



## **Detroit Wayne Integrated Health Network**

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

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

### **PROGRAM COMPLIANCE COMMITTEE MEETING Administration Bldg. 8726 Woodward, 1<sup>st</sup> Floor Board Room Wednesday, May 8, 2024 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. Adults Initiatives' Quarterly Report** – Provide information on the clubhouse that was previously under Northeast Guidance Center and is now merged with CNS Healthcare.
- VI. Approval of the Minutes** – April 10, 2024
- VII. Report(s)**
  - A. Chief Medical Officer
  - B. Corporate Compliance - *None*
- VIII. Quarterly Reports**
  - A. Access Call Center
  - B. Innovation and Community Engagement
  - C. Residential Services
  - D. Substance Use Disorder
- IX. Detroit Wayne Integrated Health Network Partnership**

#### **Board of Directors**

Dr. Cynthia Tauger, Chairperson  
Karima Bentounsi  
Jonathan C. Kinloch

Kevin McNamara, Vice Chairperson  
Angela Bullock  
Bernard Parker

Dora Brown, Treasurer  
Lynne F. Carter, MD  
William Phillips

Eva Garza Dewaelsche, Secretary  
Angelo Glenn  
Kenya Ruth

**Eric W. Doch, President and CEO**



- X. Strategic Plan Pillar - None**
- XI. Quality Review(s) - None**
- XII. VP of Clinical Operations' Executive Summary**
- XIII. Unfinished Business - None**
- XIV. New Business - None**
- XV. 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).
- XVI. Adjournment**



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**Program Compliance Committee Meeting  
Adult Initiatives Department  
April 2024 -Follow Up**

Below is a follow up request from the Program Compliance Committee from April 10, 2024

Adult Initiatives Quarterly Report- Provide information on Northeast Guidance Center Clubhouse.

**Response:** The Motor City Clubhouse was formally with Northeast Guidance Center but has been closed for several years. Northeast Guidance Center has since merged with CNS and they did not re-open that location on Conner Street in Detroit.

Several of the Clubhouses had a difficult time remaining active during Covid 2020-2022.

Marianne Lyons, LMSW/CAADC

**Board of Directors**

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# PROGRAM COMPLIANCE COMMITTEE

**MINUTES**

**APRIL 10, 2024**

**1:00 P.M.**

***IN-PERSON MEETING***

<b>MEETING CALLED BY</b>	I. Dr. Lynne Carter, Program Compliance Vice-Chair and Acting Chair at 1:09 p.m.
<b>TYPE OF MEETING</b>	Program Compliance Committee
<b>FACILITATOR</b>	Dr. Lynne Carter, Vice-Chair and Acting Chair
<b>NOTE TAKER</b>	Sonya Davis
<b>TIMEKEEPER</b>	<p><b>Committee Members:</b> Angela Bullock; Dr. Lynne Carter; Commissioner Jonathan Kinloch, Bernard Parker and William Phillips</p> <p><b>Board Members Present:</b> Dr. Cynthia Taueg, Chair</p>
<b>ATTENDEES</b>	<p><b>Committee Members Excused: None</b></p> <p><b>Staff:</b> Brooke Blackwell; Yvonne Bostic; Judy Davis; Monifa Gray; Sheree Jackson; Margaret Keyes-Howard; Marianne Lyons; Cassandra Phipps; April Siebert; Manny Singla; Andrea Smith; Michele Vasconcellos; Leigh Wayna; Daniel West and Rai Williams</p>

**AGENDA TOPICS**

**II. Moment of Silence**

<b>DISCUSSION</b>	Dr. Carter, Vice-Chair and Acting Chair called for a moment of silence.
<b>CONCLUSIONS</b>	A moment of silence was taken.

**III. Roll Call**

<b>DISCUSSION</b>	Dr. Carter, Vice-Chair and Acting Chair called for a roll call.
<b>CONCLUSIONS</b>	Roll call was taken by Lillian Blackshire, Board Liaison and there was a quorum.

**IV. Approval of the Agenda**

<b>DISCUSSION/ CONCLUSIONS</b>	<p>Dr. Carter, Vice-Chair and Acting Chair called for a motion to approve the agenda. <b>Motion:</b> It was moved by Commissioner Kinloch and supported by Mr. Parker to approve the agenda. Dr. Carter asked if there were any changes/modifications to the agenda. There were no changes/modifications to the agenda. <b>Motion carried.</b></p>
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**V. Follow-Up Items from Previous Meetings**

**DISCUSSION/  
CONCLUSIONS**

- A. **Children's Initiatives' Quarterly Report** – Provide information on how DWIHN's accomplishments are publicized – Cassandra Phipps, Director of Children's Initiatives reported that the Annual Report to the Community is to highlight accomplishments from the System of Care Block Grant with DWIHN and community partners. The event audience is comprised of representatives from Michigan Department of Health and Human Services (MDHHS) and higher executives from community partner agencies. In collaboration with DWIHN Communication's for December 2024 the plan is to consider streaming the event on Facebook Live and posting photos of awardees on social media platforms and media magazines as well.
- B. **Customer Service's Quarterly Report** – Provide details on the sample size of the ECHO surveys – Margaret Keyes Howard, Manager of Customer Service's Member Engagement reported that in terms of our own population base, a baseline of 600 is considered scientifically a sample that would be appropriate for the surveys. It is conducted by Wayne State University (WSU), an A-1 research university and they do the recommendation as well. For FY 23, there were 1,143 families or parents that responded to the children's survey and 797 for the adults' survey. The FY24 survey is currently in progress.
- C. **DWIHN Population Assessment** – Provide a plan/strategy on monitoring children with Hypertension in the School Success Initiative program – Cassandra Phipps, Director of Children's Initiatives reported that after reviewing the 2023 Wayne County health data population report hypertension was not among the top child related health conditions; however, this was in the top health conditions for the adult population. Thus, hypertension is not monitored for children currently. DWIHN is tracking their blood glucose and cholesterol which is connected to one of our performance improvement plans for children that are taking antipsychotic medication as a part of the metabolic testing.

**VI. Approval of the Minutes**

**DISCUSSION/  
CONCLUSIONS**

Dr. Carter, Vice-Chair and Acting Chair called for a motion to approve the March 13, 2024, meeting minutes. **Motion:** It was moved by Mr. Parker and supported by Commissioner Kinloch to approve the March 13, 2024, meeting minutes. Dr. Carter asked if there were any changes/modifications to the March 13, 2024, meeting minutes. There were no changes/modifications to the meeting minutes. **Motion carried.**

**VII. Reports**

**DISCUSSION/  
CONCLUSIONS**

- A. **Chief Medical Officer – Deferred to May 8, 2024**
- B. **Corporate Compliance** – Sheree Jackson, VP of Corporate Compliance submitted and gave an update on the Corporate Compliance report. It was reported:
  - 1. **Activity 1 – Compliance Investigations** – DWIHN has received an average of 29 investigations referrals during FY 23, Q1 and FY 2024, Q2. Six (6) originated from the Office of Inspector General (OIG) and 23 were sourced from provider self-reports and internal referrals. In 2023, provider training and education initiatives led to a 46% increase in provider self-reports. The VP and Sr. Lead of the department have assumed a complete case load to assist in managing the backlog; a request for proposal (RFP) is currently in progress to seek assistance with the auditing aspect of Compliance investigations; and a request for additional FTEs has been submitted to the HR committee. Compliance investigations are on the rise with an emphasis being placed on providers that are credentialed at multiple sites, SUD and

Self-Determination providers. The OIG has hired additional staff so that they can look at more self-determination cases.

2. **Activity 2 – Program Integrity Activities Resulting in Overpayments** – FY 22, there was a total of \$392,155.73 in overpayment identified and \$337,780.32 has been recouped. Some providers have escalated this matter to the OIG’s office and when that happens, DWIHN is then required to stand down and the OIG will make the final determination. For FY 23, there was \$366,845.92 in overpayment identified and to date, only \$68,713.85 has been recouped. The department wants to give the providers an opportunity to make sure that they are able to pay us in a timely fashion without bankrupting their organization. As of March 2024, we are on schedule to have the full recoupment paid back to DWIHN.
  3. **Activity 3 – 2022 vs 2023 Validated Complaints** – Three major areas have been identified as to why complaints are received by the department – unethical business practices, billing services not rendered and workforce background check guideline violations. There was a decrease in complaints for unethical business practices from FY 2022 (12) to FY 2023 (2) and the department has worked with the Clinical Practice Improvement (CPI) department to conduct trainings with those providers to ensure what their responsibilities are. There was also a decrease in billing services not rendered complaints from FY 2022 (10) to FY 2023 (8) and those providers for the most part identified that themselves by conducting internal audits. There was an increase in workforce background check guideline violations complaints from FY 2022 (1) to FY 2023 (4) and the department has been working with our providers so that they know what they need to review before they hire an employee.
  4. **OIG Reporting Requirements** – The OIG has implemented new reporting requirements for the Compliance department. There are three reports that have to be submitted annually that are very labor intensive and identified. The department has to submit all of DWIHN’s policies to the OIG for review and to ensure they we are in alignment with our current contractual standards and have received a “met” score. The department was advised that we are the only region right now that has received a “met” score. The OIG also looked at the program integrity activities which looks at pre and post payments. Staff has been very helpful in assisting with pulling those reports so that the department is able to stay on top of that each quarter to see if there’s any non-compliance with overlapping, billing, etc. and to make sure that we are meeting the needs of our program integrity annual reports.
- Dr. Carter opened the floor for discussion. Discussion ensued. The committee suggested an update every other month instead of quarterly since the department has received additional responsibilities from the OIG’s office.

**(Action)**

The Vice-Chair noted that the Corporate Compliance’s report has been received and placed on file. The record reflects the Dr. Taueg joined the meeting.

**VIII. Quarterly Reports**

**DISCUSSION/  
CONCLUSIONS**

- A. **Adults Initiatives** – Marianne Lyons, Director of Adults Initiatives submitted and gave highlights of the Adults Initiatives’ quarterly report. It was reported that:
  1. **Assertive Community Treatment (ACT)** – Currently there are eight (8) ACT provider service agencies in Wayne County; 524 members received ACT services this quarter; and 54 psychiatric hospitalizations (14.2% decrease from last quarter).

2. **Med Drop** – There are currently 74 members who participated in the program this quarter. There were 1,302 successful med drops completed for the month of January; 1,756 successful med drops completed for the month of February; 2,130 successful med drops are expected for the month of March; and 31 new referrals this quarter. Staff began collaboration with Michigan Department of Corrections – Returning Citizens Program to help identify members who would benefit from the program and two (2) members have been identified. The department has started a new initiative working with members that are Intellectually Developmentally Disabled and one referral has been received.
3. **Clubhouses** – The department just began to oversee the clubhouses and there are currently 535 members that are active participants. DWIHN has five (5) clubhouses (ACCESS-Hope House; DCI-New Direction; Goodwill-A Place of Our Own; Hegira-Turning Point; and Lincoln Behavioral-The Gathering Place) and they are all accredited. The accreditation takes place every three years. DWIHN is working with the State as well as with Clubhouse International to ensure that where numbers are lower, we try to help work with those clubhouses to get those numbers up and ensure that accreditation continues.

Dr. Carter opened the floor for discussion. Discussion ensued. The committee requested information on the clubhouse that used to be under Northeast Guidance Center that is now merged with CNS Healthcare. **(Action)**

**B. PIHP Crisis Services** – Daniel West, Director of PIHP Crisis Services submitted and gave highlights of the PIHP Crisis Services' quarterly report. It was also reported that:

1. **Activity 1 – Inpatient Discharge Planning for Members without an Assigned CRSP** – DWIHN's Hospital Liaisons meet with members face-to-face at the inpatient hospitals; they work with the members to establish a CRSP of preference and coordinate with the preferred CRSP and the hospital treatment team to ensure hospital discharge appointments are kept. Staff intends to support improvement in PI#4a and PI#10 for members who are hospitalized without an assigned CRSP. In Q2, 63% of members seen by DWIHN kept their hospital discharge appointments compared to 20% of members that kept their hospital discharge appointments without a Liaison involvement. Liaisons have found it to be a challenge in reaching members post-discharge due to the accuracy of contact information. Staff worked with PCE to ensure screening agencies verify contact information upon completion of the pre-admission review and Liaisons will ensure contact information is accurate prior to discharge and include it on hospital discharge planning worksheet.
2. **Activity 2 – CRSP Training on Inpatient Discharge Planning Process** – Due to Team Wellness Center (38%) and Central City Integrated Health (14%) having higher cancellations/no-shows for scheduled hospital discharge appointments among other CRSPs, staff developed and trained them on a process to engage in the discharge planning and reinforced the importance of the CRSPs engaging in hospital discharge planning for their assigned members. Staff will continue training, tracking, and monitoring results to increase kept hospital discharge appointments for their assigned members.
3. **Activity 3 – Reduce Inpatient Hospitalizations** – The department works with CRSPs, inpatient hospitals, screening agencies, DWIHN's UM, Adults Initiatives and Children's Initiatives departments to reduce the number of inpatient hospitalizations. Inpatient hospitalizations for adults and children

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decreased from January to March 2024. There is an ongoing need for information on the availability of crisis services. DWIHN and its' providers provide mobile crisis stabilization for adults and children in the community with a hope to see an increase in people contacting mobile crisis teams for de-escalation, instead of going to the Eds for crisis supports. Staff will create and execute training on lower levels of care to increase knowledge of members' options in crisis.

4. **Progress on Previous Improvement Plans** – Recidivism has decreased from Q1 (17.59%) to Q2 (15.4%) for adults and Q1 (8.62%) to Q2 (5.23%) for children. In Q2, 82% of evaluations for adults and 71% of children evaluations were conducted face-to-face. New Oakland indicated staffing issues have contributed to a percentage below the standard 80% and will be rectified by May 2024.

Dr. Carter opened the floor for discussion. Discussion ensued. The committee requested that comparisons to prior years be included in future reports to help check for seasonality influences as having this information in the tables would help anchor their understanding of the performance. Discussion ensued regarding inpatient hospitalization and us following or analyzing the data with regards to their diagnoses. **(Action)** It was noted that there are certain diagnoses that are anticipated to lead to hospitalization; however, the real work would be seen in diagnoses that can go either way and whether we are making them go outpatient versus inpatient.

**Managed Care Operations** – Rai Williams, Director of Managed Care Operations submitted and gave highlights of the Managed Care Operations' quarterly report. It was reported:

5. **Activity 1 – Preliminary Employee Satisfaction Survey Results** – The first survey was completed on April 3, 2024 with 84% of available staff participating. The survey resulted that most employees are either very satisfied or somewhat satisfied with their current roles. Collaboration within the team is generally rated well with 16 out of 17 responses in the positive, but there are notes on the effectiveness of communication and a desire for more transparency. Supervisor effectiveness is rated highly in most cases with employees feeling supported and staff feeling comfortable discussing concerns with their supervisors, indicating a positive sign of open culture. MCO leadership has concluded several meetings to identify barriers, areas of improvement and strategize how to improve the employees' experience with the department. Several audit workgroups have been developed to ensure that the applicable policies and procedures are updated, evidence is collected, interventions are documented in addition to initiatives being measured and monitored. The leadership team met in person for teambuilding and strategic planning. The department is currently recruiting five open positions which will further enable us to properly address the needs of both the Contracting and Credentialing teams.
6. **Activity 2 – Credentialing** – For FY 24 (Q2), 316 practitioners were approved, and 63 providers were approved. The team has successfully complied with ICOs and NCQA for auditing and accreditation reviews. Credentialing has collaborated with HR on developing a new process to ensure DWIHN Direct Staff are credentialed appropriately. Staff continue to work with Medversant Technologies, LLC to credential the DWIHN provider network in a timely fashion and look to hire more staff to meet the needs of the network.



7. **Activity 3 - New Provider Changes to the Network/Provider Challenges** – DWIHN continues to monitor and notice changes in the network. We are adding additional providers to our network based on need. Request for Proposals (RFP) are also utilized as a means for recruiting new providers, particularly in areas of shortages. For FY 24 (Q2), there was a total of 31 new location/service additions and nine (9) providers added to the DWIHN network. The staff is currently working to improve the onboarding process for existing providers. A meeting was held with internal stakeholders to expand the Provider Inquiry Form to include Provider Expansions – 427 fully executed contracts.
  8. **Activity 4 - Procedure Code Work Group** – The workgroup resolved 169 tickets; 1,740 MDHHS rate updates; 60 new codes; 162 additional codes/rate changes to existing programs/contracts; and 64 provider requested changes for FY 24 (Q2). The department created the new COB Secondary claims contract program and deployed it to all the hospitals and set up Intensive Crisis Stabilization Contract programs for children and adults. The department will track turnaround time for the workgroup tickets; ensure new programs and services are added and available for use; and run cube reports to monitor and verify services credentialed/contracted are in alignment with contract fee schedules deployed.
- Dr. Carter opened the floor for discussion. There was no discussion.
- C. **Utilization Management** – Leigh Wayna, Director of Utilization Management submitted and gave highlights of the Utilization Management’s quarterly report. It was reported:
1. **Activity 1 – Length of Stay Monitoring in Acute Inpatient Hospitals** – There was not a significant change in many of the populations served from FY 24, Q1 and Q2; however, the I/DD youth population saw a significant decrease from 23.1 days to 9 days. This can be attributed to outlier cases that were discharged and no longer included in the data. To impact and decrease lengths of stay for members of other populations, staff continue to explore alternatives such as Intensive Community Transition Services (ICTS) and Psychiatric Residential Treatment Facilities (PRTF) programs operated by MDHHS, that can provide safe, secure discharge arrangements for individuals who continue to need a high level of intense services but no longer meet medical necessity to remain in an acute psychiatric hospital setting. DWIHN is currently working with MDHHS to obtain clear eligibility requirements for referral to both the ICTS and PRTF programs.
  2. **Activity 2 – General Fund Authorization Requests** – For the month of February, there were 823 approvals; 116 administrative denials; 47% of which were for members with active Medicaid and 53% for other reasons. There is ongoing monitoring of trends for revision of the General Fund Benefit Grid and discussion of CCBHC authorizations that show as “General Fund”. Staff collaborated with MDHHS Specialist Team to examine the barriers to members meeting their spenddowns on a monthly basis. Staff plans continued collaboration with CRSP providers regarding reinstatement of member insurance plans and continued education and support for CRSP providers regarding processing spenddowns.
  3. **Activity 3 – Timeliness of Disposition of Authorization Requests** – There is continued improvement in timeliness of authorization dispositions. The department has researched the volumes of authorization requests that require extended time to manage and found that approximately 15-20% of all authorization requests being received are having to be returned for corrections and an additional 20-25% are needing to be returned due to

being received post-service rather than pre-service. To address this, staff has requested performance improvement plans from three CRSPs and currently evaluating the data trends of the remaining CRSPs.  
Dr. Carter opened the floor for discussion. There was no discussion.

