



Detroit Wayne Integrated Health Network

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PROGRAM COMPLIANCE COMMITTEE MEETING

Virtual Meeting

Wednesday, May 12, 2021

1:00 p.m. – 3:00 p.m.

REVISED 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. Chief Medical Officer's Report** – Clarify structure of Behavior Treatment Advisory Committee (BTAC)
 - B. Chief Clinical Officer's Report** - Provide a report on members that have been fully vaccinated and have passed the two-week waiting period in next month's CCO's report.
- VI. Approval of the Minutes** – April 14, 2021
- VII. Report(s)**
 - A. Chief Medical Officer
 - B. Corporate Compliance
- VIII. Quarterly Reports**
 - A. Managed Care Operations
 - B. Residential Services
 - C. Substance Use Disorders Initiatives
- IX. Strategic Plan Pillar - Customer**
- X. Quality Review(s)**
 - A. FY 20-21 QAPIP Work Plan
- XI. Chief Clinical Officer's Report**

Board of Directors

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

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

Dora Brown, Treasurer
Michelle Jawad
Kenya Ruth

Dr. Cynthia Taueg, Secretary
Jonathan C. Kinloch



XII. Unfinished Business

- A. **BA #20-55 (Revised)** – Substance Use Disorder (SUD) COVID Emergency Grant

XIII. New Business

(Staff Recommendations):

- A. **BA #21-63** – Summer Youth Employment Program (SYEP)

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



Behavior Treatment Advisory Committee

Purpose:

DWIHN's Behavior Treatment Advisory Committee (BTAC) is part of the Quality Improvement Steering Committees. The BTAC is charged with the oversight of twenty-one (21) Behavior Treatment Plan Review Committees (BTPRC) in the network.

Reporting:

The BTAC data collection and summary of findings is presented for policy review and implementation, patterns, trends, compliance and improvement to the Program Compliance Committee, Quality Improvement Steering Committee, and Michigan Department of Health and Human Services (MDHHS).

Membership:

The BTAC is comprised of DWIHN network providers, members, DWIHN staff, including Psychiatrist, Psychologist, and the Office of Recipient Rights (ORR). The BTAC members are appointed for a two-year tenure the total number of the current members is 20.

Structure of DWIHN Network BTPRC:

In compliance with MDHHS Technical Requirements, each of the network BTPRC consists of a licensed psychologist, a licensed physician/psychiatrist and the representative of DWIHN's Office of Recipient Rights. A representative of the DWIHN's ORR is required to attend the BTPRC meetings. The network BTPRC regularly submit the BTPRC data to DWIHN Quality Improvement Unit.

Functions of the BTAC:

The BTAC provides oversight and monitoring of network BTPRC and collects data and information on implementation issues including:

- Case Validation Reviews;
- Types of challenging behaviors resulting in intrusive and/or restrictive interventions;
- Percent of charts labeled appropriately;
- Number of Critical/Sentinel Events involving challenging behaviors;
- To review system-wide BTPRC processes issues, including trends, approvals, disapprovals, and terminations of Behavior Treatment Plans;
- To review system-wide trends and patterns of performance indicators such as psychiatric hospitalization, behavior stabilization, 911 calls, Critical and Sentinel Events, and reductions or increase in the use of Behavior Treatment Plans.

PROGRAM COMPLIANCE COMMITTEE

MINUTES

APRIL 14, 2021

1:00 P.M.

VIRTUAL MEETING

MEETING CALLED BY	I. Dr. Cynthia Taueg, Program Compliance Chair at 1:00 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Dr. Cynthia Taueg, Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	<p>Committee Members: Dr. Lynne Carter; Chief William T. Riley, III; Kenya Ruth; and Dr. Cynthia Taueg</p> <p>Committee Member(s) Excused: Michelle Jawad</p> <p>Board Members: Dorothy Burrell and Commissioner Johnathan Kinloch</p> <p>Staff: Miriam Bielski; Brooke Blackwell; Jacquelyn Davis; Eric Doeh; Dr. Shama Faheem; Bernard Hooper; Melissa Moody; John Pascaretti; Ebony Reynolds; April Siebert; Andrea Smith; and Yolanda Turner</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. Carter to approve the agenda. Dr. Taueg asked if there were any changes/modifications to the agenda. There were no changes/modifications to the agenda. Eric Doeh, Interim CEO requested the board's approval for Bernard Hooper, Director of Corporate Compliance to make an announcement before Item V: Follow-Up Items from Previous Meeting. Motion carried</p>
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V. Announcement

DISCUSSION/ CONCLUSIONS	<p>Bernard Hooper, Director of Corporate Compliance announced that DWIHN has received preliminary notification from NCQA regarding DWIHN’s scoring on the data submission standards and has received the three-year NCQA Certification. DWIHN scored an 89.69% out of 100. DWIHN has received 100% of the points available for all standards with the exception of the eight (8). We will have the opportunity to submit additional evidence or descriptions with respect to those standards during the 10-day period after the receipt of the preliminary results. All must pass elements for the data submission standards and the file review standards have been passed at the 100% level.</p>
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VI. Follow-Up Items from Previous Meetings

DISCUSSION/ CONCLUSIONS	<p>A. Children’s Initiatives’ Quarterly Report – Please provide the following information:</p> <ol style="list-style-type: none"> 1. The workgroup that is being created to address the issue of staff retention – Ms. Reynolds and the Chief Clinical Officer meet with providers regularly to address staffing related issues. Providers also work together in a number of subgroups and different collaboratives to meet with local universities to recruit potential candidates that are scheduled to graduate with interest in the CMH system. DWIHN also have an affiliation agreement with Wayne State University, Central Michigan and University of Michigan and have recruited an average of 20 interns in the last two years. Our clinicians are working with providers that have their field of interest. The process is ongoing. 2. The number of unduplicated individuals served in the Service Delivery and involvement in the School Survey – There are 990 unduplicated students that have been served this fiscal year and 5,668 services have been provided for those students. Numbers are slightly lower from this time last year due the virtual learning process, and schools being closed due to the pandemic. There are 329 schools our CMH is going into across Wayne County to deliver services that are not just specific to the School Success Initiative. 3. Specify the amount of how each funding source is being utilized for the School Success Initiative – The Initiative is grant funded. Tier 1 and Tier 2 students that receive only prevention services are reimbursed through General Fund dollars that have been allocated to the School Success Initiatives’ providers. Any child enrolled in the CMH system and receiving services under our umbrella will be billed through Medicaid claims. The amount of General Fund dollars being used is \$3.6 million. <p>B. Chief Clinical Officer’s (CCO) Report – Please provide the percentage of people that are vaccinated:</p> <ul style="list-style-type: none"> • Vaccinations-Licensed Residential Homes – <i>City of Detroit</i> -551 out of 695 (79%) and <i>Wayne County</i> – 1,049 out of 1,340 (78%) – 91 persons were removed from the City of Detroit residential list as they did not live in licensed settings. 1,047 residential staff have been vaccinated. A combined total of 78% of members in licensed settings have been vaccinated. • Vaccinations-Unlicensed Homes - <i>City of Detroit</i> – 63 out of 148 (43%) and <i>Wayne County</i> – 476 out of 970 (49%) – 907 Direct Care Workers working in unlicensed settings report having been vaccinated. A combined total of 48% members have been vaccinated in unlicensed settings.
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	<ul style="list-style-type: none"> • Declines – There was a total of 189 members for the City of Detroit and Wayne County that declined to take the COVID-19 vaccine in licensed residential homes. There was a total of 396 members for the City of Detroit and Wayne County that declined to take the COVID-19 vaccine in unlicensed homes. The Communications department sends information on vaccinations to staff and providers daily to educate and answer any questions related to the vaccine. Information is available to providers to share with others.
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VII. Approval of Meeting Minutes

DISCUSSION/ CONCLUSIONS	<p>The Chair called for approval of the March 10, 2021 meeting minutes. Motion: It was moved by Mrs. Ruth and supported by Dr. Carter to approve the March 10, 2021 meeting minutes. Dr. Tauzeg 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

DISCUSSION/ CONCLUSIONS	<p>A. Chief Medical Officer – Dr. Shama Faheem, Chief Medical Officer submitted and gave an update on the Chief Medical Officer’s report. Dr. Faheem reported:</p> <ol style="list-style-type: none"> 1. Update on DWIHN’s COVID-19 Response – DWIHN has successfully contributed to the efforts towards “flattening the curve” of the COVID-19 pandemic by ongoing periodic COVID testing of staff and residents of AFC and residential homes; periodic routine testing of DWIHN staff; partnerships with the City of Detroit and Wayne County Health Departments to provide vaccinations provided to staff and members of AFC and residential homes (licensed and unlicensed); as well as an “Ask a doc” initiative where staff are able to submit COVID vaccination related questions to our physicians. 2. Quality Improvement Steering Committee (QISC) March 30, 2021 – Reviewed results, barriers and recommended actions of ECHO Children Survey for 2020; Worked on integrating the Health and Wellness MyStrength Tool with the mental health screening Mindwise Tool to provide resources and targeted interventions to people who screen for a certain disorder. 3. Performance Improvement Projects (PIPs) – All clinical PIPs are being reviewed by Dr. Faheem with revisions on interventions, particularly the ones where no improvement was shown. 4. Substance Use Disorder (SUD) Initiatives – The Medication Assisted Treatment (MAT) is being under utilized despite being an evidence-based and FDA approved treatment for Opioid Use Disorder (OUD) and Alcohol Use Disorder (AUD). Dr. Faheem is working with I.T. on collecting data regarding current use of MAT and drafting educational tools and opportunities for the providers to encourage prescribing when clinically indicated and an individual meets the criteria for it. 5. Crisis and Access Services – Staff is working on the implementation of State recommended MI-SMART Medical Clearance Form for DWIHN patients; The Crisis Team and Hospital Liaison Group is working to identify potential delays in care; and working on automated alerts for the CRSP Treatment Team when a patient is in the E.R./hospital 6. Credentialing Committee – Staff has been successfully using Medversant for Credentialing and Re-Credentialing and working with Dr. Faheem to develop a Root Cause Analysis process for files that are deemed “unclean” by the system.
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	<p>7. PIHP Regional Medical Director’s Meeting – Dr. Pinals (MDHHS’ lead of the PIHP Medical Director’s Meetings) gave updates on various State initiatives and State vaccination efforts; updates on a new study that will look at long-term psychological effects of COVID-19; and updates from each region on vaccinations efforts and barriers to care for their clients.</p> <p>8. Behavior Treatment Advisory Committee (BTAC) – Behavioral Health Treatment Planning Training is being offered to all staff who are part of the IPOS including the ones who provide in-home services. Staff issued HIPPA compliant remote review and approval guidelines to the committee to ensure the continuation of the Behavior Treatment review services. A notification banner has been added to DWIHN’s MH-WIN to reflect any paid authorization of H2000 services within the past 365 days for any member on the Behavior Treatment Plan. MDHHS’ Behavioral Health Plan Guidelines have been provided to the network for review.</p> <p>The committee requested clarity of the Behavior Treatment Advisory Committee’s structure. (Action)</p> <p>B. Corporate Compliance Report - Bernard Hooper, Director of Corporate Compliance submitted and gave an update on the Corporate Compliance report that Corporate Compliance and Managed Care Operations have initiated the contract termination process regarding United Horizons, a provider of CLS and Respite Services and SIL Housing Provider. Documentation supporting the termination of the United Horizons’ contract was presented to the Compliance Committee and it was concluded that a recommendation of contract termination be presented to DWIHN’s Board of Directors. Mr. Hooper is requesting support of the Program Compliance Committee to bring the matter of terminating the contract of United Horizons before the Board of Directors. The Chair called for a motion to terminate the contract with United Horizons, a provider of CLS’ Respite Services and SIL Housing. Motion: It was moved by Mrs. Ruth and supported by Dr. Carter to terminate the contract with United Horizons, a provider of CLS’ Respite Service and SIL Housing and move to Full Board for approval. Dr. Taueg opened the floor for discussion. There was no discussion. Motion carried.</p> <p>The Chair called for a motion to accept the Corporate Compliance and Chief Medical Officer’s reports. Motion: It was moved by Mrs. Ruth and supported by Dr. Carter to accept the Corporate Compliance and Chief Medical Officer’s reports. Dr. Taueg opened the floor for discussion. There was no discussion. Motion carried.</p>
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IX. Quarterly Reports -

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. Access Call Center – Miriam Bielski, Director of Access Services submitted and gave highlights of her quarterly report. Ms. Bielski reported the Access Call Center went live on February 1, 2021 and informed the committee of its’ monthly performance for February and March. Ms. Bielski explained the key changes of the Access Call Center’s transition from February to March to the committee. The Call Center Representatives received 3,353 more phone calls, handled 3,273 more phone calls and met the Goal in March. Staff began the Call Center redesign by leveraging the internal system and phone equipment to enhance call flow.</p> <p>B. Crisis – Jacquelyn Davis, Director of Crisis Services submitted and gave highlights of her quarterly report. Ms. Davis reported:</p>
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1. **FY 20/21 Q1 Accomplishments** – Crisis Alerts in Consumer Records for identified recidivistic cases have been effective; Worked with the Detroit Police Department to develop a process for 911 to transfer calls directly to the Crisis Line (ProtoCall) – go live May 1, 2021; DWIHN participates on the committee with MDHHS to establish standardized guidelines for the new legislation for Crisis Stabilization Units; Staff has developed a Steering Committee with the Network providers to develop a plan for reducing psychiatric inpatient and recidivism; and DWIHN is participating in the Wayne County Mental Health Initiative.
2. **Area of Concern** – Increase in placement issues for MDHHS cases. Staff working with MDHHS to educate on behavioral health guidelines and provide consultations for ongoing treatment plans for children receiving services in Child Welfare settings.
3. **Plans for FY 20/21 Q3** – Educate system on resources for In-Home Respite and determine need for out-of-home respite and beds for managing baseline high acuity behaviors; Establish contact with Garden City Hospital for 28 Inpatient Psychiatric Beds; and Develop a process for implementing the MDHHS' Medical Clearance process.

Discussion ensued. The committee requested an update on the beds in the hospitals in the next quarterly report. **(Action)**

- C. **Utilization Management** – John Pascaretti, Director of Utilization Management submitted and gave highlights of his quarterly report. Mr. Pascaretti reported:
1. **Habilitation Supports Waiver** – 1,051 out 1,084 slots were filled at the end of March 2021 - (97%)
 2. **Autism** – 1,363 authorization requests were approved during the 2nd quarter and 1,792 cases currently open.
 3. **Evidence-Based Supported Employment** – 240 authorization approvals for the 2nd quarter.
 4. **General Fund** – 863 authorizations for 2nd quarter
 5. **Provider Network Hospital Admissions** – 2,088 inpatient admissions for 2nd quarter, a 6.79% decrease from Q1.
 6. **MI-Health Link** – 146 MI-Health Link authorizations across all ICOs for 2nd quarter, a 24.7% decrease from Q1.
 7. **State Facilities** – COVID-19 vaccinations were implemented this period and more than half of all inpatient members have been fully vaccinated.
 8. **SUD** – 3,301 authorizations approved by SUD/UM reviewers, 99% were approved in a timely manner.
 9. **MCG** – COPE, the Children's screening entities and ACT teams have screened 2,834 cases using the MCG BH Guidelines for the 2nd quarter, a 9% decrease from Q1.
 10. New Hire Interrater Reliability (IRR) continues to occur. An update of the MCG Guidelines is expected to be deployed in the next month or so. The Parity workgroup may recommend all PIHPs update to the 25th edition at the same time.
 11. **Timeliness** – The timeliness report calculates rates of adherence to time frames for each category (urgent concurrent, urgent preservice, nonurgent preservice and post-service) for each factor – 90% threshold.
 12. **Denials and Appeals** – 47 medical necessity denials for continue inpatient hospitalization and ABA services did not meet MCG medical necessity criteria for the 2nd quarter. There are 12 appeals.

The Chair bundled all quarterly reports. The Chair called for a motion to accept the Access Call Center, Crisis and Utilization Management quarterly reports. **Motion:** It was moved by Mrs. Ruth and supported by Chief Riley to accept the Access Call

	Center, Crisis and Utilization Management quarterly reports. Dr. Tauveg opened the floor for discussion. There was no discussion. Motion carried.
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X. Strategic Plan Pillar - Access

DISCUSSION/ CONCLUSIONS	<p>Jacquelyn Davis, Director of Crisis Services submitted and gave a report on the Strategic Plan – Access Pillar. The Access Pillar is at 72% completion. There are four high-level goals:</p> <ol style="list-style-type: none"> 1. Goal 1- Create Infrastructure to support a holistic care delivery system by 9/30/22 - Up 35% from last quarter. The Risk Matrix Scorecard Pilot has been launched on 3/1/21 with 5 CRSPs. All CRSPs will be participating by 9/30, the roll out to other Outpatient and Residential Providers - 44% Completion 2. Goal 2 - Create Integrated Continuum of Care for Youth by 9/30/20 - We're behind due to Children's Initiatives exploring the ability to capture system involvement in MH-WIN and working with IT to implement the referral system into MH-WIN - 83% completion, same as last quarter. 3. Goal 3 - Establish an effective Crisis response system by 9/30/22 - Wont' be fully complete until Crisis Assessment Center is up and running - 62% completion - slightly ahead 4. Goal 4 - Implement Justice Involved Continuum of Care by 9/30/20 - The WC Jail Diversion Council met in December and additional committees have been established to make more progress in Intercept 0: Community Services – 100% completion <p>The Chair called for a motion to accept the Strategic Plan - Quality Pillar report. Motion: It was moved by Chief Riley and supported by Mrs. Ruth to accept the Strategic Plan - Access Pillar report. Dr. Tauveg opened the floor for discussion. There was no discussion. Motion carried.</p>
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XI. Quality Review(s) -

DISCUSSION/ CONCLUSIONS	<p>FY 20-21 QAPIP Work Plan – April Siebert, Director of Quality Improvement submitted and gave an update on the FY 20-21 QAPIP Work Plan. Ms. Siebert reported that the first quarter Michigan Mission Based Performance Indicators (MMBPI) data was submitted to the Michigan Department of Health and Human Services (MDHHS) on March 31, 2021. DWIHN has met all required standards with the exception of P1 #10 (Adult Recidivism) for Q1 reporting. Ongoing efforts and interventions for P1 #10 include the development of an internal Recidivism workgroup and an External Recidivism workgroup and noted efforts have decreased the adult recidivism rate from 20% to 17% for Q1 of this fiscal year. Staff seeks to reduce psychiatric inpatient admissions and provide safe, timely, appropriate and high-quality treatment alternatives while still ensuring members receive the appropriate required care as well as expand the comprehensive continuum of crisis services, supports and improve care delivery. DWIHN's Annual Needs Assessment Report was submitted to the Michigan Department of Health and Human Services (MDHHS) on March 31, 2021. The Chair called for a motion to accept the FY 20-21 QAPIP Work Plan. Motion: It was moved by Chief Riley and</p>
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supported by Mrs. Ruth to accept the FY 20-21 QAPIP Work Plan. Dr. Taueg opened the floor for discussion. There was no discussion. **Motion carried.**

XII. Chief Clinical Officer's (CCO) Report

DISCUSSION/ CONCLUSIONS	<p>Melissa Moody, Chief Clinical Officer submitted a full report and gave highlights on the Chief Clinical Officer's report. Mrs. Moody reported that:</p> <ol style="list-style-type: none">1. COVID-19 & Inpatient Psychiatric Hospitalization – Hospitalizations data showed relatively no change in admissions for the month of March. There were four reported cases of COVID-19 inpatient in March 2021 (February 2021 – 4 cases).2. COVID-19 Intensive Crisis Stabilization Services – There was a 5% increase in crisis stabilization services provided in March 2021 (281 served) compared to February 2021 (267 served).3. COVID-19 Pre-Placement Housing – There were 30 people serviced in pre-placement housing for the month of March 2021.4. COVID-19 Recovery Housing/Recovery Support Services – There was relatively no change in the utilization of COVID-19 recovery homes in the month of March 2021 (4) compared to February 2021 (4).5. COVID-19 Urgent Behavioral Health Urgent Care Sites – There was a 25% reduction in utilization of Urgent Behavioral Health Urgent Care Services in March 2021 (30) compared to February 2021 (41).6. Residential Department Report of COVID-19 Impact – There was 21 new positive COVID-19 positive members in March 2021 but no reported new deaths. There was no new COVID-19 positive cases nor deaths for staff in Residential Placement for March 2021.7. Michigan COVID-19 Updates – Michigan has now moved into Phase 2, Individuals 16 years of age or older in an effort to reach the goal of having at least 70% of Michigan residents vaccinated. <p>The City of Detroit and DWIHN's partnership to distribute vaccinations to various groups has resulted in 3,221 vaccinations being provided to persons we support. This effort combined with the licensed and unlicensed Residential homes resulted in a total of 7,314 persons vaccinated. The committee requested a report on members that have been fully vaccinated and have passed the two-week waiting period in next month's CCO's report. (Action) The Chair called for a motion to accept the Chief Clinical Officer's report. Motion: It was moved by Dr. Carter and supported by Chief Riley to accept the Chief Clinical Officer's Report. Dr. Taueg opened the floor for discussion. Discussion ensued. Motion carried.</p>
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XIII. Unfinished Business - None

DISCUSSION/ CONCLUSIONS	<p><i>There was no Unfinished Business for review/approval.</i></p>
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XIV. New Business: Staff Recommendation(s) -

DISCUSSION/ CONCLUSIONS	<p>A. BA# 21-60 – Michigan Peer Review Organization (MPRO) – Staff requesting approval to increase the initial contract for \$20,000.00 and extend the terms to September 30, 2021. The initial contract was \$45,000.00. The revised amount is \$65,000.00 and therefore, requires board’s approval. Dr. Taueg opened the floor for discussion. There was no discussion.</p> <p>B. BA #21-61 – National Council for Behavioral Health BHH Consultation – The Chair called for a motion on BA #21-61. Staff requesting an eight-month agreement from May 1, 2021 through December 31, 2021 for an amount not to exceed \$80,000.00 with the National Council for Behavioral Health to receive guidance and support in the organization’s goal of becoming a Behavioral Health Home (BHH) and/or a Certified Community Behavioral Health Clinic (CCBHC). Dr. Taueg opened the floor for discussion. There was no discussion.</p> <p>The Chair bundled the board actions. The Chair called for a motion on BA #21-60 and BA #21-61. Motion: It was moved by Chief Riley and supported by Mrs. Ruth to move BA #21-60 and BA #21-61 to Full Board for approval. Dr. Taueg opened the floor for further discussion. There was no further discussion. Motion carried.</p>
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XV. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS	<p>The Chair asked if there were any Good and Welfare/Public Comment. Dorothy Burrell, Board Member informed the committee that Ray Solomon passed away and that his service will be held at the Aretha Franklin Amphitheater. She will provide the information to Lillian Blackshire, Board Liaison.</p>
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ACTION ITEMS	Responsible Person	Due Date
1. Chief Medical Officer’s Report – Provide clarity of the Behavior Treatment Advisory Committee’s (BTAC) structure.	Dr. Shama Faheem	May 12, 2021
2. Quarterly Reports: Crisis Services – Provide an update on the beds in the hospitals in the next quarterly report	Jacquelyn Davis	July 14, 2021
3. Chief Clinical Officer’s Report – Provide a report on members that have been fully vaccinated and have passed the two-week waiting period in next month’s CCO’s report	Melissa Moody	May 12, 2021

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

ADJOURNED: 2:44 p.m.

