



Detroit Wayne Integrated Health Network

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

AGENDA

- I. Call to Order**
- II. Moment of Silence**
- III. Roll Call**
- IV. Approval of the Agenda**
- V. Follow-Up Items from Previous Meeting**
 - A. MI-Health Link Referrals** – Pull out the duplicative numbers of ICO referrals that were sent and counted and report back correct number of referrals to the committee.
 - B. Chief Clinical Officer's Report** – Provide number of staff in residential homes that have received the COVID Vaccine.
- VI. Approval of the Minutes** – January 13, 2021
- VII. Report(s)**
 - A. Corporate Compliance Report
 - B. Managed Care Operations' Quarterly Report
 - C. Residential Care Services' Quarterly Report
 - D. Substance Use Disorders Initiatives' Quarterly Report
 - E. Access and Crisis Services' Quarterly Report
- VIII. Strategic Plan Pillars**
 - A. Access
 - B. Customer
- IX. Revised Annual Utilization Management Program Evaluation FY 2020**
- X. Quality Review(s)**
 - A. FY 2020 Annual QAPIP Evaluation
 - B. QAPIP Work Plan FY 2020-21

Board of Directors

Bernard Parker, Chairperson
Lynne F. Carter, MD
William T. Riley, III

Tim Killeen, Treasurer
Angelo Glenn
Kenya Ruth

Dora Brown, Secretary
Michelle Jawad
Dr. Cynthia Tauieg

Dorothy Burrell
Kevin McNamara

Willie E. Brooks, Jr., President and CEO



XI. Chief Clinical Officer's Report

XII. Unfinished Business

- A. **BA #19-24 (Revised 2)** – ProAct/Interoperability Funding Modification – Relias Learning, LLC
- B. **BA #20-55 (Revised)** – SUD Recovery Home and Mobile Unit COVID-19 Funding Increase – DWIHN's Network Providers
- C. **BA #21-19 (Revised)** – Crisis Intervention Services – Hegira Health, Inc.
- D. **BA #21-40 (Revised)** – School Success Initiatives

XIII. New Business

(Staff Recommendations):

- A. **BA #21-55** – Jail Plus Program – Black Family Development
- B. **BA #21-57** – DWIHN's Detroit Police Department (DPD) Pilot

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

JANUARY 13, 2021

1:00 P.M.

VIRTUAL MEETING

MEETING CALLED BY	I. Dr. Iris Taylor, Program Compliance Chair at 1:00 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Dr. Iris Taylor, Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	<p>Committee Members: Dr. Lynne Carter; Michelle Jawad; Chief William Riley, III; Kenya Ruth; Dr. Cynthia Taueg; and Dr. Iris Taylor</p> <p>Staff: Brooke Blackwell; Willie Brooks; Jacquelyn Davis; Eric Doeh; Nasr Doss; Kimberly Flowers; Shirley Hirsch; Bernard Hooper; Melissa Moody; Darlene Owens; Crystal Palmer; John Pascaretti; Ebony Reynolds; April Siebert; Manny Singla; Michele Vasconcellos; June White; and Nakia Young</p>

AGENDA TOPICS

II. Moment of Silence

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

III. Roll Call

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

IV. Approval of the Agenda

DISCUSSION/ CONCLUSIONS	<p>The Chair called for approval of the agenda. Motion: It was moved by Chief Riley and supported by Dr. Taueg to approve the agenda. Dr. Taylor asked if there were any changes/modifications to the agenda. Dr. Taylor requested that Children's Redesign Update under "Reports" be moved to the first item on the agenda to ensure that they have enough time for discussion. Motion: It was moved by Chief Riley and supported by Mrs. Ruth to approve the agenda as amended. Motion carried.</p>
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V. Children’s Redesign Update

<p>DISCUSSION/ CONCLUSIONS</p>	<p>Eric Doeh, Deputy CEO and COO, Melissa Moody, Chief Clinical Officer, Ebony Reynolds, Clinical Officer of Clinical Practice Improvement and Crystal Palmer, Director of Children’s Initiatives submitted and gave an update on the Children’s Redesign.</p> <p>A. Phase I (Increasing Accessibility-Prevention Services) – Developed and finalized the mental health prevention training modules to address the four Identifiable Risks – Suicide; Anxiety/Depression; Dating Violence; and Bullying. A pre/post-test may be developed county-wide using a survey platform to collect data responses from students and staff attending each session. The primary focus is to purchase the Michigan Model for Health (MMH) to provide to the 11 Community Mental Health Agencies a comprehensive health education curriculum that targets Pre-K through 12th grade students utilizing a skilled-based approach.</p> <p>B. Phase II (Enhance Partnerships) - A letter communicating DWIHN services was distributed to the district superintendents by Wayne RESA’s Associate Superintendent. School representatives have started reaching out to gain more insight to the School Success Initiatives’ purpose, goals and services. Nine providers are interested in expanding services in a variety of ways within the Detroit Public Schools Community District (DPSCD) and Syllabi has been presented to DPSCD and is awaiting approval. DWIHN is collaborating with hospital/clinics to identify a structure and referral network process. DWIHN is also collaborating with other CMHs to develop and implement a curriculum to roll out to schools within Wayne County.</p> <p>C. Phase III (Identifying Deliverables and Measurables) – Staff will be reviewing and modifying our current databases for children’s services; survey CMH agency involvement in Wayne County Schools in order to create the best plan to implement the rollout of the curriculum; and developing a baseline to determine the number of schools receiving services and what services are being delivered. A PowerPoint presentation on Bullying will be presented as one of the curriculums and modules for the Children’s Redesign.</p> <p>Discussion ensued. Dr. Taylor opened the floor for further discussion. The committee requested that the Children’s Redesign Update be moved to the Executive Committee for review and then to Full Board for final approval. (Action) The Chair called for a motion to move the Children’s Redesign update to the Executive Committee for review and then to Full Board for final approval. Motion: It was moved by Chief Riley and supported by Mrs. Ruth to move the Children’s Redesign to Executive Committee for review and then to Full Board for final approval. Motion carried.</p>
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VI. Follow-Up Items from Previous Meetings

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. COVID Update – Darlene Owens, Director of Substance Use Disorder submitted and gave an update on SUD COVID. Ms. Owens reported that in the first quarter the number of staff that tested positive went up but the number of deaths were down.</p> <p>B. Year-End Reports</p> <p>1. Customer Service – Provide a summary of the provider satisfaction surveys administered to the providers and practitioners. Michele Vasconcellos,</p>
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	<p>Director of Customer Service submitted and gave an update on the provider satisfaction surveys administered to the providers and practitioners. Ms. Vasconcellos reported that the survey was administered during the month of September 2020. It is designed to measure DWIHN's contracted provider organizations and practitioner's assessment of its' performances. It was distributed to approximately 450 provider organizations and approximately 2,000 individual practitioners. The response rate increased by 25% but was still below the targeted rate of 50%-75% participation. An ad-hoc group is scheduled to meet on January 22, 2021 to review the FY 2019 and 2020 survey results, survey tool as well as the specific requests for improvement submitted by providers/practitioners as noted in the comment section.</p> <p>2. Integrated Health Care – Provide a breakdown of referrals by ICOs – Kim Flowers, Provider Network Clinical Officer submitted and gave a breakdown of referrals by ICOs. DWIHN received 5, 137 MI Health Link referrals from the five Integrated Care Organizations (ICO) during FY 2020.</p> <p>A. Aetna – 210 (4%); B. AmeriHealth – 91 (2%); C. HAP – 91 (2%); D. Michigan Complete Health – 204 (4%); and E. Molina - 4560 (88%)</p> <p>Michigan Complete Health restructured internally and submitted their referrals via secure fax during FY 2020. The other ICOs submitted their referrals electronically to DWIHN. Discussion ensued. The Committee requested that staff pull out duplicative number of ICO referrals that were sent and counted and report back the correct number of referrals to the committee at next month's meeting. (Action)</p>
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VII. Approval of Meeting Minutes

<p>DISCUSSION/ CONCLUSIONS</p>	<p>The Chair called for approval of the November 12, 2020 meeting minutes. Motion: It was moved by Ms. Jawad and supported by Dr. Carter to approve the November 12, 2020 meeting minutes. Dr. Taylor asked if there were any changes/modifications to the meeting minutes. There were no changes/modifications to the meeting minutes. Motion carried.</p>
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VIII. Reports

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. Corporate Compliance Report - Bernard Hooper, Director of Corporate Compliance submitted and gave an update on the Corporate Compliance report:</p> <ol style="list-style-type: none"> 1. HAP ICO Plan of Correction – The Compliance Audit Plan will be completed on or before January 15, 2021 and will be submitted to HAP along with other final documents for the Plan of Correction associated with the 2020 Annual Compliance Review. 2. DWVHN Compliance Committee - The FY 20-21 Annual Risk Assessment was presented to the Compliance Committee on December 21, 2020. The Assessment comprises risks identified as a result of the HSAG and ICO audits as well as in preparation for the pending NCQA review. The Assessment is also the basis for the development of the Compliance Audit Plan. 3. Attorney General Consultation regarding DWIHN's investigations of Harbor Oaks Hospital – Mr. Hooper consulted with the Attorney General's Office on several audits and monitoring actions conducted by DWIHN
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	<p>regarding the operations of Harbor Oaks Hospital. The Attorney General's Office has indicated that no further action is required by DWIHN in this matter.</p> <p>The Chair called for a motion to accept the Corporate Compliance report. Motion: It was moved by Chief Riley and supported by Dr. Carter to accept the Corporate Compliance report. Dr. Taylor opened the floor for discussion. There was no discussion. Motion carried.</p> <p>B. Utilization Management's Quarterly Report - John Pascaretti, Director of Utilization Management submitted and gave an update on the Utilization Management's quarterly report. DWIHN has filled 1,058 slots (97.6%) out of 1,084 assigned slots for the Habilitation Supports Waiver.</p> <p>The Chair called for a motion to accept the Utilization Management quarterly report. Motion: It was moved by Chief Riley and supported by Dr. Carter to accept Utilization Management quarterly report. Dr. Taylor opened the floor for discussion. There was no discussion. Motion carried.</p>
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IX. Utilization Management Review(s)

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. Annual Utilization Management (UM) Program Evaluation FY 2020 – The UM Program Goals were aligned with and evaluated using the Strategic Plan Pillars of Access, Finance, Quality, Customer, Workforce Development and Advocacy. There were eight UM Program Goals in FY 20. Six goals were partially met and two goals have room for improvement. The committee requested that the correct fiscal year be added before going to Full Board for approval. (Action)</p> <p>B. Utilization Management (UM) Program Description FY 2019-2021 – The UM Program Description was reviewed and approved with no changes at the Utilization Management Committee on December 15, 2020.</p> <p>The Chair called for a motion to accept the Annual Utilization Management Program Evaluation FY 2020 and the Utilization Management Program Description FY 2019-2021. Motion: It was moved by Chief Riley and supported by Dr. Carter to accept the Annual Utilization Management Program Evaluation FY 2020 and the Utilization Management Program Description FY 2019-2021. Motion carried.</p>
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X. Strategic Plan – Access Pillar

<p>DISCUSSION/ CONCLUSIONS</p>	<p><i>The Strategic Plan – Access Pillar was deferred to the February 10, 2021 Program Compliance Committee meeting.</i></p>
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XI. RFP/RFQ Work Plan Questionnaire – Autism Spectrum Disorder (ASD) ABA

<p>DISCUSSION/ CONCLUSIONS</p>	<p>Ebony Reynolds, Clinical Officer of Clinical Practice Improvement submitted and reported on RFP/RFQ Work Plan Questionnaire – Autism Spectrum Disorder (ASD) Applied Behavior Analysis (ABA). Ms. Reynolds reported that there has been an increased interest from more providers delivering this service along with some smaller organizations closing their ABA programs. Therefore, there is a need to procure these services to ensure DWIHN has the most qualified providers delivering these services across Wayne County who are able to sustain this program with the</p>
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	<p>rates identified by DWIHN and to cover service gaps. The Chair called for a motion to accept the RFP/RFQ Work Plan Questionnaire – Autism Spectrum Disorder (ASD) ABA. Motion: It was moved by Chief Riley and supported by Dr. Carter to accept the RFP/RFQ Work Plan Questionnaire – Autism Spectrum Disorder (ASD) ABA. Dr. Taylor opened the floor for discussion. Discussion ensued. Motion carried.</p>
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XII. Quality Review(s)

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. QAPIP Description Plan (October 2020 – September 2022) – April Siebert, Director of Quality Improvement submitted and gave a report on the QAPIP Description Plan (October 2020 – September 2022). Ms. Siebert reported that The Michigan Department of Health and Human Services (MDHHS) requires that each PIHP has a documented Quality Assurance and Improvement Plan (QAPIP) that meets required federal regulations. The QAPIP Program Description is a two-year plan and it covers FY 2020-2021 and FY 2021-22. The Description defines the program purpose, structure and the framework of DWIHN’s Mission, Vision and Values. There were very few updates from the previous year that was made to the QAPIP. The updates made were to ensure the QAPIP aligns with NCQA focus areas (Quality and Safety of Clinical Care; Quality of Service; and Member Experience). The Chair called for a motion to accept the QAPIP Description Plan (October 2020 – September 2022). Motion: It was moved by Dr. Carter and supported by Chief Riley to accept the QAPIP Description Plan (October 2020 – September 2022). Dr. Taylor opened the floor for discussion. There was no discussion. Motion carried.</p>
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XIII. Chief Clinical Officer’s (CCO) Report

<p>DISCUSSION/ CONCLUSIONS</p>	<p>Melissa Moody, Chief Clinical Officer submitted a full report and gave highlights on the Chief Clinical Officer’s report. Mrs. Moody reported that:</p> <ol style="list-style-type: none"> 1. COVID-19 and Inpatient Psychiatric Hospitalization - Hospitalization data showed an increase in admissions for the month of November by approximately 11%, but then a decrease in December by 13%. There were six reported cases of COVID-19 Inpatient in November and an additional six reported cases of COVID-19 Inpatient in December. 2. COVID-19 Intensive Crisis Stabilization Services – COPE had an increase for the months of November (212 served) and December (219 served); and Team Wellness had a decrease in the month of November (34 served) but an increase for the month of December (57 served). 3. COVID-19 Pre-Placement Housing – There were more residential options and homes for the months of November and December. There was an increase in December of COVID-19 positive or symptomatic cases. 4. Residential Department Report of COVID-19 Impact – From 3/30/20 to 12/31/20, 221 positive cases were reported and 35 reported deaths. 5. COVID-19 Recovery Housing/Recovery Support Services – There were nine (9) clients served in the month of November and 13 clients served in the month of December for Quality Behavioral Health; and eight (8) served in the month of November and 9 clients served in the month of December for the Detroit Rescue Mission Ministries (DRMM).
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	<p>6. Michigan COVID-19 Update – In an effort to reach the goal of having at least 70% of Michigan residents vaccinated, Michigan has now moved into the next phase of COVID-19 vaccinations: Phase 1C (Group A): Persons 65-74 years of age and pre-k teachers and childcare providers.</p> <p>The Chair called for a motion to accept the Chief Clinical Officer’s report.</p> <p>Motion: It was moved by Chief Riley and supported by Dr. Carter to accept the Chief Clinical Officer’s Report. Dr. Taylor opened the floor for discussion. The committee requested the number of staff in residential homes that have received the COVID-19 vaccine. (Action) Motion carried.</p>
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XIV. Unfinished Business