The Vice-Chair noted that the Adults Initiatives, PIHP Crisis Services, Managed Care Operations and Utilization Management's quarterly reports have been received and placed on file.

## IX. Utilization Management (UM) Program Evaluation FY 23

### DISCUSSION/ CONCLUSIONS

Leigh Wayna, Director of Utilization Management submitted and gave highlights of the Utilization Management's (UM) Program Evaluation FY 23. The presentation included the demographics of the unique members served for FY 2022 and 2023 along with the percentages of those covered with General Medicaid, General Fund; MiHealth Link; Block Grant and State Disability Assistance. The Utilization Management Goals for FY23 Strategic Plan Pillars was provided to the committee. It was noted that the goals under the Customer Service Pillar were all met; and the goals under the Access Pillar were met; it was noted that much of the goal centered around the enrollments for the HSW waiver supports, and data was shared with the committee. It was reported that we had about 93% in the beginning of FY 23 and at the end of FY 23 we were at 97.2% enrollment and there has since been an increase and we are closer to the 100% mark now, however, our goal was 95% which we did meet. It was reported that the goals under the Finance Pillar were partially met; this looked at our over- and under-utilization data and while we did begin to look at that data during the fiscal year, we had not finished planning for and implementing plans to monitor our CRSPs. The goals under the Workforce Pillar were met through our use of our inter-reliability process; there were 118 participants tested which are all utilization management authorization decision makers, either as delegates through our screening entities or internally through our UM department and were tested annually during FY 23; all 118 folks did successfully pass the test that was utilized. The Quality Pillar goal was reported as partially met. This goal centered around our timeliness of compliance with regulations of authorization dispositions. There was some lack of timeliness during FY 23 as previous data pulled was incorrect and our numbers were not showing and reflecting correctly; that error has been corrected. We did find we were lower in compliance than we wished, which is why the goal was partially met and we will continue to work on it. An internal departmental performance improvement plan has been implemented and since this slide and evaluation was prepared the number has come up quite a bit; and we are looking forward to the number being much better in FY 24. An overview of the goals for FY 24 was provided which were to increase compliance of timeliness of authorizations; a goal has been set for 90%; however, the State goal is 95%, we are at 77% therefore 90% seems reasonable. We will also participate in assisting the network and achieving the Michigan Mission Based Performance Indicator (MMBI) of 15 or less of hospital recidivism, and the quarterly standard for both our adults and children; the last goal is to maintain our habilitation waiver services enrollment at or above 95%. The Vice-Chair opened the floor for discussion. Discussion ensued. The committee requested a more comprehensive detailed plan to tackle the over-and under-utilization issues with the Provider Network and bring back to the committee in 60 days. **(Action)** Dr. Carter called for

a motion to approve the UM's Program Evaluation FY 23. **Motion:** It was moved by Mrs. Bullock and supported by Commissioner Kinloch to move the UM's Program Evaluation FY 23 to Full Board for approval. Dr. Carter opened the floor for further discussion. There was no further discussion. **Motion carried.**

**X. Strategic Plan Pillar**

**DISCUSSION/  
CONCLUSIONS**

*There was no Strategic Plan Pillar to review this month.*

**XI. Quality Review(s)**

**DISCUSSION/  
CONCLUSIONS**

**A. QAPIP Work Plan Update FY 24** – April Siebert, Director of Quality Improvement submitted and gave updates on the QAPIP Work Plan FY 24. It was reported that:

- 1. Activity 1 – Michigan Mission Based Performance Indicators** – DWIHN has performed exceptionally well, achieving scores of 90% or higher in five out of six state performance indicators. We have successfully reduced Indicator 10 (Recidivism) for adults from 17.58% in Q1 to 14.87% in Q2 (preliminary), a 2.71% improvement. Our consistent performance with PI#10 (children) is also noteworthy. However, there is a need for improvement in PI#2a, which currently stands at 51.0% for Q2 against the standard of 57%. The root cause of this issue is the shortage of staff, which has affected providers' ability to complete the Integrated Biopsychosocial assessment within the required 14 days of the request for PI#2. To address this shortage, DWIHN has implemented financial incentives and will closely monitor outcomes through providers meetings and data outcomes to determine the effectiveness of the incentive model. DWIHN will continue to monitor and focus its efforts on the identified interventions.
- 2. Activity 2 – MDHHS Annual Full Site Review Update** – MDHHS is currently conducting a Full Site Review of Detroit Wayne Integrated Health Network (DWIHN). DWIHN has received positive feedback during the review of their clinical case records and staff qualifications files. MDHHS has identified a need for improvement in the documentation required to demonstrate compliance with the Home and Community-Based Services (HCBS) Final Rule.
- 3. Activity 3 – HSAG Annual Site Review Update** – In March 2024, DWIHN received notification from HSAG stating that the Performance Measurement Validation (PMV) Review for FY 24 will be scheduled between July 22, 2024 to August 2, 2024. The Performance Improvement Project submission for initial validation is due on July 15, 2024 and the Compliance Review is scheduled for September 6, 2024. HSAG will conduct a technical assistance webinar on May 21, 2024 to provide instructions for the Compliance Review and discuss its' scope. DWIHN received Full Compliance of 100% in all reportable areas for FY 23 PMV Review and Compliance Review. The goal of the PIP is to achieve significant improvement sustained over time through ongoing measurements and interventions.

Dr. Carter opened the floor for discussion. There was no discussion. The Chair noted that the QAPIP Work Plan FY 24 Update has been received and placed on file.

## XII. VP of Clinical Operations' Executive Summary

### DISCUSSION/ CONCLUSIONS

Melissa Moody, VP of Clinical Operations submitted and gave highlights of the VP of Clinical Operations' report. It was reported that:

- A. **Health Homes** – The Opioid Health Home currently has 8 providers and 617 enrollees and 5 providers and 708 enrollees currently in the Behavioral Health Home. DWIHN will offer the provider network the opportunity to apply and join the Health Homes programs for FY 24/25 through an RFI process that will expand the health home network and increase the number of people we can reach with these programs.
- B. **CCBHC Demonstration Expansion** – There are currently six (6) of our providers that are in the CCBHC State Expansion and 8, 609 members, which is an increase of 20% from February 2024. In October 2024, the State will be adding seven (7) more providers from our region as long as they pass certification and DWIHN is one of those providers seeking certification for that service.
- C. **Residential Services** – The department has been working diligently to ensure residential assessments are done on an annual basis for people living in residential settings. The assessments look at their level of care needs, what they need help with hands on and what they need help with in directing, guiding, and providing assistance from staff as well as helping us figure out how much in-home staffing people need. An internal Performance Improvement Plan was initiated to complete all outstanding licensed residential member's assessments and 1,045 assessments were completed. DWIHN has a plan to ensure that those assessments are done annually at their IPOS time. Ryan Morgan, the new Residential Services' Director was introduced to the committee. Mr. Morgan worked with Easterseals MORC for 19 years with adults with behavioral health concerns, 13 of those years as the Program Manager of Specialized Residential, oversaw the Assertive Community Treatment program for about 4 years and the Case Management department for about 7 years.

Dr. Carter opened the floor for discussion. The committee welcomed the new Residential Director, Ryan Morgan to DWIHN. The Vice-Chair noted that the VP of Clinical Operations' Report has been received and placed on file.

## XIII. Unfinished Business

### DISCUSSION/ CONCLUSIONS

*Dr. Lynne Carter, Vice-Chair and Acting Chair noted that all board actions listed under Unfinished Business – Staff recommendations would be bundled.*

- A. **BA #24-06 (Revised 5)** – DWIHN's Provider Network FY 24 – Staff requesting board approval to add three (3) additional providers to the DWIHN Provider Network. In addition, BA 24-06 (Revised 4) inadvertently omitted mobile crisis services from Hegira as part of the RFP award in the narrative section; however, the dollar amount was included. This board action requires no budget increase due to the allocation of funds within the total budget. Dr. Carter called for a motion on BA #24-06 (Revised 5). Dr. Carter opened the floor for discussion. There was no discussion.
- B. **BA #24-12 (Revised 2)** – Substance Use Disorder Treatment Provider Network FY 24 – MDHHS Tobacco-Free Policy Pilot Project; CHESS Recovery Pilot Project; Sobriety House Pilot Project and Annual Interfaith-Based SUD Conference – Staff requesting board approval for four (4) initiatives for a total

amount of \$436,000.00 in PA2 and \$99,000.00 in block treatment funds, respectively for a total amount of \$535,000.00. The following details the request: 1) \$50,000.00 in PA2 funds to support the 10<sup>th</sup> Annual Interfaith-Based “Wellness Beyond the Walls” Conference; 2) \$350,000.00 in PA2 funds to allocate for the Sobriety House and Detroit Medical Center (DMC) Screening Brief Intervention to Treatment (SBIRT) Initiative; 3) \$36,000.00 in PA2 funds for CHES Health to pilot a program to improve recovery outcomes made available through the Connections App, backed by CHES Health 24/7 peer engagement team for FY 25; and 4) MDHHS will be partnering with three sites (Growth Works, National Council on Alcoholism and Drug Dependence and Hegira Health, Inc.) to develop and implement a tobacco-free policy facility-wide. The project will offer training, technical assistance, and best practices. The total amount for each pilot site will be \$30,000.00 (\$90,000.00 for all three sites plus \$9,000.00 for indirect) starting May 1, 2024 for a total of \$99,000.00 through the block grant treatment funds. Dr. Carter opened the floor for discussion. There was no discussion.

- C. **BA #24-14 (Revised 1)** – Multicultural Integration Programs and DWIHN Veteran Navigator – Staff requesting board approval to amend the original board action for Comprehensive Services for Behavioral Health 2024 with the Michigan Department of Health and Human Services (MDHHS). This fiscal Year 2024, there is a one-time increase in the budget for the Multicultural Integration Programs in the amount of \$75,083.00. The additional funding is a result of dollars that were carried over in the previous fiscal year. The additional funds will be allocated to American Indian Health and Family Services (AIHFS), Community Health and Social Services Center (CHASS); Southwest Counseling Solutions (Hispanic and Veterans). This amendment does not include an increase for Association of Chinese Americans and DWIHN Veteran Navigator as there were no carryover funds from prior year. Revenue for these services is supported by E-Grants & Management Systems (EGrAMS) categorical funds for Ethnic Services. The amount of the proposed term of this Memorandum of Understanding is October 1, 2023, through September 30, 2024 and will not exceed \$836,920.00. Dr. Carter opened the floor for discussion. Discussion ensued.

The Vice-Chair and Acting Chair called for a motion on BA #24-06 (Revised 5), BA #24-12 (Revised 2) and BA #24-14 (Revised 1). **Motion:** It was moved by Commissioner Kinloch and supported by Mr. Parker to move BA #24-06 (Revised 5), BA #24-12 (Revised 2) and BA #24-14 (Revised 1) to Full Board for approval. Dr. Carter opened the floor for further discussion. There was no further discussion. **Motion carried.**

#### XIV. New Business: Staff Recommendation(s)

##### DISCUSSION/ CONCLUSIONS

*Dr. Lynne Carter, Vice-Chair and Acting Chair noted that board actions listed under New Business – Staff Recommendations would be bundled.*

- A. **BA #24-60** – Michigan Consortium for Healthcare Excellence (MCHE) – Staff requesting board approval for a renewal of a three-year contract to the Michigan Consortium for Healthcare Excellence (MCHE) in the amount of \$130,000.00 per

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year, or \$390,000.00 for the full contract. This three-year contract will cover FY's 2025, 2026 and 2027. The amount is estimated based on prior year costs and actuals may differ. In addition, an exigent memo was prepared to request \$1,900.00 for coverage of an outstanding balance to this vendor from the previous contract. The total amount being requested is not to exceed \$391,000.00. DWIHN is a member of MCHE, as are the other ten PIHPs. MCHE has a contract with MCG to provide nine out of the ten PIHPs with a utilization management software tool called Indicia. This software is a clinically validated and evidence-based tool for clinical decision-making. The amount of the contract is allocated amongst all 9 PIHPs based on covered lives in each region. Dr. Carter opened the floor for discussion. There was no discussion.

- B. **BA #24-61 – City of Detroit Co-Response Partnership Training** – Staff requesting board approval to receive and expend funds from the City of Detroit for CIT training for an amount not to exceed \$488,000 for the period 2/6/24 through 6/30/25. The City of Detroit receive funds from the American Rescue Plan Act (ARPA) and has entered into agreement with DWIHN via a competitive bid process to satisfy specific training needs. We will enter into several comp source agreements for the period of 2/6/2024-6/30/2025 with vendors to execute the approved project. Mental Health First Aid for Public Safety which requires a special certification to instruct, and Crisis Intervention Team (CIT) Training are the models. DWIHN will provide training focusing on de-escalation and connecting individuals to care through education. The list of proposed instructors is attached. Although the funds are federal, DWIHN is considered a contractor and therefore is not required to report the expenses on our annual Schedule of Federal Awards (SEFA). Funds can be reallocated between providers up to an amount not to exceed \$488,000. 00. Dr. Carter opened the floor for discussion. There was no discussion.
- C. **BA #24-63** – Western Wayne Therapeutic Recreation – Staff requesting board approval to enter into an agreement with the Charter Township of Canton through the Townships Department of Leisure Services – Therapeutic Recreation, in an amount not to exceed \$75,000 for the period of April 1, 2024 through September 30, 2024 to provide programs and opportunities for individuals with disabilities residing in Western Wayne County. The program is available for funding through 45CFR 158.150 health and wellness. The widely recognized benefits to people with disabilities, including those with intellectual and or developmental disabilities, involve participation in ongoing and regular skill-building and therapeutic recreational activities. Dr. Carter opened the floor for discussion. There was no discussion.

The Vice-Chair and Acting Chair called for a motion on BA #24-60, BA #24-61 and BA #24-63. **Motion:** It was moved by Mr. Parker and supported by Commissioner Kinloch to move BA #24-60, BA #24-61 and BA #24-63 to Full Board for approval. Dr. Carter opened the floor for further discussion. There was no further discussion. **Motion carried.**

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## XV. Good and Welfare/Public Comment

**DISCUSSION/  
CONCLUSIONS**

*There was no Good and Welfare/Public Comment to report at this meeting.*

<b>ACTION ITEMS</b>	<b>Responsible Person</b>	<b>Due Date</b>
<b>1. Corporate Compliance Report</b> - The committee suggested an update every other month instead of quarterly since the department has received additional responsibilities from the OIG's office.	Sheree Jackson	<i>TBD</i>
<b>2. Adults Initiatives' Quarterly Report</b> - Provide information on the clubhouse that used to be under Northeast Guidance Center that is now merged with CNS Healthcare.	Marianne Lyons	<i>May 8, 2024</i>
<b>3. PIHP Crisis Services' Quarterly Report</b> - Include comparisons to prior years in future reports to help anchor understanding of the performance; Inpatient hospitalization - Provide information that follows or analyzes the data with regards to their diagnosis.	Dan West	<i>Future Quarterly Reports</i>
<b>4. Utilization Management Program Evaluation</b> - Provide a more comprehensive detailed plan to tackle the over-and under-utilization issues with the Provider Network and bring back to the committee in 60 days	Leigh Wayna	<i>June 12, 2024</i>

The Vice-Chair called for a motion to adjourn the meeting. **Motion:** It was moved by Mrs. Bullock and supported by Commissioner Kinloch to adjourn the meeting. **Motion carried.**

**ADJOURNED:** 2:53 p.m.

**NEXT MEETING:** Wednesday, May 8, 2024 at 1:00 p.m.

**Program Compliance Committee  
Chief Medical Officer's Report  
May 2024**

**BEHAVIORAL HEALTH EDUCATION, OUTREACH AND UPDATES:**

Dr. Mammo did Ask the Doc video on Autism Awareness Month in April

<https://youtu.be/zz9qmb613BY>

**Teaching Collaborative**

- Legal has been working on some of our collaborative teaching agreements.
  - Teaching Agreement with Nurse Practitioner (NP) Program, Physician Assistant (PA) program and Child and Adolescent Psychiatry (CAP) fellowship have been reviewed by our legal team.
  - The NP and CAP have been signed and finalized; PA agreement is going through final signatures.
- We sent letters to all Psychiatry Residency Programs providing resources on DWIHN Crisis Services and the job opportunities for graduating residents and moonlighting opportunities for Residents who have full license but are still in training.
- I met with St. Mary Mercy Hospital Program Director regarding Crisis Services, rotation opportunities and job opportunities.

**STATE MEDICAL DIRECTOR MEETING:**

State Medical Director meeting with Dr. Pinals discussed several current topics and challenges such as Crisis Stabilization Units, MichiCANs and use of other screening tools on State's recommendations (pros and cons), Conflict Free Case Management Policy and ongoing discussion on pros and cons of using AI including lack of State and Federal guidelines. DWIHN was appreciated for its Crisis Center ribbon cutting and progress.

**CRISIS CENTER AND MOBILE CRISIS UPDATES:**

**707 Crisis Center**

DWIHN had our Ribbon cutting on 4/12/2024. It was well attended and appreciated. We had several staff from MDHHS attend it. We also had some of our Psychiatry Program Directors join who were excited to have their residents/fellows rotate there.

<https://www.youtube.com/watch?v=I-TLluTesc>

*Hiring:* We have most of Crisis Center staff hired. There are some contingent positions available along with RN position.