NEXT MEETING: Wednesday, May 12, 2021 at 1:00 p.m. *(Virtual Meeting)*



**Program Compliance Committee Meeting
May 12th, 2021**

Chief Medical Officer's Report

Shama Faheem, MD

COVID-19 updates and DWIHN's COVID-19 Response

Michigan Dashboard as of 5/7/21:

Cases:

MI Total cases: 858,050

MI Total Deaths: 18,054

Detroit City Cases: 48359

Detroit City Deaths: 2076

Wayne County Cases: (excluding Detroit): 98111

Wayne County Deaths (excluding Detroit): 2390

Vaccinations:

MI 1st dose: 51.2%

MI two 2 doses given: 40.7%

Detroit city 1st dose: 32.0%

Detroit city 2 doses: 23.4 %

Wayne county (excl. Detroit) 1st dose: 57%

Wayne county (excl. Detroit) 2 doses: 43.6%

DWIHN Residential CVD-19 Residential Vaccination Reporting: 4/27/21. Next update due after May 10th.

Licensed Facilities	# of CONSUMERS REPORTED		1st Vaccine ADMINISTERED		Consumers FULLY VACCINATED	
	AMI	IDD	AMI	IDD	AMI	IDD
CITY of DETROIT	722		615		589	
	485	237	398	217	379	210
			85.2%		81.6%	

Western Wayne	1,367		1,217		1,085	
(40 Cities)	595	772	524	693	444	610
			89.0%		79.4%	

Unlicensed Facilities

CITY of DETROIT	164		64		53	
	94	70	36	28	30	23
			39.0%		32.3%	

Western Wayne	969		468		407	
(45 Cities)	273	696	95	373	98	312
			48.3%		42.0%	

Starting May 6th, Michigan has lifted its mask requirements for outdoor gathering of less than 100. CDC has also eased requirements for vaccinated individuals, in light of the preliminary data indicating decreased asymptomatic infections and transmission by vaccinated individuals.

In line with CDC, DWIHN is providing routine COVID-19 screening test exemption to vaccinated individuals.

DWIHN has continued our efforts towards COVID-19 and its vaccination. Some of our initiatives include:

- Ongoing periodic COVID testing of staff and residents at the AFC homes and Residentials
- Periodic mandated routine COVID testing of DWIHN unvaccinated (no record of vaccination submitted to HR) staff.
- Vaccination provided to the residents and staff of AFC homes and Residentials. Overall, we have vaccinated > 85 % licensed residentials and > 40% of unlicensed.
- Partnership with the city of Detroit and Wayne Health to provide vaccinations through mobile units.
- “Ask a doc” initiative where the staff are able to submit COVID vaccination related questions to our physicians.
- Biweekly COVID-19 Newsletter as well as “Ask a Doc” motivational article intended to improve vaccination awareness and address hesitancy.

Performance Improvement Projects (PIPs):

All clinical PIPs are being reviewed by Dr. Faheem with ongoing efforts to improve scores and compliance. We continue to meet with Quality and Integrated Health teams to come up with alternate evidence-based interventions that can potentially help with improvement in scores. Currently addressing several PIPs, particularly Diabetic Screening for patients on antipsychotics which is a HEDIS measure reported to State each summer. We are also focusing on other projects such as improving 7- and 30-day follow-up after hospital discharge, compliance with antidepressants and antipsychotics and minimizing use of multiple antipsychotics.

Substance Use Disorder (SUD) Initiatives:

Ongoing efforts to provide SUD services, encourage Medication assisted treatment. Working with CRSP Medical Directors to improve MAT prescribing when appropriate. Working with Wayne State CBHJ and our Mobile Substance Use Service Providers to help facilitate immediate availability of Opioid Use Treatment to people getting out of jails.

Crisis and Access Services:

Ongoing efforts to minimize care delays and Hospital Recidivism. Working with Crisis team and Hospital Liaison group to identify potential delays in care. Working with State on initiatives that address hospital recidivism. Working on expansion of “Med Drop” Program to improve outpatient compliance with goals to decrease need for higher level of care such as Assertive Community Treatment and inpatient hospitalizations.

Children Services:

Working internally to come up with a plan and workflow for pediatric cases waiting in the Emergency Department. Also working on care coordination of pediatric cases who wait on the inpatient units or State hospitals due to lack of alternate safe placement. Working with State to address some of these complex pediatric cases and develop a workflow and plan.

Utilization Management and Appeals:

UM Team continues to meet with our psychiatrists to discuss cases with long length of stay. Working with UM Department to come up with pathways to address complex cases who wait on the inpatient units due to lack of safe discharge plan/placement.

PIHP Regional Medical Director's Meeting

At the onset of COVID pandemic, this body met weekly; however, now it is meeting twice a month. Dr. Pinals (the MDHHS lead of the PIHP Medical Director's Meetings) gave updates on various State initiatives and States Vaccination efforts. Medical Directors for each Region provide updates on vaccinations as well as other improvement efforts in their Regions. Barriers and crisis in behavioral healthcare are also discussed and potential ways to have State collaboration in addressing those.



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**CORPORATE COMPLIANCE
MEMORANDUM**

TO: Dr. Cynthia Tauег, Chairperson
Program Compliance Committee

FROM: Bernard K. Hooper
Corporate Compliance Officer

DATE: May 12, 2021

RE: REPORT TO PROGRAM COMPLIANCE COMMITTEE

1. MDHHS CWP- HSW-SEDW Plan of Correction (POC) - As part of DWIHN's 2019-2020 MDHHS POC, DWIHN has provided evidence of compliance with the POC. DWIHN currently awaits comments regarding the acceptance of the submission.
2. United Horizons Contract Termination – Corporate Compliance in conjunction with Managed Care Operations and Residential has worked diligently with the CRSP for approximately 175 individuals who are currently receiving CLS or Respite care from United Horizons. Individuals have identified a number of providers including Help at Home, contracted CLS and Respite provider which United Horizons contacted as a potential employer of DCW displaced as a result of the contract termination. Help at Home has been selected by a number of the individuals and has committed to interview and employ former United Horizons staff as appropriate. None of the staff members involved have been implicated in any substantiated investigation regarding United Horizons.

Board of Directors

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Detroit Wayne Integrated Health Network (DWIHN)
 2nd Quarter Report
 January 21 to March 2021
 Contract Management --Manage Care Operations (MCO)

Managed Care Operations

Contract Managers and Providers

There are 16 staff employees in the department and 10 are Contract Managers. MCO provides oversight and management of approximately 356 contracted providers (excluding 51 SUD contracts which are managed in the SUD division) for outpatient, inpatient, residential, specialty programs with approximately 900 homes licensed (366) and unlicensed (534). This oversight also includes the responsibility for managing the HUD Housing Contracts, Supported Employment, Michigan Rehabilitation Services Contract and five DHS Outstation Contracts where Medicaid Applications are processed for DWIHN members.

The network is comprised of an efficient and effective number of providers that improve the quality of life for all of our consumers.

Effects of COVID-19 on the Providers

Closure recap for the 2nd Quarter only 1 closure for this quarter, and it will be a temporary closure due to COVIC-19 exposure. The provider organization is expected to re-open in May. The closures below year to date also contain unlicensed settings called Semi-Independent Living also known as SIL's.

Summary of Closures:

Provider Type	Count of Providers	Closure Type	Count of Providers	Service Type	Count of Providers
Outpatient	8	closed Business	3	Advocacy Provider	1
Residential	14	Closed home/Provider Consolidation to another home	2	Autism Center Services	1
(blank)		Closed line of Business and closed site	2	IDD intake services	1
Grand Total	22	closed site	4	Licensed home/provider Personal Care and CLS services	8
		Closed site(s)/home	3	MI Health Link ONLY -Psychiatry, med mgt, psychotherapy, p	1
		Closed Site--Unlicensed Home	5	Outpatient provider-- Merger	1
		Contract Non- renewal	1	Outpatient- supported employment due to low attendance	1
		Merger	1	Skill Building Services	2
		Temporary closure of service/Intake	1	Unlicensed Homes	6
		(blank)		(blank)	
		Grand Total	22	Grand Total	22

Year 2021	Count of Provider
1st Qtr	16
2nd Qtr	1
3rd Qtr	4
4th Qtr	1
(blank)	
Grand Total	22



Breakdown:

- 14 total home or location closures, consolidation to lessen the effects of COVID-19, financial and staffing issues.
- 8 Licensed home Providers consolidated homes to other homes within their business
- 6 unlicensed settings closed.
- 8 providers ranging from Skill building program, Autism services- landlord did not renew provider's lease, provider merger, MI-health Link provider and intake services.

SERVICE AVAILABILITY – PROVIDERS

Although COVID-19 affects our network at every level, we continue to receive new residential and outpatient providers requesting to become part of our network. To date we have over 200 providers in our pool that can address any capacity concerns and can quickly be approved through our credentialing process.

NEW PROVIDER /NEW PROGRAMS

Although we do not have any new providers that have been added to the network. We do have providers that have been approved to add services: Community Living Services is now providing registered nurse services, and Detroit Recovery is providing a wide range of Mental Health services. And a few other providers that added more services, assessments, therapy, and case management which is new to their business due to the new way of doing business through telehealth.

Provider and Practitioner Survey for September 2021

An ad-hoc group was formed to discuss the survey results and next steps to resolve the barriers. The first meeting was held on January 22, 2021. The committee reviewed the FY 2020 survey results, survey tool as well as the specific requests for improvement submitted by providers/practitioners as noted in the comment section of the survey. The committee has taken the first steps in finding and tailoring a survey to best fit our contracted provider organizations and practitioners to achieve a higher response rate; as well as gain a better understanding of how we can support and maintain a strong provider network that will provide high quality supports and services to our members. Meetings will be held monthly until we have a final product expected by June 2021.

Goals for Future Improvements:

- Improve relationships with providers through training and communication.
- Standardize our contract process within our system.
- Train providers on cost efficiency, home help monitoring and the IPOS.



- Monitor compliance and non-compliance providers in regards to timely billing and proper utilization of service codes.
- Ensure our compliance and network adequacy with state regulations based on members served to the number of practitioners.

Provider /Training Meetings Held:

We have scheduled out for the rest of the calendar year and beyond the Outpatient and Residential Provider Meetings: April 30th, June 11th, July 23rd, September 3rd and October 15th (10am-12:30pm) Virtual meeting.

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

Submitted by June White 3/30/21



FY 2020-21 Department Summary: Quarter #2
Residential Director, Shirley Hirsch, LMSW
Report Date Range: 10/1/20 – 3/31/21

Residential Assessment Productivity

	2019-20		2020-21		% (-/+)
	Q1	Q2	Q1	Q2	
Received Referrals	612	865	954	772	+11.3%
Completed Assessments	481	690	613	330	-19.5%

Referrals

- *N/R* – indicates specified reporting not listed for last fiscal year’s reporting
- *Significant increase of **Emergency Department, Age-Out (DHHS), and Out-of-County**: Referral trend identified to report separate from *Inpatient hospitalization* and *CRSP* during last fiscal year’s 2nd quarter.

	2019-20		2020-21		% (-/+)
	Q1	Q2	Q1	Q2	
Hospitals	272	285	275	284	+0.4%
Emergency Departments	6	47	39	27	+24.5%
Clinically-Responsible Service Providers (CRSP)	173	181	204	283	+37.6%
DHHS Youth Age-Outs	<i>N/R</i>	4	5	8	*Significant Increase
Residential Pre-placement	57	62	18	39	-52.1%
Crisis Residential	17	26	21	33	+25.6%
Nursing Homes	13	18	20	16	+16.1%
Out of County	<i>N/R</i>	<i>N/R</i>	1	4	*Significant Increase

Service Authorizations

TOTAL Processed Requests	2020	2021	% (-/+)
October 1 – December 31	2,005	2,001	-0.2%
January 1 – March 31	3,886	2,817	-27.5%

Authorization Team Projects:

- *H2015 Project (January 2021): 800 Authorizations*
- *H2016/T1020 Authorization Clean-up (January 2021): 208 Authorizations*
- *CRSP Members with No (H2015 Only) Service Authorization (February 2021): 800 authorizations*
- *Most Recent Auth Expired (H2016/T1020 Project): 281 Authorizations*
- *DWIHN MEMO:* DWIHN posted a Memo on 2/23/21 providing an update about the H2015 and modifiers. Memo introduced the H2X15 and the T2X27. Additional information is to follow with the expected launch date of fee schedules 4/1/21.
- *IDD Residential Unlicensed Home Provider Meetings:* The Residential Authorization Team has participated in multiple meetings with IDD Unlicensed Home Providers to listen and discuss concerns regarding the H2X15/T2X27 implementation beginning 4/1/21.
- *H2X15/T2X27:* The Residential Authorization Team has been working to establish a standardized process for approving H2X15/T2X27 authorizations. The Authorization Team has been working with the Finance Department for clarification and understanding. The Authorization Team is meeting with Clinical Leadership (Melissa Moody/Kim Flowers) to work towards a resolution.

COVID-19 Reporting

- 57 COVID-19 positive cases reported in this year's 2nd quarter
* 16 DCW Staff
- 0 deaths reported since December 2020

	<u>2020 + Cases</u>	<u>2020 Deaths</u>	<u>2021 + Cases</u>	<u>2021 Deaths</u>
October 1 – December 31	<i>N/R</i>	<i>N/R</i>	74	1
January 1 – March 31	<i>N/R</i>	<i>N/R</i>	57	0

- Licensed COVID-19 Quarantine Facility Usage
* 5 quarantine licensed facilities in total; 18 beds
* 70 consumers serviced in 2nd quarter
* Average length-of-stay (of all facilities): 13.6 days

Residential Facility Closures

TOTAL Processed Requests	<u>2020-21</u>
October 1 – December 31	11
January 1 – March 31	5

2nd Quarter Completed Process Implementations

- CRSP/Residential Monthly Meetings
- DWIHN Residential Assessment Development Team
- Residential Review Committee

External Trainings

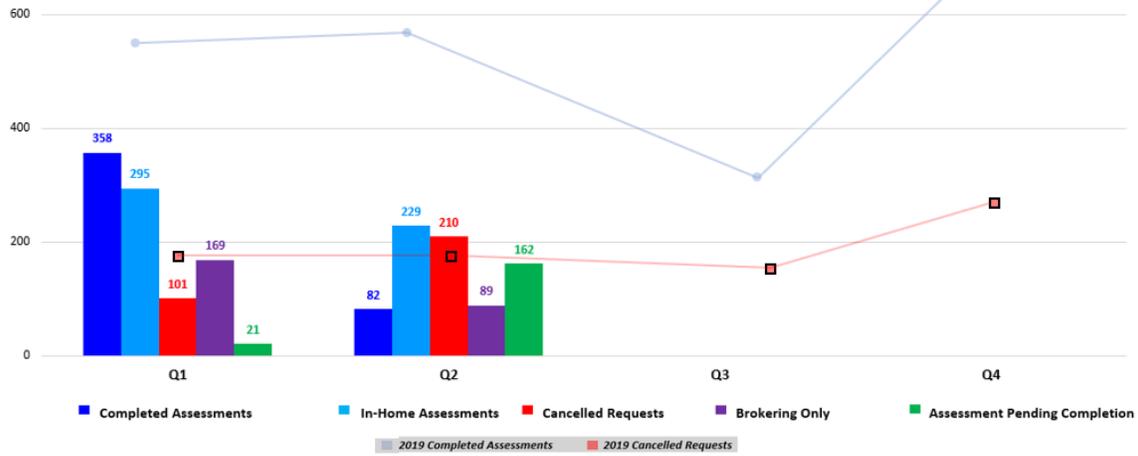
- 14 Sessions, 1,079 Attendees with **CRSP and Residential Providers**
 - * Standardized Progress Note Refresher (February 24th)
 - * New Residential Assessment & Service Authorization Update Review (March 3rd-5th)
 - * Clinical Documentation Alignment of Residential Assessment, Individual Plan of Service IPOS), & Standardized Progress Note (March 23rd-25th)
 - * Service Authorization Update Review for H2X15/T2X27 (March 29th)
 - * DWIHN Residential Review Committee Process and Training (April 29th)

Department Goals

- Increase staffing: Residential Care Specialists and Coordinators
- Continue monitoring department productivity
- Increase monitoring of department productivity
- Format reporting to monitor timeliness and response to service request
- Establish residential guidelines to evaluate specialized utilization functions

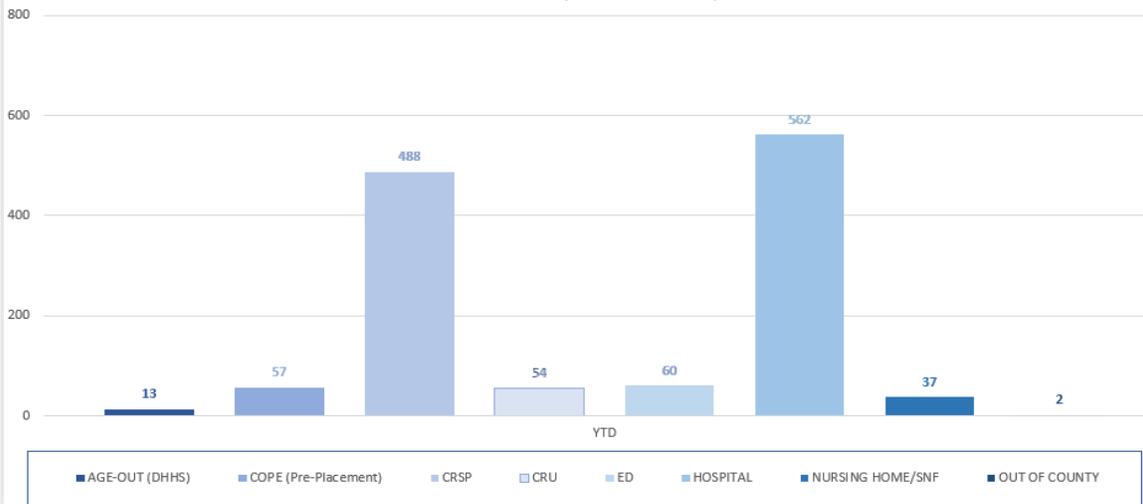
Specialized Residential Assessment Productivity

FY 2020-21
2nd Quarter (10/1/20 - 3/31/21)



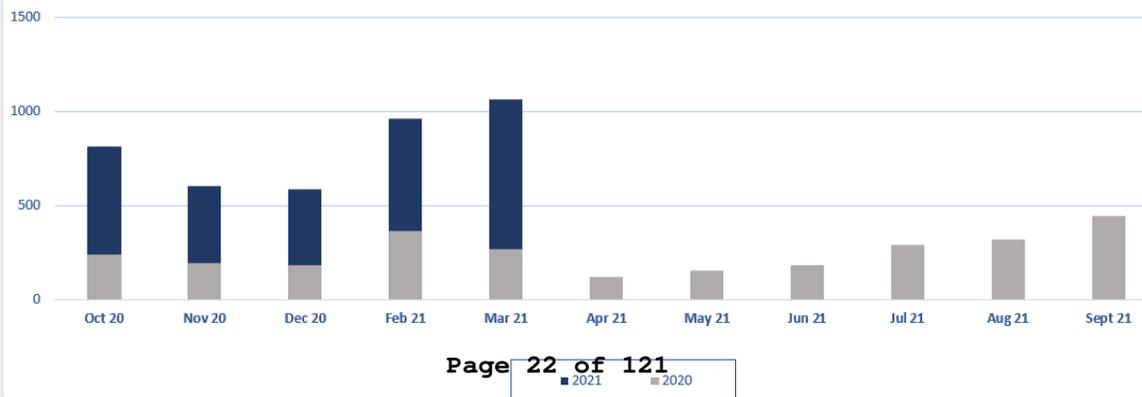
Referral Source Breakdown

FY 2020-21
2nd Quarter (10/1/20 - 3/31/21)



Specialized Service Authorizations

FY 2020-21
2nd Quarter (10/1/20 - 3/31/21)





Detroit Wayne Integrated Health Network (DWIHN)
2nd Quarterly Report FY 21
January to March 2021

Substance Use Disorders

DWIHN coordinates prevention, treatment and recovery efforts for Wayne County residents. Our data collection shows that heroin and alcohol use are higher in our region, and while some areas experience greater consequences, use and associated problems are spread throughout the region. DWIHN believes that there is a continued need for SUD education and having a recovery -oriented system of care.

The drug problem escalated and it was a need to create new innovative initiatives that addressed Heroin/Opioid addiction in the Detroit Wayne County area. DWIHN is dedicated to reducing the number of accidental overdose deaths due to opioids. DWIHN continues to train the community on how to reverse an opioid overdose. To that end, providers, law enforcement, community organizations may now request naloxone trainings via DWIHN website by completing the form on the following link: <https://app.smartsheet.com/b/form/172e55fa4bde4bfd88d99b088bdaebb4>

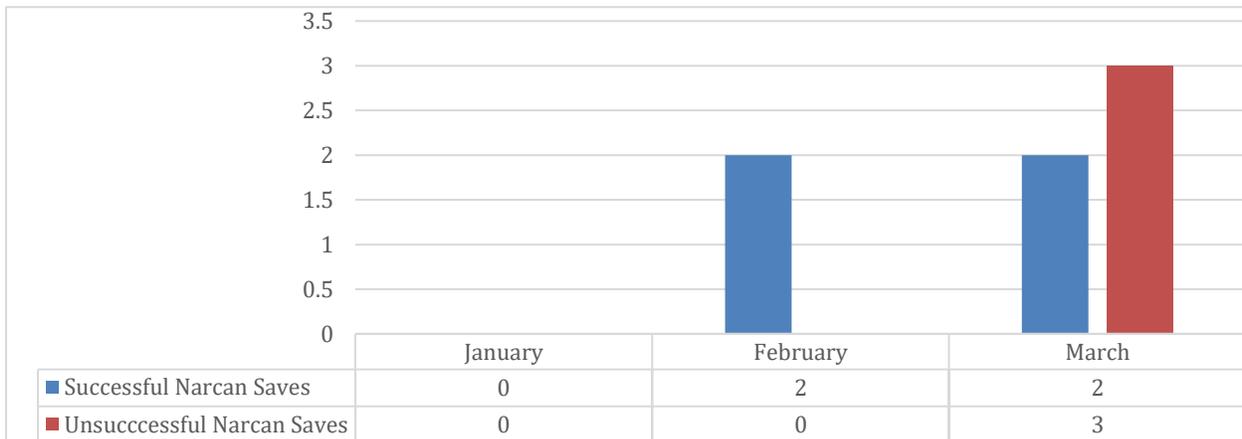
Naloxone Initiative Update

DWIHN’s Naloxone Initiative program has saved **729** lives since its inception and up to March, 2021.

During January to March 2021 DWIHN provided **5** Naloxone trainings

Naloxone Saves in Region 7 from 2nd Quarter of FY21

Month	Successful Narcan Saves	Unsuccessful Narcan Saves
January	0	0
February	2	0
March	14	1
Total	16	1



The medical examiners data suggest that drug related deaths continued to decline, even with a spike during the first wave of the COVID pandemic. The decline in number of deaths was evident among Whites; among African Americans the number of deaths increased. Detroit location, accounts for over half of the deaths in Wayne County. Males account for 70% of the deaths. Few adolescents died. However there continued to be a different age distribution by race among the decedent. Fentanyl continues to be the predominant cause of death, overall and Cocaine is second followed by heroin as the third cause of death.

Mobile Units

DWIHN has two providers that provide mobile unit services: SUD screenings for services, referrals to treatment, peer services, drug screenings, therapy and relapse recovery services, Naloxone trainings and distribution, Rapid HIV testing, Medicaid Eligibility assistance, SUD Counseling, Temperature Checks, Nicotine patches, Hygiene Packages, Nutritional Information (Healthier Choices), Clothing, Sleeping Coat Bags, Needle Exchange and PPEs.

