



# Detroit Wayne Integrated Health Network

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## PROGRAM COMPLIANCE COMMITTEE MEETING

*Virtual Meeting*

Wednesday, June 9, 2021

1:00 p.m. – 3:00 p.m.

### AGENDA

- I. Call to Order
- II. Moment of Silence
- III. Roll Call
- IV. Approval of the Agenda
- V. Follow-Up Items from Previous Meeting
- VI. Approval of the Minutes – May 12, 2021
- VII. Report(s)
  - A. Chief Medical Officer
  - B. Corporate Compliance
- VIII. Quarterly Reports
  - A. Access Call Center
  - B. Children's Initiatives
  - C. Clinical Practice Improvement
  - D. Customer Service
  - E. Integrated Health Care
- IX. Strategic Plan Pillar - Quality
- X. Quality Review(s) - None
- XI. Chief Clinical Officer's Report

#### Board of Directors

William T. Riley, III, Chairperson  
Dorothy Burrell  
Kevin McNamara

Angelo Glenn, Vice-Chairperson  
Lynne F. Carter, MD  
Bernard Parker

Dora Brown, Treasurer  
Michelle Jawad  
Kenya Ruth

Dr. Cynthia Taueg, Secretary  
Jonathan C. Kinloch



**XII. Unfinished Business**

- A. **BA #21-13 (Revised)** – Wayne County Jail - Wayne County
- B. **BA #21-32 (Revised4)** – Supplemental Block Grant Funding – DWIHN Provider Network
- C. **BA #21-33 (Revised3)** – Electronic Nicotine Delivery System Vendor Education – The Youth Connection, Inc.
- D. **BA #21-36 (Revised)** – Independent Evaluator for Autism Spectrum Disorder (ASD) – Children’s Center of Wayne County, Inc.

**XIII. New Business**

**(Staff Recommendations):**

- A. **BA #21-69** – DWIHN Proposed General Fund Program Allocation – Black Family Development

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

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

**XV. Adjournment**

# PROGRAM COMPLIANCE COMMITTEE

**MINUTES**

**MAY 12, 2021**

**1:00 P.M.**

**VIRTUAL MEETING**

<b>MEETING CALLED BY</b>	I. Dr. Cynthia Taueg, Program Compliance Chair at 1:00 p.m.
<b>TYPE OF MEETING</b>	Program Compliance Committee
<b>FACILITATOR</b>	Dr. Cynthia Taueg, Chair
<b>NOTE TAKER</b>	Sonya Davis
<b>TIMEKEEPER</b>	
<b>ATTENDEES</b>	<p><b>Committee Members:</b> Dr. Lynne Carter; Michelle Jawad; and Dr. Cynthia Taueg</p> <p><b>Board Members:</b> Commissioner Johnathan Kinloch and Chief William T. Riley, III</p> <p><b>Staff:</b> Brooke Blackwell; Jacquelyn Davis; Judy Davis; Eric Doeh; Dr. Shama Faheem; Kimberly Flowers; Shirley Hirsch; Bernard Hooper; Sharon Matthews; April Siebert; Andrea Smith; and Yolanda Turner</p> <p><b>Staff Excused:</b> Melissa Moody</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 by Chief Riley and supported by Ms. Jawad to approve the agenda. Dr. Taueg asked if there were any changes/modifications to the agenda. There were no changes/modifications to the agenda. <b>Motion carried</b>
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**V. Follow-Up Items from Previous Meetings**

<b>DISCUSSION/ CONCLUSIONS</b>	<p>A. <b>Chief Medical Officer’s Report</b> – Clarify structure of the Behavior Treatment Advisory Committee (BTAC) – This committee is part of the Quality Improvement Steering Committee and is charged with the oversight of 21 Behavior Treatment Plan Review Committees (BTPRC) in the network. It is comprised of DWIHN network providers, members, DWIHN staff, including a Psychiatrist, Psychologist and the Office of Recipient Rights (ORR). The members are appointed for a two-year tenure. There are currently 20 members on this committee. This committee provides oversight and monitoring of DWIHN’s BTPRC and collects data and information on implementation issues. The activities of this committee are also documented in the QAPIP Work Plan. Dr. Tauег opened the floor for discussion. Discussion ensued.</p> <p>B. <b>Chief Clinical Officer’s (CCO) Report</b> – Provide a report on members that have been fully vaccinated and have passed the two-week waiting period in next month’s CCO’s report – A combined total of 80% of members in licensed settings have been fully vaccinated (88% received at least one dose). A combined total of 40% members have been fully vaccinated in unlicensed setting (47% received at least one dose). A combined total in congregate settings (66% fully vaccinated, 73% received at least one dose). Two persons who previously declined changed their mind and received their first vaccination. Dr. Tauег opened the floor for discussion. There was no discussion.</p> <p>The Chair noted that the Chief Medical Officer’s and Chief Clinical Officer’s follow-up reports have been received and placed on file.</p>
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**VI. Approval of Meeting Minutes**

<b>DISCUSSION/ CONCLUSIONS</b>	<p>The Chair called for approval of the April 14, 2021 meeting minutes. <b>Motion:</b> It was moved by Ms. Jawad and supported by Chief Riley to approve the April 14, 2021 meeting minutes. Dr. Tauег 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**

<b>DISCUSSION/ CONCLUSIONS</b>	<p>A. <b>Chief Medical Officer</b> – Dr. Shama Faheem, Chief Medical Officer submitted and gave an update on the Chief Medical Officer’s report. Dr. Faheem reported:</p> <ol style="list-style-type: none"> <li>1. <b>Update on DWIHN’s COVID-19 Response</b> – DWIHN has continued our efforts towards COVID-19 and its’ vaccination by ongoing periodic COVID testing for staff and residents at AFC and Residential homes; periodic mandated routine COVID testing of DWIHN unvaccinated staff; partnership with the City of Detroit and Wayne County Health Department to provide vaccinations through mobile units; “Ask a Doc” Initiative and biweekly COVID-19 Newsletter to improve vaccination awareness and address hesitancy.</li> <li>2. <b>Performance Improvement Projects (PIPs)</b> – All clinical PIPs are being reviewed by Dr. Faheem with efforts to improve scores and compliance.</li> <li>3. <b>Substance Use Disorder (SUD) Initiatives</b> – Ongoing efforts to provide SUD services and encourage Medication Assisted Treatment (MAT); working with medical directors to improve MAT prescribing when appropriate; and staff working with WSU-CBHJ and our Mobile substance use service</li> </ol>
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	<p>providers to help facilitate immediate availability of Opioid Use Treatment to people getting out of jail.</p> <ol style="list-style-type: none"> <li>4. <b>Crisis and Access Services</b> – Ongoing efforts to minimize care delays and hospital recidivism; and working on expansion of Med Drop program to improve outpatient compliance with goals to decrease need for higher level of care (ACT and inpatient hospitalizations).</li> <li>5. <b>Children Services</b> – Working internally on a plan and workflow for pediatric cases waiting in the E.R. due to lack of alternate safe placement; and working with the State to address complex pediatric cases, develop a workflow and plan.</li> <li>6. <b>Utilization Management (UM) and Appeals</b> – UM staff continues to meet with our psychiatrists to discuss cases with long length of stay and complex cases who wait on the inpatient units due to lack of safe discharge plan/placement.</li> <li>7. <b>PIHP Regional Medical Director’s Meeting</b> – This body was meeting weekly during the onset of the COVID pandemic but now meets bi-weekly. Medical Directors provide updates on vaccinations, improvement efforts in their region barriers, crisis in behavioral healthcare and potential ways to have State collaboration in addressing these efforts. Dr. Taueg opened the floor for discussion. Discussion ensued.</li> </ol> <p>B. <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>National Committee for Quality Assurance (NCQA) Accreditation</b> - DWIHN has received another three-year accreditation through the National Committee for Quality Assurance (NCQA) with a score of 92.49 out of a possible 100 points. Eric Doeh, Interim President/CEO informed the committee that receiving the NCQA Accreditation is a big deal for DWIHN and puts us on the same platform to compete with the Health Plans in terms of being able to provide the best services for our clients. <b>BIG KUDOS TO GAIL PARKER, ALLISON SMITH, TANIA GREASON, DWIHN STAFF AND BOARD OF DIRECTORS FOR A JOB WELL-DONE!!!</b></li> <li>2. <b>MDHHS CWP-HSW-SEDW Plan of Correction (POC)</b> – DWIHN has provided evidence of compliance with the POC and is currently awaiting a response regarding the acceptance of the submission.</li> <li>3. <b>United Horizons Contract Termination</b> – Staff has worked diligently with CRSP for approximately 175 individuals who are currently receiving CLS or Respite Care from United Horizons. Individuals have identified a number of providers as a potential employer for DCWs displaced as a result of the contract termination. Help at Home has committed to interview and employ former staff of United Horizons as appropriate. None of the staff involved have been implicated in any substantiated investigations regarding United Horizons.</li> </ol> <p>Dr. Taueg opened the floor for discussion. There was no discussion. The Chair noted that the Chief Medical Officer’s and Corporate Compliance’s reports have been received and placed on file.</p>
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**VIII. Quarterly Reports -**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p>A. <b>Managed Care Operations</b> – Sharon Matthews, Managed Care Operations submitted and gave highlights of Managed Care Operations’ quarterly report on behalf of June White, Director of Managed Care Operations. Ms. Matthews reported:</p>
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1. **Contract Managers and Providers** – There are 16 staff employees and 10 are Contract Managers. Staff provides oversight and management of approximately 356 contracted providers (excluding 51 SUD contracts which are managed in the SUD department) for outpatient, inpatient, residential, specialty programs with approximately 900 homes licensed (366) and unlicensed (534). HUD Housing contracts, Supported Employment, Michigan Rehabilitation Services contract and five DHS' Outstation contracts where Medicaid applications are processed for DWIHN members are also managed by this department.
  2. **Effects of COVID-19 on the Providers** – One temporary provider closure for this quarter due to COVID-19 exposure and is expected to re-open later this month. There were 22 provider closures this year to date. There were some consolidations to lessen the effects of COVID-19, financial and staffing issues.
  3. **New Provider/New Programs** – No new providers have been added but some of the current providers have been approved to add services and a wide range of mental health services due to the new way of doing business through telehealth.
  4. **Provider and Practitioner Survey for September 2021** – An ad-hoc group was formed to discuss survey results, providers/practitioners' specific requests and steps to resolve barriers. Meetings will be held monthly until a final product is produced, expected by June 2021.
  5. **Goals for Future Improvements** – Improve relationships with providers through training and communication; standardize contract process; monitor compliance and non-compliance providers and ensure our compliance and network adequacy with state regulations.
  6. **Provider/Training Meetings Held** – Separate virtual meetings are held every six weeks for Outpatient and Residential providers.  
Dr. Taueg opened the floor for discussion. There was no discussion.
- B. **Residential Services** – Shirley Hirsch, Director of Residential Services submitted and gave highlights of her quarterly report. Ms. Hirsch reported:
1. **Residential Assessment Productivity** – 772 referrals were received and 330 completed assessments for Quarter 2.
  2. **Referrals** – There were no specified reporting listed for last year's reporting for DHHS Youth Age-Outs (Q1) and Out-of-County (Q1 and Q2). There was a significant increase in DHHS Youth Age-Outs and Out-of-County for this Fiscal Year (Q2).
  3. **Service Authorizations** – There were 2,817 total process requests for Quarter 2.
  4. **H2015 Project (January 2021)** – 800 Authorizations
  5. **Residential Facility Closures** – There were 5 closures for Quarter 2
  6. **External Trainings** – There were 14 sessions, 1,079 attendees with CRSP and Residential Providers.
  7. **Department Goals** – Increase staffing, continue and increase monitoring department productivity, format reporting to monitor timeliness and response to service request and establish residential guidelines to evaluate specialized utilization functions.  
Dr. Taueg opened the floor for discussion. Discussion ensued.
- C. **Substance Use Disorder Initiatives** – Judy Davis, Director of Substance Use Disorder Initiatives submitted and gave highlights of her quarterly report. Ms. Davis reported:
1. **Naloxone Initiative Update** – The Initiative has saved 729 lives from its' inception to March 2021. Staff provided 5 trainings during January through March 2021. Providers, law enforcement, and community organizations can

	<p>request Naloxone trainings via DWIHN’s website by completing the form on the following link:  <a href="https://app.smartsheet.com/b/form/172e55fa4bde4bfd88d99b088bdaebb4">https://app.smartsheet.com/b/form/172e55fa4bde4bfd88d99b088bdaebb4</a></p> <ol style="list-style-type: none"> <li>2. <b>Mobile Units</b> – DWIHN has two providers that provide mobile units for a variety of SUD services. There have been 242 consumers served by the mobile units.</li> <li>3. <b>Opioid Health Home (OHH)</b> – Staff is working to improve care management, care coordination and care transitions for beneficiaries with opioid use disorders, including Medication Assisted Treatment. Providers have enrolled 111 individuals for OHH programs.</li> <li>4. DWIHN provides the following harm reduction strategies in the community as appropriate to the audience (Naloxone, peer support, latex condoms, fentanyl strips and deterra bag distribution). Sleeping bag coats distribution has been increased to include more providers that are connected to the homeless population (54 coats have been distributed from January through March 2021).</li> <li>5. <b>Prevention Services</b> – The Men’s Rap Barbershop Talk Tour Initiative is ongoing. Health Disparities, Uniting to Make our Community Better, Men’s health Issues, Male Responsibilities, Substance Use and Abuse, Police Brutality and Minority Mental Health have been topics of discussion. Barbershop presentations were conducted at four locations in Wayne County for the month of March.</li> <li>6. <b>Recovery Self-Assessment (RSA)</b> – A validated self-reflective tool designed to identify strengths and target areas of improvement as agencies and systems develop and strengthen recovery-oriented systems of care. DWIHN received an 83% satisfaction rate. DWIHN has continued to meet the expectation of improvement from the previous year. DWIHN and the SUD network have participated in the RSA Assessment since 2015.</li> </ol> <p>Eric Doeh, Interim President/CEO expressed his concerns about the positive COVID testing in the SUD population had started to pick back up within the last couple of months. DWIHN will continue to provide PPE and other resources to make sure that these numbers stay low. DWIHN was also selected by MDHHS for the Opioid Health Home (OHH) project. As we move further into behavioral health home, this is something we’re hoping to achieve come October which will also help us to compete with the Health Plans. Dr. Tauieg opened the floor for discussion. Discussion ensued.</p> <p>The Chair noted that the Managed Care Operations’, Residential Services’, and Substance Use Disorder Initiatives’ quarterly reports have been received and placed on file.</p>
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**IX. Strategic Plan Pillar - Customer**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p>Michele Vasconcellos, Director of Customer Services submitted and gave a report on the Strategic Plan – Customer Pillar. The Customer Pillar is at 87% completion. There are three goals under this pillar that range from 73%-92% completion.</p> <ol style="list-style-type: none"> <li>1. <b>Goal 1- Enhance the Provider Experience by 12/31/2021</b> – The focus is on Ensuring provider satisfaction by conducting surveys, analyze the results of DWIHN’s annual provider satisfaction survey and make applicable recommendations; improve level of support by conducting regularly scheduled system training across provider networks; and provide tools and support to</li> </ol>
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	<p>ensure providers have more meaningful experience. This goal is on target and is at 83% completion.</p> <p>2. <b>Goal 2 – Ensure Inclusion and Choice for Members by 9/30/2020</b> – The focus is on building an infrastructure to support implementation of self-determined/PCP/shared decision-making; develop components to support the self-determination by enabling individualized budget agreements in MH-WIN system along with the standardized IPOS; and trained CRSP Providers who have individuals transitioning to self-determinations. This goal is still behind and is at 92% completion.</p> <p>3. <b>Goal 3 – Improve Person’s Experience of Care and Health Outcomes by 12/31/21</b> – The focus is on delivering information about providers and practitioners in appropriate formats; updating and distribution of Provider Directories and Member Handbooks; identifying opportunities to improve member satisfaction via Adult and Children Member surveys; and ensuring access to Recipients Rights and ensuring individuals are placed in a least restrictive environment. This goal is on target and is at 73% completion.</p> <p>Dr. Taueg opened the floor for discussion. The committee requested that Ms. Vasconcellos provide hard copies of the new Provider Directory to Lillian Blackshire, Board Liaison for distribution to all board members. <b>(Action)</b> The Chair noted that the Strategic Plan Customer Pillar report has been received and placed on file.</p>
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**X. Quality Review(s) -**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p><b>FY 20-21 QAPIP Work Plan Six-Month Update</b> – April Siebert, Director of Quality Improvement submitted and gave highlights on a six-month update on the six pillars identified in the Strategic Plan. The Work Plan has been updated with actions taken, progress in meeting QI objectives, improvements made, and identified barriers.</p> <p>8. <b>Goal I – Customer Pillar</b> – Maintain mutually respectful relationship with members and providers - There are six objectives under this pillar. To date, no barriers have been identified and is on target to meet the goals and objectives of this pillar.</p> <p>9. <b>Goal II – Access Pillar</b> – Affordability, availability, accessibility, accommodation, and acceptability - There are eight objectives under this pillar. On target to meet the goals and objectives of this pillar with the exception of Indicator 10b (Adult Recidivism). Staff have established an internal workgroup to examine admission and readmission trends, conduct root cause analysis, identify opportunities for improvement and determine next steps; and an external workgroup with CRSP to develop and implement an action plan to prevent and reduce inpatient psychiatric readmissions.</p> <p>10. <b>Goal III</b> – Provide staff development activities while empowering staff in the competitive and market-driven workforce - To date, no barriers have been identified and is on target to meet the goals and objectives of this pillar.</p> <p>11. <b>Goal IV – Finance Pillar</b> – Commitment to financial stewardship and to the optimal prioritized allocation of scarce resources across a plethora of growing and competing needs to best fulfill its’ mission, vision and values - To date, no barriers have been identified and is on target to meet the goals and objectives of this pillar.</p> <p>12. <b>Goal V – Quality Pillar</b> – Improve safe, Patient Centered, Efficient, Equitable, Timely, Effective - There are seven objectives under this pillar. To date, we are on target to meet the goals and objectives (1-6) of this pillar with the exception of the Specialized Residential Monitoring. Staff will collaborate with other</p>
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	<p>units (ORR, MCO, Credentialing and CPI) on coordination of reviews to address this issue.</p> <p>13. <b>Goal VI – Advocacy Pillar</b> – Increase Community Inclusion and Integration - To date, we are not on target to meet this goal. DWIHN must assess residential and non-residential providers’ settings for compliance with the HCBS Final Rule. The delivery of Community Living Supports/Life Skills and Skill Building “in-person” services and supports continued to be impacted due to the COVID-19 pandemic. DWIHN has partnered with the City of Detroit and the Detroit Health Department in assisting with the efforts for distribution of the COVID-19 vaccine to address this issue.</p> <p>14. <b>Goal VII – Assure Compliance with Applicable National Accreditation, Legislative, Federal/State</b> – Comply with federal and regulatory requirements, MDHHS, HSAG and NCCQ – To date, we are on target for the scheduled mandated reviews and will be reported to the Program Compliance Committee and other appropriate committees as required.</p> <p>Dr. Tauzeg opened the floor for discussion. Discussion ensued. The Chair noted that the FY 20-21 QAPIP Work Plan six-month update has been received and placed on file.</p>
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**XI. Chief Clinical Officer’s (CCO) Report**

<b>DISCUSSION/ CONCLUSIONS</b>	<p>Kimberly Flowers, Provider Network Clinical Officer submitted a full report and gave highlights on the Chief Clinical Officer’s report on behalf of Melissa Moody, Chief Clinical Officer. Ms. Flowers reported that:</p> <p>15. <b>COVID-19 &amp; Inpatient Psychiatric Hospitalization</b> – Hospitalizations data showed 9% increase in admissions for the month of April. There were six reported cases of COVID-19 inpatient in April 2021 (March 2021 – 4 cases).</p> <p>16. <b>COVID-19 Intensive Crisis Stabilization Services</b> – There was a 2% increase in crisis stabilization services provided in April 2021 compared to March 2021- 287 served.</p> <p>3. <b>COVID-19 Pre-Placement Housing</b> – There were 33 people serviced in pre-placement housing for the month of April 2021.</p> <p>4. <b>COVID-19 Recovery Housing/Recovery Support Services</b> – There was a significant increase in the utilization of COVID-19 recovery homes in the month of April 2021(30) compared to March 2021 (4).</p> <p>5. <b>COVID-19 Urgent Behavioral Health Urgent Care Sites</b> – There was a 37% increase in utilization of Urgent Behavioral Health Urgent Care Services in April 2021 (41) compared to March 2021 (30).</p> <p>6. <b>Residential Department Report of COVID-19 Impact</b> – There was 29 new positive COVID-19 positive members in April 2021 and five (5) reported new deaths. There was 20 new COVID-19 positive cases and no reported deaths (the three reported deaths were from April 2020. This is the reported highest number of COVID cases since April 2020.</p> <p>Dr. Tauzeg opened the floor for discussion. There was no discussion. The Chair noted that the Chief Clinical Officer’s report has been received and placed on file.</p>
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**XII. Unfinished Business**

<b>DISCUSSION/ CONCLUSIONS</b>	<p>A. <b>BA #20-55 (Revised2)</b> – Substance Use Disorder (SUD) COVID Emergency Grant Funding – The Chair called for a motion on BA #20-55 (Revised2). <b>Motion:</b> It was moved by Ms. Jawad and supported by Chief Riley to move BA #20-55 (Revised2) to Full Board for approval. Staff requesting board approval for the allocation of additional COVID-19 grant funding of \$188,911.00 (the original award \$393,973.00 approved 5/20/20) for a total amount not to exceed \$582,884.00 to implement COVID-19 withdrawal management (detox), residential, mobile unit and recovery homes services. Dr. Tauzeg opened the floor for discussion. There was no discussion. <b>Motion carried.</b></p>
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**XIII. New Business: Staff Recommendation(s)**

<b>DISCUSSION/ CONCLUSIONS</b>	<p>A. <b>BA# 21-63</b> – Summer Youth Employment Program (SYEP) – The Chair called for a motion on BA #21-63. Chief Riley abstained City of Inkster. <b>Motion:</b> It was moved by Dr. Carter and supported by Ms. Jawad to move BA #21-63 to Full Board for approval. Staff requesting board approval of a contract from May 1, 2021 to September 30, 2021 in the amount of \$2.1M for the DWIHN Summer Youth Employment Program. Dr. Tauzeg opened the floor for discussion. There was no discussion. <b>Motion carried.</b></p>
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**XIV. Good and Welfare/Public Comment**

<b>DISCUSSION/ CONCLUSIONS</b>	<p><i>There was no Good and Welfare/Public Comment to review.</i></p>
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ACTION ITEMS	Responsible Person	Due Date
1. Strategic Plan Pillar – Customer – Provide hard copies of the new Provider Directory for DWIHN’s Board of Directors	Michele Vasconcellos	<b>July 2021</b>

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

**ADJOURNED:** 2:31 p.m.

**NEXT MEETING:** Wednesday, June 9, 2021 at 1:00 p.m. *(Virtual Meeting)*



## **Detroit Wayne Integrated Health Network**

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### **CORPORATE COMPLIANCE MEMORANDUM**

**TO:** Dr. Cynthia Taueg, Chairperson  
Program Compliance Committee

**FROM:** Bernard K. Hooper  
Corporate Compliance Officer

**DATE:** June 9, 2021

**RE: REPORT TO PROGRAM COMPLIANCE COMMITTEE**

1. MDHHS CWP- HSW-SEDW -1915(c) Home and Community Based Waiver Plan of Correction (POC) - Detroit Wayne Integrated Health Network (DWIHN) just completed its annual MDHHS 1915(c) Home and Community Based Waiver review. The purpose of the review was to ensure compliance with Home and Community Based agreements with the Centers for Medicare & Medicaid Services. This review was also intended to serve as a training tool and to provide technical assistance in the provision of Home and Community Based services. The initial review resulted in a Plan of Correction (POC). All matters were adequately remediated with the exception of three matters addressed on June 4, 2021. DWIHN awaits confirmation of the full satisfaction of the POC from MDHHS.
2. Community Living Supports and Skill Building Services Review – Corporate Compliance and Quality Improvement during the course of the Medicaid claims review have identified a practice of incorrectly billing services as skill billing that may be solely classified as CLS, if appropriately billable. Corporate Compliance, Quality Improvement and the Chief Clinical Officer are working to determine if these services, which are comprised primarily of exercise instruction and art instruction, are appropriately billable as CLS and under what conditions these services must be rendered in order to satisfy the terms and provision of the Medicaid Manual.

#### **Board of Directors**

William T. Riley, III, Chairperson  
Dorothy Burrell  
Jonathan Kinloch

Dora Brown, Treasurer  
Lynne F. Carter, MD  
Kevin McNamara

Dr. Cynthia Taueg, Secretary  
Angelo Glenn  
Bernard Parker

Michelle Jawad  
Kenya Ruth



# DETROIT WAYNE INTEGRATED HEALTH NETWORK

Board Study Session

Access Call Center

May 2021

90 day overview

Performance



# Access Call Center Transition Go live 5/01/21 - Monthly Performance

QUEUES	Calls Offered	Calls Handled	Calls Abandoned	% Abandoned Goal : <5%	Average speed to answer Goal : 30 sec Stretch Goal : 15 sec.	Average call Length	% of calls answered Goal: 80%	Service Level Goal 80% Stretch Goal 85%
CALL REPS	16,550	16,273	276	1.7%	00.09 sec.	04:44mins	98.3%	93.9%
SUD (Subset of all calls)	2807	2794	13	0.05%	00:14 sec.	014:52 Mins	99.5%	97.7%
Clinicians (Subset of all calls)	1270	1268	2	0.2%	00:11sec.	21:23 mins	99,.8%	99.0%
Totals	16.550	16,273	276	1.7%	00.09 sec.	04:44 mins	98,3%	93.9%

# Access Call Center Transition

## 90 Day Performance

QUEUES	Calls Offered	Calls Handled	Calls Abandoned	% Abandoned Goal : <5%	Average speed to answer Goal : 30 sec Stretch Goal 15 sec	Average call Length	% of calls answered Goal: 80%	Service Level Goal 80% Stretch Goal 85%
CALL REPS	56,926	54,478	2,448	4.3%	00:19 sec.	0:5:09 mins	95.7%	87,21%
SUD (Subset of all calls)	8,336	8,271	65	.8%	00:14 sec.	0:14:47 mins	99.2%	97.2%
Clinicians (Subset of all calls)	3,612	3,530	82	2.3%	00:20 sec.	21:45 mins	97.7%	93.4%
Totals	56,926	54,478	2,448	4.3%	00:19 sec	0:4:57mins	97.7%	87.21%

# Access Call Center Transition Protocol Performance

Month	Call Offered	Calls Handled	Calls Abandoned	% Abandoned	Average Call Length	Average Speed of Answer	% of Calls Answered within 30 sec.	Number of Calls answered within 30 sec.
Feb.	1091	1024	51	3.0%	10.4 min	24	79.9%	644
Mar.	982	933	20	1%	10.2 min	24	81.3%	779
Apr.	1003	917	55	5.7%	11.4 min	27	75.9%	734

# Access Call Center Transition

## 90 Day Performance

### Additional Operational Access Call Center Functions

Category	February	March	April
<b>FAXES</b>			
1. Incoming Fax Queue	1252 linked/6 not linked	1363 linked/ 7 not linked	1084 linked/ 6 not linked
2. Incoming Fax Queue Post Hospital D/C appt.	1027 linked/10 no linked	1434 linked/0 not linked	1116 linked/0 not linked
<b>Call Back Queue</b>			
<b>MH</b>	Queued-245/Completed 1435	Queued 2/Completed 1576	Queued 39/Completed 997
<b>SUD</b>	Queued 90/Completed 933	Queued 3/Completed 1109	Queued 24/Completed 837
<b>MHL*</b>	Queued 0/0	0/0	Queued 0/ 45 Completed
<b>Translations Services</b>			
<b>Number of Calls</b>	99	90	176
<b>Top 3 languages,</b>	Arabic, Spanish and Bengali	Arabic, Spanish and Bengali	Arabic, Spanish, Vietnamese, Brngsli



# Access Call Center Transition 90 Day Performance

## Additional Operational Access Call Center Functions

### Introduction Welcome Letters and Follow-up Letters

- |                  |             |
|------------------|-------------|
| A. February 2021 | Total: 2399 |
| B. March 2021    | Total 2597  |
| C. April 2021    | Total 4222  |

### Provider Projects

- |  |            |
|--|------------|
| A. Paper Enrollment Registrations to be manually loaded into MHWIN | Total 2000 |
|--|------------|

# Access Call Center Transition

- A. Implemented performance Metrics for each call center unit.
  - Call Center Representatives
  - SUD
  - Mental Health.
- B. Focused processes towards “First Call Resolution”
  - Working with staff on processing techniques
  - Managing staff schedules to leverage ultimate coverage
- C. Implemented a Quality program
  - Created standardized quality rating standard
  - Began silent monitoring with real-time feedback
  - Began All staff/training meetings bi-weekly
- D. Partnering with Corporate areas on Program implementation
  - Reviewing MHWIN to streamline manual processes.
- E. Established a Provider Monthly meeting specific to Access Call Center



# Children's Initiative Program

## Q2 FY 20/21 REPORT

Ebony Reynolds | Clinical Officer | 6.9.21

enclosed detailed reports for further review are attached

- Q2 School Success Initiative report
- Q2 Home Based ,Wraparound/FRAMES power point
- Q2 Autism Report

## FY 20/21 Q2 Children's Initiative Executive Summary

**\*This summary provides a high-level overview of Children Services for Quarter 2. A more detailed report is attached to this summary for further review.**

### School Success Initiative Q2

- Funding allocations awarded to 11 CMH School Success Initiative providers
- Completion of Phase 1 of the School Based Re-Design which included training modules and accompanying syllabi to utilize within classrooms for grade levels K-12.
- Meeting conducted between DWIHN and DPSCD to discuss use of school-based re-design curriculum in DPSCD schools.
- Michigan Model for Health (MMH) was purchased. Providers have completed training to utilize curriculum. Trainings took place, with Wayne RESA, on the following dates: Friday, April 9<sup>th</sup> and Friday, April 23<sup>rd</sup>
- Implementation of Phase II which included the ability to capture data in one electronic medical record through MH-WIN enhancement.
- Process in development with DWIHN Access Center on school based mental health referral and screening for children identified as potentially eligible for CMH services.
- Collaboration meeting between DWIHN and school-based health centers to establish MOU between both entities.
- Continued partnership with DWIHN SUD prevention services to capture data on evidence based-practice and number of children served.
- Partnership with DWIHN Workforce Development to provide QPR training to schools currently in development.

### Children System of Care Block Grant Q2

- “Bridging the Gap-Navigating Child Welfare Services and Community Mental Health” This training provided an overview of Wayne County organizational structure of the Child Welfare System, programs within Wayne County DHHS including the roles/responsibilities of the different programs and strategies for how Michigan Department of Health and Human Service programs can interface with Community Mental Health Service providers.
- Two (2) Prevention Trauma Trainings hosted by Kid's Talk staff on adverse childhood experiences (ACEs) at Allendale Schools and Melvindale Schools.
- DWIHN staff and Director of Workforce Development in partnership with U of M presented a presentation titled, “CRASH Childhood Responses to Adverse Situations Happens.”
- In an effort to increase awareness of Community Mental Health Services in Wayne County, a power point “Accessing Community Mental Health Services” was presented with a two day total of 214 DHHS attendees. This training discussed the roles of the Children's Crisis Screening vendors and the two (2) DWIHN Hospital Liaisons, how to access residential services, and provided an overview of Intellectual and or Developmental Disability (I/DD), Serious Emotional Disturbance (SED) Waiver and

Autism Spectrum Disorder (ASD) including the eligibility requirements for both populations and what services are available for both populations.

- Courageous Conversations event titled “Youth Against Bullying” The panel provided an overview of bullying and cyberbullying, strategies for dealing with how to recognize and respond to bullying and cyberbullying, understanding of laws surrounding bullying, social networks and protecting yourself online.
- Youth MOVE Detroit (Central Region) continued to post youth related resources and events to engage youth participation using Instagram and Facebook. To date, there are one hundred and thirty-four (134) followers on Instagram and five hundred and twenty (520) followers on Facebook
- The Fatherhood Initiative continues to implement a Facebook page to provide information regarding resources to support fathers and male caregivers. To date, the page has accumulated two hundred and twenty-eight (228) followers.

#### Home Based-Wraparound

- 686 children and families were served in Home Based services for Q2. This is a 1.2% decrease from families served in Q1.
- 118 new families were served in Q2 in Home Based Level of care which is a 2.1% increase from Q1.
- The average length of stay of children completing home based services for Q2 was 13.5 months across all DWIHN children providers.
- There were 19 youth diagnosed with I/DD that received Home-based services in Q2.
- 119 (22%) youth receiving Home-based services had a meaningful and reliable improvement which is 3.8% increase from Q1. This data is measured by PECFAS/CAFAS.
- 82 (12%) youth that received Home-Based services were also involved in the Child Welfare System
- 58 (8.5%) youth that received Home-Based services were also involved in the Juvenile Justice System
- 271 (39.5%) youth that received Home-Based services were also connected to Special Education services
- 10.7% reduction in partial hospitalizations and 11.1% reduction in psychiatric hospitalizations from Q2
- There are 4 key core competencies with regard to the fidelity of Wraparound services. Of the 4 key components Q2 reports indicate the greatest competency across agencies – “Future orientation in building, coordinating and managing teams” and “Mobilize a group for collective action” 76.92% of facilitators met these competency areas “almost all of the time”
- Area of improvement: “Mobilize a group for collective action” 69.2% of facilitators met this competency area “almost all of the time”
- At least 69% of providers met each competency area “almost all of the time.”

