m.
<b>TYPE OF MEETING</b>	Program Compliance Committee
<b>FACILITATOR</b>	Dr. Iris Taylor, Chair
<b>NOTE TAKER</b>	Sonya Davis
<b>TIMEKEEPER</b>	
<b>ATTENDEES</b>	<p><b>Committee Members:</b> Dr. Lynne Carter; Chief William Riley, III; Kenya Ruth; Dr. Cynthia Tauog and Dr. Iris Taylor</p> <p><b>Board Member(s) Present:</b> Dorothy Burrell; Kevin McNamara; and Bernard Parker</p> <p><b>Staff:</b> Brooke Blackwell; Willie Brooks; Jacquelyn Davis; Eric Doeh; Kimberly Flowers; Tina Forman; Shirley Hirsch; Bernard Hooper; Dr. Margaret Hudson-Collins; Callana Ollie; Darlene Owens; Crystal Palmer; John Pascaretti; Ebony Reynolds; April Siebert; and June White</p>

**AGENDA TOPICS**

**II. Moment of Silence**

<b>DISCUSSION</b>	The Chair called for a moment of silence.
<b>CONCLUSIONS</b>	Moment of silence was taken.

**III. Roll Call**

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

**IV. Approval of the Agenda**

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

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p>A. <b>TRAILS Program</b> – Provide a realistic timeframe for the TRAILS program including recommendations for the most appropriate evidenced-based practice to use and an implementation plan that includes timelines and cost. Ebony Reynolds, Clinical Officer of Clinical Practice Improvement submitted and gave an update on the TRAILS Program. After a robust discussion regarding the TRAILS program, the committee agreed that a short-term task force of board members and staff be developed to adopt and address population need, layout of all services, and who’s providing and paying for this initiative. The board members that volunteered for this short-term task force are Dr. Lynne Carter, Kenya Ruth, Dr. Cynthia Taueg, Kevin McNamara, Dr. Iris Taylor and Board Chair, Bernard Parker. Staff that will participate in the short-term task force are Deputy CEO, Eric Doeh, Ebony Reynolds and Kim Flowers. Eric Doeh, Dr. Taylor and Ebony Reynolds will meet first to discuss data that is needed for the meeting. Board Liaison, Lillian Blackshire will arrange the meeting within the next week. (Action)</p>
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**VI. Approval of Meeting Minutes**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p>The Chair called for approval of the July 8, 2020 meeting minutes. <b>Motion:</b> It was moved by Chief Riley and supported by Dr. Taueg to approve the July 8, 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. <b>Motion carried.</b></p>
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**VII. Reports**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p>A. <b>Corporate Compliance Report</b> - Bernard Hooper, Director of Corporate Compliance submitted and gave an update on the Corporate Compliance report:</p> <ol style="list-style-type: none"> <li>1. <b>HAP ICO Audit</b> – HAP conducted an audit of various DWIHN’s functions including Compliance, Utilization Management and Integrated Healthcare. The initial results of the audit indicated that DWIHN was in non-compliance with several areas. However, subsequent submissions have resulted in a number of areas being reconsidered by HAP to “Met” or “Met with comments”. The final report should be received later this week and a Corrective Action Plan (CAP) will be submitted thereafter. Dr. Taylor opened the floor for discussion. There was no discussion.</li> </ol> <p>B. <b>Medical Director’s Report</b> – Dr. Margaret Hudson-Collins, Medical Director submitted and gave a report on her Medical Director’s report.</p> <ol style="list-style-type: none"> <li>1. <b>Update on DWIHN’s COVID-19 Response</b> – Five primary initiatives are giving guidance and support to DWIHN’s members and providers during the COVID-19 pandemic: urgent care psychiatric services; intensive case management services; pre-placement housing; DWIHN’s residential program provided alternate housing for COVID positive members, PPEs and COVID testing; and SUD COVID-19 recovery housing. DWIHN has successfully contributed to the “flattening of the curve” of the COVID-19 pandemic in Detroit-Wayne which was the epicenter of the pandemic in Michigan. Dr. Hudson-Collins also provided a document on Detroit-Wayne COVID cases and a link for a more detailed report.</li> </ol>
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2. **Quality Improvement Steering Committee** – DWIHN has contracted with a NCQA consultant to provide feedback for policies and process in preparation for the NCQA survey and reviews in 2021.
  3. **Hepatitis A Vaccination Performance Improvement Projects (PIP)** – MDHHS has asked DWIHN to partner with the Detroit and Wayne County Health Departments in developing a prevention initiative for the opioid treatment programs to include education on Hepatitis A and offering the Hepatitis A vaccine.
  4. **Utilization Management (UM)** – Staff provided training to our CRSP providers on the use of the Service Utilization Guidelines (SUGs) on August 4<sup>th</sup> and August 8<sup>th</sup>. UM is working with I.T. and Children’s Initiatives to have MDHHS required functional assessment tools for children and adolescents tied into SUGs.
  5. **PIHP’s Regional Medical Director’s Meeting** – The medical directors met weekly at the onset of the COVID pandemic and now meet twice a month since the State is beginning to pen up and lift some restrictions. The focus has shifted to continued concern about contact tracing and timely testing.
  6. **Tri-County Medical Director’s Advisory Group** – Wayne, Oakland and Macomb counties’ medical directors met virtually on July 23, 2020. Each director gave updates on their COVID-19 issues. Governor Whitmer’s COVID-19 orders and Dr. J. Khaldun’s medical assessment and recommendations for managing the pandemic in Michigan was also reviewed and discussed.
  7. **Improving Practices Leadership Team (IPLT)** – The IPLT’s meeting resumed in June 2020. Their focus is on the disposition for children requiring psychiatric hospitalization under the age of eight (8) be established once medical clearance begins; Behavioral Health Screening Program; identifying barriers to seven-day follow-up post psychiatric hospitalization; and SUD-QIP. Dr. Taylor opened the floor for discussion. There was no discussion.
- C. **Managed Care Operations’ Quarterly Report** – June White, Director of Managed Care Operations submitted and gave highlights on the Managed Care Operations’ Quarterly report. Ms. White reported that the provider and practitioner survey will be going out via email mid-September for FY 2020. The purpose of this survey is to monitor how well DWIHN is performing and addressing any deficiencies in our network that we can resolve for FY 2021. The results of this survey should be available for analysis late December. The survey will reach out to 450 providers and close to 2,000 practitioners. Dr. Taylor opened the floor for discussion. There was no discussion.
- D. **Residential Services’ Quarterly Report** – Shirley Hirsch, Director of Residential Services submitted and gave highlights on the Residential Services’ quarterly report.
1. **COVID-19** - Since March 30, 2020, Residential Services continue to work and report on COVID-19 cases and reported deaths with a downward trend since the last report on April 30, 2020. The number of COVID-19 positive cases reported are 161 and the number of deaths reported is 31.
  2. **MH-WIN Residential Assessment/SPG Roll-Out** – MH-WIN Residential Assessment/SPG Roll-out was successful, effective June 1, 2020.
  3. **Specialized Residential Authorizations CRSP Trainings** – Completed transition of the Specialized Residential Service Authorization process to DWIHN’s contracted CRSPs, effective June 5, 2020.
- All DWIHN’s clients have received testing for the COVID virus. Dr. Taylor opened the floor for discussion. Discussion ensued.