- 242 consumers served by mobile units
- 53 referrals made to SUD treatment by mobile units
- 8 drug screens by mobile units
- 84 individual therapy sessions by mobile units
- 140 peer support activities by mobile units
- 70 naloxone kits distributed with SOR funding by mobile units
- 13 naloxone saves reported from naloxone distributed by mobile units
- 36 Rapid HIV Testing
- 23 Enrollment for Medicaid Benefits
- 208 Screening and Referral to SUD services
- 38 Temperature Checks
- 59 Nicotine Patches
- 112 Needle Exchanges
- 189 Personal Protection Equipment (PPEs)

Opioid Health Home

DWIHN has three overarching goal for OHH programs:

- 1) Improve care management beneficiaries with opioid use disorders, including Medication Assisted Treatment.
- 2) Improve care coordination between physical and behavioral health care services and
- 3) Improve care transitions between primary, specialty, and inpatient settings of care.

A Potential Beneficiary is identified.

DWIHN and the OHH providers ensures the Potential Beneficiary qualifies for the OHH service.

- ✓ Has an Opioid Use Disorder Diagnosis.
- ✓ Lives within the OHH Geographic Area.
- ✓ Has full Medicaid and is not already in an excluded Health Plan.

Providers have enrolled **111** individuals.

The following core health home services have been rendered to the beneficiaries.

- Care Management 32
- Care Coordination 57
- Health Promotion 41
- Comprehensive Transitional Care 1
- Individual and Family Support 4
- Referral to community and support services 71

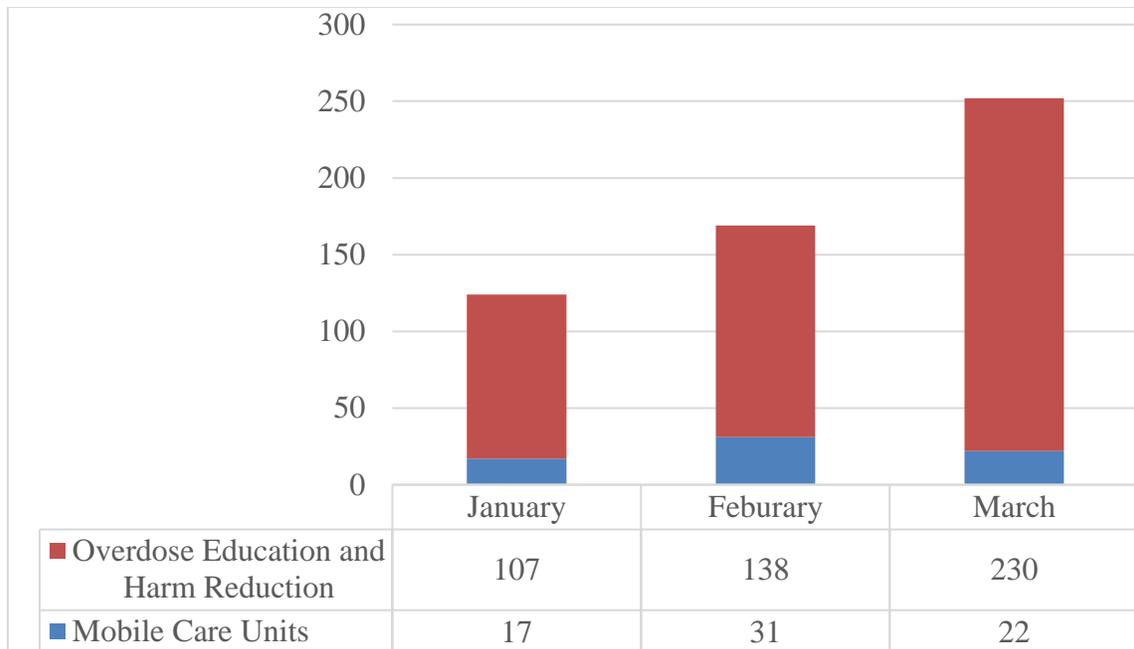
SBIRT Programs

Peers in Federal Qualified Health Centers (FQHCs) are designed to increase access to treatment for individuals that are not aware of services offered.

Name of FQHC/Outpatient Setting/Community Setting	Number of brief screenings	Number of Wellness Check-ups	Total Services Provided
Osborn Center	2	3	5
Western Wayne Family Health Centers	13	5	18
35 th 23 rd 18 th District Courts	1	21	22
Dearborn PD	10	7	17
Total	26	36	62

Overdose Education and Naloxone Distribution (OEND) with Harm Reduction Services

The OEND with harm reduction program enhances and expands our existing naloxone training within different caveats in the community. 545 Narcan kits were distributed in Q2 FY21 with SOR funding.



Youth and Family Oriented Evidenced Based Practice Programs

Providers have served 286 individuals including family members using these two-evidenced based curriculums, Botvin Lifeskills and Project Toward No Drug Abuse.

It is a requirement of the 1115 Medicaid Waiver that ASAM CONTINUUM is the sole SUD Assessment tool and is required by all SUD providers who serve Medicaid eligible clients to implement. It is the expectation that each PIHP will ensure the assessment tool is fully operational by October 1, 2021. To ensure all providers are ready to launch on Oct 1, the SUD Department will work simultaneously with our IT Department to oversee and develop a strategy that will support our provider network, the call center as well as our utilization management departmental needs at the highest level possible. DWIHN met with FEI representative on 3/31/2021 to discuss the ASAM Continuum training plan they will provide to the SUD provider network. ASAM Continuum is a one- day training and will be offered virtually. DWIHN SUD network will need to provide training to approximately 200 clinicians, given the number of clinicians needing training, this will require 3 separate training sessions.

DWIHN provides the following harm reduction strategies in the community as appropriate to the audience: access to Naloxone, peer support, latex condoms, fentanyl strips and deterra bag distribution.

Deterra bags provide a convenient, discreet, environmentally and socially responsible method for getting rid of unused, unwanted, or expired prescription pills, liquids, and patches. Medications are deactivated, rendering them ineffective for misuse or abuse. The biodegradable bags contain an activated carbon that breaks down chemical compounds in the drugs, making them safe for landfill disposal.

Fentanyl testing strips detect the presence of fentanyl and many of its known analogs in a drug sample. Fentanyl and its analogs are highly potent synthetic opioids largely responsible for the increase in heroin-related fatalities. Fentanyl has been found in counterfeit pharmaceutical pills as well as cocaine and other drugs. Fentanyl and various fentanyl analogs are highly potent synthetic opioids between fifty and many hundreds of times stronger than heroin.

Latex Condoms aid in addressing the increasing number of substance abusers contracting communicable diseases due to unprotected sex and having unwanted pregnancies as a result of making poor choices.

Sleeping Bag Coats Initiative distribution has been increased to include more providers that are connected with the homeless populations.

A total of 54 coats have been distributed and/or received January – March 2021

Prevention services include a series of innovative activities. The Men’s Rap Barbershop Talk Tour initiative is ongoing. Topics include Health Disparities, Uniting to Make Our Community Better, Men’s Health Issues, Male Responsibilities, Substance Use and Abuse, Police Brutality and Minority Mental Health. In addition, individuals received resources to services including DWIHN’s My Strength App. In the month of March Barbershop presentations were conducted at 4 locations in Wayne County serving

Barbershop Name	Location
Heavy Weight Cut Barbershop	8008 Kercheval, Detroit.48214
Cadillac Barbershop	9920 Kercheval, Detroit, 48214
Herman Barshop	19149 Van Dyke, Detroit, 48234
Life Style Salon	18610 Grand River, Detroit, 48223

COVID Report (January – March 2021)

	Prevention	Treatment
<i>Number of Staff Positive</i>	1	8
<i>Number of Clients Positive</i>	8	18
<i>Number of Deaths</i>	0	1

Recovery Self- Assessment (RSA)

The SUD Department conducted its annual Recovery Self- Assessment (RSA) survey which was administered for the seventh year to clients, agency’s staff and administrators in the month of February, DWIHN receive an eighty three percent satisfaction rate. The RSA survey is a validated self-reflective tool designed to identify strengths and target areas of improvement as agencies and systems develop and strengthen recovery-oriented systems of care. DWIHN and the SUD Provider

Network have participated in the RSA Assessment since 2015. This years' distribution period was February 5, 2021 through February 26, 2021.

The survey questions were divided into 5 subcategories: Life Goals, Consumer Involvement, Diversity of Treatment Options, Consumer Choice and Inviting. All five subcategories indicated an increase in scores in FY' 15.

DWIHN has demonstrated an increase in the comprehensive score for the RSA Assessment since 2015. DWIHN has had an upward trend since the onset in each subcategory, apart from the Involvement subcategory (2020). DWIHN has continued to meet the expectation of improvement from the previous year. The subcategory that showed the greatest increase was "Life Goals" and the subcategory that showed the greatest decrease was "Involvement

Subcategory 1 reflect *Life Goals* questions: (7,9,12,16,18,28,31,32,17)

Subcategory 2 reflect *Client Involvement* questions: (19,22,23,24,25,29,20)

Subcategory 3 reflect *Diversity of Treatment Options* questions: (14,14,21,26)

Subcategory 4 reflect *Choice* questions: (4,5,6,8,10,27)

Subcategory 5 reflect *Inviting* questions: (1,3)

The results will be reviewed further with the SUD network regarding trends from and any provider improvement efforts that can be made. Each provider will also review their results in all subcategories for analysis and improvement efforts.

Supplemental Block Grant Funding

Detroit Wayne Integrated Health Network (DWIHN) has been informed by the Michigan Department of Health and Human Services (MDHHS), Office of Recovery Oriented Systems of Care (OROSC) of its intention to provide a supplemental SAPT Block Grant allocation as authorized under recent federal legislation. The projected amount to be received for the current fiscal year is 3,408,317 dollars. The federal legislation places limits, COVID related objectives and separate reporting requirements. These funds are not the same as block grant funds providers are accustomed to operating from and in many ways the new funding is different in purpose, scope and intent. DWIHN/SUD has submitted a temporary work plan to OROSC to be reviewed on how we plan to utilize the current funding. We will move forward with revising our work plan strategy and make final decisions for Region 7 when we are notified on final approval and information is made available.

STRATEGIC PLAN: CUSTOMER PILLAR REPORT - PCP MEETING – MAY, 2021

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 87% completion. Previous reporting on this pillar last February, was 84%.**

Goal 1. Enhance the Provider Experience. (12/31/2021) - Previous 78% - Current Completion 83%. We are on Target with this goal. 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 92%- Current Completion 92%. We are still behind on this goal. 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.*
- **Trained CRSP Provider who have individuals transitioning to Self-Determinations.** Still addressing other opportunities to build competencies and skills of network regarding Self- determination.

Goal 3. Improve Person's Experience of Care and Health Outcomes. (12/31/2021) - Previous 64% Current Completion-73%. We still are on target with this goal. Under this goal the focus is on:

- **Delivering information about providers and practitioners in appropriate formats.** Printable and online versions of Provider directory have been completed. The online directory was successfully launched with options to search information across providers as well as practitioners within our system.
- **Updating and distribution of Provider Directories and Member Handbooks.** Has been completed.

Identifying opportunities to improve member satisfaction via Adult and Children Member surveys. Both ECHO Surveys have been completed, analysis has been finalized and presented to Quality committee for recommendations for process improvements.

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. DWIHN's. Crisis unit has been meeting with Residential and MCO units to identify home respite bed and homes that will accept high acuity behaviors.



May 12, 2021

Strategic Plan – CUSTOMER PILLAR

Program Compliance Committee Status Report

Table of Contents

Strategic Plan – CUSTOMER PILLAR _____	1
To our board members: _____	2
Pillar Dashboard Summary _____	3
Summary of Pillar Status _____	3
Customer 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 Access, Customer and Quality Pillars and impact in the areas that matter most to our stakeholders.

Pillar Dashboard Summary



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

Summary of Pillar Status

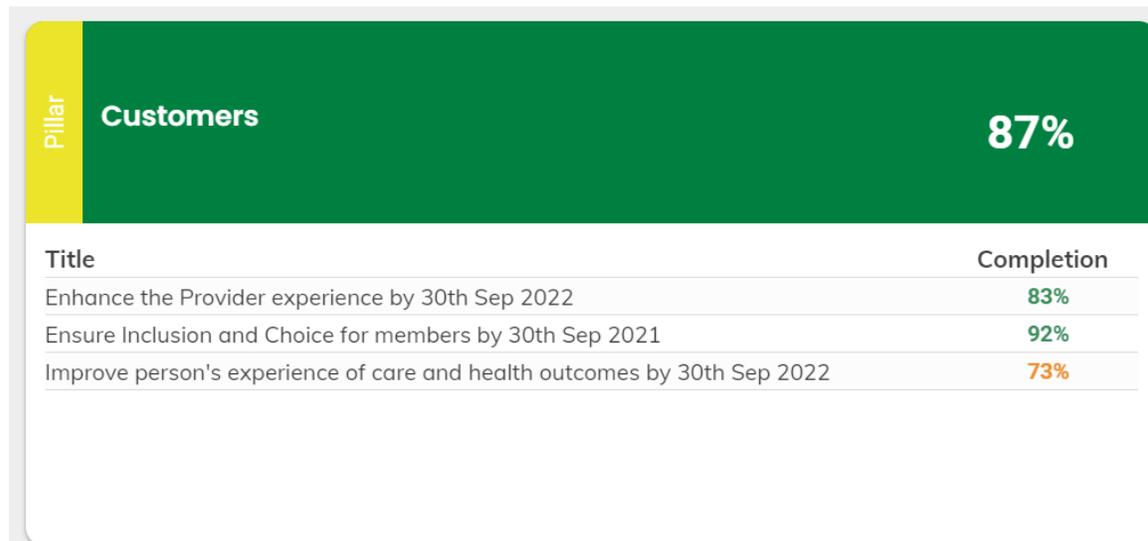
Access Pillar is presented under the leadership of Jacquelyn Davis, Director of Access and Crisis Services. Overall, we are at 73% completion on this pillar. There are four (4) goals under this pillar. They currently range from 44% - 100% completion.

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

Quality Pillar is presented under the leadership of April Siebert, Director of Quality. Overall, we are at 71% completion on this pillar. There are four (4) organizational goals. They range from 55% to 95% completion for the high-level goals.

Title	Completion
Ensure consistent Quality by 30th Sep 2022	60%
Ensure the ability to share/access health information across systems to coordinate care by 31st Dec 2021	95%
Implement Holistic Care Model: 1 unit by 31st Dec 2021	55%
Improve population health outcomes by 30th Sep 2022	74%

Customer Pillar is presented under the leadership of Michele Vasconcellos, Director of Customer Service. Overall, we are at 87% completion on this pillar. There are three (3) goals under this pillar. They range from 73% - 92% completion.



A detail report of this pillar will follow.

Customer Pillar

Detailed Dashboard

Program Compliance Committee Meeting

May 12, 2021



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

DWIIHN FY 2020 - 2022 STRATEGIC PLAN PLAN
CUSTOMERS

Goal	Owner	Co-owners	Risk	Task	Update	Current ...
Enhance the Provider experience	- -	-			<p>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.</p> <p>01/25/2021</p>	83% 21% ahead
→ Ensure 80% Provider satisfaction: 0.3333% to 104.53%	June White Director of Network Management	-		Analyzed Survey	☑	81% 84.5 / 104.53% 2.58% behind
→ Improve level of support by conducting regularly scheduled system training across network: 100%	Manny Singla CIO	-			<p>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</p> <p>01/28/2021</p>	84% 84 / 100% 13% ahead

→ Provide tools and support to ensure providers have more meaningful experience: 100%	Manny Singla CIO	-		NEW Nasr Doss: At the beginning of 2021 IT concluded the implementation of the project to provide remote access to phone lines. <i>04/23/2021</i>	85% 85 / 100% 14% ahead
Ensure Inclusion and Choice for members	Lucinda Brown Self Determination Network Provider Program Administrator	-		Lucinda Brown: All components for all members to Self-Direct their services are in place at DWIHN. <i>01/25/2021</i>	92% -
→ Build infrastructure to support the implementation of Self Determined/PCP/Share Decision Making: 100%	Lucinda Brown Self Determination Network Provider Program Administrator	Self Determination Network Administrator (Unappointed)	Letters to Guardians/Staffing Agents/ Network Set up training for CRSP who have people transitionaing to DWIHN	<input checked="" type="checkbox"/> Lucinda Brown: DWIHN has completed the infrastructure to support anyone who receives services to Self-Direct their services. <i>01/25/2021</i>	100% 100 / 100% -
→ Develop components to support the Self Determination by enabling individualized budget, agreements in the MHWIN system along with standardized IPOS: 100%	Lucinda Brown Self Determination Network Provider Program Administrator	Manny Singla		Lucinda Brown: The individual budget is now available in production mode within MHWIN. <i>01/25/2021</i>	100% 100 / 100% -
→ Increase the competencies around Self Determination, Shared Decision Making and Person Centered Planning: 100%	Andrea Smith Director of Workforce Development	Lucinda Brown		Lucinda Brown: After consultation with Allison regarding the intended outcome of this goal, evidence that the opportunities to truly build the competencies and skillset of the network regarding Self Determination has not been exhausted. The progress of this goal will be returned to 69%. <i>02/09/2021</i>	69% 69 / 100% 9% behind
→ Offer Self-Determination and Self-Directed Arrangements across all populations served.: 100%	Lucinda Brown Self Determination Network Provider Program Administrator	-		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. <i>01/25/2021</i>	100% 100 / 100% -
Improve person's experience of care and health outcomes	- -	-			73% 76% behind

→ Deliver information about Provider Sites and Practitioners in appropriate formats: 100%	Michele Vasconcellos Director of Customer Service	Manny Singla	NEW Manny Singla: Provider Directory rollout has been completed both electronically as well as printable directory. <i>04/22/2021</i>	90% 90 / 100% 255% behind
→ Ensure 80% member satisfaction: 100%	Michele Vasconcellos Director of Customer Service	-		100% 100 / 100% -
→ Ensure Access to Recipient Rights	Polly McCalister Director of Recipient Rights	Mignon Strong		64% 7% behind
→ Ensure individuals are placed in the least restrictive environment	Jacquelyn Davis Director of Access and Crisis Services	-	NEW Allison Smith: Crisis unit is meeting with Residential and MCO to identifying out of home respite beds as well as homes that will accept individuals with high acuity behaviors May 2021. <i>05/05/2021</i>	36% 55% behind

Executive Summary:

The Quality Improvement Unit is responsible for implementing and monitoring the QAPIP Annual Work Plan that reflects ongoing activities throughout the year. This report serves to provide the Program Compliance Committee (PCC) Board with a six (6) month update on the following six (6) pillars identified in the DWIHN's Strategic Plan. The QAPIP work plan has been updated with actions taken, progress in meeting QI objectives, improvements made, and identified barriers.

Goal I – Customer Pillar

The goal of the Customer Pillar is to maintain a mutually respectful relationship with members and providers. There are six (6) objectives under the Customer Pillar. To date, no barriers have been identified. Overall, we are on target to meet the goals and objectives identified for this pillar.

Goal II – Access Pillar

The goal of the Access Pillar is affordability, availability, accessibility, accommodation, and acceptability. There are eight (8) objectives under the Access Pillar. To date, we are on target to meet the goals and objectives identified for this pillar with the exception of Indicator 10b (Adult Recidivism) – The percentage of readmissions to an inpatient psychiatric unit within 30 days of discharge from psychiatric inpatient unit. DWIHN falls below the threshold for adult population in Quarter 1 (17.9%). The threshold is 15% or less.

Michigan Mission Based Performance Indicators (MMBPI) – Objective II.6

Barriers: Efforts to decrease hospital admissions and readmissions continue to be a challenge for DWIHN, especially during the COVID-19 pandemic. DWIHN seeks to reduce psychiatric inpatient admissions and provide safe, timely, appropriate and high-quality treatment alternatives while still ensuring members receive the appropriate required care. DWIHN continues its efforts to expand the comprehensive continuum of crisis services, supports, and improve care delivery.

Interventions/Improvement Strategies: To address this issue, DWIHN Quality Improvement unit has established an internal workgroup to examine admission and readmission trends, conduct root cause analysis, identify opportunities for improvement and determine next steps. DWIHN Crisis Unit has also developed a Recidivism Steering Committee to develop and implement an action plan to prevent and reduce inpatient psychiatric readmissions. The recidivism work groups have taken the following action steps to address the rates of recidivism:

- Engaged and collaborated with members' outpatient (CRSP) providers to ensure continuity of care and when members present to the ED in crisis but may not require hospitalization.
- Charted alerts which notify the screening entities and the Clinically Responsible Service Provider (CRSP) of members who frequently present to the ED.
- Properly navigated and diverted members to the appropriate type of service and level of care.
- Provided referrals to Complex Case Management for members with high behavioral needs.
- Implemented the Recidivism Task Force to: 1. identify Familiar Faces and CRSP responsibility, 2. create a plan to address the needs of persons served, and 3. Chart alerts developed in MH-WIN.
- Coordinated and collaborated with crisis screeners on measures to decrease inpatient admissions

Goal III – Workforce Pillar

The goal of the Workforce Pillar is to provide staff development activities while empowering staff in the competitive and market-driven workforce. To date, no barriers have been identified. Overall, we are on target to meet the goals and objectives identified for this pillar.

Goal IV – Finance Pillar

The goal of the Finance Pillar is commitment to financial stewardship and to the optimal prioritized allocation of scarce resources across a plethora of growing and competing needs to best fulfil its mission, vision and values. To date, no barriers have been identified. Overall, we are on target to meet the goals and objectives identified for this pillar.

Goal V – Quality Pillar

The goal of the Quality Pillar is to improve safe, Patient Centered, Efficient, Equitable, Timely, Effective. There are seven (7) objectives under the quality pillar. To date, we are on target to meet the goals and objectives (1-6) identified for this pillar with the exception of the Specialized Residential Monitoring. The 2020 HEDIS data for the Quality Improvement Projects (QIPs) will be available in April 2021.

Residential Monitoring – Objective V.2

Barriers: The desk/remote reviews of the Specialized Residential Homes continue to be challenging due to the COVID-19 pandemic. DWIHN is contracted with approximately 250+ Specialized AFC homes.

Interventions/Improvement Strategies: To address this issue, DWIHN has identified the following as planned activity:

- Collaborate with other units i.e. ORR, MCO, Credentialing and CPI on coordination of reviews to improve this requirement.

Goal VI – Advocacy Pillar

The goal of the Advocacy Pillar is to increase Community Inclusion and Integration. To date, we are not on target to meet this goal. DWIHN must assess residential and non-residential provider's settings for compliance with the HCBS Final Rule.

Home and Community Based Services (HCBS) – Objective VI.1

Barriers: The delivery of Community Living Supports/Life Skills and Skill Building “in-person” services and supports continued to be impacted due to the COVID-19 pandemic. This resulted in a majority of services and supports being provided through the use of virtual platforms by providers, such as telehealth services, video-conferencing and cell phone usage.

Interventions/Improvement Strategies: To address this issue, DWIHN has partnered with the City of Detroit and the City of Detroit Health Department in assisting with the efforts for distribution of the COVID-19 vaccine. This effort will provide vaccination availability to approximately 37,000 of our members served, allowing continued community integration.

Goal VII - Assure Compliance with Applicable National Accreditation, Legislative, Federal/State

The goal is to comply with federal and regulatory requirements, MDHHS, HSAG, and NCCQ. To date, we are on target for the scheduled mandated reviews. Outcomes from the reviews will be reported to PCC and appropriate committees as required.