#### Autism

- There are currently 1,847 open cases receiving services with the largest concentration of enrollees between the ages of two and eight.

- ASD RFP issued to expand on specific geographic locations for FY 21/22.
- DWIHN has a 34% denial rate during this time period; 66% approval rate for meeting ASD benefit enrollment criteria and Medical Necessity criteria.
- 119 referrals were received in the last 2 months of the 2nd Quarter of FY20/21
- 37 cases have been successfully discharged from the ASD benefit for Q2.
- Continued work with DWIHN Quality department on performance improvement plans to increase outcomes.

School Success Initiative Quarterly Report – Q2 2020/2021

**Budget & Board Action**

The continuing Board Action (26-11R) was presented and approved at the Full Board Meeting on February 17, 2021. The following chart represents the 11 CMH providers that have been provided funding for FY20/21.

<b>School Success Initiative Provider FY 20/21</b>
<b>ACCESS</b>
<b>Arab-American &amp; Chaldean</b>
<b>Black Family Development</b>
<b>Community Care</b>
<b>Development Centers</b>
<b>Hegira</b>
<b>Northeast Guidance</b>
<b>Southwest Counseling</b>
<b>Starfish</b>
<b>The Children's Center</b>
<b>The Guidance Center</b>
<b>TOTALS</b>

Since the Q1 Report, all funds allotted for the School Success Initiative providers have been allocated and approved for funding. As of April 2021, the clinical providers have received the approved Purchased Orders (POs) to submit their FSRs for billing.

**School Success Initiative Task Force**

Per the request of the Board of Directors, a task force was established to update and re-design the curriculum for the School Success Initiative. To date, the Children’s Redesign Task Force has completed the established Phase 1 of the project which focuses on *Increasing Accessibility and Prevention Services*. Additionally, the Task Force finalized the training modules and accompanying syllabi to utilize within classrooms for grade levels K-12. Furthermore, the Michigan Model for Health (MMH) was purchased and the providers have completed training to utilize this curriculum. The trainings took place, with Wayne RESA, on the following dates: Friday, April 9<sup>th</sup> and Friday, April 23<sup>rd</sup>.

With creating the training modules, there are three (3) versions of the identifiable risks to accommodate the unique developmental needs of the elementary, middle school and high school populations. Within each module, there are two (2) interactive, fun activities during the 30-minute presentation to ensure engagement, particularly in a Zoom format. In addition, pre/posttest were developed, county-wide using a survey platform. To collect the pre/posttest information, 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.

These modules are also appropriate for a face-to-face large forum assembly styled, with strict adherence to CDC's recommendations, when face-to-face is permitted again.

With Phase I complete of the School Success Initiative Re-Design, the focus is now on Phase II which concentrates on *Identifying Deliverables and Measurables*. A key portion of this phase includes the ability to capture integral elements in one electronic record and how to best capture the data of the CMH's involvement in the Wayne County Schools. In addition, this phase will work towards establishing a collaboration between DWIHN and hospitals/clinics to ensure cohesiveness and cross-dimensional collaboration are being established to ensure that the whole person is being cared for.

Currently, the IT department and Children's Department (School Success Initiative) are working diligently to finalize data collection measures in MHWIN and REDCap for reporting. Minor changes are still being made to the data collection process in MHWIN, based on feedback received at the MHWIN Data Entry training that took place on Thursday, 2/25/21. Once the updates are completed and the PowerPoint presentation has been updated, the presentation will be sent out to providers and the presentation participants. More information on this will be detailed in the *MHWIN & REDCap* portion of this report.

DWIHN Clinical Officer met with Ascension hospital and its key administrative staff, to discuss establishing a Memorandum of Understanding (MOU) between the school success providers and the school-based health centers. Ascension is currently in 5 schools identified by the school success initiative. DWIHN is working with the legal department to develop the MOU. This agreement will help link children in Tier 1 and Tier 2 services to the health centers to address medical issues as needed. In return, the school-based health centers will refer children that meet criteria for CMH services to the DWIHN network of children providers for treatment. DWIHN has also requested meetings with Beaumont Health and Henry Ford school based health centers to establish a similar agreement for children in the school success initiative. An update on this progress will be provided in the Q3 update on this project.

### **DPSCD and Wayne RESA Updates**

A meeting was conducted with members of Detroit Public Schools Community District, including the Deputy Superintendent, to discuss mental health supports to students. It was determined that the District prefers to forward the modules created to the principals directly, once approved by the District. The timeline includes implementing the curriculum between January – September 2021.

Efforts to expand services within DPSCD, in collaboration with Wayne RESA, have been successful. Community Mental Health providers and schools have responded with interest regarding expanding into more locations, as well as, allowing services at their institutions. A letter communicating DWIHN services was distributed to superintendents. School representatives have started reaching out to schedule meetings to gain more insight to the School Success Initiative's purpose, goals, and services. In total, nine (9) providers are interested in servicing additional schools. These agencies are: Starfish Family Services, Southwest Counseling Solutions, Northeast Integrated Health, Arab-American Chaldean Council, Team Wellness, Black Family Development Inc., Development Centers, ACCESS, and Assured Family Services.



The curriculum submitted to DPSCD, for approval and use by CMH in schools, was granted approval by DPSCD. The School Success Initiative team will continue to follow-up on status updates and provide additional information, as needed, to finalize this process so the CMH providers can begin using the developed curriculum as intended or make any necessary adjustments to receive approval. A meeting is being scheduled with DPSCD to continue this discussion and finalize allowing this curriculum into schools.

### **Michigan Model for Health (MMH)**

The Michigan Model for Health has since been purchased and was assigned/registered to the corresponding agencies who are contracted with the School Success Initiative. The providers have scheduled and attended their individual appointments to complete their registration. The CMH providers have completed their registration and training with Wayne RESA. For those who will utilize the HIV and STI curriculum an additional training is required that will be scheduled separately. The HIV and STI curriculum training is still pending.

### **SUD School-Based Collaboration**

On Friday, January 29, 2021, a meeting was conducted with a representative from SUD to finalize data collection measures regarding services delivered to children within schools serviced by providers contracted through the School Success Initiative and SUD. A document was finalized (see below) which will be collected as part of the quarterly reporting documentation. The baseline data has been requested with the deadline of Monday, February 1<sup>st</sup>. The baseline data will include the services provided from September 2020 through January 2021. The reports that will be generated from this data will provide insight to the number of children serviced, which services they are receiving, and the schools being serviced. The School Success Initiative can then, from analyzing the data, determine areas that need additional support/need and insight to the effectiveness of the programs being provided.



**School-Based Programs Report—SUD Initiatives Prevention**

Detroit Wayne Integrated Health Network is requesting (collecting) the following information.

**Please submit the following data for school-based services into the grid below:**

- The provider and name of school district(s) receiving funding for prevention services
- Prevention activities the agency delivers in school and the number of children served.
- Evidence Based Practice or Promising Practice used during the intervention.
- Prevention training for teachers or school professionals.

**This form is due by Monday, February 1, 2021 via the email to [kthomas@dwihn.org](mailto:kthomas@dwihn.org)**

**This data collection will cover October – January 2021 – baseline data**

**Quarterly requirement as of the 2<sup>nd</sup> quarter January – March 2021 services due April 2021**

<u>Provider</u>	<u>School Name and Location</u>	<u>Activity(ies) and number served</u>	<u>Evidence Based Program or Promising Practice</u>	<u>Training Teachers or Professionals</u>

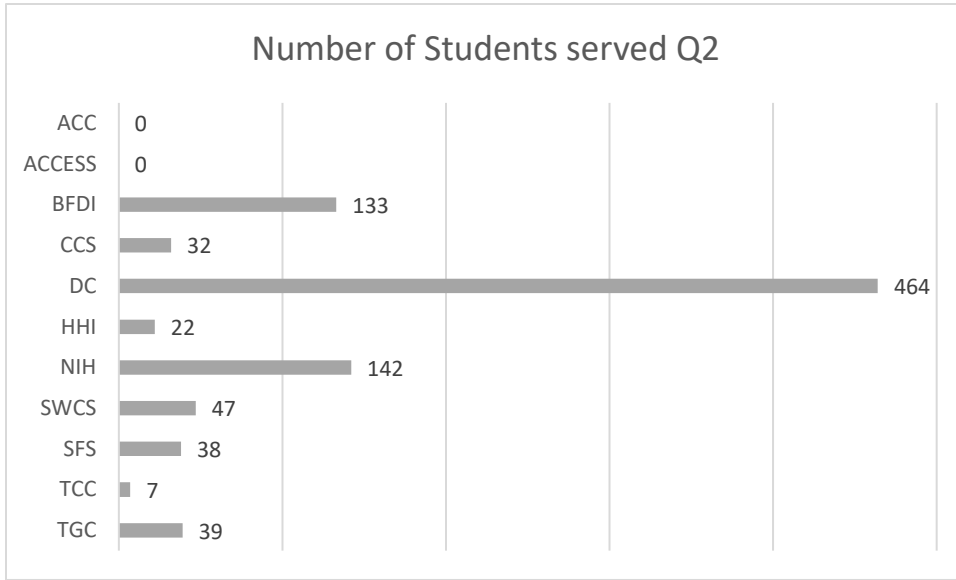
**DWHIN Access Call Center**

The Children’s Initiatives Department and the Access Call Center collaborated to determine the most efficient way to collect the data from Q1 to enter it into MHWIN database. A meeting was held with DWIHN Chief Clinical Officer and Clinical Officer and the providers to discuss the most recent tasks and changes occurring to the data entry process. It was determined that an extension to having the requested T1 and T2 data would be given to the providers and that the providers would utilize MHWIN for about 4-6 weeks to enter data and come back with feedback. The feedback received about the DWIHN Access Call Center provided significant insight on improvements and process flow changes that need to occur. There has been significant discussion about how to ensure that the customer service received by consumers and providers improves so that those seeking services are provided with the best experience and are initiated into services quickly.

**MHWIN and RedCAP**

As of March 1, 2021, the School Success Initiative providers were supposed to initiate entering their School Success Initiative outreach and efforts into MHWIN. There were some setbacks with this process and providers have now been asked to enter their Q1 and Q2 data into RedCAP. However, Q3 and Q4 will be entered into MHWIN per the completion of updates and changes to the data entry system. A new training is currently being scheduled to review the data entry process. In addition, IT is still working on updating the reporting system for MHWIN to reflect data points that were collected in REDCap. More information will be available in the May 2021 monthly report.

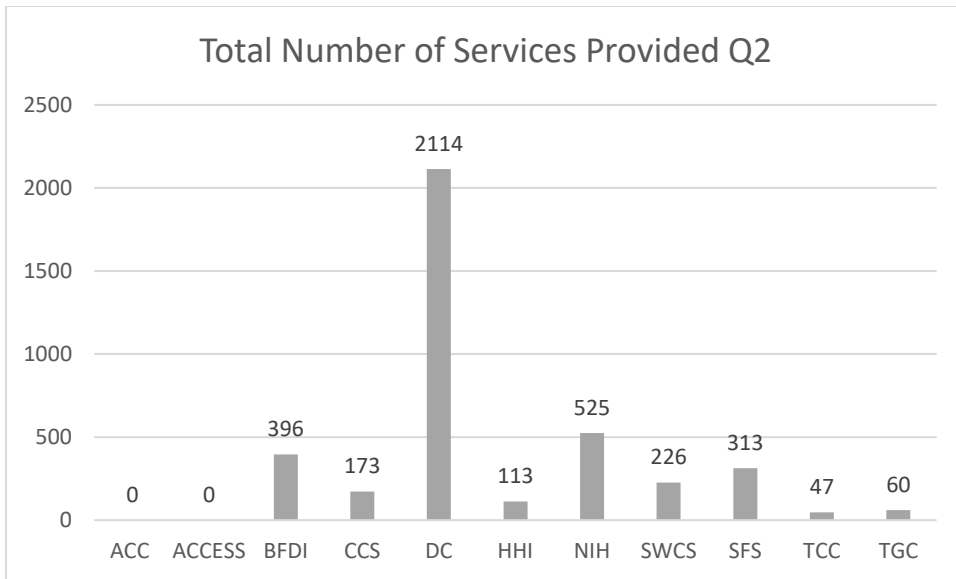
**School Success Initiative Q2 Outcomes**



924 students served in Q2

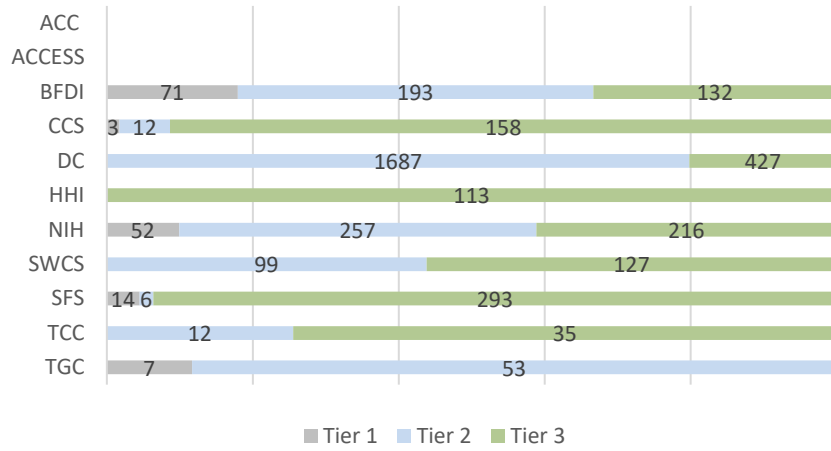
**1164\* students served to date FY21 (unduplicated)**

(\*all agencies not reporting)



**3967\* services provided in Q2 (duplicated)**

### Services Provided by Tier Q2



Agency	Tier 1	Tier 2	Tier 3
ACC			
ACCESS			
BFDI	71	193	132
CCS	3	12	158
DC		1687	427
HHI			113
NIH	52	257	216
SWCS		99	127
SFS	14	6	293
TCC		12	35
TGC	7	53	
<b>Total</b>	<b>147</b>	<b>2319</b>	<b>1501</b>



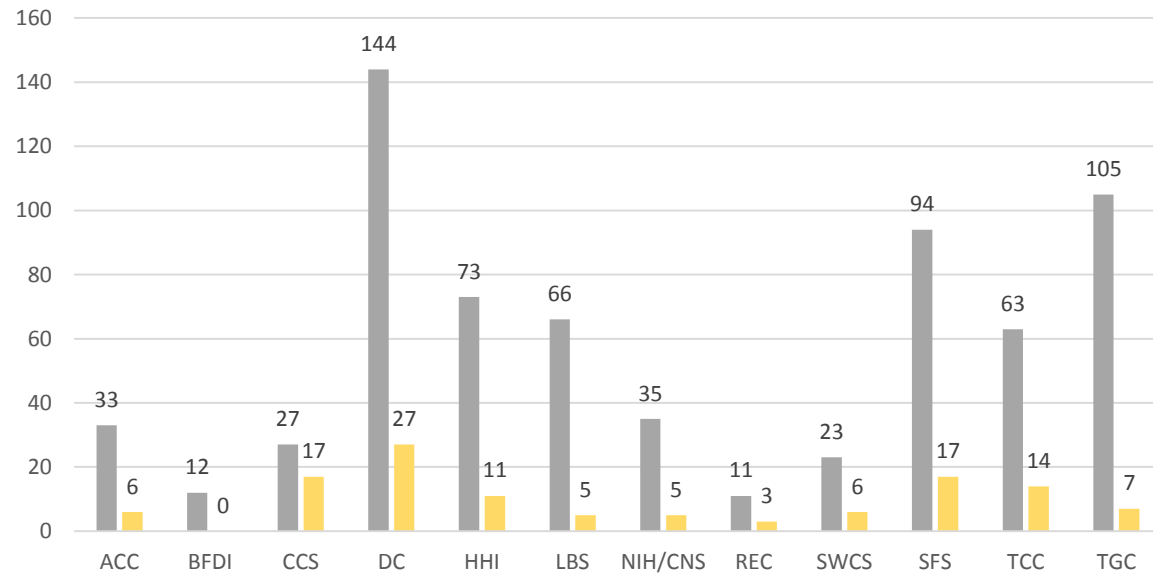
Home-Based | Wraparound | FRAMES

# Q2 Reporting



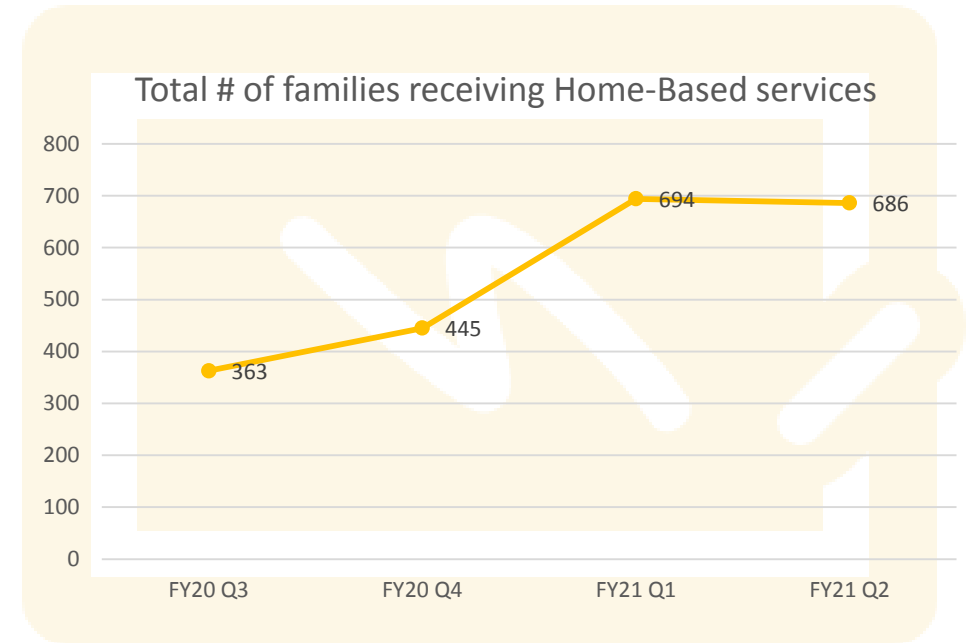
# Home-Based

## 686 families served in Q2

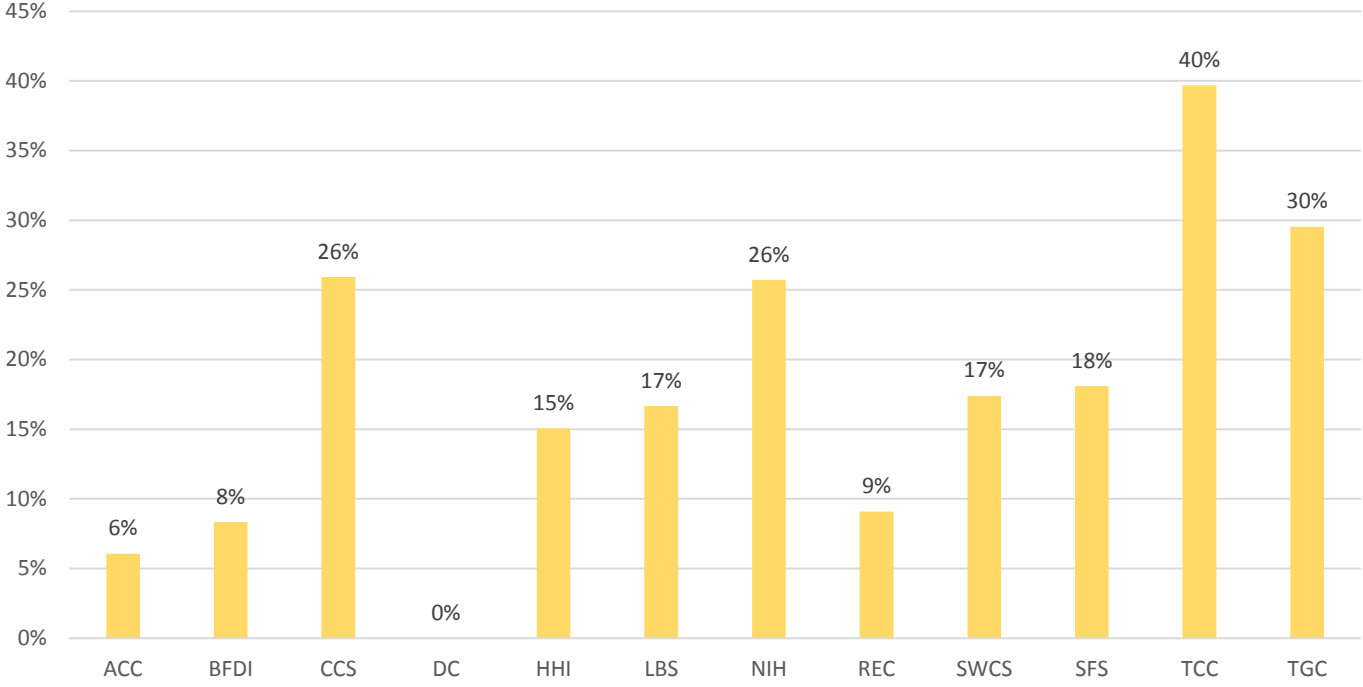


- 1. How many families at your agency are currently receiving Home-Based services?
- 3. How many NEW families at your agency began receiving Home-Based services this quarter?

## 118 NEW Families served



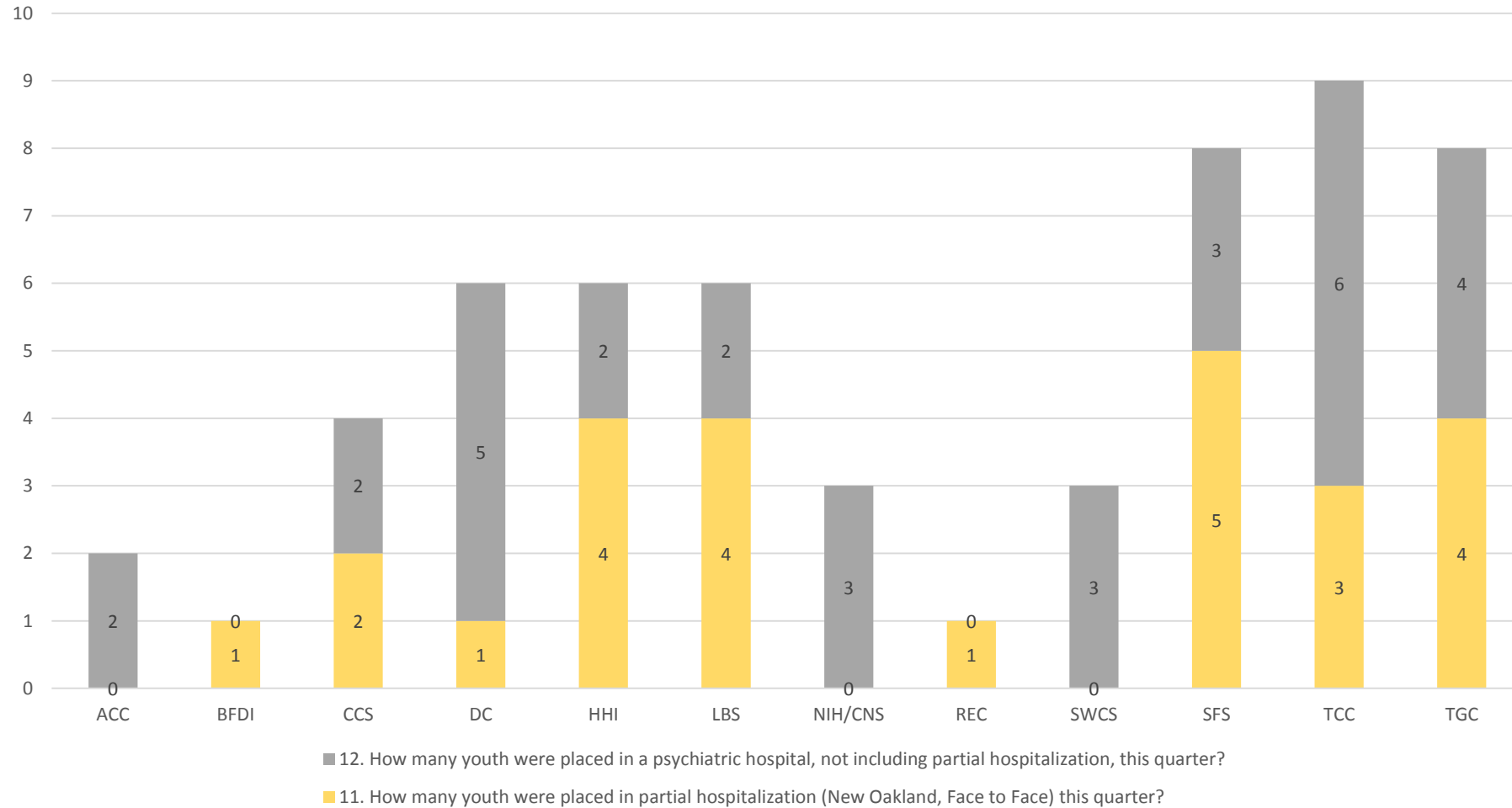
How many youth receiving Home-Based had meaningful and reliable improvement in their CAFAS/PECFAS this quarter?



**22% of youth had meaningful and reliable improvement in CAFAS/PECFAS**

**↑ 3%**

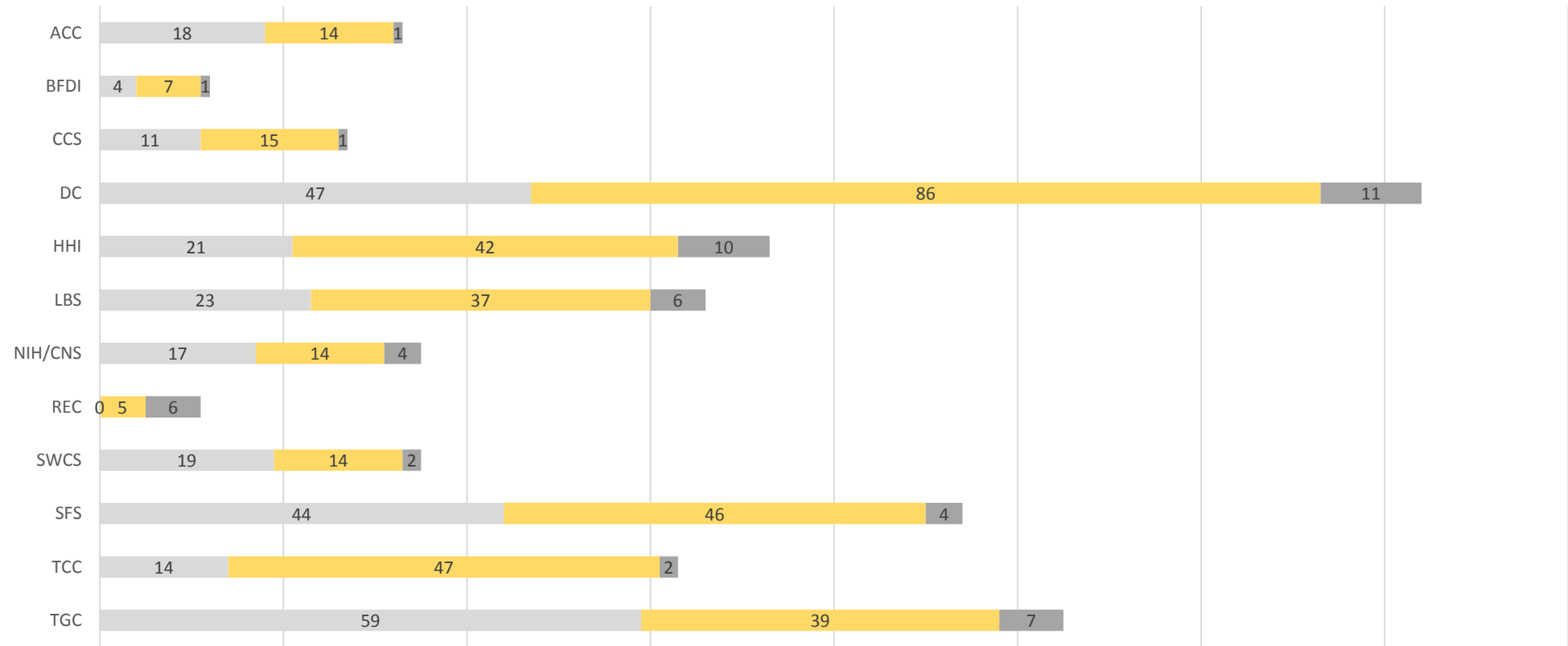
## Hospitalizations



**3.6%** of youth were placed in a partial hospitalization  
**4.7%** of youth were placed in a psychiatric hospital



## Age



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

**40.4% of youth were ages 7-12**  
**53.4% of youth were ages 13-17**  
**8.0% of youth ages 18-21**



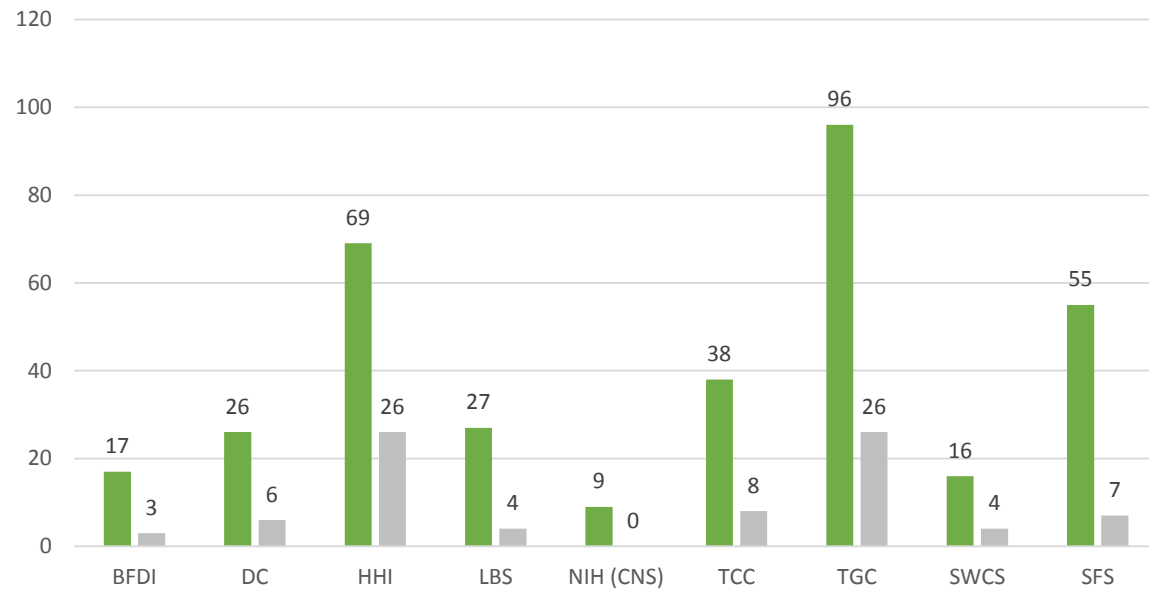
# Home-Based Q2 Overview

- Average length of stay: 13.5 months
- 21 I/DD Youth served (3 I/DD Providers)
- 68 Home-based clinicians employed
- 16 families returned to Home-based services
- 12% of youth were also involved in the Child Welfare System
- 8.5% of youth were also involved in the Juvenile Justice System
- 39.5% of youth were also connected to Special Education services
- 52.9% of youth lived in a 1-parent household; 20.8% lived in a 2-parent household
- 13.7% of youth lived w/ a relative caregiver; 5.8% w/ a legal guardian; 6.3% in a foster home
- 32 (4.7%) Bilingual families received Home-Based services
- Successes: reduction in CAFAS scores; telehealth; TFCBT training; fewer hospitalizations
- Support needed: Telehealth; PPE; Trainings; Continue consultation/reflective supervision



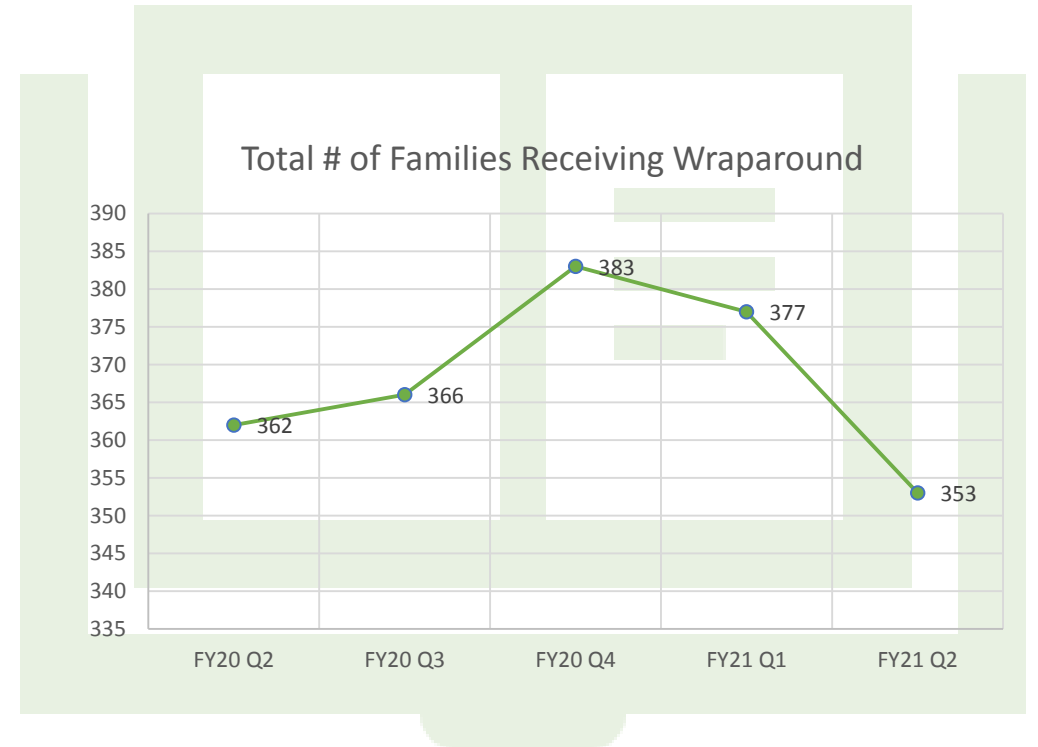
# Wraparound

## 353 families served in Q2

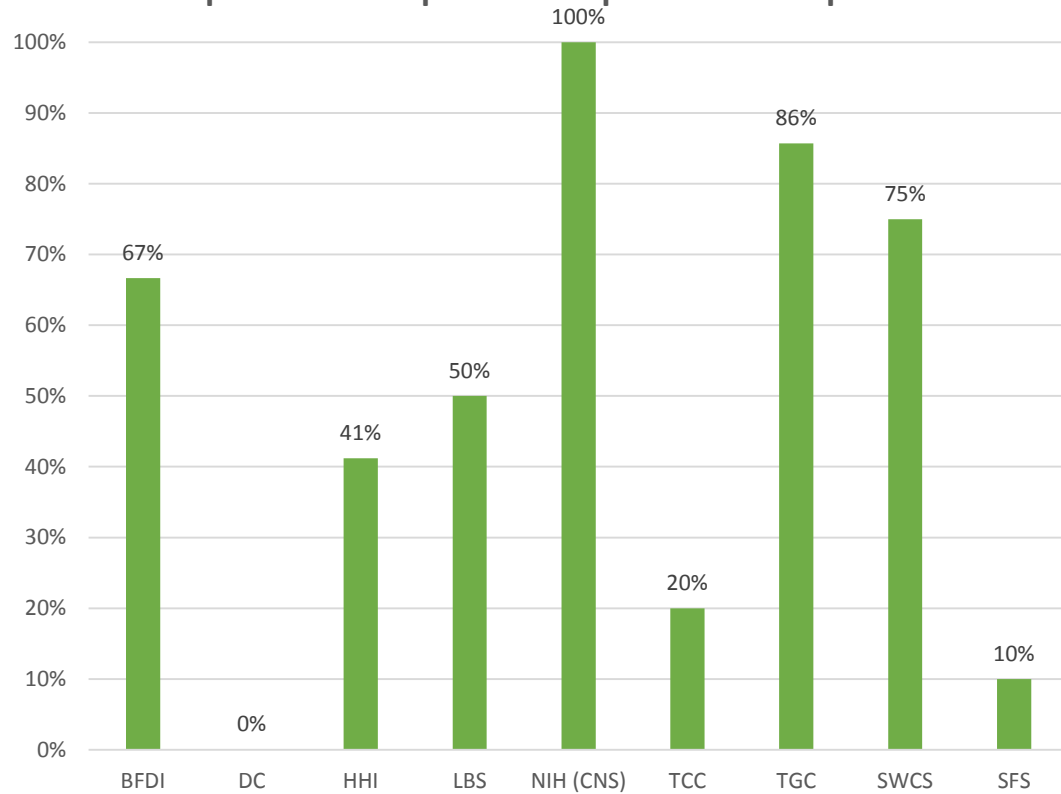


- 1. How many families at your agency are currently receiving Wraparound services?
- 2. How many NEW families at your agency started receiving Wraparound services this quarter?