	<p>E. <b>Substance Use Disorder's Quarterly Report</b> – Darlene Owens, Director of Substance Use Disorder's Initiatives submitted and gave highlights of the Substance Use Disorder's Quarterly Report.</p> <ol style="list-style-type: none"> <li>1. <b>DWIHN Naloxone Initiative</b> – Naloxone saves 38 lives and one (1) unsuccessful save in the third quarter of FY 2020.</li> <li>2. <b>Access SUD Screenings</b> – Enrollment in services continue to be low. The numbers are slowly increasing per month.</li> <li>3. <b>Mobile Units</b> – DWIHN has two mobile units that provides a variety of services.</li> <li>4. <b>Telehealth Survey</b> – Survey was conducted from May 12-24, 2020 by the Quality Improvement department. Forty-three percent (43%) of the SUD providers reported using telehealth services during the COVID pandemic.</li> <li>5. <b>Screening, Brief Intervention and Referral for Treatment (SBIRT)</b> – Currently only one provider is providing peer services in an FQHC.</li> <li>6. <b>Overdose Education and Naloxone Distribution (OEND)</b> – 191 Naloxone kits were distributed.</li> <li>7. <b>Michigan Department of Corrections (MDOC)</b> – DWIHN currently has 41 clients, 29 enrolled in outpatient, one in the MAT program and one in residential treatment services</li> <li>8. <b>Gambling Disorder Residential Treatment Program (GDRTP)</b> – SHAR House and Mariner's Inn applied for this grant. DWIHN currently has one provider.</li> <li>9. <b>SYNAR-Youth Tobacco Act Vendor Education</b> – Nine (9) prevention providers participated in vendor education and non-SYNAR checks from May 15-June 30, 2020. DWIHN is currently in the SYNAR inspection phase from July 20-August 20, 2020.</li> <li>10. <b>Prevention Highlights</b> – DWIHN prevention providers were able to transition the direct and indirect activities to virtual platforms. One prevention provider conducted a series of innovative activities face-to-face.</li> <li>11. <b>DWIHN's My Strength New User Registration Data:</b> <ol style="list-style-type: none"> <li>a. April 2020 – 85 new users – 4,524 total served</li> <li>b. May 2020 – 56 new users – 4,579 total served</li> <li>c. June 2020 – 32 new users – 4,611 total served</li> </ol> <p>Depression, anxiety, drug and alcohol were the most utilized e-learning programs. 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; Managed Care Operations, Residential Services and Substance Use Disorders' quarterly reports. <b>Motion:</b> It was moved by Chief Riley and supported by Mrs. Ruth to accept the Corporate Compliance and Medical Director's reports; Managed Care Operations, Residential Services and Substance Use Disorder's quarterly reports. <b>Motion carried.</b></p> </li> </ol>
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**VIII. Quality Review(s) - None**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p>B. <b>Quality Improvement's Quarterly Report</b> – April Siebert, Director of Quality Improvement submitted and gave highlights on the Quality Improvement's Quarterly Report. Ms. Siebert reported that the second quarter Performance Indicator data for the Michigan Mission Based Performance Indicators (MMBPI) was submitted to the MDHHS on June 30, 2020. The measurement period was from January 1, 2020 – March 31, 2020. The objective is to meet 95% and 15% or less thresholds. The state's overall benchmark of 95% was met for each Indicator for Quarters 1 and 2 with the exception of Indicators 4b (Q1) and 4a</p>
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	<p>(Q2). Indicator #10 increased by 1.38 percentage points in Quarter 2 for adults readmitted within 30 days to 22% (the state standard is 15% or less). Several departments within DWIHN continue to meet and complete work in an attempt to reduce the adult recidivism rates. Staff will continue to use the improvement strategies to improve outcomes. Discussion ensued. The Chair called for a motion to accept the Quality Improvement's Quarterly report. <b>Motion:</b> It was moved by Chief Riley and supported by Dr. Tauieg to accept the Quality Improvement's Quarterly report. Dr. Taylor opened the floor for further discussion. There was no discussion. <b>Motion carried.</b></p>
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**IX. Interim Chief Clinical Officer's (CCO) Report**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p>Kimberly Flowers, Interim Chief Clinical Officer submitted a full report and gave highlights on her Interim Chief Clinical Officer's report. Ms. Flowers reported that:</p> <ol style="list-style-type: none"> <li>1. <b>COVID-19 &amp; Inpatient Psychiatric Hospitalization</b> – 9.1% decrease in admission for July 2020 – 707 served</li> <li>2. <b>COVID-19 Intensive Crisis Stabilization Services</b> – 15% increase in admissions for July 2020 – 216 served</li> </ol> <p>COVID-19 Pre-Placement Housing, Recovery Housing/Recovery Support Services and Urgent Behavioral Health Urgent Care Sites are all still being utilized. Brooke Blackwell, Chief of State informed the committee that MDHHS is having a meeting today to determine how they will be disseminating COVID testing for the AFC population and will have an update by next week. Mrs. Blackwell will work with Kim Flowers and Dr. Hudson-Collins on a plan for testing the AFC population on a regular basis. They also have a contingency plan in place for any positive cases that may arise. The Chair called for a motion to accept the Interim Chief Clinical Officer's report. <b>Motion:</b> It was moved by Chief Riley and supported by Mrs. Ruth to accept the Interim Chief Clinical Officer's Report. Dr. Taylor opened the floor discussion. There was no discussion. <b>Motion carried.</b></p>
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**X. Unfinished Business**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p>A. <b>BA# 19-15 (R2)</b> - Housing Resource Center - 24 Hour Walk-In Center (Tumaini Center) Covenant House Program – The Chair called for a motion on BA #19-15 (R2). <b>Motion:</b> It was moved by Chief Riley and supported by Mrs. Ruth to move BA #19-15 (R2) to Full Board for approval. Staff requesting modification of this board action for <b>Southwest Counseling Solutions' Housing Resource Center</b> for the amount of \$1,089,715.00 to provide housing assistance, resources, intervention and collaborative community efforts to reduce homelessness of persons with mental illness and co-occurring disabilities; <b>Neighborhood Service Organization's 24-Hour Walk-In Center (Tumaini Center)</b> for the amount of \$902,050.00 to provide intensive services to decrease homelessness and residential instability and increase individuals in supportive living arrangements; and <b>Northeast Integrated Health's (formerly Northeast Guidance Center) Covenant House Program</b> for the amount of \$132,872.00 to address gaps in service through the provision of mental health support for young adults experiencing homelessness. Dr. Taylor opened the floor for discussion. There was no discussion. <b>Motion carried.</b></p> <p>B. <b>BA# 20-59 (Revised)</b> - PCE/MHWIN Maintenance Contract Extension – The Chair called for a motion on BA #20-59 (Revised). <b>Motion:</b> It was moved by Chief Riley and supported by Dr. Tauieg to move BA #20-59 (Revised) to Full Board for approval. Staff is requesting one-year extension for MH-WIN</p>
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	<p>maintenance services with Peter Chang Enterprise (PCE). Dr. Taylor opened the floor for discussion. There was no discussion. <b>Motion carried.</b></p>
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**XI. New Business: Staff Recommendation(s) -**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p>A. <b>BA# 20-58</b> - Grant Agreement Between Michigan Department of Health and Human Services hereinafter referred to as the “Department” and Detroit Wayne Integrated Health Network (formerly known as Detroit Wayne Mental Health Authority) for Community Mental Health Services Program (CMHSP) – 2020 – Dr. Taylor informed the committee that this board action is normally presented to the Finance Committee but because the information was received after the Finance Committee meeting it is being presented to this committee. The Chair called for a motion on BA #20-58. <b>Motion:</b> It was moved by Chief Riley and supported by Dr. Tauog to move BA #20-58 to Full Board for approval. This board action is for receipt and dispersal of the FY 2020 contract between Michigan Department of Health and Human Services (MDHHS) and the Detroit Wayne Integrated Health Network (DWIHN) formerly known as Detroit Wayne Mental Health Authority (DWMHA) for the Community Mental Health Services Program (CMHSP). This contract is for the provision of a comprehensive array of mental health services and supports. Dr. Taylor opened the floor for discussion. Discussion ensued. <b>Motion carried.</b></p> <p>B. <b>BA# 20-58 (Revised 1)</b> - Grant Agreement Between Michigan Department of Health and Human Services hereinafter referred to as the “Department” and Detroit Wayne Integrated Health Network (formerly known as Detroit Wayne Mental Health Authority) for Community Mental Health Services Program (CMHSP) – 2020 - <b>(Unfinished Business)</b> – The Chair called for a motion on BA #20-58 (Revised 1). <b>Motion:</b> It was moved by Chief Riley and supported by Dr. Tauog to move BA #20-58 (Revised 1) to Full Board for approval. Detroit Wayne Integrated Health Network received amended language from Michigan Department of Health and Human Services (MDHHS) for the Community Mental Health Services Program (CMHSP) for FY 2020 which is included in the board action. Dr. Taylor opened the floor for discussion. The committee requested that this board action be added to the Executive Committee meeting on Monday for further discussion. (Action) <b>Motion carried.</b></p> <p>C. <b>BA# 21-06</b> – Donated Funds Agreement 21-82009 – The Chair called for a motion on BA #21-06. <b>Motion:</b> It was moved by Dr. Tauog and supported by Chief Riley to move BA #21-06 to Full Board for approval. Staff recommends approval of a one-year contract extension between DWIHN and MDHHS to continue the Outstation services in Wayne County and the placement of six (6) Medicaid Eligibility Specialists. Dr. Taylor opened the floor for discussion. There was no discussion. <b>Motion carried.</b></p> <p>D. <b>BA# 21-07</b> - Behavioral Health Emergency Response Call Center – The Chair called for a motion on BA #21-07. <b>Motion:</b> It was moved by Mrs. Ruth and supported by Chief Riley to move BA #21-07 to Full Board for approval. Staff is requesting approval for the extension of the ProtoCall Services, Inc. contract. The FY 20/21 contract amount is \$335,500.00. Dr. Taylor opened the floor for discussion. Discussion ensued. <b>Motion carried.</b></p>
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- E. **BA# 21-08** – Healthcare Effectiveness Data and Information Set (HEDIS) Certified population Heal Management and Data Analysis Tool Vendor Solution – The Chair called for a motion on BA #21-08. **Motion:** It was moved by Mrs. Ruth and supported by Chief Riley to move BA #21-08 to Full Board for approval. Staff request approval to enter into a contract with Vital Data Technology, LLC for a Healthcare Effectiveness Data and Information Set (HEDIS) Certified Population Health Management and Data Analytics Tool vendor solution. The contract will be for three years with two, one-year renewal options. Dr. Taylor opened the floor for discussion. There was no discussion. **Motion carried.**
- F. **BA# 21-09** – Comprehensive Service for Behavioral Health – 2021 – The Chair called for a motion on BA #21-09. **Motion:** It was moved by Chief Riley and supported by Dr. Tauog to move BA #21-09 to Full Board for approval. Staff is requesting approval to enter into an agreement with several vendors (***list included in board action***) and individuals who have been approved by MDHHS through the Comprehensive Services for Behavioral Health FY 2021 Block Grant. Notification was received from MDHHS approving \$861,516. Dr. Taylor opened the floor for discussion. Discussion ensued. **Motion carried.**
- G. **BA# 21-11** – DWC Training Portal – The Chair called for a motion on BA #21-11. **Motion:** It was moved by Chief Riley and supported by Dr. Tauog to move BA #21-11 to Full Board for approval. Staff is requesting approval of a two-year contract with WIT, Inc. WIT, Inc. currently develops and maintains the software package used by VCE now known as Detroit Wayne Connect (DWC) to manage the entire training program for DWIHN staff and providers servicing consumers in the DWIHN network. Dr. Taylor opened the floor for discussion. Discussion ensued. **Motion carried.**
- H. **BA# 21-12** – Systems of Care – The Chair called for a motion on BA #21-12. **Motion:** It was moved by Dr. Tauog and supported by Mr. Parker to move BA #21-12 to Full Board for approval. The System of Care (SOC) Block Grant expands the capacity of Connections Wayne County’s System of Care to support the needs of the most complex children and youth with serious emotional disturbance (SED) served within Wayne County’s Public Mental Health System. The main goal of this initiative is to increase access to and the quality of services for children and youth in Wayne County. Dr. Taylor opened the floor for discussion. The committee requested that the persons served in this initiative indirectly should be included in the board action. **(Action) Motion carried.**
- I. **BA# 21-14** - Infant Early Childhood Mental Health – The Chair called for a motion on BA #21-14. **Motion:** It was moved by Dr. Tauog and supported by Chief Riley to move BA #21-14 to Full Board for approval. Infant and Early Childhood Mental Health Consultation (IECMHC) is a prevention based, indirect intervention that teams a mental health professional with child care providers to improve the social, emotional and behavioral health of children. Dr. Taylor opened the floor for discussion. Discussion ensued. **Motion carried.**
- J. **BA# 21-15** - Treatment Foster Care Oregon – The Chair called for a motion on BA #21-15. **Motion:** It was moved by Chief Riley and supported by Mrs. Ruth to move BA #21-15 to Full Board for approval. Staff is requesting approval of a one-year contract between DWIHN and The Guidance Center to continue implementation of the Treatment Foster Care Oregon (TFCO) initiative for FY 2020-21. Funding for this contract is through MDHSS’ grant for \$432,496, pass

	<p>through Wayne State University. Dr. Taylor opened the floor for discussion. Discussion ensued. <b>Motion carried.</b></p> <p>K. <b>BA# 21-16</b> – My Strength – The Chair called for a motion on BA #21-16. <b>Motion:</b> It was moved by Chief Riley and supported by Mrs. Ruth to move BA #21-16 to Full Board for approval. My Strength meets NCQA accreditation requirements for Q18, Q19 and CC4 as well as fulfillment of Grant obligations. It has all nine of the self-management tools required by NCQA and has the ability for DWIHN to customize the assessment in our system. Dr. Taylor opened the floor for discussion. Discussion ensued. <b>Motion carried.</b></p> <p>L. <b>BA# 21-18</b> – Michigan Rehabilitation Services – The Chair called for a motion on BA #21-18. <b>Motion:</b> It was moved by Chief Riley and supported by Mrs. Ruth to move BA #21-18 to Full Board for approval. Staff requesting approval for continued funding for an Interagency Cash Transfer Agreement (ICTA) between DWIHN and Michigan Rehabilitation Services (MRS) for the amount of \$443,565.00. Dr. Taylor opened the floor for discussion. There was no discussion. <b>Motion carried.</b></p> <p>M. <b>BA# 21-19</b> – Crisis Intervention Services Extension – The Chair called for a motion on BA #21-19. <b>Motion:</b> It was moved by Mrs. Ruth and supported by Chief Riley to move BA #21-19 to Full Board for approval. Staff is requesting approval for extension of Hegira Health, Inc. crisis intervention services via the Community Outreach for Psychiatric Emergencies (COPE). The extension will allow for DWIHN to continue providing adult mobile crisis services during the process of securing a building for the Crisis Assessment Center and eventually revising the Crisis Continuum RFP. The amount for the extension from October 1, 2020-September 30, 2021 is not to exceed \$8,400,000.00. Dr. Taylor opened the floor for discussion. Discussion ensued. <b>Motion carried.</b></p>
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**XII. Good and Welfare/Public Comment**

<b>DISCUSSION/ CONCLUSIONS</b>	The Chair asked if there were any Good and Welfare/Public Comment. There was no Good and Welfare/Public Comment.
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ACTION ITEMS	Responsible Person	Due Date
<p><b>1. Follow-Up Items from Previous Meeting:</b></p> <p><b>A. TRAILS Program</b> – Board Liaison will set up a pre-meeting for Dr. Taylor, Eric Doeh and Ebony Reynolds for the short-term task force team</p>	Lillian Blackshire	<b>COMPLETED</b>

ACTION ITEMS	Responsible Person	Due Date
<p>2. <b>BA #20-58 (Revised 1)</b> - Grant Agreement Between Michigan Department of Health and Human Services hereinafter referred to as the "Department" and Detroit Wayne Integrated Health Network (formerly known as Detroit Wayne Mental Health Authority) for Community Mental Health Services Program (CMHSP) – 2020 – Add to agenda for Executive Committee meeting on Monday for further discussion.</p>	Lillian Blackshire	<b>COMPLETED</b>
<p>3. <b>BA #21-12</b> – System of Care – Include persons served indirectly in this initiative in the board action.</p>	Crystal Palmer	<b>COMPLETED</b>

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

**ADJOURNED:** 3:15 p.m.

**NEXT MEETING:** Wednesday, September 9, 2020 at 1:00 p.m. *(Virtual Meeting)*

# PROGRAM COMPLIANCE COMMITTEE

**MINUTES**

**SEPTEMBER 9, 2020**

**1:00 P.M.**

**VIRTUAL MEETING**

**I. Call to Order**

<b>MEETING CALLED BY</b>	Dr. Iris Taylor, Program Compliance Chair at 1:00 p.m.
<b>TYPE OF MEETING</b>	Program Compliance Committee
<b>FACILITATOR</b>	Dr. Iris Taylor, Chair
<b>NOTE TAKER</b>	Carmen Smith
<b>TIMEKEEPER</b>	
<b>ATTENDEES</b>	<p><b>Committee Members:</b> Chief William Riley, III; Kenya Ruth; Dr. Cynthia Taueg and Dr. Iris Taylor</p> <p><b>Committee Members Excused:</b> Dr. Lynne Carter</p> <p><b>Board Member(s) Present:</b> Dorothy Burrell Angelo Glenn, Commissioner Timothy Killeen and Bernard Parker</p> <p><b>Staff:</b> Brooke Blackwell, Willie Brooks, Jacquelyn Davis, Eric Doeh, Bernard Hooper, Dr. Margaret Hudson-Collins, Dana Lasenby, Mike Maskey, Darlene Owens, Crystal Palmer, Ebony Reynolds, April Siebert, and Michele Vasconcellos</p>

**AGENDA TOPICS**

**II. Moment of Silence**

<b>DISCUSSION</b>	The Chair called for a moment of silence.
<b>CONCLUSIONS</b>	Moment of silence was taken.

**III. Roll Call**

<b>DISCUSSION</b>	The Chair called for a roll call.
<b>CONCLUSIONS</b>	Board Liaison, Lillian Blackshire, took roll call and a quorum was present.

**IV. Approval of the Agenda**

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

<b>DISCUSSION/ CONCLUSIONS</b>	N/A
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**VI. Approval of Meeting Minutes**

<b>DISCUSSION/ CONCLUSIONS</b>	The minutes of August 12, 2020 were deferred to October 14, 2020.
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**VII. Reports**

<b>DISCUSSION/ CONCLUSIONS</b>	<p><b>A. Corporate Compliance Report</b> - Bernard Hooper submitted a written report and gave an update on the Corporate Compliance report. He reported on the HSAG Corrective Action Plan status update. HSAG conducts three reviews as required by the Michigan Department of Health and Human Services. They include Performance Measure Validation (PMV), Performance Improvement Project (PIP) and the Compliance Monitoring reviews.</p> <p><b>PMV:</b> The PMV review was conducted on July 9, 2020. The draft PMV report was received on August 25, with feedback based on the findings from the review due to HSAG by September 1. DWIHN accepted the findings, which detailed that DWIHN has met all required reportable areas with the exception of BH-TEDS Data Elements. One particular area, disability designation, was not being properly collected because of an IT and vendor issue, which has been corrected. A work plan was developed and PCE will correct the software issue, correct the historical data, and provide a safety net for future data. HSAG will submit DWIHN's final report by September 25, at which time the work plan will be submitted to HSAG for review and approval.</p> <p><b>PIP:</b> The PIP report was submitted to HSAG on June 30, 2020. HSAG submitted to DWIHN a draft Preliminary Report on July 20, with the opportunity to address any <i>Partially Met</i> and/or <i>Not Met</i> due to HSAG by August 14. Additional documentation was submitted addressing the <i>Partially Met</i> and/or <i>Not Met</i> areas on August 14. To date, DWIHN is waiting on the final report. This project has been ongoing for two years. During the previous review, there wasn't enough statistical data to show statistical improvement.</p> <p><b>Compliance Review:</b> This review occurs every two years, with HSAG selecting among categories the standards it will review each time. DWIHN received the final Compliance Report from HSAG on March 10, 2020, which required a Plan of Correction. None of the matters identified involved service to our customers, but were more technical in nature. Status updates were due to HSAG on June 4 and July 17, with supporting documentation due on August 28 on the implementation of the plan. All required documentation was submitted as required. DWIHN is waiting on feedback and acceptance of the POC.</p>
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Dr. Taylor stated that while these are critical issues, the Compliance Officer assured her they were mostly technical in nature and did not affect our standard of care for our consumers.