QAPIP Goals/Pillars	Yearly Planned QI Activities/Objectives Measure of Service	Responsible Department	Timeframe for Each Activity's Completion	Monitoring of Previously Identified Issues	Evaluation	Outcomes	Oversight of QI Activities by Committee
	Customer Pillar						
Goal I	Enhance the quality of services based on member feedback						
I.1	ECHO Adult Satisfaction Survey	Customer Service	FY 2020-2021	Increase response rates and improve member access to behavioral health services for the 5 reporting measures scoring < 50% which include:1) Treatment after benefits are used up; 2)Counseling and Treatment; 3). Getting Treatment Quickly; 4). Office Wait and Access; 5). Perceived Improvement.	Finalized reports for both adult and child ECHO surveys. Disseminated the findings to stakeholders and made presentations to various DWIHN workgroups such as the Quality Improvement Steering Committee (QISC), Quality Operations and Customer Service Liaisons to address recommendations from appropriate committees regarding treatment and access in relation to behavioral health services.	Target Goal: To improve member access to behavioral health services in the following domains: Treatment after benefits are used up, Counseling and Treatment, Getting Treatment Quickly, Office Wait and Perceived Improvement.	Report to QISC no less than quarterly; Submit monthly reports to PCC on reporting measure.
I.2	National Core Indicator Survey (NCI)	Customer Service	FY 2020-2021	Identify areas for system enhancement to improve access to service and quality of care. DWIHN will use the results of the NCI Survey to identify and investigate areas of dissatisfaction and implement interventions for improvement.	MDHHS's assigned goal of 253 needed consents in preparation to administer NCI Spring 2021, Member Experience coordinated the collection of 311 Research Consents from members, guardians, and parents of individuals with developmental disabilities, as well as retrieved 67% of the necessary Pre-Survey Background Package from the respective CRSP for those members.	Target Goal: To access the outcomes of availability of services provided to individuals and families in the following domains: employment, rights, service planning, community inclusion, choice, and health and safety.	Report to QISC no less than quarterly; Submit monthly reports to PCC on reporting measure.
I.3	Provider Survey	Customer Service	FY 2020-2021	Increase response rates and improve service access, service provision, treatment experiences and outcomes in the network.	Coordinated the launch of the DWIHN Provider and Practitioner Surveys.	Target Goal: To increase Provider Practitioner survey response rate related to service access, service provision, treatment experiences and outcomes.	Report to QISC no less than quarterly; Submit monthly reports to PCC on reporting measure.
I.4	Grievance/Appeals	Customer Service	FY 2020-2021	Improve outcomes and member experience for the top five (5) grievances identified for FY 18/19. (1). Delivery of Service, (2). Interpersonal, (3) Program Issues, (4) Access to Staff, (5) Customer Service.	For Quarter 1, there were a total of 9 grievances: (4) Delivery of Services, (3) Access to Staff and (2) Access to Services	Target Goal: To improve outcomes and member experience in the following domains: Delivery of Services followed by Access to Staff and Access to Services	Report to QISC no less than quarterly; Submit monthly reports to PCC on reporting measure.
I.5	Timeliness of Denials & Appeals	Customer Service, Utilization Management	FY 2020-2021	Meet performance set by the state for timely UM decisions making, timeframes and notification. Threshold 90%.	For the 2nd Quarter, there were 47 medical necessity denials for continued inpatient hospitalization and ABA services. There are 12 appeals. All denials did not meet MCG medical necessity criteria for continued inpatient hospitalization and ABA services.	Target Goal: To met the 90% threshold for timeliness of urgent preservice UM decisions.	Report to QISC no less than quarterly; Submit monthly reports to PCC on reporting measure.

QAPIP Goals/Pillars	Yearly Planned QI Activities/Objectives Measure of Service	Responsible Department	Timeframe for Each Activity's Completion	Monitoring of Previously Identified Issues	Evaluation	Outcomes	Oversight of QI Activities by Committee
I.6	Cultural and Linguistic Needs	Customer Service, Managed Care Operations, Quality Improvement and Information Technology	FY 2020-2021	Advance health equity, improve quality, and help eliminate health care disparities by implementing culturally and linguistically appropriate services.	DWINH continues to advance health equity, improve quality and help eliminate health care disparities by implementing culturally and linguistically appropriate services through cultural competency training to staff and network providers.	Target Goal: To improve racial and ethnic disparities in behavior health care system.	Report to QISC no less than quarterly; Submit monthly reports to PCC on reporting measure.
	Access Pillar						
Goal II.	Assess Needs and Manage Demand, Implement Holistic Care Model						
	Michigan Mission Based Performance Indicators (MMBPI)						
II.1	Indicator 1(a) and 1(b) - Percentage of pre-admission screenings for psychiatric inpatient care (Children and Adults) for whom disposition was completed within three hours	Quality Improvement	FY 2020-2021	Meet performance on required state performance indicators. Outcome: FY 18/19 standard met for all populations for all quarters. Threshold 95% for each quarter.	Standard met for adult and children population for Quarter 1 (95%).	Target Goal: To met MDHHS established benchmark of (95%) for each quarter.	Report to QISC no less than quarterly; Submit monthly reports to PCC on reporting measure.
II.2	Indicator 2(a) and 2(b) - Percentage of persons (Children and Adults) receiving a face to face meeting with a professional within 14 calendar days of a non-emergency request for service.	Quality Improvement	FY 2020-2021	Meet performance on required state performance indicators. Outcome: FY 18/19 standard met for all populations for all quarters. Threshold 95% for each quarter.	Beginning Q3 of FY 2020, separate indicators were developed for new persons receiving a completed Biopsychosocial Assessment within 14 calendar days of a non-emergency request for service and/or SUD Services. There are no exceptions for indicators 2a or 2b.	No standard/benchmark for first year of implementation has been set by MDHHS.	Report to QISC no less than quarterly; Submit monthly reports to PCC on reporting measure.
II.3	Indicator 3(a) and 3(b) - Percentage of persons (Children and Adults) needed on-going service within 14 days of a non-emergent assessment with a professional.	Quality Improvement	FY 2020-2021	Meet performance on required state performance indicators. Outcome: FY 18/19 standard met for all populations for all Quarters except for Quarter 3 (88%). Threshold 95% for each quarter.	Beginning Q3 of FY 2020, a separate indicator was developed for new persons starting any medically necessary on-going covered service within 14 days of completing a non-emergent Biopsychosocial Assessment. There are no exceptions for indicator 3.	No standard/benchmark for first year of implementation has been set by MDHHS.	Report to QISC no less than quarterly; Submit monthly reports to PCC on reporting measure.
II.4	Indicator 4a(1) and 4a(2) - Percentage of discharges from a psychiatric inpatient unit (Children and Adults) who are seen for follow up care within 7 days.	Quality Improvement	FY 2020-2021	Meet performance on required state performance indicators. Outcome: FY 18/19 Quarter 1 (57%), Quarter 2 (88%) did not meet the standard; Standard met for Quarter 3 (96%) and Quarter 4 (95%). Threshold 95% for each quarter.	Standard met for Adult (97%) population for Quarter 1. Standard not met for Children (93%) population for Quarter 1. Aggregate score for Children (93%) and Adults (97%) met for Quarter 1 (97%).	Target Goal: To met MDHHS established benchmark of (95%) for each quarter.	Report to QISC no less than quarterly; Submit monthly reports to PCC on reporting measure.

QAPIP Goals/Pillars	Yearly Planned QI Activities/Objectives Measure of Service	Responsible Department	Timeframe for Each Activity's Completion	Monitoring of Previously Identified Issues	Evaluation	Outcomes	Oversight of QI Activities by Committee
II.5	Indicator 4b - Percentage of discharges from a Substance Abuse Detox Unit who are seen for follow-up care within 7 days.	Quality Improvement	FY 2020-2021	Meet performance on required state performance indicators. Outcome: FY 18/19 Quarter 1 (57%), Quarter 2 (88%) did not meet the standard; Standard met for Quarter 3 (96%) and Quarter 4 (95%). Threshold 95% for each quarter.	Standard met for SUD population (100%) for Quarter 1.	Target Goal: To met MDHHS established benchmark of (95%) for each quarter.	Report to QISC no less than quarterly; Submit monthly reports to PCC on reporting measure.
II.6	Indicator 10 (a) and 10 (b) - Percentage of readmissions (Children and Adults) to inpatient psychiatric unit within 30 days of discharge.	Quality Improvement	FY 2020-2021	Meet performance on required state performance indicators. Outcome: FY 18/19 Standard not met for Adults for Quarter 2 (17%), Quarter 3 (17%) and Quarter 4 (20%). Outcome: FY 18/19 Standard met for Children for all quarters with the exception of Quarter 4 (16%). Aggregate score for Children and Adults for FY 18/19 (17%). Threshold 15% for each quarter.	Standard met for the children (8%) population. The standard was not met for the adult population for Quarter 1.	DWIHN falls below the threshold for adult population. To address this area, ongoing efforts and interventions for PI # 10 (Adults) include the development of an internal Recidivism workgroup (led by the QI team) and the External Recidivism Workgroup, which includes our CRSP providers (led by DWIHN Crisis/Access team). These noted efforts has decreased the adult recidivism rate from 20% to 17 % for Quarter 1 of this FY.	Report to QISC no less than quarterly; Submit monthly reports to PCC on reporting measure.
II.7	Complex Case Management	Integrated Health Care	FY 2020-2021	Ensure members are move towards optimum health, improved functional capability, and a better quality of life by focusing on their own health goals. CCM will be measured against the following benchmark for participating members.	IHC continues to offer and provide Complex Case Management services to DWIHN members as part of DWIHN's NCQA accreditation. There were 17 CCM active cases within the first quarter. Eleven (11) new Complex Case Management cases were closed during the quarter. Ten of the cases were cases closed as a result of the members meeting their identified Plan of Care goals, and 1 was closed due to the member being admitted to a long-term psychiatric facility. Information regarding Complex Case Management was also sent to staff at 6 different provider organizations, including hospitals, clinically responsible service providers, and a residential provider. Care Coordination services were provided to an additional 60 members during the quarter who either declined or did not meet eligibility for CCM services. Complex Case Management will be presented at our next Outpatient Provider Meeting to further educate the Provider Network on this program.	Target Goal: Continue to coordinate services for the highest risk members with members with complex conditions and help members access needed resources.	Report to QISC no less than quarterly; Submit monthly reports to PCC on reporting measure.
II.8	Crisis Intervention	Utilization Management	FY 2020-2021	Decrease number of re-hospitalization within 30 days of discharge to 15% or lower. Baseline FY 18/19 (17%).	DWIHN has established an internal workgroup to examine admission and readmission trends, conduct root cause analysis, identify opportunities for improvement and determine next steps. DWIHN Crisis Unit has also developed a Recidivism Steering Committee to develop and implement an action plan to prevent and reduce inpatient psychiatric readmissions.	Target Goal: To move forward in the planning and development of the Crisis Assessment Center. Plans for completion are scheduled for October 2022.	Report to QISC no less than quarterly; Submit monthly reports to PCC on reporting measure.
Goal III.	Workforce Pillar Development of maintain a Competent Workforce						

QAPIP Goals/Pillars	Yearly Planned QI Activities/Objectives Measure of Service	Responsible Department	Timeframe for Each Activity's Completion	Monitoring of Previously Identified Issues	Evaluation	Outcomes	Oversight of QI Activities by Committee
III.1	Maintain Competent Workforce	Workforce Development, Quality Improvement, Clinical Practices Improvement and Managed Care Operations	FY 2020-2021	Increase the capacity of staff and providers to work effectively with diverse cultural and linguistic populations (expand cultural competency trainings as well as develop additional practice policies).		Target Goal: Increase Integrated Care Competencies of the network practitioners around Self-Determination, Shared Decision Making and Person-Centered Planning.	Report to QISC no less than quarterly; Submit monthly reports to PCC on reporting measure.
Goal IV	Finance Pillar Maximize Efficiencies and Control Costs						
IV.1	Claims and Compliance Monitoring	Quality Improvement, Compliance and Finance	FY 2020-2021	Eliminate Fraud, Waste and Abuse in the network by identifying patterns and trends of behavioral health service utilization by funding source and by monitoring over and underutilization of services.	QI staff continues to conduct focused audits of delivered services of members for potential fraud, waste and abuse.	Target Goal: To ensure paid claims and associated services rendered are appropriate and to review compliance issues such as fraud, inappropriate billings and other program integrity items.	Report to QISC no less than quarterly; Submit monthly reports to PCC on reporting measure.
Goal V.	Quality Pillar Improve Quality Performance, Member Safety and Member Rights system-wide						
V.1	Performance Monitoring - Clinically Responsible Service Provider (CRSP)	Quality Improvement	FY 2020-2021	Improve performance rates on regulatory audits (acute care discharge, IPOS and crisis and response planning). Measurement will include the number of providers reviewed during FY19 with reported outcomes.	DWIHN staff continues to conduct required reviews through virtual monitoring. Monitoring included SUD, CRSP and Residential providers.	Target Goal: Increase performance improvement reviews to 95% or greater for FY 20/21.	Report to QISC no less than quarterly; Submit monthly reports to PCC on reporting measure.
V.2	Specialized Residential Settings	Quality Improvement	FY 2020-2021	Targeted goal is to review 75% of the Specialized Residential Providers to ensure regulatory requirements are met and adequate to meet members needs.	To date, twenty-eight (28) Specialized Residential reviews have been completed through virtual monitoring from October 1, 2020 through April 1, 2021.	Target Goal: To review 75% of the Specialized Residential Providers to ensure regulatory requirements are met and adequate to meet members needs.	Report to QISC no less than quarterly; Submit monthly reports to PCC on reporting measure.
V.3	Provider Self Monitoring (Inter-Rater Reliability)	Quality Improvement	FY 2020-2021	Increase Provider's participation in Self Monitoring from the previous year by 10%.	For Quarter 1, program providers conducted self-monitoring reviews. The review process included a quarterly random selection of clinical case records. QI staff will review each section not meeting the 95% benchmark, which will include a drill down to each question and review with providers.	Target Goal: Increase the number of Providers participation in Self-monitoring quarterly case record reviews to 100%.	Report to QISC no less than quarterly; Submit monthly reports to PCC on reporting measure.
V.4	Autism Services	Quality Improvement and Children's Initiatives	FY 2020-2021	Achieve greater efficiency in processing denials and appeals.	There were 1363 reported authorization requests approved during the 2nd Quarter. There are 1792 cases currently open in the benefit are 1792 cases currently open in the benefit	Target Goal: Increase performance improvement to 95% or greater.	Report to QISC no less than quarterly; Submit monthly reports to PCC on reporting measure.

QAPIP Goals/Pillars	Yearly Planned QI Activities/Objectives Measure of Service	Responsible Department	Timeframe for Each Activity's Completion	Monitoring of Previously Identified Issues	Evaluation	Outcomes	Oversight of QI Activities by Committee
V.5	Enhancement of Critical/Sentinel Event Modules (MH_WIN) and Reporting	Quality Improvement and Information Technology	FY 2020-2021	Improve and update the Critical Sentinel Event Modules for better reporting.	DWIHN has provided ongoing trainings and technical assistance (TA) to our provider network on reporting requirements as outlined in Critical/Sentinel Event Policy/Procedures. Also, DWIHN has designated an assigned QI staff to monitor and review the five (5) reportable MDHHS required events on a daily basis to ensure the reporting is completed within the required timeframe.	Target Goal: Continue efforts to improve data reporting, track, trend and analyze critical incidents and other events that put members at risk of harm. Conduct member specific, provider specific and systemic trend analysis. Review providers who consistently report minimal or critical incidents, sentinel events or risk events.	Report to QISC no less than quarterly; Submit monthly reports to PCC on reporting measure.
V.6	Behavior Treatment Plan Oversight	Quality Improvement and Medical Director	FY 2020-2021	Meet performance on required BTPRCs requirements set by MDHHS. Threshold 95%. Review quarterly data on BTPRC outcomes submitted to ensure BTP restrictions are appropriately used and time limited.	DWIHN has delegated the BTPRC function to the contracted CRSP (Mental Health). Assigned QI staff will verify that a BTPRC has been developed and available as required. DWIHN contracted CRSP will provide the necessary review of proposed behavior treatment plans in real time or during emergent situation. DWIHN has also designated an assigned QI staff to monitor and provide oversight to BTPRC and submit quarterly reviews of BTP data analysis reports to MDHHS.	Target Goal: To monitor the Behavior Treatment Plan Procedures to ensure continued quality improvement, adherence to the Standards on Behavior Treatment.	Report to QISC no less than quarterly; Submit monthly reports to PCC on reporting measure.
Quality Improvement Projects (QIP's)							
V.7a	Improving the availability of a follow up appointment with a Mental Health Professional with-in 7 days after Hospitalization for Mental Illness.	Integrated Health Care and Quality Improvement	FY 2020-2021	Focused on follow up after hospitalization within 7 or 30 days. This measure has the potential to improve the health of members with mental illness and reduce readmissions through increasing appropriate follow up care.	Due to the HEDIS results continuing to trend down, in October 2020 the DWIHN Quality Department will begin to audit the charts of members who had an inpatient admission to see if the provider was compliant in doing everything possible to get member in within 30 days of an inpatient admission. Those providers whose charts do not show documentation of efforts to schedule and follow-up after a missed member appointment will be placed on a corrective action plan. Although this will not have much of an effect on the 2020 results, it is expected to have a positive effect on the outcomes in 2021.	Target Goal: Increase number of members that attend their follow-up appointments after hospitalizations. Despite the decrease, the interventions initiated that are felt to be strong interventions and had significant outcomes and will continue to monitor.	Continue to collect and analyze data, and report to QISC and PCC no less quarterly on the reporting measure.
V.7b	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Integrated Health Care and Quality Improvement	FY 2020-2021	Improve members with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.	DWIHN website was updated. Members and providers were notified of this change at provider meetings and members notifications from customer service. DWIHN continues to do data sharing with the MHP monthly.	Target Goal: Improve Adherence to Antipsychotic Medications for Individuals with Schizophrenia.	Continue to collect and analyze data, and report to QISC and PCC no less quarterly on the reporting measure.
V.7c	Antidepressant Medication Management for People with a New Episode of Major Depression	Integrated Health Care and Quality Improvement	FY 2020-2021	Improve measurement-medication Compliance for Members 18 years or Older with a Diagnosis of Major Depression on Antidepressant Medication for at least 84 Days (12 weeks).	DWIHN showed a slight increase with comparison of the 2017/2018 baseline data for Medication Compliance for Members 18 years or Older with a Diagnosis of Major Depression on Antidepressant Medication for at least 84 Days (12 weeks). The first re-measurement period of 2018/2019 from 52% to 53%. This is a 1 percentage point increase. The 55% goal was not achieved. Comparison for FY 2019/2020 will be completed during April of 2021.	Target Goal: Is to achieve 55% compliance.	Continue to collect and analyze data, and report to QISC and PCC no less quarterly on the reporting measure.

QAIP Goals/Pillars	Yearly Planned QI Activities/Objectives Measure of Service	Responsible Department	Timeframe for Each Activity's Completion	Monitoring of Previously Identified Issues	Evaluation	Outcomes	Oversight of QI Activities by Committee
V.7d	Improving Diabetes Monitoring for People with Schizophrenia and Bipolar Disorder	Integrated Health Care and Quality Improvement	FY 2020-2021	Increase Diabetes Screening for people with Schizophrenia and/or Bipolar Disorder measures for percentage of patients 18-64 years of age.	DWIHN saw a decrease in its HEDIS measure of Diabetes Screening for Schizophrenia and Bipolar Disorder members from 81.4% in 2018 to 76.9% in 2019. This is a 4.5 percentage point decrease. In 2019 DWIHN continues to utilize the process of provider monitoring. Due to the COVID-19 pandemic, DWIHN is currently using a virtual remote monitoring process. DWIHN also used HEDIS and HEDIS like tools to review member compliance with diabetic screening. DWIHN will educate the providers network through community outreach initiatives and training on the importance of diabetic screening. This will be measured by the number of providers visited and the total number of clinically responsible providers. There have been 18 providers visited out of the 67 clinically responsible providers. This measure is partially met. We do not have a direct measurement of the impact. This measure was interrupted due to COVID. DWIHN will continue this intervention by providing virtual educational sessions.	Target Goal: Is to achieve 81.4% compliance.	Continue to collect and analyze data, and report to QISC and PCC no less quarterly on the reporting measure.
V.7e	Coordination of Care	Integrated Health Care, Utilization Management and Quality Improvement	FY 2020-2021	DWIHN annually identifies opportunities to improve coordination across the continuum of behavioral healthcare services by collecting data. This data is used to conduct quantitative and causal analysis to identify improvement opportunities. DWIHN has identified the following Performance Improvement Projects (PIP's) to improvement coordination of care efforts:	DWIHN achieved its goal in three of the eight (37.50%) identified coordination of care PIPs. DWIHN will continue to monitor and coordinate efforts, provide technical assistance to its Clinically Responsible Service Providers and report outcomes quarterly to QISC and PCC for all of its PIPs.	Target Goal: Improving Coordinatino of Care between Behavioral Health and Other Health Care Providers.	Continue to collect and analyze data, and report to QISC and PCC no less quarterly on the reporting measure.
V.7f	Case Finding for Opiate Treatment	Substance Use Disorder	FY 2020-2021	Increase the Number of Persons Revived with provided Naloxone Kits in Wayne County MI (Naloxone Project). Distribution of Naloxone kits to promote the use of overdose-reversing drugs.	The Peer Recovery Coach Program was in four hospitals but the program was discontinued due to the newest barrier was the COVID Response. The Peer Recovery Coaches were removed from the Emergency Rooms and other health care settings. The mobile units were still able to operate the Peer Recovery Coach Program with COVID precautions. With no end in sight for the pandemic, emphasis will be placed on the mobile unit outreach programs.	Target Goal: Incease the screening of members of risk for opiod abuse.	Continue to collect and analyze data, and report to QISC and PCC no less quarterly on the reporting measure.