Regarding psychiatrist and Advanced Practice professional (APP: NP, PA) hiring:

- APP: Out of 8 full-time APP positions 6 have accepted the offer, 3 have already started and 3 are in the process of hiring. Interviews are still happening for the remaining two.
- Contingent Psychiatrist: 8 part-time/contingent psychiatrist positions will cover night shift, weekends and any other shift that requires coverage. 6/8 have been hired, 1 is in the process of post-interview review. Of the 6 hired, one is a graduated psychiatrist and 5 are Psychiatry Residents in various years of training. Some are approaching graduation at the end of June 2024 and others have 1-2 years of training left. These contingent psychiatrists who are currently signing up for this as their moonlighting opportunity, are becoming our pipeline for future psychiatrist



positions that will be needed as we expand our Crisis Centers. 2 positions are still up for interview.

- Full-time Psychiatrist: 2 full-time psychiatrist positions are available. One of our Part-time Psychiatrist who will be graduating on June 30<sup>th</sup> has accepted full-time position and will be starting in July. One position is still open.
- We are looking into telepsychiatry coverage as our second level backup when full-time or part-time psychiatrists are not available for shift coverage.
- Orientation and educational material have been created for the Psychiatry hires. Psychiatric Practice standards and Treatment Protocols are being written and finalized.

*State Certification:* The State has started the Adult CSU certification with two pilot sites, DWIHN being one. We completed our initial submission. MDHHS had an additional request that will be completed over the next 2 weeks. MDHHS will be doing a site visit next week.

Mobile Crisis: Mobile Crisis launched in December. Children mobile certification received end of Feb and services started in March. Currently developing data points and reports to start reviewing and presenting them.

*\*From 1/1/24 – 3/3/24*

*Mobile Crisis operated Adult Only services, Monday – Friday 7am-3p*

*\*Starting 3/4/24 – 3/31/24*

*Mobile Crisis operated Adult & Children Services, Monday – Sunday 7am-3p*

Timeframe: 1/1/24 – 3/31/24

Data	Result
Total Mobile Crisis Contacts	54
<i>Demographics by Age</i>	
Ages 0 – 7	0
Ages 8 – 12	2
Ages 13 – 17	4
Ages 18 -24	8
Ages 25 -34	13
Ages 35 – 44	8
Ages 45 – 54	11
Ages 55 – 64	6
Ages 65 +	2
<i>Demographics by Race</i>	
Black or African American	79%
White	20%
Other	1%
<i>Demographics by Gender Identity</i>	
Identifies as Female	48%
Identifies as Male	46%

Bigender	1%
Not Collected	5%
<i>Disposition</i>	
Stabilized in the community with follow-up services	19%
Stabilized in the community and individual refused follow-up services	22%
Referred to DWIHN Intensive Crisis Stabilization Team	35%
Mobile Crisis transported to CSU	8%
Transported to ER	11%
Not Collected	5%
<i>Average Response Time</i>	
Time between dispatch to arrival on scene	31 minutes
<i>Average Time on Scene</i>	
Time between arrival and disposition	75 minutes
<i>Percentage of LEO Requests</i>	
Number of times Mobile Crisis requested Law Enforcement backup on scene	0%

**Program Compliance Committee Meeting**  
**Yvonne Bostic, MA, LPC (Director) – DWIHN Access Call Center**  
**First Quarter (FY 23/24)**



**Main Activities during 2nd Quarter FY 23-24:**

- **Call Center Performance – Call detail report.**
- **Appointment Availability – Hospital Discharge Follow up.**
- **Accomplishments and Updates**

**Activity 1: Call Center Performance – Call Detail Report**

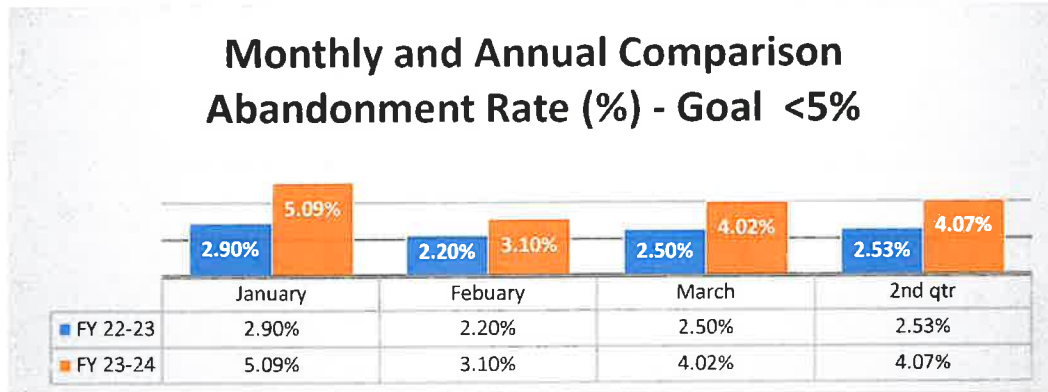
- **Description:** Majority of the calls that come into the call center are from members in the community seeking mental health and SUD services, information, and referrals. The rest of the incoming calls are from in-network providers and other community agencies like local hospitals, foster care workers, etc. Incoming calls are monitored from the first point of contact with the DWIHN Access Call Center Representatives and then after they are transferred to a screener (MH/SUD or other resource).
- MDHHS Standards and Call Center Performance for 2nd Quarter FY 23-24 (January - March 2024):
  - % Abandoned Goal is < 5% (4.07%)
  - Avg. speed to answer Goal <30 sec. (:23 sec)
  - % of calls answered Goal > 80% (92.1%)

	<b>Incoming Calls</b>	<b>Calls Handled</b>	<b>Calls Aband.</b>	<b>% Aband.</b>	<b>Average Speed Answer</b>	<b>Avg Call Length</b>	<b>% of Calls Answered</b>
FY 23-24 2nd QTR	50,300	46,463	2,106	4.1%	:23 sec	4:59 mins	92.1%
FY 22-23 2nd QTR	54,571	53,166	1,405	2.6%	:19 sec	5:22 min	97.4%

- **Current Status:** For the 2nd Quarter of FY 23-24 there were 46,463 calls handled by the access call center.
  - **Breakdown**
  - 10,646 (22.9%) calls handled related to SUD services with an average handle time of 17.13 minutes.
  - 5,751 (12.4%) calls handled, related to MH services, with an average handle time of 22.36 minutes.
  - 33,774 (72.7%) calls handled, related to other requests: provider inquiries, information and referrals for community programs and services, screening follow up calls, Hospital Discharge appointments, enrollments (Infant Mental Health (IMH), Foster Care, TCW/PCW, Hospital Inpatient, Etc.), Transfer calls (Crisis, Protocall, ORR, Customer Service, Grievance, etc.)

In an annual comparison of 2<sup>nd</sup> Quarter FY 22-23 (2.6%) to 2nd Quarter FY (4.7%) abandonment rate, there was a 1.81%. The Access Call Center management team are involved in a deeper analysis of related data to identify any additional causes for this

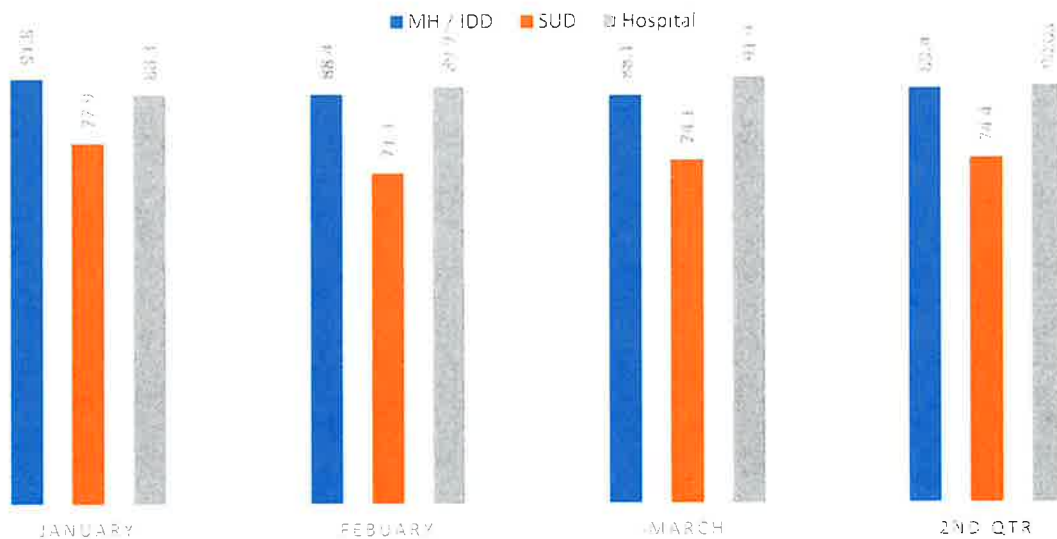
difference in abandonment rate. We are reviewing staff call recordings for quality control, staff productivity reports and creating better triage flows that will result improved response based upon nature of the calls that are not crisis.



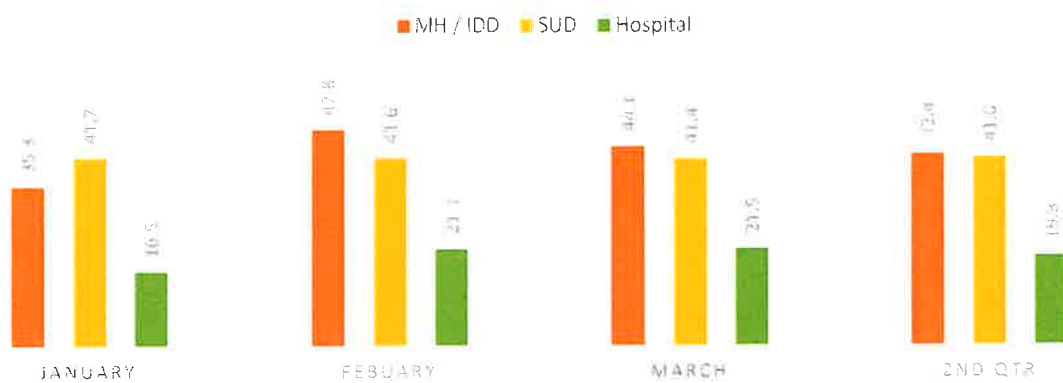
**Activity 2: Appointment Availability – Hospital Discharge Follow up**

**Description:** The Access Call Center schedules hospital discharge / follow up appointments (within 7-day requirement) for individuals being discharged from short stay inpatient psychiatric treatment. The Access Call Center schedules these types of appointments based on the Clinical Responsible Service Providers (CRSP) availability and ability to provide services, timely.

### APPOINTMENT AVAILABILITY (FY 23-24)



## APPOINTMENTS KEPT (FY 23-24)



## NO SHOW (FY 23-24)



### Summary:

During the 2nd Quarter of the current fiscal year, the area with the most improvement when it comes to appointment availability is hospital discharge follow-up appointments. First Qtr, there was an average of 71.3% appointment availability of appointments within the 7-day timeframe and 2<sup>nd</sup> Quarter has an average 90.03%. The rate of No Show decreased from 1<sup>st</sup> Quarter (average 46.7%) to 2<sup>nd</sup> Quarter (average 41.4%), by approximately 5%. The interventions put in place through additional efforts made to coordinate appointments between DWIHN Access Call Center, DWIHN UM department, DWIHN hospital liaisons and CSRP during the last 6 months have consistently shown improvement in this area. The Call Center is continuing to track these efforts to provide specific data in the next quarter report.

### Activity 3: Accomplishments and Updates:

- January 2024 – March 2024 Department Overviews and Trainings** – DWIHN Mobile Crisis Unit, CCBHC Services, Genesys Cloud Phone System, SUD Recipient Rights and Communicable Diseases, Customer Service Skills (What is Effective Listening?), MichiCANS Soft Launch, Infant Mental Health Screenings and Enrollments, Foster Care Screenings and Enrollments; SUD techs have completed registration for ASAM training.

- **Identified Opportunities for Improvement:**
  - Revision / Updates to ACCR, Clinical and SUD training Manuals – Workgroups started January 2024. The ACCR training manual is in the final review stages. SUD and Clinical training manuals are in the beginning phases.
  - Effective Job aids – management is in the process of developing help aids for access call center representatives to help them troubleshoot and direct calls more effectively – **Ongoing.**
  - Streamline MHWIN screening tools, remove data collection duplications.
    - Access and IT met to review proposed changes 4/19/24.
- **Progress on Previous Improvement Plans:**
  - Reduce long hold times to 15 minutes or less, for those calls transferred for a Clinical or SUD screening - staff are in the process on being trained on how to streamline the screening process - **Ongoing.**
    - March 2024
      - Clinical: Longest hold time - 19 minutes
      - SUD: Longest hold time – 17 minutes
  - Increased coverage – Call center is in the process of interviewing contingent staff.
  - One call resolution – Management is in the process of developing help aids for access call center representatives to help them troubleshoot and direct calls more effectively.



## **Innovation & Community Engagement**

**January – March 2024: Quarter 2**

Presented May 8, 2024

Andrea L. Smith, Director

**Department Mission:** To lead the organization in innovation by providing effective and efficient workforce development needs to the provider network. We strive to provide continuous support to the community through educational outreach and engagement while emphasizing and supporting recovery and resilience.

### **Main Activities during 2nd Quarter Reporting Period:**

- Justice Involved Initiatives
- Zero Suicide Initiative
- Workforce Development

### **Progress On Major Activities:**

#### **Activity 1: Justice Involved Initiatives**

All Justice Involved Initiatives are based on partnerships in the delivery of services specific to improving mental health services and outcomes for individuals with mental health needs. The following will highlight jail diversion activities that are specific to jail mental health; Assisted Outpatient Treatment Orders (AOT); Returning Citizens; Mental Health Court; Veterans Court; and related activities. This section highlights jail diversion programming.

*Significant Tasks During Period:* In this quarter there were **75** jail releases compared to 90 in Quarter 1. Of those releases, 24 were linked back with their provider for post-release follow-up; 12 were sent directly to another correctional facility (i.e. prison or another jail); 2 was hospitalized; 2 were on an AOT; and 41 were not assigned to a provider within MHWIN. Staff processed **325** AOT orders this quarter compared to 393 in Quarter 1, with 22 orders not in MHWIN system. The provider is responsible for updating the treatment plan and filing a notice of non-compliance with the court when required. Staff processed **111** deferral orders. There were **23** mental health participants under Judge Deborah Thomas.

*Major Accomplishments During Period:* Collaboration and communication is strong between the court; hospitals; providers and DWIHN. AOT orders tend to fluctuate, while reported jail releases have declined a bit. This could be in part due to a computer issue that arose at the county regarding reporting.

#### **Wayne County Jail Medical**

*Current Status:* The move to the new jail has again been delayed and currently the newly proposed move date is May. Naphcare is hoping to receive grant funding which would be used to enhance current services, not add additional staff.

*Significant Tasks During Period:* The Discharge Planners are continuing to work on the process of scheduling post-release appointments with the CRSPs. The Access Center has been helpful in this process by assisting Naphcare as needed.

*Major Accomplishments During Period:* The Discharge Planners now review discharge requests received from the Sheriff's Department to ensure proper treatment planning for mental health members.

*Needs or Current Issues:* Naphcare began conducting psychiatric examinations on every incoming inmate regardless of the date of the last admission.

*Plan:* Staff continues to meet monthly with Naphcare and quarterly with Naphcare; Wayne County; and Quality.

### **City of Detroit Partnerships**

*Major Accomplishments During Period:* Major accomplishments included 1294 encounters from all justice-involved teams compared to 1,263 in the first quarter, and 222 individuals were connected to a DWIHN resource second quarter compared to 366 first quarter. This may be due to changes in weather and the immediate needs being different based on climate.

*Needs or Current Issues:* The challenges are the lack of housing resources for individuals within Detroit and Wayne County. The point of entry/access is through CAMS, individuals are placed on a list, regardless of housing needs. In addition, follow-up is minimal, individuals report being placed on the list for 2 years. Housing shelters aren't adequately staffed, and living conditions are deplorable, because of this, individuals decline shelter resources.

*Plan:* DWIHN continues to build partnerships throughout Wayne County. The collaboration has increased mental health awareness and reach within our community. The gaps are narrowing as it relates to access to treatment. Especially since DWIHN has a strategic marketing campaign throughout Wayne County.

### **Crisis Intervention Teams (CIT)/Crisis Response Training (CRT)**

Crisis Intervention Teams (CIT) help divert people with mental illness away from jail and to treatment. CIT creates partnerships between law enforcement, mental health providers, hospital emergency services, and individuals with mental illness and their families. Through collaborative community partnerships and intensive training, CIT improves communication, identifies mental health resources for those in crisis, and ensures officer and community safety.

*Significant Tasks During Period* – DWIHN hosted two CIT 40-hour blocks during the quarter training (27 trained), two courses for dispatchers and call-takers (24 trained), one CIT Advanced Course (12 trained), and two courses in Crisis Response Training for Detroit Police Academy cadets (40 trained).

*Major Accomplishments* – DWIHN received Board approval to accept the training award from the City of Detroit via ARPA Opioid Settlement dollars totaling \$488k.

*Plan* – The schedule is currently being developed in collaboration with DPD and the Mayor's Office.



**Activity 2: Zero Suicide Initiative**

This DWIHN Zero Suicide project targets individuals across socio-economic, racial and other groupings, with special emphasis given to African American and Hispanic/Latino males. These two groups have been determined to be high-risk populations for suicide within Wayne County, and both groups have lower access to treatment. Available data indicate that the two targeted groups face high rates of depression, anxiety, and substance abuse, have lower access to treatment, and have poorer health outcomes compared to the general population.

The Zero Suicide project is designed to reduce barriers and improve health equity for our service population. Specifically, through this grant award, we plan to:

1. Increase the capacity to implement comprehensive interventions.
2. Increase in the number of suicide screenings and referrals for trauma and suicide risk.
3. Build community partnerships to provide support and assistance for suicide prevention.
4. Train our workforce to provide evidence-based crisis services and culturally appropriate care for individuals at risk for suicide.

