Detroit Wayne
Integrated Health Network
707 W. Milwaukee St.
Detroit, MI 48202-2943
Phone: (313) 833-2500
www.dwihn.org

FAX: (313) 833-2156
TTY: 711

PROGRAM COMPLIANCE COMMITTEE MEETING
Administration Bldg.
8726 Woodward, 1st Floor Board Room
Wednesday, April 9, 2025
1:00 p.m. – 3:00 p.m.

AGENDA

I. Call to Order

II. Moment of Silence

III. Roll Call

IV. Approval of the Agenda

V. Follow-Up Items from Previous Meeting

A. **Corporate Compliance –** Provide additional information to determine if the Board can be notified of a provider being non-compliant before the investigation is closed.
B. **Chief Medical Officer's Report** – The committee requested a deeper dive to determine reasons individuals are returning to hospital for services – Are they not receiving the services they need.
C. **Innovation and Community Engagement's Quarterly Report –** Provide the percentage of DWIHN's members that are experiencing homelessness in Detroit and Wayne County.
D. **Children's Initiatives' Quarterly Report –** Provide the attendance data for students enrolled in the GOAL Line program.

VI. Approval of the Minutes – March 12, 2025

VII. Report(s)

A. Chief Medical Officer
B. Corporate Compliance

VIII. Quarterly Reports

A. Adults Initiatives
B. Crisis Care Services
C. Outpatient Clinics Services

D. PIHP Crisis Services
E. Managed Care Operations
F. Utilization Management

IX. Strategic Plan - None

X. Quality Review(s)
A. QAPIP Work Plan FY 25 Update

XI. VP of Clinical Operations' Executive Summary

XII. Unfinished Business
A. **BA #25-02 (Revised 2)** – Substance Use Disorder Treatment Provider Network FY 25
B. **BA #25-14 (Revised)** – Credentialing Verification Organization
C. **BA #25-24 (Revised 2)** – Autism Service Providers FY 25
D. **BA #25-51 (Revised 2)** – DWIHN Provider Network System FY 25

XIII. New Business (Staff Recommendations) - None

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

XV. Adjournment

Program Compliance Committee Meeting
Children Initiative Department

April 2025

GOAL Line Program:

Provide the attendance data for students enrolled in the GOAL Line program.

During FY24 the school attendance for students enrolled in the GOAL Line program was 93% and 94% for FY25.

GOAL Line Attendance	FY 24	FY25
Total Student Applications	732	968
Total Students Accepted	552	554
Daily Average School Attendance	283	287
Total Active Students Enrolled	300	300
Daily Average Student Attendance %	93%	94%

PROGRAM COMPLIANCE COMMITTEE

MINUTES **MARCH 12, 2025** **1:00 P.M.** ***IN-PERSON MEETING***

MEETING CALLED BY	I. Commissioner Jonathan Kinloch, Program Compliance Chair at 1:09 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Commissioner Jonathan Kinloch, Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	**Committee Members:** Angela Bullock; Dr. Lynne Carter; Commissioner Kinloch; Bernard Parker; and William Phillips **Board Member(s):** Dr. Cynthia Taueg, Board Chair **SUD Board Member:** Thomas Adams, SUD Board Chair **Staff:** Brooke Blackwell; Yvonne Bostic (Virtual); Stacie Durant; Dr. Shama Faheem; Keith Frambro; Monifa Gray; Bonnie Herndon; Sheree Jackson; Dorian Johnson; Margaret Keyes; Melissa Moody; Cassandra Phipps; Vicky Politowski; Manny Singla; Andrea Smith; Yolanda Turner; James White; and Rai Williams

AGENDA TOPICS

II. Moment of Silence

DISCUSSION	Commissioner Kinloch called for a moment of silence.
CONCLUSIONS	A moment of silence was taken.

III. Roll Call

DISCUSSION	Commissioner Kinloch called for a roll call.
CONCLUSIONS	Roll call was taken by Lillian Blackshire, Board Liaison and there was a quorum.

IV. Approval of the Agenda

DISCUSSION/ CONCLUSIONS	Commissioner Kinloch called for a motion to approve the agenda. **Motion:** It was moved by Mr. Parker and supported by Mr. Phillips to approve the agenda. Commissioner Kinloch asked if there were any changes/modifications to the agenda. There were no changes/modifications to the agenda. **Motion carried.**

V. Follow-Up Items from Previous Meetings

DISCUSSION/ CONCLUSIONS	A. **Corporate Compliance Report** – Provide information on which tier level the Board is informed of a provider being noncompliant – It was reported that that provider is still a part of a plan of correction, those investigations are still opened and upon closure and review of the investigation, meaning if it needs to go to the OIG or regulatory body is when the Board will be notified. The Chair opened the floor discussion. Discussion ensued. The committee requested additional information to determine if the Board can be notified of a provider being non-compliant before the investigation is closed. ***(Action)*** The record reflects that Dr. Taueg and Ms. Bullock joined the meeting at 1:13 p.m. B. **Chief Medical Officer's Report –** Provide an analysis of relying on a virtual psychiatrist; provide a breakdown of Detroit law enforcement and departments from other cities/communities using the Crisis Care Center; provide the percentage of people coming to the Crisis Care Center that get referred to the hospital; and provide data greater than six months on hospital recidivism – It was reported that the CSU Recidivism of 9% is lower than the inpatient recidivism rate of 16-17%; CSU Recidivism does not have a financial cost associated with it as compared to inpatient recidivism because we have a 24/7 opened and staffed facility; CSU Recidivism in a way is a financial benefit to use because those individuals who decide to come back to CSU repeatedly rather than going to the emergency department for disposition, have a higher chance for a lower level of care disposition (70-80%) as compared to if they presented to emergency departments (30%). The Police District is an optional field to be collected in the drop-off form but is typically not collected when the drop-off information was reviewed. The Chair opened the floor for discussion. Discussion ensued. The Committee requested a deeper dive to determine reasons individuals are returning to hospital for services-are they not receiving the services they need. (Action) C. **Access Call Center's Quarterly Report –** Provide information on how many calls have been transferred to the State's system (988) – It was reported that a look back was done for the last six months and there was approximately five (5) calls on average transferred per month and for the last 90 days we did not show any transfers to the State's system. This information will be included in the regular monthly reports going forward. The Chair opened the floor for discussion. There was no discussion. D. **Innovation and Community Engagement's Quarterly Report –** Provide information on how many people need housing but cannot get it – It was reported that as of January 2024, the U.S. Department of Housing and Urban Development reported that over 770,000 individuals were experiencing homelessness nationwide on a single night, marking an 18% increase from the previous year. In Michigan, the 2024 Point-in-Time Count identified nearly 10,000 individuals experiencing homelessness, an increase of almost 1,000 from the prior year. This uptick is attributed to factors such as the conclusion of COVID-19 assistance programs and a shortage of affordable housing. While comprehensive data for all of Wayne County is limited, the Out-Wayne County Continuum of Care (CoC) provides some insights. Their 2023 Gaps Analysis indicates ongoing challenges in addressing homelessness in the region. In the city of Detroit, which is part of Wayne County, the 2024 Point-in-Time (PIT) Count reported 1,691 individuals experiencing homelessness. Beyond homelessness, housing insecurity remains a significant concern. A safe, affordable, and stable home is often the foundation for

	economic stability. Yet, housing insecurity currently affects almost every community in the nation, and for millions of Americans, an affordable place to call home remains out of reach. HUD defines unsheltered homelessness as someone whose primary nighttime residence is a place that is not typically used for sleeping. These include cars, parks, abandoned buildings, bus or train stations, airports and campgrounds. Wayne County (not including Detroit) had 224: 181 sheltered and 43 unsheltered. In 2023 there were 199 homeless people: 176 sheltered, 23 unsheltered. Detroit's PIT Census showed there were 1,725 people experiencing homelessness in 2024: 1,420 were sheltered and 305 unsheltered. In 2023 there were 1,482 homeless people: 1, 280 sheltered, 202 unsheltered. The Chair opened the floor for discussion. Discussion ensued. The committee requested the percentage of DWIHN's members that are experiencing homelessness in Detroit and Wayne County. ***(Action)***

VI. Approval of the Minutes

DISCUSSION/ CONCLUSIONS	Commissioner Kinloch called for a motion to approve February 12, 2025, meeting minutes. **Motion:** It was moved by Dr. Taueg and supported by Mr. Phillips to approve the February 12, 2025, meeting minutes. Commissioner Kinloch asked if there were any changes/modifications to the March 12, 2025, meeting minutes. There were no changes/modifications to the meeting minutes. **Motion carried.**

VII. Reports

17B**DISCUSSION/** 18B**CONCLUSIONS**	A. **Chief Medical Officer** – Dr. Shama Faheem, Chief Medical Officer submitted and gave highlights of the Chief Medical Officer's report. It was reported that: 1. ***Activity 1 – Crisis Center Medical Director Updates –*** The Crisis Care Center opened on June 10, 2024 and serves individuals ages 5 and older 24/7. DWIHN has received provisional State certification for the Adult Crisis Stabilization Unit. After discussing barriers to treating minors, the State granted us approval to implement new protocols, including not requiring a guardian to stay with the minor if there is a documented barrier to remaining on the unit throughout the duration of admission, providing emergency involuntary medication if clinically indicated, and physical management if clinically indicated. Updates went into effect on 2/7/2025. Since then, as of 3/2/2025, out of 31 admissions, 16 guardians did not stay due to a documented barrier. The top diagnoses for children and adolescents include Depressive Disorders and Adjustment Disorders. The top diagnoses for adults include Psychotic Disorders, Depressive Disorders and Alcohol Use Disorders. Policies and documentations have been updated to reflect the new CFCU updates and trained staff on the CFCU updates. ***Activity 2 – Outpatient Clinic/CCBHC Medical Director Update –*** The Community Care Clinic staff was featured on Fox News, Friday, February 14, 2025. The second clinic location officially opened on Monday, February 17, 2025 at the corner of Six Mile and Greenfield Rd. The clinic provided a total of 217 outpatient behavioral health visits to101 unique individuals for the month of February 2025. A total of 795 visits have been offered to 178 members since the inception of the clinic (July/August 2024). The clinic welcomed three new staff members in February and three in March 2025. The clinic served 34 new individuals for the month of February

	2025. Ongoing preparatory work for the Joint Commission visit. The date has yet to be determined. The Chair opened the floor for discussion. Discussion ensued. B. **Corporate Compliance – *Deferred to April 9, 2025, Program Compliance Committee Meeting*** The Chair noted that the Chief Medical Officer's report has been received and placed on file.

VIII. Quarterly Reports

DISCUSSION/ CONCLUSIONS	A. **Autism Spectrum Disorder** – Cassandra Phipps, Director of Autism Spectrum Disorder submitted and gave highlights of the Autism Spectrum Disorder's quarterly report. It was reported that: 1. ***Activity 1: Expansion of Autism Services (RFQ) -*** To address provider capacity shortages affecting beneficiaries seeking Autism Services in Wayne County a 5-year Request for Qualifications (RFQ) was posted to increase the number of ABA providers available in Detroit Wayne Integrated Network (DWIHN) provider network. The RFQ started in 2023 and expected to continue until 2028. A total of 2,152 members were actively enrolled in autism services. During FY25/Q1, there were a total of 428 new eligible members enrolled and 102 members were discharged. The three Providers with the highest number of enrollments were Centria Healthcare with a total of 184 enrollments, IOA with a total of 72 enrollments, and Gateway Pediatric Therapy with a total of 47 enrollments. On the other hand, the three Providers with the lowest number of enrollments were Strident Healthcare with 0 enrollees, HealthCall with one enrollee and Peak ABA Center with one enrollee. During FY25/Q1, two evaluations were completed. The 2nd Evaluation REBID resulted in the addition of 6 new providers be placed on the Qualified List. The 1st Special Needs Evaluation for 2023-005 REBID resulted in the addition of 3 new providers. As a result, DWIHN Autism Service Department requested 7 new providers to be presented to DWIHN's Access Committee from the qualified list. The Autism Service Department expanded by awarding Downriver Therapy Associates LLC dba Success on the Spectrum a contract as well as expansion site request to Acorn Health of Michigan and Zelexa with an additional 6 sites. There are 2 ABA Providers selected from the Qualified List to complete credentialing requirements prior to receiving the final contract. 2. ***Activity 2: Timely Access to ABA Services (Performance Indicator) -*** It is the goal of the Autism Services Department to ensure timely access to Applied Behavior Analysis (ABA) services for eligible individuals with autism ages 0 to 21st birthday residing in Wayne County. This is measured by collecting data on services that start within 14 days of the effective authorization date. The baseline of this measure indicated only 68% of members started services within 14 days of being authorized during FY 2022. On average, 88% of members began services within 14 days of the ABA authorization effective date, which is above the goal of 70%. The new goal is 95%. 3. ***Activity 3: ABA Treatment Outcomes -*** To be eligible for Behavior Health Treatment (BHT) symptoms must cause clinically significant impairment in social, occupational, and/or other important areas of current functioning. Autism Services are medically necessary to reduce or improve symptoms

such as building adaptive behaviors, and/or reduce maladaptive behaviors to enhance the member's health, safety, and overall functioning and/or to prevent deterioration or regression. Treatment outcomes are re-assessed on a semi-annual basis with the goal of reaching at or above 70% progress. In FY25/Q1 ABA Providers achieved 84.3% of treatment outcomes that exceeded the goal.

Mrs. Phipps informed the committee that April is Autism Awareness Month. Commissioner Kinloch opened the floor for discussion. Discussion ensued.

B. **Children's Initiatives** – Cassandra Phipps, Director of Children's Initiatives submitted and gave highlights of the Children's Initiatives' quarterly report. It was reported that during FY25/Q1 DWIHN served a total of 13,056 unduplicated children, youth, and families in Wayne County ages 0 up to the 21st birthday: including both Serious Emotional Disturbance (SED) and Intellectual/Developmental Disability (I/DD) disability designations. This total is slightly higher than FY24/Q1 of 11,526 members served as well as higher than the previous quarter of 12,711 from FY24/Q4. It is noted during FY24 that the average children, youth, and families served was 12,249 and total of 48,996.

1. ***Activity 1: Annual Report to the Community -*** On 12/5/24, Children's Initiative Department hosted the Annual Report to the Community "Shine Brighter Together" as a deliverable for the System of Care Block Grant. Children Providers, community partners, stakeholders, and Michigan Department of Health and Human Services (MDHHS) representatives were in attendance (76 total). In addition, Dr. Eddie Connor was the keynote speaker who spoke on the message "Win Within." In addition, 6 awards were given to recognize those in the community who have been influential in the advancement of children services. The award categories included: Stakeholder, Fatherhood, Youth, and Caregiver awards. Former Chief Executive Officer, Kari Walker from The Guidance Center, was also an award recipient as well. The department will continue to complete the goals and deliverables associated with the System of Care Block Grant and prepare for the next Report to the Community event scheduled for December 2025.
2. ***Activity 2: Access to Children Services (DHHS MichiCANs Screener) -*** Michigan Department of Health and Human Services (MDHHS) developed the MichiCANS screener for community mental health providers to administer to children and youth ages 0 to 21st birthday. This universal screening 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. In addition to children providers administering the MichiCANS screener, DHHS health liaison officers (HLO) also complete the screener for youth involved in the foster care system. Effective 10/1/25, DHHS expanded the referral process for youth involved in foster care system to begin submitting referrals to DWIHN Access Center in addition to directly with the children's providers to streamline the referral process and promote a "no wrong door" approval to behavioral health services. One hundred percent (100%) of the baseline data for DHHS MichiCANs Screenings submitted to DWIHN Access Center met eligibility criteria for community mental health services (scored at least two or three on the MichiCANs Screener). During FY, 25 (Q1), there were 122 MichiCANs screenings submitted from DHHS, 120 screenings completed, two screenings pending screening and zero discontinued screenings.
3. ***Activity 3: GOAL Line -*** Community Education Commission (CEC) is the provider promoting the GOAL Line program to meet the behavioral health, social emotional learning, and integrated health needs of students

enrolled in grades K-8. During FY25/Q1, there were 604 students enrolled in the program. This is an increase from FY24 enrollment of 497 students enrolled. There is a significant increase in enrollment of students due to accepting more students in the program considering there was a waitlist from the previous school year. Also, CEC expanded the program into additional locations as well and offered social emotional learning and tutoring services to students at multiple library and recreation center locations.

Commissioner Kinloch opened the floor for discussion. Discussion ensued. The committee requested the attendance data for students enrolled in the GOAL Line program. ***(Action)***

C. **Customer Service** – On behalf of Michele Vasconcellos, Director of Customer Service, Bonnie Herndon, Dorian Johnson and Margaret Keyes submitted and gave highlights of the Customer Service's quarterly report. It was reported that:

1. ***Activity 1: Customer Service Calls -*** In comparing the first quarter of FY 24/25 with that of last year's first quarter calls for our Reception Switchboard, there was a decrease in the number of calls offered and an increase in the number of calls answered. The abandonment rate was slightly lower as well as the speed to answer was relatively the same. Our service level was 95% which exceeded the 80% standard. In comparing the Customer Service Call Center data for FY24/25, there was a significant increase in the number of calls offered and answered. There was also a decrease in the abandoned calls and percentage rate from 8.9% to 3%. Our speed of answering also improved as well as an increase in percentages in the service level and calls answered standards at 95% and 96% both exceeding the 80% standard.
2. ***Activity 2: Grievances and Appeals -*** The Due Process department continues to service our network by providing education to both members and providers as it relates to the processing of grievances, appeals, mediations and state fair hearings. The grievance comparison data for Quarter 1 of FY '24 and FY'25 remains steady. The top 4 categories remain Access to Staff, Access to Service, Delivery of Service and Interpersonal. For the Adverse Benefit Determinations, also known as ABDs, the numbers remain consistent across the quarters with adequate notices showing a slight trend upward and advance notices showing a slight decrease. Members' appeals show a slight decline in Q1 for FY '25 however this may be attributed the ability to reconnect more members with service.
3. ***Activity 3: Member Engagement –*** Staff coordinated DWIHN's annual participation in the State's Walk-A-Mile In My Shoes at the Capital. Over 300 DWIHN members were present. This is the second year that one of our members was asked to MC the agenda. We are involved with the launch of the 2024 National Core Indicators Survey (NCI)- Focus on DD population. We provided 311 statewide family samplings of 638. Completed the evaluative stage of the Adult and Children's 2024 ECHO surveys. Assisted Peers with various opportunities to obtain necessary continuing education credits to meet the States mandated continued certification requirements.

Commissioner Kinloch opened the floor for discussion. Discussion ensued.

C. **Direct Clinical Services** – ***Deferred to April 9, 2025, Program Compliance Committee Meeting***

	D. **Integrated Health Care –** Vicky Politowski, Director of Integrated Health Care submitted and gave highlights of the Integrated Health Care's quarterly report. It was reported that…… 1. ***Activity 1: Omnibus Budget Reconciliation ACT (OBRA) –*** Staff has reduced the back up of referrals in the INP queue; developed Specialized Services Training; collaborating with Residential to begin regularly scheduled meetings to improve communication and discuss placement alternatives; and sent out all Nursing Homes Agreements. There was an increase in referrals from FY 24, Q1 (1,527) to FY 25, Q1 (1,766). The overall improvement noted in productivity and increased referrals in comparison to last year. The number of assessments completed has increased and staff are working diligently to meet the needs and 100% completion of PAS within four days of referral. 2. ***Activity 2: Complex Case Management (CCM) –*** To progress movement towards recovery, enhance wellness, and build resiliency through self-care and empowerment for members with medical and behavioral health concerns. The goal is to reduce hospitalizations, connect with PCPs, reduce gaps in care and increase participation in outpatient visits, improve screening measurements and satisfaction scores. CCM is free, voluntary and provided directly by DWIHN. The screening tools used for CCM are PHQ, depression screening and the WHO-DAS, screening for level of difficulty of symptoms and activities of daily living. There are currently 10,432 CCM eligible members based on the criteria; 23 members enrolled; no new members enrolled this month; no members referred through ED; seven (7) referred through a provider; 13 members referred internally; two (2) CCM staff and an average of 7.6 CCM Caseload per staff. 3. ***Activity 3: Special Care Coordination with Medicaid Health Plans -*** The Chair noted that the Autism Spectrum Disorder, Children's Initiatives, Customer Service and Integrated Health Care's quarterly reports have been received and placed on file.

IX. Strategic Plan – Customer Pillar

DISCUSSION/ CONCLUSIONS	On behalf of Michele Vasconcellos, Director of Customer Service, Margaret Keyes submitted and gave highlights of the Strategic Plan Customer Pillar. It was reported that they are at 70% completion on this pillar. There are three (3) Strategic Objectives under this pillar, and they range from 65% to 75% completion and on target: 1. Enhance the Provider experience by 1st Sep 2025 – **65% completion** 2. Ensure inclusion and choice of members by 1st Sep 2025 – **75% completion** 3. Improve member's experience of care and health outcomes by 1st Sep 2025 – **71% completion** The Chair opened the floor for discussion. Discussion ensued. Commissioner Kinloch noted that the Strategic Plan Customer Pillar report has been received and placed on file.

X. Quality Review(s)

DISCUSSION/ CONCLUSIONS	***There was no Quality Review(s) to report this month.***

XI. VP of Clinical Operations' Executive Summary

DISCUSSION/ CONCLUSIONS	Melissa Moody, VP of Clinical Operations submitted and gave highlights of the Clinical Operations executive summary. It was reported: 1. **Health Home Initiatives** – *Behavioral Health Home (BHH)* **-** 839 members enrolled as of February 28, 2025 (no significant change in enrollment from the previous month); *Substance Use Disorder Health Home (SUDHH)* – 680 members enrolled as of February 28, 2025 (6.25% increase since Dec. 2024); and *Certified Community Behavioral Health Clinic (CCBHC)* – 19,534 members enrolled as of February 28, 2025 (24.92% increase since Dec. 2024). It is DWIHN's goal to expand access to members in both the Behavioral Health Home and SUD Health Home programs to reach 1,000 respectively in FY2025. Health Homes focus on integrating care, generate cost-efficiencies, and increase a member's health status. Health Homes provide: Comprehensive Care Management, Care Coordination, Comprehensive Transitional Care, Health Promotion, Individual and Family Support, and Referral to Community Social Support Services. The Health Home Team, led by Emily Patterson, facilitated a CMHA Winter Conference session titled "Behavioral and SUD Health Homes: Keys to Success and Context in the CCBHC Demonstration" was very well received and had very positive audience feedback. Behavioral Health Home and SUD Health Home success stories were shared with the committee. 2. **Crisis Services** – Hospital recidivism continues to be a major area of focus at DWIHN as we have seen an overall increase in FY 24 (remaining above 15% for adults). The second quarter's data show much lower but it is incomplete as it is partial quarter data. 3. **Clinical Updates** - *Conflict Free Access and Planning (CFAP):* Centers for Medicare and Medicaid Services (CMS) require States to implement CFAP policies that will directly impact the provision of behavioral health services across the State and in our region. CFAP states that CMHSPs, in their role as a provider, may not offer both service planning and direct services to the same member. DWIHN does know that this will impact those members receiving Home and Community Based Waiver Services and are meeting internally to develop a plan around this structure. DWIHN is awaiting receipt of MDHHS' implementation plan and timeline to provide more guidance on specific requirements and technical details. DWIHN is still waiting for a CMS response regarding the certification to be a CCBHC. The Chair opened the floor for discussion. There was no discussion. Commissioner Kinloch noted that the VP of Clinical Operations' executive summary has been received and placed on file.

XII. Unfinished Business

DISCUSSION/ CONCLUSIONS	A. **BA #25-51 (Revised) – DWIHN Provider Network System FY 25** – Staff requesting board approval to add three residential providers (Davis Care Networks, inc., U & I Home Care, LLC and MidSouth Development, Inc.) to the DWIHN Provider Network System FY 25 for continued delivery of behavioral health services for individuals with SMI, I/DD and SED and Co-Occurring Disorders without change to the total provider network amount. The Chair called for a motion on BA #25-51 (Revised). **Motion:** It was moved by Mr. Phillips and supported by Mrs. Bullock to move BA #25-51 (Revised) to Full Board for approval. Commissioner Kinloch opened the floor for discussion. There was no discussion. **Motion carried.**

	B. **BA #25-55 (Revised) – Michigan Child Collaborative Care Program (MC3) and Behavioral Health Consultant** – Staff requesting board approval of a one-year contract for an amount not to exceed $114,598.00 ($96,882.00 clinical and $17,716 administrative) with Starfish Family Services. The Michigan Child Collaborative Care Program and Behavioral Health Consultant Project provides behavioral health consultation for local primary care providers with MC3 child adolescent and prenatal psychiatrists. This is an increase of $22,236.00 to this board action. The remaining $10,157.00 is allocated to DWIHN for administrative ($2,657.00) and indirect ($7,500.00) costs. The Chair called for a motion on BA #25-55 (Revised). **Motion:** It was moved by Mr. Phillips and supported by Mrs. Bullock to move BA #25-55 (Revised) to Full Board for approval. Commissioner Kinloch opened the floor for discussion. There was no discussion. **Motion carried.**

XIII. New Business: Staff Recommendation(s)

DISCUSSION/ CONCLUSIONS	A. **BA #25-58 – Secretary of State Returning Citizens Voucher Program –** Staff requesting board approval for a two-year contract (via a MOU) for an amount not to exceed $100,000.00 with the Secretary of State Voucher program. The program is a pilot to assist active DWIHN members that were incarcerated for at least 90 days with paying fees and fines assessed and/or owed to the Secretary of State in order for members to obtain their driving license or state identification. The program will be funded with proceeds DWIHN received directly from the Opioid Settlement. DWIHN will re-evaluate the effectiveness of the program after two years. The contract is effective on May 1, 2025 through April 30, 2027. The Chair called for a motion on BA #25-58. **Motion:** It was moved by Mrs. Bullock and supported by Mr. Phillips to move BA #25-58 to Full Board for approval. Commissioner Kinloch opened the floor for discussion. Discussion ensued. **Motion carried.**

XIV. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS	***There was no Good and Welfare/Public Comment this month.***

ACTION ITEMS	Responsible Person	Due Date
1. **Follow-Up Items from Previous Meeting:** A. **Corporate Compliance –** Provide additional information to determine if the Board can be notified of a provider being non-compliant before the investigation is closed. B. **Chief Medical Officer's Report -** The Committee requested a deeper dive to determine reasons individuals are returning to hospital for services-are they not receiving the services they need C. **Innovation and Community Engagement's Quarterly Report** – Provide the percentage of DWIHN's members that are experiencing homelessness in Detroit and Wayne County**.**	Sheree Jackson Dr. Shama Faheem Andrea Smith	***April 9, 2025***
2. **Children's Initiatives' Quarterly Report –** Provide the attendance data for students enrolled in the GOAL Line program.	Cassandra Phipps	***April 9, 2025***

The Chair called for a motion to adjourn the meeting. **Motion:** It was moved by Mr. Phillips and supported by Mr. Parker to adjourn the meeting. **Motion carried.**
ADJOURNED: 2:36 p.m.
NEXT MEETING: Wednesday, April 9, 2025, at 1:00 p.m.

