



Detroit Wayne Integrated Health Network

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PROGRAM COMPLIANCE COMMITTEE MEETING

Administration Bldg.
8726 Woodward, 1st Floor Board Room
Wednesday, June 12, 2024
1:00 p.m. – 3:00 p.m.

AGENDA

- I. Call to Order
- II. Moment of Silence
- III. Roll Call
- IV. Approval of the Agenda
- V. Follow-Up Items from Previous Meeting
 - A. Adults Initiatives' Quarterly Report – Provide additional information on the Motor City Clubhouse previously under Northeast Guidance Center/CNS Healthcare. Provide map/location of other clubhouses on the east side of Detroit. Provide information on why Northeast Guidance Center closed Motor City and on the CNS plans to reopen.
- VI. Approval of the Minutes – May 8, 2024
- VII. Report(s)
 - A. Chief Medical Officer
 - B. Corporate Compliance
- VIII. Quarterly Reports
 - A. Autism
 - B. Children's Initiatives
 - C. Customer Service
 - D. Integrated Healthcare
- IX. Strategic Plan Pillar – *None*
- X. Quality Review(s) - *None*

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

Eric W. Doeh, President and CEO



XI. Update on QAPIP Work Plan

XII. VP of Clinical Operations' Executive Summary (*Deferred*)

XIII. Unfinished Business

Staff Recommendations:

- A. BA #24-06 (Revision 6) – DWIHN Provider Network System FY 23/24
- B. BA #24-12 (Revision 3) – Substance Use Disorder – Treatment
- C. BA #24-13(Revision 1) – SUD FY 24 Prevention Synar Program, Strategies to Overcome Obstacles

XIV. New Business

Staff Recommendations:

- A. BA #24-62 – Summer Youth Employment Program (SYEP)
- B. BA #24-67 – SUD Opioid Settlement - Chance for Life Organization
- C. BA#24-68 – HUD Permanent Supportive Housing – Coalition on Temporary Shelter

XV. Good and Welfare/Public Comment

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

XVI. Adjournment



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Program Compliance Committee Meeting Adult Initiatives Department May 2024 -Follow Up

Below is a follow up request from the Program Compliance Committee from May 8, 2024

Provide a map showing the locations of other eastside Clubhouses; Information of closure and when it will re-open.

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

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

After speaking with CNS during my visit last month, they still own the building and they do intend on re-opening their clubhouse but without any general idea of a time frame, at this time.

Clubhouse has a motto, "once a member, always a member." What this means is that if you are a member at one clubhouse, you're a member at any of them if you ever wish to transfer, for any reason. That being said, all other DWIHN provider clubhouses reached out to Motor City Clubhouse and offered members to attend any other clubhouse where they felt comfortable. I do not have an exact number at this time, but I know from visiting with the other clubhouses that members from what was formerly Motor City Clubhouse have joined other clubhouses including Gathering Place (LBS), Turning Point (Hegira), A Place of Our Own (Goodwill), and Hope House (ACCESS).

Board of Directors

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Karima Bentounsi
Jonathan C. Kinloch

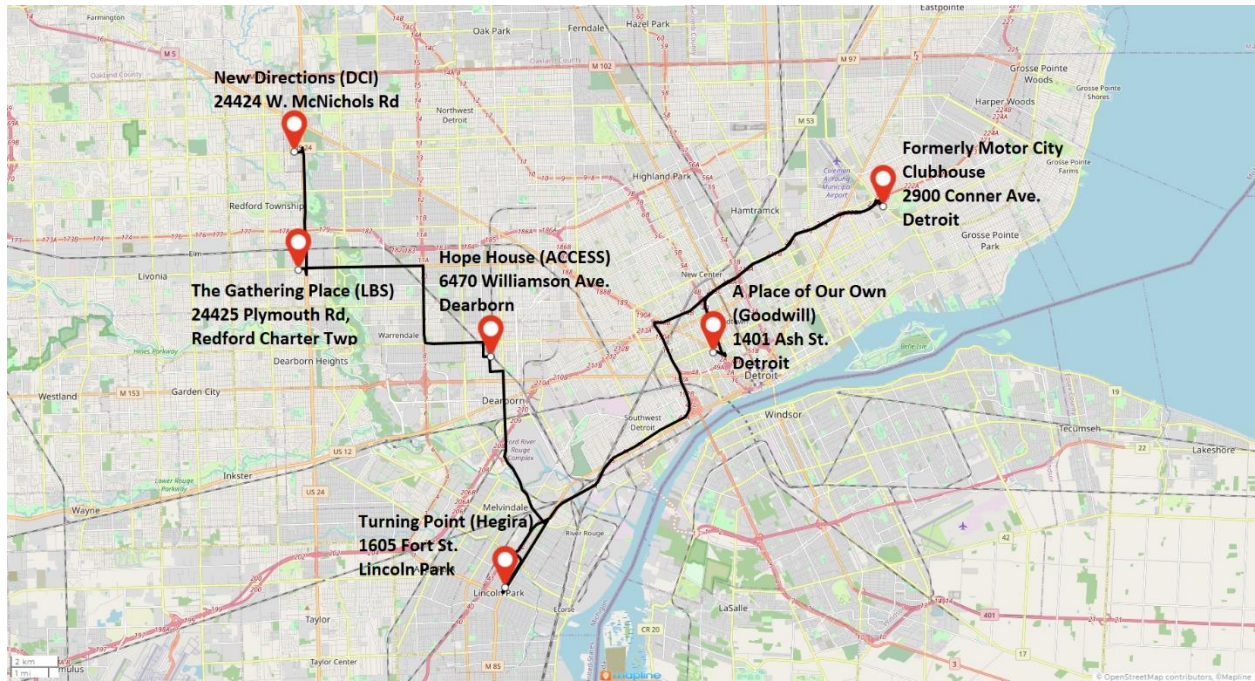
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Eric W. Doeh, President and CEO





- A Place of Our Own (Goodwill): 8.8 miles
- Hope House (ACCESS): 14.2 miles.
- Turning Point (Hegira): 18.2 miles
- The Gathering Place (LBS): 20.2 miles
- New Directions (DCI): 21.3 miles



Northeast Integrated Health

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Administration
2900 Conner Ave, Building A
Detroit, Michigan 48215-2407

Dear MOTOR CITY CLUBHOUSE Club Members, Guardians and Family;

It is with great sadness and disappointment that this notice greets you. The Motor City Clubhouse is closing its doors on November 29, 2019. Despite the success we have had in acquiring our accreditation through Clubhouse International; it had become unfortunately apparent that Motor City could not survive in this current financial climate which would necessitate a closure.

We are extremely proud of all that the Motor City Clubhouse has accomplished throughout the 16 years and could not be more grateful to each Clubhouse member who demonstrated their belief in the principles and practices of clubhouse by investing their time and talent in building the program and weathering through the ups and downs that each year brings. Clubhouse Staff members will work in concert with NIH Supervisors to support our membership in making successful individual transitions into the next phase of their person-centered care.

Please note that all diligence is committed to accommodating members' placement in the appropriate supportive programming and/or external Clubhouse reassignments. Attached is your detailed transition plan outlining your next appointments at Northeast Integrated Health and next steps in the journey towards your recovery.

We congratulate you in your great success and we are inviting you to join us on *November 28, 2019* for Thanksgiving Dinner at 11:00am - 1:00pm for one last dinner at the clubhouse. We look forward to hearing about all the great things you continue to accomplish!

"Today we deem it a Lovely Day"

Alton Reid and the
Motor City Clubhouse Team

Sherry E. McRill MA LLP
President & CEO

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Michele Reid, MD, *Board Vice Chair*
Michael Mattei, *Secretary*
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VISION:
to be leaders in building strong communities where people are mentally, emotionally and physically healthy



PROGRAM COMPLIANCE COMMITTEE

MINUTES

MAY 8, 2024

1:00 P.M.

IN-PERSON MEETING

MEETING CALLED BY	I. Commissioner Kinloch, Program Compliance Chair at 1:05 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Commissioner Jonathan C. Kinloch, Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	<p>Committee Members: Jonathan C. Kinloch; Bernard Parker; and William Phillips</p> <p>Board Members Present: Dr. Cynthia Taueg, Chair</p> <p>Board Members Attending Virtually: Angela Bullock</p> <p>Committee Members Excused: Lynne F. Carter, M.D.</p> <p>SUD Oversight Policy Board Members Attending Virtually: Thomas Adams, Chair</p> <p>Staff: Eric Doeh; Brooke Blackwell; Yvonne Bostic; Judy Davis; Melissa Moody; Dr. Shama Faheem; Monifa Gray; Sheree Jackson; Trent Sanford; and Manny Singla;</p>

AGENDA TOPICS

II. Moment of Silence

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

III. Roll Call

DISCUSSION	Commissioner Kinloch, Chair 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, Chair called for a motion to approve the agenda. Motion: It was moved by Mr. Phillips and supported by Mr. Parker to approve the agenda. Commissioner Kinloch noted that this was a revised agenda and there were two changes; the DWIHN Network Partnership was added to the agenda and Board action #24-67 SUD Opioid Settlement was removed from the agenda. There was no further discussion. Motion carried. The agenda was adopted with the modifications and changes.
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V. Follow-Up Items from Previous Meetings

DISCUSSION/ CONCLUSIONS	<p>Adults Initiatives' Quarterly Report- Provide information on the clubhouse that was previously under Northeast Guidance Center and is now merged with CNS Healthcare. M. Moody, VP of Clinical Operations reported. It was noted that the clubhouse that closed was the Motor City Clubhouse and was formerly with Northeast Guidance Center which has merged with Community Network Services (CNS). The Clubhouse closed due to the pandemic; all of the members were referred to other clubhouses and the clubhouses all came together to make sure that members that were previously attending had options to attend other clubhouses. CNS does intend to reopen the clubhouse; however, no timeframe has been given at this time. Discussion ensued regarding other clubhouses on the Eastside or near the Motor City Clubhouse. It was noted that there are six clubhouses on the Eastside. Discussion ensued regarding access to clubhouse services and what caused the Motor City Clubhouse to close. An overview of the services at the clubhouse was provided and it was noted the because services are in person, there was difficulty maintaining social distancing during the pandemic. A number of clubhouses closed temporarily during that time; however this particular clubhouse and provider chose to close due to attendance. The Committee requested a map of the current locations of the Eastside clubhouses; how individuals are getting to the clubhouses; and more information on the reopening timeline. (Action)</p>
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VI. Approval of the Minutes

DISCUSSION/ CONCLUSIONS	<p>Commissioner Kinloch, Chair called for a motion to approve the April 10, 2024 meeting minutes. Motion: It was moved by Mr. Parker and supported by Mr. Phillips to approve the April 10, 2024 meeting minutes. Commissioner Kinloch asked if there were any changes/modifications to the April 10, 2024 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, submitted a written report and gave highlights of the monthly report. It was reported that April was Autism month. An “Ask the Doctor” video for raising awareness about autism symptoms, signs, treatment and available services was given by Dr. Mammo, Medical Director of Crisis Services. We are continuing to finalize our teaching collaborative and legal has completed reviewing all of the collaborative agreements. The teaching agreements with the nurse practitioner program have been completed. An overview and update were provided on the Physician Assistant program and the Child and Adolescent Psychiatry Fellowship. It was noted that we attempted to do a wider outreach to all psychiatry residency programs because we are not only opening the Crisis Center but we are in the process of expanding services in the next few years. Updates on the Crisis Center and Mobile Crisis was provided. It was noted that the Ribbon Cutting was held last month and was well attended; the link for the virtual tour was included in the report. It was also reported we are close to finalizing staff and that out of the eight positions, six have been accepted; three have started and three are in the process of starting soon with interviews taking place for the remaining two positions. The State Medical Director meeting continues to be a</p>
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	<p>forum where panelist discuss important topics at the state level; some of the topics discussed have been crisis stabilization units; the new screening tools that are coming into play for children and the use of AI. An update was provided on the contingent psychiatrists which will cover night shifts, weekends and other shifts and the full-time psychiatrist positions. The State has started our certification process with two pilot sites and DWIHN was one of them. We have completed our initial submission of all the policies and documentation; there will be a full day site visit and we will receive a provisional certification. An update was provided on Mobile Crisis which it was noted has only worked one shift.</p> <p>Commissioner Kinloch opened the floor for discussion. Discussion ensued regarding the opening of the Crisis Center which should be sometime in June; how the public and those who need to use the services and police will be notified of the opening of the Center; local radio doing a great job with the services we offer; contingent workers; part-time work; and the locations and schools the psychiatrist are coming from. There was no further discussion. The report of the Chief Medical Officer was received and filed.</p> <p>B. Corporate Compliance – Sheree Jackson, VP of Corporate Compliance – No report.</p>
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VIII. Quarterly Reports

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. Access Call Center – Yvonne Bostic, Director of Access submitted and gave highlights of the second quarterly report for the Access Call Center Fiscal year 23/24. An overview of the number of incoming calls, handled calls, abandoned percent; average speed to answer; length of average call and percentage of calls answered by the access call center representatives was provided. The goals for this quarter were met for the percentage of abandonment calls; average speed; and calls answered. It was reported that the total number of calls handled were 46,463 and of that 10,646 calls were related to SUD services. 5,751 were related to mental health and the remaining 33,774 calls were for infant mental health enrollments, foster care, hospital inpatient enrollments; calls transferred to crisis or protocol concerns for recipient rights, grievances and customer service. There were also calls for provider inquiries and referrals for services within our community not related to mental health or SUD. It was noted there was a correction to the graph that shows the annual comparison for the second quarter for the abandonment rate, it was reported as 4.7% and should be 4.0%. It was noted that there is a review of staff recordings and calls to determine ways to improve upon the abandonment rates; time spent on hold and triaging calls so that the flow is more concise. An overview was provided on the appointment availability which included ensuring individuals get to their appointment and the transportation pilot. There have also been increased efforts to have hospital liaisons go into the hospital to meet with individuals to help coordinate their appointment and there has been some improvement. There was an increase of appointment availability for the second quarter from the first quarter and there was a decrease in the number of no shows. There was also an update provided on improving the communication between the members and the access center. Hold times for SUD and Clinical were provided. The Committee thanked Ms. Bostic for presenting data that showed last year versus this year</p>
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which made it easier to see trends. Commissioner Kinloch, Chair opened the floor for discussion. Discussion ensued regarding the new call systems; its benefits and impact; the abandonment rate; AI options that may be helpful; the chat system; what a person hears while on hold and if there could be surveys, quizzes or music that may keep them engaged longer while on hold. There was no further discussion. The Access Call Center Report was received and filed.

- B. Innovation and Community Engagement** – Trent Sanford, Manager, Workforce Development submitted and gave highlights of the Innovation and Community Engagement quarterly report. It was reported that with the Justice involved initiatives during the period there were 75 jail releases compared to 90 during quarter one; staff processed 325 AOT orders this quarter compared to 393 in Quarter one; the AOT orders do tend to fluctuate while jail reporting releases have declined which could be due in part to a computer issue that arose at the county regarding reporting. The City of Detroit partnerships major accomplishments during this period included 1,294 encounters from all justice involved teams compared to 1,263 in the first quarter and 222 individuals were connected to resources compared to 366 in the first quarter which may be due to changes in the weather and the immediate needs being different because of the climate. DWIHN hosted two Crisis Intervention (CIT) training courses this quarter and trained 27 individuals; there were two courses for dispatchers; one advanced CIT course and two courses in crisis response training for the Detroit Police Department Academy Cadets. DWIHN received board approval to accept a training award from the City of Detroit via ARPA from the opioid settlement dollars totaling \$488,000 and the schedule is currently being developed in collaboration with DPD and the Mayor’s office. The Zero Suicide projects targets individuals across socioeconomic, racial and other groups with special emphasis given to African American and Hispanic Latino males which have been determined to be high-risk populations for suicide within Wayne County and both have lower access to treatment and available data indicates that the two target groups face high rates of depression, anxiety and substance abuse and also have poor health outcomes compared to the general population. DWIHN developed a disparities impact statement that will ensure policies, training, and monitoring systems are in place to enable the sustainability of efforts to reduce disparities. Staff have created a plan to develop and disseminate a workforce survey to internal staff with an April launch date. The goal is to obtain a general understanding of our organization’s ability to address issues related to suicide and will be used to assist in determining training needs across the system. The Annual Trauma Conference was held in February; there was an increase in attendance as there were 163 attendees on day one compared to 144 attendees last year; and there were 131 attendees on day two with a total of 294 participants for the conference which indicates a growing recognition of trauma as a critical health concern and the importance of effective interventions in the behavioral health sector. Commissioner Kinloch opened the floor for discussion. There was no further discussion. The Innovation and Community Engagement Report was received and filed.
- C. Residential Services** – M. Moody, VP of Clinical Operations submitted and gave highlights of the second quarter Residential Services report on behalf of Ryan Morgan, the new Residential Director. It was reported that the residential assessment project has been completed. This is important to note as all our persons in a residential specialized placement have to have an

annual assessment because this looks at their goals and needs on a daily basis so that they can receive the personal care; community living supports and in home staffing. There were issues last year regarding having these done on a timely basis, there was an internal plan put in place, and we are happy to report we are back on track. The assessments are performed for both licensed and unlicensed settings and in Quarter 2 compared to Quarter 1 there was an increase of 22% in getting the assessments done and as of this fiscal year to date we have over 1,235 assessments that have been completed and that puts us on track to ensure all assessments are completed for this fiscal year as of September 30th. A brief overview was provided on the inpatient hospitalization. It was reported that 4% to 5% of our total inpatient hospitalization population have residential services or live in a residential setting which is a small percentage of total persons that are hospitalized on a monthly basis, but have the most challenges of the discharge planning process because of complex needs in regards to medical and psychiatric needs therefore finding placement for them is sometimes as an issue; the average time was 10 days last quarter and for this quarter it is 13 days. A brief overview was provided of the authorizations for service in the last quarter. It was reported that it took an average of 5.5 days to authorize services for those authorizations that come through from residential and CRSP providers compared to just under six days last quarter; however, last year at this quarter we were at 7.5 days, so we are seeing improvement. Commissioner Kinloch opened the floor for discussion. There was no further discussion. The Residential Services Department Report was received and filed.

D. Substance Use Disorder – Judy Davis, Director of Substance Use Disorder submitted and gave highlights on the Substance Use Disorder second quarter Report. An overview was provided on SUD, residential treatment services, overdose death report and the State Opioid Response (SOAR) programming activities. It was reported that a number of evidence-based programming in residential services has been taking place and has been instrumental in helping members move toward recovery. An overview on the guidelines was provided which is 29 days of residential services for even those with complex needs and they feel this duration is sufficient with the emphasis on providing personalized care that meets the unique needs of the individual based on their condition and substance use. There was a decrease in the recidivism rate for Quarter 2 FY24 compared to Quarter 2 FY23 for residential treatment services. It was noted that they would like to contribute those efforts to identifying the top ten individuals who receive frequent residential services and offer them additional complex services. There have also been some trainings rolled out to the Provider Network to ensure that they are identifying these members and providing appropriate levels of care when reviewing them or providing assessment. There was an increase in the number of admissions and the majority of our members that we serve were between the ages of 26 to 39; these findings suggest that we maintain an adequate number of providers to provide services for treatment on demand. It was also reported for FY24 there were additional funding to meet these demands which included COVID and SOAR funding. There are also additional providers being added to our network, there have been three prevention providers added, and we are in the process of adding five treatment providers. Currently, our treatment network consists of 31 treatment providers and our prevention network consists of 29 providers. A brief overview was provided on the number of overdoses that were encountered for the second quarter FY23 and second

quarter FY24; there was a slight decrease in the number of overdoses for FY23 to FY24 as there were six less overdoses for FY24; the majority of the overdoses were among African American males ages 35 to 44. We have collaborated with the Detroit Public Schools to provide training to all their staff as well as students; we have expanded our partnerships with our healthcare providers, and we have improved our data collection service to ensure that our data is more accurate by using their smart sheet. It was noted that SUD has educated over 8,000 individuals about the consequences of substance use during FY23 and FY24. Our providers are going through training, and we have made some revisions to our policies especially our women specialty policies as well as the early intervention policies. They have also begun to implement the tobacco free policy program which involves three providers. The Chair thanked her and her team for the report and their work with the community. The Chair opened the floor for discussion. Discussion ensued regarding vaping in the schools, and for the record it was noted that we are working in the forefront arm and arm with the residents and citizens. There was also discussion regarding the educational activities that are taking place in the schools such as the mental health education and the dangers of opioid drugs; and us working with the Providers that specifically provide prevention services in the schools. The committee requested the percentage of folks that are certified to provide the substance use prevention services in the schools. **(Action)** Discussion ensued regarding the issues related to the increase of kids eating gummies in the Detroit Public Schools and the efforts that we and our Providers are providing after we receive reports of these types of incidents taking place; it was noted that we recently provided information to a school in Romulus as a number of kids received edibles and a number of them were ill. Discussion also ensued regarding the parents using edibles and not protecting the kids or securing the edibles properly and that opportunities are being taken during the Narcan training to provide education around substance abuse. It was also noted that we are not only in the schools, but also in the hospitals and community centers. There was also discussion around strongly advocating for tighter regulations surrounding edibles and opportunities to partner with the community and using some of the opioid settlement funds in programs geared toward prevention in the schools. There was no further discussion. The Chair noted that the Substance Use Disorder report was received and filed.

IX. Detroit Wayne Integrated Health Network Partnership

Mr. Eric Doeh, CEO and Mr. Manny Singla, Sr. VP of Operations provided a written PowerPoint Presentation for the record and gave highlights of the DWIHN – Trillium Transformative Collaborative. It was noted that there had been conversations with the Mayor, the Mayor’s office and the County Executive as to seeing how we can explore providing access to long-term care. A request was made to the State some time ago regarding additional monies for long-term care. This specific entity, Trillium Health has a 52 bed Certificate of Need (CON) to establish a psychiatric unit along with long term care beds anywhere in Michigan. This was originally planned for somewhere in Plymouth, but through our conversations we have indicated that this is something we would like to venture into as a private public partnership, provided it gets moved to and be in more proximity to our members, which is in in Detroit. They have submitted the information to move, and approval is expected by the end of the month. The proposed site which has already been leased is on Jefferson in Detroit. The Partnership will be the first in Michigan where services are developed by a provider entity based on input from the payor entity for unmet needs. The facility

will house and start of with a 52 bed psychiatric unit, and then, in phase, 2 will have both an outpatient side to it as well as a Crisis Stabilization Unit (CSU) to ensure that there is a proper continuum of care for members receiving all types of care and requiring psychiatric needs in excess of 45 days, as we do not have that level of stay either available through hospitals or our psychiatric hospital partners. This will have two facets to it, and we have flexibility in terms of how many long-term beds versus geriatric beds that will be available. The initial configuration based on best practices is a 31 bed long term and 21 bed geriatric unit to ensure that all population, adults of all ages are being provided with dedicated services.

The partner is investing over \$20 million dollars as part of setting up this facility and another \$15 million over the next 5 years. DWIHN is looking towards a 3-5 year commitment to ensure fixed rates. An overview was provided on the timeline with a starting date from June 2024 to September 2025 and on the individuals eligible to receive services. It was noted that in the last fiscal year we spent close to \$53 million dollars for individuals who had 15 plus day stay in the hospital and we spent close to \$27 million dollars for folks who had recidivism which means a number of these individuals returned to the hospital and did not have proper continuity of care in terms of their discharge planning and connecting them to services which is one of the key areas of this partnership; we will have clinical oversight as part of a leadership committee; the providers are having a hard time in getting into the hospitals for effective discharge planning and this will give us a lot more control and say in ensuring their people are connected to proper services as they are discharged. The partner has the licensing and bears more of the risk and the ask is \$3.5 million dollars from DWIHN. There is a negotiated rate which we can extend over a certain period which is two years from the start. We are also thinking about setting up a rotation for both our staff and folks graduating from our partner universities. It was also noted that a study was done a couple of years ago to determine how many beds were needed in Wayne County, the number needed was 180 beds; we will have a 32-bed facility at 707 Milwaukee, Downriver will have 25 beds; and 7 Mile will have 52 bed which will give us 109 beds and with this facility we will have 162 beds. We are trying to lock the rate in for a longer term, which would be somewhere between 3 to 5 years. The Chair, Commissioner Kinlock opened the floor for discussion. Discussion ensued regarding how the \$3.5 million dollars investment would be utilized; other providers having the license and the same business; how this relationship developed; reducing hospitalization costs; the study on the number of beds needed and where the monies would come from to support this effort; Medicaid funds being able to pay for the services that people will receive; construction of the facility; local funds being decreased by a significant amount; Riverview hospital; negotiating terms to ensure savings as it relates to the fees; future fee reductions; how much we are saving as it relates to liability costs for insurance and other internal savings; and setting up criteria for other public private opportunities There was also discussion on having a cap on our rates over a certain period and if there was currently a policy in place that spoke to unsolicited bids or initiatives. (Action). It was noted that there were parameters on sole source. The Board Chair noted that she was very pleased with this presentation and this direction, that it is a positive step for DWIHN and this is great for initial investment of the \$3.5 million dollars and really puts a solution to this issue of people with multiple and complex needs; she applauded Mr. Doeh and his team. It was noted that the partners can come and discuss the partnership at our discretion. There was no further discussion.

