



Detroit Wayne Integrated Health Network

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PROGRAM COMPLIANCE COMMITTEE MEETING Administration Bldg. 8726 Woodward, 1st Floor Board Room Wednesday, March 12, 2025 1:00 p.m. – 3:00 p.m.

AGENDA

- I. **Call to Order**
- II. **Moment of Silence**
- III. **Roll Call**
- IV. **Approval of the Agenda**
- V. **Follow-Up Items from Previous Meeting**
 - A. **Corporate Compliance** – Provide information on which tier level the Board is informed of a provider being noncompliant.
 - B. **Chief Medical Officer's Report** - Provide an analysis of relying on a virtual psychiatrist; provide a breakdown of Detroit law enforcement and departments from other cities/communities using the Crisis Care Center; provide the percentage of people coming to the Crisis Care Center that get referred to the hospital; and provide data greater than six months on hospital recidivism.
 - C. **Access Call Center's Quarterly Report** – Provide information on how many calls have been transferred to the State's system (988).
 - D. **Innovation and Community Engagement's Quarterly Report** – Provide information on how many people need housing but cannot get it.
- VI. **Approval of the Minutes** – February 12, 2025
- VII. **Report(s)**
 - A. Chief Medical Officer
 - B. Corporate Compliance

Board of Directors

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

Kevin McNamara, Vice Chairperson
Angela Bullock
Bernard Parker

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

Eva Garza Dewaelsche, Secretary
Angelo Glenn
Kenya Ruth

James E. White, President and CEO



VIII. Quarterly Reports

- A. Autism Spectrum Disorder
- B. Children's Initiatives
- C. Customer Service
- D. Direct Clinical Services – **Deferred to April 9, 2025**
- E. Integrated Health Care

IX. Strategic Plan

- A. Customer Pillar

X. Quality Review(s) - None

XI. VP of Clinical Operations' Executive Summary

XII. Unfinished Business

- A. **BA #25-51 (Revised)** – DWIHN Provider Network System FY 25
- B. **BA #25-55 (Revised)** – Michigan Child Collaborative Care Program (MC3) and Behavioral Health Consultant

XIII. New Business (Staff Recommendations)

- A. **BA #25-58** – Secretary of State Returning Citizens Voucher Program

XIV. Good and Welfare/Public Comment

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

XV. Adjournment

PROGRAM COMPLIANCE COMMITTEE

MINUTES

FEBRUARY 12, 2025

1:00 P.M.

IN-PERSON MEETING

MEETING CALLED BY	I. Commissioner Jonathan Kinloch, Program Compliance Chair at 1:12 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Commissioner Jonathan Kinloch, Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	<p>Committee Members: Angela Bullock; Dr. Lynne Carter; Commissioner Kinloch; and Bernard Parker</p> <p>Committee Member(s) Excused: William Phillips</p> <p>Board Members: Dr. Cynthia Taueg (Virtual)</p> <p>Staff: Brooke Blackwell; Yvonne Bostic; Judy Davis; Stacie Durant; Dr. Shama Faheem; Keith Frambro; Monifa Gray; Marlena Hampton; Deabra Hardrick-Crump; Melissa Moody; Ryan Morgan; Cassandra Phipps; John Shafer; April Siebert; Andrea Smith; Yolanda Turner; James White; Grace Wolf and Manny Singla and Cassandra Phipps (Virtual)</p>

AGENDA TOPICS

II. Moment of Silence

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

III. Roll Call

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

IV. Approval of the Agenda

DISCUSSION/ CONCLUSIONS	Commissioner Kinloch called for a motion to approve the agenda. Motion: It was moved by Mrs. Bullock and supported by Mr. Parker approval of the agenda. Commissioner Kinloch asked if there were any changes/modifications to the agenda. There were no changes/modifications to the agenda. Motion carried.
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V. Follow-Up Items from Previous Meetings

DISCUSSION/ CONCLUSIONS	<p>A. Corporate Compliance Report – Provide a list (breakdown) of where individuals were placed from Pontiac General Hospital; Provide information on the tiered corrective action plan being implemented for repeat offenders in accordance with the organization’s compliance framework - On behalf of Sheree Jackson, VP of Compliance, John Shafer, Compliance Administrator submitted and provided an update. Mr. Shafer gave follow-up information on the tiered corrective action plan being implemented for repeat offenders in accordance with the organization’s compliance framework. Ms. Moody, VP of Clinical Operations provided a list of where individuals were placed from Pontiac General Hospital. It was reported that DWIHN had 21 individuals in the hospital when notification was received; six (6) of those members required continued hospitalization and were referred and accepted at BCA Stonecrest Hospital; and the 15 remaining members were transitioned back out into outpatient community services. The Chair opened the floor for discussion. Discussion ensued. The committee requested information on what tier level is the Board informed of a provider being noncompliant. <i>(Action)</i></p> <p>B. Crisis Care Services’ Quarterly Report – Provide an update on the Procurement of panic buttons – Grace Wolf, VP of Crisis Care Services gave an update on the Procurement of panic buttons. It was reported that a vendor has been selected and a contract has been executed. An initial kickoff meeting was held. The Crisis team and I.T. are participating in the implementation and a four-to-six-week turnaround on the I.T. side for actual physical implementation and training for staff is expected. The Chair opened the floor for discussion. Discussion ensued.</p>
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VI. Approval of the Minutes

DISCUSSION/ CONCLUSIONS	<p>Commissioner Kinloch called for a motion to approve January 8, 2025, meeting minutes. Motion: It was moved by Mr. Parker and supported by Mrs. Bullock to approve the January 8, 2025, meeting minutes. Commissioner Kinloch asked if there were any changes/modifications to the January 8, 2025, meeting minutes. There were no changes/modifications to the meeting minutes. Motion carried.</p>
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VII. Reports

DISCUSSION/ CONCLUSIONS	<p>A. Chief Medical Officer – Dr. Shama Faheem, Chief Medical Officer submitted and gave highlights of the Chief Medical Officer’s report. It was reported that:</p> <ol style="list-style-type: none"> 1. Activity 1 – Behavioral Health Education, Outreach Updates – Rotations at the Crisis Center have been going very well. Two PA students completed their Psychiatry rotation, and another one is starting in February. Informal feedback by students were positive. There was discussion around some PAs coming back for an elective month, especially the ones who wish to pursue a career in Psychiatry. Wayne State University is interested in doing a study at our Child and Family Crisis Unit regarding children who are sent home from schools for clearances after making statements that prevent them from returning to school until they receive a clearance letter from a psychiatrist. This has been an observed pattern in certain schools resulting in loss of school days. We have requested them to submit a formal request for proposal review to the Research Advisory Committee.
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2. **Activity 2 – MDHHS Updates** – A Child and Adolescent Psychiatrist from U of M is helping Dr. Pinals to expedite the Youth Crisis Service Rules. There was detailed discussion around Mobile Crisis response. Several PIHP/CMHSP Medical Directors shared their opinion and some shared significant reservations about community mobile crisis response in terms of safety for their clinicians. State on the other hand is motivated to expand mobile crisis and has issued an RFP for that purpose. There were 1400 members served between Dec 2023-Nov2024, with 23% of them requiring mobile crisis transport and only 6% of them requiring law enforcement assistance. Among those requiring law enforcement assistance, most of them were for transport of involuntary individuals. Our average dispositions were: Follow-up with CRSP- 29% ; New CRSP- 3% Intensive Crisis Stabilization Team- 15% Crisis Stabilization Unit- 27% Emergency Department- 13% Refused Follow-up- 13%. Michigan has been selected by CMS as one of the four states to participate in Innovative behavioral health model. There was a lot of interest and questions by Medical Directors, so Dr. Pinals has asked the leads of the program to do a presentation for Medical Directors in March/April. Dr. Pinals went through the Psychiatrist Responsibilities during the AOT process and took feedback on the AOT Toolkit developed by the Center for Behavioral health and Justice. Judge Mack updated on the progress of AOT Bills that are still going through final phases of Health Policy review.
3. **Activity 3 – Integrated Health Department** - Complex Case management has expanded their program to include children with asthma and will be creating a report to look for active enrollment and outreach rather than provider referral. Several provider educational and training sessions on asthma and these medical and behavioral conditions were conducted by IHC Department.
4. **Activity 4 – Crisis Center Medical Director Updates** - Crisis Center has now been open for 7 months. Dr. Mammo has worked in this capacity for more than a year. We have 23 psychiatric providers including 12 psychiatrists (1 FT, 11 PT) and 11 Advance Practice Providers (6 FT NP, 2 FT PA, 3 PT NPs). Overall psychiatrist and APPs continue to provide positive feedback about the flows and process improvements. **Adult CSU- 411 admissions during Nov-Jan. CFCU, 84 Admissions** - Agitation Medication: B52 ordered 10 times in 3 months; Primary Diagnosis of Opioid Use- 7 individuals in 3 months. We had 76 doses of buprenorphine/naloxone given, and 7 doses of buprenorphine given during this time period. Interestingly, Cocaine use disorder was the highest primary Substance Use disorder seen at Crisis Center during this time period. Nicotine gum is frequently used which was the goal to make it part of admission orders.
5. **Activity 5 – Outpatient Clinic/CCBHC Medical Director Update** - DWIHN has started outpatient services and has been serving both adult and children. Dr. Severe started in July and is the Medical Director and Adult Psychiatrist for the outpatient Clinic. We also hired a part time child psychiatrist for Dr. Brinkiji. These doctors along with the rest of the team hired under Ms. Ebony Reynolds have started serving both adults and children population. Goal is to have a hub location with multiple satellite locations that provide fully integrated care under CCBHC certification, in collaboration with primary care providers such as FQHCs, that address physical and behavioral health needs of individuals. Created 2 contingent positions for coverage needs for PTO and hired 2 CT psychiatrists. Clinic has: 181 Scheduled patients, 144 seen.

	<p>The Chair opened the floor for discussion. Discussion ensued. The committee requested the following information – Provide an analysis of relying on a virtual psychiatrist; provide a breakdown of Detroit law enforcement and departments from other cities/communities using the Crisis Care Center; provide the percentage of people coming to the Crisis Care Center that are referred to the hospital; and provide data greater than six months on hospital recidivism. (Action)</p> <p>B. Corporate Compliance – There was no Corporate Compliance report to review this month.</p> <p>The Chair noted that the Chief Medical Officer’s report has been received and placed on file.</p>
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VIII. Quarterly Reports

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. Access Call Center – Yvonne Bostic, Director of the Access Call Center submitted and gave highlights of the Access Call Center’s quarterly report. It was reported that:</p> <ol style="list-style-type: none"> 1. Activity 1: Call Center Performance-Call Detail Report - MDHHS Standards and Call Center Performance for 1st Quarter FY 24-25 (October - December 2024) have been met. The abandonment rate was average 3%. The average speed to answer was 20 seconds. The answered goal was 95% and our service level goal was 84%. There were 42,327 calls handled by the Access Call Center; 12,006 were related to SUD services with an average handle time of 16:15 minutes; 4,859 calls were related to MH services with an average handle time of 18:40 minutes; 25,462 calls handled related to other requests; and there were 1,379 calls that were abandoned which was 3.0%. In an annual comparison of the 1st Quarter FY 23-24 (5.0%) to the 1st Quarter FY 24-25 (3.0%) abandonment rate, there was a 2% improvement. 2. Activity 2: Appointment Availability - In comparison to FY 23/24 to FY 24/25, there was an increase in all areas of focus for appointment availability with the greatest increase for Hospital Discharge Follow-up appointments by almost 27%. There has been a collaborative effort between the Access Call Center, DWIHN UM department, DWIHN Hospital Liaisons / Clinicians of DWIHN PIHP Crisis department, CRSP Liaisons and the Discharge Departments as various hospitals, when it comes to coordinating the 7-day follow up appointment post hospital discharge. For MH and I/DD intake appointments there was very little change in appointment availability. Representatives from the Quality department, Children / Adult Initiatives, Integrated Care and Access Call Center have 30-45-day meetings with the CRSP providers to identify barriers and discuss interventions. There are 3 new additions to the provider network – Community Care Clinic, Vital Health and Geshar during the last few months, which have provided access to more intake appointments for child, adult, MH/IDD and SUD populations. 3. Activity 3: Accomplishments and Updates - The department has almost reached their goal of being fully staffed and have begun to implement the use of contingent staff to cover PTO and unexpected high call volume times. An update was given on the progress of previous improvement plans.
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Commissioner Kinloch opened the floor for discussion. Discussion ensued. The committee requested information on how many call have been transferred to the State's system (988). **(Action)**

- B. **Innovation and Community Engagement** – Andrea Smith, Sr. Director of Innovation and Community Engagement submitted and gave highlights of the Innovation and Community Engagement's quarterly report. It was reported:
1. **Activity 1: Justice-Involved Initiatives - Jail Releases & Mental Health Court**, despite challenges due to a new jail facility transition and a cyberattack on the Jail Management System, 247 individuals were released, with 85 assigned a Community Reentry Support Program (CRSP) worker. **Returning Citizens Program**, smooth operations continued, with three individuals returning on an Assisted Outpatient Treatment (AOT) order. A new system was implemented to improve post-release monitoring. **Jail Mental Health**, adjustments to the new jail layout and hiring delays impacted services. Cross-training efforts were launched to improve documentation. **Jail Diversion Efforts**, Co-response mental health teams, a 911-embedded Behavioral Health Specialist, and the Detroit Homeless Outreach Team provided vital support: 949 co-response encounters, with 267 individuals connected to services; 57 individuals assisted by the Communications Behavioral Health Specialist; 718 individuals engaged by the Detroit Homeless Outreach Team, with 38 linked to resources. Persistent housing shortages hinder reentry and diversion efforts have been challenging.
 2. **Activity 2: Community Awareness and Relationship Building - Training & Public Engagement**, planned the Annual Trauma Conference; Continued supporting student internships and professional training; Provided trauma-informed training to Detroit Public Schools Culture Deans. **Suicide Prevention Efforts** hosted the Suicide Survivors Day of Loss event; Expanded crisis response coordination with Wayne, Oakland, and Macomb counties; and Reach Us Detroit Virtual Therapy Collaborative handled 521 calls in Q1.
 3. **Activity 3: Workforce Development** – Detroit Wayne Connect Training hosted 11 training events for 438 participants, an increase from last year despite fewer events; and conducted Mental Health First Aid (MHFA) and Question, Persuade, Refer (QPR) suicide prevention training for 126 individuals. High demand continues, but attendance no-shows remain a concern.
 4. **Activity 4: Future Plans and Recommendations** – Expand Justice-Involved partnerships; enhance training initiatives; improve housing access; and continue Suicide Prevention and Crisis Intervention awareness.

Commissioner Kinloch opened the floor for discussion. Discussion ensued. The committee requested information on how many people need housing that cannot get it. **(Action)**

- C. **Residential Services** – Ryan Morgan, Director of Residential Services submitted and gave highlights of the Residential Services' quarterly report. It was reported that the department served 2,863 members in licensed and unlicensed residential settings during FY 24/25, Q1. It was also reported that:
1. **Activity 1: Residential Assessment Updates** - The Residential Assessment ensures that members are receiving medically necessary services that meet their needs. During the first quarter of FY 25 the department completed (582) Residential Assessments with (325) of those being completed with Adults with Mental Illness (AMI) and (257)

with members who have an Intellectual/Developmental Disability. This is on track to ensure all assessments are completed timely this fiscal year. The Residential Authorization's Unit Manager continues to provide monthly reports to both the I/DD and AMI unit managers indicating treatment plans that are coming due. This allows managers to schedule residential assessments in advance to ensure compliance is maintained. The department has worked to ensure that residential assessments are completed annually and on a timely basis. In January, the department implemented a clinical monitoring system specifically designed to analyze the quality of Residential Care Specialist's assessments. The AMI and I/DD unit managers will be auditing and reviewing residential assessments ongoing during monthly supervision sessions with staff.

- **2. Activity 2: Hospital Referral Efficiency** - The Residential Services Department continues to monitor and track the hospitalization data of residential members in acute care settings. During the first quarter of FY 25 the department completed (582) Residential Assessments with (325) of those being completed with Adults with Mental Illness (AMI) and (257) with members who have an Intellectual/Developmental Disability. This is on track to ensure all assessments are completed timely this fiscal year. During Quarter 1, the department was able to onboard four (4) new providers. These new providers produced eighteen (18) new placement opportunities for individuals to live in the community. The network continues to need barrier-free homes that can manage individuals with comorbid complex medical conditions.
- 3. **Activity 3: Examining Newly Referred Members** - During the first quarter of the fiscal year the department saw (171) new members referred for residential services who have not received residential services previously. The department will continue to monitor newly referred members and assess available resources to ensure that there are enough residential placements within the network to meet the needs of the members. We have begun to track where individual members are placed (licensed, unlicensed, barrier free, SUD, etc.) to help determine resource allocation.
- 4. **Quarterly Updates** - The Residential Services Department processed three thousand, two hundred and thirty (3,230) residential authorizations during Quarter 1 and 93% of those authorizations were processed within fourteen (14) days. The department was able to help discharge eight (8) members out of long-term state psychiatric facilities and into the community. The department continues to send out monthly reports to Clinically Responsible Service Providers (CRSP) for Individual Plans of Service (IPOS) that are coming due within the next three months. This is designed to assist CRSP case holders with maintaining up to date treatment plans for their members. This process has helped improve IPOS completion and overall communication. It is essential that members have updated plans to ensure that medically necessary services continue to be authorized without interruption.

Commissioner Kinloch opened the floor for discussion. There was no discussion.

- D. **Substance Use Disorder** – Judy Davis, Director of Substance Use Disorder submitted and gave highlights of the Substance Use Disorder's quarterly report. It was reported:

1. **Activity 1: DMC Screening Brief Intervention Referral to Treatment (SBIRT) Initiative** - In collaboration with Sobriety House, this activity outlines the Peer Recovery Coach services available at Detroit DMC Hospitals. It details the SBIRT screenings, support services, and outcomes associated with substance use disorder treatment for the period from October 2023 to September 2024. The baseline provided in the document indicates that from March 8, 2022, to the current date there have been a total of 3,104 SBIRT screenings conducted. Out of these 2,193 individuals were referred to and/or admitted into residential or outpatient treatment, which represents 70.6% of those who receive SBIRT screenings. Provided 70.6% of individuals who received SBIRT screenings were admitted into residential or outpatient, this percentage can serve as a performance benchmark for future comparisons. The goal for the Peer Recovery Coach services is to increase the percentage of individuals receiving SBIRT screenings who are referred to and/or admitted into residential or outpatient treatment from 70.6% to 80% by the end of the service period on 9/30/2025.
2. **Activity 2: CHES Health Initiative** - The baseline for the CHES Health initiative is the initial enrollments by the two providers. Quality Behavioral Health enrolled its first member on July 17, 2024, and Personalized Nursing Light House enrolled its first member July 31, 2024. These initial enrollments mark the starting point for measuring progress and outcomes of the initiative. By the end of November, the total number of members enrolled was 107 and by the end of December, the number of enrolled members increased to 109, marking a 15% increase in enrollment. The goal of the CHES Health Initiative is to enhance the enrollment and engagement of members in substance use disorders by using the CHES Health Analytics tool. This tool aims to provide comprehensive access and management of member data, streamline the viewing of essential information and offer deeper insights into member progress and outcomes.
3. **Activity 3: Follow-Up After Emergency (FUA)** - FY 25, first quarter 16 members designated as having a SUD were admitted into the ED in December. The numbers are consistent in the first quarter, with each month averaging 16 members admitted. The number of members with no phone or contact information is 6. There are 3 follow-ups per month. There has been a 57% reduction in the number of members in the ED from FY 23 to FY 24. Also notable, is that there is an increase in members being admitted to SUD services in FY 24, 48% compared to 40% admitted to SUD treatment service in FY 23. The number of members contacted after following up also increased from 17% in FY 23 to 24% in FY 24. One-third of the treatment referrals were utilized, and the members were admitted into treatment programs.
4. **Updates: Opioid Settlement Funds Key Components** – The Children’s program supports children who have lost a parent or guardian to opioid overdose or experienced related trauma, aiming to foster resilience and emotional well-being in a safe environment. **Comprehensive Analytics Program** - This initiative analyzes opioid overdose trends in African American and Caucasian populations in Wayne County to improve health outcomes through targeted interventions. **Syringe Services - Harm Reduction Services Initiative** - Enhances access to services through mobile units in Detroit and Wayne County. **MCBAP Discussion** - The Michigan Certification Board of Addiction Professionals (MCBAP) certifies addiction professionals in Michigan, ensuring high standards in education, training,

	<p>and ethics. To provide services, staff members at SUD providers are required to hold relevant certifications, such as Certified Alcohol and Drug Counselor (CADC). We participated in a discussion about introducing alternative certifications within the network. By offering various options, we can better meet the needs of our community and encourage greater participation. There is a need for more staff to become certified, as existing members of the workforce age out and leave the field. Additionally, new entrants often struggle to pass the certification exam, highlighting the necessity for enhanced support and training programs. Implementing mentorship initiatives and targeted preparatory courses could help bridge this gap and ensure a steady flow of qualified professionals in the addiction treatment field.</p> <p>Commissioner Kinloch opened the floor for discussion. Discussion ensued. The committee requested a demonstration of the Connections App at a future Program Compliance Committee meeting. (Action)</p> <p>The Chair noted that the Access Call Center, Innovation and Community Engagement, Residential Services and Substance Use Disorder’s quarterly reports have been received and placed on file.</p> <p>The Chair, Commissioner Kinloch noted that there were some items that needed to be moved up on the agenda and the discussion of Board Action #25-53 AI Models; Development and Implementation that was referred to the Program Compliance Committee from the Finance Committee would be moved from New Business and taken at this time as well as all action items. The Strategic Plan Pillar – Customer Service and the VP of Clinical Operations Executive Summary Report would be moved to the March meeting.</p>
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IX. BA #25-53–AI Models; Development and Implementation Discussion (Finance Committee)

<p>DISCUSSION/ CONCLUSIONS</p>	<p>The discussion regarding BA #25-53, AI Models; Development and Implementation, was referred to the Program Compliance Committee meeting by the Finance Committee, would be taken for discussion and moved from New Business. Keith Frambro, VP of I.T. Services submitted and provided more information on BA #25-53. It was reported that DWIHN is rolling out a new AI-powered predictive analytics system aimed at cutting down on hospital recidivism, enhancing patient health results, and reducing healthcare expenses. This AI specifically analyzes DWIHN datasets, state datasets, and any other accessible external datasets to assess the risk of patients returning to the hospital and to evaluate other important criteria. By incorporating AI into our data systems, we're planning to improve our proactive interventions and use our resources more efficiently. The AI system will analyze datasets—including medical history, progress notes, claims data, treatment plans, IBPS, wearable device data and other data elements—to identify individuals at risk of hospital readmission. It will also detect early warning signs of advancing mental health deterioration and recommend evidence-based interventions tailored to each patient. Recommendations will be based on successful interventions within DWIHN and nationally recognized treatment strategies. Netlink, selected through the RFP process, will integrate its proven AI models with DWIHN's and other recognized mental health datasets to provide predictive analytics and customized intervention recommendations. These models will be specially tailored to the datasets and data elements that DWIHN has access to. Furthermore, the system will facilitate ad hoc queries using Natural Language Processing or plain English, allowing DWIHN and its network providers to swiftly identify service gaps and</p>
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	underserved communities, as well as help tailor services to better meet individual patient needs. DWIHN is investing \$1.4 million over three years for platform licensing, hardware, software, model customization, and ongoing support. With \$850,000 in annual recidivism savings and \$282,000 from tool consolidation , the total projected savings over three years is approximately \$3.4 million . The contract includes a performance-based exit clause , which allows DWIHN to discontinue or modify the project one year after its implementation. This initiative represents a strategic shift from reactive to proactive Behavioral healthcare , improving patient outcomes while reducing costs. With projected savings of \$3.4 million , AI-driven predictive analytics will create a more efficient, data-driven, and cost-effective system for DWIHN and its provider network. The Chair opened the floor for discussion. Discussion ensued. The committee requested a report on the status of outcomes after the 90-day review. <i>(Action)</i>
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X. Strategic Plan – Customer Pillar

DISCUSSION/ CONCLUSIONS	<i>The Strategic Plan-Customer Pillar has been deferred to the Program Compliance Committee meeting in March.</i>
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XI. Quality Review(s)

