



Detroit Wayne Integrated Health Network

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PROGRAM COMPLIANCE COMMITTEE MEETING

Administration Bldg.
8726 Woodward, 1st Floor Board Room
Wednesday, January 8, 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
- VI. Approval of the Minutes – November 13, 2024
- VII. Report(s)
 - A. Chief Medical Officer (*Deferred*)
 - B. Corporate Compliance
- VIII. Quarterly Reports
 - A. Adults Initiatives
 - B. Crisis Care Services
 - C. PIHP Crisis Services
 - D. Utilization Management
- IX. Strategic Plan Pillar
- X. Quality Review(s)

Board of Directors

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

Kevin McNamara, Vice Chairperson
Angela Bullock
Bernard Parker

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

Eva Garza Dewaelsche, Secretary
Angelo Glenn
Kenya Ruth

James E. White, President and CEO



- XI. VP of Clinical Operations' Executive Summary**

- XII. Unfinished Business**
 - A. **BA #25-01 (Revised 1)** – Multicultural Integration
 - B. **BA #25-02 (Revised 1)** – Substance Use Disorder Treatment Provider Network FY 25
 - C. **BA #25-03 (Revised)** – Substance Use Disorder Prevention Provider Network FY 25

- XIII. New Business (Staff Recommendations)**
 - A. **BA #25-48** – ARCs Renewal
 - B. **BA #25-49** - MDHHS/FEMA Wayne County Strong
 - C. **BA #25-51** – DWIHN Provider Network System

- 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

MINUTES

NOVEMBER 13, 2024

1:00 P.M.

IN-PERSON MEETING

MEETING CALLED BY	I. Commissioner Jonathan Kinloch, Program Compliance Chair at 1:14 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Commissioner Jonathan Kinloch, Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	<p>Committee Members: Angela Bullock; Commissioner Kinloch; and Bernard Parker</p> <p>Committee Member(s) Excused: Dr. Lynne Carter and William Phillips</p> <p>Board Member(s): Dr. Cynthia Taueg, Board Chair; and Tom Adams, SUD Board Chair (Virtual)</p> <p>Staff: Yvonne Bostic; Judy Davis; Dr. Shama Faheem; Keith Frambro; Monifa Gray; Sheree Jackson; Melissa Moody; Emily Patterson (Virtual); Cassandra Phipps; Vicky Politowski; April Siebert; Andrea Smith; Yolanda Turner; Rai Williams; and Grace Wolf</p>

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 Mrs. Bullock and supported by Mr. Parker to approve the agenda. Commissioner Kinloch asked if there were any more changes/modifications to the agenda. There were no changes/modifications to the agenda. Motion carried.
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V. Follow-Up Items from Previous Meetings

DISCUSSION/ CONCLUSIONS	<p>A. Chief Medical Officer’s Report – Provide a report on separate information for adults and juveniles on past and current trends/statistics of suicide within Wayne County – A written two page document was shared with the committee that provided information from the Wayne County Health Department on suicides from 1980 to 2022. It was reported that there is almost a two-year lag time for the Medical Examiner’s office to finalize all the data; she is still awaiting 2023 data and will provide a later date. Michigan suicide rates were pretty close to the National Average; Wayne County is still below the Michigan and National average which is 12. 4%; rates for 2020 to 2022 were trending down. Suicide rates for youth and the highest age population was also shared. Discussion ensued regarding correlations between our future suicide rates and our crisis utilization services.</p>
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VI. Approval of the Minutes

DISCUSSION/ CONCLUSIONS	<p>Commissioner Kinloch called for a motion to approve the minutes. It was moved by Mr. Parker and supported by Dr. Tauog to approve the October 9, 2024, meeting minutes. Commissioner Kinloch asked if there were any changes/modifications to the October 9, 2024, meeting minutes. There were no changes/modifications to the meeting minutes. Motion carried.</p>
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VII. Reports

DISCUSSION/ CONCLUSIONS	<p>A. Chief Medical Officer – Dr. Shama Faheem, Chief Medical Officer submitted and gave highlights of the Chief Medical Officer’s report. It was reported:</p> <ol style="list-style-type: none"> 1. Behavioral Health Education, Outreach and Updates – one PA student completed their psychiatry rotation and another started end of October. A presentation was provided at the ACCESS 10th Arab Health Summit on DWIHN ‘s crisis services addressing a critical need for mental health crisis and providing immediate access to mental health services. The Walter Reuther Psychiatric hospital is going well and is set open beginning of 2026. It will service 80 youth and 260 adults. 2. MDHHS Updates – There was a discussion on CCBHC expansion sites and on 1115 Medicaid waiver demonstration that would provide Medicaid coverage to adults and youth in jails and prisons 90 days before release. 3. Crisis Center Medical Director Updates – The Crisis Center has been open for six months; we have lost some Advanced Practice Providers (APPs) but were fortunate to find and hire two full-time APPs that started in October, 2024 for day and evening coverage. In October, there were over 170 presentations to the Crisis Care Center, Children and adolescent evaluations notably increased; top diagnoses in October for children and adolescents include depressive disorders; and disruptive and impulse control disorders and top disorders for adults include bipolar disorders; depressive disorders; and psychotic disorders. 4. Outpatient Clinic/CCBHC Medical Director Update – Dr. Severe started in July and is the Medical Director and Adult Psychiatrist for the outpatient clinic and a part-time child psychiatrist was hired for Dr. Brinkiji. These doctors along with the rest of the team were hired by Direct Services and have started serving both adults and children populations. <p>Commissioner Kinloch opened the floor for discussion. Discussion ensued.</p>
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B. Corporate Compliance – *There was no Corporate Compliance report to review this month.*

The Chair noted that the Chief Medical Officer’s report has been received and placed on file.

VIII. Year-End Reports

DISCUSSION/ CONCLUSIONS	<p>A. Access Call Center – Yvonne Bostic, Director of the Access Call Center submitted and gave highlights of the Access Call Center Year-End report. It was reported that for the following activities:</p> <ol style="list-style-type: none">1. Activity 1 –FY23-24 there were a total of 187,190 calls handled by the Access Call Center, there were 41,037 (22%) calls handled related to SUD services with an average handle time of 17:00 minutes; 22,733 ((12.)) calls handled related to MH services with an average handle time of 22:00 minutes and 123,420 (66%) calls handled, related to other requests; provider inquiries, information and referrals for community programs and services. The average percentage of calls abandoned was 4%; the percentage of calls answered was 93% and the service level was 78.15%. The Access Call Center Service level average did not meet the standard (80%+) during 1st -3rd Quarter.2. Activity 2 – During FY23-24 that was an increase in the average of appointment availability for MH/IDD intake and SUD Intake appointment availability by approximately 3% from 1st Quarter to 4th Quarter.3. Activity 3 – During FY23-24 there was a total of 1,019 calls monitored with an average performance score of 88.0%. A minimum of 600 calls are monitored annually including 50-100 calls a month. Areas of strength were treating the caller with dignity and respect; 3 factor verification and closing script; areas for improvement include asking “How did you hear about use?” Demographic Review and asking about Advance Directives. A list of trainings was shared with the committee.4. Activity 4: - Upcoming plans and project for FY24-25 will be to increase utilization of the Genesys Phone System to maximize the benefit to the DWIHN Network and those we serve; continue recruitment to fill vacancies and continue customer Service Skills Training Series and Coaching as needed. <p>Commissioner Kinloch opened the floor for discussion. Discussion ensued.</p> <p>B. Autism Spectrum Disorder (ASD) – Cassandra Phipps, Director of ASD Services submitted and gave highlights of the ASD Services Year-End report. It was reported:</p> <ol style="list-style-type: none">1. Activity 1 during FY24 there were a total of 2,483 youth enrolled in Autism Services; of this total 1,252 were newly enrolled in the services. There have been coordinated efforts of oversight with Quality Improvement Specialist, Utilization Management and Customer Service Department to educate, train and oversee APPA Provider’s Service Utilization. Member enrollment has steadily increased in FY2024 (2,271) compared to FY2023 (2,188 enrolled).2. Activity 2 – Provider Staffing Shortage to address provider capacity shortages impacting children - a 5-year Request for Qualifications (RFQ) was posted to increase the number of ABA providers available in DWIHN’s provider network. As a result of the RFQ there are six new ABA Providers that are being added to the DWIHN network. Expanded capacity will provide autism services by increasing the number of APA Providers from 16 to 21 ABA Providers over the past year.3. Activity 3: Provide Timely Access to ABA Services-the baseline of this measure indicated only 68% of members started services within -14 days of being authorized; it was noted that on average 88% of members begin
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service services within 14 days of ABA authorization effective date which is above the goal of 70%. It was also reported there were a number of trainings held during the quarter.

Commissioner Kinloch opened the floor for discussion. Discussion ensued.

C. **Children’s Initiatives** – Cassandra Phipps, Director of Children’s Initiatives submitted and gave highlights of the Children’s Initiatives’ Year-End report. It was reported that:

1. **Activity 1:** During FY2024 DWIHN served 12,036 children, youth and families in Wayne County ages 0 up to 21st birthday including both serious emotional disturbance (SED) and intellectual developmental disability (I/DD) designations. The total number of youths receiving services remained similar from FY23 to FY24. It was noted there was a slight increase with the number of children and youth with IDD disability designations receiving services from FY23 to FY24 (about 400 members).
2. **Activity 2:** There has been a Request for Proposal (RFP) seeking additional providers to deliver children services in Wayne County for ages 0 to 21st birthday for specific services. As a result of the RFP, additional providers were added to the network and current providers expanded services to increase the capacity to provide the more intensive community-based services such as home based therapy and wrap around services; the Judson Center and Team Wellness expanded services and Vital Health is a new provider. There has been noted improvement with intake appointments occurring within 14 days of the screening date. Information was provided on Performance Indicator 2a which is the percentage of new persons during the period receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service. The new State goal is 57%; for 4th Quarter Preliminary SED is at 50.72%; and 4th Quarter IDD Preliminary is at 56.03%. We will continue to assist new providers as needed and incorporate the new screening eligibility code into the performance indicator report to capture additional children special population screenings.
3. **Activity 3:** School Success Initiative – There are eight Children Providers within 72 schools within Wayne County; for FY24 there were a total number of 3,370 (33%) of students receiving SSI Services.

Commissioner Kinloch opened the floor for discussion. Discussion ensued.

D. **Innovation and Community Engagement** – Andrea Smith, Sr. Director of Innovation and Community Engagement submitted and gave highlights of the Innovation and Community Engagement’s Year-End report. It was reported: that the Zero Suicide Initiative which is supported by a five-year SAMHSA grant of \$400,000 per year focuses on reducing suicides through comprehensive care, workforce training, screening and stigma reduction; Youth Employment and Engagement partnered with 13 organizations to place 600 youths in employment roles, conducted a youth conference for 578 attendees focused on resilience and career readiness and hosted a back-to-school event benefiting 420 families. The department facilitated extensive training on behavioral health, suicide prevention, and trauma-informed care reaching over 5,000 participants and advancing professional development. The 10th Annual Trauma Conference was held and ran workshops on co-occurring disorders, aiming to better equip providers to handle complex mental health cases. Updates were provided on the unhoused populations; mental health calls handled by the embedded call taker in the 911 Communication Center and 3,707 folks were connected to services. Commissioner Kinloch opened the floor for discussion. Discussion ensued.

E. **Integrated Health Care (IHC)** – Vicky Politowski, Director of Integrated Health Care submitted and gave highlights of the IHC’s Year-End report. It was reported:

that in FY24 DWIHN was awarded a three year NCQA certification. Integrated Health Care received 100% of possible points in the categories it is responsible for in Complex Case management. Complex Case Management served thirty four cases; 23 were opened in 2023/24 and 11 were carryovers from 2022/23. Thirteen members met their goals and 2 met 50% of their goals. Nineteen surveys were obtained with all being satisfied with their services. In FY23 DWIHN began providing OBRA services; in the first full year of the program, DWIHN accomplished an OBRA trainer working with all hospitals and nursing homes on new contact numbers, email address and agency changes; 6,850 referrals were processed in FY24 compared to 3,551 in FY23; 1374 assessments were completed in FY24 compared to 850 in FY23; and congruency with MDHHS on assessments was 97.6%. Some of the goals for 2025 are to provide Care Coordination with all 8 Medicaid Health plans and ICO's; increase care plans in CC360, per MDHHS contract DWIHN much have 25% of the members in the risk stratification to have plans in place in CC360; DWIHN is a 28% now; and decrease the turnaround time for annual OBRA assessments. There was no further discussion.

F. Substance Use Disorder (SUD) – Judy Davis, Director of Substance Use Disorder submitted and gave highlights of the SUD's Year-End report. It was reported:

1. Post-COVID-19 Activities – We are currently using the ASAM Continuum which is an electronic assessment tool that allows clinicians to leverage a computerized clinical decision support system; over 500 counselors now use Continuum tools for routine assessments and follow-up. COVID-19 funding has strategically supported the procurement of essential personal protective equipment and COVID test kits; we have invested in training and conferences to enhance the skills of our staff and clients and covered essential topics like trauma and domestic violence. In FY24 total admissions was 14,565 members served and in FY23 there were 14,572 members served. It was reported the number one drug in Wayne County is alcohol; there were over 7,000 members with the primary drug use of alcohol followed by opioids. We are in the process of addressing issues by utilizing social media; engaging younger audiences and conducting Town hall meetings.
2. Naloxone and Harm Reduction Activities – It was reported that there were 780 Narcan kits distributed during the month of September FY24; 670 individuals trained and 16 Narcan saves.
3. CHES Initiative – It was reported that CHES Health Analytics tool offers an approach for DWIHN to access and manage member data comprehensively. The platform streamlines the viewing and extraction of essential information. The first member was successfully enrolled on July 17, 2024; at the close of July the total number of members enrolled stood at 18; by the end of September the number had risen to 76 marking a substantial 322% increase in enrollment. The SUD Department has spearheaded initiatives that have successfully lowered youth usage rates of key substances. Some of the obstacles of enrolling members into programs include a lack of awareness about available services; accessibility issues; complexity of enrollment process; concerns over privacy and other items.

Commissioner Kinloch opened the floor for discussion. Discussion ensued. The Chair noted that the Access Call Center, Autism Spectrum Disorder, Children's Initiatives, Innovation and Community Engagement, Integrated Health Care and Substance Use Disorder Year-End reports have been received and placed on file.

B.

IX. Strategic Plan Pillar - Quality

DISCUSSION/ CONCLUSIONS	April Siebert, Director of Quality Improvement submitted and gave updates on the Strategic Plan Quality Pillar. It was reported: that the Pillar is currently at 64% completion. There are four (4) organizational goals under this pillar which range from 0% to 100% completion for the high level goals. Discussion ensued regarding improving interoperability to share/access health information across the systems for care coordination by September 30, 2025. It was noted that strides are being made in this area.
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X. Quality Review(s)

DISCUSSION/ CONCLUSIONS	<i>There were no Quality Review(s) to report this month.</i>
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XI. VP of Clinical Operations' Executive Summary

DISCUSSION/ CONCLUSIONS	<p>Melissa Moody, VP of Clinical Operations submitted and gave an executive summary of the VP of Clinical Operations' report. It was reported that there are six CCBHC Providers in our network; Medicaid is still the primary insurance across the board. Persons with no insurance hover around 0 to 3% of those populations and there are also persons with commercial and Medicaid insurance. There are 12,333 members enrolled in CCBHC and with adding Hegira the number could climb to about 16,000 by the end of next year. The numbers have remained stagnant for the BHH and SUD Health Homes. There was an increase of about 130 people in our SUD Health Home with the addition of adding stimulant use disorder and alcohol use disorder to the program and we are looking at expanding those providers in those health homes. It was reported that we have worked on completing residential assessments as it is important to ensure persons are in the right level of care and receiving the right level of services and there are 2,878 members in residential services. In FY23 there were about 1,400 assessments completed; there were some internal plans of improvement for FY23/24 and we had over 3200 assessments completed. An update was provided on Utilization Management; it was reported that General Fund is a large area of concern and has not been going in a good trend because of the Federal Emergency ending -there were some internal plans and the general fund benefit grid has been updated and there has been a lot of education with providers and staff about what should be approved; making sure people are aware and know that they need to reapply for those benefits if they have not done so as well as working with our internal staff and our MDHHS liaisons. An update was provided on the habilitation support waiver program which is a program for persons with intellectual and developmental disabilities, and the goal is to provide intensive community services so that people can stay in their homes and not go to higher levels of care. The State requirement is that we hit 95% utilization which the State provides us so many slots for these waivers. In FY22/23 up until July of that year we were hovering around 92 to 93% utilization, and we were not hitting that state requirement. We did an internal plan of correction for ourselves that mid year, and Ms. Moody was happy to report that for this full fiscal year we have not only met that requirement, but we have exceeded it every month to the point that the State has recognized us and they have provided us 41 additional slots which are not new funding or new slots. These were provided to us from other regions that were underutilizing their slots. The State has also asked our Utilization Management</p>
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team to come and speak about how we were able to do this with other regions in the state so they can follow a similar path on our performance improvement plan as well. There was no further discussion. The report of the VP of Clinical Operations was received and filed.

XII. Unfinished Business

DISCUSSION/ CONCLUSIONS

Commissioner Kinloch, Committee Chair informed the committee that BA #24-44 (Revised), BA #25-02 (Revised), BA #25-10 (Revised), BA #25-11 (Revised) and BA #25-13 (Revised) will be bundled, and a motion will be made after discussion.

- A. **BA #24-44 (Revised) – Direct Care Worker Training Program – Community Living Services** – Staff requesting board approval to add an additional \$300,000.00 for the six months, October 1, 2024 through March 31, 2025. This request is made to allow adequate time to facilitate a Request for Proposal of the Direct Care Worker Training Program’s contract for a total amount not to exceed \$900,000.00. DWIHN is requesting additional funds for Community Living Services (CLS) to continue provision of Direct Care Workers’ training program and Individual Plan of Services (IPOS) for DWIHN Provider Network staff uninterrupted. Commissioner Kinloch opened the floor for discussion. There was no discussion.
- B. **BA #25-02 (Revised) - Substance Use Disorder (SUD) Treatment Provider Network FY 25** – Staff requesting board approval to revise BA #25-02 (Revised) to include the review and approval of the corrected SUD Treatment Allocation Grids. The allocation grids submitted in the original board action were not the correct version. There are no changes to funding or contract terms. Commissioner Kinloch opened the floor for discussion. There was no discussion.
- C. **BA #25-10 (Revised) – Behavioral Health Homes FY 25** – Staff requesting board approval to add Elmhurst Home, Inc. and Neighborhood Service Organization (NS)) as Behavioral Health Homes. A Behavioral Health Home certification packet was submitted which DWIHN developed in consultation with the National Council on Mental Wellbeing. Their certifications were reviewed and approved by DWIHN’s Health Home Director. The Health Home providers aim to enroll 200 individuals each in FY 25 (December 1, 2024 through September 30, 2025). The funding is a pass-through from MDHHS to DWIHN to Elmhurst Home, Inc and NSO for the delivery service and is estimated at \$360,000.00 for FY 25. The total estimate of this revised board action is \$1,710,000.00. A budget adjustment is forthcoming. Commissioner Kinloch opened the floor for discussion. There was no discussion.
- D. **BA #25-11 (Revised) – Substance Use Disorder Health Homes FY 25** – Staff requesting board approval to add Elmhurst Home, Inc. as Substance Use Disorder Health Home. A Substance Use Disorder Health Home certification packet was submitted which DWIHN developed in consultation with the National Council on Mental Wellbeing. Their certification was reviewed and approved by DWIHN’s Health Home Director. The Substance Use Disorder Health Home provider aims to enroll 300 individuals each in FY 25 (December 1, 2024 through September 30, 2025). The funding is a pass-through from MDHHS to DWIHN to Elmhurst Home, Inc for the delivery service and is

	<p>estimated to be an additional \$240,000.00 for FY 25. The total estimate of this revised board action is \$1,158,000.00. Commissioner Kinloch opened the floor for discussion. There was no discussion.</p> <p>E. BA #25-13 (Revised) – DWIHN Provider Network System FY 25 – Staff requesting board approval to add two additional residential providers (Compassionate Care Haven, LLC and Humanity Outreach); one outpatient provider (Downriver Therapy Associates, LLC dba Success on Spectrum); and an increase in funding to Hegira Health, a new CCBHC to the DWIHN Provider Network. In addition, this board action is requesting revisions for CCBHC, Home Based and Wrap Around services. Commissioner Kinloch opened the floor for discussion. There was no discussion.</p> <p>Commissioner Kinloch called for a motion on BA #25-44 (Revised), BA #25-02 (Revised), BA #25-10 (Revised), BA #25-11 (Revised) and BA #25-13 (Revised). Motion: It was moved by Mr. Parker and supported by Mrs. Bullock to move BA #24-44 (Revised), BA #25-02 (Revised), BA #25-10 (Revised), BA #25-11 (Revised), and BA #25-13 (Revised) to Full Board for approval. Commissioner Kinloch abstained from BA #25-02 (Revised). The Chair opened the floor for further discussion. There was no further discussion. Motion carried.</p>
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XIII. New Business: Staff Recommendation(s)

<p>DISCUSSION/ CONCLUSIONS</p>	<p><i>Commissioner Kinloch, Committee Chair informed the committee that BA #25-41, BA #25-43, and BA #25-46 will be bundled, and a motion will be made after discussion.</i></p> <p>A. BA #25-41 – 707 Crisis Care Center EMS Transportation Services – Staff requesting board approval for a three-year contract (with a two-year renewal option) with LifeLine Concord, LLC (selected under RFP #2025-0007) to provide non-emergency EMS Transportation Services to individuals served at the Care Center. The contract term is from December 1, 2024 through November 30, 2027. The contract amount shall not exceed \$300,000.00 for the duration of the three years. Commissioner Kinloch opened the floor for discussion. There was no discussion.</p> <p>B. BA #25-43 – Wayne County Services – Staff requesting board approval of a one-year contract with Wayne County for the following programs – The Clinic for Child Study/Third Circuit Court (\$600,000.00 Medicaid Funds); Wayne County Juvenile and Youth Services formerly Wayne County Department of Health, Human and Veteran’s Services (\$2,000,000.00 Medicaid Funds); and Wayne County Jail Mental Health Services (\$5,000,000.00 State General Fund/Local Funds). The contract term is from October 1, 2024 through September 30, 2025. Commissioner Kinloch opened the floor for discussion. There was no discussion.</p> <p>C. BA #25-46 – Gravity Works Design, LLC for DWIHN Website Redesign, Development and Maintenance – RFP Contract #2025-001, DWIHN Procurement Recommendation for DWIHN Website redesign, development and maintenance. Gravity Works Design, LLC will replace website services/support currently provided by WIT, Inc. Staff requesting board approval for a one-year contract term with a two-year renewal option. The contract term is from</p>
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	<p>December 1, 2024 through November 30, 2027 and not to exceed \$110,040.00 for the initial three (3) years. Commissioner Kinloch opened the floor for discussion. There was no discussion.</p> <p>Commissioner Kinloch called for a motion on BA #25-41, BA #25-43, and BA #25-46. Motion: It was moved by Mr. Parker and supported by Mrs. Bullock to move BA #25-41, BA #25-43, and BA #25-46 to Full Board for approval. The Chair opened the floor for further discussion. There was no further discussion. Motion carried.</p>
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XIV. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS	<p><i>There was no Good and Welfare/Public Comment this month.</i></p>
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ACTION ITEMS	Responsible Person	Due Date
1.		
2.		