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. BA# 21-23 (Revised) – Provider Network System – The Chair called for a motion on BA #21-23 (Revised). Motion: It was moved by Chief Riley and supported by Dr. Carter to move BA #21-23 (Revised) to Full Board for approval. Staff requesting approval for this revised board action to include Genoa Healthcare, LLC (formerly known as Advance Care) to the DWIHN’s Network Provider system. Dr. Taylor opened the floor for discussion. There was no discussion. Motion carried.</p> <p>B. BA #21-40 (Revised) – School Success Initiatives – The Chair called for a motion on BA #21-40 (Revised). Discussion ensued. The committee had concerns that the content in the board action was too generic and should include how the money will be distributed. Staff requested that the board action be deferred and brought back next month with the requested changes. Motion: It was moved by Chief Riley and supported by Dr. Carter to defer BA #21-40 (Revised) to next month’s Program Compliance Committee meeting. Dr. Taylor opened the floor for discussion. There was no discussion. Motion carried.</p>
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XV. New Business: Staff Recommendation(s) -

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. BA# 21-53 – HUD Permanent Supporting Housing – Coalition on Temporary Shelter (COTS) and Central City Integrated Health (CCIH) –The Chair called for a motion on BA #21-53. Motion: It was moved by Dr. Carter and supported by Chief Riley to move BA #21-53 to Full Board for approval. Staff requesting board approval to renew and disburse U.S. Department of Housing and Urban Development (HUD) Supportive Housing funds for existing grant programs (Coalition on Temporary Shelter (COTS); Development Centers, Inc. (DCI); Central City Integrated Health (CCIH); Southwest Counseling Solutions; and Wayne Metropolitan Community Action Agency). Dr. Taylor opened the floor for discussion. There was no discussion. Motion carried.</p>
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XVI. Good and Welfare/Public Comment

<p>DISCUSSION/ CONCLUSIONS</p>	<p>The Chair asked if there were any Good and Welfare/Public Comment. There was no Good and Welfare/Public Comment.</p>
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ACTION ITEMS	Responsible Person	Due Date
1. Children’s Redesign Update – Move the Children’s Redesign update to the Executive Committee for review and then to Full Board for final approval.	Lillian Blackshire	TBD
2. Follow-Up Items from Previous Meeting: A. Integrated Health Care - Pull out duplicative number of ICO referrals that were sent and counted and report the correct number of referrals to the committee at next month’s meeting.	Kim Flowers	February 10, 2021
3. Utilization Management Review: A. Annual Utilization Management (UM) Program Evaluation FY 2020 –Correct fiscal year on document before going to Full Board for approval.	John Pascaretti	COMPLETED
4. Chief Clinical Officer’s Report - Provide the number of staff in residential homes that have received the COVID vaccine.	Melissa Moody	February 10, 2021

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

ADJOURNED: 2:57 p.m.

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



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

Department Monthly Report: January 2021

Residential Assessment Productivity

Last Report's <i>Pending Assignments COMPLETED</i>	19 of 23
# of Referral Requests RECEIVED for January 2021	268
Assessment Not Needed/Referral Cancelled	52
Cases Requiring Placement/Brokering Only	12
Assessments Awaiting Completion	46
Total Completed Assessments	158

Per Disability Designation	
AMI Referrals	200
IDD Referrals	68

Referral Sources

Inpatient Hospitals	89
<i>Emergency Departments</i>	<i>7</i>
CRSP	68
<i>Youth Aging Out (DHHS)</i>	<i>3</i>
Pre-placement (C.O.P.E.)	7
Crisis Residential	4
Nursing Homes	8
In-Home Assessments (via Teleconference)	82
Total Received Referrals	268

COVID-19

of Positive Cases Reported (1/1/21 – 1/31/21): **33** (+7)

Per Designation	AMI	I/DD
Males	10	12
Females	5	6

of Deaths Reported (1/1/21 – 1/31/21): **0** (-1)

Per Designation	AMI	I/DD
Males	0	0
Females	0	0



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

Residential Service Authorizations

Total Received Authorizations	791
Authorizations Completed	626
Requests Returned to CRSP	165

Authorization Submission Type	
Internal Requests Submitted by Residential Care Specialists	168
Requests Processed Through MHWIN Queues	623

Authorization (Per Disability Designation)	
AMI Authorizations	384
IDD Authorizations	407

30-Day/Emergency Consumer Discharge Notifications

Total Received Consumer Notifications	12
30-Day Notices for Licensed Facilities	7
Emergency Discharges	5
Consumer Relocation Requests	0
Rescinded Requests/Self-Discharges	0



Detroit Wayne Integrated Health Network Residential Services Department

Department Project Summaries

Authorizations

- H2015 Project:** IT submitted a spreadsheet for the department's review to confirm true authorizations of specialized services to unlicensed residential facilities awaiting approval in MHWIN queues. The following is the results of 800 related authorizations reviewed.:

*IPOS has expired	38
*Self-Determination	32
Confirmed Member no longer lives in the facility/Pre-Placement listed	37
Authorization request needed by CRSP	603
Consumer is deceased	8
Authorization is ACTIVE	76
Licensed Home listed	6

**Notifications sent to the CRSP to advise of corrections needed.*

- H2016/T1020 Authorization Clean-up:** The finance department issued a spreadsheet for the department's review to confirm true authorizations of specialized services for licensed settings awaiting approval in MHWIN queues. The following is the results of 281 related authorizations reviewed.:

Authorizations Approved	208
*No Authorizations: <i>(Returned to Requester/Not Requested by CRSP)</i>	43
*IPOS has expired	20
Confirmed Member no longer lives in the facility	8
Home is CLOSED/Unlicensed Home	2

**Requests returned to the CRSP to complete*

Facility Closures

- None to report**

Department Meetings & Trainings

- No trainings in January 2021**

The department has scheduled 20 CRSP monthly meetings for a one-hour discussion to address specific case reviews/clinical concerns, staff changes, and department-related inquiries. This presents an opportunity for residential to keep the CRSP abreast of upcoming processes and procedures.

(Meeting Calendar is attached)



Detroit Wayne Integrated Health Network Residential Services Department

DWIHN Residential Assessments/SPGs

Residential Assessment (SPG) Development Team

Darryl Smith

I am actively involved in the updating the new residential assessment. The reason for the assessment having to be updated is due to it not working with the new 2015 authorizations. This assessment is a shared assessment and the authorization shares the staffing also. So there is a need to update the assessment to coincide with the codes.

I am responsible or working with CLS. Any questions, overview on assessment completion and all other needs are directed to me and I assist. I spend most of my time sitting in on assessments to ensure that they are completed properly. I also assist with MORC and NSO in the same capacity.

Sheila Jones

I am working with some of my colleagues to make a few changes to the SPG Residential CLS/PC Worksheets that could be more beneficial for licensed and unlicensed facilities when addressing the H2015 codes.

I am involved with the Children's Initiative and Age Out Power Point Prestation quarterly for DHHS staff members. It's a very informative presentation that express Autism and children aging out of the foster care system. I informed DHHS staff how to address the referral packet and the resources that DWIHN offer along with other resources out in the community.

Michael Jackson

Special Projects:

- o COVID-19 weekly monitoring & (Project Reach Out)
- o Contact Providers on a weekly basis to inquiry if any staff or consumers tested positive.
- o Document information in COVID grid. If any consumer or staff test positive be sure to gather additional information that is outlined in grid.
- o Inform Megan L RCS, of positive cases to be tracked until they test negative
- o Send any new updates/ resources to providers to keep them inform. Inquiry about any COVID relating

Redesigning SPG Documents

- o Worked with a team of 3 other RCS (1 RCS for AMI consumers and 2 RCS for IDD consumers)
- o Reviewed current document to explore the effectiveness of the assessment tool for AFC and SIL placement.
- o Team documented recommendation and suggestions to make the form more efficient and to capture necessary information.
- o Team meets on a weekly basis suggestion will be shared with upper management, and then possibly PCE.
- o Uploading SAL's to reflect telehealth modifiers.



Detroit Wayne Integrated Health Network Residential Services Department

Megan Latimer

Special Projects:

- **COVID-19 monthly reporting and data collection**
 - Update COVID-19 master list (2 different tabs on Excel sheet) when COVID-19 positive cases and or deaths of AFC residents/staff are identified by residential department team members (calling for Project Reach Out) or residential referrals are made by the case manager.
 - Send report on the number of + cases and or deaths for that day and the accumulative number. This report breaks down the numbers based on age, IDD/AMI and gender.
 - I have participated in meetings with residential management and I have attended Hospital Liaison meetings (12/4/2020), along with Lezlee Adkisson, to discuss our findings of COVID-19 in the residential department.
 - Communicate with Lezlee Adkisson, RCS, on those residents who require a Pre-Placement for COVID-19 quarantine.
- **Project Reach Out**
 - Call providers from call list weekly to inquire about 1.) Any staff or residents that have been tested positive for COVID-19 2.) Issues with obtaining PPE 3.) Overall Concerns or issues 4.) Sending resources/information to providers that relate to COVID-19, DWIHN etc. 5.) Collecting information on residents and # of staff who have received the COVID-19 vaccination. 6.) Updating # of residents who reside at the facility and # of staff
 - Meetings related to Project Reach Out occur every Tuesday @ 1 pm

Department Goals

Automated Productivity Reporting

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

Residential Review Committee

- We are in the process of creating an interdepartmental committee to conduct comprehensive reviews of contested assessments/SPGs. We hope the committee will reduce the number of grievances and allow for a process to address residential providers and/or CRSP inquiries and concerns.

Residential Task Log

- Attached for review.

January 2021 - March 2021

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

Residential Department Task Log

Received Date	Originated From	Assigned To	Assignment Date	Task Name	Task Requirements	Last Status Update	Projected Completion Date	Actual Completion Date
01/14/21	Shirley Hirsch	Sherri Watson	01/14/21	Updates to Residential Referral Checklist: Form	Adding COVID test results, vaccinations (Dose 1/Dose2)			
01/06/21	Shirley Hirsch	Kelly McGhee, Sherri Watson	01/06/21	Process Flow of Consumer Medical Review Protocol for Residential Providers, managed by designated CRSP		01/16/21	ASAP	
01/06/21	Kelly McGhee	Sherri Watson, Jessica Wright	01/06/21	Consumer Discharge Smartsheet	Specify detailed Smartsheet to identify green/yellow/red cases for timeframe tracking	01/06/21	01/08/21	
12/21/20	Shirley Hirsch	Sherri Watson	12/21/20	Self Determination Tracking and Process Flow	Finalize process flow to determine whether submitted SD referrals are to remain or are no longer under SD services, coordinated with SD Liaison Lucinda Brown (cases forwarded for review of current financial status). Residential Admin Specialist to develop process flow for specified referrals types and report tracking.	01/06/21	01/31/21	
12/21/20	Shirley Hirsch	Jessica Wright	12/21/20	30-Day Discharge Reporting Updates/Revision	Reporting grid review/update to track length of time for discharge notifications, carry-overs from previous month and process barriers (extending past 30-day or Emergency discharge timeframe).	12/21/20	01/31/21	
12/16/20	MCO	Amelia Answorth, Andrea Gullbault, Sherri Watson	12/16/20	Res Provider Suspension for Tender Heart Care AFC	RS Director advise MCO reporting 6 month contract suspension for residential provider of all DWIHN services until February 2021.	12/16/20	02/28/21	
09/23/20	Shirley Hirsch	Sherri Watson	11/01/20	CRSP Monthly Meetings with DWIHN Residential Services	CNS Healthcare (rec'd notice CRSP is merging w/ NEIH)		ASAP	
09/15/20	Shirley Hirsch	Authorization Team, Darryl Smith, Sheila Jones	09/15/20	CRSP Process for PCICLS Worksheet Entry	CRSP Notification of H2015 worksheet suspension, effective 9/15/20 thru 10/15/20	10/15/20	12/31/20	
12/16/20	Shirley Hirsch	Residential Staff		Identifying Difficult Case Referrals in RS	Identify RS staff to review sever cases and placement history	12/21/20	ON GOING	
11/01/20	Shirley Hirsch	Darryl Smith, Sheila Jones, Megan Latimer, Michael Jackson		Department Workflows/Process Development for CRSP	Urgent/Emergent Residential Assessment/SPG Process Flow		ON GOING	
11/01/20	Shirley Hirsch	Darryl Smith, Sheila Jones, Megan Latimer, Michael Jackson		Department Workflows/Process Development for CRSP	Residential Assessment/SPG Process Flow and changes		ON GOING	
11/01/20	Shirley Hirsch	Kelly McGhee		Department Workflows/Process Development for CRSP	Internal (Res) Provider Consumer Transfers		ON GOING	
11/01/20	June White, Rai Williams	Shirley Hirsch, Kelly McGhee, Sherri Watson		Internal Department Notifications	(CRSP) Outpatient Provider Meetings		ON GOING	
11/01/20	June White, Rai Williams	Shirley Hirsch, Kelly McGhee, Sherri Watson		Internal Department Notifications	Hospital Liaison Provider Meetings		ON GOING	
11/01/20	June White, Rai Williams	Shirley Hirsch, Kelly McGhee, Sherri Watson		Internal Department Notifications	Residential Provider Meetings		ON GOING	
10/01/18	Stacie Durant	Shirley Hirsch		Title XIX (19)	Review and grant auth requests through ASAP System for CRSP/CMH workers	ON GOING		
	Shirley Hirsch	Sherri Watson, Lezlee Adkisson, Megan Latimer		Temporary COVID-19 Quarantine facilities	Detroit Family Home-Southfield			
	Shirley Hirsch	Residential Auth Team		CRSP Service Authorization Entries thru MHWIN	CRSP to complete all active service auths at least 30 days in advance of the authorization expiration		03/31/21	
	Shirley Hirsch	Residential Auth Team		CRSP Intern IPOS for service date gaps				
	Shirley Hirsch	Sherri Watson	02/02/21	Residential Provider MASTER List	Sort by Area/City/etc.			
	Shirley Hirsch	Sherri Watson	02/02/21	Brokering Letter: Acceptance/Denial for Brokering Letter	To be added to RS Team Monthly Meeting			
01/14/21	Shirley Hirsch	Lezlee Adkisson	01/14/21	3 (siblings) DD consumers @ Ascension St John Moross: 35117, 4571, & 166777	Assigned to RCS (LA) upon receipt: 3 DD siblings (patient requiring immediate specialized placement. APS involvement. NSO reassigned to consumers)	01/21/21	ASAP	01/22/21
12/21/20	Shirley Hirsch	Kelly McGhee, Amelia Answorth, Andrea Gullbault	12/21/20	Residential Consumer Timeline for Facility	RS Manager to review with RCC the redevelopment of reporting facility closures and specific complexities reported during the process: i.e. template letter/communications, consumer/guardian consents, referrals to alternate placements, final decisions, etc.	12/21/20	01/31/21	12/18/20