DISCUSSION/ CONCLUSIONS	<p>A. Quality Assurance Performance Improvement Program (QAPIP) Executive Summary B. Updated QAPIP Plan Description FY 2023-25 C. QAPIP Evaluation and Work Plan FY 2024 D. QAPIP Work Plan FY 2025</p> <p>April Siebert, Director of Quality Improvement submitted and gave an overview of the QAPIP Executive Summary, Updated QAPIP Plan Description FY 23-25, QAPIP Evaluation and Work Plan FY 24 and QAPIP Work Plan FY 25. It was reported that the QAPIP Plan Description for the Fiscal Years 2023 to 2025 provides a comprehensive overview of the strategic initiatives we intend to implement during this two-year period. These initiatives are designed to address key areas for improvement while aligning with our organizational goals. To ensure regulatory compliance and keep the plan current, our bylaws require a thorough annual review. This review process allows us to assess our progress, identify areas needing adjustments, and incorporate any new regulations or best practices that have emerged. This report will emphasize that significant enhancements have been made in each section. The updated plan now includes more detailed information about our objectives, targeted strategies, expected outcomes, and metrics for measuring success. The QAPIP Annual Evaluation is a report prepared at the end of each Fiscal Year. It provides a comprehensive assessment of the performance outcomes from the previous year, evaluating our goals and objectives. Adult Recidivism, Performance Improvement Projects and Compliance with Home and Community-Based Services are the key focus areas for FY 25. Specific initiatives in which DWIHN truly excelled in during the year:</p> <ol style="list-style-type: none"> 1. Performance Indicators (PI) Data - PI#1 measures (Pre-Admission Screening within three hours for both children and adults). DWIHN exceeded the 95% standard for children and adults each quarter over the past year; PI#3 assesses (Timeliness of access to services). DWIHN had some of the highest rates among all the PIHPs in the state; PI#4a (Hospital after hospitalization), and 4b (SUD
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	<p>Detox Discharge Follow-Up). DWIHN exceeded the 95% standard each quarter for the past year; and PI#10, (Inpatient recidivism rates for children). This standard was met each quarter apart from Q3.</p> <p>2. External Quality Reviews (HSAG) - Performance Measures Validation (PMV) and Network Adequacy Validation (NAV); DWIHN achieved full compliance for both the PMV and NAV this year, with no plan for correction. This marks the third consecutive year of full compliance on the PMV and the first year for the NAV; and PIP: Reducing the Racial Disparity of African Americans in follow-up within 7 days; DWIHN preliminary data for calendar Year 2024 shows a disparity gap of 4.46%. The baseline data is 4.51%.</p> <p>The QAPIP Work Plan FY 2025, located on page 60 of the QAPIP Plan Description, offers a detailed overview of our performance objectives for the upcoming fiscal year. This work plan highlights the goals we have successfully achieved as well as those that still need improvement. It is designed to help us stay focused on enhancing our overall performance in the coming year. The Chair called for a motion on the QAPIP Executive Summary, Updated QAPIP Plan Description FY 23-25, QAPIP Evaluation and Work Plan FY 24 and QAPIP Work Plan FY 25. Motion: It was moved by Dr. Carter and supported by Mrs. Bullock to move the QAPIP Executive Summary, Updated QAPIP Plan Description FY 23-25, QAPIP Evaluation and Work Plan FY 24 and QAPIP Work Plan FY 25 to Full Board for approval. Commissioner Kinloch opened the floor for discussion. Discussion ensued. Motion carried.</p>
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XII. Utilization Management (UM) Program Evaluation FY 2024

<p>DISCUSSION/ CONCLUSIONS</p>	<p>Marlena Hampton, Director of Utilization Management submitted and gave an overview of the Utilization Management Program Evaluation FY 2024. It was reported that the status and goals for each of the program goals for the year, highlights, opportunities, action steps and opportunities for improvement for FY 25 are included based on the Strategic Plan Pillars. Half of DWIHN’s goals were fully met and half were partially met. The Chair called for a motion on the UM Program Evaluation FY 24. Motion: It was moved by Dr. Carter and supported by Mrs. Bullock to move the UM Program Evaluation FY 24 to Full Board for approval. The Chair opened the floor for discussion. Discussion ensued. The committee requested that an executive summary of the UM Program Evaluation FY 24 to the board for the Full Board meeting. (Action) Motion carried.</p>
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XIII. VP of Clinical Operations’ Executive Summary

<p>DISCUSSION/ CONCLUSIONS</p>	<p><i>The VP of Clinical Operations’ Executive Summary has been deferred to the Program Compliance Committee meeting in March.</i></p>
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XIV. Unfinished Business

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. BA #21-64 (Revised 3) – COVID Supplemental Carryover – Staff requesting board approval to utilize carryover funding from FY 24, awarded in support of BA #21-64 (Revised 3), Detroit Wayne Integrated Health Network’s (DWIHN’s) COVID-19 Mental Health Block Grant Supplemental Funding for Mental Health Connections, Training and Outreach. DWIHN will implement projects focusing on connecting individuals to care through services and education. Strong</p>
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emphasis will be placed on the use of systems navigator and data. DWIHN will enter into several comp source agreements with vendors to execute the approved projects:

1. **Health Choices Community Center Counseling LLC/Kimberly Walton – Reach Us Detroit Agents/Training** (\$48,000.00),
2. **Downriver Community Conference – Training/Events** (\$42,438.00),
3. **Other Event space other support services** (\$30,000.00),
4. **Indirect Cost** (\$22,776.00),
5. **Employee Travel and Training** (\$11,406.00) and
6. **Educational Supplies** (\$20,000.00)

The carryover not to exceed amount is \$174,620.00 with the time extended to March 14, 2025. The Chair called for a motion on BA #21-64 (Revised 3).

Motion: It was moved by Mr. Parker and supported by Mrs. Bullock to move BA #21-64 (Revised 3) to Full Board for approval. Commissioner Kinloch opened the floor for discussion. There was no discussion. **Motion carried.**

- B. **BA #23-15 (Revised 2) – DWC Training Platform Contract Extension 2** – Staff requesting board approval to extend terms of service to 9/30/25 with additional funds of \$408,967.47. Approximately \$60,000.00 was included in the budget. A budget adjustment is forthcoming for the balance. Comparable Source contract extension between the Detroit Wayne Integrated Health Network (DWIHN) and WIT, Inc. for an amount to not exceed \$1,926,915.47. WIT has provided the primary operation/services package for the operations of Detroit Wayne Connect (DWC formerly VCE). The system, referred to as “TAP” supports the entire training product for DWC. The Chair called for a motion on BA #23-15 (Revised 2). **Motion:** It was moved by Mr. Parker and supported by Mrs. Bullock to move BA #23-15 (Revised 2) to Full Board for approval. Commissioner Kinloch opened the floor for discussion. There was no discussion. **Motion carried.**
- C. **BA #23-57 (Revised 4) – Claims Audit and Utilization Review Systems (CAURS) and Information Technology Consulting – Bizanalytix Technologies, LLC** – Staff requesting board approval to exercise the second of two, one-year renewal options, extending the contract for CAURS to February 28, 2026, for an additional \$84,000.00 (2nd of two, one-year renewal options). The revision also includes renewing Development and Consulting services effective 3/1/25 through 2/28/26 in the amount of \$96,000.00 and \$72,000.00 for retroactive services from 6/1/24 through 2/28/25. The revised contract not to exceed amount totals \$579,600.00 through February 28, 2026. CAURS can be used to analyze post-payment data for multiple claims at a time to identify suspicious provider billing patterns along with conducting audit both internally as well as externally working with providers. The Chair called for a motion on BA #23-57 (Revised 4). **Motion:** It was moved by Mr. Parker and supported by Mrs. Bullock to move BA #23-57 (Revised 4) to Full Board for approval. Commissioner Kinloch opened the floor for discussion. Discussion ensued. **Motion carried.**
- D. **BA #25-24 (Revised) – Autism Spectrum Disorder Service Provider Network FY 25** – Staff requesting board approval to approve three (3) new ABA Providers (Akoya Behavioral Health, Brightview Care and 8th Palace dba KDcare Community ABA Services) to receive a one-year contract for FY 25 (October 1, 2024-September 30, 2025) to deliver ABA and Autism Evaluations.

	<p>The total projected budget for Autism Services for FY 25 remains unchanged and is not to exceed \$92,469,972. There are currently 21 ABA providers and three (3) Independent Evaluator Providers (listed in the board action). The Chair called for a motion on BA #25-24 (Revised). Motion: It was moved by Mr. Parker and supported by Mrs. Bullock to move BA #25-24 (Revised) to Full Board for approval. Commissioner Kinloch opened the floor for discussion. Discussion ensued. Motion carried.</p>
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XV. New Business: Staff Recommendation(s)

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. BA #25-08 – COVID Comprehensive Behavioral Health (CCBH) FY 25 – Staff requesting board approval to receive and disburse MDHHS incentive grants directed towards attracting, recruiting and retaining ACT and dual ACT/IDDT team members, and rewarding those already performing this work and DWIHN staff that have remained with the organization during and beyond the COVID pandemic. DWIHN will enter into several comparable source agreements with vendors to carryout the approved projects. Funds can be reallocated between providers based on utilization up to the amount not to exceed \$538,282.00 for the fiscal year ended September 30, 2025, related to the ACT/IDDT Providers \$538,282.00. The board action also includes the MDHHS Behavioral Health Workforce Stabilization Support \$68,000.00. The total amount of the board action is \$606,282.00 for the fiscal year September 30, 2025. The Chair called for a motion on BA #25-08. Motion: It was moved by Mrs. Bullock and supported by Mr. Parker to move BA #25-08 to Full Board for approval. Commissioner Kinloch opened the floor for discussion. There was no discussion. Motion carried.</p> <p>B. BA #25-55 – Michigan Child Collaborative Care (MC3) Program and Behavioral Health Consultant – Staff requesting board approval of a one-year contract with MC3 for an amount not to exceed \$102,521.00 to provide behavioral health consultation for local primary care providers with MC3 child, adolescent and prenatal psychiatrists. A sum of an amount not to exceed \$92,362.00 will be provided to Starfish Family Services to offer behavioral health consultant services for the FY 25 period. The remaining \$10,159.00 is allocated for DWIHN administrative costs. The Chair called for a motion on BA #25-55. Motion: It was moved by Mr. Parker and supported by Mrs. Bullock to move BA #25-55 to Full Board for approval. Commissioner Kinloch opened the floor for discussion. There was no discussion. Motion carried.</p>
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XVI. Good and Welfare/Public Comment

<p>DISCUSSION/ CONCLUSIONS</p>	<p><i>There was no Good and Welfare/Public Comment this month.</i></p>
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ACTION ITEMS	Responsible Person	Due Date
1. Follow-Up from Previous Meeting – Corporate Compliance – Provide information on what tier level is the Board informed of a provider being noncompliant.	Sheree Jackson	March 12, 2025
2. Chief Medical Officer’s Report - Provide an analysis of relying on a virtual psychiatrist; provide a breakdown of Detroit law enforcement and departments from other cities/communities using the Crisis Care Center; provide the percentage of people coming to the Crisis Care Center that gets referred to the hospital; and provide data greater than six months on hospital recidivism.	Dr. Shama Faheem	March 12, 2025
3. Access Call Center’s Quarterly Report – Provide information on how many calls have been transferred to the State’s system (988)	Yvonne Bostic	TBA
4. Innovation and Community Engagement’s Quarterly Report – Provide information on how many people that need housing but cannot get it.	Andrea Smith	TBA
5. Substance Use Disorder’s Quarterly Report – Provide a demonstration of the Connections App at a future Program Compliance Committee meeting	Judy Davis	TBA
6. BA #25-53 – AI Models; Development and Implementation Discussion (Finance Committee) – Provide a report on the status of outcomes after the 90-day review.	Keith Frambro	TBA
7. Utilization Management (UM) Program Evaluation FY 2024 – Provide an executive summary of the UM Program Evaluation FY 24 to the board for the Full Board meeting.	Marlena Hampton	COMPLETED

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

ADJOURNED: 3:29 p.m.

NEXT MEETING: Wednesday, March 12, 2025, at 1:00 p.m.

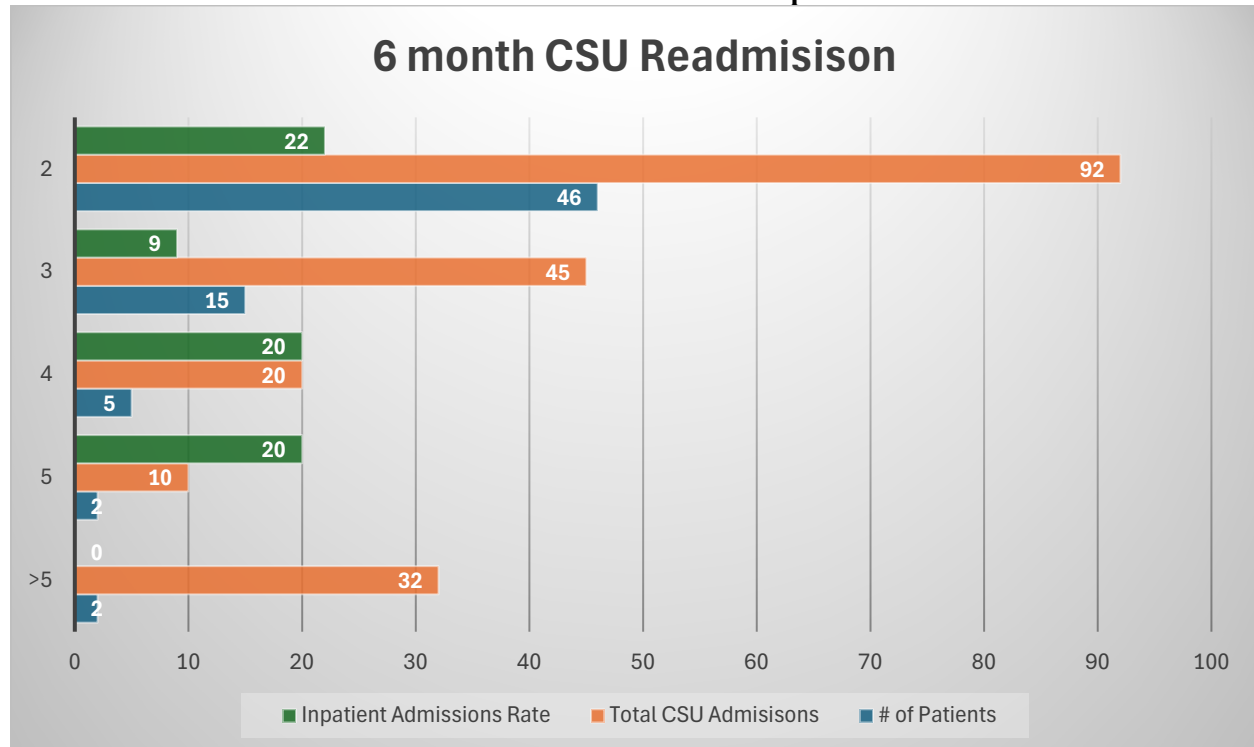
**Program Compliance Committee
Chief Medical Officer's Report
March 12, 2025**

CRISIS CENTER

FOLLOW UP ITEMS:

Recidivism Rate:

Total CSU recidivism over 6-month period: 9%



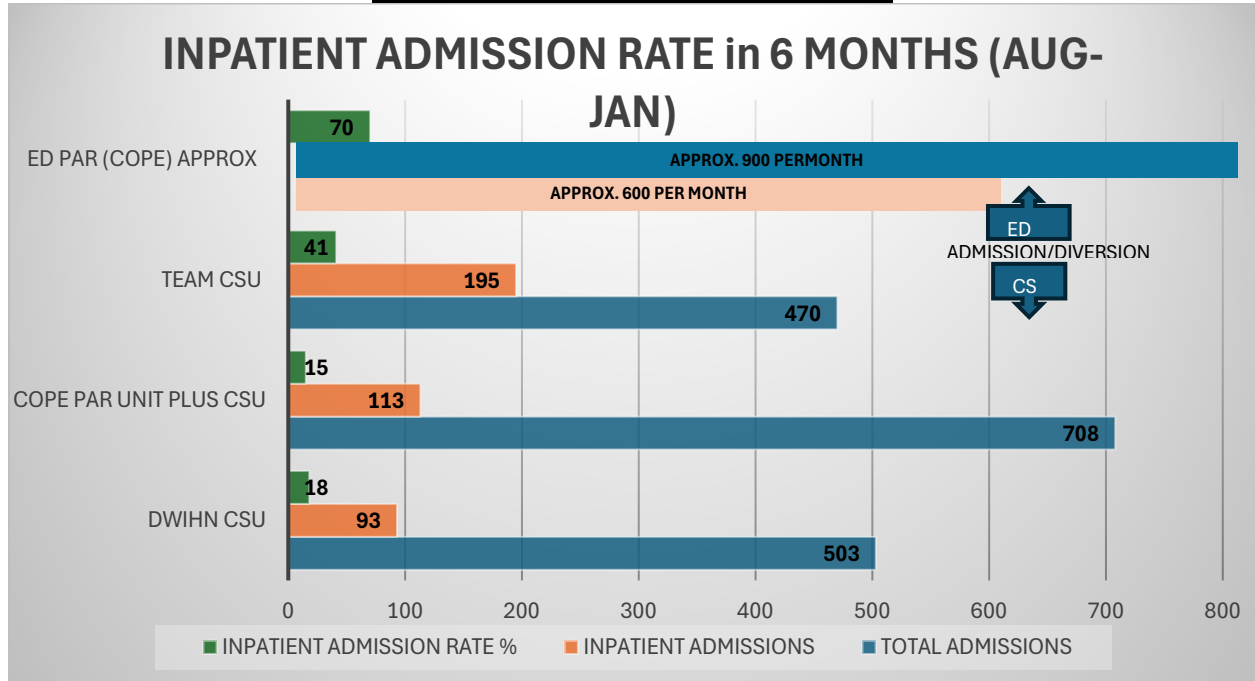
# of admissions (6 months)	# of patients	Total CSU Admissions	Inpatient Admissions Rate %
>5	2	32	0
5	2	10	20
4	5	20	20
3	15	45	9
2	46	92	22
Total	70	199	15

Few Important Points:

- CSU Recidivism of 9% is lower than lower than the inpatient recidivism rate of 16-17%
- CSU Recidivism does not itself has a financial cost associated with it as compared to inpatient recidivism because we have a 24/7 open and staffed facility.
- CSU Recidivism in a way is of Financial benefit to us because those individuals who decide to come back to CSU repeatedly rather than going to Emergency Department for disposition, have a higher chances for a lower level of care disposition (70-80%) as compared to if they presented to Emergency Departments (30%).
- *Police District is an optional field to be collected in the drop off form but is typically not collected when the drop off information was reviewed*

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

CSU'S AND LOWER LEVEL OF CARE



CRISIS CENTER MEDICAL DIRECTOR UPDATES:

Trends (patient or departmental, documentation, medication, can be based on your chart audits):

- *Description:* The Crisis Care Center opened on June 10, 2024 and serves individuals ages 5 and older 24/7. DWIHN has received provisional State certification for the Adult Crisis Stabilization Unit.
- *Current Status/Major Accomplishments:* After discussing barriers to treating minors, the State granted us approval to implement new protocols, including not requiring a guardian to stay with the minor if there is a documented barrier to remaining on the unit throughout the duration of admission, providing emergency involuntary medication if clinically indicated, and physical management if clinically indicated. Updates went into effect on 2/7/2025. Since then, as of 3/2/2025, out of 31 admissions, 16 guardians did not stay due to a documented barrier.
 - Top diagnoses for children and adolescents include:
 - Depressive disorders
 - Adjustment disorders
 - Top diagnoses for adults include:
 - Psychotic disorders
 - Depressive disorders
 - Alcohol use disorders
 - These diagnoses are consistent with the most common medications prescribed:
 - Antipsychotics: Quetiapine, Risperidone, Aripiprazole, Olanzapine
 - Antidepressants: Sertraline, Trazodone, Mirtazapine, Escitalopram

Program Compliance Committee Chief Medical Officer's Report

- Treatment of alcohol use/withdrawal: Lorazepam, Folic acid, Thiamine, Multivitamin
- *Significant Tasks During Period:* Updated our policies and documentation to reflect new CFCU updates. Trained staff on the CFCU updates.

Quality:

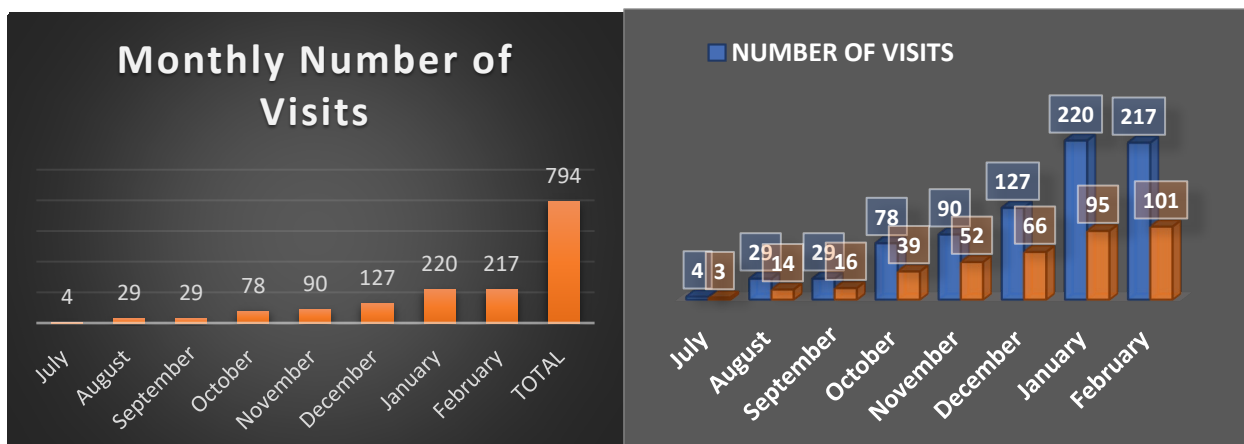
- Implement EMR changes to improve documentation of medication administration, delayed, missed, or refused doses.
- Developed a Mobile Crisis Stabilization and Intensive Crisis Stabilization Service Psychiatric Consultation & Case Review protocols to review high-risk cases.
- Revised Restraint workflow and provided retraining to improve documentation.

OUTPATIENT CLINIC/CCBHC MEDICAL DIRECTOR UPDATE

- The Community Care Clinic staff was featured on Fox news, Friday February 14, 2025.
- Second clinic location officially opened on Monday February 17, 2025 at the corner of Six Mile and Greenfield Rd.
- The clinic provided a total of 217 outpatient behavioral health visits to 101 unique individuals for the month of February 2025.
- A total of 795 visits have been offered to 178 members since the inception of the clinic (July/August 2024)
- The clinic welcomed three new staff members in February and three in March 2025.
- The clinic served 34 new individuals for the month of February 2025
- Ongoing preparatory work for the Joint Commission visit. The date has yet to be determined.

Trends (patient or departmental, documentation, medication, can be based on your chart audits):

- The Community Care Clinic currently serves 178 individuals.
- The number of visits for outpatient behavioral services continues to increase each month and reached a total of 795 visits at the end of February 2025 (Table 1)
- On average, each member shows up for their appointments twice a month (Table 2). The clinic saw the highest number of appointments (217) for the highest unique number of individuals (101) in February 2025.



Program Compliance Committee Chief Medical Officer's Report

- About 80% of the individuals served identified as African American.
- At least 75% of the members are adults.

The top five main psychiatric diagnoses for adults:

- Major depressive disorder
- PTSD/Trauma and stressor-related disorders
- Anxiety disorders
- Substance use/polysubstance use
- Insomnia disorder

The main physical health diagnoses for adults: Obesity

The top five main psychiatric diagnoses for children and adolescents

- ADHD or
- Unspecified neurodevelopmental disorder
- MDD
- GAD
- Adjustment disorders

Most of the individuals served have an early, severe and prolonged history of neglect, abuse, trauma and domestic violence (cumulative).

Major Areas of Clinic Improvement:

- Promote psychotherapy
- Increase the number of visits per individual per month, primarily for those in weekly psychotherapy.
- Reduce no-show rate
 - Continue to provide reminder calls 24 hours before the visit.
 - Make sure the individual served receive a Doxy.me for the appointment.
 - Contact the individual 5 minutes into the visit if not present.
- MHWIN Tracking of services: Work with MHWIN/PCE to optimize the system to track members who have not returned for their medication management in more than 2-3 months.