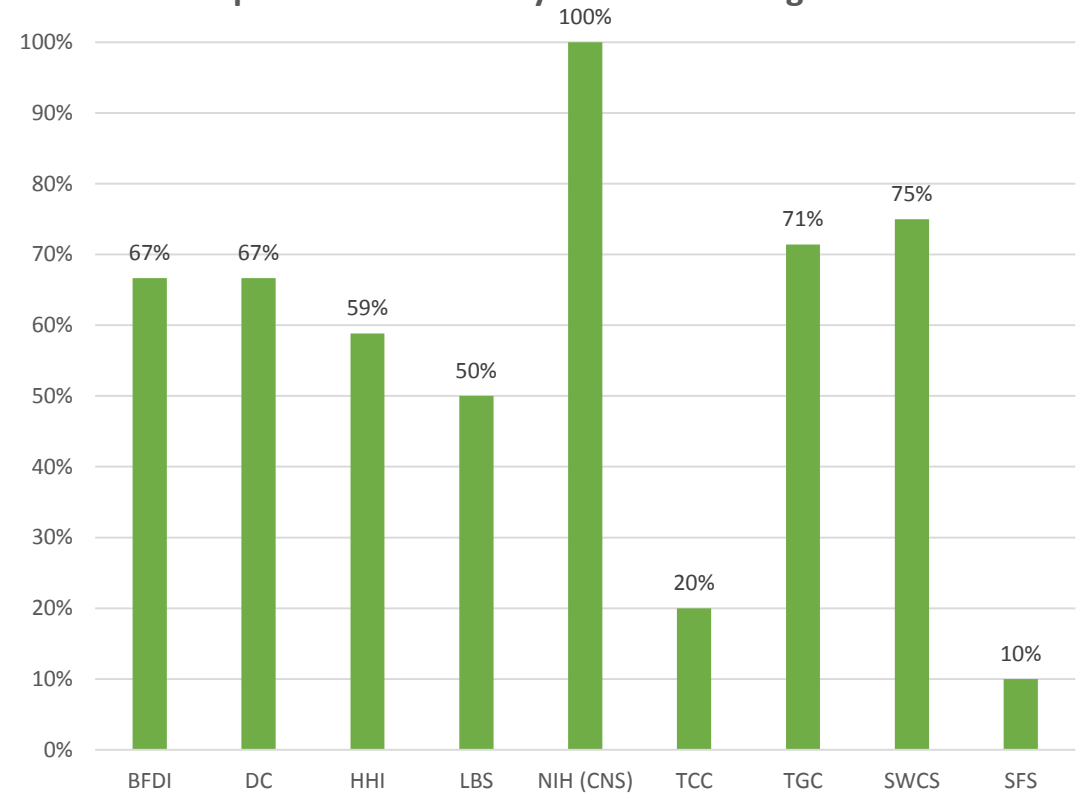
## 84 NEW Families Served



**How many families that transitioned out of Wraparound this quarter completed all four phases?**

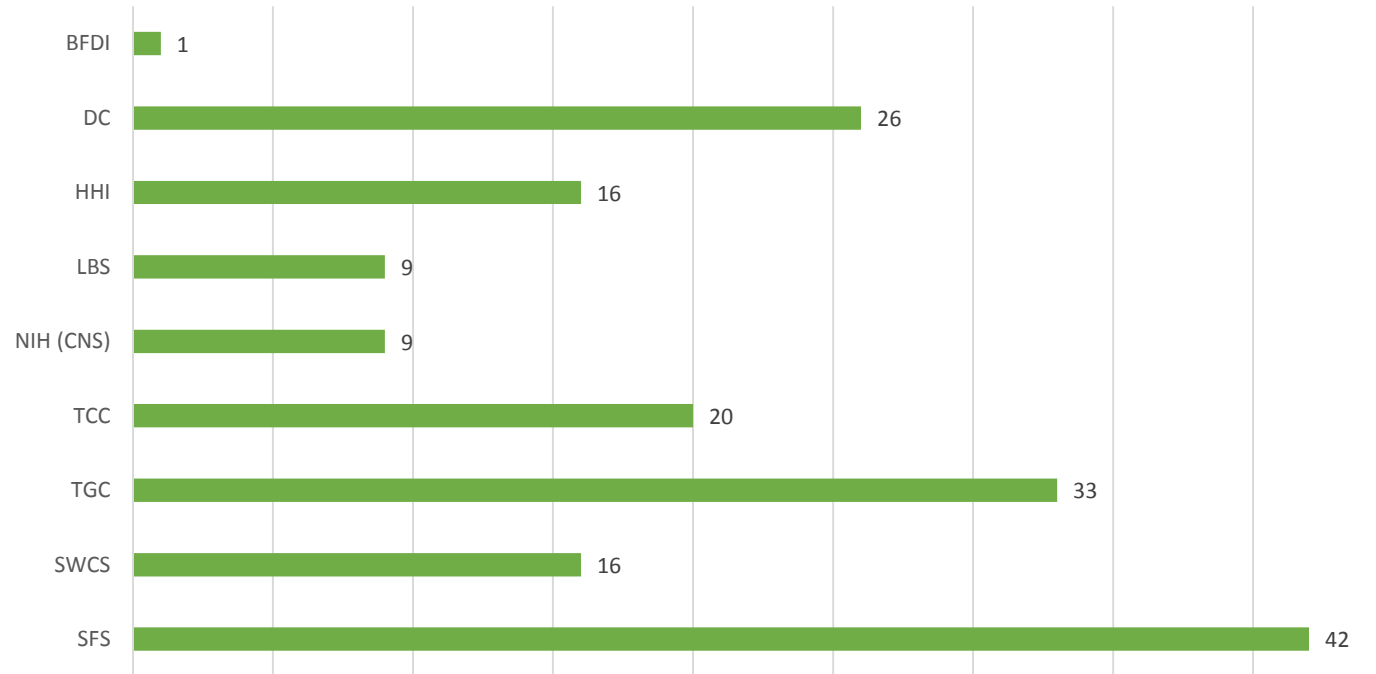


**How many families that completed Wraparound this quarter felt that they achieved their goals?**



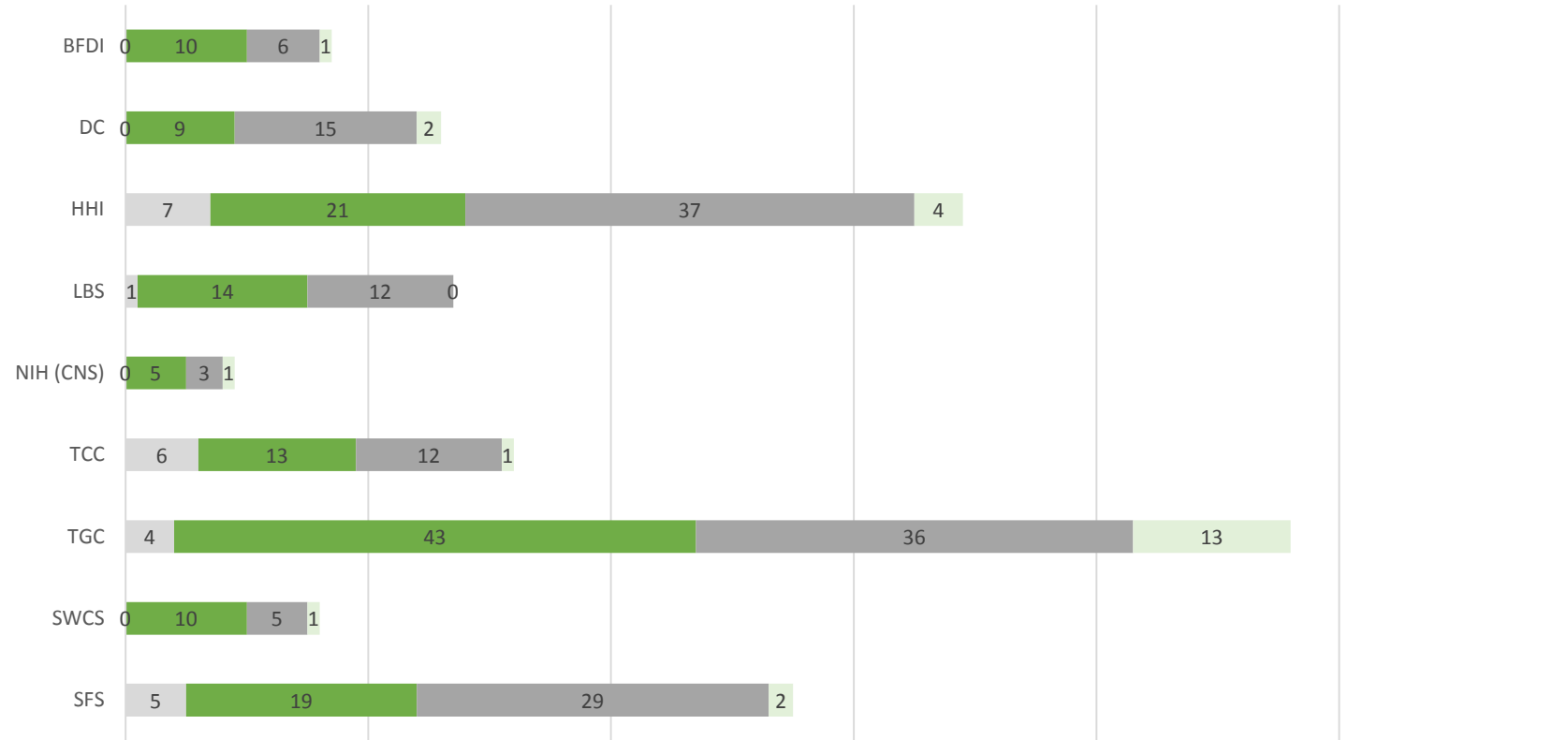
43.9% of all families that transitioned out of Wraparound completed all four phases  
 50.9% of families that completed Wraparound felt that they achieved their goals

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



**48.7%** of youth received additional CMH services outside of Wraparound

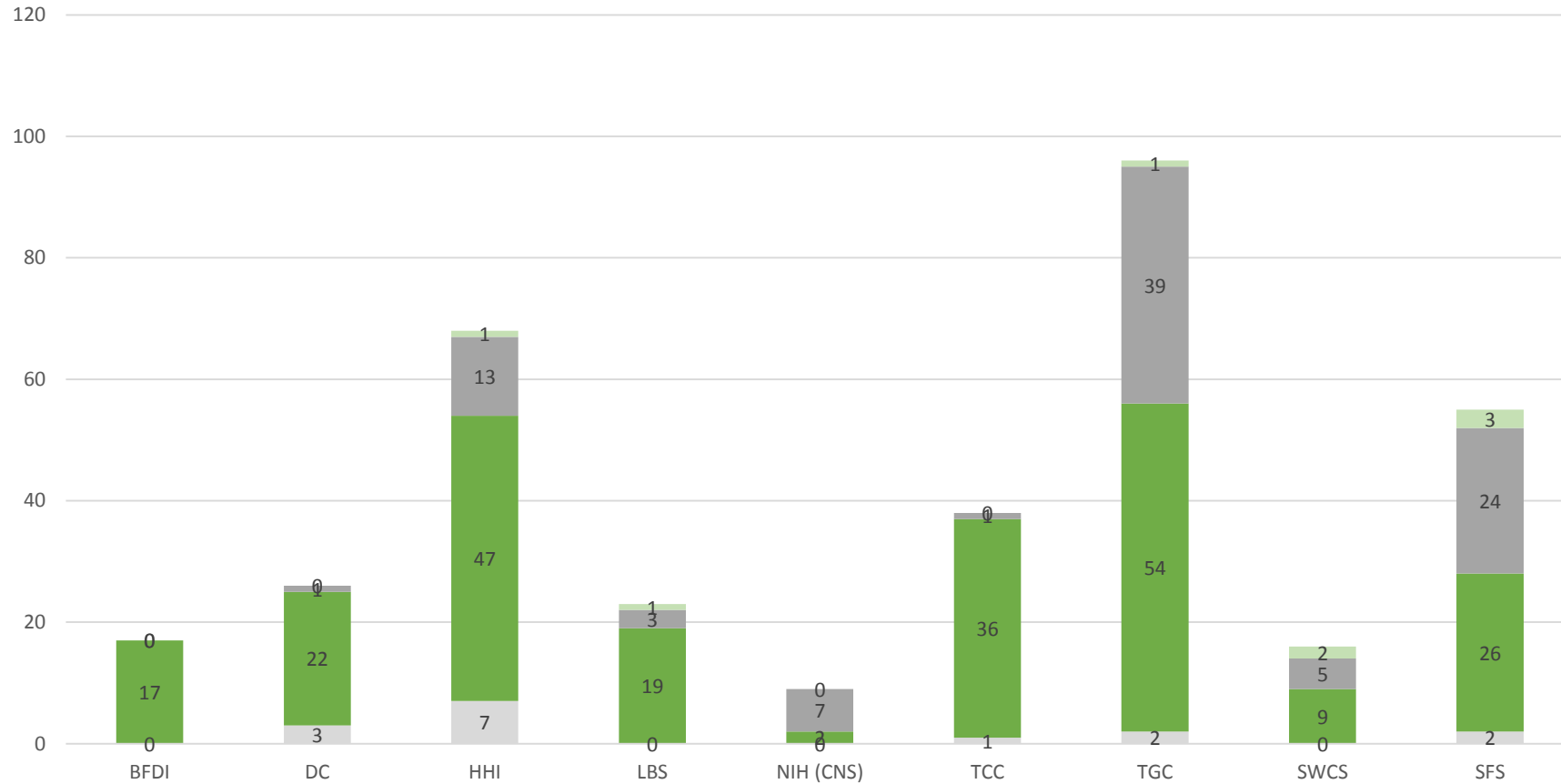
## Age



- 24. How many children receiving Wraparound services this quarter, are between 0-6 years of age?
- 25. How many children receiving Wraparound services this quarter, are between 7-12 years of age?
- 26. How many children receiving Wraparound services this quarter, are between 13-17 years of age?
- 27. How many children receiving Wraparound services this quarter, are between 18-21 years of age?

6.5% of youth ages 0-6  
 40.8% of youth ages 7-12  
**43.9% of youth ages 13-17**  
 7.1% of youth ages 18-21

## Natural Supports



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

4.2% of youth had 0 natural supports  
**65.7% of youth had 1-3 natural supports**  
 26.3% of youth had 4-6 natural supports  
 2.3% of youth had 7 or more natural supports



# Wraparound Q2 Overview

- Average length of stay: 14.03 months
- 39 Wraparound facilitators employed
- 7 families returned to Wraparound after previously receiving Wraparound services
- 4 families opened on a sibling after transitioning out of Wraparound
- 24.4% of youth were also involved in the Child Welfare System
- 6.8% of youth were also involved in the Juvenile Justice System
- 51% of youth also received Special Education Services
- 98% also received Clinical Services
- 10 bilingual families received Wraparound services
- 60% of youth lived in a 1-parent household; 18% lived in a 2-parent household
- 13.9% of youth lived w/ a legal guardian; 11.9% lived w/ a relative caregiver; 9.9% lived w/ a foster home
- Successes: adapting to COVID-19
- Support Needed: Trainings, Community resources





# FRAMES

Greatest competency across agencies:

“Future orientation in building, coordinating and managing teams”

“Mobilize a group for collective action”

Area of improvement:

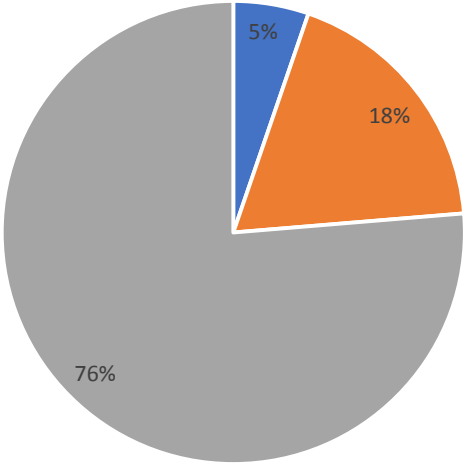
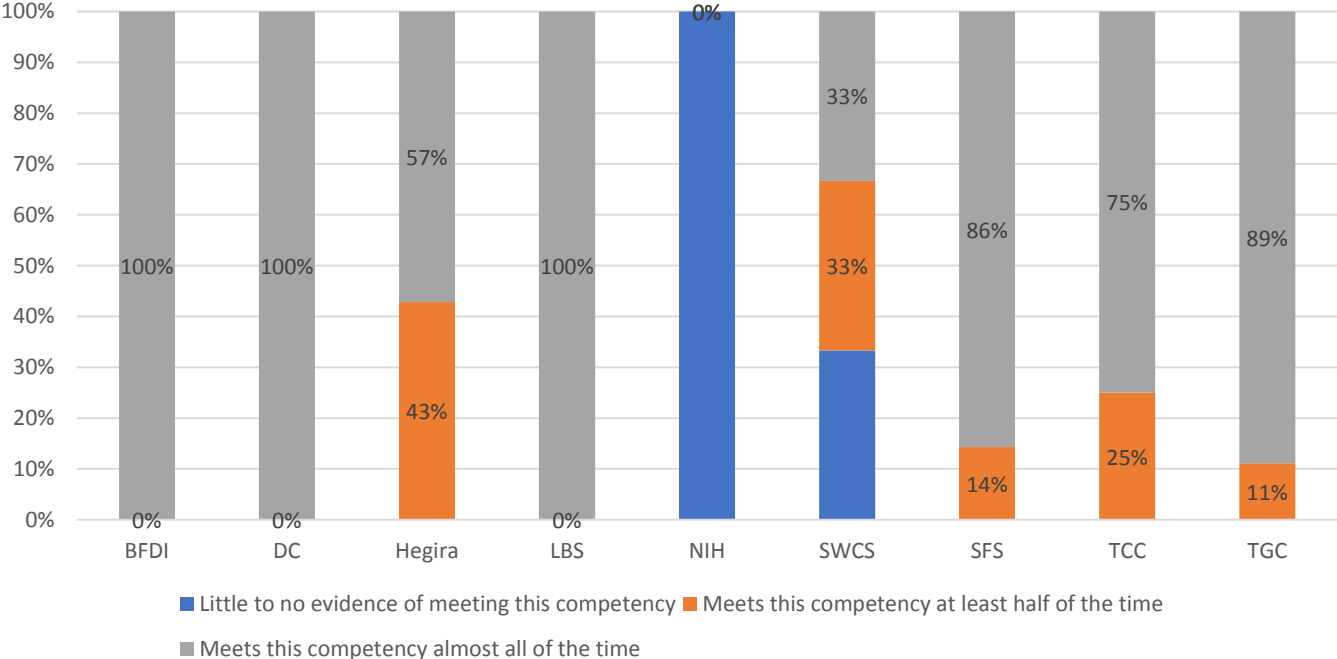
“Accept with authenticity the opinions and ideas of all involved in Wraparound”



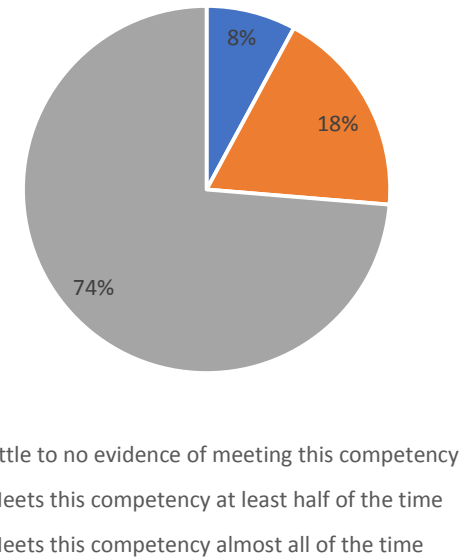
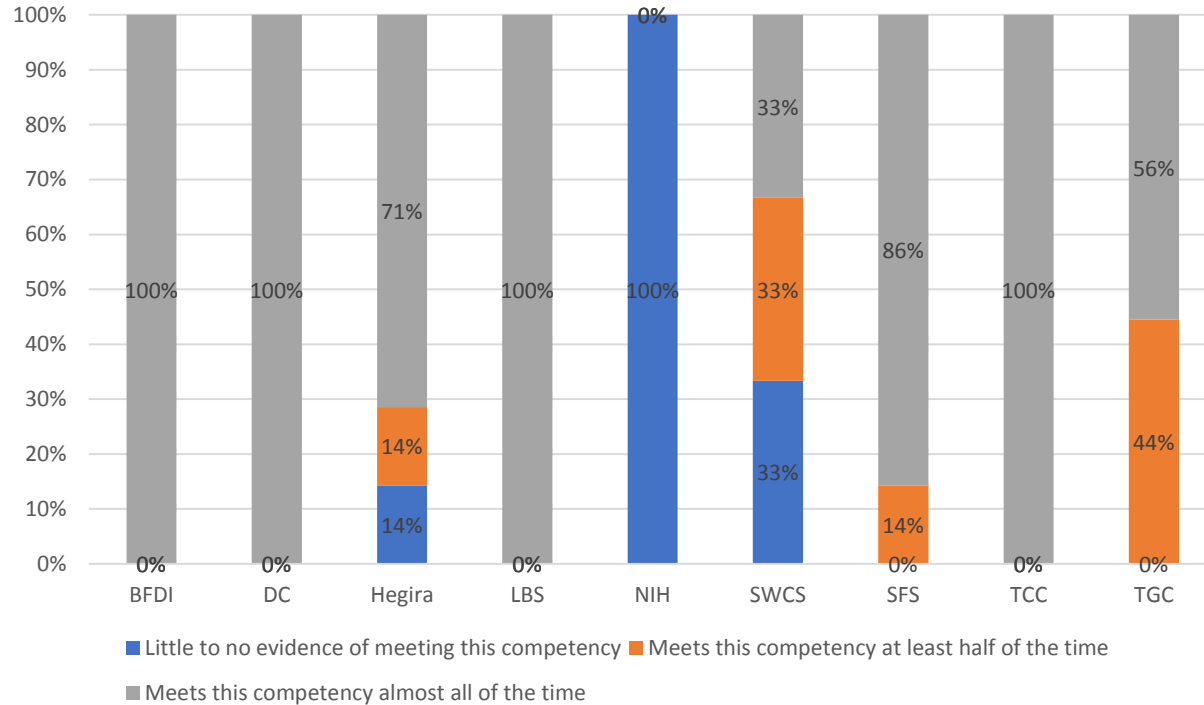
38 FRAMES Completed

Future **R**eflective **A**cceptance **M**obilize **E**valuate **S**trengths

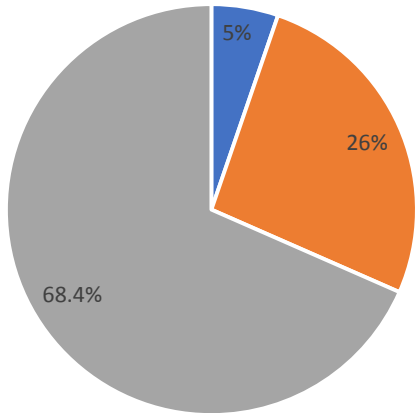
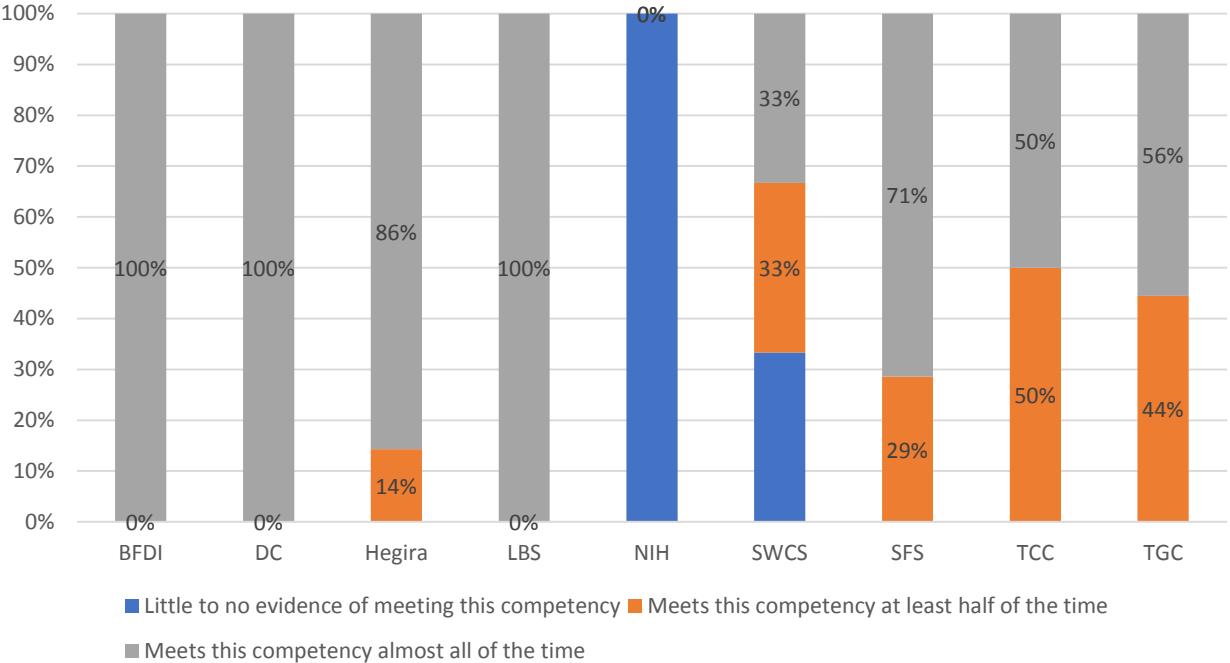
# Future Orientation in Building, Coordinating, and Managing Teams



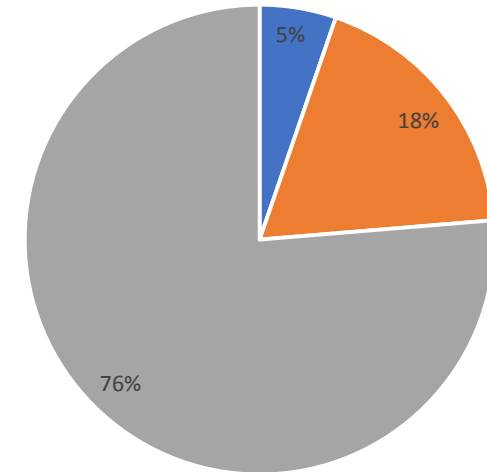
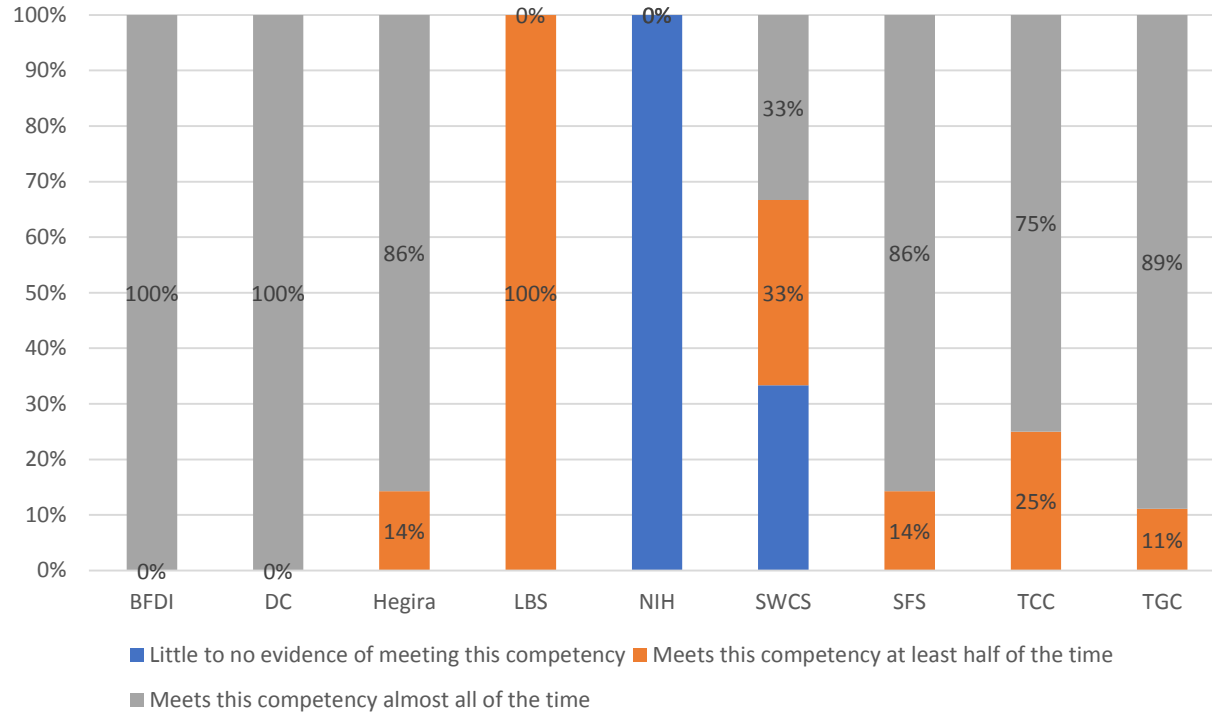
# Reflects on information to gain an understanding about what has happened, how it's happened and why it matters