Residential Department Task Log

12/21/20	Shirley Hirsch	Kelly McGhee, Sherril Watson, Amelia Answorth	12/21/20	Timeline for Samaritan Care Inc. Facility Closure	Legal Counsel requested	12/21/20	ASAP	12/23/20
12/16/20	Shir	Kelly McGhee, Sherril Watson, Kate Mancani, Meaghan Karata	12/16/20	Suspension of H2015 Continued Assessments-Directions to the CRSP	Email communication developed and sent out to DWIHN CRSP Supervisory to notify of continued suspension of H2015 entries into MHWIN through 3/31/2021.	12/18/20	ASAP	12/18/20
12/08/20	Shirley Hirsch	Kathryn Mancani; Meaghan Karata; Christia Gayed	12/07/20	Missing Auths for Licensed Settings	Auth team to review spreadsheet from IT and Finance to determine if auths are outstanding.	12/11/20	ASAP	12/11/20
12/01/20	Shirley Hirsch	Kelly McGhee, Sherril Watson, Amelia Answorth, Jessica Wright, Megan Laimier	12/18/20	Hope Network Discharge Notification for TR-439221	Residential Services case review timeline for designed consumer at Hope Network's Westlake V Facility.	12/18/20	ASAP	12/18/20
11/27/20	Shirley Hirsch	Sherril Watson; Amelia Answorth	11/27/20	SMARTSHEET for Residential Facility Home Closures	For automated reporting	12/04/20	ASAP	12/04/20
11/17/20	Finance Department (J White)	Kathryn Mancani; Meaghan Karata	11/13/20	AMI CRSP Focus Group Meeting	HPI, LBS, & TEAM (AMI Focus Group) invited to review our PowerPoint Presentation with RS Auth Team to discuss real-life scenarios to assist with modifying CRSP Training materials. Auth team will then schedule a meeting with Jeff White to discuss findings.	11/17/20	ASAP	11/17/20
11/12/20	Finance Department (J White)	Kathryn Mancani; Meaghan Karata	11/13/20	IDD CRSP Focus Group Meeting	MORC & PsyGenics (IDD Focus Group) invited to review our PowerPoint Presentation with RS Auth Team to discuss real-life scenarios to assist with modifying CRSP Training materials. Auth team will then schedule a meeting with Jeff White to discuss findings.	11/17/20	ASAP	11/17/20
11/12/20	Finance Department (J White)	Kathryn Mancani; Meaghan Karata	11/13/20	AMI/IDD Focus Group Review with Jeff White (Finance)	Auth Team to discuss AMI/IDD CRSP Focus Group findings with identified scenarios.	11/17/20	ASAP	11/18/20
09/28/20	Shirley Hirsch	Kelly McGhee	09/21/20	Residential Provider/CRSP Review for Assessment Reconsideration	Process and Work flow development	12/03/20	ASAP	12/03/20
09/23/20	Shirley Hirsch	Sherril Watson	11/01/20	CRSP Monthly Meetings with DWIHN Residential Services	ACC: every 4th Wednesday at 9 AM	10/28/20	ASAP	10/28/20
09/28/20	Shirley Hirsch	Sherril Watson	09/28/20	CRSP Case Management Responsibilities	Review prior (CRL) documents to convert for DWIHN documentation	12/03/20	ASAP	02/19/21
09/23/20	Shirley Hirsch	Sherril Watson	11/01/20	CRSP Monthly Meetings with DWIHN Residential Services	JNS Human Services: every 2nd Friday @ 9:30 AM	02/12/21	ASAP	02/19/21
09/23/20	Shirley Hirsch	Sherril Watson	11/01/20	CRSP Monthly Meetings with DWIHN Residential Services	Goodwill-Detroit: every 2nd Friday @ 10:30 AM	02/12/21	ASAP	02/19/21
09/23/20	Shirley Hirsch	Sherril Watson	11/01/20	CRSP Monthly Meetings with DWIHN Residential Services	Lincoln Behavioral Services: every 3rd Thursday @ 1 PM	02/18/21	ASAP	02/19/21
09/23/20	Shirley Hirsch	Sherril Watson	11/01/20	CRSP Monthly Meetings with DWIHN Residential Services	MORC: every 4th Monday @ 11:30 AM	02/22/21	ASAP	02/19/21
09/23/20	Shirley Hirsch	Sherril Watson	11/01/20	CRSP Monthly Meetings with DWIHN Residential Services	CLS: every 4th Friday @ 10 AM	02/28/21	ASAP	02/19/21
09/23/20	Shirley Hirsch	Sherril Watson	11/01/20	CRSP Monthly Meetings with DWIHN Residential Services	Wayne Center (Sheila Jones)		ASAP	02/19/21
09/23/20	Shirley Hirsch	Sherril Watson	11/01/20	CRSP Monthly Meetings with DWIHN Residential Services	All-Well Being Services: every 4th Wednesday at 2 PM	10/28/20	ASAP	10/28/20
09/23/20	Shirley Hirsch	Sherril Watson	11/01/20	CRSP Monthly Meetings with DWIHN Residential Services	Southwest Solutions: every 1st Monday at 3 PM	11/02/20	ASAP	11/02/20
09/23/20	Shirley Hirsch	Sherril Watson	11/01/20	CRSP Monthly Meetings with DWIHN Residential Services	PsyGenics: every 3rd Monday at 1 PM	11/16/20	ASAP	11/16/20
09/23/20	Shirley Hirsch	Sherril Watson	11/01/20	CRSP Monthly Meetings with DWIHN Residential Services	ACCESS: every 3rd Monday at 2 PM	11/16/20	ASAP	11/16/20
09/23/20	Shirley Hirsch	Sherril Watson	11/01/20	CRSP Monthly Meetings with DWIHN Residential Services	S.T.E.P.: every 3rd Tuesday at 12 PM	11/17/20	ASAP	11/17/20
09/23/20	Shirley Hirsch	Sherril Watson	11/01/20	CRSP Monthly Meetings with DWIHN Residential Services	Hegira Programs Inc.: every 1st Wednesday at 12 PM	12/02/20	ASAP	12/02/20
09/23/20	Shirley Hirsch	Sherril Watson	12/15/20	CRSP Monthly Meetings with DWIHN Residential Services	Spectrum Community Services: every 3rd Monday at 11:30 AM	12/18/20	ASAP	12/23/20
09/23/20	Shirley Hirsch	Sherril Watson	11/01/20	CRSP Monthly Meetings with DWIHN Residential Services	Team Wellness: every 1st Friday @ 1 PM	01/22/21	ASAP	02/05/21

Residential Department Task Log

09/23/20	Shirley Hirsch	Sherri Watson	11/01/20	CRSP Monthly Meetings with DWIHN Residential Services	The Guidance Center: every 2nd Tuesday @ 3 PM	01/22/21	ASAP	02/09/21
09/23/20	Shirley Hirsch	Sherri Watson	11/01/20	CRSP Monthly Meetings with DWIHN Residential Services	Northeast Integrated Health: every 2nd Tuesday @ 2 PM	01/22/21	ASAP	02/09/21
09/23/20	Shirley Hirsch	Sherri Watson	11/01/20	CRSP Monthly Meetings with DWIHN Residential Services	CCS: every 2nd Thursday @ 1 PM	01/22/21	ASAP	02/11/21
09/23/20	Shirley Hirsch	Sherri Watson	11/01/20	CRSP Monthly Meetings with DWIHN Residential Services	DCI: every 2nd Thursday @ 12 PM	01/22/21	ASAP	02/11/21
09/23/20	Shirley Hirsch	Sherri Watson	11/01/20	CRSP Monthly Meetings with DWIHN Residential Services	COIH: every 3rd Friday @ 10 AM	01/22/21	ASAP	02/19/21
09/23/20	Shirley Hirsch	Sherri Watson	11/01/20	CRSP Monthly Meetings with DWIHN Residential Services	NSO: every 4th Friday @ 1 PM	01/22/21	ASAP	02/26/21
09/17/20	Shirley Hirsch	Sherri Watson	09/23/20	CRSP Monthly Meetings with DWIHN Residential Services	CRSP Invite DRAFT from Director Shirley Hirsch	09/27/20	ASAP	09/27/20
	Shirley Hirsch	Sherri Watson; Lazlee Adkisson; Megan Latimer		Temporary COVID-19 Quarantine facilities	Forever Care-Taylor	10/09/20	ASAP	10/09/20
	Shirley Hirsch	Sherri Watson; Lazlee Adkisson; Megan Latimer		Temporary COVID-19 Quarantine facilities	Angeli Patience	11/01/20	ASAP	11/01/20
	Shirley Hirsch	Sherri Watson; Lazlee Adkisson; Megan Latimer		Temporary COVID-19 Quarantine facilities	Novus Living 1	11/21/20	ASAP	11/21/20
	Shirley Hirsch	Sherri Watson; Lazlee Adkisson; Megan Latimer		Temporary COVID-19 Quarantine facilities	Detroit Family Home-Boston	01/25/20	ASAP	01/25/20
	Shirley Hirsch	Sherri Watson; Lazlee Adkisson; Megan Latimer		Temporary COVID-19 Quarantine facilities	Infinity Care-Kinloch Home	11/25/20	ASAP	11/25/20
	Shirley Hirsch	Darryl Smith, Kathryn Mancani, Annetta McClain	11/19/20	CRSP Refresher Sessions-IDD CRSP Providers	Confirmed dates and times for CRSP refresher sessions on service auth process (K Mancani), residential assessment/SPG updates/changes (D Smith), and standardized progress notes (A McClain)	11/19/20; 11/24/20; and 12/3/20	12/03/20	12/03/20
	Shirley Hirsch	Darryl Smith, Kathryn Mancani, Annetta McClain	11/19/20	CRSP Refresher Sessions-AMI CRSP Providers	Confirmed dates and times for CRSP refresher sessions on service auth process (K Mancani), residential assessment/SPG updates/changes (D Smith), and standardized progress notes (A McClain)	11/19/20; 11/24/20; and 12/3/20	12/03/20	12/03/20

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

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

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

COVID-19 & INPATIENT PSYCHIATRIC HOSPITALIZATION

	# of Inpatient Hospitalizations
November 20	704
December 20	613
January 2021	685

Inpatient Hospital Admission Authorization data as of 1/31/2021

Hospitalizations data showed an increase in admissions for the month of January by approximately 12%. There were also 14 reported cases of COVID-19 Inpatient/partial hospitalization in January (December 2020- 6).

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

Crisis Stabilization Service Provider	Services	Capacity	January 2021- # Served
Community Outreach for Psychiatric Emergencies (COPE)	Intensive Crisis Stabilization Services (MDHHS Approved)	9	245 (Dec. report- 219)
Team Wellness Center (TWC)	Intensive Crisis Stabilization Services (MDHHS Approved)	18	42 (Dec. report- 57)

*There was a 4% increase in crisis stabilization services provided in January 2021

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

Provider	Services	# Beds	Dec. 2020- # Served	Jan 2021 - # Served
Detroit Family Homes	Licensed Residential Home- Adults	4	6	3
Novis-Romulus	Licensed Residential Home- Adults	3	11	8
Kinloch	Licensed Residential Home- Adults	3	0	3
Detroit Family Home- Boston	Licensed Residential Home- Adults	6	3	0
Angel Patience	Licensed Residential Home- Adults	3	0	1

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

Residential Department Report of COVID-19 Impact:

Total # of COVID-19+ Cases in Residential Placement	Cumulative (Dates 3/30/20 to 1/31/2021)
	258 (221 through Dec. 2020)
# of Deaths Reported	40 (35 through Dec. 2020)
Total # COVID-19+ Staff in Residential Placement	89 (through 1/31/2021)
# of Staff Deaths Reported	3

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- January 2021
Quality Behavioral Health (QBH)	36	14 (Dec- 13)
Detroit Rescue Mission Ministries (DRMM)	86	15 (Dec- 9)

*30% increase in the utilization of Covid-19 recovery homes in the month of January 2021 (compared to Dec. 2020)

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 January 2021
Community Care Services	Children ages 6-17 Adults ages 18 & older	Mon. -Fri. 8:30am – 6:00pm	3 Adults (10 in December)
Northeast Integrated Health	Adults ages 18 & older	Mon.- Fri.9am – 9pm Saturdays 9am- 1pm	13 Adults (13 in December)
The Children's Center	Children SED ages 6-17	Monday thru Friday 8:00am – 8:00pm	18 Youth (15 in December)

*Slight (10%) decrease in utilization of Urgent Behavioral Health Urgent Care Services in January 2021.

COVID-19 OPERATIONAL Plans

Michigan COVID-19 Cases Increase: February 1, 2021 update: The total number of confirmed COVID-19 cases in Michigan is 561,307 with 14,609 deaths. Wayne County is reported to have 61,791 confirmed cases and 1,974 deaths, Detroit is listed with 28,779 confirmed cases with 1,795 deaths reported. (Source: www.michigan.gov/Coronavirus)

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

Michigan COVID-19 Updates:

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

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

The City of Detroit has partnered with DWIHN to distribute vaccinations to the following groups: Adult Foster Care and Substance Use staff and residents, and CRSP network provider. This is targeted to begin the week of 2/8/2021 (over a 2-week span) at identified locations throughout the City of Detroit. This includes select provider locations and the utilization of mobile units to go to residential settings. It is estimated that between 100 to 300 persons may be vaccinated per day.