The Chair called for a motion to adjourn the meeting. **Motion:** It was moved by Dr. Taueg and supported by Mrs. Bullock to adjourn the meeting. **Motion carried.**

ADJOURNED: 2:59 p.m.

NEXT MEETING: Wednesday, January 8, 2025 at 1:00 p.m.

Program Compliance Committee Meeting
Corporate Compliance Report
January 8, 2025



Main Activities during October -December 2024

Major Activities: The Compliance Department's primary areas of focus include the prevention, detection, and mitigation of fraud, waste, and abuse (FWA); the identification and management of conflicts of interest; oversight of credentialing non-compliance; resolution of employee complaints; and the continuation of new hire compliance training programs in accordance with applicable laws, regulations, and organizational policies.

Activity 1: Compliance Investigations

- *Description:* In the 4th Quarter of Fiscal Year 2024, the Compliance Department managed an average of 33 investigations, 11 of which originated from the OIG's office. Three full-time staff members manually completed 78 Medicaid Claims Verification audits, resulting in recoupments totaling \$2,377.61 associated with 21 beneficiaries. Additionally, eight referrals received during the 4th quarter are pending assignment.
- *Current Status:* A manual repayment plan has been established through the DWIHN finance department for Novus Living I, a former provider site no longer contracted with DWIHN, which has an anticipated overpayment of \$44,073.67 resulting from upcoding.

Activity 2: Contract Action

- *Description:* A contract termination notification was issued to Pontiac General Hospital, effective December 11, 2024, due to actions taken by CMS that impact the services provided to DWIHN members.
- *Current Status:* Pursuant to the termination, and with the assistance of the DWIHN Utilization Management (UM) team, all affected members have been appropriately removed from the facility prior to the termination date.

Activity 3: Compliance Risk

- *Description:* From Quarter 1 through Quarter 4, the Compliance Department has been alerted to an increase in compliance risks related to conflicts of interest, fraudulent billing, and insufficient documentation for claims submitted.
- *Current Status:* Thorough investigations are being carried out in coordination with the Office of the Inspector General.
- *Plan:*
 1. The Compliance Department is actively investigating these issues to determine their scope and impact and will take appropriate corrective actions to mitigate any identified risks and ensure compliance with all applicable laws and regulations.
 2. A tiered corrective action plan has been implemented for repeat offenders in accordance with the organization's compliance framework.

Activity 4: Unauthorized Access

- *Description:* On August 20, 2024, a DWIHN staff member reported a compromise of their DWIHN-issued laptop while performing personal tasks. This allowed a Threat Actor to gain remote access. The employee followed the incident management protocol by shutting down the device, which was later examined by both the IT department and a third-party forensic team. Investigations revealed that the Threat Actor accessed files that were open at the time of the incident. All members and reporting agencies have been notified, and credit monitoring has been offered to the members.
- *Current Status:* As of December 30, 2024, nine members have registered for credit monitoring.

Quarterly Report
Marianne Lyons, LMSW, CAADC
12/19/2024



Adult Initiatives First Quarter Report
Marianne Lyons, LMSW, CAADC

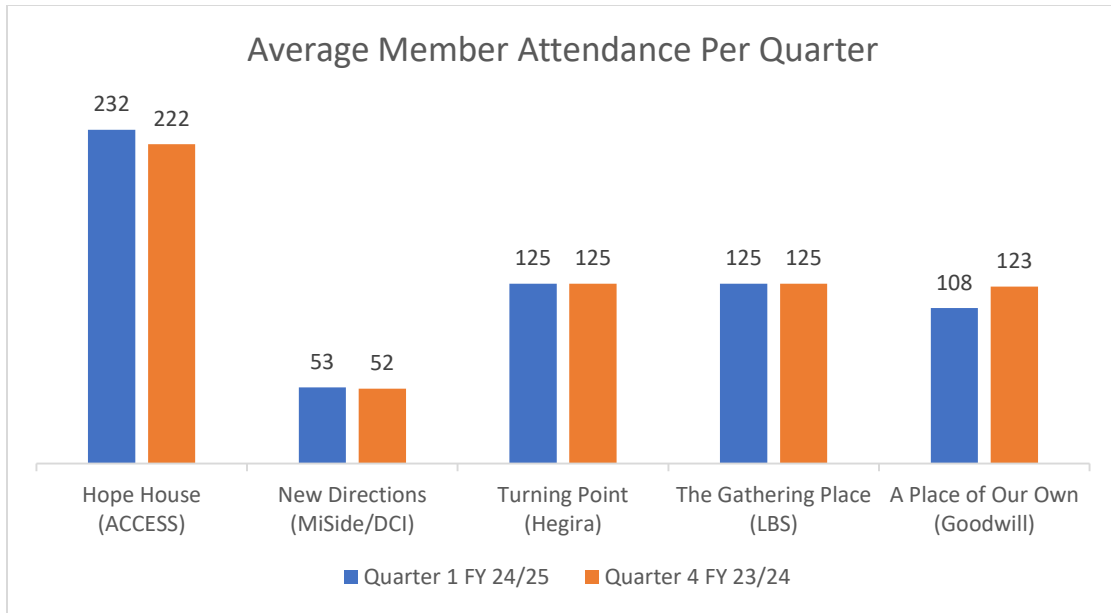
Main Activities during quarterly reporting period:

- Clubhouse
- Med Drop
- Evidenced Based Supported Employment (EBSE)/Individual Placement and Support (IPS)

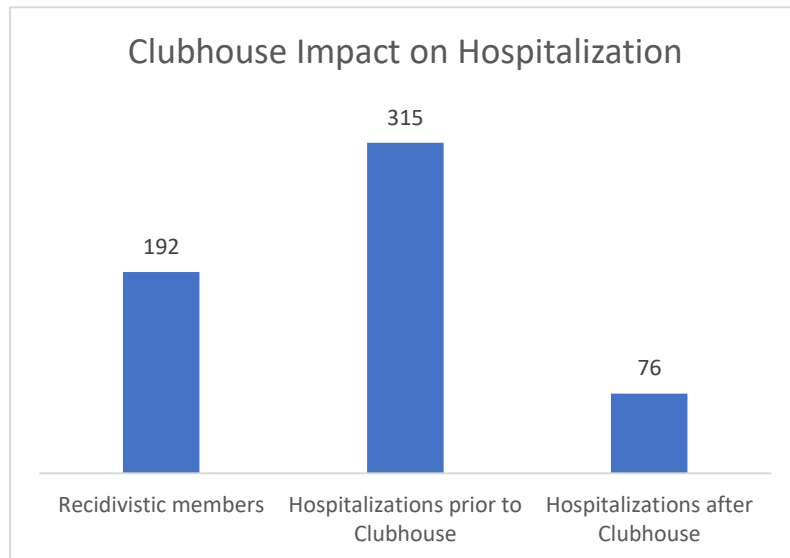
Progress on Major Activities:

Activity 1: Clubhouse-Increased Attendance = Decreased Hospitalization

- *Description:* Clubhouse is an accredited service, reviewed bi-annually by Clubhouse International, and provides daily activities to members with persistent mental illness. Clubhouse is voluntary and without membership term lengths. Members choose how to utilize their clubhouse, including participation in varying activities, roles, and responsibilities within the clubhouse, and who they wish to interact with. Clubhouse offers varying opportunities, applicable to individuals with varying cognitive capabilities, including working within administration, enrollment, hiring, training, public relations, and advocacy. The goal is to help members regain self-worth, purpose, and confidence.
- *Current Status:* The goal is to ensure that the total number of members served continuously increases as Clubhouse has proven to reduce hospitalization rates. It serves as an additional layer to outpatient treatment, having consistent daily activities instilled in the members' life, ensuring improved engagement. The data reflects consistent attendance over the last two quarters. The intent, moving forward, will be to increase enrollment and engagement through advocating among platforms overseen by Adult Initiatives including ACT, AOT, and adult outpatient.



- Significant Tasks During Period:* Adult Initiatives hosted their quarterly clubhouse director’s meeting, prioritizing discussion around the results of the data request which reflects that Clubhouse reduces hospitalization rates. To reiterate the findings previously shared, the data reflects that prior to clubhouse engagement, recidivistic members were hospitalized a total of 315 times. This same sample was then hospitalized only a total of 76 times, following Clubhouse engagement.



- Major Accomplishments During Period:* Adult Initiatives will be taking over the task of completing and maintaining the grant funds for clubhouse, effective in January 2025. It

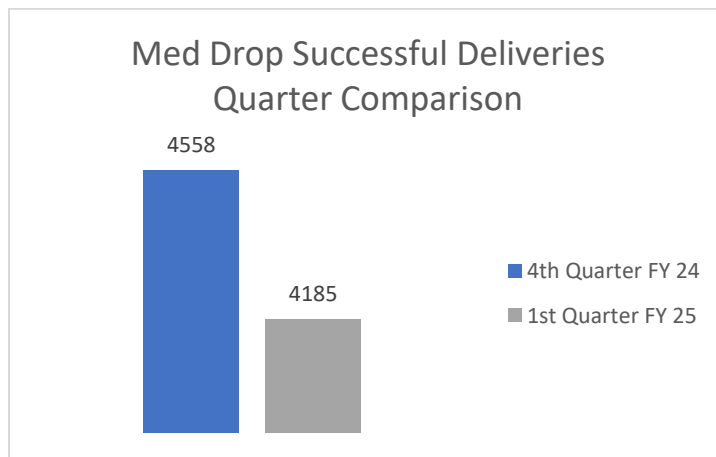
was determined that Clubhouse will begin to receive more grant funding in the new year, allowing them to provide more services to members on spenddowns, while alleviating that difficulty resulting from losing the general fund money.

- *Needs or Current Issues:* Clubhouse has been removed from the general fund with DWIHN. Clubhouse providers are focusing on utilizing their CCBHC status (where applicable), and hoping for unit rate increases to make up the difference in funding.
- *Plans:* Adult Initiatives has encouraged Clubhouse’s to reach out and engage with ACT and AOT platforms to have these members explore Clubhouse if deemed appropriate. This would benefit the idea that Clubhouse reduces recidivism while also assisting ACT in their model which suggests that members should be seen by ACT after hours. (If members attend clubhouse, ACT will have to meet with members after 4pm).

Activity 2: Med Drop

- *Description:* The Adult Initiatives team is working to increase participation with members accessing Med Drop services. This is a community-based intervention that focuses on improving medication adherence for adults.

Current Status: For the first quarter of FY 25, the Med Drop program had 64 members participating. This quarter, we received 13 new referrals and enrolled 3 new cases in the Med Drop program.



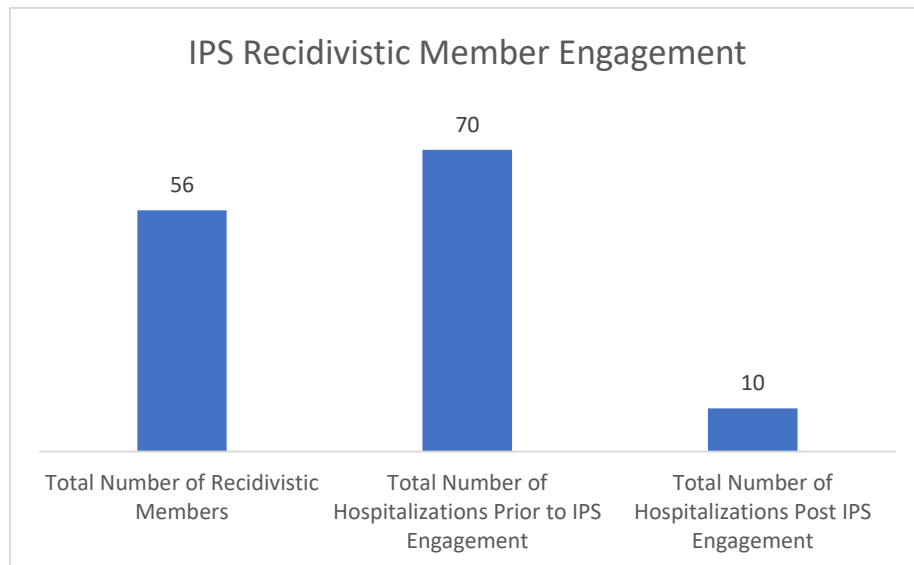
- *Significant Tasks:* Of the 64 members participating, only 3 of those members were hospitalized during this quarter. To give a snapshot of the efficacy of the program, one member had been hospitalized four times from December 2021 to February 2024. Member began the Med Drop program upon release from the hospital in February and has remained med compliant and out of the hospital since that time.
- *Major Accomplishments During Period:* The Med Drop video, a key tool for promoting the program, was filmed and will be released on DW's social media sites in January 2025.

This is expected to significantly increase awareness and potentially boost participation in the Med Drop program.

- *Needs or Current Issues:* Adult Initiatives will work with the remaining CRSPs to help educate and reinforce the program's positive benefits; continue to market the program
- *Plans:* Adult Initiatives will continue to meet with the Med Drop coordinator and program providers to discuss ways to increase admission and barriers to the referral process. We will also continue to use various outreach platforms to promote the program to members and providers.

Activity 3: Evidenced Based Supported Employment (EBSE)/Individual Placement and Support (IPS)

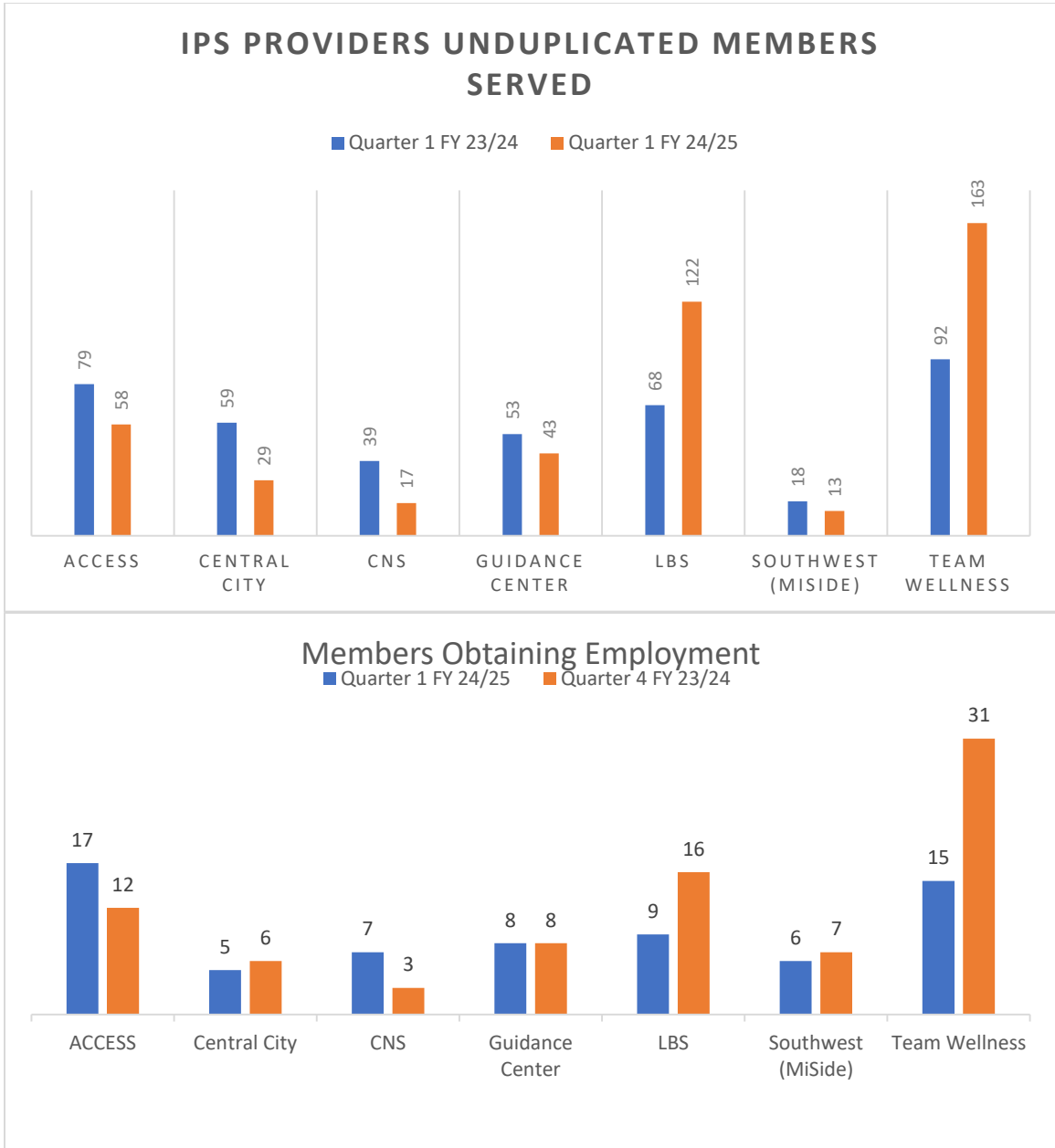
- *Description:* IPS, also known as Individual Placement and Support, is a specific type of employment service. DWIHN utilizes the IPS model as research shows it to be the most effective evidence-based employment program. This approach allows for individuals with severe and persistent mental illness and/or substance use disorders to obtain and maintain gainful employment, at any stage of change in outpatient treatment.
- *Current Status:* Focus has been identifying how meaningful employment impacts the likelihood of remaining crisis free and decreasing risk of hospitalization. The following chart represents identified recidivistic members and their hospitalizations before engaging in IPS services and after:



The data shows a positive correlation between engagement in IPS services and a decrease in number of hospitalizations for the members in the sample.

The following additional data presents the total number of members who obtained employment while receiving IPS services during the 1st quarter:

- ACCESS: 17
- Central City: 5
- CNS: 7
- Guidance Center: 8
- Lincoln Behavioral: 9
- Southwest (MiSide): 6
- Team Wellness: 15



- *Significant Tasks During Period:* Data reflecting recidivistic members and IPS engagement continues to be gathered; CRSPs have been continuously encouraged to meet internally

with various outpatient programs to encourage IPS among all members, especially recidivistic members.

- *Major Accomplishments During Period:* Adult Initiatives met with representatives from MiSide and Hegira, separately, to discuss the area of need as it pertains to a fidelity review. These agencies have not performed one in years and must be able to meet the minimum fidelity score of 74. Supervision from both agencies ensured Adult Initiatives that they will be able to accommodate this requirement.
- *Needs or Current Issues:* As stated prior, Hegira and MiSide are required to have a fidelity review completed in 2025 as they have not completed one in several years. A score under 74 would be outside of fidelity and could potentially result in a loss of their program being viewed as an IPS program. The CRSPs have been made aware of these implications.
- *Plan:* Adult Initiatives will continue to assist providers with identifying recidivistic and at-risk populations (such as members on treatment orders) with the goal of introducing and involving those members in IPS services, as another means of engaging and reducing hospitalizations.

Barriers continue to present for all IPS providers which is related to low unit rates for IPS services rendered. Following the results of the previous data request, reflecting a decrease in recidivism, it is requested to the finance department at DWIHN to complete a review of unit rates across the state of Michigan, and with the understanding of the success rates of IPS, encouraging increased unit rates internally for IPS providers to bill for. It has been discussed with the IPS providers and an increase in unit rates can encourage a more competitive ability to hire more employment specialists (resulting in more members served), improve transportation barriers for members/employment specialists, and increase fidelity scoring.