Program Compliance Committee
Chief Medical Officer's Report

Dr. Shama Faheem
April 2025

BEHAVIORAL HEALTH EDUCATION, ADVICACY & OUTREACH:

- Game Event at Michigan Science Center in Feb 2025 with discussion time with Dr. Faheem to talk about the impact of gaming.
- Communications Department organized Media training for all psychiatrist in March to encourage participation in future advocacy, media appearances, educations and presentations as needed.
- 12 leading national mental health and substance use organizations released a statement following the announcement of drastic staffing cuts at the U.S. Department of Health and Human Services (HHS) from Substance Abuse and Mental Health Services Administration (SAMHSA): "As the nation's leading mental health, suicide prevention, and substance use organizations, we are deeply alarmed by the widespread, immediate staffing cuts and dismantling of entire offices occurring at HHS. HHS's critical work is vital to increasing access to mental health and substance use disorder care, improving suicide prevention efforts, stemming the opioid epidemic, and reimagining our nation's mental health crisis response.
- American Psychiatric Association also released statement on February 14, 2025, Executive Order 14212, establishing the Make America Healthy Again Commission casts doubt on this research by tasking the Commission with "assessing the prevalence of and threat posed by the prescription of selective serotonin reuptake inhibitors (SSRIs), antipsychotics, mood stabilizers, stimulants, and weight-loss drugs". The safety and efficacy of traditional antidepressants, antipsychotics, and mood stabilizers (such as lithium and some anticonvulsants) and stimulant medications have been established through decades of rigorous research, randomized clinical trials, peer-reviewed studies, meta-analyses, national registry studies of thousands of people, post-marketing pharmacovigilance monitoring, and FDA oversight…

RESEARCH & SCHOLARLY ACTIVITIES:

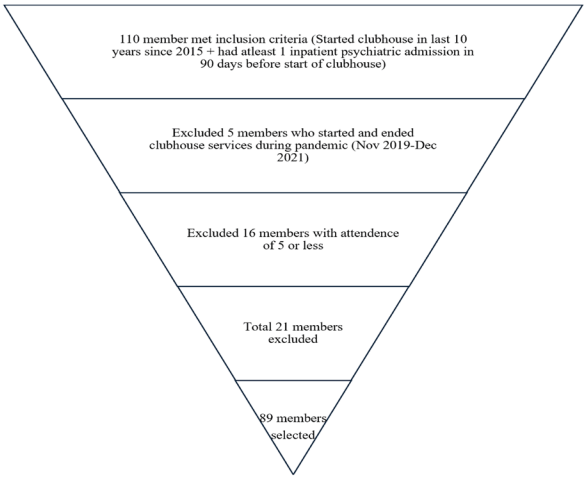
We submitted this study for publication at Cureus Medical Journal in February, which is a peer-reviewed journal, and it got published on 3/14/25 and will be submitted for **PMC indexing** on **04/13/2025**. It is an Open Access Journal, and the article can be accessed via the link:
https://www.cureus.com/articles/342344-impact-of-clubhouses-in-reducing-psychiatric-readmission-risk?email_share=true&expedited_modal=true#!/

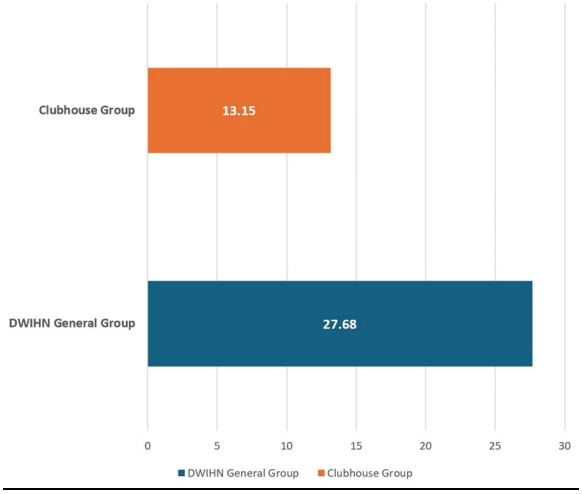
Authors: Dr. Shama Faheem, Ms. Melissa Moody, Ms. Marianne Lyons, Ms. Stacey Sharp and Mr. James White

Our members with SMI have complex needs and the period following discharge from a psychiatric hospital is high risk period that can contribute to repeated psychiatric admissions and recidivism.
Therefore, we did a study for clubhouse participants in the last 10 years and narrowed them to include a subgroup that had at least one psychiatric admission in 90 days before starting clubhouse. Eighty-nine members were selected using the selection criteria and process, and their hospitalizations were calculated 90 days before and after clubhouse enrollment.

A significant reduction in psychiatric readmission rates was observed, with an eightfold decrease in hospitalizations post-clubhouse enrollment. The observed difference between the pre- and post-enrollment measurements was statistically significant based on two-tailed t-test, indicating a notable effect of clubhouses. The 90-day psychiatric hospital readmission rate for clubhouse members was 13.15% as compared to the 5-year average 90-day readmission rate of 27.68 % for general DWIHN population which was approximately a 50% decline in recidivism.

Program Compliance Committee
Chief Medical Officer's Report





KEY QUALITY IMPROEMENT UPDATES:

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

2025 93.99 % (until February)
2024 47.71%
2023 51.91 %

Key Intervention:

- Prescription data added to the VDT platform for CRSP
- Policies and Procedures created around HEIDS expectations for CRSP
- Quality to incorporate HEDIS into quality monitoring
- Collaboration with 2 FQHC
- Increase education in the community through mobile app and trainings
- Assist member with re/applying for Medicaid
- Alert in PCE Electronic Health Records created to remind prescribers to assess if an injectable antipsychotic is appropriate.

Access to Services in 14 Days

Access to Services in 14 days has been a major barrier for DWIHN entire MI esp. since post pandemic when workforce crisis worsened. However, we have worked consistently to improve our numbers steadily over the last 3 years and have been meeting the State standard of 57% almost consistently for adults in last FY 24 (except 4th qtr). We have been improving our compliance with children as well and the compliance has moved in the upward trend but has fallen short on meeting State standard. The Children's Department has been working closely with Access, Managed Care and Quality Department to continue to evaluate and improve network adequacy.

CRISIS CENTER UPDATES:

During the Month of March, we had

- 175 Adult presentations to the Crisis Center. Of them,
  139 were admitted to CSU
- There were 58 Child presentations to crisis Center, of them
  53 were admitted.

MDHHS provisional Certification documents have been submitted. Next steps would be that State will give us feedback on them, ask for additional documents as needed and then schedule site visit.

Joint Commission Review is scheduled for the week of April 14th. Teams have been preparing for it.

Program Compliance Committee Meeting
Corporate Compliance Report
April 9, 2025

Main Activities during January 2025-March 2025

Major Activities:

- **Compliance Investigations**
- **Compliance Academy**

Activity 1: Compliance Investigations

- *Description:* Corporate compliance investigations focus on detecting, preventing, and correcting fraud, waste, and abuse in the Medicaid system.

Total number of provider compliance investigations	42
Total number of internal DWIHN compliance investigations	3
Total number of cases pending review	7
Total number of cases managed by the Compliance Department	52

- *Significant Tasks During Period*: Seven investigations resulted in identification of overpayments amounting to $93,036.04. The top three key findings related to provider non-compliance included **billing for services not rendered**, **failure to provide clinical documentation for claims billed**, and **misrepresentation of provider qualifications.**

- *Current Status:* The average case closure time was 63 days, showing a 49% improvement compared to the previous quarter. Three new compliance staff members were onboard during Q2, leading to an increase in the number of compliance investigators focused on program integrity initiatives.

- *Major Accomplishments During this Period*
    1. The Compliance Department has facilitated the auditing of the DWIHN Access Department and Care Center. Twelve new contractors have been trained and are currently assigned to audit these services.
    2. Successfully implemented the tiered corrective action plan for seven network providers cited for failing to obtain or document efforts to secure signatures for Individual Plans of Service.

Activity 2: Compliance Academy

- *Description:* The training focuses on adherence to state and federal guidelines and maintaining ethical standards in the delivery of Medicaid services.

- *Significant Tasks During Period*:

- Upon completion of an investigation, the compliance team delivered targeted training on identified areas of non-compliance, ensuring 100% of affected providers received training within 30 days of the investigation's conclusion.
- Developed and implemented a new training schedule organized by provider type, achieving 100% provider coverage within 180 days.
- Provided training and education to 100% of contracted providers within 45 days of contract initiation, applicable exclusively to existing providers who added new services.

- *Current Status:* Compliance has designated a dedicated staff member to handle training and education. The department is currently in the process of reassigning the trainer's existing investigation caseload to facilitate the full implementation of the training program and ensure adherence to contractual requirements.

Follow-up

Provide additional information to determine if the Board can be notified of a provider being non-compliant before the investigation is closed.

In determining whether the Board may be notified of a provider's non-compliance prior to the conclusion of an investigation, several key factors must be carefully considered. First, it is essential to protect the integrity of the ongoing investigation and mitigate potential legal and reputational risks to DWIHN. Prematurely disclosing sensitive information could disrupt the investigative process, compromise confidentiality, and lead to undue harm by prematurely labeling the provider as non-compliant before all relevant facts have been fully examined.

Additionally, the PIHP contract explicitly prohibits the Compliance team from disclosing any details of the investigation to the provider if a credible allegation of fraud has been identified, in order to maintain the confidentiality of the investigation and prevent potential interference.

Moreover, legal considerations must be taken into account, regarding potential reputation risks or privacy violations if premature disclosures are made before an investigation has concluded. Based on these factors, it is advised to withhold notifying the Board of a provider's non-compliance until the investigation is completed and definitive findings are available, ensuring that due process and confidentiality are upheld throughout.

Adult Initiatives 2nd Quarter Report
Marianne Lyons, LMSW, CAADC
3/28/2025

Main Activities during quarterly reporting period:

- Assisted Outpatient Treatment (AOT)
- Outcome Improvement Committee (OIC)
- Intellectual/ Developmental Disability (IDD)

Progress on Major Activities:

Activity 1: Assertive Community Treatment (AOT)

- *Description:* Assisted Outpatient Treatment (AOT) is court-ordered treatment for members with a mental illness. AOT orders are for people who need help remembering to meet with their case managers, psychiatrists or therapists or taking their medication. All AOT orders must be supervised by a psychiatrist/psychologist and an outpatient treatment provider. The AOT order can include case management, psychiatric/therapy services, and medication. A petition for an AOT is filed with the Probate Court, the Court assigns an attorney, schedules a hearing, and notifies the interested parties. At this point, the subject of the petition has three options:

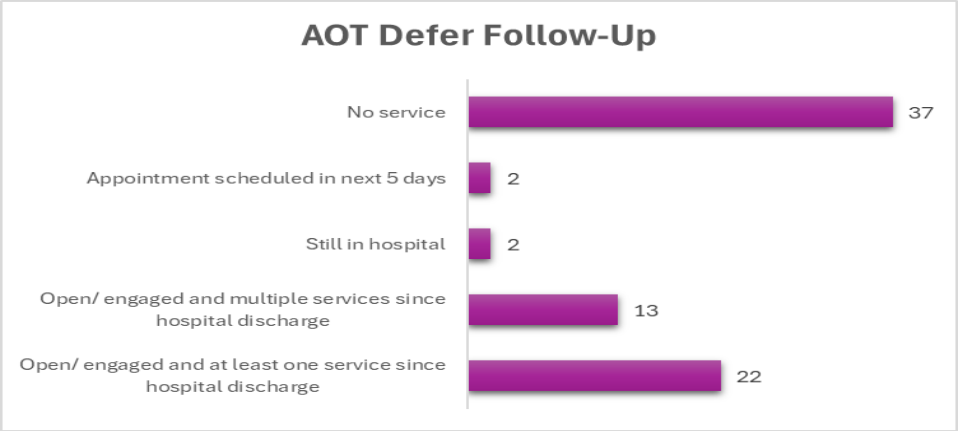
    1. Waive the hearing and stipulate to treatment and the order (waive and stip)
    2. Request to defer the hearing for up to 180 days and voluntarily comply with treatment recommendations (this requires a deferral conference). The deferral creates an opportunity for the individual to take ownership in their treatment and demonstrate their capacity without a court order. During this time, the petition stays active so that if the individual stops adhering to their treatment plan, it can be turned back over to the Probate Court, and the order can be placed and enforced. The following people must be present at the deferral conference: the individual being petitioned, their appointed or elected attorney, CMH representative or clinically responsible service provider and hospital representative (liaison, social worker, etc.)
    3. The subject of the petition agrees to a hearing with or without a jury

- *Current Status:*

AOT Order Analysis (January 1 – Mar 21, 2025)

- Total AOT Orders Filed: 435
- Deferred Hearing and Agreed to Treatment: 83 (19%)
- Registered in MHWIN and Assigned to a Provider: 76 (92% of those who deferred)

- The chart below illustrates the engagement rates of these 76 members, highlighting their follow-through with treatment plans.



- *Significant Tasks During Period:* The Adult Initiatives team analyzed follow-up engagement rates among members who voluntarily deferred treatment, a previously untracked metric, to assess whether self-directed participation led to higher outpatient appointment attendance.

  Key Findings:
  - Of the members who deferred, 35 attended at least one (1) outpatient appointment.
  - 22 (63%) engaged in at least one (1) service with a provider.
  - 13 (37%) attended multiple outpatient appointments post-discharge.
  - Overall, 46% of members who voluntarily followed treatment recommendations successfully connected with and engaged in ongoing care.
  - For comparison, within the general DWIHN population, 37.9% (707/1864) of individuals hospitalized in FY25 Q2 attended at least one (1) outpatient service within 30 days of discharge.

- *Major Accomplishments During Period:*
  - **Enhanced Peer Support:** Peers now meet with members before the deferral conference to educate them on treatment orders, explore their options, and support informed decision-making to improve outpatient engagement.
  - **Expanded Transportation Access:** Through grant funding, the AOT team secured two (2) vans to assist with outreach, engagement, and transportation – addressing a major barrier cited by several members.

- *Needs or current issues:* To assess the effectiveness of treatment orders in improving provider engagement, reducing inpatient hospitalizations, and decreasing crisis encounters, ongoing follow-up data tracking is essential. Additionally, targeted interventions must be developed in collaboration with the AOT team and provider network. To support these efforts, Adult Initiatives is working with the PCE system to enhance the court services tab in MHWIN, scheduled to go live in May 2025. This upgrade will significantly improve our ability to track deferrals and court orders, enabling better identification of compliance trends and patterns.

- *Plan*:
    - **12-Month Data Review:** The AOT team will conduct a retrospective analysis of noncompliant deferral members, examining past hospitalizations and crisis encounters.
    - **Enhanced Support and Engagement:** Care managers and peer supports will provide additional outreach to assist providers in re-engaging these members.
    - **Stronger Inpatient Collaboration:** Increased coordination with psychiatric units will facilitate early engagement before discharge, ensuring members receive education on the AOT process and support for follow-up care.

  These efforts aim to improve post-discharge engagement and reduce hospital readmissions.

Activity 2: Outcome Improvement Committee (OIC)

- *Description:* The Outcome Improvement Committee (OIC) is a multidisciplinary team of DWIHN staff, supervisors, therapists, case managers, and peer supports that consults on high-risk cases to improve care quality and member outcomes. Since its inception in January 2022, 65 members have been referred to OIC. Members graduate from OIC upon demonstrating sustained stability, reduced hospitalizations, and improved PHQ-9/A scores. This structured approach ensures data-driven decision-making and continuous quality improvement in member care.

- *Current Status:* For the second quarter of FY 2025, 14 members were reviewed by the committee. Of the 14 members, there were two (2) new members added this quarter. There were no graduations during this time frame.

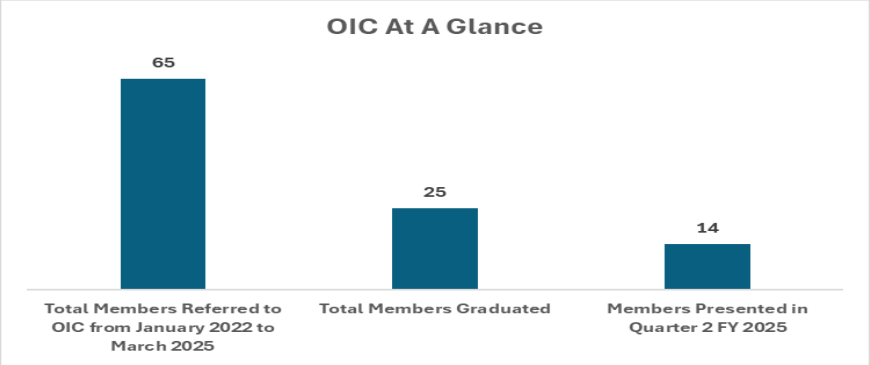
- *Significant Tasks During Period:* Adult Initiatives developed a process to measure graduate members' success by using the following indicators:
    - Compare LOCUS and PHQ 9/A pre and post scores to determine member's success with recommendations from the committee.
    - Monitor post hospitalization admission for 90 days (the goal is zero (0) inpatient admissions).
    - Monitor continued engagement with outpatient providers with the understanding that members can be brought back to the committee at any time if there is a decrease in level of function, crisis episode or concern from provider.

- *Major Accomplishments During Period:* Adult Initiatives developed a spreadsheet to more accurately track progress, data, and ease of referral and transition.

- *Needs or Current Issues:* Adult Initiatives identified a need for increased awareness to our providers of the Outcome Improvement Committee. It is our goal to generate additional referrals, promote additional communication and partnership with the providers, and develop a more defined tracking measure for follow up for those members who have graduated from OIC.

- *Plans:* For the 3rd quarter of FY25, Adult Initiatives will be developing a post-graduation 90-day survey for the provider to complete, to follow up on the graduate member's

progress.



Activity 3: Intellectual Development Disability (IDD)

- *Description:* The Adult Initiatives team facilitates the provision of services to adult members with Intellectual and/or Developmental Disabilities. The IDD service array aims to assist members in remaining active in their community based upon their needs, preferences and dreams. CLS, respite, psychiatry, psychology, behavioral supports, skill-building, speech/physical/occupational therapies, and vocational services are available to members.

- *Current Status:* Adult Initiatives is assessing service utilization among members transitioning out of school, focusing on skill-building and supported employment programs for individuals with IDD.

  Key Findings:
  - Eligible Population – 7,100 members aged 18+
  - Program Enrollment – Only 2,100 (30%) are enrolled in either supported employment or skill-building programs.
  - Education Trends – Most IDD members remain in special education until age 26, delaying program enrollment.

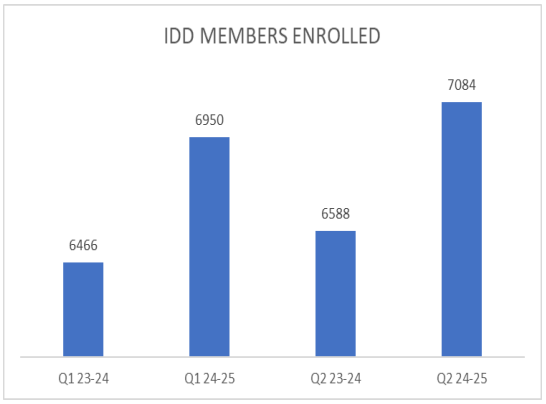
  Supported employment aims to place members in competitive jobs (minimum wage or higher), though it is not evidence-based. Skill-building programs focus on daily living skills and offer sub-minimum wage opportunities, including micro-enterprises and piecework.

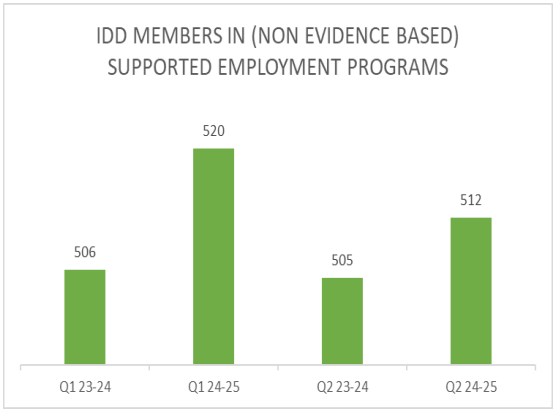
- *Significant Tasks During Period:* Adult Initiatives is conducting a data analysis to assess supported employment and skill-building service utilization among individuals with IDD. Additionally, the team is examining guardianship rates within this population. New reports are being developed to systematically track these factors. Future analyses will focus on identifying the number of members over age 26 who are not enrolled in any program, highlighting gaps in service access and engagement. This data-driven approach aims to inform targeted interventions and improve long-term support for IDD members.

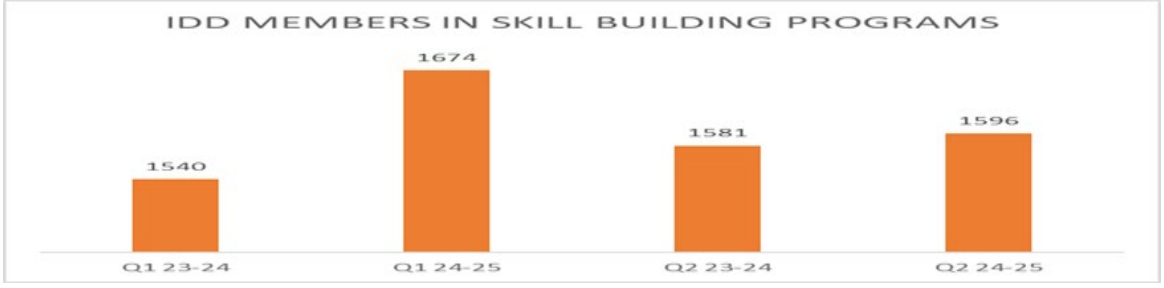
- *Major Accomplishments During Period:* Adult Initiatives partnered with Children's Initiatives for the IDD Provider Network meeting, gathering critical insights on guardianship and supported decision-making. To further explore alternatives to guardianship, the team established a dedicated workgroup and engaged legal experts and members of the Michigan Developmental Disabilities Council for their expertise. Efforts to improve data tracking led to the development of new reports monitoring guardianships, hospital discharges, and skill-building program participation. Additionally, the team met with MDHHS to ensure high-needs cases received appropriate services and to discuss the implementation of evidence-based supported employment programs for IDD adults.

- *Needs or current issues:* Adult Initiatives seeks more detailed information on evidence-based supported employment for IDD members, including specific program models and best practices. Additionally, there is a need to identify the most common skill deficits among members and determine how many individuals are currently or could potentially be competitively employed.

- *Plans:* Adult Initiatives is scheduled to attend training on the Individual Placement and Support (IPS) evidence-based model for supported employment. The IPS program has been implemented with adults with mental illness with great success. Very few programs worldwide have been implemented for members with IDD due to concerns regarding the ability to maintain fidelity to the model. Adult Initiatives will continue to research whether a pilot project could be implemented for members with IDD and will update in future reports. Adult initiatives will also focus on educating providers on the guardianship process and alternatives to guardianship. Supported Decision Making alternatives can include designating a patient advocate, a durable power of attorney or a payee.





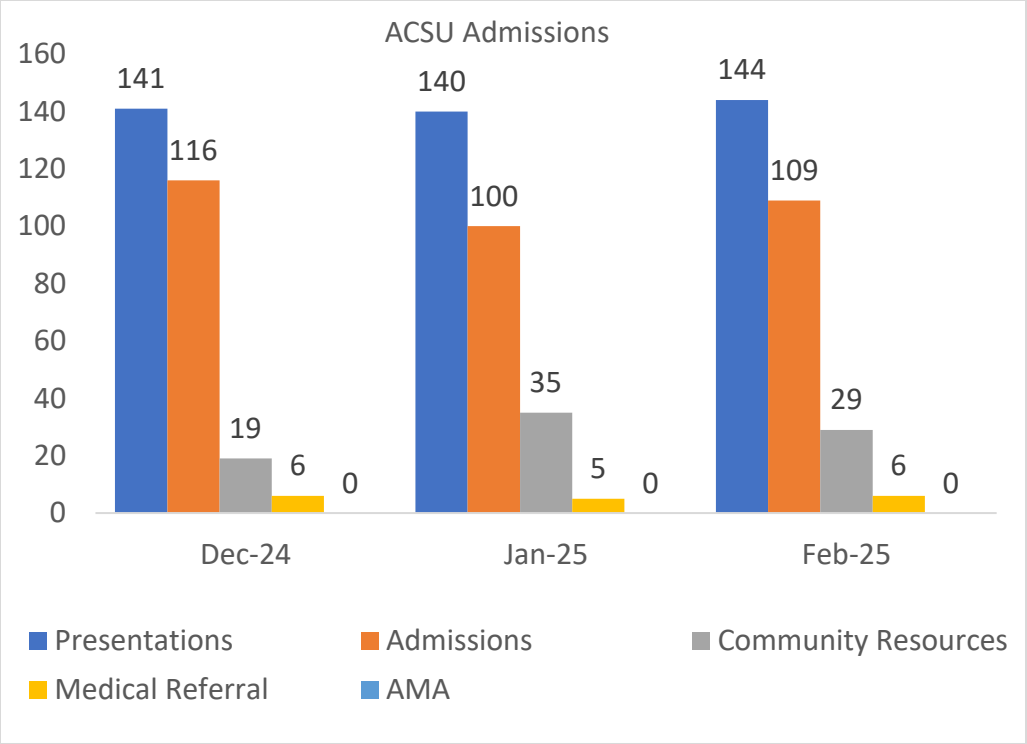


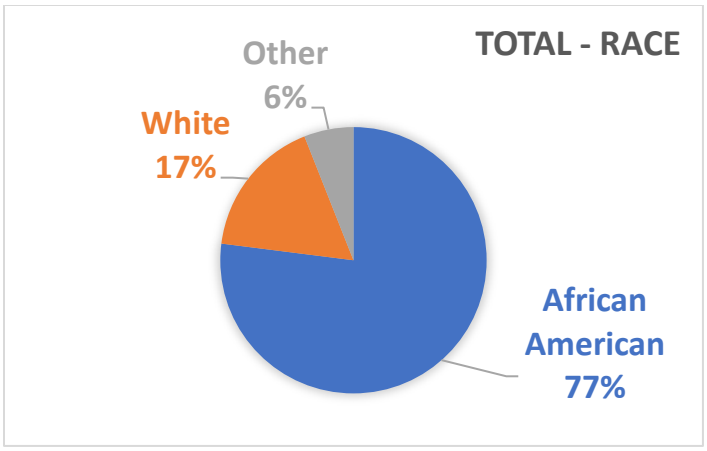
Program Compliance Committee Meeting
Grace Wolf, VP of Crisis Services / 707 Crisis Care Center Report
March 9th, 2025

Main Activities during December 2024 - February 2025, Reporting Period:

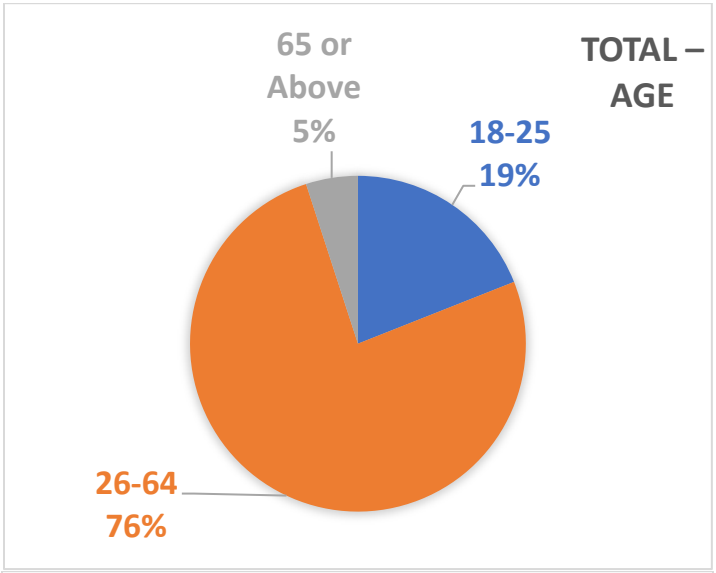
<u>Activity 1:</u> Adult Crisis Stabilization Data