QAPIP Goals/Pillars	Yearly Planned QI Activities/Objectives Measure of Service	Responsible Department	Timeframe for Each Activity's Completion	Monitoring of Previously Identified Issues	Evaluation	Outcomes	Oversight of QI Activities by Committee
V.7g	Increasing Hepatitis A Vaccination	Integrated Health Care	FY 2020-2021	DWJHN was asked in June 2018 by the State of Michigan Department of Health and Human Services (MDHHS) to make available a prevention initiative for opioid treatment programs (OTP) that would help the State of Michigan reach the goal of 80% of the population vaccinated for Hep A.	Remeasurement 2 May 1 2019-October 31, 2019 454 SUD consumers were offered the Hep A vaccine. Of that number 151 had the vaccine administered 33.25%. This is a decrease of 3.51 percentage points. Scheduling with providers continued to be a barrier. An added barrier was the reconfiguration of the Detroit Health Department which caused a nursing shortage. Wayne County Health Department (WCHD) excludes Detroit. Detroit Health Department (DHD) placed child immunizations first on their list. Once Hep A vaccination continued the DHD along with the WCHD had a shortage of Hep A vaccine, causing a continued decrease in the number of vaccinations administered. DWJHN is focusing on the largest SUD providers to administer the Hep A vaccines due to health department Hep A shortage. For 2020 the COVID 19 pandemic stopped vaccinations for the year. The Governor put regulations on face to face contact within our provider sites.	Target Goal: Is to achieve 80% of the population vaccinated for Hep A.	Continue to collect and analyze data, and report to QISC and PCC no less quarterly on the reporting measure.
V.7h	PHQ-9 Implementation	Clinical Practice Improvement	FY 2020-2021	Reduce the suicide rate for enrolled members which includes determining if the PHQ-9 could be a value added screener for its service population, DWJHN reviewed its population data/Agency Profile to determine the prevalence of depression among the enrolled members within the service delivery system	Year-end analysis of data from MHWJN for this remeasurement period indicated a continued increase on the administration of the PHQ-9 at intake. But, again, compliance rates were behind the established goal. PHQ-9 re-screenings were slightly elevated over the last year. The compliance rate for measurement #1 was 91.3% which demonstrated an increase of 12.2% over the last remeasurement period. The rate did fall short of the goal of 95% by 3.7 percentage points. However, it was determined that continued emphasis on the importance of administering the PHQ-9 should assist in increasing this measure. Measurement #2 fell 59.9 percentage points below the established goal of 95%. The FY2020 rate was 35.1% and increased 15.9 percentage points from the previous year. During this period, providers that were under performing on this measure were identified using fiscal year-end data (October 1, 2019 – September 30, 2020). Providers who demonstrated a non-compliance rate of 29% or greater by	Target Goal: Reduce the suicide rate for enrolled members by utilizing the PHQ-9 screening tool and data.	Continue to collect and analyze data, and report to QISC and PCC no less quarterly on the reporting measure.
V.7i	PHQ-A Implementation	Children's Initiative	FY 2020-2021	Improve the health of the pediatric community through a grant to implement the Integrated Care for Kids Model. The Model outlined a child-centered local service delivery and state payment model that aims to improve the quality of care for children under 21 years of age covered by Medicaid through prevention, early identification, and treatment of behavioral and physical health needs. DWJHN in collaboration with providers and practitioners within the contracted provider network determined that youth members ages 11-17 will be assessed for the symptoms of depression via the PHQ-A screening tool.	DWJHN has made considerable progress with the initiative to have practitioners consistently complete a PHQ-A with youth ages 11-17 upon initial intake, with the rate of completion rising from 61% (baseline), to 86.5% during the first remeasurement (October 1, 2018-September 30, 2019), to 93% at the end of the second remeasurement (October 1, 2019-September 30, 2020).	Target Goal: Improve the health of the pediatric community by utilizing the PHQ-A screening tool and data.	Continue to collect and analyze data, and report to QISC and PCC no less quarterly on the reporting measure.

QAPIP Goals/Pillars	Yearly Planned QI Activities/Objectives Measure of Service	Responsible Department	Timeframe for Each Activity's Completion	Monitoring of Previously Identified Issues	Evaluation	Outcomes	Oversight of QI Activities by Committee
V.7j	Improve ACT Fidelity w/ACT Step-Down	Clinical Practice Improvement	FY 2020-2021	Improve medication adherence for adults and children who have challenges taking their medications in the prescribed manner.	Individual Outcomes for Med Drop Participants: <ul style="list-style-type: none"> 80% reduction in the number of Med Drop clients admitted to a psychiatric hospital, who had a psychiatric hospital admission within the 12 months prior to entering the Med Drop Program 92% reduction in psychiatric hospital admissions for Med Drop clients who had a psychiatric hospital admission within the 12 months prior to entering the Med Drop Program 91% reduction in psychiatric hospital days for Med Drop clients who utilized hospital days within 12 months prior to entering the Med Drop Program 	Target Goal: Improve medication adherence for members who have challenges taking their medications in the prescribed manner.	Continue to collect and analyze data, and report to QISC and PCC no less quarterly on the reporting measure.
V.7k	Increase the Number of New Habilitation Supports Waiver Program Enrolled Members and Improve the Utilization Rate of Habilitation Supports Waiver Program Slots	Quality Improvement, Utilization Management	FY 2020-2021	DWIHN has struggled to maintain 95% utilization, as mandated by the MDHHS. Due to not meeting the standard, MDHHS reduced the number of slots allocated to DWIHN by 5%.	The HSW program has had a strong start to FY2021. At the end of the 1st Quarter 2021, 3,174 out of 3,252 slots were allocated for a utilization rate of 97.60%. The preliminary 1st Quarter data shows DWIHN is consistently exceeding MDHHS' goal of 95%.	Target Goal: Increase the Number of New Habilitation Supports Waiver Program Enrolled Members and Improve the Utilization Rate of Habilitation Supports Waiver Program Slots that are Allocated to Detroit Wayne Integrated Health Network from the Michigan Department of Health & Human Services.	Continue to collect and analyze data, and report to QISC and PCC no less quarterly on the reporting measure.
V.7l	Reducing the Call Abandonment Rate at the DWIHN Call center Serving DWIHN Members	Member Engagement/Customer Service	FY 2020-2021	The core goal of a call center is to strengthen relationships with its customers. One way to do this is by answering calls promptly. Because DWIHN values its relationship with its stakeholders (e.g., members, providers, etc.), it looks for opportunities to address any barriers that might adversely affect that relationship, such as an excessive call abandonment.	During the end of the remeasurement period, October to December 2020, the rate dropped to a new low (3.21%) standard is 5%.	Target Goal: Reduce the Call Abandonment Rate at the DWIHN Call center Serving DWIHN Members.	Continue to collect and analyze data, and report to QISC and PCC no less quarterly on the reporting measure.
V.7m	Decreasing Wait for Autism Services	Children's initiative	FY 2020-2021	Due to the rapid growth of the ASD Benefit, DWIHN will need to increase the number of qualified ABA staff in Wayne County to deliver the ABA Benefit to meet the need of members served. The ABA staff shortage is a statewide issue.	The eligibility population increase has continued through 2020, with DWIHN seeing an increase of about 5% per quarter. DWIHN currently has 222 BCABAs, BCaBAs, LP/LLPs, and QBHPs serving children and young adults covered by Medicaid in the Autism Benefit. Each Behaviorists can have a maximum caseload of 15 per BACB Certification Guidelines (BACB, 2012). DWIHN has reached 1,700 enrollees in active treatment in the ABA Benefit during this fiscal year. Despite the COVID-19 pandemic and the many challenges DWIHN's Network faced, FY20 4th Quarter showed 84% of consumers received services within 90 days of MDHHS approval. This is up from 78% at the baseline measurement (FY18 Quarter 1).	Target Goal: Is to increase the number of qualified ABA staff in Wayne County to deliver ABA services.	Continue to collect and analyze data, and report to QISC and PCC no less quarterly on the reporting measure.
Goal VI.	Advocacy Pillar Increase Community Inclusion and Integration						
VI.1	Home and Community Based Services (HCBS)	Quality Improvement	FY 2020-2021	Ensure full compliance in the network with the Home and Community Based Settings requirements by March 2023. Outcome: FY18/19 aggregate score (34%) Goal: FY 19/20 (60%)	The delivery of Community Living Supports/Life Skills and Skill Building "in-person" services and supports continued to be impacted due to the COVID-19 pandemic. This resulted in a majority of services and supports being provided through the use of virtual platforms by providers, such as telehealth services, video-conferencing and cell phone usage. However, members served who expressed a desire not to work until the pandemic subsides were provided skill building assistance.	Target Goal: To ensure full compliance in all services that fall under HCBS	Report to QISC no less than quarterly; Submit monthly reports to PCC on reporting measure.

QAPIP Goals/Pillars	Yearly Planned QI Activities/Objectives Measure of Service	Responsible Department	Timeframe for Each Activity's Completion	Monitoring of Previously Identified Issues	Evaluation	Outcomes	Oversight of QI Activities by Committee
Goal VII	Assure Compliance with Applicable National Accreditation, Legislative, Federal/State						
VII.1	MDHHS	QI, MCO, CS, ORR, Finance, Workforce, Credentialing, IHC and Administration	FY 2020-2021	Achieve 95% compliance for all standards of Annual MDHHS Review.	MDHHS has concluded its 90-day follow-up review of DWIHN on April 22 through April 30, 2021. The follow-up review evaluated the current status of the Corrective Action Plans for the Waivers. Within 30 days after the review, DWIHN will receive the findings from MDHHS. It is DWIHN's expectation that documentation supported remediation at both the individual and system levels to ensure full compliance.	Target Goal: To achieve full compliance for all standards	Report to QISC no less than quarterly; Submit monthly reports to PCC on reporting measure.
VII.2	NCQA Accreditation	QI, MCO, CS, ORR, Finance, Workforce, Credentialing, IHC and Administration	FY 2020-2021	Achieve full 3-Year Re-accreditation for all standards of NCQA Review.	DWIHN's preliminary report from NCQA indicates a score of 89.69 out of 100 points. This preliminary score is well within the range necessary to receive another 3-year certification.	Target Goal: To complete all requirements for NCQA Accreditation.	Report to QISC no less than quarterly; Submit monthly reports to PCC on reporting measure.
VII.3	Health Services Advisory Group (HSAG)	QI, MCO, CS, ORR, Finance, Workforce, Credentialing and IHC	FY 2020-2021	Achieve full compliance for all three separate reviews as required by MDHHS: Performance Improvement Project (PIP), Performance Measure Validation (PMV) and the Compliance Monitoring review.	HSAG has scheduled the following reviews for FY 2021. Outcomes from the review will be reported to PCC and appropriate committees as required. Performance Measurement Validation (PMV) - June 14th-June 25th, 2021, Performance Improvement Project (PIP) Improving Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using an Antipsychotic Medication - July 2021 and the new cycle of Compliance Reviews is scheduled for July 15th, 2021.	Target Goal: Increase and maintain performance for all three (3) regulatory reviews: Performance Measure Validation (PMV), Performance Improvement Project (PIP) and the Compliance Monitoring review.	Report to QISC no less than quarterly; Submit monthly reports to PCC on reporting measure.
VII.4	Annual Needs Assessment	QI, MCO, CS, ORR, Finance, Workforce, Credentialing and IHC	FY 2020-2021	Implement targeted and prioritized planned actions identified in Needs Assessment through meaningful feedback from providers meetings, focus groups and members.	DWIHN's Annual Needs Assessment Report was submitted to the Michigan Department of Health and Human Services (MDHHS) on March 31, 2021. DWIHN has targeted and prioritized areas for addressing identified needs within our service region that has been impacted from the COVID-19 pandemic.	Target Goal: To fully implement and monitor the priority issues identified based on feedback received from stakeholder groups and the analysis of data collected.	Report to QISC no less than quarterly; Submit monthly reports to PCC on reporting measure.

**CHIEF CLINICAL OFFICER'S EXECUTIVE SUMMARY - Program Compliance Committee Meeting
Wednesday, May 12, 2021**

During the month of April 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
February 21	609
March 21	610
April 2021	666

Inpatient Hospital Admission Authorization data as of 4/30/2021

Hospitalizations data showed 9% increase in admissions for the month of April. There were 6 reported cases of COVID-19 inpatient in April 2021 (March 2021- 4 cases).

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

Crisis Stabilization Service Provider	Services	Capacity	March 2021- # Served
Community Outreach for Psychiatric Emergencies (COPE)	Intensive Crisis Stabilization Services (MDHHS Approved)	9	234 (March report- 222)
Team Wellness Center (TWC)	Intensive Crisis Stabilization Services (MDHHS Approved)	18	53 (March report- 59)

*There was a 2% increase in crisis stabilization services provided in April 2021 (compared to March 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	March 2021- # Served	April 2021 - # Served
Detroit Family Homes	Licensed Residential Home- Adults	4	4	7
Novis-Romulus	Licensed Residential Home- Adults	3	7	7
Kinloch	Licensed Residential Home- Adults	3	7	7
Detroit Family Home- Boston	Licensed Residential Home- Adults	6	6	6
Angel Patience	Licensed Residential Home- Adults	3	6	6

**CHIEF CLINICAL OFFICER'S EXECUTIVE SUMMARY - Program Compliance Committee Meeting
Wednesday, May 12, 2021**

COVID -19 RECOVERY HOUSING/RECOVERY SUPPORT SERVICES

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

COVID-19 Recovery Homes Utilization Update

Provider	# Beds	# Served- April 2021
Quality Behavioral Health (QBH)	36	28 (March- 1)
Detroit Rescue Mission Ministries (DRMM)	86	2 (March- 3)

*There was a significant increase in the utilization of Covid-19 recovery homes in the month of April 2021 (compared to March 2021)

COVID -19 URGENT BEHAVIORAL HEALTH URGENT CARE SITES

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

Provider	Population	Hours of Operations	# Served April 2021
Community Care Services	Children ages 6-17 Adults ages 18 & older	Mon. -Fri. 8:30am – 6:00pm	9 Adults (4 in March)
Northeast Integrated Health	Adults ages 18 & older	Mon.- Fri.9am – 9pm Saturdays 9am- 1pm	18 Adults (6 in March)
The Children's Center	Children SED ages 6-17	Monday thru Friday 8:00am – 8:00pm	14 Youth (20 in March)

*There was a 33% increase in utilization of Urgent Behavioral Health Urgent Care Services in April 2021 (compared to March 2021).

Residential Department Report of COVID-19 Impact:

	Cumulative (Dates 3/30/20 to 4/30/2021)
Total # COVID-19 Persons in Residential Placement	316
# of Deaths Reported	39

*29 new positive covid positive members in April 2021, and 5 reported deaths

	Cumulative (Dates 3/30/20 to 4/30/2021)
Total # COVID-19+ Staff in Residential Placement	119
# of Staff Deaths Reported	3

*20 new cases of Covid and no reported deaths (the 3 reported deaths were from 4/2020). This is the reported highest number of covid cases since April 2020.

**CHIEF CLINICAL OFFICER'S EXECUTIVE SUMMARY - Program Compliance Committee Meeting
Wednesday, May 12, 2021**

Vaccinations- Licensed Residential Homes:

Residential COVID-19 Vaccinations	City of Detroit	Wayne County
# of Residential Members	722	1,367
# of Residential Members Fully Vaccinated (2 doses)	589 (82%)	1085 (79%)
# of Residential Members received initial (1 st) vaccination	26	132
# Waiting on guardian consent	4	8
# Declined	97	114
# Clients Awaiting Provider to Report Additional Information	5	2
# Members Undecided	1	26

A combined total of 80% of members in licensed settings have been fully vaccinated (88% received at least 1 dose).

Vaccinations- Unlicensed Homes:

Unlicensed Homes: COVID-19 Vaccinations	City of Detroit	Wayne County
# of Members	164	969
# of Members Fully Vaccinated (2 doses)	53 (32%)	396 (40%)
# of Members that have received initial (1 st) vaccination	11	76
# Waiting on guardian consent	0	2
# Declined	75	319
# Waiting Additional Information from Provider/Guardian	20	5
# Members Undecided	5	171

A combined total of 40% members have been fully vaccinated in unlicensed setting (47% received at least 1 dose).

*Combined total in congregate settings: 66% fully vaccinated. 73% received at least 1 dose.

- 2 persons who previously declined changed their mind and received their 1st vaccination.

COVID-19 OPERATIONAL Plans

Michigan COVID-19 Cases Increase: May 6, 2021 update: The total number of confirmed COVID-19 cases in Michigan is 858,050 with 18,054 deaths. Wayne County is reported to have 98,111 confirmed cases and 2,390 deaths, Detroit is listed with 48,359 confirmed cases with 2,076 deaths reported. (Source: www.michigan.gov/Coronavirus)

Michigan COVID-19 Vaccination Updates:

State of Michigan vaccination rates:

Area	First dose- Initiation	Fully Vaccinated
State of Michigan	51.2%	40.7
Wayne County	57%	43.6
City of Detroit	32%	23.4



**CHIEF CLINICAL OFFICER'S REPORT
Program Compliance Committee Meeting
Wednesday, May 12, 2021**

CHILDREN'S INITIATIVES – Clinical Officer, Ebony Reynolds

Intellectual /Developmental Disabilities Services

During the month of April, I/DD Clinical Specialist met with Community Living Services to do a refresher training and offer technical assistance in relation to Children's Waiver and using the WSA to provide information to DWIHN and MDHHS. There was a total of 17 staff in attendance.

During the month of April, Children's Waiver decreased to 37 cases, with 1 pending invitation. Those cases are being managed by Community Living Services (26 cases, 1 invitation pending), Neighborhood Service Organization, (3 cases), and The Guidance Center (8 cases). There was 1 pre-screen reviewed by the I/DD Clinical Specialist in April. There were 4 disenrollment's for various reasons in April; 2 youth no longer met criteria for the waiver as result of being aged off of CWP, 1 youth voluntarily disenrolled, and 1 youth passed away. Those 4 youth were previously supported by Community Living Services.

Children's Waiver Program Cases – March 2021	
Active Cases	37
Agency Breakdown	
Community Living Services	26
Neighborhood Services Organization	3
The Guidance Center	8

Serious Emotional Disturbance-Waiver (SED-W)

The Children's SED-W is required to serve 65 children per fiscal year. For the month of April 2021, the SED-W served 68 children. The following chart displays numbers of youth served for April 2021:

# of youth expected to serve in the SEDW for FY 20-21	65
# of active youth served in the SEDW, thus far for FY 20-21	68
# of youth currently active in the SEDW for the month of April	48
# of referrals received in April	11
# of youth approved/renewed for the SEDW in April	3
# of referrals currently awaiting approval at MDHHS	2
# of referrals currently at SEDW Contract Provider	14
# of youth terminated from SEDW in April	0
# of youth transferred to another County, pursuing the SEDW	0
# of youth coming from another county, receiving the SEDW	1
# of youth moving from one SEDW provider in Wayne County to another SEDW provider in Wayne County	0

School Success Initiative

For the month of April 2021, the School Success Initiative Clinical Specialist, Research and Evaluation Coordinator, Clinical Officer and Chief Information Officer met to enhance data capturing in MHWIN for school success initiative encounters. Discussion consisted of identifying additional data points necessary to measure the effectiveness of the interventions offered. These additional data points will measure baseline and post intervention outcomes of the project for children served. In addition, the screening tool used for the school project will be entered into MHWIN so that providers can administer the tool electronically.

A monthly collaboration meeting with the school providers was also held to discuss the success the providers had with the school districts in delivering the school-based intervention in person instead of virtually. Providers reported that during the months where schools were operating remotely, some districts had challenges keeping children engaged for their basic curriculum and that offering any additional services outside of their curriculum was challenging. However, they reported that their efforts to engage districts and students persisted despite the lack of participation. While continuing efforts to engage districts, the school-based providers have been trained in the Michigan Model for Health. The providers reported satisfaction with this intervention because of how the curriculum is designed to meet students' needs based on grade level.

The Clinical Officer and the School Success Initiative Clinical Specialist engaged Ascension hospital for a meeting to begin working on phase three of the initiative which consists of establishing memorandums of understanding (MOU) with the schools that have school-based health centers. The meeting will be held in May to discuss this agreement. In addition to Ascension, DWIHN has also engaged Beaumont Taylor Teen school-based health clinic to develop a partnership with them as well.

System of Care Block Grant

The Children's Initiatives team meet with the children's system of care for the annual planning day on April 28, 2021. The System of Care block grant is awarded by MDHHS to enhance services gaps for Medicaid eligible children receiving services throughout certain regions. The planning day occurs annually and involves stakeholders that are involved with delivering children services and has a significant youth guided/family driven approach to care. Youth peer supports are a key component of the block grant and all of the youth guided services DWIHN offers are funded from this grant. This grant also funds Fatherhood Initiatives and Parent Support Partnership. This year planning day consisted of focusing on improving deliverables, enhancing service delivery and ensuring that access to children eligible for services continues to improve. Data collections and ways to continuing measuring the success of the block grant through surveys, pre and post-test was also suggested as well. In addition, the focus will be on required clinical training necessary to ensure that the workforce can treat children with a trauma informed approach. Two key interventions, Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) and Parent Management Training Oregon (PMTO) are evidence based and encouraged by MDHHS to help meet this goal of a trauma informed system of care for children and families. The final workplan is still in development and will be due to MDHHS by June 2021 for FY 21/22.

CLINICAL PRACTICE IMPROVEMENT – Clinical Officer, Ebony Reynolds

Evidence-Based Supported Employment

- DWIHN's program manager continues to provide support to DWIHN's providers of EBSE services to ensure individuals served obtain stable employment, which supports their potential for recovery that

involves hope, a sense of purpose, and empowerment. EBSE providers report continued use of a hybrid approach to service delivery by engaging in both virtual/remote platforms (video conferencing, telephone) as well as in-person services based on member choice or level of comfort in the community during the pandemic. Most EBSE providers shared their employment staff has begun to slowly pivot to community-based in-person services with members served and employers, while closely following CDC guidelines despite the recent increase in COVID-19 infection rates. To provide additional guidance to these providers, DWIHN's EBSE program manager and MDHHS met with EBSE staff of St. Clair Community Mental Health who discussed their successful strategies for in-person community re-engagement.

- CCIH reports continued staffing challenges in its attempt to fill three vacant employment specialist positions, which CCIH believes is attributed to the low salary being offered. CCIH indicated its goal is to fill at least two of the three vacant positions by the end of April 2021 by offering a more attractive wage. To assist CCIH to leverage a more competitive salary, MDHHS distributed a state-wide survey to (24) EBSE/IPS service providers and the results indicated the hourly pay rate for an employment specialist ranged from \$11.95 to \$29.00 or an annual salary of \$24,856 to \$58,000 depending on educational level and years of experience. In addition, Development Centers, Inc. (DCI) shared they have not filled an open employment specialist position, which became vacant due to a layoff resulting from challenges related to the COVID-19 pandemic. DCI mentioned members served have been reassigned to case manager for continued EBSE services.
- DWIHN EBSE program manager met with DWIHN's SUD Services Director to provide technical support to facilitate a seamless transition to an existing provider of both IPS and Opioid services that was chosen based on EBSE/IPS fidelity review score and the capacity to deliver needed services and supports under the IPS/Opioid Pilot Project for the remainder of its contract term, ending 9/30/2021, which will not be renewed by MDHHS.
- Power Hour meeting was held with EBSE providers by MDHHS MIFAST Team members. Strategies for Job development and employer engagement amid the pandemic as well as continued discussions about transitioning back to in-person/community-based services.
- A meeting was held with EBSE/IPS supervisors where the following agenda items were discussed: 1) Half Day-Virtual Annual IPS Summit (Fall 2021) and proposed agenda: (IPS/LGBTQ members, Motivational Interviewing, Strengthening the MRS Partnership), 2) Suspension of in-person person MDHHS EBSE provider fidelity reviews until they can be safely conducted in-person, possibly January 2022- (Instead a half day provider EBSE/IPS program status check-in/interview will be conducted without a score issued.
- 2nd Quarter (FY 20-21) EBSE program outcomes: (103) cases opened, (58) employed, (\$11.96) average wage, (10) successful case closures.
- Monitored ACT program admissions and discharges of Hegira and Team Wellness Center as well as ensured they were appropriately entered in MHWIN. In addition, provided technical assistance to Team Wellness Center on level of care (LOC) assignments and overrides.

CPI Policy Review

- Two members from CPI completed final draft of the Case Management Provider Network Procedure with the assistance of DWIHN's CPI and Quality Improvement team.
- CPI staff met with Quality Director and supporting Quality staff, Chief Clinical Officer, Clinical Officer, and fellow CPI staff to review the newly developed Case Management Procedure. Take-aways from the meeting were:
 - To investigate the need for the Integrated Biopsychosocial (IBPS) completion for members that are receiving level of care 3 CM services only.
 - If an IBPS is not needed, what type of assessment would be needed.
 - What frequency would the assessment be completed.
 - How would the assessment feed the CM plan

DWIHN Access/Call Center Assistance

- Two members from CPI provided clinical support to DWIHN's Access/Call Center team to ensure individuals seeking behavioral health assistance receive a screening and intake appointment for needed services.