*Current Status*

While there are individuals currently receiving suicide services in the DWIHN network, these individuals were in treatment prior to the implementation of the grant. Since implementation, there have been no positive screens or referrals for services. The following table provides a breakdown of the demographic details for the projected and actual number and percentage of persons receiving mental health or related services as a result of the grant. To date, 0 individuals have received outpatient/inpatient services as a result of the grant. *These data are calculated as ACI – Access.*

Demographics	Year 1 Target Number	Year 1 Target Percentage	Actual Number to Date	Actual Percentage to Date
<b>Race/Ethnicity</b>				
White – non-Hispanic	59	20.0	0	0
African American	172	58.0	0	0
Hispanic/Latino	59	20.0	0	0
Asian/Pacific Islander	3	1.0	0	0
Other Race	3	1.0	0	0
<b>TOTAL</b>	<b>296</b>	<b>100%</b>		
<b>Gender</b>				
Males	178	60.0	0	0
Females	118	40.0	0	0
<b>TOTAL</b>	<b>296</b>	<b>100%</b>		
<b>Age</b>				
Under 25	148	50.0	0	0
Between 25 and 74	118	40.0	0	0
75 and over	30	10.0	0	0
<b>TOTAL</b>	<b>296</b>	<b>100%</b>		

*Significant Task* During the quarter, staff completed the Organizational Self Study which is designed to allow you to assess what components of the comprehensive Zero Suicide approach your organization currently has in place. The self-study will be used in these early phases and reviewed again every 12 months to assess organizational strengths and weaknesses.

*Major Accomplishments* - DWIHN developed a Disparities Impact Statement that will ensure that policies, training, monitoring systems, etc., are in place to enable the sustainability of efforts to reduce disparities. The development of this plan was a collaborative and inclusive process, inviting input from stakeholders across our organization and our Zero Suicide Council.

*Plans* – Staff created a plan to develop and disseminate a workforce survey to internal staff with an April launch date. The goal is to gain a general understanding of our organization’s ability to address issues related to suicide. This survey will also be used to assist in determining training needs across the system. Data will be analyzed and reported in May.

### **Activity 3: Workforce Development**

*Significant Tasks* - Planned and coordinated the Annual Trauma Conference scheduled for February 16-17. Keynote and workshop presenters focused on trauma-related health concerns, and their impact on the emotional and physical wellness of individuals. Behavioral health providers were offered support toward the implementation of evidence-based and best practice interventions, and collaboration across the system of care.

#### *Major Accomplishments:*

- This year's Trauma-Focused Conference saw a significant increase in attendance compared to last year. In 2023, there were 144 attendees, while this year, there were 163 attendees on day one and 131 attendees on day two, totaling 294 participants. This uptick in attendance indicates a growing recognition of trauma as a critical health concern and the importance of effective interventions in the behavioral health sector.
- DWIHNs 707 W. Milwaukee Site has been updated and approved as a National Health Services Corp (NHSC) site. Each year, eligible health professionals can apply to participate. Two internal staff were approved for NHSC forgiveness, and one additional staff has applied for consideration.
  - Receive up to \$50,000 in exchange for a two-year commitment to provide primary medical, dental, or mental/behavioral health care.
  - Receive up to \$75,000 in exchange for a three-year commitment to provide substance use disorder (SUD) treatment services.

*Plans* – Professionals are being informed of this opportunity in efforts to assist with recruiting. Student loan repayment and forgiveness–NHSC designation consultation also continues to be offered to providers to maintain active status with the idea of strengthening the entire system of care. We will expand our placement partnership with SEMCA and MDHHS in the next quarter to expand the pool of eligible applicants.

**Program Compliance Committee Meeting**  
 Ryan Morgan, Director of Residential Service Report  
 May 8, 2024



**Main Activities during Quarter 2 Reporting Period: January to March 2024**

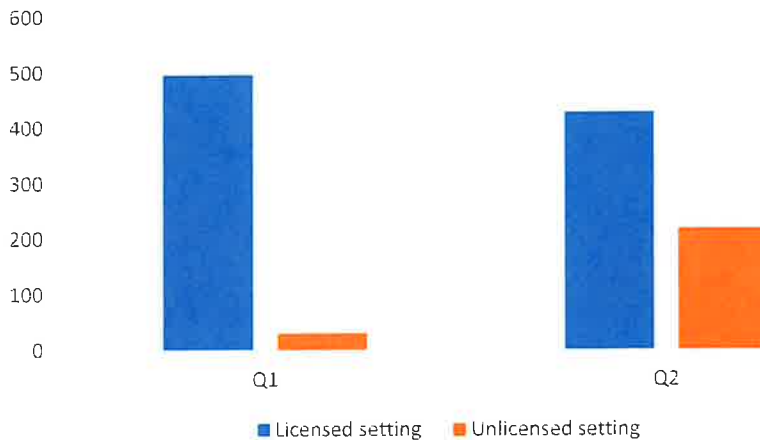
- **Completion of AMI Residential Assessments Project**
- **Review of Medicaid Inpatient Hospitalizations**
- **Onboarding of new Residential Director- Ryan Morgan, LMSW**

**Progress On Major Activities:**

**Activity 1: Completion of AMI residential assessment project**

- *Description:* At the beginning of FY 2024 the task was assigned to ensure residential assessments were updated for all members in AMI licensed and unlicensed residential settings. It is important that each member has an up-to-date assessment that accurately reflects their needs, so the appropriate amount of support needed in the member's home can be determined.
- *Current Status:*

Residential Assessments completed



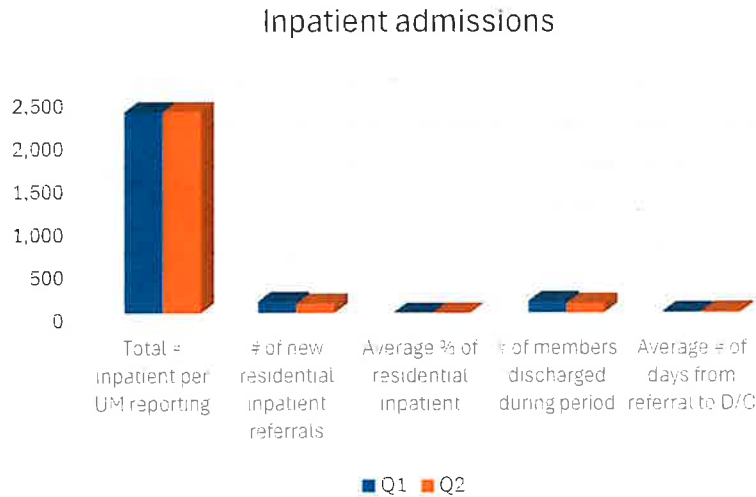
	Q1	Q2
Licensed setting	497	429
Unlicensed setting	31	219

- *Significant Tasks During Period:* Continued to schedule three (3) residential assessments a day for thirteen (13) Residential care specialists over the course of 6 months.
- *Major Accomplishments During Period:* Completed 429 total residential assessments in licensed homes over the past quarter and 219 in unlicensed settings. There are 42 assessments left to be completed this month due to scheduling conflicts, member availability. There have been 1,235 residential assessments completed this fiscal year.
- *Needs/current issues:* To ensure compliance, DWIHN has developed a plan to schedule all AMI assessments according to the expiration date of members' IPOS.

- *Plan:* The assessment will be completed the month prior to IPOS expiration to allow for CRSP Case Manager's to incorporate appropriately into the individual's Plan of Service (IPOS).

**Activity 2: Review of Medicaid inpatient hospitalizations**

- *Description:* Examining the inpatient hospitalization data for residential services to decrease the frequency and duration of hospitalizations of members within the program.
- *Current Status:*



	Q1	Q2
Total # inpatient per UM reporting	2,344	2,345
# of residential inpatient referrals	130	110
Average % of residential inpatient	5.50%	4.60%
# of members discharged during period	133	111
Average # of days from referral to D/C	10	13.7

- *Significant Tasks During Period:* Adjusted the process of assigning cases to staff immediately upon receiving a referral in order to start brokering a placement earlier. Staff are contacting referral sources the same day in order to schedule the residential assessment. Department managers are reviewing hospitalization numbers weekly.
- *Major Accomplishments During Period:* The average amount of time it takes to approve a residential authorization is 5.5 days, well ahead of the 14-day requirement.
- *Needs or Current Issues:* Number of barrier free facilities and providers who are willing to accept high acuity individuals with significant behavioral issues.
- *Plan:* Coordinate with other departments within DWIHN, including utilization management, to work together on improving residential procedures.

## **Quarterly Update:**

### **Things the Department is Doing Especially Well:**

- Completed 1,235 total residential assessments since the beginning of the fiscal year.
- Onboarding new Director of Residential Services. Hiring new I/DD Residential Unit Manager to start May 28<sup>th</sup>.
- Residential authorizations were approved on average of 5.5 days upon receipt in FY23-24 Quarter 2, compared to 5.8 days last quarter, and 7.56 days in FY22-23 Q2.

### **Identified Opportunities for Improvement:**

- Improving efficiency of placement in a residential setting upon receipt of hospital referral to decrease the amount of time it takes to discharge member from an inpatient hospitalization.
- Identifying more barrier free placements and providers that are willing to accept high acuity behavioral individuals.
- 1 Residential Care Coordinator and 1 Residential Care Specialist positions remain open.

### **Progress on Previous Improvement Plans:**

- Increased number of residential assessments completed this quarter (22.72% increase).
- Onboarded 5 new residential settings during Quarter 2.



## Detroit Wayne Integrated Health Network

Program Compliance Committee Meeting

Judy Davis, SUD Director

Date: May 8, 2024

### Main Activities during Quarter II Reporting Period:

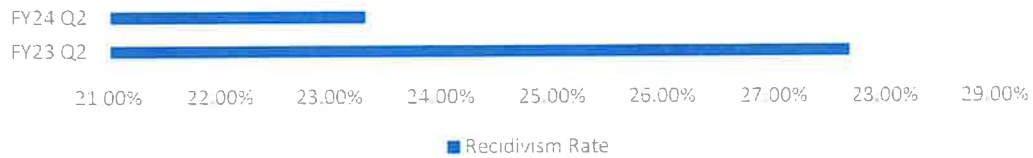
- *Examining the Effectiveness of SUD Residential Treatment Services*
- *Quarter II Overdose Death Report: Analyzing the number of Overdoses County*
- *Evaluated the State Opioid Response Prevention Program*

### PROGRESS ON MAJOR ACTIVITIES

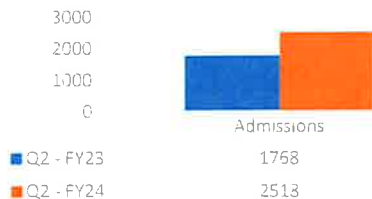
#### Activity I: An Overview of SUD Treatment Services.

- **Description:** This report provides an overview of SUD residential treatment services, including their effectiveness and the various challenges associated with the SUD residential guideline for 29 days of length of stay. It also touches on the different types of levels of care for SUD services available, approaches and models of treatment, and how they may differ by age, gender, and race.
- **Current Status:** The SUD treatment services is a mixed picture. While significant advances have been made in developing evidence-based treatment approaches, access to high-quality care is limited by factors such as stigma and lack of resources. The ongoing opioid epidemic has highlighted the need for more effective prevention, early intervention, and treatment services. Overall, continued investment and innovation are needed to improve the accessibility, affordability, and quality of SUD services for all who need the services.

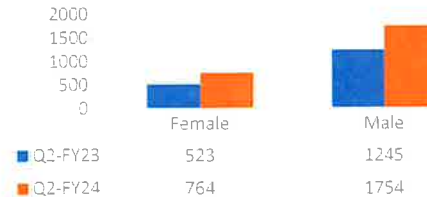
#### Recidivism Rate



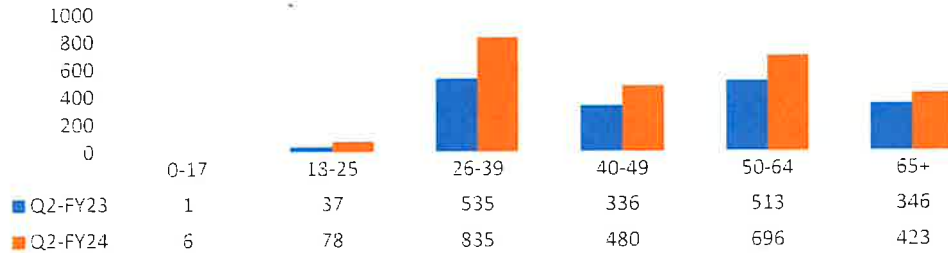
Admission Comparison (Total)



Admission Comparison (by Gender)



### Admission Comparison (by Age)

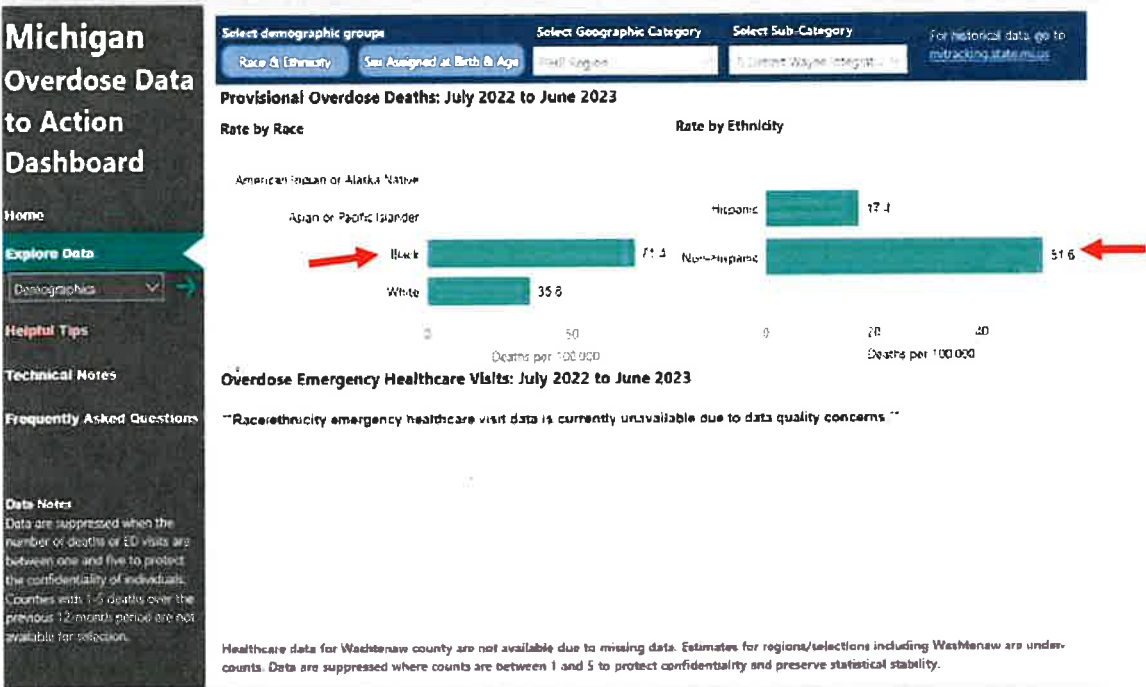
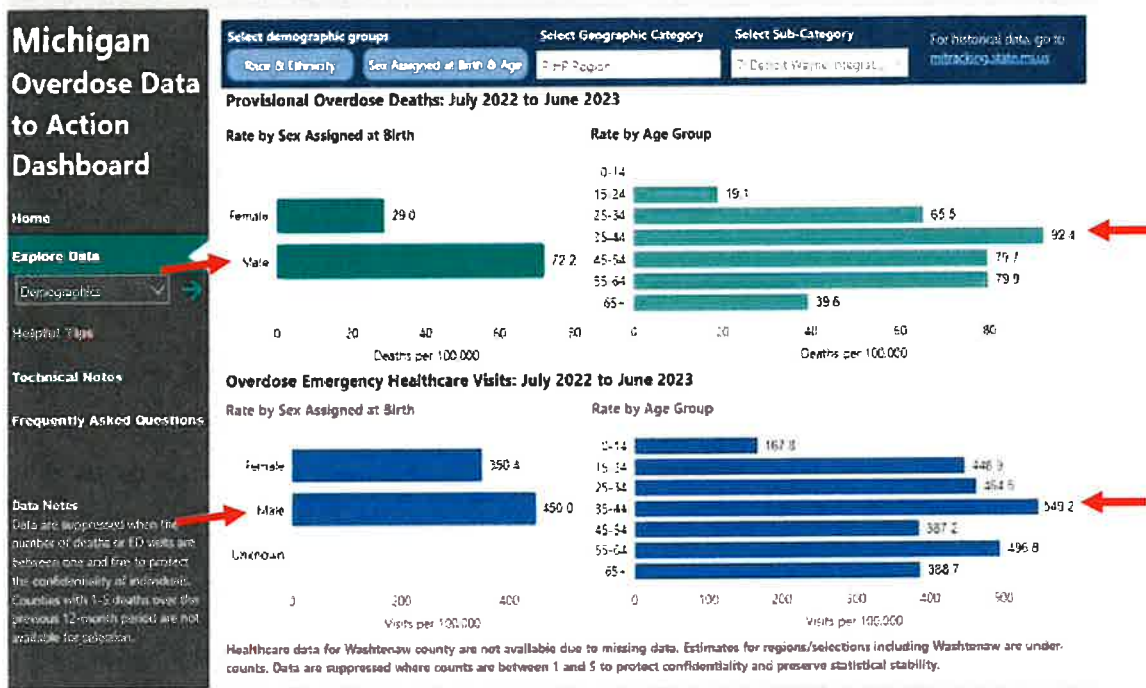


- Significant Tasks During Period:** During this period and to improve the accessibility, affordability, and quality of SUD services, SUD focused on several key tasks. One of the most important tasks was to increase access to care by using additional funds and adding new providers to the network. This will help ensure that individuals struggling with SUDs have access to the care they need. Implementing evidence-based practices such as cognitive behavioral therapy and motivational interviewing is also crucial. These practices have been shown to be effective in treating SUDs and improving patient outcomes. By expanding access to evidence-based practices, we can ensure that patients receive high-quality care.
- Major Accomplishments During Period:** The expansion of evidence-based practices, medication-assisted treatment, integration of SUD services into primary care, and implementation of recovery-oriented systems of care have indeed been implemented by various providers across the SUD network. Some providers have made significant progress in SUD treatment services, including adding medications such as Vivitrol and Subclade to their services. These efforts have been supported not only by community organizations but also by healthcare providers who are committed to improving the accessibility, affordability, and quality of care for individuals with SUD.
- Needs or Current Issues:** Providing 29 days of residential treatment for SUD is crucial for ensuring that members receive optimal care during their stay, reduces costs for DWIHN and, most importantly, improves long-term recovery outcomes. It is important to note that although 29 days is a guideline, the duration of treatment may need to be adjusted based on individual needs and circumstances. Data has shown that providing this level of care does not significantly increase the risk of recidivism, making it a safe and effective approach to treating SUD.
- Plan:** DWIHN can continue to support the number of days in treatment. DWIHN data indicates that 29-day guideline for treatment programs can be an effective approach and by implementing the ideas mentioned above, we can help individuals achieve their recovery goals within this timeframe. Not only will this approach help individuals return to their daily lives sooner, but it can also reduce the cost of treatment for both the individual and the provider.