Program Compliance Committee Meeting
Autism Services Department
FY 25 – Quarter 1 (October – December 2024)



Main Activities during Reporting Period:

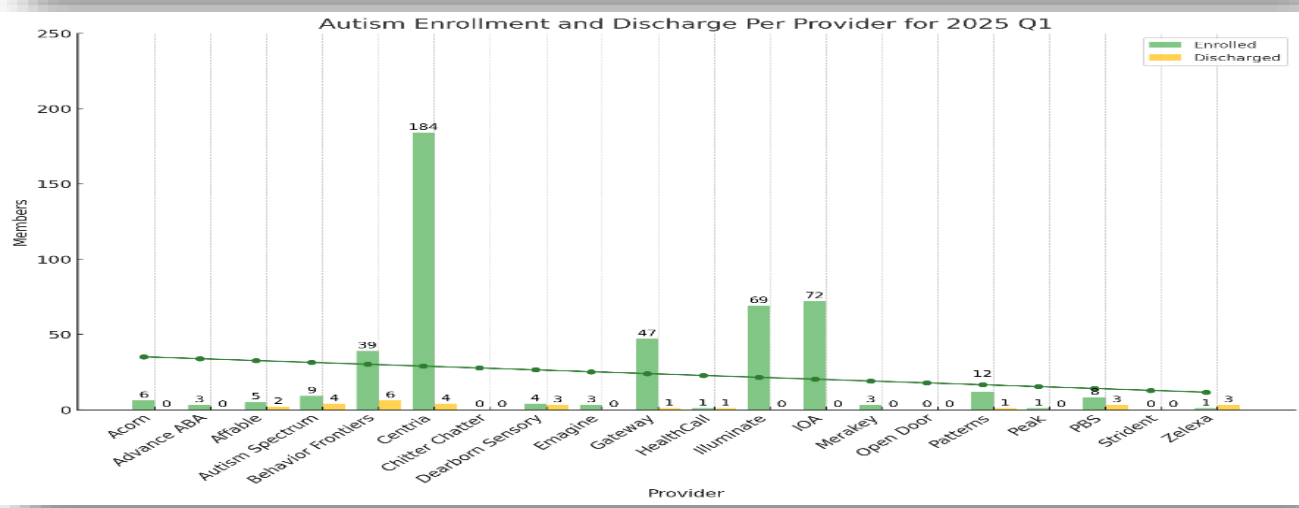
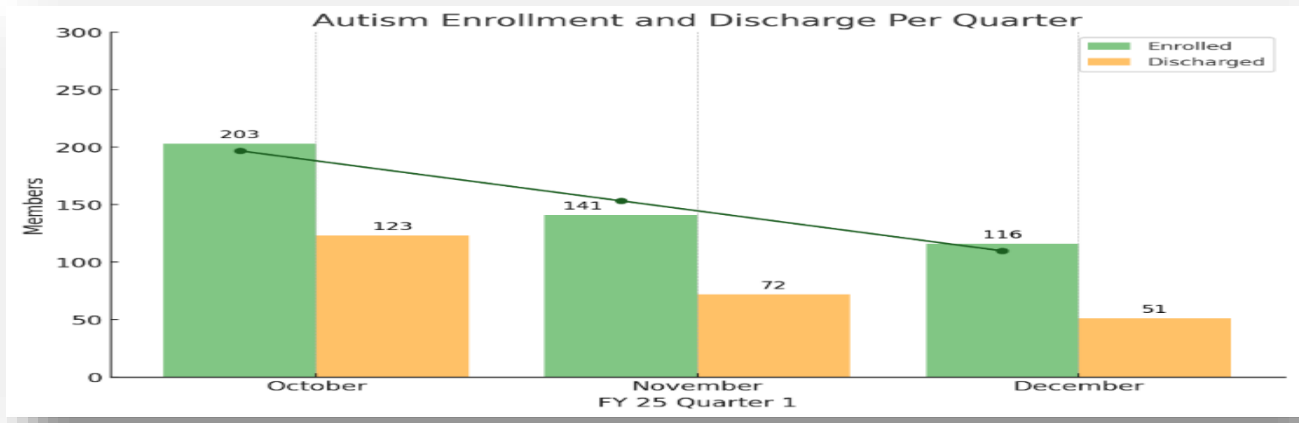
- Expansion of Autism Services (RFQ)
- Timely Access to ABA Services (Performance Indicator)
- ABA Treatment Outcomes

Progress On Major Activities:

Activity 1: Expansion of Autism Services (RFQ)

Description: To address provider capacity shortages affecting beneficiaries seeking Autism Services in Wayne County a 5-year Request for Qualifications (RFQ) was posted to increase the number of ABA providers available in Detroit Wayne Integrated Network (DWIHN) provider network. The RFQ started in 2023 and expected to continue until 2028.

Current Status: A total of 2,152 members were actively enrolled in autism services. During FY25/Q1 there were a total of 428 new eligible members enrolled and 102 members were discharged. Chart 2 displays the total number of enrollments and discharges per Provider for the entire quarter. The three Providers with the highest number of enrollments were Centria Healthcare with a total of 184 enrollments, IOA with a total of 72 enrollments, and Gateway Pediatric Therapy with a total of 47 enrollments. On the other hand, the three Providers with the lowest number of enrollments were Strident Healthcare with 0 enrollees, HealthCall with 1 enrollee and Peak ABA Center with 1 enrollee.



Significant Tasks During Period: During FY25/Q1 two evaluations were completed. The 2nd Evaluation REBID resulted in the addition of 6 new Providers be placed on the Qualified List: Autism of America, Manasach Enterprises LLC, dba Euro-Therapies, Akoya Behavioral Health, LLC, Apex Therapy Services, Mohamdali Mazloum dba BlueMind, and Connection Social Skills, Caterpillar Autism Learning Center, dba Gorbold Behavioral. The 1st Special Needs Evaluation for 2023-005 REBID resulted in the addition of 3 new Providers: Bright Behavior Therapy, 8th Palace LLC DBA KDcare Community ABA Services, and Brightview Care, LLC. As a result, DWIHN Autism Service Department requested 7 new providers to be presented to DWIHN's Access Committee from the qualified list: Autism of America, Manasach Enterprises LLC, dba Euro-Therapies, Akoya Behavioral Health, LLC, Apex Therapy Services, Mohamdali Mazloum dba BlueMind, 8th Palace LLC DBA KDcare Community ABA Services, and Brightview Care LLC.

Major Accomplishments During Period: The Autism Service Department expanded by awarding Downriver Therapy Associates LLC dba Success on the Spectrum a contract as well as expansion site request to Acorn Health of Michigan and Zelexa with an additional 6 sites.

Needs or Current Issues: There are 2 ABA Providers selected from the Qualified List to complete credentialing requirements prior to receiving the final contract.

Provider Name	City
Integrated Pediatric Therapy	Brownstown
ABA Golden Steps	Home-Based Only

Plan: Review the ABA Provider qualified list quarterly.

Activity 2: Timely Access to ABA Services (Performance Indicator)

Description: It is the goal of Autism Services Department to ensure timely access to Applied Behavior Analysis (ABA) services for eligible individuals with autism ages 0 to 21st birthday residing in Wayne County. This is measured by collecting data on services that start within 14-days of the authorization effective date. The baseline of this measure indicated only 68% of members started services within 14-days of being authorized during FY 2022.

Current Status: The chart below highlights that on average of 88% of members began services within 14-days of the ABA authorization effective date, which is above the goal of 70%.

Fiscal Year/Quarter	Timely Access to ABA Services (Numerator)	Total Requests for ABA Services (Denominator)	Percentage of Services Started within 14-days of Effective date
2023 Q1	89	247	36%
2023 Q2	78	223	35%
2023 Q3	76	125	61%
2023 Q4	63	111	57%
FY23 Total	306	706	47.25%
2024 Q1	35	37	95%
2024 Q2	43	51	84%
2024 Q3	36	43	84%
2024 Q4	75	83	90%
FY24 Total	189	214	88%

Significant Tasks During Period: ABA providers already in network were able to expand site locations. Additionally, Clinically Responsible Service Providers (CRSP) were encouraged to increase intakes for members starting autism services. Financial incentives also provided support to the network in the form of rate increases and one-time payments. Stakeholder feedback indicated services were also impacted due to transportation barriers resulting in

DWIHN contracting with two non-emergency transportation services to provide transportation to behavioral health appointments for individuals enrolled with DWIHN.

Major Accomplishments During Period: Access to ABA services was improved by Autism Service Department consistently engaging provider network for ABA availability then directly distributing information to the network. Also, the department remained engaged following coordination and arranged direct meetings to fill remaining availability.

Needs or Current Issues: Continue to address current staff shortage and limited access to services. Continue to develop a system to monitor providers capacity, address current utilization of ABA services, and determine if members are aligned to the appropriate level of care.

Plan:

- Continue ongoing meetings with Providers to discuss capacity needs and state performance indicator status.
- Implement case monitoring systems and notices to ensure each case is moving through the system in a streamlined process.
- Update autism general fund requirements.

Activity 3: ABA Treatment Outcomes

Description: To be eligible for Behavior Health Treatment (BHT) symptoms must cause clinically significant impairment in social, occupational, and/or other important areas of current functioning. Autism Services are medically necessary to reduce or improve symptoms such as building adaptive behaviors, and/or reduce maladaptive behaviors to enhance the member's health, safety, and overall functioning and/or to prevent deterioration or regression.

Current Status: Treatment outcomes are re-assessed on a semi-annual basis with the goal of reaching at or above 70% progress. In FY25/Q1 ABA Providers achieved 84.3% of treatment outcomes that exceeds the goal.

Total ABA Providers	Treatment Outcome
1	100%
1	90% - 99%
11	80% - 89%
2	70% - 79%
15 ABA Providers	84.3%

Significant Tasks During Period: In July 2024, the ASD Program Administrator coordinated with DWIHN on concerns related to compliance with utilization, credentialing, and providing treatment according to medical necessity for an ABA Provider. Additional, technical support was provided to the network as well as recipient rights guidance and direction on DWIHN policy related to staff file maintenance.

Major Accomplishments During Period: Coordinated with Access Call Center to improve oversight of members either waiting for diagnostic evaluation or coordination of care. Data system will be utilized across both departments improving access and workforce.

Needs or Current Issues: Further development for monitoring progress for members and increased oversight ability to monitor ABA Providers is in the process of being developed.

Plan: Continue to meet with the Grievance Coordinator to develop a performance-based permanent product approach to ensure ABA Providers correctly complete and maintain due process while also adhering to the Behavior Analysis Certification Board Ethics Code for BCBA's. Once the data system is complete introduce to Providers to highlight subtle changes in level of care trends throughout treatment.

Quarterly Update

Things the Department is Doing Especially Well:

- **Provider Engagement & Service Enhancements:**
 - Distributed the ABA Behavior Safety Survey and the Qualified List Criteria Selection Questionnaire to gather provider feedback and improve service standards.
 - Hosted a workgroup to finalize the ABA Availability Form to assist with ABA Providers receiving referrals and starting services timely.
 - Extended the Diagnostic Evaluator timeline to 15 business days to enhance evaluation quality while maintaining efficiency.
- **Data & Process Improvements:**
 - Analyzed members receiving autism services through General Funds and developed a strategic plan to ensure adequate plan to resolve Medicaid insurance barriers.
 - Developed a comprehensive report on individuals awaiting ABA services and submitted detailed data to the Michigan Department of Health and Human Services (MDHHS).
- **Service Delivery & Case Management:**
 - Successfully completed over 220 case assignments that contributed to connecting members to appropriate ABA services.
 - Assisted with onboarding new ABA providers from the RFQ-qualified list.
 - Verified data integrity within the Autism Risk Matrix before dissemination to ABA providers.

Identified Opportunities for Improvement:

- Review feedback from the Safety Survey and Qualified List Criteria Selection Questionnaire.
- Monitor the use of general funds for autism services.
- Train ABA Providers on the ABA Availability Form.
- Provide comprehensive training and support for newly contracted providers integrating into the service delivery model.

Progress on Previous Improvement Plans:

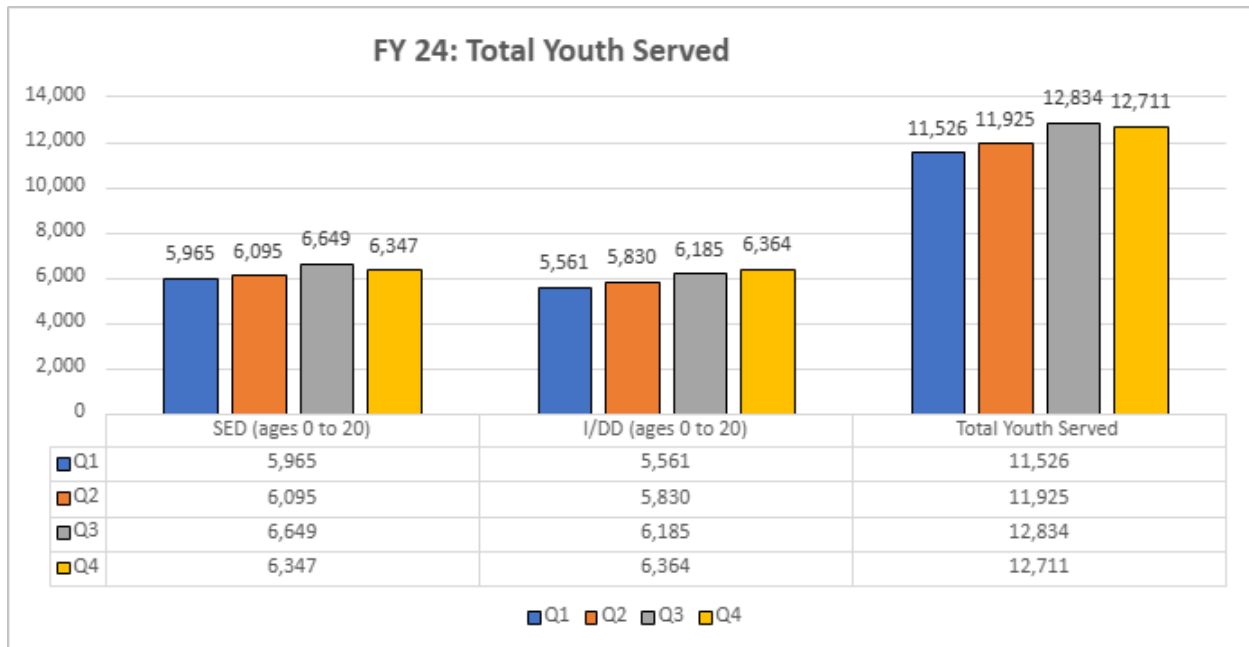
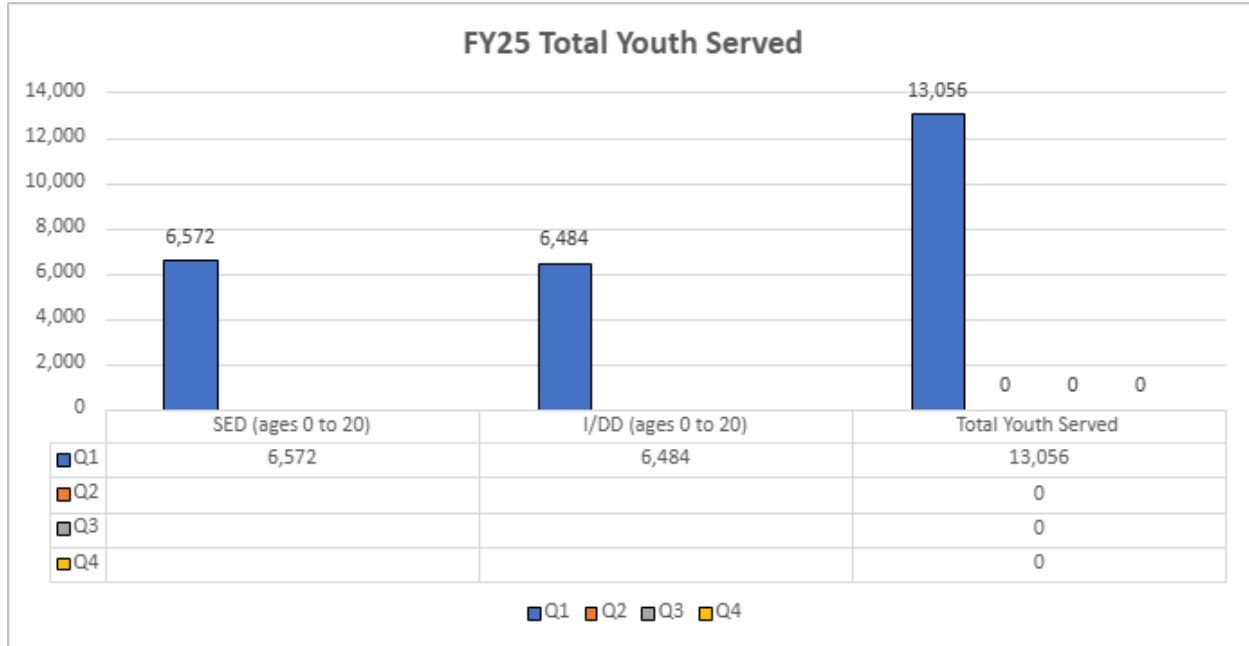
Due to noted progress with autism services starting within 14 days of the authorization date of 88%, it was approved by Improving Practices Leadership Team (IPLT) the new goal will increase from 70% to 95%.

Program Compliance Committee Meeting



Children's Initiative Department FY 2025 / Quarter 1 (Oct – Dec 2024)

Overall Clinical Services: During FY25/Q1 DWIHN served a total of 13,056 unduplicated children, youth, and families in Wayne County ages 0 up to the 21st birthday; including both Serious Emotional Disturbance (SED) and Intellectual/Developmental Disability (I/DD) disability designations. This total is slightly higher than FY24/Q1 of 11,526 members served as well as higher than the previous quarter of 12,711 from FY24/Q4. It is noted during FY24 the average children, youth, and families served was 12,249 and total of 48,996.



Main Activities during the Reporting Period:

- Activity 1: Annual Report to the Community
- Activity 2: Access to Children Services (DHHS MichiCANS Screener)
- Activity 3: GOAL Line

Progress On Major Activities:

Activity 1: Annual Report to the Community

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

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

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

Significant Tasks and Major Accomplishments: Attendees received a copy of the System of Care Report to the Community Report program booklet which provides a summary of system of care accomplishments for Fiscal Year 2024 this available on DWIHN Children Initiative webpage. In addition, Dr. Eddie Connor was the keynote speaker who spoke on the message “Win Within.” In addition, 6 awards were given to recognize those in the community who have been influential in the advancement of children services. The award categories included: Stakeholder, Fatherhood, Youth, and Caregiver awards. Former Chief Executive Officer Kari Walker from The Guidance Center was also an award recipient as well.

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

Plans: Continue to complete the goals and deliverables associated with the System of Care Block Grant. Prepare for the next Report to the Community event scheduled for December 2025.



Activity 2: Access to Children Services (DHHS MichiCANS Screener)

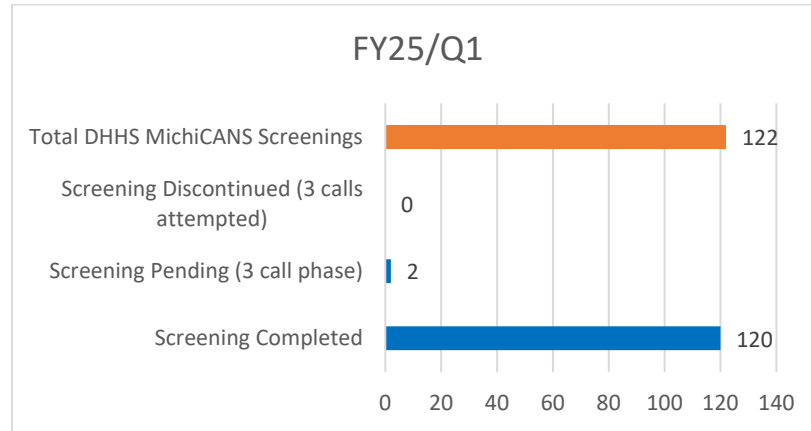
Description: Michigan Department of Health and Human Services (MDHHS) developed the MichiCANS screener for community mental health providers to administer to children and youth ages 0 to 21st birthday. This universal screening tool is used to support Family Driven/Youth Guided care planning and level of care decisions, facilitate quality improvement initiatives, and monitor outcomes of services.

Why is this Important?: In addition to children providers administering the MichiCANS screener, DHHS health liaison officers (HLO) also complete the screener for youth involved in the foster care system. Effective 10/1/25 expanded the referral process for youth involved in foster care system to begin submitting referrals to DWIHN Access Center in addition to directly with the children providers to streamline the referral process and promote a “no wrong door” approval to behavioral health services.

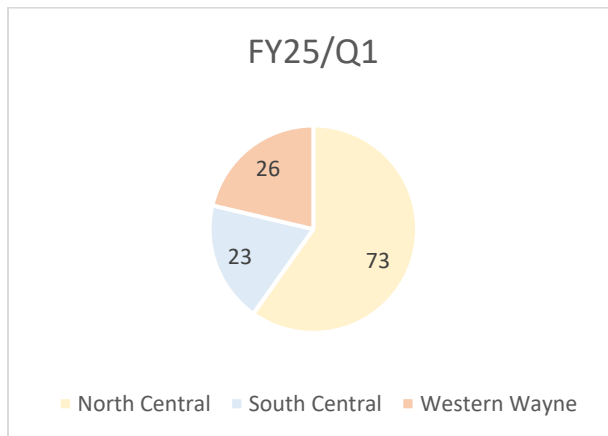
Current Status: Below is baseline data for DHHS MichiCANS Screenings submitted to DWIHN Access Center. 100% of the screenings submitted met eligibility criteria for community mental health services

(scored at least a 2 or 3 on the MichiCANs Screener). During FY25/Q1 there were 122 MichiCANs screenings submitted from DHHS, 120 screenings completed, 2 screenings pending screenings, and 0 discontinued screenings.

DHHS MichiCANs Screenings / DWIHN Access Center



DHHS MichiCANs Screenings per Region



<p>North Central Region 8625 Greenfield Detroit, MI 48228</p>
<p>South Central Region 1801 E Canfield St Detroit, MI 48207</p>
<p>Western Wayne Region 27540 Michigan Avenue Inkster, MI 48141</p>

Significant Tasks and Major Accomplishments: Various meetings were held with DWIHN Access Center, Children Providers, and DHHS to develop a DHHS Access referral flowchart for DHHS to submit behavioral health referrals. The referral flowchart provides guidance for foster care specialists to complete the MichiCANs screener and contact DWIHN Access Center for ages 6 to 20, Children Providers for ages 6 to 20, Infant Mental Health providers for ages 0 to 5, and Certified Community Behavioral Health Clinic (CCBHC) Providers for all ages.

The main accomplishment this quarter involved resolving barriers to the referral process for youth involved in foster care.

Barriers resolved included:

- Ensuring foster care specialists provide Children Providers a copy of the MichiCANs screener prior to the intake session.
- Per MDHHS request sent communication to Children Providers to accept the MichiCANs screener completed by DHHS and avoid completing another screener.

- DWIHN Access Center contacting the HLO if unable to coordinate with the foster care specialist to complete the screening.

Needs or Current Issues: MichiCANs to HIE from Children Provider electronic health record to MHWIN and vice versa.

Plans:

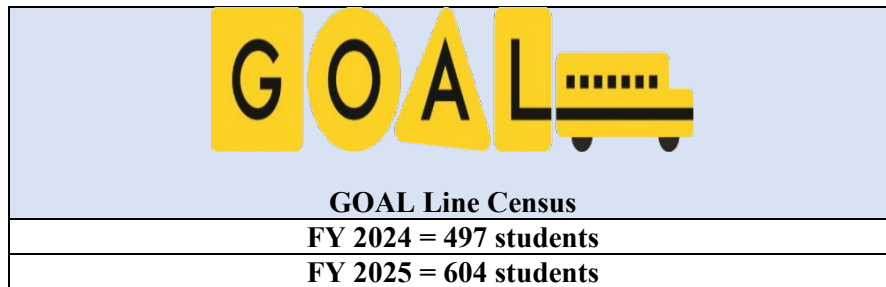
- Coordinate with Children Providers and IT Department to confirm MichiCANs screener adequately HIE across electronic health records.
- Coordinate with DWIHN Access, Children Providers, and DHHS quarterly to discuss progress and barriers with the referral process.
- Review DHHS MichiCANs screenings to assess efficacy of youth involved in foster care complete intake appointments and begin behavioral health services.