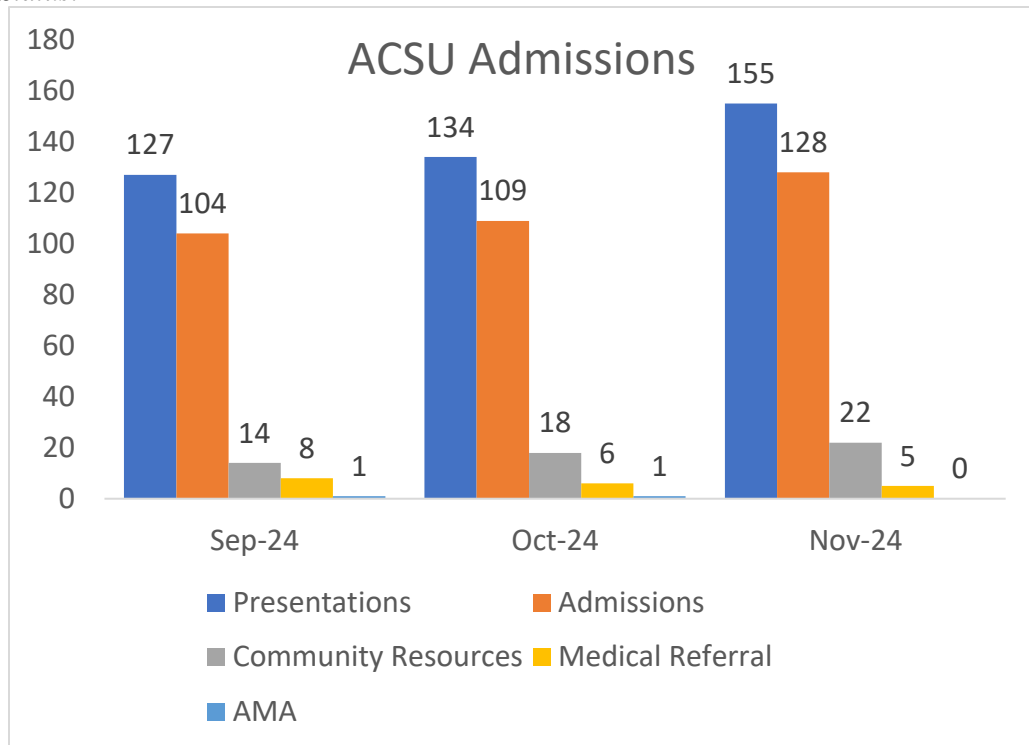
Program Compliance Committee Meeting
Grace Wolf, VP of Crisis Services / 707 Crisis Care Center Report
January 8th, 2025

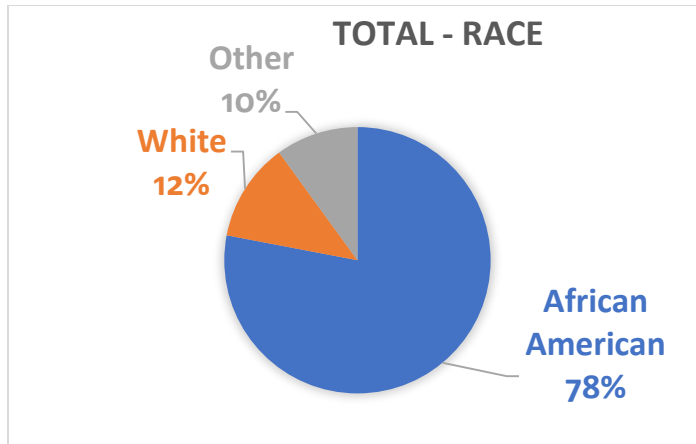


Main Activities during September - November 2024, Reporting Period:

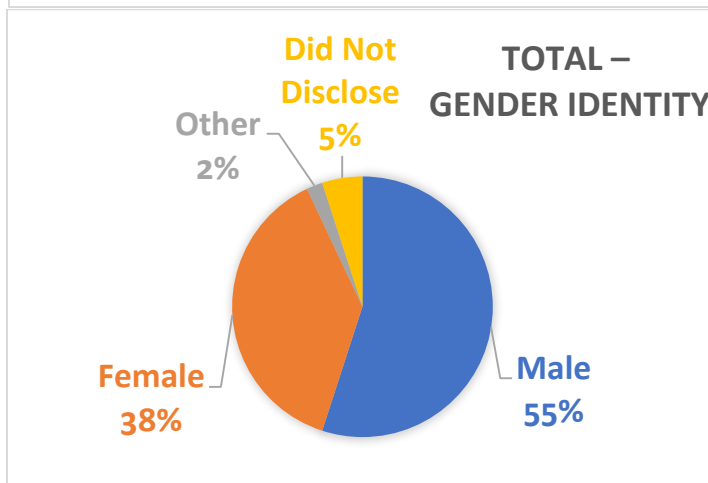
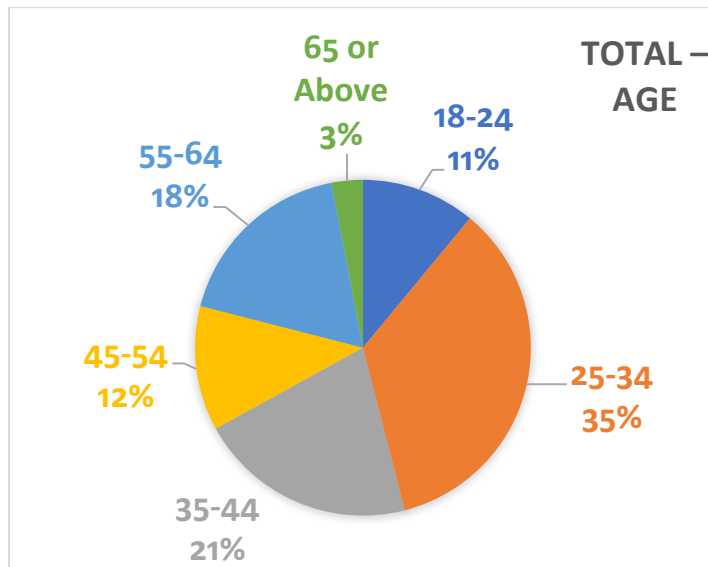
Activity 1: Adult Crisis Stabilization Data

- *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:*

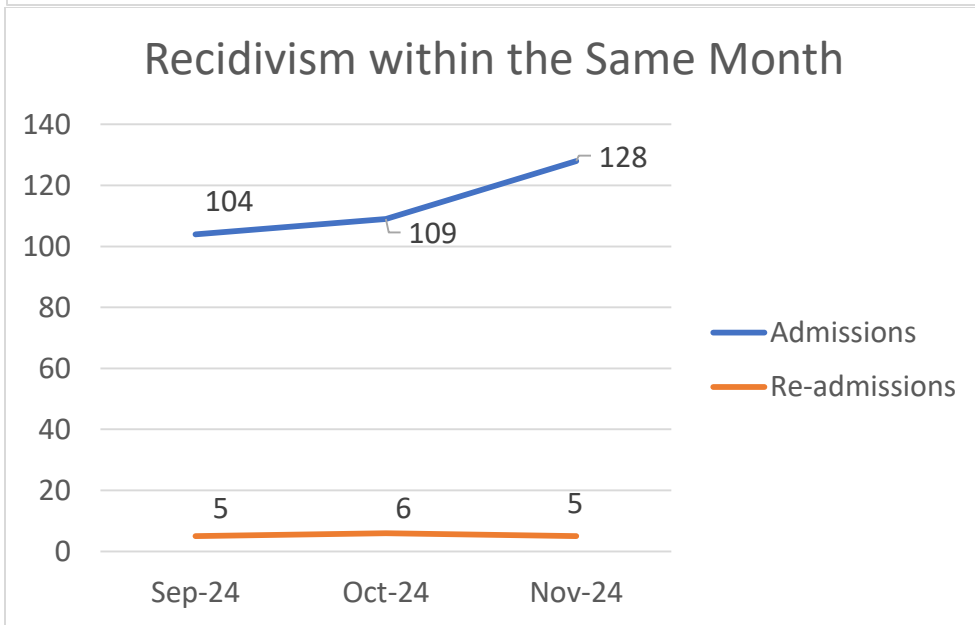
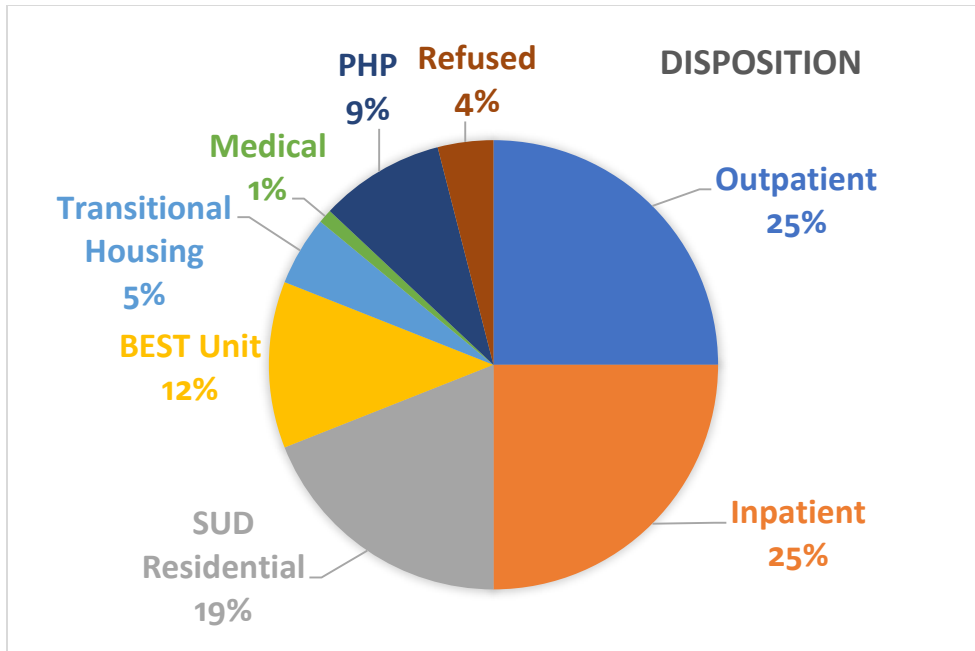




**Other includes: two or more races, American Indian, Arab American, Asian, or Native Hawaiian/other Pacific*

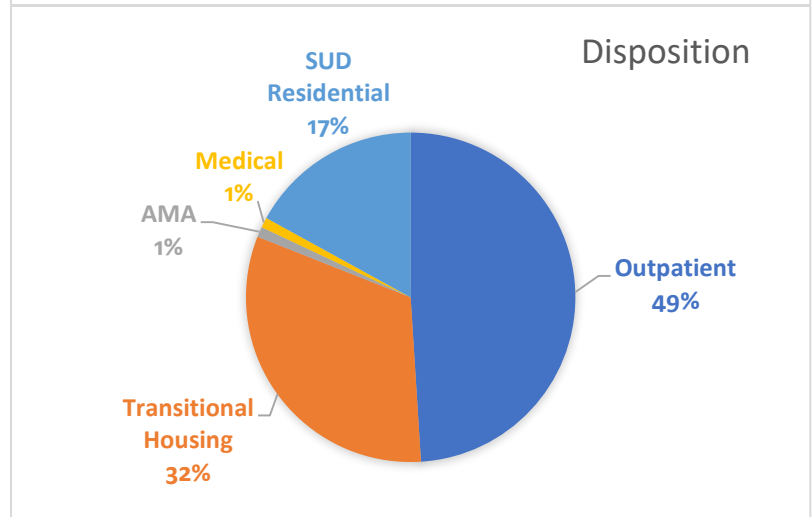
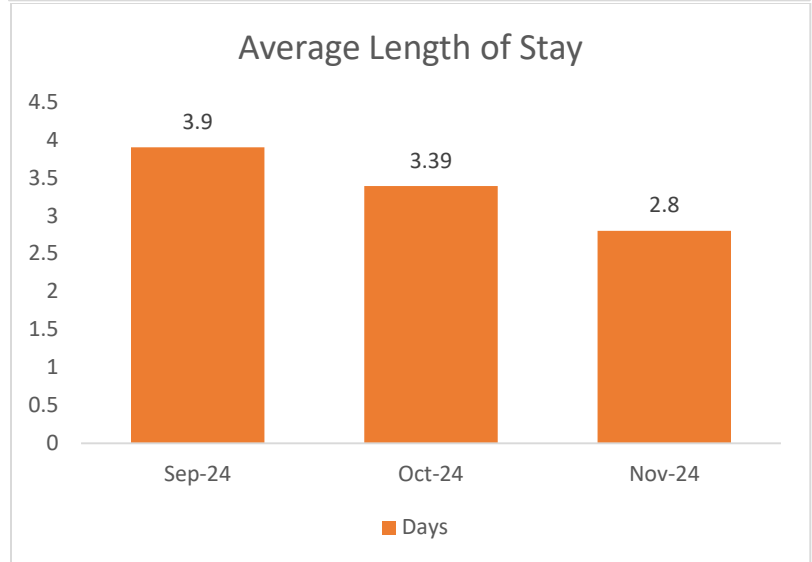
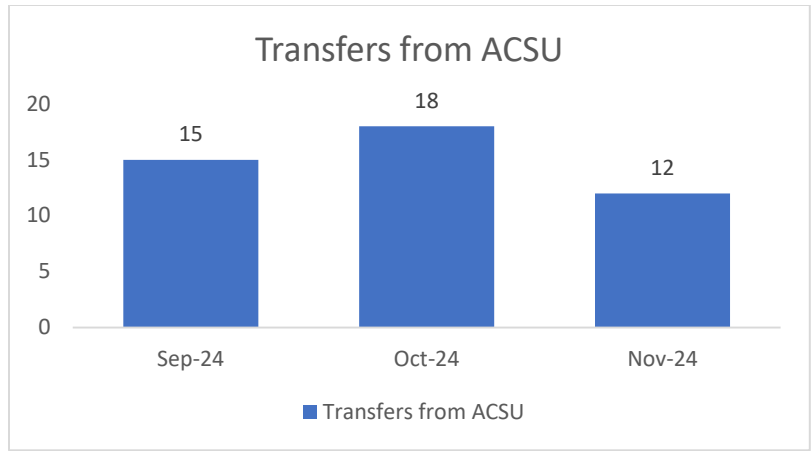


**Other includes: transgender man, transgender woman, genderfluid, agender and non-binary*



Activity 2: 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:*

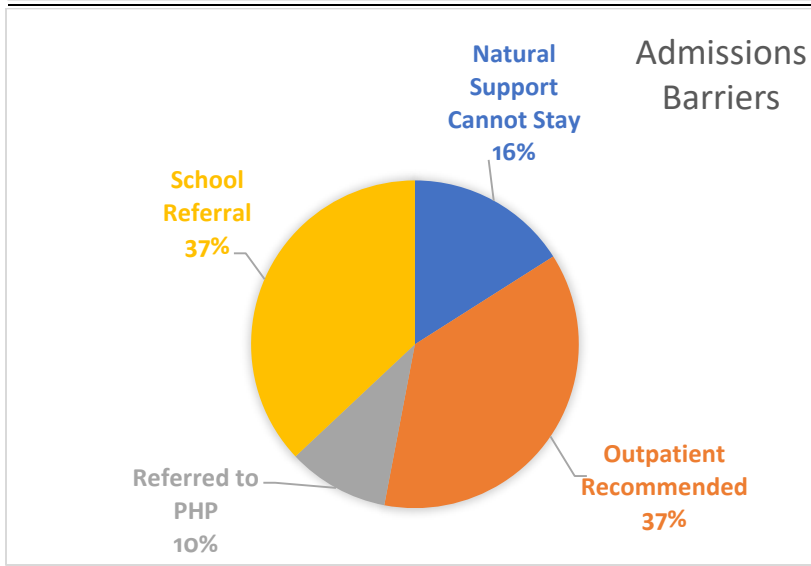
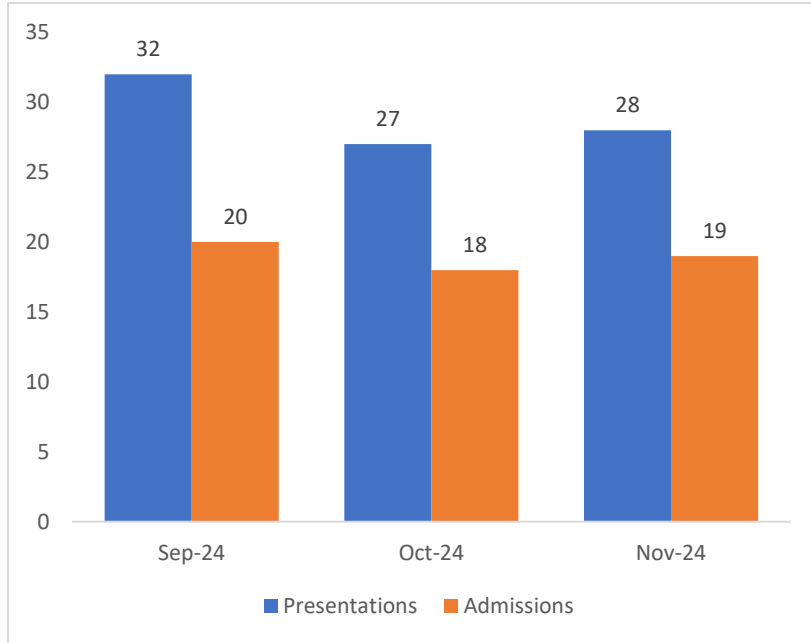


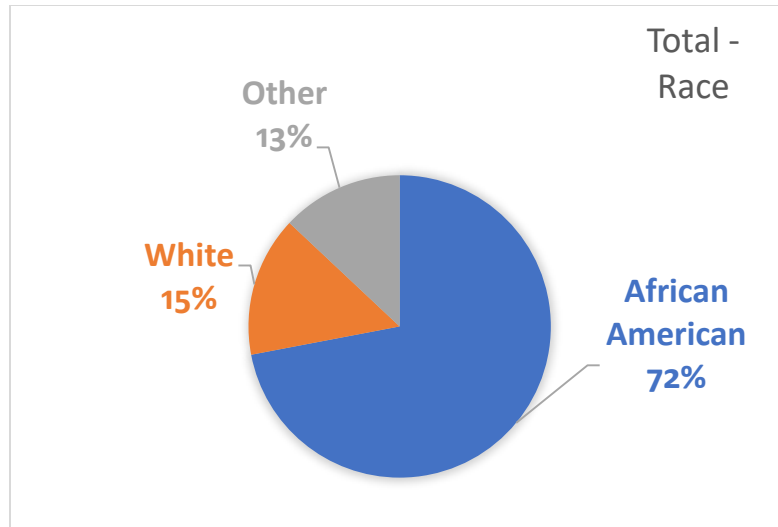
Activity 3: Child and Family Crisis Unit (CFCU)

- *Description:* The CFCU serves individuals 5-17 years old, regardless of their insurance status, who are seeking mental health or substance use services. In alignment with MDHHS “Family

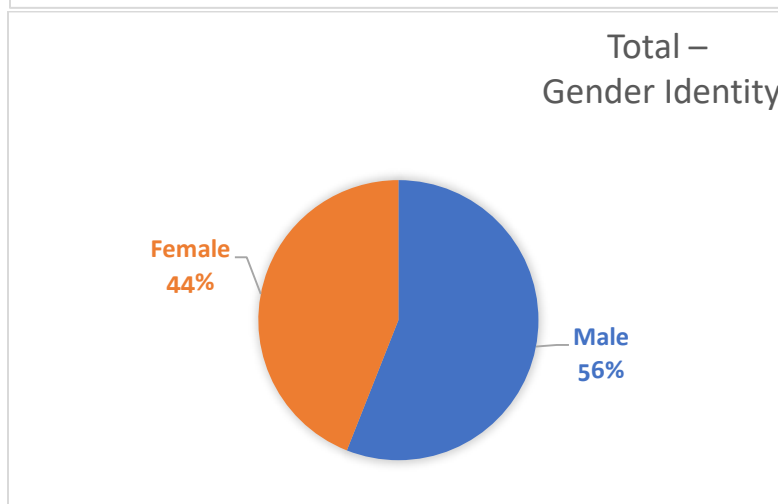
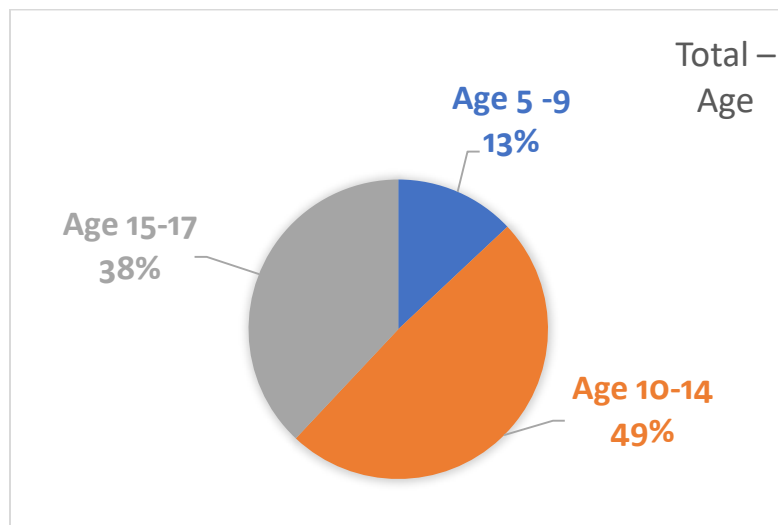
First Model”, a natural support is required to stay with the youth throughout treatment. The unit is open 24/7/365 and accepts referrals, walk-ins and police drop-offs. The occupancy of the CFCU is 14 individuals at one time, and the length of stay on the CFCU is 72 hours.

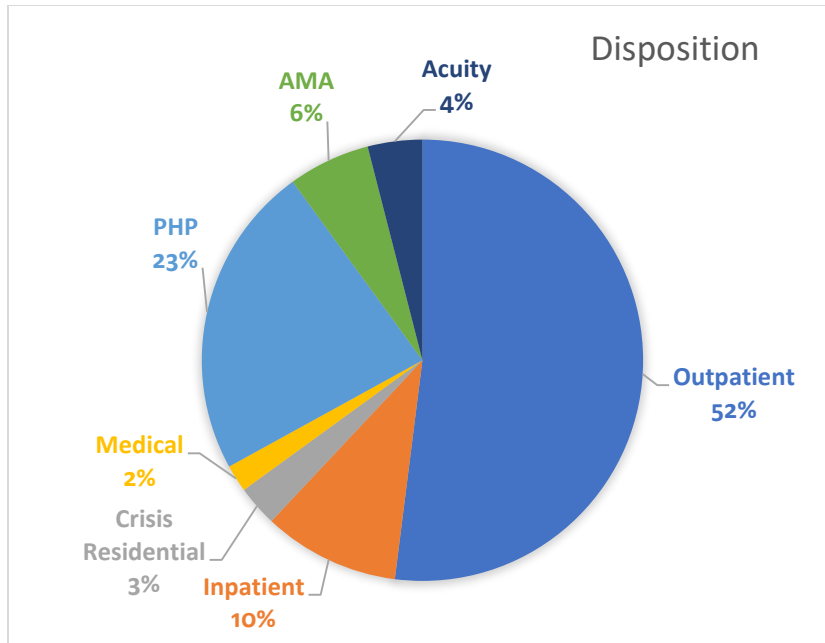
- *Current Status:*





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

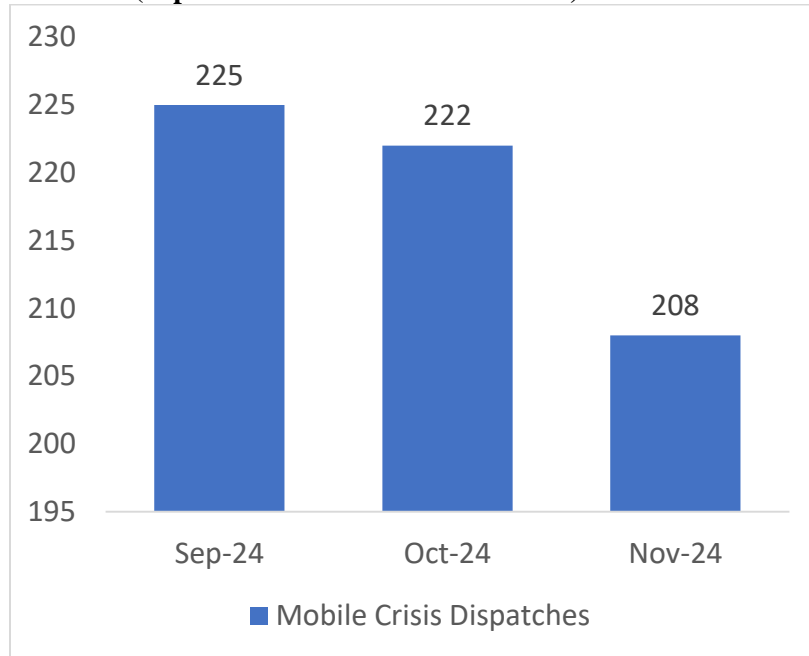




Quarterly Update:

- Things the Department is Doing Especially Well:**
 Staff have been working extremely hard on engagement and de-escalation when working with agitated and/or acute guests. From the 289 presentations to the adult unit in October and November, we completed 0 physical management, 0 emergency medications and 0 mechanical restraints. Extremely proud of the trauma informed environment and culture at the 707 Crisis Care Unit!
- 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.