	<p>The Chair, Commissioner Kinloch called for a motion on the recommendation. It was moved by Mr. Phillips and supported by Mr. Parker that the Detroit Wayne Integrated Health Network Partnership Plan move to Full Board for approval. The Chair called for a roll call vote. The motion carried unanimously with Dr. Taueg; Commissioner Kinloch; Mr. Parker; and Mr. Phillips voting Yea. Motion carried. The committee thanked Mr. Doeh and his team on their hard work and dedication to the people we serve.</p>
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X. Strategic Plan Pillar

<p>DISCUSSION/ CONCLUSIONS</p>	<p><i>There was no Strategic Plan Pillar to review this month.</i></p>
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XI. Quality Review(s)

<p>DISCUSSION/ CONCLUSIONS</p>	<p><i>There was no Quality Review to review this month.</i></p>
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XII. VP of Clinical Operations' Executive Summary

<p>DISCUSSION/ CONCLUSIONS</p>	<p>Melissa Moody, VP of Clinical Operations submitted and gave highlights of the VP of Clinical Operations' report. It was reported that:</p> <p>A. Health Homes – There are both behavioral health homes and opioid health models of service for our Medicaid eligible members. There has been a very slight increase in enrollments in those programs over the last month. We are hoping to increase those numbers and add more providers to this initiative over the rest of the year. The program will be expanding statewide; currently it is not a statewide program. The Behavioral health home is having good outcomes. We are currently undergoing evaluation of the pay for performance measures.</p> <p>B. Certified Community Behavioral Health Clinic – There was almost a 6% increase in members over the last month. We now have over 9,000 individuals that are involved in the State demonstration for CCBHC. The State is looking to expand to seven more locations or agencies in the fall this year as long as there is funding to do so and that will have an impact on how many agencies are brought in for the CCBHC State demonstration; DWIHN is applying for the CCBHC as a State demonstration as well. It was reported that the Annex will be our hub for our outpatient clinical services and that is going to be worked on moving forward to get it up and running. It was also noted that we wanted to have other locations throughout the county so that we can meet the community where they are; there were five different locations that we were reviewing, there is a location in Southgate with a primary healthcare provider that has invited us in to provide behavioral</p>
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	<p>health services. We looked at the locations throughout the county; we looked at demographics and the geographics of the areas to come up with the area that was selected; this provider is excited that we could come in and get on board and start outpatient services.</p> <p>C. Med Drop Program – The program currently has 75 members which is a slight increase from the 69 in March. There are also 13 new intakes scheduled for this month; we are trying to target some specific populations such as those with hospital recidivism and those on assisted outpatient treatment orders because those are really high-risk individuals and could really benefit from the treatment adherence program.</p> <p>D. Crisis Services - The Crisis Service Liaison has been going to hospitals where we have members that are not yet linked to a provider and we are doing intensive hospital discharge planning with them and we continue to see really good results. We are keeping in the 60% mark for those people following up with their CRSP for their first appointment and that is something new. A communication has been sent to all providers that they can go into a hospital and do hospital discharge planning and be able to bill for that service.</p> <p>E. Children’s Initiatives – The Child and Adolescent Functional Assessment Scale (CAFAS) which is a tool that assess daily functioning for youth and where they are with their level of care is now being called Mich screening and assessment tool. There has been a soft launch with the Children Center. It will be required for all Providers starting in October. Our Access department has been trained in how to do the screening for those calling in for the service, in January there were four screenings and in March there were 285 screenings.</p> <p>F. Postpartum Depression Initiative – This initiative is in partnership with the Southeast Michigan Perinatal Quality Improvement Coalition receiving grant funds to provide education and resources pertaining to postpartum depression and also includes training for some of our provider network staff so they can get more training and get the word out that these services are available.</p> <p>Commissioner Kinloch, Chair opened the floor for discussion. There was no further discussion. The Chair noted that the VP of Clinical Operations’ Report has been received and placed on file.</p>
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XIII. Unfinished Business

DISCUSSION/ CONCLUSIONS	<i>Commissioner Kinloch, Committee Chair noted there were no board actions under Unfinished Business.</i>
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XIV. New Business: Staff Recommendation(s)

DISCUSSION/ CONCLUSIONS	<i>Commissioner Kinloch, Committee Chair noted there were no board actions under New Business</i>
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XV. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS	<i>There was no Good and Welfare/Public Comment to report at this meeting.</i>
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ACTION ITEMS	Responsible Person	Due Date
1. Corporate Compliance Report - The committee suggested an update every other month instead of quarterly since the department has received additional responsibilities from the OIG's office.	Sheree Jackson	TBD
2. PIHP Crisis Services' Quarterly Report – Include comparisons to prior years in future reports to help anchor understanding of the performance. Inpatient hospitalization - provide information that follows or analyzes the data with regards to their diagnosis.	Dan West	
3. Adult Initiatives' Quarterly Report – Provide a map of the current locations of the Eastside clubhouses; how individuals are getting to the clubhouses; and more information on the reopening timeline.	M. Moody/M. Lyons	June 12, 2024
4. Substance Use Disorder – Provide the percentage of folks that are certified to provide the substance use prevention services in the schools.	Judy Davis	June 12, 2024
5. DWIHN Public Private Partnership – Provide a policy that speaks to how unsolicited bids or initiatives would be handled. .	Eric Doeh/Manny Singla	

The Vice-Chair called for a motion to adjourn the meeting. **Motion:** It was moved by Mr. Phillips and supported by Dr. Taueg to adjourn the meeting. **Motion carried.**

ADJOURNED: 2:36 p.m.

NEXT MEETING: Wednesday, June 12, 2024 at 1:00 p.m.

Program Compliance Committee Meeting
Corporate Compliance Report
June 12, 2024



Main Activities during April 2024-Current:

- **Compliance Investigations**

Major Activities: A key focus of the Compliance Department has been preventing and identifying rule violations and safeguarding DWIHN against potential financial penalties and legal actions.

Activity 1: Compliance Investigations

- *Description:* To date, the DWIHN Compliance Department has received 35 investigation referrals. Among these referrals, eleven originated from the OIG, while twenty-four were sourced from provider self-reports and internal referrals.
- *Current Status:* Out of the 35 cases 15 have been assigned for investigation.
- *Needs or Current Issues:* The Compliance Officer informed the OIG about the heavy caseloads, additionally, I have designated a risk rating, whereby all pending cases deemed a higher risk are temporarily assigned to the Compliance Officer. This ensures a preliminary review is completed and all time sensitive matters are addressed.
- *Plan:* The Compliance Department has recently recruited a Compliance Administrator to help manage the workload, and we currently have two vacant positions that I aim to fill promptly.
- *Data Analysis:* Compliance investigations are on the rise, with a specific focus on practitioners credentialed across multiple providers, allegations of provider kickbacks, and the medical necessity of inpatient stays. It's important to note that no findings have emerged at this time. Each assigned investigation is currently undergoing active examination, and there is no data available for reporting.

Quarterly Update:

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

After an investigation concludes, all pertinent DWIHN departments are invited to the provider's exit meeting to ensure equal distribution of information, thereby facilitating the exchange of information among departments.

Additionally, the DWIHN Program Integrity report has been forwarded to the Office of the Inspector General for the May submission and awaits acceptance.

- **Identified Opportunities for Improvement:**

All department leaders have addressed past identified interdepartmental risks, and no new discoveries have been identified. Compliance encourages department leaders to remain involved to ensure there is no lapse in addressing matters promptly.

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

BEHAVIORAL HEALTH EDUCATION, OUTREACH AND UPDATES:

Dr. Mammo was a panelist on maternal mental health panel held by Wayne County Women's Commission

Interview published in News Herald on importance of Mental Health Awareness Month and the dangers of adolescents self-diagnosing via social media.

Teaching Collaborative

- Have been doing a 4-week teaching course for Wayne State University Psychiatry Residents on Community Mental Health Services.
- Participated as an examiner for Wayne State University Child and Adolescent Psychiatry Annual Clinical Skill Exam followed by panelist discussion on Transition to Practice. Discussed job opportunities and perks within CMH system.
- Teaching Agreement with Nurse Practitioner (NP) Program, Physician Assistant (PA) program and Child and Adolescent Psychiatry (CAP) fellowship have been completed.
- Starting planning rotations at the Crisis center once it opens. The first group will be CAP.

STATE MEDICAL DIRECTOR AOT WORKGROUP:

On Dr. Pinal's recommendation, Michigan Diversion Council has created a workgroup with some PIHP Medical Directors and Chief Medical Officers to discuss the current process, gaps and improvement steps for the State. First meeting happened in May, will be recurring monthly. Focus will be on assuring that the AOT procedures are as evidence-based and clinically focused as possible with some State level uniformity on protocols.

NCQA:

DWIHN received full accreditation from NCQA. It took a lot of effort from all departments and there were several lessons learned throughout the process.

NCQA highlighted our strengths as:

- Dedicated and knowledgeable staff
- Strong UM denial process and documentation
- Strong Case Management program and documentation
- File review and preparations of staff.
- Annual population assessment done by Integrated health Department.
- Documentation of all clinical Quality Improvement Projects that were defined as well organized, with strong study design, analysis, and actions.
- Comprehensive Quality Program

Opportunities for Improvement were discussed in areas of Utilization management policies and annual plans, provider network adequacy, credentialing, and delegation agreements. Workplans have been drafted for those items and in process of implementation.

Program Compliance Committee Chief Medical Officer's Report

CRISIS CENTER UPDATES:

DWIHN identified our opening date as June 10th. The Crisis Center had facilitated numerous tours during the month of May which has included hospitals, other CMHs, governmental officials, as well as students and residents.

Hiring: Finding full-time psychiatrist to work for Crisis Center has been a continued challenge. One of our Part-time Psychiatrist who will be graduating on June 30th has accepted full-time position and will be starting in July. One position is still open. We have been able to find contingent psychiatrist and have hired 7 who will be covering 1-2 shifts per week. We will continue to expand our contingent pool not only to avoid coverage issues but also to help the in-training residents get a positive experience at our facility which would help with subsequent workforce and recruitment.

We have hired 7 out of 8 full-time APP positions and one is under negotiation. We have 4 contingent NP positions. One contingent NP has accepted the offer. Others are going through interviews.

We are looking into telepsychiatry coverage as our second level backup when full-time or part-time psychiatrists are not available for shift coverage.

Nurse Practitioners went through extensive orientation for the last some weeks and an intensive 2-day educational orientation with me and Dr. Mammo on May 21st and 31st. Psychiatrist orientation was on 6/5/23 and we received a lot of positive feedback on our EMR, protocols and educational orientation content.

State Certification: DWIHN had State onsite review on May 9th. The facility, our Electronic Medical record and our protocols were greatly appreciated. There were minor revisions requested that are being resubmitted. We anticipate provisional certification after that.

DWIHN CLINIC:

DWIHN Clinic is the new project that is currently underway. Our VP of Clinic Services is currently working Policies, procedures, staffing plans, trainings and hiring. We posted Psychiatrist positions that include an adult psychiatrist/Outpatient Medical Director, offered a position that was accepted with start on June 30th. The part-time child psychiatrist has accepted the offer and will start in August.

IMPROVING PRACTICES LEADERSHIP TEAM (IPLT) COMMITTEE

DWIHN continues to host IPLT meeting monthly as a forum to review and improve our clinical practices through participation of our provider network experts in addition to internal subject matter experts.

During the month of May, Medication Assisted Treatment Policy for Opioid Use Disorder for our network was updated by me and reviewed at IPLT for feedback. A new Policy for Medication Assisted Treatment for Alcohol Use Disorder was also presented. The network leads provided positive feedback and appreciation for the resource and requested addition of Nicotine Use Disorder policy and guidance which is under draft currently.

During the month of June, various new and existing policies were presented for needed updates such as network guidance on CSU principles and standards, Intensive Crisis Stabilization Program policy and expectations from network as well as multiple updates on Children policies. ACT policy was also updated, presented, and approved based on fidelity reviews.

Program Compliance Committee Chief Medical Officer's Report

QUALITY IMPROVEMENT STEERING COMMITTEE:

- Several HEDIS Measures were discussed with comparison of rates between 2022 and 2023. New interventions for HEDIS measures that have not improved significantly or have down trended (such as FUH) were discussed including use of Telehealth where necessary.
- Reducing the Racial Disparity of African Americans Seen for Follow-up Care W/ 7 days of discharge from a Psychiatric Hospital was discussed. While this PIP struggled significantly during FY 22 and FY 23 where the disparity gap widened from the baseline despite multiple interventions, the start of FY 24 has shown improvement. The latest data for January to March 2024 indicated a disparity gap of 5.31%. While this is 1.37 percentage points higher than the baseline data for 2021 of 4.51%, the disparity has still shown improvement from rates in previous years. The racial disparity for 2024 is 2.85 percentage points lower than observed for 2022 and 1.69 percentage points lower than observed for 2023. While DWIHN still has a lot of work to do, progress is being made. Quality team has been having one on one meetings and corrective plans with the CRSP that had the highest disparity initially along with a high volume of our members (such as Hegira and team Wellness). With all the efforts from our teams and the CRSP these organizations have lowered their disparity significantly where Hegira was the CRSP with the narrowest gap per most recent data. Other CRSP such as LBS, CNS and CCIH have increased their disparity and Quality will be focusing on them now.
- Current interventions and Plans that were discussed and approved:
 - New transportation contracts have been completed and offer rides for members for follow-up appointments.
 - DWIHN Hospital Liaisons are targeting members in the hospital who are not assigned to a CRSP. This engagement will hopefully improve the low follow-up rates of those not attached to a CRSP and ensure no one “falls through the cracks”.
 - Two CRSPs are piloting their own hospital liaisons projects. It will take some time, but DWIHN hopes to see an increase in CRSP's follow-up rates in the coming quarters.
 - Racial Disparity meetings with CRSP's every 45 days to discuss rates, barriers, and interventions.
 - The new FY2024 financial incentives aim to motivate CRSPs to engage members and attend follow-up appointments.
 - CRSPs, hospitals, and the Call Center are all regularly reminded of the importance of correct contact information. This has been a major barrier that has been reported for years. It was also a major barrier to the response rate of the Customer Service Survey. Quality is working with IT to ensure any address updated on CRSP end are HIE ed to DWIHN.
 - DWIHN has submitted a grant through Michigan Health Endowment fund for peers that could assist with post-discharge transitions, with African American population as a priority population.
 - Continue to meet with the top 6 CRSP's every 45 days and continue to monitor interventions that are being implemented.

Program Compliance Committee Meeting
Autism Services Department
FY 24 – Quarter 2 Monthly Report (January – March 2024)



Main Activities during Reporting Period:

- Activity 1: Autism Benefit Enrollment / Expansion
- Activity 2: Length of Autism Treatment
- Activity 3: Autism Service Treatment Intensity: Level of Care

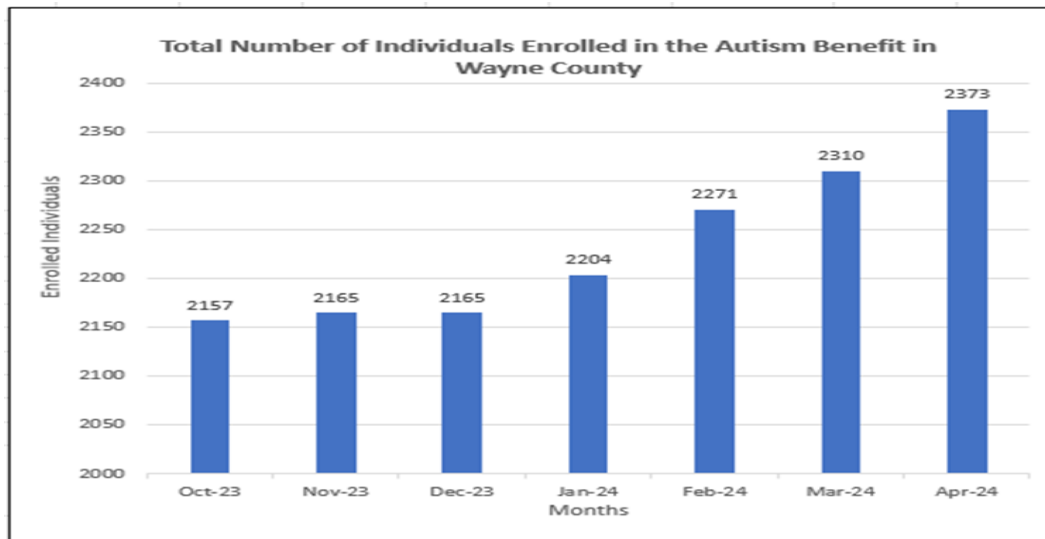
Progress On Major Activities:

Monitoring Autism Benefit Enrollment / Expansion

Description: DWIHN Autism Services Department oversees autism services for youth and young adults up to 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 Autism Spectrum Disorder (ASD).

Current Status: There was an average of 2,261 members assigned to DWIHN’s ABA provider network for Fiscal Year (FY) 2024. Data indicates an increase of about 99 additional members enrolled in autism services from Q1 to Q2.

Total Members Enrolled in Autism Benefit



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. In FY 24, Q2 the Request for Qualification (RFQ) resulted in two (2) ABA Providers meeting minimum qualifications to be considered to be added to the provider network.

Major Accomplishments During Period: As a result of the RFQ there are now 19 contracted ABA Providers within the DWIHN network. This is an increase of 3 new ABA Providers from FY 23 to FY 24. In addition, as of FY 24, Q2 Michigan Department of Health and Human Services (MDHHS) confirmed youth with serious emotional disturbances (SED) receiving autism services can also receive speech therapy, occupational therapy, and physical therapy when the services are needed to address behavioral needs. To support the increase of requests for these ancillary services, DWIHN approved one (1) ABA Provider to deliver these ancillary services for youth with SED.

Needs or Current Issues: Expansion of autism services and qualified staff continues to be a need to address due to the increased need for autism services.

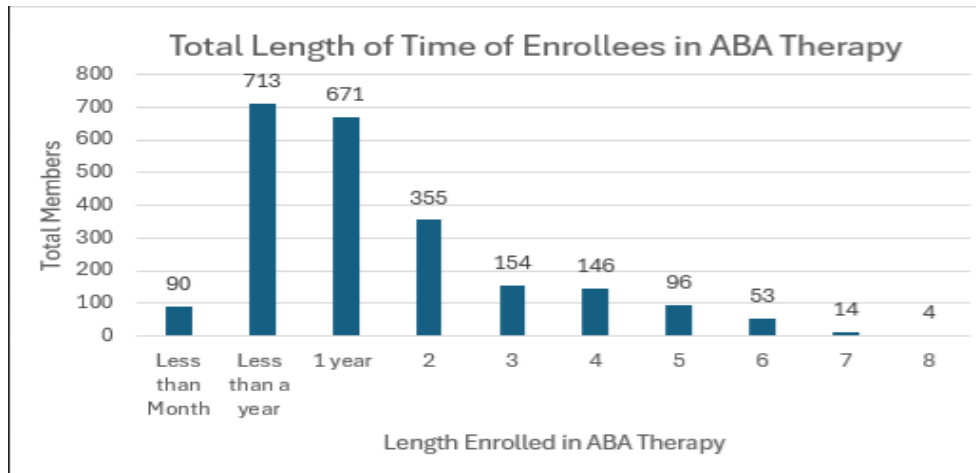
Plan:

- Continue to improve timely access to ABA services,
- Continue the ongoing RFQ of reviewing qualified ABA Providers
- A new Autism Services Support Specialist to begin June 2024 to assist with coordination of autism services
- Continue to coordinate with Contracts and Credentialing departments regarding onboarding new ABA Providers
- Facilitate ABA orientation for the new ABA Providers.

Activity 2: Length of Autism Treatment

Description: Determining the length of time a member remains in ABA therapy is dependent on many factors such as the member's skill deficits, behavioral needs, and ability to learn. Members successfully achieving life outcomes is one of the main goals of autism services.

Current Status: The graph below highlights baseline data of the total length of services for all enrolled members who received autism services at the end of FY 24, Q2. Overall, the majority of members who received autism services during the rating period remained in services for less than a year (713 members) and for a year (671 members) In addition, the longest length of time members received autism services has been a maximum of 8 years (4 members). *Note: This data also includes members who have received intermittent episodes of autism services as well.*



Significant Tasks During Period: During the rating period ABA Providers within the network hired new behavioral health technicians. In addition, ASD Department discussed with ABA Provider policy and procedures regarding determining when members have completed autism goals.

Major Accomplishments During Period: MDHHS completed a survey regarding autism services and staffing. The purpose of the survey was for MDHHS to identify barriers to autism services per region. The top identified barriers included: 1). The need for additional trainings, 2). Determination of medical necessity for ongoing autism services, 3). Parent engagement and follow through, 4). Autism services within the schools, 5). Lack of adequate staffing to deliver autism services. It is noted that DWIHN Autism network was highlighted for having 29.5% of qualified behavioral health professionals across the state of Michigan (63 out of 213 reported staff) along with DWIHN being recognized for having a great tracking system to report staffing information.

Needs or Current Issues: Although MDHHS does not specify discharge requirements for youth completing autism services, it is important to continue to monitor the length of treatment for youth in ABA services and coordinate with ABA Providers regarding best practices for planned discharge planning.

Plan:

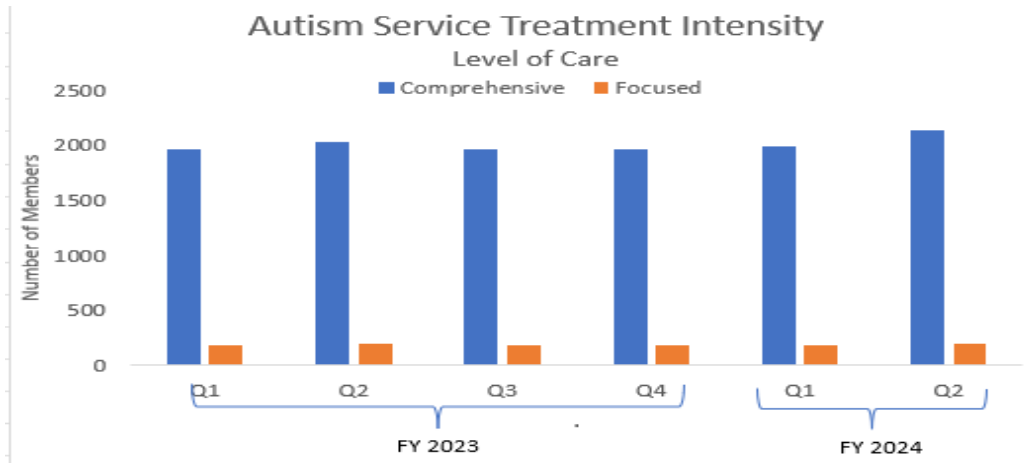
- Currently collecting data on the barriers to attend ABA services.
- Providing direction to network on policy development around appropriate transition and discharge.
- Develop a new tracking system to assess barriers and trends regarding length of treatment and discharge planning

Activity 3: Autism Service Treatment Intensity: Level of Care

Description: Members eligible for Autism Services are categorized into two levels of treatment intensity either Focused level of care or Comprehensive level of care.