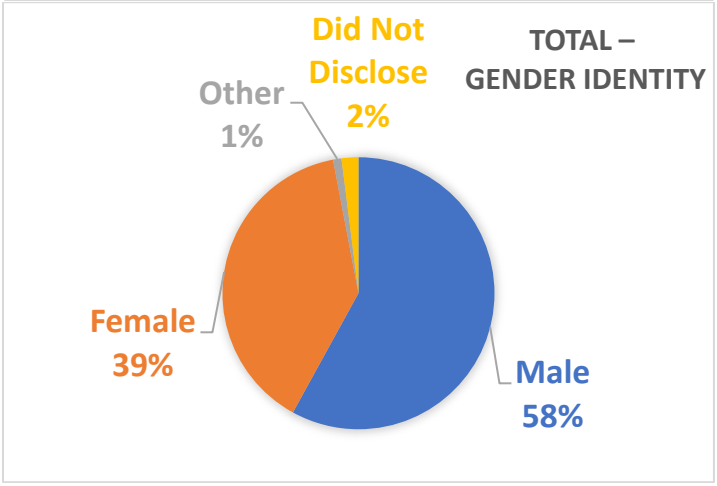
- *Description:* The ACSU serves individuals 18 years or older, regardless of their insurance status, who are seeking mental health or substance use services. Individuals can receive services on an involuntary or voluntary basis. The unit is open 24/7/365 and accepts referrals, walk-ins and police drop-offs. The occupancy of the ACSU is 12 individuals at one time, and the length of stay on the ACSU is 72 hours.
- *Current Status:*



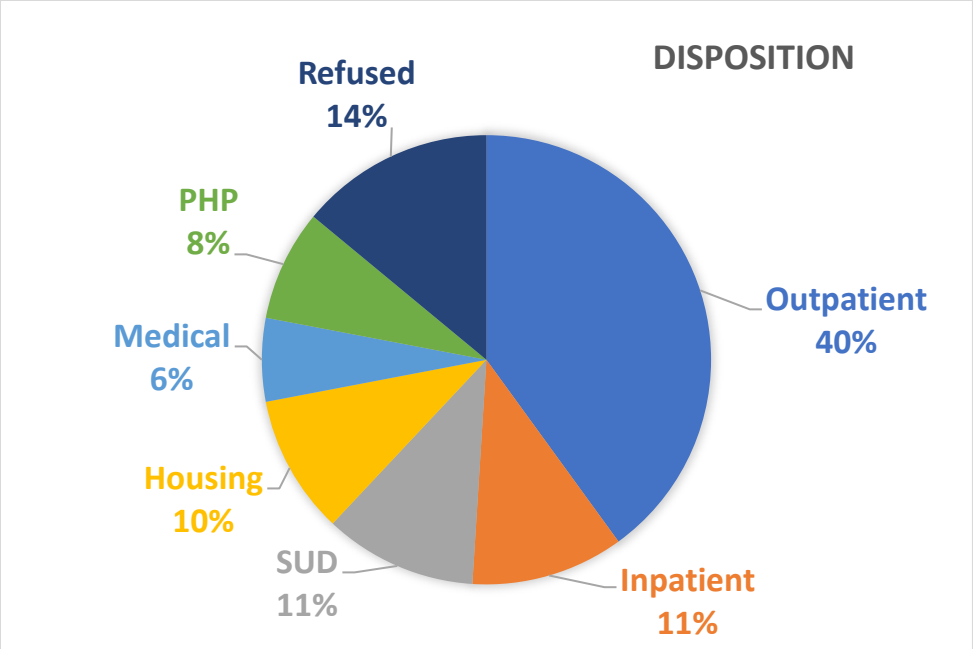


**Other includes: two or more races, American Indian, Arab American, Asian, or Native Hawaiian/other Pacific*

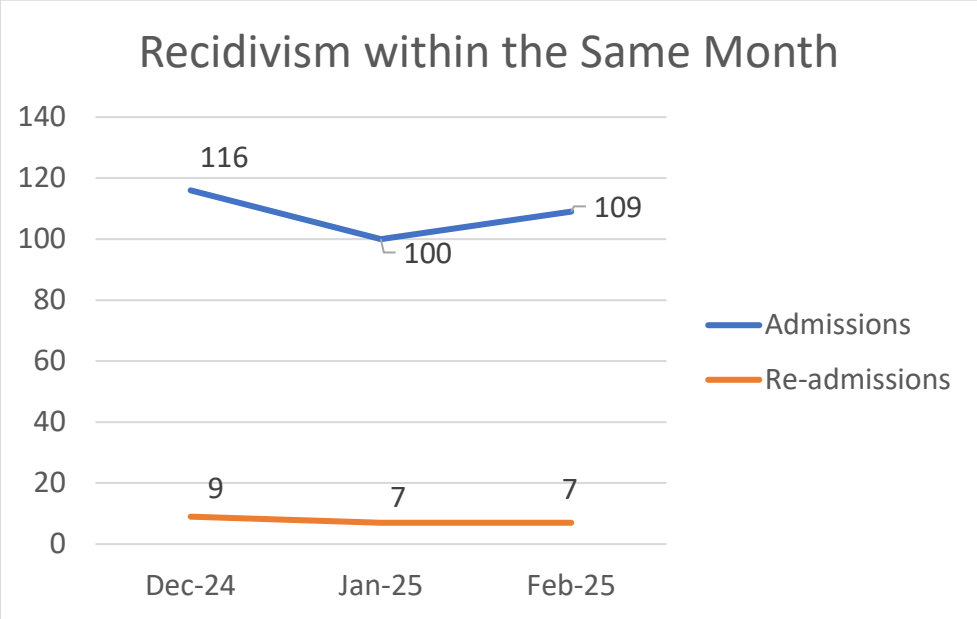




**Other includes: transgender man, transgender woman, genderfluid, agender and non-binary*

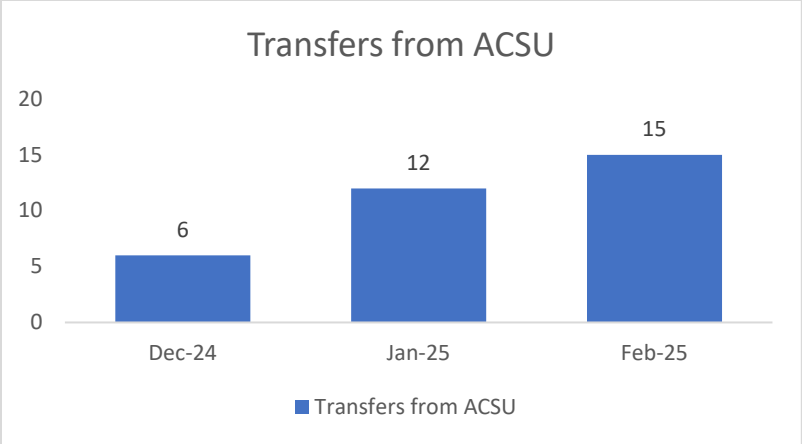


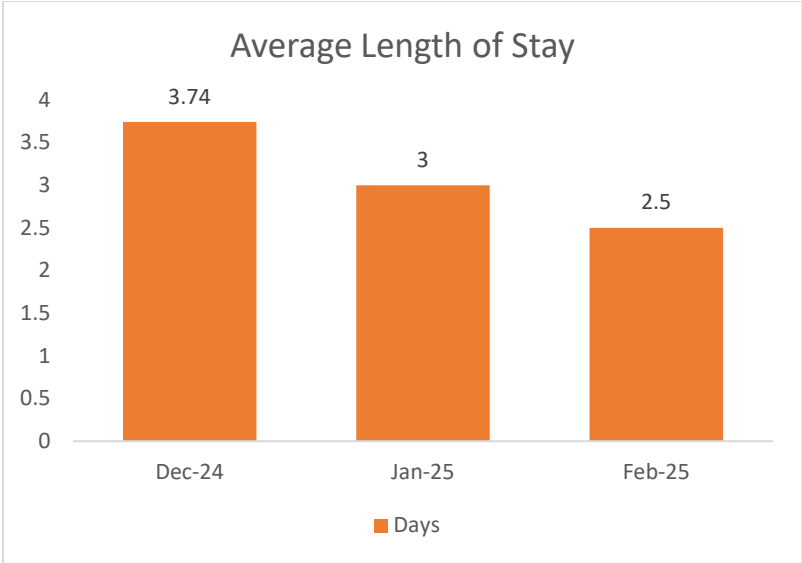
**Outpatient includes transfers to BEST Unit*

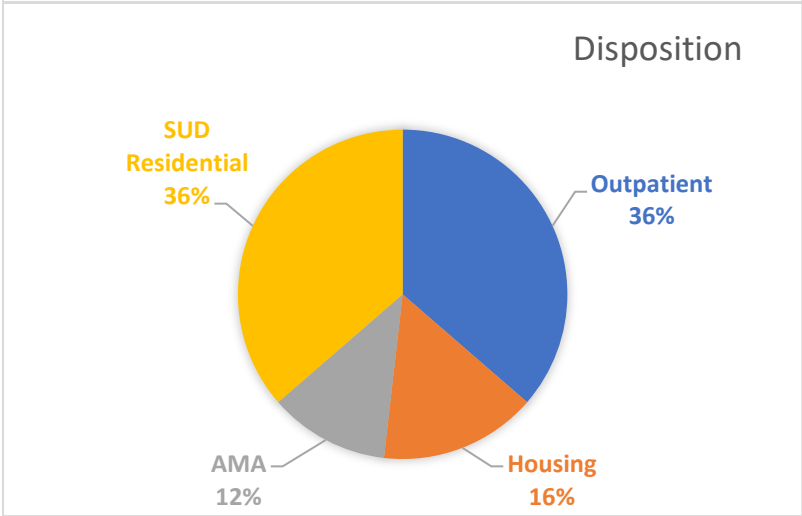


<u>Activity 2:</u> Building Empowered and Supportive Transitions Unit (BEST) Data

- *Description:* The BEST Unit is a post-crisis transitional unit. The BEST unit is run by our Peer Support Specialists and focuses on continued support and services post crisis intervention. The goal of the BEST unit is to reduce recidivism and provide continued support to vulnerable individuals. The occupancy of the BEST unit is 6 individuals at a time and the length of stay is 7 days.
- *Current Status:*





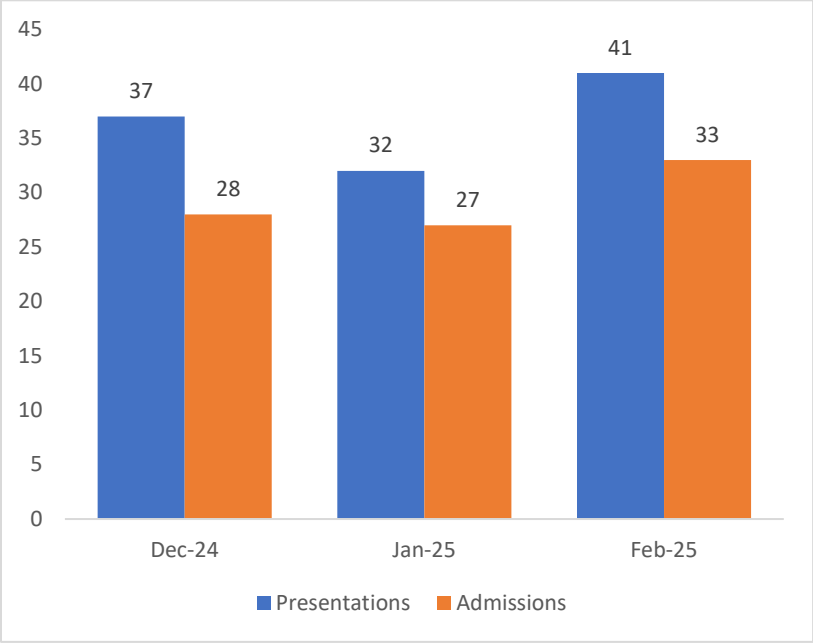


<u>Activity 3:</u> Child and Family Crisis Unit (CFCU)

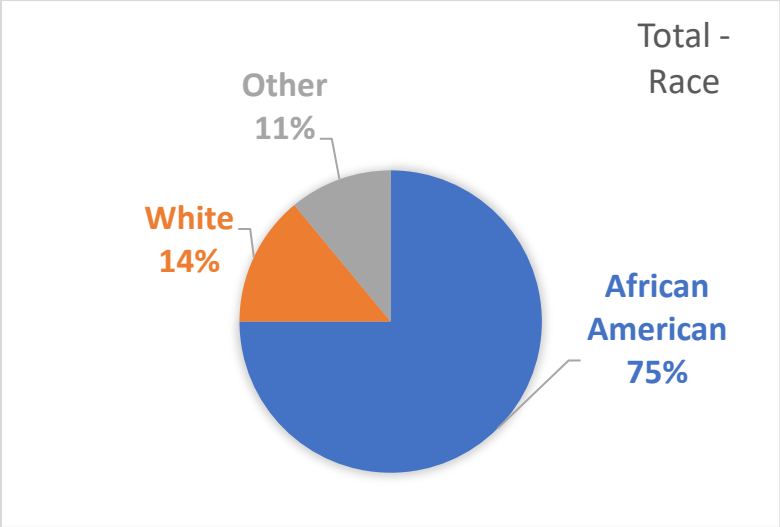
- *Description:* The CFCU serves individuals 5-17 years old, regardless of their insurance status, who are seeking mental health or substance use services. The unit is open 24/7/365 and accepts

referrals, walk-ins and police drop-offs. The occupancy of the CFCU is 14 individuals at one time, and the length of stay on the CFCU is 72 hours.

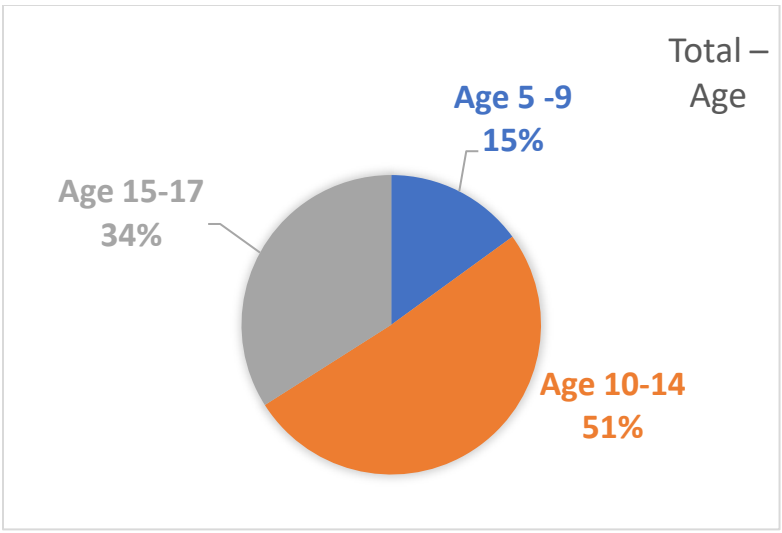
- *Current Status:*

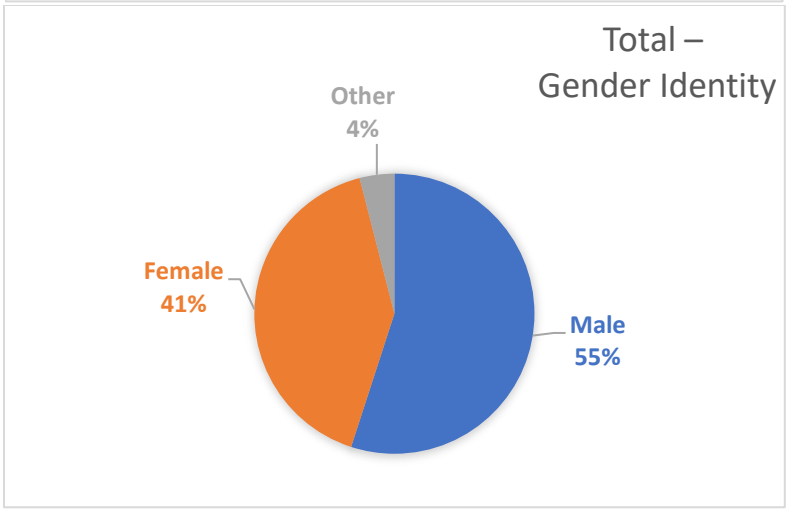


**Barriers to admissions tracking has been removed due to expansion of CFCU services*

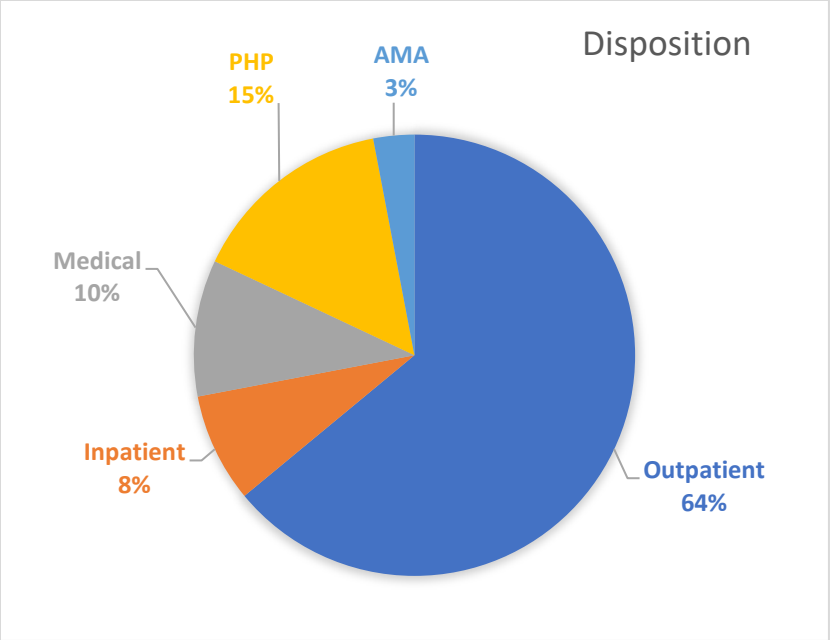


**Other includes: two or more races, American Indian, Arab American, or Asian*





**Other includes: transgender man and did not disclose*



Quarterly Update:

- **Things the Department is Doing Especially Well:**
  Staff continue to work on engagement and discharge planning. During the previous reporting period, the ACSU inpatient referral rate was 25%. This period it has dropped to 11%, all while our 30-day recidivism stays under 10% on the adult unit.
  Additionally, the CFCU, while expanding services to accept a higher acuity level, also lowered their inpatient referral rate from 10% in the previous period to 8% this reporting period.

- **Identified Opportunities for Improvement:**
  Continued engagement with MDHHS towards the development of the Youth Crisis Stabilization administrative rules.

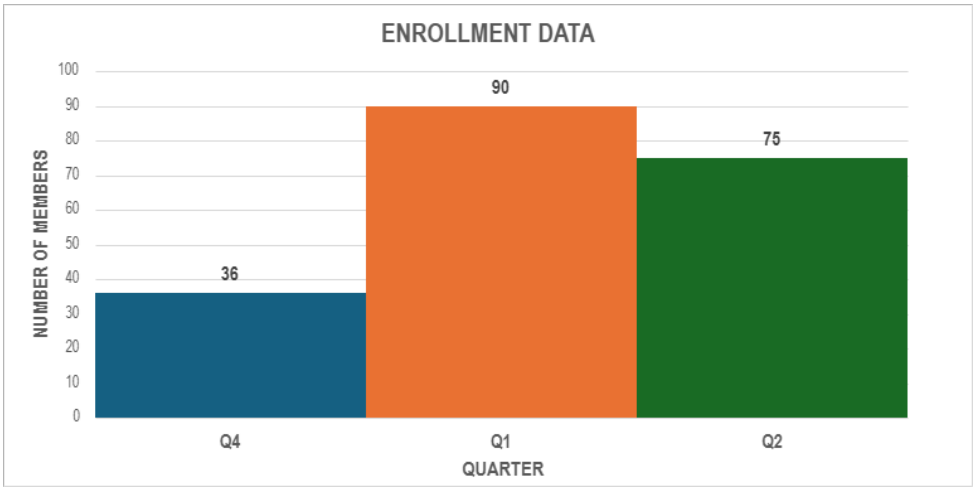
- **Progress on Previous Improvement Plans:**
  No current plans of improvement/correction.

Program Compliance Committee Meeting
Outpatient Clinic Quarterly Report
April 2025
Ebony Reynolds-Executive Director of Outpatient Clinics

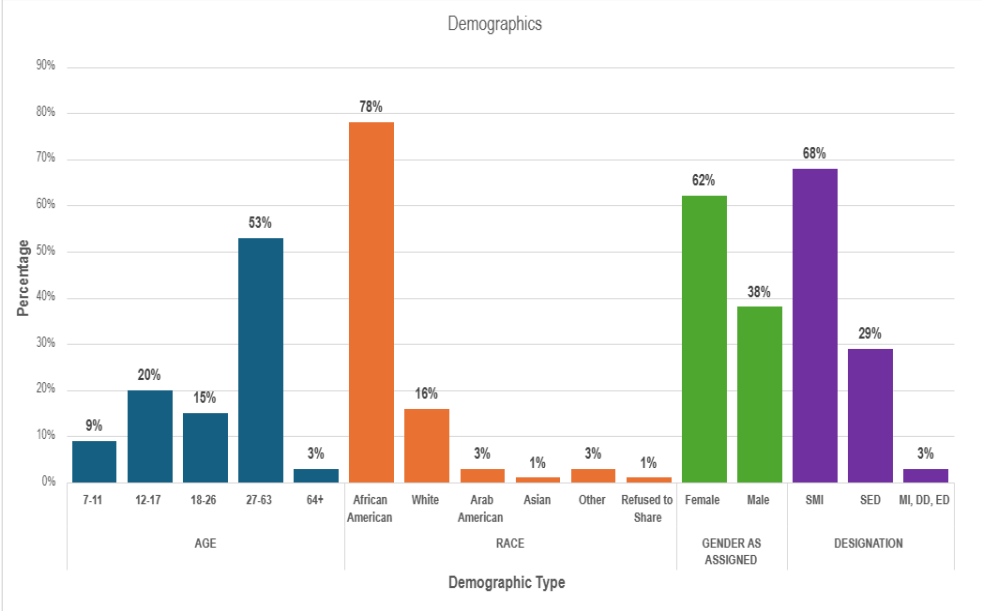
Main Activities during Quarter 2 Reporting Period:

- Met Benchmarks for Performance Indicators
- Established additional site location at 15400 W. McNichols
- Joint Commission Accreditation survey preparation
- Onboarded key staff for the outpatient clinic

Activity 1:
The DWIHN outpatient clinic began providing services in Quarter 4 of Fiscal Year 2024 (Q4 FY 24). To date the outpatient clinic has a current enrollment of 215 individuals. Data for enrollment is as follows:



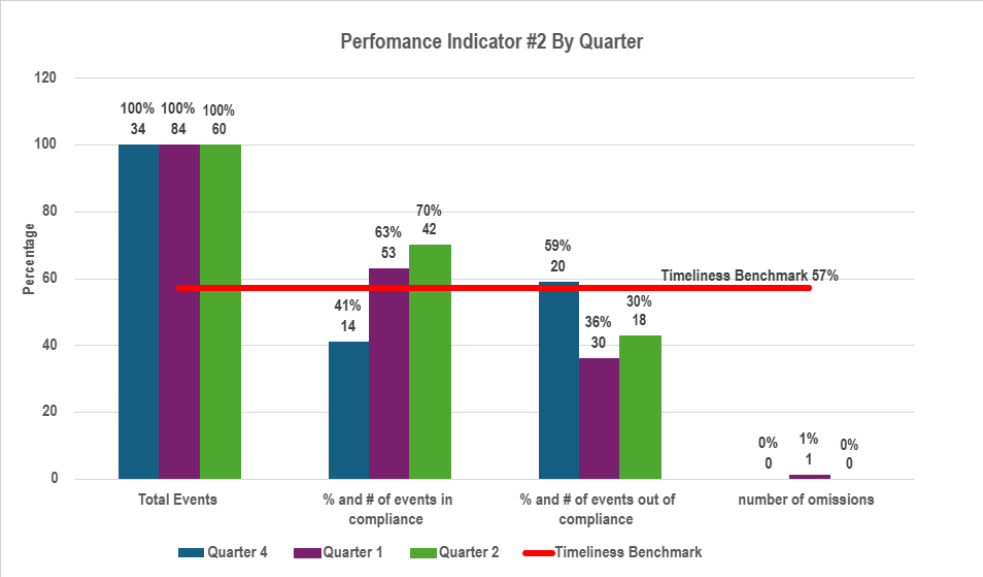
Demographic data of the clinic is as follows:



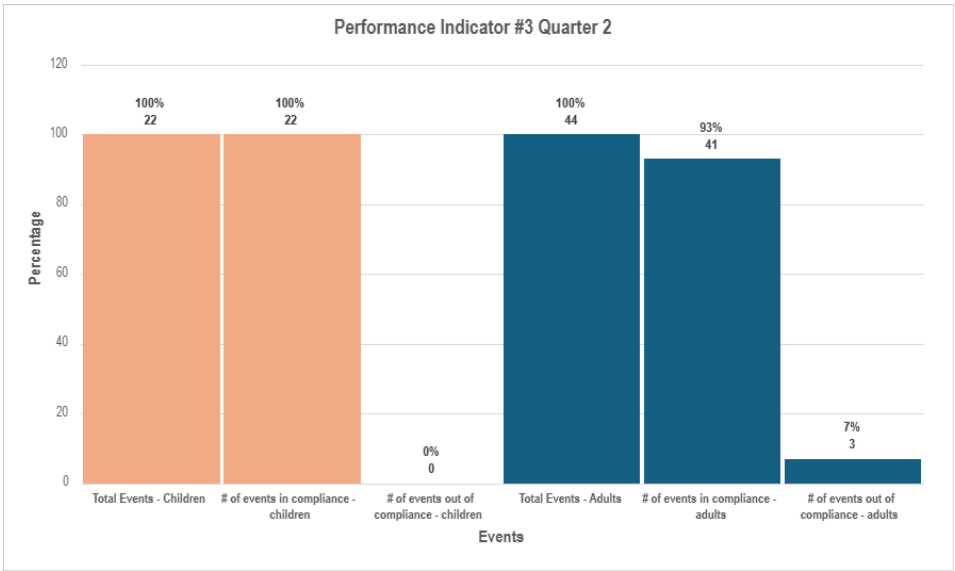
As a directly operated service provider, the DWIHN outpatient clinic is required to meet State Performance Indicators (PI). The PI data for the outpatient clinic is as follows:

- Indicator #2a - Access/1st Request Timeliness-Benchmark 57%
- Indicator #3 - Access/1st Service Timeliness-Benchmark 83.8%
- Indicator #4(a) Follow-up care within seven (7) days of discharge from inpatient-Benchmark 95%
- Indicator #10 - Inpatient Recidivism-Benchmark 15%

Performance Indicator #2a. The timeliness standard was not met FY 24, Q4, which was the baseline quarter for the outpatient clinic. The clinic needed to resolve encounter reporting challenges. Once these were remedied, the clinic has met the standard for the subsequent quarters. The data for the DWIHN Outpatient Clinic is as follows:



Performance Indicator #3 is the percentage of new people starting ongoing service within fourteen (14) days of a non-emergent assessment with a professional (MI Adults, MI Children, Co-Occurring SUD) The standard is 83.8% or above. DWIHN Outpatient Clinic data for this benchmark is as follows:



Performance Indicator #4(a) is the percentage of discharges from psychiatric inpatient unit who are seen for follow-up care within seven (7) days. The standard is 95% or above. For Quarter 2 there was one inpatient admission for an adult and the standard was met.