February 10, 2021

Strategic Plan – CUSTOMER PILLAR

Program Compliance Committee Status Report

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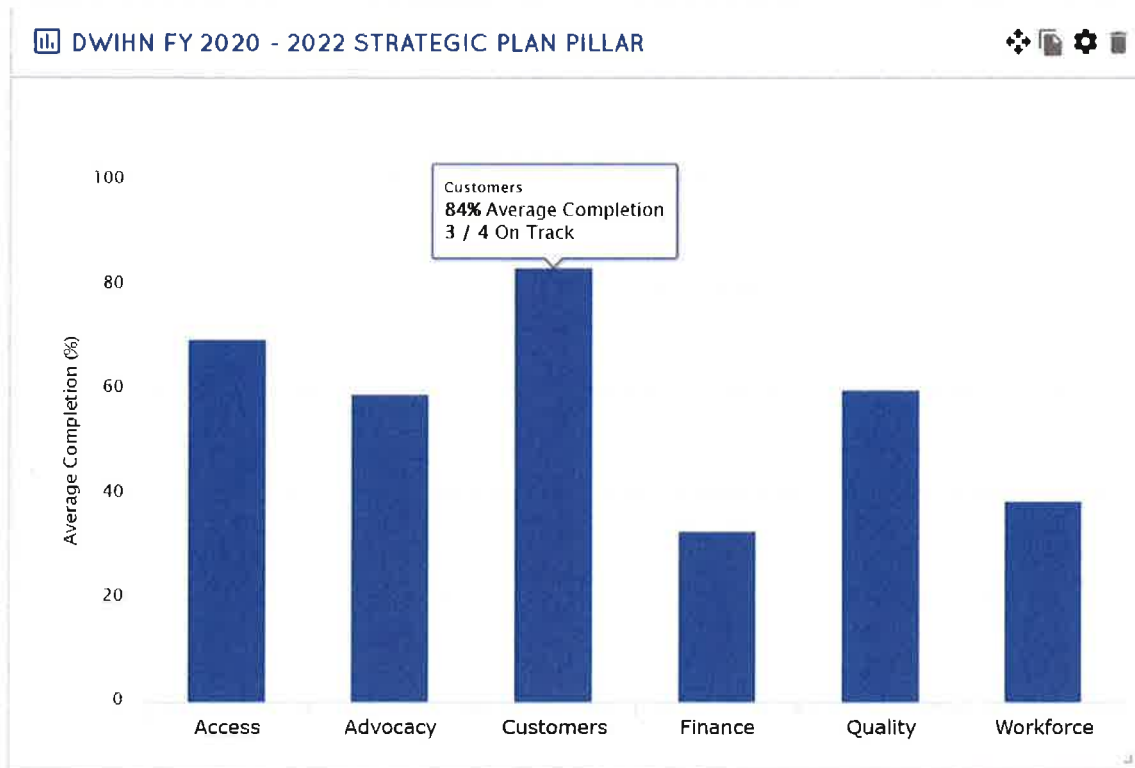
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To our board members:

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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 70% completion on this pillar. There are four (4) goals under this pillar. They currently range from 35% - 100% completion.

Title	Completion
Create infrastructure to support a holistic care delivery system (full array) by 31st Dec 2021	35%
Create Integrated Continuum of Care for Youth by 30th Sep 2020	83%
Establish an effective crisis response system by 31st Dec 2021	62%
Implement Justice Involved Continuum of Care by 30th Sep 2020	100%

Quality Pillar is presented under the leadership of April Siebert, Director of Quality. Overall, we are at 60% completion on this pillar. There are four (4) organizational goals. They range from 48% to 95% completion for the high-level goals.

Title	Completion
Ensure consistent Quality by 31st Dec 2021	48%
Ensure the ability to share/access health information across systems to coordinate care by 31st Dec 2021	95%
Implement Holistic Care Model: 1 unit by 31st Dec 2021	50%
Improve population health outcomes by 31st Dec 2021	74%

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

A detail report of this pillar will follow.

Pillar		84%
CUSTOMERS		
Title	Completion	
Enhance the Provider experience by 30th Dec 2022	78%	
Ensure Inclusion and Choice for members by 30th Sep 2021	92%	
Improve person's experience of care and health outcomes by 30th Dec 2022	64%	

Customer Pillar
Detailed Dashboard
Program Compliance Committee Meeting

February 10, 2021



14 GOALS

73% GOAL COMPLETION

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

DWHIN FY 2020 - 2022 STRATEGIC PLAN PLAN CUSTOMERS

Goal	Owner	Risk	Update	Current Co...
Enhance the Provider experience	- -			
→ Ensure 80% Provider satisfaction: 0.3333% to 104.53%	June White Director of Network Management		NEW June White: The provider/practitioner survey was distributed late September 2020. It was analyzed in January 2021. A full report was presented to PCC and QISC, there is room for improvement of the survey in which an Adhoc meeting was held in January 22 to discuss next step and ways to improve. 01/25/2021	78% 26% ahead
→ Improve level of support by conducting regularly scheduled system training across network: 100%	Manny Singla CIO		NEW Manny Singla: A new care coordination platform is going to be piloted with providers along with HEDIS quality measures to ensure we are providing care in a holistic fashion and using a outcomes and data driven approach 01/28/2021	81% 84.5 / 104.53% 1.08% ahead
→ Provide tools and support to ensure providers have more meaningful experience: 100%	Manny Singla CIO		NEW Manny Singla: Additional tools are being evaluated to improve user experience by leveraging technology including availability of desk phone on the mobile as well as laptops to be able to support the network. Providing network providers ability to access and manage staff trainings through self service portal. Creating online service requests for new staff along with provider enrollment. 09/30/2020	84% 84 / 100% 24% ahead
				70% 70 / 100% 10% ahead

<p>Ensure Inclusion and Choice for members</p> <p>Lucinda Brown Self Determination Network Provider Program Administrator</p> <p>Lucinda Brown Self Determination Network Provider Program Administrator</p> <p>→ Build infrastructure to support the implementation of Self Determined/PCP/Shared Decision Making: 100%</p> <p>→ Develop components to support the Self Determination by enabling individualized budget, agreements in the MHWIN system along with standardized IPOS: 100%</p> <p>→ Increase the competencies around Self Determination, Shared Decision Making and Person Centered Planning: 100%</p> <p>→ Offer Self-Determination and Self-Directed Arrangements across all populations served: 100%</p> <p>Improve person's experience of care and health outcomes</p> <p>→ Deliver information about Provider Sites and Practitioners in appropriate formats: 100%</p> <p>→ Ensure 80% member satisfaction: 100%</p> <p>→ Ensure Access to Recipient Rights</p> <p>→ Ensure individuals are placed in the least restrictive environment</p>	<p>Lucinda Brown Self Determination Network Provider Program Administrator</p> <p>Lucinda Brown Self Determination Network Provider Program Administrator</p> <p>Andrea Smith Director of Workforce Development</p> <p>Lucinda Brown Self Determination Network Provider Program Administrator</p> <p>Lucinda Brown Self Determination Network Provider Program Administrator</p> <p>- -</p> <p>Michele Vasconcellos Director of Customer Service</p> <p>Michele Vasconcellos Director of Customer Service</p> <p>Polly McCallister Director of Recipient Rights</p> <p>Jacquelyn Davis Director of Access and Crisis Services</p>	<p>NEW Lucinda Brown: All components for all members to Self-Direct their services are in place at DWIHN. 01/25/2021</p> <p>NEW Lucinda Brown: DWIHN has completed the infrastructure to support anyone who receives services to Self-Direct their services. 01/25/2021</p> <p>NEW Lucinda Brown: The individual budget is now available in production mode within MHWIN. 01/25/2021</p> <p>NEW Lucinda Brown: The final component (budgets) for self-directing services was completed this past quarter in MHWIN. DWIHN now has the infrastructure to assist any member to Self-Direct their services. 01/25/2021</p> <p>NEW Lucinda Brown: The final component (budgets) for self-directing services was completed this past quarter in MHWIN. DWIHN now has the infrastructure to assist any member to Self-Direct their services. 01/25/2021</p> <p>NEW Manny Singla: Provider directory was successfully launched with option to search information across providers as well practitioners with in the system. 01/28/2021</p> <p>NEW Allison Smith: DWIHN is reassessing capacity needs based on current data, community stakeholder feedback 02/03/2021</p>	<p>92% 6% ahead</p> <p>100% 100 / 100%</p> <p>100% 100 / 100%</p> <p>69% 69 / 100% 1% behind</p> <p>100% 100 / 100%</p> <p>64% 63% ahead</p> <p>65% 64.95 / 100% 277% behind</p> <p>100% 100 / 100%</p> <p>57% 15% behind</p> <p>36% 40% behind</p>
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Strategic Plan – CUSTOMER PILLAR

Program Compliance Committee Status Report

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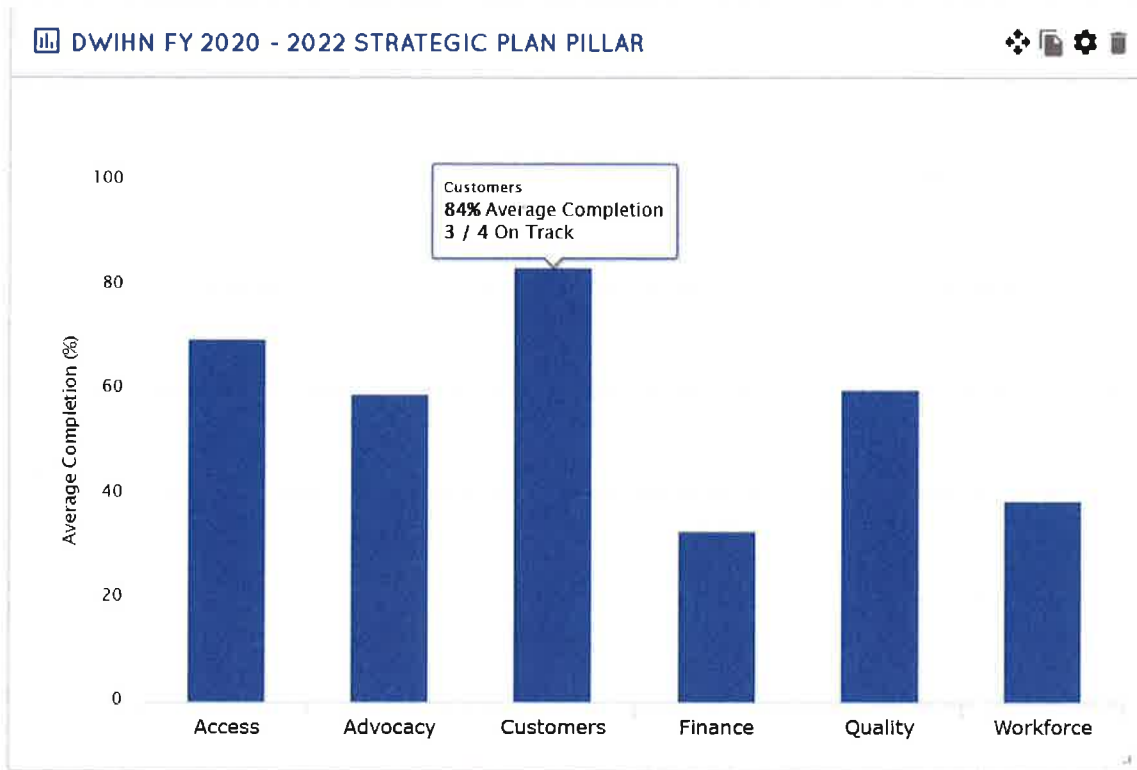
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Pillar

CUSTOMERS

84%

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14 GOALS

73% GOAL COMPLETION

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

DWHN FY 2020 - 2022 STRATEGIC PLAN PLAN CUSTOMERS

Goal	Owner	Risk	Update	Current Co...
Enhance the Provider experience	- -			
→ Ensure 80% Provider satisfaction: 0.3333% to 104.53%	June White Director of Network Management		<p>NEW June White: The provider/practitioner survey was distributed late September 2020. It was analyzed in January 2021. A full report was presented to PCC and QISC, there is room for improvement of the survey in which an Adhoc meeting was held in January 22 to discuss next step and ways to improve. 01/25/2021</p>	78% 26% ahead
→ Improve level of support by conducting regularly scheduled system training across network: 100%	Manny Singla CIO		<p>NEW Manny Singla: A new care coordination platform is going to be piloted with providers along with HEDIS quality measures to ensure we are providing care in a holistic fashion and using a outcomes and data driven approach 01/28/2021</p>	81% 84.5 / 104.53% 1.08% ahead
→ Provide tools and support to ensure providers have more meaningful experience: 100%	Manny Singla CIO		<p>NEW Manny Singla: Additional tools are being evaluated to improve user experience by leveraging technology including availability of desk phone on the mobile as well as laptops to be able to support the network. Providing network providers ability to access and manage staff trainings through self service portal. Creating online service requests for new staff along with provider enrollment. 09/30/2020</p>	84% 84 / 100% 24% ahead
				70% 70 / 100% 10% ahead

<p>Ensure Inclusion and Choice for members</p> <p>→ Build infrastructure to support the implementation of Self Determined/PCP/Shared Decision Making: 100%</p> <p>→ Develop components to support the Self Determination by enabling individualized budget, agreements in the MHWIN system along with standardized IPOS: 100%</p> <p>→ Increase the competencies around Self Determination, Shared Decision Making and Person Centered Planning: 100%</p> <p>→ Offer Self-Determination and Self-Directed Arrangements across all populations served.: 100%</p> <p>Improve person's experience of care and health outcomes</p> <p>→ Deliver information about Provider Sites and Practitioners in appropriate formats: 100%</p> <p>→ Ensure 80% member satisfaction: 100%</p> <p>→ Ensure Access to Recipient Rights</p> <p>→ Ensure individuals are placed in the least restrictive environment</p>	<p>Lucinda Brown Self Determination Network Provider Program Administrator</p> <p>Lucinda Brown Self Determination Network Provider Program Administrator</p> <p>Lucinda Brown Self Determination Network Provider Program Administrator</p> <p>Andrea Smith Director of Workforce Development</p> <p>Lucinda Brown Self Determination Network Provider Program Administrator</p> <p>- -</p> <p>Michele Vasconcellos Director of Customer Service</p> <p>Michele Vasconcellos Director of Customer Service</p> <p>Polly McCalister Director of Recipient Rights</p> <p>Jacquelyn Davis Director of Access and Crisis Services</p>	<p>NEW Lucinda Brown: All components for all members to Self-Direct their services are in place at DWIHN. 01/25/2021</p> <p>NEW Lucinda Brown: DWHIN has completed the infrastructure to support anyone who receives services to Self-Direct their services. 01/25/2021</p> <p>NEW Lucinda Brown: The individual budget is now available in production mode within MHWIN. 01/25/2021</p> <p>NEW Lucinda Brown: The final component (budgets) for self-directing services was completed this past quarter in MHWIN. DWIHN now has the infrastructure to assist any member to Self-Direct their services. 01/25/2021</p> <p>NEW Lucinda Brown: The final component (budgets) for self-directing services was completed this past quarter in MHWIN. DWIHN now has the infrastructure to assist any member to Self-Direct their services. 01/25/2021</p> <p>NEW Manny Singla: Provider directory was successfully launched with option to search information across providers as well practitioners with in the system. 01/28/2021</p> <p>NEW Allison Smith: DWHIN is reassessing capacity needs based on current data, community stakeholder feedback 02/03/2021</p>	<p>92% ahead 6% ahead</p> <p>100% 100 / 100%</p> <p>100% 100 / 100%</p> <p>69% 69 / 100% 1% behind</p> <p>100% 100 / 100%</p> <p>64% ahead 63% ahead</p> <p>65% 64.95 / 100% 277% behind</p> <p>100% 100 / 100%</p> <p>57% 15% behind</p> <p>36% 40% behind</p>
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STRATEGIC PLAN: CUSTOMER PILLAR REPORT - PCP MEETING – FEBRUARY 20221