- **Focused level of care:** Is a limited number of chosen skill targets, specific to identified goals, that can range from 10 to 25 hours per week.
- **Comprehensive level of care:** Focuses on multiple areas of functioning such as cognitive, communication, social, emotional, and behaviors for about 30 to 40 hours per week. Tracking the level of care can allow for better understanding of the treatment intensity ABA providers are more often staffing cases at. It also allows for insight regarding hours deemed medically necessary for each member enrolled in Autism Services.

Current Status: There was a total of 1,983 members assigned to Comprehensive level of care in FY 24, Q1 whereas in Q2 the total increased to 2,131 members of Comprehensive level of care. Although there is an increase of members in Comprehensive level of care from Q1 and Q2 data stays relatively stable between fiscal year 2023 to 2024 between both the Comprehensive and focused level of care.



Significant Tasks During Period: To ensure members are receiving medically necessary services at the level of care identified as medically necessary, the Autism Service Department has coordinated efforts of oversight with Quality Improvement specialists, Utilization Management, and Customer Service Department. Over this last quarter, ABA providers received education on the required documentation needed to ensure qualifiable justification of treatment adherence and the provision of services in accordance to authorized services within the member’s individual plan of services (IPOS).

Major Accomplishments During Period: The ABA Monthly Log was updated to ensure utilization measurements are completed with fidelity.

Needs or Current Issues: Continue to review the status of utilization of autism services and ensure services are rendered according to the appropriate level of care.

Plan:

- Develop a process for ABA Providers to update the level of care status throughout treatment to track and assess trends and outcomes of treatment.

Quarterly Update

Things the Department is Doing Especially Well:

Autism Service Delivery: Continue to support Children Providers and ABA providers regarding active members requiring re-eligibility. DWIHN continues to provide direction to ABA providers that eligibility remains a key contractual requirement included in the Statement of Work (SOW) which determines eligibility to continue the delivery of autism services. Interdepartmental coordination continues to be a focus to ensure ABA providers are receiving the same feedback across departments as well as refrain from unnecessary data collection across departments to minimize extensive provider output to communicate with DWIHN. Additionally, the ASD Program Administrator met with Mary Luchies (MDHHS Autism Coordinator) to discuss upcoming changes regarding autism services effective FY 2025.

Identified Opportunities for Improvement:

Level of Care (LOC): Recognized a pattern within submissions of grievances and appeals providing an opportunity to explore further barriers associated with level of care to ABA services. This resulted in the Autism Service Department coordinating with Quality Improvement, Utilization Management and Customer Services during this period to determine appropriate parameters to level of care requests. Additionally, the increase in member enrollment and ABA providers needed to meet capacity needs has created an opportunity to add an additional Autism Services Support Specialist to assist with managing the ABA provider network.

Progress on Previous Improvement Plans:

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

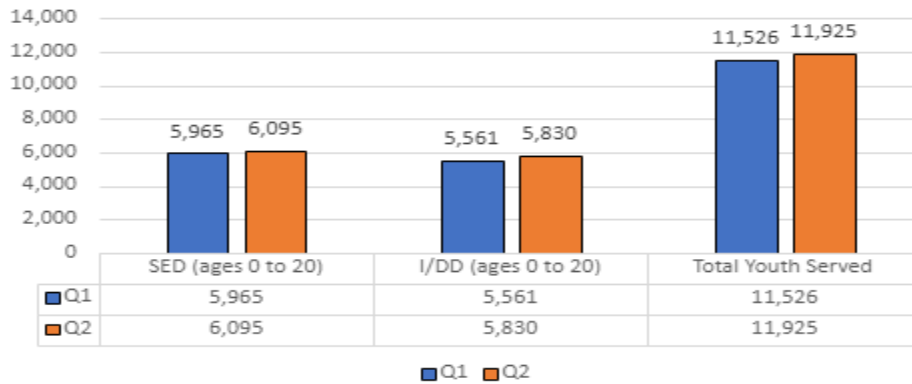
Program Compliance Committee Meeting



Children’s Initiative Department FY 2024 / Quarter 2 (January – March 2024)

Overall Clinical Services: During FY 24, Q2 DWIHN served a total of 11,925 unduplicated 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) disability designations. This total is slightly higher than FY 24, Q1 of 11,526 members served. During FY 23 there were 12,123 unduplicated youth who received services.

FY 24: Total Youth Served



Main Activities during the Reporting Period:

- Activity 1: MichiCANs Soft Launch Pilot
- Activity 2: School Based Health Quality Initiative Program
- Activity 3: Juvenile Justice

Progress On Major Activities:

Activity 1: MichiCANS Soft Launch

Description: MDHHS developed the MichiCANS screener and comprehensive assessment for children and youth ages 0 to 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. Wayne County was selected as a pilot site in which DWIHN and The Children Center are currently participating in the Soft Launch Project.

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

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

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

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

Major Accomplishments During Period: Successfully completed the MichiCANs soft launch for Wayne County. Facilitated MichiCANs Q&A Session 5/23/24 with the provider network with the collaboration of MDHHS and The Children Center (about 80 attendees).

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

Plans:

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

Activity 2: 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:

SSI Program Completed Intake Appointments / Discharges: During FY 24, Q2 there were a total of 47 intakes for the SSI Program. Overall, there is a noted increase with intakes completed from Q1 (39 intakes) to Q2. In addition, during FY 24, Q2 there were a total of 83 successful discharges from the SSI program; in which there were 0 expulsions from school). This is an increase from Q1 of 18 successful discharges.

Below is a chart of Strengths and Difficulties Questionnaire (SDQ): The SDQ is offered during the beginning of the school year and throughout the school year as well. The decrease from FY Q1 to Q2 was mainly due to the following reasons: 1). Fewer students accepted to participate in SSI services during Q2, 2). SSI services were halted with Detroit School District Public Schools (DPSCD) due to a new requirement of establishing a memorandum of understanding directly with DWIHN and Children Provider staff completing background checks. On the other hand, there was a 37% increase in youth accepting SSI services during Q2 at 61%.

FY 24 – SDQ	Total SDQ Administered	Tier 1 Services Accepted	Tier 2 Services Accepted	Tier 3 Services Accepted
Q1 24% accepted services	1,199	7	224	62
Q2 61% accepted services	270	3	110	54
Total YTD	1,469	10	334	116

Below is a chart of Total # of Students Received SSI Services: During FY Q2 there were a total of 437 SSI services rendered.

- Tier 1 – Classroom Observation, Conflict Resolution, Consultation, Crisis Intervention
- Tier 2 – Group Prevention, Individual Prevention, Michigan Model for Health, Psychoeducation
- Tier 3 – Enrolled in Community Mental Health Services

SSI Tier Services FY 2024	Total # of Student Received SDQ Screenings	Tier 1 Services	Tier 2 Services	Tier 3 Services	Total # of Students Received SSI Services
10/1/24 – 3/31/24	1,469	18	2,432	608	4,527

***Note: Total Tier 1 services completed does not include the total # of presentations completed (243 presentations for FY 24).

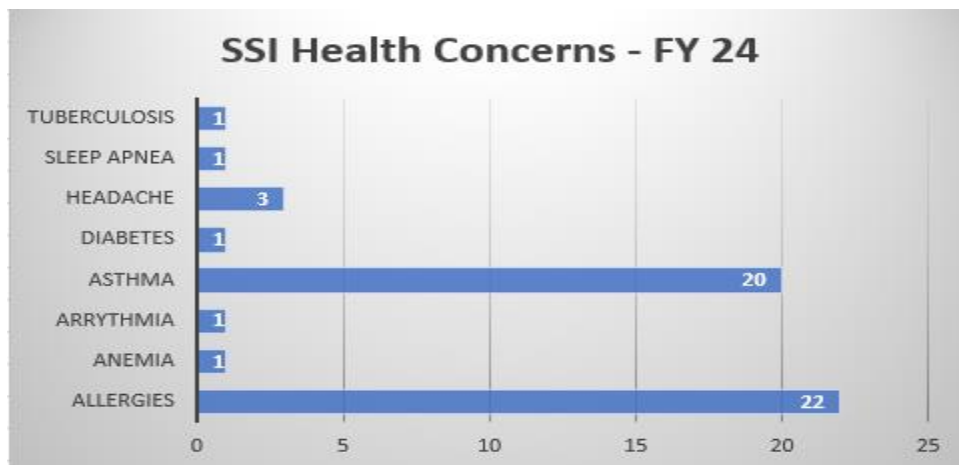
SSI Risk Factors / Outreach Events FY 2024	# of Education Professional at the Event	# of Parents at the Event	# of Students at the Event	Total # of Attendees
Risk Factors	1,072	3,785	4,838	9,695
Outreach Events	1,269	3,940	5,496	10,705

Significant Tasks During Period: Connected with DPSCD and School Based Health Center - Ascension regarding partnership with servicing schools and discussed referral process for receiving and referring students for additional services. Completed the MOU with DPSCD and DWIHN while also including the Children Providers associated with the program. Lastly, improvement of data collection measures in MHWIN to improve data reporting for tier services and incorporating health needs. The information below includes baseline data of health information for SSI students.

School Success Initiative Health Rating: According to FY 24 for combined Q1 and Q2 below is a total of 113 youth enrolled in the SSI Program self-report of health status for Tiers 1 and 2 from the Integrated Biopsychosocial Assessment completed upon the intake session.

- Excellent Health Rating = 25 students (22.12%)
- Good Health Rating = 7 students (6.19%)
- Fair Health Rating = 80 students (70.79%)
- Non Reported Health Rating = 1 student (0.88%)

School Success Initiative Health Concerns: According to FY 24 for combined Q1 and Q2 below is self-report of youth enrolled in the SSI Program health concerns for Tiers 1 and 2 from the Integrated Biopsychosocial Assessment completed upon the intake session. Overall, 50 youth presented with health concerns out of the 133 total youth (37.5%).



Note: The following health concerns were additional self-reported issues (Eczema, heart murmur, seizures, sensory processing disorder, acid reflux, tubes in ears, constipation, pregnancy).

Note: The following health concerns were not of issue for students (Arthritis, Cancer, Chronic Fatigue, Chronic Pain, Eating Disorder, Heart Disease)

Major Accomplishments During Period: During FY 24, Q2 partnered with the DWIHN Substance Use Department to collaborate on mental health referrals within Wayne County to increase a cohesive delivery of services within the schools for the FY 25 school year. Also discussed with DPSCD ways to improve coordination of care for youth

receiving SSI services and youth ages 14 and older consenting for services. Lastly, Children Initiative Department partnered with DWIHN Substance Use Department, Youth United, and American Community Council (ACC) to present to students at Pershing High School on the negative effect of marijuana/vaping and explained children services, and prevention activities. There were about 110 (9th – 10th graders) and 60 (11th – 12th graders) in attendance.

Needs or Current Issues: Increase staffing for the SSI Program and address the health concerns for students.

Plans: Plan to continue to bring awareness of community mental health services among schools. Develop integrated health care risk factor presentation. Identify a conference to present School Based Health Quality Initiative such as NAMI, School Based National Conference.

Activity 2: Juvenile Restorative Program

Description: Team Wellness launched the Juvenile Restorative Program (JRP) July 2023. JRP includes a comprehensive array of services including therapeutic services (individual, group, and family), care management, peer supports, educational services, skill building services, meals and transportation to all members.

Why is this Important?: Assist with preventing juvenile justice recidivism and having community based services specifically to address the high risk needs of youth.

Current Status: As of 5/31/2024 there have been 58 intake assessments completed (according to MHWIN Program Assignment status), 45 active youth enrolled in the program and 13-20 pending intakes.

JRP Referrals

Juvenile Restorative Program	FY 23 / Q4 July - Sep	FY 24 / Q1 Oct - Dec	FY 24 / Q2 Jan – Mar	FY 24 / Q3 Apr - Jun <i>Preliminary</i>	Total
# of Intakes	9	13	24	12	58

JRP Discharges

The discharge planning process involves families participating in (4) parent sessions and ensure there is a school plan in place of either traditional schooling or a GED program. As of 5/31/24 there have been a total of 36 youth discharged from the program

- 24 youth (66%) successfully completed the program, are ready to transition to a lower level of care, and or probation status was terminated
- 12 youth (33%) reoffended resulting in returning back to the juvenile detention facility

Significant Tasks During Period: DWIHN Children Initiative Director attended Right of Passage juvenile restorative program facility in Macomb County. This program accepted 20 youth from Wayne County. Various meetings were held discussing youth involved in Juvenile Justice (Cross System Management, Children Mental Health and Juvenile Justice Partnership, Juvenile and Wayne County Court Coordination meetings).

Major Accomplishments During Period: There has been an increase in census for the program. Youth who earn at least 60 points by the end of each week can attend field trips in the community. Lastly, Team Wellness received approval from MDHHS to become a Home-Based Provider and plan to offer Home Based Services as well. Team Wellness hired (2) two additional clinicians. Transitioned to new building in Dearborn, Michigan during May 2024; in which, Children Initiative Director visited the new location on 5/30/24 to meet the new leadership staff and view programs.

Needs or Current Issues: Team Wellness continue to hire staff to meet the increase of enrollment of youth.

Plans: Continue to focus on consistent coordination of care between DWIHN, Team Wellness, Care Management Organizations, and judges. MDHHS has identified a new universal mental health screening tool to use for youth referred for juvenile justice effective FY 2025.

Quarterly Update

Things the Department is Doing Especially Well:

Request for Proposal 2023-008: The goal is to expand children behavioral health services to meet the capacity needs for community mental health services in Wayne County. As a result, a Request for Proposal (RFP) was

finalized. Judson Center received approval from DWIHN Credentialing Committee. Next step is to add to MHWIN and Access Calendar. Also developed a new children provider orientation to onboard new providers to the network. **Child’s Hope:** Collaborated with Child’s Hope and the Hope Delivered Initiative of identifying 10 schools in Out-Wayne County to provide laundry supply kit to assist with washing clothes for students who might experience hardships.

Hospital Discharge Bulletin: Developed the Hospital Discharge Bulletin 2024-007 to provide additional guidance for Children Providers completing discharge planning with members served.

National Committee for Quality Assurance (NCQA): Finalized and submitted the children services performance improvement plans for 2024 NCQA audit showing meaningful improvement in clinical areas of the Patient Health Questionnaire for Adolescents and children prescribed ADHD medication following up with the doctor visits.

Postpartum Depression Grant: Issued a Request for Information (RFI) among children providers resulting in (3) three providers and DWIHN staff having the opportunity to participate in postpartum depression training this year. This is a grant collaboration with Southeast Michigan Perinatal Quality Improvement Coalition (SEMPQIC) and Blue Cross Blue Shield to support activities in the community to reduce maternal and infant mortality.

Trainings / Events: The following trainings and events occurred this quarter

- 1 Pefas Booster Trainings
- 2 Pefas Initial Training
- 2 CAFAS Booster Trainings
- 1 CAFAS Initial Trainings
- Core Competency Training
- Children Mental Health Lecture Series: Be A Safe Space – Addressing Teen Dating Violence
- Children Mental Health Lecture Series: Suicide Prevention Training (QPR)
- Quarterly Leadership Training Series – Creating a Supportive Work Environment
- Treatment Foster Care Oregon Model Training

Identified Opportunities for Improvement:

There is opportunity to continue to expand the provider network for children services as well as the MDHHS Performance Indicators access to services.

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.

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

Effective Fiscal Year (FY) 24 the goal is to achieve 57%. Compared to FY 23 there was a significant increase of intake assessments completed within 14 days for children with SED. However, there was a decline from FY 23 to FY 24 for children with IDD having intake assessments completed within 14 days; however, a slight increase from FY 24 - Q1 to Q2. *(Note: FY Q2 data is preliminary)*

MDHHS Performance Indicator 2a	FY 23 – Q1	FY 23 – Q2	FY 23 – Q3	FY 23 – 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	FY 24 – Q1	FY 24 – Q2			FY 24 Total
MI / Child	30.21%	51.65% (+)			40.93%
DD / Child	21.78%	27.81% (+)			24.79%

Interventions:

1. Ongoing 45-day meetings with Children Providers to review the data and discuss progress, barriers, and action plans. Providers informed hiring additional staff mainly contributed with improvement with SED child data.
2. Discussed during various Children Provider Meetings / Trainings:
 - Children System Transformation Meeting
 - IDD Provider Meeting
 - IDD Supports Coordination Training

3. 2023-008 Request for Proposal (RFP): Judson Center credentialed to deliver outpatient services
4. Children Providers complete monthly Provider Capacity Form when experiencing challenges with providing services.

Action Plan:

1. Requiring all Children Providers to complete the Provider Capacity Form monthly
2. 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)



Program Compliance Committee
Michele Vasconcellos Director, Customer Service
2nd Quarter Report, Fiscal Year 2023/2024

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

Activity 1: Customer Service Calls

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

Reception/Switchboard Reception/Switchboard

	2nd Quarter FY 23/24		2nd Quarter FY 22/23	
	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%
Reception/ Switchboard	4,250	2%	3,916	1.5%

Customer Service Call Center

	2nd Quarter FY 23/24		2nd Quarter FY 22/23	
	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%
DWIIHN Customer Service	2,467	5%	2,031	5.5%

Significant Activities:

- When comparing the call volume of Fiscal years 23/24 and 22/23, it can be observed that for the Switchboard there was an increase in the call volume, and the abandonment rate remained below 5%.
- When comparing the numbers for the Customer Service Call Center for Fiscal years 23/24 and 22/23, the numbers show an increase for 23/24 and a slight decrease in the abandonment rate.

Accomplishments:

- Additional Customer Service staff were assigned to the Call Center and the Reception/Switchboard area to address back-up staffing concerns.
- Training was conducted with staff members on the new Gynesis phone system.

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

	2nd Quarter FY23/24	2nd Quarter FY22/23
Complaint/Grievance Correspondence	949	638

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

Grievance Processed

Grievances	2nd Quarter FY23/24	2nd Quarter FY22/23
Grievances Received	35	36
Grievances Resolved	12	11

Grievance Issues by Category

Category	2nd Quarter FY23/24	2nd Quarter FY22/23
Access to Staff	5	10*
Access to Services*	10*	8*
Clinical Issues	3	3
Customer Service	4	7*
Delivery of Service*	14*	5
Enrollment/ Disenrollment	3	0
Environmental	1	0
Financial	0	0
Interpersonal*	13*	1
Org Determination & Reconciliation Process	0	0
Program Issues	0	0
Quality of Care	1	1
Transportation	0	0
Other	0	0
Wait Time	1	0
Overall Total	55	47

Note: A grievance may contain more than one issue. 3 top areas of complaint for FY23/24= Interpersonal, Access to Services and Delivery of Services For FY22/23=Access to Staff, Access to Services and Customer Service.

MI Health Link (Demonstration Project) Grievances

Grievance	2 nd Quarter 24	2 nd Quarter 23
Aetna	0	0
AmeriHealth	0	0
HAP Empowered	1	0
Meridian Complete	0	0



Molina	1↑↑	0
Overall Total	2	0

Appeals Advance and Adequate Notices

Notice Group	2nd Quarter FY23/24 Advance Notices	2nd Quarter FY23/24 Adequate Notices	2nd Quarter FY22/23 Advance Notices	2nd Quarter FY 22/23 Adequate Notices
MI	4690	720	4374	929
ABA	344	27	318	37
SUD	325	67	280	19
IDD	786	88	894	138
Overall Total	6145	902	5886	1123

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.

***Information for 2nd Quarter 2024 shows the corrected numbers for the 2nd quarter of 2024. Information provided in the PCC report is skewed as the request for ABD information is before the deadline of the 5th of each month.**

Appeals Communications

	2nd Quarter FY23/24	2nd Quarter FY22/23
Appeals Communications Received	549	271

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

Appeals Filed

Appeals	2nd Quarter FY 23/24	2nd Quarter FY 22/23
Appeals Received	15	11
Appeals Resolved	9	9

DWIIHN State Fair Hearings

SFH	2nd Quarter FY 23/24	2nd Quarter FY 22/23
Received	2	0
Scheduled	0	0
Dismissed or withdrawn	0	0
Transferred out	2	0
Upheld by MDHHS	0	0
Pending	0	0

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

2nd Quarter FY23/24 and FY22/23

ICO	Local Appeals	State Fair Hearing
Aetna	0	0
AmeriHealth	0	0
Fidelis	0	0
HAP/Midwest	0	0
Molina	0	0
Total	0	0

Significant Activity:

- The trending grievance pattern for the top 3 grievance categories for 2nd Quarter '24 are: Delivery of Services, Interpersonal and Access to Services.
- There have been 2 requests for a DWIHN State Fair Hearings in 2024 for Medicaid members. Both hearing requests were transferred out and/or filers notified as the issues were not appropriate. There have consistently been no State Fair Hearings for MI Health Link members for several fiscal years.
- Adequate and Advance Notices that are generated by the CRSP are monitored by Customer Service via random audits to ensure that processes are being followed and members are provided timely access to their ability to appeal. There continues to be issues with the proper completion of the Adverse Benefit Determination Notices.
- Grievances continue to be overseen by Customer Service with consistent and fervent training/technical assistance provided to the provider network.

Activity 3: Member Engagement and Experience

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

Significant Activity:

- The Unit continued to recruit Peer Agents and work with Certified Peers and Recovery Coaches on their state mandated continuing education credits. To support CEU efforts, DWIHN offered trainings in Mental Health First Aide and WRAP Train the Trainer. Peer Trainings have been planned to address the following topics: Persons with vision impairment, Trauma review, Integrated review of Co-occurring Disorders, LGTBQ training and Veteran training.
- The (3) Customer Service Peer Agents have been actively involved in presenting at various community venues and one that was well received was at the Police CIT training. A vacancy for one additional Peer Agent is still open.
- The Unit continues to work with the Quality Department on the Racial Disparity Survey. The survey allows DWIHN to review the barriers and concerns we have related to persons who have not made their

7- day after discharge appointment that is required following a hospitalization. A summary report was completed and submitted to Quality for strategizing on Process Improvement Initiatives.

- In accordance with the MDHHS grant for Health & Wellness Customer Service is assisting with initiating an improvement plan to assist Drop- In Centers with coming into compliance with timely and accurate billings, pre-approved work plans and recruitment of spend down members.

-

The Winter edition of the PPOV was published and included several new mandatory/required additions. Articles acknowledged several awards being received by CV members i.e. State Cookie Gant Award, the CV was awarded recognition by MACHMB for outstanding member engagement, and seven (7) members were awarded the Dreams Come True Mini grants.

Accomplishments

- Constituent Voice recruitment efforts resulted in the selection of several new members being installed. The CV elected a chair and vice chair. The committee worked on updates and recommendations to their Bylaws.
- DWIHN continued to present information to members regarding their voter rights and reinforcing their responsibility for civic duty.
- The Member Engagement Unit hosted a special edition of SOULS Chat for Valentine's Day. The one-hour event shared casual conversation on faith, family, relationships, and socialization via a zoom platform.
- Over 100 participants joined DWIHN virtual event for the March Developmental Disabilities month which discussed the importance of Community Inclusion. Panelists participated by sharing their views and experience related to employment, self-sufficiency, navigating college, living beyond the work environment and socialization beyond the disability community.

Submitted by: Michele A. Vasconcellos MSA, Director, Customer Service 6/3/2024.

Program Compliance Committee Meeting
Quarter 2 FY 24 Report
Integrated Health Care Department
Vicky Politowski Director
06/12/2024



Main Activities during the year Reporting Period: FY 2024

- **OBRA services**
- **Complex Case Management**
- **Special Care Coordination with Medicaid Health Plans**
- **HEDIS Scorecard and Affinite Care Management shared data base development**

Progress On Major Activities

Activity 1: OBRA Services

- **Description:** The OBRA program is a Federal mandated program that determines if an individual requires nursing home level of care and what level of treatment they would need for their behavior health condition, or for their developmental disability while in a nursing home.
- **Current Status:** During FY Q2 1,698 referrals were made, of those 824 were assigned for an assessment and 856 required an exemption letter.
- **Significant Tasks** 336 full assessments and 131 partial assessments were completed with a 95% congruency and 7% pends. The state expects less than 25% pends for a quarter.
- **Major Accomplishments During Period:** The OBRA team provided training on OBRA/PASSR in conjunction with the State of Michigan on OBRA procedures. This was designed for hospital and nursing home social workers. Over 50 individuals attended and felt this should be done every 6 months due to staff turnover in the hospitals and nursing homes.
- **Needs or Current Issues:** Improve turnaround times for 14 day que.
- **Plan:** OBRA is fully staffed and can complete more assessments.