Activity 4: Mobile Crisis Data (September 2024 – November 2024)



Average response time	Average time on scene	% of MC transports	% of calls requiring LEO assistance
37 minutes	64 minutes	36%	7%

Disposition	Percentage
Follow up with CRSP	31%
MC/Police/EMS transport to CSU	34%
MC/Police/EMS/Family transport to ED	17%
Refused follow up	8%
Referred to ICS team	6%
Referred to new CRSP	4%

Program Compliance Committee Meeting
PIHP Crisis Services Department, Quarterly Report, 1st Quarter FY 24/25
Daniel West, Director of PIHP Crisis Services
Date: 1/8/2025



Main Activities during 1st Quarter Reporting Period: FY24/25

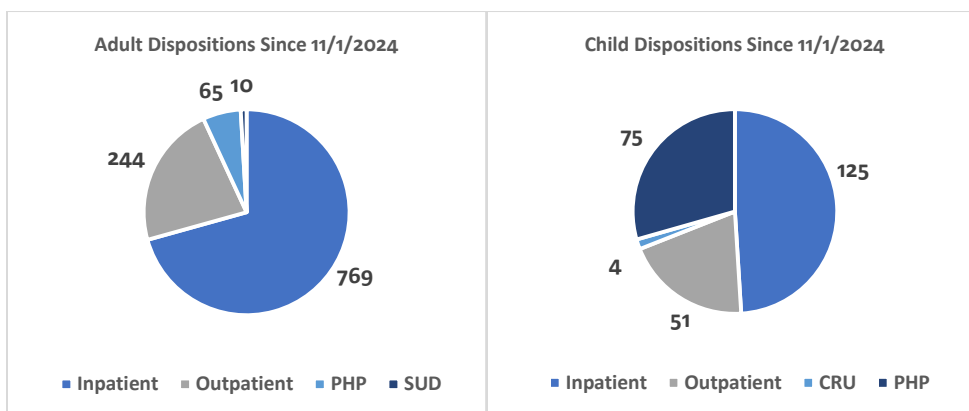
- **Centralize Dispatch of Pre-Admission Reviews (PARs)**
- **Inpatient Hospital Discharge Planning**
- **Reduce Inpatient Hospitalizations**

Progress On Major Activities:

Activity 1: Centralize Dispatch of Pre-Admission Reviews.

- **Description:** The PIHP Crisis Services Department has expanded to include dispatch services for Requests for Service (RFS) to complete Pre-Admission Review (PAR) screenings for adults and children in emergency departments. Previously, the DWIHN Access Center contacted our PAR contracted childrens providers to complete child PARs in the community, and for adults, requests came directly to COPE. DWIHN now has an established a PAR Dispatch Team to receive these calls and dispatch to our delegated screening entities to complete PARs.
- **Current Status:** Since November 1, 2024, the PAR Dispatch Department has fielded 2,536 calls. 1,343 of those calls resulted in a request for service (1,088 adult and 255 child requests). Below is the data PAR Dispatch has received since the inception of this team:

Metric	Since November 1, 2024
Calls	2,536
Percentage Answered Within 30 seconds	92%
Average Speed of Answer	27 Seconds
Abandonment rate (5%)	5%
Service Level (80%)	83%



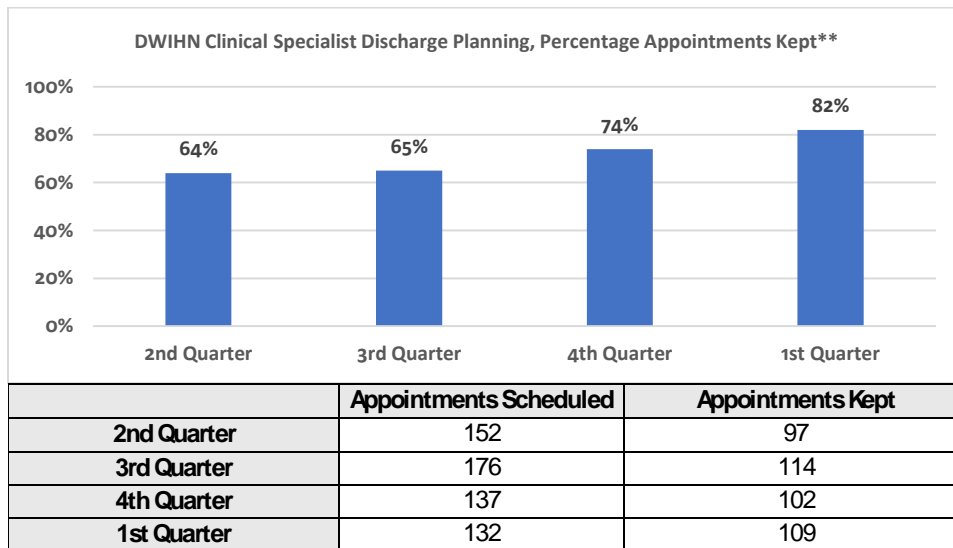
- **Major Tasks and Accomplishments During Period:** The PIHP Crisis Services Department has onboarded and trained 9 full and 6 part time staff to facilitate dispatch of PARs for adults and children. The PAR Dispatch Department has received positive feedback from the community thus far and has achieved a 83% service level. Service level, according to state guidelines, is a

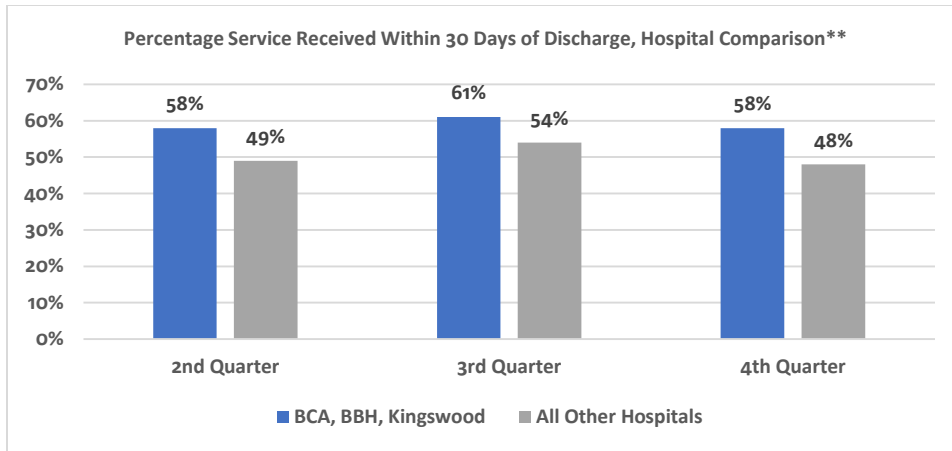
combination of percentage calls answered (80%), abandonment rate (less than 5%), and percentage of calls answered within 30 seconds.

- **Needs or Current Issues:** The team has recognized a need to ensure that RFS are directed to the appropriate ACT team to conduct the PAR when appropriate. Prior to inception of the PAR Dispatch Team in the 4th quarter, 39 PARs were referred to ACT teams, and COPE completed 27 (69%).
- **Plan:** The team meets regularly on the ACT forum conducted by Adult Initiatives to reiterate the importance of ACT teams completing the PAR. ACT team contacts are regularly updated by the Adult Initiatives Department and the PAR Dispatch Department will keep record of PARs referred to and completed by ACT teams. The team will share this data with the ACT teams on the ACT forum in an effort to identify areas of opportunity for quality improvement in this area.

Activity 2: Inpatient Hospital Discharge Planning.

- **Description:** Clinical Specialists in the PIHP Crisis Services Department meet with members face-to-face at Beaumont Behavioral Health (BBH), BCA Stonecrest, and Henry Ford Kingswood. Liaisons ensure members are engaged in their own discharge planning, identifying barriers and supports for a successful transition to services in the community.
- **Current Status:**





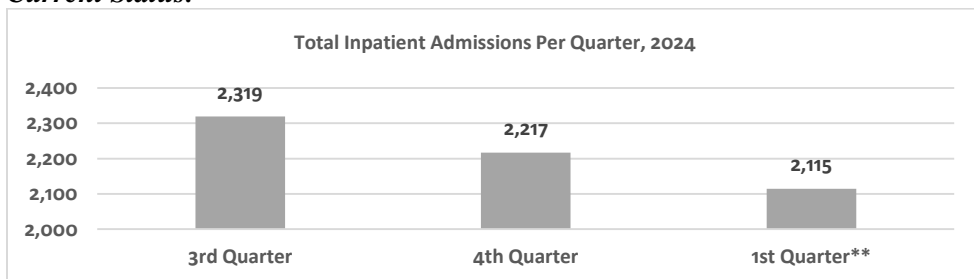
**Members admitted to an inpatient level of care without an assigned CRSP.

- **Major Tasks and Accomplishments During Period:** The team has shown an improvement in members receiving services within 30 days of discharge for selected hospitals in comparison to all other hospitals. Over the course of the last 3 quarters, members in selected hospitals are more likely to receive services within 30 days of discharge as a result of this initiative.
- **Needs or Current Issues:** The team has recognized the need to expand these services to other area inpatient facilities to continue impacting the likelihood of members keeping their scheduled hospital discharge appointments.
- **Plan:** The team will be onboarding 2 new Clinical Specialists to be trained in this area and additional inpatient facilities will be added to increase the scope of this initiative.

Activity 3: Reduce Inpatient Hospitalizations.

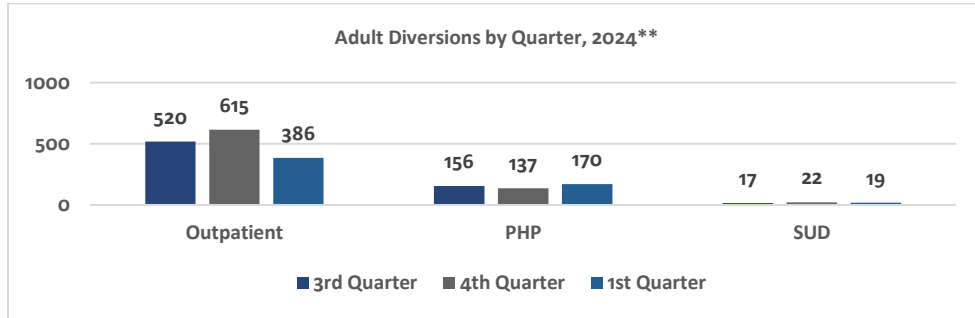
- **Description:** The Crisis Services Department coordinates with Clinically Responsible Service Providers (CRSPs), screening agencies, DWIHN Mobile Crisis/Care Center, and the DWIHN Adult/Children’s Initiatives Departments to reduce the number of inpatient hospitalizations. DWIHN Clinical Specialists share clinical information with the assigned CRSPs to promote care in the least restrictive environment.

- **Current Status:**

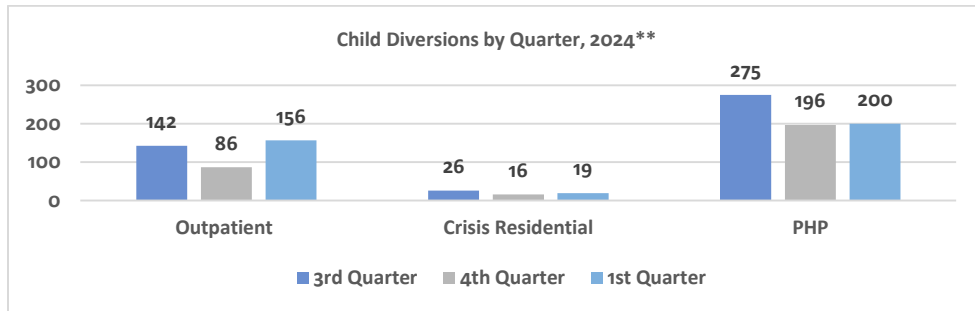


Quarter	Inpatient Admissions Adults	Inpatient Admissions Children
3rd Quarter	1,961	358
4th Quarter	1,926	291
1st Quarter**	1,769	346

**Partial Reporting Period, December 2024



**Included in adult outpatient referrals: DWIHN Care Center 23 (4th Q), 11 (1st Q).



**Included in child outpatient referrals: DWIHN Care Center 1 (4thQ), 1 (1st Q).

- Major Tasks and Accomplishments During Period:** Inpatient admissions have decreased from the 3rd Quarter. The team has worked closely with Adult Initiatives and coordinating PAR assessments with ACT teams from the PAR Dispatch Department. The team has worked with PCE to provide mandatory documentation of CRSP contact within the PAR. This area of the PAR creates a hard stop ensuring there is documented notification of a crisis screening to the CRSP.
- Needs or Current Issues:** The PIHP Crisis Services Department has found there to be a need to promote and track referrals made from the emergency departments to crisis stabilization units (CSU), whether it be Team Wellness, COPE, or the DWIHN Care Center.
- Plan:** The PIHP Crisis Services Department has worked with PCE to add CSU as a tracked level of care within the RFS (dropdown selection). The team will compile and analyze this data to gain knowledge of referrals being made to CSU to avoid unnecessary inpatient hospitalizations. The team will then be able to track dispositions upon receiving care at the CSU upon diversion in MHWIN.

Quarterly Update:

- Things the Department is Doing Especially Well:** Beginning September 30, 2024, the team established a new PAR Dispatch Department at DWIHN. The new team has been able to dedicate their efforts to the functionality of the current and new system in order to serve members in crisis in an efficient and professional manner. The team has achieved a 83% service level with positive feedback from the community.

- **Identified Opportunities for Improvement:** The team has recognized the importance of engaging ACT teams to complete PARs due to the familiarity of member care. The team will track data on referrals made to ACT programs to complete PARs and the percentage of those member who were authorized for inpatient treatment vs lower levels of care.
- **Progress on Previous Improvement Plans:**
 - Recidivism for adults and children has decreased in the 1st Quarter.

Recidivism	Adults	Children
2nd Quarter	16.65%	8.82%
3rd Quarter	17.61%	15.69%
4th Quarter**	16.55%	12.14%
1st Quarter**	14.63%	9.57%

**Results Preliminary

Program Compliance Committee Meeting
Utilization Management – Quarterly Report
Marlena J. Hampton, MA, LPC – Director of Utilization Management
January 8, 2025



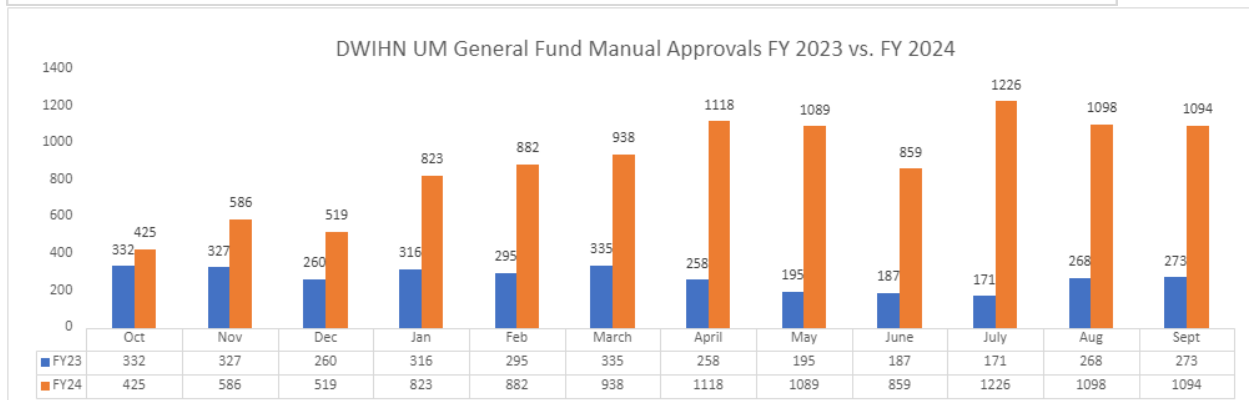
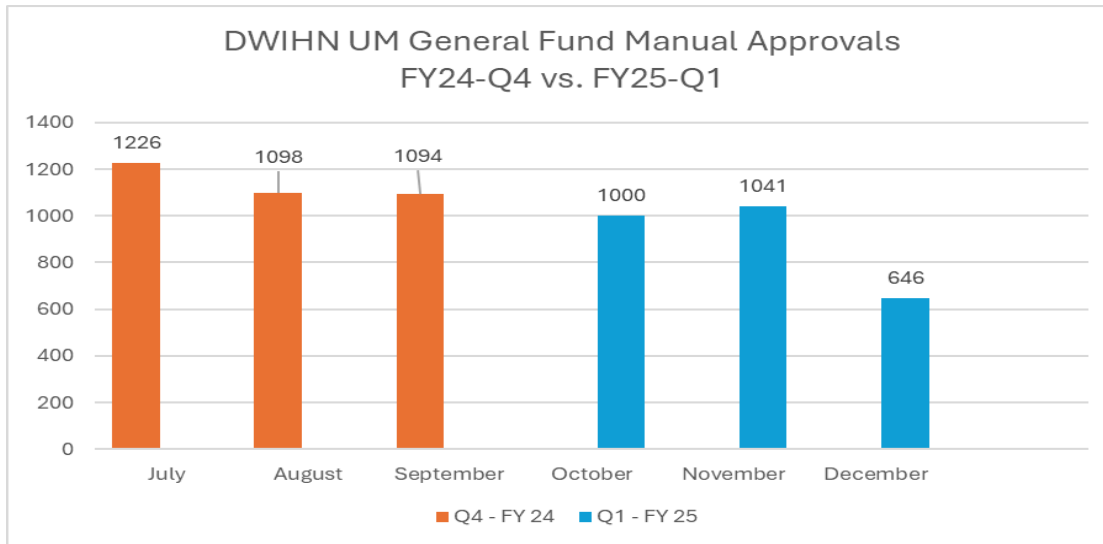
Main Activities during Quarterly Reporting Period:

- General Fund Exception Updates
- Outpatient Authorization Updates
- UM Program Description and Evaluation

Progress On Major Activities:

Activity 1: General Fund Exception Updates

- *Description:* General Fund Exception is the process designed to prevent the interruption of needed services while the insurance acquisition/reinstatement effort is underway.
- *Current Status:* The General Fund Benefit Grid underwent several revisions during the previous quarter to address the need to reduce the number of requests and utilize General Fund only for identified essential services. As noted in previous reports, this was in response to the termination of the Pandemic Emergency Order which resulted in members losing Medicaid eligibility or failing to take the necessary steps to keep their benefits active.
- *Significant Tasks During Period:*
 - Implementation of Revised General Fund Benefit Grid- 11/1/2024
 - Review of Initial Progress and Discussion of Relevant Reporting Needs
- *Major Accomplishments During Period:*
 - An approximate 38% decrease in General Fund Exception requests since implementation of the revised benefit grid on 11/1/24.
 - Re-education of the provider network and internal staff on authorization requests for Medicaid spenddown (deductible plan) members.
 - Education of internal staff on alternatives to GF Exception requests, including CCBHC site referrals, which includes the same standard service array for children and adults with mental health needs.
 - The General Fund UM Clinical Specialist, with support of leadership and collaboration with other DWIHN departments, continues refinement of activities & messaging to remind members of annual Medicaid redetermination (e.g., advocating for updates to relevant clinical documents and posters in public spaces).



- Needs or Current Issues:** Clinically Responsible Service Providers (CRSPs) are requesting General Fund Exceptions beyond its intended purpose as a gap service/temporary coverage for members. We continue to review the utilization of our General Fund Benefit Plan, with particular focus on monitoring repeat requestors and requests tied to residential contracts. The Director is currently researching standard reporting options to reflect the financial impact of plan changes.

UM leadership, along with other departments and subject matter experts, continue to identify and review outliers on a case-by-case basis.

- Plans:** In addition to review and revision of the General Fund Benefit Plan, we continue to focus on overall process improvement. This includes collaboration with our IT, Health Homes, and Fiscal Informatics teams to review efficiencies and reduce/eliminate any authorization requests that are not traditional General Fund from the queue. In conjunction with the amended benefit grid, this should reduce time from provider request to disposition.

Activity 2: Outpatient Authorization Updates

- *Description:* DWIHN Utilization Management reviews standard and expedited authorization requests for several lines of business including (but not limited to) outpatient, 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:*
 - Continued work with IT and Customer Service on the revision of Adverse Benefit Determination document in MHWIN to closer align with NCQA, HSAG, and PIHP/CMHSP contract requirements & feedback.
 - Continued development and review of service utilization guidelines for SUD authorizations.
- *Major Accomplishments During Period:*
 - Creation of a dedicated SUD Authorizations inbox, which will be separate from PIHP Authorizations (Outpatient) and streamline communication between service areas.
 - UM Administrator has resumed progress on SUGs for SUD, following review by the Director of SUD Services and Associate VP of Clinical Operations.
- *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, Chief Medical Officer, and IT Department, 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.
- *Plans:*
 - Worked with IT to make system updates that send reminders to provider staff that an authorization was returned to them requiring further documentation/justification. If this information is not provided within 14 days, the authorization request is denied and notice sent. We will continue monitoring the progress of our return to requester queue and IT reminders, to reduce time from request to disposition.
 - Improve timeliness and documentation of adverse benefit determination processing, in alignment with MDHHS and updated Integrated Care Organization (ICO) guidelines.
 - The Director will forward an updated project plan for SUD Service Utilization Guidelines to executive leadership for review and feedback.
 - Review Service Utilization Guidelines with DWIHN Community Care Clinic leadership to prepare for submission of authorization requests.

- Review utilization needs and co-develop service utilization guidelines for CCBHC with DWIHN Health Homes Department.