Activity 3: GOAL Line

Description: The GOAL Line program restarted FY 2023 to provide behavioral health and social emotional supports through enrichment programming at 11 schools surrounding the Northwest Activities Center during the school year and summer months.

Why is this Important?: Community Education Commission (CEC) is the provider promoting the GOAL Line program to meet the behavioral health, social emotional learning, and integrated health needs of students enrolled in grades K-8.

Current Status: During FY25/Q1, there were 604 students enrolled in the program. This is an increase from FY24 enrollment of 497 students enrolled. There is a significant increase in enrollment of students due to accepting more students in the program considering there was a waitlist from the previous school year. Also, CEC expanded the program into additional locations as well.



**Devereux Student Strengths Assessment (DESSA)
FY25/Q1**

Measures strengths and areas of growth for 8 Social Emotional Learning Competencies:

Self Awareness, Self Management, Social Awareness, Relationship Skills, Goal Directed Behavior, Personal responsibility, Decision Making, and Optimistic Thinking.

Grade Level	Strength	Ways to Grow
K-2	▪ Exploring Interests	▪ Active Listening Skills ▪ Confidence Coaching
3-5	▪ Exploring Interests	▪ Active Listening Skills ▪ Learning to Hear Others
6 – 8	▪ Asking for Help	▪ Comprising with Others ▪ Acting Positively and Responsibly

Significant Tasks and Major Accomplishments: CEC expanded the GOAL Line program into an additional location at Detroit Academy of Arts and Sciences to provide enrichment services to about 200

students. Also, offering social emotional learning and tutoring services to students at multiple library and recreation center locations as well:

- Northwest Activity Center
- Heilmann Recreation Center
- Patton Recreation Center
- Detroit Academy of Arts and Science School
- Hubbard Library
- Parkman Library
- Sherwood Library
- Edison Library

CEC uses the Devereux Student Strengths Assessment (DESSA) to measure outcomes for student strength and resiliency skills. November 2024 CEC also invested in the Wayfinder curriculum that promotes social emotional learning through engaging activities led by coordinators.

Needs or Current Issues: Improve student attendance.

Plans: Provide appropriate staffing to meet the expansion plans.

Quarterly Update

Things the Department is Doing Especially Well:

Community Mental Health Association Presentation: Children Director (Cassandra Phipps) and Infant Toddler Court Coordinator (Christie Spudowski) presented at the Community Mental Health Association (CMHA) fall conference at Traverse City on Putting Children First: Infants, Toddlers, and Families focusing on services and programs for children 0 to 5 in Wayne County.

Mi Kids Now Dashboard Initiative: Children Initiative Director participated in the initial Mi Kids Now Dashboard Workgroup hosted by Michigan Department of Health and Human Services (MDHHS) to review the launch of the new dashboard system. Reviewed data pertaining to children completing intake assessments and connecting to mental health treatment. Also, crisis services and referral source for crisis events.

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

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

- Children Mental Health Lecture Series: Collaborating to Address Pediatric Mental Health Emergencies – Integrating MC3 Consultation into Emergency Setting
- Children Mental Health Lecture Series: Fetal Alcohol Spectrum Disorder in Young Children
- CAFAS Initial Training
- CAFAS Booster Training
- PECFAS Initial Training
- PECFAS Booster Training
- Core Competency

Identified Opportunities for Improvement:

There is opportunity to focus more on IDD children services according to challenge of IDD children providers meeting MDHHS Performance Indicator 2a – Intake Appointment occurs within 14 days of screening date. Initiated gathering additional staffing information for supports coordinators for FY25/Q1.

Progress on Previous Improvement Plans:

Crisis Plan Data: The chart below is an overview of the Crisis Plans completed by Children Providers for FY 24 thus far. The goal is to obtain 85% completion of Crisis Plans. There is noted progress with completed Crisis Plans from FY24 compared to FY25.

Disability Designation	FY 24 – Q1	FY 24 – Q2	FY 24 – Q3	FY 24 – Q4	Total = 78.5%
Serious Emotional Disturbance (SED)	77%	77%	78%	78%	77.5%
Intellectual Developmental Disability (IDD)	76%	80%	81%	81%	79.5%
Disability Designation	FY 25 – Q1	FY 25 – Q2	FY 25 – Q3	FY 25 – Q4	Total = 79.5%
Serious Emotional Disturbance (SED)	80%				80%
Intellectual Developmental Disability (IDD)	79%				79%



Program Compliance Committee
Michele Vasconcellos Director, Customer Service First Quarter FY 24/25 Report
March 12, 2025

Unit Activities

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

Activity 1: Customer Service Calls

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

Reception/Switchboard Reception/Switchboard

	Number of Offered	Number of Calls Answered	Abandonment Calls	Abandonment Rate Standard <5%	Average Speed Answered (ASA) <30sec)	Service Level Standard 80%	% of Calls Answered Standard 80%
FY-24/25	3,434 ↓	3,235 ↑	46	1% ↓	10 sec ↑	95% ↓	94% ↑
FY-23/24	3,663	2,840	46	1.5%	9 sec.	99.3%	81.3%

Customer Service Call Center

	Number of Offered	Number of Calls Answered	Abandonment Calls	Abandonment Rate Standard <5%	Average Speed Answered (ASA) <30sec)	Service Level Standard 80%	% of Calls Answered Standard 80%
FY-24/25	2,377 ↑	2,281 ↑	61 ↓	3% ↓	9 sec. ↓	95% ↑	96% ↑
FY-23/24	1,740	1,263	106	8.9%	11.8 sec.	87.8%	89.6%

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

Significant Activities:

- In comparing the first quarter of FY 24/25 with that of last year's first quarter calls for our Reception Switchboard, there was a decrease in the number of calls offered and an increase in the number of calls answered. The abandonment rate was slightly lower as well as the speed to answer was relatively the same. Our service level was 95% which exceeded the 80% standard.
- In comparing the Customer Service Call Center data for FY24/25, there was a significant increase in the number of calls offered and answered. There was also a decrease in the abandoned calls and percentage rate from 8.9% to 3%. Our speed to answer also improved as well as there was an

increase in percentages in the service level and calls answered standards at 95% and 96% both exceeding the 80% standard.

- Developed refresher Orientations for CS Call Center and Reception/Switchboard staff to reinforce expectations.
- Filled the CS Supervisor position which allowed for more oversight in call monitoring.

Activity 2: Grievances, Appeals State Fair Hearings

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

	FY 24/25	FY 23/24
Complaint/Grievance Correspondence	708 ↓	941

Grievance Processed

Grievances	FY 24/25	FY 23/24
Grievances Received	24 ↓	29
Grievances Resolved	19 ↑	14

Grievance Issues by Category

Category	FY 24/25	FY 23/24
Access to Staff	(#2) 6 ↑	2
Access to Services*	(#1) 7 ↓	(#3) 8
Clinical Issues	1	2
Customer Service	3	4
Delivery of Service*	(#3) 4 ↓	(#2) 14
Enrollment/Disenrollment	0	0
Environmental	0	0
Financial	0	0
Interpersonal*	3 ↓	(#1) 16
Org Determination & Reconciliation Process	0	0
Program Issues	0	1
Quality of Care	2	1
Transportation	0	0
Other	1	0
Wait Time	0	0
Overall Total	27	48

Grievance Trends

Grievance may contain more than one issue. For Quarter 1, FY 24/25, the trend of the top 3 categories for grievances was in the areas of **Access to Staff, Access to Services, and Delivery of Service**. For Quarter 1, FY 23/24, the trend of the top 3 categories for grievances was in the areas of **Interpersonal, Delivery of Service, and Access to Services**.

Definitions

Interpersonal: Any personality issue between the enrollee/member and staff member (Therapist, Doctor, Program Director, etc.)

Delivery of Service: Any issue that reflects how services are being delivered to the enrollee/member (i.e. How long did the enrollee/member have to wait before he/she was seen for scheduled appointments? How long did the consumer have to wait before he/she was able to receive a specified or requested service? The consistency of case management or therapy.

Access to Services: Any service that the enrollee/member requests which is not available or any difficulty the enrollee/member experiences in trying to arrange for services at any given facility (i.e. reasonable accommodations, difficulty scheduling initial appointments or subsequent ones).

Access to Staff: Any problem the enrollee /member experiences in relation to staff's accessibility [return of phone calls, staff's availability].

MI Health Link (Demonstration Project) Grievances

Grievance	FY 24/25	FY 23/24
Overall Total	0	0

Appeals: Advance and Adequate Notices

FY 24/25		FY 23/24	
Adequate	Advance	Adequate	Advance
1,058 ↑	4,948 ↓	926	5,687

*Appeals Communications

	FY 24/25	FY 23/24
Appeals Communications Received	296 ↓	315

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

Appeals Filed

Appeals	FY 24/25	FY 23/24
Appeals Received	3 ↓	5

DWIHN State Fair Hearings

SFH	FY 24/25	FY 23/24
Received	1	1

MI Health Link (Demonstration Project) State Fair Hearings

SFH	FY 24/25	FY 23/24
Received	0	0

Significant Activity:

- Reported on grievances at Access, Credential and Quality Committees.
- Diligently implemented new MDHHS template letters for grievances and appeals. Also, engaged in multiple conversations with ICO partners regarding updates to the current CMS approved materials.
- Met with MDHHS to collaborate with multiple cases requesting DWIHN’s intervention.
- Defended DWIHN’s decision to deny inpatient behavioral health treatment due to lack of medical necessity criteria.

Accomplishments:

- Employed a new Grievance Specialist to the unit. Posted and reviewed multiple applications for the vacant Appeals Specialist position.
- Staff participated in a successful Mediation session. We continue to encourage this due process function to resolve conflict between providers and members.
- Conducted continuous system-wide training and technical assistance to the Provider Network regarding grievances, appeals, mediation, State Fair Hearings and disenrollment.
- Was victorious in a State Fair Hearing in collaboration with members of Utilization Management and Dr. Faheem that effectively saved DWIHN approximately \$18,000.

Activity 3: Member Engagement and Experience

Customer Service ensures that members are provided with the opportunity for DWIHN and Community inclusion through various initiatives. In addition to promoting outreach, principles of advocacy are promoted via DWIHN’s Constituent Voice Committee and focus groups. Through these venues members have the opportunity to share with DWIHN’s key Administration i.e. CEO, issues, concerns and recommendations for process improvements. The Unit also facilitates various survey activities. This feedback is essential to DWIHN’s ability to address members, providers, and community concerns and prioritize new initiatives.

Significant Activity:

- Coordinated DWIHN’s Annual participation in the State’s Walk-A-Mile–In My Shoes at the capital. Over 300 DWIHN members were present. This is the second year one of our members was asked to MC the Agenda.

- Involved with the launch of the 2024 National Core Indicators Survey (NCI)- Focus on DD population. We provided 311 statewide family samplings of 638.
- Completed the evaluative stage of the Adult and Children's 2024 ECHO surveys.
- Assisted Peers with various opportunities to obtain necessary continuing education credits to meet the States mandated continued certification requirements.
- Published the quarterly Person Point of View member newsletter, which was member driven and provided DWIHN updates. Conducted various member venues in support of educating members on the importance of their right to vote and becoming registered.
- Conducted monthly member meetings at clubhouses and drop-in centers.

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



**Program Compliance Committee Meeting
 Quarter 1 FY 25 Report
 Integrated Health Care Department
 Vicky Politowski Director
 03/12/2025**

Main Activities during the year Reporting Period: FY 2024

- **Omnibus Budget Reconciliation ACT (OBRA)**
- **Complex Case Management**
- **Special Care Coordination with Medicaid Health Plans**
- **HEDIS Quality Improvement Plans**

Progress On Major Activities

Activity 1: Omnibus Budget Reconciliation ACT Services

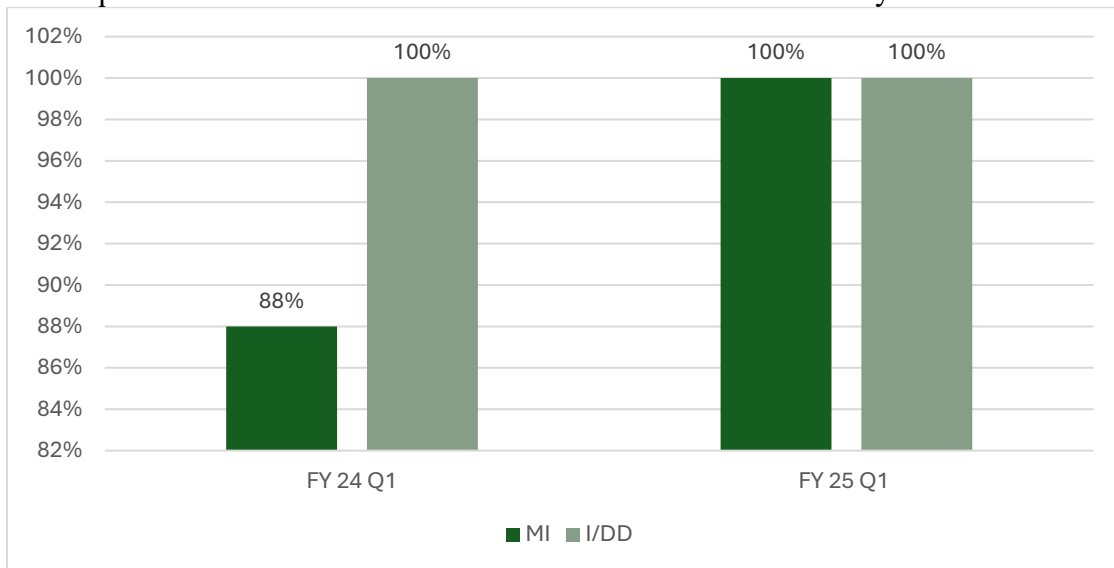
Current Activities during Reporting Period:

- Reduce the back up of referrals in the INP que.
- Developed Specialized Services Training.
- Collaborating with Residential to begin regularly scheduled meetings to improve communication and discuss placement alternatives.
- Sent out all Nursing Homes Agreements

Progress On Major PASRR Activities:

1. Important Timelines:

The required turnaround times for Pre-admission assessment is 4 days.



2. Referrals:

	#Referrals	Assigned for Eval	Exemption Letters	Pre-Admission Screenings	Annual Screenings	Partial Screenings
FY 25 Q1	1,766	831	935	38	388	142
FY 24 Q1	1,527	641	886	24	290	129

		Pends	Goals not exceed Pends	Congruence	Goal at least 95%	Staff Trainings
FY25		7%	25%	96%		87 Nursing homes, 85 staff
FY24		10%		98%		48 Nursing homes, 59 staff

3. Strengths:

- Overall improvement noted in productivity and increased referrals in comparison to last year.
- The number of assessments completed has increased and staff are working diligently to meet the needs.
- 100% completion of PAS within 4 days of referral.
-

Activity 2: Complex Case Management (CCM)

Aim: To progress movement towards recovery, enhance wellness, and build resiliency through self-care and empowerment for members with medical and behavioral health concerns.

How: CCM assists members with being connected to community resources, peer advocates and other needed services/supports

Goal: Reduce hospitalizations, Connect with PCPs, reduce gaps in care and Increase participation in outpatient visits, Improve screening measurements and satisfaction scores.

CCM is Free Voluntary Provided directly by DWIHN ____

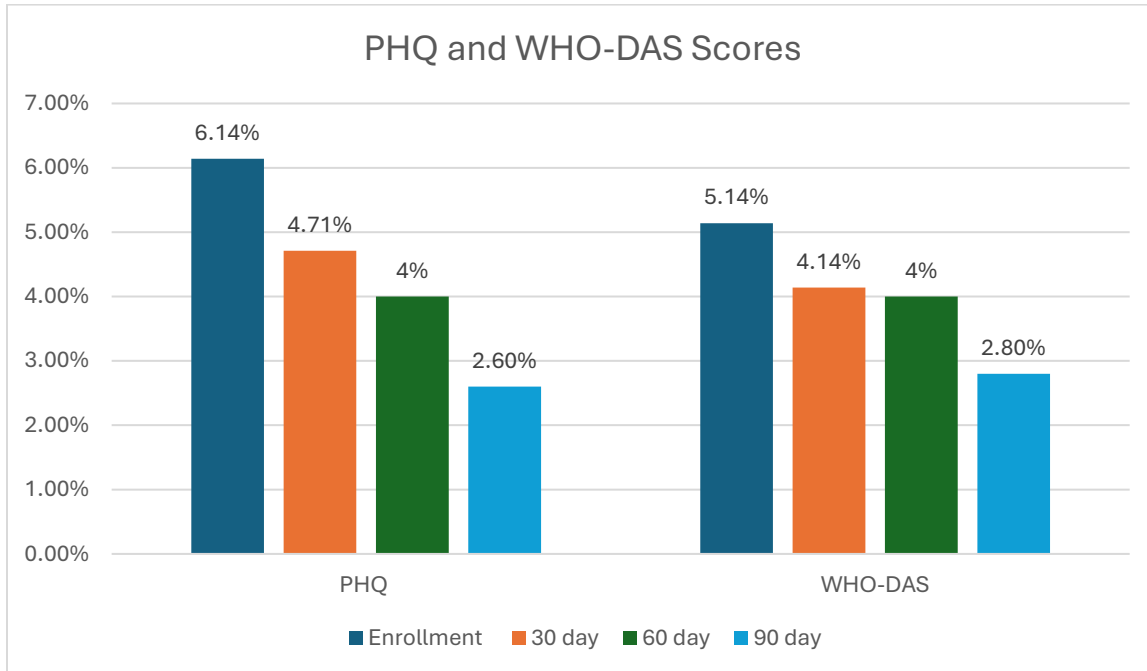
Screening tool used: PHQ, a depression screening and the WHO-DAS, screening for level of difficulty of symptoms and activities of daily living. Higher the score the more symptoms or difficulty.

ENROLLMENT

Total CCM eligible members based on the criteria:	10,432
Total CCM members enrolled:	23
New members enrolled this month:	N/A
Members referred through ED:	0
Members referred through Provider:	7
Members referred internally:	13
Total CCM Staff:	2
CCM Caseload per staff:	Average 7.6

ACTIVE MEMBERS

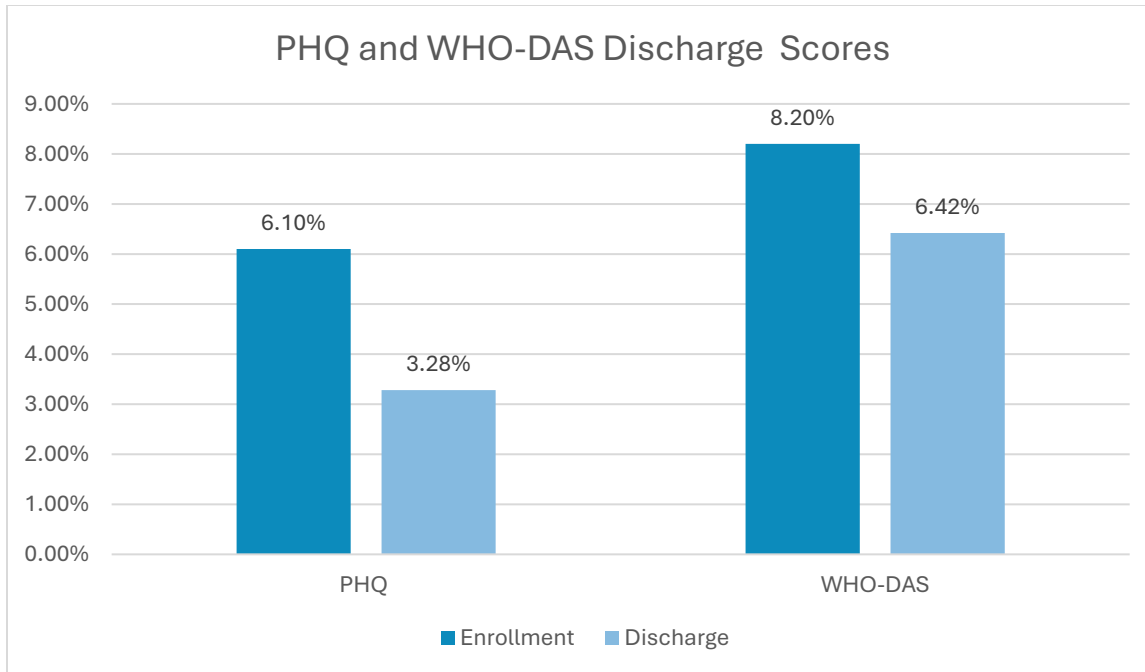
Percentage of enrolled members actively receiving services with CRSP, 9 active		
Before CCM:	11% (1 out of 9)	<input type="checkbox"/> NA
After CCM:	89% (8 out of 9)	<input type="checkbox"/> NA
Percentage of enrolled members connected with PCP		
Before CCM	66% (6 out of 9)	<input type="checkbox"/> NA
After CCM:	89% (8 out of 9)	<input type="checkbox"/> NA



PHQ and WHO-DAS scores continue to improve with CCM services.

DISCHARGES

Members discharged this quarter:	14, 5 surveys returned
Percentage of discharged with < 75% satisfaction rate:	0, 100% satisfaction on all survey submitted
Percentage of discharged with 100% satisfaction scores:	100% (n=5)



Care Coordination (CC) activities by CCM

GOAL: Improve HEDIS measures, Increase CCM enrollment when eligible and agreeable by member, improve care coordination during transition of care

Members Outreached:	86	
Members Successfully Contacted:	43	
Number of reminder calls/member	86	
Did Transition of Care Improve?	Yes	
Which Setting was the member when evaluated	CCM does not evaluate for TOC/CC	
Target HEDIS Measure	FUH	

Activity 3: Special Care Coordination with Medicaid Health Plans

Goal: DWIHN has a goal to process all referrals received from the five ICO organizations within 15 days of referral. Process means to have new and existing clients outreached to by Access department, Network Providers and or IHC Care Coordination staff and submit outcome of referral back to ICO with allotted timeframe. DWIHN and the IHC department’s ultimate goal is to get all referred clients in services despite their level of care determination. The process involves educating ACCESS Department and Network Providers quarterly on how to discuss mild to moderate services with beneficiaries that do not qualify for level three services. In addition to providing support to beneficiaries who need to understand services of behavioral health directly through care coordination.

Mi Health Link referrals to Access Center:

Number of Referrals: 175, (65 of those members were already active in behavioral health care).

ICO Care Coordination:

Focused HEDIS Measures: IHC department conducted a meeting with each ICO to discuss inpatient hospitalization, gaps in care, follow up after hospitalization and shared member updated contact information for period

ICO Plan Name	Aetna	AmeriHealth	HAP	Meridian	Molina
Number of cases reviewed this quarter	37	20	29	21	31
Gaps in care closed in 30 days within the quarter	10	10	7	6	10
Cases carried over to the next quarter of the month.	4	5	3	1	4

Special Care Coordination Project: IHC has 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. Project with Priority had only one reporting month in this quarter per MHP Priority request to suspend meetings until December 2024.

Focused HEDIS Measures: Diabetes monitoring and medication monitoring (SDD, AMM, SAA)

Plan Name	Health Plan 2	Health Plan 1
Number of cases reviewed this quarter	63	15
Gaps Closed with/out MHP	18	3
Number of Cases Presented in Meeting	45	12
Number of mailings on how to connect to services	21	6
Total Number of Successful Outcomes	18	4
Number of cases to carry over next month	6	2

Care Coordination/Data Sharing with MHP: IHC Manager has been assigned oversight of MHP/PIHP Data Sharing Coordination staff, all 8 MHP plan meetings have occurred in. Joint Care Plans between DWIHN and the Medicaid Health Plans were developed and/or updated, and outreach completed to members and providers to address gaps in care.