M. Vasconcellos, Director Customer Service

This pillar involves the collaborative efforts of Customer Service, IT, Network Management, Credentialing, Self Determination and Utilization Management. **Overall, this pillar is currently at 84% completion. Previous reporting on this pillar last September, was 68%.**

Goal 1. Enhance the Provider Experience. (12/31/2021) - Previous 55% - Current Completion 78%

Under this goal the focus is on:

- **Ensure Provider Satisfaction: Conduct survey, analyze results of our annual Provider Satisfaction survey and make applicable recommendations.**
The provider/practitioner survey was distributed late September 2020. It was analyzed in January 2021. A full report was presented to PCC and QISC, there is room for improvement of the survey in which an Adhoc meeting was held in January to discuss next steps and ways to improve.
- **Improve level of support by conducting regularly scheduled system training across provider networks:**
A new care coordination platform is going to be piloted with providers along with HEDIS quality measures to ensure we are providing care in a holistic fashion and using a outcomes and data driven approach.
- **Provide tools and support to ensure providers have more meaningful experience:** *Additional tools are being evaluated to improve user experience by leveraging technology including availability of desk phone on the mobile as well as laptops to be able to support the network. Providing network providers ability to access and manage staff trainings through self-service portal. Creating online service requests for new staff along with provider enrollment.*

Goal 2. Ensure Inclusion and Choice for Members. (9/30/2020)- Previous 74%- Current Completion 92%

Under this goal the focus is on:

- **Building an infrastructure to support implementation of Self-determined/ PCP/Shared decision making:** *All components for all members to self- direct their services are in place at DWIHN. DWIHN has completed their infrastructure to support anyone who receives services to Self-Direct services.*
- **Develop components to support the Self- Determination by enabling individualized budget agreements in MHWIN system along with the standardized IPOS:** *The individual budget is now available in production mode within MHWIN.*

Goal 3. Improve Person's Experience of Care and Health Outcomes. (12/31/2021) - Previous 48% Current Completion 64%

Under this goal the focus is on:

- **Delivering information about providers and practitioners in appropriate formats.** *Provider directory was successfully launched with option to search information across providers as well as practitioners within our system.*
- **Updating and distributing Provider Directories and Member Handbooks.** *Has been completed.*

Identifying opportunities to improve member satisfaction via Adult and Children Member surveys. *Surveys have been completed analysis has been finalized for the Adult ECHO.*

Ensuring access to Recipient Rights and ensuring individuals are placed in a least restrictive environment. *Previously reported: The addition of the Psychiatric inpatient care facilities i.e. Community Care Services, Northeast Integrated Health and Team Wellness Crisis Stabilization units have been implemented and are offering additional options for hospital inpatient diversions. Re-assessing capacity needs based on current data and community stakeholder feedback.*

With the exception of Goal 2 being at 92%, there does not appear to be any substantial barriers for meeting the other two targeted Goals by the end of this year.



January 13, 2020

Strategic Plan – Access Pillar

PCC Status Report

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Access Pillar	5

To our board members:

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

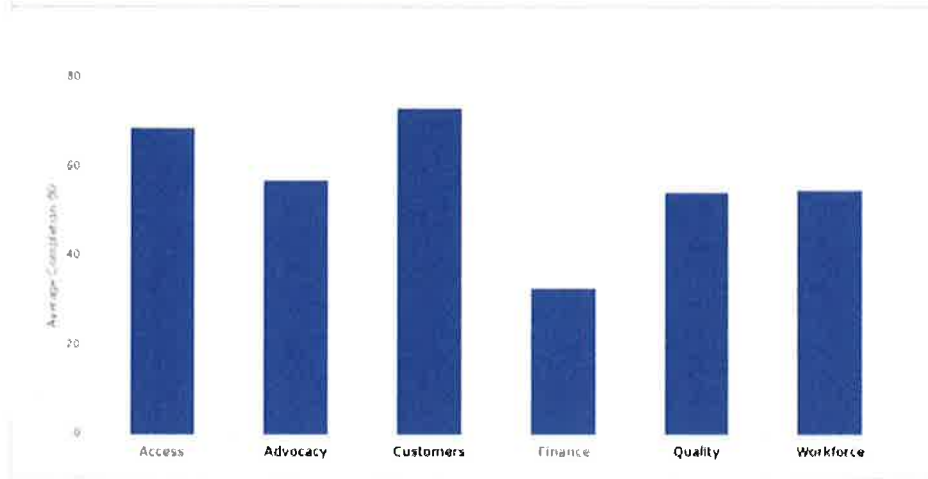
Our Strategic Planning Status Report is our report to our board members. It tells how we are performing against key indicators that measure our performance against the Customer, Access and Quality pillars and impact the areas that matter most to our stakeholders.

Pillar Summary

BOARD DASHBOARD

Date: 01/09/2021

DWIHN FY 2020 - 2022 STRATEGIC PLAN PILLAR



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

Summary of Pillar Status

Quality is under the leadership of April Siebert. Overall, we are at 55% completion on this pillar. There are four (4) high level organizational goals under this pillar. They range from 44% - 95% completion.

Title	Completion
Ensure consistent Quality by 31st Dec 2021	44%
Ensure the ability to share/access health information across systems to coordinate care by 31st Dec 2021	95%
Implement Holistic Care Model: 1 unit by 31st Dec 2021	50%
Improve population health outcomes by 31st Dec 2021	60%

Customer is under the leadership of Michele Vasconcellos, Director of Customer Service. Overall, currently reaching 74% completion on this pillar. The three (3) high-level goals range from 55% to 85%.

Title	Completion
Enhance the Provider experience by 31st Dec 2021	55%
Ensure Inclusion and Choice for members by 30th Sep 2020	85%
Improve person's experience of care and health outcomes by 31st Dec 2021	59%

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

Pillar	
ACCESS	
69%	
Title	Completion
Create infrastructure to support a holistic care delivery system (full array) by 31st Dec 2021	35%
Create Integrated Continuum of Care for Youth by 30th Sep 2020	83%
Establish an effective crisis response system by 31st Dec 2021	65%
Implement Justice Involved Continuum of Care by 30th Sep 2020	93%

A detailed report of this pillar will follow.

Access Pillar
Detailed Dashboard
Program Compliance Committee Meeting

January 8, 2021



17 GOALS

68% GOAL COMPLETION

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

DWIHN FY 2020 - 2022 STRATEGIC PLAN PLAN
ACCESS

Goal	Owner	Task	Update	Current ...
<p>Create infrastructure to support a holistic care delivery system (full array)</p> <ul style="list-style-type: none"> → Create a satellite network: 100% 	Eric Doeh			35% 32% behind
<ul style="list-style-type: none"> → Ensure all Providers receive 80% or greater on Risk Assessment/Score Card annually: 100% 	June White		<p>Eric Doeh: We have identified our specialty and CRSP providers. We are in the process of determining our capacity with respect to behavioral health providers and SUD providers. 02/07/2020</p>	71% 70.76 / 100% 29% behind
<p>Create Integrated Continuum of Care for Youth</p> <ul style="list-style-type: none"> → Deliver Integrated model of Care of Care for Children: 100% 	Crystal Palmer			0% 0 / 100% 53% behind
<ul style="list-style-type: none"> → Develop a referral system that will include all the social, economic, spiritual, physical, dental, behavioral, and education organizations to share a central system that DWIHN members can access resources to address holistic care.: 100% 	Tina Forman		<p>NEW Allison Smith: Children Initiatives are exploring the ability to capture system involvement in MH WIN in order to have a holistic approach to treatment. 11/06/2020</p>	83% 17% behind
				74% 73.5 / 100% 26% behind
				60% 60 / 100% 7% behind

→ Ensure anyone in Wayne County can access crisis services

Jacquelyn Davis

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

✓ Jacquelyn Davis:

- ✓ There are Adult and Children's Mobile Crisis Providers. There are now 2 Crisis Stabilization Units, one in Livonia and the other recently established in Detroit. April 2020
- ✓ we established 2 Psychiatric Urgent Care facilities, one in Detroit, the other in Lincoln Park. We have added the Benefits Administrators to assist individuals with obtaining Medicaid Benefits.

05/06/2020

75%
18% ahead

→ Manny Singla

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

NEW Manny Singla:

All CRSP providers are now on the HIE platform
09/30/2020

100%
100 / 100

Establish an effective crisis response system

→ Manny Singla

→ Ensure all technology aspects are addressed to ensure connectivity, redundancy and access for mission critical operations: 100%

Nasr Doss:

In January of 2020 DWIHN IT rolled out a new computer infrastructure that is based on:

- 1- New Dell Laptop computers for all users, these laptops are much more powerful and provide much more resources to the users than the old thin client system that was exist since 2014.
- 2- In this new model we are utilizing cloud based storage (One Drive) that is backed up by industry leader Microsoft, this back up system makes files always securely available to users anywhere, anytime any place.
- 3- As of January 2020 DWIHN IT is researching the possibility to migrating it's current legacy phone system to the cloud to utilize a cloud based Microsoft Infrastructure as well.

01/31/2020

75%
75 / 100%
18% ahead

→ Ensure anyone in Wayne County can access crisis services

Jacquelyn Davis

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- Increase DHHS Staff processing Medicaid Benefit Applications
- Additional Crisis Stabilization Services
- Psychiatric Urgent Care Units
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- ✓ we established 2 Psychiatric Urgent Care facilities, one in Detroit, the other in Lincoln Park. We have added the Benefits Administrators to assist individuals with obtaining Medicaid Benefits.

05/06/2020

75%
18% ahead

Jacquelyn Davis

→ Implement Crisis Project Plan: 100%

45%
45.45 / 100%
7% behind

→ Ensure individuals are placed in the least restrictive environment

Jacquelyn Davis

Implement Justice Involved Continuum of Care

→ Conduct gap-analysis of the Sequential Intercept Model

Ebony Reynolds

→ Implement improvements to existing programming

Ebony Reynolds

Jacquelyn Davis:

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

45%
3% behind

93%
7% behind

100%

NEW **Andrea Smith:**

Services reflecting each level of the SIM have been mapped for Wayne County.

📎 [Wayne County SIM.pdf](#)

09/29/2020

NEW **Andrea Smith:**

Two new initiatives began with Detroit Police Department - Integrated 911 and the Detroit Homeless Outreach Team. These programs will support the identification of individuals with behavioral health concerns and assist them with gaining and maintaining access to the DWIHN network of services. The launch for these programs is January 2021.

12/28/2020

80%
20% behind

NEW Julie Black:

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

10/02/2020

100%

Hegira Health Co-Response Data

Program Description:

- COPE's Mobile Crisis Co-Response model was developed in late 2018, to provide community-based crisis intervention for individuals who come in contact with law enforcement and have behavioral health needs.
- COPE's seven Mobile Crisis Teams co-respond with officers 24/7, providing crisis intervention and stabilization at the person's home or elsewhere in the community and link them to ongoing support to address their mental health and substance abuse needs.
 - Once the officer has responded to the call for service and determined that the person needing assistance doesn't meet criteria to be taken into police custody, COPE is contacted directly and a Mobile Crisis Team, consisting of a master's level clinician and a Certified Peer Support Specialist are dispatched to the scene.
 - The officer facilitates the introduction to COPE and provides a warm hand-off to mental health care.
 - The Mobile Crisis Team assesses the individual's needs and provides immediate crisis intervention and stabilization services, which may include transport to COPE's 24/7 crisis stabilization unit, or linkage to ongoing treatment and services.
 - The officers also have the option of providing referrals for next day follow-up by COPE for individuals who decline immediate intervention, or who end up being transported to the emergency department for medical needs.
- Through effective planning and staff utilization, COPE developed and implemented the Co-Response programs while continuing to achieve the COPE contract's performance goals.
- Outcomes of these projects have been presented at the 2019 NAMI Michigan conference in Traverse City and the Michigan CIT conference in Battle Creek.
- Hegira has taken the initiative to pursue additional funding streams to facilitate further expansion and sustainability. In September 2020, it was announced that Hegira was awarded \$35,000 by the Community Foundation of Southeastern Michigan to expand services. Hegira's First Responder Wellness Initiative (FRWI), funded through the Ethel and James Flinn Foundation, focuses on facilitating understanding of behavioral health disorders and breaking the stigma associated with receiving mental health care within the first responder community. By creating personal connections and increasing the likelihood that officers will treat those with mental health and substance use disorders with dignity and respect, this program facilitates community relations between behavioral health and law enforcement.

Program Stats: (as of 12/14/20)

- Partnering Police Departments & start dates:
 - Northville Township – Jan. 2019
 - Inkster – Feb. 2019
 - Plymouth – Nov. 2019
 - Canton – Sept. 2020

- Romulus – In Development
 - Livonia – In Development
 - City of Wayne – In Development
- **Total number of Requests for Service: 298**
 - Canton Police Department has had 64 requests for service in 3.5 months, from Sept. 1st – Dec. 14th
 - **Total number of unique DWIHN consumers: 128** (55% of which resulted in diversions)
 - **Total number of successful diversions/engagement in services: 161** (54%)
 - **Total number of individuals needing a higher level of care post mobile co-responder contact: 13** (of the 161 that we initially diverted or were engaged in services: 10 inpatient, 2 CRU, 1 PHP)
 - **Total number of individuals with repeat referrals from law enforcement (familiar faces): 25**
COPE provides continued co-response for difficult to engage consumers.
 - **Total DWIHN consumers connected to their CRSP post mobile crisis co-responder contact: 36.**
Many of the individuals are new to the DWIHN system and have a therapist and/or psychiatrist that they already have an established relationship through their health plan. While we encourage and offer assistance to their CRSP, many decline because they are satisfied with the services they are receiving.

NOTES:

**We encounter an array of individuals. To date, a substantial proportion, approximately 57%, are commercially insured, which is likely related to the socioeconomics of the communities who joined early on. As the service expands (currently with the cities of Wayne and Romulus joining in particular), we expect a greater proportion of uninsured and DWIHN eligible consumers. Commercial insurances are billed when able. Specific mobile crisis services contracts, most recently with Blue Care Network, are being sought to improve reimbursement opportunities. We also have an established Medicare contract with Molina.*

**Many of the individuals we have had contact with are new to the DWIHN system. Some have a therapist and/or psychiatrist they are seeing through their health plan. Those that are eligible for DWIHN services are offered assistance to connect to their CRSP.*

**When we encounter someone that is uninsured and qualifies for Medicaid, we assist them with connecting to DHS and completing their application.*

** Teams follow-up with individuals in-person, via phone or telehealth to assist them in getting the resources they need. This may include linkage to their CRSP, reestablishment with a therapist/psychiatrist being covered by their health plan, or coordination with community resources like the Area Agency on Aging, and natural supports.*

Successes:

- Improved relationships and established partnerships with multiple local police departments, which led to better care for those in need in the community.