Activity 2: Complex Case Management (CCM)

- **Description:** Complex Case Management is an intensive program to engage members who have medical and behavioral health disorders. This program is for 120 days and links members with primary care, behavioral health, transportation, food, housing, in home services and other independent living skills.
- **Current Status:**
 1. 18 new cases, 11 open cases and 6 closed cases. Of the 6 closed cases 4 met their goals, 1 was unable to find.
 2. Care coordination was completed on 87 members, 26 providers received training on CCM, and 166 members were contacted about their FUH appointment. Of those 166, 47 made their appointment.
 3. CCM is assisting with decreasing the racial disparity between White and Black members who attend the 7-day appointment and reached out to 49 members, they spoke to 1 and 1 attend the 7-day appointment.
 4. 3 surveys were received with a score of 100% satisfaction.

- **Major Accomplishments During Period:** CCM earned a score of 100% on all areas of NCQA.
- **Needs or Current Issues:** CCM is down one staff.
- **Plan:** Position is posted.

Activity 3: Special Care Coordination with Medicaid Health Plans

- **Description:** IHC is in a special project for care coordination activities with two Medicaid Health Plans, Blue Cross Complete and Priority Health. This project exists to reduce care gaps for members served and improve HEDIS measures for the population of members that present with deficits. A bimonthly meeting takes place with each plan to determine gap, identify plan to address gap and report outcomes of efforts.

In Quarter 2 of FY 24 IHC met with HAP, Meridian, Aetna and Molina on how DWIHN works with children in foster care. The State of Michigan has placed a mandate on health plans to provide more oversight to children in foster care. DWIHN and these health plans met to discuss how this can be done together.

- **Current Status:** IHC meets with Priority Health and BCC two times a month and discusses cases for follow up.
- **Significant Tasks During Period:** Eighty-two members were discussed and had coordination during the year. Fifty of those members had their gaps in care closed within a month.
- **Major Accomplishments During Period:** DWIHN met with health plans to discuss the needs of foster care children and what HEDIS scores are tracked. DWIHN staff helped educate the health plans on services provided to this population.
- **Needs or Current Issues:** Medicaid Health Plans are in the RFP process to continue providing services and care coordination is a requirement. IHC has met with most of the health plans to discuss how this can be accomplished.
- **Plan:** DWIHN is continuing to meet with the health plans to educate on care coordination.

Activity 4: HEDIS (Health Effectiveness Data and Information Set) Scorecard and Affinite Care management shared data base development

- **Description:** During FY 23 DWIHN and Vital Data finalized the HEDIS Scorecard that enables DWIHN to provide all CRSP, Medicaid Health Plans and Integrated Care Organizations data as to how the network is scoring as a whole and individually based on alignment. The Scorecard has data going back to 2019 so trends and areas of improvement can be examined, and plans put into place. The Affinite database has all the data behind the claims in the scorecard. This platform displays diagnosis, Rx, physician on claim, and care gaps needed. Only individuals who have access to the database can only see the members they serve.
- **Current Status:** DWIHN and Vita Data continue to make improvements and how to expand the platform to provide information to increase integration of care. Measure goals are based on Quality Compass which is what the Health Plans base their goals on.
- **Significant Tasks During Period:** In Q2 FY 24 Vital Data worked on several data issues in the scorecard. These are projected to be solved by April 2024.

- **Major Accomplishment:** Vital Data added the OHH, BHH and CCBHC designations to the provider dropdown. DWIHN can see individual HEDIS data under these categories. IHC met with the director over these areas to discuss goal setting.
- **Needs or Current Issues:** The HEDIS scorecard will be closed out for FY 23 in April of FY24 to account for claims lag. IHC director will be meeting with Vital Data on site in April to discuss problems and workflow.
- **Plan:** IHC is working diligently with Vital Data to fix the problems. It is expected to be resolved in April 2024.

**Program Compliance Committee Meeting
Director of Quality Improvement
QAPIP Update FY24
June 12, 2024**



Main Activities during Quarter 2 Reporting Period:

- MDHHS Annual Full Site Review
- HSAG External Quality Reviews
- Performance Indicators Data Q2 Reporting

Progress on Major Activities:

Activity 1: MDHHS Annual Full Site Review

Description: The purpose of the Michigan Department of Health and Human Services (MDHHS) review is to ensure compliance with the Home and Community-Based agreements with the Centers for Medicare & Medicaid Services.

Current Status: I'm excited to share that DWIHN has achieved exceptional results in the recent review conducted by the MDHHS. This is undoubtedly one of the best reviews in terms of compliance, and it reflects DWIHN's commitment to delivering high-quality services and programs. The review took place from March 13, 2024, through April 26, 2024, and covered a comprehensive assessment of DWIHN's programs and services, including policies and procedures, as well as an evaluation of our critical incidents process and Behavior Treatment Technical requirements. DWIHN also received high marks across the board, achieving full compliance with the Children's Waiver Program (The Guidance Center and Community Living Services). The review found all areas of the clinical review to be in compliance, including the latest performance measures. In addition, we were found to be in compliance with the administrative portion of the Review for the second consecutive review.

During the review of member clinical records and staff, MDHHS identified several commendable strengths within the network. One of the most notable strengths observed was the presence of a strong Integrated Biopsychosocial Assessment and staff credentials. Additionally, there was evidence of high levels of member satisfaction and effective coordination of care. Most of the records reviewed also had well-documented and thorough assessments, with good documentation of member details. Overall, these strengths indicate a high standard of care and attention to detail within the network.

Opportunities for Improvement: MDHHS identified a few citations related to specific clinical cases, highlighting the need for better documentation to ensure compliance with the Home and Community-Based Services (HCBS) Final Rule, the amount, scope, and duration of services, member choice of providers, and Direct Support staff receiving training on the member IPOS.

Plans: To address this issue, the Quality Improvement (QI) team is taking several measures. We are editing the DWIHN member handbook to reference the DWIHN Provider Directory and providing training and technical assistance to the provider network to ensure training on the member IPOS and that they have a clear understanding of the HCBS Final Rule. We will also monitor compliance through case records and site reviews to determine the effectiveness of the efforts and make necessary improvements if required.

Next Steps: Within the next 30 days, MDHHS will provide a comprehensive report on their findings, and DWIHN will have 30 days to submit corrective action plans on those cases requiring remediation. To guarantee the effectiveness of these plans, MDHHS will conduct a 90-day follow-up to confirm that the corrective measures have been successfully implemented.

Activity 2: HSAG External Quality Reviews

DWIHN is scheduled for multiple upcoming External Quality Reviews with HSAG.

- The Encounter Data Validation Review is a new requirement and is due to the state on July 6, 2024. This review is essential for ensuring the accuracy and completeness of our electronic encounter data, highlighting our commitment to data integrity and quality care delivery.
- The Performance Improvement Project (PIP) has been a three-year initiative for us. In FY 2023, DWIHN achieved 100% compliance with the submission of barriers, interventions, and data analysis. This year, HSAG will assess our progress in improving our rates through the implementation of barrier analysis, interventions, and evaluation of results. Remeasurement 1 (01/01/2023 -12/31/2023) submission of the racial disparity is due on July 15th, 2024.
- The Performance Measure Validation (PMV) is scheduled to take place between July 22, 2024, and August 2, 2024. In FY 2023, DWIHN achieved 100% compliance with the designation of “Reportable” for all indicators. The only recommendation noted was that DWIHN should continue its improvement efforts (e.g., provider outreach and monitoring) related to indicator #2 to further ensure timely and accessible treatments and supports for individuals.
- The Compliance Monitoring review is scheduled for September 6, 2024. In FY2023, DWIHN received a full Compliance score of 94.2% (33 out of 35 standards).

Activity 3: Performance Indicators Data for Quarter 2

Current Status: In Quarter 2 of 2024, DWIHN has met the standards for PI#1 (Children and Adult), PI#4a (Children and Adults), 4b (SUD), and PI#10 (Children). For indicator 2a (Biopsychosocial Completed within 14 days of request), our completion rates for MI/Adults (59.92%) and DD/Adults (62.50%) have improved compared to Q1, surpassing the 57% standard. Although we did not meet the standard for the children's population, we did make progress in enhancing completion rates for MI/Child Q2 (51.79%) compared to Q1 (30.32%). The average score for the state in Q1 2024 was noted at 51.57%. The Q2 data will not be finalized until June 30th, 2024, so the rates are still subject to change. The chart below presents a comparative analysis between Q1 and Q2.

Indicators	Definition	Quarter 1	2nd Quarter Preliminary	Standard
1 (Children)	Crisis Prescreening within 3 Hours of Request	99.30%	98.34%	95% or higher
1 (Adult)		96.44%	96.99%	
2a (MI/Adult)	Intake (IBPS) within 14 days	57.34%	59.92%	57% or higher
(DD/Adult)		58.93%	62.50%	
2a (MI/Children)		30.32%	51.79%	
(DD/Children)		28.07%	28.07%	
3 (Combined)	Ongoing service within 14 days	85.22%	88.06%	83.80% or higher
4a (Children)	7-day follow-up after discharge	97.78%	95.17%	95% or higher
4a (Adult)		98.67%	95.74%	
10 (Children)	Inpatient psychiatric Recidivism	8.62%	8.93%	15% or less
10 (Adult)		17.68%	16.64%	

Opportunities for Improvement:

- The Quality Team will request struggling children's providers to submit capacity plans.
- The Quality Team will also be looking to add additional children's providers to the network.
- The Quality Team will focus on those providers who have been deficient for consecutive quarters without improvements.
- For indicator 10, the Quality Team will continue to review instances of repeat recidivism and performance plans for recidivistic members, the Med drop program, create alerts for Crisis Screeners to identify individuals with repeat offenses, and work on alternate treatment plans if necessary

Plans:

- The Quality Team will continue to monitor the indicators that are performing well to ensure consistent success. The data will be extensively discussed and shared in the 45-day meetings with all CRSPs. For those CRSPs who did not meet the Q2 standards, Performance Improvement Plans will be requested to ensure improvement.

Program Compliance Committee
Vice President of Clinical Operation's Report
June 2024

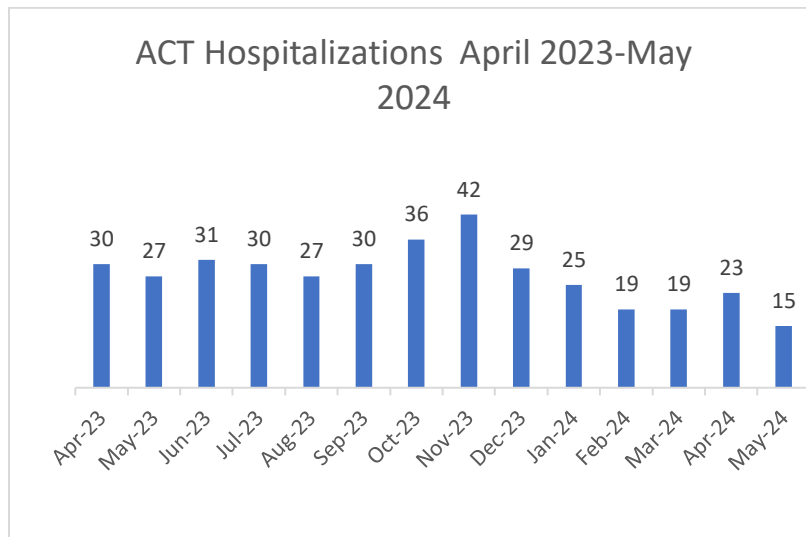


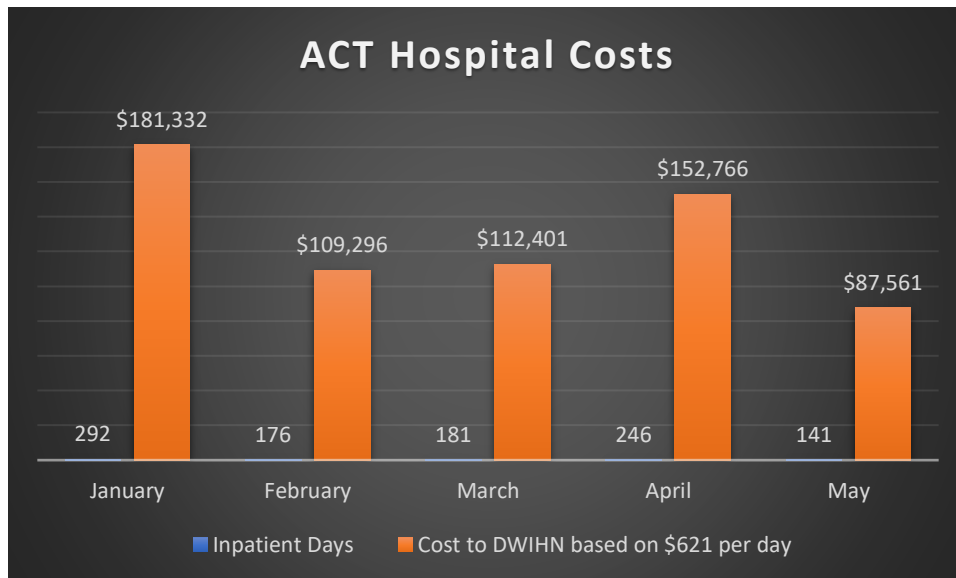
CLINICAL PROGRAM UPDATES:

Adult Services:

Assertive Community Treatment (ACT) is an intensive, community-based, mobile team of clinical professionals who provide treatment to members who are diagnosed with severe and persistent mental illness. The staff to member ratio is 1:10, interventions and services are delivered in vivo and are comprehensive. ACT staff are available for members 24 hours, 7 days per week, 365 days a year. There are eight (8) ACT providers in Wayne County. For May 2024, the ACT program experienced a total of fifteen (15) psychiatric hospitalizations which totaled 141 inpatient days; almost a 35% reduction in hospitalizations compared to the previous month (April experienced 23 psychiatric hospitalizations and 246 inpatient days). This equates to an inpatient savings of \$65,205 for DWIHN for the month of May.

A total of three (3) ACT providers completed their 2024 Fidelity Reviews. Scores are being tabulated and will be made available during the next reporting period. Adult Initiatives continues to work with providers to increase face-to-face contact with their members post after business hours as well as on weekends, as expected by the model of 24 hours per day/7 days per week. During the month of May, there were a total of 37 encounters that took place after 5:00pm among all the providers.





Substance Use Services (SUD):

SUD Prevention Services reduce the risk factors associated with substance use disorder by providing education, outreach, and support to individuals and communities. These services may include awareness campaigns, and resources to promote healthy decision-making and prevent the onset of substance abuse. By offering early intervention and evidence-based strategies, SUD Prevention services empower individuals to make informed choices and lead healthier lives.

During the month of May, DWIHN Prevention Providers made a significant impact by providing 1,238 instances of information dissemination, ensuring that vital knowledge reached a wide audience. Additionally, they conducted 3,058 reached services, tailoring support to the specific needs of each participant, and organized 16,295 community sessions, fostering a sense of unity and shared responsibility within the community. These efforts demonstrate the dedication of DWIHN Prevention in effectively promoting health and well-being.

Throughout the month of May, providers had the opportunity to provide details about their prevention-focused events by utilizing the SUD Prevention Smartsheet tool. This data collection effort allowed providers to showcase the various ways in which they actively engaged youth, distributed vital information about prevention, involved peer leaders, and implemented other impactful initiatives aimed at promoting wellness and preventing substance abuse. The wealth of information shared through these submissions highlighted the diverse and innovative approaches taken by providers to address prevention within their respective communities. DWIHN is implementing an approach to create a dedicated committee focused on prevention efforts will be a key initiative. Additionally, the committee will emphasize drug prevention efforts through targeted awareness campaigns, aiming to establish a strong foundation and foster supportive engagement within the field.

Utilization Management (UM):

Habilitation Support Waiver (HSW) is an intensive home and community-based treatment program designed to assist persons with severe developmental disabilities to live independently with support in the community. It is designed as a community-based alternative to residing in a group home.

MDHHS has currently provided 1,084 total HSW slots to DWIHN to utilize. A total of 1,084 slots are filled and 0 are open, for a utilization rate of 100%. There are currently 27 members with completed packets on DWHIN's HSW waitlist. The UM Department is working with the network to ensure disenrollments are submitted the same month as the disenrollment date so that DWHIN's utilization is a true reflection of the need for HSW slots and so member can come off the waitlist as quickly as possible.

	Oct	Nov	Dec	Jan	Feb	March	April	May
Total Slots Owned	1084	1084	1084	1084	1084	1084	1084	1084
Used	1062	1080	1084	1084	1083	1083	1083	1084
Available	22	4	0	0	1	1	1	0
New Enrollments	12	27	10	4	6	8	4	4
Disenrollments	2	4	2	2	5	3	1	9
Utilization	98%	99.6%	100%	100%	99.9%	99.9%	99.9%	100%

The UM Department's latest HSW related project is beginning to identify, monitor, and follow-up on members who have not received the required one HSW service per month. The UM Department reached out to the CRSPs for their feedback about these members. Of 28 members with no identified HSW service, the trends were related to staffing issues, members being out of town, and members being in the hospital for extended stays. The UM department will be working with the network providers to address staffing issues and to ensure that the network understands when to make members inactive in the MDHHS Waiver Support Application system (WSA).

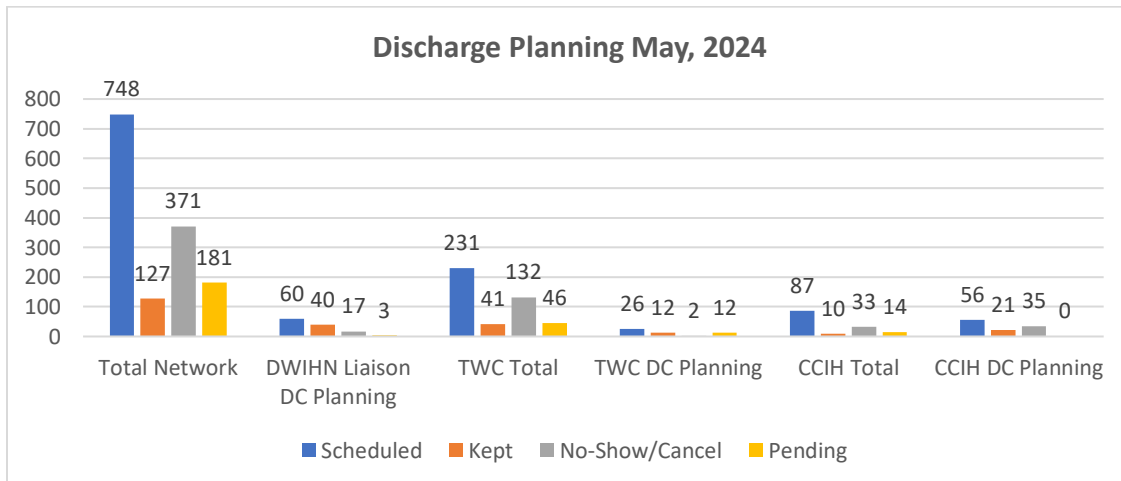
Utilization Data- The Utilization Management Department has been analyzing service utilization trends and has noted under-utilization in multiple service areas including Case Management/Support Coordination, Psychiatric Medication Reviews, and Individual Therapy. This data was obtained by looking at current services requested (amount/scope/duration) compared to services provided (claim data). DWIHN has taken a multi-faceted approach to address this issue:

- The VP of Clinical Operations met with each individual provider’s Executive Leadership to review this information and discuss what is expected in relation to the provision of services.
- Provider Leadership is comparing DWIHN’s data to their internal data and will report back if there are any potential discrepancies.
- Provider Leadership is reviewing this data with their staff and providing additional training and outlining expectations of service provision. This includes requesting the amount of services that are medically necessary and person-centered.
- DWIHN will be providing training to provider staff on person-centered planning and the appropriate request and utilization of services, including completing treatment plan addendums when necessary.
- DWIHN is updating the Service Utilization Guidelines to ensure alignment with Best Practices and utilization trends.
- DWIHN’s UM Department will analyze trends post-training to assess overall effectiveness.

Crisis Services:

Inpatient Hospital Discharge Planning-

DWIHN Liaisons continue to meet with members at selected inpatient hospitals (BCA, Kingswood, Beaumont Behavioral) to engage the members in discharge planning when admitted without an assigned provider. Liaisons meet with members to discuss barriers to ongoing service connection and support selection of a preferred provider prior to discharge. Liaisons complete a discharge planning worksheet, coordinate with inpatient treatment teams, and work to ensure the member attends their hospital discharge planning appointment.



**No-show includes canceled by member/staff at CRSP, remainder are rescheduled by member/staff

Across all CRSP providers in May 2024, 17% of hospital discharge appointments were kept, whereas with DWIHN Liaison involvement, 66% of hospital discharge appointments were kept

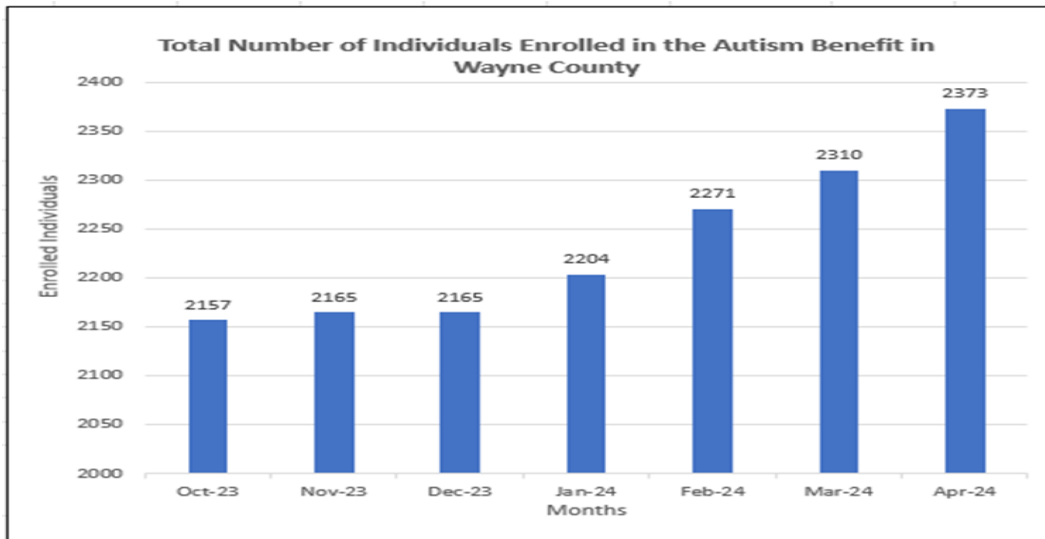
with member-selected providers. Overall, TWC members kept 18% of their hospital discharge appointments, but with targeted TWC discharge planning involvement, 46% of their appointments were kept. Similarly, with CCIH, 11% of their members kept their hospital discharge appointments overall, but with targeted CCIH discharge planning involvement, 37% kept their appointments.

Children’s Initiatives:

Autism Benefit Enrollment: 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 Autism Spectrum Disorder (ASD). This benefit serves youth up to age 21.

There was an average of 2,261 members assigned to DWIHN’s ABA provider network for Fiscal Year (FY) 2024. Data indicates an increase of approximately 99 additional members enrolled in autism services from Q1 to Q2.

Total Members Enrolled in Autism Benefit



To continue to support the expansion of autism services and ABA Providers, the Request for Qualifications (RFQ) 2023-005 REBID will continue until 5/1/2028. In FY 24, Q2 the Request for Qualification (RFQ) resulted in two (2) ABA Providers to be added to the provider network. As a result of the RFQ there are now 19 contracted ABA Providers within the DWIHN network. This is an increase of 3 new ABA Providers from FY 23 to FY 24. In addition, as of FY 24, Q2 Michigan Department of Health and Human Services (MDHHS) confirmed youth with serious emotional disturbances (SED) receiving autism services can also receive speech therapy, occupational therapy, and physical therapy when the services are needed to address behavioral needs.

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.

During FY 24, Q2 there were a total of 47 intakes for the SSI Program. Overall, there is a noted increase with intakes completed from Q1 (39 intakes) to Q2. In addition, during FY 24, Q2 there were a total of 83 successful discharges from the SSI program; in which there were 0 expulsions from school). This is an increase from Q1 of 18 successful discharges.