Performance Indicator #10 is the percentage of readmissions during the quarter to an inpatient psychiatric unit. The standard is 15% or less. The clinic met this benchmark for the quarter.

Activity 2:
Monday February 17, 2025, DWIHN Outpatient Clinic expanded its direct services to an additional site location at 15400 W. McNichols Rd within the Federally Qualified Health Center (FQHC), Advantage Health. Services can either be in-person or telehealth and will include comprehensive intake assessment, treatment planning, outpatient therapy, case management, psychiatric evaluation and management for children and adults. The enrollees have been referred to the clinic by the primary care physicians from Advantage Health. Feedback from the practitioners at the FQHC has been very favorable regarding ease of access for potential enrollees they serve in their clinic.

Activity 3:
The DWIHN Outpatient Clinic is actively preparing for the Joint Commission Accreditation survey scheduled for April 14-15, 2025. This review will be in partnership with the DWIHN Crisis Care Center team. The team completed a mock survey to prepare for survey readiness. The outcome will be shared at the next quarterly update.

Activity 4:
Lastly during Quarter 2 the outpatient clinic welcomed and onboarded additional clinical and administrative staff to the team. This is a major accomplishment. Staff are actively seeing members and providing services. These additional staff will support program development, improved access for members, aid in ensuring members receive services they need to be successful and set the foundation to ensure program is compliant with regulatory requirements while meeting best practice qualitative standards.

Things the Department is Doing Especially Well:

- Meeting performance indicator benchmarks for FY 25 Q1 and Q2.
- Improving overall clinical processes and providing treatment team support through increased supervision and oversight. The morale of the group is very team oriented.
- Identifying and problem-solving concerns or issues

Identified Opportunities for Improvement:
Identified opportunities to enhance clinical documentation and service delivery. To address this the outpatient clinic has developed a performance improvement plan to be measured quarterly on progress. Standard will be set to meet DWIHN-PIHP and all other certification and accreditation requirements.

Developing a Dashboard in Power BI to capture all reporting metrics for MDHHS, CCBHC and Joint Commission requirements.

Increase enrollment of beneficiaries. To address this, the outpatient clinic will be partnering with the communications team to provide more informational messaging and materials to inform the community of DWIHN outpatient service array.

Progress on Previous Improvement Plans:
The outpatient clinic is still within its first year of operation. Therefore, baseline measures for improvement are still being identified. However, the clinic has already established an improvement plan to address opportunities for growth and development.

Program Compliance Committee Meeting
PIHP Crisis Services Department, Quarterly Report, 2nd Quarter FY25
Daniel West, Director of PIHP Crisis Services
Date: 4/9/2025

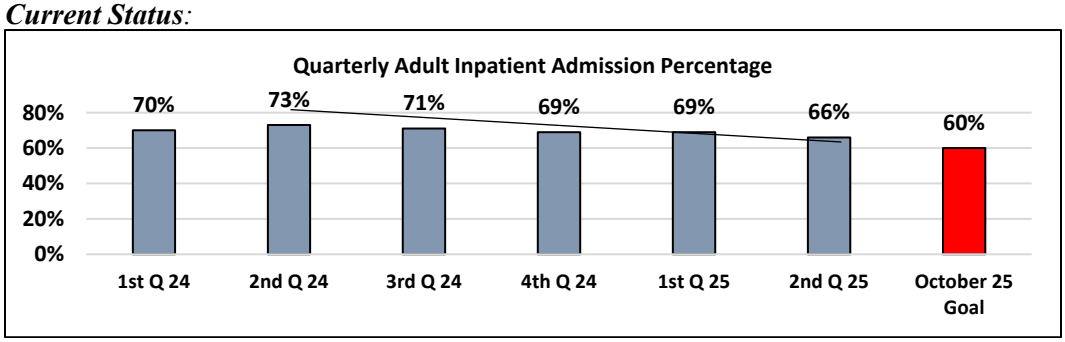
Main Activities during 2nd Quarter Reporting Period: FY25

- **Reduce Inpatient Hospitalizations.**
- **CRSP Crisis Screening Notifications.**
- **CSU Transfers, Recidivistic Requests for Service (RFS).**

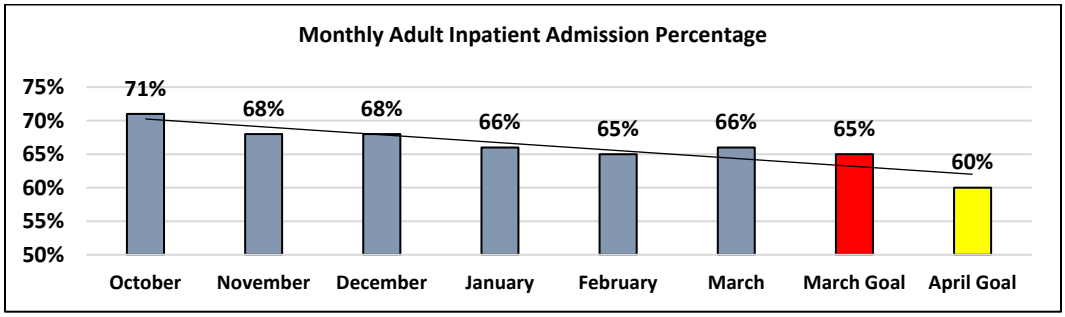
Progress On Major Activities:

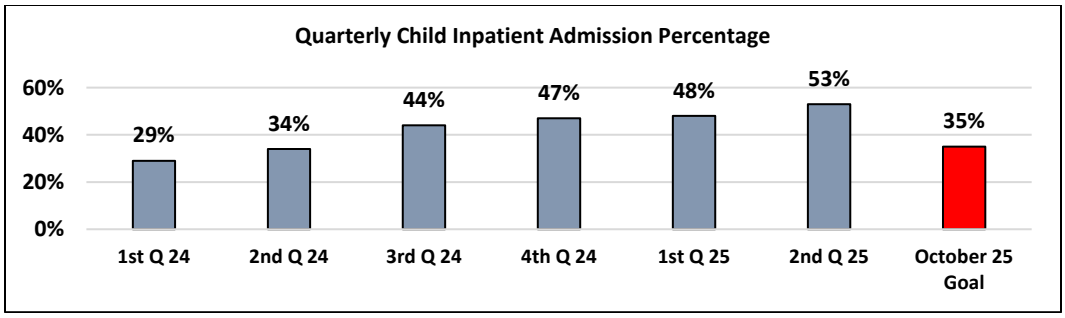
<u>Activity 1:</u> Reduce Inpatient Hospitalizations.

- ***Description***: The PIHP Crisis Services Department works closely with internal and external partners to reduce inpatient hospitalizations. CRSP connection and engagement have an influence on inpatient hospitalizations as well as accuracy of Pre-Admission Review (PAR) assessment.
- ***Current Status***:

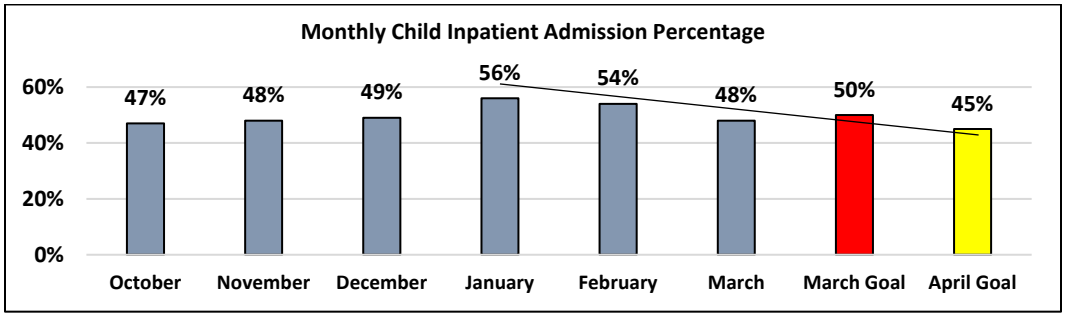


Adults	Inpatient Admissions	Requests for Service
1st Q 2024	2,022	2,897
2nd Q 2024	2,065	2,821
3rd Q 2024	1,959	2,741
4th Q 2024	1,922	2,788
1st Q 2025	1,935	2,808
2nd Q 2025	1,718	2,609

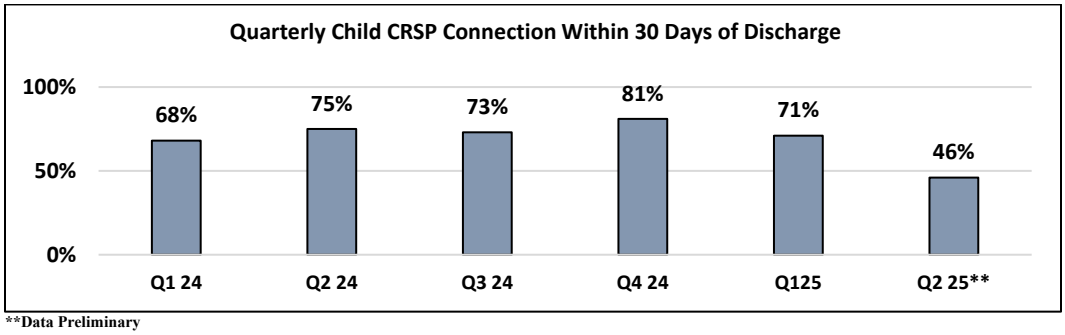




Children	Inpatient Admissions	Requests for Service
1st Q2024	214	739
2nd Q2024	239	698
3rd Q2024	358	812
4th Q2024	290	613
1st Q2025	367	767
2nd Q2025	360	685



- ***Major Tasks and Accomplishments During Period****:* Quarterly and monthly admission percentages for adults have decreased. The team has shared this data with internal/external partners to develop interventions to address the rate of inpatient admissions. The team has set goals for the screening agencies to meet and will continue to address barriers. Although quarterly inpatient admission percentage of children has increased, inpatient admissions for children have decreased from February to March 2025.
- ***Needs or Current Issues:*** Inpatient admission rates for both adults and children remain above the best practice benchmark of 30%. For children, claim-based encounters with CRSPs within 30 days of discharge from inpatient facilities have significantly decreased from Q4 to Q2. This decline may help explain the rise in child hospitalizations. Additionally, discussions with children's screeners indicate an increase in suicide attempts, suicidal plans, and aggressive behavior.



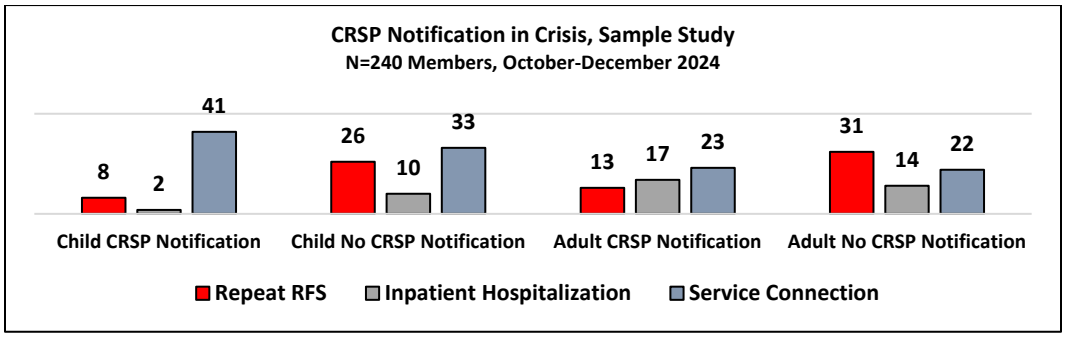
**Data Preliminary

- ***Plan****:* The team has developed targeted interventions to reduce inpatient hospitalization rates, focusing on both the screening agency and CRSP levels. These interventions are outlined in the following activities.

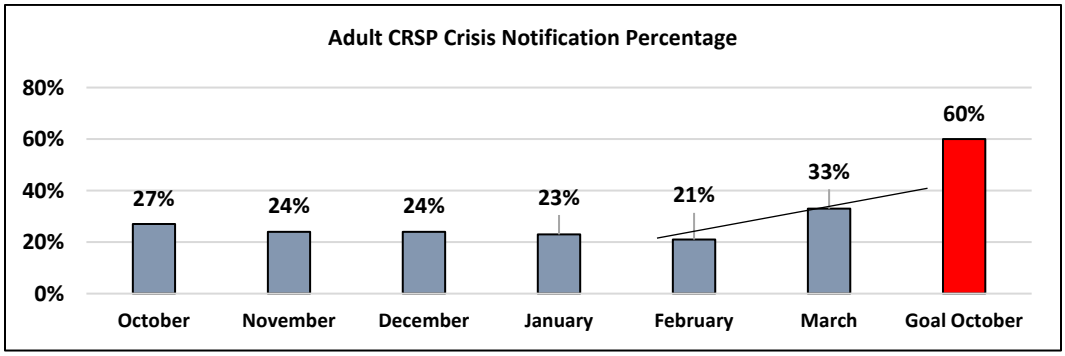
<u>Activity 2:</u> CRSP Crisis Screening Notifications.

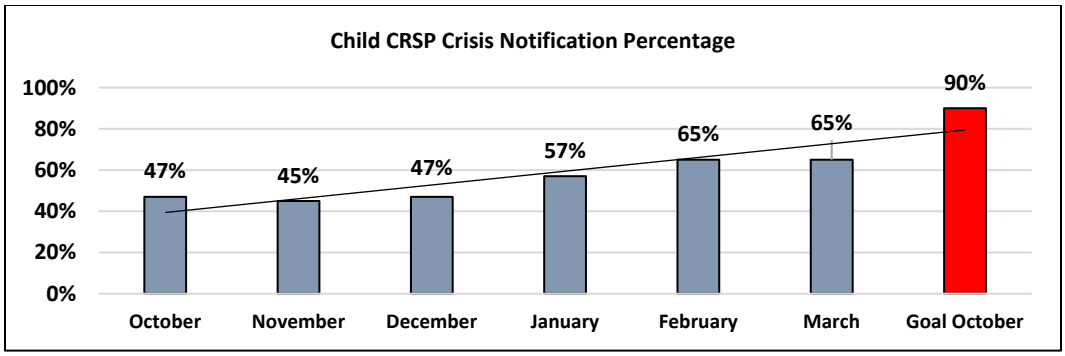
- ***Description***: The PIHP Crisis Services Department recognizes the need for timely notification to a member's assigned CRSP following a crisis screening and disposition. Upon notification, the CRSP is responsible for engaging the member, updating treatment plans, and supporting efforts to reduce recidivism and unnecessary inpatient hospitalizations.
- ***Sample Study***: From October to December 2024, the team conducted a sample study of 240 members (120 children, 120 adults) who received an outpatient disposition. The study examined the impact of CRSP notification on crisis outcomes.
    - ***Key Findings:***
        - ***Among adults, CRSP notification was associated with a lower likelihood of repeat RFS and a higher likelihood of service connection***. *However, it did not significantly reduce hospitalization rates.*
        - ***Among children, the absence of CRSP notification correlated with higher hospitalization rates, increased repeat RFS occurrences, and lower service connection rates***.

  These findings highlight the importance of timely CRSP notification, particularly mitigating adverse outcomes for children.



- ***Current Status:***



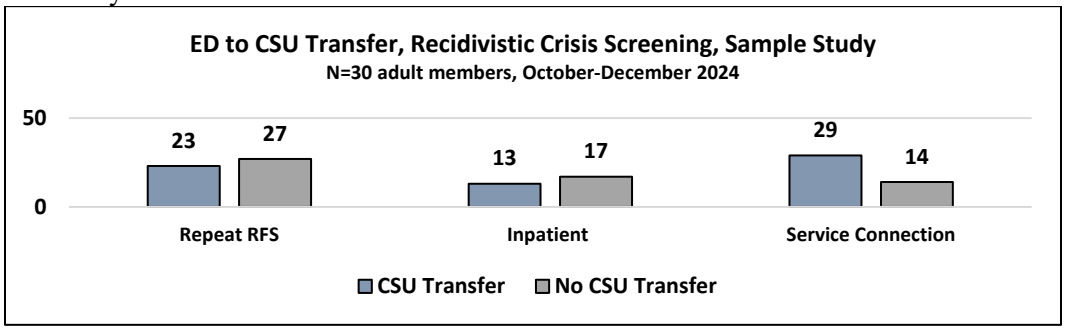


- ***Major Tasks and Accomplishments During Period:*** In March, CRSPs for adults were notified 33% of the time (an increase from February), and data is trending toward the goal of 60% for October 2025. 65% of members' CRSPs were notified in March from the Children's screeners, and data is also trending toward the goal of 90% in October 2025, although leveling off between February and March.
- ***Needs or Current Issues:*** The sample study found that CRSP notification did not reduce inpatient hospitalization rates for adults, possibly due to the nature of CRSP responsibilities following notification. To enhance outcomes, efforts should focus on increasing the percentage of members whose CRSP is notified during a crisis.
- ***Plan:*** The team will continue to track the data and share with the screening entities to ensure goals within the intervention are met. The team will also coordinate with Children's and Adult Initiatives to train CRSP providers on engagement strategies once these notifications are received. The team provided the screening agencies with a goal of 80% of adult members (90% of children) to receive a CRSP notification by October 2025. The team presented this intervention at the CRSP provider meeting on 3/28/25.

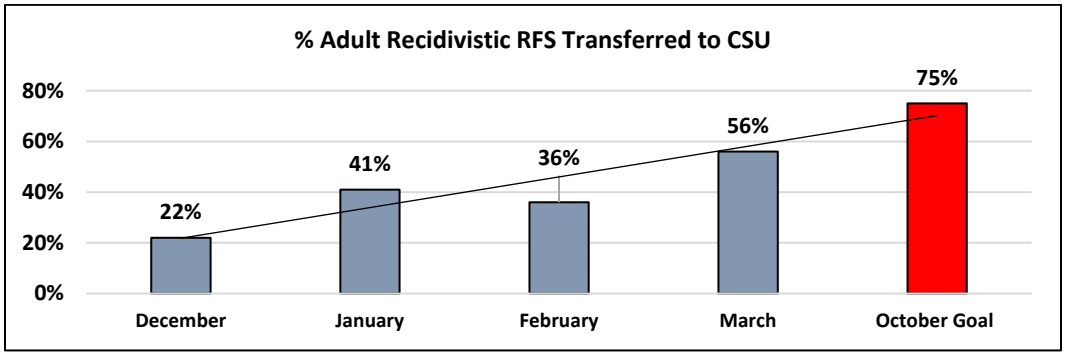
<u>Activity 3:</u> CSU Transfers, Recidivistic RFS.

- ***Description:*** The team has developed an intervention for members who repeat a RFS (crisis screening) within 30 days of discharge from an inpatient facility. Members who present to the emergency department for a crisis screening within this parameter will be identified, and efforts will be made to transfer these members to Crisis Stabilization Units (CSU) to avoid unnecessary inpatient hospitalizations and promote service connection where medically appropriate.
- ***Sample Study:*** The team analyzed 30 randomly selected adult cases from October to December 2024, comparing ongoing service engagement between members transferred to a CSU and those who were not. Findings indicate that members transferred to CSU had better outcomes, including:
  - ***A lower likelihood of repeat RFS occurrences***
  - ***A reduced likelihood of hospitalization***
  - ***A higher likelihood of service connection post-transfer***

  These results suggest that CSU transfers play a critical role in improving crisis stabilization and continuity of care.



- ***Current Status:***



- ***Major Tasks and Accomplishments During Period:*** The team set a goal of 50% of recidivistic members in the ED to be transferred to CSU in March. The team surpassed this goal (56%). Data is trending toward the October 2025 goal of 75%.
- ***Needs or Current Issues:*** The team has recognized a need for an increase in the percentage of members transferred to CSU (per medical necessity) after having been identified as recidivistic per the crisis screening.
- ***Plan****:* The team will track data for members transferred to CSU under these identifying parameters and coordinate with the CSU providers to share this intervention. The team has provided the screening agencies with a goal of 75% of adult members meeting these parameters to be transferred to CSU by October 2025.

Quarterly Update:

- ***Things the Department is Doing Especially Well:*** Beginning September 30, 2024, the team established a new PAR Dispatch team within the department, dispatching clinicians to complete crisis screenings in the community. Since that time, the team has been able to improve their ability to determine member eligibility to avoid unnecessary billing issues beyond the crisis screening with an 86% service level (DWIHN standard 85%).
- ***Identified Opportunities for Improvement:*** The team has recognized the importance of CRSP notification for members who have been screened in crisis. The team will continue to engage in data sharing and goal setting with the crisis screening entities and has since presented at the CRSP outpatient provider meeting on 3/28/25.
- ***Progress on Previous Improvement Plans:***
    - Recidivism for adults and children has decreased in the 2nd Quarter.

Recidivism	Adults	Children
1st Quarter 2024	17.58%	8.62%
2nd Quarter 2024	16.65%	8.82%
3rd Quarter 2024	17.62%	15.69%
4th Quarter 2024	16.52%	12.14%
1st Quarter 2025**	16.95%	10.57%
2nd Quarter 2025 **	13.05%	8.84%

****Results Preliminary**

Program Compliance Committee Meeting
Rai Williams/Director of Managed Care Operations Quarterly Report
October 2024 – December 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:* For Q1 Fiscal Year 2024/2025

Number of Practitioners Approved	194
Number of Providers Approved	37
Number of Expansion Requests Approved	10
Number of Provisional Credentialing Applications Approved	15
Total # of Applications Approved by Credentialing Committee	**256**

- *Significant Tasks During Period:* The Credentialing team continues to meet with the provider network to provide technical assistance with credentialing applications. Credentialing submitted requested documentation and Credentialing files for Molina, Meridian, Amerihealth Delegation Audits. We are currently awaiting the results of the audit. The team completed 40 site visits during the quarter.
- *Major Accomplishments During Period:* Credentialing received 100% audit score from Amerihealth during the 2024 Annual Delegation Audit.
- *Plan:* We continue to work with Medversant Technologies, LLC to credential the DWIHN provider network in a timely fashion and develop more provider education and resources to be published to the website. We are reviewing and auditing files for NCQA look back period compliance.

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 1st Qtr. of FY 24-25 there was a total of 56 provider inquiry forms received, 58 contract expansion requests,

38 provider sites 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:* Filled three Provider Network Manager positions. Collected Disaster Recovery and Cyber Security Assessments from provider network.
- *Major Accomplishments During Period:* Provider Network Management received 99% audit score from Amerihealth during the 2024 Annual Delegation Audit
- *Plan:* We are working on the FY 2025 HSAG Compliance Review Standards. We will also be completing our FY 24 MDHHS Network Adequacy Report. We are also working on the HAP/CareSource Annual Delegation Audit.

Activity 3: Procedure Code Workgroup (PCWG)

- *Description:* The Procedure Code Workgroup assists providers by troubleshooting claims and with authorization concerns.
- *Current Status:* In Q1 of FY 24/25, the PCWG resolved 254 tickets; 3,235 MDHHS rate updates; 172 additional codes/rate changes to existing programs or contracts, 117 providers requested changes.
- *Significant Tasks During Period:* Added new DWIHN and provider locations, contract programs, codes and modifiers timely to ensure authorizations, encounters and billing were timely. In addition, the addition and deactivation of provider locations ensure our provider directory is accurate and accessible for public viewing.
- *Major Accomplishments During Period:* MDHHS contract fee schedules/rate updates for the new Fiscal Year.
- *Plan:* Update the PCWG helpdesk ticket to capture necessary data elements from providers during submission. Continue to improve turnaround times for PCWG tickets. Ensure new programs and services are added and available for use. Continue to run cube reports to monitor and verify services credentialed/contracted are in alignment with contract fee schedules deployed.

Program Compliance Committee Meeting
Utilization Management – Quarterly Report
Marlena J. Hampton, MA, LPC – Director of Utilization Management
April 9, 2025

Main Activities during Quarterly Reporting Period:

- Review of Department Processes
- Timeliness of UM Decision-Making
- UM Program Description

Progress On Major Activities:

<u>Activity 1:</u> Review of Department Processes

- *Description:* Utilization Management (UM) processes are being reviewed and updated with a strong emphasis on improving efficiency. Improvements aim to optimize resource utilization and improve service delivery for both staff and providers.

- *Current Status:* Director of Utilization Management and UM Administrators are collaborating with staff to revise and enhance provider and internal procedures to improve efficiency and compliance with regulatory standards.

- Si*gnificant Tasks During Period:*
  - Key Performance Indicators (KPI) are being developed for all lines of business to track and measure improvements in areas including timeliness and workflow efficiency.
  - Review of policies and procedures integrated with other DWIHN departments.
  - The Director meets with Outpatient, SUD, and General Fund Exception teams and administrator to review current processes and ideas for improvement.

- *Major Accomplishments During Period:*
  - Collaboration with Customer Service Due Process Manager to update member adverse benefit determination notices to reflect HSAG review feedback and Integrated Care Organization (ICO) reporting requirements. Technical assistance regarding member & provider appeals is provided to other clinical departments using this document.
  - UM Administrator for Higher Levels of Care completes the revision of auditing tool for UM hospital staff completing continued stay reviews and begins revision of internal audit/inter-rater reliability tool to measure staff consistency.

- *Needs or Current Issues:* In addition to completing authorization requests, Utilization Management also coordinates with other departments to ensure utilization management tasks are integrated with their functions. This includes monitoring trends and any patterns of over and underutilization. The Director will work with administrators and staff to incorporate these tasks and reporting requirements into department procedures.

- *Plans:*
  - The Director, with support from the Chief Medical Officer and approval from the UM Committee, will create a reporting schedule for all PIHP lines of business.
  - Continued collaboration with other DWIHN departments on common reporting and projects, particularly PIHP Crisis Services.

<u>Activity 2:</u> Timeliness of UM Decision-Making

- *Description:* DWIHN Utilization Management reviews standard and expedited authorization requests for several lines of business including (but not limited to) outpatient services, SUD, General Fund, autism services, and Waiver programs.

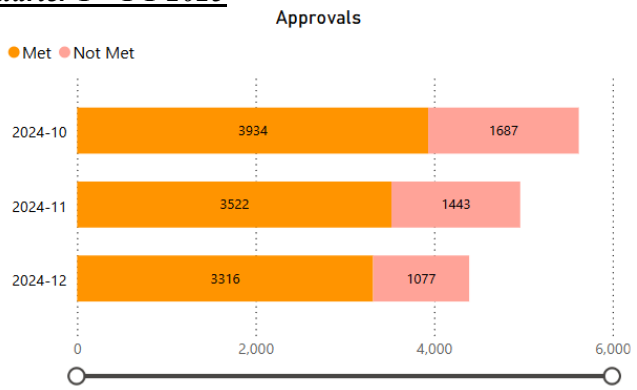
- *Current Status:* Utilization Management is frequently involved with audits and system updates to ensure the department meets various MDHHS regulatory requirements. Services should be of the highest quality and should also be timely, cost-effective, clinically appropriate, and medically necessary. We accomplish this through consistent review and update of our processes, procedures, and documentation. Our goal is to improve efficiency of utilization review and decrease/eliminate delays in service delivery or authorization.