- Even if individuals did not choose to receive ongoing stabilization services, we were able to educate them and increase their awareness of crisis services in the community.
- Increased use of COPE CSU by police officers resulting in a decreased of ED utilization. Since implementation of partnerships, utilization of the CSU by police officers has doubled in frequency.
- Multiple departments/cities are working though plans to directly fund partnerships, including having mobile crisis clinicians embedded within the department for immediate co-response.

Challenges:

- Immediate Co-Response is most effective for engagement, using creative funding where no funds are designated have made immediate co-response difficult.
- Western Wayne County is made up of 18 communities with varied demographics and socioeconomics. Meeting the specific needs of each distinct police department has been difficult, but necessary for program success.
 - For example, the cities of Inkster, Romulus and Livonia all have high numbers of group homes that frequently utilize 9-1-1 and police response to address behavioral concerns of their residents. Utilization of the co-response model decreased calls from group homes in Inkster by over 40%.

Submitted by Jaime White, Director of Crisis Services, Hegira Health, 12/18/20



Special Report: Hegira/COPE Law Enforcement Partnerships

Updated - October 2020

Over the past two years Hegira Health's COPE program has put forth significant effort to partner with law enforcement. This special report outlines our efforts in four areas: COPE's Mobile Crisis Co-Response program, Detroit Police Department's Mental Health Partnership, Crisis Intervention Teams (CIT), and Hegira's First Responder Wellness Initiative.

Mobile Crisis Co-Response Program:

COPE's Mobile Crisis Co-Response model was developed in late 2018, in partnership with Northville Township Police Department to provide community-based crisis intervention for individuals who come in contact with law enforcement and have behavioral health needs. COPE's Mobile Crisis Teams co-respond with officers, providing crisis intervention and stabilization at the person's home or elsewhere in the community and link them to ongoing support to address their mental health and substance abuse needs. Once the officer has responded to the call for service and determined that the person needing assistance doesn't meet criteria to be taken into police custody, COPE is contacted directly and a Mobile Crisis Team, consisting of a master's level clinician and a Certified Peer Support Specialist are dispatched to the scene. The officer facilitates the introduction to COPE and provides a warm hand-off to mental health care. The Mobile Crisis Team assesses the individual's needs and provides immediate crisis intervention and stabilization services, which may include transport to COPE's 24/7 crisis stabilization unit, or linkage to ongoing treatment and services. The officers also have the option of providing referrals for next day follow-up by COPE for individuals who decline immediate intervention, or who end up being transported to the emergency department for medical needs.

Since February 2019, COPE has received 100+ referrals from NTPD officers and have successfully linked more than 85% of those persons they had contact with to a less than inpatient level of care. This Co-Response model has been replicated by both the Inkster and the City of Plymouth Police Departments with similar results. By utilizing the Co-Response model specifically for calls for service from Adult Foster Care (AFC) homes, Inkster Police Department experienced a 40% decrease in these calls from the 1st to 4th quarters following implementation. As a consequence of the favorable results reported from Northville Township and the cities of Plymouth and Inkster, both Canton Township, Romulus, and the City of Wayne have adopted the model and are rolling in out in phases through Fall of 2020. The City of Wayne and Livonia have committed to financially supporting expansions to their cities. Livonia, in particular, is elevating the model by attempting to secure funding for two full time Hegira Health Mobile Crisis Clinicians to be embedded in their department.

Through effective planning and staff utilization, COPE developed and implemented the Co-Response programs within its existing DWIHN contract, while continuing to achieve the COPE contract's performance goals. Outcomes of these projects have been presented at the 2019 NAMI Michigan conference in Traverse City and the Michigan CIT conference in Battle Creek, and Hegira has taken the initiative to pursue additional funding streams to facilitate further expansion. During the FY 2019-20 budget process, while working with Representative Mary Whiteford, Chair, Michigan Department of



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Health & Human Services Appropriations Subcommittee, a verbal commitment was made to Hegira for future program funding. Unfortunately, these funds were vetoed during major budget reductions introduced by the Governor in the Fall of 2019. Continuing our pursuit for program development, in early 2020, Hegira met with the BCBS of MI Foundation to discuss funding opportunities and applied for grant funding through the Community Foundation for Southeast Michigan. In September 2020, it was announced that Hegira was awarded \$35,000 by the CFSEM to expand services. With continued efforts, we are hoping to secure additional foundation funding to ensure program sustainability.

Detroit Police Department (DPD) Mental Health Partnership:

In early 2019, Hegira Health's Executive Director took an opportunity to approach DPD Assistant Chief James White about COPE services. That conversation led to DPD's Director of Administrative Operations, Trisha Stein, taking the lead on what quickly resulted in the development of a bi-weekly Mental Health Partnership meeting at DPD Headquarters. This regular meeting, which has now been convening since July of 2019, began with DPD leadership and COPE partner's leadership (Hegira Health, Northeast Integrated Healthcare and Neighborhood Services Organization) and DWIHN. Through the sharing of experiences, expertise and data, this group has been able to identify gaps in care or "points of pain," improve coordination of existing services and leverage changes in practice. The COPE leadership team was integral in the development of creative programming to engage DPD's "Familiar Faces" (high utilizers of calls for service), and the more recent expansion of the group to include DWIHN SUD providers, through the Detroit Wayne County Association of Substance Use Providers.

By identifying common goals and building the necessary relationships, the Familiar Faces project team has had many successes over the past year, including securing stable housing and initiating a long-acting injectable medication for a chronically homeless woman with schizophrenia, and assisting a young man with an opioid addiction access residential SUD treatment. Leadership of DPD's Downtown Precinct assists with identification and contact with the familiar faces individuals, COPE's Mobile Crisis Stabilization teams provide immediate interventions, and DWIHN coordinates care across the system. The team was in process of developing a training for Detroit AFC home providers focused on utilization of COPE mobile and crisis stabilization unit services when meetings were suspended due to the pandemic. Meetings have recently resumed, and though the focus has shifted to the newly funded partnership between the City of Detroit, DWIHN and DPD, Hegira remains engaged in team meetings.

Crisis Intervention Teams (CIT):

Hegira Health is proud to be a part of the Detroit Wayne CIT Training Team. We support CIT as the best practice model for mental health – law enforcement partnerships and are actively integrating CIT trained clinicians in our Mobile Crisis Co-Response programs. Hegira's Director of Clinical Development and Crisis Services, Jaime White, represented Hegira Health at the CIT International conference in Seattle in 2019, and later completed the 40-Hour CIT Training as well as the CIT Train the Trainer workshop facilitated by CIT International. Hegira has committed to sending 1-2 Crisis Clinicians to every 40-hour CIT training that is offered in Wayne County and allocates one week each quarter of Jaime White's time to assisting with DWIHN's training program. Confirming our commitment to the CIT and Co-Responder model and our co-investment with DWIHN to ensure an improved police response to our



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behavioral health consumers across Wayne County's communities, Hegira organizes monthly Western Wayne CIT meetings which are attended by all departments engaged in the co-response program.

First Responder Wellness Initiative (FRWI):

A final component of Hegira's development of law enforcement outreach and coordination projects is our First Responder Wellness Initiative (FRWI), funded through the Ethel and James Flinn Foundation, which focuses on facilitating understanding of behavioral health disorders and breaking the stigma associated with receiving mental health care within the first responder community. By creating personal connections and increasing the likelihood that officers will treat those with mental health and substance use disorders with dignity and respect, this program facilitates community relations between behavioral health and law enforcement. The FRWI provides support for Peer Support Team development, including Critical Incident Stress Management (CISM), officer wellness trainings on mental health disorders, the impact of trauma, substance abuse and suicide prevention, and provides resources for first responders to seek help from specially trained clinicians. This multi-faceted approach, focused on prevention and early identification of the officer's behavioral health needs, increases the likelihood that only those officers who are well are providing services in our communities.

The FRWI is the only program of its kind in our region and has been featured in Crain's Detroit Business as an innovative model of care. The progressive departments involved in the program are Dearborn Police and Fire, Northville Township Police and Fire, Inkster Police, and the City of Wayne Police. To date, wellness trainings have been provided to over 500 first responders, and our first round of Mental Health checks, consisting of a one on one interview and screenings for depression, anxiety, suicidality, and substance use, are in process of being completed. Though the pandemic temporarily paused our face-to-face interactions, Hegira has continued to provide virtual trainings and therapeutic support via telehealth. Additionally, Hegira Health provides clinical support for critical incident debriefings for the City of Wayne and Northville Township, and has established a discrete crisis respite service at COPE for first responders in need.

As evidenced by the above partnerships and programs, Hegira Health is committed to ensuring that mental health and law enforcement are working together in our communities to provide the best possible outcomes for the people we serve. By building relationships, thinking creatively and developing innovative, relevant programming, we can make an impact, together.

Submitted by: Jaime White, Director of Crisis Services, Hegira Health, Inc. 6/30/20; Updated 10/26/2020.



Mobile Crisis Co-Response: A Closer Look

Partnering Police Departments

Northville Township – Jan. 2019

Inkster – Feb. 2019

Plymouth – Nov. 2019

Canton – Sept. 2020

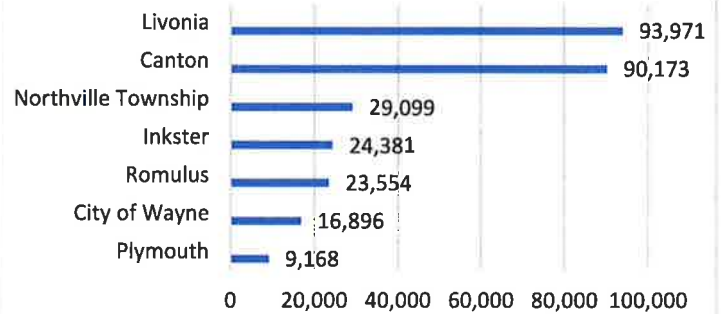
Romulus – Oct. 2020

Livonia – In Development

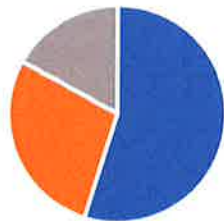
City of Wayne – In Development

Total Population: 287,242

Population by City/Township



Referral Outcomes



- Successfully engaged in services
- Made contact, declined services
- Unable to contact

Total Referrals to Date: 234

29 from Canton since Sept. 1st

90% - had no subsequent contact with law enforcement

25 - Familiar Faces identified within the departments. Continued co-response for difficult to engage individuals

LESSONS LEARNED

Immediate Co-Response is most effective for engagement.

Supporting policy is essential for sustainability.

Co-training between departments builds lasting relationships.

Programs should be tailored to community needs.

Officer support is vital for success.

Specialized Training for Mobile Crisis Clinicians:

- CIT
- Med. Necessity Criteria
- Suicide Prevention - CAMS
- Domestic Violence & Sexual Assault



Hegira/COPE Law Enforcement Partnerships

Key Highlights:

- Hegira Health leadership has responsibly utilized existing COPE budgeted funds to successfully plan and develop law enforcement partnerships as was outlined in the Scope of Services under “Phase III” of the initial COPE contract issued in 2016.
- Collaborations with local out-Wayne Police Chiefs began in October 2018. Successful outcomes with department-specific pilot projects over the past two years has led to increased interest and request for service development in a growing number of communities; most recently, Canton, Romulus and Livonia.
- Regular meetings with Detroit Police Department, initiated by Hegira leadership in July 2019, beginning with Hegira, NEIH and DWIHN, and now inclusive of much broader group of community representatives, paved the way for increased mutual understanding by demystifying common myths and opening doors for coordination of services.
- Hegira Health’s commitment to continued development and promotion of these programs and partnerships has been demonstrated through regular law enforcement meeting, training attendance, conference presentations, and discussions with the media and local foundations.
- As part of the Detroit Wayne CIT Training Team, Hegira Health has committed significant resources to the promotion of best-practice guidelines throughout the county.
- Hegira’s First Responder Wellness Initiative supports law enforcement partnerships in a new way that promotes trusting and rewarding relationships. Furthermore, by providing behavioral health and wellness resources for the police officers themselves, we increase the likelihood that those responding to individuals in crisis are not in crisis themselves.

Submitted by: Jaime White, Director of Crisis Services, Hegira Health, Inc. 6/30/20; Updated 10/26/2020.

Access and Crisis Services 1st Quarter: October - December 2020

The Access and Crisis Unit continue working remotely as of March 16, 2020. Access Center and Crisis Providers began working remotely at that time as well and continue to do so. The data for Request for Services (RFS) had continued to increase this 1st quarter across the board for all crisis services. The Children’s Mobile Crisis Teams continue to complete telephonic RFS.

1. Access Center:

QTR	Total Call Volume	Clinical Eligibility total	SUD Eligibility total	Crisis Calls	Children’s Inpatient Screening
1 st FY 20/21	48,865	10,555	4172	3135	565

- The total call volume has increased slightly by 2% this quarter. Though the volume is increasing, it’s still lower by 28% as reported in the 1st quarter in FY 19/20.
- DWIHN has transitioned the Access Call Center. The official “Go Live” date is February 1, 2021.

CRISIS DATA

2. Children’s Crisis Providers: The Children’s Center (TCC), The Guidance Center (TGC) and New Oakland (NO). Services continue to be telephonic with the exception of TCC.

QTR	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	Crisis Stab
1 st FY 20/21	716	612	186	27%	516	75%	270

- The Request for Service (RFS) for the 1st Quarter increased by 12% from the previous quarter, however is 25% lower than the 1st quarter last year. The volume began to increase at the end of the 3rd quarter and the increase has been consistent. The diversion rate has increased by 27.5% from the previous quarter, however, in part, due to the re-opening of Safehaus.

3. Community Outreach for Psychiatric Emergencies (COPE): Hegira with Neighborhood Services Organization and Northeast Guidance Center as sub-contractors

QTR	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	# Inpt due to no CRU
1 st FY 20/21	3020	2732	2081	69%	819	27%	18

- Numbers above reflect a slight decrease in RFS by 22 cases as reported in the previous quarter. The percentage admitted is the same as the last quarter and the number of diversions slightly decreased by 3% this quarter. The RFS is 17% lower than the 1st quarter last year. Though the available capacity for CRU continues to be down to 14 to comply with social distancing guidelines. The number of individuals going inpatient due to no CRU bed available is the same as the previous quarter.
- COPE Mobile Stabilization services were provided to 332 cases for the quarter.

4. Crisis Residential Services

Hegira Crisis Residential Unit Admissions	
1 st FY 20/21	180

Access and Crisis Services 1st Quarter: October - December 2020

- There was 17% decrease in CRU admissions in comparison to the previous quarter. Individuals length of stay continues to decrease with the development of the internal CRU workgroup responsible for reviewing cases to identify individuals for step down to Pre-Placement Housing or other lower levels of care.