During FY Q2 there were a total of 437 SSI services rendered.

- Tier 1 – Classroom Observation, Conflict Resolution, Consultation, Crisis Intervention
- Tier 2 – Group Prevention, Individual Prevention, Michigan Model for Health, Psychoeducation
- Tier 3 – Enrolled in Community Mental Health Services

SSI Tier Services FY 2024	Total # of Student Received SDQ Screenings	Tier 1 Services	Tier 2 Services	Tier 3 Services	Total # of Students Received SSI Services
10/1/24 – 3/31/24	1,469	18	2,432	608	4,527

****Note: Total Tier 1 services completed does not include the total # of presentations completed (243 presentations for FY 24).*

SSI Risk Factors / Outreach Events FY 2024	# of Education Professional at the Event	# of Parents at the Event	# of Students at the Event	Total # of Attendees
Risk Factors	1,072	3,785	4,838	9,695
Outreach Events	1,269	3,940	5,496	10,705

Health Home Initiatives:

Behavioral Health Home (BHH)- Behavioral Health Homes met all three (3) FY2023 Pay for performance measures which will result in \$123,071 for our Health Home Providers. The pay for performance outcomes achieved include:

- Increase in controlling High Blood Pressure (based on if last BP check was in range for people with Dx of Hypertension)
- Reduction in Ambulatory Care: Emergency Department (ED) Visits
- Access to Preventive/Ambulatory Health Services (based on a preventive care visit/service in the last year)

Certified Community Behavioral Health Clinic- 9,442 members (April- 9,099, 3.75% increase)

- The CCBHC Demonstration will be expanding in Michigan for FY2025. Seven (7) sites

are seeking MDHHS certification to join the Demonstration in our region: Judson Center, Neighborhood Services Organization, Hegira, DWIHN, Central City Health, Detroit Recovery Project, Inc., and Team Wellness.

- MDHHS will certify sites by September 1st, 2024, for launch on October 1st, 2024.
- DWIHN is currently establishing direct clinical outpatient services to provide additional access to Wayne County individuals and will be applying for CCBHC certification.

Program Compliance Committee Meeting
Marianne Lyons, LMSW, CAADC
5/30/2024



Adult Initiatives Monthly Report May 2024
Marianne Lyons, LMSW, CAADC

Main Activities during May 2024 monthly Reporting Period:

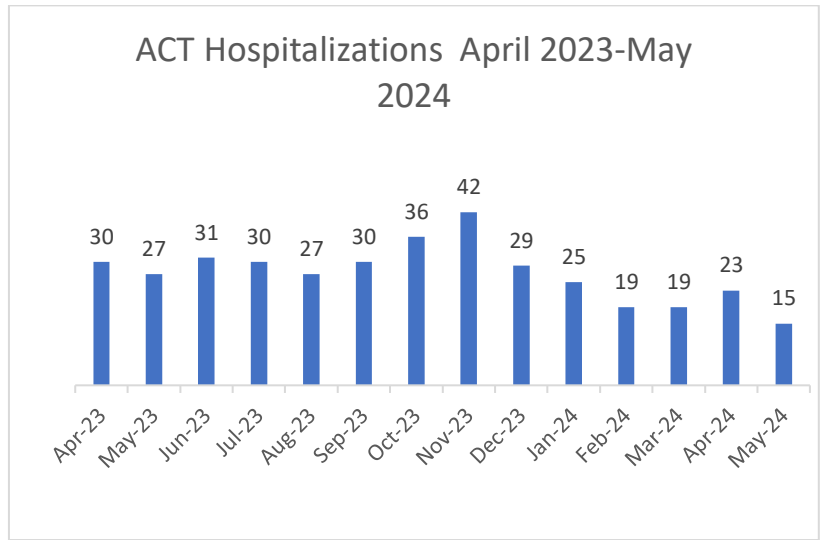
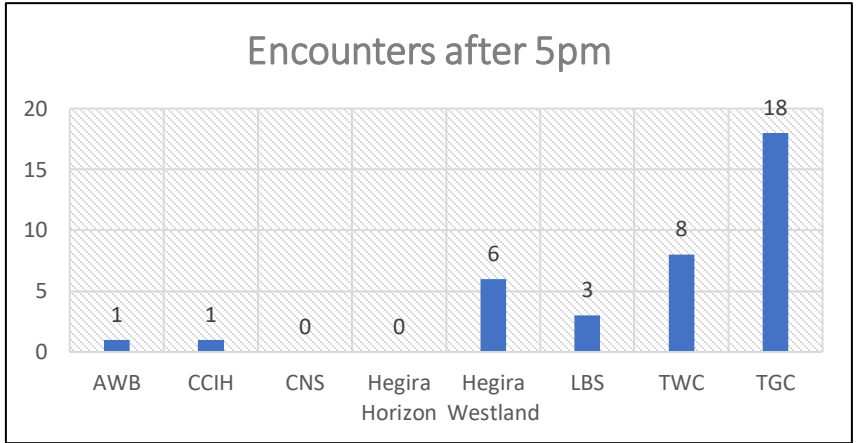
- Assertive Community Treatment (ACT)
- Med Drop
- Clubhouse

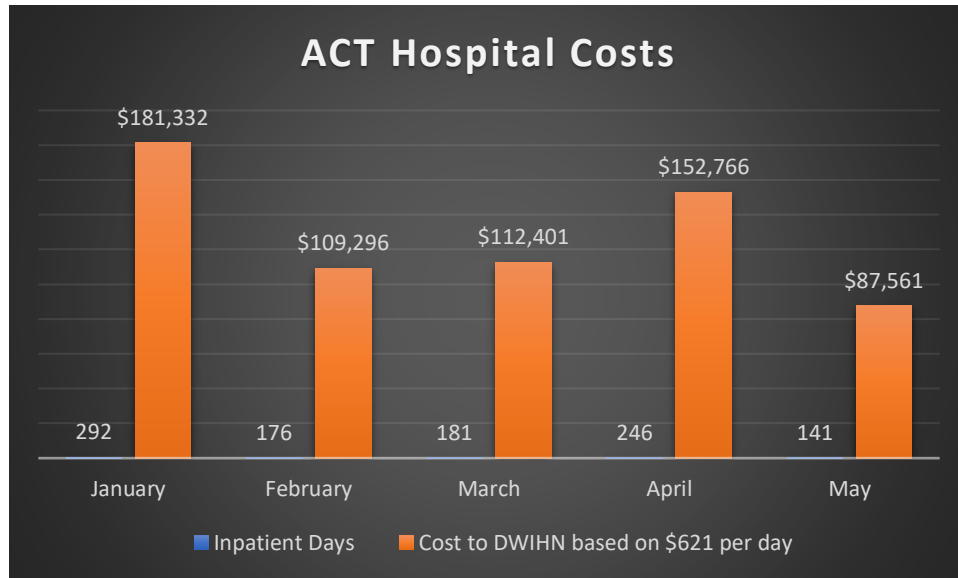
Progress On Major Activities:

Activity 1: Assertive Community Treatment (ACT)

- *Description:* Assertive Community Treatment (ACT) is an intensive, community-based, mobile team of clinical professionals who provide treatment to members who are diagnosed with severe and persistent mental illness. The staff to member ratio is 1:10, interventions and services are delivered in vivo and are comprehensive. ACT staff are available for members 24 hours, 7 days per week, 365 days a year.
- *Current Status:* There are **8 ACT** provider service agencies in Wayne County. Those agencies are: All Wellbeing Services, Central City Integrated Health Network, CNS Health Care, Development Centers Incorporated, Hegira, Lincoln Behavioral Services, Team Wellness and The Guidance Center. Currently there are **419** members receiving ACT services compared to **430** in April, a 2.5% decrease in enrollment. For the most recent month, the ACT program experienced a total of **15** psychiatric hospitalizations which totaled **141** inpatient days; almost a 35% reduction in hospitalizations compared to the previous month (April experienced 23 psychiatric hospitalizations and 246 inpatient days). **This equates to a savings of \$65,205 for DWIHN for the month of May.**
- *Significant Tasks During Period:* The significant task for this month focused on maintaining accurate member totals for each ACT program. It has been communicated in the most recent ACT forum that the expectation is the completion and timely submission of the ACT member roster by the 30th day of each month to ensure accurate data is being collected monthly.
- *Major Accomplishments During Period:* A total of three (3) ACT providers completed their 2024 Fidelity Reviews. Scores are being tabulated and will be made available during the next reporting period.
- *Needs or current issues:* Adult Initiatives continues to work with providers to increase face-to-face contact with their members post 5:00pm as well as on weekends, as dictated by the model of 24 hours per day/7 days per week. During the month of May, there were a total of 37 encounters that took place after 5:00pm among all the providers. That indicates less than 21% of face-to-face services took place with start times of 5:00pm or later.
- *Plan:* The after 5:00pm encounters will be addressed at the ACT forum and will be identified as a major area of focus that will be continued to be monitored monthly. Adult Initiatives will schedule

meetings with the ACT providers to continue to monitor adherence to the model as noted in the Michigan Medicaid Manual and Michigan Best Practices.



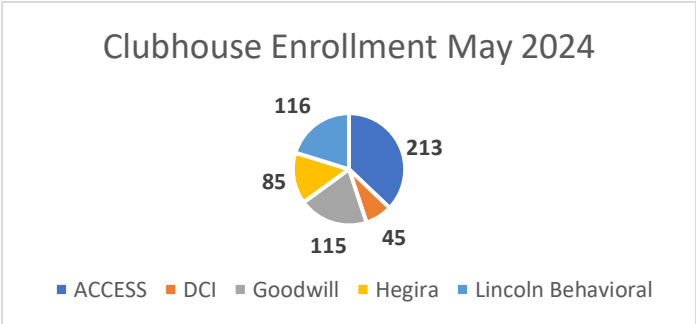


Activity 2: Med Drop

- *Description:* Adult Initiatives team is working to increase participation with members accessing Med Drop services. This is a community-based intervention that focuses on improving medication adherence for adults.
- *Current Status:* There were **75 members** who participated in the program in the month of May (no change in enrollment from the previous month). There are **1988** anticipated successful deliveries for this month compared to **1544** completed in April resulting in an increase of successful deliveries of approximately 29%. There were three (3) members who left the program due to being prescribed an injectable medication, and two (2) members asked for their case to be closed. There were three (3) new cases opened for services. Genoa is currently working with 16 referrals.
- *Significant Tasks During Period:* ACCESS continues to work on the Memorandum of Understanding (MOU) process with Genoa, but the start date is undetermined. CCIH has started the enrollment process and will begin deliveries in June.
- *Major Accomplishments During Period:* Adult Initiatives continues to work with providers to roll out the program with Returning Citizens in collaboration with Michigan Department of Corrections (MDOC).
- *Needs or Current Issues:* Hegira terminated the contract to provide Med Drop services on May 31, 2024. The replacement company, KIPA, will start on June 1, 2024. This company currently provides Med Drop services for Genoa's Saginaw, Michigan site. During the transition period of May and June, Genoa will only make two weekly referrals, allowing them to monitor the transition.
- *Plans:* Adult Initiatives will be working with the remaining CRSP to help educate and reinforce the positive benefits of the program. We will meet with Henry Ford Kingswood on June 11, 2024, to discuss implementing a program involving Med Drop with their discharge planning process.

Activity 3: Clubhouse

- *Description:* Clubhouse is an accredited service, reviewed every three (3) years by Clubhouse International, and provides daily activities to members with persistent mental illness, as provided services by corresponding providers. 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:* According to each individual CRSP, all the Clubhouses within DWIHN's provider network are accredited. (Verification of this with Clubhouse International is in process). The total number of Clubhouses within DWIHN is five, provided by Access (Hope House), DCI (New Direction), Goodwill (A Place of Our Own), Hegira (Turning Point) and LBS (The Gathering Place).
- *Significant Tasks During Period:* Adult Initiatives was recently provided the task of monitoring and working with clubhouses within our provider network. Adult initiatives have visited all clubhouse locations and had the opportunity to interact with members and staff. We have been included in Clubhouse Michigan discussion groups and have begun attending monthly virtual board meetings and communications meetings.
- *Major Accomplishments During Period:* Adult Initiatives has met with all the above-listed Clubhouses including interacting with their members and their directors. We have received tours, as led by members, (which is one of the areas that are to be ensured during visits) and received feedback from the directors about expectations as is relates to Clubhouse International guidelines and policy. Directors of DWIHN's network of clubhouses continue to be present, engaged, and involved in ensuring that their corresponding clubhouse continues to perform per state and international expectations.
- *Needs or Current Issues:* Brad Cucuro of Adult Initiatives is working with Clubhouses to ensure that DWIHN's presence is known and engaged throughout the network. Adult Initiatives will continue to engage further, attending events, visiting locations, and requesting monthly/quarterly information to maintain consistent oversight.
- *Plan:* Adult Initiatives plan is to increase their role in monitoring the clubhouses including maintaining accreditation, monitoring overall memberships, and observing through scheduled visits as necessary. Adult Initiatives will engage in meetings with Clubhouse International, attend training courses as it pertains to improving understanding and oversight, and attend bi-annual reviews at locations. Adult Initiatives will engage further with the Michigan Clubhouse Guidance Board to maintain notice of regular changes, improvements, and concerns.



DWIHN Access Call Center
Yvonne Bostic, MA, LPC (Call Center Director)
Monthly Report: April 2024
Date: 5/21/2024



Main Activities during April 2024:

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

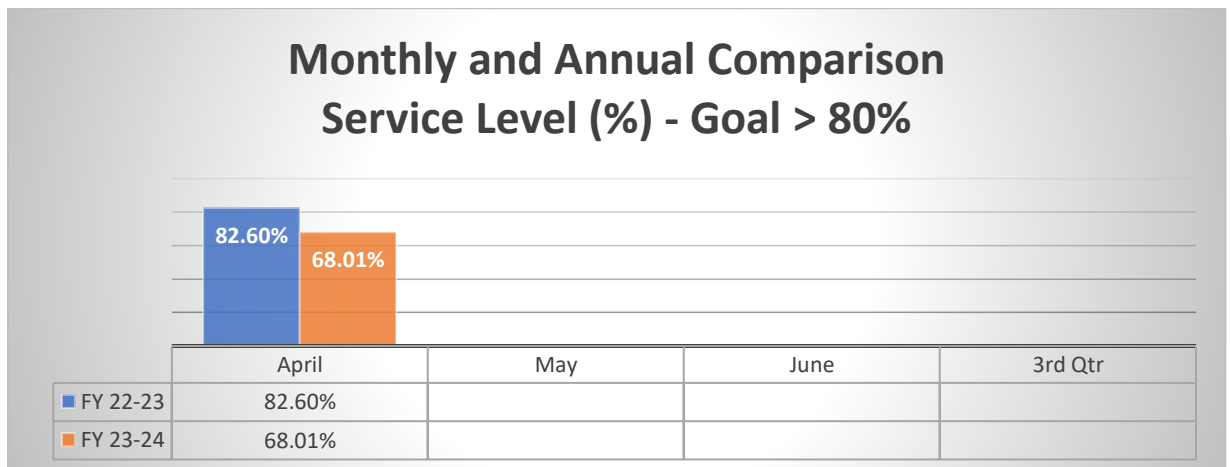
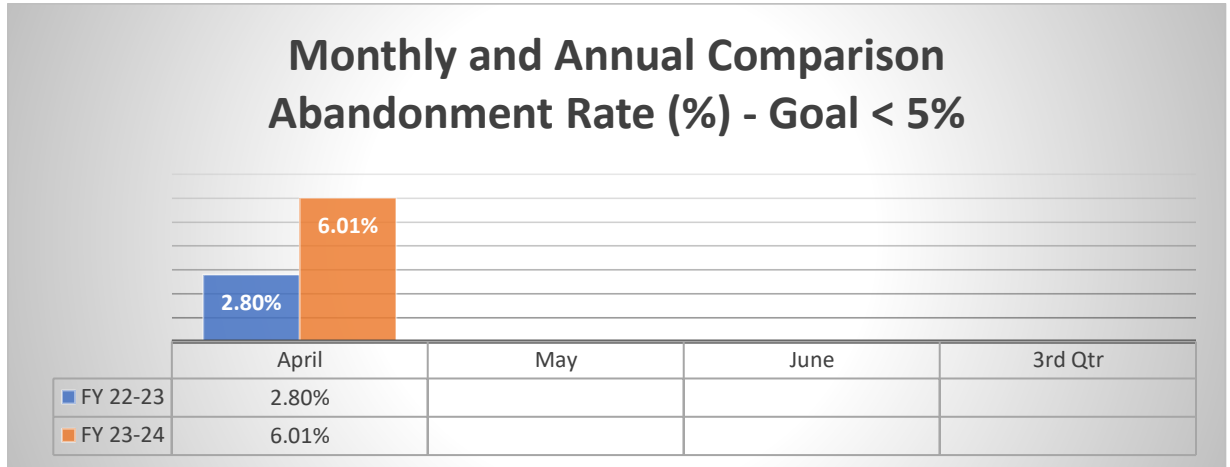
Activity 1: Call Center Performance – Call Detail Report

- **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 April 2024:
 - % Abandoned Goal is < 5% (6.0%)
 - Avg. speed to answer Goal <30 sec. (37 sec)
 - % of calls answered Goal > 80% (89.0%)
 - Service level Goal >80% (68.01%)

Queues	Incoming Calls	Calls Handled	Calls Abdoned. /Hang Ups	% Abdoned.	Average Speed to Answer	Average Call Length	% of Calls Answered	Service Level
Call Reps	16,970	15,069	1,085	6%	:37 sec	6:25 mins	89.0%	68.01%
SUD Techs	4,572	3,285	952	21.0%	5:03 mins	17:56 mins	72.0%	43.0%
Clinical Specialist	3,264	2,087	853	26.0%	3:58 mins	21:52 mins	64.0%	40.0%
March 2024 Totals	16,238	14,979	800	5%	:23 sec	5:50 mins	92.0%	78.01%
April 2023	17,114	16,589	524	2.8%	:25 sec	5:30 mins	96.9%	82.6%

- For the month of April 2024 there were 15,069 calls handled by the access call center. This is 90 more calls than the previous month.
 - Of the total number of calls handled (15,069) for the month of April 2024:
 - 3,285 (21.7%) calls handled for SUD services
 - 2,087 (13.8%) calls handled for MH services
 - 9,697 (64.4%) 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, Protocall, ORR, Customer Service, Grievance, etc.)

- In an annual comparison of April 2023 and April 2024, there were 144 less incoming calls and 1,520 less calls handled in 2024. There was a 3.2% increase in the abandonment rate, 2.8% to 6.0%. The service level decreased by almost 15%; 82.6% (2023) to 68.01% (2024).



- **Significant Tasks During Period:**
 - Recruit, Interview, Hire and Train staff to fill vacancies in all 3 units
 - Silent Monitoring to identify areas of strengths and weaknesses (ongoing)
- **Needs or Current Issues:**
 - Staffing shortages impact the Service Level and Abandonment Rate. (ongoing)
- **Plan:**
 - Evaluate scheduling process and high call volume coverage; make adjustments to scheduling as needed
 - Audit staff attendance, timeliness and performance: utilize performance improvement plans where needed

- 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)

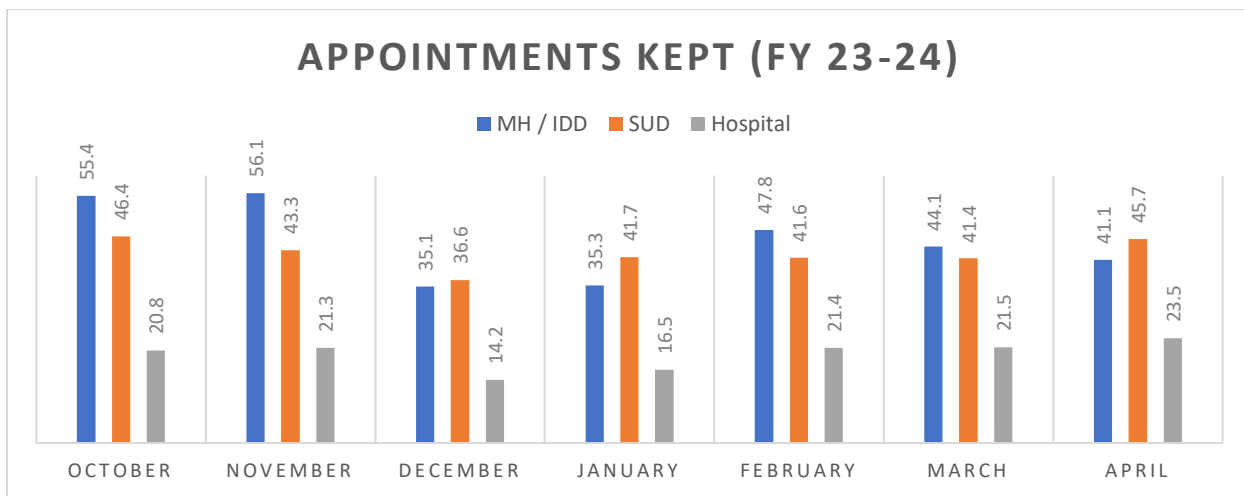
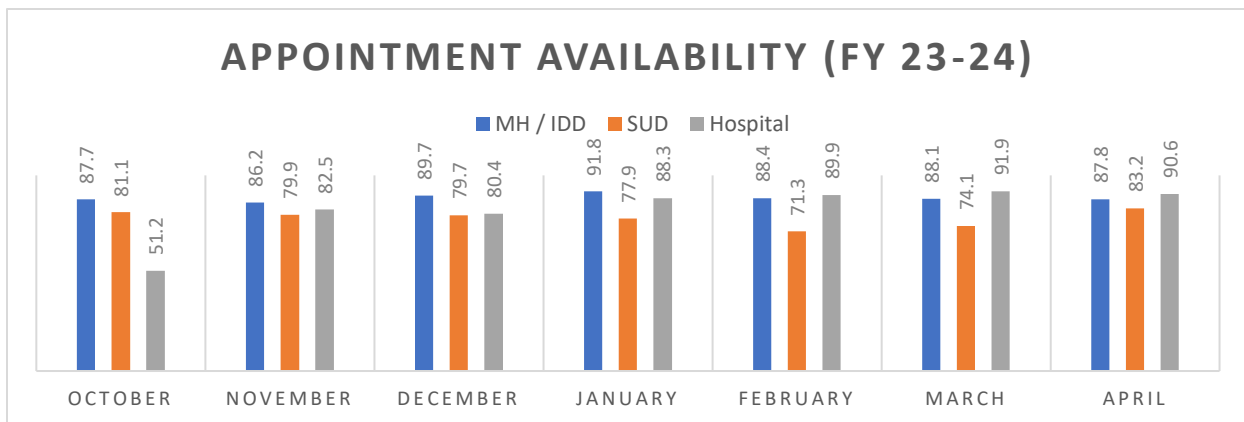
Activity 2: Appointment Availability – Intake appointment and Hospital Discharge Follow up

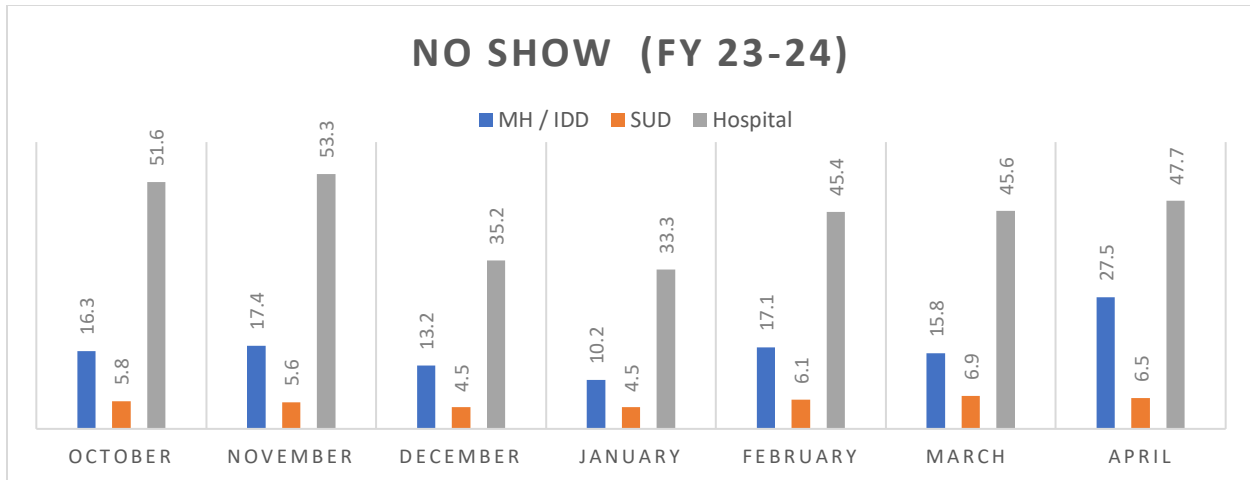
- **Description:** The Access Call Center schedules hospital discharge/ follow up appointments (within 7-day requirement) for individuals being discharged from short stay inpatient psychiatric treatment and the initial intake appointments (within 14 days requirement) for individuals new to the system 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:**

- During the last few months there has been a particular focus on hospital discharge follow up appointment availability and appointments kept. The transportation pilot started approx. 6 months ago and the collaboration between the Access Call Center, DWIHN Utilization Management Department and DWIHN Hospital Liaisons has been engaged during the last 3-4 months. There has also been increased efforts via CRSP Hospital Liaisons to participate in the Hospital Discharge process.