Plan Name	Aetna	BCC	HAP	Meridian	McLaurin	Molina	Priority	United
Number of cases reviewed this quarter	45	48	36	70	20	38	44	22
Sent mailing on how to connect to services no additional follow up	14	18	6	25	3	6	14	9
Total Number of Successful Outcomes	9	12	11	13	5	8	9	4
Number of cases to carry over next from quarter	10	6	5	2	2	13	9	2

Number of Care Plans Opened in CC360/Number Possible: 140 care plans opened in CC360 Q1 FY25. 111 adults, 29 children. *To meet the baseline of 26%, 40 cases need to be open for 2025.



March 12, 2025

Strategic Plan CUSTOMER PILLAR

Program Compliance Committee Status Report

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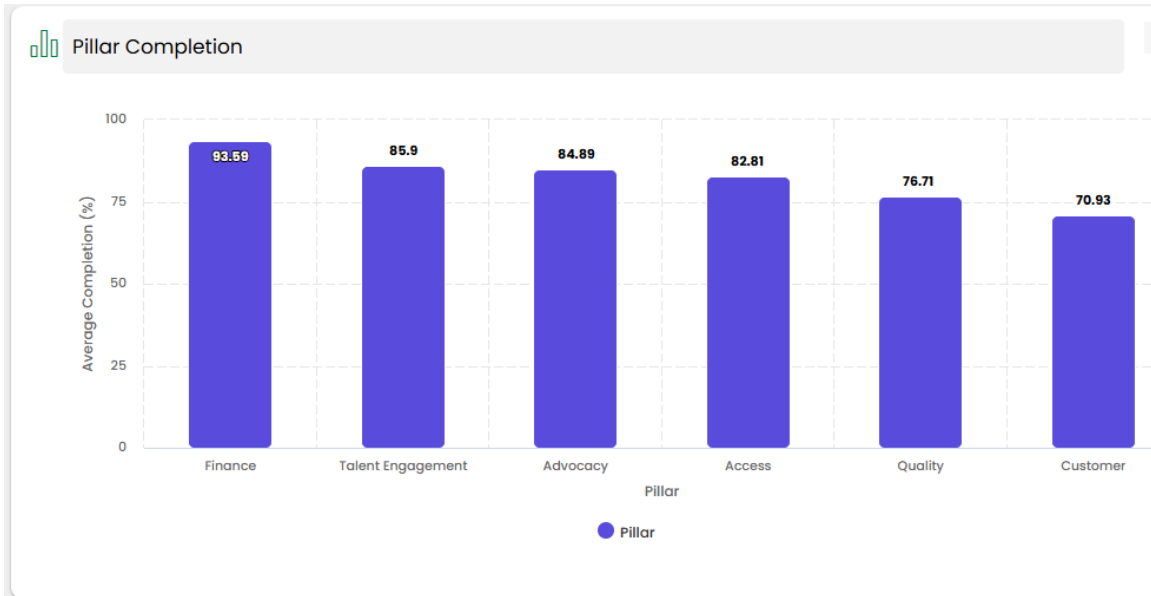
Customer Pillar _____ 4

To our board members:

Our commitment to social responsibility includes a dedication to transparency, collaboration and stakeholder engagement as a core component of our business and sustainability strategy, our monthly reporting process, and our activities within the county.

Our Strategic Planning Status Report is our report to our board members. It tells how we are performing against key indicators that measure our performance against the Access, Customer and Quality Pillars and impact in the areas that matter most to our stakeholders.

Pillar Dashboard Summary



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

Summary of Pillar Status

Customer Pillar is presented under the leadership of Michele Vasconcellos, Director of Customer Service. Overall, we are at 70% completion on this pillar. There are three (3) Strategic Objectives under this pillar. They range from 65% - 75%. A detail report of this pillar will follow:

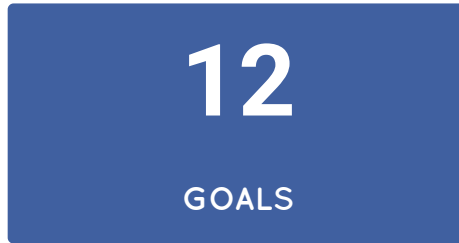
Customer		70%
Title	Completion	
Enhance the Provider experience by 1st Sep 2025	65%	
Ensure Inclusion and Choice of Members by 1st Sep 2025	75%	
Improve member's experience of care and health outcomes by 1st Sep 2025	71%	

Customer Pillar

Detailed Dashboard

Program Compliance Committee Meeting

March 12, 2025



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

2023-2025 DWIHN PLAN

CUSTOMER

Goal	Details	Tracki...	Owner	Co-ow...	Start ...	Due D...	Task	Update	Syste...	Curre...
Enhance the Provider experience		Child Goal Average	Rai Williams Director of Network Management	Hillary Woodruff Shana Norfolk	10/01/2022	09/01/2025			NEW Shana Norfolk on 01/28/2025 Progress: 0% ▶ 56.44 %	65% 64.77 / 100

Goal	Details	Tracki...	Owner	Co-ow...	Start ...	Due D...	Task	Update	System...	Curre...
→ Ensure 80% + Practitioner satisfaction on the annual survey	Each year the Practitioner Survey is distributed and the feedback is to be incorporated into the overall DWIHN Customer Satisfaction report along with the plans for process improvement interventions as needed. By incorporating strategies to address key takeaways on issues that are addressed from Provider Satisfaction Surveys the score should increase over the 3-year cycle in the areas not meeting 80% threshold.	Manual Slider	Rai Williams Director of Network Management	Ortheia Ward Shana Norfolk	10/01/2022	09/01/2025		<p>NEW Rai Williams:</p> <p>Update/Accomplishment: Impact Plans will be developed and tracking for improvement based on the 2024 satisfaction survey results.</p> <p>Challenges: <i>No value</i></p> <p>Next Steps: Strategy Ops will meet with internal departments who did not meet the 80% benchmark based pm the 2024 practitioner satisfaction survey to develop an Impact Plan. Strategic Ops & MCO will monitor the plans to ensure the department is working towards improvement. The plans will be placed in Cascade for tracking.</p> <p><i>02/20/2025</i></p>	<p>NEW Allison Smith on 11/08/2024: New data point: 69% created for 01-10-2022</p>	<p>77% 77 / 100</p>

Goal	Details	Tracki...	Owner	Co-ow...	Start ...	Due D...	Task	Update	System...	Curre...
→ Ensure 80% + Provider satisfaction on the annual survey : 80%	<p>Each year the Provider (organizational) Survey is distributed, and the feedback is to be incorporated into the overall DWIHN Customer Satisfaction report along with the plans for process improvement interventions as needed.</p> <p>By incorporating strategies to address key takeaways on issues that are addressed from Provider Satisfaction Surveys the score should increase over the 3-year cycle in the areas not meeting 80% threshold.</p>	Manual Slider	Rai Williams Director of Network Management	Ortheia Ward	10/01/2022	09/01/2025		<p>NEW Shana Norfolk:</p> <p>Update/Accomplishment: The target provider satisfaction rate is 80% for positive responses from providers/practitioner satisfaction surveys. The FY24 scores have been shared with departments for review to determine which areas require improvement and impact plans to increase the satisfaction scores for FY25. @Rai Williams @Jeff White @Ortheia Ward</p> <p>Challenges: No value</p> <p>Next Steps: Each department will create an Impact Plan and share it with Strategic Operations so that it can be tracked. Strategic Ops and MCO will monitor the plans and work with departments to insure they working towards in improvement. The plans will be placed in Cascade for tracking.</p> <p>02/20/2025</p>	<p>NEW Allison Smith on 02/24/2025: New data point: 73% created for 30-09-2024</p>	<p>99% 79 / 80%</p>

Goal	Details	Tracki...	Owner	Co-ow...	Start ...	Due D...	Task	Update	System...	Curre...
↳ Incorporate strategic identity in Provider Satisfaction Survey: 100%	Task Completion		Rai Williams Director of Network Management	Michele Vasconcellos Coretta Strong-Lucky Ortheia Ward	01/01/2025	09/01/2025	Provider Contracting Training Sessions Revamp precontracting powerpoint and training sessions for the network and post to the website by end of May.	Due: 05/31/2025 Rai Williams <input type="checkbox"/>	NEW Rai Williams on 02/20/2025 ✓ Completed Task	Department Survey assigned to Director of Network Management (Rai Williams) 33.33 / 100%
							Staff Timeliness KPIs will be developed for all staff to respond to all provider communications received within 48 hours and resolve or follow up all provider issues within 14 days. Senior PNMs will develop a tracking mechanism to ensure timeliness and responsiveness.	Due: 07/31/2025 Rai Williams <input type="checkbox"/>		
							Department Survey Develop Department Specific Survey to attach to the staff's signature box. Providers will be able to give real time feedback rating staff on courtesy, knowledge, responsiveness and timeliness	Due: 09/30/2025 Rai Williams <input checked="" type="checkbox"/>		

Goal	Details	Tracki...	Owner	Co-ow...	Start ...	Due D...	Task	Update	System...	Curre...	
↪ Increase cultural competency of the providers in the DWIHN Network	Task Completion		Chamika Phillips DEI Administrator	Rai Williams	11/23/2022	09/01/2025	Provider Coalition to address and accessing resources Collaborative efforts among providers to address diversity, equity, and inclusion challenges while improving access to resources. This feature can showcase collective initiatives, share available tools, and provide guidance for leveraging these resources to foster more equitable outcomes within the organization or community.	Due: Chamika Phillips 09/30/2023	<input checked="" type="checkbox"/>	NEW Chamika Phillips on 02/26/2025 ✓ Completed Task Provider Coalition to address and accessing resources assigned to DEI Administrator (Chamika Phillips)	50% 50 / 100
							I.D.E.A.s Newsletter IDEAS Newsletter promotes inclusion, diversity, equity and access to sharing resources, and highlighting initiatives. It fosters belonging, encourages dialogue, and demonstrates a commitment to equity, creating positive change within organizations and communities. The Provider Spotlight highlights organizations in our Provider Network celebrates their work, sharing their stories, and inspiring others to foster positive change.	Due: Shana Norfolk 10/31/2024	<input checked="" type="checkbox"/>		
							Provide DWIHN network staff training with opportunities to address member needs Present training to provider network meetings with various best practice topics to address member needs in collaboration with MCO. Webinar attendance will service as CRSP participation.	Due: Chamika Phillips 09/01/2025	<input type="checkbox"/>		

Goal	Details	Tracki...	Owner	Co-ow...	Start ...	Due D...	Task	Update	System...	Curre...
Ensure Inclusion and Choice of Members		Child Goal Average	Michele Vasconcellos Director of Customer Service	Coretta Strong-Lucky Chamika Phillips	10/01/2022	09/01/2025		<p>NEW Coretta Strong-Lucky: Update/Accomplishment: Developing a system wide Calendar of Member and Community events under the lead of our Communication's department. To date DWIHN is averaging 5-10 events per quarter.</p> <p>Customer Services Member Engagement has been conducting monthly member meetings at clubhouses and drop-in centers. These venues offer opportunities to discuss and educate members on DWIHN services, mental health topics and member specific issues.</p> <p>Customer Service has developed written correspondence to members regarding choice when a change or specific provider site closure occurs.</p> <p>Customer Service Staff also offers reinforcement to the members regarding the concept of "choice". Via member material, educational forums that address conflict resolution and/or due process.</p> <p>Challenges: No value</p> <p>Next Steps: n/a 02/19/2025</p>	No activity recorded	75% 75 / 100
	→ Develop Quarterly member/cor Town Hall Meetings to address Mental Health Topics and member-specific issues.	Task Completion	Michele Vasconcellos Director of Customer Service	Margaret Keyes	11/23/2022	09/01/2025	<p>FY 23 Quarter 1 Community Based Meetings Host at least one community-based meeting that is focused on educating members on current issues about mental health and member-specific issues.</p> <p>FY 23 Quarter 2 Community Based</p>	<p>Due: 12/31/2022 Margaret <input checked="" type="checkbox"/> Keyes</p> <p>Due: 03/31/2023 Margaret <input checked="" type="checkbox"/> Keyes</p> <p>NEW Margaret Keyes: Update/Accomplishment: DWIHN has initiated organizational wide forums to address the needs of stakeholders and members, we have over-performed in this area by exceeding quarterly events and sponsoring significant events closer to 5-10 events quarterly</p>	<p>NEW Shana Norfolk on 01/28/2025 ✓</p> <p>Completed Task FY 25 Quarter 1 Community Based</p>	

Meetings 023

Host at least one community-based meeting that is focused on educating members on current issues about mental health and member-specific issues.

FY 23 Quarter 3 Community Based Meetings Due: 06/30/2023 Margaret Keyes

Host at least one community-based meeting that is focused on educating members on current issues about mental health and member-specific issues.

FY 23 Quarter 4 Community Based Meetings Due: 09/30/2023 Margaret Keyes

Host at least one community-based meeting that is focused on educating members on current issues about mental health and member-specific issues.

FY 24 Quarter 1 Community Based Meetings Due: 12/31/2023 Margaret Keyes

Host at least one community-based meeting that is focused on educating members on current issues about mental health and member-specific issues.

FY 24 Quarter 2 Community Based Meetings Due: 03/31/2024 Margaret Keyes

Host at least one community-based meeting that is focused on educating members on current issues about mental health and member-specific issues.

FY 24 Quarter 3 Community Based Meetings Due: 06/30/2024 Margaret Keyes

Host at least one community-based meeting that is focused on educating members on current issues about

Challenges: Organizing event and having the topics organized in one area has been challenging however a meeting on 1/29/25 alleviated this challenged.

Next Steps: An active smart sheet communication form which demonstrates the active events participated in and that qualify to meet this goal will be kept by the Andrea Smith the work force development unit. This form will be uploaded on it's availability as it is being completed

01/30/2025

Meetings assigned to Member Experience & Provider Satisfaction Team Lead (Margaret Keyes)

Curre...

mental health and
member-specific issues.

**FY 24 Quarter 4
Community Based
Meetings** Due: Margare
09/30/2 t Keyes
024

Host at least one
community-based meeting
that is focused on
educating members on
current issues about
mental health and
member-specific issues.

**FY 25 Quarter 1
Community Based
Meetings** Due: Margare
12/31/2 t Keyes
024

Host at least one
community-based meeting
that is focused on
educating members on
current issues about
mental health and
member-specific issues.

**FY 25 Quarter 2
Community Based
Meetings** Due: Margare
03/31/2 t Keyes
025

Host at least one
community-based meeting
that is focused on
educating members on
current issues about
mental health and
member-specific issues.

**FY 25 Quarter 3
Community Based
Meetings** Due: Margare
06/30/2 t Keyes
025

Host at least one
community-based meeting
that is focused on
educating members on
current issues about
mental health and
member-specific issues.

**FY 25 Quarter 4
Community Based
Meetings** Due: Margare
08/29/2 t Keyes
025

Host at least one
community-based meeting
that is focused on
educating members on
current issues about
mental health and
member-specific issues.

Goal	Details	Tracki...	Owner	Co-ow...	Start ...	Due D...	Task	Update	System...	Curre...
Improve member's experience of care and health outcomes	Provide members with the best perception of care through the DWIHN network or providers and to improve their	Child Goal Average	Michele Vasconcellos Director of Customer Service	Coretta Strong-Lucky Margaret Keyes	10/01/2022	09/01/2025		<p>NEW Margaret Keyes:</p> <p>Update/Accomplishment: The ECHO Children's results document that we are on an upward trend toward improvement of service and care. Some areas still requiring work and intervention. Snapshot scorecard denotes comparison from 2020- thru 2024 report.</p> <p>Challenges: Developing a stronger mechanism that relates member feedback into process improvement seems to be a challenge.</p> <p>Next Steps: Continue planning and forging interventions to ensure greater improvement and satisfaction. Also, using other information/data that demonstrates improvement, one survey does not legitimize progress, nor confirm non-success in goals.</p> <p><i>01/30/2025</i></p>	<p>NEW Shana Norfolk on 02/27/2025</p> <p>Progress: 0% ▶</p> <p>64.36%</p>	<p>71% 70.59 / 100%</p>
→ Develop and disseminate member educational tools, aides and resources : 100%		Task Completion	Michele Vasconcellos Director of Customer Service	Coretta Strong-Lucky Margaret Keyes Bonnie Herndon	10/01/2022	09/01/2025	<p>ID Gaps noted in the 2022 Adult ECHO survey Reivew of the Adult Echo Survey to identify any areas for improvement</p> <p>FY 23 Qtr 1 PPV Newsletter Disseminate the FY 23 Q1 PPV Newsletter</p> <p>FY 23 January Member Flyer Dissemination of Annual Member Flyers 2 x per year</p> <p>FY 23 Qtr 2 PPV Newsletter</p> <p>FY 23 Qtr 3 PPV Newsletter</p> <p>FY 23 July Member Flyer Send out member Flyers (twice a year (January and July)</p> <p>FY 23 Qtr 4 PPV Newsletter</p> <p>FY 23 year-end Report</p>	<p>NEW Margaret Keyes:</p> <p>Update/Accomplishment: CS continues to disseminate information through various formats and ensures that new members and active members are provided with information annually as well as as requested.</p> <p>Along with the materials disseminated CS has developed an orientation tool/power point for all providers to offer information about the systems array of services, locations and treatment options. This will be made available on the D-W Connect Training in the coming months.</p> <p>Challenges: Validating with members their satisfaction of their initial orientation to the system has presented with some challenges. However, we do monitor the materials, information and resources of all</p>	<p>NEW Allison Smith on 02/28/2025</p> <p>Completed Task FY 24 year-end Report CRSP Monitoring assigned to Manager of Customer Service (Bonnie Herndon)</p>	

CRSP Monitoring 09/30/2 Herndon
023
As per the **Member Orientation: Member Rights and Responsibilities** Customer Service completes a year-end analysis of monitoring CRSP compliance which includes dissemination of Member materials.

This report should be sent to Quality and MCO for their year-end report and included in the discussion at the Risk Matrix meeting

Review the LTSS survey for gaps Due: Margare
10/01/2 t Keyes
023
Customer Service will review the LTSS survey for any member's feedback to identify any areas that could use improvement and make suggestions for improvement and the department responsible.

FY 24 Qtr 1 PPV Newsletter Due: Margare
12/31/2 t Keyes
023

FY 24 January Member Flyer Due: Bonnie
01/31/2 Herndon
024
FY 24 January Member Flyer

FY 24 Qtr 2 PPV Newsletter Due: Margare
03/31/2 t Keyes
024

FY 24 Qtr 3 PPV Newsletter Due: Margare
06/30/2 t Keyes
024

FY 24 July Member Flyer Due: Bonnie
07/22/2 Herndon
024

FY 24 Qtr 4 PPV Newsletter Due: Margare
09/30/2 t Keyes
024

FY 24 year-end Report CRSP Monitoring Due: Bonnie
09/30/2 Herndon
024
FY 2024 Customer Service provider monitoring report is compiled. Customer Service Audits run from January through September 30th each year and the final report is compiled by the end of October.

FY 25 Qtr 1 PPV Due: Margare

providers while random sampling the member's understanding and satisfaction of how things were explained to them. Anecdotal data suggest that most members are very satisfied with their providers presentation of information and find that access to information to be accessible.

Next Steps: Continued education, training and monitoring to ensure information is being disseminated is a vital part of our every day practice and remains in the forefront of our objective to be sure our members and stakeholders are well informed and find information adequate as well as helpful.

01/30/2025

Newsletter	12/31/2 t Keyes 024
FY 25 January Member Flyer	Due: Bonnie <input checked="" type="checkbox"/> 01/31/2 Herndon 025
FY 25 Qtr 2 PPV Newsletter	Due: Margare <input checked="" type="checkbox"/> 03/31/2 t Keyes 025
FY 25 Qtr 3 PPV Newsletter	Due: Margare <input type="checkbox"/> 06/30/2 t Keyes 025
FY 25 July Member Flyer	Due: Bonnie <input checked="" type="checkbox"/> 07/25/2 Herndon 025
FY 25 Qtr 4 PPV Newsletter	Due: Margare <input type="checkbox"/> 09/01/2 t Keyes 025

Goal	Details	Tracki...	Owner	Co-ow...	Start ...	Due D...	Task	Update	System...	Curre...
→ Develop forums to address the experience of care monitoring	Task Completion		Bonnie Herndon Manager of Customer Service	Michele Vasconcellos Coretta Strong-Lucky	10/01/2022	09/01/2025	FY 2023 Customer Service Provide Monitoring Due: 09/29/2023 Bonnie Herndon <input checked="" type="checkbox"/>	NEW Bonnie Herndon: Update/Accomplishment: Customer Service Annual Audits DWIHN's Customer Service Performance Monitors (CSPM) conducted 41 annual provider reviews from February to September 2024. CSPM assess accuracy in the areas of Member Rights and Responsibilities, Grievances and Appeals and Customer Service Functions. Site visits are also conducted to review the way Customer Service functions are performed, and information is provided to members. For providers that have several locations, we visited multiple sites or chose locations that had not been visited previously.	NEW Allison Smith on 02/28/2025 ✓ Completed Task FY 2023 Customer Service Provide Monitoring assigned to Manager of Customer Service (Bonnie Herndon)	75% 75 / 100
			Implement Member Feedback Process Member feedback post Inquiries to Customer Service Call Center Due: 04/30/2024 Bonnie Herndon <input checked="" type="checkbox"/>							
			FY 2024 Customer Services Monitoring Due: 12/20/2024 Bonnie Herndon <input checked="" type="checkbox"/>							
			Update the FY 2025 Performance Monitors Year End Report Template Add the Mystery Shopping results into the CRSP Annual Performance Monitoring template. Due: 03/31/2025 Bonnie Herndon <input type="checkbox"/>							
							performance monitors audit the CRSP providers Challenges: No value Next Steps: Implemented plans of correction for any of the deficiency and ensured they were completed within 30 days. Fiscal year 25 a Powerpoint developed for training as well as a provider survey to ascertain if they are receiving the communication regarding audits tools timely and if the instruction are clear and precise. 02/04/2025			
→ Develop online new member orientation for providers to use as part of New member orientation requirement : 100%	Task Completion		Michele Vasconcellos Director of Customer Service	Coretta Strong-Lucky	07/01/2024	03/31/2025	Create PowerPoint Due: 10/31/2024 Michele Vasconcellos <input checked="" type="checkbox"/>	NEW Allison Smith on 12/13/2024 ✓ Completed Task Create Comprehension Exam assigned to Director of	33% 33.33 / 100%	
			Create Comprehension Exam Develop an exam that will confirm the providers understand all of the required aspects needed for new member orientation. This exam will be conducted via DWConnect. Due: 11/30/2024 Michele Vasconcellos <input checked="" type="checkbox"/>							
			Add Training via Due: Michele <input type="checkbox"/>							

DWConnect 03/31/2 Vasconc
Customer Service will 025 ellos
request (Workforce Development) and work with to have the powerpoint training active on the DWConnect website by 1/31/25. Customer Service needs to spell out to Workforce Development exactly who must take this course via the DWConnect .

Online Training Rollout Due: Michele
The online training needs 03/31/2 Vasconc
to be added to the Training 025 ellos
Grid. Announcement of availability to the provider network.

Revise member orientation checklist to include member onboarding experience survey Due: Michele
05/31/2 Vasconc
025 ellos
Revised the Member Orientation Checklist to include a member onboarding experience survey. The survey should be completed after member on-boarded and Customer Service should review results quarterly and include in the annual member experience report.
1. Who does the survey?
2. How does it get tracked?