The Chair called for a motion to accept the Compliance Officer report. **Motion:** It was moved by Ms. Ruth and supported by Chief Riley to accept the Compliance Officer report. **Motion carried.**

A. **Medical Director's Report** – Deferred to October 14, 2020.

B. **Children's Initiatives Quarterly Report/Task Force Update** – Eric Doeh reported on the Task Force. We received a directive to look internally and across our network to look at children's programs and to first start with an assessment of what we have. Several meetings have been held, focusing on identifying accessibility within Wayne County so behavioral health services are accessible to all students. The data showed more than 270,000 students; we will now look at whether they are in public, charter or private schools and whether they have private insurance. We are currently serving 85,000 students based on the data we presented to the Task Force. There is room for 190,000 children who could be served, depending on further breakdown. Risks identified were suicide, anxiety, depression and dating violence. Our task is to look at how we can create a robust program that would be across the board and able to identify and use evidence-based program or multiple programs to tackle these risks. We know these risks can be different going into different communities. We are looking at how to create accessibility throughout the network. Several ideas were put on the table; we will keep this committee and the board updated as we move forward. This is the first piece of a three-prong approach we will use as we take a deeper dive into children's services. We are also looking at different funding sources and other partners. We plan to look at standardized services as the next prong. The last prong will be linking services.

Dr. Taylor asked for comments or questions from the committee. Dr. Taueg asked for a proposed timeline for the three areas, particularly standardizing services. Mr. Doeh responded that the task force has asked for a three-month period, reporting monthly on the redesign. Our hope is to deliver faster if we can. We have already done a lot of work on accessibility. The standardized services have been identified. Linking services to those identified will take longer, but we deliver something on each item within the next three months. The biggest challenge is to understand the environment we are working in with all of the remote and telehealth services. We are looking at other entities throughout the country that we may be able to put to use.

Mr. Parker asked if anything would be happening with the providers who are already in schools from last year during the three-month period. Mr. Doeh responded that is the case, as we don't want to disrupt the existing services. The task force is looking at this issue now as far as how we move into the next fiscal period with those providers. There was further discussion on the current services. There was also brief discussion on the funding dollars to be used. Dr. Taylor asked if the core provider for access for mental health services to children in the schools would be the CMH. If this is the case, this is where the work needs to begin. The core structure must be established first. There was further discussion. Chief Riley asked if consideration is being given to how to handle this issue for students who may be attending school remotely and must

do telehealth. Dr. Taylor responded this is being considered. Mr. Doeh responded that services are currently provided through telehealth. MDHHS is looking carefully at the telehealth services, as we must make sure the services are being provided and are being successful. There was further discussion. Dr. Taylor asked that staff come back to the committee when they have an idea on the need to extend contracts. Mr. Doeh stated his assessment at this point would be to extend the contracts through January.

Crystal Palmer provided a high-level overview regarding a few of the projects that are occurring within Children's Initiatives, beginning with Autism Spectrum Disorder. Since 2013, we have served 6,689 children and youth. We currently have, as of 3rd Quarter, 4,705 cases open, with 69 pending. There is further in depth breakdown included in the written report. Ms. Palmer provided a brief update on Wraparound Services, which is one of DWIHN's higher levels of care. In the 2nd Quarter, we began collecting new data, which is included in the written report. As of the 3rd Quarter, we have served 366 cases this year. We have 53 new cases in the 3rd Quarter, which is a good sign that families are still reaching out for needed services even during COVID. During the 3rd Quarter, 49 families transitioned out of Wraparound Services. Of them, 30 felt they have reached their goals. Further update is included in the written report.

Ms. Palmer provided a brief update on Home-Based Services, which is a higher level of care. We are looking at new strategies to evaluate DWIHN's provider services for home-based services. We are currently serving 566 cases and had 96 new referrals during the 3rd Quarter. Further information is included in the written report. She also provided a brief update on the MC3 Project with University of Michigan and Starfish Family Services. During the 3rd quarter, 15 psychiatrists had one on one meetings with primary care consultations and two behavioral health consultants spoke directly with PCC. She provided further update in the written report. She provided brief updates on the recent Fatherhood Forum and on the Children's Cultural and Linguistic Summit Learning Series, two projects that are funded through the System of Care block grant. Additional information was provided in the written report. She also provided a brief update on the training component that is being provided for DWIHN's Infant Mental Health Clinicians and Supervisors.

Mr. Parker asked about the school-based program. Is there a third quarter report for this program? How many students are currently being served? Ms. Palmer stated that she would provide the third quarter report to the committee. Mr. Parker stated he is particularly interested in telehealth services provided. Dr. Taylor stated it would be helpful to have one integrated program for providing children's services.

- C. Clinical Practice Improvement Quarterly Report** – Ebony Reynolds provided the 3<sup>rd</sup> Quarter Report. She also provided a written report. The Evidence Based Supportive Employment (EBSE) Program Manager informed us that providers mentioned that amid the outbreak there is no shortage of job opportunities for individuals served. There is a training opportunity being delivered by Team Wellness in cooperation with the Michigan Department of Labor for job skills training. Some providers report continued reductions in referrals for EBSE referrals but there is a plan in place to begin increasing those numbers. Fifteen individuals served in the EBSE program attended a Drive-Thu Job Fair and Resume Drop-off, hosted

by Michigan Works. Five employers participated, offering a variety of job opportunities.

Ms. Reynolds also provided an update on Wayne County Jail and Probate Court, returning citizens are now being released with a 60-day medication supply. The Diversion Committee meetings continue to be held. Discussion is focused on COVID-19 and the use and improvement of technology with the courts and service providers. Most court hearings are being held via teleconference at this time. On jail diversion, the trend of reducing the jail population will likely continue through the upcoming year. This is attributed to inmates being released due to health and safety, in addition to the trend of reducing jail populations for jail diversion treatment modalities that will provide treatment that is more appropriate to individuals. Mental Health Court held a virtual graduation for 16 participants. Drug Court is preparing for a virtual graduation for 13 participants. Veteran's Treatment court graduated three program participants. Each specialty court is accepting new referrals due to the upcoming graduations.

Clinical Practice Improvement has been working with IT and the Quality department to gain their assistance reviewing 72.3% completion rate for the PHQ-9 during the initial assessment of eligible DWIHN members. CPI has also been working with Quality on using the PHQ-9 as a NCQA measure to show clinical improvement in the upcoming review. Further information is included in the written report.

No ACT providers were visited for their technical assistance review due to stay at home order. We will be reaching out to them to resume the visits. CPI is aligning any new and existing members to the ACT program in MHWIN. ACT participated in a hospital recidivism meeting with integrated care to discuss the collaboration for potential ACT members.

CPI participated in a follow up meeting with CCS regarding starting ACT Step Down and Med Drop. CCS discussed financial barriers to starting a new PMPM program and obtaining staff. CCS will begin to email ACT Step Down and Med Drop list of members to CPI. CPI been meeting with Quality Improvement to look at our hospital lists for recidivism. We continue to monitor that list to see if there are additional engagement strategies we can recommend to our providers to keep individuals from having to go to the emergency departments. We are also looking at crisis and treatment plans, offering ideas on evidence based practices interventions to use. We continue to meet with the providers quarterly.

Dr. Taylor asked if the activities that occurred with HSAG audit and corrective action planning integrate with Clinical Practice Improvement activities. Ms. Reynolds responded that some of the activities involve the provider network meetings and the updates to the clinical practice guidelines. Dr. Taylor asked if Ms. Reynolds was part of the corrective action planning. She responded that she did provide information to Quality for the corrective action planning.

- D. **Customer Service Quarterly Report and Strategic Plan Pillar/Customer Service** – Michele Vasconcellos reported. She also provided a written report



for the record. With COVID in force for 3<sup>rd</sup> Quarter, Customer Services sought ways to reduce barriers to obtaining services. During the 3rd Quarter, DWIHN's Call Center activity, which is inclusive of the Welcome Center, CS Call Center, Access Center and Protocall, had overall totals that saw a significant drop in calls due to COVID from the 2nd Quarter. DWIHN's Call Center and Access Center are able to handle calls remotely from home. Family Subsidy requests continue to be remotely addressed and processed without interruption.

Performance Monitors continue to address CRSP Customer Service Standards Annual Audit activity, which is now being conducted remotely. With the increase in provider closures as a result of COVID, Customer Service has increased their mailing of member choice notification letters. The unit continues to address Grievance and Appeals and Medicaid Fair Hearing cases and to provide technical assistance and virtual trainings to the provider network. Although numbers have continued to be relatively low, there was an additional decline. Cross training of Grievances and Appeals staff is being conducted to increase productivity and efficiencies.

With the goal of ensuring that our members stayed informed and engaged during COVID Customer Service along with our Communication department implemented various new initiatives, such as social network forums, a telephone helpline on COVID, bulletins and various webinars. Planning efforts are being conducted for the Walk-A-Mile in My Shoes Rally, which will be conducted virtually this year. In partnership with Wayne State University School of Urban Studies, Customer Service continued assessing and initiating process improvement efforts utilizing the member satisfaction tool the ECHO. In addition to the Adult version, the tool was also administered with the parents and guardians of children who have a serious emotional disorder, developmental disability and Autism. Results for the Adults Echo has been finalized and presented to Quality for review and follow-up.

Ms. Vasconcellos provided an update on the Strategic Plan-Customer Service Pillar. This pillar involves the collaborative efforts of Customer Service, IT, Network Management, Credentialing, Self Determination and Utilization Management. Overall, this pillar is currently at 68% completion. Previous reporting on this pillar was at 63%. We focused on three goals: Goal 1) Enhance the provider experience, which we hope to have completed by December 2021 - Previous 53%, Current Completion 55%. Goal 2) Ensure Inclusion and Choice for Members. We are looking to have this completed by the end of September 2020-Previous 69%, Current Completion 74%. Goal 3) Improve Person's Experience of Care and Health Outcomes, which we hope to have completed by December 2021 - Previous 43%. She provided a brief overview of the focus points under each goal. Further information is included in the written report. Ms. Vasconcellos stated that we do not currently see any barriers to meeting these goals on time.

Dr. Taylor asked about the summary that was presented at the board study session. Was there anything in the report that is not related to what was presented today? Ms. Vasconcellos responded that this information was included in that report.

E. **Integrated Health Care Quarterly Report** – Tina Foreman provided an update. She also provided a written report. Due to the COVID-19 pandemic, no Hepatitis A vaccination clinics were held during the 3<sup>rd</sup> Quarter. IHC staff will remain in contact with the Detroit and Wayne County Health Departments regarding scheduling Hepatitis A vaccination clinics once the Health Departments have the capacity to resume the clinics. IHC has also since reached out to the Detroit Health Department regarding scheduling flu vaccination clinics at DWIHN Substance Use Disorder provider sites. We are waiting to hear back from the Detroit Health Department.

In regards to the Integrated Health Pilot Projects, IHC staff continued to participate in meetings with two Medicaid Health Plans to further develop care coordination activities between DWIHN and the Medicaid Health Plans. Models of care coordination were presented and reviewed with both Medicaid Health Plans during the quarter. Next steps were to further define the target population and map out the processes of completing care coordination for shared members, which has since been completed. IHC has also since coordinated and participated in multiple meetings regarding a shared electronic platform that can be used by DWIHN and Medicaid Health Plan staff to facilitate information exchange and care coordination activities.

IHC staff also had a meeting with representatives from Henry Ford Health System in June to discuss a pilot project. A Memorandum of Understanding between DWIHN and Henry Ford Health System is in process. IHC and HFHS staff have another meeting scheduled for later this week.

IHC staff continued to perform Care Coordination Data Sharing on a monthly basis with each of the eight Medicaid Health Plans (MHP) serving Wayne County for mutually served individuals who met risk stratification criteria, which includes multiple hospitalizations and Emergency Department visits for both physical and behavioral health, and multiple chronic physical health conditions. IHC is reaching out to each of the Medicaid Health Plans to determine their capacity to increase the number of members reviewed for data sharing. Thus far, two Medicaid Health Plans have indicated that they are agreeable to increasing the volume of members reviewed but did not provide a number for their capacity, and one Medicaid Health Plan has indicated that they do not have capacity to increase the number of members reviewed during the data sharing meetings. The goal is to increase the number of members reviewed for Care Coordination Data Sharing to 75 cases per month by October 1, 2020.

DWIHN learned in June that the MI Health Link demonstration would be extended to December 31, 2021. After that time, the plan from MDHHS is to extend the demonstration for four additional years, with changes, which are yet to be finalized. Further update is provided in the written report.

IHC continues to offer and provide Complex Case Management services to DWIHN members as part of DWIHN's NCQA accreditation. IHC continued the monitoring and oversight of DWIHN's provider of OBRA/PASARR services. Further update is provided in the written report.