#### **Activity 2: Analyzing the decrease in Overdoses.**

- Description:** There has been a positive development in the fight against the overdose crisis in Wayne County, as the number of overdoses has decreased from 206 in Q2 fiscal

year 23 to 200 in Q2 fiscal year 24, compared to the same timeframe in the previous quarter. The report also provides a detailed breakdown of the demographics affected by the crisis, including age, gender, and ethnicity, which could help develop targeted interventions and policies to support those most impacted by the crisis.



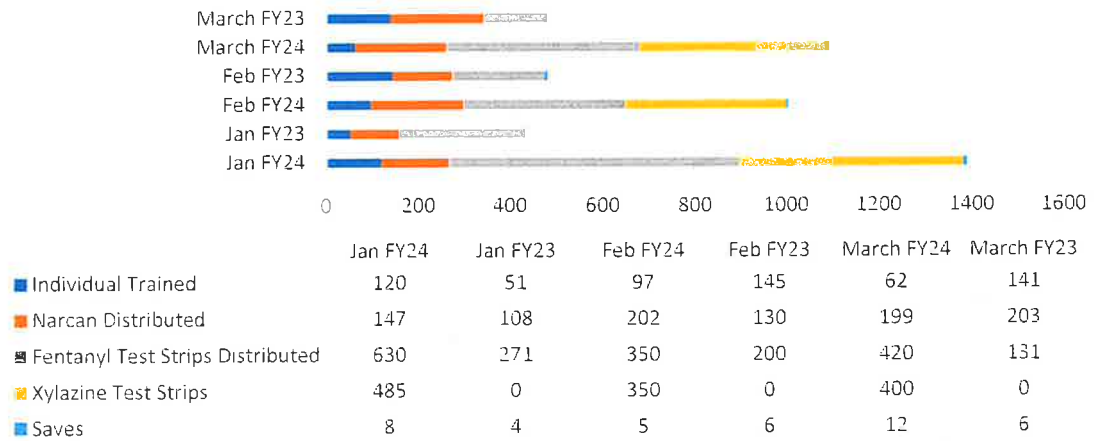


- **Significant Tasks During Period:** During the second quarter, several significant tasks were undertaken to address the overdose crisis and prevent future overdoses. These tasks included collaborating with Detroit Public Schools to provide training to staff and students, partnering with healthcare providers to expand access to treatment and support for those struggling with addiction, conducting outreach to high-risk populations, such as those experiencing homelessness or incarceration, to provide resources and support, and advocating for policy changes at the local, state, and federal level to address the root causes of the overdose crisis and improve access to treatment and support. All these tasks were crucial in the efforts to address the overdose crisis and prevent future fatalities.
- **Major Accomplishments During Period:** During Quarter II, we achieved several major accomplishments in our efforts to address the overdose crisis and prevent future fatalities. The successful implementation of a new data collection system to gather more accurate and comprehensive information on the crisis was a crucial step forward. The expansion of access to addiction treatment and support services by partnering with healthcare providers and addiction treatment centers is commendable. The launch of a public education campaign that reached over 2 million individuals with information on the dangers of drug use and the importance of seeking help for addiction is also noteworthy. Additionally, the increase in the number of overdose saves by 14 individuals from FY23 to FY24 is a positive development.
- **Needs or Current Issues:** The opioid epidemic in Wayne County remains a pressing issue, with several ongoing challenges, relapse and overdose following treatment, limited public awareness and understanding of the epidemic, lack of coordination between healthcare providers and law enforcement agencies, and ongoing challenges in addressing the root causes of addiction.
- **Plan:** To address the opioid epidemic in Wayne County, our plan includes expanding access to treatment, implementing harm reduction strategies, increasing public awareness, improving coordination between healthcare providers and law enforcement, advocating for policy changes, and supporting ongoing research. By doing so, we can make significant progress in preventing future fatalities and addressing the root causes of addiction.

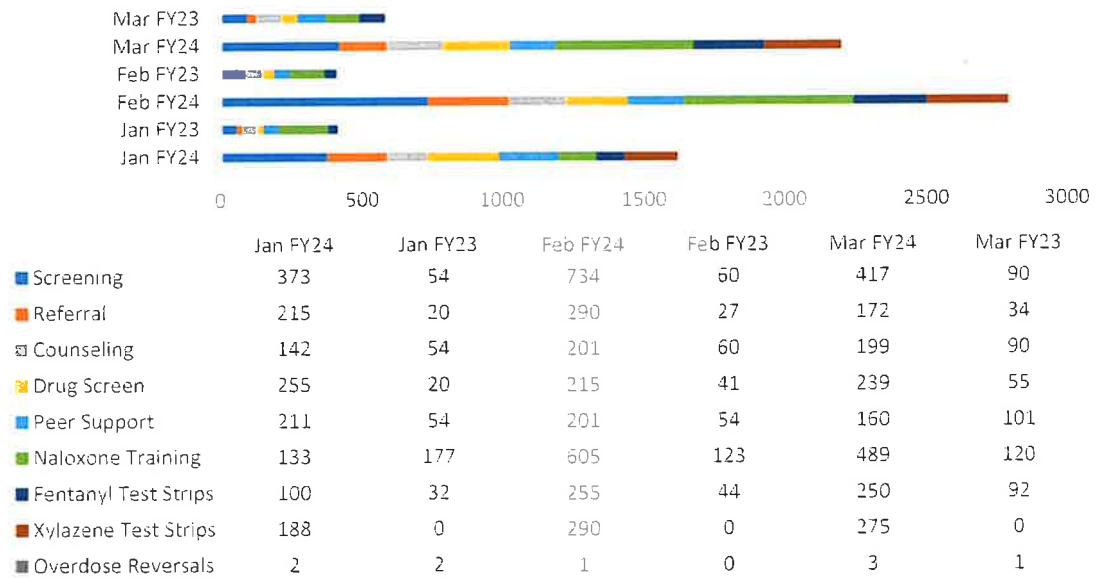
### **Activity 3: State Opioid Response Prevention Data**

- **Description:** Between Q2 FY23 and FY24, **8,238** individuals were educated about the consequences of substance misuse through targeted messaging and outreach activities. Additionally, underserved and diverse populations were reached, resulting in **2,143** individuals receiving education. Programs such as Prime for Life and Botvin were used to provide effective education to individuals and raise awareness about the dangers of substance misuse.
- **Current Status:** The below compares first quarter data for Overdose Education and Naloxone Distribution, with Harm Reduction programming, over the last two fiscal years. It's interesting to note that there was a 278% increase in OEND services and an 85.3% increase in Mobile unit services provided in Wayne County.

### FY23 and FY24 SOR III - Overdose Education and Naloxone Distribution with Harm Reduction



### FY23 and FY24 SOR III - Mobile Care Unit



- **Significant Tasks During Period:** Conducted a year-end financial audit to ensure accuracy and compliance with regulations. Finalizing year-end performance evaluations for all employees to help identify areas of success and areas for improvement.
- **Major Accomplishments During Period:** There has been a significant increase in Overdose Education and Naloxone Distribution (OEND) services as well as Mobile unit services provided over the last two fiscal years. The numbers above show that the Harm Reduction programming in Wayne County is making a positive impact and helping to save lives.

- **Needs or Current Issues:** It appears that GPRA is a current issue for providers as well, as providers face staffing issues to complete the GPRA in a timely manner. This can be a challenging situation as GPRA is a crucial part of the performance measurement process that helps organizations measure their progress towards achieving their goals and objectives.
- **Plan:** Increasing funding: The organization is exploring opportunities to secure additional funding to support the project. There are various government grants available at the federal, state and local levels that can provide additional funding for SUD services. In addition, MDHHS is providing direct support for this area, through the hiring of dedicated staff to monitor and implement GPRA services. This will allow for more resources to be dedicated to the project, which could help to accelerate progress by regularly monitoring and evaluating to track progress.

Highlights:

- 42CFR PT. 2 SUD Changes
- ASAM Changes
- Policies Revisions
- Implementation of the Tobacco Free Policy Program

**Program Compliance Committee Meeting  
Vice President of Clinical Operations' Report  
May 8, 2024**



**CLINICAL PROGRAM UPDATES**

**Health Home Initiatives**

Behavioral Health Home (BHH) -723 members (March- 708, 2.1% increase)

Opioid Health Home (OHH) - 622 members (March- 617, .8% increase)

- Both Health Home programs will expand to all regions in FY2025
- DWIHN's Opioid Health Home met 2 of the 3 FY2023 pay for performance measures. DWIHN did not meet the emergency department (ED) utilization measure. The statewide challenge is that it counts negatively when individuals return to the ED for their medications after starting Medication Assisted Treatment (MAT). DWIHN will receive a \$60,532.08 P4P payment in June, which will be distributed to OHH providers scaled to utilization.
- Behavioral Health Home FY2023 Pay for performance results are expected in the next few weeks.

Certified Community Behavioral Health Clinic - 9,099 members (March- 8,609, 5.7% increase)

- The CCBHC Demonstration will be expanding in Michigan for FY2025. Seven (7) sites are seeking MDHHS certification to join the Demonstration in our region: Judson Center, Neighborhood Services Organization, Hegira, DWIHN, Central City Health, Detroit Recovery Project, Inc., and Team Wellness.
- MDHHS will certify sites by September 1<sup>st</sup>, 2024, for launch on October 1<sup>st</sup>, 2024.
- If all sites receive State certification, and funding is available, there will be a total of 13 CCBHCs in Region 7.
- DWIHN is currently establishing direct clinical outpatient services to provide additional access to Wayne County individuals and will be applying for CCBHC certification. DWIHN is currently developing a co-located clinic in partnership with a Primary Care Provider office in Southgate which will serve adults with behavioral health and co-occurring issues. This will be considered our satellite office with DWIHN's future site on Woodward as the main outpatient behavioral health clinic.

**Adult Services**

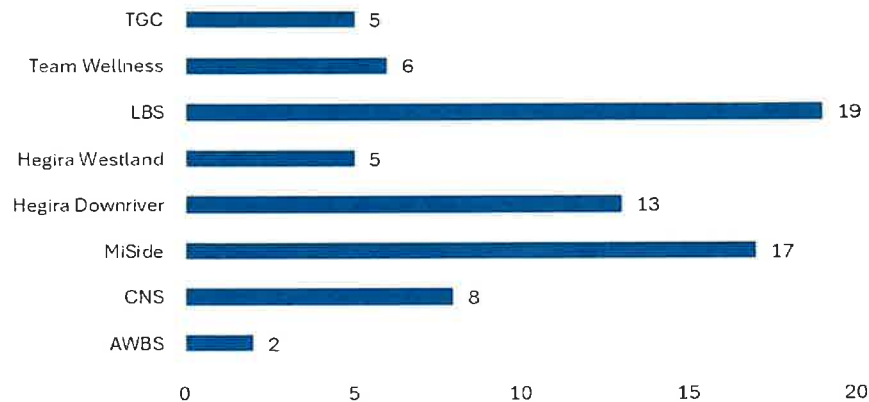
Med Drop Program: Med Drop is a community-based intervention that focuses on improving medication adherence for adults. The Med Drop Program has shown an increase in medication adherence and decrease in psychiatric hospitalizations over time.

- Current Enrollment- 75 members (March- 69 members) S
- Successful deliveries- 1988 (March 1562 deliveries)
- New Intakes scheduled (May)- 13
- Zero (0) case closures this month

As of May 31, 2024, Hegira will no longer be contracted with Genoa to provide Med Drop services. KIPA, a company that currently provides Med Drop services for Genoa's Saginaw location, will

take over this contract on June 1, 2024. Adult Initiatives has begun discussions with Henry Ford Kingswood to provide education and training on the benefits of Med Drop so the program can be utilized as part of hospital discharge planning.

Med Drop by CRSP



### Utilization Management (UM)

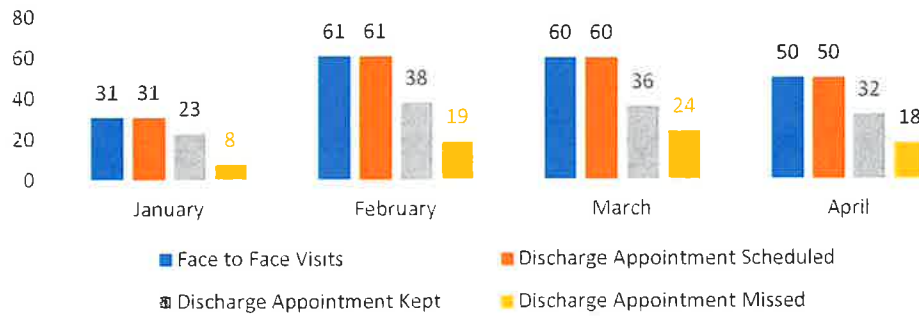
The Utilization Management Department is currently evaluating over/under utilization data for each provider, and for the network overall, to determine specific trends. A plan will be developed to address this provider network-wide in the next 30 days. Utilization Management is also undergoing a change in leadership.

### Crisis Services

Inpatient Hospital Discharge Planning - Liaisons continue to meet face-to-face with members that do not have an assigned provider to do discharge planning (Beaumont Behavioral, Henry Ford Kingswood, and BCA Stonecrest). Liaisons follow up with members in the community upon discharge to ensure hospital discharge appointments are kept.

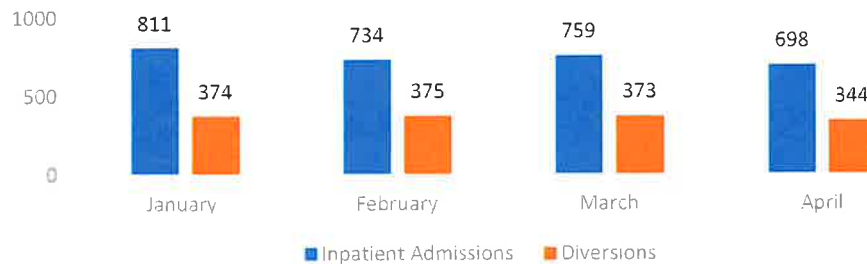
The Crisis Services Department saw 50 members in-person on inpatient units in April. All members had an aftercare appointment scheduled per their CRSP preference; 32 members kept their aftercare appointment (64%). Of those members that did not keep their appointments, liaisons continue outreach efforts. Providers have been outlined the expectation in relation to hospital discharge planning along with the associated billing codes.

### Liaison Discharge Planning



**Inpatient Hospitalizations** - The Crisis Services Department monitors the rate of inpatient admissions from a crisis encounter. The team works with the screening agencies to identify opportunities for diversion to lower levels of care to decrease inpatient hospitalizations. The team audits the pre-admission reviews for members waiting 23+ hours in the emergency departments and meets with the screening agencies to determine if a lower level of care is appropriate.

### Overall Inpatient Hospitalizations and Diversions

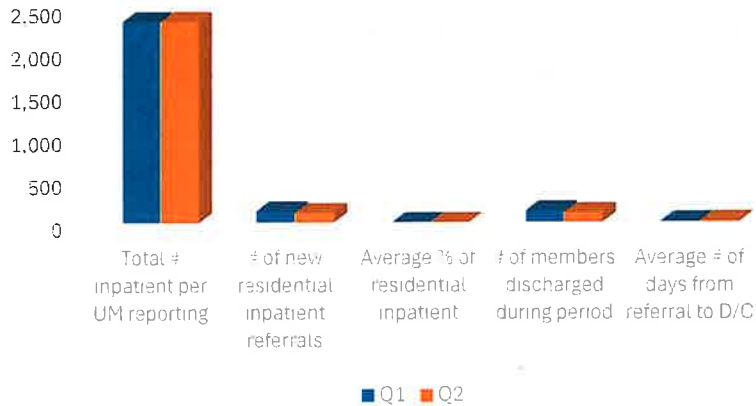


There was a reported decrease in inpatient hospitalizations in April from March. The team identifies clinical opportunities within the screening agency documentation and discusses diversion to lower levels of care when appropriate per medical necessity. The team has found a need to train screening agencies on lower levels of care. The team has also met with three (3) partial day hospitalization providers (PHP) and discussed referrals to their programs as options for members who meet criteria for PHP.

**Residential Services:**

Residential Inpatient and Referral - The Residential Department works with individuals who need assistance with personal care and community living supports in various residential settings. Residential settings may be difficult to secure due to the complex needs of some individuals. A newly established goal within the department is to improve the time it takes to find an appropriate home for persons being discharged from inpatient settings.

Inpatient admissions



	Q1	Q2
<b>Residential Referrals</b>	<b>130</b>	<b>110</b>
<b>Average % Residential Inpatient</b>	<b>5.5%</b>	<b>4.6%</b>
<b>Average No. Days Referral to Discharge</b>	<b>10</b>	<b>13.7</b>

Based on the data indicating the length of time to discharge, the Residential Department adjusted the process of assigning cases. Staff are immediately assigned upon referral to start brokering a placement immediately. Staff are contacting the referral source the same day to schedule the residential assessment. Department managers are reviewing hospitalization numbers weekly.