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

- A Jail Mental Health meeting was held with Compliance; CPI; Quality; and Recipient Rights. The discussion centered on services being provided at the Jail by Wellpath.
- The last quality review of the jail was in October 2019 and at that time a plan of correction was issued. At that time the accessibility of reviewing files proved to be difficult. The result is that the Jail will continue to be monitored according to procedure with no additional monitoring.
- Clinician requested to be considered for the Michigan Jail Reform Advisory Council. The Council will facilitate, assist, monitor, and evaluate the successful implementation of jail reform legislation throughout the state of Michigan.
- Clinician has been reviewing and checking provider status on the mental health jail releases provided by the jail on a weekly basis. Providers have been notified that they will be given a list of their members who have been released from jail for linkage back into treatment.
- After the Providers have reviewed the list, they will report on the outcome of the member i.e. unable to contact; continued engagement in treatment; or contact made to re-engage in services.
- The IST Workgroup continues to discuss current changes to legislation to allow midsegments to undergo competency evaluations at a local CMH, keeping competency evaluations from the forensic center for felony cases only. The court suggested that midsegments could be overseen at the District Court level, not Probate Court, and AOT orders could be ordered by the judge.
- The second quarter review was held for Jail Mental Health with Wellpath and Wayne County. Wayne County has not renewed its contract with Wellpath; beginning October 1, Wayne County has contracted with NaphCare.
- COVID vaccines began at Division 3 and will also begin at Divisions 1 and 2. This is being done through Wayne County FQHC, and administered by Wellpath staff. The jail population is increasing with more acute individuals and high-profile cases.
- A meeting was held with Jail Mental Health and the Access Center to determine overlap between jail mental health members and enrollment into MHWIN. Processes are currently being implemented by Wellpath and DWIHN IT department to enter unenrolled inmates into MHWIN.
- Further discussion focused on the current list of mental health inmates that have not been entered into MHWIN. There is a back-log on the jail side due to their inactivity. Wayne County will have a discussion how to proceed.

Project - Jail Diversion/ ACT Reviews/DDC AT Reviews

- Clinician met with the Mental Health Court Coordinator. Since CCIH is no longer the primary provider, participants have had many questions regarding medications, therapy, etc. A suggestion was to hold a Q & A forum where participants can speak to a nurse; peer; and clinician. Clinician is helping in this project with staff from DWIHN.
- Third Circuit Court posted an RFP for a Mental Court provider. The anticipated start date is May. A key component of mental health court is the utilization of a sole provider. The provider works with other team members and participates on all status conferences, in addition to providing participant updates to the court on a regular basis. The provider also employs a peer mentor which is a critical component of the team.
- Clinician sent the RFP to providers who work with criminal justice/behavioral health.

- Clinician conducted the second quarter review with Team Wellness for the Co-responder program. They reported the program is running well, and are looking to hire another clinician for the Third Precinct.
- Team stated that they have “hot spots” that they target, in addition to the “familiar faces” that they are forming relationships with.
- Clinician conducted the second quarter review with NIH for the Co-Responder Program. NIH is at the 9th Precinct, and is planning on being at the 4th in May. Currently there are two clinicians. NIH has reported a good rapport with the precinct and strong communication.
- The Clinician, with two officers’ handles calls from Dispatch, and follow-ups with wellness checks, and greenlight spots. Case management is utilized for two weeks before transferring the case to DWIHN for continued follow-up.
- Clinician conducted the second quarter review with Downriver Veterans Court. Staff is diligently working to engage participants with the restrictions of COVID. A new therapist is joining the team within the month. The team has struggled to find consistent therapists, and are confident that the new therapist will easily engage.
- The team is currently expecting three new participants. Due to the continued closure of the courts, referrals from other courts have stopped. The volunteer clean-up project for the veteran’s cemetery will begin in the spring.
- The defense attorney on the team is conducting a driver’s license restoration clinic to assist the participants in re-issuing their driver’s license which many lost due to intoxicated driving.

Assertive Community Treatment (ACT)

- CPI Monitored ACT program admissions and discharges of Lincoln Behavioral Services, Community Care Services, Northeast Integrated Health, Hegira, All Well Being Service, Central City Integrated Health, Development Centers, Team Wellness Center, and The Guidance Center including the appropriateness of the level of care determinations and technical assistance ensure program eligibility requirements were met.
- On April 1, 2021, CPI participated in IPLT to discuss policy updates as well as new policies and procedures. CPI manager presented the Assertive Community Treatment Policy.
- On April 7, 2021, CPI participated in a procedure work code group.
- CPI also facilitated a monthly update meeting with Genoa/Med Drop manager and facilitated technical assistance with Northeast Integrated Health Network and Team Wellness.
- In April 2021, CPI attended the COPE hospital liaison meeting and quality department hospital recidivism workgroup.
- In April 2021, CPI host the monthly ACT forum, topics discussed included, ACT upcoming state training dates, face to face requirements, discharging members and, technical assistance sign-up, and provider's concerns and issues.
- In April 2021 CPI and Genoa/Med Drop met with Central City Integrated Health and Team Wellness for an introduction to med drop/ ACT step down.
- CPI manager completed the ACT protocol which is currently in the approval process.
- In April 2021, met with finance via teams to discuss the ACT fidelity incentive and the outcome for ACT this fiscal year. Report is attached.
- In April 2021, the CPI manager updated the ACT fidelity incentive memo and sent it to Chief Clinical Officer for review.
- In April, CPI met with DWIHN staff to continue to review and revise the ACT policy and IPOS policy.
- CPI manager met with DWIHN providers for feedback on ACT step down/ med drop manual.

CRISIS SERVICES – Director, Jacquelyn Davis

Children’s Crisis Services

Month	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	Crisis Stab Cases
April	225	194	48	21%	176	78%	87

- Request for Services (RFS) for children has slightly decreased (by 13%) from March. The diversion rate has increased by 2%.
- There were 87 crisis stabilization cases receiving services for the month of April, a 2% decrease from last month. Of the 87 cases there were 64 initial screenings.
- There was a total of 14 cases served by The Children’s Center- Crisis Care Center, six less than last month.

COPE

Month	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	# Inpt due to no CRU
April	970	888	664	68%	276	28%	2

- The RFS decreased by 6% from March and the percentage of individuals diverted to a lower LOC increased slightly by 1%.
- The Crisis Stabilization Unit (CSU) served 234 cases, an increase of 5% as reported last month.
- The Crisis Stabilization Team provided services to 102 cases, a slight decrease of 10 cases as reported last month.

Crisis Residential Unit/Hegira

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

Referral Source	Total Referrals	Accepted Referrals	Denials
ACT	0	0	Consumer/Guardian choice - 1 CRU Bed unavailable – 2 Level of Care Change - 3 Not Medically Stable due to physical health –4 Not medically stable due to SUD –2 Extreme violent aggressive behavior -1 Total Denied – 13
COPE	58	48	
DWIHN Residential	1	0	
Step Down (Inpatient)	11	8	
Total	70	56	

Crisis Continuum

- For the month of March, Team Wellness Crisis Stabilization Unit (CSU) provided services to 53 individuals, a slight decrease of 6 cases from the month of March.

ProtoCall

- For the month of March, the volume of total calls answered was 933 a slight decrease of 9% as reported last month. The percentage of calls answered within 30 seconds was 81.3, a slight increase

of 1.4 seconds from last month. The abandonment rate was 1.0, well within the requirement of 5.0. The data for April was not available at the time of this report.

COMMUNITY/LAW ENFORCEMENT LIAISON REPORT

- DWIHN will be involved in a Familiar Faces project with the Wayne County Jail Mental Health Initiative. The group is in the process of gathering data to define and identify who the familiar faces will be.
- The number of ATRs for the month of April increased by 8% (325) completed for this month as compared to 289 in March 2021.
- Community Liaison engaged 23 individuals this month.
 - 87% have repeat hospitalizations w/o follow up with CRSP.
 - 38% has a SUD hx
 - 50% are on parole or under MDOC jurisdiction
- 3 Citizens returned and connected to DWIHN services upon release from MDOC.

COMMUNITY HOSPITAL LIAISON ACTIVITY REPORT March 2021

- In April 2021, there were 292 consumer contacts made with community hospitals related to movement of consumers out of the emergency departments (approximately 5% decrease in contacts from March at 308). No referrals were made to WRPB or Hawthorn, but consideration and discussion took place to 3 related cases, 2 adults and 1 child but all went inpatient as opposed to going to a state setting.
- Hospital Liaisons were involved in 212 cases that were NOT on the 23-hour report (slight increase from March at 209), and of those cases, 48% were diverted to lower levels of care, a slight increase in diversion for those consumers NOT on the 23-hour list from March at 46%.
- Hospital Liaisons received 41 “crisis alert” calls collectively (a slight decrease from March at 45) and the crisis alert diversion rate was 61% (similar to March at 60%), and this could potentially be related to continued overall efforts toward contact with COPE supervisors/clinicians/CMH contacts.
- Of the overall 292 contacts, 4 consumers had at least 2 emergency encounters (decreased from 10 consumers in March), and were therefore considered recidivistic in April (14 encounters between 4 consumers). Of these recidivistic consumers (14 encounters total), no consumers went inpatient twice. Ultimately with the 4 recidivistic consumers, all were diverted to a lower level of care at least once (61% diversion rate for consumers considered recidivistic).
- No requests were made related to veteran’s affairs.

DATA SPECIFICALLY RELATED TO 23-HOUR REPORT February 2021

- Of the 23-hour report activities during this reporting period there were 182 encounters (a 12% decrease from March at 206 encounters) related to movement from a 23+ hour wait in the ED.
- 114 of the 182 cases specifically related to the 23-hour list went inpatient, resulting in a 33% diversion rate, equal to March).
- Diverted cases went to the following levels of care:

Res.	CCM	CRU	CSU	PHP	Pre-Place	OP/Stab	SUD	Other
1	0	4	0	4	0	51	0	8: Medical Admits

CUSTOMER SERVICE – Director, Michele Vasconcellos

Call Center Operations/ Family Support Subsidy/Medical Records

- The Unit's Call Center continued to operate remotely with calls being able to be accessed from home by DWIHN staff.
- Interviews conducted in April and clerical staff hired. Given permission to hire one (1) additional CSR.
- Conducted Customer Service Orientation for new Access Center staff.
- Family Subsidy requests continue to be remotely addressed and processed without interruption.
- Processed and mailed out "Choice" letters to members as a result of provider closures or discontinuance of services.
- Met and worked on policies and procedures to address: Disenrollment as well as Medical Record processes.
- Developed training materials for May 3rd CRSP Disenrollment Pilot.

Customer Service Performance Monitoring/ Grievance & Appeals

- NCQA defense of denial and appeal files April 5th and 6th was successful. Scored 100%.
- Performance Monitors continue to review and monitor CRSP POC's and schedule Provider audits.
- Continued to participate in DWIHN provider closure meetings and initiation of Member Choice letters.
- Provided Grievance and Appeals technical assistance and virtual trainings to the provider network.
- Appeals is no longer under Corrective Action Plan for AmeriHealth as scores were adjusted.
- Continued collaboration regarding re-engagement/disenrollment project.
- Participated in Statewide Customer Service Quarterly meeting.
- Received notification of impending retirement of a Customer Service staff member. Replacement will be needed for Performance Monitor position.

NCQA/HSAG

- NCQA defense of denial and appeal files April 5th and 6th. Scored 100%
- Received and reviewed HSAG 2021 Compliance Tools and participated in multiple preparation meetings.
- Met with Member Experience team member M. Keyes Howard regarding request to evaluate Grievances under new scope.
- Continued to gather research literature, analyze and write sections of the 2020 Member Experience Report, as well as make improvements to the 2018/2019 Member Experience Report.
- Continued to meet and discuss changes with Credentialing, MCO, IT and Strategic Management regarding the searchable Provider Directory to ensure compliance with HSAG and NCQA.

Member Engagement/ Experience

- Revised Clubhouse Sustainability Action plan to address concerns raised by Clubhouse International, the accrediting body for clubhouses. 3 clubhouses may be at risk of losing reaccreditation. Engaged the support and expertise of Clubhouse International to equip each Club house director with information, training, and resources specific to their needs.
- Continued to review, revise and organize data submitted for the Needs Assessment survey analysis.
- Revised the Ambassador Program i.e. policy, curriculum, and refresher course.
- In observance of DD Awareness month, hosted the last of a four-part series on blacks with Developmental Disabilities the focus was over criminalization of blacks having a developmental

disability. The series was done in collaboration with community partners, Michigan Developmental Disabilities Council, Arc of Detroit, Services to Enhance Potential, Champions of Tomorrow, and Warriors on Wheels. Attendance has ranged from 50 to 70 individuals

- In collaboration with the Detroit Health Department and the Michigan Community Health Workers Alliance, continued the series on social determinants of health, now known as Bridging the Gap: A Peer and Community Health Worker Collaborative. The Collaborative hosted a session involving approximately 50 participants. The topic was Emotional CPR, a peer led training to provide empathy and sympathy to others in distress.

INTEGRATED HEALTH – Director, Vicky Politowski

Collaboration with Health Department

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

Quality Improvement Plans

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

Population Health Management and Data Analytics Tool

DWIHN and Health Plan and Health Plan designee staff continue to meet at least weekly to prepare for implementation of the two platforms, one for providers to view member encounter information and performance on HEDIS measures, and the other for DWIHN and Health Plan designee to utilize to coordinate care for shared members and for DWIHN to view HEDIS measure performance. VDT continues to make corrections and revisions to both platforms based on feedback from DWIHN and Health Plan and Health Plan designee staff. Once sufficient revisions are made, we will go-live with the platforms.

Data Share with Medicaid Health Plans

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

Integrated Health Pilot Projects

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

Health Plan 1:

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

Health Plan 2:

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

Health Plan 3:

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

MI Health Link Demonstration

IHC department under the MI Health Link Program received total of 386 request for level II in the month of April 2021 from the following ICO organizations below: Pending = not processed yet, Voided = Member was unable to reach, referred in error, or declined assessment, or declined BH services, Active= Level II was sent to ICO.

ICO	Active	Pending	Voided
Aetna	10	5	25
Amerihealth	1	1	4
HAP	3	12	7
Michigan Complete Health	2	0	10
Molina	77	27	184
TOTAL	97	45	230

Voided referrals reasons are as follows:

	Member Declined Assessment	Member Declined Services	Member not available before deadline	Referrals in error	Unable to reach
Aetna	0	18	0	4	3
Amerihealth	0	2	0	1	1
HAP	1	4	0	0	2
Michigan Complete Health	0	7	0	0	3
Molina	1	82	3	39	59
Total	2	113	3	44	68

Comparison Data for Voided Referrals:

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

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

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

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

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

There were 17 LOCUS assessments completed for the MI-Health Link Demonstration received from Network Providers who service Nursing Home Facilities for Mild-Moderate population.

Care Coordination Activities for the ICO enrollees—29 – for individuals who have been identified to have a gap in services. This is a combined effort between IHC staff and the ICOs.

AUDITS

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

- DWIHN underwent HSAG audit with all five ICO organizations of Case Coordination, Claims, Grievances and Appeals, and Utilization Management. DWIHN supplied all ICOs with necessary universes, policies and procedures to complete audit no additional findings.
- ICO HAP delegation audit is complete, additional information still needed for IDN’s letters and Customer Service Metrix. IDN’s letters were submitted to ICO HAP for review recommendation from ICO HAP was to update DWIHN system with appropriate templates eta June 2021.

- ICO Amerihealth requested policy and procedure clarification and additional information for a credential file that ICO Amerihealth incorporated within their HSAG audit file. IHC department assisted with the coordination of documentation submission. ICO Amerihealth placed DWIHN on plan of correction for Access Center due to issue with calls that were reviewed. Plan will be submitted to ICO Amerihealth on or before May 15, 2021.

Quality Withhold- Aetna update

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

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

Complex Case Management

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

For the month of April, there are currently **12** active cases, **2** new cases opened, **4** case closure, and no pending cases.

Care Coordination services were provided to **23** additional members in April who either declined or did not meet eligibility for CCM services. Follow up after hospitalization was completed with **51** consumers to help identify needs.

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

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

MANAGED CARE OPERATIONS – Director, June White

MCO Development Mission

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

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

COVID-19 Effect on Providers-Managed Care Operations

As we move to the 2nd Quarter there was 1 temporary closures. Provider: It's all about you, an advocacy program provider has closed for 2 weeks due to a COVID-19 exposure. Providers have adjusted to the pandemic -COVID-19 and vaccination have been administered, although we have noticed that providers are struggling with keeping adequate staff to provide services to our members.

DWIHN will continue to provide support to the network through training, webinars and emailing providers to ensure compliance with state and federal regulations. Providers are trying to maintain, shift and pivot their operations in a way that operates in the best interest for their staff and our members. There was only one temporary closure for the 2nd Qtr. 2021.

COVID-19 Effect on the Homeless Population

Providers are reporting that COVID-19 has resulted in moratoriums on evictions, some clients are still untrusting of the vaccinations among minorities and clients needing transportation to sites that offer the vaccine. The out of Wayne Providers where consumers are hesitant to sign up for the vaccinations. Shelter providers have provided transportation, on-site sign up and held focus groups to encourage vaccination participation. Even though, the homeless population has been administered 2,320 vaccinations to 24 facilities. The first dose administered in January 2021, the number of homeless is still fearful of the vaccination.

New Providers to the Network

There were no new providers added to our network, but we did have a number of providers that added additional services and licensed site locations to our network over the last few months. We continue to stay provider sufficient for our member services. We receive daily new requests to become part of our network daily. We have maintained a number of providers in our pool that can be potential providers ranging from private clinicians, therapy services, outpatient and residential providers if approved through our credentialing process and if the need is there for such providers.

Provider /Training Meetings Held

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

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

There will also be 2 provider trainings on our contract renewal process. May 4th and May 7th.

RESIDENTIAL SERVICES – Director, Shirley Hirsch

Please see attached Report

SUBSTANCE USE DISORDER – Director, Judy Davis

Project 1: Opioid Health Homes

Status Overview: In March 2021, The SUD Department implemented the Opioid Health Home (OHH) Program, a care management and coordination of services program that facilitates the entry for Medicaid beneficiaries with an opioid use disorder (OUD) diagnosis. The program also elevates the role and importance of Peer Recovery Coaches and Community Health Workers to foster direct empathy and raise overall health and wellness. Participation in the program is voluntary and beneficiaries may opt-out at any time. DWIHN/SUD Department has three goals for the OHH program: 1) improve care management of

beneficiaries with an OUD; 2) improve care coordination between physical and behavioral health care services; 3) improve care transitions between primary, specialty, and inpatient settings of care.

Work in progress: DWIHN OHH model program is comprised of a team of designated providers that meet specific qualifications set forth in the MDHHS/OHH guidelines. The Home Health Provider (HHP) must complete an application (5845) in order to be designated as an HHP and to receive payment. DWIHN/SUD Department along with its designated providers will provide a monthly report based on the number of OHH beneficiaries with at least one OHH service during a given month. In addition, DWIHN will employ a pay-for-performance (P4P) incentive that will reward HHP based on outcomes.

Planned Key Milestones, Activities /or Events: DWIHN has 9 designated providers as a part of this initiative. Using a multifaceted approach, MDHHS has generated a list of enrollees from MDHHS claims that identified thousands of potential consumers to fully enroll Medicaid beneficiaries to the OHH benefit. The HHP must upload copies of the, Consent to Share and Care Plan with information requested on the documents.

Enrollment for the month of March are as follow:

Number of enrollees: 111

Care Management: 32

Care Coordination: 57

Health Promotion: 41

Comprehensive Transitional Care: 1

Individual and Family Support: 4

Referral to Community and Support Services: 71

Project 2: Supplemental Substance Abuse Prevention and Treatment Block Grant (SABG)

Status Overview: DWIHN received an additional \$3,408,317 of funding to assist in response to the COVID-19 pandemic. This funding has not been approved to utilize however, DWIHN is in the process of completing information requested in the EGRAMS database to award providers to provide additional services for fiscal year 21.

Work in progress: DWIHN is in the planning stages to evaluate activities to prevent and treat substance use disorder. DWIHN will use this supplemental COVID-19 Relief funding to: 1) promote effective planning, monitoring, and oversight of efforts to deliver SUD prevention, intervention, treatment, and recovery services; 2) promote support for providers; 3) maximize efficiency by leveraging the current infrastructure and capacity; and 4) address local SUD related needs during the COVID pandemic.

Planned Key Milestones, Activities and/or Events:

DWIHN will direct this funding to prioritize and address the unique SUD prevention, intervention, treatment, and recovery support needs and gaps in the network.

Recommended Funding Priorities include:

Prevention

- Texting Health messaging strategies targeted at adolescents and young adults
- Web-based interventions targeted at the criminal justice system
- Screening with evidence-based tools

- Purchase of technical assistance

Intervention

- Naloxone materials to assemble overdose kits and the dissemination of the kits to user of opioids
- Sleeping Coats to individuals that are homeless and have not embraced traditional SUD services
- Expand Mobile Units efforts to include (Vaccine shots, COVID testing, and Insurance Assistance)

Recovery Support

- Recovery community organizations and peer-run organizations to ensure a recovery orientation
- Peer Recovery training, funding, services and peer recovery specialist certification

Infrastructure

- Purchase of PPE for staff and individuals receiving SUD services
- Purchase of WI-FI and other technology and equipment to improve service delivery
- Hiring of outreach workers for regular check-in for people with SUD

Project 3: Synar Update

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

Work in progress: Notified the Designated Youth Tobacco Representatives (DYTUR) and providers that the State mandated Youth Tobacco Act (YTA) signs that reflect the current age of tobacco sales in Michigan is age 18. Distributed the approved 2021 Tobacco Vendor Education Flyer. The ordered quantities of the vendor education material is arriving to DYTURs by the end of March or Early April to being Merchant/Vendor Education from April –May 17, 2021.

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

Project 4: Naloxone Initiative

Status Overview: Fatal and non-fatal opioid related overdoses and opioid-related hospitals visits continue to rise in the state of Michigan; opioid –related overdose deaths more than doubled between 2014 and 2017. Overdose deaths affect all demographic groups. In response to the Governor’s initiative to respond to the increase in opioid overdose related deaths in Detroit-Wayne County area, DWIHN began providing Naloxone training and kits. Further, DWIHN coordinated with MDHHS in expanding services aimed at increasing access to MAT for individuals with an opioid use disorder.

Work in progress: With different perspectives and roles in the treatment system. Broadly DWIHN engaged and expanded its Naloxone training to health care workers, providers, drug court staff, inmates, law enforcement and community organizations. The medication can be easily administered by nasal spray and does not affect someone who has not used opioids. SUD Department have increased access to Naloxone training by implementing a request for Naloxone training form on the DWIHN website.

Planned Key Milestones, Activities and/or Events: DWIHN Naloxone Initiative program has saved 729 lives since its inception. The number of reported saved lives are under reported due in large to the COVID pandemic. The logs are coming in slowly from law enforcement and the community.

Prevention Services demographic characteristics tabulated as follows:

Number of Persons Served by Type of Intervention for Individual and Population Based for April 2021

Individual-Based Programs and Strategies

Gender - 603 Males and 532 Females reported being served by prevention programs for a total of 1,114 persons served for the month of April 2021

Race

American Indian/Alaskan Native – 0, Hawaiian/Pacific Islander -0, Whites – 297

Asian - 2, African Americans - 383, Multi-Racial 6.

The proportion of unknown/other – 447

Hispanic/Latino – 30, Arab-American Chaldean – 10

Gender - 75 Males and 90 Females Unknown 13,305 reported being served by prevention programs for a total of 13,389

Gambling Prevention

MDHHS: Gambling Program Updates included March GD Help-line Data Report, 30 hr. Basic Training and Future Trainings – Treating the Military with GD- Unique challenges

Region 7: totaled = 57

3 designated Gambling providers collaborated on creating an infographic from the iLottery data by including the comparison data. They were also reminded of this statement to share with the youth: "Don't feed a machine that doesn't feed you, meaning no slot machines."