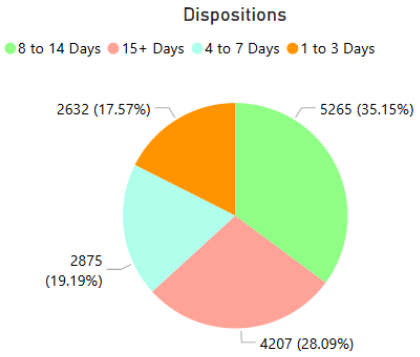
- *Significant Tasks During Period:*
    - Initiation of non-clinical Quality Impact Assessment (QIA) for timeliness of non-urgent, preservice authorization decisions, with the goal of decreasing decision time to seven (7) calendar days. UM Director and Administrator receive relevant NCQA standards and schedule meeting with Quality and consultants for technical assistance.

- *Major Accomplishments During Period:*
    - Co-development and implementation of service utilization guidelines for CCBHC with DWIHN Health Homes Department. Successful implementation decreases the administrative burden for UM review staff.
    .
- *Needs or Current Issues:* Beginning in 2026, payers will be required to make decisions for all standard, non-urgent requests within seven (7) calendar days. We currently are allotted fourteen (14) days to make the same determination. Utilization Management, with support from the VP of Clinical Operations, Director of Strategic Operations, and Chief Medical Officer, are actively working to implement process and procedural changes to meet this new requirement for authorization requests in all service areas. This includes IT notifications to our providers indicating the need for timely updates, dedicating a staff person to monitor the return to requester queue and communicate with providers, UM Administrator audit and staff review of select cases to determine when/how a disposition could be expedited, and expansion of standard verbiage in response to requests, to increase clarity and reduce the number of returns.

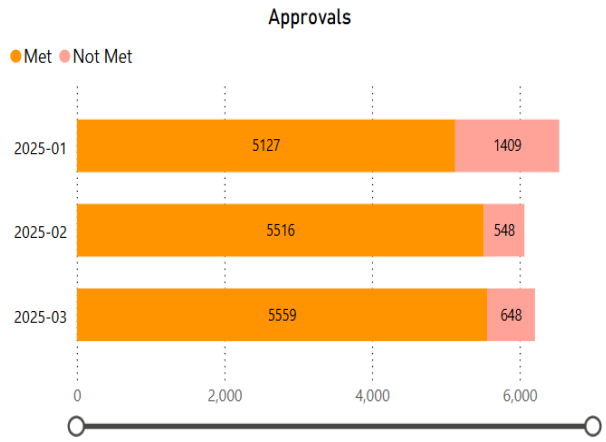
  Currently, we are not meeting the 95% 14-day timeframe standard for non-urgent requests. In February of 2025 (mid Quarter 2) the Utilization Management Department implemented a departmental performance improvement plan to address this concern. There has been a demonstrated improvement noted from Q1 & Q2 of FY 2025, with the month of March reaching 90%..
    - Quarter 1 – FY 2025: 72%
    - Quarter 2 – FY 2025: 87%

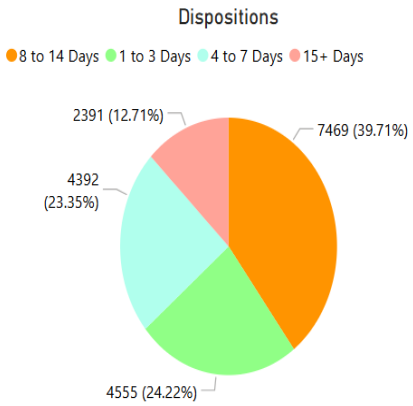
Quarter 1 – FY 2025





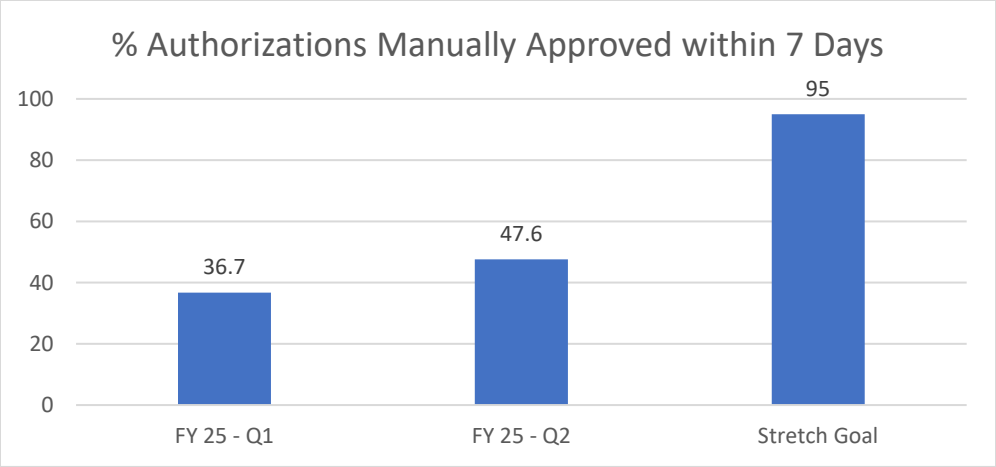
Quarter 2 – FY 2025





In anticipation of the upcoming timeliness requirements, we updated our dashboard to capture the number of authorizations manually approved within seven (7) days and can track the percentage of authorizations manually approved within that period.

- In Q1, we manually approved 5,507 authorizations (36.7%).
- In Q2, we approved 8.947 authorizations (47.6%).



- *Plans:*
    - Training opportunities for the provider network on submitting authorization requests, which will reduce disposition time and improve service delivery.
    - Continue monitoring individual staff progress with coaching as appropriate.
    - Review schedule of Service Utilization Guidelines and incorporation into department policies and procedures.

Activity 3: UM Program Description

- *Description:* The UM Program Description provides a detailed explanation of the department's infrastructure, goals, and objectives. The purpose of the UM Program Description is to define and describe processes that will align the Utilization Management program with DWIHN'S Strategic Plan.
- *Current Status:* The Director of Utilization Management continues to update the UM Program Description, along with its corresponding policies and procedures.
- *Significant Tasks During Period:* The Director of Utilization Management, with support from the VP of Clinical Operations and Director of Strategic Operations, is integrating updated NCQA, HSAG, and MI Health Link ICO guidelines into the document.
- *Major Accomplishments During Period:*
    - The Director continues meeting with UM Administrators, Strategic Operations, Integrated Healthcare, PIHP Crisis Services, and Health Homes (CCBHC) to ensure that updated documents align with feedback from HSAG review, new guidelines from NCQA, MI Health Link ICO requirements, and PIHP/CMHSP contractual requirements.
- *Needs or Current Issues:* Utilization Management is present in all service areas, which necessitates frequent updates to our policies, procedures, and documentation. In anticipation of several directives being implemented by the Centers for Medicare and Medicaid (CMS) in 2025

& 2026, many reviewers and accrediting bodies are making extensive changes to their own guidelines.

- *Plans:*
    - The Director will work with the Chief Medical Officer to revamp the structure and reporting requirements for the Utilization Management Committee (UMC), which is an essential area of the UM program.
    - Creation of a UM Committee subgroup with Sr. Director of Organizational Culture & Climate to initiate annual UM Health Equity Analysis, which is required by the Centers for Medicare and Medicaid Services (CMS) as of January 1, 2026.
    - The Director, in conjunction with Strategic Operations and available consultants, will continue the update and implementation of the UM Work Plan, which will promote timeliness and compliance with accrediting and regulatory bodies.

Quarterly Update:

- **Things the Department is Doing Especially Well:**
    - Self-Directed Services (SD) Program Administrator and Director participated in the initial Partners Advancing Self-Determination (PAS) session, a collaboration with MDHHS to offer free state-level technical assistance, training, and support to advance self-directed services in our community.
    - Utilization Management provides technical assistance to Crisis Services and Customer Service during preparation for Year 2 of HSAG external quality review.
    - Habilitation Supports Waiver (HSW) continues to exceed MDHHS requirement of 95% program slot utilization.

- **Identified Opportunities for Improvement:**
    - Director continues to work with UM Administrator and staff ways to actively improve response and disposition time for standard prior authorization requests.

- **Progress on Previous Improvement Plans:**
    - HSAG approved UM's corrective action plan submission.

Program Compliance Committee Meeting
Director of Quality Improvement
QAPIP Update FY25
April 9, 2025

Key Activities during the Quarterly Reporting Period:

- Quarter 1 Performance Indicators Data
- HSAG Reviews (Performance Improvement Project)

Progress on Major Activities:

Description: The Michigan Mission-Based Performance Indicators (MMBPI) provide a framework for evaluating how effectively the Detroit Wayne Integrated Health Network (DWIHN) delivers services to individuals seeking treatment for mental health and substance use disorders. These indicators are intended to offer insights into various aspects of care, such as the timeliness of service delivery, the decrease in the need for hospitalization, and the overall improvement in the quality of life for those receiving services.

Current Status: The chart below shows the final rates for Q1 of FY2025 alongside the preliminary data for Q2. I've also provided data from last year's performance indicators for comparison. This analysis reveals our progress and successes while highlighting some areas for improvement.

During the first quarter of this year, DWIHN successfully met the standards for several performance indicators.

- PI#1 for both Children and Adults (Crisis Screening Within three hours)
- PI#4a for Children and Adults (Hospital Discharge 7 day Follow–up)
- PI#4b for substance use disorders (SUD Detox Discharge Follow-up)
- PI#10 for Children (Inpatient psychiatric Recidivism)

For Indicator 2a, which looks at the completion of Biopsychosocial assessments within 14 days of a request, we did not meet the target for the first quarter (Q1). However, the MI/Adults group completed 57.30% of the assessments, and the DD/Adults group completed 58.82%, surpassing the 57% goal for Q1. The average completion score for the entire state in FY2024 was 56.70%.

Indicators	Definition	FY24 Q1	FY24 Q2	FY24 Q3	FY24 Q4	FY25 Q1	FY25 Q2 Preliminary	Standard
1 (Adult)	Crisis Prescreening within 3 Hours of Request	96.55%	97.23%	97.93%	97.47%	97.28%	95.43%	
1 (Children)		99.44%	98.80%	95.01%	96.83%	97.06%	98.82%	>95%
2a (MI/Adult)	Intake (IBPS) within 14 days	57.36%	59.68%	59.56%	56.93%	57.30%	52.37%	
(DD/Adult)		58.41%	63.64%	60.61%	72.41%	58.82%	44.36%	>57%
2a (MI/Children)		30.21%	51.78%	59.06%	51.75%	52.86%	54.68%	
(DD/Children)		21.78%	27.92%	31.44%	56.34%	35.84%	30.62%	
3 (On-going Services)	Ongoing service within 14 days	85.22%	88.84%	93.29%	92.96%	94.11%	84.68%	>83.80%
4a (Adult)	7-day follow-up after discharge	98.67%	97.57%	98.25%	98.58%	97.56%	75.88%	
4a (Children)		97.78%	96.23%	98.63%	100%	98.36%	75.81%	>95%
4b (SUD)	SUD Detox	97.25%	95.05%	95.38%	98.74%	97.18%	90.15%	
10 (Children)	Inpatient psychiatric Recidivism	8.62%	8.82%	15.69%	12.14%	10.57%	7.92%	<15%
10 (Adult)		17.58%	16.65%	17.62%	16.52%	16.94%	13.36%	

Trends

- Performance Indicator #1: We're thrilled to share that DWIHN has not only met but consistently surpassed the MDHHS standard of 95% for both children and adults over the past year.
- Performance Indicator #2: We have seen some significant improvements in completion rates across all groups, especially among our children.
- Performance Indicator #3: Over 90% of our members receive services within 14 days of intake, well above the 83.80% standard.
- Performance Indicators #4a and 4b: For the past year, we've maintained an outstanding success rate of 95% or higher for follow-up care after hospitalization and Post-Substance Use Disorder (SUD) detox every quarter.
- Our children's recidivism rates have consistently met the standard for the past two years, with only one quarter not hitting the mark. This exception was in the third quarter of FY2024.
- Our average recidivism rate has been just over 16%. Although this is slightly higher than our target standard of 15% or lower, we are committed to our intervention plan to reduce this number. We are confident that through these efforts, we will achieve our goal of lowering the recidivism rate and promoting positive outcomes.

Activity 2: HSAG Reviews

Description: Each PIHP undergoes three annual reviews: a Performance Measures validation review, a Performance Improvement Project, and an HSAG Compliance Review.

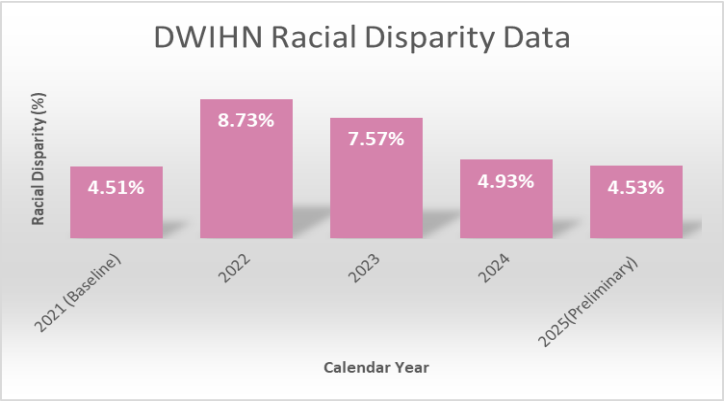
Current Status/Major Accomplishments*:* Performance Improvement Project (PIP): Reducing the Racial Disparity of African Americans in Follow-Up Care within 7 Days of Discharge from Psychiatric Inpatient Unit

In 2022, DWIHN submitted baseline data (4.51%) for the HSAG Racial Disparity Performance Improvement Project. This submission was thoroughly reviewed and accepted by HSAG in November 2022, receiving a perfect score of 100%. As part of our initiative, we focused on identifying specific barriers that affected the effectiveness of the PIP. Additionally, we developed targeted interventions to address these barriers. In fiscal year 2024, these interventions were successfully implemented, marking a significant advancement in our efforts to reduce racial disparities.

The chart below displays the data for the calendar year 2024. Although we did not meet our target of 4.51%, we did make progress by reducing the gap from 7.57% in 2023 to 4.93%. The compliance scores for each population group have shown improvements compared to 2023.

FY2024:

- AA – 38.72% (33.65% FY2023) 5.07 percentage point increase.
- White/Caucasian – 43.65% (41.22% FY2023) 2.43 percentage point increase.



Program Compliance Committee
Vice President of Clinical Operations' Report
April 9, 2025

CLINICAL PROGRAM UPDATES

HEALTH HOME INITIATIVES

Certified Community Behavioral Health Clinic (CCBHC) – 19,650 members enrolled

The Health Homes team continues to establish and update procedures and operations in the rapidly changing CCBHC demonstration environment. MDHHS released an updated version of the CCBHC Handbook, which DWIHN is compiling regional feedback on. MDHHS is considering paying the CCBHC sites directly instead of through the PIHPs in the managed care system, which could change DWIHN's administrative role in the demonstration. We are awaiting a decision so the DWIHN team can swiftly transition if necessary. The CCBHC Demonstration is set to end at the conclusion of FY2027 unless it is federally extended or MDHHS makes policy changes.

Behavioral Health Home (BHH) - 848 members enrolled
Substance Use Disorder Health Home (SUDHH) – 783 members enrolled
A Wellness challenge initiative was launched, in partnership with the SUD department, for the SUD Health Home participants, which aims to achieve more positive physical health/medical outcomes. Participants are offered the opportunity to earn gift-card incentives by meeting tiered wellness challenge goals, increasing in effort and impact for the individual at each tier. This quarter's challenge has 118 people signed up, with first tier goals such as seeing a primary care doctor, a dental or vision appointment, or completing physical activities to increase your heart rate.

- The Health Homes team looks forward to sharing the achievements of participants in the coming months, as the response from providers has been very positive. The Board can expect a forthcoming Board Action requesting appropriation of PA2 funds to continue this initiative.
- The Guidance Center currently has 18 people members signed up in this wellness initiative, and:
    - 6 members have completed the Check Physical Wellness objective - Get blood pressure checked 3 different times, write down results and write down methods to either maintain or lower blood pressure.
    - 5 members have completed Maximize Psychiatry objective - Make and attend a psychiatry appointment. Make a list of questions /goals to go over with the psychiatrist and bring to the appointment. Write down the answers/discussion that took place at the appointment.
    - 6 members have completed the Increase Heart Rate objective - List a at least 3 possible physical activities that could be incorporated at least 1x week for 45 mins. Begin one of the activities before the incentive end date (ending 4/14/25).

CHILDREN INITIATIVES

DWIHN's Youth United has developed a partnership with Vista Maria to support the youth within their program. Vista Maria is a residential program for girls in Wayne County that services vulnerable youth and young adults. Vista Maria provides services including foster care and adoption, mental health residential treatment programs, transitional independent living, and

academic services. Youth transitioning to adulthood within the Vista Maria program requires services and support once foster care benefits expire when young adults turn 18 years old.

During this initial meeting a focus group was held with the youth transitioning to independent living placements. Youth reported wanting to address relationship guidance, money management, career paths, life skills, and healthy boundaries. In addition, Youth United provided food and giveaways (pillows, hygiene kits, and empowerment coloring books) the youth for their participation in the focus group. Youth United will continue to host bi-monthly meetings with Vista Maria youth to offer support and resources.

The Patient Health Questionnaire for depression modified for Adolescents (PHQ-A) is a self-report questionnaire that is designed to assess anxiety, mood, eating, and substance use disorders among adolescents. The use of PHQ-A scores along with assessment findings are used to identify and target symptoms for treatment and monitoring. Youth ages 11-17 for specialty behavioral healthcare populations will have a PHQ-A screening completed at intake and at time of re-assessment and/or at least annually. Youth who present with a PHQ-A score of 10 or higher must have the PHQ-A re-administered and scores documented at least quarterly. The youth's score will drive therapeutic interventions.

Initial PHQ A Goal: 100% of members ages 11-17 with a Serious Emotional Disturbance (SED) and/or Substance Use Disorder (SUD) diagnosis with a screening for depression using the PHQ-A at Intake.

- The baseline average compliance during 10/1/2019 – 9/30/2020 was 93%.

FY 23	FY 24	FY 25 – Q1
99.7%	99.7%	100%
Below Goal	*Below Goal*	***Met Goal***

Ongoing PHQ A Goal: 95% of members ages 11-17 with an SED and/or SUD disability designation that had a PHQ-A score equal to or greater than 10 who received PHQ-A screenings quarterly until the depressive symptoms resolved (a score less than 10).

- The baseline average compliance during 10/1/2019 – 9/30/2020 was 38.6%.

FY 23	FY 24	FY 25 – Q1
58.3%	58.7%	63.6%
Below Goal	*Below Goal*	*Below Goal*

Although demonstrated progress with the quarterly PHQ-A compliance over the last two fiscal years, there is need to improve the quarterly PHQ-A to meet the 95% goal.
Developed PHQ-A newsletter to explain depression symptoms youth experience, the purpose of the PHQ-A, and best practices professionals to follow to support treatment outcomes. Included a brief educational video accessible via the newsletter for professionals, youth, and parents to view to gain knowledge of youth depression and suicide prevention. On March 20, 2025, Children Initiative Department hosted Children Mental Health Lecture Series: Signs of Suicide in Youth presented by Melissa Panter from The Guidance Center and 67 attendees were present. During this training shared the PHQ-A Newsletter and video to further educate on how the PHQ-A assists

with treatment. Lastly, distributed a memo this month informing the children provider network of the PHQ-A outcomes from FY23-FY25. Both the PHQ-A memo and newsletter was shared during the provider outpatient meeting and children system transformation meeting on 3/28/25. Received feedback from Member Engagement Department to update the newsletter to the 6th grade reading level and include audio to the video. Updating the newsletter to accommodate literacy abilities of members served.

RESIDENTIAL SERVICES

The Residential Services Department continues to monitor the number of Residential Authorizations processed monthly. Additionally, we are tracking the amount of time it takes the department to approve these authorizations. It is important that we track this data to ensure that authorizations are processed in a timely manner so that there is not a delay in services. It is expected that authorizations will be processed within fourteen (14) days.

Current Status:

	24-Oct	24-Nov	24-Dec	25-Jan	25-Feb	25-Mar	Total
Total Auths Processed	1309	1051	870	1054	1094	1154	6532
Auths. Approved	1160	926	770	906	929	1000	5691
Auths Returned to CRSP	149	125	100	148	165	154	841

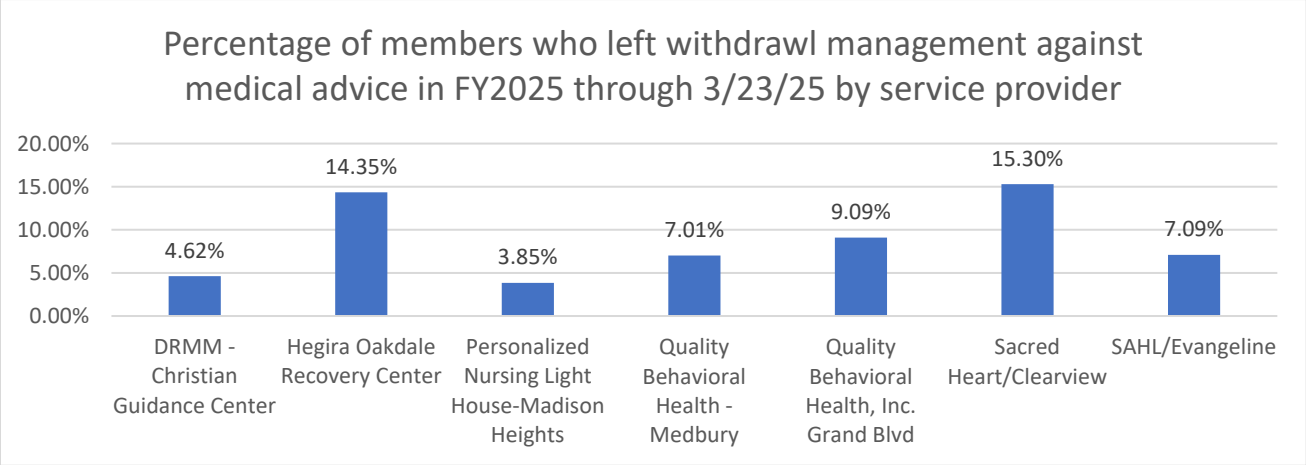
The Residential Services Authorizations Unit processed 1,154 residential authorizations in the month of March and 95.3% of authorizations were approved within Fourteen (14) days. The Residential Services Authorizations Unit has approved these authorizations within an average of 4.09 days this quarter. This is almost a two-day improvement from quarter one, when authorizations were being approved on average of 6.03 days.

Next fiscal year the deadline for authorizations to be processed will decrease from fourteen (14) to seven (7) days. The Residential Authorizations Unit has begun to prepare for this change by adjusting our expectations and monitoring timeliness outcomes. We will allocate additional resources within the department as needed and assess staffing levels.

SUBSTANCE USE SERVICES

Withdrawal management represents the highest level of care. This service aims to stabilize members and safeguard them for ongoing outpatient treatment, frequently forming their first impression of the care process. Typically delivered over three days, members who depart withdrawal management against medical advice are at significant risk of relapse.

- ***Current Status:***



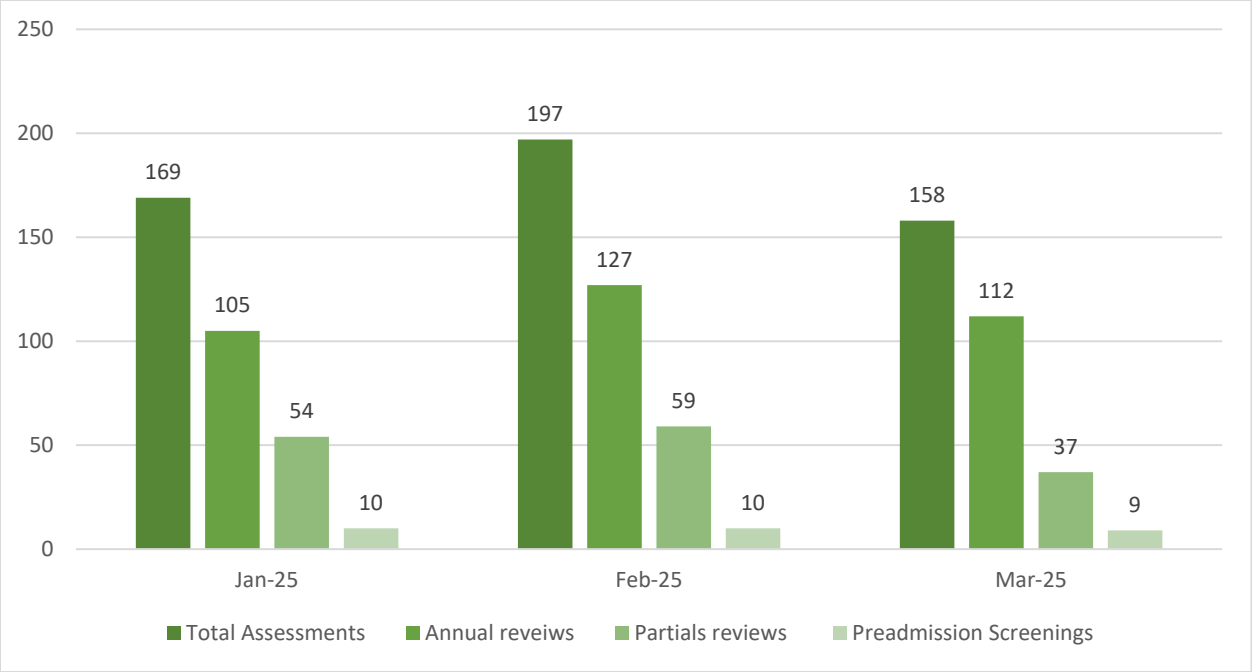
Current data indicates that the highest rate of members leaving withdrawal management when looking at data by provider is at Sacred Heart followed by Hegira. The most at-risk demographics in our region for withdrawal management AMA are Females, Arab Americans, and individuals aged 20-29. To improve engagement in services, DWIHN is educating our service provider network of demographic risk factors associated with leaving AMA. This includes working with service providers with high rates of members leaving AMA by providing additional training and education. DWIHN will continue to assess AMA designations for all levels of care, compare AMA rates to quality scores, and environmental scores, and provide technical assistance at the provider level as needed.

INTEGRATED HEALTHCARE SERVICES

The Complex Case Management (CCM) team is consistently utilizing proactive efforts to gain and serve more members. During the month of March, the Integrated Health Care Manager provided presentations to Harbor Oaks, Central City Discharge meeting and Lincoln Behavioral Discharge meeting, Henry Ford Kingswood, Ruth Ellis, Henry Ford Health Services, Gesher Human Services, Majestic Care, and Samaritan Hospital. Integrated Health Care Manager was able to connect CCM staff with DWIHN's Crisis Care Center to work with their Discharge Planner to establish regular rounds at the center to engage members into the CCM program. Currently a Complex Case Manager rounds at the DWIHN Care Center weekly and receives frequent referrals. Need to increase open caseload to 20. Thirteen members have open since January, of those 7 were referred from the DWIHN Care Center. DWIHN will continue to go to the DWIHN Care Center weekly to meet with members and provide education on complex case management and how it can be beneficial.

Omnibus Budget Reconciliation ACT (OBRA)- Completed OBRA Assessments for members who have behavioral health or I/DD diagnosis who may need a nursing home. Preadmission reviews are to be completed within 4 days of referral and annuals within 14 days of referrals. These referrals come from hospitals, community referrals, or nursing homes.

In the month of March OBRA completed **158** full assessments of those **112** were annual reviews**, 9** preadmission screenings, and 37 partial assessments.