**Children’s Initiatives:**

MichiCANS- MDHHS developed the MichiCANS screener and comprehensive assessment for children and youth ages 0 to 21<sup>st</sup> birthday. This tool is used to support Family Driven, Youth Guided care planning and level of care decisions, facilitate quality improvement initiatives, and monitor outcomes of services. Wayne County was selected as a pilot site in which DWIHN and

The Children Center are currently participating in the Soft Launch Project. The MichiCANS tool will replace the Child and Adolescent Functional Assessment Scale (CAFAS) and Pre-School and Early childhood Functional Assessment Scale (PECFAS) assessments effective October 2024. In addition, the MichiCANS will also be required for children and youth with serious emotional disturbances (SED) and intellectual developmental disabilities (IDD). .

The Soft Launch started 1/8/2024 with DWIHN and The Children Center (TCC) as the identified sites for Wayne County and ended 3/31/2024. Below is the chart of total MichiCANS screenings completed by DWIHN Access Department and The Childrens Center.

<b>Jan 2024</b>	<b>Feb 2024</b>	<b>Mar 2024</b>	<b>Total</b>
4 screenings	43 screenings	285 screenings	332 screenings

A collaborative decision was made for both DWIHN Access Department and TCC to continue to administer the MichiCANS screenings and comprehensive assessments until the hard launch starts 10/1/2024. In preparation for October 2024 MichiCANS hard launch there is a need to update policies and utilization management guidelines in accordance with the upcoming changes. In addition, all SED and IDD children providers need to have appropriate staff trained in MichiCANS screener and assessment tools.

Post Partum Depression Initiative- DWIHN, in partnership with the Southeast Michigan Perinatal Quality Improvement Coalition (SMPQIC), received grant funds for providing education and resources pertaining to post-partum depression. It also included eight (8) vouchers to be used by clinical staff for specialized training in post-partum depression.





**VP of CLINICAL OPERATIONS' REPORT  
Program Compliance Committee Meeting  
Wednesday, May 8, 2024**

**ACCESS CALL CENTER – Director, Yvonne Bostic**  
*No Monthly Report*

**ADULTS INITIATIVES (CLINICAL PRACTICE IMPROVEMENT) – Director, Marianne Lyons**  
*Please See Attached Report*

**AUTISM SPECTRUM DISORDER (ASD) – Director, Cassandra Phipps**  
*Please See Attached Report*

**CHILDREN'S INITIATIVES – Director, Cassandra Phipps**  
*Please See Attached Report*

**PIHP CRISIS SERVICES – Director, Daniel West**  
*Please See Attached Report*

**CUSTOMER SERVICE – Director, Michele Vasconcellos**  
*Please See Attached Report*

**INNOVATION AND COMMUNITY ENGAGEMENT (ICE) – Director, Andrea Smith**  
*No Monthly Report*

**INTEGRATED HEALTH CARE (IHC) – Director, Vicky Politowski**  
*No Monthly Report*

**MANAGED CARE OPERATIONS – Director, Rai Williams**  
*Please See Attached Report*

**RESIDENTIAL SERVICES – Director, Ryan Morgan**  
*No Monthly Report*

**SUBSTANCE USE DISORDER (SUD) – Director, Judy Davis**  
*No Monthly Report*

**UTILIZATION MANAGEMENT – Interim Director**  
*No Monthly Report*

**Program Compliance Committee Meeting**  
**Marianne Lyons, LMSW, CAADC**  
**4/30/2024**



**Adult Initiatives Monthly Report April 2024**

**Main Activities during April 2024 monthly Reporting Period:**

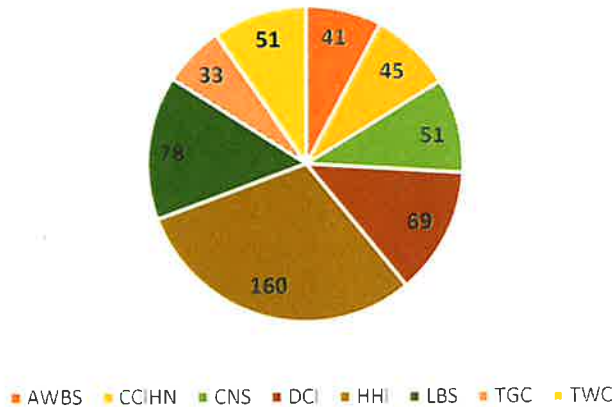
- Assertive Community Treatment (ACT)
- Med Drop
- Evidence-Based Supported Employment (EBSE)
- Assisted Outpatient Treatment/Not Guilty by Reason of Insanity (AOT/NGRI)
- Intellectual/Developmental Disabilities (I/DD)

**Progress On Major Activities:**

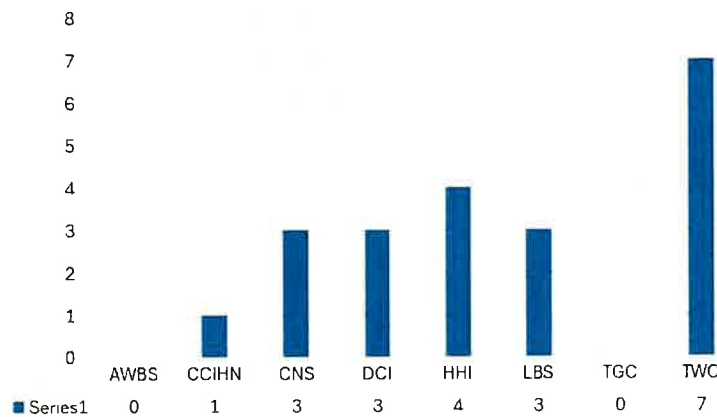
**Activity 1: Assertive Community Treatment (ACT)**

- *Description:* Assertive Community Treatment (ACT) is an intensive, community-based, mobile team of clinical professionals who provide treatment to members who are diagnosed with severe and persistent mental illness. The staff to member ratio is 1:10, interventions and services are delivered in vivo and are comprehensive. ACT staff members are available 24 hours, 7 days per week, for 365 days per year.
- *Current Status:* There are **8 ACT** provider service agencies in Wayne County. Those agencies are: All Wellbeing Services, Central City Integrated Health Network, CNS Health Care, Development Centers Incorporated, Hegira, Lincoln Behavioral Services, Team Wellness and The Guidance Center. Currently, there are **528** members receiving ACT services. For the most recent month, the ACT program experienced a total of **21** psychiatric hospitalizations, which totaled **181** inpatient days, for a cost to DWIHN of **\$114, 885**. There were two new admissions to the ACT program and four discharges.
- *Significant Tasks During Period:* The significant task for this month focused collaboration with the providers to establish dates to complete their 2024 ACT Fidelity Reviews. Adult Initiatives collaborated with the state of Michigan to arrange for the Michigan Fidelity Assistance Support Team (MIFAST) to be present to conduct their assessment during each respective fidelity review.
- *Major Accomplishments During Period:* Adult Initiatives toured an ACT program/provider and was able to observe and engage in discussions with leadership regarding what they feel their needs are to be a successful ACT provider. Additional tours with other programs/providers will be scheduled in the future.
- *Needs or current issues:* Adult Initiatives continues to work with providers and monitor the use of grant funding, including expenditures of each program and assessing needs of each provider.
- *Plan:* Each ACT provider has been tasked to complete an updated team and member roster to monitor the team to member roster ratio, utilization of authorizations and appropriate level of care as mandated in the ACT fidelity tool.

April ACT CRSP Totals



April Hospitalizations by CRSP

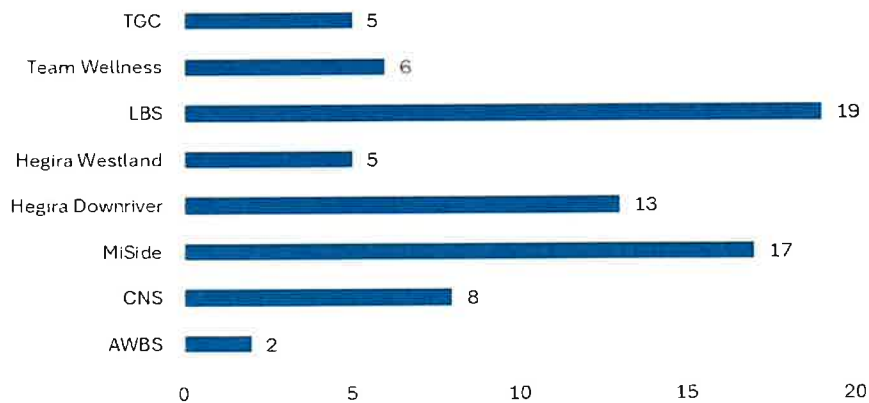


**Activity 2: Med Drop**

- *Description:* Adult Initiatives team is working to increase participation with members accessing Med Drop services. This is a community-based intervention that focuses on improving medication adherence for adults.
- *Current Status:* There were **75 members** who participated in the program in the month of April. There are **1988** anticipated successful deliveries for this month, an increase from the 1562 that were completed in March. There were six new cases opened and there are 13 intake appointments scheduled for the months of April and May with Genoa; there were no case closures this month.
- *Significant Tasks During Period:* ACCESS has started the Memorandum of Understanding (MOU) process with Genoa but the start date is undetermined. CCIH has started the MOU process with Genoa and plans to start with their AOT members soon.
- *Major Accomplishments During Period:* Adult Initiatives continues to work with providers to roll out the program with Returning Citizens in collaboration with Michigan Department of Corrections (MDOC).

- *Needs or Current Issues:* Adult Initiatives will be working with the remaining CRSP to help educate and reinforce the positive benefits of the program. There are currently only 2 CRSP who have not decided if they would like to participate – Neighborhood Services Organization (NSO) and ACC. Hegira terminated its contract to provide Med Drop services on May 31, 2024. The replacement company, KIPA, will start on June 1, 2024. This company currently provides Med Drop services for Genoa’s Saginaw, Michigan site.
- *Plans:* Adult Initiatives has begun discussions with Henry Ford Kingswood to provide education and training on the benefits of Med Drop so the program can be utilized as part of hospital discharge planning.

Med Drop by CRSP

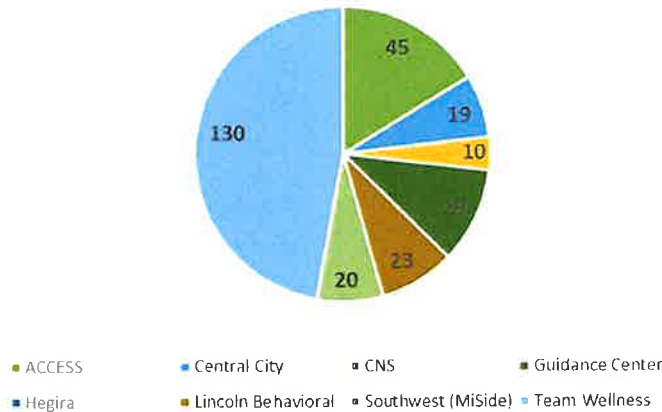


**Activity 3: Evidence-Based Supportive Employment (EBSE)**

- *Description:* Individual Placement and Support (IPS) is a form of Evidence-Based Supported Employment (EBSE) that focuses on aiding individuals diagnosed with mental illness in securing gainful employment in a community setting, while providing comprehensive support to increase their success in those acquired positions.
- *Current Status:* The total number of individuals served is updated on a quarterly basis, based on IPS report from MDHHS, throughout a fiscal year. The following data is based on the total number of members receiving IPS services during the month of April 2024, (as gathered from current billing submitted for IPS services on MHWIN; Billing Code H2023 Y5), from the 7 CRSPs providing IPS.
- *Significant Tasks During Period:* Adult Initiatives hosted their monthly IPS/EBSE CRSP meeting on April 1, 2024, at 2pm. In attendance were representatives from Team Wellness, CNS, Hegira, ACCESS, and Central City. CRSPs discussed significant improvement with hiring and maintaining employment specialists. Currently, all CRSPs are fully staffed with their desired number of employment specialists except for Hegira who is in the process of hiring one new employee. Adult Initiatives attended a meeting with MDHHS to discuss any potential changes as it pertains to the Conflict Free policy, indicating no new information at this time, except for potential changes to be made by MDHHS which may include more exemptions for CRSPs providing services such as IPS. Additionally, discussion occurred regarding the recent fidelity review completed with ACCESS in April 2024, where **ACCESS improved their previous score by 5-points.**

- *Major Accomplishments During Period:* Adult Initiatives has begun attending team meetings with Team Wellness and ACCESS. At this time, we have been able to meet and greet with the individual employment specialists on the individual team, discuss DWIHN's role with supported employment and discuss areas within their individual programs including success stories among individual members served, ideas for improving retention for members at their new places of employment, and encouraging use of MRS for additional supports both financially and logistically.
- *Needs or current issues:* Adult Initiatives will continue to attend individual team meetings among the CRSPs as well as conduct the monthly reviews to ensure improved fidelity review scores among all CRSPs. DCI is not currently attending IPS meetings and MDHHS has temporarily ceased providing IPS Fidelity Reviews while their merger is occurring with Southwest Solutions. Currently, they do not have a supervisor over their IPS program and do not have any employment specialists. As a result, they are not billing for IPS services.
- *Plan:* Adult Initiatives plans to evaluate each provider of EBSE/IPS and its viability as an IPS provider. Adult Initiatives will also attend the IPS summit in June 2024, as hosted by DHHS, to build and strengthen professional development among the IPS/EBSE community. The goal remains to increase the number of individuals receiving supported employment services.

April 2024 EBSE/IPS Members Served



**Things the Department is Doing Especially Well:** Adult Initiatives has been striving to increase collaboration and improve partnerships with our community and providers. Adult Initiatives continues to facilitate a monthly forum with all adult providers to discuss, educate, address their concerns and spotlight what they are doing good. Adult Initiatives assisted Detroit Police Department during the NFL Draft with any mental health crisis that occurred. Adult Initiatives will be at the Detroit Zoo each weekend in May to provide community information and support. Adult Initiatives also attended NAMI Gala to represent DWIHN and celebrate the individuals who are helping people with disabilities.

**Program Compliance Committee Meeting  
Autism Services Department  
April 2024 Monthly Report**



**Main Activities during Reporting Period:**

- Activity 1: Autism Benefit Enrollment / Expansion
- Activity 2: Monthly ABA Provider Meeting
- Activity 3: Level of Care

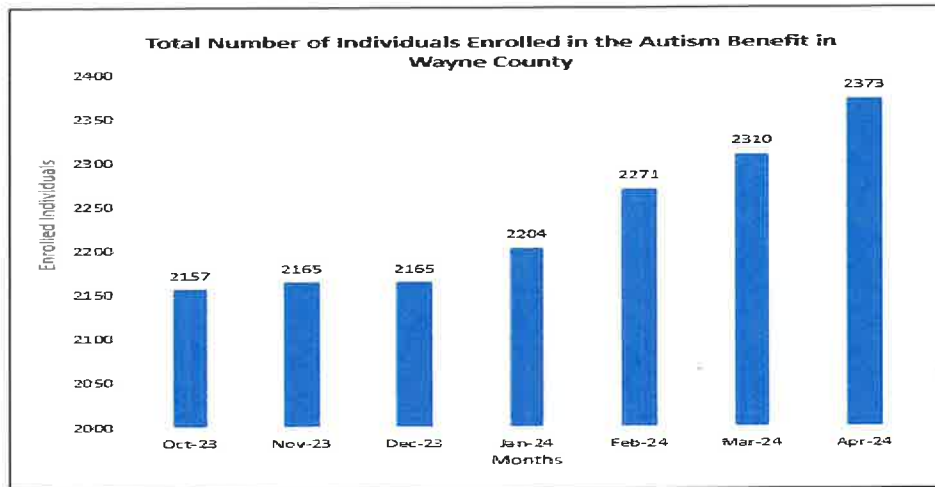
**Progress On Major Activities:**

**Monitoring Autism Benefit Enrollment / Expansion**

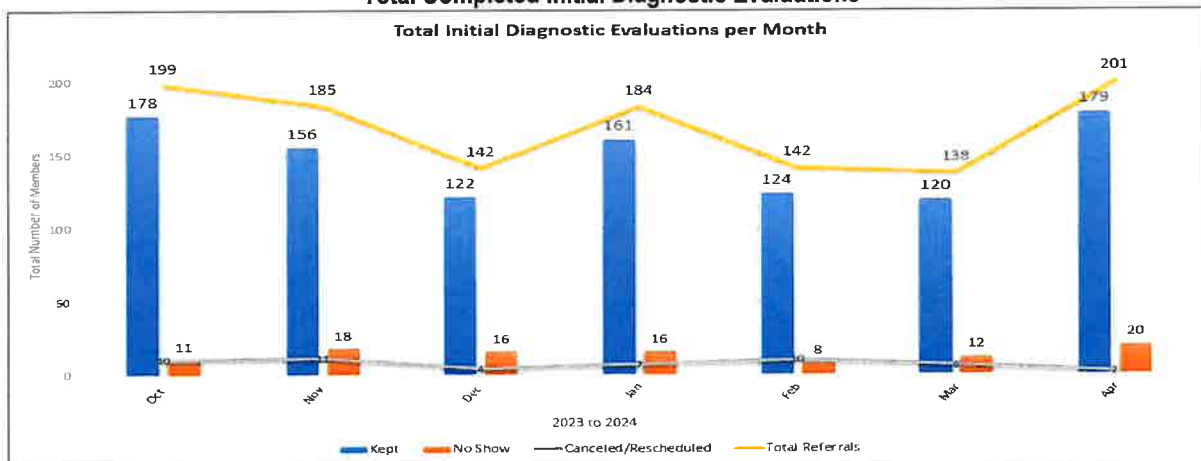
**Description:** DWIHN Autism Services Department oversees autism services for youth and young adults up to 21<sup>st</sup> birthday. Applied Behavior Analysis (ABA) is an intensive, behaviorally based treatment that uses various techniques to bring about meaningful and positive changes in communication, social interaction, and repetitive/restrictive behaviors that are typical of ASD.