Request new Training be added to Provider Manual Due: Michele
MCO will need to add to 06/30/2 Vasconc
their list of required 025 ellos
trainings in the provider manual

Goal	Details	Tracki...	Owner	Co-ow...	Start ...	Due D...	Task	Update	System...	Curre...
↳ Improve consumer's perception of the delivery of care		Child Goal Average	Michele Vasconcellos Director of Customer Service	Coretta Strong-Lucky Margaret Keyes	05/01/2024	09/01/2025		<p>NEW Margaret Keyes:</p> <p>Update/Accomplishment: Overall satisfaction has improved as noted in both the the Children and Adult ECHO reports indicate.</p> <p>Challenges: Satisfaction is a continuation of not only sustaining services but improving on them, innovating, creating, and ensuring fidelity. In our role this is a constant balance and necessity.</p> <p>Next Steps: Active listening and data collection are beneficial as well as reviewing all data that potentially gives us better insight to our systemic success and failures.</p> <p>Critical review of IRs beyond ORR is essential in this process. <i>01/30/2025</i></p>	<p>NEW Shana Norfolk on 02/27/2025</p> <p>Progress: 0%</p> <p>▶</p> <p>75.63%</p>	<p>83%</p> <p>83.13 / 100%</p>

Program Compliance Committee
Vice President of Clinical Operations' Report
March 12, 2025



CLINICAL PROGRAM UPDATES

HEALTH HOME INITIATIVES

Behavioral Health Home (BHH) - 839 members enrolled as of February 28, 2025 (no significant change in enrollment from the previous month)

Substance Use Disorder Health Home (SUDHH) – 680 members enrolled as of February 28, 2025 (6.25% increase since Dec. 2024)

Certified Community Behavioral Health Clinic (CCBHC) – 19,534 members enrolled as of February 28, 2025 (24.92% increase since Dec. 2024)

It is DWIHN's goal to expand access to members in both the Behavioral Health Home and SUD Health Home programs to reach 1,000 respectively in FY2025. Health Homes focus on integrating care, generate cost-efficiencies, and increase a member's health status. Health Homes provide: Comprehensive Care Management, Care Coordination, Comprehensive Transitional Care, Health Promotion, Individual and Family Support, and Referral to Community Social Support Services

On March 1, 2025, the SUD Health Home has rolled out a Wellness Challenge initiative which encourages participants to set specific physical health goals and offers the opportunity to earn gift cards for achieving those goals within the quarter. Examples include engagement with primary care, smoking/tobacco cessation activities, weight management, and exercise. There are currently five (5) providers and 95 people participating in the challenge.

The Health Homes team has worked closely with DWIHN Utilization Management to launch Service Utilization Guidelines for people enrolled in CCBHC services. These SUGs launched March 3, 2025. This will streamline service delivery operations and reduce administrative burden on the CCBHC sites and DWIHN's UM team significantly.

The Health Home Team, led by Emily Patterson, facilitated a CMHA Winter Conference session titled "Behavioral and SUD Health Homes: Keys to Success and Context in the CCBHC Demonstration" was very well received and had very positive audience feedback.

Behavioral Health Home and SUD Health Home success stories:

- 1) Member arrived at initial appointment with impaired vision, hypertension, and several other conditions: Just released from incarceration with little support following release:
 - Person was initially guarded to receiving assistance
 - BHH Community Health Worker (CHW) with lived experience built a relationship with the member, sharing stories that were relevant to the person
 - CHW assisted them with addressing physical health needs: vitals, hypertension, and diet
 - This person is now proactive: Calls ahead to confirm appointments and is continuously working on their disposition towards others

- 2) Member arrived at initial appointment in a wheelchair very disheveled, with an infected amputated leg:
 - BHH team worked with this person to address biopsychosocial needs
 - Helped them receive a prosthetic leg and walker
 - Assisted with obtaining relief of chronic back pain from prolonged wheelchair use.
 - Person reports feeling more independent and self-sufficient thanks to BHH staff

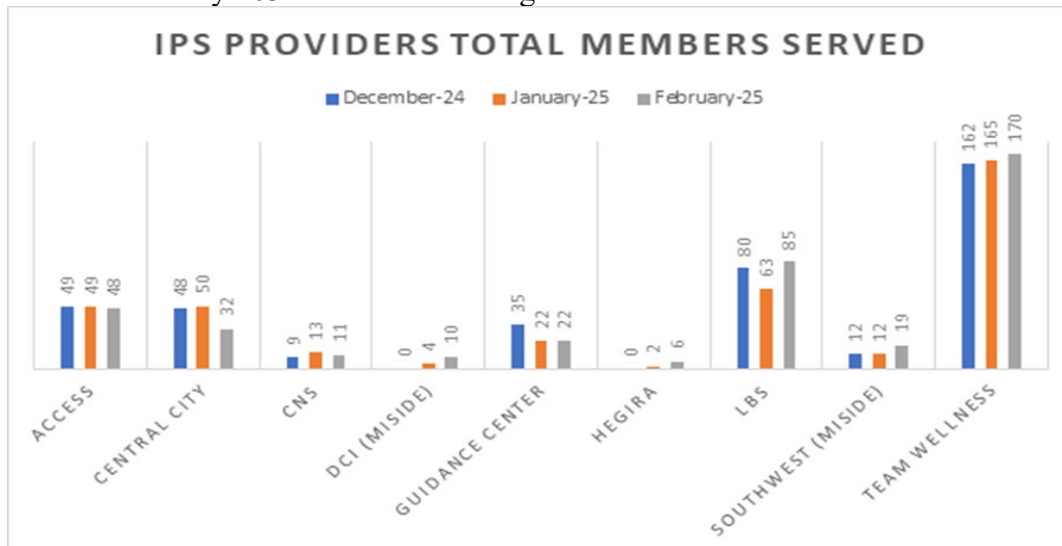
- 3) Member utilizing the Emergency Room (ER) regularly to address an infected toe:
 - ER would refer to a podiatrist, person would never follow up
 - SUDHH Team located a podiatrist to see the person and coordinated transportation to appts.
 - Podiatrist identified other foot-related concerns and now meets with individual regularly
 - Team follows up to ensure transportation is provided and any concerns coordinated and addressed

- 4) Member with untreated Hepatitis C for nearly a decade:
 - Enrolled in the SUDHH program at the treatment facility
 - Treatment team coordinated appts, evaluated, and now is receiving proper treatment

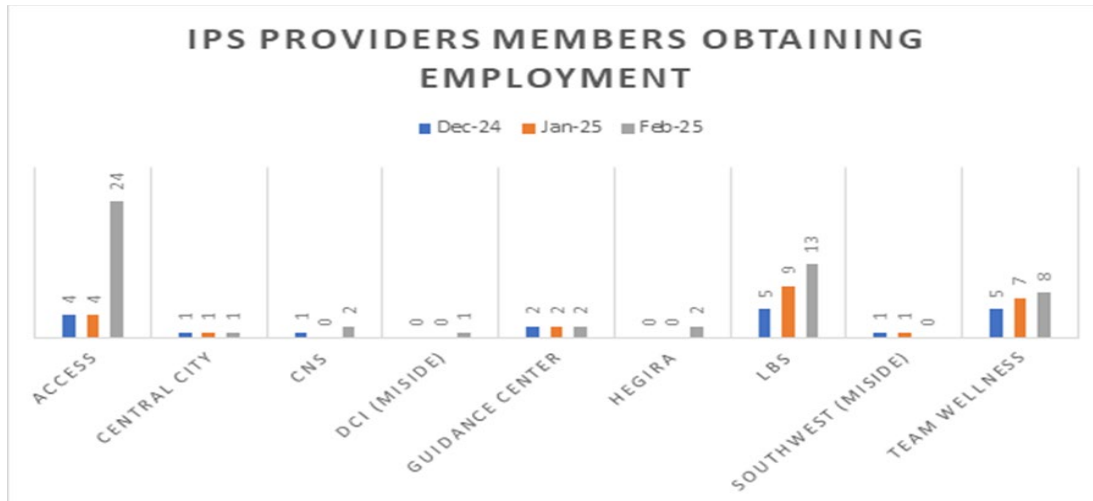
ADULT INITIATIVES

Evidence-Based Supported Employment (EBSE)- Individual Placement and Support (IPS), is a specific type of evidence-based employment service. This approach allows for individuals with severe and persistent mental illness and/or substance use disorders to obtain and maintain gainful employment at any stage of change in outpatient treatment.

The are currently 403 members receiving IPS services:



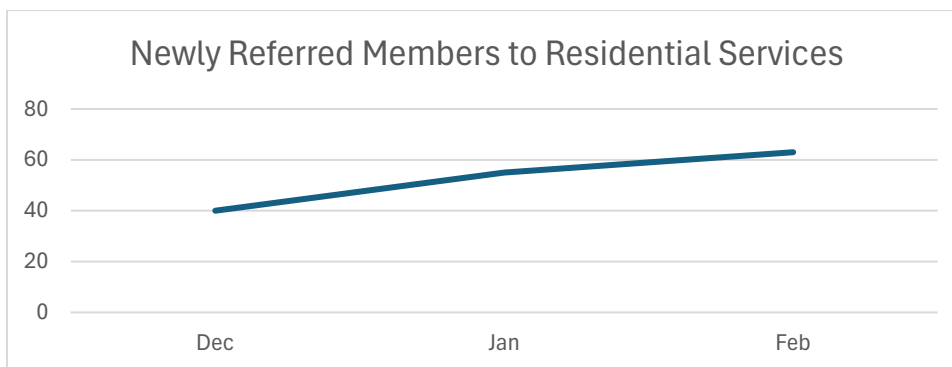
Fifty-three (53) members obtained employment while receiving IPS services during the month of February 2025. See below for the breakdown by provider:



RESIDENTIAL SERVICES

The Residential Services Department monitors the number of new referrals coming into the department for services. It is important to monitor referrals that are coming into the department to track population trends and ensure the network maintains adequate resources to meet the needs of the members served.

During the month of February, the Residential Services Department saw sixty (63) new members referred to specialized residential services. This is an increase from the month of January when the department saw fifty-five (55) newly referred members. Adults with Mental Illness (AMI) are proving to be the highest referred population, as they accounted for forty-eight (48) of the total referrals in February.



	Dec	Jan	Feb
Newly Referred Members	40	55	63

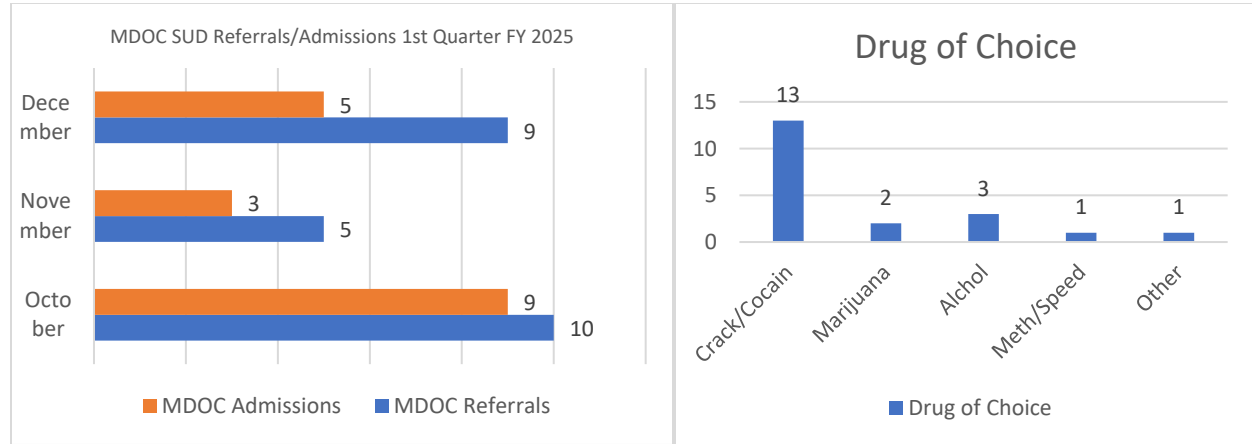
The department is researching utilization of evidence-based referral criteria that would help define an appropriate residential referral and improve overall efficiency.

The Residential Services Department processed one thousand and ninety-four (1,094) residential authorizations in the month of February and 99.5% of those authorizations were processed within fourteen (14) days. The Authorizations unit within the Residential Services Department began processing Adverse Benefit Determination (ABD) letters.

SUBSTANCE USE SERVICES

Michigan Department of Corrections (MDOC): The MDOC Program provides access to substance use disorder (SUD) services for individuals transitioning back into the community after incarceration, focusing on those at high risk of relapse and recidivism. By simplifying the referral process and removing barriers to care, we ensure that returning citizens receive personalized support and the critical resources they need to rebuild their lives, achieve stability, and sustain long-term recovery.

Current Status:



During this quarter, a total of 29 MDOC referrals were provided, with 21 of those individuals successfully engaging in treatment services. Among the 21 individuals in treatment, 13 reported crack/cocaine as their primary drug of choice. These referrals reflect ongoing efforts to connect justice-involved individuals with essential substance use treatment, ensuring they receive the necessary support for recovery and rehabilitation.

- 62% of members received Residential Services
- 28% received Outpatient Services
- 9% received Early Intervention Services

Streamlining the referral process has led to improved connections between justice-involved individuals and essential substance use treatment services, facilitating a smoother transition into recovery support.

CRISIS SERVICES

Hospital Recidivism continue to be a major area of focus at DWIHN as we have seen an overall increase in FY2024 (remaining above 15% for adults). Second quarter data shows much lower, but it is incomplete as it is partial quarter data.

Recidivism	Adults	Children
1st Quarter 2023	17.58%	8.62%
2nd Quarter 2024	16.65%	8.82%
3rd Quarter 2024	17.62%	15.69%
4th Quarter 2024	16.52%	12.14%
1st Quarter 2024	16.98%	10.57%
2nd Quarter 2025	10.40%	6.90%

DWIHN interdepartmental staff meet biweekly to review this specific population to formulate recommendations that are shared with providers. Clinically Responsible Service Providers with the highest percentage of recidivistic members, per total CRSP hospitalizations, have been identified (focusing on 4 providers). DWIHN leadership is currently meeting with provider executive leadership to review their data and discuss interventions that can be taken to support this population differently going forward.

CLINICAL UPDATES

Conflict Free Access and Planning (CFAP): Centers for Medicare and Medicaid Services (CMS) require States to implement CFAP policies that will directly impact the provision of behavioral health services across the State and in our region. CFAP states that CMHSPs, in their role as a provider, may not offer both service planning and direct services to the same member. DWIHN does know that this will impact those members receiving Home and Community Based Waiver Services and are meeting internally to develop a plan around this structure. DWIHN is awaiting receipt of MDHHS’s implementation plan and timeline to provide more guidance on specific requirements and technical details.



VP of CLINICAL OPERATIONS' REPORT
Program Compliance Committee Meeting
Wednesday, March 12, 2025

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

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

Autism Spectrum Disorder (ASD) – Director, Cassandra Phipps
No Monthly Report

CHILDREN'S INITIATIVES – Director, Cassandra Phipps
No Monthly Report

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

CUSTOMER SERVICE – Director, Michele Vasconcellos
No Monthly Report

INNOVATION AND COMMUNITY ENGAGEMENT (ICE) – Assoc. VP, Andrea Smith
Please See Attached Report

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

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

RESIDENTIAL SERVICES – Director, Ryan Morgan
Please See Attached Report

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

UTILIZATION MANAGEMENT – Interim Director
Deferred

DWIHN Access Call Center
Yvonne Bostic, MA, LPC (Call Center Director)
Monthly Report: January 2025
Program Compliance Committee 3/12/25



Main Activities during January 2025:

- **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

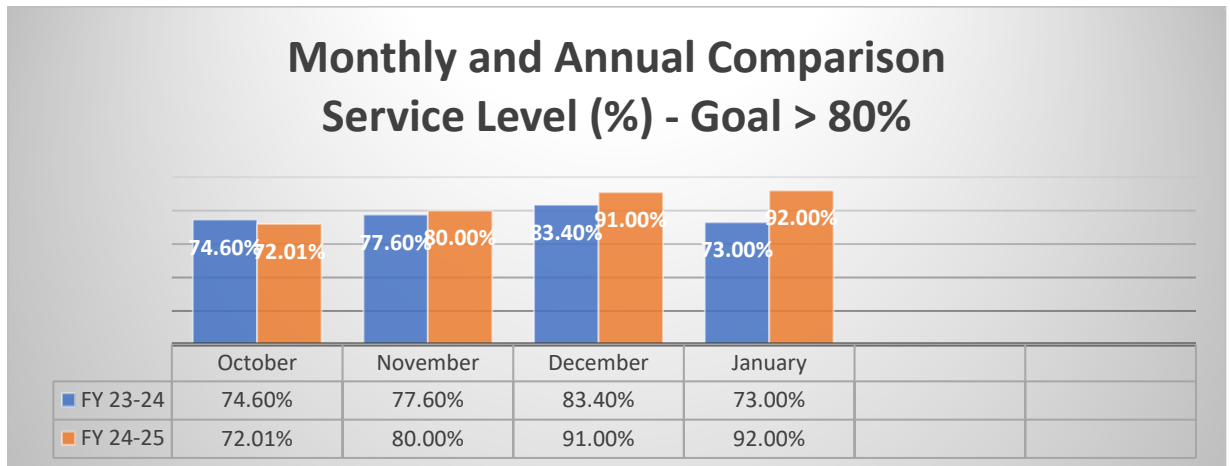
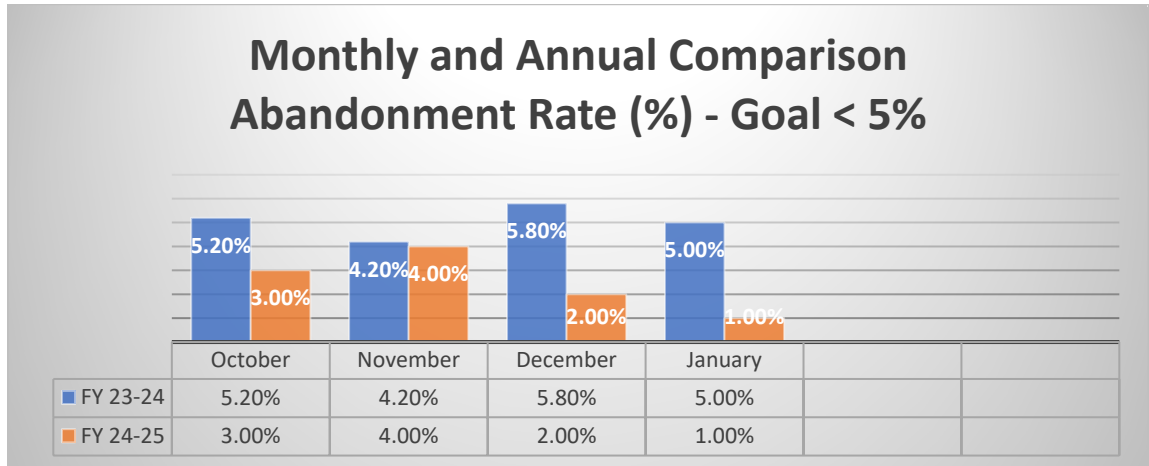
- **Description:** Majority of the calls that come into the call center are from members in the community seeking mental health and SUD services, information and referrals. The rest of the incoming calls are from in-network providers and other community agencies like local hospitals, foster care workers, 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 **January 2025:**
 - % Abandoned Goal is < 5% (1.0%)
 - Avg. speed to answer Goal <30 sec. (10 sec)
 - % of calls answered Goal > 80% (97.0%)
 - Service level Goal >80% (92.0%)

Queues	Incoming Calls	Calls Handled	Calls Abandoned /Hang Ups	% Abandoned.	Avg. Speed to Answer	Average Call Length	% of Calls Answered	Service Level
Call Reps	16,070	15,562	225	1.0%	:10 sec	4:52 mins	97.0%	92.0%
SUD Techs	5,198	4,324	656	13%	1:31 mins	15:41 mins	83.0%	68.0%
Clinical Specialist	2,794	1,987	575	21%	2:08 mins	20:28 mins	71.0%	56.0%
December 2024 Totals	14,858	14,383	226	2.0%	:12 sec	4:59 mins	97.0%	91.0%
January 2024 Totals	17,833	16,291	869	5.0%	:26 sec	5:32 mins	91.0%	73.0%

- For the month of January 2025 there were 15,562 calls handled by the access call center. This is 729 less calls than the previous month.
 - Of the total number of calls handled (15,562) for the month of January 2025:
 - 4,324 (28.0%) calls handled for SUD services
 - 1,987 (13.0%) calls handled for MH services
 - 9,251 (59.0%) calls were for provider inquiries, information and referrals for community programs and services, screening follow up calls, request to release SUD cases, Hospital Discharge appointments, enrollments (Infant Mental Health

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

- In an annual comparison of January 2024 and January 2025, there were 1,763 less incoming calls in 2025. There was a 4.0% decrease in the abandonment rate, 5.0% to 1.0%. There was a 19% increase in the service level (73.0% (2023) to 92.0% (2024)).



- **Significant Tasks During Period:**
 - Recruit, Interview, Hire and Train staff to fill vacancies SUD tech x 1, Clinical Screener X 2
 - Silent Monitoring to identify areas of strengths and weaknesses (ongoing)
 - Prepare for ICO Delegate Audit for Aetna; wrap up ICO Delegate Audit for Amerihealth.
- **Plan:**
 - Audit staff attendance, timeliness and performance: utilize performance improvement plans where needed (ongoing)
 - Make adjustment to staff schedule to ensure coverage during high volume call times (ongoing)

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

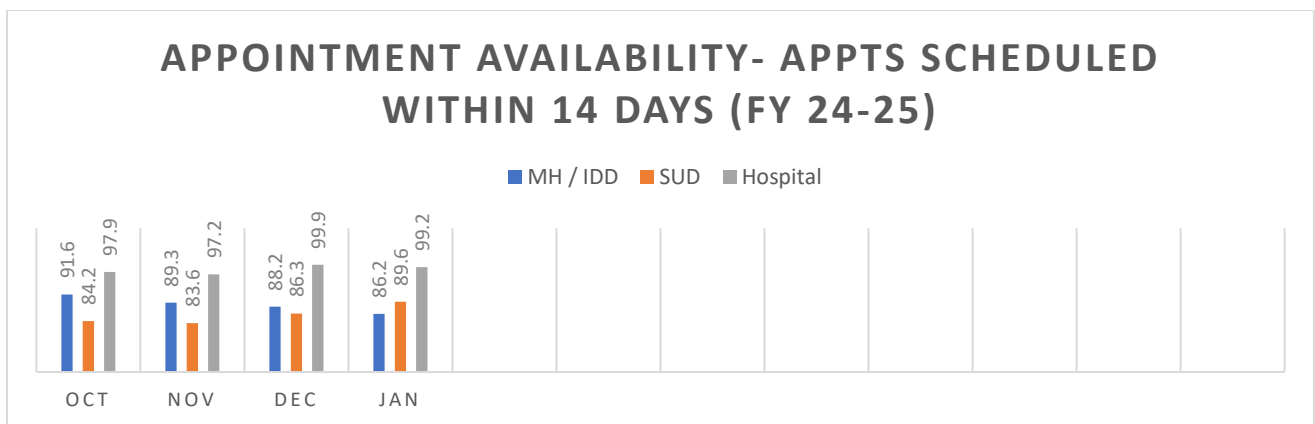
Activity 2: Appointment Availability – Intake appointment and Hospital Discharge Follow up

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

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

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

- **Current Status:**



- **Significant Tasks During Period:**

- Appointment Availability Summary:

- For the month of January there were 1925 MH (SMI -1166, SED - 361, I/DD- 61 / 337) appointments scheduled. There is very little change in appointment availability in this area from December to January (decrease by 2%); (October 91.6%, November 89.3%, December 88.2%, January 86%).
- For the month of January 2025 there were 1201 Hospital Discharge follow up appointments scheduled through the DWIHN Access Call Center (Adult 1135, Child 66); appointment availability was 99.2%; which is a decrease by .6% from last month. (October 97.9%, November 97.2%, December 99.9%, January 99.2%)
- For the month of January 2025 there were 2,495 SUD appointments scheduled; SUD appointment availability increased by approx. 3%, from December to January (October 84.2%, November 83.6%, December 86.3%, January 89.6%).

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

- **Plan:**
 - A monthly and quarterly analysis of data will be performed over the next quarter and DWIHN will continue to meet regularly with Providers and Hospital Discharge departments to identify more ways to support members in making appointments and engaging in necessary treatment.
 - Continue to meet with CRSP to identify more appointments for intake and follow-up services.
 - Coordinate intake appointments with newly onboarded CRSP providers.