# Accept with authenticity the opinions & ideas of all involved in Wraparound

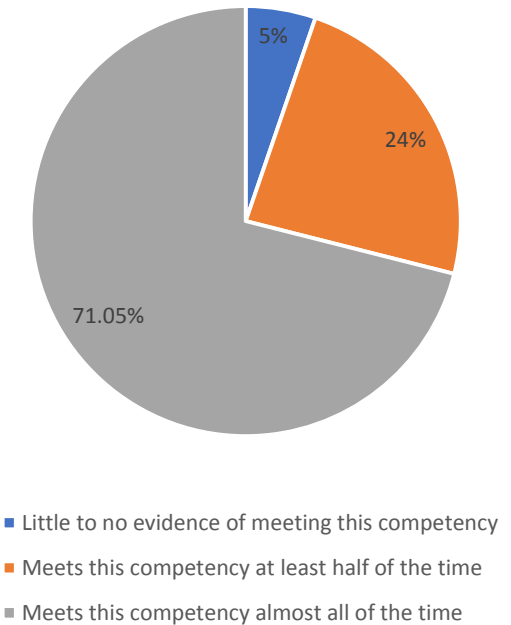
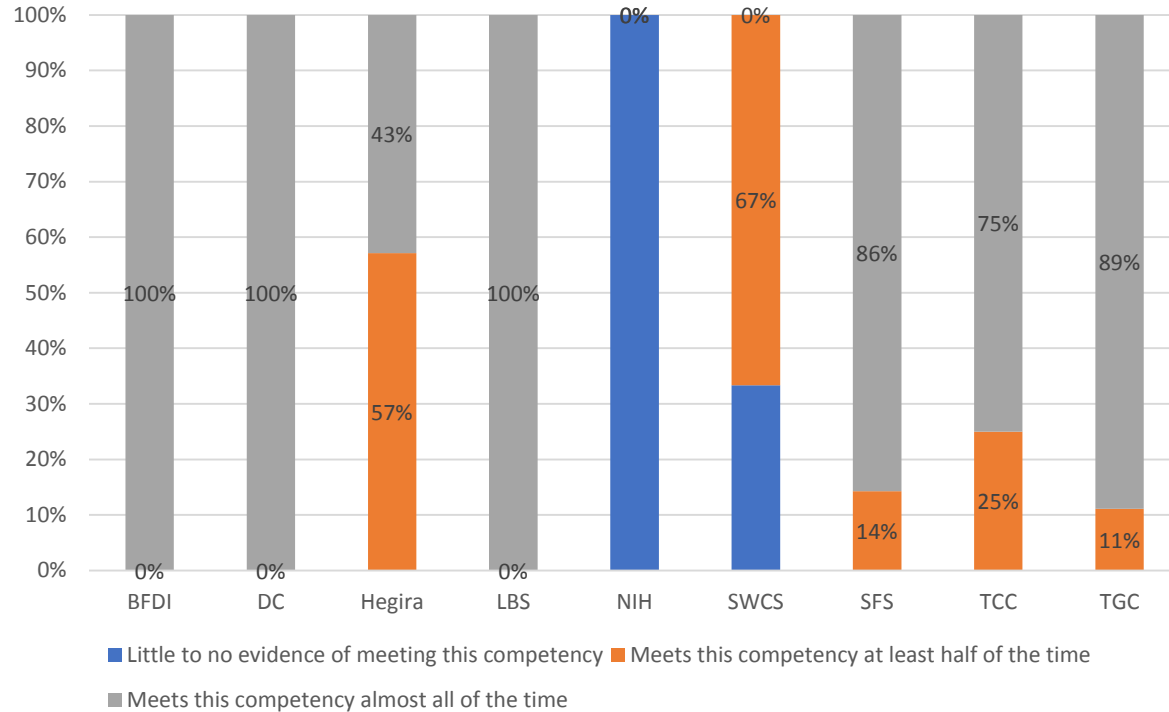


# Mobilize a group for collective action

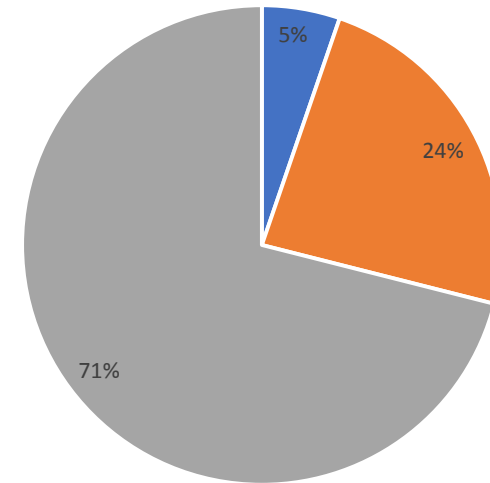
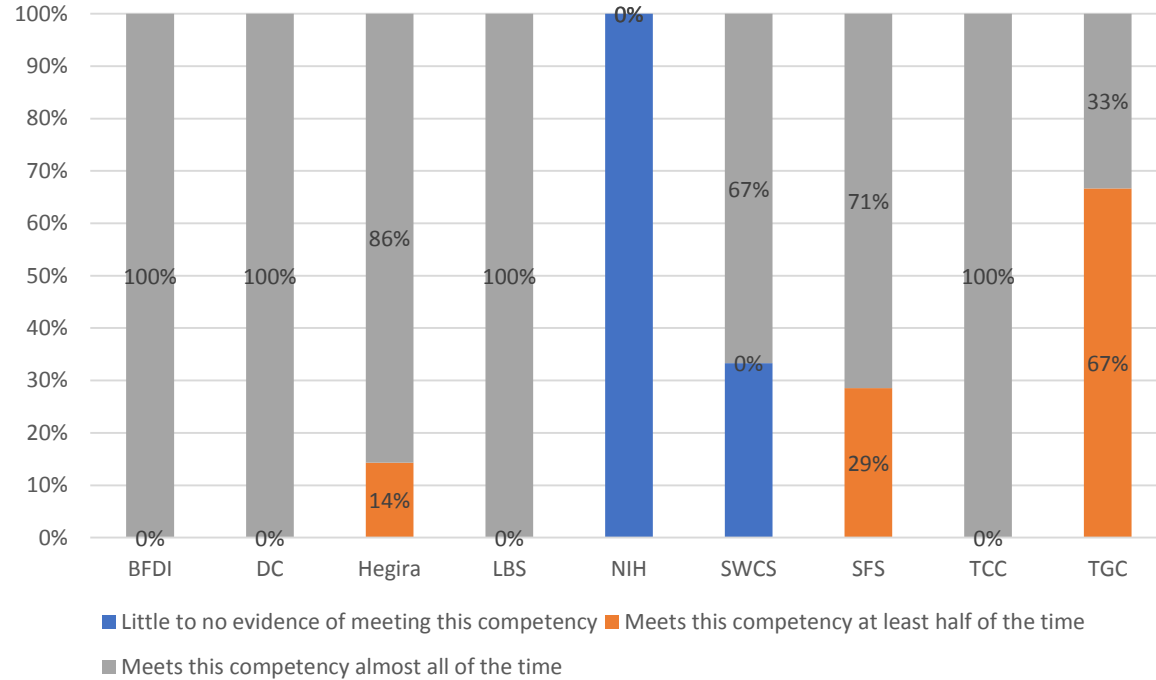


■ Little to no evidence of meeting this competency 
 ■ Meets this competency at least half of the time 
 ■ Meets this competency almost all of the time

# Evaluate work for continuous improvement



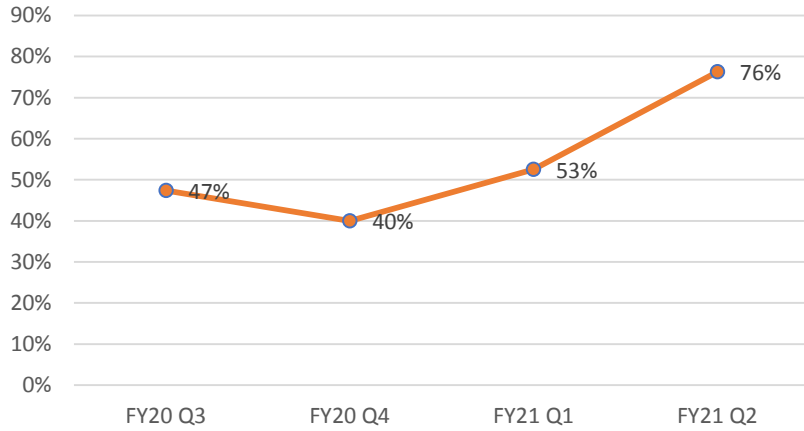
# Strength based approaches that are integrated in all processes



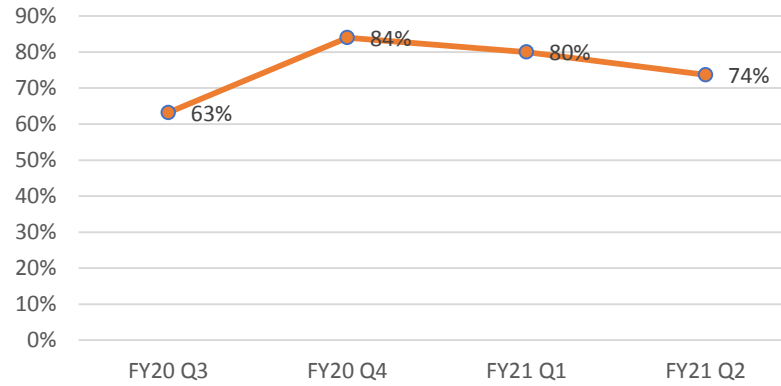


# FRAMES Q2 Overview

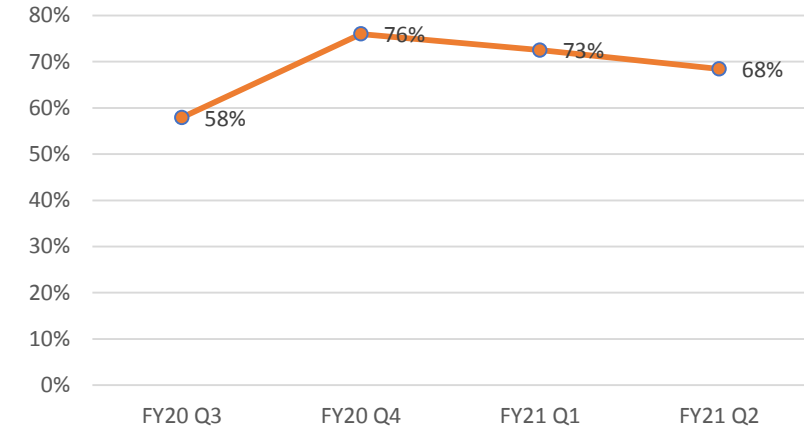
Future orientation in building, coordinating and managing teams



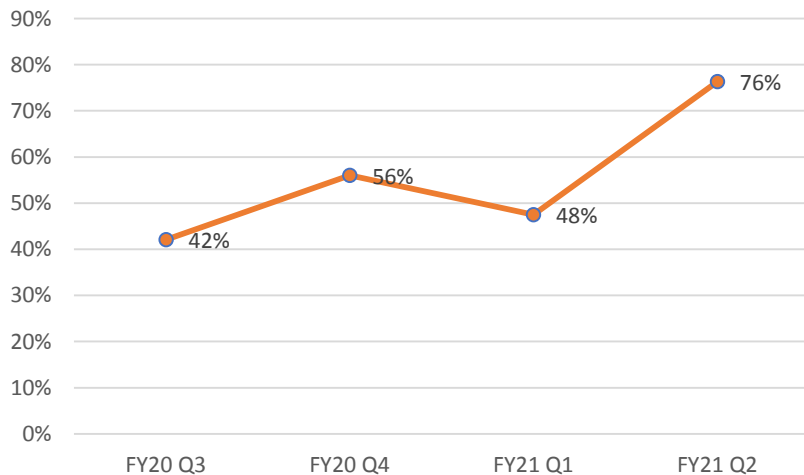
Reflects on information to gain an understanding about what has happened, how it's happened and why it matters



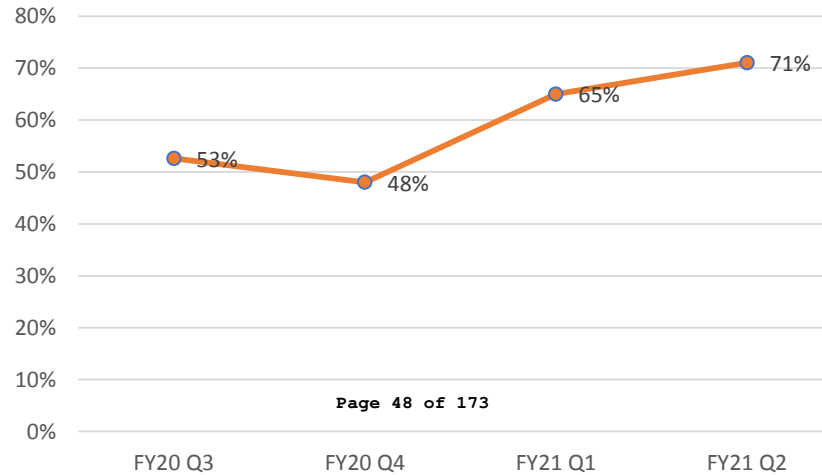
Accept with authenticity the opinions & ideas of all involved in Wraparound



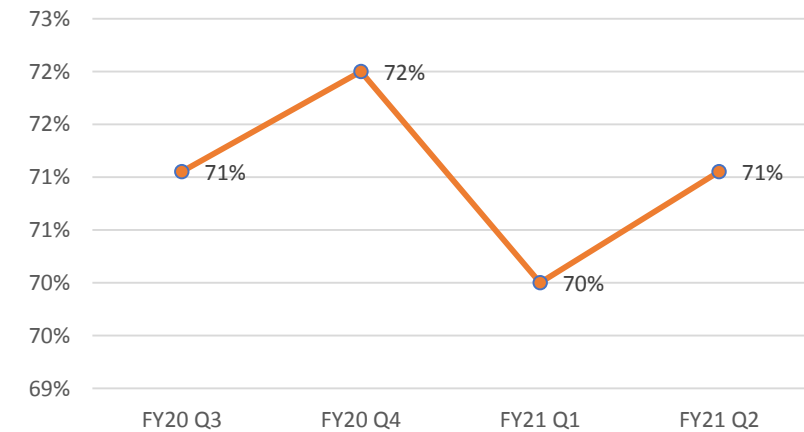
Mobilize a group for collective action



Evaluate work for continuous improvement



Strength based approaches that are integrated in all processes







Questions?

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# Detroit Wayne Integrated Health Network Autism Spectrum Disorder Benefit Quarterly Report

*2nd Quarter Fiscal Year 2020/2021*

2nd Quarter Highlights

- ⇒ Developing an ASD RFP 2021-002 to buildup high need demographic areas.
- ⇒ DWIHN has brought denials for initial evaluations in-house. Denials must be sent to consumer/families within 14 days of them contacting the Access Center.
- ⇒ DWIHN has a 34% denial rate during this time period; 66% approval rate for meeting ASD benefit enrollment criteria and Medical Necessity criteria.
- ⇒ Two Independent Evaluators were added to the network in the 2nd Quarter of FY20/21.
- ⇒ 119 referrals were received in the last 2 months of the 2nd Quarter of FY20/21
- ⇒ 37 cases have been successfully discharged from the benefit.
- ⇒ DWIHN hosted a WSA training and monthly Provider Meetings.

### Cases Served 2013 to Present

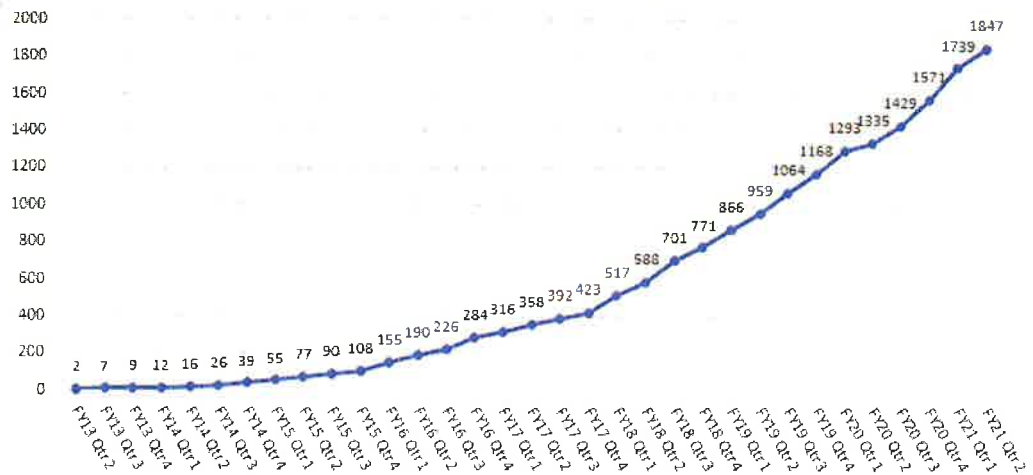
Status	Level Of Care		Did Not Receive ABA Direct Services*	Grand Total
	FBI(Lower Level of Care)	CBI (Higher Level of Care)		Total
Closed	459	2284	2859	5602
Open	231	1616	0	1847
Pending Intake	0	0	16	16
<b>Total</b>	<b>690</b>	<b>3900</b>	<b>2875</b>	<b>7465</b>

**Summary**

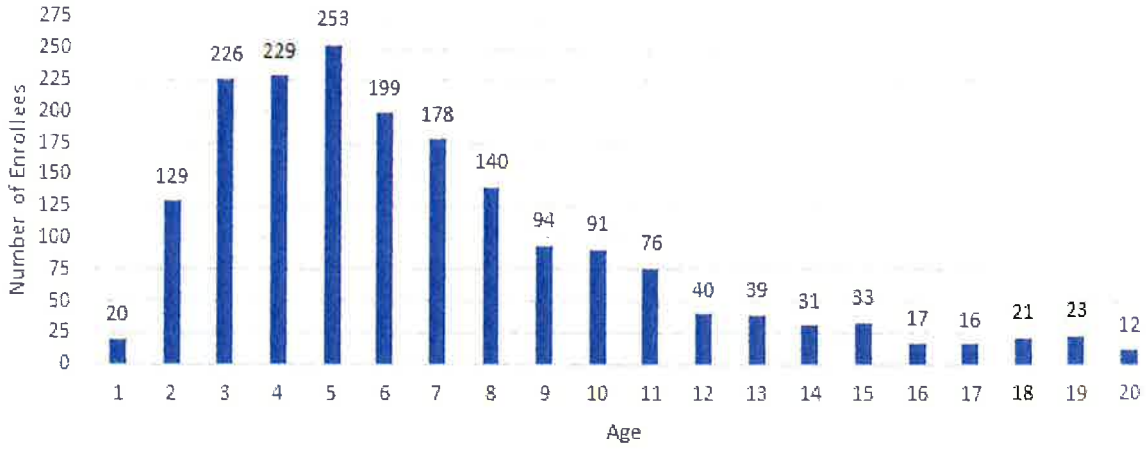
This report will review the general metrics for the benefit and provide an overview of activities and issues addressed during the quarter.

The DWIHN ABA Benefit continues to grow each quarter. There are currently 1,847 open cases receiving services with the largest concentration of enrollee's between the ages of two and eight.

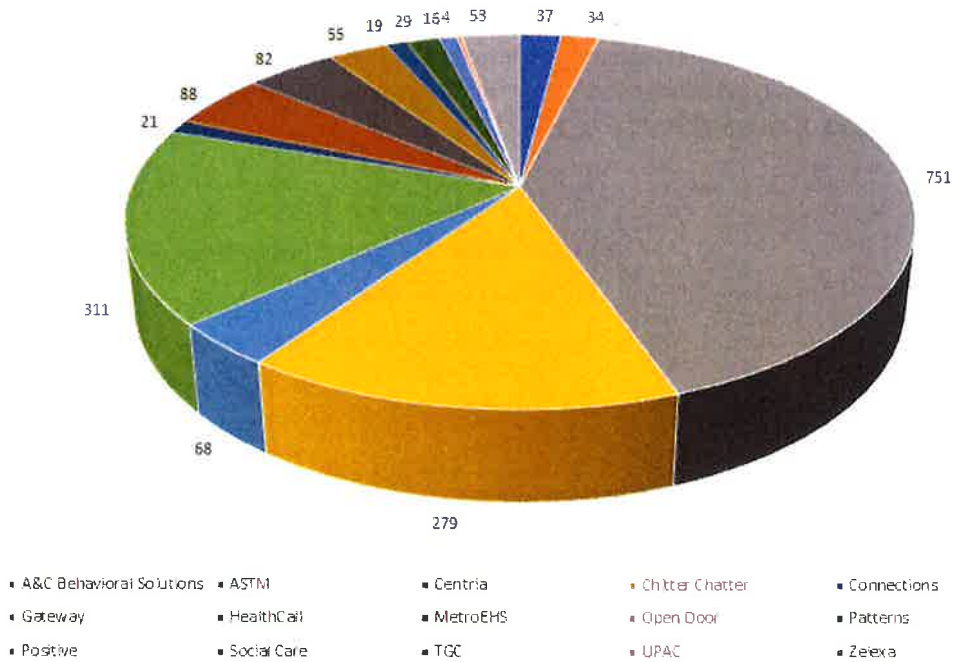
DWIHN ASD Benefit Open Cases by Quarter



DWIHN Open Cases by Age



Open Cases by Provider



\*Centria holding 41% of the open cases in 2nd quarter of FY20/21.

DWIHN Autism Spectrum Disorder Benefit Quarterly Report —2nd Quarter FY 20/21

DWIHN currently contracts with fourteen (14) ASD Benefit Service providers that deliver the full array of benefit services including Diagnosis and Assessment (H0031, 96130, 96131, 96137), Applied Behavior Analysis (97153, 97154), Family Training (97156) Supervision: Direction and Observation (97155), Group Therapy (97154) and Exposure Therapy (0373T). Please see Table 1 below for an analysis of expenditure on each service code.

1. Amount of claims paid by service code for 2nd Quarters FY 20/21

<b>Clm_Code</b>	<b>Sum of Clm_Paid_Derived</b>
0373T	\$11,970.36
96130	\$4,305.00
96131	\$5,665.00
96137	\$1,400.00
97151	\$227,424.00
97153	\$11,293,559.63
97154	\$1,028.93
97155	\$3,059,522.57
97156	\$244,920.29
H0031	\$158,640.00
<b>Grand Total</b>	<b>\$15,008,435.78</b>

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

<b>Billing Provider</b>	<b>Sum of Clm_Charges</b>
A & C Behavioral Solutions	\$225,983.75
Autism Spectrum Therapies of Michigan	\$264,536.63
Centria Healthcare, LLC	\$7,090,660.28
Chitter Chatter P.C.	\$2,324,273.00
Dearborn Speech and Sensory Center, Inc.	\$872,563.25
Gateway Pediatric Therapy, LLC	\$2,062,159.70
HealthCall Of Detroit	\$90,395.79
Merakey Inc.	\$431,685.38
Open Door Living Association	\$469,280.00
Patterns Behavioral Services Inc.	\$180,842.54
Positive Behavior Supports Corp.	\$33,742.25
The Guidance Center	\$119,456.16
University Pediatricians Autism Center	\$40,810.50
Zelexa Inc.	\$484,671.98
<b>Grand Total</b>	<b>\$14,691,061.21</b>



## DWIHN ABA Program Updates:

### Network Updates

- The ASD Program Administrator position was filled on February 22, 2021 by Rachel Barnhart, M.S., LLP, LBA, BCBA.
- An increased amount of emails and technological difficulties regarding issues with credentialing and Medversant have impacted the network providers. Credentialing clinicians has taken several months which has created a delay in providing services to members.
- DWIHN has written an RFP to onboard ABA providers in high need areas within Wayne County. The RFP will be posted on BidNet for ABA providers to apply.
- The Independent Evaluators continue to add more availability to MH-WIN calendars, however referrals continued to increase which impacted the 14 day timeliness standard for access to diagnostic evaluations.

### ASD Learning Series Conference 2021

- ASD Learning Series Conference hosted by DWIHN will be providing provided a total of 10 presentations across 4 months. Topics were selected by peers and are covering the following areas: ethics, guardianship, coordination of care, feeding and swallowing interventions, supervision of ABA services, play skills, telehealth and pandemic.

### MHWIN Updates for Autism

- The ADOS-2 Worksheets and ASD Behavior Assessment Worksheets in MHWIN were implemented in the 1st quarter and the overall implementation has been successful.
- Service Utilization Guidelines entered into MHWIN to allow for auto-authorizations to occur when the request falls within the UM guidelines have partly successful. IT continues to problem solve with the UM Specialist for a solution.

### Standardized IPOS Rollout

- Supports Coordinators are responsible for entering the authorizations into MHWIN. The number of returns on authorizations for this quarter are 108 returns in January, 88 returns in February and 98 returns in March. Both CRSP and ABA providers reach out on a daily basis as authorization returns continue to impact members length of time to receive services.

## CPI Quarterly Executive Summary Report

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

General oversight and technical support were provided to the following nine (9) providers delivering Evidence Based Services to ensure individuals served for whom competitive employment has not traditionally occurred or was interrupted due to a significant behavioral health condition pursue their chosen employment and career goals in a competitive and integrated setting through service provision and ongoing supports:

1. ACCESS
2. Central City Integrated Health
3. Community Care Services
4. Development Centers
5. Lincoln Behavioral Services
6. Northeast Integrated Health
7. Southwest Counseling Solutions
8. Team Wellness Center
9. The Guidance Center

The following services and supports were provided by an Employment Specialist, a). Career Profile/Vocational Assessment development on all new enrollees to determine member desired job/ job placement and needed supports, b) Job Search Preparation, i.e. resume development, interviewing /computer skills, career exploration, c) Benefits Planning- explored impact of employment on member federal benefits, e) Job Development and job placement assistance, f) Follow along supports to ensure employment success once employment is obtained. Also, coordination with Michigan Rehabilitation Services (MRS) who provided such ancillary services, as job coaching, uniform which helped prepare mutually served individuals prepare for and successfully maintain suitable employment through job coaching, transportation and clothing assistance needed to go to work.

Routine weekly and monthly meetings were held with DWIHN's EBSE provider network supervisors and employment specialist, where fidelity measures were examined and documentation requirements reviewed, including best practices. In addition, DWIHN's EBSE program manager and quality improvement team reviewed monitoring strategies for planned program reviews of each of the nine providers delivering EBSE services. According to MDHHS, EBSE provider fidelity reviews will be suspended until they

can safely be conducted in-person and thus provider check-in meetings will be conducted instead using some fidelity elements without issuing a fidelity score.

EBSE providers continue to provide services despite the public health crisis imposed by the pandemic, by utilizing such virtual platforms as (video conferencing, video chat, telephone) and in-person services based on member choice. However, despite the many challenges the pandemic has posed, based on providers reports, there are an abundance of job opportunities in retail, manufacturing, hospitality, and food service as employers struggle to fill vacant positions and has forced their organizations to become creative members in their delivery of EBSE services and has encouraged many served to become less reliant on employment staff by securing own transportation, engaging with potential employers as well as employing natural supports in their job search. In addition, providers report an abundance of employment opportunities as employers struggle to fill open positions.

Some EBSE providers continue to face staffing challenges. Team Wellness Center's EBSE supervisor resigned unexpectedly. Development Centers laid off their sole employment specialist due to challenges related to the COVID-19 pandemic, and thus individuals served in their EBSE program have been reassigned to a Case Manager for employment assistance. Central City Integrated Health's (CCIH) two employment specialists resigned to pursue better job opportunities and has struggled recruiting experienced job candidates due to its low wages. To assist CCCIH with establishing a more attractive and competitive wage, MDHHS developed and distributed a survey to statewide EBSE provider to determine the average wage for an employment specialist. Also, DWIHN's program manager shared other available resources and encouraged providers to post open positions on Detroit-Wayne Connect job posting board.

There were: (103) cases opened, (58) employed, (\$11.96) average wage, (10) successful closures this reporting period. Members were employed in a variety of jobs: stock/ warehouse worker, health aide, customer service associate, inventory clerk, maintenance worker and sports official/referee.

DWIHN's program manager will continue to monitor the progress of EBSE service delivery and provide technical support to EBSE network providers.

## [Project – WC Jail – IST](#)

Incompetent to Stand Trial (IST) Workgroup: Focus is on creating alternate pathways for persons with low level offenses. It is proposed to address those charged with misdemeanor and low-level non-violent felony offenses by quickly placing anyone not competent to stand trial into a treatment-oriented system. It is reported that AOT orders in misdemeanor and low-level non-violent felony cases where the defendant is IST should stay in the district court.

Clinician began receiving a weekly list of Jail Mental Health DWIHN members who were released from jail. The Clinician then tracks DWIHN members post-release through the assistance of the provider. An average number of releases is between 30-35. The providers follow-up with their members to maintain a continuity of care. Beginning October 1, 2021 Wayne County will contract with Naphcare for jail mental health services with the contract with Wellpath ending. It is anticipated the new jail will be complete by fall 2022. Inmates entering the jail now have the opportunity to receive the COVID vaccine should they choose.



Jail numbers continue to rise, which is typical when there is a change of temperature. During this past quarter, 643 persons were screened, and 336 were admitted into mental health services.

Jail staff was trained on Assisted Outpatient treatment orders to be able to use the AOT when it would benefit a member in lieu of incarceration.

Mental Health responders are also following-up on mental health calls received from other operators on different shifts. This initiative facilitates engaging persons back into mental health services, linkage for new services, or immediate crisis response. The burden is also eliminated from law enforcement.

The Returning Citizens Workgroup continues to work collaboratively with the transition of the Access Center to DWIHN. The coordination and communication between Professional Counseling Services; Michigan Department of Corrections; Central City Integrated Health; Community Care Services; Northeast Integrated Health and Team Wellness has been strong to maintain an ease with the transition from prison to community mental health treatment. The co-responder diversion program is being managed by Northeast Integrated Health (NIH) and Team Wellness. NIH is working at the 9th Precinct and Team is in Downtown Services. Team is planning to enter the Third Precinct and NIH will be entering the Fourth Precinct.

Team reported 69 encounters, and also provided wellness checks and follow-up calls. NIH made 261 initial first contacts. The co-response diversion project highlights the multi-disciplinary team approach to respond to mental health crisis runs.

The Homeless Outreach Team (H.O.T.) with CCIH is still awaiting approval from the City of Detroit to begin the program. They have completed the necessary training and developed the workflow for outreach services.

The HOT program is another form of jail diversion, and the team will be utilizing assessment tools to determine and address the immediate and long-term needs of the homeless population in Detroit.

Downriver Veterans continues to work under difficult circumstances of the court remaining closed. Within the last quarter they had 15 participants. The team's outreach with participants is strong because human engagement is very important for the veterans.

#### Other Projects

Clinician worked at the 911- Dispatch Center to answer non-violent mental health calls thereby diverting police resources for mental health runs.

#### [Co-occurring Disorder \(COD\)/ PHQ-9](#)

- NCQA Program Improvement Project
  - CPI staff completed work on the NCQA Performance Improvement Project (PIP) focusing on PHQ-9.

- Data processing and subsequent meetings were held driven by quarterly data reviews of PHQ-9 completions.
- PIP project results were submitted for NCQA review under Q1 10 & Q1 7
- CPI staff revised the Self-management Tool policy to reflect DWIHN's current clinical standards for administration of the PHQ-9 as a tool to detect and monitor depression for mental illness and co-occurring individuals. The policy was also modified to reflect the launch of the digital tool MindWise. The tool was designed for self-administration. It provides early detection of mental health challenges and suicidal risk to the individual with recommendations for follow up services.
- CPI staff participated in MDHHS Co-occurring Leadership Committee meeting
  - Committee developed some initial framework to conduct fidelity visits and workforce training for FY 2021
  - All FY 2021 fidelity reviews and training will be virtual
  - A Person-Centered Planning module had been developed and placed on Improving MI Practices website
- MyStrenth
  - CPI join MyStrength advocacy and training team. Several strategy meetings were held to set goals and objectives for this fiscal year. The expanded use of MyStrength within the system is a NCQA Program Improvement Project.
- Access Center Support
  - CPI staff supported the Access Center by assisting time conducting eligibility and intake screenings to reduce the department's backlog.
- Motivational Interviewing Expansion
- CPI staff, in conjunction with the SUD Department and supported by IT, administered the Video Simulation of Recorded Encounters – Revised (VASE-R) exam virtually to MAT provider staff and Recovery Coaches. The exam will be administrated again due to some technical glitches.
- System Procedure Development
  - CPI department developed the Case Management Procedure, which is an extension of the Care Coordination Policy. The procedure covers case management outside of Intensive Case Management, which falls within the area of Integrated Care.
  - CPI had initial discussion with Quality Management staff regarding the possible development of a universal case management assessment and service plan. Further discussion on this process will be conducted in the next quarter.

### Assertive Community Treatment (ACT)

CPI monitored ACT program admissions and discharges of Lincoln Behavioral Services, Community Care Services, and Northeast Integrated Health, including the appropriateness of the level of care determinations. Provided technical assistance to Hegira, Team Wellness Center, and North East

Integrated Health Network to ensure program eligibility requirements were met. Conducted a fidelity review of Lincoln Behavioral Services ACT program in conjunction with CPI staff.

In January, February and March CPI participated in IPLT where topics discussed were the revision of the ACT and LOCUS Policy and Procedure.

In January, February and March, CPI facilitated an update meeting with Genoa Pharmacy to obtain an update on DWHIN four Pilot Providers that are participating.

January, February and March, the CPI manager facilitated the monthly Behavioral Health Learning Collaborative meeting with the executive staff from the DWIHN provider Network and guest speaker, DWIHN finance staff.

In February and March, CPI host the monthly ACT forum with all 9 ACT providers. Topics discussed included, ACT upcoming state training dates, PHQ-9 updates, discharging members and outreach methods, technical assistance sign-up, and provider's concerns and issues, ACT Protocol and Procedure, ACT teams having a crisis protocol, MDHHS ACT updated provider manual, and the clarification of MDHHS memorandum regarding 120 minutes face to face for ACT members.

CPI participated in the COPE hospital liaison meeting. CPI participated in the IPOS training log and procedure with the children's department.

CPI participated in the Wellplace transition meeting to support the transition of the DWIHN Access Center. CPI manager participated in the Clinical Specialist Call Center Training for the new Wellplace staff.

CPI trained Community Care Service clinician on how to input the Assertive Community Treatment Transition Readiness tool for members that will participate in the Med Drop/ ACT Step Down program.

CPI manager attended the MI Health Link call center callback training. CPI manager worked in the call center department, the task included calling MIHL (MI Health Link Members) and scheduling an intake assessment.