5. Crisis Stabilization Units

- COPE: Served 641 individuals for the quarter: An increase of 29% from the previous quarter.
- Team Wellness Center: Served 151 consumers for the quarter. An increase of 6% from the previous quarter

6. ProtoCall:

Qtr./FY	# Incoming Calls	# Calls Answered	% answer w/in 30 secs	Avg. Speed of answer	Abandonment rate
Q 1 FY 20/21	3384	3178	80 (avg)	26.3 (avg)	3.1 (avg)

- Total number of incoming calls decreased by 15% from the previous quarter. Based on the 1st quarter last year, the number are slightly higher at 7% and the performance outcomes are higher and in compliance.

FY 20/21 Q1 Accomplishments

- Worked with team to implement the Access Center Transition. Staff have been hired, training has been developed and implemented. Began answering calls 1/25/21.
- Finalized contract with Pontiac General Psychiatric Hospital. DWIHN has additional access to 44 beds for individuals diagnosed with SMI and 15 beds for individuals diagnosed with I/DD
- The documentation of Crisis Alerts in Consumer Records for identified recidivistic cases appears to have been effective. HL staff received 110 crisis alerts for the quarter and an average of 63% were diverted from inpatient.

Area of Concern

- An increase in MDHHS Cases which seem to be more of a result of placement issues. Working with MDHHS to develop a process for ensuring ongoing treatment plans are in place for Child Welfare settings.

Plans for FY 20/21 Q2

- Continue to working with DPD to develop process for routing 911 calls directly to Crisis Line
- Develop resources for In-Home Respite and identify beds for managing baseline high acuity behaviors

***See Hegira Law Enforcement Summary**



SUBSTANCE USE DISORDERS INITIATIVES (SUD) REPORT

**1st Quarter Report FY 21
October to December 2020**

Naloxone Initiative Update

DWHN Naloxone Initiative program has saved 710 lives since its inception up to December 31, 2020.

Naloxone Saves in Region 7 from 1st Quarter FY 21

Month	Successful Narcan Saves	Unsuccessful Narcan Saves
October	8	0
November	9	0
December	33	1
Total	50	1

Opioid/Heroin Efforts

DWHN had its 5th annual Opioid/Heroin Summit held virtually November 12th and 13th 2020 with a host of excellent speakers. There were 285 people in attendance daily. The summit was held from 8:00 am to Noon each day.

DWHNs providers continue to hold virtual meetings on opioids for the community. The mobile units have expanded services in Wayne County.

DWHN Opioid Use Disorders (OUD) programs have increased services in emergency rooms in some hospital's others continue to be suspended due to COVID-19: drug courts, and jails/prisons. Due to the Governors order admittance into some schools have stopped.

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

COVID Update

COVID Recovery Housing

Provider	October 2020	November 2020	December 2020
DRMM	2	8	13
QBH	7	9	9

COVID Emergency Grant 1st Quarter

October through December 2020 there were 2,245 reported covid-19 testing completed;
746 individuals received a screening;
59 individuals received medical services;
80 were referred and served in COVID recovery housing services.

1st Quarter FY 21 COVID Sentinel Events

Number Tx Staff tested Positive	Number of Client tested Positive	Number of Staff Death	Number of COVID Client Deaths
60	86	0	13
Number Prevention Staff tested Positive	Number of Client tested Positive	Number of Staff Death	Number of COVID Client Deaths
8	5	0	0

Communicable Disease (CD)

For the period of Oct-Dec the number of contacts was 277, number received HIV Testing 16, number of condoms distributed totaled 867, number of PPEs distributed was 160 and number of individuals that attended CD trainings was 145.

Funder Updates

DWIHN received a 2.4-million-dollar Block Grant cut in SUD treatment dollars in December 2020.

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

DWIHNs Philanthropic MAT Jail Mobile Unit Grant begin implementation January 18, 2021.

Access Services

SUD Admission Screening Numbers

Month	SUD Screenings
October 2020	1604
November 2020	1320
December 2020	1313

State Opioid Response (SOR) Programs

Mobile Units

- 3,386 consumers served by the mobile unit
- 1,013 referrals made to SUD treatment by mobile unit
- 461 counseling sessions by mobile unit
- 1,714 drug screens by mobile unit
- 2,174 peer support activities by mobile unit
- 467 basic primary care supports by mobile unit
- 1,228 Naloxone Kits Distributed with State Opioid Response funding by the mobile units
- 65 naloxone saves reported from naloxone distributed by the mobile units.

Recovery Services

348 consumers received support services during this quarter

Michigan Department of Corrections (MDOC)

October to December 2020 Referrals/Admitted in SUD Treatment

Category	October	November	December
Number of referrals	4	1	3
Successful Completions	0	0	0
Unsuccessful Completions	1	1	3
Outpatient	3	0	0
Residential	0	0	1
Absconded	0	0	0
Arrested	0	0	0

Prevention Update

Number of Persons Served by Type of Intervention

PIHP Region: Region 07 - Detroit Wayne Integrated Health Network

Provider Agency: Multiple

Gambling Related: No

Date Range: 10/01/2020 - 12/31/2020

Intervention Type	Number of Persons Served by Individual- or Population- Based Program or Strategy	
	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
Universal-Indirect	0	4303
Universal-Direct	3080	0
Indicated	959	0
Selective	2249	0
Total	6288	4303

Individual: Activities are “Individual” if you are working with the participants whose behaviors you are trying to impact such as working with parents to improve their parenting skills. Include practices and strategies with identifiable goals designed to change behavioral outcomes among a definable population or within a definable geographic area. Individual-based programs and strategies are provided to individuals or group of individuals who receive the services over a period of time in a planned sequence of activities that are intended to inform, educate, develop skills, alter risk behaviors, or provide direct services (e.g., a parent education group that meets once a week for 6 weeks).

Population: Activities when you are NOT directly working with the individuals whose behavior you are trying to impact such as working with a coalition to improve resources for parents in the community, or creating and delivering a community norms(ing) campaign. Includes planned and deliberate goal-oriented

practices, procedures, processes, or activities that have identifiable outcomes achieved with a sequence of steps subject to monitoring and modification. Included within this definition are environmental strategies (which establish or change written and unwritten community standards, codes, laws, and attitudes, thereby influencing incidence and prevalence of substance abuse in the general population), one-time or single events (such as a health fair, a school assembly, or the distribution of material), and other activities intended to impact a broad population. The goal is to record the numbers of people impacted by the program or strategy.

Indicated: Activities targeted to individuals, identified as having minimal but detectable signs or symptoms foreshadowing disorder or having biological markers indicating predisposition for disorder but not yet meeting diagnostic levels. Persons who have begun experimenting/using substances but are not in need of treatment for a diagnosable addiction. For example: minors in possession, individuals in recovery and not currently in need of treatment or using, etc. Note: Children of addicted parents who have not begun experimenting with substance abuse should be categorized as Selective and not indicated.

Selective

Activities targeted to individuals or a subgroup of a population whose risk of developing a disorder is significantly higher than average. Individuals or a subgroup of the population whose risk of developing a substance use disorder is significantly higher than average.

Universal-Direct

Interventions directly serve an identifiable group of participants but who have not been identified on the basis of individual risk (e.g., school curriculum, after-school program, parenting class). This also could include interventions involving interpersonal and ongoing/repeated contact (e.g., coalitions).

Universal-Indirect

Interventions support population-based programs and environmental strategies (e.g., establishing ATOD policies, modifying ATOD advertising practices). This also could include interventions involving programs and policies implemented by coalitions.



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FY 2020-21 Department Summary: Quarter #1
Residential Director, Shirley Hirsch, LMSW

Residential Assessment Productivity

	<u>Q1-19</u>	<u>Q1-20</u>	<u>% (-/+)</u>
Received Referrals	612	931	+52.1%
Completed Assessments	481	613	+27.4%

Referrals

- *N/R* – indicates specified reporting not listed for last fiscal year’s 1st Quarter
- **Significant increase of Emergency Department referrals:* Referral trend identified to report separate from *Inpatient hospitalization* during last fiscal year’s 2nd quarter.

	<u>Q1-19</u>	<u>Q1-20</u>	<u>% (-/+)</u>
Hospitals	272	275	+1.1%
Emergency Departments	6	39	<i>*Significant Increase</i>
Clinically-Responsible Service Providers (CRSP)	173	204	+17.9%
DHHS Youth Age-Outs	<i>N/R</i>	5	---
Residential Pre-placement	57	18	-68.4%
Crisis Residential	17	21	+23.5%
Nursing Homes	13	20	+53.9%
Out of County	<i>N/R</i>	1	---

Service Authorizations

TOTAL Requests & Approvals	<u>Q1-19</u>	<u>Q1-20</u>	<u>% (-/+)</u>
October 1 – December 31	2,005	2,001	-0.2%

1st Quarter Authorization Team Projects:

- ***CRSP Service Authorization Entry Process (implemented on 6/5/20):*** Continued assistance of reviews and approvals submitted through MHWIN queues; with implementing new email address for direct inquiries
- Conversion of residential authorizations under H0043 retirement, entering new H2015 (with related modifiers) effective 10/1/20: **1,011 authorizations**
- Finance project to review H2015 Outpatient/Staffing Agent authorizations: **1,336 authorizations**
- Continuous reviews with IT and Finance to determine modifications for the residential assessment (SPG) for unlicensed settings

COVID-19 Reporting

- **74** COVID-19 positive cases reported in this year's 1st quarter
* 56 residents; 18 DCW Staff
- **1** death
* 1 resident; No DCW staff deaths reported to date since April 2020 (3)

	<u>Q1-19 Cases</u>	<u>Q1-19 Deaths</u>	<u>COVID-20 Positive</u>	<u>COVID-20 Deaths</u>
October 1 – December 31	N/R	N/R	74	1

- 3 new Licensed COVID-19 Quarantine Facilities implemented in November 2020 with 15 additional beds
* 5 quarantine licensed facilities in total; 18 beds
* 29 consumers services in 1st quarter
* Average length-of-stay (of all facilities): 14.2 days

1st Quarter Completed Process Implementations

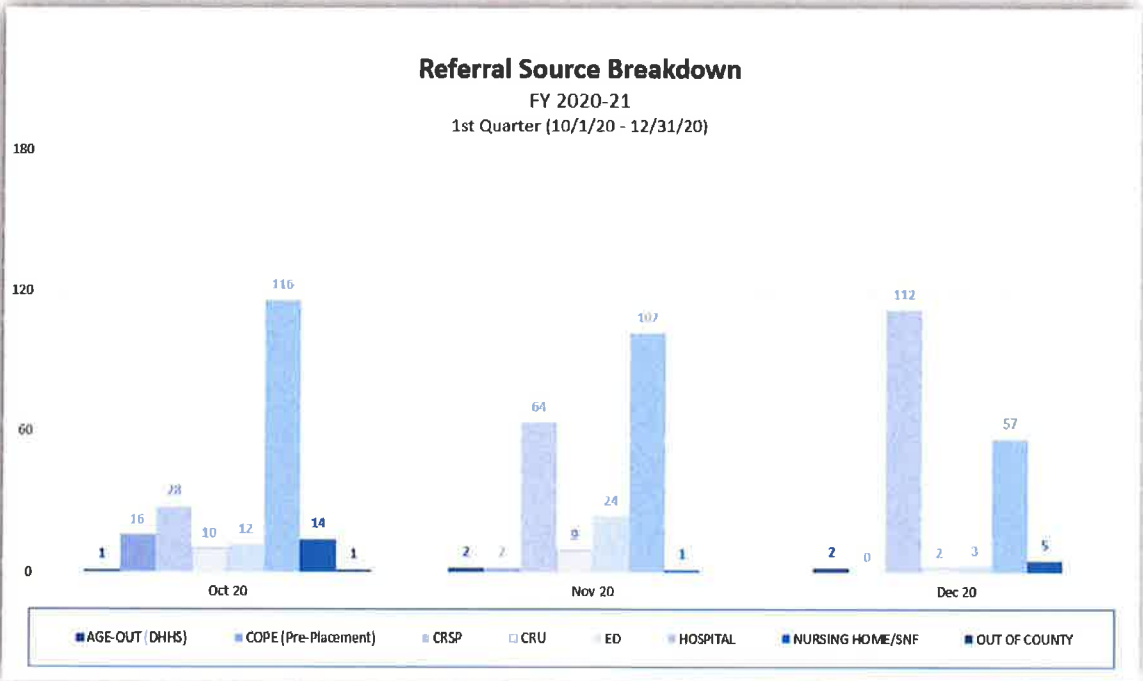
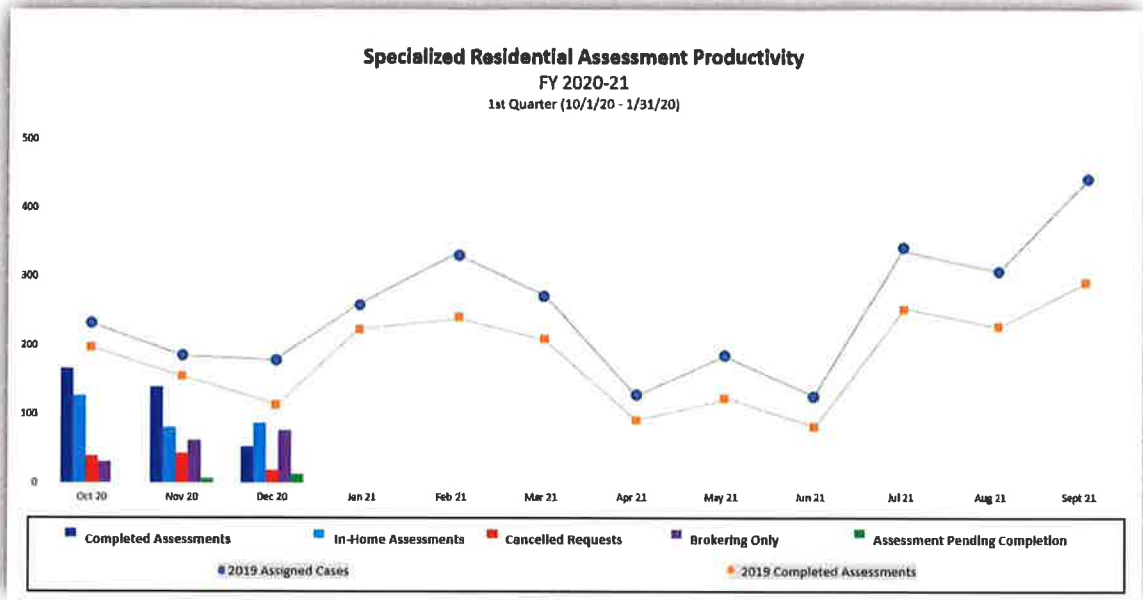
- H0043 CPT code retirement/H2015 conversion, effective 10/1/20
- Developed monthly residential meetings with clinically-responsible service providers
- Smartsheets implemented for monthly reporting/productivity of Residential Care Specialists
- Residential facility closure reporting to ELT
- **Project "Reach Out"**: Ongoing with assigned residential staff conducting calls to residential providers weekly during COVID-19 pandemic
- Development of Residential Department Task Log