F. **SUD Quarterly Report** – Darlene Owens reported. She also provided a written report. She gave a brief update on the SUD provider network for FY

	<p>21. Prior to releasing the RFPs for both Treatment and Prevention, DWIHN determined that it was necessary to achieve the following: 1) Develop efficient and outstanding care and services to those we have taken a responsibility to serve; 2) Determine system capacity and need; and 3) Allow for new and innovative providers to be introduced into the SUD provider network. DWIHN released the Treatment RFP on May 22, 2020 and received 38 proposals. DWIHN released the Prevention RFP on June 1, 2020 and received 32 proposals. There were a number of responses that were deemed “non-responsive.” A non-responsive designation meant that the application failed to include some minimum required documents and/or responses to name a few. After review and scoring, DWIHN recommended 30 Treatment providers for its SUD provider network and 29 Prevention providers for its SUD provider network, with four new providers into the SUD provider network. Additional information was provided in the written report.</p> <p>Mr. Parker asked how this compares with the providers we currently have. Ms. Owens responded that we currently have 74 providers. In FY 21, we will have 59 providers. Mr. Parker asked for why the number is different. Ms. Owens responded that 15 of the providers did not enter RFPs. A couple of them did not score high enough. Mr. Parker asked if all of Wayne County is being covered in the Treatment area. Ms. Owens stated it would be covered. Mr. Parker asked how residential has been doing in relation to COVID over the last quarter. Ms. Owens stated that the providers have been provided with PPE, learning how to quarantine and working with the health departments on COVID testing. While we have had deaths of both staff and consumers, the numbers have been decreasing since the quarterly report provided in August. Mr. Doeh stated that care was taken to assure that the providers selected met the board’s desire for coverage throughout Wayne County. Ms. Owens stated that there are three new providers in prevention and one in treatment.</p> <p>The Chair bundled all reports and called for a motion to accept the Quarterly reports: Children’s Initiatives/Task Force, Clinical Practice Improvement, Customer Service/Strategic Plan-Customer Service Pillar, Integrated Health Care and Substance Use Disorder. <b>Motion:</b> It was moved by Chief Riley and supported by Dr. Tauog to accept the reports as provided. <b>Motion carried.</b></p>
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**VIII. Quality Review(s)**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p>April Siebert reported and provided a high-level summary. She also provided a detailed written report for the record. She spoke on the analysis that identifies trends and patterns of events in ten (10) reportable categories. She stated that these items are also included under the Quality Pillar in the Strategic Plan.</p> <p>Those reportable areas are Arrests, Deaths, Environmental Emergencies, Injuries requiring ER, Injuries requiring Hospitalization, Medication Error, Physical illness requiring ER, Physical illness requiring Hospitalization, Serious Challenging Behavior, and other. This objective is included under the Quality Pillar with planned activities to continue efforts to identify and improve data reporting to</p>
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	<p>include analyzing member specific, provider specific and systemic trends that put members at risk of harm. The report highlights some interesting trends. Ms. Siebert provided brief overview of the items included in the full report, including follow-up on hospitalizations and coordination of care. She also briefly discussed trends related to COVID and talked about morbidity and mortality of poor physical health and unhealthy lifestyles, as well as a brief update on the bed bug infestation that continues to present problems in the network. Chief Riley asked about the bed bug issue and if there is a plan of action to deal with it. Ms. Siebert responded that as these are private homes, we are restricted on what we can do. We have provided the homes with basic protocols and guidance to help them alleviate this problem. We have also asked them to provide us with supporting documentation to let us know the infestation has been mitigated. She added that as these are private homes, we have limited authority. Mr. Doeh stated that staff has discussed this issue. It is a health and safety issue and if we are providing clinical services in the home, we can extend our reach. We have other partners, including housing authorities, who we can contact to inspect and other indirect approaches. Mr. Hooper added that there are third parties we can use to more directly address the problem, but as a PIHP, we do not have the authority to do checks in private residences. We can report to local third parties governing the rental of facilities that the homes are not up to standards. We hold our service providers accountable for the health and safety of those we serve and expect them to report unsafe and unsanitary conditions. There was further discussion.</p> <p>Ms. Siebert was requested to provide an update to Program Compliance on this issue.</p> <p>The Chair called for a motion to accept the Quality report. <b>Motion:</b> It was moved by Ms. Ruth and supported by Chief Riley to accept the Quality report. <b>Motion carried.</b></p>
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**IX. Strategic Plan-Customer Pillar**

<b>DISCUSSION/ CONCLUSIONS</b>	The report was provided during Customer Service Quarterly Report.
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**X. Interim Chief Clinical Officer’s (CCO) Report**

<b>DISCUSSION/ CONCLUSIONS</b>	<p>Kimberly Flowers provided a brief update. She also provided a written report. During the month of August, Clinical Operations continued to focus on continuity of services and supports during the COVID-19 pandemic. She identified programs that have been implemented and continue to operate with periodic monitoring by DWIHN staff. The 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. Our mobile units are continuing to provide services. She also highlighted actions on intensive crisis stabilization services, pre-placement housing, recovery housing and support services, behavioral</p>
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	<p>health urgent care sites and testing, tracing and reporting, including testing people who live in the AFC homes, which began in September. Ms. Blackwell added further update on the testing being provided in the AFC homes. Testing is being done on staff and residents and will continue the remainder of the week and into next week. Further information on these items is included in the written report.</p> <p>The Chair called for a motion to accept the Interim Chief Clinical Officer's report. <b>Motion:</b> It was moved by Ms. Ruth and supported by Chief Riley to accept the Chief Clinical Officer's Report. <b>Motion carried.</b></p>
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**XI. Unfinished Business**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p>None.</p>
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**XII. New Business: Staff Recommendation(s)**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p>June White presented the following board actions:</p> <p><b>A. BA #21-05 - The ARCs (Detroit, Northwestern Wayne and Western Wayne) -</b> The Chair called for a motion to approve BA #21-05. <b>Motion:</b> It was moved by Chief Riley and supported by Ms. Ruth to approve BA #21-05. There was no discussion. <b>Motion carried.</b></p> <p><b>B. BA #21-17 - Multicultural Integration and PIHP Navigator - Association of Chinese Americans, Inc., Southwest Counseling Solutions, Detroit Wayne Integrated Health Network, Community Health and Social Services Center, Inc., and American Indian Health and Family Services -</b> The Chair called for a motion to approve BA #21-17. Ms. White reported the Veteran Navigator portion has already been presented. The providers were selected by MDHHS. She provided an explanation of services to be provided. <b>Motion:</b> It was moved by Chief Riley and supported by Ms. Ruth to approve BA #21-17. Dr. Taylor requested that the correction to the board action be completed prior to presentation to the Full Board. <b>Motion carried.</b></p> <p><b>C. BA #21-21 - Neighborhood Services Organization and Wayne Metropolitan Community Action Agency - PATH Programs -</b> The Chair called for a motion to approve BA #21-21 <b>Motion:</b> It was moved by Chief Riley and supported by Ms. Ruth to approve BA #21-21. There was no further discussion. <b>Motion carried.</b></p> <p><b>D. BA #21-22 - Central City Integrated Health - PSH and Leasing Project -</b> The Chair called for a motion to approve BA #21-22 <b>Motion:</b> It was moved by Ms. Ruth and supported by Chief Riley to approve BA #21-22. Mr. Parker asked if the concerns about Central City have been resolved. Mr. Doeh stated that Central City has installed a new CEO. Finance has also been involved with and we have not encountered any issues of concern. We took steps with our CFO and Compliance Officer to make sure our funds were not misappropriated. Mr.</p>
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Hooper added that the only concern with them is their 501C3 status lapsed during the investigation and they are currently seeking reinstatement. They have submitted the required documentation and we anticipate that it will be approved. **Motion carried.**

**E. BA #21-23 – Provider Network System** - The Chair called for a motion to approve BA #21-23. Chief Riley abstained from Growth Works. **Motion:** It was moved by Ms. Ruth and supported by Chief Riley to approve BA #21-23. Mr. Parker asked about the 10,000 less projection of persons served from last year. Ms. White responded that it is based on current claims, but the figure will go up. Ms. Durant stated that the dollar amount has gone up from prior year based on the increased HRA amount and we added all of the claims based on SUD activity, which was previously on the SUD board actions. She stated that they would look at the projected number served and make sure it is correct prior to board meeting. **Motion carried.**

**F. BA #21-27 – Autism (ASD) Network** – Ebony Lawson presented. The Chair called for a motion to approve BA #21-27 **Motion:** It was moved by Ms. Ruth and supported by Chief Riley to approve BA #21-27. Mr. Parker asked why the amount is reduced. Ms. Durant responded that a portion of this contract was pulled and an RFP was done for the assessments portion. It will be an upcoming board action. **Motion carried.**

**G. BA #21-36 – ASD Independent Evaluations** – Ms. Lawson presented. Ms. Durant stated that The Children’s Center is no longer an autism provider, which was part of the RFP criteria for becoming an independent evaluator. The Chair called for a motion to approve BA #21-36 **Motion:** It was moved by Ms. Ruth and supported by Chief Riley to approve BA #21-36. **Motion carried.**

Dr. Taylor asked about the expiring contracts list and noted that many of the items have not come before the Program Compliance Committee. Mr. Doeh responded that the list contains board actions that have already come before board, as well as some that will not need to be presented. He is working with staff to have a more definitive list presented. Dr. Taylor requested an updated spreadsheet prior to the Executive Committee meeting.

**XIII. Good and Welfare/Public Comment**

<b>DISCUSSION/ CONCLUSION</b>	The Chair asked if there were any Good and Welfare/Public Comment.
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ACTION ITEMS	Responsible Person	Due Date
1. 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	September 14, 2020
2. Third quarter report on the Children's Initiatives School-Based program to be sent to board members	Crystal Palmer	September 16, 2020

<b>ACTION ITEMS</b>	<b>Responsible Person</b>	<b>Due Date</b>
3. SUD quarterly report to be sent to board members	Darlene Owens	COMPLETED
4. Provide Program Compliance Committee with follow-up on the bed bug infestation	April Siebert	October 14, 2020

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

**ADJOURNED:** 3:08 p.m.

**NEXT MEETING:** Wednesday, October 14, 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:** October 14, 2020

**RE: REPORT TO PROGRAM COMPLIANCE COMMITTEE**

1. Telehealth and Public Facing Platforms – Quality Improvement has recently completed a survey of all telehealth providers within the Network. QI specifically requested information regarding the use of public facing platforms for the provision of telehealth services. A number of Telehealth providers reported using a public facing remote communication product to provide telehealth. The U.S. Department of Health and Human Services, Office of Civil Rights (“OCR”), the enforcement agency for HIPAA violations, has issued the Notification of Enforcement Discretion which provides that covered health care providers will not be subject to penalties for violations of the HIPAA Privacy, Security, and Breach Notification Rules that occur in the good faith provision of telehealth. Use of public-facing remote communication products, such as TikTok, Facebook Live, Twitch, or a public chat room, which OCR has identified in the Notification as unacceptable forms of remote communication for telehealth are prohibited. 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 within thirty (30) days of the notice from DWIHN. A “non-public facing” remote communication product is one that, as a default, allows only the intended parties to participate in the communication. Non-public facing remote communication products would include, for example, platforms such as Apple

### Board of Directors

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Kevin McNamara

Dr. Iris Taylor, Vice-Chairperson  
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William T. Riley, III

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Lynne F. Carter, MD  
Kenya Ruth

Angelo Glenn  
Dr. Cynthia Taueg





FaceTime, Facebook Messenger video chat, Google Hangouts video, Whatsapp video chat, Zoom, or Skype.

2. Internal Audit Function for 2020-2021 – Corporation Compliance is preparing a list of proposed compliance objectives for presentation to the Compliance Committee. The primary objective is to implement an internal audit function to review compliance with business procedures that correspond to NCQA standards. In addition, Corporate Compliance proposes to work in concert with Quality Improvement to monitor the practice of Telehealth through the network.



**Program Compliance Committee Meeting  
October 14, 2020**

**Chief Medical Director's Report  
M. Hudson-Collins, MD**

**Update on DWIHN COVID-19 Response**

This section will continue to report updates on COVID-19 until it is no longer a dominant feature of our everyday lives. It will serve as a reminder of the services provided to DWIHN's constituencies and staff.

Michigan is experiencing an uptick in COVID cases from a low in mid-June to a steady increase in COVID cases and deaths in August, September and October. This is thought to be as a result of the State lifting some initial restrictions, opening up of business and students returning to school. Michigan is not the only state experiencing this phenomenon; in-fact only four states continue to have a steady or downward trend as of October 3, 2020.

**Detroit cases:** 14,520

**Detroit deaths:** 1,534

**Wayne County cases:** 33,261

**Wayne County deaths:** 2,828

**Michigan total cases:** 129,826

**Michigan deaths:** 6,838

The State recommends the same simple activities to reduce the number of cases and deaths: hand washing, social distancing, wearing masks.

What is DWIHN doing to mitigate the spread of COVID 19:

Continued large scale AFC COVID 19 testing

- 3<sup>rd</sup> round of mandatory testing of DWIHN staff (250 + staff) in late September; 2020
- A gradual, staggered reintroduction of staff into the Milwaukee office. The New Center One office is closed
- Regular updating of DWIHN internet for COVID 19 information and tips on how to cope both physically and emotionally to the pandemic

Primary Services Provided to DWIHN constituents:

- Urgent Care Psychiatric Services
- Intensive Case Management targeting COVID 19 positive patients

- Pre-placement Housing: emergent transitional housing going into or out of a hospital setting
- SUD COVID 19 recovery housing specifically for individuals with co-occurring substance use disorders and COVID 19 positive.

### **IPLT--Telemedicine Policy-Draft**

Due to the COVID pandemic telemedicine has become a significant means of providing health services to our members, therefore, a policy is being developed that is in accordance with MDHHS guidelines. The purpose of the policy is to provide guidance to the DWIHN Provider network utilizing telemedicine services in furtherance of improving the health of individuals with interactive, real-time communication between the individual and the physician or practitioner. Through collaborative efforts with DWIHN Providers, individuals, families, and responsible parties will have user friendly, accessible personalized behavioral health care. DWIHN promotes telemedicine services to improve access to provide behavioral health specialized services, and advanced health-care integration.