Activity 3: UM Program Description and Evaluation

- *Description:* The UM Program Description provides a detailed explanation of the department’s infrastructure, goals, and objectives. As a part of continuous quality improvement, the Utilization Management (UM) Program is evaluated annually and incorporated into the Quality Assurance Performance Improvement Plan (QAPIP).
- *Current Status:* Both the Program Description and Program Evaluation, along with its corresponding policies and procedures, are currently being updated.
- *Significant Tasks During Period:* The Director of Utilization Management, with support from the VP of Clinical Operations and Director of Strategic Operations, is actively revamping these documents to align with our current requirements and to reflect the department’s vision moving forward.
- *Major Accomplishments During Period:* The Director is meeting with UM Administrators, Quality, 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. These changes have exposed significant areas for growth within our current description and evaluation, resulting in the director revamping both documents. Additionally, changes in UM leadership over time have resulted in a less cohesive and untimely presentation of our department’s structure, goals, and values.
- *Plans:* Director of Utilization Management, with support of VP of Clinical Operations, Director of Strategic Operations, and available consultants, will review UM Work Plan, which will promote timeliness and influence the next steps in presenting Utilization Management in its best light.

Quarterly Update:

- **Things the Department is Doing Especially Well:**
 - Dominique Johnson has accepted the role of UM Administrator, following her tenure as interim. She will maintain responsibility for our Higher Levels of Care (Inpatient/PHP/CRU) team. We have recently interviewed and filled the UM Clinical Specialist position she vacated.
 - Director continues relationship-building and information gathering with formed Tri-County Utilization Management Workgroup, where DWIHN, Macomb County CMH, and OCHN can share ideas, align processes, and promote consistency in communication with mutual providers. This communication and rapport extend to the Statewide PIHP

UM Workgroup, which has been instrumental in providing education on how UM works within each region.

- Active participation in meetings for “high priority” members (e.g., recidivistic, “familiar faces”, or high risk), in conjunction with the Children’s and Adult Initiatives Departments, as consultants and subject matter experts.
 - Successful discharge and/or transfer of members from Pontiac General Hospital, including extensive collaboration with Compliance, after learning of their change in CMS contract status.
- **Identified Opportunities for Improvement:**
 - Director will work closely with newly appointed UM Administrator to educate on improved depth reporting for higher levels of care (inpatient, partial hospitalization, and crisis residential), including drilled down authorization and provider information, and recidivism. This will include intensive training on monthly reporting and brainstorming on improving efficiencies.
 - Director continues discussion with outpatient UM Administrator ways to actively improve response and disposition time for standard prior authorization requests.
 - **Progress on Previous Improvement Plans:**
 - Director of Utilization Management continues education and information gathering. As noted above, the next steps include intensive review of UM policies, procedures, and program description. Goals include alignment of documentation with NCQA, HSAG, and PIHP/CMHSP contract requirements & feedback. The Director will later provide more detailed feedback from HSAG review, including specified areas for improvement.

Program Compliance Committee
Vice President of Clinical Operations' Report
January 8, 2025



CLINICAL PROGRAM UPDATES

HEALTH HOME INITIATIVES:

On February 4, 2025, the Health Home team will be presenting at the CMHA Conference in Kalamazoo on Health Homes Implementation and how it intersects with Certified Community Behavioral Health Clinic Services.

Certified Community Behavioral Health Clinic (CCBHC) – 15,637 members enrolled as of December 19, 2024 (over 26% increase since Nov. 2024)

The Health Home team continues to support Hegira as the newest CCBHC State Demonstration Expansion site in our region. DWIHN continues to work with CCBHC providers on implementation of CCBHC Handbook changes that impact policies and procedures. DWIHN held individual meetings with CCBHC providers to gain feedback on DWIHN's State CCBHC Implementation Plan. This plan was submitted to MDHHS for review and approval in December 2024. DWIHN Care Clinic was given CCBHC full certification status and will be joining the CCBHC State Demonstration as our region's 8th CCBHC site on January 1, 2025.

Behavioral Health Home (BHH) - 828 members enrolled as of December 19, 2024

DWIHN currently has the most Behavioral Health Home enrollees of any PIHP State-wide. Elmhurst Home and Neighborhood Service Organization added Behavioral Health Home services to their service array on December 1, 2024, which will increase access to these integrated services for members.

Substance Use Disorder Health Home (SUDHH) – 726 members enrolled as of December 19, 2024 (over 9% increase since Nov. 2024)

The SUDHH diagnosis expansion was effective October 1st and includes stimulant use disorder and alcohol use disorder, which has continued to result in new enrollments. Elmhurst Home added SUDHH services to its service array starting December 1, 2024.

CHILDREN'S INITIATIVES:

Annual Report to the Community- On 12/5/24, The Children's Initiative Department hosted the Annual Report to the Community "Shine Brighter Together" as a deliverable for the System of Care Block Grant. This showcased highlights and accomplishments for meeting the needs of children, youth, and families in Wayne County regarding 4 main goals: 1). Increasing access to services, 2). Improve quality of services, 3). Increase youth and parent voice, and 4). Improve quality of workforce. Attendees also received a copy of the System of Care Report to the

Community Report which provides a summary of utilization and outcome data for Fiscal Year 2024. The program is also available on Children Initiative webpage. 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. Former Chief Executive Officer Kari Walker from The Guidance Center was also an award recipient as well.

School Based Health Quality Initiative- The School Success Initiative (SSI) is an evidence and prevention-based mental health program provided to students K-12 in Wayne County. The program aims to ensure that students and families have access to services in school, are provided psychoeducation training and are being helped with reducing the stigma related to receiving behavioral health supports and services. The SSI program is needed to address the behavioral health needs of students by providing Tier 1, Tier 2, and Tier 3 services to students in school.

Below is data for total Strengths and Difficulties Questionnaire screenings that were completed.

***Note: The total # of students do not include the total # of students who attended the Presentations

School Success Initiative FY 2025	# of Student Presentations*	Total # of Student Received SDQ Screenings	Tier 1 Accepted Services	Tier 2 Accepted Services	Tier 3 Accepted Services	Total # of Students Received SSI Services
October	44	251	2	87	20	360
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School Success Initiative FY 2025	# of Education Professional at the Event	# of Parents at the Event	# of Students at the Event	Total # of Attendees
October	68	1048	957	2073
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Total	1346	2326	2235	5907

AUTISM SERVICES:

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

There was a total of 2757 members assigned to DWIHN's ABA provider network for December 2024. This was a moderate increase of 54 members added from November to December. In addition, among the three (3) Individual Diagnostic Evaluation Providers, there were a total of 155 referrals, 132 kept appointments, and 19 no show appointments. *(It is noted the data for this month is preliminary and subject to change during next month's report).*

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 is finalizing the 3rd evaluation for 2023-005 REBID which has the potential to improve capacity of ABA services. As of December 2024, there are 12 ABA Providers who passed the RFQ process. There are currently 22 ABA Providers contracted with DWIHN. *(Note: Successfully passing the RFQ does not automatically guarantee a contract).*

Timeliness Measures for Diagnostic Evaluations- DWIHN Autism Department requires the diagnostic evaluators complete reports within ten (10) days to ensure timely access to autism services is maintained. Initial percentage of diagnostic evaluation reports completed within timeliness measures indicated delays up to three months or more for baseline data. In the last three months, the diagnostic evaluators submitted reports 88% on time, which exceeded the set goal of 80%.

The Improving Practices Leadership Team (IPLT) approved to extend timeliness measures for initial diagnostic evaluations to be completed within 15 days of the autism evaluation. This will allow clinicians additional time to incorporate complex needs of members and recommendations into autism evaluation reports.

SUBSTANCE USE DISORDER SERVICES:

Recovery Incentive (RI) Pilot Initiative- Stimulant use is increasing in Michigan at an alarming rate. In 2021, 30 percent of overdose deaths showed the presence of cocaine, and 17 percent indicated the presence of other stimulants. Unlike other substance use disorders (SUD), there are no medications to treat stimulant use disorders. Contingency Management (CM) is the leading evidence-based treatment for stimulant use disorder, and it can also be effective in treating opioid use disorder.

SUD providers offering outpatient, intensive outpatient, and/or partial hospitalization services who are licensed and certified to provide Medicaid services in participating PIHP regions will be eligible to participate in the RI Pilot. This includes Narcotic Treatment Programs (NTPs), Opioid Health Home (OHH) providers, and Certified Community-Based Behavioral Health Clinics (CCBHCs) in participating PIHP regions. Fourteen (14) providers are ready to kick off the CM initiative this month.

This initiative aims to explore innovative solutions and gather valuable insights over a comprehensive two-year period. Participants will engage in a series of activities and assessments designed to track progress and measure outcomes. Throughout the duration of the pilot, regular

evaluations will be conducted to ensure objectives are being met and to facilitate any necessary adjustments to enhance overall effectiveness. Participating beneficiaries will receive incentives for negative urine drug tests and engagement in Contingency Management services. They will be able to receive a maximum of \$599 in total incentives per calendar year for successful participation in the treatment protocol.

The primary goals of the RI Pilot are to improve health outcomes for beneficiaries living with either Stimulant Use Disorder and/or Opioid Use Disorder, or both.

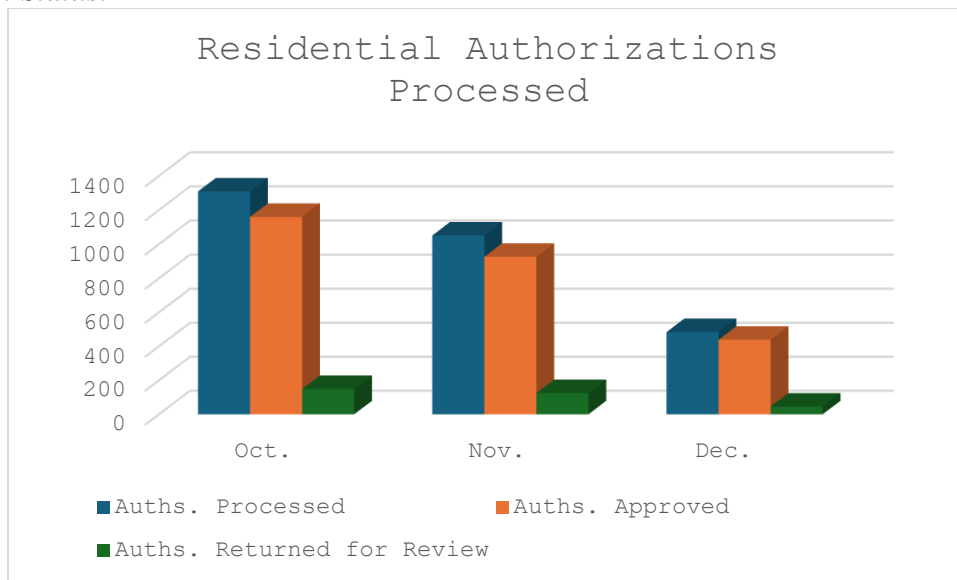
These goals include:

- Increasing engagement and retention in treatment
- Reducing the number of emergency department (ED) visits
- Reducing the rate of repeated ED visits
- Reducing adverse health outcomes (e.g., deaths, non-fatal overdoses)

RESIDENTIAL SERVICES:

Residential Service Authorizations- The Residential Department is responsible for reviewing residential authorization requests that identify personal care and community living support needs. This includes members residing in both licensed and unlicensed residential settings.

Current Status:



	Oct.	Nov.	Dec.
Auths. Processed	1309	1051	484
Auths. Approved	1160	926	439
Auths. Returned for Review	149	125	45
<i>Dec. auths through 12/17</i>			

Authorization dispositions must be made within 14 days of submission to DWIHN. In October/November 2024, 93.3% of authorization dispositions were provided within 14 days.

The Residential Department is sending 30/60/90-day reports to Clinically Responsible Service Providers (CRSP) that indicate when each member's treatment plans will be expiring. This is to help ensure that members have updated treatment plans and authorizations with no gaps in service. In December 2024, The Residential Services Department developed a new process for medical staff to review authorization denials that will expedite determinations to ensure timeliness. DWIHN continues to offer a bi-monthly training to CRSP case holders and supervisors on clinical documentation to improve consistency and assist in evaluating medical necessity.

The Residential Services Department has been able to onboard 4 new residential providers since October, which added 18 more residential placements available to the network. There are currently 244 licensed settings and 222 unlicensed settings available for adults with Mental Illness (AMI) and 233 licensed and 240 unlicensed settings for adults with intellectual/development disabilities (I/DD). The Residential Services Department was able to discharge 8 individuals from State Hospital facilities into community settings since October 2024.

CLINICAL INITIATIVES:

- DWIHN is currently working with the Wayne County Health Department and the City of Detroit on a potential partnership regarding rapid access to low barrier treatment; specifically, Medications for Opioid Use Disorder (MOUD), and services for justice impacted youth, adults and families. This is currently in the data collection and planning phase.
- DWIHN is working with Wayne RESA on a potential plan to expand school-based prevention and treatment services to Pre-K children in stand-alone Pre-K facilities. A meeting was held to discuss the need to provide behavioral health consultation support for children Pre-K and Kindergarten classrooms. DWIHN provided an overview of the School Success Initiative Program and explained the Infant and Early Childhood Consultation Grant as well as an additional resource.

DWIHN Access Call Center
Program Compliance Committee – January 8, 2024
Yvonne Bostic, MA, LPC (Call Center Director)
Monthly Report: November 2024



Main Activities during November 2024:

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

Activity 1: Call Center Performance – Call Detail Report

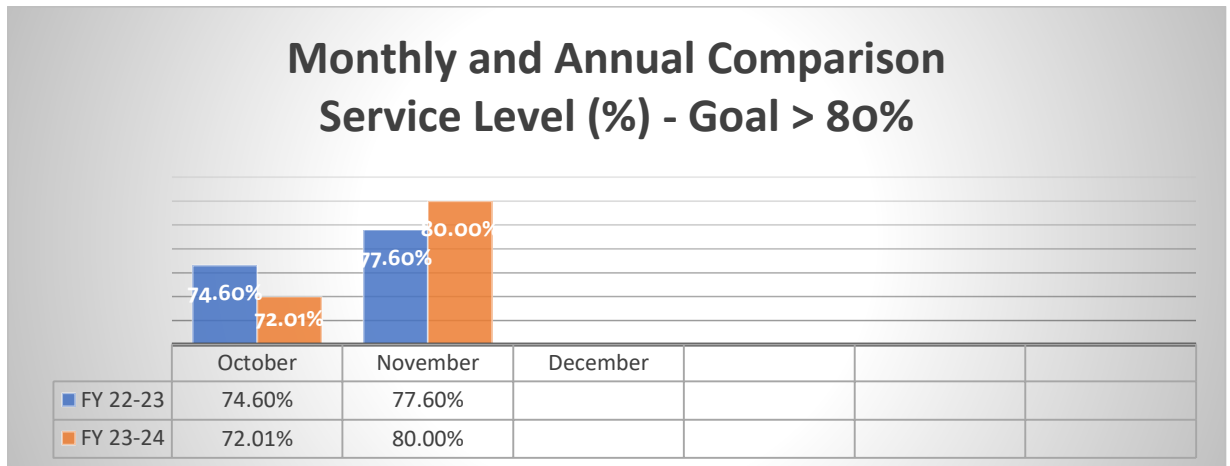
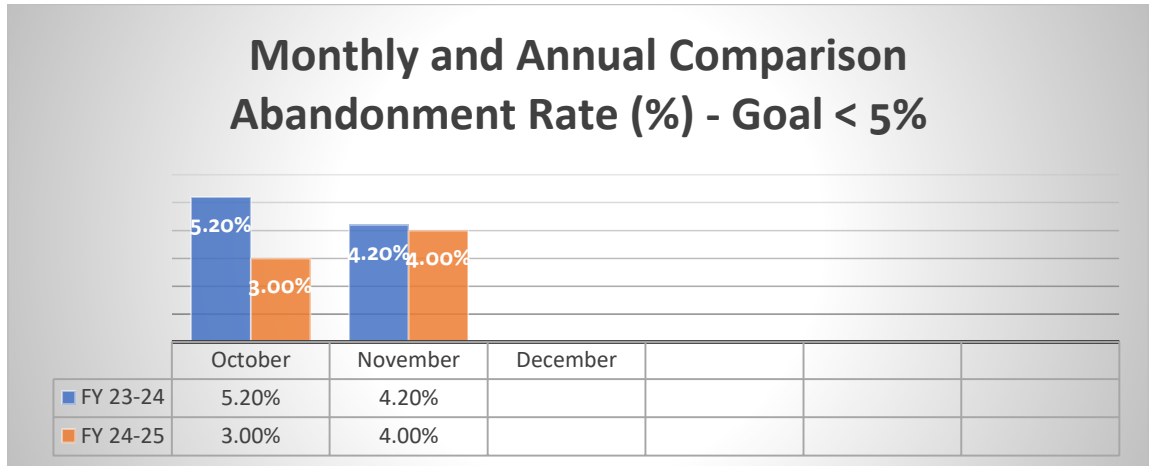
- **Description:** Majority of the calls that come into the call center are from members in the community seeking mental health and SUD services, information and referrals. The rest of the incoming calls are from in-network providers and other community agencies like local hospitals, foster care workers, etc. Incoming calls are monitored from the first point of contact with the DWIHN Access Call Center Representatives and then after they are transferred to a screener (MH/SUD or other resource).
- **Current Status:**
 - MDHHS Standards and Call Center Performance for **November 2024:**
 - % Abandoned Goal is < 5% (4.0%)
 - Avg. speed to answer Goal <30 sec. (:24 sec)
 - % of calls answered Goal > 80% (94.0%)
 - Service level Goal >80% (80.0%)

Queues	Incoming Calls	Calls Handled	Calls Abandoned /Hang Ups	% Abandoned.	Avg. Speed to Answer	Average Call Length	% of Calls Answered	Service Level
Call Reps	14,943	14,042	573	4.0%	:24 sec	5:44 mins	94.0%	80.0%
SUD Techs	4,643	3866	595	13%	1:53 mins	16:22 mins	83.0%	65.0%
Clinical Specialist	2,309	1485	593	26%	4:37 mins	18:55 mins	64.01%	40.0%
October 2024 Totals	17,873	16,902	580	3.0%	:21 sec	5:52 mins	95.0%	72.01%
November 2023 Totals	17,224	16,493	731	4.2%	:34 sec	5:37 mins	95.8%	77.6%

- For the month of November 2024 there were 14,042 calls handled by the access call center. This is 2,860 less calls than the previous month.
 - Of the total number of calls handled (14,042) for the month of November 2024:
 - 3866 (27.5%) calls handled for SUD services
 - 1485 (10.5%) calls handled for MH services
 - 8,691 (61.8%) 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 November 2023 and November 2024, there were 2,281 less incoming calls and 2,451 less calls handled in 2024. There was a 0.2% decrease in the abandonment rate, 4.2% to 4.0%. There was a 2.4% increase in the service level (77.6% (2023) to 80.0% (2024)).



- **Significant Tasks During Period:**
 - Recruit, Interview, Hire and Train staff to fill vacancies in all 3 units (ongoing)
 - Silent Monitoring to identify areas of strengths and weaknesses (ongoing)
 - Prepare for ICO Delegate Audit for Molina.
- **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)

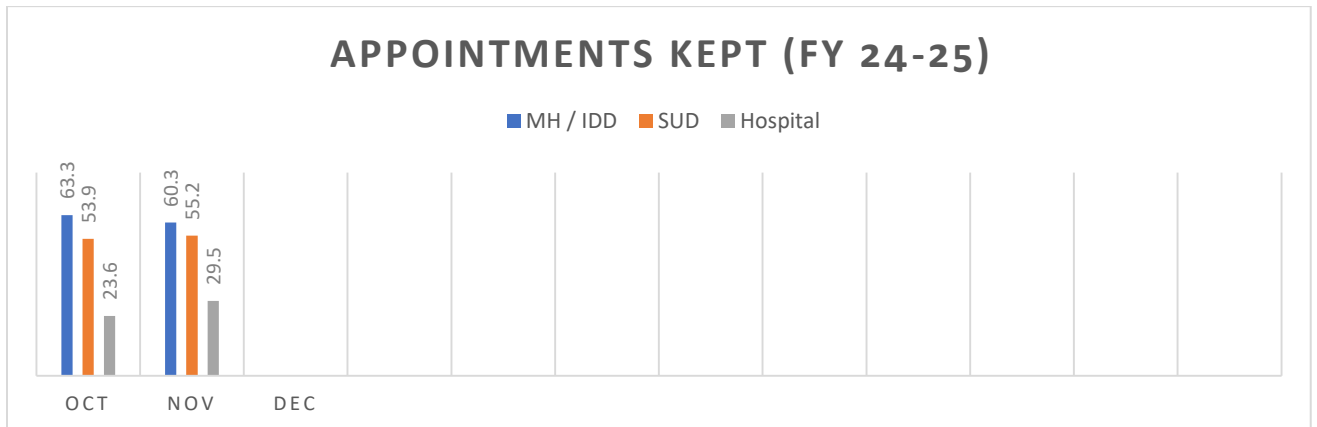
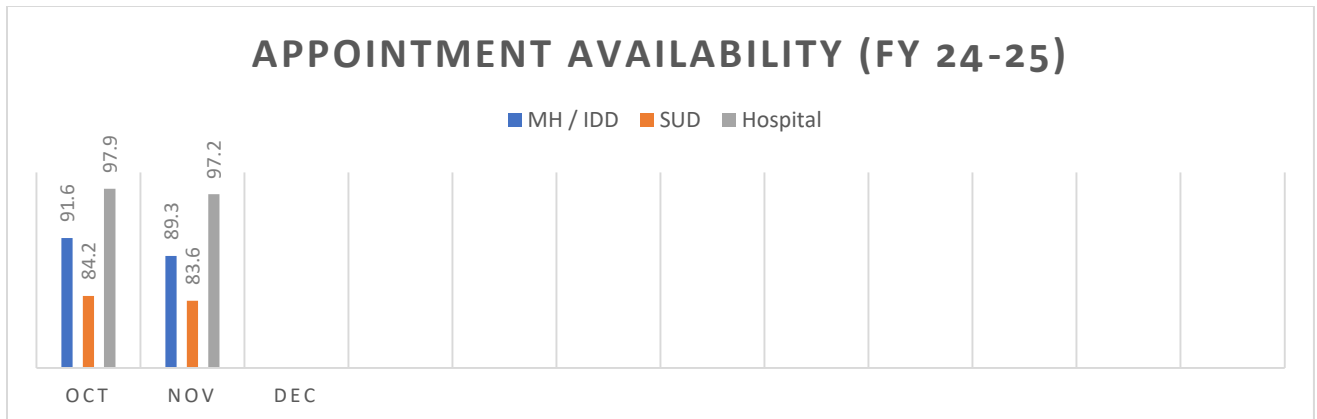
Activity 2: Appointment Availability – Intake appointment and Hospital Discharge Follow up

- **Description:** The Access Call Center schedules hospital discharge/ follow up appointments (within 7-day requirement) for individuals being discharged from short stay inpatient psychiatric treatment and the initial intake appointments (routine - within 14 days requirement) for individuals new to the system or seeking to re-engage in services if their case has been closed.