- **Major Accomplishments During Period:**

- For the month of April 2024 there were 892 Hospital Discharge follow up appointments scheduled through the DWIHN Access Call Center; there was a slight decrease in appointment availability by less than 1% and slight increase appointment no show for Hospital Discharge follow-up appointments by 2%.
- A ticket has been submitted to IT to request a data collection point for some of the reasons people may cancel or reschedule appointments.
- For the month of April there were 2,370 MH (SMI, SED, I/DD) appointments scheduled. There is little change to the numbers for MH appointment availability; (March- 88.1%, April - 87.8%).
- For the month of April there were 1,442 SUD appointments scheduled; SUD appointment availability (March - 71.4%, April - 83.2%) and SUD appointments kept shows a slight increase from March- 41.4% to April- 45.7%.

- **Needs or Current Issues:**

- No significant change in the rates of appointment availability and appointments kept.

- **Plan:**

- A monthly and quarterly analysis of data will be performed over the next 2 quarters 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.

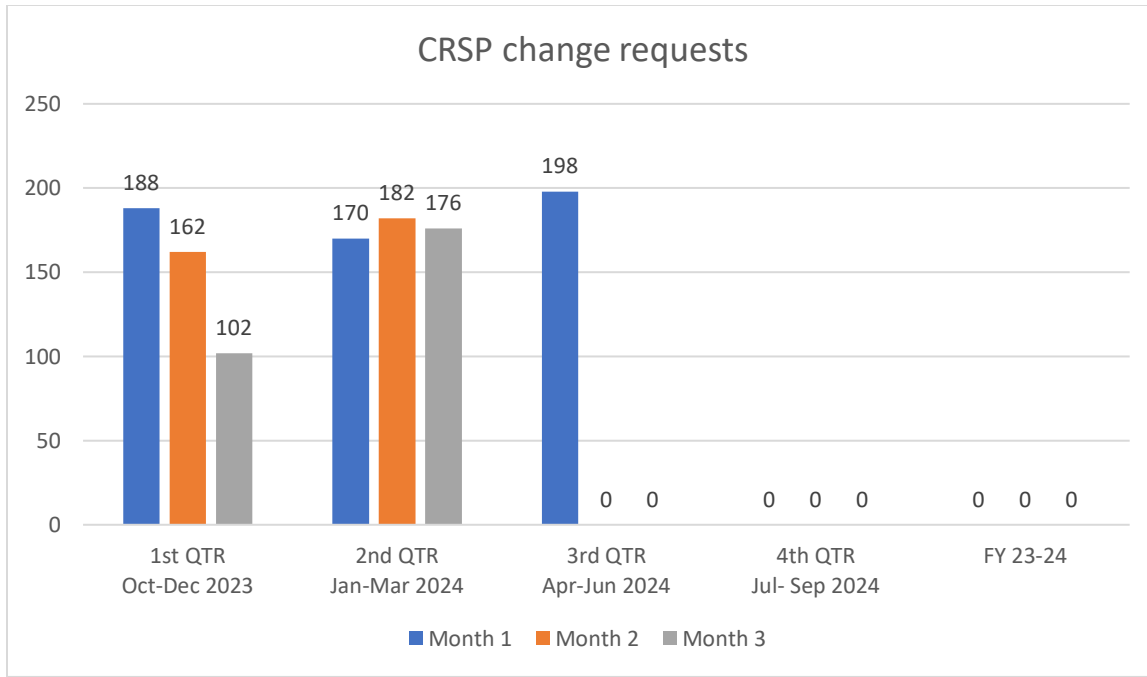
Activity 3: CRSP change requests

Description: The Access Call Center processes CRSP change requests. Existing Member's have the right to change their CRSP for any reason. Currently the procedure is for the member to contact their

current or new CRSP of choice and request assistance to complete a CRSP change request form and submit it to the Access Call Center so that MHWIN can be updated.

Current Status:

- For the month of April there were 198 CRSP change requests completed. This is the highest number of requests completed since October 2023 for FY 23-24.



Significant Tasks during this period: Currently there is one person assigned to oversee this process and update member files in MHWIN. It is this person’s responsibility to follow up with the member and CRSPs to give updates and ask questions when needed.

Needs or Current Issues: The access call center sometimes receives complaints from CRSP and members stating that the change was made in error and there has been a request to identify the common reason requests are made and the providers related to these requests. Over the next 2 quarters the Access Call Center will work to develop a more detailed reporting system for this process to include details of the CRPS involved and the reason for the request. A ticket has been submitted to IT to have these data points added to MHWIN and check each request that comes through with the member and the CRSP.

Plans: A ticket has been submitted to IT to have these data points added to MHWIN. A revised CRSP change form has been submitted for review and approval. Once approved it will be added to the DWIHN.org website and distributed to CRSPs.

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



Main Activities during August:

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

Progress On Main Activities:

Activity 1: Credentialing

- *Description:* The vetting and approval process for both current and new provider(s) into the DWIHN provider network.
- *Current Status:* May 2024- 40 practitioners and 15 providers were recommended to the Credentialing Committee for approval.
- *Significant Tasks During Period:* The Credentialing team continues to meet with the provider network to provide technical assistance with credentialing applications. Credentialing is updating policies to comply with CCBHC standards. We had one Administrative Assistant start to provide clerical support.
- *Major Accomplishments During Period:* Credentialing continues to collaborate with HR and IT on implementing the Credentialing process to ensure DWIHN Direct Staff are credentialed appropriately. In compliance with federal and State procurement requirements the Credentialing Verification Organization Request For Proposals has been published on Bid Net.
 - Issue date May 29, 2024
 - Pre-proposal Virtual conference June 13, 2024 at 10:00 am EST
 - Pre-proposal Question Deadline June 14, 2024 at 4:00 pm EST
 - Proposal Deadline June 28, 2024 at 4:00 pm EST
 - All submissions are electronic.
 - PCC will be notified when an award is made to a vendor.
- *Plan:* We continue to work with Medversant Technologies, LLC to credential the DWIHN provider network in a timely fashion. We are also looking to hire more staff to meet the needs of the organization and network.

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

- *Description:* Providers continue to be challenged with staffing shortages. DWIHN's CRSP provider Meetings and Access Committee closely monitors the impact of staffing shortages and works with providers to develop strategies to address network shortages. DWIHN has an Onboarding Process to facilitate the evaluation and vetting of new providers. RFPs are used as a strategy to recruit providers/programs in significant shortage.
- *Current Status:* DWIHN continues to monitor and notice changes in the network. We are adding additional providers to our network based on need. Request for Proposals (RFP) are also utilized as a means recruiting new providers, particularly in areas of shortages (e.g. Autism). In May, 2024 there was a total of 40 Provider Inquiry forms received from potential providers, 10 contract

expansion requests, 10 providers approved at Access Committee that will be moved through the onboarding process and no new providers added to the DWIHN network.

- *Significant Tasks During Period:* We have revised the onboarding process to for existing providers. DWIHN staff have been advised of the new process and a Clinical Assessment tool has been created to streamline decision making for onboarding of new and existing providers. Hired 1 New Provider Network Manager.
- *Major Accomplishments During Period:* Reviewed and submitted required reporting to MDHHS timely. Added Credentialing information to MHWIN for data tracking purposes. Improved Compliance with Provider Network via the Staff File Maintenance Policy. MHWIN will now have more accurate data reporting for our Provider and Practitioner Directory.
- *Plan:* Meet with internal departments to combine review tools to expedite new providers and existing providers through onboarding process. Continue to interview for Provider Network Manager – Housing.

Activity 3: Procedure Code Workgroup (PCWG)

- *Description:* The Procedure Code Workgroup assists providers by troubleshooting claims and with authorization concerns.
- *Current Status:* In the month of May 2024, the PCWG resolved 49 tickets; 28 MDHHS rate updates; 47 additional codes/rate changes to existing programs or contracts, 73 provider requested changes.
- *Significant Tasks During Period:* Added 264 new contract fee schedules and 176 Insurance billing fee schedules to MHWIN.
- *Major Accomplishments During Period:* Modified Provider Request form to add new provider types/services and capture requests from other departments to streamline process and improve efficiency and tracking. Currently receiving request via Outlook for outside departments.
- *Plan:* Train other departments on electronic Provider Request Form. Continue to track turnaround times for PCWG tickets. Ensure new programs and services are added and available for use. Continue to run cube reports to monitor and verify services credentialed/contracted are in alignment with contract fee schedules deployed.

**Program Compliance Committee Meeting
Utilization Management Department
June 12, 2024**



Main Activities during May 2024 Reporting Period:

- Habilitation Support Waiver (HSW)
- Higher Levels of Care
- Utilization of Services

Progress On Major Activities:

Activity 1: Habilitation Support Waiver (HSW)

Habilitation Support Waiver (HSW) is an intensive home and community-based treatment program designed to assist persons with severe developmental disabilities to live independently with support in the community. It is designed as a community-based alternative to residing in a group home.

MDHHS has currently provided 1,084 total HSW slots to DWHIN to utilize. A total of 1,084 slots are filled and 0 are open, for a utilization rate of 100%. There are currently 27 members with completed packets on DWHIN’s HSW waitlist. Utilization is largely dependent on when DWHIN receives disenrollment paperwork from the CRSPs and when MDHHS approves the enrollments/disenrollments. The UM Department is working with the network to ensure disenrollments are submitted the same month as the disenrollment date so that DWHIN’s utilization is a true reflection of the need for HSW slots and so member can come off the waitlist as quickly as possible.

	Oct	Nov	Dec	Jan	Feb	March	April	May
Total Slots Owned	1084	1084	1084	1084	1084	1084	1084	1084
Used	1062	1080	1084	1084	1083	1083	1083	1084
Available	22	4	0	0	1	1	1	0
New Enrollments	12	27	10	4	6	8	4	4
Disenrollments	2	4	2	2	5	3	1	9
Utilization	98%	99.6%	100%	100%	99.9%	99.9%	99.9%	100%

This increase in utilization is the direct result of multiple initiatives launched to directly target increasing utilization:

- In late March 2023 DWIHN's UM and Residential Teams partnered to launch a new collaborative effort to increase utilization. DWIHN's residential team agreed that when completing residential assessments for members they would use that opportunity to identify potential members that would be eligible and benefit from HSW enrollment. The residential team would brief members on HSW benefits and obtain the initial signature on the certification/consent form, making it easier for CRSP's to complete the enrollment process.
- In April 2023 DWHIN's UM Department began to utilize data from MHWIN to help CRSPs identify potentially eligible members to enroll in HSW. DWIHN's IT team developed a report using several data points to select DWIHN members who may meet eligibility for HSW enrollment. They then updated the list to sort by upcoming IPOS due dates and CRSPs. Every 60 days DWIHN's UM department sends out the list of identified members to the CRSPs asking them to, if appropriate, explain HSW to these members and begin the enrollment process to that it aligns with the new IPOS.
- The fact that both the residential team and the IPOS report are pulling potential HSW enrollees that the CRSPs did not identify suggested that the CRSPs needed additional training on the benefits and eligibility requirements of HSW. In Q2 of previous FY the HSW began meeting with CRSP teams to complete a training covering these topics to empower the CRSPs to identify and enroll members into HSW.

The UM Department's latest HSW related project is beginning to identify, monitor, and follow-up on members who have not received the required one HSW service per month. The UM Department reached out to the CRSPs for their feedback about these members. Of 28 members with no identified HSW service, the trends were related to staffing issues, members being out of town, and members being in the hospital for extended stays. The UM department will be working with the network providers to address staffing issues and to ensure that the network understands when to make members inactive in the MDHHS Waiver Support Application system (WSA).

Activity 2: Higher Levels of Care

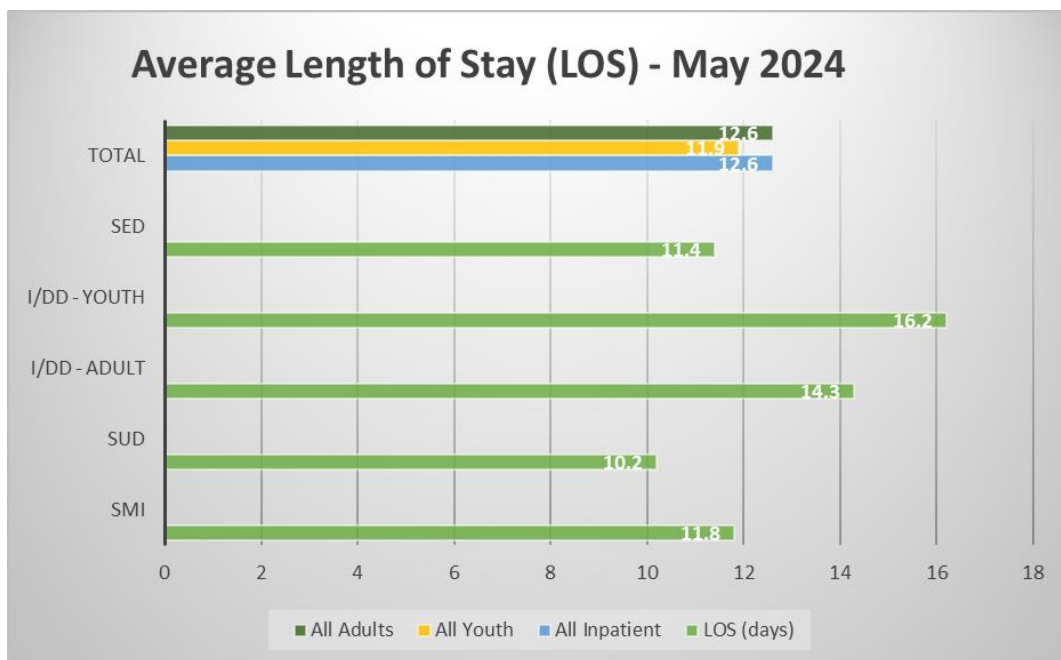
The Higher Levels of Care (HLOC) Team manages the pre-authorized services of members requiring admission to acute inpatient psychiatric units, crisis residential services, and partial hospitalization programs.

A total of 1,202 admissions including Inpatient, MI Health Link, Partial Hospital and Crisis Residential were managed by the UM HLOC team between 5/1/24 and 5/31/24. This is a 2.1% decrease from 1,228 admissions managed in April 2024. As of 5/31/24, the UM HLOC team managed a total of 857 new admissions across the provider network (including MI Health Link members). This is a 4.6% decrease from 898 new admissions in April 2024. Of the 1,202 current admissions, 196 members (16.3%) are not currently assigned to a CRSP.

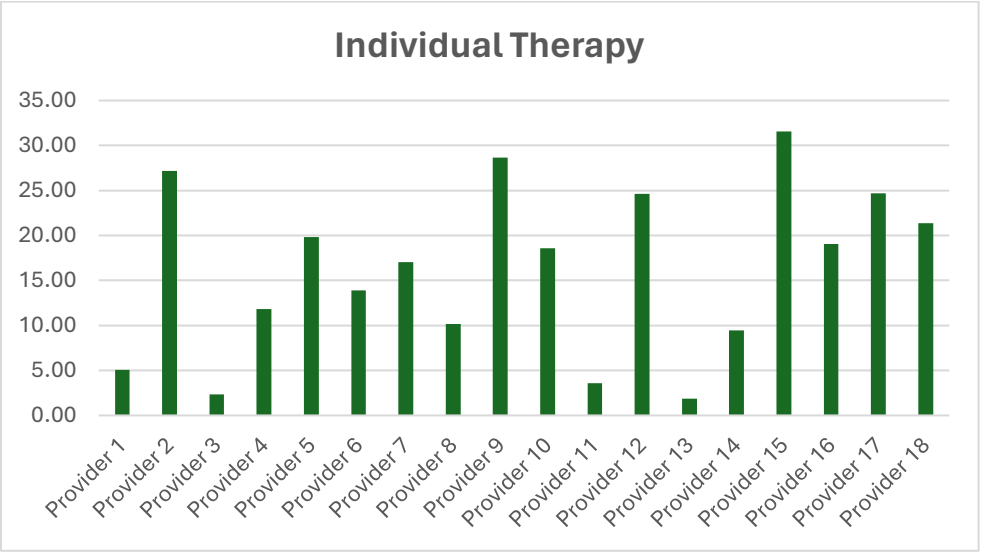
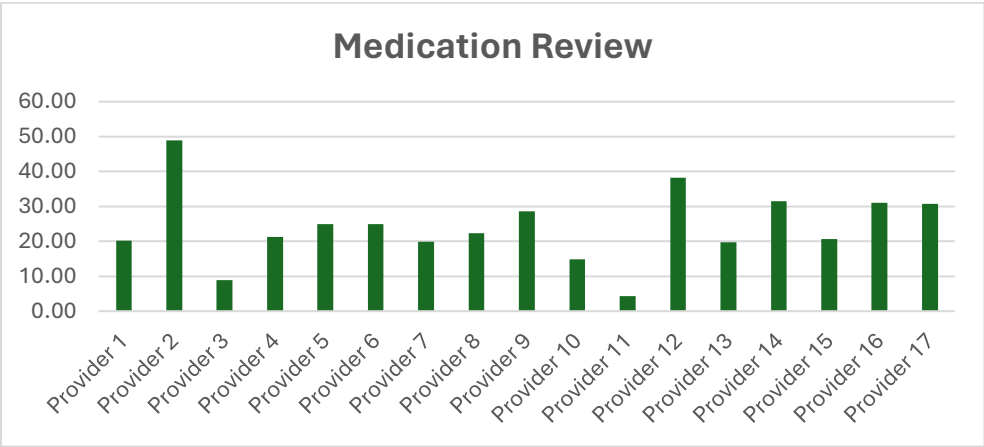
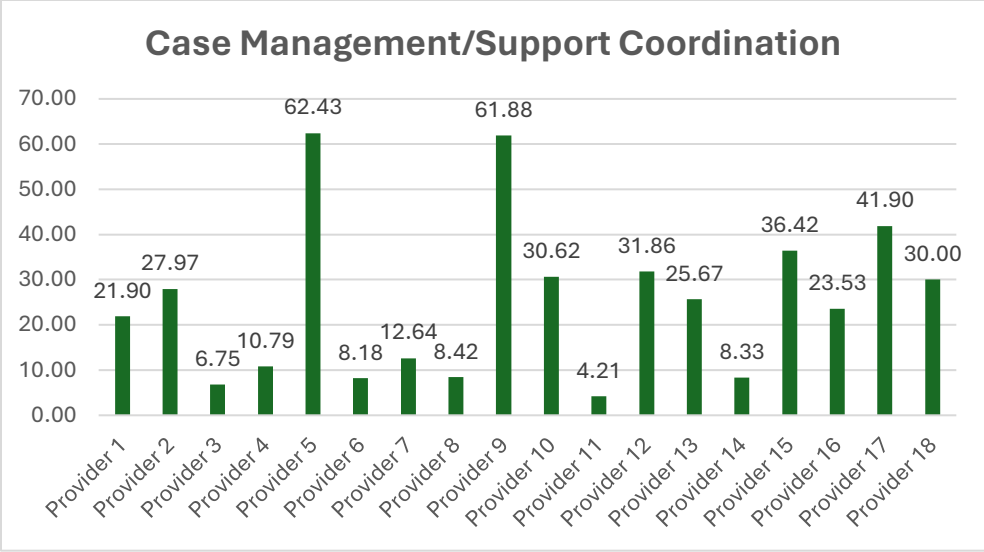
As of 5/31/24, there were 709 new inpatient admissions. This is a 7.3% decrease from 765 admissions in April 2024. This does not include most out-of-network admissions, which are not captured via MHWIN authorization reports in real time. Of the new inpatient admissions this month, 120 members (16.9%) are not currently assigned to a CRSP.

The average length of stay (LOS) for all inpatient admissions is 12.6 days. The average LOS for adults and youth is 12.6 days & 11.9 days, respectively. Please note that youth in the State Hospital (n=5) and members awaiting State Hospital placement (n=2 adults) have been removed from this data. Please also note that the average LOS for adults remains unchanged (= 12.6 days), if members awaiting state hospitalization are included.

Length of stay by primary disability designation is outlined in the chart below:



Activity 3: Utilization of Services



*Data covers 10/1/23-3/31/24

DWIHN is taking a multi-faceted approach to address this issue:

- The VP of Clinical Operations met with each individual provider's Executive Leadership to review this information and discuss what is expected in relation to the provision of services.
- Provider Leadership is comparing DWIHN's data to their internal data and will report back if there are any potential discrepancies.
- Provider Leadership is reviewing this data with their staff and providing additional training and outlining expectations of service provision. This includes requesting the amount of services that are medically necessary and person-centered.
- DWIHN will be providing training to provider staff on person-centered planning and the appropriate request and utilization of services, including completing treatment plan addendums when necessary.
- DWIHN is updating the Service Utilization Guidelines to ensure alignment with Best Practices and utilization trends.
- DWIHN's UM Department will analyze trends post-training to assess overall effectiveness.