### **Quality Improvement Steering Committee**

NCQA countdown to the Mock Review scheduled for October 16, 2020. The Onsite Review is scheduled for April 5, 2021. DWIHN staff have been working diligently to meet the deadline for the Mock Review. NCQA accreditation highly sought after and is a demonstration of agencies ability to provide safe and effective care to their constituents. Presently, the focus has been on completing tasks timely. Tasks include completing outstanding NCQA policies, complete reports such as, but not limited to Analysis of Quality Improvement Activities, Autism Performances Indicators - Annual Summary, SUD Performance Indicators- Annual Summary, Implementation of Clinical Guidelines (Dr. Hudson-Collins), Behavioral Health Screening Program Description (Dr Hudson-Collins,), PHQ 9 Implementation-QIP, Increasing Hepatitis A Vaccination-QIP, Decreasing the use of multiple Antipsychotic Medication, SUD Performance Indicators Annual Summary, Annual Grievance Summary, Annual ORR report; this is just name few of the reports being completed.

### **Behavioral Treatment Plan Review Committee**

One of the goals of this committee is to monitor and report Restrictive and Intrusive Interventions as specified by the Michigan Mental Health Code and the Federal Balanced Budget Act.

Restrictive Interventions are any techniques that will result in the limitation an individual's rights such as limiting or prohibiting communication with others when that communication would be harmful to the individual; prohibiting unlimited access to food when the access would be harmful to the individual (excluding dietary restrictions for weight control or medical purposes). The use of Restrictive Interventions requires the review and approval of the Committee at least quarterly.

Intrusive Interventions are techniques that encroach on the bodily integrity or the personal space of an individual for the purpose of achieving management or control of a seriously aggressive, self-injurious or other behavior that places the individual's freedom of movement in jeopardy and is not standard treatment or dosage for individuals' medication. The use intrusive techniques, as defined here, requires the review and approval of the Committee.

### **Utilization Management:**

The Children's Assessment tools: DECA, PECFAS, and CAFAS have been implemented via HIE. On August 4 & 7, 2020 the UM Department completed two SUG trainings for CRSP providers, there were

a number of questions generated which were answered and posted on the DWIHN website. The UM Department has bi-weekly clinical consultations with Dr. Hudson-Collins to ensure that member's hospitalized over 14 days are in the correct level of care.

**Disenrollment:**

Providers were notified on September 25, 2020, that in accordance with the Michigan Department of Health, DWIHN is mandated to have each member 18 years and older to have a LOCUS incorporated in the member's initial treatment plan. DWIHN's records show that there are several members without the request LOCUS. The Provider organization was informed that an omission of a member's LOCUS must be remedied immediately. As of October 25, 2020, DWIHN will reject claims of individuals that do not have a current LOCUS in MH WIN.

Furthermore, members who had a LOCUS of 0 & 1 no longer met the criteria to receive services through DWIHN and therefore, no longer eligible to receive services. The score of 0 means there is no LOCUS and a score of 1 is Recovery Maintenance or Health Management. These levels of care can be provided by one's treating physician. The letter further informed the members that if they do not agree with this finding, they have a right to appeal the decision within 60 days.

## **Access and Crisis Services 4th Quarter: July – September 2020**

### **Executive Summary Report**

The Access and Crisis Unit has been working remotely as of March 16, 2020. Hospital Liaison staff resumed face to face visits at most hospitals in August. The Access Center and Crisis Providers began working remotely at that time as well and other than COPE and TCC, continue to do so. The data for Request for Services (RFS) had continued to increase this 4th quarter across the board of all crisis services.

DWIHN is in the process of implementing the transition plan to provide access call center services internally.

#### **FY 19/20 Q4 Accomplishments**

- Hospital Liaison Staff and COPE mobile intervention teams resumed face to face visits with most Emergency Departments in August. Face to face assessments appear to be more effective in diverting individuals to lower levels of care.
- The documentation of Crisis Alerts in Consumer Records for identified recidivistic cases appears to have been effective. HL staff had contact with 23 individuals identified as recidivistic (2 or more emergency room encounters). Those individuals had a total of 52 encounters in the emergency department and HL staff were able to divert 39 (75%) of those encounters to lower levels of care. Of the 790 consumers seen by HL staff during this quarter, 63% were diverted due to the crisis alerts received. Meetings have been established with CRSP to provide TA on how to enter crisis alerts and develop plans to address individuals needs and make an impact on recidivism.

#### **Area of Concern**

- Not all ED's have provided the protocol to allow for face to face assessments.
- PAR's completed by ACT Teams seem to resulting in higher admission rates. Reviewing cases to determine training and TA needs. Will report next quarter.
- Continue to monitor performance outcomes for the crisis line

#### **Plans for FY 20/21 Q1**

- Implement Transition Plan for the Access Call Center
- Finalize Pre-Admission Review (PAR) Screening for Stabilization Cases only and implement the process
- Continue to working with DPD to develop process for routing 911 calls directly to Crisis Line
- Complete analysis of Length of Stays (LOS) for inpatient to determine the impact of step-down to CRU.
- Schedule additional meetings with CRSP Providers to coordinate services for individuals receiving crisis services. Provide report on effectiveness of Crisis Alerts in MH-WIN.
- Develop CRSP alert system in MH-WIN for when individuals have received services by Crisis Providers
- Finalize contract with Pontiac General Psychiatric Hospital. This will give DWIHN access to 44 beds for individuals diagnosed with SMI and 15 beds for individuals diagnosed with I/DD



## DWIHN UTILIZATION MANAGEMENT QUARTER 4 REPORT

### I. Executive Summary

- **Habilitation Supports Waiver:** There are 1,084 slots assigned to the DWMHA. At the of the of the Q4, 95.4% of the slots are filled. Sustained growth is anticipated and the procedure for a potential waiting list is being finalized.
- **Autism:** There were 1496 authorization requests approved throughout Q4. At the end of Q4, there are currently 1679 cases open in the benefit, which is a 2.53% decrease from Q3.
- **Evidence Based Supported Employment:** Throughout Q4, DWIHN approved 204 authorization requests for EBSE. This is a 20.71% increase from quarter 3. Previous quarterly authorization approvals; Q2 = 274, Q3 = 106, Q4 = 193 for Supportive Employment.
- **County of Financial Responsibility (COFR):** During the 4<sup>th</sup> Quarter, the COFR committee had 14 Adult COFR requests, zero children's cases and 11 cases resolved. There are currently 135 pending cases.
- **General Fund:** There were 1260 for Q4 General Fund Authorizations. This is an 18.76% increase from 3Q for General Fund Authorizations.
- **Provider Network Hospital admissions:** UM managed the following Inpatient Admissions for Q4 = 2058. (NOTE: Q3 = 2129 and Q2 = 2743 admissions,). That is a 3.33% decrease from Q3, and a 24.97% decrease from the Q2. The average length of stay for Q4 is 10.33 days, Q3 was 11.66 days. That is an 11% decrease in the average length of stay.
- **The MI Health Link:** The UM Team managed the following Inpatient Admissions; Q4 = 134, Q3 = 127, and Q2 = 179 admissions. That is a 7% increase from Q3 and a 25.14% decrease since Q2.
- **State Facilities:** Throughout Q4, forensic admissions remain a priority, but two emergency admissions from the community were approved by MDHHS at the end of the Q4. There are currently 126 consumers' hospitalized. At the end of Q3 there were 121 hospitalized, which is a 4.13 increase. There were 5 discharges at the end of Q4 compared to 11 discharges at end of Q3. That is 55.55 decrease is discharges. At the end Q4, there are currently 77 NGRI consumers that are being managed in the community.

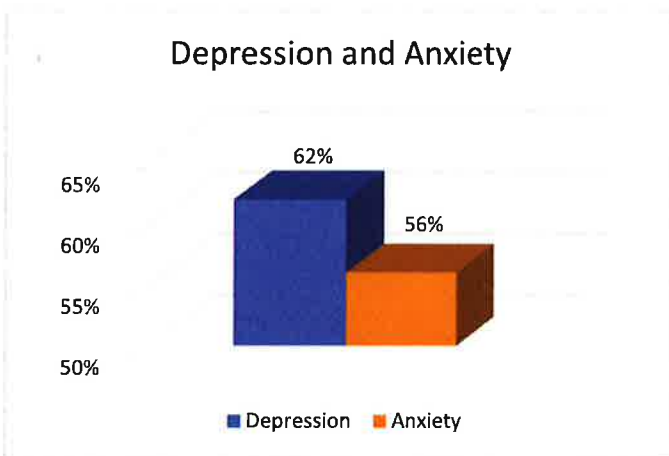
- **MCG:** Q4 COPE, the Children’s screening entities, and ACT teams screened a total of 3,118 cases. DWIHN UM staff continue reviewing patient’s stay utilizing the guidelines for continued stay. New hire and Annual Interrater Reliability testing continue to occur. Results for FY 19/20 are being compiled. DWIHN and many of the members of the Parity workgroup have or will be upgrading to the 24<sup>th</sup> edition of the Guidelines
- **SUD:** Q4 FY 2019-2020 UM managed/approved or 3,621 authorizations of these, 2,527 were considered non-urgent and 99% (2,512) were authorized within the required 14 days. There were 1,094 Urgent Concurrent requests that included Withdrawal Management, and Residential Services. Of these, 1047, or 96% were approved within 24 hours. The fourth quarter overall benchmark was met at 98% as 3559 were approved in total within the required review time frames. NOTE: The third quarter overall benchmark was met at 98% as 3810 were approved in total within the required review time frames.
- **Denials/Appeals:** Throughout 4Q there were 26 denials, which is a 44% increase form Q3 and 5 appeals, which is 400% increase from Q3. (Note: Q3 = 18 denials and 1 appeal, Q2 = 14 denials and 5 appeals). All denials did not meet MCG medical necessity criteria for continued inpatient hospitalization and ABA services.
- **Timeliness:** DWIHN is required to monitor the turnaround time for all decisions (denials and approvals) including the decisions themselves and the notifications of the decisions. This is for initial determinations and does not include appeals. It is for both benefit and medical necessity determinations. The timeliness report calculates rates of adherence to time frames for each category of request (urgent concurrent, urgent preservice, nonurgent preservice and post-service) for each factor. The numerator represents the number of cases meeting the decision time frame. The denominator represents the total number of requests.
- **NCQA:** The UM Team continues prepare and populate documents to the NCQA folders. The UM Team is preparing for the upcoming NCQA “Mock Review” (10/16/2020-10/30/2020).

Children's Redesign Update  
**Program Compliance Committee**  
**10/14/20**

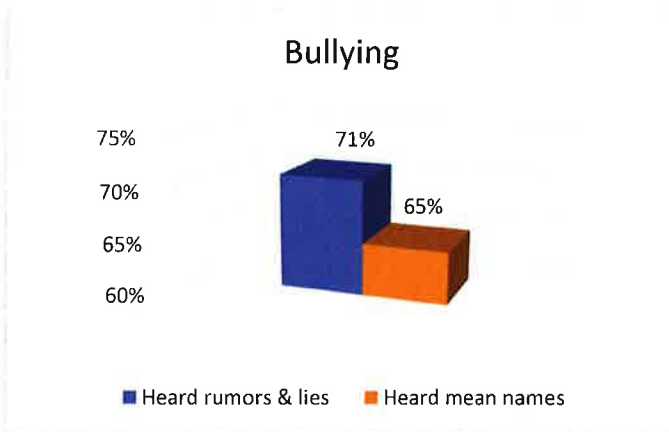
**COLLABORATION WITH COMMUNITY MENTAL HEALTH PROVIDERS**

Detroit Wayne Integrated Health Network (DWIHN) staff met with the eleven (11) Community Mental Health (CMH) Providers for the School Success Initiative on Friday, September 25, 2020 to discuss the redesign of Children's Services. These CMH providers were very receptive to ensure accessibility to children, youth and families within Wayne County. DWIHN staff will continue to collaborate with the CMH providers to enhance children's services to ensure the four (4) identified risks are being addressed. Next meeting with our provider partners' CEOs is scheduled for Friday, October 9, 2020. The following are the identifiable risks:

**Depression and Anxiety:** 62% of students experience symptoms of depression and 56% experience symptoms of anxiety;



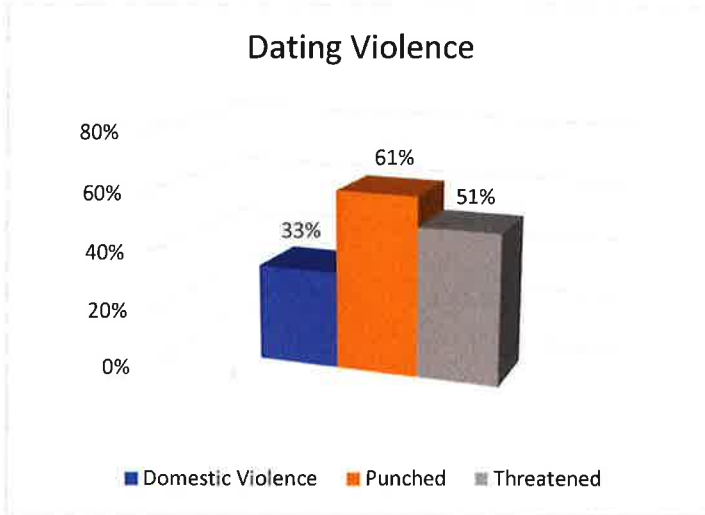
**Bullying:** 65% of students who have heard students called mean names and 71% of students have heard rumors or lies being spread about other students.