The Access Call Center schedules these types of appointments based on the CRSP (Clinical 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.

- **Current Status:**



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

- For the month of November 2024 there were 737 Hospital Discharge follow up appointments scheduled through the DWIHN Access Call Center; appointment availability was 97.2%; which is an increase of 7% from last month.
 - For the month of November there were 997 MH (SMI, SED, I/DD) appointments scheduled. There is very little change in appointment availability in this area from October to November (decrease by 2%); (October 91.6%, November 89.3%).
 - For the month of November there were 1,801 SUD appointments scheduled; SUD appointment availability decreased by less than 1%, from October to November. (October 84.2%, November 83.6%).
- **Needs or Current Issues:**
 - No significant change in the rates of appointment availability over the last 3 months. Working with individual CRSP to add additional appointments to their schedules based on ability to accommodate those appointments not placed on their calendars.
- **Plan:**
 - A monthly and quarterly analysis of data will be performed over the next quarter and DWIHN will continue to meet regularly with Providers and Hospital Discharge departments to identify more ways to support members in making appointments and engaging in necessary treatment.
 - Continue to meet with CRSP to identify more appointments for intake and follow up services.
 - Coordinate intake appointments with newly onboarded CRSP providers.

Activity 3: Accomplishments and Updates

- **Department Overviews and Trainings** – DWIHN Enrollment and Screening Procedures (Policy Stat); DWIHN Customer Service Department Overview (Michele Vasconcellos), How to help callers access DWIHN Community Care Clinic services (Ebony Reynolds)
- **Staffing** – The Access Call Center has almost reached their goal of being fully staffed and have begun to implement the use of contingent staff to cover UPTO/PTO and unexpected high call volume times. There continues to be a regular review of applications, interviewing, hiring and training so that vacancies can be filled. Currently there are the following vacancies: Clinical Call Center Specialist (1 Full-Time), SUD Technician (1 Full Time & 1 Part Time), Access Call Center Rep. (1 Full-Time)
- **Plans :**
 - CRSP Change- update request form and improve data collection and reporting process
 - Mailing Enrollment Packets and related notifications – develop an electronic option using email and My DWIHN App; make changes to data collection and reporting to meet HSAG requirements
 - Appointment Timeliness Report – add more detailed reporting to capture specialty population breakdown (Pregnant Users, Parent’s at risk of losing their children, MDOC referred, ect.) to meet HSAG requirements.

**Program Compliance Committee Meeting
Autism Services Department
November & December 2024 Monthly Report**



Main Activities during Reporting Period:

- Activity 1: Autism Benefit Enrollment / Expansion
- Activity 2: Timeliness Measures for Diagnostic Evaluations
- Activity 3: Prior Authorization Compliance

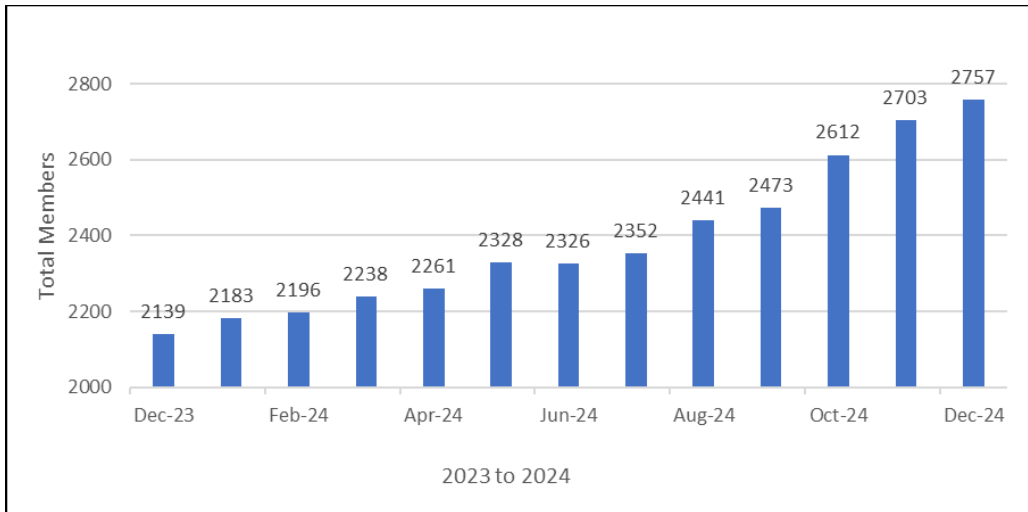
Progress On Major Activities:

Activity 1: Monitoring Autism Benefit Enrollment / Expansion

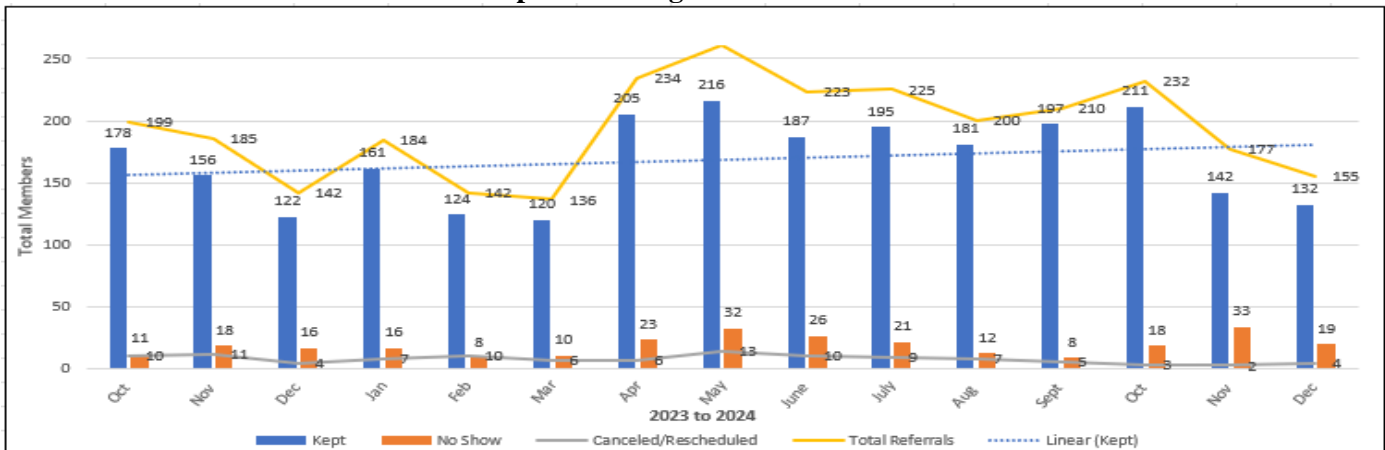
Description: DWIHN Autism Services Department oversees autism services for youth and young adults up to 21st birthday. Applied Behavior Analysis (ABA) is an intensive, behaviorally based treatment that uses various techniques to bring about meaningful and positive changes in communication, social interaction,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

Current Status: There was a total of 2757 members assigned to DWIHN’s ABA provider network for December 2024. This was a moderate increase of 54 members added from November to December. In addition, among the three (3) Individual Diagnostic Evaluation Providers, there were a total of 155 referrals, 132 kept appointments, and 19 no show appointments. *(It is noted the data for this month is preliminary and subject to change during next month’s report).*

Total Members Enrolled in Autism Services



Total Independent Diagnostic Evaluations



Significant Tasks During Period: To support the expansion of autism services and ABA Providers, the Request for Qualifications (RFQ) 2023-005 REBID continues until 5/1/2028. Currently the RFQ Evaluation Committee is finalizing the 3rd evaluation for 2023-005 REBID which has the potential to improve capacity of ABA services.

Major Accomplishments During Period: As of December 2024, there are 12 ABA Providers who passed the RFQ process. There are currently 22 ABA Providers contracted with DWIHN. (*Note: Successfully passing the RFQ does not automatically guarantee a contract.*)

Needs or Current Issues: The selected ABA Providers who completed the RFQ process selected to move forward need to successfully complete the credentialing process. The ABA Providers selected from the Qualified List are as follows:

Provider Name	City
Integrated Pediatric Therapy	Brownstown
ABA Golden Steps	Home-Based Only
Mansach Enterprises LLC, dba Euro-Therapies	Wayne
Akoya Behavioral Health, LLC	Farmington Hills
Apex Therapy Services	Trenton
Brightview Care, LLC	Southfield
Mohamdali Mazloum dba BlueMind	Gratiot Twp
Bright Behavior Therapy	Dearborn
8 th Palace LLC dba KDcare Community ABA Services	Dearborn Heights

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

Activity 2: Timeliness Measures for Diagnostic Evaluations

Description: DWIHN Autism Department requires the diagnostic evaluators complete reports within a specific timeframe to ensure timely access to autism services are maintained.

Current Status: Initially percentage of diagnostic evaluation reports completed within timeliness measures indicated delays up to three months or more for baseline data. In the last three months, the diagnostic evaluators submitted reports 88% on time which exceeded the terminal goal of 80%.

Significant Tasks During Period: Autism service department presented a request to Improving Practices Leadership Team (IPLT) to extend timeliness measures for initial diagnostic evaluations to be completed within 15 days instead of 10 days of the autism evaluation.

Major Accomplishments During Period: Exceeded 80% goal of completing autism evaluations by 8%. IPLT approved increasing the diagnostic evaluation from 10 business days to 15 business days.

Needs or Current Issues: Clinicians having additional time to incorporate complex needs of members and recommendations into autism evaluation reports.

Plan: Updated Autism Policy to include the new 15 business day requirement.

Activity 3: Prior Authorization Compliance

Description: Pre-service authorization is required for autism services. Upon receipt of requests for services for prior authorized behavioral health services, the support coordinator enters the scope duration and frequency of the medically necessary services to complete the request. Once the authorization approved services may begin for the child and behavior technician.

Current Status: The chart below depicts the number of members with approved authorizations prior to starting ABA services per quarter has the numerator. Alternatively, the denominator is the total number of members that started ABA services per quarter. The chart indicates the percentage of services starting with prior authorization is significantly low with an average of 34% over the last three quarters.

Fiscal Year	Numerator	Denominator	Percentage of Services Starting with Prior Authorization
FY 22 / Q4	112	334	34%
FY 23 / Q1	31	253	12%
FY 23 / Q2	117	303	39%
FY 23 / Q3	58	169	34%
FY 23 / Q4	75	254	30%
FY 24 / Q1	77	262	29%
FY 24 / Q2	113	298	38%
FY 24 / Q3	84	284	30%
FY 24 / Q4	140	413	34%

Significant Tasks During Period: Reviewed data and trends regarding autism services authorizations submitted timely. In addition, provided technical assistance for ABA Providers and Children Providers to resolve authorization challenges. Worked with IT Department to develop the Autism Risk Matrix dashboard.

Major Accomplishments During Period: Increase of autism service authorizations from Q3 to Q4 for FY24 from 30% to 34%.

Needs or Current Issues: Improve coordination of care among Children Providers and ABA Providers to complete authorizations timely.

Plan: Work with Utilization Management Department to brainstorm ways to streamline the authorization process.

Monthly Updates

Things the Department is Doing Especially Well:

- Distributed the ABA Behavior Safety Survey and the Qualified List Criteria Selection Questionnaire to gather provider feedback and enhance service standards.
- Hosted a workgroup to finalize the ABA Availability Form incorporating insights from providers to streamline reporting.
- Extended the Diagnostic Evaluator timeline to 15 business days to improve the quality of evaluations while maintaining efficiency.
- Updated the ADOS-2 Worksheet to improve data tracking and usability.
- Made headway in updating and managing General Funds member data.
- Continued collaborations with organizations like The Arc to ensure alignment with community needs.
- Conducted multiple rounds of Request for Quotation (RFQ) analysis to support ongoing network expansion initiatives.
- Developed a comprehensive report to assess and quantify the number of individuals awaiting Applied Behavior Analysis (ABA) services. Subsequently, provided detailed data reports to the Michigan Department of Health and Human Services (MDHHS).
- Maintained the accuracy and completeness of the Autism Spectrum Disorder (ASD) Department's annual training log, ensuring all records were current and precise.

- Collaborated with the ASD Department team to onboard new providers from the RFQ-qualified list, further expanding the network's capacity to deliver services.
- Collaborating with contracted network providers and school-based contacts to enhance the integration of ABA services within educational settings, facilitating broader access to services for members.
- Ensuring the accuracy and integrity of data within the Autism Risk Matrix prior to disseminating information to ABA providers.

Identified Opportunities for Improvement:

- Follow-ups needed with providers who haven't completed the surveys or questionnaires.
- Analyze survey and questionnaire responses to guide improvements in provider training and processes.
- Roll out the finalized ABA Availability Form with clear instructions for providers.
- Increase engagement with schools and educational partners to better support members.
- Addressing the need for comprehensive training and support for newly contracted providers as they integrate into the service delivery model.

Progress on Previous Improvement Plans:

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

Program Compliance Committee Meeting



Children’s Initiative Department December 2024

Main Activities during the Reporting Period:

- Activity 1: Annual Report to the Community
- Activity 2: School Based Health Quality Initiative
- Activity 3: MichiCANS Screener

Progress On Major Activities:

Activity 1: Annual Report to the Community

Description: On 12/5/24, Children Initiative Department hosted the Annual Report to the Community “Shine Brighter Together” as a deliverable for the System of Care Block Grant.

Why is this Important?: Showcase highlights and accomplishments for meeting the needs of children, youth, and families in Wayne County regarding 4 main goals: 1). Increasing access to services, 2). Improve quality of services, 3). Increase youth and parent voice, and 4). Improve quality of workforce.

Current Status: Children Providers, community partners, stakeholders, and Michigan Department of Health and Human Services (MDHHS) representatives were in attendance (76 total).

Significant Tasks During Period: Attendees also received a copy of the System of Care Report to the Community Report which provides a summary of utilization and outcome data for Fiscal Year 2024. The program is also available on Children Initiative webpage.

Major Accomplishments During Period: 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. Former Chief Executive Officer Kari Walker from The Guidance Center was also an award recipient as well.

Needs or Current Issues: Continue to address barriers of community mental services for children, youth, and families in Wayne County.

Plans: Continue to complete the goals and deliverables associated with the System of Care Block Grant. Prepare for the next Report to the Community event scheduled for December 2024.

Activity 2: School Based Health Quality Initiative

Description: The School Success Initiative (SSI) is an evidence and prevention-based mental health program provided to students K-12 in Wayne County. The program aims to ensure that students and families have access to services in school, are provided psychoeducation training and are being helped with reducing the stigma related to receiving behavioral health supports and services.

Why is this Important?: The SSI program is needed to address the behavioral health needs of students by providing Tier 1, Tier 2, and Tier 3 services to students in school.

Current Status: Below is data for total Strengths and Difficulties Questionnaire screenings that were completed. ****Note: The total # of students does not include the total # of students who attended the Presentations*

School Success Initiative	# of Student Presentations*	Total # of Student Received SDQ Screenings	Tier 1 Accepted Services	Tier 2 Accepted Services	Tier 3 Accepted Services	Total # of Students Received SSI Services
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December	<i>Pending</i>	<i>Pending</i>	<i>Pending</i>	<i>Pending</i>
Total	1346	2326	2235	5907

Significant Tasks During Period: Meeting was held with Wayne RESA to discuss needs of providing behavioral health consultation support for children Pre-K and Kindergarten classrooms. DWIHN provided an overview of the School Success Initiative Program and explained the Infant and Early Childhood Consultation Grant as well as an additional resource. Offered initial orientation training to Assured Family Services as a new SSI Provider.

Major Accomplishments During Period: Worked with Detroit Public School District to resolve barrier of approving SSI Therapists to begin services in the schools and complete the school readiness checklist.

Needs or Current Issues: Determine if SSI services is needed in the 9 schools that have an overlap of behavioral health services with another Provider.

Plans:

- Schedule a follow up meeting with Wayne RESA regarding school needs

Activity 3: MichiCANS Screener

Description: MDHHS developed the MichiCANS screener and comprehensive assessment for children and youth ages 0 to 21st birthday. This tool is used to support Family Driven, Youth Guided care planning and level of care decisions, facilitate quality improvement initiatives, and monitor outcomes of services. The Children Center and DWIHN Access Department participated in the Soft Launch Pilot January 2024 – March 2024.

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

Current Status: During December 2024 there were 56 MichiCANS screeners completed by the Department of Health and Human Services Health Liaison Officers to request community mental health services. In addition, Children Providers completed 29 MichiCANS screeners to request community mental health services as well.

Specialty Program	Total Screenings
School Success Initiative	9
Infant Mental Health and Early Childhood	7
SED Waiver	1
Foster Care Youth	12
Department of Health and Human Services	56
Total Specialty Program Screenings	85

Significant Tasks During Period: Meeting held with DHHS to review the referral process. Updated the DHHS referral flowchart to include referral options: 1) DWIHN Access Center ages 6 to 21st birthday, 2)

Children Providers for youth involved in foster care, 3) CCBHC services, and 4) Infant Mental Health services for ages 0 to 6. Met with Infant and Early Childhood Mental Health Consultation Grant Providers to educate on the new referral process and use of screening codes.

Major Accomplishments During Period: Finalized the new DHHS referral flowchart. Developed smartsheet referral system to view new submitted referrals from Children Providers and DHHS.

Needs or Current Issues: Educate Providers to ensure use of the new screening code and screening referral process.

Plans:

- Continue monthly MichiCANS coordination meeting with DWIHN Access and DHHS
- Educate Children Providers on the new DHHS referral flowchart during January 2025 Children System Transformation meeting.

Monthly Update

Things the Department is Doing Especially Well:

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 launch of the new dashboard system. Reviewed data pertaining to children completing intake assessments and connecting to mental health treatment. Also, crisis services and referral source for crisis events.

Santa Day: Hosted Santa Day on 12/14/24 with Family Alliance for Change and MiSide at the Heilmann Recreational Center in Detroit in which 502 children and families were in attendance. This event involved face painting, pictures with Santa, cooking making, gift giveaways, and resources.

Identified Opportunities for Improvement:

Improve MDHHS Indicator 2a – The percentage of new persons completing an intake assessment within 14 calendar days of a non-emergency request for service for IDD children services. See progress below for SED children.

Progress on Previous Improvement Plans:

The goal is to improve compliance with children and youth requesting community mental health services receive an intake assessment within 14 calendar days with a Children Provider. Effective Fiscal Year (FY) 24 the goal is to achieve 57%.

- MI – Children with Serious Emotional Disturbances (ages 0 to 21st birthday)
- DD – Children with Intellectual Developmental Disabilities (ages 0 to 21st birthday)

MDHHS Performance Indicator 2a	FY23 – Q1	FY23 – Q2	FY23 – Q3	FY23 – Q4	FY 23 Total
MI / Child	28.81%	31.42% (+)	26.57% (-)	32.49% (+)	29.82%
DD / Child	28.71%	32.08% (+)	32.60% (+)	46.03% (+)	34.85%
MDHHS Performance Indicator 2a	FY24 – Q1	FY24 – Q2	FY24 – Q3	FY24 – Q4	FY 24 Total
MI / Child	30.21%	51.78% (+)	59.13% (+)	51.75% (-)	48.21%
DD / Child	21.78%	27.92% (+)	32.02% (+)	56.34% (+)	34.51%

Interventions:

- Discussed during various Children Provider Meetings / Trainings
Progress: Providers informed hiring additional staff mainly contributed with improvement with SED child data.
- Issued 2023-008 Request for Proposal (RFP)

Progress: Judson Center credentialed to deliver outpatient services

- Children Providers complete monthly Provider Capacity Form when experiencing challenges with providing services.

Progress: Consider requiring all Children Providers to complete the Provider Capacity Form monthly

- Children Providers begin using screening code for children screenings completed to start including in the MDHHS Performance Indicator data (School Success Initiative, Children Waiver, SED Waiver, Juvenile Justice, Ages 0 to 6, and CCBHC).

Progress: Providers were trained to utilize the new screening code on 6/28/24 and can begin using the code effective 7/1/2024. Updated the Provider Screening Bulletin to add children intellectual disability screening code as well.



Program Compliance Committee
Michele Vasconcellos Director, Customer Service
December 2024

Unit Activities

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

**Please note Customer Service data captured is impacted by shortage of days of operations due to the holidays **

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

	December FY 24/25		December FY 23/24	
	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%
Reception / Switchboard	872	1%	1107	2.8%

Customer Service Call Center

	December FY 24/25		December FY 23/24	
	Number Of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%
DWIHN Customer Service	649	4%	661	14.85%
Outbound Calls: Special Cases & Follow-up Activity	102	N/A	N/A	N/A

Significant Activities:

- In comparing the FY 23/24 and FY 24/25, the numbers continue to vary yearly for the Switchboard and Call Center.
- There was a significant increase in the call volume for the Switchboard for FY 23/24 with the abandonment rate of less than 5% in comparison to the previous FY.
- There was slight decrease in call volume for the Call Center for FY23/24 compared to the current year. However, the abandonment rate rose substantially, exceeding the 5% standard. A contributing factor to this increase was the installation of the new Genesys Cloud system, which was implemented on December 18, 2024. As is often the case with new systems, glitches need to be addressed, and staff must adapt to the changes.



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

	December FY 24/25	December FY 23/24
Complaint/Grievance Correspondence	243	398

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

Grievances Processed

Grievances	December FY 24/25	December FY 23/24
Grievances Received	6	11
Grievances Resolved	3	6

Grievance Issues by Category *(based on Grievances received during the month of November)*

Category	December FY 24/25	December FY 23/24
Access to Staff	4	3
Access to Services*	5	2
Clinical Issues	0	1
Customer Service	1	1
Delivery of Service*	1	5
Enrollment/ Disenrollment	0	0
Environmental	0	0
Financial	0	3
Interpersonal*	2	5
Org Determination & Reconciliation Process	0	0
Program Issues	0	0
Quality of Care	0	0
Transportation	0	0
Other	1	0
Wait Time	0	0
Overall Total	14	20

Note: A grievance may contain more than one issue.



For both fiscal years for the month of December there were no grievances filed by MI Health Link members.

Appeals Advance and Adequate Notices*

Notice Group	December* FY 24/25 Advance Notices	December* FY 24/25 Adequate Notices	December FY 23/24 Advance Notices	December FY 23/24 Adequate Notices
MI	1249	238	1449	245
ABA	101	25	92	21
SUD	62	14	79	9
IDD	212	46	289	55
Overall Total	1624	323	1909	330

*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 November of 2024 as the December numbers are not yet available.**

Appeals Communications

	December FY 24/25	December FY 23/24
Appeals Communications Received	37	90

*Communications include emails and phone calls to resolve appeals.