DWIHN's Nursing Home Trainer completed training with Neighborhood Service Organization, Community Living Services, Wayne Center, The Guidance Center, Lincoln Behavioral Services, Team Wellness and Central City on how to provide behavioral health services in the nursing home setting. The OBRA team has seem a continued increase in referrals overall and are working to fill three (3) contingent positions to ensure timeliness of assessments.

CLINICAL UPDATE

Conflict Free Access and Planning (CFAP): Centers for Medicare and Medicaid Services (CMS) require States to implement CFAP policies that will directly impact the provision of behavioral health services across the State and in our region. CFAP states that CMHSPs, in their role as a provider, may not offer both service planning and direct services to the same member. Initial reports indicated that this would only impact persons receiving Home and Community Based Services, but we received information from MDHHS this week indicating it is for all State Plan enrollees; meaning this will impact almost all DWIHN providers. We also received clarification that CCBHCs are exempt from this requirement. DWIHN is awaiting receipt of MDHHS's implementation plan and timeline to provide more guidance on specific requirements and technical details.

VP of CLINICAL OPERATIONS' REPORT
Program Compliance Committee Meeting
Wednesday, April 9, 2025

ACCESS CALL CENTER – Director, Yvonne Bostic
Please See Attached Report

ADULTS INITIATIVES (CLINICAL PRACTICE IMPROVEMENT) – Director, Marianne Lyons
No Monthly 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
No Monthly Report

CUSTOMER SERVICE – Director, Michele Vasconcellos
Please See Attached Report

INNOVATION AND COMMUNITY ENGAGEMENT (ICE) – Director, Andrea Smith
Please See Attached Report

INTEGRATED HEALTH CARE (IHC) – Director, Vicky Politowski
Please See Attached Report

MANAGED CARE OPERATIONS – Director, Rai Williams
No Monthly Report

RESIDENTIAL SERVICES –Director, Ryan Morgan
Please See Attached Report

SUBSTANCE USE DISORDER (SUD) – Director, Judy Davis
Please See Attached Report

UTILIZATION MANAGEMENT – Interim Director
No Monthly Report

DWIHN Access Call Center
Yvonne Bostic, MA, LPC (Call Center Director)
Monthly Report: February 2025
Program Compliance Committee: 4/9/25

Main Activities during February 2025:

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

<u>Activity 1:</u> Call Center Performance – Call Detail Report

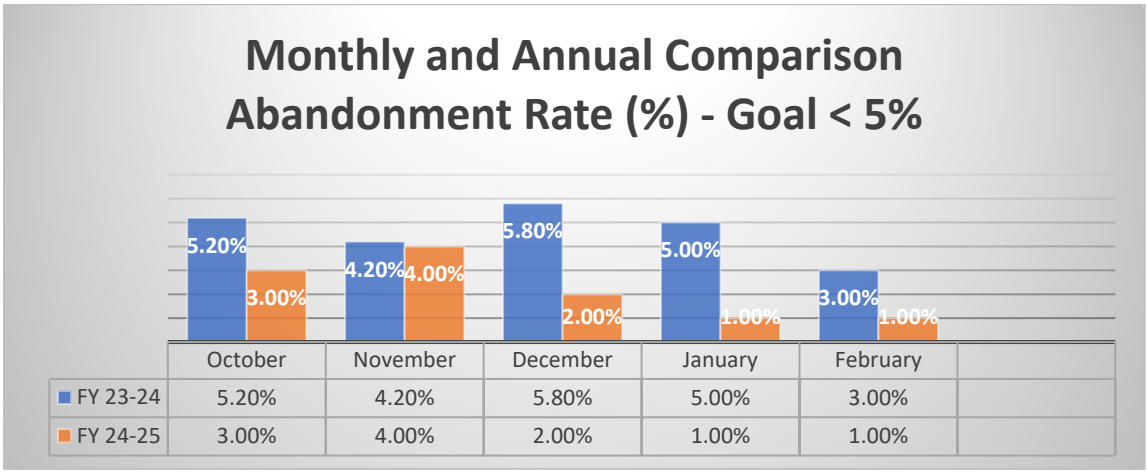
- **Description**: Majority of the calls that come into the call center are from members in the community seeking mental health and SUD services, information and referrals. The rest of the incoming calls are from in-network providers and other community agencies like local hospitals, foster care workers, 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.
- **Current Status**:
  - MDHHS Standards and Call Center Performance for **February 2025**:
    - % Abandoned Goal is < 5% (1.0%)
    - Avg. speed to answer Goal <30 sec. (12 sec)
    - % of calls answered Goal > 80% (97.0%)
    - Service level Goal >80% (91.0%)

Queues	Incoming Calls	Calls Handled	Calls Abdoned. /Hang Ups	% Abdoned.	Avg. Speed to Answer	Average Call Length	% of Calls Answered	Service Level
Call Reps	14,211	13,762	212	1.0%	:12 sec	4:46 mins	97.0%	91.0%
SUD Techs	4,275	3,656	457	11%	1:34 mins	16:07 mins	86.0%	71.0%
Clinical Specialist	2,515	1,767	531	21%	2:33 mins	19:32 mins	70.0%	53.0%
January 2025 Totals	16,070	15,562	225	1.0%	:10 sec	4:52 mins	97.0%	92.0%
February 2024 Totals	16,230	15,194	566	3.0%	:19 sec	5:36 mins	94.0%	79.0%

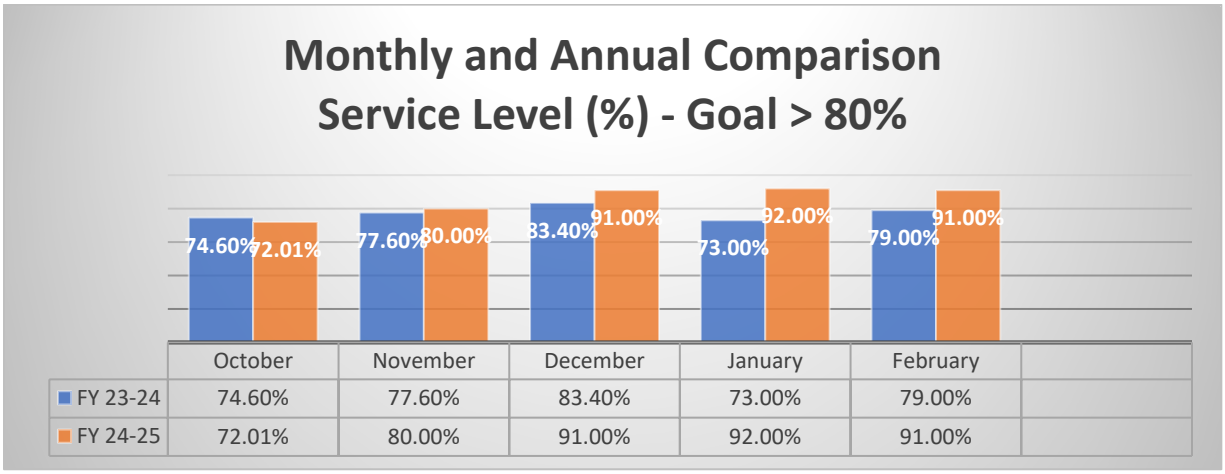
- For the month of February 2025 there were 13,762 calls handled by the access call center. This is 1,800 less calls than the previous month.
  - Of the total number of calls handled (13,762) for the month of February 2025:
    - 3,656 (27.0%) calls handled for SUD services
    - 1,767 (13.0%) calls handled for MH services
    - 8,339 (60.0%) calls were for provider inquiries, information and referrals for community programs and services, screening follow up calls, request to release SUD cases, Hospital Discharge appointments, enrollments (Infant Mental Health

(IMH), Foster Care, TCW/ PCW, Hospital Inpatient, Etc.), Transfer calls (Crisis, ORR, Customer Service, Grievance, etc.)

- In an annual comparison of February 2024 and February 2025, there were 2,019 less incoming calls in 2025. There was a 2.0% decrease in the abandonment rate, 3.0% to 1.0%. There was a 12% increase in the service level (79.0% (2024) to 91.0% (2025).



	October	November	December	January	February
FY 23-24	5.20%	4.20%	5.80%	5.00%	3.00%
FY 24-25	3.00%	4.00%	2.00%	1.00%	1.00%



	October	November	December	January	February
FY 23-24	74.60%	77.60%	83.40%	73.00%	79.00%
FY 24-25	72.01%	80.00%	91.00%	92.00%	91.00%

- **Significant Tasks During Period:**
  - Recruit, Interview, Hire and Train staff to fill vacancies SUD tech x 1, Clinical Screener x 2
  - Silent Monitoring to identify areas of strengths and weaknesses (ongoing)
  - Wrap up ICO Delegate Audit for Amerihealth.

- **Plan**:
  - Audit staff attendance, timeliness and performance: utilize performance improvement plans where needed (ongoing)
  - Make adjustment to staff schedule to ensure coverage during high volume call times (ongoing)

- Regular customer service skill and overview of programs and community resources will occur 1-2 x month with the goal of increasing staff proficiency and knowledge base (ongoing)

<u>Activity 2:</u> Appointment Availability – Intake appointment and Hospital Discharge Follow up Appointments

Description: The Access Call Center schedules the following types of appointments:

- **Hospital discharge/ follow up appointments** (within 7-day requirement) for individuals being discharged from short stay inpatient psychiatric treatment.
- **Mental Health initial intake appointments** (within 14 days requirement) for individuals new to the system or seeking to re-engage in services if their case has been closed (SMI, SED, I/DD).
- **SUD intake appointments** for routine (within 14 days), urgent /emergent (within 24-48 hours) levels of care (Outpatient, Withdrawal Management, Residential, Recovery Support Services, MAT).

The Access Call Center schedules these types of appointments based on the CRSP (Clinically Responsible Service Providers) availability and ability to provide services, timely.

The appointment availability is based on the number of appointments scheduled within the allotted timeframe.

Rescheduled appointments often impact the data recorded for appointments scheduled within the standard timeframe (7 days and 14 days).

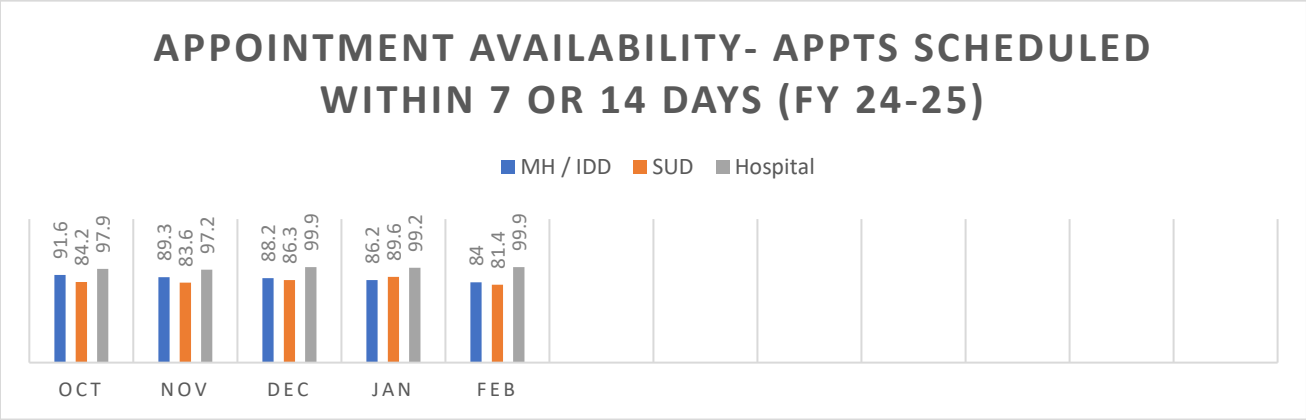
<u>Summary:</u>

This report will also include the appointment availability and timeliness of scheduling the appointments for Hospital Discharge Appointments, MH and SUD services.

- **Appointment Availability Summary**:
  - For the month of February 2025 there were 1222 MH (SMI - 728, SED - 217, I/DD- 36 (adult) / 37 (child), ASD Eval - 204) appointments scheduled. There is a slight decrease in appointment availability in this area from January to February (decrease by 2%); (October 91.6%, November 89.3%, December 88.2%, January 86%, **February 84%).**
  - For the month of February 2025 there were 692 Hospital Discharge follow up appointments scheduled through the DWIHN Access Call Center (Adult 652, Child 40); appointment availability was 99.9%; which is an increase by .7% from last month. (October 97.9%, November 97.2%, December 99.9%, January 99.2%, **February 99.9%)**
  - For the month of February 2025 there were 1,487 SUD appointments scheduled; SUD appointment availability decreased by approx. 8%, from December to January (October 84.2%, November 83.6%, December 86.3%, January 89.6%, **February 81.4%).**

- The decrease in appointment availability may be due to callers requesting to change their intake appointment date/provider or providers changing their intake appointment availability after an appointment has been scheduled. Both of these types of scenarios impact the access call centers ability to meet scheduling guidelines. The Access Call Center is in the process of investigating these scenarios to identify ways to improve the accessibility of intake appointments.

- **Monthly Comparison**:



- **Significant Tasks During Period:**
  - Appointment Availability Summary:

    If an appointment cannot be scheduled within the prescribed timeframe, Access Call Center staff will engage in communication with CRSP providers to coordinate an intake appointment within 30 days or less, when possible.

- **Plan**:
  - A monthly and quarterly analysis of data has been performed for the 2nd quarter and will be included in the quarterly report.
  - Continue to meet with CRSP to identify more appointments for intake and follow up services (ongoing).
  - Coordinate intake appointments with newly onboarded CRSP providers (ongoing).

Activity 3: Accomplishments and Updates

- **Department Overviews and Trainings** – Advance Directives (DWC online training site), Person Centered Planning (DWC online training site), Access Call Center Demographic Review Policy (Yvonne Bostic, PolicyStat)
- **Staffing** – Due to recent staffing turnover and promotions, the Access Call Center has 3 vacancies: SUD Tech x 1 (part-time), Clinical Specialist x 1 (contingent), Clinical Specialist x 1

(Full-time). There continues to be a regular review of applications, interviewing, hiring and training so that vacancies can be filled.

- **Plans :**
    - 2nd group (shifts: 10a-6p, 12p-8p and 3p-11p) prepare to return to work from the 707 Milwaukee Bldg (4th floor) – 20+ staff
    - CRSP Change Form- update request form and upload the updated request form to the DWIHN.org website for provider and member use; provide provider training on updates.

Program Compliance Committee Meeting

Autism Services Department
March 2025 Monthly Report

Main Activities during Reporting Period:

- Activity 1: Autism Benefit Enrollment / Expansion
- Activity 2: Autism Enrollment, Discharge, and Transfer Form
- Activity 3: Diagnostic Outcomes

Progress On Major Activities:

Monitoring Autism Benefit Enrollment / Expansion

Description and Importance: DWIHN Autism Service Department oversees the autism state plan for youth and young adults up to 21 years of age. Applied Behavior Analysis (ABA) is an intensive, behaviorally based treatment that uses empirically supported techniques to bring about meaningful and positive changes in communication, social interaction, and repetitive/restrictive behaviors that are typical of ASD.

Current Status: The table below outlines members served by age range per quarter. The data for 7- to 12-year-olds and 13- to 17-year-olds have similarly increased by 10% from the first quarter to the last quarter of 2024 fiscal year. The most significant increase in members served was for the age range 0- to 6-year-olds with a 14.6% increase. The second image lists the status of ABA Providers since the RFQ 20023-005 REBID began in March of 2023. A total of 15 providers were within network prior to the RFQ being posted. A total of 7 providers have been added to the network with 9 more providers pending while completing the credentialing process which leaves 3 additional providers added to the network on the Qualified List.

Age Range of Members Served Per Quarter	2024Q1	2024Q2	2024Q3	2024Q4	2025Q1
00-06					
Unique Members Served	1615	1637	1842	1881	1806
07-12					
Unique Members Served	581	603	664	644	663
13-17					
Unique Members Served	134	144	157	148	132
18+					
Unique Members Served	24	27	27	26	18
Total Unique Members Served	**2354**	**2411**	**2690**	**2699**	**2619**

***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. Currently the RFQ Evaluation Committee finalized the 3rd evaluation for 2023-005 REBID which added 1 new provider to the qualified list.
Major Accomplishments During Period: As of March 2025, an additional 3 ABA Providers were officially awarded a contract; Akoya Behavioral Health, Brightview Care, and KD Care Community ABA Services. The addition of these providers will bring the total ABA Providers in network to 25 Providers once contracts are finalized.
***Needs or Current Issues**:* The Qualified List of ABA Providers pending credentialing are as follows: Autism of America, Mansch Enterprises LLC (dba Euro-Therapies), Apex Therapy Services, Mohamdali Maxloum (dba BlueMind), Golden Steps ABA, and Integrative Pediatric Therapy.
Plan: Continue to coordinate with Contracts and Credentialing departments regarding onboarding new ABA Providers and facilitate ABA orientation for the new ABA Providers.

Activity 2: Autism Enrollment, Discharge, and Transfer Form

***Description and Importance**:* DWIHN Autism Services manages all Autism Benefit referrals. Autism Services Department developed the Autism Enrollment, Discharge, and Transfer Form to assist with members transferring to a new autism provider, gathering appropriate reason for members transferring and or discharging from ABA services.
Current Status: The Enrollment, Discharge, and Transfer Form was finalized this month using the Smartsheet platform.
***Significant Tasks and Major Accomplishments During Period**:* The new form was piloted with a small group of ABA providers to test the functionality and gather initial feedback.
Needs or Current Issues: Autism Department develop a process to review the submitted data, analyze trends, and use those insights to inform technical assistance, planning, and care coordination. Also, integrate the data with existing systems will help streamline workflow and maximize its usefulness across departments
Plan: The next step is to roll out the Enrollment, Discharge, and Transfer Form to the full ABA provider network.

Activity 3: Independent Evaluator Diagnostic Outcomes

***Description and Importance**:* The DWIHN Autism Department is focused on improving timely access to ABA services for individuals with ASD ages 0–21 covered by Medicaid in Wayne County. A key area of improvement is reducing delays in receiving diagnostic evaluation reports, which are required to determine eligibility for the Autism Benefit. Historically, delays of up to three months were common, significantly impacting how quickly members could begin services. The goal is to ensure diagnostic reports are completed within 7 calendar days for non-spectrum evaluations and within 15 business days for evaluations resulting in an ASD diagnosis.
Current Status: In response to feedback from providers and evaluators, DWIHN extended the allowable reporting window for ASD diagnoses from 10 to 15 business days, while maintaining the 7-day requirement for non-spectrum evaluations. Since this update, timeliness has improved significantly. In FY24/Q4, 628 out of 667 diagnostic evaluations were completed on time, yielding a 94% on-time completion rate. In FY25/Q1, that number rose to 577 out of 588 reports—reaching a 98% on-time rate, well above the 80% target. This demonstrates that the revised timelines are supporting both quality and access.
***Significant Tasks and Major Accomplishments During Period**:* All diagnostic evaluations submitted through the system continue to be reviewed and approved before members are authorized for ABA services. This helps ensure that documentation is complete and aligned with eligibility requirements.
Needs or Current Issues: While timeliness has improved, there is still a need to ensure standardized quality across evaluation reports. Some clinicians encounter complex cases that require reviewing external records, differentiating co-occurring conditions, and navigating diagnostic considerations for older children. These scenarios benefit from the extended reporting window but also highlight the need for clearer expectations around best practice documentation and consistent evaluation outcomes across the network. Additionally, there is a need to ensure that evaluators are meeting with families for a dedicated feedback session to discuss results and next steps. Feedback sessions should occur on a separate day from the evaluation to allow time for thoughtful review, tailored recommendations, and family engagement, though some providers currently complete both on the same day.
Plan: DWIHN will continue to review all incoming diagnostic evaluations to ensure eligibility is accurately determined before authorizations are issued. Plans are in place to launch weekly quality reviews using a standardized rubric to track alignment with best practice standards. Evaluators will be held to an 80% adherence rate to ensure thorough and individualized recommendations are made. In addition, DWIHN will emphasize the importance of separating the evaluation and feedback sessions, reinforcing this expectation with providers to support comprehensive family-centered care, and improve the quality of recommendations shared with families.

Percentages Since New Regulations (15 Business Days)

Fiscal Year/Quarter	Timely Access to ABA Services (Numerator)	Total Requests for ABA Services (Denominator)	Percentage of Reports On Time
FY 24 / Q4	628	667	94%
FY 25 / Q1	577	588	98%

Compared to Old (10 Business Days)

	Numerator	Denominator	Percentage of Reports on Time
FY 22 / Q1			
FY 22 / Q2	275	312	88%
FY 22 / Q3	342	415	82%
FY 22 / Q4	286	322	89%
FY 23 / Q1	295	387	76%
FY 23 / Q2	312	414	75%
FY 23 / Q3	347	457	76%
FY 23 / Q4	334	536	62%
FY 24 / Q1	423	562	75%
FY 24 / Q2	599	718	83%
FY 24 / Q3	592	671	88%
FY 24 / Q4	*	*	*
		Average	80%

Monthly Update

Things the Department is Doing Especially Well:

- Shared the updated ABA Provider Availability Form with CRSPs and providers to support faster access to services and smoother transitions for members entering care.
- Held a successful DWIHN Meet and Greet & Provider Training Part 2 offering orientation and connection between new providers and the Autism Services team.
- Finalized the Autism Awareness Month flyer to host a parent forum session in April 2025.

Identified Opportunities for Improvement:

- Continue monitoring use of the ABA Availability Log to support timely referrals and placement.
- Finalize and share the ABA Program Assignment Referral & Closing Form to streamline member transitions..
- Finalize and distribute the ABA Program Assignment Referral & Closing Form to improve the referral process.
- Address any gaps in the clarity of the Frequently Asked Q&A to provide clearer guidance for ABA providers.
- Increase engagement with schools and educational partners to better support members.
- Send out more community events to the network

Performance Improvement Plans:

ABA Service Delivery Performance Improvement Plan (PIP):

Building on the work completed in January, the department continued efforts to strengthen ABA service delivery and streamline processes. The ABA Program Assignment Referral & Closing Form was further developed and integrated into workflow conversations with providers, supporting improved documentation and tracking when members start, transfer, or close services. The ABA Provider Availability Log remains in active use, helping CRSPs identify openings and match members to services more efficiently. Additionally, provider collaboration was enhanced through multiple workgroups and targeted trainings in March, which supported goals outlined in the original PIP. These efforts have contributed to better communication, stronger coordination, and improved responsiveness across the network. The department also made progress on monitoring evaluation timelines and addressing diagnostic delays, which were identified as barriers to timely service delivery. With updated expectations in place and a focus on quality assurance, DWIHN continues

to track improvements in both access and evaluation practices to ensure that members are being connected to care as quickly and appropriately as possible.

Program Compliance Committee Meeting

Children's Initiative Department
March 2025

Main Activities during the Reporting Period:

- Activity 1: Patient Health Questionnaire Adolescents (PHQ-A)
- Activity 2: Vista Maria Partnership
- Activity 3: Accessing Community Mental Health Presentation

Progress On Major Activities:

Activity 1: PHQ-A

Description: The Patient Health Questionnaire for depression modified for Adolescents (PHQ-A) is a self-report questionnaire that is designed to assess anxiety, mood, eating, and substance use disorders among adolescents.
Why is this Important*?:* The use of PHQ-A scores along with assessment findings are used to identify and target symptoms for treatment and monitoring.

Current Status: Youth ages 11-17 for specialty behavioral healthcare populations will have a PHQ-A screening completed at intake and at time of re-assessment and/or at least annually. Youth who present with a PHQ-A score of 10 or higher must have the PHQ-A re-administered and scores documented at least quarterly. The youth's score will drive therapeutic interventions.

Initial PHQ A Goal: 100% of members ages 11-17 with a Serious Emotional Disturbance (SED) and/or Substance Use Disorder (SUD) diagnosis with a screening for depression using the PHQ-A at Intake.

- The baseline average compliance during 10/1/2019 – 9/30/2020 was 93%.

FY 23	FY 24	FY 25 – Q1
99.7%	99.7%	100%
Below Goal	*Below Goal*	*Met Goal*

Ongoing PHQ A Goal: 95% of members ages 11-17 with an SED and/or SUD disability designation that had a PHQ-A score equal to or greater than 10 who received PHQ-A screenings quarterly until the depressive symptoms resolved (a score less than 10).

- The baseline average compliance during 10/1/2019 – 9/30/2020 was 38.6%.

FY 23	FY 24	FY 25 – Q1
58.3%	58.7%	63.6%
Below Goal	*Below Goal*	*Below Goal*

Significant Tasks and Major Accomplishments During Period: Developed PHQ-A newsletter to explain depression symptoms youth experience, the purpose of the PHQ-A, and best practices professionals to follow to support treatment outcomes. Included a brief educational video accessible via the newsletter for professionals, youth, and parents to view to gain knowledge of youth depression and suicide prevention. On March 20, 2025, Children Initiative Department hosted Children Mental Health Lecture Series: Signs of Suicide in Youth presented by Melissa Panter from The Guidance Center and 67 attendees were present. During this training shared the PHQ-A Newsletter and video to further educate on how the PHQ-A assists with treatment. Lastly, distributed a memo this month informing the children provider network of the PHQ-A outcomes from FY23-FY25. Both the PHQ-A memo and newsletter was shared during the provider outpatient meeting and children system transformation meeting on 3/28/25.
Needs or Current Issues*:* Although demonstrated progress with the quarterly PHQ-A compliance over the last two fiscal years, there is need to improve the quarterly PHQ-A to meet the 95% goal. Received

feedback from Member Engagement Department to update the newsletter to the 6th grade reading level and include audio to the video.
Plans: Review quarterly feedback from providers. Further review treatment outcomes of youth progressing in treatment by comparing the initial PHQ-A scores to the most recent scores. Update the newsletter to accommodate literacy abilities of members served.

Activity 2: Vista Maria Partnership

Description: Vista Maria is a residential program for girls in Wayne County that services vulnerable youth and young adults. Vista Maria provides services including foster care and adoption, mental health residential treatment programs, transitional independent living, and academic services. Youth United developed a partnership with Vista Maria to support the youth within the program.
Why is this Important?: Youth transitioning to adulthood within the Vista Maria program requires services and support once foster care benefits expire when young adults turn 18 years old.
Current Status: Youth United is a prevention advocacy group with DWIHN that held initial meeting with Vista Maria girls this month.
Significant Tasks and Major Accomplishments During Period: During this initial meeting a focus group was held with the youth transitioning to independent living placements. Youth reported wanting to address relationship guidance, money management, career paths, life skills, and healthy boundaries. In addition, Youth United provided food and giveaways (pillows, hygiene kits, and empowerment coloring books) the youth for their participation in the focus group.
Needs or Current Issues*:* Youth United to continue to identify needs of the young adults.
Plans: Youth United to host bi-monthly meetings with Vista Maria youth.

Activity 3: Accessing Community Mental Health Presentation

Description: Children Initiative Department clinical specialists presented Accessing Community Mental Health in Wayne County presentation March 5, 2025 and March 6, 2025 at Trinity Health in Livonia. The training audience included school professionals and mental health advocates.
Why is this Important*?:* Goal to train school partners on ways to connect youth to mental health services in Wayne County and gain awareness of treatment, prevention, and crisis options.
Current Status: The training was apart of the Hope Empowerment Coalition Lecture Series for 2025.
Significant Tasks and Major Accomplishments During Period: Professionals and attendees in attendance reported gaining knowledge of the community mental health system and ways to refer for services.
Needs or Current Issues*:* Identified the goal of helping students in crisis and improving coordination of care among systems.
Plans: Children Initiative clinical specialists were asked to participate in the suicide prevention conference in November 2025.