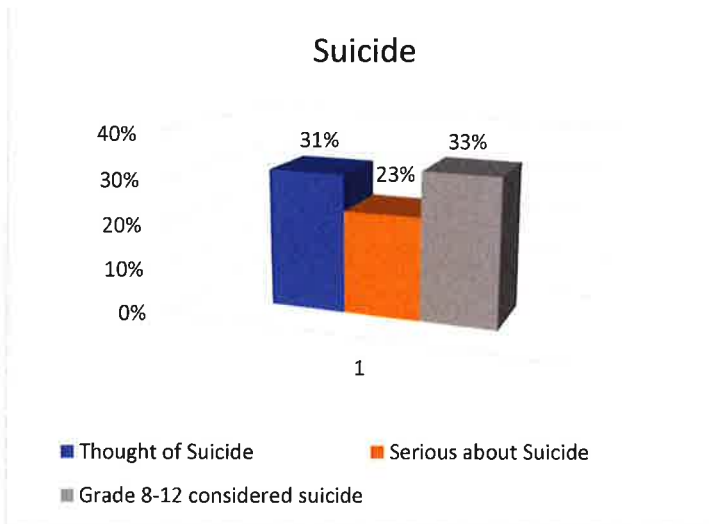


**Children's Redesign Update**  
**Program Compliance Committee**  
**10/14/20**

**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.



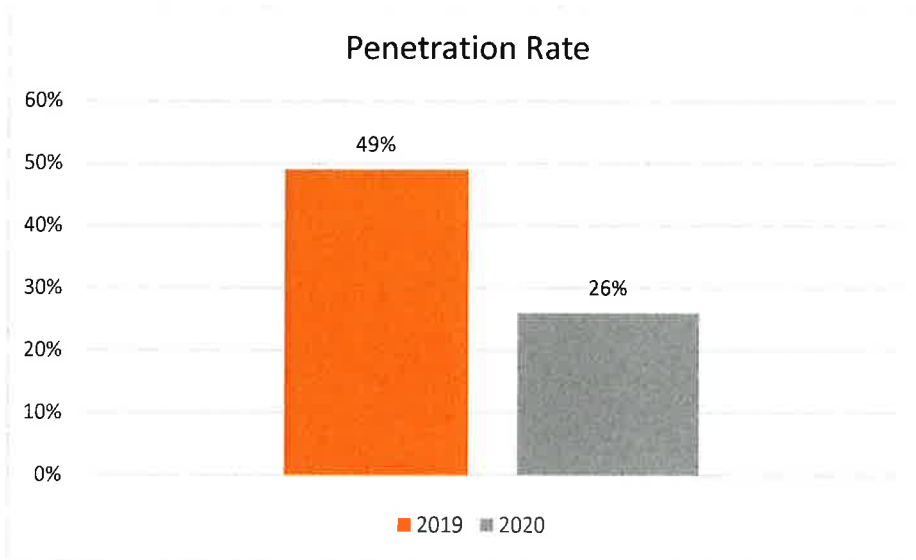
**Suicide:** 31% of students reported having thoughts of suicide or self-harm; 23% of students reported having seriously thought about attempting suicide; one-third of students in grades 8 – 12 have considered suicide.



**Children's Redesign Update**  
**Program Compliance Committee**  
**10/14/20**

**Penetration Rate:**

The chart reflects the penetration rate as measured for the last 2 years since data was started to be collected in the RedCap



**Analysis:**

- The reduction is primarily because of limitations imposed by the COVID-19 pandemic in terms of accessibility.
- Most services have been more of home based creating new challenges in a broader outreach where accessibility was much more pronounced in the school setting as compared to students at home.
- Goal is to revise the service delivery in a more focused approach across 4 identified domains to achieve better results and penetration rate around this model.
- Additionally, to extend this model to the additional schools with in the region with collaboration with local entities like Wayne RESA.
- Enhance the model with additional domains based upon needs identified

**Phase I – ACCESSIBILITY**

Increase accessibility of behavioral health services for all students within Wayne County. Our partnered CMHs are willing to work with us to achieve this goal. We have had our first meeting to discuss the redesigned and will have several meetings scheduled to address Phase I. The focus of these discussions will be a program designed with an Evidence Based Practice model(s), Coordination of Services and

**Children’s Redesign Update**  
**Program Compliance Committee**  
**10/14/20**

distinct measurables and deliverables (Children’s Initiative Report Card that outlines all deliverables). Thus far, there is a consensus that care is better delivered through the CMHs. Must also explore accessibility to telehealth services for children and families and an increase in clinicians within the CMHs.

- 275,000+ students in Wayne County
- 85,000 students to be served in the School Success Initiative and Substance Use Disorder Program.
- 19 Community Mental Health Agencies
- 40 Evidence Based Practices/Best Practices/Promising Practices.

**Subset of Phase I – Standardized Services**

As a PIHP, DWIHN must offer either directly or under contract, a comprehensive array of services. These are the minimum array of services that must be offered. CMHs are willing to work with DWIHN to achieve this measure. Preliminary discussions around who’s doing what based on core/identifiable services.

Crisis Stabilization	Identification, Assessment, and Diagnosis
Planning, Linking Coordinating	Specialized mental health recipient training, treatment,
Recipient Rights Services	Mental health advocacy
Prevention activities	Diversion Services
School to Community Transition Services	Peer Delivered Services
Community Living Supports	Skill Building
Supported Employment	Respite
Peer Delivered Services	Prevention/Direct Models of Parent Education

**Operationalizing:**

**Design Description Phase I: Increasing Accessibility—Prevention Services**

- DWIHN and CMHs’ clinical team will develop four (4) mental health prevention training modules to address the four (4) Identifiable Risks: Suicide; Anxiety/Depression; Dating Violence; and Bullying.
- 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/post test 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.

**Children's Redesign Update**  
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- 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.

**School Success/Children's Initiative**



**Children's Redesign Update**  
**Program Compliance Committee**  
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**Timeline:**

**Timeline**  
**School Success Initiative**



**FUNDING ALLOCATION**

The budget for the School Success Initiative is \$3.6million from the General Funds allocation. As a result of a decrease in funding certain provider contracts were unable to receive renewal for the new fiscal year. The funding allocation for FY20/21 is as follows:

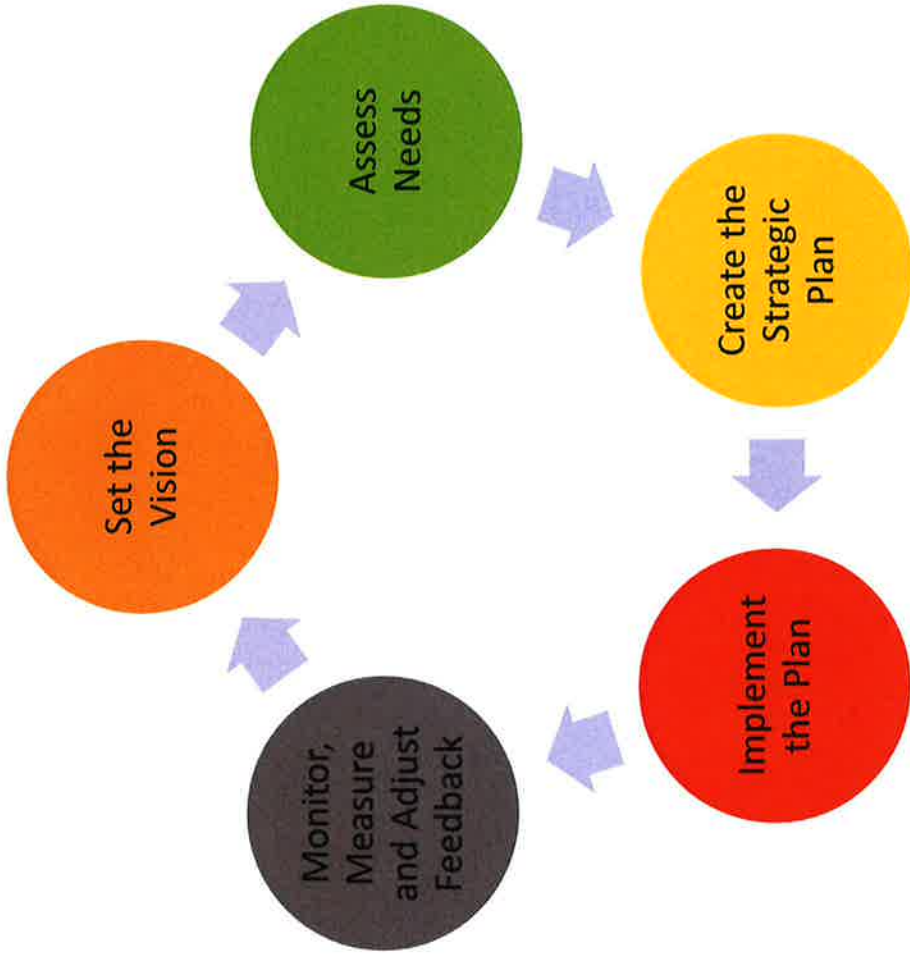
**Children's Redesign Update**  
**Program Compliance Committee**  
**10/14/20**

<b>Community Mental Health Agency</b>	<b>Funding Allocated 4 months</b>
ACCESS	\$ 62,058.00
Arab-American & Chaldean	\$ 88,199.53
Black Family Development Inc.	\$ 279,575.57
Community Care Services	\$ 93,748.09
Development Centers	\$ 176,116.80
Hegira Health Inc.	\$ 60,524.00
Northeast Integrated Health	\$ 57,475.65
Southwest Counseling Solutions	\$ 59,337.26
Starfish Family Services	\$ 94,681.53
The Children's Center	\$ 93,842.66
The Guidance Center	\$ 96,079.00
<b>TOTALS</b>	<b>\$1,161,638.09</b>

The providers will only receive funding for the first 4-months (October 2020 – January 2021) in order to continue to serve students currently identified schools. During these four (4) months, Detroit Wayne Integrated Health Network (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. Once this is developed, a recommendation will be on how to allocate the remaining funds (\$2,438,361.91) for the remainder of the fiscal year. Some of this funding must be allocated to outreach and access to services.

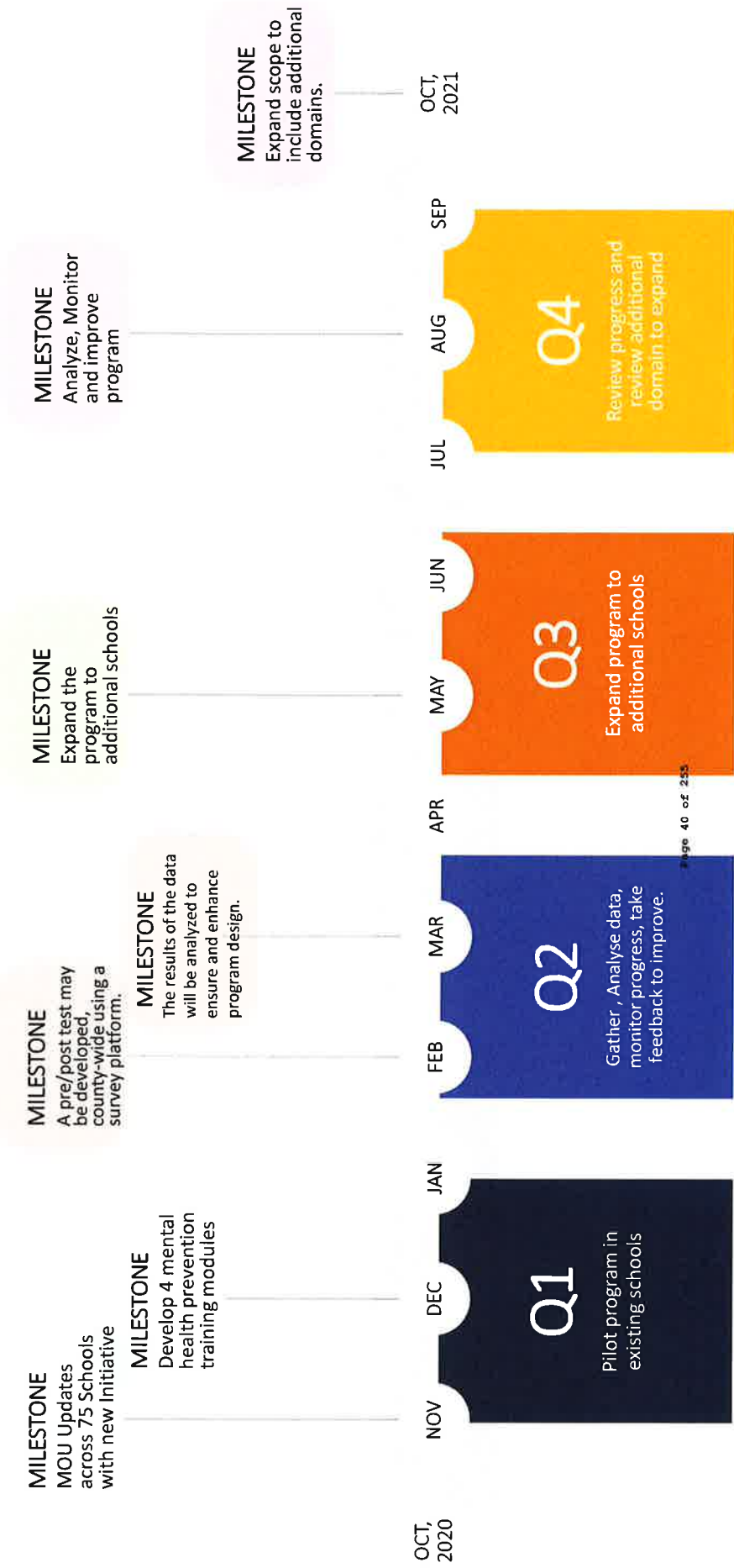
**PARTNERSHIPS**

DWIHN staff have met with Wayne County Regional Educational Service Agency (Wayne RESA) who has agreed to partner with DWIHN and the CMH providers to act as a liaison between mental health and the schools. Outreach activities are being explored, including but not limited to, Town Halls, Public Service Announcements, etc. Additionally, we are exploring partnerships with hospitals and other private partners. Again, must identify who's doing what based on standardized services/list of core services. Will have to come to an agreement either by an MOU or another form of contractual agreement.