Appeals Filed

Appeals	December FY 24/25	December FY 23/24
Appeals Received	1	3
Appeals Resolved	1	0



DWIIHN State Fair Hearings

For the month of December '24 there was 1 DWIHN attended Pre-Conference Hearing. The request for hearing was dismissed.

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

For both fiscal years for the month of December 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 3 grievance categories for December '24 are: Access to Staff, Delivery of Service and a 4-way tie between Access to Services, Financial, Program Issues and Others. The grievance categories that consistently remain in the top spots include Access to Staff, Access to Services, Customer Service, Delivery of Service and Interpersonal.

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 provider cooperation, we collaborate with Managed Care Operations to resolve issues and/or formulate corrective action plans. Members receive routine education through phone calls as well as participating in Member Events and visitation at different member gathering spots.

- There has been 1 request for a Pre-Conference hearing in December of 2024. There have consistently been no State Fair Hearings for MI Health Link members for several fiscal years.

Accomplishments:

- Successful trainings by Due Process staff to the Network including the Community Care Center.
- Provided updated MI Health Link 2025 materials to ICO HAP CareSource for revision and review.
- Due Process successfully defended HSAG Standards 1,3, 6 in December of 2024.

Activity 3: Member Engagement and Experience

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

Significant Activity:

Member Experience continues to process Pre-survey packages for the National Core Indicator Survey (NCI), significant progress has been made to ensure that we meet our required 300 submissions for this year's survey to MDHHS via Wayne State University Developmental Disabilities. The Survey collects important data on system services directly from recipients of services. In closing out the year for 2024 calendar year, Member Engagement planned a holiday bazaar for CV Members on 12/20/2024. A Christmas Day SOULS Chat as well as a New Year Day SOULS Chat was also conducted.

Michele Vasconcellos, Director, Customer Service 1/2/2025

December 2024 IHC Monthly Report

Vicky Politowski IHC Director

1/2/2025



Main Activities during December 2024 Reporting Period:

- **Complex Case Management**
- **OBRA/PASRR**
- **QIP/HEDIS**

Activity 1: Complex Case Management

- **Description:** The Complex Case Management team is constantly utilizing efforts to gain and serve more members.
- **Current Status:** Complex Case Management has **7** active cases, **1** new and **5** were closed, (2 meet care goals, 3 UTR). Care coordination was completed for **18** members and **8** individuals were trained in the community on Complex Case Management. Fifty-eight (**58**) members were contacted for FUH follow-up and **13** were reached, **7** attended their appointment.
- **Significant Tasks During Period:** During the month of December, IHC Manager completed NCQA mock review of charts.
- **Major Accomplishments During Period:** Linked members to additional support for the holidays.
- **Needs or Current Issues:** Increase caseloads and community engagement.
- **Plan:** Continued focus more on member engagement, resuming CCM in-service meetings with CRSP's for marketing of program.

Activity 2: OBRA/PASRR

- **Description:** Complete 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 or nursing homes.
- **Current Status:** OBRA processed **456** referrals, **206** were assigned to be completed and **250** were triaged and provided with exemption letters
- **Significant Tasks During Period:**
 1. OBRA has completed **121** full assessments this month and **36** partial assessments with a total of **157** face-to-face contacts for December.
 2. All positions have been filled. Shayla Warren was hired for a contingent position and is onboarded and completing assessments. One contingent position for an RN was made a full-time position. This was filled with existing staff, no training was needed for her to begin.

3. PASRR educator provided training to **21** Nursing homes. Training **21** staff. The OBRA trainer has developed formal training for CRSP providers on how to provide services in nursing homes.

Major Accomplishments During Period: Nursing home agreement has been updated and is completed/ready for distribution to the nursing homes.

Updated contact information has been added to Cobblestone for all nursing homes. Distribution is still pending.

- **Needs or Current Issues:** Evaluate the need for additional staff due to increasing numbers of referrals.
- **Plan:** 1. Assess the need for additional staffing vs FFS/part-time staffing.
2. Address staff who are not meeting productivity goals by placing them on PIP
- **Things the Department is Doing Especially Well:**
 1. Continued to have a low rate of pended assessments. The pending rate for December is **7%**. This remains under the required 24%.
 2. The congruency rate was **96%** for the month of December 2024.
 3. DWIHN made **5** No Nursing Home recommendations in December, all recommendations were agreed upon by MDHHS to lesser restrictive settings.
 4. OBRA tracks all specialized determinations and identified CRSP's and have begun to provide email notifications to the CRSP's that their assigned consumer is residing in a nursing home and has had an Obra assessment completed with a specialized determination.
 5. A monitoring system is in place to pull a report for individuals identified for specialized services.
 6. Set up a monthly meeting with Residential Services to complete case consultation on high risk members.
- **Identified Opportunities for Improvement:**
 1. Improve turnaround times.
 2. Reduce number in que
 3. Improving access to nursing home records. Some progress has been noted with more nursing homes allowing us access to the EMR system. MDHHS has provided a Draft of MOU to assist in developing more specific language in the nursing home agreements to allow for access to records
 4. Increased training to specific nursing homes that address the nursing homes that are sending in unnecessary referrals, ie. Discharged consumers. This may also help reduce the # in the queue without increasing staffing. Laura is addressing nursing homes that have been identified

Activity 3: HEDIS FUH, AMM, SAA and SSD

- **Description:**
 1. **FUH:** Assess the percentage of inpatient discharges for a diagnosis of mental illness or intentional self-harm among patients aged 6 years and older that resulted in

- follow-up care with a mental health provider within 7 and 30 days. Providing follow-up care to patients after psychiatric hospitalization can improve patient outcomes, decrease the likelihood of re-hospitalization and the overall cost of outpatient care.
2. **AMM:** Assess adults 18 years of age and older with a diagnosis of major depression who were newly treated with antidepressant medication and remained on their antidepressant medications. Two rates are reported, Effective Acute Phase Treatment: Adults who remained on an antidepressant medication for at least 84 days (12 weeks) and Effective Continuation Phase Treatment: Adults who remained on an antidepressant medication for at least 180 days (6 months). Effective medication treatment of major depression can improve a person’s functioning and well-being and can reduce the risk of suicide. With proper management of depression, the overall economic burden on society can be alleviated, as well.
 3. **SAA:** Assess adults 18 years of age and older who have schizophrenia or schizoaffective disorder who were dispensed and remain on an antipsychotic medication for at least 80 percent of their treatment period. Using antipsychotic medications as prescribed reduces the risk of relapses or hospitalization.
 4. **SSD:** Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications: Assesses adults 18–64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year. Heart disease and diabetes are among the top 10 leading causes of death in the United States.¹ Because persons with serious mental illness who use antipsychotics are at increased risk of cardiovascular diseases and diabetes, screening and monitoring of these conditions is important. Lack of appropriate care for diabetes and cardiovascular disease for people with schizophrenia or bipolar disorder who use antipsychotic medications can lead to worsening health and death. Addressing these physical health needs is an important way to improve health, quality of life and economic outcomes downstream

- **Current Status**

HEDIS Measure	Current Rate September 24	Goal
FUH		
Ages 6-17	63.14	70
Ages 17-64	50.13	58
AMM Acute	30.98	66.93
AMM Continuation	5.04	50.71
SAA	52.37	80.99
SSD	57.77	80.99

- **Significant Tasks During Period:**
 1. Working with Crisis Services to make sure individuals who are not assigned to a CRSP and are hospitalized get services.
 2. Met with 10 CRSP for FUH
 3. Met with 3 CRSP for SAA, AMM and SSD
 4. Reviewed two action plans from CRSP to address HEDIS goals
- **Major Accomplishments During Period:** Met with NCQA consultant to go over QIP's, completed QIP writeups and ready for NCQA consultant for review
- **Needs or Current Issues:** While the scores are down in September, IHC will continue to work with all relevant departments and CRSP agencies to express the need for HEDIS. Will continue to work with the two largest CRSP providers and FQHC Centers.

Program Compliance Committee Meeting
Ryan Morgan LMSW Director of Residential Services
Date: January 8th, 2025



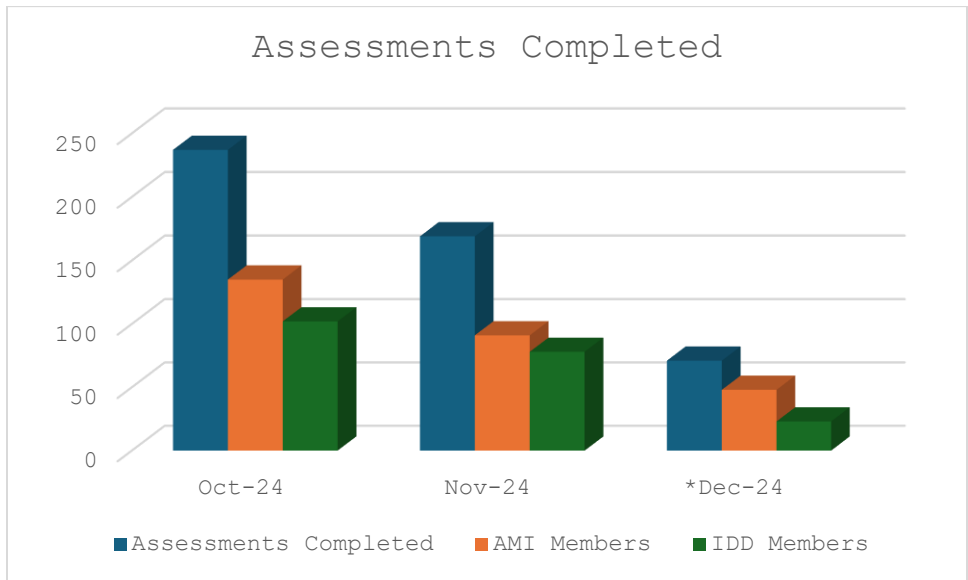
Main Activities During Reporting Period: November/December

- **Residential Assessment Updates**
- **Examining Hospital Referral Efficiency**
- **Residential Authorization Updates**

Progress On Major Activities:

Activity 1: Updating Residential Assessments

- *Description:* The Residential Services Department continues the process of completing updated residential assessments for members receiving residential services. Outdated Adults with Mental Illness assessments (AMI) were updated throughout the course of year. We will maintain compliance by ensuring that future assessments are completed prior to completion of the member’s IPOS. The same process continues for members with Intellectual and Development Disabilities (I/DD). It is important that all members have up to date assessments in order to ensure that they are receiving medically necessary services.
- *Current Status:*



	Oct-24	Nov-24	* Dec-24
Assessments Completed	237	169	71
AMI Members	135	91	48
IDD Members	102	78	23
<i>*DECEMBER2024 Reporting Date Range: 12/1-12/12</i>			

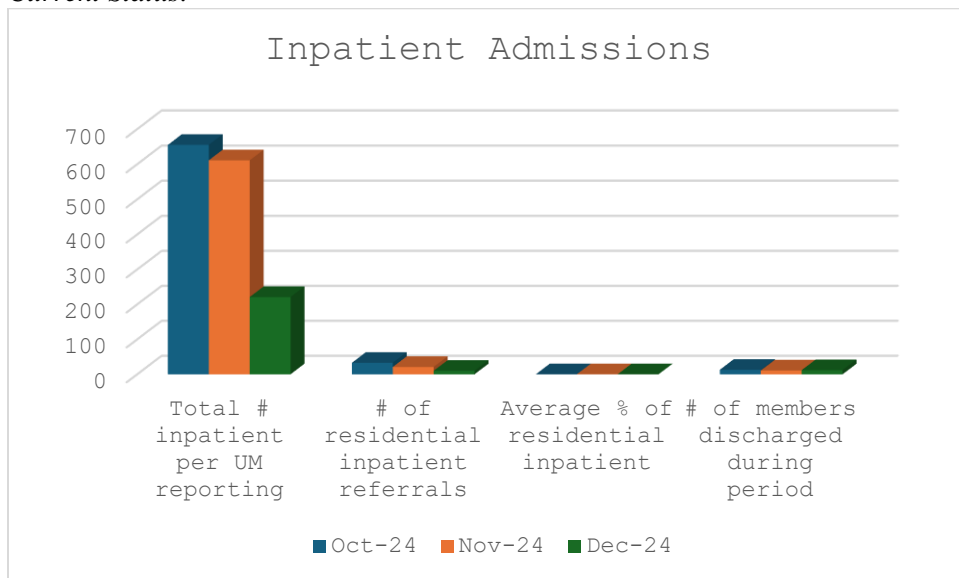
- *Significant Tasks During Period:* The Residential Services Department was able to update all assessments for members within licensed I/DD settings. The department has been able to ensure all AMI assessments remain updated.
- *Major Accomplishments During Period:* In October the Department initiated bimonthly in-service training with Clinically Responsible Service Provider (CRSP) case holders that focused on

clinical alignment of documentation. This included a review of the residential assessment, treatment goals, and authorizations. This training will continue throughout the next year.

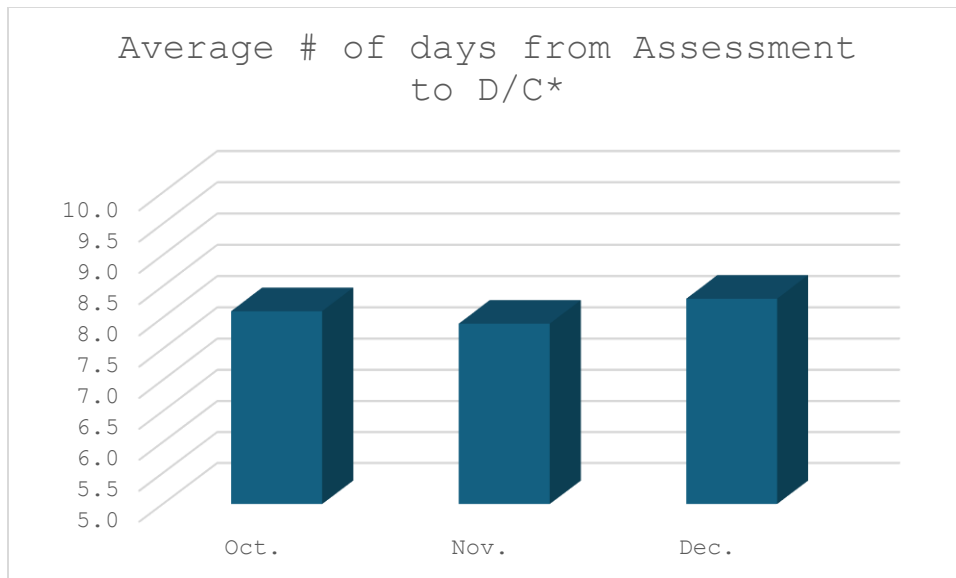
- *Needs or Current Issues:* Currently the department has one open position for a residential care specialist that will be able to help complete residential assessments. Other barriers include coordination with Clinically Responsible Service Provider case holders to ensure they are present for completion of the residential assessment due to high turnover rates.
- *Plan:* The Residential Services Department plans to continue to maintain updated residential assessments by completing assessments the month prior to a member’s treatment plan coming due. This will ensure documentation is timely and aligns with service authorizations. The residential authorizations manager will send monthly reports to the AMI (Adults with Mental Illness) and I/DD (Intellectual/Developmental Disabilities) managers for staff assignments.

Activity 2: Examining Hospital Referral Efficiency

- *Description:* The Residential Services Department continues to examine the hospitalization data for residential referrals to try and decrease the frequency and duration of inpatient hospital stays. It is important to monitor the efficiency of referrals to try and reduce the amount of time a member spends inpatient.
- *Current Status:*



	Oct-24	Nov-24	Dec-24
Total # inpatient per UM reporting	655	611	221
# of residential inpatient referrals	33	21	10
Average % of residential inpatient	5.04%	3.44%	4.52%
# of members discharged during period	13	11	12



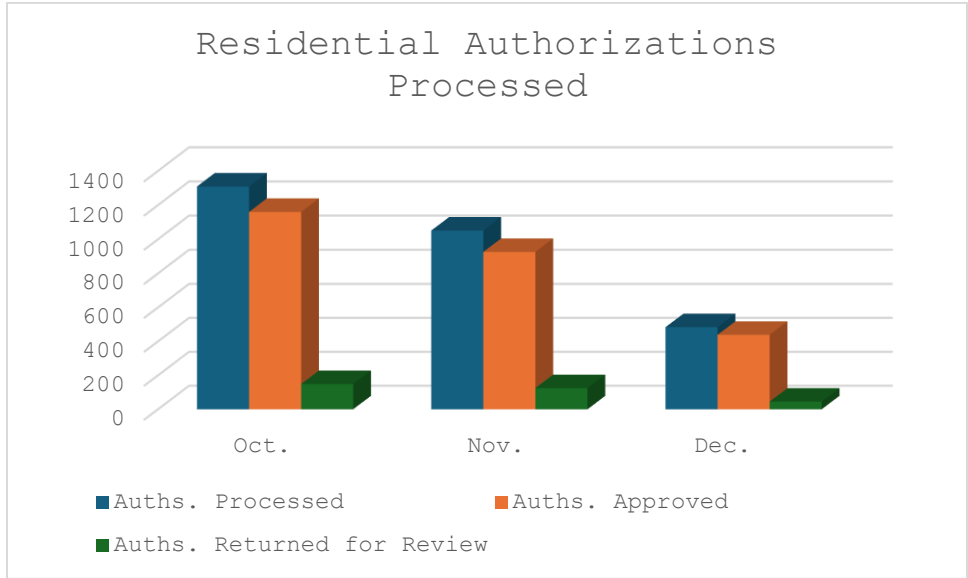
	Oct.	Nov.	Dec.
Average # of days from Assessment to D/C	8.1	7.9	8.3

- *Significant Tasks During Period:* Recently the department added weekly meetings with residential care coordinators and department managers designed at problem solving, brainstorming and developing creative discharge plans. New referrals are assigned daily, and staff are required to reach out within 24 hours of receipt.
- *Major Accomplishments During Period:* The Residential Services Department was able to discharge 36 members out of inpatient psychiatrist units during the months of October, November and December 2024. In November the department met with the team of social workers and case managers within the Emergency Departments of Henry Ford Health System to help improve communication and collaboration.
- *Needs or Current Issues:* The Department continues to need providers who are willing to take on high acuity individuals with significant behavioral concerns who require enhanced staffing. Additional needs include more barrier free providers willing to take on members with comorbid physical and behavioral health concerns.
- *Plan:* Starting in January 2025 the Residential Services Department will begin monthly meetings with the Integrated Health Department in order to collaborate on resources available for members with complex medical needs. The department will continue to meet with Emergency Departments within the network on a quarterly basis to improve communication and discuss barriers to discharge.

Activity 3: Residential Authorization Updates

- *Description:* The Residential Services Department examined residential authorizations that were submitted to the department for approval. We are able to track the number of authorizations that are submitted along with the timeliness of which they are approved. It's important to monitor authorizations so that we can track how many authorizations are submitted and ensure they are appropriately addressing the members' needs.

- **Current Status:**



	Oct.	Nov.	Dec.
Auths. Processed	1309	1051	484
Auths. Approved	1160	926	439
Auths. Returned for Review	149	125	45
Dec. auths through 12/17			

- **Significant Tasks During Period:** The Authorizations Team within the Residential Services Department is approving authorizations within 14 days of being submitted 93.3% of the time. It is important that authorizations have a determination that is timely so that members do not have a disruption in services rendered.
- **Major Accomplishments During Period:** During November, the Residential Authorizations Department began sending 30/60/90-day reports to Clinically Responsible Service Providers (CRSP) that indicate when each member’s treatment plans will be expiring. This is to help ensure that members have updated treatment plans and authorizations.
- **Needs or Current Issues:** At times Clinically Responsible Service Providers (CRSP) will submit authorizations that are not in line with the member’s needs. Medical necessity is determined via the residential assessment and that is why it is important that the assessment aligns with the treatment plan and authorizations.
- **Plan:** The Residential Services Department continues to train CRSP case holders on clinical documentation to improve consistency in determining medical necessity. This training will continue bimonthly for all CRSP providers.

Monthly Updates:

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

- The Residential Services Department has been able to onboard 4 new providers since October, which added 18 more residential placements available to the network.
- There are two hundred and forty-four (244) licensed settings available for adults with Mental Illness (AMI) and two hundred and thirty-three (233) licensed settings for adults with intellectual/development disabilities (I/DD) currently within the network.

- There are an additional two hundred and twenty-two (222) AMI unlicensed settings and (240) I/DD unlicensed settings within the network.
- The Residential Services Department was able to discharge 8 individuals from State Hospital facilities into community placements since October.
- The Residential Services Department added 171 newly enrolled members into residential services since October.

- **Identified Opportunities for Improvement:**

- Currently we have one (1) Residential Care Specialist position open that will be able to assist with completing residential assessments once filled.
- It is the goal of the department to begin tracking recidivistic hospital admission data so that we can track individuals who have multiple hospitalizations.

- **Progress on Previous Improvement Plans:**

- The Residential Services Department is helping to ensure that all members have up to date treatment plans and authorizations by providing 30/60/90-day reports to Clinically Responsible Service Providers. Managers are following up with each report the following month to ensure compliance.



Detroit Wayne Integrated Health Network
Program Compliance Committee Meeting
Judy Davis, SUD Director
Date: January 8, 2025

Main Activities:

- Healing and Recovery
- Recovery Incentive Activities
- Alcohol Use Disorder
- CHES Initiative

PROGRESS ON MAJOR ACTIVITIES

Activity I: 2025 Healing and Recovery

Description: The \$1million 2025 Healing and Recovery Regional Appropriations from MDHHS provide an invaluable opportunity to fund transformative initiatives that will yield enduring benefits for our communities. This funding is crucial for supporting projects that enhance infrastructure and outreach, ultimately improving access to vital services and resources for those in need.

Key areas include:

- ✚ Making improvements to real estate
- ✚ Syringe service programs and recovery organizations
- ✚ Essential harm reduction supplies, such as safer use materials, wound care tools, and drug checking resources, should also be funded. efforts, alongside establishing Narcan distribution boxes for easy access to lifesaving resources.
- ✚ Research on opioid overdose in Wayne County reveals significant disparities affecting African American communities, who experience higher rates of fatal overdoses compared to other groups

Current Status: The heartbreaking reality is that, as of 2021, over 321,566 children have endured the pain of losing a family member to a drug overdose. Alarmingly, this crisis is hitting our youngest children hardest, highlighting the urgent need for awareness and action. <https://www.nih.gov/news>

DWIHN Status:



Death rates for people under 40 have skyrocketed

Significant Task during this period: Research shows that between 2011 and 2021, approximately 321,566 American children lost a parent to overdose. Most significantly, parents aged 26 to 40 contributed to 175,355 of these tragic losses, with non-Hispanic white parents affecting 234,164 children. Additionally, 40,062 children lost Hispanic parents, while non-Hispanic Black parents accounted for 35,743 children—experiencing the highest loss rates. These stark racial disparities highlight the rising overdose deaths among non-Hispanic American Indian/Alaska Native and Black communities, emphasizing the urgent need for action to address this crisis and its disproportionate impact.