Program Compliance Committee Meeting
Ryan Morgan Residential Services
Date May 31st 2024



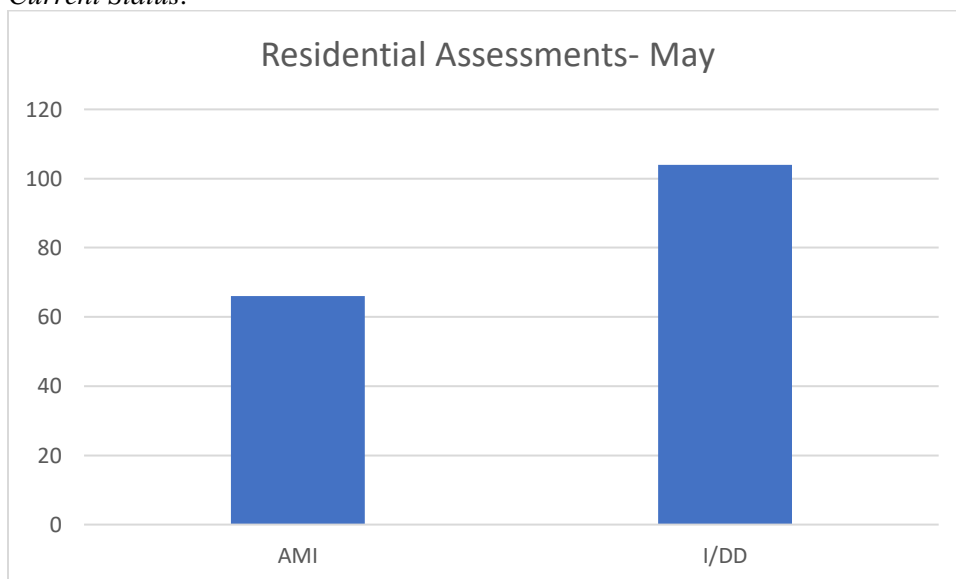
Main Activities during Quarter Reporting Period: May 2024

- **Residential Assessment Updates**
- **Residential Hospitalization Trends**
- **New Residential Progress Note in Development and New Residential Manager started Danita Love-Carter**

Progress On Major Activities:

Activity 1: Updating Residential Assessments

- *Description:* The Residential Department began the task of updating AMI residential assessments at the beginning of FY 2024. This month the department began transitioning our focus to also ensure that I/DD members have updated assessments. It is important that all members have updated assessments that accurately reflect their needs. This assessment helps ensure that the individual has the appropriate amount of support needed in the home.
- *Current Status:*



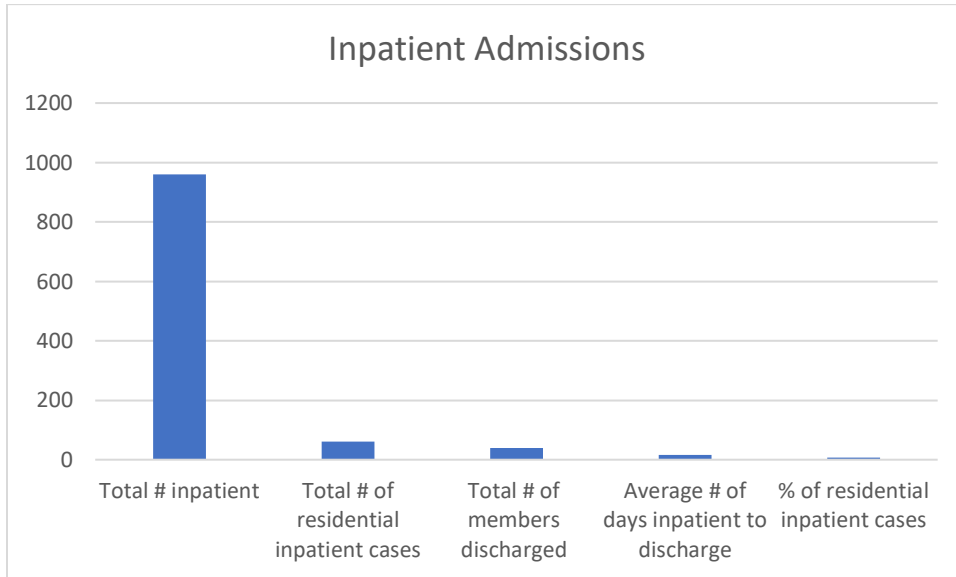
For the Month of May 104, I/DD residential assessments were completed compared to 66 AMI assessments.

- *Significant Tasks During Period:* Continued to schedule three (3) residential assessments for thirteen (13) residential care specialists per day. Developed a plan for the Authorization Department to notify the AMI Department of upcoming IPOS' due in the next quarter in order to maintain up to date assessments moving forward.
- *Major Accomplishments During Period:* Completed 170 Residential Assessments during the month of May. Overall, this brings the total number of Residential Assessments completed in FY 24 to 1,405.
- *Needs or Current Issues:* Coordination with supports coordinators and case managers so they are aware of scheduled assessments and ensuring they are in attendance for the assessment.

- *Plan:* We plan to shift two staff, who were assisting with updating the AMI assessments, to now focus their attention on I/DD assessments.

Activity 2: Review of Medicaid inpatient hospitalization data

- *Description:* Continue to look at the inpatient hospitalization data for Residential Services in order to decrease the frequency and duration of hospitalized members in the program.
- *Current Status:*



Total # inpatient	960
Total # of residential inpatient cases	61
Total # of members discharged	39
Average # of days inpatient to discharge	16.6
% of residential inpatient cases	6.35

- *Significant Tasks During Period:* The Residential Services Department is currently serving 1,168 members in licensed settings and 674 members in unlicensed settings in Wayne County.
- *Major Accomplishments During Period:* The Residential Department was able to onboard five (5) new providers in the month of May and residential authorizations are being approved within an average of 5.15 days.
- *Needs or Current Issues:* We continue to need more barrier-free facilities that can manage older adults with significant medical issues. Additionally, the department is seeing an increase in young adults with significant behavioral needs that can be difficult to place.
- *Plan:* Continue to coordinate with other departments including Utilization Management to promote discharge efficiency and hire an additional Residential Care Coordinator to assist with brokering placements.

Quarterly Update:

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

- Discharged five (5) individuals into the community from Walter P. Reuther State Hospital.
- 1,405 Residential Assessments completed this fiscal year.
- Danita Love-Carter started in the role of I/DD manager on May 28th and Harriet Siddiqui is transitioning into a part-time Residential Care Specialist role in July.
- Hired an additional Residential Care Coordinator starting in July.

- **Identified Opportunities for Improvement:**

- Work to improve the amount of time it takes to locate residential placements and discharge members from the hospital.
- Residential still has one Residential Care Coordinator position open along with one Residential Care Specialist.

- **Progress on Previous Improvement Plans:**

- Met to update residential progress note and residential referral. Will complete video recorded training in June that can be distributed to all providers on how to complete the progress note.
- Onboarded five (5) residential providers in May.

Innovation & Community Engagement Department

APRIL 2024

Main Activities during Reporting Period:

- Justice-Involved Efforts
- Community Engagement Efforts

Progress On Major Activities:

Activity 1:

Justice-Involved Activities – Co-response mental health teams, 911 Embedded Behavioral Health, Mental Health Jail Navigator and Detroit Homeless Outreach Team. The Justice-Involved Initiatives are implemented to offer support to our law enforcement and jail partners. Since our collaboration has expanded communities throughout Wayne County are more knowledgeable about DWIHN services.

Description: Brief description of activity.

During the month of April, there was participation in weekly Detroit Homeless “DHOT” Outreach Meetings. Identified complex cases and assisted with coordination of care to address individual needs. The DHOT Teams – DWIHN-DPD encountered 79 individuals. DWIHN-DPD’s team continues to introduce the Homeless Outreach Bus to various Detroit neighborhood community organizations, maintain communication and collaboration with community organizations, such as Salvation Army, Wayne Metro and various community resources for clothing and housing support. Partnerships were established to ensure unhoused individuals receive adequate resources to address their needs. At the time of this report, Central City Integrated Health had not reported any data.

A Behavioral Health Specialist (BHS) continues to be embedded at DPD’s Communication Center to assist with any calls that need mental health support and resources. There were 9 individuals referred for follow-up, who received various mental health resources and support. This number is consistent with previous months.

Regularly DWIHN Co-Response check-ins occurred. In the month of April DPD co-responders had an approximate total of 331 encounters (35 mental health non-violent, 50 mental health violent not-armed, 35 mental health violent-armed, and 13 suicide attempts/in-progress), 33 individuals were connected to a service. Various resources were provided for mental health, substance use, and housing needs. The number of calls for service tends to lightly fluctuate each month and seems to hover around 330-360.

The Mental Health Jail Navigator referrals remain consistent, 8 individuals were referred and interviewed, 7 met the criteria, and were referred to various treatment providers, Genesis House III, Team Wellness Center, and/or Christian Guidance Center. Currently, all individuals are being monitored and receiving jail navigation services.

Current Status:

Justice Involved Initiative	Number of Encounters/Screened	Connected to a service/resources/supports
Co-Response Teams	331	33
Mental Health Jail Navigator	8	7
Communications Behavioral Health Specialist	9	9
Detroit-Homeless Outreach Team	79	8

- *Significant Tasks During Period:*
DWIHN offered Mental Health First Aid and Crisis Intervention Team training throughout the reporting month.
- *Major Accomplishments During Period:*
Major accomplishments included 427 encounters from all justice-involved teams, and 220 individuals were connected to a DWIHN resource.
- *Needs or Current Issues:*
The challenges are the lack of housing resources for individuals within Detroit and Wayne County. The point of entry/access is through CAMS, individuals are placed on a list, regardless of housing needs. In addition, follow-up is minimal, individuals report being placed on the list for 2 years. Housing shelters aren't adequately staffed, and living conditions are deplorable, because of this, individuals decline shelter resources.
- *Plan:*
 - DWIHN is seeking to hire additional staff to support the expansion of justice-involved partnerships throughout Wayne County.
 - Increase DWIHN involvement with the Homeless Action Network of Detroit (HAND) and Out Wayne County continuum of Care.

Activity 2: Workforce Development & Community Engagement

Annual Integrated Co-Occurring Conference

- *Description:*
Staff have identified speakers and finalized the conference location. The plenary speakers Michael Johnson and Jamelia Hand have both confirmed.
- *Current Status:*
Legal has begun issuing contracts and the planning and coordinating conference workshops is near final.
- *Significant Tasks During Period:*
Registration for the event has been opened and the event venue has been secured.
- *Major Accomplishments During Period:*
- Legal has begun issuing contracts and the planning and coordinating conference workshops is near final. Registration is now open.
- *Needs or Current Issues:*
There are no current challenges.
- *Plan:*
Innovation and Community Engagement continues to research and identify best evidence-based practices.

LOSS Team Training

Description: Offered post-vention services to surviving victims of suicide loss through the Local Outreach for Suicide Survivors (LOSS) Team.

Current Status: Ongoing

Significant Tasks During Period: Attended training sessions with other LOSS Team members from the State of Michigan. Learned techniques to support services to recent survivors of suicide loss.

Major Accomplishments During Period: Our team is assisting by enhancing the support network for survivors of suicide loss as led by the MDHHS.

Needs or Current Issues: Need for more trained volunteers to expand service reach.

Plan: We are aiming to launch a recruitment drive for new volunteers and raise awareness. We will offer additional training sessions to onboard new team members. We have been consistently showing up for our community to support the surviving families.

Things Doing Especially Well: Providing compassionate and effective post-vention support. The entire team has been present in the community within various capacities. This is supporting DWIHN with visibility. More community partners are reaching out asking for training, speakers, or partnerships.

All hands were on deck for the 2024 NFL Draft. The Director coordinated a team of 30 individuals to provide behavioral health support in partnership with the Detroit Police Department. Staff provided resources, verbal de-escalation in a handful of situations, and a display of partnership. The CEO of the county CMH in Wisconsin has reached out for insight on our efforts to assist them with planning for the 2025 NFL Draft.

Identified Opportunities for Improvement: Expand outreach efforts to ensure more communities are aware of the LOSS Team services.

Progress on Previous Improvement Plans if relevant: Developed a comprehensive training manual for new LOSS Team members.

PIHP Crisis Services Department, May Report 2024

Daniel West, Director of Crisis Services

6/3/2024



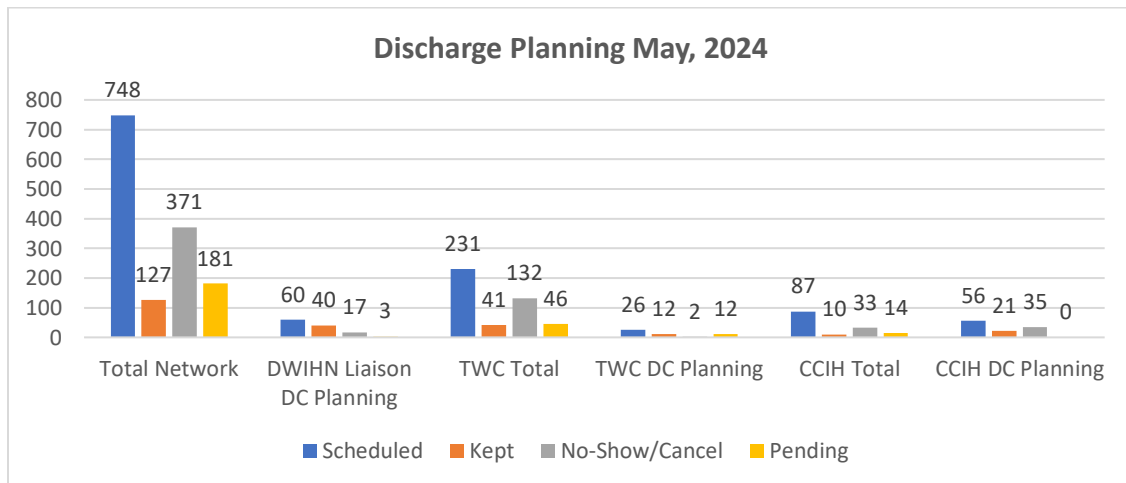
Main Activities during May 2024:

- Discharge planning for members in inpatient hospitals.
- Increase diversions to lower levels of care.
- Reduce inpatient hospitalizations.

Progress On Major Activities:

Activity 1: Discharge planning for members in inpatient hospitals.

- **Description:** DWIHN Liaisons continue to meet with members at selected inpatient hospitals (BCA, Kingswood, Beaumont Behavioral) to engage the members in discharge planning when admitted without an assigned provider. Liaisons meet with members to discuss barriers to ongoing service connection and support selection of a preferred provider prior to discharge. Liaisons complete a discharge planning worksheet, coordinate with inpatient treatment teams, and work to ensure the member attends their hospital discharge planning appointment. The Crisis Services Department continues to work with Team Wellness (TWC) and Central City Integrated Health (CCIH) to support these providers to engage their assigned members in discharge planning.
- **Current Status:**



**No-show includes canceled by member/staff at CRSP, remainder are rescheduled by member/staff

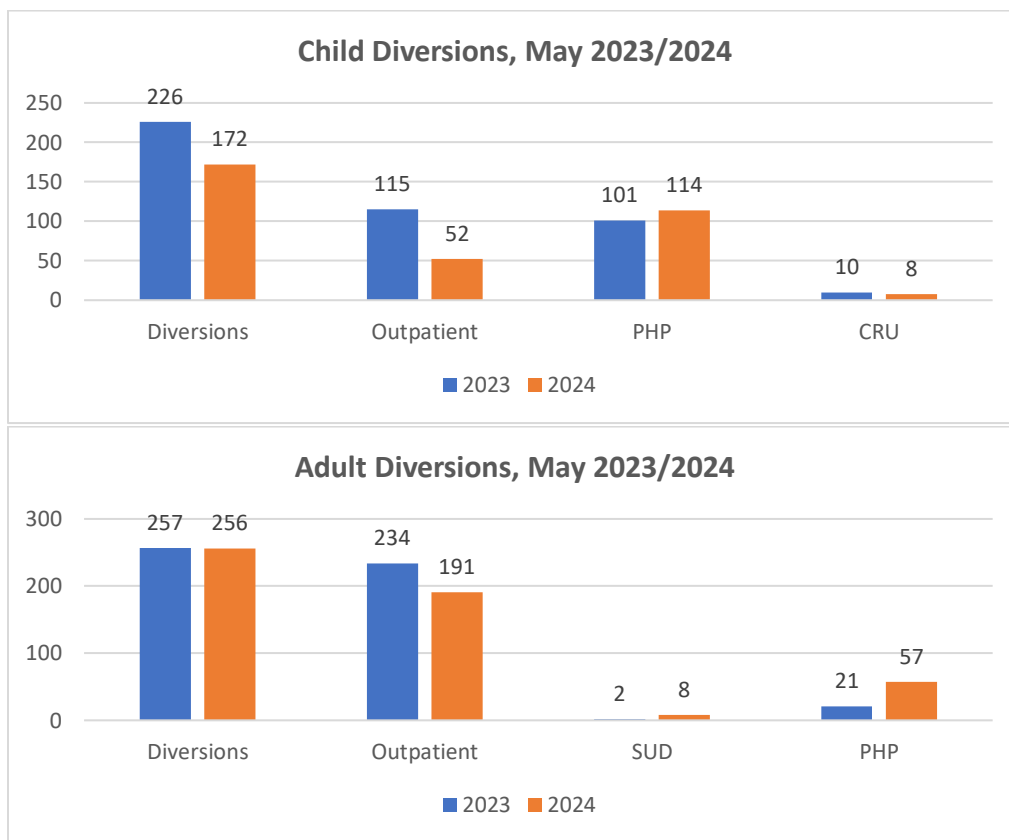
- **Significant Tasks and Major Accomplishments During Period:** Across all CRSP providers in May 2024, 17% of hospital discharge appointments were kept, whereas with DWIHN Liaison involvement, 66% of hospital discharge appointments were kept with member-selected providers. Overall, TWC members kept 18% of their hospital discharge appointments, but with targeted TWC discharge planning involvement, 46% of their appointments were kept. Similarly, with CCIH, 11% of their members kept their hospital discharge appointments overall, but with targeted CCIH discharge planning involvement, 37% kept their appointments.
- **Needs or Current Issues:** The Crisis Services Department recognized the need to verify whether members have kept or missed their hospital discharge appointments within claims data, and to compile a list of reasons for missed appointments to identify areas to intervene. The team

worked with IT to develop a report based on claims data to verify kept hospital discharge appointments based on claims data to be utilized moving forward.

- **Plan:** The team will utilize claims data and work with Access to ensure baseline data on hospital discharge appointment status is verified to show effectiveness of this intervention. The team will utilize the claims report to follow up on previous months and revisit.

Activity 2: Increase diversions to lower levels of care.

- **Description:** The Crisis Services Department works with crisis screening partners to assess members in crisis and provide services in the least restrictive environment. The team meets regularly with the screening agencies for adults and children to identify opportunities within clinical documentation and medical necessity for a diversion to a lower level of care.
- **Current Status:**

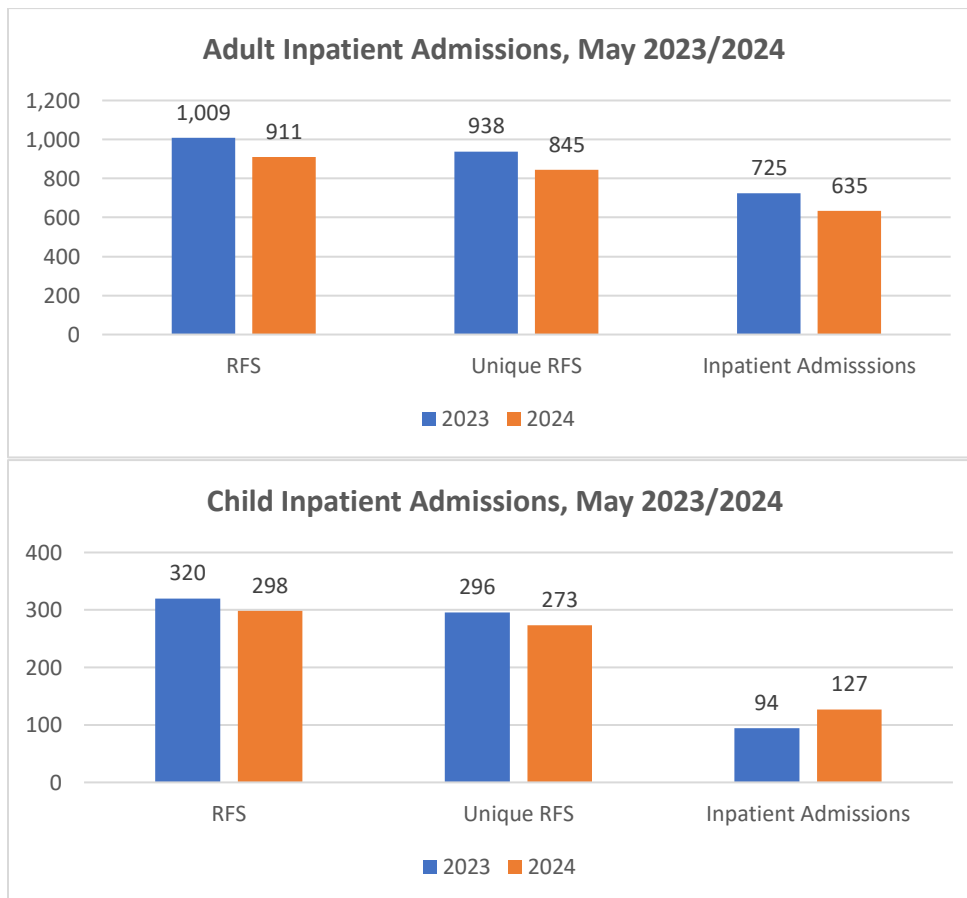


- **Significant Tasks and Major Accomplishments During Period:** Compared to May 2023, adult diversions have remained similar, as outpatient referrals decreased. However, referrals to SUD treatment and Partial Day Hospitalization (PHP) have increased. For children, diversions have also decreased compared to May 2023, and there was a decrease in overall requests for service by 6% (320-298). Referrals for PHP increased slightly for children.
- **Needs or Current Issues:** The team has recognized that there are opportunities within the clinical documentation where a lower level of care can be authorized based on medical necessity. The team has also recognized that follow up on diversions is necessary to determine the effectiveness of the diversion over time.

- **Plan:** The Crisis Services department will provide training to the screening agencies on diversions to lower levels of care. The team will develop a method to analyze data on effectiveness of diversions from the ED.

Activity 3: Reduce inpatient hospitalizations.

- **Description:** The Crisis Services Department works with screening agencies to reduce the number of inpatient hospitalizations for members assessed in crisis. Historically, members in crisis are admitted to an inpatient level of care approximately 70% of the time, and the team has recognized a need to reduce this rate of hospitalization.
- **Current Status:**



- **Significant Tasks and Major Accomplishments During Period:** Inpatient admissions have decreased from May 2023 compared to May 2024 for adults; however, there was an increase in inpatient admissions for children in the same timeframe.
- **Needs or Current Issues:** The team has found there to be an increase in recidivism among children, resulting in an increase in hospitalization data in May 2024.
- **Plan:** The team will continue efforts to involve the CRSP in the notification of inpatient admissions and continue to utilize the clinical review form created by the Children’s Initiatives Department to ensure medically necessary services are in place and reviewed based on information from the crisis encounter. Recidivistic cases will be identified and provided to the team from the screening agencies, and a clinical care review form will be sent to the assigned providers.

Monthly Update:

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

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

- **Identified Opportunities for Improvement:**

- The team has found there to be a need to support the screening agency clinicians and leadership in accessing lower levels of care in crisis. Within the pre-admission review audits conducted, the team has found there to be opportunities for diversion within the clinical documentation. In addition, when members are diverted from a higher level of care in crisis, the need for follow up over time is apparent to determine if a diversion was effective.

- **Progress on Previous Improvement Plans:**

- Preliminary recidivism percentage decreased for adults in Q3, and recidivism percentage increased for children.

	Recidivism	
	Adult	Child
2nd Quarter **	16.65%	8.93%
3rd Quarter **	14.40%	11.61%
	**Results preliminary	



Detroit Wayne Integrated Health Network

Program Compliance Committee Meeting

Judy Davis, SUD Director

Date: June 12, 2024

Main Activities during the month of May 2024:

- *Medication Assisted Treatment Mobile Unit*
- *Continuum of Treatment Services*
- *Evaluated Prevention Program*

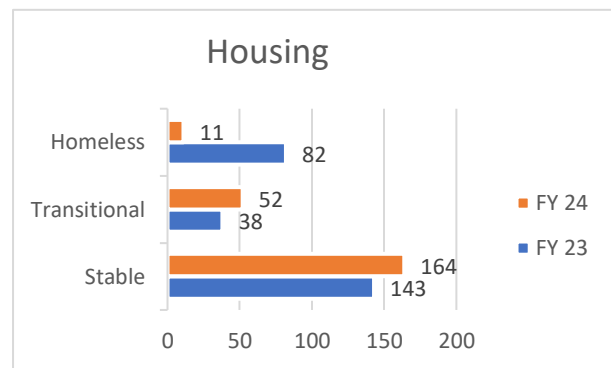
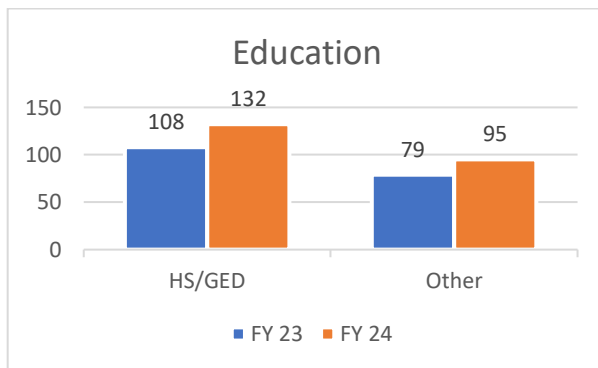
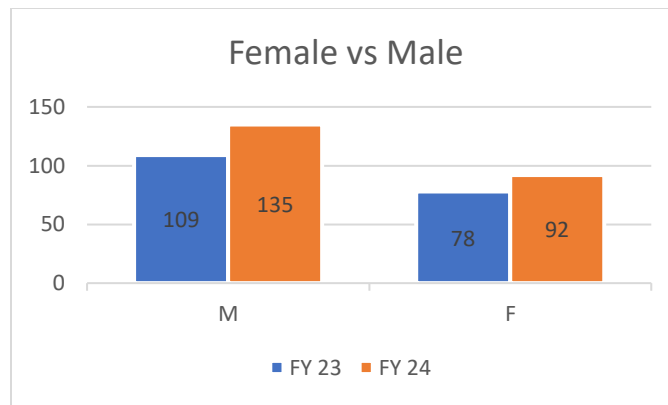
PROGRESS ON MAJOR ACTIVITIES

Activity I: Medication Assisted Treatment Mobile Unit

Description: The Medication Assisted Treatment (MAT) mobile unit is a specialized medical facility on wheels designed to provide MAT treatment services to underserved communities. This state-of-the-art vehicle is equipped with medical staff, examination rooms, and the necessary supplies to administer medication and therapy to individuals struggling with opioid substance use disorders. The mobile unit travels to different locations to reach individuals who may not have easy access to traditional healthcare facilities, offering a convenient and confidential way to receive critical MAT treatment and support.