CPI and Genoa/Med Drop met with Central City Integrated Health and Team Wellness for an introduction to med drop/ ACT step down.

CPI manager attended Clinical Call center training as well as met with finance via teams to discuss revisions of the ACT fidelity incentive. CPI manager drafted the ACT fidelity incentive memo and sent it to finance for final revisions.

CPI manager participated on the interviewing panel for the Clinical call center specialist position.

On March 26, the CPI manager attended the Matrix Risk Management meeting with DWIHN staff. Out of 9 providers three of the ACT Network providers were below the threshold of 6.73 hospital days for the hospital incentive. From the previous year ACT cost savings was \$370, 500 in seven months with a reduction of 570 hospital days for the FY 20. Please see pivot table attached.

### [Med Drop Q2 FY 21/21](#)

- The Overall Medication Adherence Rate was 91.2%

- There was an 84% reduction in Psychiatric Hospital Admissions for individuals that had an admission 12 months prior to entering the program.
- There was an 89% reduction in Psychiatric Hospital Days used by individuals that used hospital days 12 months prior to entering the program.
- **DWIHN had a cost savings of \$181,009** for individuals that had a psychiatric hospital admission 12 months prior to entering the program as compared to while in the program.
- There was a 100% reduction in Crisis Home/Crisis Service Admissions for individuals that had an admission 12 months prior to entering the program.
- There was a 100% reduction in Crisis Home/Crisis Service Days used by individuals that used crisis home/crisis services days 12 months prior to entering the program.
- **DWIHN had a cost savings of \$13,420** for individuals that had a crisis home/crisis services admission 12 months prior to entering the program as compared to while in the program.
- There was an 80% reduction in Medical Hospital Admissions for individuals that reported an admission 12 months prior to entering the program.
- There was a 39% reduction in Medical Hospital Days used by individuals that used Medical Hospital Days prior to entering the program.
- There was a 100% reduction in Jail Admissions for individuals that reported an admission 12 months prior to entering the program.
- There was a 100% reduction in Jail Days used for individuals that used Jail Days prior to entering the program.

### System Outcomes:

- 80% reduction in the number of psychiatric hospital admissions for clients while participating in the Med Drop Program, compared to the number of psychiatric hospital admissions for the Med Drop clients in the 12 months prior to entering the Med Drop Program.
- 81% reduction in psychiatric hospital days for clients while participating in Med Drop Program, compared to the number of psychiatric hospital days used by the Med Drop clients in the 12 months prior to entering the Med Drop Program.
- 0% reduction in crisis home/crisis services admissions for clients while participating in the Med Drop Program, compared to the number of crisis home/crisis services admissions for the Med Drop clients in the 12 months prior to entering the Med Drop Program.
- 97% reduction in crisis home/crisis services days for clients while participating in the Med Drop program, compared to the number of crisis home/crisis services days used by the Med Drop clients in the 12 months prior to entering the Med Drop Program.
- 71% reduction in medical hospital admissions for clients while participating in the Med Drop Program compared to the number of medical hospital admissions for the Med Drop clients in the 12 months prior to entering the Med Drop Program. The pre-admission program data is the client's self-report at the time of the program orientation session.
- 38% reduction in medical hospital days for clients while participating in the Med Drop Program compared to the number of medical hospital days for the Med Drop clients in the 12 months prior to entering the Med Drop Program. The pre-admission program data is the client's self-report at the time of the program orientation sessions.
- 100% reduction in jail admissions for clients while participating in the Med Drop Program compared to the number of jail admissions for the Med Drop clients in the 12 months prior to entering the Med Drop Program. The pre-admission program data is the client's self-report at the time of the program orientation sessions.

- 100% reduction in jail days for clients while participating in the Med Drop Program compared to the number of jail days for the Med Drop clients in the 12 months prior to entering the Med Drop Program. The pre-admission program data is the client's self-report at the time of the program orientation sessions.

Please see the annual outcome report for Med drop.



**PROGRAM COMPLIANCE COMMITTEE MEETING  
JUNE 9, 2021**

**Customer Service  
2<sup>nd</sup> Quarter Report**

**Michele Vasconcellos, Director**

- I. Customer Strategic Plan Pillar:** 87% completion.
- II. DWIHN Customer Service Unit Call Center Activity:** Reception/Welcome Center/Switchboard (4,453<sup>^</sup>) Abandonment Rate (3.2%) and Customer Center Call Center (3,350<sup>^</sup>) Abandonment (\*16.6%<sup>^</sup>) The Abandonment rate standard is (< 5%).
- III. DWIHN Welcome Center (Reception Area) Walk-ins:** Includes Customer Service, Family Support Subsidy, Recipient Rights and other. As a result of COVID, DWIHN's building is not open to the public (0).
- IV. Family Support Subsidy Activity:** Calls (1,572) decrease. Applications Submitted to State (328<sup>^</sup>).
- V. Grievances Activity:** Number of Grievances filed (19<sup>^</sup>). Grievances by Categories involved: (35<sup>^</sup>) top 3 areas: Delivery of Service, Interpersonal and Access to Services.
- VI. Appeals Activity:** Advance Notices: (5,019<sup>^</sup>) and Adequate Notices (638<sup>^</sup>).  
Local Appeals Activity Calls received: (64) decrease.  
Appeals Filed with Customer Service: (3) decrease.  
State Fair Hearings Request (1).  
MI Health Link Appeals and State Fair Hearings (0).
- VII. QI & Performance Monitoring Activity:** Assisted in final NCQA preparation audit. Responded to HAP, Molina, AmeriHealth and Michigan Complete ICO audits and POC's. Conducted Customer Service Orientations to new Access Center Staff. Updated Member materials i.e. Provider Directory and Member Handbook.
- VIII. Member Engagement Activity:** Member Engagement: Outreach: Monthly CV Meetings topics: Self Determination, Police Trainings and COVID. In honor of DD month hosted a series of topic in collaboration with community partners i.e. DD Council Arc of Detroit. STEP, Champions of Tomorrow and Warriors on Wheels. Also conducted a series of meetings to address Clubhouse & Drop-in Center re-accreditation concerns. Published Member Quarterly Newsletter "Person's Point of View".
- IX. Member Experience Activity:** Worked on various survey activity i.e. Peer Employment, National Core Indicator, Provider Satisfaction, Telehealth, NCQA (Member Experience) and the Needs Assessment.

***\*Significant changes occurred in Customer Service with transitioning of Access Center. Staffing issues are currently being addressed.***

# Executive Summary

## Integrated Health Care 2nd Quarter Report

Program Compliance Committee meeting – June 9th, 2021

### Collaboration with Health Department

The State of Michigan and the Health Department has met its goal of 80% vaccination rate and has discontinued the hepatitis A clinics.

### Health Plan Pilots (3)

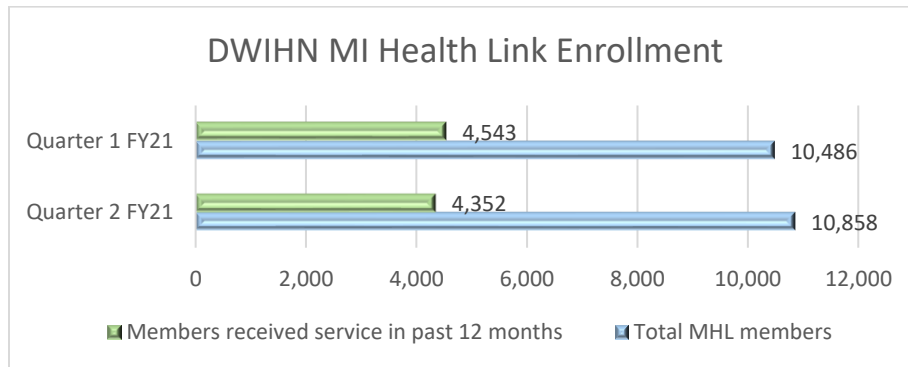
DWIHN, Health Plan 1, and their Care Coordination provider agreed to utilize the Care Coordination module offered by Vital Data Technology, LLC (VDT) as a shared electronic platform and the contract between DWIHN and VDT was fully executed in late October. Weekly Implementation Status meetings were initiated and continue to be held. The go live date for the shared platform is June 1<sup>st</sup>, 2021. DWIHN and Health Plan 2 Care Coordinators and Manager staff continued to hold monthly care coordination meetings to review a sample of shared members who experienced a psychiatric admission during the previous month. The goal of the care coordination activities is to exchange information and address any identified gaps in care. IHC staff was in communication with Health Plan 3 staff throughout the 1<sup>st</sup> Quarter and Health Plan 3 is reviewing the proposal for a joint pilot project internally. A meeting was scheduled to occur between DWIHN and Health Plan 3 in March and at this time the Health Plan has not decided to go forward with any projects.

### Medicaid Health Plans

In line with the MDHHS/PIHP contract, IHC staff continues to perform Care Coordination Data Sharing on a monthly basis with each of the 8 Medicaid Health Plans (MHP) serving Wayne County for mutually served individuals who met risk stratification criteria, which includes multiple hospitalizations and Emergency Department visits for both physical and behavioral health, and multiple chronic physical health conditions. There were 149 cases reviewed during the quarter.

### MI Health Link Demonstration

The number of DWIHN members who are enrolled in MI Health Link, and the number of those members who received a behavioral health service within the previous 12 months decreased from Quarter 1 FY21 to Quarter 2 FY21.



During this quarter, 242 Behavioral health care referrals were completed and submitted to the ICO, Care Coordination was provided to 47 MI Health Link members to support engagement in Behavioral Health services, and Transitions of Care coordination was provided for 149 MI Health Link members who were discharged from a psychiatric hospitalization during the quarter. IHC staff also completed LOCUS assessments for 45 MI Health Link members and participated in 8 Integrated Care Team meetings with the ICOs during the quarter.

### Complex Case Management

IHC continues to offer and provide Complex Case Management services to DWIHN members as part of DWIHN's NCQA accreditation. There were 11 CCM active cases within the quarter. Ten (10) new Complex Case Management cases were opened during the quarter and 6 Complex Case Management cases were closed during the quarter. All 6 of the cases

were closed as a result of the members meeting their identified Plan of Care goals. Information regarding Complex Case Management was also sent to staff at 37 different provider organizations, including hospitals, clinically responsible service providers, and a residential provider. Care Coordination services were provided to an additional 80 members during the quarter who either declined or did not meet eligibility for CCM services. Complex Case Management was presented at our Outpatient Provider Meeting to further educate the Provider Network on this program in March. Going forward the Clinical Specialist will focus on educating provider organizations at the team level and at the Outpatient Provider Meeting monthly.

### **OBRA/PASRR**

IHC continued the monitoring and oversight of DWIHN's provider of Omnibus Budget Reconciliation Act/Pre-Admission Screen Annual Resident Review (OBRA/PASRR) services. The average percentage rate of pended assessments during the second quarter is 24% which is higher than the previous quarter of 18%.

The provider's rate of congruence between their and MDHHS determinations of mental health services needs for members in the 2<sup>st</sup> quarter 96%. The provider completed PASRR screenings and reviews for 444 members in the second quarter which is an increase from the last quarter of 242 members.



**Detroit Wayne Integrated Health Network**  
**Integrated Health Care Department**  
**Second Quarter Report FY 21**  
**Program Compliance Committee – June 8th, 2021**

### **Collaboration with Wayne County and Detroit Health Departments**

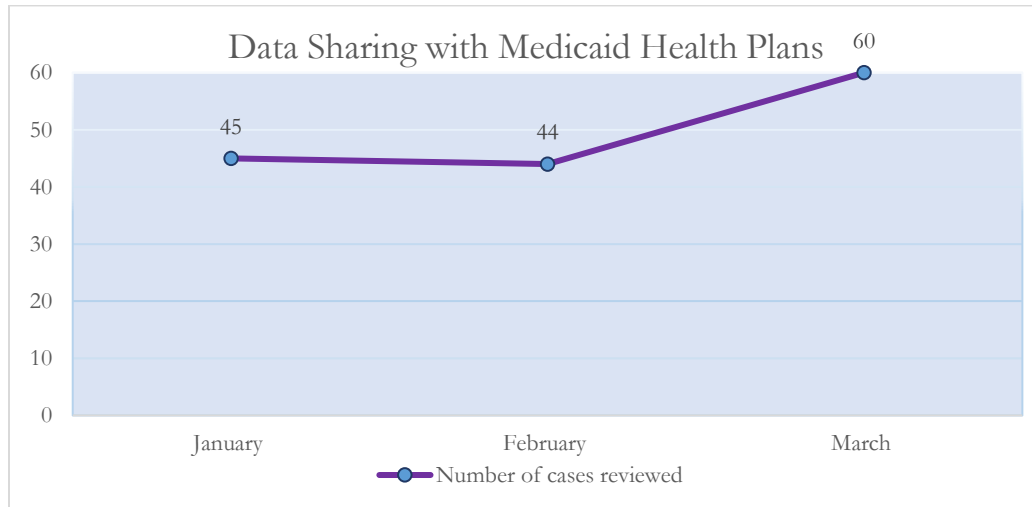
During the second quarter the Health Department did not hold any hepatitis A vaccine clinics due to the State of Michigan has met their goal of 80%

### **Community and Member Education**

During this Quarter there was not any community member education

### **Care Coordination with Medicaid Health Plans**

As part of DWIHN’s implementation of the MDHHS Performance Metric to Implement Joint Care Management processes between the PIHP and Medicaid Health Plans, IHC staff continued to perform Care Coordination Data Sharing on a monthly basis with each of the 8 Medicaid Health Plans (MHP) serving Wayne County for mutually served individuals who met risk stratification criteria, which includes multiple hospitalizations and ED visits for both physical and behavioral health, and multiple chronic physical health conditions. Care Coordination data sharing involves developing and updating Joint Care Plans between DWIHN and the Medicaid Health Plans. IHC staff continued to collaborate with the Medicaid Health Plans regarding increasing the number of members reviewed during the meetings. The monthly average of cases reviewed during the second quarter was 50. Quarter 1 FY21 was 56, Quarter 4 FY20 was 50 Quarter.



## **Integrated Health Pilot Projects**

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

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

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

IHC staff was in communication with Health Plan 3 staff throughout the First Quarter and Health Plan 3 is reviewing the proposal for a joint pilot project internally. A meeting occurred between DWIHN and Health Plan 3 staff in March and Health Plan 3 has not decided on a joint project.

## **Quality Improvement Plans**

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

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

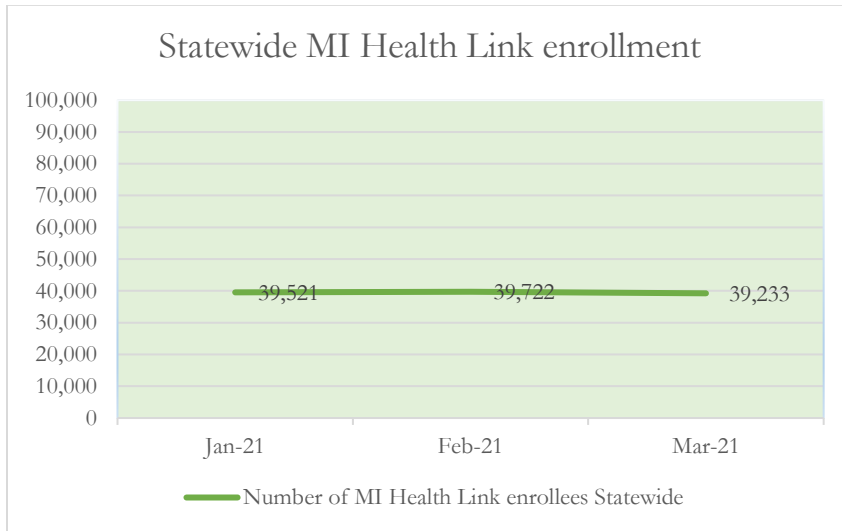
IHC staff continued collaborations with the Customer Services department regarding identifying barriers to members participating in their Follow-Up After Hospitalization appointments and the Quality Improvement department regarding monitoring CSRP providers performance on the measure. IHC staff met with Access Department to discuss better ways to engage Mi Health Link members into services. IHC staff also made outreach telephone calls to 229 members during the quarter to remind them of their follow-up after hospitalization appointment.

## **MI Health Link Demonstration**

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

### **Statewide Enrollment**

The total number of persons enrolled in the MI Health Link demonstration statewide has decreased since 40,121 in December to 39,233 in March



### **DWIHN Enrollment**

10,858 persons with MI Health Link are currently enrolled with DWIHN. Of those persons, 4,352 received services from DWIHN within the past 12 months. This is a slight decrease from the member of members enrolled and received services as of last quarter of 10,468 and 4,544 respectively

### **Disability Designations for Members with MI Health Link**

DWIHN provided services to 4,543 MI Health Link members in the last 12 months. Approximately 80% of the members had a Mild to Moderate Mental Illness or Serious Mental Illness designation. 16.8% had an Intellectual/Developmental Disability, and 3.3% had an unreported disability designation. 282 active members with MI Health Link currently have a Mild to Moderate disability designation. 160 active members with MI Health Link currently have a SUD disability designation.

### **Co-Occurring Diagnosis**

80% of MI Health Link members served in the last 12 months did not have Co-Occurring Mental Illness and Intellectual/Developmental Disability diagnosis. 16% of MI Health Link members had Co-Occurring Mental Illness and Intellectual/Developmental Disability diagnosis. 15% of MI Health Link members with Mental Illness have a co-occurring Intellectual/Developmental Disability and 3% of the MI Health Link members with an Intellectual/Developmental Disability have a co-occurring mental illness diagnosis.

### **Age Category**

Given that members must be eligible for both Medicaid and Medicare to enroll in MI Health Link, it is not unexpected that over half of the members are age 50 and above. 37% of MI Health Link members were within the age category of 65+ years. 33% of MI Health Link members served within the last 12 months were within the age category of 50-64 years. 14% of MI Health Link members were within the age category of 40-49 years. 16% of MI Health Link members were within the age category of 26-39 years. 2% of MI Health Link members were within the age category of 18-25 years.

**Living Arrangement**

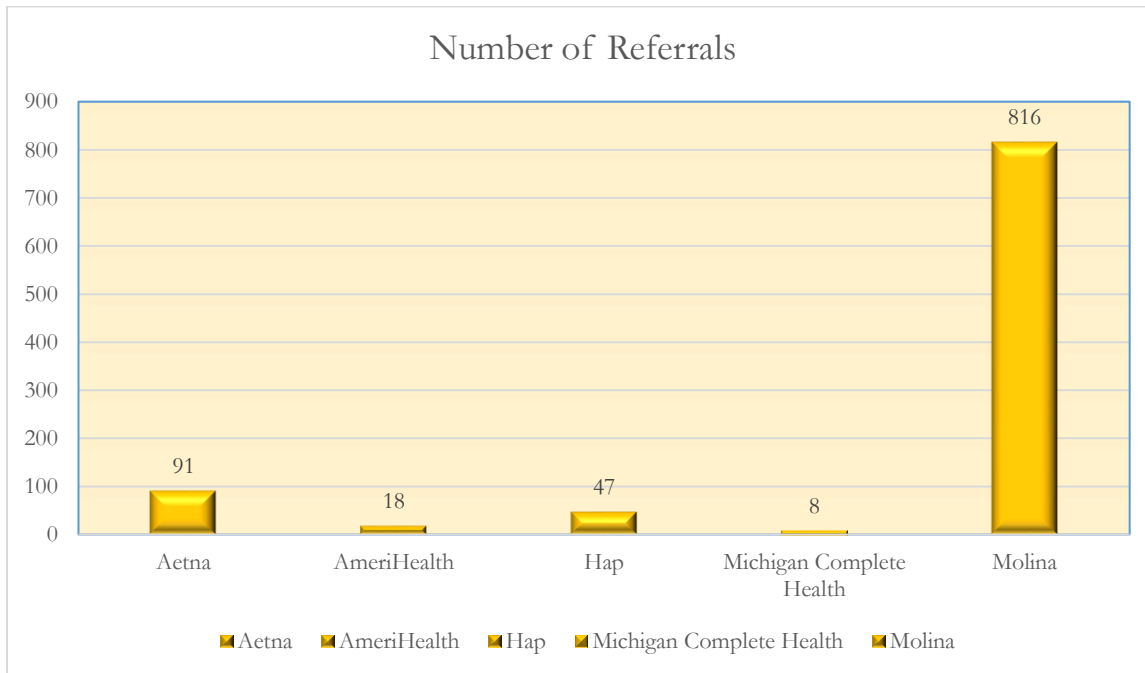
The majority of MI Health Link members served within the last four months reside in a Private Residence.

**Habilitation Waiver**

Currently, 14 MI Health Link members are enrolled in the Habilitation waiver, which is a decrease from 40 members last quarter.

**MI Health Link Referrals**

DWIHN processed 1,121 referrals from the ICOs for behavioral health services during the last quarter. Of those referrals, behavioral health care was coordinated with the ICO for 274 of the members.



**MI Health Link Care Coordination**

DWIHN continues to send weekly and monthly reports to each of the five ICO's. The reports include information regarding *Critical Events, Member and Provider Grievances and Appeals, Transitions of*

*Care, Referrals, Utilization Management, and Credentialing.* IHC staff performed Care Coordination for 39 MI Health Link members to support engagement in Behavioral Health services and provided Transitions of Care Coordination for 149 MI Health Link members who were discharged from a psychiatric hospitalization during the quarter. IHC staff completed LOCUS assessments for 45 MI Health Link members during the quarter. IHC staff also participated in 6 Integrated Care Team meetings with the ICOs during the quarter, regarding 5-10 members per meeting.

### **MI Health Link Audits**

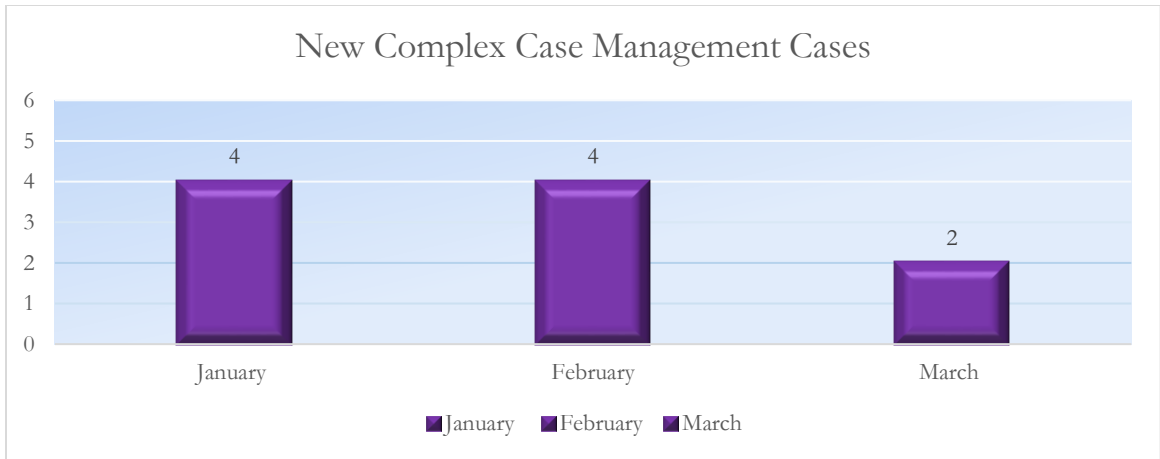
In the Second quarter, DWIHN continued to provide information to ICO Hap in response to the Plan of Correction stemming from the Delegation Audit that occurred earlier in the year. DWIHN also continued to provide information to ICOs Molina and Aetna regarding previous audits. ICO AmeriHealth reached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

### **Cost Settling with the ICOs**

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

## **Complex Case Management**

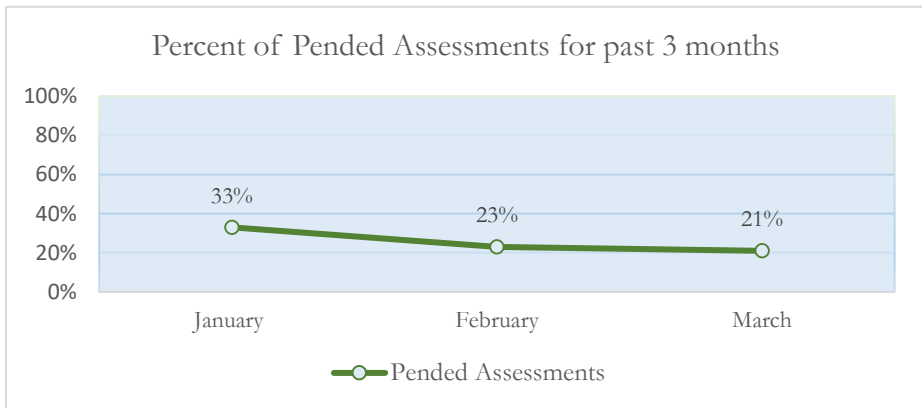
IHC continues to offer and provide Complex Case Management services to DWIHN members as part of DWIHN's NCQA accreditation. There were 11 CCM active cases within the quarter. Ten (10) new Complex Case Management cases were opened during the quarter and 6 Complex Case Management cases were closed during the quarter. All 6 of the cases were closed as a result of the members meeting their identified Plan of Care goals. Information regarding Complex Case Management services was offered to and declined by an additional 80 individuals during the quarter. Information regarding Complex Case Management was also sent to staff at 37 different provider organizations, including hospitals, clinically responsible service providers, and a residential provider.



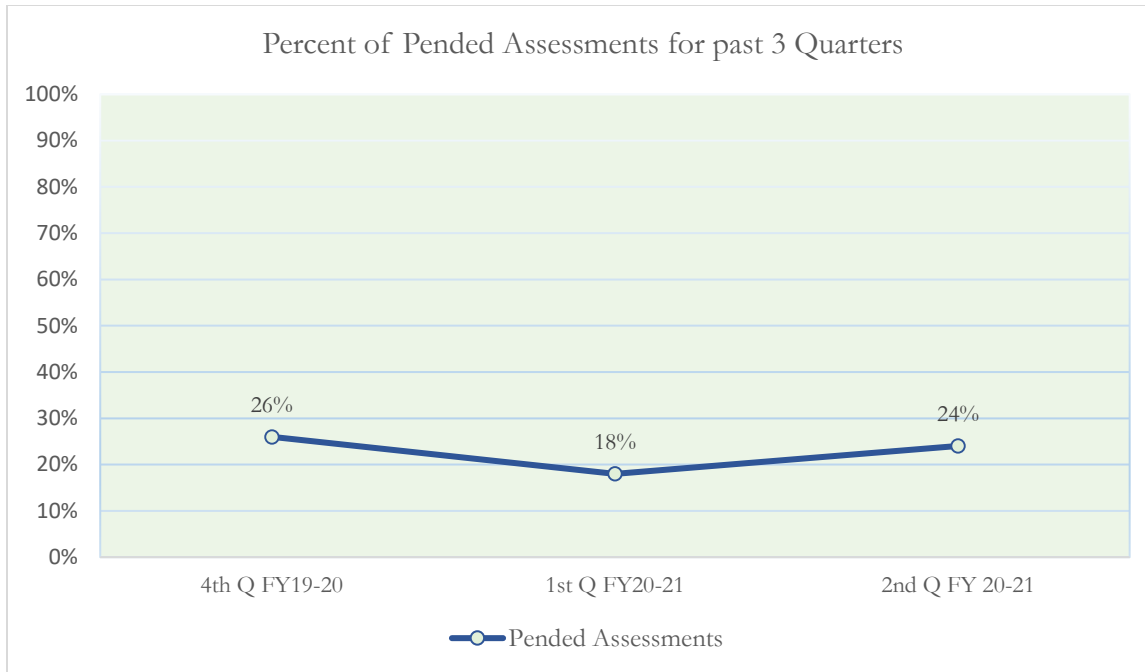
### **Omnibus Budget Reconciliation Act/Pre-Admission Screen Annual Resident Review (OBRA/PASRR) Services**

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

The percentage of pended assessments increased from the end of the previous quarter to this quarter, January (33%), February (23%) March (18%)



Overall, the average percentage of OBRA/PASARR assessments that were pended this quarter is higher than the last quarter but seems to be trending down by March.



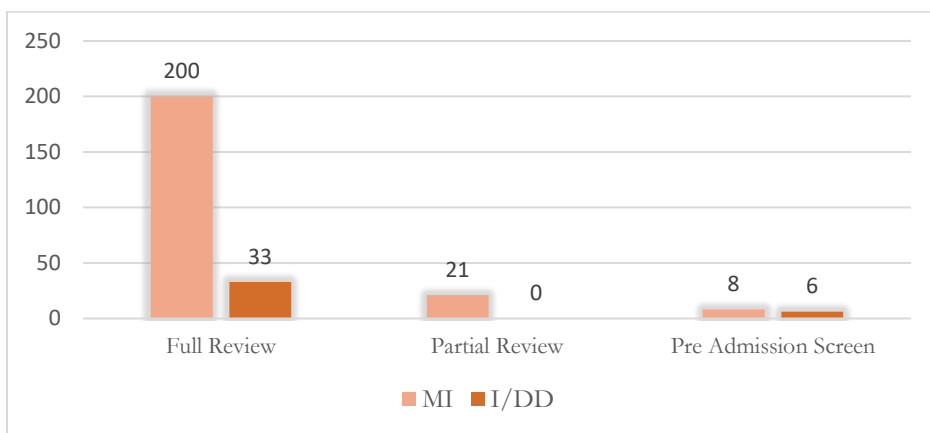
Six members were placed out of an Extended Care Facility this quarter.

During the 2nd<sup>nd</sup> quarter of the Fiscal Year, NSO’s OBRA trainer conducted 72 trainings involving 95 staff. Training topics included PASARR process and information, Abuse/Neglect, Resident’s Rights, Alzheimer’s Disease, Eloping, Bereavement, Communication, Resident to Resident Altercations, and Behavioral Management.

The congruency was 96% for this quarter.

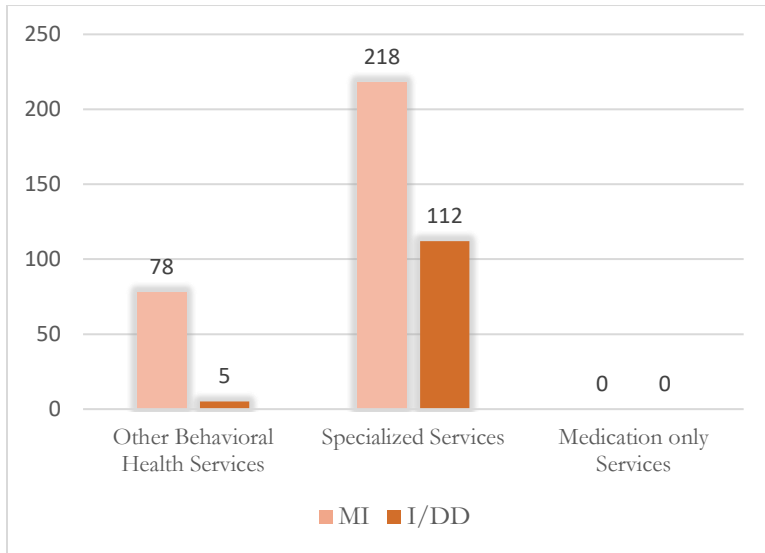
During the quarter, NSO completed screenings and reviews for 268 members.

#### Completion of Screenings and Reviews for the 2nd Quarter



Thus far this Fiscal Year, NSO has provided Clinical services to 412 members. See chart below for breakdown of services.

**Individuals seen for Clinical services during this Fiscal Year**







June 9, 2021

# Strategic Plan – QUALITY PILLAR

Program Compliance Committee Status Report

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## **To our board members:**

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

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

# Pillar Dashboard Summary



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

## Summary of Pillar Status

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

Title	Completion
Create infrastructure to support a holistic care delivery system (full array) by 30th Sep 2022	44%
Create Integrated Continuum of Care for Youth by 30th Sep 2020	85%
Establish an effective crisis response system by 30th Sep 2022	64%
Implement Justice Involved Continuum of Care by 30th Sep 2020	100%

**Customer Pillar** is presented under the leadership of Michele Vasconcellos, Director of Customer Service. Overall, we are at 87% completion on this pillar. There are three (3) goals under this pillar. They range from 83% - 92% completion.

Title	Completion
Enhance the Provider experience by 30th Sep 2022	83%
Ensure Inclusion and Choice for members by 30th Sep 2021	92%
Improve person's experience of care and health outcomes by 30th Sep 2022	73%

**Quality Pillar** is presented under the leadership of April Siebert, Director of Quality. Overall, we are at 71% completion on this pillar. The last status report on this Pillar was March 2021, where we were tracking at 70% completion. There are four (4) organizational goals. They range from 55% to 95% completion for the high-level goals.

A detail report of this pillar will follow.