Major Accomplishments During Period: The statistic on the number of American children losing a parent to overdose has highlighted an urgent issue. This identifies at-risk demographics, particularly non-Hispanic Black parents, revealing critical racial disparities. By pinpointing these vulnerable groups, the findings can guide policy changes and resource allocation to support affected families. They also encourage community organizations to establish support systems for grieving children, ultimately calling for collective action to address this ongoing tragedy.

Needs or Current Issues: The parental overdose crisis profoundly impacts children, highlighting the need for support. Access to mental health services is vital for grieving children, and effective substance abuse prevention programs are necessary to reduce risks. Advocacy for policy reforms addressing economic inequality and healthcare access is crucial, along with community support networks providing essential resources. Additionally, services must be culturally sensitive. Ongoing research and public awareness campaigns are essential to guide interventions and encourage community involvement, making it critical to address these needs to mitigate the crisis's effects on children and families.

Plans: To effectively combat the escalating parental overdose crisis, this comprehensive plan proposes the strategic use of opioid settlement funds. By allocating these resources, we aim to enhance and expand support services, ensuring that essential assistance remains accessible well beyond the end of fiscal year 2025. This extended commitment is crucial for addressing the ongoing needs of families impacted by the opioid epidemic.

Activity II: Recovery Incentive (RI) Pilot Initiative

Description: Stimulant use is increasing in Michigan at an alarming rate. In 2021, 30 percent of overdose deaths showed the presence of cocaine, and 17 percent indicated the presence of other psycho stimulants. Unlike other substance use disorders (SUD), there are no medications to treat stimulant use disorders. Contingency Management (CM) is the leading evidence-based treatment for stimulant use disorder, and it can also be effective in treating opioid use disorder.

Current Status: SUD providers offering outpatient, intensive outpatient, and/or partial hospitalization services who are licensed and certified to provide Medicaid services in participating PIHP regions will be eligible to participate in the RI Pilot. This includes Narcotic Treatment Programs (NTPs), Opioid Health Home (OHH) providers, and Certified Community-Based Behavioral Health Clinics (CCBHCs) in participating PIHP regions.

- ✚ Sobriety House
- ✚ Salvation Army Harbor Light
- ✚ Elmhurst Home
- ✚ Abundant Community Recovery Services
- ✚ Mariners Inn
- ✚ Lakeridge Village

- ✚ All Well Being Services
- ✚ Hegira Health
- ✚ SHAR Inc
- ✚ Quality Behavioral Health
- ✚ New Light Recovery
- ✚ Detroit Recovery Project
- ✚ Carefirst Community
- ✚ Positive Images

Significant Task during this period: We are thrilled to confirm that 14 dedicated providers are ready to kick off the CM initiative this January. This strategic launch is poised to significantly improve service delivery and foster better health outcomes for our community.

Major Accomplishments During Period: The primary goals of the RI Pilot are to improve health outcomes for beneficiaries living with either StimUD and/or OUD, or both.

These goals include:

- ✚ Increasing engagement and retention in treatment
- ✚ Reducing the number of emergency department (ED) visits
- ✚ Reducing the rate of repeated ED visits
- ✚ Reducing adverse health outcomes (e.g., deaths, non-fatal overdoses)

The CM pilot program is scheduled to launch on January 1, 2025. This initiative aims to explore innovative solutions and gather valuable insights over a comprehensive two-year period. Participants will engage in a series of activities and assessments designed to track progress and measure outcomes. Throughout the duration of the pilot, regular evaluations will be conducted to ensure objectives are being met and to facilitate any necessary adjustments to enhance overall effectiveness.

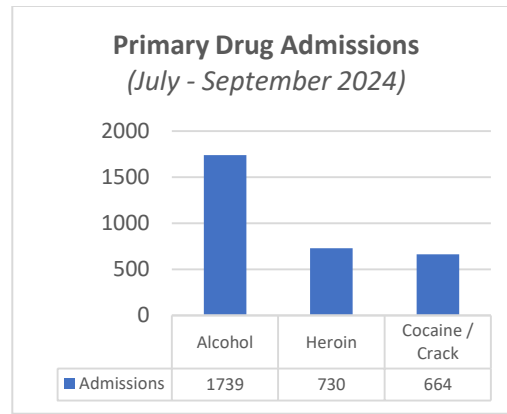
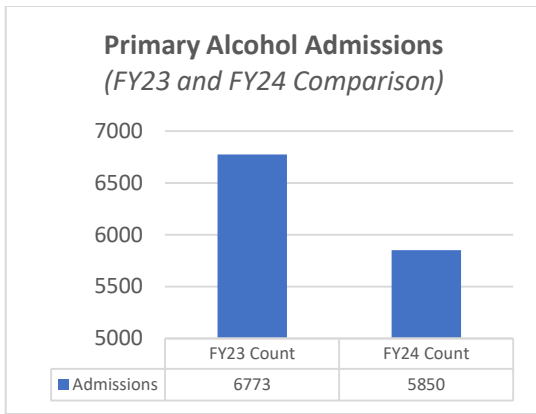
Needs or Current Issues: As conditions evolve, the program must be prepared to adjust its strategies and operations to remain effective and relevant. This flexibility will be crucial in navigating potential challenges that may arise

Plans: Participating beneficiaries will receive incentives for negative UDTs and engagement in CM services. They will be able to receive a maximum of \$599 in total incentives per calendar year for successful participation in the treatment protocol.

Activity III: Alcohol Use Disorder

Description: DWIHN received additional funds intended to enhance withdrawal management services. The funding is to be used in place of BG (Block Grant) money. The primary goal of this additional funding is to bolster treatment and staffing dedicated to withdrawal management services, specifically addressing the needs associated with Alcohol Use Disorder (AUD)

Current Status: The allocation of these funds is based on the percentage derived from DWIHN admissions related to Alcohol and Drug Use (AUD). Traditionally, the state has utilized this funding to support statewide initiatives. However, moving forward, these resources will be specifically allocated to the PHIPS program to address its unique needs.



Significant Tasks During Period: Proposed Meeting Dates and Times for PHIPS Stakeholders. Send a calendar invite to all participants once the date and time is confirmed to ensure they have the meeting scheduled in their calendars.

Major Accomplishment During Period: The goal is to address the risks of alcohol use through a focused strategy. Funds will support impactful workshops and seminars to educate participants on the dangers of alcohol consumption. Our provider training programs will empower staff to quickly identify and address alcohol-related issues. SUD will implement a Lifestyle & Wellness Program promoting healthier choices and provide training on Medication-Assisted Treatment options to equip practitioners to support recovery. A strong social media awareness campaign will enhance community engagement and education about alcohol risks, ultimately strengthening public awareness and support systems for those affected.

Needs or Current Issues: The rise in alcohol use disorders, particularly post-COVID-19, necessitates immediate awareness and support. Many individuals are unaware of the risks, and healthcare providers often lack proper training to address these issues. Limited access to treatment options, stigma, and inadequate community outreach hinders support efforts. Disparities in resource access and insufficient ongoing support complicate recovery efforts. A coordinated approach is crucial to effectively address the risks of alcohol use.

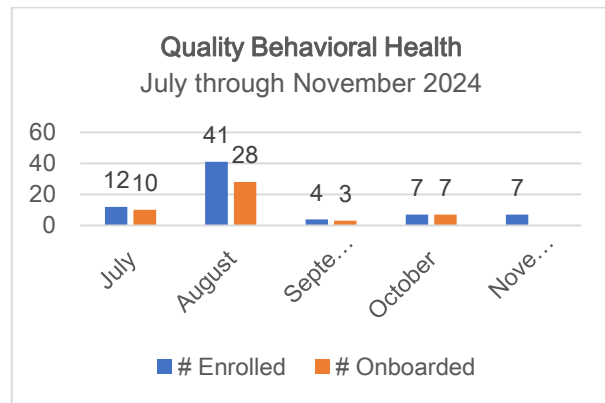
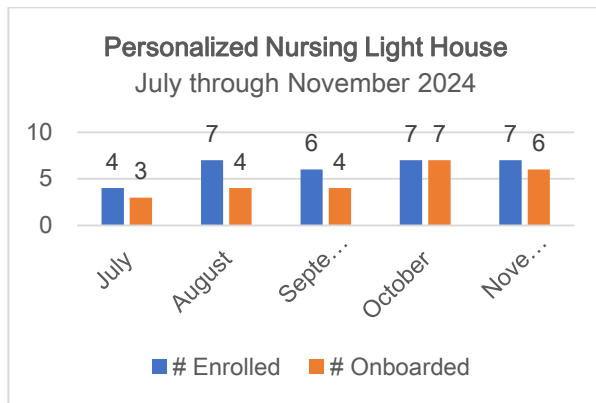
Plan: A detailed allocation plan will be created to outline the reallocation of funds from BH to PHIPS, specifying the areas within PHIPS that will receive support. Stakeholder engagement is essential, with meetings organized to facilitate communication and collaboration between BH and PHIPS during the transition. A clear implementation timeline will be established, incorporating milestones to track progress and maintain schedule. Additionally, a monitoring and evaluation framework will be developed to assess the impact of the new funding allocation,

Activity IV: E CHES Health Initiative <https://eab.chesshealth.net>

Description: The CHES Health Analytics tool offers a groundbreaking approach for DWIHN to access and manage member data comprehensively. This platform streamlines the viewing and extraction of essential information, enabling a deeper insight into member progress and outcomes. It has proven to be an invaluable asset for providers wanting to improve their programs.

Current Status: Quality Behavioral Health successfully enrolled its first member on July 17, 2024, marking a significant milestone in its journey. Shortly thereafter, PNLH

celebrated the enrollment of its first member on July 31, 2024. Despite this achievement, PNLH's initial progress was somewhat hampered due to staffing constraints, leading to a slower start compared to Quality Behavioral Health. This situation underscored the importance of adequate staffing in ensuring a smooth and efficient operational flow right from the onset.



Significant Tasks During Period: At the close of July, the total number of members enrolled stood at 18. By the end of November, this number had impressively risen to 93, marking a substantial increase in enrollment. This significant growth demonstrates the remarkable success and expansion of the program over just a two-month period.

Major Accomplishments During Period: Wayne County is experiencing positive strides in the battle against youth substance abuse, highlighted by the accomplishments of DWIHN. The SUD Department has spearheaded initiatives that have successfully lowered youth usage rates of key substances. Remarkably, this achievement comes at a time when substance use rates have been on the rise statewide, excluding cigarette smoking which, similarly to Wayne County's targeted substances, has also seen a downtrend. Additionally, there will be a focus on implementing evidence-based practices and developing supportive recovery environments to help adults successfully navigate their recovery journeys. By prioritizing these initiatives, Wayne County aims to create a healthier community and further reduce alcohol-related issues among its residents.

Needs or Current Issues: Enrolling members into programs presents several challenges, including a lack of awareness about available services, accessibility issues, the complexity of enrollment processes, perceived irrelevance, concerns over privacy, socioeconomic barriers, and cultural and language differences. Overcoming these obstacles necessitates a comprehensive strategy that simplifies the enrollment process, enhances educational outreach to improve program visibility, ensures accessibility for all potential members, addresses privacy and trust concerns, and tailors programs to meet the diverse needs and contexts of the target audience. Successfully tackling these issues is crucial for increasing enrollment and ensuring that the programs reach and benefit the intended populations.

Plan: Our strategy for engaging in members' group meetings revolves around proactive involvement in discussions to both access and enhance outcomes. We are dedicated to offering thoughtful feedback, exchanging experiences, and working together on strategies that bolster our shared objectives. Utilizing the varied insights within the group, we aim to pinpoint opportunities for enhancement, devise innovative solutions, and put into practice effective methods that lead to favorable outcomes.

Major Department Accomplishments: Over the years, we've talked about the numerous challenges that individuals in the DWIHN region encounter when trying to obtain their

substance use credentials through MCBAP. We are now embarking on an important opportunity to explore a Michigan-specific alternative pathway that could provide substantial benefits to those in need. As this develops, additional information will be provided.

Treatment Policy #4 Off-Site Dosing emphasizes the importance of a patient-centered approach, allowing for take-home doses based on individual treatment progress and thorough assessments by both the practitioner and the OTP care team.

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-01R1 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 1/15/2025

Name of Provider: Detroit Wayne Integrated Health Network

Contract Title: Multicultural Integration Providers

Address where services are provided: 707 W. Milwaukee, Detroit, MI 48202

Presented to Program Compliance Committee at its meeting on: 1/8/2025

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

Amount of Contract: \$ 765,837.00 Previous Fiscal Year: \$ 784,540.00

Program Type: Modification

Projected Number Served- Year 1: 1,000 Persons Served (previous fiscal year): 900

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).

The Detroit Wayne Integrated Health Network (DWIHN) is requesting approval to amend the original board action for Comprehensive Services for Behavioral Health – 2025 with the Michigan Department of Health and Human Services (MDHHS).

The DWIHN Veteran Navigator received additional funding for Fiscal Year 2025 in the amount of \$35,207.00 which brings the total amount for the Veteran Navigator, Peer Navigator, and the Navigator Assistant to \$195,207.00. The additional funding does not include the other participants who are apart of the Multi-Cultural Integration Grant: American Indian Health and Family Services (AIHFS), Community Health and Social Services, Center (CHASS), Southwest Counseling Solutions (Hispanic and Veterans), and Association of Chinese Americans (ACA).

Revenue for these services is supported by E-Grants & Management Systems (EGrAMS) categorical funds for Ethnic Services. The amount of the proposed term of this Memorandum of Understanding is **October 1, 2024, through September 30, 2025, and will not exceed \$765,837.00.**

A budget adjustment to certify the additional funds will be forthcoming.

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

Board Action #: 25-01R1

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 24/25	Annualized
MDHHS Grant	\$ 747,137.00	\$ 747,137.00
State General Funds	\$ 18,700.00	\$ 18,700.00
Total Revenue	\$ 765,837.00	\$ 765,837.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? N

Approved for Submittal to Board:

Manny Singla, Interim Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Manny Singla

Stacie Durant

Signed: Thursday, December 19, 2024

Signed: Thursday, December 19, 2024

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-02R1 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 1/15/2025

Name of Provider: DWIHN SUD Department

Contract Title: Substance Use Disorder-Treatment Network

Address where services are provided: Multiple

Presented to Program Compliance Committee at its meeting on: 1/8/2025

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

Amount of Contract: \$ 5,949,821.00 Previous Fiscal Year: \$ 7,951,781.00

Program Type: Continuation

Projected Number Served- Year 1: 15,000 Persons Served (previous fiscal year): 15000

Date Contract First Initiated: 1/1/2025

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 is requesting approval to provide additional SUD treatment services in an amount not to exceed \$1,406,939. Additional treatment services are summarized as follow:

Grant Funds (\$1,056,939.00)

- Healing and Recovery Opioid Settlement Funds received from MDHHS: \$371,739.00
- Alcohol Use Disorder Funds: \$655,200.00
- Tobacco Free Pilot Program: \$30,000.00

PA 2 Funds (\$350,000.00)

- Screening Brief Intervention to Treatment : \$350,000.00

The SUD Department offer services to support recovery. Program to support children affected by opioid overdoses by fostering resilience and creating a nurturing environment. An analysis of overdose trends among racial groups and an initiative focusing on enhancing recovery housing facility to promote stable living environments. The purpose of the AUD project is to organize a series of Local Townhall Meetings, AUD Conferences and Media aimed at raising awareness about alcohol use disorders (AUD) and promoting the available treatment options within the community. Tobacco Free Pilot project will offer training, technical assistance, and best practices to the selected site. The SBIRT initiative has been a lifeline for members identified as at risk for SUD

problems, and the peers have been providing invaluable support to the community and members served in the emergency department (ED) and Federally Qualified Health Centers (FQHCs).

With the additional allocations noted above, SUD treatment services are funded with Grant dollars (\$4,178,721) and PA2 Funds (\$1,771,100), together totaling \$5,949,821.

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 \$5,949,821.

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

Source of Funds: Block Grant,PA2

Fee for Service (Y/N): N

Revenue	FY 24/25	Annualized
Grant funds	\$ 4,178,721.00	\$ 4,178,721.00
PA 2	\$ 1,771,100.00	\$ 1,771,100.00
Total Revenue	\$ 5,949,821.00	\$ 5,949,821.00

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

Type of contract (Business/Clinical):

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

Manny Singla, Vice President of Operations

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Manny Singla

Stacie Durant

Signed: Friday, January 3, 2025

Signed: Friday, January 3, 2025

Board Action #: 25-02R1

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-03R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 1/15/2025

Name of Provider: DWIHN SUD Department

Contract Title: Substance Use Disorder-Prevention Network

Address where services are provided: Multiple

Presented to Program Compliance Committee at its meeting on: 1/8/2025

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

Amount of Contract: \$ 6,467,683.00 Previous Fiscal Year: \$ 6,501,847.00

Program Type: Continuation

Projected Number Served- Year 1: 35,000 Persons Served (previous fiscal year): 35000

Date Contract First Initiated: 1/1/2025

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 Substance Use Disorder (SUD) Department is seeking approval to provide additional prevention services funded through two key sources: PA2 funding by \$320,000.00 and Healing and Recovery Opioid Settlement Funds received from MDHHS for \$497,826.00. With the addition of the aforementioned amounts, total SUD prevention services are funded with grant funds totaling \$3,940,434 and PA2 funds totaling \$3,025,075. The revised not-to-exceed amounts totals \$6,467,683.

The proposed funding increase will allow for the continuation and expansion of vital prevention services that have shown effectiveness in addressing substance use challenges in our communities. By enhancing outreach and community impact, we aim to create a healthier environment for our residents.

DWIHN has the discretion to reallocate the dollars within funding sources among the providers without board approval based upon utilization up to an amount not to exceed \$6,467,683 for the fiscal year ending September 30, 2025.

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

Board Action #: 25-03R

Source of Funds: Block Grant,PA2

Fee for Service (Y/N): N

Revenue	FY 24/25	Annualized
Grant funds	\$ 3,940,434.00	\$ 3,940,434.00
PA 2	\$ 3,025,075.00	\$ 3,025,075.00
Total Revenue	\$ 6,965,509.00	\$ 6,965,509.00

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:

Manny Singla, Vice President of Operations

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Manny Singla

Stacie Durant

Signed: Friday, January 3, 2025

Signed: Friday, January 3, 2025

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-48 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 1/15/2025

Name of Provider: ARC Detroit

Contract Title: ARC Detroit, The ARC Northwest Wayne, and The ARC Western Wayne

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 1/8/2025

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

Amount of Contract: \$ 599,397.00 Previous Fiscal Year: \$ 599,397.00

Program Type: Continuation

Projected Number Served- Year 1: 5,500 Persons Served (previous fiscal year): 5,000+

Date Contract First Initiated: 10/1/2023

Provider Impaneled (Y/N)?

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

The Detroit Wayne Integrated Health Network (DWIHN) is requesting Board renewal of three (3), one-year contract renewals with 1.) ARC Detroit; 2.) ARC of Northwest Wayne County; and 3.) ARC of Western Wayne County. **Each contract period will begin 10/1/2024 and end 9/30/2025; not to exceed amounts are as follows:**

The ARC Detroit – not to exceed \$117,369

The ARC of Northwest Wayne County – not to exceed \$296,101

The ARC of Western Wayne County – not to exceed \$185,927

The proposed contracts will provide advocacy, supportive services, and educational information by addressing issues facing persons with intellectual/developmental disabilities. The contract further targets supportive family members, and the community through advocacy and information. The design and delivery of the programs will ensure active engagement and coordination in the mental health system.

The ARC Detroit – Total amount not to exceed = \$117,369

- The Advocacy and Community Awareness Program will engage and assist individuals who are I/DD and their families to develop skills and provide access to information, promoting individual growth and family well-being.

The ARC of Northwest Wayne County – Total amount not to exceed = \$296,101

- The After I’m Gone Program - \$134,220

Assists families in planning for the future, when family members are no longer able to provide help.

- Guardianship Alternatives Information Network (GAIN) - \$56,552

Offers information about guardianship and legal alternatives to guardianship for consumers, parents, and mental health professionals.

- The Lekotek Program - \$105,329

Provides families with monthly individual play sessions with their child to explore toys and play for children with disabilities.

The ARC of Western Wayne County – Total amount not to exceed = \$185,927

- The After I’m Gone Program - \$56,377

Assists families in planning for the future when family members are no longer able to provide help.

- The Take Charge Helpline - \$129,550

Developed to address concerns of parents and children, and adults with I/DD. The Helpline broadens the geographical reach to consumers and the community, to engage, inform and encourage. The website is a portal to general information on mental health and disability related topics.

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	\$ 599,397.00	\$ 599,397.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64910.902000.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Manny Singla

Manny Singla, Vice President of Operations
Signed: Friday, January 3, 2025

Signature/Date:

Stacie Durant

Stacie Durant, Vice President of Finance
Signed: Friday, January 3, 2025

Signature/Date:

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

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

Presented to Full Board at its Meeting on: 1/15/2025

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: 1/8/2025

Proposed Contract Term: 12/1/2024 to 9/30/2025

Amount of Contract: \$ 250,000.00 Previous Fiscal Year: \$ 0.00

Program Type: Continuation

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

Date Contract First Initiated: 9/30/2025

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).

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

Residential Providers:

1. CNS Hearts of Love Home Care, LLC

(Credentialed 12/5/2024 for Community Living Support)

2. New Dawn AFC Home, LLC

(Credentialed 12/5/2024 for Personal Care in Licensed Specialized Residential Setting; Community Living Support)

3. No Places Like Home AFC

(Credentialed 10/29/2024 for Personal Care in Licensed Specialized Residential Setting; Community Living Support)

4. Pauline's Place LLC

(Credentialed 12/5/2024 for Personal Care in Licensed Specialized Residential Setting; Community Living Support)

5. Special Care Services 2 Inc

(Credentialed 12/5/2024 for Community Living Support)

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	\$ 250,000.00	\$ 250,000.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 250,000.00	\$ 250,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

Manny Singla, Interim Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Manny Singla

Stacie Durant

Signed: Thursday, December 19, 2024

Signed: Thursday, December 19, 2024