MAT Mobile Unit Locations:

- 10400 Mack Avenue, Detroit MI 48214 (Mack & Bewick area)
 - 7220 Gratiot, Detroit MI 48213 (Gratiot & E. Grand Blvd. area)
 - 43687 Michigan Avenue, Canton MI 48188
- **Current Status:** In FY23 there were 78 females who received services via mobile unit. This number increased to 92 in FY24. The number of males who received services also increased from 109 in FY23 to 135 in FY24. Most individuals served achieved a high school diploma (n=132), and most of the members identify as African American (n=145). The most widely used substance reported by individuals served was heroin with 79 self-reports. Marijuana use was self-reported by 32 individuals, and 18 individuals self-reported cocaine use. The percentage of employed individuals increased from 1% in the previous year to 24% this year. Fortunately, no individuals tested positive for HIV; however, there were eight (8) reported overdoses. All individuals received free Narcan as part of the services provided.



- Significant Tasks During Period:** The SUD Department provided technical assistance training to the OTP providers about the updates to the rules 42CFR pt 8. This update is important as it emphasizes creating a treatment environment that offers flexibility in crafting individualized plans of care based on specific aims and health needs. The new rules remove obstacles to treatment that made it difficult for some people to enter or remain in treatment in the past. Practitioners are no longer required to follow rigid criteria to determine the number of take-home methadone doses for a member. Instead, they are now guided by harm reduction approaches, shared decision making, and considerations of your safety and unique circumstances. This helps balance the benefits and risks of methadone take-home doses.
- Major Accomplishments During Period:** SUD reviewed and evaluated member outcomes regularly assessing the effectiveness of treatment programs and the progress of individuals seeking support for opioid use disorders. This ensures that SUD providers are meeting the needs of their members.
- Needs or Current Issues:** The current needs and issues include the ongoing requirement for tailored SUD treatment and support services for underserved communities, particularly for females. It is essential to continue addressing the specific needs of individuals with substance use disorders, including those with co-occurring health conditions such as HIV. Additionally, there is a continued need for harm reduction strategies and the provision of free Narcan to ensure the safety of individuals at risk of overdose. Furthermore, efforts to enhance education, employment opportunities, and retention in the program are crucial to supporting the long-term recovery and well-being of those receiving services.
- Plan:** The plan moving forward is to further tailor SUD treatment and support services to meet the specific needs of the individuals, with a continued focus on providing specialized care for females. This includes enhancing the provision of comprehensive services for co-occurring

health conditions, such as HIV, and ensuring the availability of harm reduction resources, including free Narcan. Efforts will also be directed towards strengthening educational and employment support to promote sustainable recovery and independence. Additionally, there will be a focus on implementing strategies to further increase retention and engagement in the program, ensuring that individuals receive the ongoing support they need for long-term recovery and well-being.

Activity 2: Continuum of Treatment Services

- **Description:** The SUD Department is dedicated to providing comprehensive support and care through our 31 treatment programs, which collectively serve over 15,000 members every year. Each program is tailored to meet the diverse needs of our community, ensuring that individuals receive the specific care and attention they require to achieve their wellness goals. Our commitment to serving such a large number of members reflects our dedication to making a positive impact on the lives of those we reach.

Continuum of Service	Number
Outpatient (OP)	19
Opioid Treatment Programs (OTP)	7
Intensive Outpatient (IOP)	17
Residential (Res)	10
Withdrawal Management (WM)	5
Recovery Housing (RH)	13

- **Significant Tasks During Period:** Since 2020, SUD focus for the 31 treatment programs has been to increase access to services for our members. One of the key initiatives has been issuing a Request for Qualification (RFQ) to bring in four (4) new treatment providers for the current fiscal year (FY24). Additionally, the SUD program successfully filled 85 openings for outpatient, residential, and withdrawal management programs in the month of May. However, there were some challenges, as 35 members did not respond to follow-up calls, 11 were still in progress, and 10 calls failed through our Call Center. The SUD Department will provide insights to the Call Center regarding member engagement trends and help streamline the call center operations to minimize call failures.
- **Major Accomplishments During Period:** The SUD Department worked with the Managed Care Operations Department to impanel new providers into the SUD network. This process involved coordinating with various teams to ensure a smooth onboarding process for the new providers. The SUD team collaborated on credentialing, contracting, and network adequacy to meet regulatory requirements. Additionally, the team conducted training sessions to familiarize the new providers with our systems and processes. Overall, the collaboration was successful in expanding our network and improving access to care for our members.
- **Needs or Current Issues:** The current issues include the need to create more innovative programs aimed at decreasing stigma and enhancing member engagement. These issues are crucial for improving the overall effectiveness and accessibility of SUD programs.
- **Plan:** Implementing a continuum of care can improve enhanced care coordination, and patient-centered care. The RFQ process implemented by the SUD Department facilitates better coordination among providers, reduces and prioritizes individual member needs and preferences for a more holistic approach to care.

Activity 3: Prevention Program Evaluation

- **Description:** SUD Prevention services reduce the risk factors associated with substance use disorder by providing education, outreach, and support to individuals and communities. These services may include awareness campaigns, and resources to promote healthy decision-making and prevent the onset of substance abuse. By offering early intervention and evidence-based strategies, SUD Prevention services empower individuals to make informed choices and lead healthier lives.
- **Current Status:** During the month of May, DWIHN Prevention Providers made a significant impact by providing **1,238** instances of information dissemination, ensuring that vital knowledge reached a wide audience. Additionally, they conducted **3,058 reached services**, tailoring support to the specific needs of each participant, and organized **16,295** community sessions, fostering a sense of unity and shared responsibility within the community. These efforts demonstrate the dedication of DWIHN Prevention in effectively promoting health and well-being.
- **Significant Tasks During Period:** Throughout the month of May, providers had the opportunity to provide details about their prevention-focused events by utilizing the SUD Prevention Smartsheet tool. This data collection effort allowed providers to showcase the various ways in which they actively engaged youth, distributed vital information about prevention, involved peer leaders, and implemented other impactful initiatives aimed at promoting wellness and preventing substance abuse. The wealth of information shared through these submissions highlighted the diverse and innovative approaches taken by providers to address prevention within their respective communities.
- **Major Accomplishments During Period:** A key pillar of Prevention efforts this month was collaboration. It's essential to ensure that providers are engaging and collaborating with other organizations to address prevention efforts. The SUD team works in collaboration with over 20 coalitions to ensure their feedback is heard. Organizations have opportunities to share their ideas through conversation with leaders and can provide feedback about ongoing prevention efforts.
- **Needs or Current Issues:** The current issue involves creating a strong initial impact to launch a committee for prevention efforts and ensuring its adoption in the field. Additionally, the focus will be on elevating drug prevention and showcasing evidence-based approaches used in the field.
- **Plan:** Implementing an approach to create a dedicated committee focused on prevention efforts will be a key initiative. Additionally, the committee will emphasize drug prevention efforts through targeted awareness campaigns, aiming to establish a strong foundation and foster supportive engagement within the field.

Highlights:

Summary of 42 Code of Federal Regulations (CFR) Part 2, Confidentiality of Substance Use Disorder Beneficiary Records, Final Rule

The U.S. Department of Health & Human Services through the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Office for Civil Rights announced on February 8, 2024, a final rule that modifies the Confidentiality of Substance Use Disorder (SUD) Beneficiary Records regulations at 42 CFR Part 2 ("Part 2"). The final rule becomes effective April 16, 2024, and entities will have until February 16, 2026, to be in compliance. The changes were made in an attempt to better align Part 2 with the Health Insurance Portability and Accountability Act (HIPAA) regulations around consent, civil penalties and breaches.

The following is a summary of the major changes of the final rule:

- Adoption of HIPAA's deidentification standards that permit Part 2 programs to disclose de-identified data to public health authorities.
- Beneficiary Consents:
 - Aligns requirements for Part 2 written consent to use or disclose Part 2 records with most of the content requirements for a valid HIPAA authorization.
 - A single consent can be used for treatment, payment and health care operations (TPO).
 - Unless revoked, a recipient Part 2 program, HIPAA covered entity, or business associate receiving Part 2 records under such a consent may use and redisclose those records for TPO as permitted by HIPAA.
- New definition for SUD clinician's notes documenting or analyzing the conversation in an SUD counseling session that can be maintained separately from the rest of the beneficiary's SUD treatment record (this would require a specific consent for disclosure).
- Permission to use or disclose Part 2 records must be given on separate consent form:
 - Prohibits combining consent for the use and disclosure of records for civil, criminal, administrative, or legislative proceedings with beneficiary consent.
 - Requires a separate beneficiary consent for the use and disclosure of SUD counseling notes.
 - Copy of consent or a clear explanation of scope of the consent must be provided with the record(s) being disclosed.
 - Clarifies how beneficiaries (by name or "class of persons", etc.) may be designated in a consent to use and disclose Part 2 records.
 - Permits Part 2 programs to disclose to public health authorities (without need for beneficiary consent) deidentified beneficiary information that meets the HIPAA standards for de-identification.
- Aligns Part 2 beneficiary notice requirements with the requirements of the HIPAA Notice of Privacy Practices.

- Adds civil money penalties for violations of Part 2 (same as HIPAA violations).
- Restricts the use of records and testimony in civil, criminal, administrative, and legislative proceedings against beneficiaries, absent beneficiary consent or a court order.
- HIPAA Breach Notification Rule has been adopted and applies to Part 2.
- The Qualified Service Organization definition was modified to include HIPAA business associates when the Part 2 program is also a HIPAA covered entity.
- New definitions were added, and some modified, to align with existing HIPAA terms.

The following has not changed in Part 2:

- SUD Treatment records cannot be used to investigate or prosecute the beneficiary without written consent or a court order.
- Records from an audit or evaluation cannot be used to investigate or prosecute a beneficiary without written consent or a court order.

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 24-06R6 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 6/20/2024

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Provider Network System FY 23/24

Address where services are provided: Service Provider List Attached

Presented to Program Compliance Committee at its meeting on: 6/12/2024

Proposed Contract Term: 5/1/2024 to 9/30/2024

Amount of Contract: \$ 805,847,768.00 Previous Fiscal Year: \$ 804,448,924.00

Program Type: Continuation

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

Date Contract First Initiated: 6/1/2024

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).

BA # 24-06 R6 is requesting the addition of the following 5 providers to the DWIHN provider network:

Residential Providers:

1. Lionessden Homes, LLC
(Credentialed 5/16/2024 for Personal Care in Licensed Residential Setting; Community Living Support)
2. Paris Safe Keeping
(Credentialed 5/15/2024 for Personal Care in Licensed Specialized Residential Setting; Community Living Support)

3 SUD Providers:

The following providers were placed on the SUD RFQ Qualified List:

1. Spectrum Human Services
(Credentialed 11/16/2023 for Outpatient; Intensive Outpatient (IOP); Case Management)
2. Positive Images
(Credentialed 4/15/2024 for Outpatient; Intensive Outpatient; IOPD; Case Management; Residential; Recovery Support Services; Recovery Housing; Day; WSS; PPW)

3. CareFirst Community Health Services,
(Credentialed 3/12/2024 for Outpatient; Intensive Outpatient (Level I and II); Intensive Outpatient with Domicile; Recovery Support Service; Recovery Housing; Case Management) MDHHS/LARA SA0820604

BA # 24-06 R6 requires no budget increase due to the reallocation of funds within the total budget.

Detroit Wayne Integrated Health Network (DWIHN) is requesting approval for continued funding for the Provider Network System for the fiscal year ended September 30, 2024. This 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 based on prior year activity and are subject to change.

Note 1. The board action amounts include: Mental health treatment services, Autism, Children's Waiver, SED Waiver, children crisis services and SUD Medicaid, HMP and block grant treatment, Behavioral Health Home and Opioid Health Home services which are supplemental, voluntary services that Medicaid members with specific diagnoses may opt into to receive comprehensive care coordination facilitated by a health home care team and EBSE claims based activity.

In addition, it should be noted that the hospitals listed under HRA change based on consumers stay. As such, hospitals may be added and amounts reallocated without board approval to avoid delay of payment; the funds are a pass through from MDHHS.

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 23/24	Annualized
Multiple	\$ 805,847,768.00	\$ 805,847,768.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 805,847,768.00	\$ 805,847,768.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

Board Action #: 24-06R6

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Wednesday, June 5, 2024

Signed: Wednesday, June 5, 2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 24-12R3 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 6/20/2024

Name of Provider: DWIHN SUD Department

Contract Title: Substance Use Disorder- Treatment

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 6/12/2024

Proposed Contract Term: 6/24/2024 to 9/30/2025

Amount of Contract: \$ 7,646,481.00 Previous Fiscal Year: \$ 6,765,483.00

Program Type: Continuation

Projected Number Served- Year 1: 1,500 Persons Served (previous fiscal year): N/A

Date Contract First Initiated: 5/1/2025

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).

This revised board action is requesting the support of six initiatives for a total amount of \$165,000 in PA2 funds.

The following details the plan to support the various initiatives:

(1) \$25,000.00 in PA2 funds to allocate to W Buchanan Group to implement yoga services for members in substance use disorder (SUD) treatment at DWIHN. Yoga is a proven tool to help individuals cope with stress and anxiety, improve physical and mental well-being, and promote relaxation and mindfulness. The primary objective of introducing yoga services for members in SUD treatment is to provide them with a healthy and positive activity to replace substance use. The allocation is for July 2024- December 2024

(2) \$35,000.00 in PA2 funds for the annual statewide Celebrate Recovery Walk and Rally in collaboration with the National Council on Alcoholism and Drug Dependence (NCADD). The event will be held on Saturday at Belle Isle, September 13, 2024. This event is where people in recovery, their family and friends, addiction professionals and others can fellowship and speak out about the reality of recovery.

(3) The 2024 8th Annual Opioid Summit will receive \$30,000.00 in PA2 funds. The summit is a joint effort with Michigan Public Health Institute (MPHI) and Southeast Michigan Alliance for Addiction-free Communities (SEMAAC). It aims to educate participants on current programs addressing substance use disorder in SE Michigan, including prevention, treatment, harm reduction, and recovery. The event will also focus on equity,

racial disparities, lessons learned from the pandemic, and their application to addressing the substance use crisis. The conference is scheduled for August 21st, 2024.

(4) \$48,000.00 in PA2 funds will be used to purchase NaloxBox units with Novaceuticals . These units will be strategically located in high-traffic areas and identified hotspots within the community, such as schools, community centers, and areas with high incidences of opioid-related emergencies. The NaloxBox units will house emergency naloxone kits, equipped with clear instructions for immediate use by bystanders or first responders in the event of an opioid overdose.

(5) \$27,000.00 in PA2 funds to cover the leasing and operational costs of a Test and GO kiosk machine with Longview International Testing Technology Solutions (LTS), amounting to \$1750.00 per month. The proposal entails leasing the machine for the remainder of fiscal year 2024 and fiscal year 2025. This strategic investment aims to drive utilization of testandgo kiosks and significantly expand the availability of comprehensive, whole-health solutions within Wayne County, with a specific emphasis on access to Narcan and other vital harm reduction tools

Treatment services will be funded with Federal Block Grant dollars (\$5,717,381) and PA2 funds (\$1,929,100), together totaling \$7,646,481 for the fiscal year ended September 30, 2024.

DWIHN has the discretion to allocate the funds among the providers based upon utilization without board approval up to an amount not to exceed \$7,646,481.

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

Source of Funds: Medicaid,Block Grant,PA2

Fee for Service (Y/N): N

Revenue	FY 23/24	Annualized
Block Grant	\$ 5,717,381.00	\$ 5,717,381.00
PA2	\$ 1,929,100.00	\$ 1,929,100.00
Total Revenue	\$ 7,646,481.00	\$ 7,646,481.00

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:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Friday, May 31, 2024

Signed: Friday, May 31, 2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 24-13R1 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 6/20/2024

Name of Provider: Strategies to Overcome Obstacles

Contract Title: SUD FY 24 Prevention Synar Program

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 6/12/2024

Proposed Contract Term: 10/1/2023 to 9/30/2024

Amount of Contract: \$ 6,501,847.00 Previous Fiscal Year: \$ 9,667,125.00

Program Type: Continuation

Projected Number Served- Year 1: 200 Persons Served (previous fiscal year): 22

Date Contract First Initiated: 10/1/2023

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 board approval for additional funding to support the implementation of Synar requirements in the amount of 9,000.00 in PA2 funds, specifically for monitoring the purchase of tobacco products including electronic nicotine device systems (ENDS).

The funding will be used to enhance education, research, and enforcement efforts, with a focus on reducing underage access to tobacco products. Additionally, the funding will cover the purchase of a variety of ENDS as props for educating merchants, the revision of protocols to include ENDS (vaping), training for youth, merchants, and law enforcement officers, as well as the use of off-duty officers on inspections and when accompanying youth under age 21 attempting to purchase tobacco products from vendors.

The allocation of the requested funds for the three Designated Youth Tobacco Use Representatives (DYTUR) is as follows:

- The Youth Connection(TYC): \$3,000.00
- Leaders Advancing and Helping Communities (LAHC): \$3,000.00
- Strategies to Overcome Obstacles and Avoid Recidivism (SOOAR): \$3,000.00

Prevention services will be funded with \$4,142,827 of Federal Block Grant dollars and \$2,359,020 of PA2 funding totaling in \$6,501,847.

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 \$6,501,847.

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

Source of Funds: Block Grant,PA2

Fee for Service (Y/N): N

Revenue	FY 23/24	Annualized
Block Grant	\$ 4,142,827.00	\$ 4,142,827.00
PA 2	\$ 2,359,020.00	\$ 2,359,020.00
Total Revenue	\$ 6,501,847.00	\$ 6,501,847.00

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:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Friday, May 31, 2024

Signed: Friday, May 31, 2024

Board Action #: 24-13R1

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 24-62 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 6/20/2024

Name of Provider: Detroit Wayne Integrated Health Network

Contract Title: Summer Youth Employment Program

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 6/12/2024

Proposed Contract Term: 6/1/2024 to 9/30/2024

Amount of Contract: \$ 1,900,000.00 Previous Fiscal Year: \$ 1,900,000.00

Program Type: Continuation

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

Date Contract First Initiated: 6/2/2014

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).

Board approval is requested for \$1.9 million to fund the continuation of the DWIHN Summer Youth Employment Program ("SYEP") from June 1, 2024, to September 30, 2024.

The FY24 SYEP Program has been funded for the last five fiscal years and involves collaboration with organizations that thrive on community outreach to adolescents -- focusing heavily on youth recruitment plans and educational and mentoring goals to be accomplished over the summer months.

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

Funds can be reallocated between the providers without board approval up to the total approved allocation.

The total allocation is not to exceed \$1,900,000.

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

Source of Funds: General Fund

Fee for Service (Y/N): N

Revenue	FY 23/24	Annualized
General Fund	\$ 1,900,000.00	\$ 1,900,000.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64931.827206.06300

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Monday, June 10, 2024

Signed: Saturday, June 8, 2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 24-67 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 6/20/2024

Name of Provider: Chance for Life Organization

Contract Title: SUD Opioid Settlement

Address where services are provided: 660 Woodward, Detroit Michigan

Presented to Program Compliance Committee at its meeting on: 6/12/2024

Proposed Contract Term: 7/1/2024 to 6/30/2026

Amount of Contract: \$ 1,080,000.00 Previous Fiscal Year: \$ 0.00

Program Type: New

Projected Number Served- Year 1: 85 Persons Served (previous fiscal year): N/A

Date Contract First Initiated: 7/1/2024

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).

This board action is requesting approval of Chance for Life to provide oversight and fiduciary responsibility for a new program developed by Detroit Wayne Integrated Health Network (DWIHN) that utilizes Opioid settlement funds. The proposed contract is **for an amount not to exceed \$1,080,000 for the two-year period from July 1, 2024, through June 30, 2026.** The SUD Oversight Board has reviewed and approved the program.

The “A Leg Up” program is designed to provide evidence-based wraparound services to individuals transitioning out of the criminal justice system with Opioid Use Disorder (or a history) and any co-occurring Substance Use Disorder (SUD) or Mental Health condition. DWIHN will invest in the staffing at Chance for Life to support collaboration and cross-system coordination with other prevention and treatment providers in the DWIHN network to reduce the likelihood of recidivism. In addition, the program is designed to provide participating members with resources to reduce barriers to care and employment including but not limited to clothing, transportation and permanent housing.

Chance for Life will receive a total amount of approximately \$220,000 to hire one case manager and for accounting/clerical services for the 2-year period. The remaining amount of \$860,000 is allocated directly to the programming expenses incurred by the returning citizens as described above.

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

Source of Funds: Other

Fee for Service (Y/N): N

Revenue	FY 24/25	Annualized
SUD Opioid Settlement	\$ 1,080,000.00	\$ 1,080,000.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64932.827102.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Tuesday, June 4, 2024

Signed: Tuesday, June 4, 2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 24-68 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 6/20/2024

Name of Provider: Detroit Central City C.M.H., Inc., Development Centers Inc., Southwest Counseling Solutions, Wayne Metropolitan Community Action Agen, Coalition on Temporary Shelter

Contract Title: HUD Permanent Supportive Housing (PSH)

Address where services are provided: Various locations throughout Wayne County

Presented to Program Compliance Committee at its meeting on: 6/12/2024

Proposed Contract Term: 5/1/2024 to 4/30/2025

Amount of Contract: \$ 2,495,149.00 Previous Fiscal Year: \$ 2,266,426.00

Program Type: Continuation

Projected Number Served- Year 1: 330 Persons Served (previous fiscal year): 314

Date Contract First Initiated: 10/1/2004

Provider Impaneled (Y/N)?

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

This Board Action recommends Board approval to renew and disburse U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Permanent Supportive Housing funds for existing grant programs: COTS, Development Centers, Inc. (DCI), Central City Integrated Health (CCIH), Southwest Counseling Solutions and Wayne Metropolitan Community Action Agency.

This Board Action also recommends approval for the disbursement of the required local match to DCI, COTS and CCIH.

Approval of this Board Action will allow for renewal, acceptance and disbursement of HUD Continuum of Care (CoC) permanent supportive housing grant funds in the amount of \$2,372,015 and

the Detroit Wayne Integrated Health Network general fund match of \$123,134 for an amount not to exceed \$2,495,149.

The Providers listed in this Board Action submitted applications for renewal to the local Continuum of Care and were awarded for renewal for the HUD FY 2023. Note that grants for the CCIH RAP grant and the CCIH PH grant were extended for an additional 3 months in 2023. The CCIH RAP grant was extended from 2-28-23 thru 5-31-23. The CCIH PH grant was extended from to 1-31-23 thru 4-30-23.

These programs will continue to provide permanent supportive housing and supportive services to individuals and families in Detroit and Wayne County who have a serious mental illness/disability and are experiencing homelessness.

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

Source of Funds: General Fund,HUD

Fee for Service (Y/N): N

Revenue	FY 24/25	Annualized
HUD	\$ 2,372,015.00	\$ 2,372,015.00
General Funds	\$ 123,134.00	\$ 123,134.00
Total Revenue	\$ 2,495,149.00	\$ 2,495,149.00

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:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Eric Doeh

Signed: Wednesday, June 12, 2024

Stacie Durant

Signed: Wednesday, June 12, 2024