The screenshot shows a dashboard for the Quality Pillar. At the top, there is a green header with 'Pillar Quality' on the left and '71%' on the right. Below the header is a table with the following data:

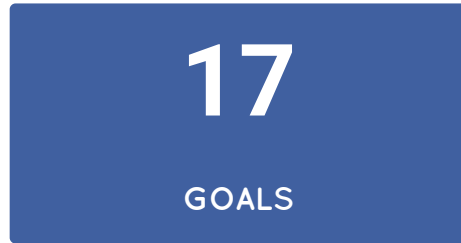
Title	Completion
Ensure consistent Quality by 30th Sep 2022	61%
Ensure the ability to share/access health information across systems to coordinate care by 31st Dec 2021	95%
Implement Holistic Care Model: 1 unit by 31st Dec 2021	55%
Improve population health outcomes by 30th Sep 2022	74%

# **Quality Pillar**

## **Detailed Dashboard**

### **Program Compliance Committee Meeting**

**June 9, 2021**



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

DWIIHN FY 2020 - 2022 STRATEGIC PLAN PLAN

QUALITY

Goal	NCQA Stan...	Owner	Co-owners	Task	Update	Current Co...
Ensure consistent Quality	Quality of Clinical Care, Safety of Clinical Care	-   -	-			61% 4% behind
→ Achieve NCQA Re-Accreditation: 100 unit	Quality of Clinical Care, Safety of Clinical Care	Allison Smith   Strategic Planning Project Manager	Tania Greason		<p><b>NEW Allison Smith:</b> Successful reaccreditation was achieved with DWIHN receiving Full 3-Year MBHO. Summary report attached. Areas that were not 100%:</p> <ul style="list-style-type: none"> <li><b>QI:</b> Health Services Contracting, Availability of Practitioners and Providers, Accessibility of Services, Member Experience, Complex Case Management, Effectiveness of the QI Program</li> <li><b>CC:</b> Continued Access to Care</li> <li><b>UM:</b> Appropriate Professionals, Delegation of UM</li> </ul>	92% 92.49 / 100 unit 8 unit behind

06/03/2021

→ Assist Utilization Management in developing a system that helps tracks over and under Utilization: 100%	Quality of Service	Manny Singla   CIO	-	<p><b>NEW Nasr Doss:</b> We now have Health Information Exchange (HIE) process that transfers various datasets from the major CRSP systems to MHWIN. IT also worked and still working (because this is a Continuous quality improvement matter) with UM and Residential departments on generating various authorizations reports to assist them to analysis over and under utilization.</p> <p>03/03/2021</p>	100% 100 / 100%
→ Deliver Annual HEDIS measures to support NCQA requirements: 100%	Quality of Clinical Care, Safety of Clinical Care	Manny Singla   CIO	Kimberly Flowers	<p><b>NEW Manny Singla:</b> The system is scheduled to go live with our health plan partners in May 2021 and we will also be piloting it with couple of providers to extend the care coordination across the network</p> <p>04/22/2021</p>	95% 95 / 100% 5% behind
→ Ensure all Providers receive 80% or greater on Risk Assessment/Score Card annually: 100%	Quality of Clinical Care, Quality of Service, Members' Experience	June White   Director of Network Management	-	<p><b>NEW Allison Smith:</b> Continuing to rollout the the pilot to include additional CRSP providers, 5 providers weekly until July. Enhancements based on user feedback is being made on an on-going basis during this pilot phase for best possible user experience and effective tool for DWIHN.</p> <p>Once a significant number of CRSP providers are using the tool and DWIHN confirms the data is accurately reflected in the scorecard, the tool can then be used to help assess overall assessment of the health of individual providers.</p> <p>06/03/2021</p>	27% 26.93 / 100% 33% behind
→ Ensure compliance with monitoring standards: 2.24% to 98.03%	Quality of Clinical Care, Safety of Clinical Care	April Siebert   Director of Quality Improvement	-		58% 57.56 / 98.03% 20.72% behind
→ Ensure fidelity Reviews	Quality of Clinical Care, Safety of Clinical Care	Shama Faheem   Chief Medical Officer	Ebony Reynolds		45% 35% behind
→ Ensure Practitioners are credentialed/recredenti in 60 days FY 2021: 100%	Quality of Service	Ricarda Pope-King   Director of Credentialing	June White Rai Williams	<p><b>Institute process: Providers update MH-WIN Staff Record</b> <input type="checkbox"/> DWIHN instituted a new process for Providers to update their staff record in MH-WIN directly so that the manual process of sending a monthly roster can be discontinued.</p> <p>This is the Credentialed individuals that are from the accredited providers.</p> <p><b>Wellplace credentialed all non-accredited practitioners for FY2020</b> <input type="checkbox"/></p>	0% 0 / 100% 100% behind



Upload the verification/report showing all non-accredited practitioners were completed FY 2020 by Wellplace.

This is made up of Jail Health, and perhaps one or two other providers that actually provide clinical services.

**Follow-up Monitoring to Credentialing POCs**

Starting Monday 6-29-20 DWIHN Credentialing Unit will notify CRSPs that follow-up monitoring occur over the next 3 months. Approximate schedule:

- 15 due into MH-WIN July 13
- 15 July 27
- 15 August 10
- 20 August 24

Final Report September 30, 2020 to Credentialing Committee

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

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

Get the WORKBOOK from Wellplace that they submitted to NCQA.

**Develop Timeliness Report in Medversant - Practitioner Credentialing**

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

**Resolve any reporting errors from Medversant (Clean/Unclean)**

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

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

**Define a Practitioner Credentialing Process/Workflow**

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

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

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

- lack of verification of highest degree
- lack of continuing education (CEUs)
- signed release of information forms

- credentialing applications
- updated resumes

- Monitor CRSP compliance using standard checklist**   
 Credentialing unit verify/monitor the submission of a sample the of the Credentialing Files from the CRSPs (400 files) from the 61 CRSPs.
- Verify 15% of Roster subissions**   
 DWIHN verify a sample of the rosters submitted to to ensure only individuals with identified credentials are included to make sure they have appropriate staff on roster that could/should be credentialed.
- MCO send Wellplace non-accredited provider list for FY 2020**   
 All non-accredited providers will continue to be reviewed by Wellplace annually per contract for Credentialing Compliance. The Credentialing Function will continue to be performed by Wellplace until Medversant has been fully implemented. Wellplace will receive a list of unaccredited providers at a minimum annually and more often if needed.
- Implement standard Credentialing Checklist system-wide**   
 DWIHN standardized the Credentialing Checklist to be used by every CRSP for Credentialing purposes as long as they are a delegate. Once Medversant is fully operationalized the delegate will no longer have to fill out the checklist as this automated by the CVO,.
- Obtain roster of all licensed practitioners Accredited Providers**   
 Request roster of all licensed practitioners from accredited provider organizations. This was initially BH providers not the SUD providers.

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

Quality of Clinical Care, Safety of Clinical Care

April Siebert | Tania Greason  
 Director of Quality Improvement

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

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

- DWIHN failed to describe the eligible population in the denominator description rather than listing the

**69%**  
**69.23 / 100%**  
 4% ahead

- exclusion criteria (Partially Met).
- DWIHN failed to demonstrate improvement in the study indicator result (Not Met).
  - The study indicator did not achieve statistically significant improvement over the baseline (Not Met).

#### **Performance Measure Validation (PMV)**

DWIHN met all required reportable areas during the HSAG Performance Measure Validation (PMV) review for FY20, with the exception of BH-TEDS Data Elements (\*Disability Designation) during the HSAG Annual Review. Validating that DWIHN's systems and processes successfully captured critical data elements needed to calculate performance indicators in alignment with MDHHS' expectations and codebook. In FY19, DWIHN implemented several quality improvement initiatives to address challenges and improve indicator rates. In June 2019, DWIHN initiated a Performance Indicator Provider and Internal Workgroup to review past performance, address challenges to improving rates, and define quality improvement initiatives. This workgroup meets quarterly and includes both DWIHN staff members and members of its provider network. Additionally, we worked with PCE to enhance the reporting module within MH-WIN that allows the provider to review the performance indicator data prior to submission to the PIHP. This system and process change was designed to address data quality issues and address the completeness and accuracy of information impacting performance. Finally, DWIHN developed a Recidivism Workgroup to review and implement interventions targeted at addressing non-compliance with Indicator #10.

#### **Compliance Review**

DWIHN received a total compliance score of (79) percent across all standards reviewed during the 2018–2019 compliance monitoring review, which was equal to the statewide average. DWIHN scored above (90%) indicating strong performance in the following areas: QAPIP Plan and

					<p>Structure, Members' Rights and Protections, and Coordination of Care standards. DWIHN scored (75) percent, (75) percent, (67) percent, (81) percent, (56) percent, and (50) percent respectively in the Quality Measurement and Improvement, Practice Guidelines, Staff Qualifications and Training, Utilization Management, Credentialing, and Confidentiality of Health Information standards, indicating that additional focus is needed in these areas. DWIHN's performance measure rates were above the MDHHS established MPS for one of the two reportable indicators, indicating strengths in this area. DWIHN's MPS related to timely preadmission screening for psychiatric inpatient care for new Medicaid members for children was not met, indicating opportunities for improvement in this area.</p> <p><i>03/01/2021</i></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>-</p>			<p><b>95%</b> 14% 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>Quality of Clinical Care, Quality of Service</p>	<p>Manny Singla   CIO</p>	<p>-</p>			<p><b>95%</b> <b>95 / 100%</b> 5% behind</p>
<p><b>Implement Holistic Care Model: 1 unit</b></p>	<p>Quality of Clinical Care</p>	<p>-   -</p>	<p>-</p>		<p><b>NEW Allison Smith:</b> Internal leadership developing a work plan to implement the BHH model by 3/19/2021. Consulted with National Council on Behavioral Health on overall BHH strategy and application requirements. Consulted with MDHHS regarding our interest in inclusion in their BHH pilot.</p> <p><i>03/04/2021</i></p>	<p><b>55%</b> <b>0.55 / 1 unit</b> -</p>

<p>→ <b>Ensure consistent and standardized model of care (Behavioral health Home): 1 unit</b></p>	<p>Quality of Clinical Care</p>	<p>Melissa Moody   Chief Clinical Officer (CCO)</p>	<p>-</p>	<p><b>NEW Melissa Moody:</b> Met with internal leadership to review BHH requirements and develop work plan. Consulted with National Council on Behavioral Health on overall BHH strategy and application requirements. Developed workgroup which will report back on outcome metrics, funding model changes, and potential Health Home Partners by 3/19/2021.</p> <p><i>03/01/2021</i></p>	<p><b>10%</b> 0.1 / 1 unit -</p>	
<p>→ <b>Obtain leadership buy-in for the Behavior Health Home Model</b></p>	<p>Quality of Clinical Care, Quality of Service</p>	<p>Eric Doeh   Chief Network Officer</p>	<p>-</p>		<p><b>100%</b> -</p>	
<p><b>Improve population health outcomes</b></p>		<p>Quality of Clinical Care</p>	<p>-   -</p>	<p>-</p>		<p><b>74%</b> 9% ahead</p>
<p>→ <b>Manage performance improvement outcomes: 100%</b></p>	<p>Quality of Clinical Care</p>	<p>April Siebert   Director of Quality Improvement</p>	<p>-</p>	<p><b>NEW Tania Greason:</b> NCQA Upload for the Effectiveness of the QI Program (QI 11). Performance Improvement Projects submitted include:</p> <ul style="list-style-type: none"> <li>• Phone Abandonment</li> <li>• Habilitation Supports Waiver</li> <li>• PHQ-A</li> <li>• PHQ-9</li> </ul> <p><i>03/01/2021</i></p>	<p><b>53%</b> 52.78 / 100% 28% behind</p>	
<p>→ <b>Implement MED DROP Program (genoa healthcare): 100</b></p>	<p>Quality of Clinical Care, Quality of Service</p>	<p>Sherry Scott   Manager of Clinical Practice Improvement</p>	<p>Shama Faheem Ebony Reynolds</p>	<p><b>NEW Sherry Scott:</b> Individual Outcomes for Med Drop Participants:</p> <ul style="list-style-type: none"> <li>● <b>80% reduction in the number of Med Drop clients admitted to a psychiatric hospital</b>, who had a psychiatric hospital admission within the 12 months prior to entering the Med Drop Program</li> <li>● <b>92% reduction in psychiatric hospital admissions</b> for Med Drop clients who had a psychiatric hospital admission within the 12 months prior to entering the Med Drop Program</li> <li>● <b>91% reduction in psychiatric hospital days</b> for Med Drop clients who utilized hospital days within 12 months prior to entering the Med Drop Program</li> </ul> <p>**1 client had 3 admissions in the 12 months prior to entering the program. The client was readmitted to the hospital within 30 days of discharge on 1 occasion and was readmitted within 60 days of discharge on 1 occasion.</p>	<p><b>95%</b> 95.26 / 100 5 behind</p>	

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

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

Individual Outcomes for Med Drop Participants:

- 100% reduction in the number of Med Drop clients admitted to the crisis home, who had a crisis home admission within the 12 months prior to entering the Med Drop Program
- 100% reduction in crisis home admissions for Med Drop clients who had a crisis home admission within the 12 months prior to entering the Med Drop Program
- 100% reduction in crisis home days for Med Drop clients who utilized crisis home days within the 12 months prior to entering the Med Drop Program

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

*03/01/2021*

**CHIEF CLINICAL OFFICER'S EXECUTIVE SUMMARY - Program Compliance Committee Meeting  
Wednesday, June 9, 2021**

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

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

**COVID-19 & INPATIENT PSYCHIATRIC HOSPITALIZATION**

	<b># of Inpatient Hospitalizations</b>
March 2021	610
April 2021	666
May 2021	592

Inpatient Hospital Admission Authorization data as of 5/31/2021

Hospitalizations data showed an 11% decrease in admissions for the month of May. There were 11 reported cases of COVID-19 inpatient in May 2021 (April 2021- 6 cases).

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

<b>Crisis Stabilization Service Provider</b>	<b>Services</b>	<b>Capacity</b>	<b>March 2021- # Served</b>
Community Outreach for Psychiatric Emergencies (COPE)	Intensive Crisis Stabilization Services (MDHHS Approved)	9	248 (April report- 234)
Team Wellness Center (TWC)	Intensive Crisis Stabilization Services (MDHHS Approved)	18	81 (April report- 53)

\*There was an approximate 15% increase in crisis stabilization services provided in May 2021 (compared to April 2021)

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

<b>Provider</b>	<b>Services</b>	<b># Beds</b>	<b>April 2021- # Served</b>	<b>May 2021 - # Served</b>
Detroit Family Homes	Licensed Residential Home- Adults	4	7	3
Novis-Romulus	Licensed Residential Home- Adults	3	7	8
Kinloch	Licensed Residential Home- Adults	3	7	2
Detroit Family Home- Boston	Licensed Residential Home- Adults	6	6	3
Angel Patience	Licensed Residential Home- Adults	3	6	6

**CHIEF CLINICAL OFFICER'S EXECUTIVE SUMMARY - Program Compliance Committee Meeting  
Wednesday, June 9, 2021**

**COVID -19 RECOVERY HOUSING/RECOVERY SUPPORT SERVICES**

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

**COVID-19 Recovery Homes Utilization Update**

Provider	# Beds	# Served- April 2021
Quality Behavioral Health (QBH)	36	19 (April- 28)
Detroit Rescue Mission Ministries (DRMM)	86	10 (April- 2)

\*There was a no significant change in the utilization of Covid-19 recovery homes in the month of May 2021 (compared to April 2021)

**COVID -19 URGENT BEHAVIORAL HEALTH URGENT CARE SITES**

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

Provider	Population	Hours of Operations	# Served April 2021
Community Care Services	Children ages 6-17 Adults ages 18 & older	Mon. -Fri. 8:30am – 6:00pm	8 Adults (9 in April)
Northeast Integrated Health	Adults ages 18 & older	Mon.- Fri.9am – 9pm Saturdays 9am- 1pm	10 Adults (18 in April)
The Children's Center	Children SED ages 6-17	Monday thru Friday 8:00am – 8:00pm	15 Youth (14 in April)

\*There was a 20% decrease in utilization of Urgent Behavioral Health Urgent Care Services in May 2021 (compared to April 2021).

**Residential Department Report of COVID-19 Impact:**

	Cumulative (Dates 3/30/20 to 5/31/2021)
Total # COVID-19 Persons in Residential Placement	337
# of Deaths Reported	40

\*21 new positive Covid-19 positive members in May 2021, and 1 reported death

	Cumulative (Dates 3/30/20 to 4/30/2021)
Total # COVID-19+ Staff in Residential Placement	130
# of Staff Deaths Reported	3

\*11 new cases of Covid and no reported deaths (the 3 reported deaths were from 4/2020).



**CHIEF CLINICAL OFFICER'S EXECUTIVE SUMMARY - Program Compliance Committee Meeting  
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**Vaccinations- Licensed Residential Homes:**

<b>Residential COVID-19 Vaccinations</b>	<b>City of Detroit</b>	<b>Wayne County</b>
# of Residential Members	730	1,355
# of Residential Members Fully Vaccinated (2 doses)	613 (84%)	1185 (87.5%)
# of Residential Members received initial (1 <sup>st</sup> ) vaccination	12	17
# Waiting on guardian consent	0	6
# Declined	95	124
# Clients Awaiting Provider to Report Additional Information	2	0
# Members Undecided	6	20

A combined total of 86% of members in licensed settings have been fully vaccinated (88% received at least 1 dose).

**Vaccinations- Unlicensed Homes:**

<b>Unlicensed Homes: COVID-19 Vaccinations</b>	<b>City of Detroit</b>	<b>Wayne County</b>
# of Members	164	997
# of Members Fully Vaccinated (2 doses)	77 (47%)	497 (49.8%)
# of Members that have received initial (1 <sup>st</sup> ) vaccination	9	34
# Waiting on guardian consent	3	0
# Declined	59	329
# Waiting Additional Information from Provider/Guardian	0	18
# Members Undecided	5	113

A combined total of 49% of members have been fully vaccinated in unlicensed setting (53% received at least 1 dose). 40% were fully vaccinated last month.

\*Combined total in congregate settings: 73% fully vaccinated. 75% received at least 1 dose.

**COVID-19 OPERATIONAL Plans**

**Michigan COVID-19 Cases Increase:** June 2, 2021 update: The total number of confirmed COVID-19 cases in Michigan is 888,581 with 19,176 deaths. Wayne County is reported to have 101,067 confirmed cases and 2,516 deaths, Detroit is listed with 50,959 confirmed cases with 2,214 deaths reported. (Source: [www.michigan.gov/Coronavirus](http://www.michigan.gov/Coronavirus))

**Michigan COVID-19 Vaccination Updates:**

State of Michigan vaccination rates:

<b>Area</b>	<b>First dose- Initiation</b>	<b>Fully Vaccinated</b>
State of Michigan	59.1%	46.6%
Wayne County	60.2%	51.2%
City of Detroit	34.8%	26.8%



**CHIEF CLINICAL OFFICER'S REPORT  
Program Compliance Committee Meeting  
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**CHILDREN'S INITIATIVES – Clinical Officer, Ebony Reynolds**

**INTELLECTUAL /DEVELOPMENTAL DISABILITIES SERVICES**

<b>Children's Waiver Program – May 2021</b>	
Active Cases	39
<b>Agency Breakdown</b>	
Community Living Services	27
Neighborhood Services Organization	3
The Guidance Center	9
<b>Prescreen Assessments</b>	
Prescreens Reviewed by DWIHN	4

During the month of May, the children's waiver increased to 39 cases, with 1 pending invitation. These individuals are being managed by Community Living Services (27) Neighborhood Service Organization, (3), and The Guidance Center (9 individuals, 1 pending invitation). There were 4 pre-screen assessments reviewed by the I/DD Clinical Specialist in May. There was one youth who was disenrolled from CWP due to meeting the maximum age eligibility, that youth is now supported by the HAB Waiver. That youth receives services at CLS.

**Social Emotional Disturbance-Waiver (SED-W)**

The Children's SEDW provides services that are enhancements or additions to Medicaid State Plan coverage for children through age 20 with SED. The SEDW enables Medicaid to fund necessary home and community-based services for children with serious emotional disturbance who meet the criteria for admission to the state inpatient psychiatric hospital (Hawthorn Center) and/or are at risk of hospitalization without waiver services. Below is a table of children served on the SED-W for May 2021.

**May 2021**

# of youth expected to serve in the SEDW for FY 20-21	65
# of active youth served in the SEDW, thus far for FY 20-21	75
# of youth currently active in the SEDW for the month of May	53
# of referrals received in May	10
# of youth approved/renewed for the SEDW in May	7
# of referrals currently awaiting approval at MDHHS	6
# of referrals currently at SEDW Contract Provider	9
# of youth terminated from SEDW in May	2
# of youth transferred to another County, pursuing the SEDW	0
# of youth coming from another county, receiving the SEDW	2
# of youth moving from one SEDW provider in Wayne County to another SEDW provider in Wayne County	0

**SCHOOL SUCCESS INITIATIVE May 2021****DPSCD and Wayne RESA Updates**

DWIHN and DPSCD met to discuss if the School Success Initiative will be funded for the next fiscal year. DPSCD representatives expressed the value of having the CMH's present in schools to assist in linking and coordinating with referrals to the CMH system. DWIHN Clinical Officer talked with DPSCD about ensuring that the identified schools are aware this program is available to students at their schools to encourage further participation from administrative staff for next school year. DWIHN discussed the curriculum submitted to DPSCD, for approval and use by CMH in schools. DPSCD reported no issue with the use of the curriculum at this time. DWIHN discussed other evidence-based practices CMH clinicians are trained in and training that DWIHN offers. DPSCD requested support from DWIHN in Question Persuade Response (QPR) training from DWIHN. The school success initiative clinical specialist will work with the Director of Workforce Development, to deploy this training for the upcoming school year.

## Michigan Model for Health (MMH)

The Michigan Model for Health has since been purchased and has been assigned/registered to the corresponding agencies who are contracted with the School Success Initiative. The Michigan Model for Health training and license assignments are completed. Wayne/RESA hosted and lead the training and reported that the training went well. The clinicians also reported positively about the training and their readiness to utilize the MMH with students. The clinicians who are interested in completing the training for HIV and STI are in the process of being coordinated.

## DWHIN Access Call Center

The Children's Department continues to receive improved feedback regarding the performance of the Access Center. As this time, the CMH providers have submitted their Tier 1 and 2 students to have records created in MHWIN. Collaboration between the Access Center and The Children's Department is ongoing to improve services to children seeking and receiving services in Wayne County. The process will consist of the School Success CMH Clinicians completing the school-based referral in MHWIN. Based on the tier service that the child and family accept, the case record will be opened with the appropriate program alignment. Children who are identified as needing CMH services, will be screened and if they meet medically necessity, will be referred to the entire children's service array.

## MHWIN and RedCAP

A meeting was held with the CMH supervisors that determined that additional needs are required in MHWIN to improve data collection measures. The suggestions have been submitted to IT for review and implementation. A training is currently being developed to demonstrate how providers are to enter data and do each step. As each section receives new links and updates, updated trainings will be sent out and discussed with providers to ensure that they have all the updated information needed to enroll and track participation in the program.

## School Based Health Centers

DWIHN Clinical Officer met with Ascension hospital and its key administrative staff, to discuss establishing a Memorandum of Understanding (MOU) between the school success providers and the school-based health centers. Ascension is currently in 5 schools identified by the school success initiative. DWIHN is working with the legal department to develop the MOU. This agreement will help link children in Tier 1 and Tier 2 services to the health centers to address medical issues as needed. In return, the school-based health centers will refer children that meet criteria for CMH services to the DWIHN network of children providers for treatment.

## CLINICAL PRACTICE IMPROVEMENT – Clinical Officer, Ebony Reynolds

### **Evidence Based Supported Employment**

DWIHN's program manager continues to offer support to providers of Evidence Based Supported Employment (EBSE) services to ensure individuals seeking employment opportunities obtain and maintain successful employment, as well as independence and success in their home and community. Despite the pandemic, some providers report they are cautiously more optimistic about the future sustainability of their EBSE program and pleased that EBSE staff will receive an additional \$2.25 per hour of premium pay through September 2021 as part of MDHHS's COVID-19 Response relief program for direct care workers, a measure put in place to support direct care workers challenging work during the pandemic, including supported employment staff. Many providers shared, although their employment staff continue to work

remotely, they are engaging members served and employers more in the community while ensuring both staff and its members remain safe based on CDC guidance. Central City Integrated Health reported their employment staff have completely pivoted back to providing in-person EBSE services in the community. All providers report there is not only a sustained increase in job opportunities for their members, but the hourly wage offered by many employers has been significantly higher as they continue to struggle to attract job seekers to fill open positions. According to ACCESS, one of its members received up to five job offers in one week with an hourly wage range of \$11.00 - \$18.00. Community Care Services shared one of its members who is currently employed at Amazon expressed her ultimate goal is to eventually become completely self-sufficient and financially independent by no longer relying on SSI assistance.

Central City Integrated Health (CCIH) reports they have hired an employment specialist with a scheduled start date of 5/26/21 and plan to hire an EBSE supervisor who will have a small caseload. Northeast Integrated Health (NIH) indicated its transition to CNS continues as NIH's EBSE services recently begun its integration into CNS's EBSE program. MDDHS and DWIHN will continue to monitor and lend technical support. Additionally, Development Centers, Inc. (DCI) mentioned members of their EBSE program continue to be served by a designated case manager until it's EBSE program is re-integrated. DCI shared it was recently awarded a two-year grant, which encourages member's receiving employment services be monitored for program effectiveness, and provided assurance they will keep DWIHN's program manager abreast of their organization's progress.

- DWIHN's EBSE program manager continues to provide technical support to DWIHN's SUD Services Director to ensure a seamless transition of IPS/Opioid Pilot Project to Team Wellness Center, who was selected based its overall capacity to deliver EBSE/IPS services to individuals with an opiate use disorder during the remainder of the pilot's current contract term, which ends, 9/30/2021 and will not be renewable by MDHHS for fiscal year 2022.
- A Power Hour meeting was held with EBSE providers by MDHHS MIFAST Team members. The fidelity standards: Diversity of jobs and employers, including Unlimited Follow-along Supports were examined as well as measures to improve relationship with Bureau of Services of Blind Services for individuals served who may require on the job supports to achieve employment success and independence due to a visual impairment, such as adaptive equipment, computer software.
- EBSE/IPS staff and DWIHN program manager participated in the following webinars/training: Dispelling the Myth-Benefits to Work (5/21/2021), FAQ's About COVID-19 Vaccine for Individuals with Disabilities (5/26/2021).

#### **Assertive Community Treatment (ACT)**

- Monitored ACT program admissions and discharges of Hegira and Team Wellness Center as well as ensured they were entered in MHWIN with appropriately assigned level of care.

#### **CPI Policy Review**

- Completed suggested updates to draft Case Management Provider Network Procedure for final approval.

## **DWIHN Workforce Development Project**

- Assisted with the reorganization of DWIHN's training grid containing both required and supplemental trainings to be completed by DWIHN staff and provider network to ensure it is both user friendly and updated to include accurate/relevant content.

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

- Meetings were held to discuss the process for the jail to enter inmates not registered in MHWIN. The Access Center has received case information dating back to 2019. DWIHN-CIO was able to assist with the process.
- Due to the number of members served the jail is receiving an increase of \$1 million for FY 20/21. A revised Board Action is being submitted.
- The IST workgroup meeting discussion focused on Mental Health Diversion for Non-Violent Misdemeanors. Judge Mack has made revisions that involve a 180 Day AOT order. A case would move from criminal court to civil court, thereby dismissing the criminal charge.
- Questions and comments looked at guardianship issues; chapters of the mental health codes; liability of providers; payment of insurance; and the number of violent vs. non-violent felony cases. For the next meeting, Judge Mack will make revisions, and data for violent/non-violent cases will be presented from Dr. Rinnas.

A meeting was held with Sandra Simmons from MDOC regarding women's needs post-release. An agency is interesting in partnering by starting a transitional housing program for women leaving the correctional system that are homeless. Ms. Simmons stated there is a definite need for women's housing, especially after funding from Professional Counseling Services ends. The program and services of will be further explored to determine if would be beneficial to women leaving the criminal justice system.

## **Project - Jail Diversion/ ACT Reviews/DDC AT Reviews**

- Mental Health Court graduated three participants. Mental Health Court and Drug Court combined graduations, and had speakers from both programs.
- Clinician spoke with 36<sup>th</sup> District Court Manager regarding utilizing peer mentors in their mental health court program. The benefit of peer mentors was discussed, and it was suggested that Team Wellness facilitate this since they are the partner provider for the court.
- The second quarter review was conducted with CCIH/Homeless Outreach program. CCIH works collaboratively with Motor City Mitten. To fully operate, they were awaiting approval from the Detroit City Council. In the interim, CCIH has been riding with Motor City Mitten to understand what future staff will encounter and job expectations. CCIH will hire a nurse and case manager, however hiring has been proving to be a challenge.
- This time is proving to be beneficial to understand the challenges and needs of the homeless population, and what realistic expectations are for the HOT team.

- Mental Health Court has finalized a date of June 4 for the mental health forum. The forum is for participants only and it will be comprised of a panel consisting of a nurse; peer; and therapist. The purpose of the forum is to allow the participants to ask questions regarding the benefits of mental health medication and the various types of therapy.
- The release process of inmates from the Jail is progressing well. Providers follow-up with their members; and after that information is received it is given to Andrea Smith to review post-jail release appointments.

#### Assertive Community Treatment (ACT)

- CPI Monitored ACT program admissions and discharges of Lincoln Behavioral Services, Community Care Services, Northeast Integrated Health, Hegira, All Well Being Service, Central City Integrated Health, Development Centers, Team Wellness Center, and The Guidance Center including the appropriateness of the level of care determinations and technical assistance ensure program eligibility requirements were met.
- CPI participated in IPLT to discuss policy updates as well as new policies and procedures. CPI manager presented The ACT step down and Med Drop Manual.
- CPI participated in a procedure work code group.
- CPI also facilitated a monthly update meeting with Genoa/Med Drop manager, things discussed were the total number of members that are in the program, referrals received, med drop intakes completed, etc. Please see May report for med drop.
- CPI also facilitated technical assistance with Northeast Integrated Health Network and Team Wellness.
- CPI attended the COPE hospital liaison meeting and quality department hospital recidivism workgroup.
- CPI host the monthly ACT forum, topics discussed included, ACT upcoming state training dates, face to face requirements, discharging members and, technical assistance sign-up, and provider's concerns and issues.
- CPI manager met with crisis department for a training on smart sheets input.
- CPI manager presented in Access Clinical Specialist training on ACT and mental health symptoms.
- CPI and Genoa/Med Drop met with All Well Being Service, Development Centers, Heigra, Team Wellness, and The Guidance Center an introduction to med drop/ ACT step down.
- CPI manager attended the FY 21-22 Code Changes Kickoff P2, where it was noted that H0039 TG and GT will be phased out and replaced with place of service codes.

#### CPI Workforce/Clinical Development Specialist

- DWIHN Required Workforce Training – CPI staff met with Workforce Development staff to discuss current required and supplemental training within the DWIHN system. The meeting objective was to begin the initial process of reviewing the current training roster for revision and parity with other PHIPs across Michigan.
- CPI presented in IPLT on training requirements for DWIHN workforce.
- CPI staff partnered with CPI colleague to incorporate revisions to the Case Management Procedure currently in development and coordinated with Strategic Planning Project Manager to modify CM Procedure in Policy Stat.
- CPI coordinated with Quality to discuss training needs for I/DD behavioral plan development.

- CPI met with MIFast DBT Consultant to plan out activities for the remainder of the year designed to support and boost DBT treatment modality. CPI conducted second session with MIFast DBT Consultant regarding plan to support DBT in Detroit Wayne.
- CPI staff conducted a TA session with TGC ACT Team Lead and Supervisor.
- CPI staff conducted TA session with two ACT Team Leads for DCI
- CPI staff participated in standing MDHHS Co-Occurring Disorder Leadership meeting.
- CPI staff attended Faith Based meeting
- CPI staff completed LOCUS basic training.

**CRISIS SERVICES – Director, Jacquelyn Davis**

**Children’s Crisis Services**

Month	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	Crisis Stab Cases
May	227	198	64	32%	157	69%	143

- Request for Services (RFS) for children has increased by only 2 cases as reported in April. The diversion rate has decreased by 9%.
- There were 143 crisis stabilization cases receiving services for the month of May, a 64% increase from last month. Of the 143 cases there were 58 initial screenings.
- There was a total of 15 cases served by The Children’s Center- Crisis Care Center, one more than last month.

**COPE**

Month	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	# Inpt due to no CRU
May	1083	973	740	68%	319	29%	2

- The RFS decreased by 12% from April and the percentage of individuals diverted to a lower LOC increased slightly by 1%.
- The Crisis Stabilization Unit (CSU) served 248 cases, an increase of 6% as reported last month.
- The Crisis Stabilization Team provided services to 95 cases, a slight decrease of 7 cases as reported last month.

**Crisis Residential Unit/Hegira:**

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

Referral Source	Total Referrals	Accepted Referrals	Denials
ACT	0	0	Consumer/Guardian choice - 1 No follow up from SW/Hospital – 3 Level of Care Change - 6 Not Medically Stable due to physical health –4 Not medically stable due to SUD –2 Total Denied – 16
COPE	60	51	
DWIHN Residential	0	0	
Step Down (Inpatient)	16	9	
Total	76	60	



### Crisis Continuum

- For the month of April, Team Wellness Crisis Stabilization Unit (CSU) provided services to 81 individuals, a 53% increase from the month of April.

### ProtoCall

- For the month of April, the volume of total calls answered was 1003 a slight decrease of 8% as reported last month. The percentage of calls answered within 30 seconds was 75.9, a decrease of 5.4% from last month. The abandonment rate was 5.7, above the performance outcome of 5.0. ProtoCall reports a decline in performance outcomes is due to concerns they had with software and staff capacity issues. DWIHN is continuing to monitor and will request ProtoCall's plan to meet performance outcomes. The data for May was not available at the time of this report.

### COMMUNITY/LAW ENFORCEMENT LIAISON REPORT:

- The number of ATRs for the month of May decreased by 8% (288) completed for this month as compared to 325 in April 2021.
- Community Liaison engaged 23 individuals this month.
  - 95% have repeat hospitalizations w/o follow up with CRSP.
  - 22% has a SUD hx
  - 22% are on parole or under MDOC jurisdiction
  - 1% are homeless
- 12 Citizens returned and connected to DWIHN services upon release from MDOC.