# Timeline

## School Success Initiative







October 14, 2020

## Strategic Plan – Quality Pillar

PCC Status Report

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## **To our board members:**

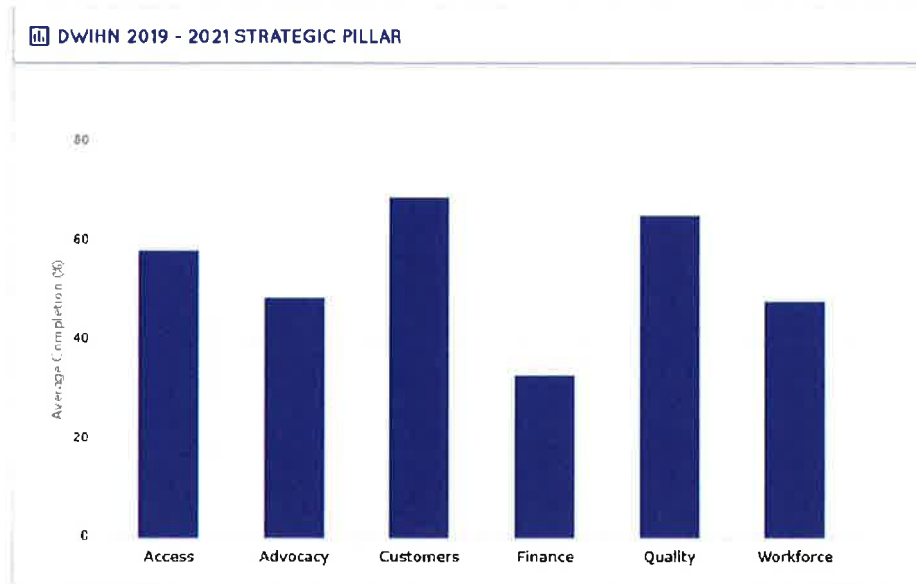
Our commitment to social responsibility includes a dedication to transparency, collaboration and stakeholder engagement as a core component of our business and sustainability strategy, our monthly reporting process, and our activities within the county.

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 DASHBOARD

Date: 10/08/2020



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

## Summary of Pillar Status

**Access** is under the leadership of Jacquelyn Davis, Director of Access and Crisis Services. Overall, we are at 58% completion on this pillar. There are four (4) high-level goals. They range from 19% - 82% completion.

Title	Completion
Create infrastructure to support a holistic care delivery system (full array) by 31st Dec 2021	19%
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%

**Customer** is under the leadership of Michele Vasconcellos, Director of Customer Service. Overall, we are at 69% completion on this pillar.

Title	Completion
Enhance the Provider experience by 31st Dec 2021	56%
Ensure Inclusion and Choice for members by 30th Sep 2020	74%
Improve person's experience of care and health outcomes by 31st Dec 2021	53%

**Quality** is under the leadership of April Siebert. Overall, we are at 65% 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%

A detailed report of this pillar will follow.

**Quality Pillar**  
Detailed Dashboard  
Program Compliance Committee Meeting

October 14, 2020



17  
GOALS

55%  
GOAL COMPLETION

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

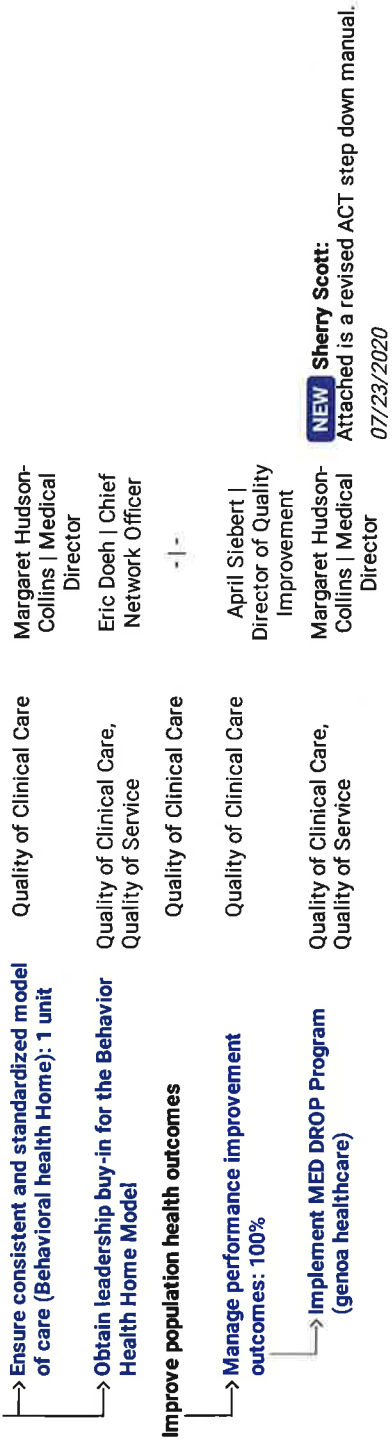
DWHIN 2019 - 2021 STRATEGIC PLAN  
QUALITY

Goal	NCQA Standards	Owner	Update	Current ...
<b>Ensure consistent Quality</b>				
→ Achieve NCQA Re-Accreditation: 100 unit	Quality of Clinical Care, Safety of Clinical Care	-   - Gail Parker   Strategic Planning Manager		43% 16% behind
→ Assist Utilization Management in developing a system that helps tracks over and under Utilization: 100%	Quality of Service	Manny Singla   CIO	<b>NEW Nasr Doss:</b> Also related to this item we are working on achieving our goal to be on TOTAL HIE (Health Information Exchange) platform with our major providers (CRSPS) by the new fiscal year 2021. 09/30/2020	28% 28 / 100 unit 25 unit ahead
→ Deliver Annual HEDIS measures to support NCQA requirements: 100%	Quality of Clinical Care, Safety of Clinical Care	Manny Singla   CIO	<b>NEW Nasr Doss:</b> Vital Data has been selected as vendor of choice to produce HEDIS measures, same vendor will also work with us in an integrated care platform to be used with MHP in pilot projects. Currently we are working diligently with the vendor to build up the system and data exchange specs. 09/30/2020	95% / 100% 5% behind
→ Ensure Behavioral Health Homes receive 80% or greater on Risk Assessment Tool annually: 100%	Quality of Clinical Care, Quality of Service, Members' Experience	Eric Doeh   Chief Network Officer		65% 65 / 100% 35% behind
→ Ensure compliance with monitoring standards: 2.4079% to 98.0303%	Quality of Clinical Care, Safety of Clinical Care	April Siebert   Director of Quality Improvement		0% 0 / 100% 53% behind
				49% 48.95 / 98.0303% 9.3463% behind

<p>→ <b>Ensure fidelity Reviews</b></p> <p>→ <b>Ensure Practitioners are credentialed/recredentialed in 60 days FY 2021: 100%</b></p> <p>→ <b>Meet the External Quality Review (EQR) Standards: 100%</b></p>	<p>Quality of Clinical Care, Safety of Clinical Care</p> <p>Quality of Service</p> <p>Quality of Clinical Care, Safety of Clinical Care</p>	<p>Margaret Hudson-Collins   Medical Director</p> <p>Ricarda Pope-King   Director of Credentialing</p> <p>April Siebert   Director of Quality Improvement</p>	<p><b>NEW Ricarda Pope-King:</b> All Clinically responsible Service Providers and Autism providers have been trained in ProviderSource. After the roster is sent from MHWIN outreach is conducted and the link for the practitioner application is sent. 09/30/2020</p> <p><b>NEW Tania Greason:</b> HSAG is one of three mandatory external quality review (EQR) activities required by MDHHS. The three reviews consist of the Performance Improvement Project (PIP), Performance Measure Validation (PMV) and the Compliance Review.</p> <p><b>HSAG PMV:</b> The PMV review was conducted on July 9th, 2020. The final PMV report was received on September 25, 2020. Findings 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 will correct the software issue, correct the historical data, and provide a safety net for future data.</p> <p><b>Improvement Project (PIP) Improving Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using an Antipsychotic Medication:</b> 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 <i>Partially Met</i> and/or <i>Not Met</i> due to HSAG by Friday, August 14, 2020. Additional documentation was submitted addressing the <i>Partially Met</i> and/or <i>Not Met</i> areas on August 14th, 2020. To date, DWIHN is waiting on the final report.</p> <p><b>Compliance Review:</b> 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. DWIHN is currently waiting on feedback and acceptance of the implementation of the POC. R7-Detroit-Wayne_MI2019-20_PHP_PMV_Report_L1.pdf 10/08/2020</p>	<p>37% 20% behind</p> <p>0% 0 / 100% 100% behind</p> <p>69% 69.23 / 100% 35% ahead</p> <p>95% 36% ahead</p> <p>95% 95 / 100% 8% ahead</p> <p>50% 0.5 / 1 unit</p>
<p>→ <b>Ensure the ability to share/access health information across systems to coordinate care</b></p>	<p>Quality of Clinical Care</p>	<p>-   -</p>	<p><b>NEW Nasr Doss:</b> Vital Data has been selected as vendor of choice to produce HEDIS measures, same vendor will also work with us in an integrated care platform to be used with MHP in pilot projects. Currently we are working diligently with the vendor to build up the system and data exchange specs.</p>	<p>95% 36% ahead</p>
<p>→ <b>Enable Interoperability using HIE to share data between care coordinating agencies, providers, health plans, hospitals to provide the provider the holistic view of the health of the individual: 100%</b></p> <p><b>Implement Holistic Care Model: 1 unit</b></p>	<p>Quality of Clinical Care, Quality of Service</p> <p>Quality of Clinical Care</p>	<p>Manny Singla   CIO</p>	<p><b>NEW Nasr Doss:</b> Our goal is to achieve TOTAL HIE (Health Information Exchange) platform with our major providers (CRSPS) by the new fiscal year 2021. 09/30/2020</p>	<p>95% 95 / 100% 8% ahead</p>



0% 0 / 1 unit 1 unit behind
100%
60% 1% ahead
41% 40.94 / 100% 18% behind
78% 22% behind





**CHIEF CLINICAL OFFICER’S EXECUTIVE SUMMARY - Program Compliance Committee Meeting  
Wednesday – October 14, 2020**

During the month of September, 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**

	<b># of Inpatient Hospitalizations</b>
July 20	707
August 20	630
<b>September 20</b>	<b>646</b>

Inpatient Hospital Admission Authorization data as of 9/30

Hospitalizations data shows an increase in admissions for the month of September by approximately 2.5%. There were no 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.

<b>Crisis Stabilization Service Provider</b>	<b>Services</b>	<b>Capacity</b>	<b>September 2020 # Served</b>
Community Outreach for Psychiatric Emergencies (COPE)	<b>Intensive Crisis Stabilization Services (MDHHS Approved)</b>	9	<b>216</b> (August report 196) 10% increase
Team Wellness Center (TWC)	<b>Intensive Crisis Stabilization Services (MDHHS Approved)</b>	18	<b>42</b> (August report 34) 24% increase

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

#### Residential Department Report of COVID-19 Impact

Total # of COVID-19+ Cases in Residential Placement	Cumulative (Dates 3/30/20 to 9/30/2020)
	169*
# of Deaths Reported	34*

\*Total # of COVID-19 cases in Residential Placement increased by 3 and # of Deaths increased by 1 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 – September 2020

Provider	# Beds	# Served through 9/30
Quality Behavioral Health (QBH)	36	29
Detroit Rescue Mission Ministries (DRMM)	86	6

#### 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 September 2020
Community Care Services	Children ages 6-17 Adults ages 18 & older	Mon. -Fri. 8:30am – 6:00pm	6 Adults (12 in August)
Northeast Integrated Health	Adults ages 18 & older	Mon.- Fri.9am – 9pm Saturdays 9am- 1pm	17 Adults (20 in August)
The Children's Center <i>*resumed face to face 8/4</i>	Children SED ages 6-17	Monday thru Friday 8:00am – 8:00pm	13 Youth (15 in August)

#### COVID-19 OPERATIONAL Plans

**Michigan COVID-19 Cases Increase-** October 8, 2020 update: The total number of confirmed COVID-19 cases in Michigan is 130,842 with 6,847 deaths. Wayne County is reported to have 19,067 confirmed cases and 1,297 deaths, Detroit is listed with 14,615 confirmed cases with 1,537 death reported. (Source: [www.michigan.gov/Coronavirus](http://www.michigan.gov/Coronavirus))

**COVID-19 Testing, Tracing & 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.



Detroit Wayne Integrated Health Network conducted COVID-19 testing of AFC Home residents, individuals, receiving services in day programs and staff members at these facilities. Testing was completed over a two-and-a half week period in September 2020. Testing locations were chosen based on CRSP and geographic location for persons served, as transportation is a barrier. Dr. Margaret Hudson-Collins is the physician of record at DWHN that enabled DWHN to notified the specific residential provider of the results along with coordinating any COVID -19 positive results and protocol. Results of these tests were communicated to patients via DWHN and the Wayne County Department of Public Health.

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 21-01 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 10/21/2020

Name of Provider: Detroit Central City C.M.H., Inc., Northeast Integrated Health , City of Southgate

Contract Title: Jail Diversion

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 10/14/2020

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

Amount of Contract: \$ 905,000.00 Previous Fiscal Year: \$ 903,363.00

Program Type: Continuation

Projected Number Served- Year 1: 2,090 Persons Served (previous fiscal year): 4299

Date Contract First Initiated: 6/10/2004

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).

Detroit Wayne Integrated Health Network is requesting a continuing and modified contract with the following providers for jail diversion programs: Central City Integrated Health for Detroit Homeless Outreach Pilot Program \$225,000; Northeast Integrated Health for Detroit Co-Response Team \$300,000.00; Team Wellness for Detroit Co-Response Team \$300,000 and City of Southgate 28<sup>th</sup> District Court Regional Veterans Treatment Court \$80,000 for a total amount not to exceed \$905,000. Amounts may be reallocated between listed providers without board approval.