**Current Status:** There was a total of 2,373 members assigned to DWIHN's ABA provider network for April 2024. This was an increase of 63 additional members enrolled in March to April. In addition, among the three (3) Individual Diagnostic Evaluation Providers, there were a total of 201 referrals, 179 kept appointments, and 20 no show appointments. *It is noted the data for this month is preliminary and subject to change during next month's report.*

**Total Members Enrolled in Autism Benefit**



**Total Completed Initial Diagnostic Evaluations**



**Significant Tasks During Period:** To support the expansion of autism services and ABA Providers, the Request for Qualifications (RFQ) 2023-005 REBID continues until 5/1/2028. During this month two (2) ABA Providers completed the credentialing process and signed the contract with DWIHN: Advance ABA Care & IOA (Individualized Outcomes for Autism).

**Major Accomplishments During Period:** As of April 2024, there are 27 ABA Providers who passed the RFQ process. Out of the 27 ABA Providers who successfully passed the RFQ process, 2 new ABA Providers received contracts and were added to the Provider Network bringing the total ABA Providers to 21 organizations. The additional ABA Providers along with the expansion of the network in April has increased the service locations from 46 to 51 service locations across Wayne County.

**Needs or Current Issues:** The remaining ABA Providers who completed the RFQ process need to successfully complete the credentialing process as well.

**Plan:** Continue to coordinate with Contracts and Credentialing departments regarding onboarding new ABA Providers. Facilitate ABA orientation for the new ABA Providers.

### Activity 2: Monthly ABA Provider Meeting

**Description:** DWIHN Autism Department facilitates a monthly meeting with ABA Providers to ensure ABA Providers receive current updates regarding ABA policies and requirements.

**Current Status:** The ABA Provider meeting was held 4/22/2024 with all the ABA Providers & CRSP that oversee members enrolled in the autism benefit.

**Significant Tasks During Period:** Monthly ABA Provider meeting was held this month. During this meeting various topics were discussed with ABA Providers including the following:

**Quality Update:** Quality Department reminded network to submit required qualifiable documentation for member lack of attendance for ABA services.

**Utilization Management (UM):** The UM Department clarified a Percent Utilization Management Analysis is being performed by utilization management. This report will continue to identify and address discrepancies between authorization requests and authorization utilization. A quarterly utilization report will be emailed to ABA providers with less than 75% utilization.

**Autism Services:** The network was informed that the autism benefit policy was available for stakeholder feedback. MDHHS requested DWIHN Autism Program Administrator participation in a panel with MDHHS to develop guidelines for ABA in school and during the school day. Further reminders included: re-evaluation process to avoid loss of eligibility, reviewed CRSP documentation expectations for Autism Service enrollees, presented the network with a solution to obtaining timely referrals from CRSPs and placement with ABA providers resulting in timely Autism Service access and importance of beginning services within 14-days of ABA authorization effective date.

**Training:** Providers were informed of various upcoming training opportunities relating to autism services; Customer Service 4/30/24, Utilization Management 5/14/24, Compliance Department 6/17/24, Claims Department 7/17/24 and Children's Initiative 8/15/24.

**Major Accomplishments During Period:** In recognition of Autism Awareness month, DWIHN ASD Department hosted a panel discussion with professionals and parents of children or youth diagnosed with autism. The purpose of the event was to connect with the community in a supportive virtual environment to provide insight and strategies to navigate the journey of raising a child with autism. Over 47 individuals attended the event to raise autism awareness.

**Needs or Current Issues:** Continue to support ABA Providers when there are requests to transfer ABA services among Providers and that appropriate documents are complete to assist with the transfer. Continue to coordinate with the Access Call Center regarding physician referral forms, outside diagnostic requests, and service requests for CRSPs.

**Plan:** Provider network to begin implementing the new Physician referral process in May 2024.

### Activity 3: Level of Care

**Description:** ABA treatment offers two different levels of care according to medical necessity, that is either Focused Level of Care or Comprehensive Level of Care. Focused level of care is a limited number of chosen skill targets specific to identified goals that can range from 10 to 25hrs per week. Whereas, comprehensive level of care focuses on multiple areas of functioning such as cognitive, communication, social, emotional, and behaviors for about 30 to 40hrs per week.

**Current Status:** There was a total of 386 members assigned to comprehensive level of care in FY24 quarter 1 whereas in quarter 2 the total increased to 422 members. Although there was an increase for comprehensive level of care, the focused level of care maintained from FY24 quarter 1 at 28 members and quarter 2 at 25 members.

LOC FY24 Q1		
	Comprehensive	Focused
October	134	12
November	161	11
December	91	5
<b>Total:</b>	<b>386</b>	<b>28</b>
LOC FY24 Q2		
	Comprehensive	Focused
January	181	11
February	153	6
March	88	8
<b>Total:</b>	<b>422</b>	<b>25</b>

**Significant Tasks During Period:** In April 2024, the ASD Program Administrator coordinated with DWIHN Customer Service Department to address grievances, advance action notice concerns, appeals, and supporting the network with technical assistance.

**Major Accomplishments During Period:** Established baseline data with reporting ABA level of care starting FY 2024.

**Needs or Current Issues:** Recognized a pattern within submissions of grievances and appeals providing an opportunity to explore further barriers associated with level of care to ABA services.

**Plan:** Continue to meet with the Grievance Coordinator to develop a performance-based permanent product approach to ensure ABA Providers correctly complete and maintain due process while also adhering to the Behavior Analysis Certification Board Ethics Code for BCBA's.

### Monthly Update

**Things the Department is Doing Especially Well:**

**Autism Service Delivery:** Continue to support Children Providers and ABA providers regarding active members requiring re-eligibility. DWIHN continues to provide direction to ABA providers that eligibility remains a key contractual requirement included in the Statement of Work (SOW) which determines eligibility to continue the delivery of autism services. The ASD Program Administrator met with Mary Luchies (MDHHS Autism Coordinator) to discuss upcoming changes regarding autism services effective FY 2025.

**Identified Opportunities for Improvement:**

**Level of Care (LOC):** Recognized a pattern within submissions of grievances and appeals providing an opportunity to explore further barriers associated with level of care to ABA services. This resulted in the Autism Department coordinating with Customer Services during this month to determine appropriate parameters to level of care requests.

**Progress on Previous Improvement Plans:**

**ABA Service Delivery Performance Improvement Plan (PIP):** Discussed with Providers the PIP expectation monitoring ABA service start dates to meet requirement of engagement within 14 days of the authorization effective date.



## Program Compliance Committee Meeting



### Children's Initiative Department April 2024

#### Main Activities during the Reporting Period:

- Activity 1: MichiCANS Soft Launch
- Activity 2: Youth Juvenile Justice Reform
- Activity 3: Children Services Hospital Discharge

#### Progress On Major Activities:

##### Activity 1: MichiCANS Soft Launch

**Description:** MDHHS developed the MichiCANS screener and comprehensive assessment for children and youth ages 0 to 21<sup>st</sup> birthday. This tool is used to support Family Driven, Youth Guided care planning and level of care decisions, facilitate quality improvement initiatives, and monitor outcomes of services. Wayne County was selected as a pilot site in which DWIHN and The Children Center are currently participating in the Soft Launch Project.

**Why is this Important?:** The MichiCANS tool will replace the Child and Adolescent Functional Assessment Scale(CAFAS) and Pre-School and Early childhood Functional Assessment Scale (PECFAS) assessments effective October 2024. In addition, the MichiCANS will also be required for children and youth with serious emotional disturbances (SED) and intellectual developmental disabilities (IDD). In addition, the Devereux Early Childhood Assessment (DECA) will change during October 2024 as well to be administered as an assessment tool for ages 0 to 6 for both SED and IDD children.

**Current Status:** The Soft Launch started 1/8/2024 with DWIHN and The Children Center (TCC) as the identified sites for Wayne County and ended 3/31/2024. Below is the chart of total MichiCANS screenings completed by DWIHN Access Department and The Children Center.

Jan 2024	Feb 2024	Mar 2024	Total
4 screenings	43 screenings	285 screenings	332 screenings

**Significant Tasks During Period:** TCC received permission to view the MichiCANS screenings completed at their agency. Monthly check in meeting was held with DWIHN Access Department, DWIHN Children Initiative and TCC regarding finalizing the MichiCANS soft launch. DWIHN Access Department completed the post pilot MDHHS MichiCANS survey. Collaborative decision for both DWIHN Access Department and TCC to continue to administer the MichiCANS screenings and comprehensive assessments until the hard launch starts 10/1/2024. The Infant Mental Health (IMH) calendar has been updated in MHWIN.

**Major Accomplishments During Period:** Successfully completed the MichiCANS soft launch for Wayne county.

**Needs or Current Issues:** In preparation for October 2024 MichiCANS hard launch there is a need to update policies and utilization management guidelines in accordance with the upcoming changes. In addition, for all SED and IDD children providers to have appropriate staff trained in MichiCANS screener and assessment.

#### Plans:

- Ages 0-6 Screening Updates: 1) Add the applicable IMH Providers to the MHWIN calendar to schedule intake appointments, 2). Offer training for IMH Providers once the IMH calendar process is finalized.
- Continue to participate in monthly MichiCANS meetings in preparation for the hard launch
- Children Provider staff participate in MichiCANS hard launch training during June and July of 2024
- By September 2024 update policies and utilization guidelines to incorporate MichiCANS requirements

##### Activity 2: Youth Juvenile Justice Reform

**Description:** Juvenile Justice and Community Mental Health agencies collaborate to problem solve the unique issues related to Serious Emotionally Disturbed (SED) children involved in the Juvenile Justice system.

**Why is this Important?:** During the Covid 19 pandemic the juvenile placement options decreased resulting in placement challenges and the need to ensure youth mental health needs were addressed.

**Current Status:** Compared to FY 24 Q1 and Q2 there was a decline in youth assigned to Probation Level 2 and Level 1; however, an increase in youth assigned to Probation Level 1.5. This is primarily due to the recent closure of Wolverine Human Services resulting in more youth assigned to Probation Level 1.5.

**Definitions:**

- **Probation Level 2** – Juvenile Justice residential placement facility / program
- **Probation Level 1.5** – Youth remain in the community with high level monitoring
- **Probation Level 1** – Youth remain in the community with minimum level monitoring

Time Period	Probation Level 2	Probation Level 1.5	Probation Level 1	Youth not eligible for CMH Services	Completed SED Pre Enrollment Screenings
<b>FY 2024</b>					
<b>Q1 (Oct – Dec)</b>	30	52	144	13	224
<b>Q2 (Jan – Mar)</b>	20 (-)	81 (+)	106 (-)	3	148

**Significant Tasks During Period:** Community Mental Health (CMH) and Juvenile Justice (JJ) Partnership meeting was held this month. Focused on reviewing FY 2024 Q1, Q2 data report, Assured Family Services presented on Right Trac Diversion Program and JJ screenings, and MDHHS presented on the development of the Michigan Taskforce on Juvenile Justice Reform Initiative.

**Major Accomplishments During Period:** Michigan Department Health and Human Services (MDHHS) developed a new JJ residential placement facility with Rite of Passage in Macomb County; in which, accepted about 20 youth from Wayne county. DWIHN Children Initiative Director visited the facility this month and discussed admission criteria, program activities, and goals.

**Needs or Current Issues:** According to the Michigan Taskforce on Juvenile Justice Reform, Governor Gretchen Whitmer outlined the following areas to improve in Michigan (July 2022):

- Safely reduce placement in detention and residential placement and associated costs.
- Increase the safety and well-being of youth impacted by the juvenile justice system.
- Reduce racial and ethnic disparities among youth impacted by the juvenile justice system.
- Improve the efficiency and effectiveness of the state's and counties' juvenile justice systems.
- Increase accountability and transparency within the juvenile justice system.
- Better align practices with research and constitutional mandates.

Currently, MDHHS is identifying a mental health screener to implement effective fiscal year 2025 to administer to identify any mental health needs introduced to the juvenile justice system and possibly divert to participate in community mental health services.

**Plans:** 1). Continue quarterly JJ / CMH Partnership meetings, 2). Offer youth juvenile justice training for professionals via Detroit Wayne Connect, 3). Team Wellness is scheduled to transfer the Juvenile Restorative Program to a new location by June 2024.

**Activity 3: Children Services Hospital Discharge**

**Description:** DWIHN Children Initiative Department developed Bulletin 2024-007 to provide additional guidance regarding Children Providers coordinating services when a member is experiencing a crisis event resulting in various hospital setting placements.

**Why is this Important?:** Hospital recidivism for children increased during FY 2023. As a result, interventions were developed to address the increase of hospital recidivism. One of the interventions implemented effective November 2023 was requiring Children Providers to complete Crisis Clinical Review Form whenever a member experienced a crisis event resulting in a crisis screening and or hospital episode informing of member's treatment status and hospital discharge plan.

**Current Status:** According to Michigan Based Performance Indicators, the goal is to not exceed 15% hospital recidivism for the children population.

FY 2023 – Q3	FY 2023 – Q4	FY 2024 – Q1	FY 2024 – Q2
7.27%	11.58% (+)	8.62% (-)	8.93% (+) (Preliminary)

**Significant Tasks During Period:** Although DWIHN continues to achieve below the 15% expectation, it was concerning noticing the upward trend during FY 23, Q4. As a result, DWIHN Children Initiative Department collaborated with DWIHN Procedure Code Workgroup and Children Providers to develop the Children Services Hospital Discharge Bulletin 2024-007 effective 5/1/24. This bulletin was presented during various meetings to inform the network of the information.

**Major Accomplishments During Period:** Finalization of the bulletin that includes guidance of Children Providers providing hospital discharge planning services per various hospital locations (Child Caring Institute, Emergency Room, Partial Hospitalization, Psychiatric Inpatient Hospital).

**Needs or Current Issues:** Monitor to ensure Providers are using hospital discharge planning services appropriately considering hospital discharge planning services will not require a prior authorization.

**Plans:** 1). Work with Utilization Management Department to develop a report to monitor hospital discharge planning utilization quarterly.

### Monthly Update

#### Things the Department is Doing Especially Well:

**School Based Health Quality Initiative:** Monthly SSI Provider Meeting was held today. Black Family Development, Inc. (BFDI) shared providing George Washington Carver school with suicide prevention resources. Also, Detroit Public School Community District (DPSCD) staff were in attendance and discussed approval process of background checks for SSI Provider staff to resume services at DPSCD schools. DPSCD is also collaborating with DWIHN Substance Use Department and Children Initiative to provide Narcan trainings for DPSCD teachers for next school year. In addition, Children Initiative Director presented Trauma and Grief and Loss presentation to high school students at the Michigan Parent Teacher Association Convention held in Dearborn, Michigan on 4/20/24 (12 attendees). Lastly, IDD Clinical Specialist Lucas Gogliotti presented Accessing Community Mental Health Services with Garfield Community School, Brownstown School, and Dearborn Heights Howe School.

**MDHHS Children Grants:** Submitted FY 24, Q2 quarterly report for 5 grants (System of Care Block Grant, Infant Toddler Grant, Infant and Early Childhood Mental Health Consultation Grant, Infant and Early Childhood Mental Health Consultation Expansion Grant, and Infant and Early Childhood Home Visiting Grant).

**Trainings:** Children Initiative Department hosted the following trainings this month.

- PECFAS Booster Training
- CAFAS Booster Training
- CAFAS Initial Training
- Children Mental Health Lecture Series: Creative Strategies - Fostering Engagement for Children, Youth, and Families

#### Identified Opportunities for Improvement:

Children Initiatives are focusing on the following projects to finalize:

- Developing a Screening Bulletin to allow Providers to use a cpt code/modifier when completing children screenings for specific populations (children ages 0 to 6, foster care, school success initiative program, children waiver, and SED Waiver).

#### Progress on Previous Improvement Plans:

**Children Antipsychotic Medication Metabolic Testing Performance Improvement Plan (PIP):** Presented draft Children Antipsychotic Medication Metabolic Testing Guidance to Improving Practices Leadership Team (IPLT) on 4/2/24.

Received feedback:

- Include Abnormal Involuntary Movement Scale (AIMS) to screen for possible side effects
- Adjust age range to 21<sup>st</sup> birthday for children services in accordance with Michigan Medicaid Provider Manual

**Crisis Services Department Monthly Report**  
**Daniel West, Director of Crisis Services**  
 5/8/2024



**Main Activities during April 2024:**

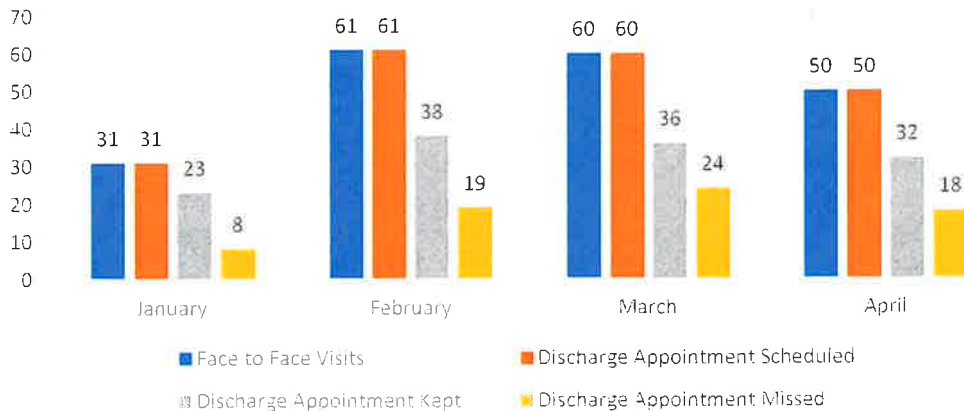
- **Discharge planning for members in inpatient hospitals.**
- **Decrease inpatient hospitalizations.**
- **Pre-Admission Review (PAR) training for Team Wellness CSU.**

**Progress On Major Activities:**

**Activity 1: Discharge planning for members in inpatient hospitals.**

- **Description:** Liaisons continue to meet face-to-face with members at Beaumont Behavioral, Henry Ford Kingswood, and BCA Stonecrest that do not have a CRSP assigned. Upon meeting with the members, liaisons complete a hospital discharge planning worksheet to upload into MHWIN. The member's chosen CRSP then has access to the uploaded information to ensure a warm handoff is made between the liaisons and the CRSP. Liaisons follow up with members in the community upon discharge to ensure hospital discharge appointments are kept.
- **Current Status:**

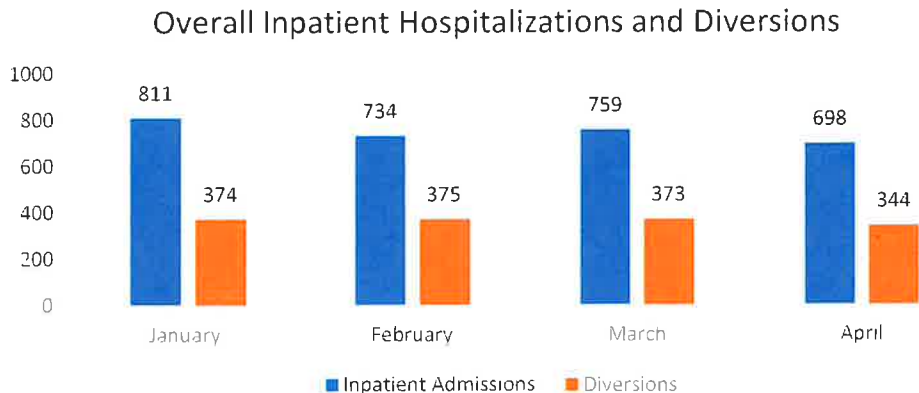
**Liaison Discharge Planning**



- **Significant Tasks and Major Accomplishments During Period:** The Crisis Services Department saw 50 members in-person on inpatient units in April. All members had an aftercare appointment scheduled per their CRSP preference; 32 members kept their aftercare appointment (64%). Of those members that did not keep their appointments, liaisons continue outreach efforts upon discharge.
- **Needs or Current Issues:** The Crisis Services Department has recognized the need for CRSPs to visit their own members on inpatient units and engage them while they are receiving inpatient treatment.
- **Plan:** The team will continue to work with Team Wellness and Central City Integrated Health on this process. Team and CCIH have been trained, and the team will meet monthly with these CRSPs to improve their PI#10 and PI#4a data.