### COMMUNITY HOSPITAL LIAISON ACTIVITY REPORT May 2021

- In May 2021, there were 308 consumer contacts made with community hospitals related to movement of consumers out of the emergency departments (approximately 5% increase in contacts from April at 292). 3 referrals were considered for WRP, 1 was re-admitted and 2 were diverted, and no referrals were made to Hawthorn.
- Hospital Liaisons were involved in 164 cases that were NOT on the 23-hour report (a 22% decrease in contacts NOT on the 23-hour list), however, of those cases, 70% were diverted to lower levels of care, a 22% increase in diversion compared to April for those consumers NOT on the 23-hour list (48% diversion in April).
- Hospital Liaisons received 23 "crisis alert" calls collectively (a 43% decrease from April at 41 calls) and the crisis alert diversion rate was 57% (slight decrease from April at 61%) and the decrease in the number of crisis alerts could be related to the effectiveness of previous alerts/communication with CMH to maintain/stabilize highly recidivistic consumers in the community.
- Of the overall 308 contacts, 11 consumers had at least 2 emergency encounters (increase from 4 consumers in April), and were therefore considered recidivistic in May (23 encounters between 11 consumers). Of these recidivistic consumers (23 encounters total), 4 consumers went inpatient twice. Ultimately with the 11 recidivistic consumers, 7 were diverted to a lower level of care at least once (46% diversion rate for consumers considered recidivistic).
- No requests were made related to veteran's affairs.

**DATA SPECIFICALLY RELATED TO 23-HOUR REPORT May 2021**

- Of the 23-hour report activities during this reporting period there were 255 encounters (a 29% increase from April at 182 encounters) related to movement from a 23+ hour wait in the ED.
- 158 of the 255 cases specifically related to the 23-hour list went inpatient, resulting in a 35% diversion rate (a 2% increase in diversion rate compared to April).
- Diverted cases went to the following levels of care:

Res.	CCM	CRU	CSU	PHP	Pre-Place	OP/Stab	SUD	Other
2	0	Safehaus-1	0	6	0	78	1	8: Medical Admits 1: WRPH

**CUSTOMER SERVICE – Director, Michele Vasconcellos**

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

- The Unit’s Call Center continued to operate remotely with calls being able to be accessed from home by DWIHN staff.
- Clerical staff hired and resigned within 10 days of start. Position has been posted. Returning CSR staff has been offered position and started 5/24/21
- Conducted Customer Service Orientation for new Access Center staff.
- Family Subsidy requests continue to be remotely addressed and processed without interruption.
- Processed and mailed out” Choice” letters to members as a result of provider closures or discontinuance of services.

**Customer Service Performance Monitoring/ Grievance & Appeals**

- Disenrollment Pilot Project and CRSP Adverse Benefit Determination audits began 5/3/21.
- Performance Monitor Raphael Evanoff retired 5/14/21. Position has been posted.
- Continued to participate in DWIHN provider closure meetings and initiation of Member Choice letters.
- Provided Grievance and Appeals technical assistance and virtual trainings to the provider network.
- Advised of HSAG review for CS Standard 1. Information submitted as requested via SharePoint.
- Continual revising of Customer Service Appeals Policy. Awaiting approval of Grievance Policy.
- Participated in HSAG meetings, ICO monthly meetings, Access Center staff Training.
- Appeals and Grievance both had uptake in cases.

**NCQA/HSAG**

- Received official NCQA 3-year accreditation. Approximately 92 points out of 100.
- Received and reviewed HSAG 2021 Compliance Tools and participated in multiple preparation meetings.
- Met with Member Experience team member M. Keyes Howard regarding request to evaluate Grievances under new scope.
- Continued to meet and discuss changes with Credentialing, MCO, IT and Strategic Management regarding the searchable Provider Directory to ensure compliance with HSAG and NCQA.

**Member Engagement/ Experience**

- Convened the community mental health organizations affiliated with the seven Detroit Wayne clubhouses for a Clubhouse Auspice Meeting to educate them on how they might best support clubhouses maintain their accreditation status.
- Supported peers and consumers submit videos, write letters, prepare points for engaging their elected officials to thwart plans to supplant community mental health with health plans.

- Received notification of a grant award to implement a peer-delivered oral health program in the amount of \$6,245.38, and arranged for the train-the-trainer June 14, 2021, and developed the language for a Bulletin to announce use of a modifier to track project progress.
- Planned, coordinated and facilitated the Bridging the Gap monthly series, for peers and community health workers. The focus was social determinants of health and the monthly speakers addressed reducing stigma and labels.
- Hosted various member meetings, such as the general Constituents' Voice meeting, various CV action group meetings, and the EVOLVE meeting.
- Met with IT to explore the feasibility of creating a Customer Service application that can be used as part of the Digital Inclusion Project, as well as the supporting materials and resources for project implementation.

### **INTEGRATED HEALTH – Director, Vicky Politowski**

#### **Collaboration with Health Department**

The Health Department is no longer providing the hepatitis vaccine clinic as the goal of 80% was reached for the State of Michigan.

During the month of May IHC staff presented an educational meeting on proper meal planning to the Peer Evolve meeting.

#### **Quality Improvement Plans**

The IHC department manages seven Quality Improvement Plans (QIPs) that are in alignment with NCQA requirements. The focus of the QIPs includes the following: *7 and 30 day Follow Up After Hospitalization for Mental Illness, Adherence to Antipsychotic Medication, Increasing Adherence to Antidepressant Medication, Decreasing the Use of Multiple Antipsychotic Medications, Diabetes Screening for members prescribed atypical antipsychotic medications, and Hepatitis A Risk Reduction.* Currently implementing a HEDIS certified platform which will display individual CRSP provider data to allow early intervention and opportunity to improve outcomes. During the month of May, the Chief Medical Officer, IHC, UM and others met to discuss the interventions of the QIP's and how to make them more meaningful. In the month of June, the QIPs will be brought to IPLT and QISC for review of interventions.

#### **Population Health Management and Data Analytics Tool**

DWIHN and Health Plan and Health Plan designee staff continue to meet at least weekly to prepare for implementation of the two platforms, one for providers to view member encounter information and performance on HEDIS measures, and the other for DWIHN and Health Plan designee to utilize to coordinate care for shared members and for DWIHN to view HEDIS measure performance. VDT continues to make corrections and revisions to both platforms based on feedback from DWIHN and Health Plan and Health Plan designee staff. The go live date has been set for June 1, 2021.

#### **Data Share with Medicaid Health Plans**

In accordance with MDHHS Performance Metric to Implement Joint Care Management, between the PIHP and Medicaid Health Plans, IHC staff performs Data Sharing with each of the 8 Medicaid Health Plans (MHP) serving Wayne County. Mutually served individuals who meet risk stratification criteria, which includes multiple hospitalizations and ED visits for both physical and behavioral health, and multiple chronic physical health conditions are identified for Case Conference. Data Sharing was completed for 55

individuals in April. Joint Care Plans between DWIHN and the Medicaid Health Plans were developed and/or updated, and outreach completed to members and providers to address gaps in care.

**Integrated Health Pilot Projects**

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

**Health Plan 1:**

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

**Health Plan 2:**

*Care Coordination with **Health Plan 2** was initiated in September 2020, these meetings occur monthly. There were **10** cases discussed in the month of May for the Pilot program. The plan requests the number of cases to be discussed during Case Review. The focus of the plan has been on Follow Up After Hospitalization (FUH) and coordinated efforts to increase outcomes. The goal is 58% identified by MDHHS and at last review (most current data-55.78% June 2020 and 57.10% September 2020). We are currently working to improve effort towards the FUA measure—no benchmark currently.*

**Health Plan 3:**

***Health Plan 3's** Leadership continues in the review process. A meeting occurred with DWIHN and Health Plan 3 in March. The Health Plan continue to review plans for collaboration.*

**MI Health Link Demonstration**

IHC department under the MI Health Link Program received total of 339 request for level II in the month of April 2021 from the following ICO organizations below: Pending = not processed yet, voided = Member was unable to reach, referred in error, or declined assessment, or declined BH services, Active= Level II was sent to ICO.

ICO	Active	Pending	Voided	Totally by ICO
Aetna	8	4	13	25
Amerihealth	2	0	2	4
HAP	4	0	2	6
Michigan Complete Health	9	0	2	11
Molina	69	66	160	295
TOTAL	92	70	179	341

**Voided referrals reasons are as follows:**

	Member Declined Assessment	Member Declined Services	Member not available before deadline	Referrals in error	Unable to reach
Aetna	0	7	0	4	2
Amerihealth	0	2	0	0	2
HAP	0	2	0	0	0
Michigan Complete Health	0	1	0	0	1
Molina	0	70	1	23	61
<b>Total</b>	<b>0</b>	<b>82</b>	<b>1</b>	<b>27</b>	<b>66</b>

**Comparison Data for Voided Referrals:**

	Number of Voided Referrals	Member Declined Assessment	Member Declined Services	Member not available before deadline	Referrals in error	Unable to reach
March 2021	182	1	85	13	34	49
April 2021	230	2	113	3	44	68
May	173	0	82	1	27	66

\*Increase in number of Member declined services, process and interventions to be reviewed.

IHC department continues to meet with Access center during this reporting period to discuss ways in which to improve process and contact efforts. IHC department along with the Access Department, implemented a new process in which Access Center will confirm referrals of new and existing enrollees in a more streamline process, any referrals for new engagement will be sent to Network Providers. All referrals for existing enrollees will be managed by IHC Department for submission of acknowledgement of engagement to ICOs on behalf of the network providers. This new process allows network providers the new enrollee service needs. IHC staff continues to assist the closing submissions of voided referrals. This change allows the Access Center staff to process New referrals to DWIHN with increased timeliness and efficiency, decreasing the backlog.

IHC worked with Access Center to modify call script for referrals, the goal of this modification is to reduce the number of declines and yield more enrollment to Behavioral Health Services; implementation was mid-March and monitoring will continue.

Transition of care services were provided for 55 persons who were discharged from the hospital to a lesser level of care, community outpatient, or additional level of service Behavioral Health or Physical Health.

There were **22** LOCUS assessments completed for the MI HealthLink Demonstration received from Network Providers who service Nursing Home Facilities for Mild-Moderate population.

Care Coordination Activities for the ICO enrollees—**19** – for individuals who have been identified to have a gap in services. This is a combined effort between IHC staff and the ICOs.

### **AUDITS**

PIHP DWIHN continues to go through the auditing process with the following ICOs:

- DWIHN underwent HSAG audit with all five ICO organizations of Case Coordination, Claims, Grievances and Appeals, and Utilization Management. DWIHN supplied all ICOs with necessary universes, policies and procedures to complete audit no additional findings.
- ICO HAP delegation audit is complete, additional information still needed for IDN's letters and Customer Service Metrix. IDN's letters were submitted to ICO HAP for review recommendation from ICO HAP was to update DWIHN system with appropriate templates eta June 2021.
- ICO Amerihealth requested policy and procedure clarification and additional information for a credential file that ICO Amerihealth incorporated within their HSAG audit file. IHC department assisted with the coordination of documentation submission. ICO Amerihealth placed DWIHN on plan of correction for Access Center due to issue with calls that were reviewed. Plan will be submitted to ICO Amerihealth on or before May 15, 2021.

### **Quality Withhold- Aetna update**

IHC department during this reporting period met with ICO Aetna to complete the quality withhold review for CY2019 however there are some discrepancies in the categories for the review. ICO Aetna and DWIHN has not finalize the process and additional information was requested by ICO Aetna regarding encounter submission by DWIHN. The meeting to finalize ICO Aetna 2021 has not been completed during this reporting period, meeting scheduled for June 2021.

IHC department along with finance review the cost settlement for ICO Molina for CY2017 and CY2018 completed during this reporting period, and report was submitted to legal from finance department.

### **Complex Case Management**

Complex Case Management Services require the individual to agree to receive services, have Physical and Behavioral Health concerns and experiencing gaps in care. The enrollee must also agree to receive services for a minimum of 60 days.

For the month of May, there are currently **15** active cases, **6** new cases opened, **1** case closure, and no pending cases.

Care Coordination services were provided to **21** additional members in May who either declined or did not meet eligibility for CCM services. Follow up after hospitalization was completed with **46** consumers to help identify needs.

Complex Case Management staff have been working to identify additional referral opportunities. Presentations were provided for DWIHN CRSPs and at Provider Meetings.

The following Community Providers received information regarding CCM services: Meridian, The Guidance Center, Community Care Services, Black Family Development, Hegira, Star Treatment, Family Options, COPE, Garden City Hospital, University of Michigan Hospital, St. Mary's Hospital, Providence, Karmanos, Beaumont Taylor, Henry Ford Kingswood, St. Joe's Hospital, Samaritan, Stonecrest, Havenwyck, BCM, Henry Ford Wyandotte, Samaritan and Pontiac General.

Peer Health Coach Grant: DWIHN has contracted with four Certified Peer Health Coaches who will be stationed at Central City working with individuals who have multiple medical conditions along with behavior health. All four Peer Health Coaches were onboarded and started May 24<sup>th</sup>.

### **MANAGED CARE OPERATIONS – Director, June White**

#### **MCO DEVELOPMENT MISSION**

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

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

#### **COVID-19 Effect on Providers-Managed Care Operations**

As we move to the 3<sup>rd</sup> Quarter, there has been fewer closing than last quarter. Provider have adjusted to the pandemic -COVID-19 and vaccination have been administered, although we have noticed that providers are struggling with keeping adequate staff to provide services to our members.

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

Provider site or business closures to date by Quarter:

Year 2021	Count of Provider
1st Qtr	16
2nd Qtr	1
3rd Qtr	6

#### **COVID-19 Effect on the Homeless Population**

Providers are reporting that COVID-19 has resulted in moratoriums on evictions, some clients are still untrusting of the vaccinations among minorities and clients needing transportation to sites that offer the vaccine. The Wayne Providers report that where consumers are hesitant to sign up for the vaccinations. Shelter providers have provided transportation, on-site sign up and held focus groups to encourage vaccination participation. Even though, there is hesitation the homeless population has grown a little as we see the homeless population is getting vaccinated monthly as the word is getting out about the vaccine and safety.

#### **New Providers to the Network**

There were no new providers added to our network, but we did have a number of providers that added additional services and licensed site locations to our network over the last few months. We continue to stay provider sufficient for our member services. We receive daily new requests to become part of our network daily. We have maintained a number of providers in our pool that can be potential providers

ranging from private clinicians, therapy services, outpatient and residential providers if approved through our credentialing process and if the need is there for such providers.

**Provider /Training Meetings Held**

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

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

There was 3 provider closure training held this month with a total of 15 providers attending.

The provider training that was held on May 4<sup>th</sup> and 7<sup>th</sup> on our contract renewal process, was a success with 96% of the providers in our network attending.

**RESIDENTIAL SERVICES – Director, Shirley Hirsch**

*Please see attached Report*

**SUBSTANCE USE DISORDER – Director, Judy Davis**

*Please See Attached Report*

**UTILIZATION MANAGEMENT – Director, John Pascaretti**

*Please See Attached Report*





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

**Department Monthly Report: May 2021**

**Residential Assessment Productivity**

April Report's <i>Pending Assignments</i>	<b>68</b>
<b># of Referral Requests RECEIVED for May 2021</b>	<b>220</b>
Total Referrals	288
Assessment/Referral Cancelled	54
Cases Requiring Placement (Brokering) Only	36
Assignments Awaiting Completion	55
<b>Completed Assessments</b>	<b>83</b>

<b>Per Disability Designation</b>	
AMI Referrals	173
IDD Referrals	47

**Referral Sources**

Inpatient Hospitals	127
<i>Emergency Departments</i>	15
CRSP	62
<i>Youth Aging Out (DHHS)</i>	1
Pre-placement (C.O.P.E.)	6
Crisis Residential	6
Nursing Homes	3
<b>Total Received Referrals</b>	<b>220</b>

**Residential Assessments (in Licensed Setting)**

In-home assessment review process was temporarily placed hold to complete roll-out and trainings of new residential assessment (effective 3/8/21) and H2X15/T2X27 code changes, effective 4/1/21.



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

**COVID-19**

**# of Positive Cases Reported (5/1 – 5/28):** \_\_\_\_\_ **21**

<u>Per Designation</u>	<u>AMI</u>	<u>IDD</u>
Males	5	7
Females	2	7

**# of Deaths Reported (5/1 – 5/28):** \_\_\_\_\_ **1**

<u>Per Designation</u>	<u>AMI</u>	<u>IDD</u>
Males	0	1
Females	0	0

**Residential Service Authorizations**

<b>Total Processed Authorization Requests</b>	<b>1,553</b>
<b>Authorizations APPROVED</b>	<b>1,341</b>
Requests Returned to CRSP	212

<b>Authorization Submission Type</b>	
Interim IPOS Completed by DWIHN Auth Team	38
Requests Submitted by Residential Care Specialists	163
Requests Processed Through MHWIN Queues	1,352

<b>Authorization (Per Disability Designation)</b>	
AMI Authorizations	322
IDD Authorizations	1,231

**30-Day/Emergency Consumer Discharge Notifications**

<b>Total Received Consumer Notifications</b>	<b>22</b>
30-Day Notices for Licensed Facilities	6
Emergency Discharges	16
Rescinded Requests/Self-Discharges	2
Placements	3



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

**Residential Facility Closures**

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

<b># of Facility Closure Notifications</b>	<b>4</b>
Received in May 2021: On-Going/In Process	2
Requests ON-HOLD/PENDING	0
Completion of Facility Closures	2

**Woodcrest Home – 26127**

Provider Notification Received: 2/26/21  
 Facility closure cancelled, per MCO email received on 4/21/21, advising guardians of all **4 CLS (DD) consumers** has given written consent for Tranquility Services, LLC to be the new provider once approved by LARA (new licensing approved, eff. 5/28/21).  
 All consumers now residing under **Tranquility Place 3**.  
 Current Status: **CLOSED**

**United Horizons, LLC – 29736**

MCO Notification Received: 4/16/21  
 Contract Termination Date: 5/12/21  
 MCO email received reporting DWIHN decision to terminate residential provider's contract effective 5/12/21. RS department in process of relocating  
 Current Status: **CLOSED**

**Nuttall AFC Home II – 25922**

Provider Notification Received: 4/26/21  
 Facility Closure Date: 6/1/21  
 RS has confirmed 2 AMI consumers (assigned to CCIH-CRSP) are to be relocated.  
 CRSP has submitted documentation for relocation process.  
 Current Status: **In Progress**

**Mill Creek Home – 25883**

Provider Notification Received: 4/21/21  
 Facility Closure Date: Awaiting MCO Confirmation  
 Residential provider emailed department notification to close facility due to lack of DCW staffing. RS forwarded notification to MCO to identify Provider Network Manager to assist in closing process. RS department has confirmed consumers (4) DD consumers assigned under Community Living Services to be relocated upon MCO confirmation.  
 Current Status: **In Progress**



# Detroit Wayne Integrated Health Network Residential Services Department

## Department Project Summaries

### Authorization Team

- **H2X15/T2X27 Authorization Process:** Upon speaking with DWIHN leadership, the Authorization Team, and Finance, has been working to establish resolution to the process for approving H2X15/T2X27 authorizations. The authorizations team and Leadership scheduled meetings with CRSPs and unlicensed residential providers to continue on a path of resolution.
- **IDD Residential Unlicensed Home Provider Meetings:** The Residential Authorization Team has participated in multiple meetings with IDD Unlicensed Home Providers to listen and discuss concerns regarding the H2X15/T2X27 implementation beginning 4/1/21.
- **24 Hour Staffing CLS Unlicensed Homes Project:** As the team met with CLS Clinical Director Sue Cutlip numerous times throughout May (5/10, 5/11, 5/17,5/21), a decision was made to add authorization for OHSS for non-HAB Waiver Members as well as Daily Monitoring authorizations. A total of 175 authorizations were reviewed with the CRSP as follows:
 

○ Need CLS Review:	54
○ Expired IPOS:	13
○ Self-Determined consumers:	61
○ Inactive Home/No Longer resides in Home/Deceased:	47
- **CRSP Authorization Process Training:** Residential Authorization Team completed training on May 4<sup>th</sup> with All-well Being Services to assist in learning process for CRSP responsibilities in service authorizations.

### CRSP/Department Meetings

- **CRSP/Residential Services Monthly Meetings:** A total of **15 CRSP meetings were completed** for May 2021, with two CRSP meetings being cancelled: **TEAM** on 5/19 due to lack of CRSP attendees, and **AWBS** on 5/26 due to DWIHN Staff Appreciation at 707. Three CRSP meetings are now bi-monthly and are scheduled to reconvene in June (**JVS**, **Spectrum** and **CCS**). **Wayne Center** is schedule for their initial CRSP meeting in June as well.  
**CRSP Meeting Agenda and Meeting Calendar attached for review.**



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

### **Contract Termination – United Horizons**

- ***United Horizons, LLC Contract Termination, Effective 5/12/2021:***
- Total Number of Consumers receiving services– 221
- Total Number of CRSP's - 13

A list of consumers living in United Horizons homes (a total of 13) as well as those who were receiving CLS services through that same provider was provided to the Residential Department by Managed Care Operations. Due to the short period of time available, an email was sent to each CRSP on 04/16 requesting a referral packet so that these could be forwarded to home providers for review and consideration for placement. On 04/19, the consumer list identifying those receiving CLS services was divided according to each CRSP and emailed to the CRSPs along with a list of CLS services providers. The purpose of this was for each case manager/supports coordinator to discuss with consumer and/or family or guardian so they could choose a new service provider.

The Residential Department then met with 11 CRSP providers (totaling 133 attendees) to determine how many consumers self-selected a CLS provider. The meetings were held on May 5th at 30-minute intervals. Information was provided by the case managers and supports coordinators. Any missing information was identified and placed on a grid for follow up by the CRSP. The Department maintained close contact with each CRSP to ensure that all information was timely and accurate. At the end of the process, 12 consumers were moved into new placements with guardian/family approval by 05/12/2021. The 13th consumer had tested positive for Covid and so with went home to his family. He was moved on 05/20 once he tested negative. A follow-up with home providers revealed that though some consumers were having challenges adjusting to their new homes, the home providers expressed a willingness to work with them to maintain their placements. The Residential Department continues to work with supports coordinators to address concerns with home providers through ZOOM meetings in an effort to maintain/sustain placements. Since the May 5th meetings with CRSPs, the Residential Department has been comparing and merging the multiple lists of consumers receiving CLS services under United Horizon. Multiple calls between Residential Department, CRSPs and CLS service providers are taking place to ensure that all consumers on the lists are receiving services. Where service gaps have been identified or where emergency services are needed, the Residential Department has been reaching out to various CLS providers to see if there was staff availability to meet service needs. This continues to be an ongoing process as CLS service providers continue hiring additional staff to meet consumer demand.



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

### **Department Projects**

#### **Residential Assessment Development (Darryl Smith)**

- Direct training to Supports Coordinators provided monitoring to ensure that the Support Coordinators at Wayne Center and CLS .
- Completed a refresher training for NSO (5/20/21) on how to complete the Residential Assessment.
- Completing the Residential Assessment process flow for review distribution to staff for feedback. Participation in weekly team meetings, and monthly support meetings with CLS and Wayne Center. The purpose of these meetings is to ensure that the processes in the department are running correctly and to ensure the CRSP are supported and knowledgeable of any changes or new departmental implementations. New transition into supporting Wayne Center.

#### **Department Special Projects (Megan Latimer)**

- Project "Reach Out" continues as weekly contact is made with the providers to issues related to PPE or if they are in need of updated vaccination information.
- A reminder email will be sent to residential providers to contact me if they have a COVID-19 positive case to report (staff or residents) and to remind them we still have resources/support to offer in this event.
- A number of residential providers (licensed/unlicensed) that have the most residents that are unvaccinated. The department will be sending correspondence to these providers and or have a meeting with them regarding additional vaccination resources available.
  - \* 13 licensed facilities in City of Detroit
  - \* 6 licensed and 36 unlicensed facilities in Western Wayne



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

### **Department Goals**

#### **Staffing**

- We continue to interview for the (two) Residential Care Coordinator positions: one interview completed on April 26<sup>th</sup>, and second candidate scheduled to be interviewed on May 7<sup>th</sup>. One candidate has accepted the position of Residential Care Coordinator is currently in the hiring process.

#### **Automated Productivity Reporting**

- Residential Services received licensing for Adobe publishing for development of department reporting forms and documentation for external providers.
- Smartsheets developed for Residential Care Coordination team for placement brokering to quantify placements for monthly reporting, beginning June 2021.

#### **Residential Review Committee**

- The Residential Review Committee met on May 14<sup>th</sup> to discuss the process and procedure for reviewing cases. Next meeting is scheduled for June 15<sup>th</sup>.

#### **Residential Task Log**

- Attached for review



# Detroit Wayne Integrated Health Network

Director Monthly Report

Reporting Department Substance Use Disorders

For the Month of *May, 2021*

## Project or Goal 1: Naloxone Initiative

**Status Overview:** Each year thousands of individuals die from opioid overdoses with oxycodone, morphine and fentanyl accounting for a significant number of deaths in Detroit Wayne County. To support the Governor’s initiative to respond to the increase in opioid overdose related deaths and to save lives in the Detroit Wayne County area, DWIHN began providing Naloxone training and kits, March 22, 2016, to all Wayne County residents at no cost. The life-saving drug Naloxone will allow those at risk of experiencing an overdose the chance to recover and spare families the heartache of losing a loved one. DWIHN is working in collaboration with Wayne State University to combat this crisis and one strategy for achieving such a widespread distribution with few resources and limited staff is through the use of vending machines. The use of vending machines to distribute free naloxone kits has been successful in jail setting across the United States. DWIHN has identified several Opioid Treatment Programs that are interested in a free vending machine to distribute naloxone.

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

The Naloxone vending machines are programmed to dispense free naloxone kits. Wayne State University will purchase vending machines and DWIHN will arrange for the machine to be refilled with a provider, who will be responsible for monitoring supply levels and ordering additional naloxone kits as necessary. **There will be no cost to the provider to implement a vending a machine for the purpose of naloxone distribution**

**Planned Key Milestones, Activities and/or Events:** DWIHN’s Naloxone Initiative program has saved **768** lives since its inception. Again, the saved lives are under reported, especially during this time of COVID pandemic. The logs are coming in slowly from law enforcement and the community. DWIHN only reports those saves that we have documentation to support this initiative.

Calendar year 2020 DWIHN reports the following:

Naloxone saves 164

Unsuccessful saves 5

## Monthly Trainings conducted for the month of May

Date	Agency	Number of Attendees	Trainer
May 03, 2021	Wayne County Sherriff	6	Karra Thomas
May 04, 2021	DPD Training Center	21	Matthew Yascolt
May 20,2021	Livonia Save Our Youth	8	Karen Bonanno
May 21, 2021	Cass Community	12	Karra Thomas
May 27, 2021	Growth Works	2	Joshua Meisler



Another Naloxone initiative is the Barbershop Talk Tour Initiative is ongoing. Topics include Men's Health Issues, Male Responsibilities, Substance Use Disorder, Mental Health Police Brutality and Naloxone training. During the month of May presentations were conducted at 4 locations in Wayne County. For the month of June and due to Men's health awareness month, we will include information about prostate cancer, HIV testing, COVID-19 and the importance of receiving vaccinations and blood pressure checks.

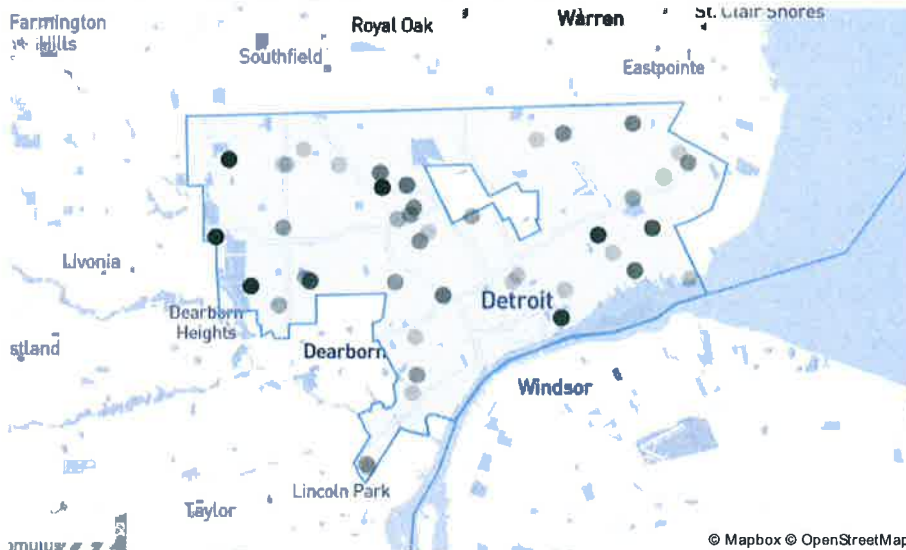
<b>Date</b>	<b>Name</b>	<b>Time</b>	<b>Number of Attendees</b>
5/7/2021	Herman Barbershop	19149 Van Dyke	12
5/14/2021	Lifestyle Salon	19144 Van Dyke	8
5/21/2021	Cadillac Barbershop	8008 Kercheval	5
5/28/2021	The Barber Station	2631 Gratiot	11

## System for Opioid Overdose Surveillance (SOS)

SOS presents data down to an approximate location in a secure dashboard that providers can use to target their opioid prevention and response efforts.

### Detroit

Suspected Drug Related Deaths  
Mar 1, 2021 to Mar 31, 2021



**45**

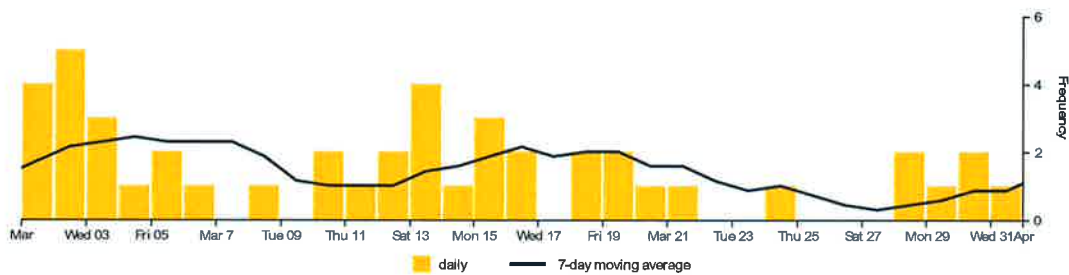
total

**1**

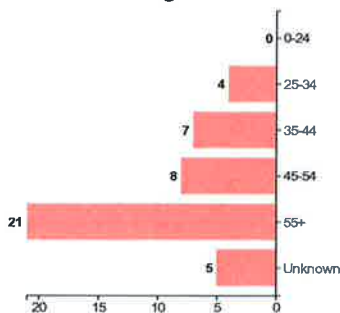
unmappable incidents

\* All locations on the map are approximate  
 \*\* Total counts are based on mailing address, which may not correspond with municipal boundaries  
 \*\*\* Some incidents may be un-mappable due to incomplete location information  
 \*\*\*\* All locations on the map are randomly displaced between 100 and 300 meters to protect privacy

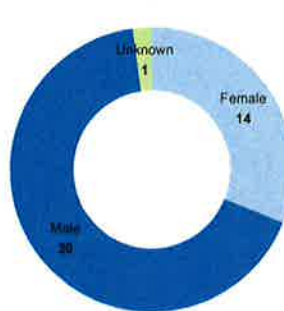
© Mapbox © OpenStreetMap  
 Data Source: Wayne County Medical Examiner



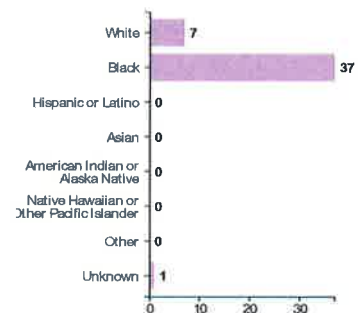
#### Age



#### Gender

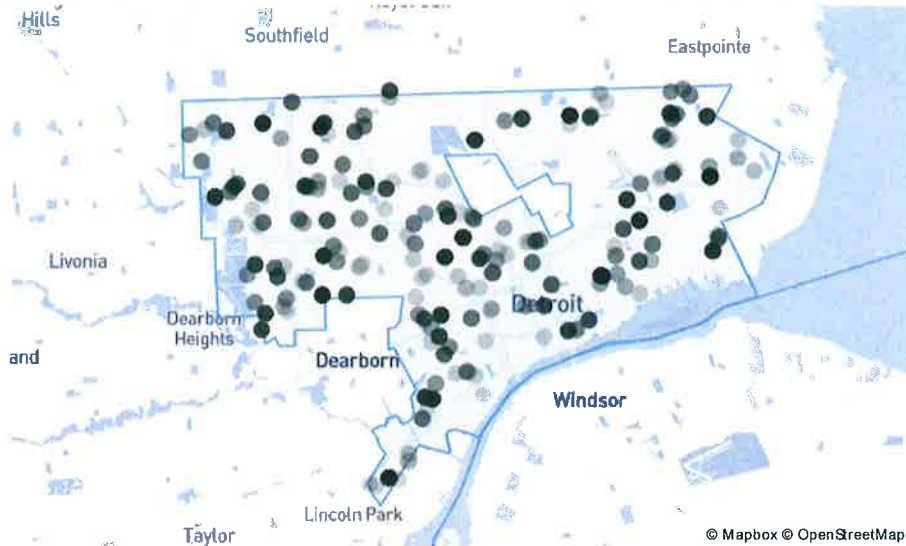


#### Race



# Detroit

EMS Naloxone Administrations  
Mar 1, 2021 to Mar 31, 2021



**188**

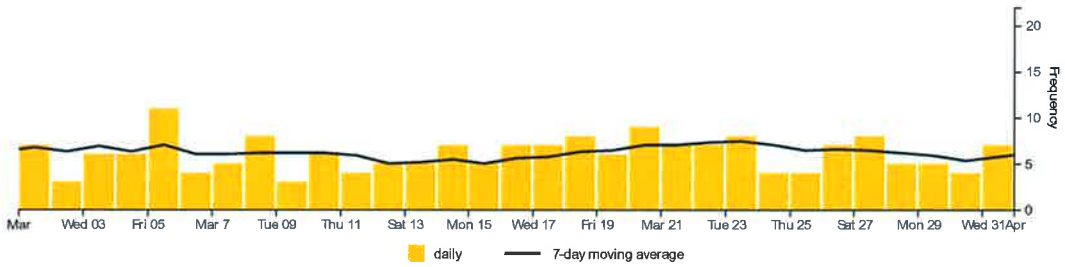
total

**2**

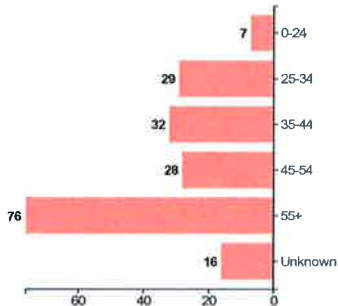
unmappable incidents

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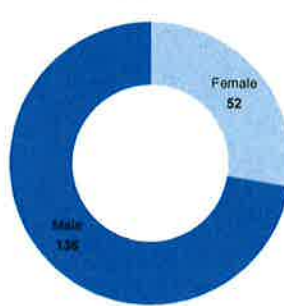
© Mapbox © OpenStreetMap  
 Data Source: Michigan EMS Information System (MI-EMIS)



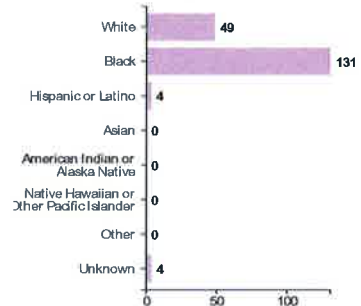
## Age



## Gender



## Race



A real-time tracking system that launched in 2019 shows a 15 percent rise in suspected opioid overdose deaths across most of Michigan since March, compared with the same time last year, and a 29% rise in first responders' use of naloxone that can reverse an opioid overdose if given in time. The deaths started rising soon after the pandemic arrived in Michigan, while naloxone use dipped before rising to new heights later in the spring and summer.