The scope of this contract is to work with the new Detroit Homeless Outreach (DHOT) pilot project, to bridge the gaps that exist between the police, homeless, and the service providers. The collaboration between the City of Detroit, homeless outreach providers and behavioral health providers will bring DWIHN closer to the goal of getting more people off of the streets by utilizing available resources more efficiently, and reducing the negative issues associated with homelessness and behavioral health challenges (SMI/SUD).

Providers Northeast Integrated Health and Team Wellness will work through a Co-Response Program model in multiple precincts within the Detroit Police Department. The program is founded on the understanding that by working together, behavioral health specialists and law enforcement can respond most appropriately to the needs of individuals in the community who are in crisis. Behavioral health specialists can provide rapid assessment and de-escalation. This allows for a reduction in costly and unnecessary transportation to hospital emergency departments for mental health assessment. Cross-training between the police and the behavioral

health staff will result in mutual understanding and respect for each other's roles, and help respond to crises and determine appropriate outcomes.

City of Southgate 28<sup>th</sup> District Court Downriver Regional Veterans Treatment Court is a jail diversion for individuals who have served in the United States Armed Services. Participants will receive mental health treatment; peer support; judicial supervision; medication; job placement; and education. Court staff work with stakeholders including probation officers; veterans administration; attorneys; behavioral health and substance use providers to develop and implement a plan that will result in community stability.

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

Source of Funds: General Fund

Fee for Service (Y/N): N

<b>Revenue</b>	<b>FY 20/21</b>	<b>Annualized</b>
State General Funds	\$ 905,000.00	\$ 905,000.00
	\$ 0.00	\$ 0.00
<b>Total Revenue</b>	<b>\$ 905,000.00</b>	<b>\$ 905,000.00</b>

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

Type of contract (Business/Clinical):

ACCOUNT NUMBER: VARIOUS

In Budget (Y/N)?

Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Friday, October 9, 2020

Signed: Thursday, October 8, 2020

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 21-08R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 10/21/2020

Name of Provider: Vital DataTechnology LLC

Contract Title: Healthcare Effectiveness Data And Information Set (HEDIS) Certified Population Health Management and Data Analytics Tool Vendor Solution

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 10/14/2020

Proposed Contract Term: 10/1/2020 to 9/30/2023

Amount of Contract: \$ 846,000.00 Previous Fiscal Year: \$ 357,000.00

Program Type: New

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

Date Contract First Initiated: 10/1/2020

Provider Impaneled (Y/N)? N

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

DWIHN requests board 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.

The initial three year contract amount totaled \$630,000. The addition of the Care Coordination platform will increase costs up to \$216,000 (excludes two 1-year renewal options) for the 3 year period. The revised three year contract total shall not exceed an amount of \$846,000.

In response to a RFP, Vital Data Technology, LLC is a Healthcare Effectiveness Data and Information Set (HEDIS) Certified Population Health Management and Data Analytics Tool vendor solution, was recommended as the most responsive and most qualified vendor for the Care Coordination platform. This tool will support DWIHN's initiatives regarding integrated care and NCQA accreditation.

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

Source of Funds:

Fee for Service (Y/N): N

Revenue	FY 20/21	Annualized
VARIOUS	\$ 846,000.00	\$ 846,000.00
	\$ 0.00	\$ 0.00
<b>Total Revenue</b>	<b>\$ 846,000.00</b>	<b>\$ 846,000.00</b>

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64934.827211.00000

In Budget (Y/N)? Y

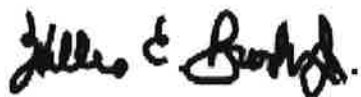
Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Thursday, October 1, 2020

Signed: Friday, September 18, 2020



**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 21-13 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 10/21/2020

Name of Provider: Wayne County

Contract Title: Wayne County CFS, Jails, and Third Circuit Court

Address where services are provided: 500 Griswold Street #10, Detroit, Michigan 48226

Presented to Program Compliance Committee at its meeting on: 10/14/2020

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

Amount of Contract: \$ 8,700,000.00 Previous Fiscal Year: \$ 14,050,000.00

Program Type: Continuation

Projected Number Served- Year 1: 4,325 Persons Served (previous fiscal year): 4978

Date Contract First Initiated: 1/1/1998

Provider Impaneled (Y/N)? Y

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

This board action is requesting the approval for Detroit Wayne Integrated Health Network (DWIHN) to enter into a one year renewal contact with Wayne County Third Circuit Court Clinic for Child Study, the Wayne County Department of Health Human and Veteran's Services and the Wayne County Jail for an amount not to exceed \$8,700,000.

DWIHN contracts with 1. Wayne County Third Circuit Court for Child Study (\$600,000); 2. Wayne County Department of Health, Human and Veteran's Services (\$3,850,000) and 3. Wayne County Jail Mental Health Services (\$4,250,000).

1. The Clinic for Child Study provides the pre-dispositional assessments including psychological testing/social history/GAINS (CPT codes: H0001, H0031, 96130, 96131) for youth and their families who 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. For youth who have come to the courts' attention because of sexual misconduct, the Clinic for Child Study provides the Sexual Awareness Information and Treatment (SAIT) Group Therapy program. The targeted population are children and adolescents with Serious Emotional Disturbance (SED) and their families who have come to the attention of the Third Circuit Court, or who are at risk of contact with the Court.
2. Wayne County Department of Health, Human and Veteran's Services coordinates' service provision for identified youth in three programs: (a) Children Mental Health Services provided through Assured Family

Services CHOICES program to Medicaid eligible youth for \$3,200,000, (b) Juvenile Inventory for Functioning (JIFF), which is a standardized assessment tool for assessing the functioning and need for mental health services of all youth (age 0-18) across domains - school, home, social settings, potential self-harm, potential substance use, etc. for \$450,000 (General Fund) and (c) Service Coordination, i.e target case management /service coordination for \$200,000 (Medicaid). The program provides improved access into the community mental health system for children and youth in the juvenile justice system and their families. Once an individual is diagnosed with a Serious Emotional Disturbance (SED), they are able to rapidly access much needed mental health intervention. The program also improves coordination and collaboration between Community Mental Health providers and Care Management Organizations (CMOs in the juvenile justice system), in support of assisting youth and families accessing mental health services.

3. Wayne County Jail Mental Health Services (General Fund) for the provision of mental health services for Wayne County residents that have been detained at the jail and have been screened, assessed and determined to meet the criteria for an Intellectual Developmental Disability (I/DD), a Serious Emotional Disturbance (SED), a Co-Occurring Disorder, a Substance Use Disorder (SUD) or at risk for developing behavioral health issues that will negatively impact their activities of daily living. Behavioral health services are delivered either on the mental health unit or in general population by appropriately credentialed clinicians. Services include evaluation, diagnosis, crisis intervention, therapy, medication management, education and referrals.

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

Source of Funds: Medicaid, General Fund

Fee for Service (Y/N): N

<b>Revenue</b>	<b>FY 20/21</b>	<b>Annualized</b>
State General Funds	\$ 4,700,000.00	\$ 4,700,000.00
Medicaid	\$ 4,000,000.00	\$ 4,000,000.00
<b>Total Revenue</b>	\$ 8,700,000.00	\$ 8,700,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: VARIOUS

In Budget (Y/N)? Y

Approved for Submittal to Board:

Willie E. Brooks, President/CEO


Signature/Date:



Signed: Thursday, September 24, 2020

Stacie Durant, Chief Financial Officer

Signature/Date:



Signed: Thursday, September 24, 2020

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 21-17R Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 10/21/2020

Name of Provider: Assoc. of Chinese Americans, Inc., Southwest Counseling Solutions, Detroit Wayne Integrated Health Network, Community Health and Social Services Center, Inc., American Indian Health and Family Serv.

Contract Title: Multicultural Integration and PIHP Veteran Navigator

Address where services are provided: Varies

Presented to Program Compliance Committee at its meeting on: 10/14/2020

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

Amount of Contract: \$ 738,226.00 Previous Fiscal Year: \$ 818,226.00

Program Type: New

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

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).

The Detroit Wayne Integrated Health Network (DWIHN) is requesting approval of the revised contract with the Association of Chinese Americans to increase the amount to \$19,625 from \$12,000 in General Fund. The total board action is for an amount not to exceed \$738,226.

The Multicultural Integration vendors were selected through MDHHS to provide services for the "Priority Population" who were identified as high risk. The services that will be performed will include outpatient services, case management services, psycho-behavioral treatment, outreach, mental health services, referrals, coordination and treatment services, mental health treatment for victims of trauma, poverty and parental abandonment, Drop-In Center availability, preventive community based mental health service options and assistance with the Healthy Michigan enrollment process.

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

Board Action #: 21-17R

Source of Funds: General Fund,Block Grant

Fee for Service (Y/N): Y

<b>Revenue</b>	<b>FY 20/21</b>	<b>Annualized</b>
Block Grant	\$ 718,601.00	\$ 718,601.00
General Fund	\$ 19,625.00	\$ 19,625.00
<b>Total Revenue</b>	<b>\$ 738,226.00</b>	<b>\$ 738,226.00</b>

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: VARIOUS

In Budget (Y/N)? Y

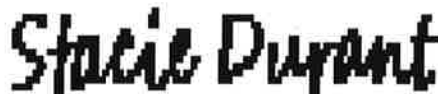
Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Monday, October 12, 2020

Signed: Monday, October 12, 2020

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 21-36 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 10/21/2020

Name of Provider: Children's Center of Wayne County Inc., Social Care Administrators LLC

Contract Title: Independent Evaluator for ASD

Address where services are provided: See attached list

Presented to Program Compliance Committee at its meeting on: 10/14/2020

Proposed Contract Term: 10/1/2020 to 9/30/2023

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

Program Type: New

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

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).

DWIHN is requesting the approval of the board action for a two year period, including a two year renewal option for an amount not to exceed \$1,400,000 (excludes renewal option).

A RFP was completed with a recommendation for two providers to perform the Autism assessments. Three proposers responded, with one deemed non-responsive. The Children's Center and Social Care Administrators were recommended and awarded the contract.

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

Source of Funds: Medicaid

Fee for Service (Y/N): Y

Revenue	FY 20/21	Annualized
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Medicaid	\$ 1,400,000.00	\$ 1,400,000.00
	\$ 0.00	\$ 0.00
<b>Total Revenue</b>	\$ 1,400,000.00	\$ 1,400,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64940.827010.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:




Signed: Wednesday, October 7, 2020

Signed: Wednesday, October 7, 2020

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: BA#21-38 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 10/21/2020

Name of Provider: Community Living Services

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

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 10/14/2020

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

Amount of Contract: \$ 51,806,443.00 Previous Fiscal Year: \$ 55,628,442.40

Program Type: Continuation

Projected Number Served- Year 1: 1,600 Persons Served (previous fiscal year): 1519

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).

The Detroit Wayne Integrated Health Network(DWIHN) staff recommends a one year contract renewal with Community Living Services, Inc; (CLS) for continued implementation of the Self-Determination initiatives and provision of a comprehensive Wayne County wide direct care training for Fiscal Year 2020/2021 (October 1, 2020 through September 30, 2021).

This contract will allow continued provision of Self-Determination Services and implementation of comprehensive Training for Direct Care Workers across Wayne County. By the end of 3rd Quarter in FY 2019/2020(June 30, 2020) these program has served (1,519 Self-Determination Services and 179 Direct Care Workers). CLS has also provided Self -Determination trainings to DWIHN staff.

Recommended budget for the term of this contract is not to exceed \$51,806,433. Self-Determination \$49,336,443, Direct Care Worker Training \$600,000.00 and Self-Determination Administration of Service Costs, AOS \$1,870,000.00. Funding for this contract is from multiple sources including (Medicaid, Healthy MI, and State General Fund).

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



Source of Funds:

Fee for Service (Y/N): N

<b>Revenue</b>	<b>FY 20/21</b>	<b>Annualized</b>
Multiple	\$ 51,806,443.00	\$ 51,806,443.00
	\$	\$
<b>Total Revenue</b>	\$ 51,806,443.00	\$ 51,806,443.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: VARIOUS

In Budget (Y/N)? Y

Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Monday, September 28, 2020

Signed: Friday, September 25, 2020

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 21-39 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 10/21/2020

Name of Provider: Michigan Department of Community Health

Contract Title: PIHP: Michigan Department of Health and Human Services and Detroit Wayne Integrated Health Network

Address where services are provided: Varies

Presented to Program Compliance Committee at its meeting on: 10/14/2020

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

Amount of Contract: \$ 783,102,882.00 Previous Fiscal Year: \$ 775,688,672.00

Program Type: New

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

Date Contract First Initiated: 10/1/2020

Provider Impaneled (Y/N)? N

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

This board action is to approved 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 2020/2021. The purpose of these contracts are for MDHHS to obtain DWIHN's services to manage the following: Medicaid (including HSW, HRA and DHS), Health Michigan Plan (including HRA), Autism Medicaid, SED Waiver, SUD Block Grant and Children's Waiver. The estimated value of this contract is \$783,102,882.00 and is contingent upon and subject to enactment of legislative appropriations and availability of funds.

This board action encompasses the mandated payments for Hospital Rate Adjustment (HRA) to the community hospitals, and Medicaid drawdown and IPA tax payments to the State of Michigan.

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

Source of Funds: Medicaid,Block Grant

Fee for Service (Y/N): Y

Revenue	FY 20/21	Annualized
Multiple	\$ 783,102,882.00	\$ 783,102,882.00
	\$ 0.00	\$ 0.00
<b>Total Revenue</b>	\$ 783,102,882.00	\$ 783,102,882.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: VARIOUS

In Budget (Y/N)? Y

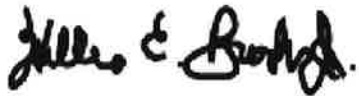
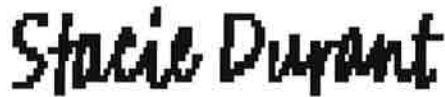
Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Signed: Monday, September 28, 2020

Signed: Friday, September 25, 2020