Activity 3: Accomplishments and Updates

- **Department Overviews and Trainings** – Medicaid - Fraud Waste and Abuse (DWC online training site), Infection Prevention and Control Practices (DWC online training site), Infant Mental Health Training (Carolyn Dayton, LMSW, Wayne State University), Access Call Center Information and Referral Policy (Yvonne Bostic, PolicyStat)
- **Staffing** – Due to recent staffing turnover and promotions, the Access Call Center has 3 vacancies: SUD Tech x 1 (part-time), Clinical Specialist x 1 (contingent), Clinical Specialist x 1 (Full-time). There continues to be a regular review of applications, interviewing, hiring and training so that vacancies can be filled.
- **Plans :**
 - 1st Shift (8a-5p) prepare to return to work from the 707 Milwaukee Bldg (4th floor) – 20 staff
 - CRSP Change- update request form and improve data collection and reporting process (in progress)
 - Mailing Enrollment Packets and related notifications – develop an electronic option using email and My DWIHN App; make changes to data collection and reporting to meet HSAG requirements (in progress)



Adult Initiatives Monthly Report February 2025

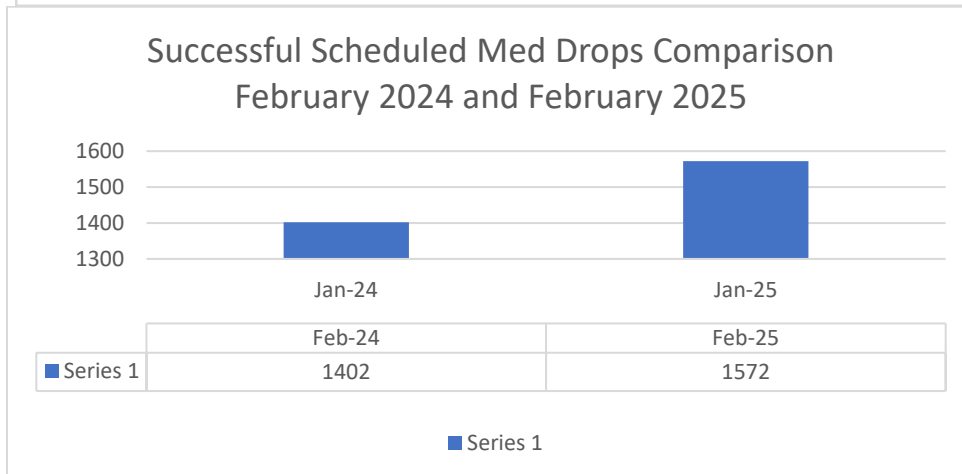
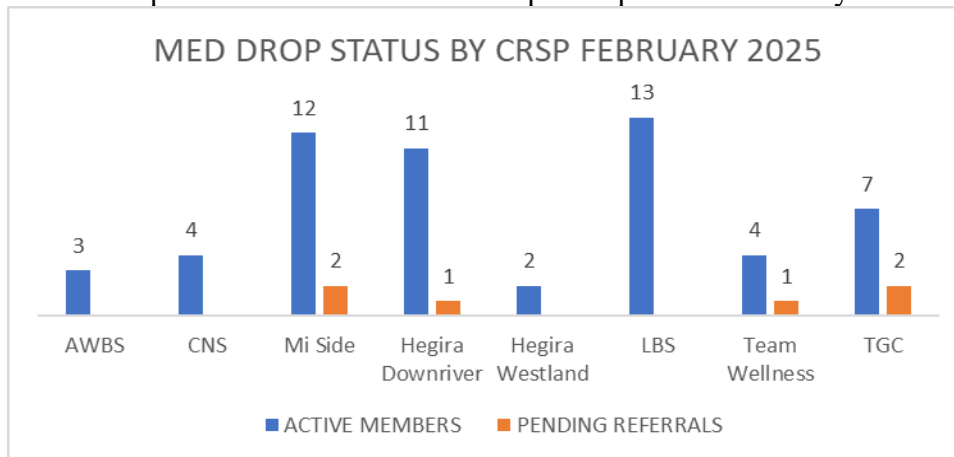
Main Activities during the monthly reporting period:

- Med Drop
- Evidence-Based Supported Employment (EBSE)

Progress on Major Activities:

Activity 1: Med Drop

- *Description:* The Adult Initiatives team is working to increase the participation of members accessing Med Drop services. This is a community-based intervention that focuses on improving medication adherence for adults.
- *Current Status:* For the month of February 56 members participated in Med Drop. There were five (5) new referrals to the program, while four (4) participants were closed. The below graphics provide a snapshot of the current Med Drop landscape, as well as a comparison of successful med drops completed in February for fiscal years 2024 and 2025.



- *Significant Tasks During Period:* A video promoting Med Drop and its benefits to members was completed and placed on DWIHN social media platforms. All participating providers received a copy of the video and were updated regarding the program status. A hotline was also implemented for members to call and inquire regarding the program and how to join. There was also a news release added to the DWIHN website for additional exposure:

DWIHN Raises Awareness of Innovative MedDrop Program to Support its Members

DETROIT, MI – January 29, 2025 – The Detroit Wayne Integrated Health Network (DWIHN), in partnership with Genoa Healthcare, is working to better serve its members throughout Detroit and Wayne County with a novel community-based intervention called MedDrop.

Med Drop is a direct service program that focuses on improving medication adherence for adults who have chronic problems taking medications in the prescribed manner. Following and taking medication as prescribed is a critical component to successful treatment for individuals receiving care.

“Med Drop helps us directly support our members in the most impactful and important ways possible,” said James White, DWIHN President and CEO. “Adhering to medication and prescriptions is one of the most important parts of treatment.”

The program offers medication delivery directly to where the person is living 365 days a year. The designated technician is tasked with observing the individual self-administer their own medication.

Major Accomplishments During Period: The Adult Initiatives team facilitated a collaboration with Team Wellness (CRSP) and Stonecrest Psychiatric Hospital to identify possible eligible members for Med Drop during their psychiatric inpatient stay. We received one (1) referral for February.

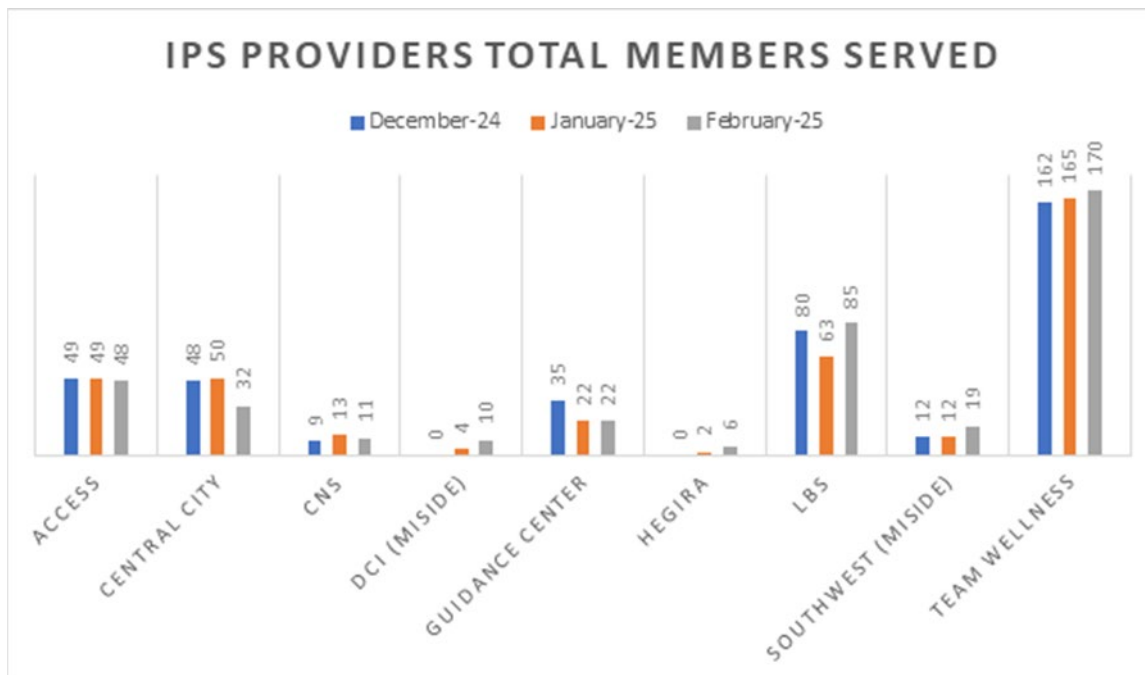
- *Needs or current issues:* Adult Initiatives will work with current partnerships to reinforce the program's positive benefits and increase referrals. It will also facilitate in-services for the CRSP Medical Directors and RN teams regarding the program's benefits.
- *Plan:* Adult Initiatives will continue to meet with the Med Drop coordinator and program providers to discuss ways to increase admissions, and barriers to the referral process. We will also continue to use various outreach platforms to promote the program to members and providers. A presentation with Havenwyck Hospital is scheduled for March.

Activity 2: Evidence-Based Supported Employment (EBSE)

- *Description:* IPS, also known as Individual Placement and Support, is a specific type of employment service. DWIHN utilizes the IPS model, as research shows it to be the most effective evidence-based employment program. This approach allows for individuals with severe and persistent mental illness and/or substance use disorders to obtain and maintain gainful employment at any stage of change in outpatient treatment.

- Current Status:** The total number of individuals served is updated on a monthly and quarterly basis, as provided by the quarterly IPS report from MDHHS, monthly data obtained from CRSPs providing IPS services, and data gathered internally on MHWIN to ensure the most accurate information. The following data is based on the total number of members receiving IPS services during February 2025 from the nine (9) CRSPs providing IPS:

ACCESS	Central City	CNS	DCI (MiSide)	The Guidance Center	Hegira	Lincoln Behavioral Services	Southwest Solutions (MiSide)	Team Wellness
48	32	11	10	22	6	85	19	170

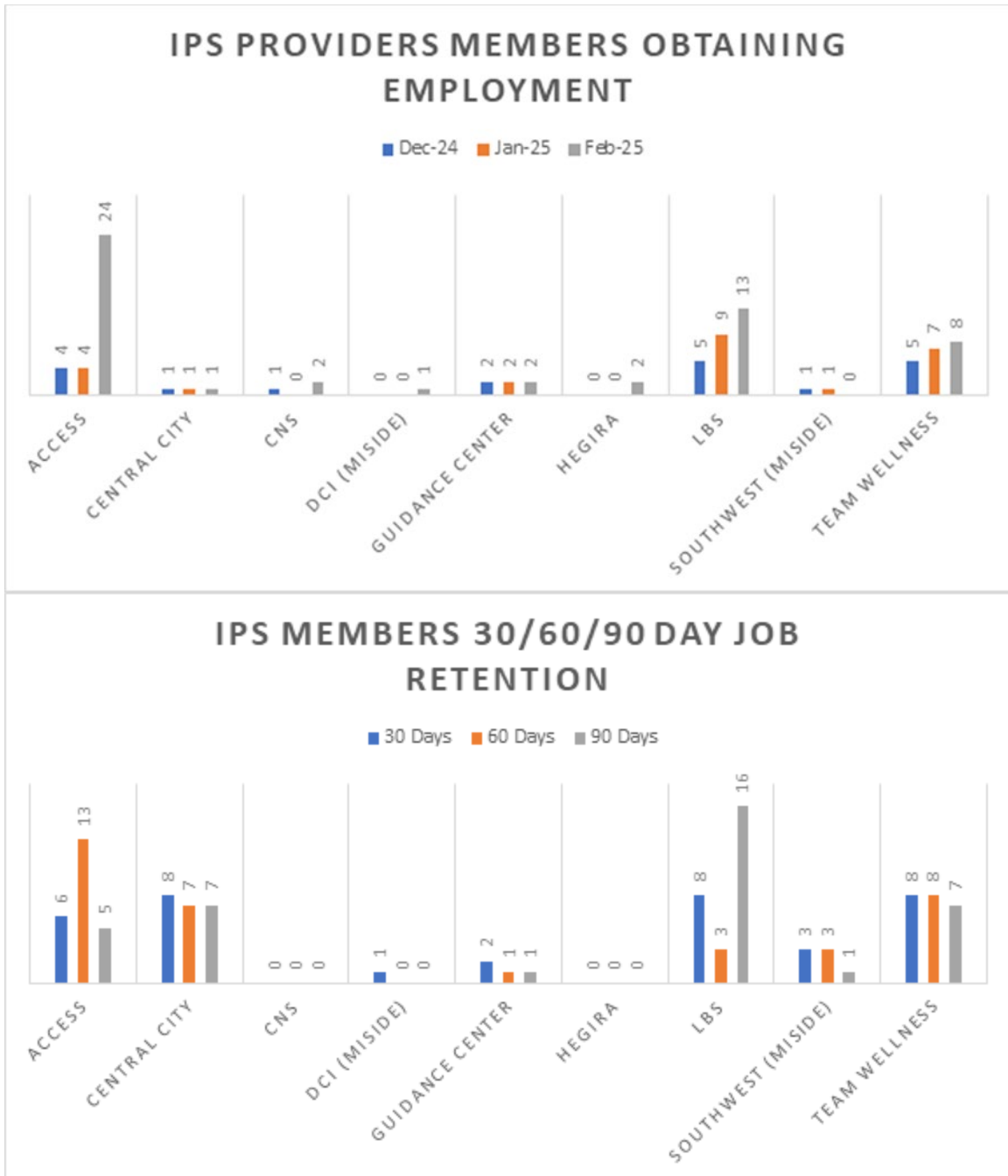


Ensuring that the total number of members served continuously increases is desirable, as IPS has proven to reduce hospitalization rates. It serves as an additional layer to outpatient treatment, with more clinicians involved in each member's life, ensuring engagement.

The following additional data presents the total number of members obtaining employment while receiving IPS services during February 2025:

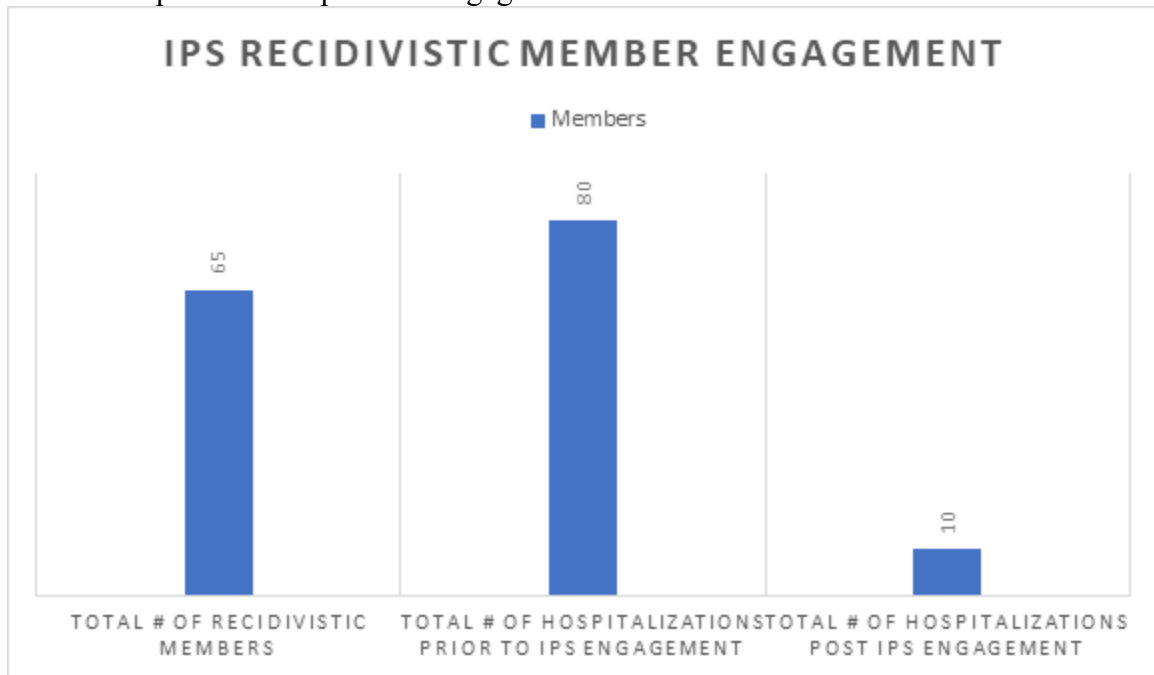
ACCESS	Central City	CNS	DCI (MiSide)	The Guidance Center	Hegira	Lincoln Behavioral Services	Southwest Solutions (MiSide)	Team Wellness
24	1*	2	1*	2	2	13	0	8

****Please note that 1 member obtaining employment within 1 month is acceptable, per fidelity, due to case load requirements of 20 per employment specialist. For example, CNS currently has 1 employment specialist.***



- Significant Tasks During Period:* IPS supervisors have created a PCE task group where they meet monthly with PCE to discuss and create IPS programming across the IPS provider network to simplify documentation maintenance and improve fidelity scoring. During upcoming monthly meetings, PCE will be on the agenda to maintain and follow along with progress made in the workgroup. MRS continues to be utilized and engaged to improve IPS member engagement within individual CRSPs. To ensure communication among CRSPs, they will be invited to upcoming monthly meetings this fiscal year.

- *Major Accomplishments During Period:* Adult Initiatives has created a data report comparing IPS engagement to hospitalization rates, as presented in previous monthly and quarterly reports. The data indicates that IPS engagement reduces hospitalization rates. The report collects data over the last 3 years, specifically, to identify members engaged in IPS services (attended more than 2 appointments), their hospitalization totals 90 days prior to IPS engagement, and then hospitalization totals 90 post engagement. The following are the current results of the report (Updated through February 2025):
 - 65 total members reviewed for the report
 - 80 total hospitalizations prior to IPS engagement
 - 10 total hospitalizations post IPS engagement



- *Needs or Current Issues:* Adult Initiatives is continuing to work with CRSPs to maintain open discussions regarding maintaining employment specialists and engaging in actions which increase fidelity review scores and improve services provided.

Currently, there are a total of 110 members wait-listed across four (4) CRSP providers. This data is being tracked to explore whether there is a need for additional employment specialists at each CRSP and is tracked per fidelity.

- *Plan:* Adult Initiatives will continue to collect IPS data, in correlation with recidivism, monthly to continue to compare engagement to recidivism rates. Advocacy for engagement will continue to be brought up within various meetings including provider meetings, ACT forums, AOT meetings, and throughout DWIHN departments to ensure that the understanding of IPS and the process for referral are clear.

Adult Initiatives will work with the nine (9) CRSP providers to reinforce the program's benefits and explore strategies for maintaining and expanding employment specialists to increase fidelity review scores.

PIHP Crisis Services Department Report, February 2025

Daniel West, Director of PIHP Crisis Services

3/12/25



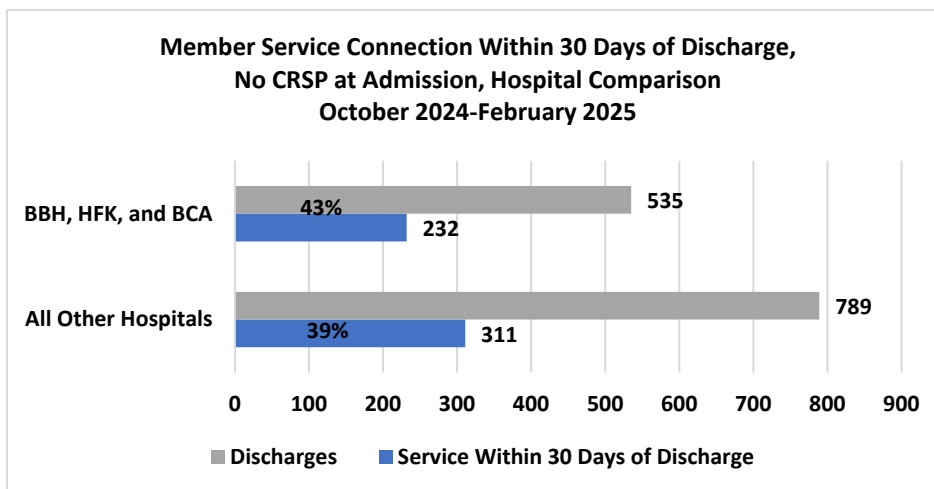
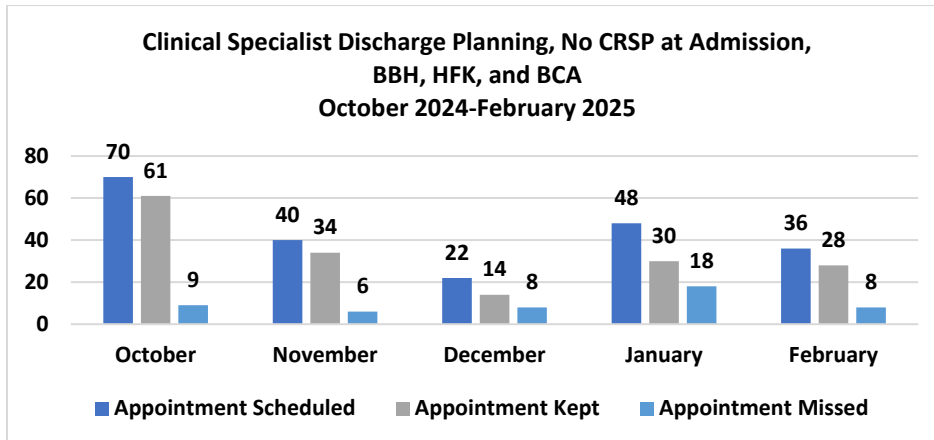
Main Activities during February 2025:

- Discharge planning for members in inpatient hospitals.
- Clinically Responsible Service Provider (CRSP) notification for crisis screenings.
- Crisis Stabilization Unit (CSU) referrals from Emergency Departments.

Progress On Major Activities:

Activity 1: Discharge planning for members in inpatient hospitals.

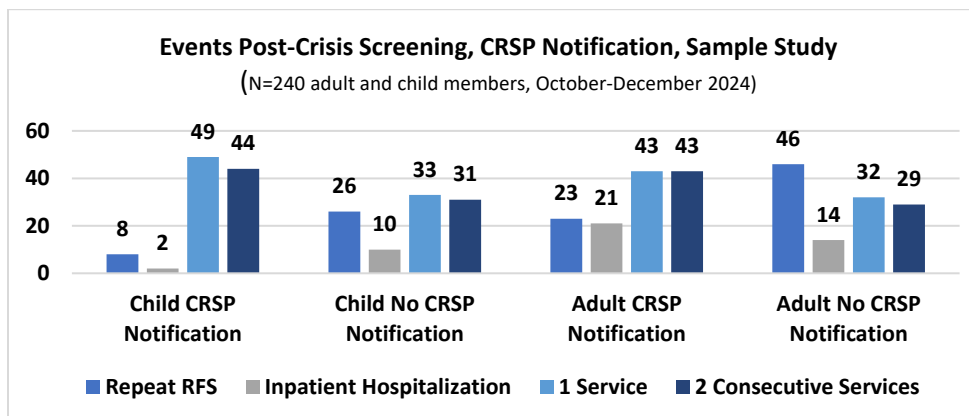
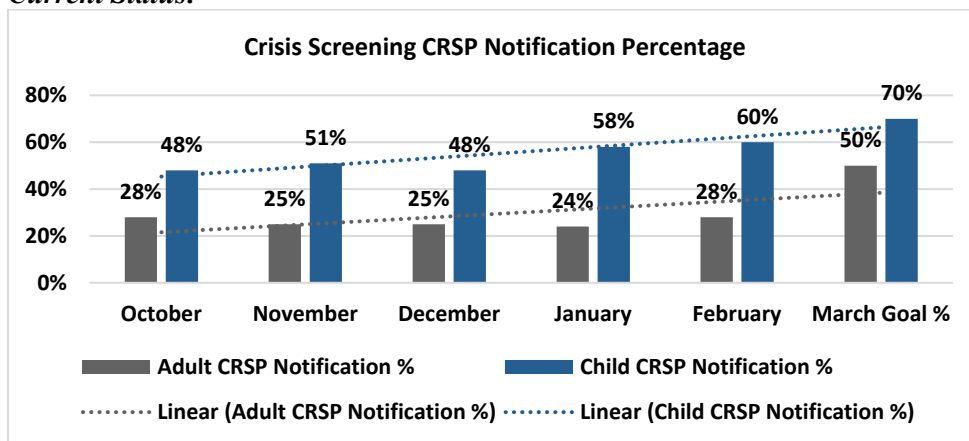
- **Description:** DWIHN Clinical Specialists continue to meet with members at selected inpatient hospitals (BCA, Henry Ford Behavioral (previously Kingswood, HFK), and Beaumont Behavioral (BBH)) to engage members in discharge planning when members are admitted without an assigned CRSP. Clinical Specialists meet with members to discuss barriers to ongoing service connection and support selection of a preferred provider prior to discharge. Clinical Specialists complete a discharge planning worksheet, coordinate with inpatient treatment teams, and work to ensure the member attends their hospital discharge appointment with their CRSP of choice.
- **Current Status:**



- **Significant Tasks and Major Accomplishments During Period:** Clinical Specialists within the PIHP Crisis Services Department were able to connect 77% (28/36) of members to their aftercare appointments with their CRSP of choice in February. As compared to hospitals where this intervention is not present, the team has contributed to an improvement in the percentage of members that received a service within 30 days of discharge. The team has expanded to include two (2) new Clinical Specialists this month to engage in this intervention.
- **Needs or Current Issues:** The team has found there to be a need to include more CRSPs in this process and to support them in engaging their own members while they are admitted to an inpatient level of care.
- **Plan:** The PIHP Crisis Services Department has been working with Central City Integrated Health and Team Wellness Center to support their designated liaisons in this area and are looking to include a liaison newly appointed at Lincoln Behavioral Services.