CCMO-Center for Youth & Families provides Stacked Deck Training Services. They are currently being offered to members of the Motor City Legends PAL basketball team. The program is an all-male program at this time. There are 10 male members who received the pretest on March 30, 2021. The team came up with the idea of creating a video that shows how young people can be influenced to "point shave" basketball games for the sake of money. Production of this video will begin on 04/08/2021.

LAHC Gambling Prevention hosted Stacked Deck series which kicked off in April 2021

Empowerment Zone Coalition - discussed some of the issues that people faced regarding problem gambling and what message(s) might have an impact on changing attitudes

UTILIZATION MANAGEMENT – Director, John Pascaretti

Please See Attached Report



DWIIHN UTILIZATION MANAGEMENT MONTHLY REPORT April 2021

I. Executive Summary

- **Autism:** There were 254 authorization requests manually approved during the month of April. There were approximately an additional 115 authorizations approved via the new auto approval process for a total of 369 approved authorizations. There are 1827 cases currently open in the benefit.
- **Evidence Based Supported Employment:** There were 76 authorization requests approved during the month of April for Supportive Employment.
- **Habilitation Supports Waiver:** There are 1,084 slots assigned to the DWMHA. As of 5/1/21, 1052 filled, 32 open 97.0% taken.
- **County of Financial Responsibility:** The total number of open COFR cases decreased by 20 resulting in a 23% reduction of cases.
- **Denials and Appeals:** There were a total of six (6) medical necessity Denials and two (2) Appeals for the month of April.
- **General Fund:** There were 346 General Fund Authorization approvals for the month of April.
- **MI Health Link:** The reporting format of MI Health Link authorizations reflects the total number of authorizations requests and the amount of each authorization type for the 5 ICOs. There were a total of 66 MI Health Link authorizations received in April 2021. The number of MI Health Link admissions to inpatient, partial and CRU are included in the Provider Network data.
- **Provider Network:** *Preliminary number(s) for April. The UM Team managed a total of 841* consumers within the provider network during the month of April 2021. This includes Inpatient, MI Health Link, Partial Hospital and Crisis Residential.
- **State Facilities:** There were 5 state hospital admissions and 3 discharges for the month. 60 NGRI consumers are currently managed in the community.
- **SUD:** There was a total of 2123 SUD authorizations approved during the month of April compared to 2457 approved in March, a decrease of 14%. UM reviewed 1398 authorizations in April, a 14% decrease from 1634 reviewed in March. Access generated the remaining 725 auto-approved authorizations, a 12% reduction from 823 in March. DWIHN brought the Call Center in-house and began screening consumers, effective, February 1st.
- **Administrative Denials:** During the month of April, the SUD team issued 11 administrative denials compared to 31 the previous month.
- **MCG:** For the month of April, there were 990 individuals screened in Indica which is an average of 33 cases per day screened using the

MCG Behavioral Health Guidelines. There were 32 cases screened per day in March.

II. General Report

Autism Spectrum Disorder (ASD) Benefit

There were 254 authorization requests manually approved during the month of April. There were approximately an additional 115 authorizations approved via the new auto approval process for a total of 369 approved authorizations. There are 1827 cases currently open in the benefit.

ASD Authorization Approvals for Current Fiscal Year to Date*:

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

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

ASD Open Cases and Referral Numbers Per WSA*

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

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

Evidence Based Supportive Employment (EBSE)

In the month of April, DWIHN approved 76 authorization requests for EBSE.

EBSE Approved Authorizations

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

Habilitation Supports Waiver

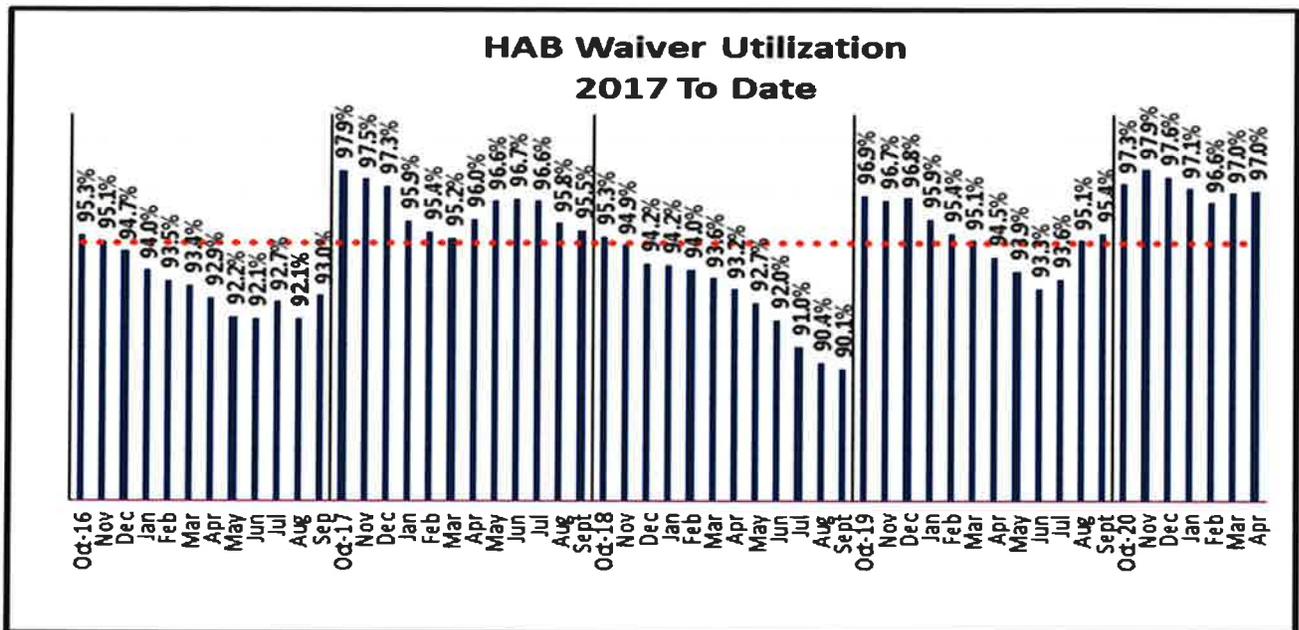
April Utilization

HAB Utilization	Apr
Allocated	1,084
Used	1,052
Available	32
% Used	97.0%

Program Details for April:

Outcome Measurement	April
# of applications received	14
# of applications reviewed	14
# of app. Pended PIHP level for more information	3 all BH-TEDS issues
#of pended app. resubmitted	
# of app. withdrawn	0
Total of application sent to MDHHS.	11
Technical Assistants contacts	2
# of deaths/disenrollment (recertification forms reviewed & signed)	6
# of recertification forms reviewed and signed	49
# of recertification forms pended	19
# of dis-enrollments (not meeting HSW criteria)	0

Historical Utilization Trends



Serious Emotional Disturbance Waiver (SEDW)

April 2021

# of youth expected to serve in the SEDW for FY 20-21	65
# of active youth served in the SEDW, thus far for FY 20-21	68
# of youth currently active in the SEDW for the month of April	48
# of referrals received in April	11
# of youth approved/renewed for the SEDW in April	3
# of referrals currently awaiting approval at MDHHS	2
# of referrals currently at SEDW Contract Provider	14
# of youth terminated from SEDW in April	0
# of youth transferred to another County, pursuing the SEDW	0
# of youth coming from another county, receiving the SEDW	1
# of youth moving from one SEDW provider in Wayne County to another SEDW provider in Wayne County	0

County of Financial Responsibility (COFR)

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

	Adult COFR Case Reviews Requests	Children COFR Case Reviews Requests	Resolved	Pending*
April 2021	2	0	13	67

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

Previously 87 cases in March 2021.

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

General Fund

There were 346 General Fund Approvals for the month of April, 2021.

Denials and Appeals

For the month of April 2021, there were a total of six (6) denials that did not meet MCG medical necessity criteria for continued inpatient hospitalization. There were two (2) appeals; One (1) of the two appeals was overturned and one (1) appeal was upheld.

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

State Hospital Liaison Activity Report

Hospital	Caro Center	Kalamazoo	Walter Reuther
Census	1	12	113
Wait List	0	1	9
Admissions	0	0	5
Discharges	0	0	3
ALS Status	0	1	59

- DWIHN has clarified admission processes with MDHHS to ensure members are admitted according to the state hospital wait list and to

prevent local hospitals from bypassing DWIHN's state hospital admission process.

- DWIHN is anticipating significant changes to the NGRI Program beginning May 1. Directives are forthcoming from MDHHS and new training initiatives will be implemented for the CMH providers.

MI Health Link

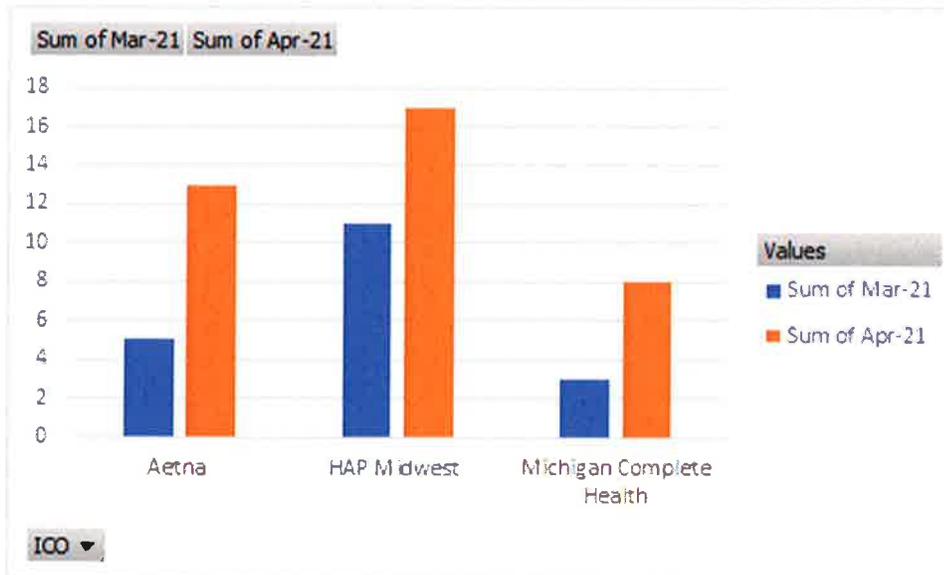
Report Filters

Date Range 4/1/2021 thru 4/30/2021

Selected:

ICO's Selected: AETNA BETTER HEALTH OF MICHIGAN; AMERIHEALTH MICHIGAN, INC.; FIDELIS SECURECARE OF MICHIGAN; HAP MIDWEST HEALTH PLAN, INC.; MOLINA HEALTHCARE OF MICHIGAN INC

Total # of Auth's Received for the Month	Preservice Authorizations		Urgent Authorizations		Expedited Authorizations (Currently No DWIHN Authorizations labeled as Expedited)		Post Service Authorizations	
	Total Amount Preservice Auth's Received	Total Preservices processed ≤14 days	Total Amount Urgent Auth's Received	Total Urgent processed ≤24 hrs	Total Amount Expedited Auth's Received	Total Expedited processed ≤72 hrs	Total Amount Postservice Auth's Received	Total Post Service processed ≤14 days
66	5	5	31	31	0	0	30	30



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

There were a total of 66 MI Health Link authorizations received in April 2021 compared to 46 authorizations in March 2021, a 43% increase. By ICO, there were 13 authorizations for Aetna, 5 for Amerihealth, 8 for Michigan Complete Health (Fidelis), 17 for HAP Midwest and 23 for

Molina, Aetna, Michigan Complete Health and HAP Midwest each saw significant increases in the number of authorization submissions in April 2021. **See above for data comparison. Out of the 66 MI Health Link authorizations reported, 100% of the requests were processed within the appropriate timeframes.

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

Provider Network

The UM Team managed a total of 841* consumers within the provider network during the month of March 2021. This includes Inpatient, MI Health Link, Partial Hospital and Crisis Residential. The 662* Inpatient Admissions, shows a 19.66% decrease from March (i.e., 824). There were 80 Partial Hospital Admissions in April, which shows a 13.04% decrease from March (i.e., 92) and 33 Crisis Residential Admissions is a 19.51% decrease from March (i.e., 41). Please note that the Crisis Residential Units are still at 50% capacity due to COVID. The preliminary number(s)* below reflect the admissions for the month of April 2021:

- Inpatient: 662*
- MHL: 66
- Partial: 80
- Crisis Residential: 33
- Total Admissions: 841*
- Average Length of Inpatient admissions: 11

Safehaus

April 2021:

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

March 2021

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

February 2021

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

January 2021

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

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

Substance Use Disorder

SUD Authorizations

There were a total of 2123 SUD authorizations approved during the month of April compared to 2457 approved in March, a decrease of 14%. UM reviewed 1398 authorizations in April, a 14% decrease from 1634 reviewed in March. Access generated the remaining 725 auto-approved authorizations, a 12% reduction from 823 in March.

DWIHN brought the Call Center in-house and began screening consumers, effective, February 1st.

SUD Bi-Monthly Provider Meeting

The provider meeting was held and facilitated by new UM Director, Judy Davis. Agenda and minutes are available.

SUD Administrative Denials

During the month of April the SUD team issued 14 administrative denials compared to 11 reported last month. The primary reason for administrative denials is failure to adhere to timeliness guidelines.

Medical Necessity Denial

There were no SUD medical necessity denials this month.

SUD Appeal Requests and Appeal Determination Forms

There were two SUD administrative appeals received and responded to during the month. Denials were overturned.

SUD Timeliness Dashboard

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

Utilization Management Committee

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

MCG

For the month of April, there were 990 individuals screened in Indica which is an average of 33 cases per day screened using the MCG Behavioral Health Guidelines. There were 1007 cases screened per day in March which was an average of 32 cases per day.

NCOA

The preliminary report indicates that DWIHN will be granted a 3-year accreditation.

COVID-19 Quarantine Facility Utilization

Provider	Services	# Beds	March 2021 – # Served	April 2021 – # Served
Detroit Family Home-Southfield	Licensed Residential Home- Adults	4	4	7
Novus Living #1 (Romulus)	Licensed Residential Home- Adults	3	7	7
Kinloch Home (Redford)	Licensed Residential Home- Adults	3	7	7
Detroit Family Home-Boston (Detroit)	Licensed Residential Home- Adults	6	6	6
Angel Patience (Detroit)	Licensed Residential Home- Adults	3	6	6

COVID-19 Positive Cases/Deaths

Residential Consumers	CVD-19+ Cases:	Resident Deaths
April 2021	31	5
March 2021	21	0
February 2021	8	0
January 2021	33	0
December 2020	33	1
November 2020	23	0
October 2020	0	0
FY 2019-20	169	34
Accumulative Total of CVD-19 Positive Residents	221	
Accumulative Total of CVD-19 Resident Deaths	39	

DCW Staff	CVD-19+ Cases:	Deaths
April 2021	20	0
March 2021	6	0
February 2021	0	0
January 2021	10	0
December 2020	13	0
November 2020	4	0
October 2020	1	0
FY 2019-20	71	3
Accumulative Total of CVD-19 Positive DCW Staff	119	
Accumulative Total of CVD-19 DCW Staff Deaths	3	

Report Heading Definitions:

of CONSUMERS REPORTED

Consumers reported through calls to all residential providers by assigned staff.

1st Vaccine ADMINISTERED

Consumers that have received their first vaccination as reported by their residential provider.

Consumers FULLY VACCINATED

Consumers that are confirmed fully vaccinated (this includes consumers that received 1-shot vaccinations), as reported by their residential provider.

Consumer/Guardian REFUSALS

Vaccination refusals by the Consumer, Guardian, or Not Recommended by consumers' PCP due to underline health conditions

Awaiting ADDITIONAL INFO from Provider/Guardian

Number of consumers to verify vaccination with additional information needed from the consumer's guardian (partially reported by the residential provider).

AWAITING INFORMED CONSENT

Consumers not yet vaccinated due to residential provider not yet receiving informed consent from the consumer's guardian.

REMAINING CONSUMERS to Verify Vaccination Status

Follow up reporting needed to confirm the numbers of consumers that had yet to receive their second vaccination as scheduled (as reported by their residential provider).

Next reporting update to be completed by COB on Monday, May 10th.

ASD PROVIDER NETWORK MONTHLY REPORT

NAME: Rachel Barnhart

MONTH: April 2021

Area of Responsibility	Status Updates	Dates of Upcoming Meetings and or other significant information (Next Steps: Follow-up needed, etc.)
ASD Network	<p>The following ABA Providers, TGC and UPAC, do not have evaluators which has delayed authorizations for at least 4 members. Approval was obtained from leadership allowing for another ABA Provider, Chitter Chatter, to provide the re-evaluations to the consumers.</p> <p>Administrator facilitated April ASD Network meeting with ABA Providers and CRSPs to provide updates and answer questions. Leadership reiterated that importance of ensuring that members are engaged in services.</p> <p>ASD Program Administrator facilitated April Internal Autism Meeting to improve communication between staff.</p> <p>ASD Program Administrator has met with the following CRSP agencies: NSO, MORC, CLS, TGC, PsyGenics. Concerns that were listed by the CRSP providers were staffing shortage (higher caseloads) and difficulty identifying ABA Provider accepting new members.</p> <p>ASD Program Administrator facilitated a meeting between the Access Center and the Independent Evaluators to improve communication and coordination of care/</p>	Continue working with the network to coordinate staff and troubleshoot capacity issues.
Quality and IT	<p>ASD Worksheets are active and being utilized by all providers. We continue to identify and work out bugs in the system relative to the worksheets.</p> <p>Quality has updated the Autism Provider Tool FY 2021 and will begin using it for the next audit.</p> <p>IT was able to complete one of the Access Center logs needed for NCQA report however the second report needed will not populate</p>	<p>Continue training the network. Follow up with PCE for updates to system</p> <p>Follow up with the Access Center to ensure that the data for the report is communicated to the correct individuals to obtain the Report for NCQA.</p>

	<p>within MH-WIN so therefore the Access Center will have to provide this information on a monthly basis.</p> <p>Timeliness concerns about ASD Benefit Denials continue to be problem-solved as a group. IT is working to develop a report that will assist UM in monitoring this key measure.</p>	
<p>DW/IN Access Center</p>	<p>The ASD Program Administrator clarified expectations on accepting children between 0-18 months of age for an evaluation through the Access Center. Per the ASD benefit we should be assessing children between 0-21 years. The Independent Evaluators understand that there may be some challenges for children below 12 months old, however the Access Center will still accept these members and allow for further communication to occur between the ASD Program Administrator and the Independent Evaluators to assist those families.</p>	<p>Continue to train and support access center staff.</p>
<p>Independent Evaluator</p>	<p>Discussions on creating a standby appointment slot for members to move a head in the wait time has been created at the Access Center. The Independent Evaluators are expected to reschedule the member that was either late or did not show for the next available slot however after three no call or no show responses the member will be directed back to the Access Center.</p> <p>IE contract authorizations are still not auto populating. In the meantime, the missing code manually 9613z / (96136 and 96137), are being entered manually.</p> <p>TGC will be hiring another licensed psychologist, who will be beginning in June 2021, and continue to have a posting for a MA level position so they can increase the volume of evaluations.</p> <p>TGC show rate for March 2021 was 90%. The families were on time and highly motivated to participate in the ASD evaluation. Slots have been filled by DW/IN very quickly, including when we have had last-minute openings.</p>	<p>Continue working with credentialing and IT to onboard providers.</p> <p>Provide TA to providers as needed.</p>
<p>COVID 19 Response</p>	<p>MIDHHS extends epidemic order, strengthens mask requirement for children; Order expands mask requirement to children ages 2-4 as recommended by American Academy of Pediatrics.</p>	<p>Continue to address concerns as they arise.</p>

<p>Legal and Contracting</p>	<p>The ASD RFP was uploaded to BidNet on April 13, 2021 and the pre-proposal virtual conference occurred on April 20, 2021. Currently leadership is waiting for the proposal submissions to come in for review.</p>	<p>Continue meeting with Administration for RFP and access capacity needs.</p>
<p>NCQA</p>	<p>Develop a process to ensure this document is updated quarterly. Continue to follow up on NCQA Quality Improvement Project tasks.</p>	<p>Continue to monitor and update NCQA documentation include the Quality Improvement Project</p>
<p>MICC Grant Partnership</p>	<p>DWIHN continues to partner with Wayne State and Mi Innovations in Care Coordination (MICC) to increase access to ABA for children and families in Wayne County. The group is now focused on finalizing informational videos that will be sent to families. Work with this project will continue. Although the funding terminates this September, DWIHN has a no cost extension for an additional year and we are able to continue to work on the project until Sept 2022.</p>	<p>Continue to meet to problem solve timeliness concerns and other issues as they arise. Continue to attend MICC meetings and provide feedback as needed.</p>



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

Department Monthly Report: April 2021

Residential Assessment Productivity

March Report's <i>Pending Assignments</i>	88
# of Referral Requests RECEIVED for April 2021	136
Total Referrals	224
Assessment/Referral Cancelled	62
Cases Requiring Placement (Brokering) Only	21
Assignments Awaiting Completion	68
Completed Assessments	73

<i>Per Disability Designation</i>	
AMI Referrals	128
IDD Referrals	96

Referral Sources

Inpatient Hospitals	112
<i>Emergency Departments</i>	<i>12</i>
CRSP	76
<i>Youth Aging Out (DHHS)</i>	<i>1</i>
Pre-placement (C.O.P.E.)	8
Crisis Residential	12
Nursing Homes	3
Total Received Referrals	224

Residential Assessments (in Licensed Setting)

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



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

COVID-19

of Positive Cases Reported (4/1 – 4/30): **31**

Per Designation	AMI	IDD
Males	6	3
Females	3	16

of Deaths Reported (4/1 – 4/30): **5**

Per Designation	AMI	IDD
Males	0	2
Females	0	3

Residential Service Authorizations

Total Processed Authorization Requests	1,336
Authorizations APPROVED	1045
Requests Returned to CRSP	321

Authorization Submission Type	
Interim IPOS Completed by DWIHN Auth Team	30
Requests Submitted by Residential Care Specialists	110
Requests Processed Through MHWIN Queues	1257

Authorization (Per Disability Designation)	
AMI Authorizations	365
IDD Authorizations	1,001

30-Day/Emergency Consumer Discharge Notifications

Total Received Consumer Notifications	18
30-Day Notices for Licensed Facilities	7
Emergency Discharges	9
Rescinded Requests/Self-Discharges	2



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

Residential Facility Closures

The following residential facility closures were processed during April 1-30, 2021 to relocate all consumers to alternate specialized placements (No residential facility closures reported this month due to COVID-19 issues; i.e. lack of staff, consumer exposure, etc.):

# of Facility Closure Notifications	5
Received in April 2021: On-Going/In Process	2
Requests ON-HOLD/PENDING	1
Completion of Facility Closures	2

Woodcrest Home – 26127

Provider Notification Received: 2/26/21

Facility Closure CANCELLED, effective 4/21/21

Per MCO email received on 4/21/21: Guardians of all **4 CLS (DD) consumers** has given written consent for Tranquility Services to be the new provider once approved by LARA (awaiting new licensing).

Current Status: **PENDING**

Shining Starr LLC – 32135

MCO Notification Received: 3/31/21

Facility Closure Date: 4/19/21

Residential provider submitted incident reports for each of all **3 (AMI) consumers** when they exited the SIL program. All reported to CRSP and RS department.

No additional action through Residential Services is required for closure.

Current Status: **CLOSED**

Carter Adult Foster Home – 25567

MCO Notification Received: 4/5/21

Facility Closure Date: 5/2/21

Residential provider reported closure of facility upon passing away of last remaining consumer (in March 2021) – **no current consumers** residing in facility.