The SUD Department has been working tirelessly to address the Opioid Epidemic in Wayne County, which has devastated the lives of so many and harmed millions nationwide. We will not rest until we dramatically reduce opioid use disorder and overdose deaths and work to provide those suffering with the support they need. We still have a lot of work to do in this area

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

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

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

The implementation deadline remains October 1, 2021. DWIHN realizes it is less than 5 months away and we are confident that we can work with our provider and meet this deadline.

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

<b>Activity</b>	<b>Responsible Party</b>	<b>Expected Completion</b>	<b>Comments/Updates</b>	<b>Cost</b>
<b>Department letter regarding implementation</b>	SUD Director	12/10/2020	Provided information to the SUD Network	N/A
<b>Received implementation requirements and planning</b>	SUD Director	2/18/2021	PIHPs provided feedback regarding the process	N/A
<b>Initial meeting with FEI completed</b>	SUD Director IT Chief	3/31/2021	Requested number of staff that will require the training for Region( approx.. 200 staff)	N/A
<b>Completed webinar demonstration with FEI</b>	SUD Director IT Utilization Manager	5/19/2021	Pilot demonstration within the provider network was requested with the IT Chief	N/A
<b>Met with PIHP Directors to discuss the cost per clinician</b>	PIHPs Directors	5/28/2021	PIHP agreed to pay 45 per hour or 500.00 stipend fee	72,000.00

### Planned Key Milestones, Activities and/or Events:

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

### Project or Goal 3: Synar Update

**Status Overview:** DWIHN partners with MDHHS in ensuring that formal Synar compliance checks are conducted each year with the intent of lowering youth use of tobacco rates. Our Synar initiative will reflect the current age of tobacco sales in Wayne County conducted with 98 retailers. Note, birthdate requirements have been updated to comply with the federal tobacco laws 21 age. It is now illegal for a retailer to sell any tobacco product – including cigarettes, cigars, hookah and e-cigarettes – to anyone under 21. As part of this initiative each year DWIHN receives a Master Retail List (MRL) that is updated by several providers for accuracy. This MRL was updated by several providers (Pia Institute and Black Caucus Foundation,) and a random number of vendors are chosen by the provider to receive Tobacco Vendor Education for Wayne County. Overall there were 285(34.7%) stores that received education from a list of 824 between the period of April17- May14, 2021. This number met the required guidelines of 25% (206) stores/retailers that must receive this information in Region 7.

Category	Number	Percentage
Vendors Received Education	285	100%
Businesses out of Operation	2	.07%
Stores No Longer Sell Tobacco	1	.003%
Youth Tobacco Act (YTA) Signage Posted	11	.04%
Selling Electronic Cigarettes and Vape Devices	2	.07%

Note: *During the contacts some retailers were confused about the new tobacco 21 federal age requirement because the state of Michigan law states the age is 18.*

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

In June of this year, youth between the ages of 16-20 will enter a store/business in Wayne County that sell tobacco products and attempt to make a cigarette pack purchase. The results are collected by two designated providers (The Youth Connection (TYC) and LAHC). The report is aggregated and shared with the retailers and DWIHN. This year the provider TYC conducted and coordinated tobacco vendor education in the cities of Detroit, Goose Pointe, Harper Woods, Hamtramck and Highland Park for FY21.

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

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

#### Project of Goal 4: Opioid Health Home

**Status Overview:** DWIHN is currently managing 9 Opioid Health Homes. These programs are pilot programs and are supported by MDHHS. The OHH provides an enhancement of services to persons who are identified to have an opioid addiction. The Opioid Health Home works to provide support, therapy, and health assessments and treatment as long as the person is enrolled in the program. OHH services include a physician prescribing the medications, therapist for brief SUD treatment and groups, a nurse care manager to evaluate and assist the client in coordination of their health care needs, and to monitor through the client’s success as they participate in the medication assisted treatment for their addiction. These nine programs are all referred to as Health Home Providers (HHPs) and seem to have some common elements. However, each program has its specialty and DWIHN is proud to be able to provide an integrated approach to this type of treatment. Here is a brief overview of who the providers are and the services each provide:

Agency	Location	Services	Medication
<b>New Light Recovery</b>	300 W. McNichols, Detroit, 48203	Outpatient	Buprenorphine, Methadone, Vivitrol
<b>Nardin Park</b>	9605 Grand River, Detroit, 48204	Outpatient	Methadone, Vivitrol
<b>Quality Behavioral Health</b>	6821 Medbury, Detroit, 48215	Residential, Recovery Housing, Withdrawal Management, IOP, Women Specialty Service, Outpatient	Methadone, Vivitrol, Buprenorphine
<b>Rainbow Center</b>	12501 Hamilton, Highland Park, 48203	Outpatient	Methadone, Vivitrol
<b>The Guidance Center</b>	13101 Allen Park, Southgate, 48195	Outpatient, Intensive Outpatient	Vivitrol, Buprenorphine
<b>Hegira Inc</b>	37450 Schoolcraft, Livonia, 48150	Outpatient, Residential, Withdrawal Mangement, IOP, IOP-Domicile	Vivitrol, Buprenorphine
<b>Sobriety House</b>	2081 W. Grand Blvd, Detroit, 48208	Outpatient, Residential, IOP	Vivitrol, Buprenorphine
<b>Star Center</b>	13575 Lesure, Detroit, 48227	Outpatient	Vivitrol, Methadone
<b>Metro East</b>	13929 Harper, Detroit, 48213	Outpatient	Methadone, Vivitrol

**Work in progress:** Opioid health home received reimbursement for providing the following federally mandated core services in the month of May 2021:

Care Management	Care Coordination	Health Promotion	Transitional Care	Individual/Family Support	Referral to Community
45	13	27	39	17	32

**Barriers experienced by providers include three main barriers:**

- Lack of funds
- Staffing
- Collecting GPRA data

**Planned Key Milestones, Activities and/or Events:**

Benefits and successes include a strong implementation and enrollment since February, as well as many provider Technical Assistance meetings, and trainings. Providers submitting their Treatment Plans, Consent to Share releases and Monthly Reports, as well as productive open office hours meetings.

**COVID Numbers**

	# of Client Positive	# of Staff Positive	# of Client Deaths	# of staff Deaths	# of Client Vaccinations	# of Staff Vaccinations
<b>Treatment</b>	51	4	2	0	209	97
<b>Prevention</b>	2	0	1	0	632	131

Some of the incentives include for staff and clients to receive vaccinations included a free Wayne County mask, a day off work, a chance to win a free gift via drawing and \$100 gift card.



## DWIIHN UTILIZATION MANAGEMENT MONTHLY REPORT May 2021

### I. Executive Summary

- **Autism:** There were 265 authorization requests manually approved during the month of May. There were approximately an additional 103 authorizations approved via the new auto approval process for a total of 368 approved authorizations. There are 1,849 cases currently open in the benefit.
- **Evidence Based Supported Employment:** There were 94 authorization requests approved during the month of May for Supportive Employment.
- **Habilitation Supports Waiver:** There are 1,084 slots assigned to the DWMHA. As of 6/1/21, 1053 filled, 31 open 97.1% taken.
- **County of Financial Responsibility:** The total number of open COFR cases increased by two (2) for the month of May.
- **Denials and Appeals:** There were a total of seven (7) medical necessity Denials and six (6) Appeals for the month of May.
- **General Fund:** There were 363 General Fund Authorization approvals for the month of May.
- **MI Health Link:** The reporting format of MI Health Link authorizations reflects the total number of authorizations requests and the amount of each authorization type for the 5 ICOs. There were a total of 61 MI Health Link authorizations received in May 2021. The number of MI Health Link admissions to inpatient, partial and CRU are included in the Provider Network data.
- **Provider Network:** \*Preliminary number(s) for May. The UM Team managed a total of 768 consumers within the provider network during the month of May 2021. This includes Inpatient, MI Health Link, Partial Hospital and Crisis Residential.
- **State Facilities:** There were 9 state hospital admissions and 8 discharges for the month. 63 NGRI consumers are currently managed in the community.
- **SUD:** There was a total of 2247 SUD authorizations approved during the month of May compared to 2123 approved in April, an increase of 6%. UM reviewed 1418 authorizations in May, a 1% increase from 1398 reviewed in April. Access generated the remaining 829 auto-approved authorizations, a 14% increase from 725 in April.
- **Administrative Denials:** During the month of May, the SUD team issued 17 administrative denials compared to 20 the previous month.
- **MCG:** For the month of May, there were 1140 individuals screened in Indica which is an average of 37 cases per day screened using the



MCG Behavioral Health Guidelines. This is an increase from the average of 33 cases screened per day in April.

**II. General Report**

**Autism Spectrum Disorder (ASD) Benefit**

There were 265 authorization requests manually approved during the month of May. There were approximately an additional 103 authorizations approved via the new auto approval process for a total of 368 approved authorizations. There are 1,849 cases currently open in the benefit.

**ASD Authorization Approvals for Current Fiscal Year to Date\*:**

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

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

**ASD Open Cases and Referral Numbers Per WSA\***

Fiscal Year To Date								
	Oct	Nov	Dec	Jan	Feb	Mar	April	May
Open Cases	1718	1747	1753	1745	1801	1792	1827	1849
Referrals	107	60	60	59	42	83	79	Pending Data Update from the WSA

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

**Evidence Based Supportive Employment (EBSE)**

In the month of May, DWIHN approved 94 authorization requests for EBSE.

**EBSE Approved Authorizations**

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

**Habilitation Supports Waiver**

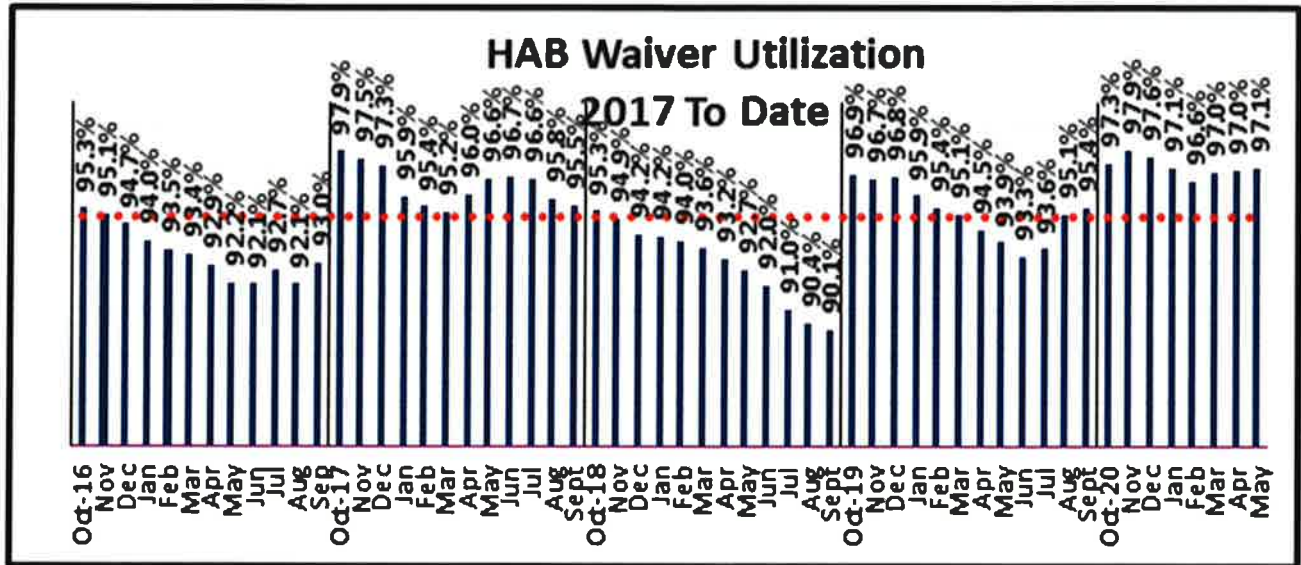
April Utilization

HAB Utilization	May
Allocated	1,084
Used	1,053
Available	31
% Used	97.1

Program Details for May

Outcome Measurement	May
# of applications received	5
# of applications reviewed	5
# of app. Pended PIHP level for more information	0
#of pended app. resubmitted	0
# of app. withdrawn	0
Total of application sent to MDHHS.	5
Technical Assistants contacts	4
# of deaths/disenrollment's (recertification forms reviewed & signed)	9 deaths
# of recertification forms reviewed and signed	133
# of recertification forms pended	16
# of dis-enrollments (not meeting HSW criteria)	0

Historical Utilization Trend



### Serious Emotional Disturbance Waiver (SEDW)

May 2021

# of youth expected to serve in the SEDW for FY 20-21	65
# of active youth served in the SEDW, thus far for FY 20-21	75
# of youth currently active in the SEDW for the month of May	53
# of referrals received in May	10
# of youth approved/renewed for the SEDW in May	7
# of referrals currently awaiting approval at MDHHS	6
# of referrals currently at SEDW Contract Provider	9
# of youth terminated from SEDW in May	2
# of youth transferred to another County, pursuing the SEDW	0
# of youth coming from another county, receiving the SEDW	2
# of youth moving from one SEDW provider in Wayne County to another SEDW provider in Wayne County	0

**County of Financial Responsibility (COFR)**

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

	<b>Adult COFR Case Reviews Requests</b>	<b>Children COFR Case Reviews Requests</b>	<b>Resolved</b>	<b>Pending*</b>
May 2021	3	0	1	69

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

Previously 67 cases in April 2021.

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

**General Fund**

There were 363 General Fund Approvals for the month of May, 2021.

**Denials and Appeals**

For the month of May 2021, there were a total of seven (7) denials that did not meet MCG medical necessity criteria for continued inpatient hospitalization. There were six (6) appeals; One (1) of the six appeals was upheld, two (2) appeals were overturned and three (3) appeals were partially denied.

	<b>Oct. 20</b>	<b>Nov. 20</b>	<b>Dec. 20</b>	<b>Jan. 21</b>	<b>Feb. 21</b>	<b>Mar 21</b>	<b>Apr 21</b>	<b>May 21</b>	<b>Jun. 21</b>	<b>Jul. 21</b>	<b>Aug. 21</b>	<b>Sept 21</b>
<b>Denial</b>	10	3	5	7	17	23	6	7				
<b>Appeal</b>	2	4	2	2	5	5	2	6				

**Administrative Denials**

During the month of May there were four (4) administrative denials and 5 administrative appeals. The primary reason for administrative denials is failure to adhere to timeliness guidelines. From the 5 administrative appeals, three (3) of the administrative appeals were overturned and two (2) of the administrative appeals were partially denied.

**State Hospital Liaison Activity Report**

Hospital	Caro Center	Kalamazoo	Walter Reuther
Census	1	13	112
Wait List	0	1	4
Admissions	0	1	8
Discharges	0	0	8
ALS Status	0	1	62

- State hospital discharge processes are under review to address barriers that consistently increase length of stay and delay discharge. Currently, DWIHN has 23 members awaiting discharge at Walter Reuther, 8 at Kalamazoo Psychiatric, 1 at Caro Center, and 2 at the Center for Forensic Psychiatry.
- The state hospital liaison team is involved in the subcommittee to address changes to court ordered assisted outpatient treatment (AOT) as part of the Inpatient Psychiatric Prevention and Reduction Plan Steering Committee. Changes to the AOT are included in the updates to the NGRI Program.

**MI Health Link**

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

Total # of Auth's Received for the Month	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations (Currently No DWIHN Authorizations labeled as Expedited)		Post Service Authorizations	
	Total Amount Preservice Auth's Received	Total Preservice processed ≤14 days	Total Amount Urgent Auth's Received	Total Urgent processed ≤24 hrs	Total Amount Expedited Auth's Received	Total Expedited processed ≤72 hrs	Total Amount Post Service Auth's Received	Total Post Service processed ≤14 days
61	5	5	18	18	0	0	38	38

**Report Filters**

Date Range 5/1/2021 thru 5/31/2021  
 Selected:  
 ICO's AETNA BETTER HEALTH OF  
 Selected: MICHIGAN

Total # of Auth's Received for the Month	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations (Currently No DWIHN Authorizations labeled as Expedited)		Post Service Authorizations	
	Total Amount Preservice Auth's Received	Total Preservice processed ≤14 days	Total Amount Urgent Auth's Received	Total Urgent processed ≤24 hrs	Total Amount Expedited Auth's Received	Total Expedited processed ≤72 hrs	Total Amount Post Service Auth's Received	Total Post Service processed ≤14 days
15	0	0	5	5	0	0	10	10

**Report Filters**

Date Range 5/1/2021 thru 5/31/2021  
 Selected:  
 ICO's AMERIHEALTH MICHIGAN, INC.  
 Selected:

Total # of Auth's Received for the Month	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations (Currently No DWIHN Authorizations labeled as Expedited)		Post Service Authorizations	
	Total Amount Preservice Auth's Received	Total Preservice processed ≤14 days	Total Amount Urgent Auth's Received	Total Urgent processed ≤24 hrs	Total Amount Expedited Auth's Received	Total Expedited processed ≤72 hrs	Total Amount Post Service Auth's Received	Total Post Service processed ≤14 days
6	1	1	2	2	0	0	3	3

**Report Filters**

Date Range 5/1/2021 thru 5/31/2021  
 Selected:  
 ICO's FIDELIS SECURECARE OF  
 Selected: MICHIGAN

Total # of Auth's Received for the Month	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations (Currently No DWIHN Authorizations labeled as Expedited)		Post Service Authorizations	
	Total Amount Preservice Auth's Received	Total Preservice processed ≤14 days	Total Amount Urgent Auth's Received	Total Urgent processed ≤24 hrs	Total Amount Expedited Auth's Received	Total Expedited processed ≤72 hrs	Total Amount Post Service Auth's Received	Total Post Service processed ≤14 days
8	0	0	3	3	0	0	5	5

**Report Filters**

Date Range 5/1/2021 thru 5/31/2021  
 Selected:  
 ICO's HAP MIDWEST HEALTH PLAN, INC.  
 Selected:

Total # of Auth's Received for the Month	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations (Currently No DWIHN Authorizations labeled as Expedited)		Post Service Authorizations	
	Total Amount Preservice Auth's Received	Total Preservice processed ≤14 days	Total Amount Urgent Auth's Received	Total Urgent processed ≤24 hrs	Total Amount Expedited Auth's Received	Total Expedited processed ≤72 hrs	Total Amount Post Service Auth's Received	Total Post Service processed ≤14 days
11	1	1	1	1	0	0	9	9

**Report Filters**  
 Date Range 5/1/2021 thru 5/31/2021  
 Selected:  
 ICO's MOLINA HEALTHCARE OF  
 Selected: MICHIGAN INC

Total # of Auth's Received for the Month	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations (Currently No DWIHN Authorizations labeled as Expedited)		Post Service Authorizations	
	Total Amount Preservice Auth's Received	Total Preservice processed ≤14 days	Total Amount Urgent Auth's Received	Total Urgent processed ≤24 hrs	Total Amount Expedited Auth's Received	Total Expedited processed ≤72 hrs	Total Amount Post Service Auth's Received	Total Post Service processed ≤14 days
21	3	3	7	7	0	0	11	11

The data for May 2021 delineates the total number of authorizations requests and the amount of each authorization type for the 5 ICOs. The table accounts for the total number of authorizations by ICO, the type of authorization and the amount of time taken to process the request. Additionally, the data only includes those authorizations that required manual review and approval by UM Clinical Specialists. It does not include those authorizations that were auto-approved because the request fell within the UM Service Utilization Guidelines.

There were a total of 61 MI Health Link authorizations received in May 2021 compared to 66 authorizations in April 2021, a 7.5% decrease. By ICO, there were 15 authorizations for Aetna, 6 for AmeriHealth, 8 for Michigan Complete Health (Fidelis), 11 for HAP Midwest and 21 for Molina. Out of the 61 MI Health Link authorizations reported, 100% of the requests were processed within the appropriate timeframes.

\*\*The number of MI Health Link admissions to inpatient, partial and CRU are included in the Provider Network data.

### Provider Network

The UM Team managed a total of 768 consumers within the provider network during the month of May 2021. This includes Inpatient, MI Health Link, Partial Hospital and Crisis Residential. The 592\* Inpatient Admissions, shows a 19.24% decrease from April (i.e., 733). Out of the 592 members admitted for inpatient treatment, 45 readmitted within 30 days of a prior hospitalization, compared to 56 recidivistic members in April 2021. There were 75\* Partial Hospital Admissions in May, which shows a 5% decrease from April (i.e., 80) and 40 Crisis Residential Admissions in May is a 7% increase from April (i.e., 33). Please note that the Crisis Residential Units are still at 50% capacity due to COVID. The preliminary number(s)\* below reflect the admissions for the month of May 2021:

- Inpatient: 592\*
- MHL: 61
- Partial: 75\*
- Crisis Residential: 40

- Total Admissions: 768\*
- Average Length of Inpatient admissions: 10\*

**Safehaus** (preliminary number\*)

**May 2021**

- 7\* females
- 0\* males

**April 2021:**

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

**March 2021**

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

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

**Substance Use Disorder**

**SUD Authorizations**

There was a total of 2247 SUD authorizations approved during the month of May compared to 2123 approved in April, an increase of 6%. UM reviewed 1418 authorizations in May, a 1% increase from 1398 reviewed in April. Access generated the remaining 829 auto-approved authorizations, a 14% increase from 725 in April.

**SUD Administrative Denials**

During the month of May the SUD team issued 17 administrative denials compared to 20 reported last month. The primary reason for administrative denials is failure to adhere to timeliness guidelines.

**Medical Necessity Denial**

There were no SUD medical necessity denials this month.

**SUD Appeal Requests and Appeal Determination Forms**



There were no SUD administrative appeals received during the month.

### **SUD Timeliness Dashboard**

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

### **Utilization Management Committee**

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

### **MCG**

For the month of May, there were 1140 individuals screened in Indica which is an average of 37 cases per day screened using the MCG Behavioral Health Guidelines. This is an increase from an average of 33 cases screened per day in April.

## COVID-19 Quarantine Facility Utilization

<b>Provider</b>	<b>Services</b>	<b># Beds</b>	<b>April 2021 – # Served</b>	<b>May 2021 – # Served</b>
Detroit Family Home-Southfield	Licensed Residential Home- Adults	4	7	3
Novus Living #1 (Romulus)	Licensed Residential Home- Adults	3	7	8
Kinloch Home (Redford)	Licensed Residential Home- Adults	3	7	2*
Detroit Family Home-Boston (Detroit)	Licensed Residential Home- Adults	6	7	3
Angel Patience (Detroit)	Licensed Residential Home- Adults	3	6	6

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

## COVID-19 Positive Cases/Deaths

<b>Residential Consumers</b>	<b>CVD-19+ Cases:</b>	<b>Resident Deaths</b>
May 2021	21	1
April 2021	31	5
March 2021	21	0
February 2021	8	0
January 2021	33	0
December 2020	33	1
November 2020	23	0
October 2020	0	0
<b>FY 2019-20</b>	<b>169</b>	<b>34</b>
Accumulative Total of CVD-19 Positive Residents	242	
Accumulative Total of CVD-19 Resident Deaths	40	

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

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 21-13 R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 6/16/2021

Name of Provider: Wayne County

Contract Title: Wayne County Jail

Address where services are provided: 500 Griswold Detroit MI 48226

Presented to Program Compliance Committee at its meeting on: 6/9/2021

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

Amount of Contract: \$ 9,700,000.00 Previous Fiscal Year: \$ 14,050,000.00

Program Type: Modification

Projected Number Served- Year 1: 6,713 Persons Served (previous fiscal year): 3269

Date Contract First Initiated: 1/1/1998

Provider Impaneled (Y/N)?

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

This revised board action is to increase funding for the Wayne County Jail from \$4,250,000 to \$5,250,000 to align with the number of consumers served and restore a portion of the general fund reduction passed through from MDHHS.

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.

Funding for Children & Family Services (\$3,850,000) and 3rd Circuit Court/Clinic for Child Study (\$600,000) remain unchanged.

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

Source of Funds: Medicaid, General Fund

Fee for Service (Y/N): Y

<b>Revenue</b>	<b>FY 20/21</b>	<b>Annualized</b>
General Fund	\$ 5,700,000.00	\$ 5,700,000.00
Medicaid	\$ 4,000,000.00	\$ 4,000,000.00
<b>Total Revenue</b>	<b>\$ 9,700,000.00</b>	<b>\$ 9,700,000.00</b>

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Interim CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

*Eric Doeh*

*Stacie Durant*

Signed: Thursday, May 27, 2021

Signed: Thursday, May 27, 2021

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: BA 21-32R4 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 6/16/2021

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Supplemental Block Grant Funding

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 6/9/2021

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

Amount of Contract: \$ 6,291,109.00 Previous Fiscal Year: \$

Program Type: New

Projected Number Served- Year 1: 17,000 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 10/1/2020

Provider Impaneled (Y/N)?

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

The SUD Department is recommending board approval in the amount of \$1,847,534.00 of block grant funding, for treatment, and recovery providers for fiscal year 2021 the original award amount \$4,443,575 for a total not to exceed \$6,291,109.

MDHHS has not provided the PIHP's with a workplan however in an effort to expediate the contracting process, DWIHN has included a list of all treatment providers and included estimated amounts to allocate for an amount not to exceed \$1,847,534.

Additionally, The SUD department is requesting approval to re-allocate available block grant funding for Screening, Brief Intervention and Referral to Treatment (SBIRT) services in the amount of \$450,000.00 for SBIRT treatment services.

This service, in error, was not included in the SUD RFP process that occurred in June of 2020 however has been offered to the community for the past 6 years.

The funds were allocated to all providers impaneled and credentialed to perform SBIRT services in an effort to address any procurement issues.

Personalized Nursing Light House was allocated \$100,000.00; Hegira Inc was allocated \$150,000.00; Elmhurst was allocated \$100,000.00; and Sobriety House was allocated \$100,000.00 to provide Brief Screening, Intervention and Referral to Treatment.

Amounts included in this board action can be re-allocated amongst the listed providers without board approval to ensure funds are expended by the end of the fiscal year. This will reduce the amount of lapsed block grants funds that would otherwise be retained by MDHHS at year end.

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

Source of Funds: Block Grant

Fee for Service (Y/N): N

Revenue	FY 20/21	Annualized
SUD Block Grant	\$ 6,291,109.00	\$ 6,291,109.00
	\$ 0.00	\$ 0.00
<b>Total Revenue</b>	\$ 6,291,109.00	\$ 6,291,109.00

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

Type of contract (Business/Clinical):

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Interim CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Thursday, May 27, 2021

Signed: Thursday, May 27, 2021

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: BA#21-33R3 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 6/16/2021

Name of Provider: The Youth Connection, Inc.

Contract Title: Electronic Nicotine Delivery System - Vendor Education

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 6/9/2021

Proposed Contract Term: 6/16/2021 to 9/30/2021

Amount of Contract: \$ 5,628,133.00 Previous Fiscal Year: \$ 5,574,906.00

Program Type: New

Projected Number Served- Year 1: 2,500 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 6/16/2021

Provider Impaneled (Y/N)?

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

The SUD department is requesting an increase of \$4,000. The increase will be allocated to The Youth Connection to educate the retailers and community on Electronic Nicotine Delivery System (ENDS) products. The goal of the ENDS Program is to raise awareness of and research agencies for disposal of ENDS waste products.

Additionally, the SUD department is recommending board approval in the amount of \$852,079 in supplemental Prevention Block grant for a combined total not to exceed \$5,628,133.

MDHHS has not provided the workplan for how the funds can be expended however in the effort to expediate contracts, DWIHN has estimated an allocation to the prevention providers.

The amounts provided on the allocation grid can be re-allocated amongst the providers without board approval in an effort to ensure the funds are expended by year end. This will reduce the likelihood of lapsed block grant funds being retained by MDHHS

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

Source of Funds: Block Grant

Fee for Service (Y/N): N

Revenue	FY 20/21	Annualized
SUD Block Grant	\$ 3,619,133.00	\$ 3,619,133.00
PA2	\$ 2,009,000.00	\$ 2,009,000.00
<b>Total Revenue</b>	<b>\$ 5,628,133.00</b>	<b>\$ 5,628,133.00</b>

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)?

Approved for Submittal to Board:

Eric Doeh, Interim CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Thursday, June 3, 2021

Signed: Thursday, June 3, 2021



**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

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

Presented to Full Board at its Meeting on: 6/16/2021

Name of Provider: Children's Center of Wayne County Inc.

Contract Title: Independent Evaluator for ASD

Address where services are provided: See attached list

Presented to Program Compliance Committee at its meeting on: 6/9/2021

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

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 a 6-month provisional approval to add Sprout Inc. as an additional ASD evaluator to meet the growing demand for Autism screening for children in Wayne County. The request is in an effort to address the backlog of assessments which will allow DWIHN to remain in compliance with regard to MDHHS minimum timeframes for the completion of assessments.

DWIHN's legal department recommended the 6-month provisional approval will allow DWIHN adequate time to present a formal RFP in order to adhere to procurement rules and regulations. Last year, a RFP was completed with a recommendation for two providers, The Children's Center and Social Care Administrators, to perform the Autism assessments. Although Sprout was a respondent to the RFP, they were deemed non-responsive at the time due to a technicality in the RFP language. It should be noted that Sprout's key staff meet the MDHHS qualifications and standards to perform the assessments.

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

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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
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:

Eric Doeh, Interim CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

**Eric Doeh**

**Stacie Durant**

Signed: Thursday, June 3, 2021

Signed: Thursday, June 3, 2021

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 21-69 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 6/16/2021

Name of Provider: Black Family Development, Children's Center of Wayne County Inc., Starfish Family Services (MH)

Contract Title: DWIHN Proposed General Fund Program Allocation

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 6/9/2021

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

Amount of Contract: \$ 3,800,000.00 Previous Fiscal Year: \$

Program Type: New

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

Date Contract First Initiated: 5/25/2021

Provider Impaneled (Y/N)? Y

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

DWIHN is requesting Board approval to re-allocate \$3.8 million of General Fund Dollars. Pursuant to the CFO's review of the expenses incurred through December 31, 2020. DWIHN is projected to have excess State General Fund to allocate to non-Medicaid and/or other funding sources (i.e. grants) programs. The primary reason for the current underspending of state general funds are due to the MDHHS, directed by CMS, moratorium on the continuation of Medicaid insurance during the pandemic; consumers cannot be cut-off of Medicaid. At this time, the moratorium does not have an expiration and is "until further notice".

The programs include: (1) Laptops and tablet for consumers in residential setting to assist with telehealth services \$1 million; (2) Mobile Health units \$685,000; (3) Jail Diversion (Southgate PD, Inkster PD, Livonia PD, Grosse Point PD and Wayne County Airport Authority) \$500,000, (4) Black Family Development \$50,000; Starfish Family Services \$715,000; and (5) The Children's Center \$850,000. The services will include jail diversion, counseling and case management, trauma informed care, speech & occupational Therapy, and to reunite children with birth families.

DWIHN is requesting that funds can be re-allocated between these specific programs without board approval to reduce the risk of lapsing funds to MDHHS.

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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>
General Funds	\$ 3,800,000.00	\$ 3,800,000.00
	\$ 0.00	\$ 0.00
<b>Total Revenue</b>	\$ 3,800,000.00	\$ 3,800,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Interim CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Wednesday, June 2, 2021

Signed: Wednesday, June 2, 2021