External Trainings

- Youth aging-out (foster care) presentation in collaboration with DWIHN Children's Initiatives, for DHHS staff
- Outpatient Providers
* *Residential Standardized Progress Note refreshers*
* *MHWIN Assessment (SPG) process review*
* *Service Authorization process and update regarding H0043 retirement (via DHHS)*

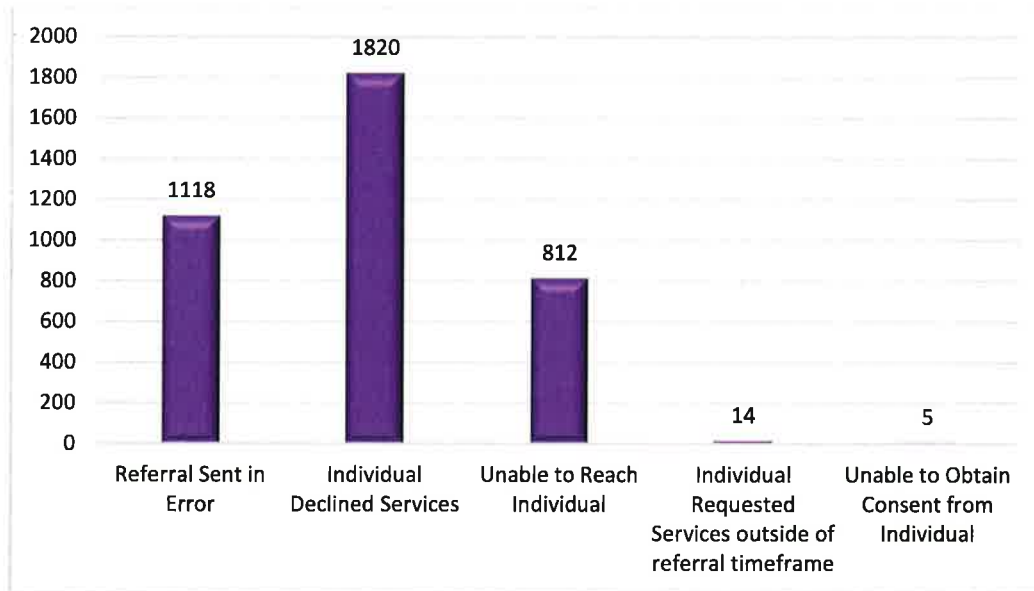
Department Goals

- Increase monitoring of department productivity
- Format reporting to monitor timeliness and response to service request
- Establish residential guidelines to evaluate specialized utilization functions



Follow up – ICO referral Count for FY20

DWIHN received 4933 referrals electronically from 4 ICOs in FY20. The fifth ICO, Michigan Complete Health, did not follow the Mi Health Link electronic referral submission process during FY20 and submitted referrals using a manual process. Of the 4933 referrals that were submitted electronically, the referrals were for a total of 2,551 distinct individuals. 3755 of the 4933 referrals did not result in a completed referral for numerous reasons. Below is a breakdown of the reasons that referrals were not completed.



Referrals Sent in Error

Almost one third of the referrals that were not completed, 1,118, were sent to DWIHN in error.

- 735 were duplicates
- 267 were the result of a technical issue from the ICO
- 17 were for individuals who were not eligible for Mi Health Link coverage due to not having active Medicaid or not residing in Wayne County
- 6 were for individuals who were deceased

Summary

There were **3815** referrals after the removal of those in error. The team contacted the members with the following results:

- 1820 referrals where individual declined behavioral health services
- 812 individuals that were unable to be reached
- 5 Unable to obtain consent

1178 referrals that resulted in members engaging in behavioral service

Include 14 referrals that Individual requested service outside of referral timeframe

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 19-24R(2) Revised: Requisition Number: 11,807

Presented to Full Board at its Meeting on: 2/17/2021

Name of Provider: Relias Learning, LLC

Contract Title: ProAct / Interoperability BA19-24R Funding Modification

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 2/10/2021

Proposed Contract Term: 3/1/2018 to 3/31/2018

Amount of Contract: \$ 212,691.65 Previous Fiscal Year: \$ 197,000.00

Program Type: Modification

Projected Number Served- Year 1: 50,000 Persons Served (previous fiscal year): 50000

Date Contract First Initiated: 10/1/2017

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).

DWIHN is requesting approval to secure additional funding to complete all payment transactions/outstanding balances for services rendered through CMT, Relias and their ProAct Analytics tool. ProAct supports our strategic plan initiatives surrounding integrated care and NCQA accreditation. Proact targeted measures were utilized in our NCQA Performance Improvement Plans (PIPs). Additionally, ProAct allows the Authority to monitor performance expectations of the PHIP contracts.

Previously approved \$197,000.00.

Additional request: \$15,691.65, not to exceed \$212,691.65

Payment for invoice CMTSI-1993, dated March 1, 2018.

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 19/20	Annualized
Multiple	\$ 212,691.65	\$ 212,691.65
	\$ 0.00	\$ 0.00
Total Revenue	\$ 212,691.65	\$ 212,691.65

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64934.827211.00000

In Budget (Y/N)? N

Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Monday, February 1, 2021

Signed: Monday, February 1, 2021

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: BA #20-55R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 2/17/2021

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: SUD Recovery Home and Mobile Unit COVID-19 Funding Increase

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 2/10/2021

Proposed Contract Term: 5/1/2020 to 9/30/2021

Amount of Contract: \$ 408,973.00 Previous Fiscal Year: \$ 393,973.00

Program Type: Modification

Projected Number Served- Year 1: 1,500 Persons Served (previous fiscal year): 1087

Date Contract First Initiated: 5/1/2020

Provider Impaneled (Y/N)? Y

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

This revised board action is requesting an additional \$15,000 in funding from the original award \$393,973 (approved 05/20/2020) for SUD Block Grant to implement COVID-19 withdrawal management (detox), residential, mobile unit and recovery homes services. DWIHN currently has two providers Detroit Rescue Mission Ministries (DRMM) and Quality Behavioral Health (QBH) servicing our COVID-19 clients with symptoms or who are positive for the virus in recovery homes specifically for the SUD population. DRMM would receive \$7,500; QBH would receive \$7,500.

The aforementioned providers were selected as they were the providers accepting COVID-19 cases and/or had existing mobile units in place. Many recovery homes would not take COVID-19 cases and the selected providers became the de facto COVID-19 providers.

Total amount of the request is \$408,973 for the fiscal year ended September 30, 2021.

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

Source of Funds: Block Grant

Fee for Service (Y/N): Y

Revenue	FY 20/21	Annualized
SUD Block Grant	\$ 408,973.00	\$ 408,973.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 408,973.00	\$ 408,973.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64932.826600.07100

In Budget (Y/N)? Y

Approved for Submittal to Board:

Willie E. Brooks, President/CEO

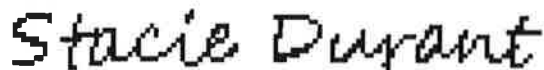
Signature/Date:



Signed: Wednesday, February 3, 2021

Stacie Durant, Chief Financial Officer

Signature/Date:



Signed: Wednesday, February 3, 2021

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 21-19R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 2/17/2021

Name of Provider: Hegira Health Inc.

Contract Title: Crisis Intervention Services

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 2/10/2021

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

Amount of Contract: \$ 8,400,000.00 Previous Fiscal Year: \$ 8,400,000.00

Program Type: Modification

Projected Number Served- Year 1: 14,000 Persons Served (previous fiscal year): 13,000

Date Contract First Initiated: 1/1/2016

Provider Impaneled (Y/N)? Y

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

The Detroit Wayne Integrated Health Network (DWIHN) is requesting approval to Revise Board Action #21-19 Hegira Health Inc. crisis intervention services via the Community Outreach for Psychiatric Emergencies (COPE), for continuum of services and revise from an extension to a comparable source procurement.

This revision is a correction to the initial Board Action that referred an extension opposed to a new contract. The initial contract and related extensions were exhausted on approved board action ending September 30, 2020. DWIHN will not issue a formal solicitation (RFP) for the COPE services at this time as it is DWIHN's intention to procure the full array of crisis continuum services in the renovated Woodward building.

The approved Board Action and contract is from October 1, 2020 through September 30, 2021 is not to exceed \$8,400,000.00. This board action does not revise the amount or term.

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 19/20	Annualized
Multiple	\$ 8,400,000.00	\$ 8,400,000.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 8,400,000.00	\$ 8,400,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64931.825004.01668

In Budget (Y/N)? Y

Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Tuesday, February 2, 2021

Signed: Tuesday, February 2, 2021

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: BA 21-55 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 2/17/2021

Name of Provider: Black Family Development, Detroit Rescue Mission, Elmhurst Home Inc., Detroit Recovery Project

Contract Title: Jail Plus Program

Address where services are provided: See attached scopes

Presented to Program Compliance Committee at its meeting on: 2/10/2021

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

Amount of Contract: \$ 362,194.00 Previous Fiscal Year: \$ 388,500.00

Program Type: New

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

Date Contract First Initiated: 10/1/2020

Provider Impaneled (Y/N)? Y

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

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

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

The term of the agreement is from October 1, 2020 through September 30, 2021. The total amount of this contract is \$362,194.00, which includes Black Family Development (\$119,375.00), Detroit Recovery Project(\$149,097.00),Detroit Rescue Ministries (\$43,111.00), Elmhurst Home/Naomi's Nest (\$43,111.00) and a \$7,500.00 DWHIN administrative fee allocation. This IGA is entirely state funded, and does not include federal dollars, nor any match requirements.

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

Source of Funds: Other

Fee for Service (Y/N): Y

Revenue	FY 20/21	Annualized
Local Grant	\$ 362,194.00	\$ 362,194.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 362,194.00	\$ 362,194.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: VARIOUS

In Budget (Y/N)?

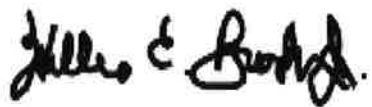
Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Wednesday, January 20, 2021

Signed: Wednesday, January 20, 2021

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 21-40R Revised: Requisition Number:

Presented to Full Board at its Meeting on: 2/17/2021

Name of Provider: Black Family Development, Children's Center of Wayne County Inc., Community Care Services Inc., Development Centers Inc., Guidance Center, The, Hegira Health Inc., Southwest Counseling Solutions, Starfish Family Services (MH), Northeast Integrated Health , Access Behavioral Healthcare LLC, Arab-American & Chaldean Council

Contract Title: School Success Initiative

Address where services are provided: Various

Presented to Program Compliance Committee at its meeting on: 2/10/2021

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

Amount of Contract: \$ 3,600,000.00 Previous Fiscal Year: \$ 6,000,000.00

Program Type: Continuation

Projected Number Served- Year 1: 8,182 Persons Served (previous fiscal year): 5285

Date Contract First Initiated: 2/1/2016

Provider Impaneled (Y/N)? Y

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

This board action is requesting the approval to extend funding for 11 Community Mental Health (CMH) entities to continue providing services in the School Success Initiative project based on the approved program design. The funding will allow the CMHs to provide school-based behavioral health services to children and their families, across Wayne County and implement the approved program design to improve outreach and provide school-based services, through Fiscal Year 2021.

During the first four months of FY-21, funds were allocated to the 11 CMH entities for a total of \$1,161,637.09. In addition, \$11,242.00 was utilized to the Michigan Model for Health curriculum for the approved program design. This board action is requesting that the remaining funds of \$2,427,120.91, be allocated to the 11 CMH entities for the remaining eight (8) months of FY-21.

In order to increase penetration rates, a new curriculum was created, based on the Michigan Model for Health. The new curriculum provides educational tools that address the top four (4) risk factors, which were identified from the MiPHY and TRAILS data as depression/anxiety, bullying, dating violence, and suicide, which is able to be

Board Action #: 21-40R

delivered across age ranges and grade levels. As such, the newly developed curriculum, will positively impact the behavioral health and outreach goals that the School Success Initiative program has outlined for the schools and community partners.

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

Source of Funds: General Fund

Fee for Service (Y/N): N

Revenue	FY 20/21	Annualized
State General Fund	\$ 1,161,637.09	\$ 1,161,637.09
State General Fund	\$ 2,438,362.91	\$ 2,438,362.91
Total Revenue	\$	\$ 3,600,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64931.827206.06200

In Budget (Y/N)? Y

Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 21-57 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 2/17/2021

Name of Provider: See attached list

Contract Title: DWIHN/DPD Pilot - Mental Health Diversion Pilot Partnership

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 2/10/2021

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

Amount of Contract: \$ 400,000.00 Previous Fiscal Year: \$ 0.00

Program Type: New

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

Date Contract First Initiated: 2/1/2021

Provider Impaneled (Y/N)?

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

This board action is requesting the approval of \$400,000 for the Mental Health Diversion Pilot program for the fiscal year ended September 30, 2021.

The pilot program is a partnership between the Detroit Wayne Integrated Health Network (DWIHN), Detroit Police Department (DPD), and City of Detroit Housing and Revitalization Department (HRD). The pilot is modeled after evidence-based programs used by law enforcement agencies in Houston, Dallas, Portland, San Diego and Denver. These agencies each take a three-pronged intervention approach to identify, respond, connect and ultimately increase services to citizens with mental health needs. The overall goal of the Mental Health Diversion Pilot is to improve the city's response to individuals experiencing mental health crises and to prevent future crises by connecting them early on to supportive services. The pilot will take a continuum of care approach to reduce harm to individuals in crisis, reduce their use of emergency services and reduce arrests of individuals experiencing mental health or substance abuse disorders. The program's three pronged approach will consist of a Crisis Intervention Team (CIT), 911 Integrated Response, and a Detroit Homeless Outreach Team (DHOT).

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

Source of Funds: General Fund

Fee for Service (Y/N): N

Revenue	FY 20/21	Annualized
State General Fund	\$ 400,000.00	\$ 400,000.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 400,000.00	\$ 400,000.00

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

Type of contract (Business/Clinical): Clinical

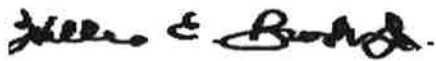
ACCOUNT NUMBER: 64931.827206.06425

In Budget (Y/N)?

Approved for Submittal to Board:

Willie E. Brooks, President/CEO

Signature/Date:



Signed: Monday, February 8, 2021

Stacie Durant, Chief Financial Officer

Signature/Date:



Signed: Monday, February 8, 2021