### **Activity 2: Decrease inpatient hospitalizations.**

- **Description:** The Crisis Services Department monitors the rate of inpatient admissions from a crisis encounter. The team works with the screening agencies to identify opportunities for diversion to lower levels of care to decrease inpatient hospitalizations. The team audits the pre-admission reviews for members waiting 23+ hours in the emergency departments and meets with the screening agencies to determine if a lower level of care is appropriate.
- **Current Status:**



- **Significant Tasks and Major Accomplishments During Period:** The Crisis Services team saw a decrease in inpatient hospitalizations in April from March. The team identifies clinical opportunities within the screening agency documentation and discusses diversion to lower levels of care when appropriate per medical necessity.
- **Needs or Current Issues:** While monitoring the pre-admission reviews for members that are waiting for more than 23 hours in the emergency department, the team has found a need to train the screening agencies on lower levels of care. The team has also met with 3 partial day hospitalization providers (PHP) and discussed referrals to their programs as options for members who meet criteria for PHP.
- **Plan:** The Crisis Services department will provide training to the screening agencies on diversions to lower levels of care.

### **Activity 3: PAR training for Team Wellness CSU**

- **Description:** As a result of the crisis continuum RFP, The Crisis Services Department trained Team Wellness clinicians on the pre-admission review process. Historically, Team Wellness had not completed pre-admission reviews, and the team met in person with the CSU staff to conduct training on evaluating members in crisis and inputting authorizations for higher levels of care.
- **Current Status:** Team Wellness has been conducting pre-admission reviews since 4/1/24. The team has reviewed each pre-admission review for quality assurance and has been on site at the CSU to provide support and direction while clinicians become accustomed to the process and procedure provided.
- **Significant Tasks and Major Accomplishments During Period:** After having trained Team Wellness in conducting pre-admission reviews, members who present to their CSU in crisis are immediately assessed for a higher level of care and there is no delay. Prior to 4/1/24, Team

Wellness would have to call COPE to have a member evaluated in crisis, and with this training, members are evaluated immediately upon arrival.

- **Needs or Current Issues:** The Crisis Services Department found Team Wellness will continue to need support in conducting pre-admission reviews to ensure accuracy in evaluation for higher levels of care.
- **Plan:** The team will establish bi-weekly meetings with Team Wellness to continue sharing needs and concerns, and monitor members who remain at the CSU more than 23 hours.

### Monthly Update:

- **Things the Department is Doing Especially Well:**

- The Crisis Services Department has invited Team Wellness and Central City Integrated Health to shadow on inpatient units. Allowing these CRSPs to shadow increases their knowledge of inpatient contacts and supports members assigned to these CRSPs in their discharge planning.

- **Identified Opportunities for Improvement:**

- The team has found there to be a need to support the screening agency clinicians and leadership in accessing lower levels of care in crisis. Within the pre-admission review audits, the team has found there to be opportunities for diversion within the clinical documentation.

- **Progress on Previous Improvement Plans:**

- Preliminary recidivism percentage has decreased for adults in Q2, and recidivism percentage decreased for children as well.

	Recidivism Adult	Child
1st Quarter	17.58%	8.62%
2nd Quarter **	16.69%	8.94%

\*\* Preliminary



**Program Compliance Committee  
Michele Vasconcellos Director, Customer Service April Monthly Report  
May 2024**

**Main Activities**

- 1. Customer Service Calls
- 2. Grievances and Appeals
- 3. Member Engagement

**Activity 1: Customer Service Calls**

The Customer Service Call Activity is inclusive of the Reception/Switchboard and Call Center. MDHHS mandated Standard is to ensure that the call abandonment rate is to be < 5%.

**Reception/Switchboard Reception/Switchboard**

	April FY 23/24		April FY 22/23	
	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%
Reception/ Switchboard	1,386	1.0%	1,127	1.0%

**Customer Service Call Center**

	April FY 23/24		April FY 22/23	
	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%
DWIIHN Customer Service	744	3%	376	1.9%

Please note: Data Is from April 01-2024 thru April 30-2024

**Significant Activities:**

- In comparing the fiscal years 22/23 and 23/24, the numbers continue to vary yearly in the switchboard area, with the abandonment rate below 5%. For April 2024- we show a slight increase in the call volume for the switchboard with the abandonment of less than 5%
- During Fiscal Year 23/24 for April, our numbers showed a significant increase in calls received through the Customer Service Call Center. The abandonment rate is still less than the standard 5% or less. The grid above identifies the number of calls received and the abandoned rate from the Customer Service Call Center. However, the Customer Service Call Center also made 227 outbound calls due to presented calls, special cases, email follow-up, and other, assigned follow-up calls as appropriate.
- Customer Service Call Center Operations continues to address special follow-up activity: For the month of April i.e.
  - Member Special Cases (2)
  - Follow-up calls (3)
  - Rapid Response inquiries (1)
  - Follow-up Consumer letters (10)



- EOB returns and uploads to member files (7),
- Request for document translation services (0).
- Customer Service Emails (8)

**Activity 2: Grievances and Appeals**

Customer Service ensures that members are provided with their means to due process. The due process is inclusive of Complaints, Grievances, Appeals, Access to Mediation and State Fair Hearings.

**Complaint and Grievance Related Communications**

	April FY23/24	April FY22/23
Complaint/Grievance Correspondence	430	187

*Note: Began to track all communications, calls. Emails and mail mid FY 22/23*

**Grievance Processed**

Grievances	April FY23/24	April FY22/23
Grievances Received	8	7
Grievances Resolved	1	4

**Grievance Issues by Category**

Category	April FY23/24	April FY22/23
Access to Staff	1	3
Access to Services*	2	1
Clinical Issues	0	1
Customer Service	0	1
Delivery of Service*	2	3
Enrollment/ Disenrollment	1	0
Environmental	0	0
Financial	1	1
Interpersonal*	6	2
Org Determination & Reconciliation Process	0	0
Program Issues	2	0
Quality of Care	0	1
Transportation	0	0
Other	0	0
Wait Time	0	0
Overall Total	0	0

*Note: A grievance may contain more than one issue.*





### MI Health Link (Demonstration Project) Grievances

Grievance	April 24	April 23
Aetna	0	0
AmeriHealth	1	0
HAP CareSource	0	0
MeridianComplete	0	0
Molina	0	0
Overall Total	0	0

### Appeals Advance and Adequate Notices

Notice Group	FY23/24 Advance Notices	FY23/24 Adequate Notices	FY22/23 Advance Notices	FY 22/23 Adequate Notices
MI	1527	233	1539	309
ABA	115	6	95	2
SUD	94	22	87	3
IDD	290	38	284	43
Overall Total	2026	299	2005	357

*Adequate Notice: Written statement advising beneficiary of a decision to deny or limit Medicaid services requested. Notice is provided to the Member/Enrollee Beneficiary on the same date the action takes effect or at the time of signing on the individual plan of service or master treatment plan.*

*Advance Notice: Written statement advising the beneficiary of a decision to reduce, suspend, or terminate services currently provided. Notice to be mailed at least 10 calendar days prior to the effective date of the notice.*

**\*Please note that the numbers for FY 23/24 are for March of 2024 as the April numbers are not yet available. \***

### Appeals Communications

	Apr. FY23/24	Apr. FY22/23
Appeals Communications Received	247	104

*\*Communications include emails and phone calls to resolve appeals.*

### Appeals Filed

Appeals	Apr. FY 23/24	Apr. FY 22/23
Appeals Received	5	7
Appeals Resolved	2	9

### DWIIHN State Fair Hearings

SFH	Apr. FY 23/24	Apr. FY 22/23
Received	0	0
Scheduled	0	0
Dismissed or withdrawn	0	0
Transferred out	0	0
Upheld by MDHHS	0	0
Pending	0	0

**Program Compliance Committee Michele Vasconcellos Report**



## MI Health Link (Demonstration Project) Appeals and State Fair Hearings

November /April FY23/24 and FY22/23

ICO	Local Appeals	State Fair Hearing
Aetna	0	0
AmeriHealth	0	0
MeridianComplete	0	0
HAP CareSource	0	0
Molina	0	0
Total	0	0

### Significant Activity:

- The trending grievance pattern for the top 3 grievance categories for April '24 are: Interpersonal and a 3-way tie for second place: Access to Services, Delivery of Service and Program Issues.
- There have been 0 requests for a DWIHN State Fair Hearings in April of 2024. There have consistently been no State Fair Hearings for MI Health Link members for several fiscal years.
- Due Process has provided new Grievance Coordinator training as well as a mass training of Autism providers both new and old.

### Accomplishments:

- Successfully defended appeal cases in conjunction with UM Department to obtain 100% credit in NCQA file review.
- Completed rebuttal for NCQA regarding RR2 B with assistance of NCQA consultant D. Hallifield, CS leadership and Strategic Planning Admin.
- Successfully trained on Second Opinion procedure at UMC meeting as well as provided training to Due Process staff and Care Coordination Management Team.

### Activity 3: Member Engagement and Experience

Customer Service ensures that members are provided the opportunity for DWIHN and Community inclusion. In addition to promoting principles of advocacy, member rights, and responsibilities, the use of focus groups, surveys, and outreach are utilized to address areas for valued participation and interaction. This feedback is essential to DWIHN's ability to address member, provider, and community concerns and prioritize new initiatives.

### Significant Activity:

- The Office of Peer Services continues to train Peers. With the increase of DWIHN Peers, unit staff met with Crisis Team to advise them about the CEU requirements for new hires to ensure Medicaid billing can continue with eligible Peers. DWIHN also sponsored our very first candidate for Peer Support Specialists Credentials. Dwight Harris, passed the exam in late April, making him the first peer certified that did not work at a provider organization. The Unit continues to work on the development of Peer Trainers. The office of Peer Services continues to support CEU efforts. In April, DWIHN offered Mental Health First Aide to peers, permitting for the first time 5 CEU's toward the mandatory 32 -hour CEU's required within in 24- month period for those peers certified prior to April 2021.

**Program Compliance Committee Michele Vasconcellos Report**



- Member Experience continues to work with Lucinda Brown and Self Directing Services Survey, the survey will help to identify gaps in member's encounters with their self-directed services, including staffing, respite, and other care. The survey work will demonstrate compliance with HSAG on Surveying LTSS groups.
- The Unit continues to work with the Quality Department on the Racial Disparity Survey. The survey allows DWIHN to review the barriers and concerns we have related to persons who have not made their 7-day after discharge appointment that is required following a hospitalization. Preliminary data on the Racial disparity survey is being discussed and analyzed in internal meetings, continued discussions on strategies and performance improvement planning is a priority for ME unit and Quality.
- Unit Manager working closely with MDHHS on actions to assist clubhouse and drop-in grants. A quarterly meeting has been established.
- The Spring Edition of PPOV has been completed and its release is scheduled for May 1st.s for final approval and should be released/published by May 1<sup>st</sup>.
- To assist with the QAPIP report, a mass mailing was conducted to ensure community participation regarding the Needs Assessment Survey. Results from the survey indicated respondents prioritized Access, Treatment and Lack of Resources as needs.
- A survey on Self Directed Services is being developed for implementation.
- The ECHO survey is still underway and making good progress, because the contract to WSU was delayed by Legal, an extension, may be needed for completion. The extension should not exceed another 60 days.
- Member Engagement team is assisting with data collection related to member satisfaction related to the non-emergency transportation services, Godspeed and Mariner's Inn. Unit Manager is also assisting with the PIP as it relates to using the transportation to decrease missing appointments with 7-day and 14 day follow up members.
- A May is Mental Health Awareness activity is planned for 5/23 Coffee, Conversation, & Collaboration is the theme for the self-care event that will bring peers together to help each other understand more about their mental health and how to maximize resources toward their journey.

#### **Accomplishments**

- The CV Member Advisory Committee elected new leadership, co-chairs Jamie Junior and Shelly Nelson.
- DWIHN continues to present information to members regarding their voter rights and reinforcing their responsibility for civic duty via the Customer Service led Voter Education Registration and Participation (VERP) Program. A meeting was conducted at an Access House about for 50 members to address the topic. A Candidate's forum is planned for July 23<sup>rd</sup>, highlighting local candidates for members to meet and determine if they are meeting their expectations for electing them. DWIHN remains a non-partisan partner in bringing this information to our members along with Detroit Arc and Disabilities Network of Wayne County.
- The Member Engagement Unit scheduled to host upcoming SOULS chat on Memorial Day, Juneteenth and Independence Day. The chat is a means to engaging individuals in casual conversation on faith, family, relationships and socialization via a zoom platform.

**Submitted by: M. Vasconcellos Director, Customer Service 5/2024**

**Program Compliance Committee Meeting**  
**Rai Williams/Director of Managed Care Operations Monthly Report**  
**April 2024**



**Main Activities during August:**

- **Credentialing**
- **New Provider Changes to the Network/Provider Challenges**
- **Procedure Code Work Group**

**Progress On Main Activities:**

**Activity 1: Credentialing**

- *Description:* The vetting and approval process for both current and new provider(s) into the DWIHN provider network.
- *Current Status:* April 2024- 18 practitioners and 16 providers will be recommended to the Credentialing Committee for approval on April 30, 2024.
- *Significant Tasks During Period:* The Credentialing team continues to meet with the provider network to provide technical assistance with credentialing applications. The team has successfully complied with ICOs and NCQA for auditing and accreditation review(s).
- *Major Accomplishments During Period:* Credentialing continues to collaborate with HR and IT on implementing the Credentialing process to ensure DWIHN Direct Staff are credentialed appropriately.
- *Opportunities:* We continue to work with Medversant Technologies, LLC to credential the DWIHN provider network in a timely fashion. We are also looking to hire more staff to meet the needs of the organization and network.

**Activity 2: New Provider Changes to the Network/Provider Challenges**

- *Description:* Providers continue to be challenged with staffing shortages. DWIHN's CRSP provider Meetings and Access Committee closely monitors the impact of staffing shortages and works with providers to develop strategies to address network shortages. DWIHN has an Onboarding Process to facilitate the evaluation and vetting of new providers. RFPs are used as a strategy to recruit providers/programs in significant shortage.
- *Current Status:* DWIHN continues to monitor and notice changes in the network. We are adding additional providers to our network based on need. Request for Proposals (RFP) are also utilized as a means recruiting new providers, particularly in areas of shortages (e.g. Autism). In April, 2024 there was a total of 10 additional site locations/services approved at Access Committee that will be moved through the onboarding process and 3 new providers added to the DWIHN network.
- *Significant Tasks During Period:* We are currently working to improve the onboarding process to for existing providers. We have developed new processes working closely with IT to automate the process and pre-screen inquiries to the network. Next, we will also be utilizing Quest Analytics to assist with determining network adequacy, improving access to care and access to service.
- *Major Accomplishments During Period:* Created contingency plan to monitor/track expansion request. Required additional licensure for Smartsheet. Met with internal stakeholders to expand Provider Inquiry Form to include Provider Expansions.

- *Plan:* Meet with internal departments to combine review tools to expedite new providers and existing providers through onboarding process, continue to train internal/external stakeholders on onboarding process, train additional staff on HCBS review tool.

**Activity 3: Procedure Code Workgroup (PCWG)**

- *Description:* The Procedure Code Workgroup assists providers by troubleshooting claims and with authorization concerns.
- *Current Status:* In the month of April 2024, the PCWG resolved 34 tickets; 1740 MDHHS rate updates; 60 new codes, 249 additional codes/rate changes to existing programs or contracts, 989 provider requested changes.
- *Significant Tasks During Period:* project: Expired all (967) Authorization Only Codes in the SUD contract program. 90832, 90834, 99203, 99204, 99205, 99212, 99213, 99214 99215
- *Major Accomplishments During Period:* Completed Bulletin 24-006 Ux Modifiers.  
*Needs or Current Issues:* Ensure that credentialing information and new services match information on the provider request form to ensure contract fee schedules are added correctly.
- *Plan:* Track turnaround times for PCWG tickets. Ensure new programs and services are added and available for use. Will run cube reports to monitor and verify services credentialed/contracted are in alignment with contract fee schedules deployed.