No additional action through Residential Services is required for closure.

Current Status: **CLOSED**

United Horizons, LLC – 29736

MCO Notification Received: 4/16/21

Facility Closure Date: 5/12/21

MCO email received reporting DWIHN decision to terminate residential provider’s contract effective 5/12/21. RS department in process of relocating

Current Status: **In Progress**

Nuttall AFC Home II – 25922

Provider Notification Received: 4/26/21

Facility Closure Date: 6/1/21

Residential provider reported closure of facility effective 6/1/21. RS has confirmed 2 AMI consumers (assigned to CCIH-CRSP) are to be relocated. CRSP has been contacted to submit documentation for consumer relocation, awaiting responses.

Current Status: **In Progress**



Detroit Wayne Integrated Health Network Residential Services Department

Department Project Summaries

Authorization Team

- **H2X15/T2X27 Authorization Process:** The Residential Authorization Team has been working in coordination with the Finance Department for clarification and understanding the development of a standardized process for approving H2X15/T2X27 authorizations. The team has met with DWIHN leadership to work towards a resolution. Residential Authorization Team and Leadership have a scheduled meeting with CRSP and Unlicensed Residential Home Provider to continue on a path of resolution. (4/29/2021)
- **IDD Residential Unlicensed Home Provider Meetings:** The Residential Authorization Team has participated in multiple meetings with IDD Unlicensed Home Providers to listen and discuss concerns regarding the H2X15/T2X27 implementation beginning 4/1/21.
- **HAB Waiver Authorizations (T2X27):** Residential Authorization Team completed the HAB Waiver Report T2X27 update having reviewed **983 total cases** with **256** H2X15/T2X27 authorizations approved.
- **CRSP Authorization Process Training:** Residential Authorization Team completed training on April 15th with CNS Healthcare/Northeast Integrated Health to assist in learning process for CRSP responsibilities in service authorizations.
- **Claims Cube Training:** The team, with the residential department managers, and admin specialist attended IT's Claims Cube Training on 4/9/21. The team will continue to work with IT to build a Residential Cube to run reporting with more measurable data.
- **General Authorizations:** Continuation of H2X15/T2X27 authorization transition that began 4/1/2021.

CRSP/Department Meetings

• **CRSP/Residential Services Monthly Meetings**

A total of **17 CRSP meetings were completed** for April 2021, with two CRSP meetings being cancelled to accommodate training for CRSP and Residential Providers to introduce the Residential Committee Review process and presentation. Only two CRSP meetings are only bi-monthly: Spectrum and CCS.

General monthly agenda added for review.

CRSP/Residential Providers Training

- **DWIHN Residential Review Committee Process:** The department held 2 sessions on Thursday, April 29th. This training will focus on the new process by which DWIHN will review requests for changes to a client's level of care while residing in a specialized licensed or unlicensed setting. Of the **(2) virtual sessions** on Bluejeans.com, we confirmed a total of **230 Attendees** as follows:

- **IDD CRSP & Residential Providers at 10 AM**
 - 139 Attendees
- **AMI CRSP & Residential Providers at 1 PM**
 - 91 Attendees



Detroit Wayne Integrated Health Network Residential Services Department

Department Projects

Residential Assessment Development (Darryl Smith)

- Individual CRSP trainings of the residential assessment
- Troubleshooting with MORC and NSO-Life Choices on specific cases
- Completion of the residential process flow
- Monthly support meetings with CLS
- New transition into supporting Wayne Center
- Reviewed 17 IDD residential assessments completed MORC and CLS supports coordinators

Department Special Projects (Michael Jackson)

- COVID-19 weekly monitoring under Project Reach Out
- Contact providers (58 facilities) on a weekly basis to inquiry if any staff or consumers tested positive, documenting information that is outlined in reporting grid
- Vaccination Reporting
 - *Collecting data regarding date of consumers' 1st and 2nd dose, number of staff in the home, number of staffs vaccinated; also noting consumers/guardians that refuse or did not approve for consumer to be vaccinated*
 - *Provided community vaccination resources to providers attempting to schedule consumers that have given consent*
- Special review of licensed facility's levels of care: 5 cases reviewed to complete updated residential assessments

Department Special Projects (Megan Latimer)

- COVID-19 Reporting Process
 - *Update and maintain COVID-19 master list (2 different tabs on Excel sheet) when COVID-19 positive cases and or deaths of AFC residents/DCW staff are identified by residential department team members (Project Reach Out) or residential referrals that are made by the case manager*
 - *Send report on the number of COVID-19 positive cases and or deaths (consumers and DCW) daily and accumulative; with demographic breakdown: diagnosis designation, gender, age*
 - *Communicate/Coordinate with RCS-Lezlee Adkisson for consumers requiring quarantining.*
 - i. Cases are tracked monthly
 - ii. Monthly team meeting participation along with RCS Lezlee Adkisson to COVID-19 numbers, findings, and quarantine facility usage
- Vaccination tracking
 - *Call residential providers to inquire if residents have been vaccinated, if they have received the vaccine, collect the following information:*
 - *obtain names of the consumers (including member IDs) the dates of 1st and 2nd vaccine, who administered the vaccine (Walgreens, CVS, Health Department etc.), the capacity of the AFC home and number of residents who have been vaccinated.*
 - *obtain the number of staff/DCWs who have been vaccinated and the total number of staff/DCWs who work at the facility.*
- Completion of master list for DWIHN unlicensed residential providers and facilities



Detroit Wayne Integrated Health Network Residential Services Department

Department Goals

Staffing

- Newly hired staff members: Residential Care Specialists Harriett Siddiqui (on April 5th) and Ashley Tomaszewski (April 19th)
- We continue to interview for the (two) Residential Care Coordinator positions: one interview completed on April 26th, and second candidate scheduled to be interviewed on May 7th

Automated Productivity Reporting

- Residential Services received licensing for adobe publishing for development of department reporting forms and documentation for external providers.
- To date, the staff continued to utilize Smartsheet for Residential Care Specialists reporting, facility closures, and in-home assessment reviews with additional revised reporting forthcoming.

Residential Review Committee

- Process work flow and training completed

Residential Task Log

- Attached for review

Residential Department Calendar

March 2021 - April 2021

April Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
28	29 (IDD) DWIHN Residential (AMI) DWIHN Residential	30	31	April 1	2	3
4	5	6	7 Hegira: CRSP/Residential	8 DCI: CRSP/Residential CCS: CRSP/Residential	9 Goodwill-Detroit: JVS: CRSP/Residential	10
11	12	13 CNS & NEIH: TGC: CRSP/Residential	14 RS Monthly Team Meeting	15 LBS: CRSP/Residential	16	17
18	19 Spectrum Community PsyGenics:	20 S.T.E.P.:	21 TEAM: CRSP/Residential	22	23 CLS: CRSP/Residential	24

April 2021 - May 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
25	26 MORC: CRSP/Residential	27 CCIH: CRSP/Residential	28 AWBS: CRSP/Residential ACC: CRSP/Residential	29 IDD CRSP & Residential AMI CRSP & Residential	30	May 1

Residential Task Log: March 2021

Received Date	Originated From	Assigned To	Assignment Date	Task Name	Task Requirements	Last Status Update	Projected Completion Date	Actual Completion Date
09/28/20	Shirley Hirsch	Sherri Watson	09/28/20	CRSP Case Management Responsibilities	Review prior (CRL) documents to convert for DWIHN documentation	12/03/20	ASAP	
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	
12/21/20	Shirley Hirsch	Sherri Watson; Kelly McGhee; Lucinda Brown	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	01/06/21	01/31/21	
02/23/21	Shirley Hirsch	Sherri Watson	02/23/21	Residential tracking of COFR Cases	COFR Cases cc: through Residential Services will tracked by Dept Admin for monthly reporting.	02/23/21	On-Going	
02/15/21	MCO	Amelia Answorth; Andrea Guilbault; Sherri Watson	12/16/20	Res Provider Suspension for United Horizons, Inc.	MCO Notice received extending suspension until 2/13/2022... RS Director advise MCO reporting 6-month contract suspension for residential provider of all DWIHN services until August 2021.	02/13/22	02/13/22	
02/02/21	Shirley Hirsch	Sherri Watson; Project Reach Team	02/02/21	Residential Provider MASTER List: Consumer/DCW Staff Vaccination Reporting	Sort by Area/City/etc.... Staff from Project Reach Out calling to report consumers & DCW staff who have received/declined CVD vaccine; also updtng residentila provider master listing and contact info.	03/31/21	ASAP	
11/01/20	June White; Rai Williams	Shirley Hirsch, Kelly McGhee, Sherri	11/01/20	Internal Department Notifications	Hospital Liaison Provider Meetings	04/01/21	ON GOING	
11/01/20	June White; Rai Williams	Shirley Hirsch, Kelly McGhee, Sherri	11/01/20	Internal Department Notifications	(CRSP) Outpatient Provider Meetings	03/19/21	ON GOING	
11/01/20	June White; Rai Williams	Shirley Hirsch, Kelly McGhee, Sherri	11/01/20	Internal Department Notifications	Residential Provider Meetings	03/19/21	ON GOING	
09/15/20	Shirley Hirsch	Authorization Team, Darryl Smith; Sheila Jones	09/15/20	CRSP Process for PC/CLS Worksheet Entry	CRSP Notification of H2015 worksheet suspension, effective 9/15/20 thru 10/15/20... Process extended through 3/31/21/CRSP to continue request entries as "place holders".	03/03/21	03/31/21	
09/15/20	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	03/31/21	
10/01/18	Stacie Durant	Shirley Hirsch	10/01/18	Title XIX (19)	Review and grant auth requests through ASAP System for CRSP/CMH workers: notificatin to CRSP to confirm ASAP website applications have been complitd by designated CRSP Staff;	03/29/21	ASAP	
03/24/21	Shirley Hirsch	Sherri Watson	03/24/21	ASAP Business Continuity Plan (Title XIX) Liaison Spreadsheet Update	Email CRSP Supevisory Tam to confirm continuity plan has been reviewed by designated Liaison and confirming Use ID contact info in Excel spreadsheet; reporting back to DHHS.	2/29/21	ASAP	2/29/21
02/23/21	Shirley Hirsch	Sherri Watson	02/23/21	COFR Case: FG-1531820 (DD); DOB: 5/2/61: Ionia Cnty Medicaid, residing in Hubbard Home (Prov ID# 25748) per Guardian's (mother) request. Consumer assigned under CLS (intake completed 1/12/21).	COFR Cases cc: through Residential Services will tracked by Dept Admin for monthly reporting.	02/23/21	ASAP	02/23/21
02/23/21	Shirley Hirsch	Sherri Watson	02/23/21	COFR Case: FG-1531820 (DD); DOB: 5/2/61: Ionia Cnty Medicaid, residing in Hubbard Home (Prov ID# 25748) per Guardian's (mother) request. Consumer assigned under CLS (intake completed 1/12/21).	COFR Cases cc: through Residential Services will tracked by Dept Admin for monthly reporting.	02/23/21		02/23/21
02/15/21	Shirley Hirsch	Sherri Watson	02/15/21	DRAFT for completion: Residential Dept Communications process to share with MCO for publication	Dept numbers, fax, and email inbox with directive to what requests go where.	02/16/21	ASAP	02/16/21
02/09/21	Shirley Hirsch	Kelly McGhee, Sherri Watson	02/09/21	DRAFT Instructions on Informed Consent and Consumer Vaccine Reporting	DRAFT Instructions on Informed Consent (for consumers, reported by CRSP) and vaccination date reporting form (for residential providers per facility; within city of Detroit)	02/10/21	ASAP	02/10/21
02/02/21	Shirley Hirsch	Sherri Watson; Ameila Answorth; Andrea Guibault	02/02/21	Brokering Letter: Acceptance/Denial for Brokering Letter	Tracking email letters to residential providers when referrals are denied for placement (to be added to RS Team Monthly Meeting)	02/04/21	ASAP	02/04/21

Residential Task Log: March 2021

01/16/21	Shirley Hirsch	Jessica Wright; Kelly McGhee	12/21/20	30-Day Discharge Reporting Updates/Revision; Smartsheet Development	Reporting grid review/update (to identify green/yellow/red cases) 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	03/16/21
12/16/20	MCO	Amelia Answorth; Andrea Guilbault;	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	02/28/21
11/01/20	Shirley Hirsch	Kelly McGhee		Department Workflows/Process Development for CRSP	Internal (Res) Provider Consumer Transfers	02/15/21	ASAP	02/15/21
09/23/20	Shirley Hirsch	Sherri Watson	11/01/20	CRSP Monthly Meetings with DWIHN Residential Services	CNS Healthcare & NEIH: every 2nd Tuesday @ 2 PM	03/31/21	03/31/21	03/31/21
09/23/20	Shirley Hirsch	Sherri 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
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	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	CCIH: 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

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: BA 20-55R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 5/19/2021

Name of Provider: DWIHN Provider Network - see attached list

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

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 5/12/2021

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

Amount of Contract: \$ 582,884.00 Previous Fiscal Year: \$ 393,973.00

Program Type: Modification

Projected Number Served- Year 1: 5,000 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 10/1/2020

Provider Impaneled (Y/N)?

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

This revised board action is requesting board approval for the allocation of additional COVID-19 grant funding of \$188,911.00 (the original award \$393,973 approved 05/20/2020) for an total amount not to exceed \$582,884 to implement COVID-19 withdrawal management (detox), residential, mobile unit and recovery homes services. DWIHN currently has two SUD providers Abundant Community Recovery Services (ACRS) and Quality Behavioral Health (QBH) servicing our COVID-19 clients with symptoms or who are positive for the virus in recovery homes. ACRS and QBH are each allocated \$72,000 and remaining balance will be allocated to the purchase of Narcan Kits in the amount of \$44,911.

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.

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	\$ 582,884.00	\$ 582,884.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 582,884.00	\$ 582,884.00

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

Type of contract (Business/Clinical):

ACCOUNT NUMBER: 64932.826600.07100

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Interim CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Wednesday, May 12, 2021

Signed: Wednesday, May 12, 2021

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 21-63 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 5/19/2021

Name of Provider: See attached list

Contract Title: Summer Youth Employment Program

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 5/12/2021

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

Amount of Contract: \$ 2,100,000.00 Previous Fiscal Year: \$ 2,100,000.00

Program Type: Continuation

Projected Number Served- Year 1: 1,100 Persons Served (previous fiscal year): 1051

Date Contract First Initiated: 5/1/2021

Provider Impaneled (Y/N)?

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

This board action is requesting the approval of a contract from May 1, 2021 to September 30, 2021 in the amount of \$2,100,000. The DWIHN Summer Youth Employment Program is a continuation from the last five fiscal years with organizations intending to foster growth and enhance communities. These organizations thrive on community outreach to adolescents focusing heavily on youth recruitment plans and educational and mentoring goals to be accomplished over the summer months.

Management is requesting that funds can be moved between summer youth programs within the total budget allocation to allow flexibility in the event a provider over(under) expend its allocation.

The engagement is beneficial to DWIHN as it promotes workforce development and continued positive growth in Detroit and Wayne County. Research has shown that healthy youth foster into healthy adults when given appropriate coping mechanisms and protective factors.

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	\$ 2,100,000.00	\$ 2,100,000.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 2,100,000.00	\$ 2,100,000.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64931.827206.06300

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, Interim CEO

Stacie Durant, Chief Financial Officer

Signature/Date:

Signature/Date:



Signed: Friday, May 7, 2021

Signed: Friday, May 7, 2021



VACCINE MYTHS AND FACTS (CDC)

Is it safe for me to get a COVID-19 vaccine if I would like to have a baby one day?



Yes. If you are trying to become pregnant now or want to get pregnant in the future, you may get a COVID-19 vaccine when one is available to you.

There is currently no evidence that COVID-19 vaccination causes any problems with pregnancy, including the development of the placenta. In addition, there is no evidence that fertility problems are a side effect of any vaccine, including COVID-19 vaccines.

Like all vaccines, scientists are studying COVID-19 vaccines carefully for side effects now and will continue to study them for many years.

Will a COVID-19 vaccine alter my DNA?



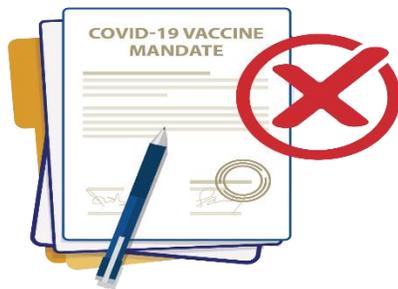
No. COVID-19 vaccines do not change or interact with your DNA in any way.

There are currently two types of COVID-19 vaccines that have been authorized and recommended for use in the United States: messenger RNA

(mRNA) vaccines and a viral vector vaccine. Both mRNA and viral vector COVID-19 vaccines deliver instructions (genetic material) to our cells to start building protection against the virus that causes COVID-19. However, the material never enters the nucleus of the cell, which is where our DNA is kept. This means the genetic material in the vaccines cannot affect or interact with our DNA in any way. All COVID-19 vaccines work with the body's natural defenses to safely develop immunity to disease.

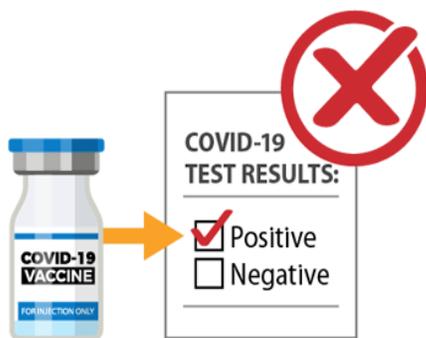


Can CDC mandate that I get a COVID-19 vaccine?



No. The federal government does not mandate (require) vaccination for people. Additionally, CDC does not maintain or monitor a person’s vaccination records. Whether a state or local government or employer, for example, can require or mandate COVID-19 vaccination is a matter of state or other applicable law. Please contact your state government or employer if you have other questions about COVID-19 vaccination mandates.

After getting a COVID-19 vaccine, will I test positive for COVID-19 on a viral test?



No. None of the authorized and recommended COVID-19 vaccines cause you to test positive on viral tests,

which are used to see if you have a current infection. Neither can any of the COVID-19 vaccines currently in clinical trials in the United States. If your body develops an immune response to vaccination, which is the goal, you may test positive on some antibody tests. Antibody tests indicate you had a previous infection and that you may have some level of protection against the virus. Experts are currently looking at how COVID-19 vaccination may affect antibody testing results.



Can a COVID-19 vaccine make me sick with COVID-19



No. None of the authorized and recommended COVID-19 vaccines or COVID-19 vaccines currently in development in the United States contain the live virus that causes COVID-19. This means that a COVID-19 vaccine cannot make you sick with COVID-19.

COVID-19 vaccines teach our immune systems how to recognize and fight the virus that causes COVID-19. Sometimes this process can cause symptoms, such as fever. These symptoms are normal and are signs that the body is building protection against the virus that causes COVID-19. Learn more about how COVID-19 vaccines work.

It typically takes a few weeks for the body to build immunity (protection against the virus that causes COVID-19) after vaccination. That means it's possible a person could be infected with the virus that causes COVID-19 just before or just after vaccination and still get sick. This is because the vaccine has not had enough time to provide protection.



WHAT CAN YOU DO AFTER GETTING VACCINATED WITH COVID (FROM CDC, (UOFMHEALTH))

First of all, before anything else: Be proud.

Breathe easier.

Walk or sit taller.

Let go of some of the worry that's lurked in the back of your mind for the past year.

Pat yourself on the back!

Now that you've done all that, here are seven practical tips for living your post-vaccinated life:

1. Remember that COVID vaccination is a journey.

If you've had the first dose of a two-dose vaccine (Pfizer or Moderna) but not the second, you're still on that journey. Same thing if you're still less than two weeks out from your second dose, or less than two weeks out from your only dose of the Johnson & Johnson vaccine. You're almost there! In the meantime, take the same precautions as an unvaccinated person, though you're already more protected than they are. As soon as you're fully vaccinated for COVID, you'll have more freedom! Keep reading to find out what that means.

2. You can do some pre-pandemic activities again – but not everything, yet.

The vaccines against COVID-19 are incredibly powerful – better than our vaccines against many other diseases at preventing serious illness and death. But they don't give you superpowers. So experts have taken a "go slow" approach to post-vaccine recommendations.

You can submit COVID-19 related questions by emailing us @ AskTheDoc@dwihn.org



Choosing Safer Activities

Accessible link: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/participate-in-activities.html>

	Unvaccinated People	Your Activity	Fully Vaccinated People
Safest		Outdoor	
		Walk, run, wheelchair roll, or bike outdoors with members of your household	
		Attend a small, outdoor gathering with fully vaccinated family and friends	
		Attend a small, outdoor gathering with fully vaccinated and unvaccinated people	
		Dine at an outdoor restaurant with friends from multiple households	
Less Safe		Attend a crowded, outdoor event, like a live performance, parade, or sports event	
		Indoor	
Less Safe		Visit a barber or hair salon	
		Go to an uncrowded, indoor shopping center or museum	
		Ride public transport with limited occupancy	
		Attend a small, indoor gathering of fully vaccinated and unvaccinated people from multiple households	
		Go to an indoor movie theater	
Least Safe		Attend a full-capacity worship service	
		Sing in an indoor chorus	
		Eat at an indoor restaurant or bar	
		Participate in an indoor, high intensity exercise class	

Get a COVID-19 vaccine



Prevention measures not needed



Take prevention measures

Fully vaccinated people: wear a mask
Unvaccinated people: wear a mask, stay 6 feet apart, and wash your hands.

- Safety levels assume the recommended prevention measures are followed, both by the individual and the venue (if applicable).
- CDC cannot provide the specific risk level for every activity in every community. It is important to consider your own personal situation and the risk to you, your family, and your community before venturing out.

3. You've got a new "force field" around you – but it's not impenetrable.

With your immune system primed to spot coronavirus, you're far more protected than you were before. But we're still learning. If there's a lot of COVID activity in your area – which is the case in much of Michigan right now – you could still get a "breakthrough" infection. But if you get sick, it will most likely be much milder than it would have been if you hadn't gotten vaccinated. That's what happens every year with the flu vaccine.



4. You can join the effort to track COVID vaccine reactions.

The thousands of people who volunteered to get the vaccines in clinical trials last year made it possible for you to get your vaccine this year.

Now you can do your part. All it takes is responding to a few text messages, or telling your health care provider if you experience something unusual. Do this by signing up for the text-based V-Safe program (<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html>) run by the Centers for Disease Control and Prevention. Just answer the quick surveys they'll text to you in the days and weeks after your vaccination(s).

5. You can help those who are on the fence about vaccination.

The faster we can get most U.S. adults and teens vaccinated, the faster we can go back to normal. The problem is, some adults are still not sure they want to get vaccinated, or even have made up their minds against it. They may have heard false claims about the vaccines, or may worry about how they'll react to the vaccine because of their health. Or they may have only just become eligible, or gave up trying to find a vaccine appointment because it seemed too complicated. The word of a friend, relative or neighbor carries more weight with some people than the voices of hundreds of national experts with degrees after their names. By sharing your experience with people, you know, and helping them get solid information, you can make a real difference in the total vaccination effort.

6. You're spared the inconvenience of quarantining after an exposure.

Staying completely home for 10 to 14 days is no one's idea of a good time. It can cost people lost wages, lost school time, extra costs to have things delivered, and more. But that's what unvaccinated and partly vaccinated people have to do if they get close to a person who turns out to have COVID-19, whether or not they have symptoms.

But not you! If you're vaccinated, and you haven't developed symptoms, you're good to go.

You can submit COVID-19 related questions by emailing us @ AskTheDoc@dwihn.org