Monthly Update

Things the Department is Doing Especially Well:

Youth United Events: YU hosted various events this month:

- Youth Under Construction Training: Your Role as a Youth Advocate
- Resource table at Mumford High School Parents and Seniors Night
- Mental Health Pep Rally at Cornerstone Lincoln King High School
- Vista Maria focus group with girl youth and young adults
- Courageous Conversation at University of Detroit Mercy on school safety
- 10th Annual March DADness at Ford Community Center
- Ask the Messengers interview with Children Initiative Director and Youth United Involvement Specialist on teen bullying and suicide prevention.

Mi Kids Now Dashboard Initiative: Children Initiative Director participated in the initial Mi Kids Now Dashboard Workgroup hosted by Michigan Department of Health and Human Services (MDHHS) to review the progress of the new dashboard system. Within the workgroup discussed the potential indicators that will be added to the dashboard regarding emergency department visits and inpatient psychiatric treatment.

Evidenced Based Practices: Current evidenced based practice cohorts include the following:

- **TFCBT Cohort 34:** Starfish
- **TFCBT Cohort 36:** America's Community Council, Ruth Ellis, Starfish
- **TFCBT Cohort 38:** DWIHN Community of Care, Starfish
- **Motivational Interviewing Cohort 9:** Team Wellness
- **Motivational Interviewing Cohort 11:** Black Family Development
- **Caregiver Education Cohort 30:** Assured Family Services
- **DBT Cohort 4:** Black Family Development, Team Wellness, The Guidance Center

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

- Children Mental Health Lecture Series: Signs of Suicide in Youth
- CAFAS Initial Training
- PECFAS Initial Training
- Leadership Training: Managing vs. Coaching
- Peer to Peer: Navigating the Workplace for New Staff and Student Interns

Performance Improvement Plans:

Crisis Plans: Reviewed Crisis Plan data via the Risk Matrix. Identified barrier of Providers indicating member declined to complete the crisis plans. This occurrence primarily relates to children with intellectual developmental disabilities (IDD).

Next Steps: Recommended to review crisis plan template with Children Providers and gain feedback of ways the crisis plan is more relevant to the IDD demographic.

Program Compliance Committee
Michele Vasconcellos Director, Customer Service
March 2025

Unit 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

March	Number of Offered	Number of Calls Answered	Abandonment Calls Standard <5%	Abandonment Rate Standard <5%	Average Speed To Answer (ASA) <30sec)	Service Level Standard 80%	% of Calls Answered Standard 80%
FY-23/24	**1325**	**1262**	**30**	**2%**	**10**	**96%**	**95%**
FY-24/25	**1002**	**949**	**19**	**2%**	**10**	**97%**	**95%**

Customer Service Call Center

March	Number of Offered	Number of Calls Answered	Abandonment Calls Standard <5%	Abandonment Rate Standard <5%	Average Speed To Answer (ASA) <30sec)	Service Level Standard 80%	% of Calls Answered Standard 80%
FY-23/24	**749**	**708**	**27**	**4%**	**10**	**94**	**95%**
FY-24/25	**952**	**899**	**29**	**3%**	**10**	**94%**	**94%**

DWIHN transitioned to a new phone system, Genesys Cloud in December of 2023

Significant Activities

- In comparison to the two fiscal years for the month of March the Reception/Switchboard there was a notable decrease in call volume in 2024-2025. The increase in call volume for the fiscal year 2023-2024 can be attributed to implementing the new phone system, Genesys Cloud, and resolving minor issues that had previously caused customers to call back more frequently. Some identified problems included difficulties hearing the caller, dropped calls, and transfer failures. Despite these issues, the abandonment rate, Average Speed of Answer (ASA), service level, and percentage of calls answered all met the established standards and remained consistent.

- In comparing the two fiscal years for the month of March, the Customer Service Call Center for 2023/2024 experienced a decrease in both the number of calls offered and answered. Additionally, the abandonment rate was 4%, which met the standard, however, the higher abandonment rate can be attributed to the implementation of a new phone system and staff training, which encountered glitches. However, for both fiscal years 2023/2024 and 2024/2025, the average speed to answer, service level, and the percentage of calls answered remained above the standard of 80%.

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

	March FY 24/25	March FY 23/24
Complaint/Grievance Correspondence	**287**	**420**

Note: Began to track all communications, calls, emails and mail mid FY 23/24

Grievances Processed

Grievances	March FY 24/25	March FY 23/24
Grievances Received	**6**	**14**
Grievances Resolved	**5**	**6**

Grievance Issues by Category

Category	March FY 24/25	March FY 23/24
Access to Staff	2	1
Access to Services*	2	5
Clinical Issues	0	2
Customer Service	4	1
Delivery of Service*	3	6
Enrollment/ Disenrollment	0	3
Environmental	0	1
Financial	0	0
Interpersonal*	1	6
Org Determination & Reconciliation Process	0	0
Program Issues	1	0
Quality of Care	0	3
Transportation	0	0
Other	0	0
Wait Time	0	0
Overall Total	**13**	**28**

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

For both fiscal years for the month of **March** there were **0** grievances filed by MI Health Link members.

Appeals Advance and Adequate Notices*

Notice Group	March* FY 24/25 Advance Notices	March* FY 24/25 Adequate Notices	March FY 23/24 Advance Notices	March FY 23/24 Adequate Notices
MI	1565	226	1527	233
ABA	53	9	115	6
SUD	147	45	94	22
IDD	263	46	290	38
Overall Total	**2028**	**326**	**2026**	**299**

*This grid is populated based upon the report of the provider network for the previous month. The information per provider report is not available for the current month until after the 5th.

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 24/25 are for February 2025 as the March numbers are not yet available.**

Appeals Communications

	March FY 24/25	March FY 23/24
Appeals Communications Received	**42**	**160**

**Communications include emails and phone calls to resolve appeals.* **The month of March 24/25 correspondence data is lower than average due to two major projects that took priority and needed to be addressed by Customer Service. Staffing shortage is currently being addressed with the hiring of a new Appeals Specialist.

Appeals Filed

Appeals	March FY 24/25	March FY 23/24
Appeals Received	**3**	**7**
Appeals Resolved	**1**	**4**

DWIHN State Fair Hearings

For the month of March'25, there were no DWIHN state fair hearings.

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

For both fiscal years for the month of March there were no MI Health Link Appeals and State Fair Hearings filed by MI Health Link members.

Significant Activity:

The trending grievance pattern for the top grievance categories for March '25 were Customer Service, Delivery of Service and a two-way tie for Access to Staff and Access to Service. The categories remain consistent throughout the months.

- The grievances related to Access to Staff and Access to Services are reported monthly at the Access Committee meeting. If there are issues related to potential recipient rights violations, they are promptly reported to our counterparts in Recipient Rights. If there are issues related to slow provider response times or lack of provider cooperation, we collaborate with Managed Care Operations to resolve issues and/or formulate corrective action plans. Grievance team members have also connected with a Quality Administrator recently regarding delivery of service concern

Significant Activity (cont.):

- Trained CRSP Wayne Center and Starfish Family Services on the grievance process
- Disenrollment training of Customer Service staff to begin disenrolling outstanding cases.
- Completed and submitted Standard IX for review and submission to HSAG for upcoming audit.

Activity 3: Member Engagement and Experience

Customer Service ensures that members are provided with 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. Member Engagement unit functions with three primary operations, Member Experience, Member Engagement and Peer Coordination. The goals are to assist the facilitation of member activities, while promoting advocacy, member rights and collecting feedback and data essential to better understanding the Member's experience throughout our system. In addition, the Office of Peer Services assists in the facilitation of essential training, initiatives, and interaction with Peer development, focusing primarily on the Certified participants, both internal workforce as well as system-wide workforce.

Significant Activity:

EVENT	DATE	LOCATION	ATTENDANCE	OBJECTIVE
Peer Chat	03/13/2025	Zoom Meeting	4	Offer opportunities for CPSS casual support
CV General Membership Meeting	03/21/2025	ZOOM	14	Discussion on Medicaid Cuts and Bid Out
March is DD Awareness	03/27/2025	Zoom Meeting	77	Healthy Relationship Panel to discuss platonic, romantic and support for inclusion
National Core Indicator Surveys	Completed 01/04/2025	N/A	Occurs 1 time annually	Complete Pre-Survey State Required 298 surveys we over-performed submitted 311
Consumer Monthly Forum	03/27/25	Goodwill Clubhouse	62	Provide data, information, updates, and discussion for stakeholders

Submitted by: Michele A. Vasconcellos, Director, Customer Service 4/3/2025

Innovation & Community Engagement
March 2025

Main Activities during Reporting Period:

- **Community Engagement/Workforce Development**
- **Justice-Involved Initiatives**

Community Engagement & Workforce Development

Achievements and Accomplishments

The Innovation and Community Engagement Department facilitated multiple outreach efforts focusing on workforce development, mental health training, and technical support for behavioral health providers. A total of **1,164 individuals attended 9 Detroit Wayne Connect (DWC) training sessions**, including six virtual and three in-person events.

The department also hosted **21 webinars and meetings**, totaling over **7,000 minutes** of engagement. Post-event support included data sharing (attendance), survey distribution, and attendance verification. Additionally, **244 help desk calls** were managed, addressing issues such as password resets, event registration, transcript requests, and troubleshooting. Five new provider accounts were created to ensure training compliance.

Training efforts included:

- Adult Mental Health First Aid (MHFA)
- QPR Gatekeeper Suicide Prevention
- Crisis Intervention Team (CIT) Training - officers trained represented the Detroit Police Department, Highland Park Police Department, Ypsilanti Police Department, and Saginaw Valley Police Department.

Clinical supervision of Reach Us Detroit (RUD) agents and student learners continued. Community connections were strengthened by engaging with organizations offering services aligned with the 8 dimensions of wellness. One trauma-informed care training session was provided to DPSCD Deans of Culture, and relevant resources were distributed. Relationship-building with community partners remains ongoing.

Five student learners completed training and orientation and are currently providing support services. Two additional students were interviewed and accepted to begin during the summer term. A total of **373 RUD calls** were answered in March. These calls led to direct service connections, resource referrals, and crisis interventions. Increased call volume was attributed to media awareness campaigns.

Challenges and Issues

Staffing constraints remain a challenge for training support. More facilitators and resources are needed to meet demand. This is expected to be resolved during the next quarter, as several hiring offers are pending.

Operations

Training curricula and help desk response protocols were refined. Coordination with stakeholders improved access and efficiency. Partnerships with the DWIHN crisis center and mobile teams were strengthened for referrals and warm handoffs.

Goals for Next Month

- Expand training opportunities
- Address staffing shortages
- Enhance outreach to strengthen workforce development

Jail Diversion

Achievements and Accomplishments

In March 2025, **566 total encounters** were recorded. **Co-response teams managed 387 encounters**, and the **Detroit Homeless Outreach Team (DHOT) had 179**. From these, **53 individuals were connected to mental health services**, and **145 received postvention follow-up**.

The Returning Citizens Program reported no exits from prison this month. However, efforts continued on processing Assisted Outpatient Treatment (AOT) and deferral orders. Adult Initiatives staff continued to raise awareness about the Med Drop program for returning citizens. PCS coordinated with DWIHN regarding high-need individuals.

The Returning Citizens Committee met to discuss placement and coordination issues. PCS and the Adult Initiatives Department planned a meeting concerning challenges with Walter Reuther.

Challenges and Issues

Per the Clinical Department, updates are being made to the AOT and deferral process. Training on these changes is scheduled for April. Staffing shortages persist, particularly with therapists and sheriff deputies, delaying group therapy implementation at the jail.

Operations

The "Top 25 Familiar Faces" tracking system was refined, identifying **36 individuals for follow-up**, with **16 (44%) unassigned to a provider**. The follow-up success rate was **36%**. Discharge planners improved referral tracking. A site visit to the new jail was conducted, and a first quarter

review with Wayne County and Naphcare was held. Naphcare staff were praised for efficiency and quality, and the new jail now allows staff direct access to inmates.

Due to a cyberattack affecting the JMS and Techcare systems, Naphcare was unable to bill bed-days during the first quarter. Manual data entry is ongoing and may delay billing submission. A deadline of June 30 was established to complete this task.

Goals for Next Month

- Follow up with Naphcare for DOJ compliance
- Evaluate Access Center referral data
- Conduct site visit to new jail facility
- Strengthen reentry support
- Participate in AOT/deferral process training

Conclusion

The Innovation & Community Engagement Department made substantial progress in March 2025. Training engagement, crisis services, and justice-involved supports were significantly expanded. Jail mental health service coordination and Returning Citizens programming continued to develop. Despite challenges such as staffing, housing access, system integration, and billing delays due to cyber incidents, ICE continues to refine its operations and expand capacity. Key priorities moving forward include expanding co-response strategies, enhancing training infrastructure, and improving service access and continuity of care for individuals in crisis.

Integrated Healthcare Monthly Report
Vicky Politowski, Integrated Healthcare Director
April 9, 2025

Main Activities during December 2024 Reporting Period:

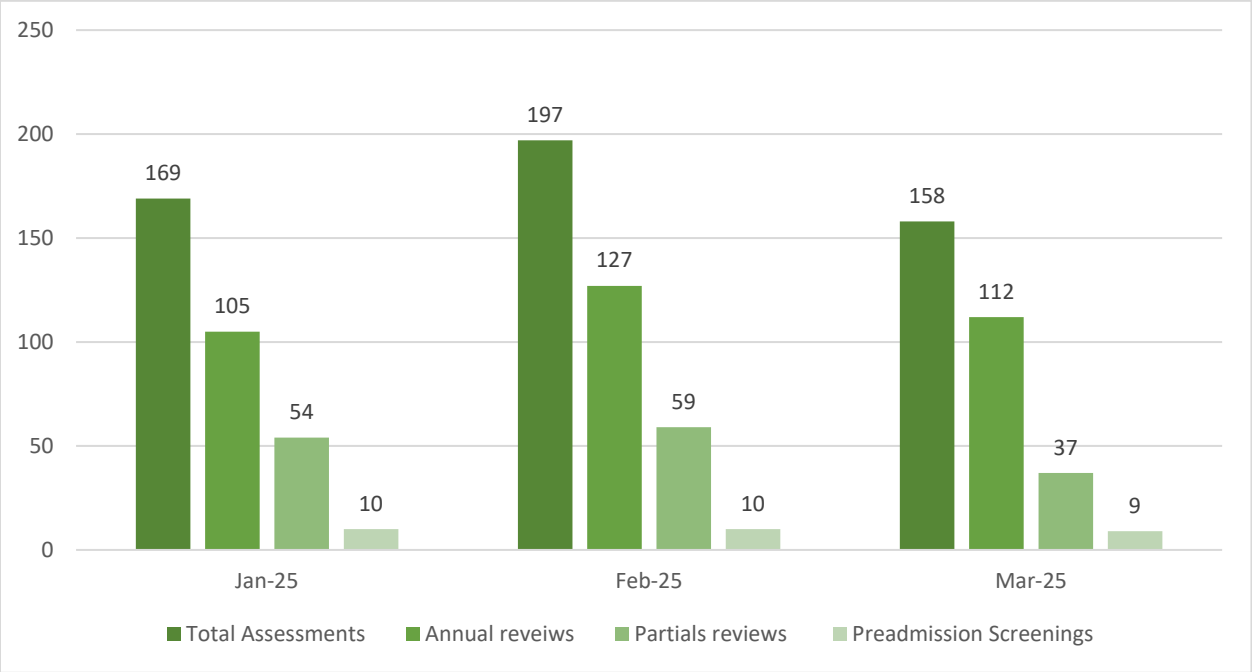
- **Complex Case Management**
- **Omnibus Budget Reconciliation ACT (OBRA)**
- **Care Coordination Plans in CC360**

Activity 1: Complex Case Management

- ***Description****:* The Complex Case Management (CCM) team is consistently utilizing proactive efforts to gain and serve more members.
- ***Current Status****:* During the month of March, the Integrated Health Care Manager provided presentations to Harbor Oaks, Central City Discharge meeting and Lincoln Behavioral Discharge meeting, Henry Ford Kingswood, Ruth Ellis, Henry Ford Health Services, Gesher Human Services, Majestic Care, and Samaritan Hospital.
- ***Significant Tasks During Period***: Integrated Health Care Manager and Director met to discuss key performance indicators for this activity. The new standards will require each complex case manager to open 3 new members a month and will have 3 months to increase caseloads to at least 10.
- ***Major Accomplishments During Period****:* Integrated Health Care Manager was able to connect CCM staff with DWIHN's Crisis Care Center to work with their Discharge Planner to establish regular rounds at the center to engage members into the CCM program. Currently a Complex Case Manager rounds at the DWIHN Care Center weekly and receives frequent referrals.
- There are currently 11 members open, 3 new members were opened in March. Two referrals were received from the Crisis Center and one from an external practitioner.
- ***Needs or Current Issues****:* Need to increase open caseload to 20. Thirteen members have open since January, and of those 7 were from the DWIHN Care Center.
- ***Plan***: DWIHN will continue to go to the DWIHN Care Center weekly to meet with members and provide education on complex case management and how it can be beneficial.

Activity 2: Omnibus Budget Reconciliation ACT (OBRA)

- ***Description:*** Completed OBRA Assessments for members who have behavioral health or I/DD diagnosis who may need a nursing home. Preadmission reviews are to be completed within 4 days of referral and annuals within 14 days of referrals. These referrals come from hospitals, community referrals, or nursing homes.
- ***Current Status****:* OBRA processed **580** referrals, **275** were assigned to be completed and **305** were triaged and provided with exemption letters
- ***Significant Tasks During Period****:*
  1. OBRA has completed **158** full assessments, of those **112** annual reviews**, 9** preadmission screenings and 37 partials in March



- ***Major Accomplishments During Period****:* Nursing Home Trainer completed training with Neighborhood Services Organization, Community Living Services, Wayne Center, The Guidance Center, Lincoln Behavioral Services, Team Wellness and Central City on how to provide behavioral health services in the nursing homes.
- ***Needs or Current Issues****:* Evaluate the need for additional staff due to increasing numbers of referrals.
- ***Plan:*** Three contingent positions have been posted by Human Resources.

Activity 3: Care Coordination Plans in CC360

- ***Description****:* DWIHN and Medicaid Health plans continue to perform joint care coordination. During these meetings a care plan is entered into the state's website CC360. Historically the Medicaid Health Plans decided how many care plans were entered into CC360. In November of 2024 MDHHS set a standard that each PIHP had to have 25% of joint care plans entered into CC360, of eligible members pulled through the easy tab filter. This time frame started January 2024.
- ***Current Status*** All PIHP were given the ability in March to go back and add care plans of members they had completed care coordination on in 2024 to meet the measure.
- ***Significant Tasks During Period***: DWIHN was already at 26% for 2024 but reran the easy tab stratification and looked at members that had care coordination last year and entered in 40 more plans. For 2024 there were 211 members who met the easy tab stratification and DWIHN has entered 182 care plans for an 86%.
- ***Major Accomplishments During Period****:* DWIHN met the measure prior to being able to add more plans.

Things the Department is Doing Especially Well:

Omnibus Budget Reconciliation ACT (OBRA)- The OBRA team processes all referrals and assigns the appropriate ones for assessments. The OBRA Trainer is working diligently with all the nursing homes on sending in the annual 3877 on time so the assessment is completed within the allowed time.

Complex Case Management- Complex Case Management services continue to improve the quality of treatment members receive within the 120-day period and ensure members are linked with a CRSP and primary care provider.

Care Coordination-Integrated Health Care works with 5 Mi Health Link Organizations and 8 Medicaid Health Plans to complete care coordination monthly. Currently this is done by two care coordinators, and they service roughly 50 members a month.

Identified Opportunities for Improvement:

Omnibus Budget Reconciliation ACT (OBRA)- The number of preadmission reviews and annual reviews continue to rise which leads to many assessments to be completed. Members who are in the hospital are at higher risk and therefore must be seen first. This has led to an increase in annual reviews not done within the allowed time. Integrated Health Administrator and Human Resources are working together to hire more contingent evaluators.

Complex Case Management- Complex Case Management data shows that it is beneficial for member outcomes, but DWIHN is currently serving a low number of members. New key performance indicators have been set for staff to meet each month around the number of cases to open and to serve.

Care Coordination- In 2024 the State of Michigan offered an RFP for health plans to bid to provide health insurance to the duel eligible individuals in Michigan. Currently there are 5 health plans, and this will increase to 8 health plans in 2026. Integrated Health will need to evaluate if having two coordinators is adequate to meet the needs of care coordination with 3 new health plans.

Program Compliance Committee Meeting
Ryan Morgan Director Residential Services/Residential Department
Date: April 9, 2025

Main Activities During Reporting Period: March 2025

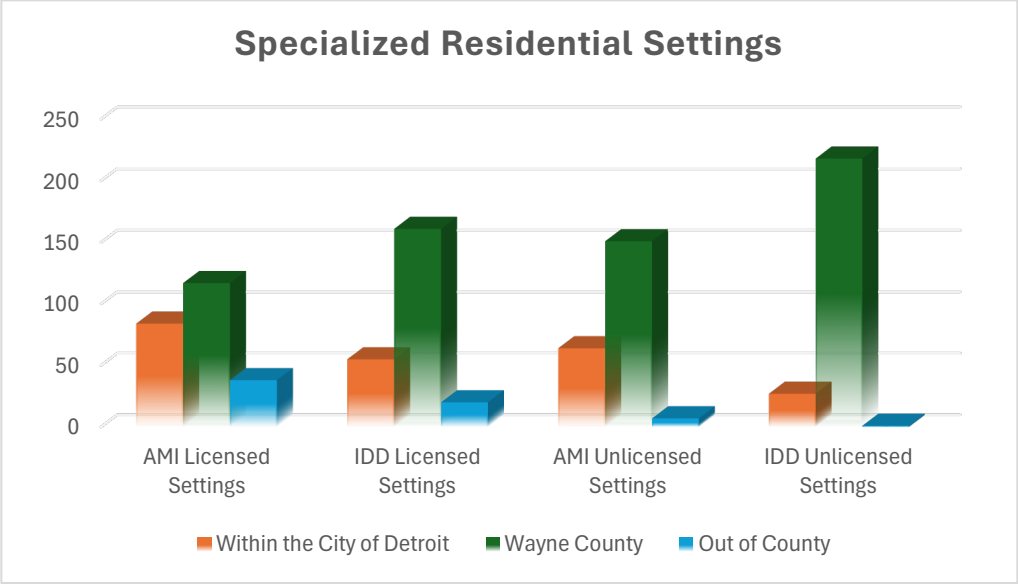
- **Review of Residential Settings**
- **Monitoring Residential Authorizations**
- **Updating Residential Assessments**

The Residential Services Department serves about 2,863 members in licensed and unlicensed residential settings.

Progress On Major Activities:

<u>Activity 1:</u> Review of Residential Settings

- *Description:* Throughout the month of March, the Residential Services Department continued to monitor the number of residential settings available within the network. It is important to monitor and assess the resources available within the network so that we can ensure adequate placement options are available to meet the members' needs.
- *Current Status:*



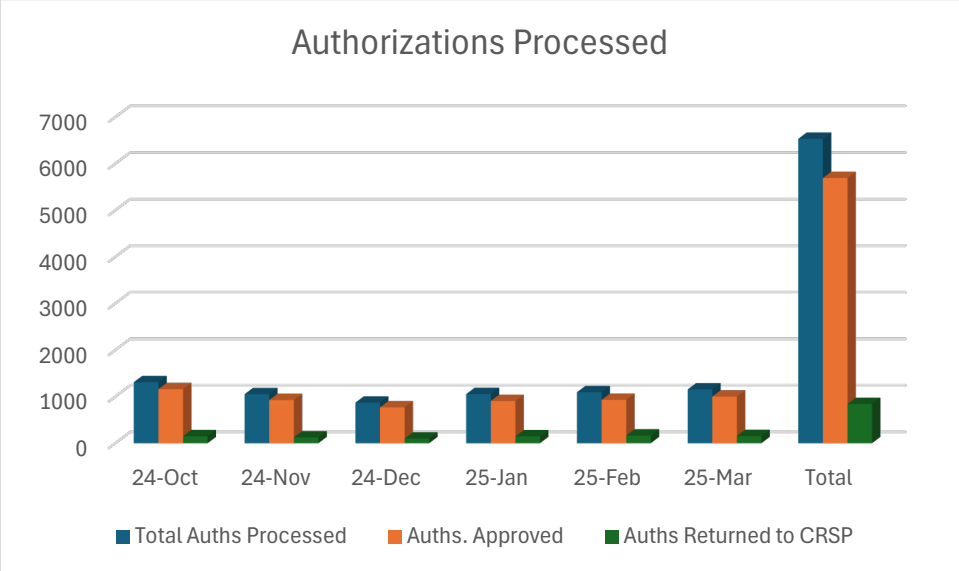
	Totals	Within the City of Detroit	Wayne County	Out of County
AMI Licensed Settings	239	84	117	38
IDD Licensed Settings	236	55	161	20
AMI Unlicensed Settings	222	64	151	7
IDD Unlicensed Settings	246	27	218	1

- *Significant Tasks During Period:* During March the Residential Services Department onboarded four (4) new providers to the network. Combined this provides eighteen (18) new opportunities for members to receive residential services in the community.

- *Major Accomplishments During Period:* The Residential Services Department has (943) residential settings in the community, of those (943) settings (877) are located within Wayne County. This works out to be about ninety-three (93) percent of all locations that are located within Wayne County.
- *Needs or Current Issues:* Currently there is a need in the network for additional barrier free locations specific to the AMI (Adults with Mental Illness) population. This population has significant comorbid medical and behavioral health needs. Currently there are four (4) open placement opportunities available for females and six (6) for males within this designated population.
- *Plan:* The Residential Services Department will work with the Managed Care Operations (MCO) Department to expeditiously add barrier free placement opportunities to the network. We will encourage providers who are already contracted with the network to open new barrier-free locations.

<u>Activity 2:</u> Monitoring Residential Authorizations

- *Description:* The Residential Services Department continues to monitor the number of Residential Authorizations processed monthly. Additionally, we are tracking the amount of time it takes the department to approve these authorizations. It is important that we track this data to ensure that authorizations are processed in a timely manner so that there is not a delay in services. It is expected that authorizations will be processed within fourteen (14) days.
- *Current Status:*



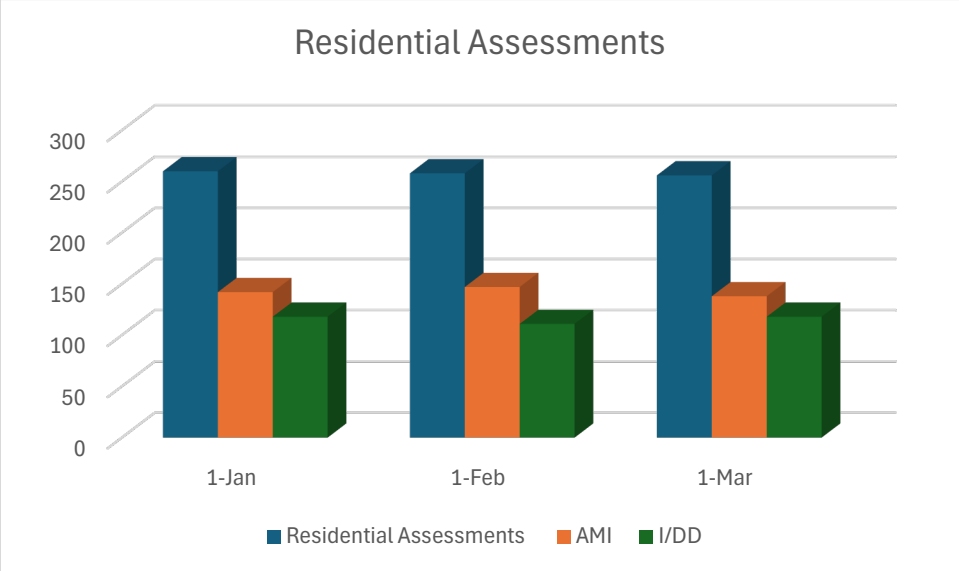
	24-Oct	24-Nov	24-Dec	25-Jan	25-Feb	25-Mar	Total
Total Auths Processed	1309	1051	870	1054	1094	1154	6532
Auths. Approved	1160	926	770	906	929	1000	5691
Auths Returned to CRSP	149	125	100	148	165	154	841

- *Significant Tasks During Period:* The Residential Services Authorizations Unit consists of four (4) staff who throughout the month of March processed (1,154) residential authorizations. Additionally, 95.3% of authorizations were approved within Fourteen (14) days.

- *Major Accomplishments During Period:* The Residential Services Authorizations Unit has approved these authorizations within an average of 4.09 days this quarter. This is almost a two-day improvement from quarter one, when authorizations were being approved on average of 6.03 days.
- *Needs or Current Issues:* Next fiscal year the deadline for authorizations to be processed will decrease from fourteen (14) to seven (7) days. This could put added strain on current Residential Authorizations staff and increase the urgency for responsiveness from Clinically Responsible Service Providers (CRSP) who submit authorizations.
- *Plan:* The Residential Authorizations Unit has begun to prepare for this change by adjusting our expectations and monitoring timeliness outcomes. We will allocate additional resources within the department as needed and assess staffing levels.

<u>Activity 3:</u> Updating Residential Assessments

- *Description:* Throughout the month of March, the Residential Services Department continued the process of updating residential assessments. The Residential Assessment determines medical necessity and is completed annually or any time there is a change in the member's condition. It is important that all members have up to date assessments to ensure that the amount and scope of services being delivered meets the members' needs.
- *Current Status:*



	25-Jan	25-Feb	25-Mar
Residential Assessments	260	258	256
AMI	142	147	138
I/DD	118	111	118

- *Significant Tasks During Period:* The Residential Services Department completed (256) Residential Assessments during the month of March, (138) of those were completed with Adults with Mental Illness and (118) were completed with individuals diagnosed with Intellectual and Developmental Disabilities.
- *Major Accomplishments During Period:* During the month of March the Residential Services Department worked to complete an internal audit form that will help ensure the quality of each

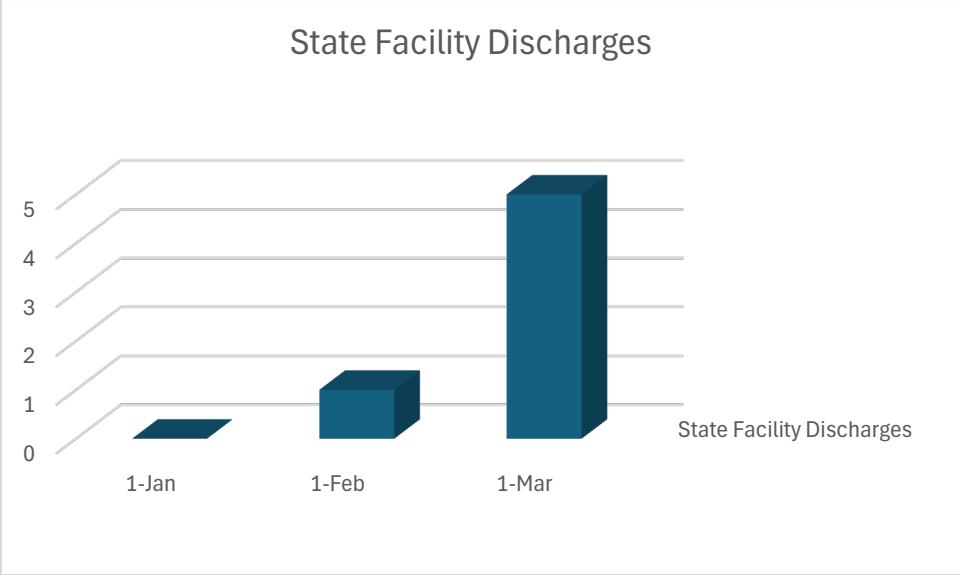
assessment being completed. This form is in the final stages of its development and will help establish clear expectations for the residential staff completing these assessments.

- *Needs or Current Issues:* The Residential Services Department will ensure that the audit tool can be completed electronically. Also, there is one open position for a Residential Care Specialist that once filled will be able to complete additional Residential Assessments.
- *Plan:* The Residential Services Department plans to meet with Information Technology to make sure the residential audit form can be completed electronically and ensure it captures the desired outcomes.

Quarterly Update:

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

  - During the month of March, the Residential Services department was able to discharge five (5) members out of long-term state facilities and into the community.



	25-Jan	25-Feb	25-Mar
State Facility Discharges	0	1	5

  - During the month of March, the department was able to draft ten (10) residential procedures in PolicyStat that did not previously exist.

- **Identified Opportunities for Improvement:**

  - The Residential Services Department continues to work on establishing a clear set of referral guidelines that will help support referring agents in determining appropriate referrals for residential services. Department management met in March and will work with DWIHN leadership to ensure evidenced based criteria is used to support these guidelines.

- **Progress on Previous Improvement Plans:**

  - The Residential Authorizations unit has begun completing Adverse Benefit Determination (ABD) letters. The ABD letter is designed to notify members when there is a reduction or termination in services due to medical necessity.

Substance Use Disorder Initiatives Report, March 2025
Matthew Yascolt, Interim Director of Substance Use Disorder Initiatives
04/09/25

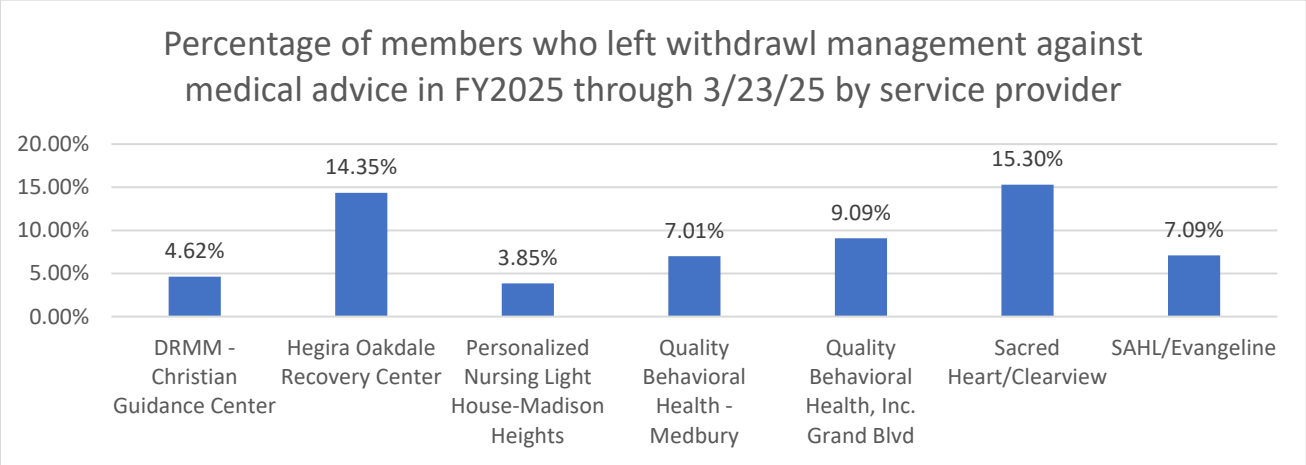
Main Activities during March 2025:

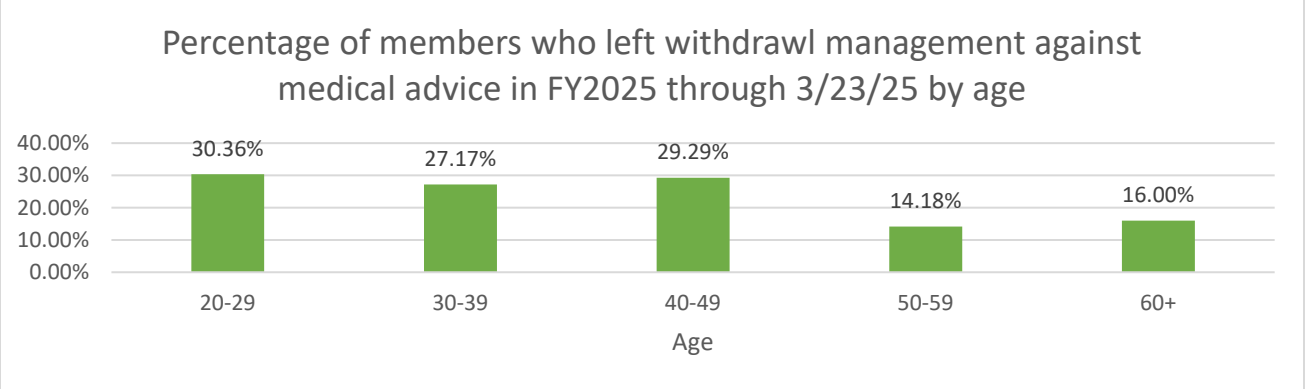
- **Withdrawal management discharge type analytics by service provider location and demographic risk factors**
- **Early intervention program analysis and longitudinal review**
- **Screening brief intervention and referral to treatment member analysis**

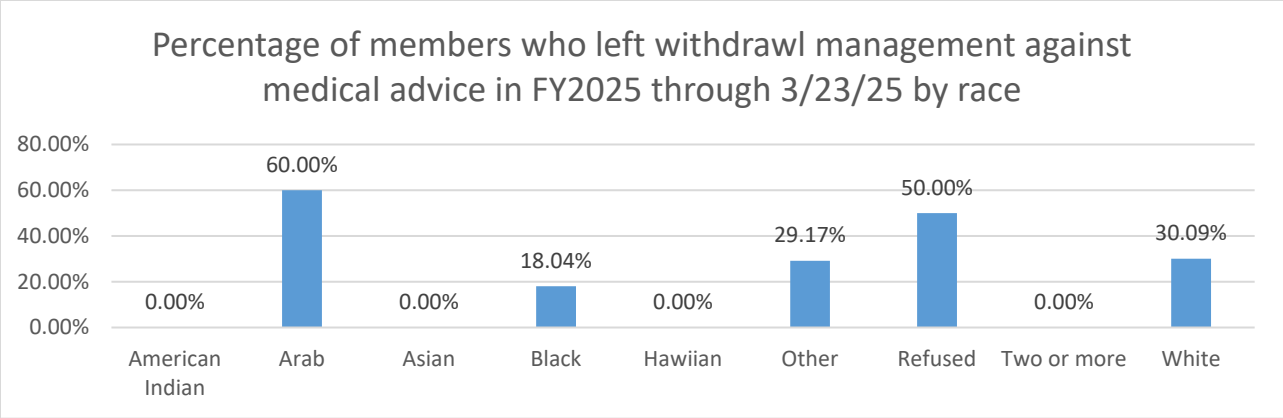
Progress On Major Activities:

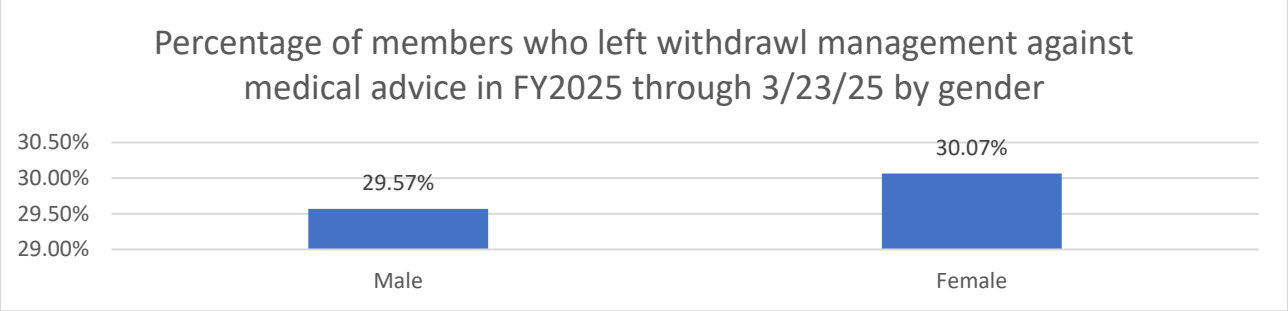
<u>Activity 1:</u> Withdrawal management discharge type analytics by service provider location.

- ***Description:*** Withdrawal management represents the highest level of care, which is reflected in rates paid back to service providers. Critically, this stage stabilizes members and safeguards them for ongoing treatment, frequently forming their first impression of the care process. Typically delivered over three days, members who depart withdrawal management against medical advice are at significant risk of relapse.
- ***Current Status:***





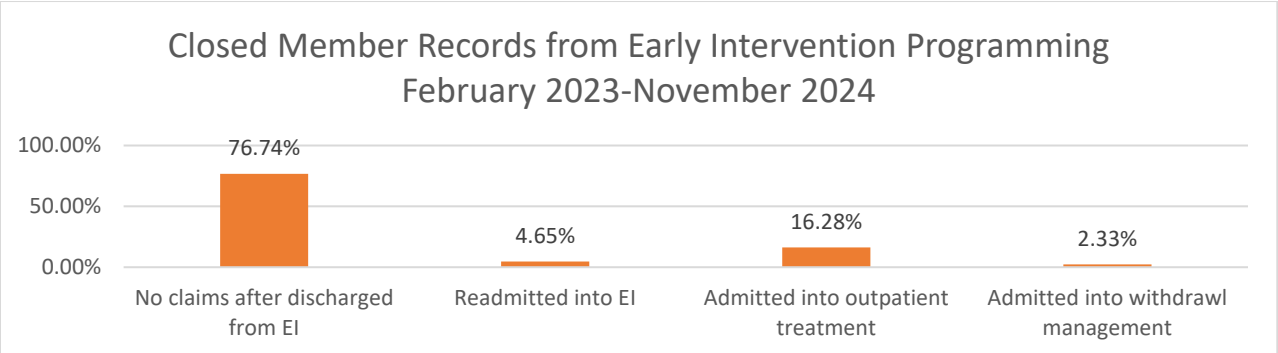




- ***Significant Tasks and Major Accomplishments During Period****:* Current data indicates that the highest rate of members leaving withdrawal management when looking at data by provider is at Sacred Heart followed by Hegira. The most at-risk demographics in our region for withdrawal management AMA are Females, Arab Americans, and individuals aged 20-29.
- ***Needs or Current Issues:*** Educate service provider network of demographic risk factors associated with leaving AMA. Notify service providers with high rates of members leaving AMA and provide training and education.
- ***Plan****:* Continue to assess AMA designations for all levels of care, compare AMA rates to quality scores, and environmental scores. Provide technical assistance at the provider level as needed to improve outcomes.

- **<u>Activity 2:</u> Early intervention program analysis and longitudinal review.**

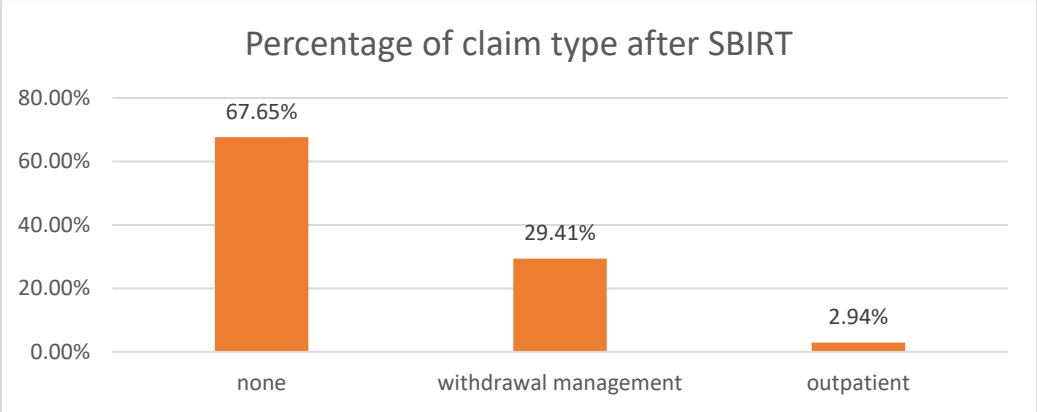
- ***Description****:* The goals of early intervention are to reduce the harms associated with substance misuse, to reduce risky behaviors before they lead to injury, to improve health and social function, and to prevent progression to a disorder and subsequent need for SUD services.
- ***Current Status:***



- ***Significant Tasks and Major Accomplishments During Period:*** Current data indicates that 76.7% of members who completed early intervention programming did not have another claim through MHWIN, indicative of a successful intervention and no need for ancillary services. 4.7% were readmitted into early intervention programming, 16.3% were admitted into outpatient SUD services, and 2.3% were admitted into withdrawal management.
- ***Needs or Current Issues****:* Continue to analyze programming and consider replication of programming across more providers.
- ***Plan:*** Monitor programming and look at possibilities of enhancement at current provider location and opportunities for replication.

- **<u>Activity 3:</u> Screening brief intervention and referral to treatment member analysis.**

- ***Description:*** SBIRT, a clinical intervention encompassing screening, brief intervention, and referral to treatment, addresses alcohol and illicit drug use in a setting where screenings typically do not occur. When implemented by peer recovery coaches in hospital settings, SBIRT can reduce subsequent hospitalizations, connect at-risk individuals with services, facilitate enrollment, and ensure a warm handoff to treatment programs.
- ***Current Status:***



- ***Significant Tasks and Major Accomplishments During Period*****:** 67.6% of all screenings done result in no claims for members, 29% result in withdrawal management claims and 2.9% result in outpatient claims.
- ***Needs or Current Issues:*** Provide technical assistance to providers and support providers to engage individuals who present with a substance use disorder at time of screening and ensure placement in the appropriate level of care for the individual.
- ***Plan:*** Meet with SBIRT providers to discuss strategies and plan to engage members in follow-up services after SBIRT.

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 25-02R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 4/16/2025

Name of Provider: DWIHN SUD Department

Contract Title: Substance Use Disorder-Treatment Network

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 4/9/2025

Proposed Contract Term: 4/16/2025 to 9/30/2025

Amount of Contract: $ 6,334,593.00 Previous Fiscal Year: $ 7,951,781.00

Program Type: New

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

Date Contract First Initiated: 4/16/2025

Provider Impaneled (Y/N)? Y

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

The SUD Department was awarded funds from MDHHS totaling $442,488 in Block Grant for the Recovery Incentive Pilot Program; of this amount $384,772 will be allocated to providers while the remaining $57,716 will be retained by DWIHN to cover administrative costs.

This program is designed to reinforce positive behavior change consistent with meeting treatment goals, including abstinence and continued engagement, through the provision of motivational incentives of small rewards that participating beneficiaries receive when they demonstrate adherence to their treatment goals through negative drug tests and treatment attendance. The small rewards, in the form of gift cards are provided to members in outpatient services for either a stimulant use disorder or opioid use disorder. Members are eligible to receive incentives when they can demonstrate abstinence from substances verified by a negative urine drug screen and continued engagement in services. The maximum yearly incentive amount is $599 per beneficiary. Members receive instant reward for negative urine drug tests, and incentive amounts increase weekly for consecutive negative tests as outlined in the schedule attached.

Providers were selected for this initiative based on members that they serve and the members eligibility.

The Detroit Wayne Integrated Health Network has the discretion to distribute these funds amongst service providers based on

utilization without further board approval, provided the total does not exceed the approved budget of $384,772.

The revised not to exceed contract for SUD Treatment totals $6,334,593 for the fiscal year ending September 30, 2025.

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

Source of Funds: Block Grant

Fee for Service (Y/N): N

Revenue	FY 24/25	Annualized
Block Grant	$ 4,563,493.00	$ 4,563,493.00
PA2	$ 1,771,100.00	$ 1,771,100.00
Total Revenue	$ 6,334,593.00	$ 6,334,593.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

Signed: Friday, April 4, 2025

Stacie Durant, Vice President of Finance

Signature/Date:

Dhannetta Brown on behalf of

Signed: Friday, April 4, 2025

Board Action #: 25-02R2

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 25-14R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 4/16/2025

Name of Provider: HealthStream Inc.

Contract Title: Credentialing Verification Organization

Address where services are provided: 500 11th Avenue North Suite 1000, Chicago, IL 60606

Presented to Program Compliance Committee at its meeting on: 4/9/2025

Proposed Contract Term: 4/1/2025 to 3/31/2028

Amount of Contract: $ 766,912.00 Previous Fiscal Year: $ 0.00

Program Type: Modification

Projected Number Served- Year 1: 3,400 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 4/1/2025

Provider Impaneled (Y/N)? N

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

DWIHN is requesting approval to add $266,912 to the existing three (3) year contract effective April 1, 2025 through March 31, 2028 for the addition of services to transition of primary source verification process to the DWIHN credentialing team. **The revised contract amount shall not to exceed $766,912** with HealthStream, Inc, in response to the Credentialing Verification Organization RFP #2025-010 issued in February 2025, for a National Committee for Quality Assurance accredited Credentialing Verification Organization.

HealthStream will initially provide primary source verification for DWIHN's contracted providers and practitioners, including verification of Medicaid and Medicare sanctions, licensure, work history, malpractice history, education, and training. HealthStream will also conduct continuous monitoring of DEA licenses, Office of Inspector General (OIG) and System for Award Management (SAM) sanctions, and licensure. All HealthStream activities are electronic.

After the implementation phase, HealthStream will transition the primary source verification process to the DWIHN credentialing team. This will allow DWIHN's team to independently manage the verification process while continuing to utilize the HealthStream platform for ongoing support. HealthStream will send credentialing/re-credentialing letters and certificates to providers and practitioners once the DWIHN Credentialing Committee has made its final disposition.

The contract ensures that DWIHN is compliant with the credentialing requirements delineated in 42 Code of Federal Regulations 422.204, their executed agreements with MDHHS and the five Integrated Care Organizations.

Currently DWIHN is under contract with Medversant to assist with credentialing. DWIHN will remain in contract with the vendor and will transition the services over the course of the year.

Note: A budget adjustment will be forthcoming to account for the additional funds needed in FY25.

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 24/25	Annualized
Multiple	$ 766,912.00	$ 766,912.00
	$	$
Total Revenue	$	$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64934.827211.00000

In Budget (Y/N)? N

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

Signed: Friday, April 4, 2025

Stacie Durant, Vice President of Finance

Signature/Date:

Dhannetta Brown on behalf of

Signed: Friday, April 4, 2025

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 25-24R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 4/16/2025

Name of Provider: Acorn Health

Contract Title: Autism Service Providers

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 4/9/2025

Proposed Contract Term: 10/1/2024 to 9/30/2025

Amount of Contract: $ 92,649,972.00 Previous Fiscal Year: $ 91,807,643.00

Program Type: Continuation

Projected Number Served- Year 1: 2,600 Persons Served (previous fiscal year): 2,473

Date Contract First Initiated: 10/1/2014

Provider Impaneled (Y/N)? Y

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

Requesting revision to board action for DWIHN Board to approve two (2) new ABA Providers to receive a (1) one year contract for FY25 (October 1, 2024 - September 30, 2025) to deliver Applied Behavior Analysis (ABA) and Autism Evaluations. **The total projected budget for autism services for FY25 remains unchanged and is not to exceed $92,649,972.**

The 2 new ABA Providers are: Apex Therapy Services and Golden Steps ABA.

23 Current ABA Providers: Acorn Health of Michigan, LLC, Advanced ABA Care, Affable Home Healthcare (DBA Attendant Care Autism Services), Akoya Behavioral Health, LLC, Autism Spectrum Therapies of Michigan (DBA Total Spectrum), Behavior Frontiers, Centria Healthcare, Chitter Chatter P.C., Dearborn Speech and Sensory Center, Inc. (DBA Metro EHS), Downriver Therapy Associates LLC, Emagine Health Services, LLC, Gateway Pediatric Therapy, HealthCall of Detroit, Illuminate ABA Services, LLC, IOA, LLC, Lumen Pediatric Therapy, LLC, Open Door Living Association Inc., Patterns Behavioral Services Michigan, Inc, Peak Autism Center, Positive Behavior Supports Corp., SEB Connections (DBA Merakey Inc.), Strident Healthcare, and Zelexa, LLC.

3 Current Independent Evaluator Providers: Social Care Administrator's, LLC (DBA McCrory Center), Sprout Evaluation Center, LLC, and The Children's Center of Wayne County.

The amounts listed for each provider are estimated based on prior year activity and are subject to change. Amounts may be reallocated amongst providers without board approval.

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

Source of Funds: Medicaid,General Fund

Fee for Service (Y/N): Y

Revenue	FY 24/25	Annualized
Medicaid	$ 92,149,972.00	$ 92,149,972.00
State General Funds	$ 500,000.00	$ 500,000.00
Total Revenue	$ 92,649,972.00	$ 92,649,972.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64940.827010.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

Signed: Thursday, April 3, 2025

4/3/2025 8:38:33 PM

Stacie Durant, Vice President of Finance

Signature/Date:

Dhannetta Brown on behalf of

Signed: Thursday, April 3, 2025

4/3/2025 12:59:59 PM

Board Action #: 25-24R2

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 25-51R2 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 4/16/2025

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Provider Network System FY 24/25

Address where services are provided: Service Provider List Attached

Presented to Program Compliance Committee at its meeting on: 4/9/2025

Proposed Contract Term: 3/1/2025 to 9/30/2025

Amount of Contract: $ 863,911,342.00 Previous Fiscal Year: $ 805,847,768.00

Program Type: Continuation

Projected Number Served- Year 1: 77,000 Persons Served (previous fiscal year): 75,943

Date Contract First Initiated: 10/1/2024

Provider Impaneled (Y/N)? Y

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

DWIHN is requesting the addition of the following 5 providers to the DWIHN provider network as outlined below, **without change to the total provider network amount.**

Residential Providers:

1. Love Touch Care LLC
(Credentialed 2/27/2025 for Community Living Support)

2. Tender Hearts Inc
(Credentialed 2/27/2025 for Personal Care in Licensed Specialized Residential Setting; Community Living Support)

Outpatient Providers:

1. Majestic Therapies LLC
(Credentialed 1/30/2025 for Community Living Support; Respite; Recreational Therapy)

2. Optimum Adult Day Services
(Credentialed 2/14/2025 for Skill Building; Therapy (Mental Health) Child & Adult, Individual Family Group)

SUD Provider:

1. Premier Services of Michigan LLC dba CMS Dearborn Heights
(Credentialed 2/14/2025 for SUD Outpatient Services; SUD Methadone)

Board approval will allow for the continued delivery of behavioral health services for individuals with: Serious Mental Illness, Intellectual/Developmental Disability, Serious Emotional Disturbance and Co-Occurring Disorders.

The services include the full array behavioral health services per the PIHP and CMHSP contracts. The amounts listed for each provider are estimated and are subject to change.

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 24/25	Annualized
Multiple	$ 863,911,342.00	$ 863,911,342.00
	$	$
Total Revenue	$	$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

Signed: Friday, April 4, 2025

Stacie Durant, Vice President of Finance

Signature/Date:

Dhannetta Brown on behalf of

Signed: Friday, April 4, 2025

Board Action #: 25-51R2