Activity 2: CRSP notification for crisis screenings.

- **Description:** The PIHP Crisis Services Department has recognized the need for assigned CRSPs to be notified when their members receive a crisis screening. The team provided a directive in February to COPE that the percentage of CRSP notification needs to increase.
- **Current Status:**



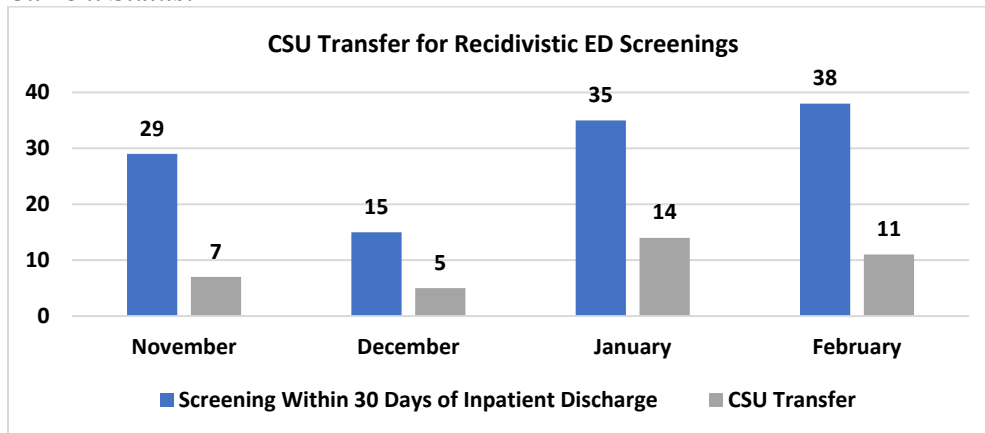
- **Significant Tasks and Major Accomplishments During Period:** The team met with the screening agencies and provided an updated process to include CRSP notification in February. The percentage for CRSP notification increased for adults and children. The team conducted a sample study of 240 members (120 children and 120 adults) from October to December 2024, examining whether the CRSP was notified of a request for service (RFS) or not. Adults with CRSP

notification were less likely to have a repeat RFS and more likely to receive two (2) consecutive services following the initial RFS. CRSP notification for adults did not appear to decrease the likelihood of hospitalization. Children were more likely to be hospitalized without a CRSP notification, and more likely to have a repeat RFS. Children were also more likely to receive consecutive outpatient services with CRSP notification.

- **Needs or Current Issues:** The team recognizes a need for the CRSP to receive notification from the crisis screeners, and to engage members post ED discharge with appropriate service updates.
- **Plan:** The team will consistently share data with crisis screeners to eliminate barriers to the CRSP notification process and work with Adult and Children’s Initiatives to have the CRSPs provide contact information for the screeners. The team will partner with Adult and Children’s Initiatives to create training on ED discharge planning. The goal is to reach at least 50% CRSP notification for adults and 70% for children by the end of March 2025.

Activity 3: Crisis Stabilization Unit (CSU) referrals from Emergency Departments.

- **Description:** Members referred to CSUs from the Emergency Departments (ED) are more likely to avoid unnecessary inpatient hospitalizations. In November 2024, PCE added a CSU disposition as a trackable data point. Beginning February 2025, the team is focusing on members who present for an ED crisis screening after having been discharged from an inpatient facility 30 days prior to the request. Transferring members within this subset will potentially decrease recidivism and unnecessary inpatient hospitalizations. From November 2024-February 2025, 117 members were seen in the ED for a crisis screening after having been discharged from an inpatient facility 30 days prior to the request. 37 (32%) of these members were transferred to CSU from the ED after this identification was made. Only 2 of the 37 members had a repeat hospitalization in the timeframe.
- **Current Status:**



- **Significant Tasks and Major Accomplishments During Period:** 29% of members that were screened in February within 30 days of discharge from an inpatient facility were transferred to CSU. As a result, 11 members avoided unnecessary inpatient hospitalization.
- **Needs or Current Issues:** The team has recognized a need to increase identification of recidivistic requests for service, and the subsequent need to transfer these members to CSU when medically necessary.
- **Plan:** By the end of the 3rd quarter, the team has a goal to transfer 50% of those identified as recidivistic who present for a crisis screening within 30 days of discharge from an inpatient facility to CSUs. Notification of the process change has been shared with COPE leadership this month.

Monthly Update:

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

- The PIHP Crisis Services Department has improved the percentage of members who receive a service within 30 days of discharge at BCA, Kingswood, and BBH. The team has leveraged solidified relationships at those hospitals to implement this intervention for members admitted without a CRSP. Two (2) new Clinical Specialists have been hired and are currently onboarding to increase the number of members served in this capacity.

- **Identified Opportunities for Improvement:**

- The team has found there to be a need to increase the number of members referred to a CSU from an emergency department screening, as these referrals have shown to increase the likelihood of an outpatient disposition. The team has also found there to be a need to analyze and interpret barriers to ACT team PAR completion.

- **Progress on Previous Improvement Plans:**

- Clinical Specialists recognize recidivism has remained above 15% for adults. As a result, specific CRSPs will be targeted to discuss recidivism concerns with their leadership. CRSPs with the highest percentage of recidivistic members per total CRSP hospitalizations will be identified, and the team will meet with CRSP leadership to discuss interventions.

Recidivism	Adults	Children
1st Quarter 2023	17.58%	8.62%
2nd Quarter 2024	16.65%	8.82%
3rd Quarter 2024	17.62%	15.69%
4th Quarter 2024	16.52%	12.14%
1st Quarter 2024	16.98%	10.57%
2nd Quarter 2025	10.40%	6.90%

**1Q and 2Q 2025 Data preliminary

Innovation & Community Engagement (ICE)

January 2025

Main Activities during Reporting Period:

- Community Engagement & Workforce Development
- Jail Diversion & Crisis Intervention

Introduction

This report outlines the Innovation & Community Engagement Department's efforts in community engagement, workforce development, and jail diversion programs. These initiatives focus on enhancing mental health service accessibility, crisis intervention, and post-release support for justice-involved individuals in Wayne County.

Community Engagement & Workforce Development

Achievements and Accomplishments

The department's helpdesk remained active, processing **204 calls** related to login issues, password resets, event registration, and troubleshooting requests. Team members participated in the **Kevin's Song Conference**, focusing on suicide prevention and self-harm awareness. Planning efforts continued for the annual trauma conference.

Mental Health First Aid and Question, Persuade, Refer (QPR) trainings were conducted throughout the month, supporting the onboarding of new staff within the provider network, law enforcement agencies, and other community stakeholders. A total of **1,512 individuals** accessed Detroit Wayne Connect (DWC) for training through live or online courses.

Clinical supervision of RUD agents and student learners continued throughout the reporting period. **Three student learners** successfully completed the training and orientation process. Ongoing supervision of staff ensures adherence to best practices in crisis response and resource coordination. A total of **214 calls** were handled through RUD in January. These calls consisted of direct service connections, resource referrals, and crisis intervention support.

Major Accomplishments

An increase in calls was observed, which was attributed to media awareness efforts. Direct services were successfully provided to individuals in need, and resource connections facilitated access to essential support systems. Collaborations with crisis centers and mobile crisis teams strengthened the continuum of care.

Challenges and Issues

Staffing constraints remain a challenge in ensuring comprehensive training support. Additional facilitators and training resources are needed to meet increasing demands.

Goals for Next Month

Key objectives for the next month include increasing training opportunities, addressing staffing constraints, and improving outreach to providers to enhance workforce development initiatives.

Jail Diversion

Achievements and Accomplishments

The **DPD co-response teams** documented **327 encounters**, with **46 individuals** linked to mental health services. The **Mental Health Jail Navigator** processed **19 referrals**, all of whom were connected to treatment providers.

In the Wayne County Jail, a total of **133 individuals** were released, with **17 individuals** transferred to another correctional facility. Additionally, **1 individual** was released on an **Assisted Outpatient Treatment (AOT) order**. Among those released, **43 individuals** had an assigned **Clinically Responsible Service Provider (CRSP)**, while **6 individuals** were not recorded in the MHWIN system, raising concerns about continuity of care.

The **Detroit Homeless Outreach Team (DHOT)** recorded **185 encounters**, successfully connecting **33 individuals** to community resources and services. A total of **20 individuals** were connected to community mental health services, ensuring access to necessary treatment and ongoing care. Shelter placement was secured for **7 clients**, providing temporary housing solutions to those in need. Additionally, **154 individuals** received essential winter supplies, including blankets, hats, gloves, and coats, to help mitigate the challenges of the cold weather.

Challenges and Issues

The absence of a structured follow-up system for released individuals continues to be a challenge. Data tracking limitations have created gaps in continuity of care. Efforts focused on strengthening data-sharing mechanisms between agencies, improving coordination for post-release services, and refining tracking processes for justice-involved individuals.

The limited availability of housing and shelter beds continues to be a significant barrier to securing stable living conditions for individuals in need. The demand for winter supplies remains high. Routine engagement at shelters and warming centers ensured outreach efforts remained consistent throughout the winter months. Collaboration with local housing agencies was reinforced to explore additional support options.

Goals for Next Month

The primary goals include enhancing post-release tracking, improving interagency collaboration, and refining community-based referral systems.

Plans include securing additional housing resources, increasing supply donations, and expanding outreach initiatives to ensure more individuals receive essential services.

Conclusion

The Innovation & Community Engagement Department has made substantial progress in enhancing mental health service accessibility, crisis intervention, and post-release support. Persistent challenges related to housing shortages, staffing constraints, and compliance issues continue to require attention. Efforts will remain focused on improving tracking systems, strengthening partnerships, and enhancing service delivery. Moving forward, priorities include expanding co-response strategies, advancing workforce development training, and ensuring that individuals experiencing mental health crises have access to the support and resources necessary for long-term stability.

Program Compliance Committee Meeting
Rai Williams/Director of Managed Care Operations Monthly Report
February 2025



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:* February 2025:

Number of Credentialing Applications Reviewed	90
Number of Expansion Requests Reviewed	5
Number of Provisional Credentialing Applications Reviewed	2
Total # of Applications Reviewed	97

Number of Practitioners Approved	43
Number of Providers Approved	24
Number of Expansion Requests Approved	10
Number of Provisional Credentialing Applications Approved	2
Total # of Applications Approved by Credentialing Committee	79

- *Significant Tasks During Period:* The Credentialing team continues to meet with the provider network to provide technical assistance with credentialing applications. Credentialing submitted requested documentation and Credentialing files for Molina, Meridian, Aetna Delegation Audits. We are currently awaiting results of the audit. In addition, Credentialing provided a Credentialing File Review for HSAG to prepare for the Compliance Audit next month.
- *Major Accomplishments During Period:* Credentialing received 100% audit score from Amerihealth during the 2024 Annual Delegation Audit. The credentialing training video has remove significant barriers providers were facing to gain access to the credentialing portal and give staff more availability to complete other credentialing activities.
- *Plan:* We continue to work with Medversant Technologies, LLC to credential the DWIHN provider network in a timely fashion and develop more provider education and resources to be published to the website. We are reviewing and auditing files for NCQA look back period compliance.

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

- *Description:* Providers continue to be challenged with staffing shortages. DWIHN’s CRSP provider Meetings and Access Committee closely monitors the impact of staffing shortages and

works with providers to develop strategies to address network shortages. DWIHN has an Onboarding Process to facilitate the evaluation and vetting of new providers. RFPs are used as a strategy to recruit providers/programs in significant shortage.

- *Current Status:* DWIHN continues to monitor and notice changes in the network. We are adding additional providers to our network based on need. Request for Proposals (RFP) are also utilized as a means recruiting new providers, particularly in areas of shortages (e.g. Autism). In February 2025 there was a total of 26 Provider Inquiry forms received from potential providers, 17 contract expansion requests, 11 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:* Filled three Provider Network Manager positions. Collected Disaster Recovery and Cyber Security Assessments from provider network.
- *Major Accomplishments During Period:* Provider Network Management received 99% audit score from Amerihealth during the 2024 Annual Delegation Audit
- *Plan:* We are working on the FY 2025 HSAG Compliance Review Standards. We will also be completing our FY 24 MDHHS Network Adequacy Report. We are also working on the HAP/CareSource Annual Delegation Audit.

Activity 3: Procedure Code Workgroup (PCWG)

- *Description:* The Procedure Code Workgroup assists providers by troubleshooting claims and with authorization concerns.
- *Current Status:* In the month of February 2025, the PCWG resolved 160 tickets; 26 MDHHS rate updates; 2156 additional codes/rate changes to existing programs or contracts, 1246 providers requested changes.
- *Significant Tasks During Period:* Added new DWIHN and provider locations, contract programs, codes and modifiers timely to ensure authorizations, encounters and billing were timely. In addition, the addition and deactivation of provider locations ensure our provider directory is accurate and accessible for public viewing.
- *Major Accomplishments During Period:* Added 2156 codes/rate to existing Provider Contracts records and expired 1215 contract fee schedules.
- *Plan:* Update the PCWG helpdesk ticket to capture necessary data elements from providers during submission. Continue to improve turnaround times for PCWG tickets. Ensure new programs and services are added and available for use. Continue to run cube reports to monitor and verify services credentialed/contracted are in alignment with contract fee schedules deployed.

Program Compliance Committee Meeting
Ryan Morgan Director of Residential Services February 2025 Report
March 12, 2025



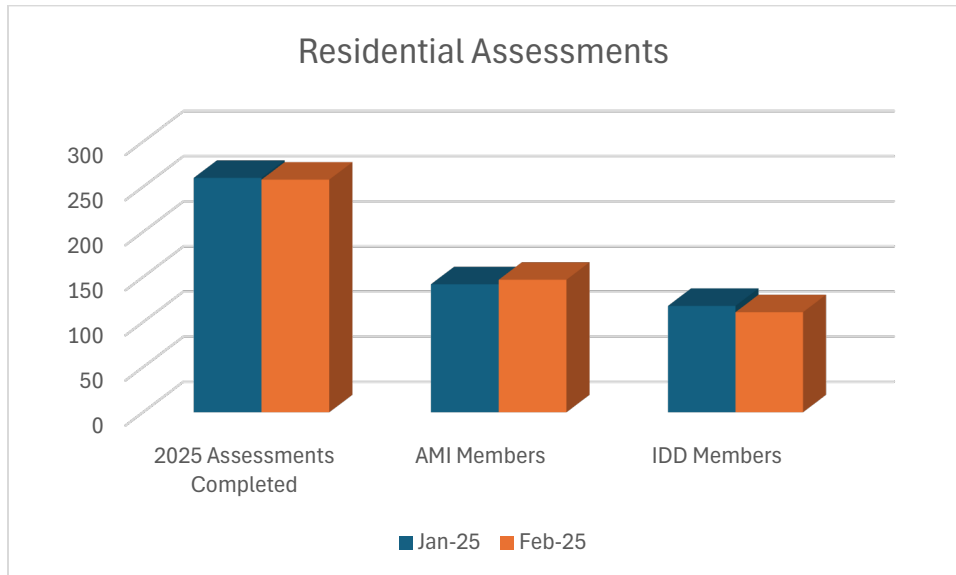
Main Activities During Reporting Period: February 2025

- **Updating Residential Assessments**
- **Hospital Referral Efficiency**
- **Examining New Referrals**

Progress On Major Activities:

Activity 1: Updating Residential Assessments

- *Description:* Throughout the month of February, the Residential Services Department continued the process of updating the residential assessments of members receiving residential services. It is important that all members receive up to date assessments in order to ensure that they are receiving medically necessary residential services that meet their needs. Should a member’s condition change, an updated assessment is completed so their individual plan of service (IPOS) can authorize the reflective service change.
- *Current Status:*



	Jan-25	Feb-25
2025 Assessments Completed	260	258
AMI Members	142	147
IDD Members	118	111

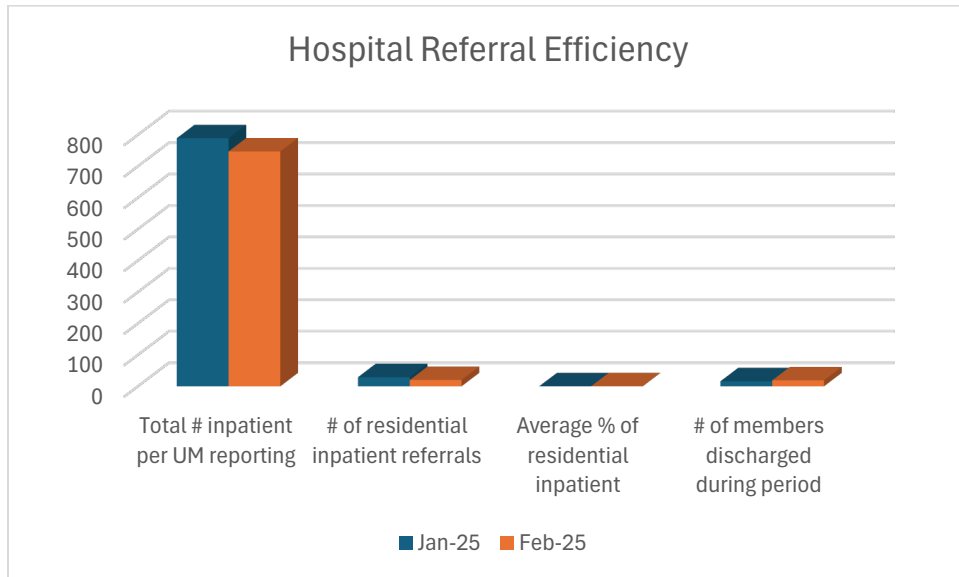
- *Significant Tasks During Period:* During the month of February the department completed a total of (258) Residential Assessments with (147) of those being completed with Adults with Mental Illness (AMI) and (111) completed with individuals with developmental disabilities (I/DD). The department is on track to ensure that all members who live in contracted licensed and unlicensed residential facilities maintain up to date assessments.
- *Major Accomplishments During Period:* The department continues to implement a forward-thinking approach to ensure that assessments and treatment plans remain updated. The

Residential Authorizations Unit Manager provides monthly reports that indicate treatment plans coming due in the next three months. This allows the department to ensure that assessments are updated prior to completion of the member’s treatment plan.

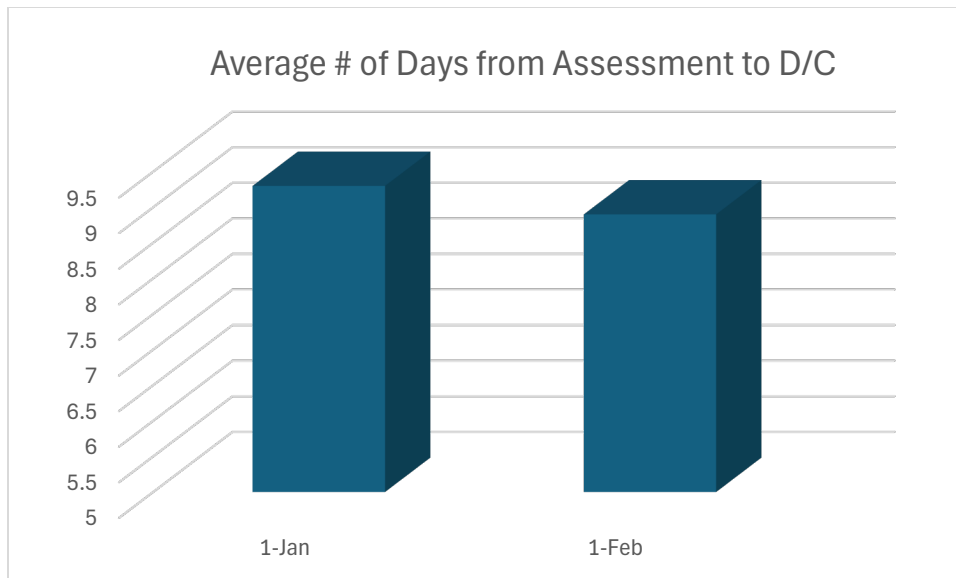
- *Needs or Current Issues:* Not only is it important that each member maintain an up-to-date assessment, the quality of each assessment must also be ensured. Therefore, the department needs to develop an effective monitoring system.
- *Plan:* The Residential Services Department is working to develop an audit tool that will ensure the quality standards of all completed Residential Assessments. It will be intended that each manager complete two internal audits of Residential Assessments completed by each Residential Care Specialist.

Activity 2: Hospital Referral Efficiency

- *Description:* The Residential Services Department continues to monitor the hospitalization data for members in acute care settings. It is important that we continue to monitor the frequency and duration of inpatient hospitalizations in order to improve the efficiency of discharge and minimize the amount of time a member is hospitalized.
- *Current Status:*



	Jan-25	Feb-25
Total # inpatient per UM reporting	789	747
# of residential inpatient referrals	29	20
Average % of residential inpatient	3.68%	2.68%
# of members discharged during period	16	19

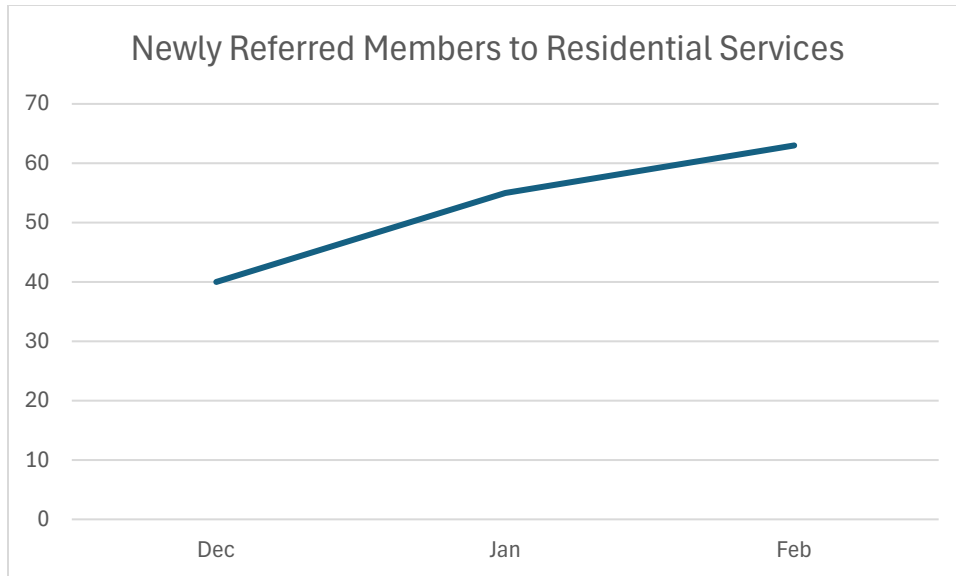


	25-Jan	25-Feb
Average # of Days from Assessment to D/C	9.3	8.9

- *Significant Tasks During Period:* During the month of February the Residential Services Department was able to discharge nineteen (19) members out of acute care inpatient settings and into the community. The average amount of time it took to discharge a member was (8.9) days.
- *Major Accomplishments During Period:* During the month of February the department was able to onboard four (4) new providers. These new providers will allow for an additional twenty-one (21) placement opportunities in Wayne County.
- *Needs or Current Issues:* The Residential Services Department has identified the need for additional providers capable of managing members with significant behavioral concerns, specifically young adults. Additionally, more barrier free facilities are needed that can manage members with substantial comorbid medical conditions.
- *Plan:* The Residential Services Department will continue to meet with community hospitals to consult on barriers to discharge. Additionally, the department will work to prioritize barrier free facilities that can be added to the network expeditiously.

Activity 3: Examining New Referrals

- *Description:* Recently the Residential Services Department began monitoring the number of new referrals coming into the department. It is important to monitor referrals that are coming into the department in order to track population trends and ensure the network maintains adequate resources to meet the needs of the members served.
- *Current Status:*



	Dec	Jan	Feb
Newly Referred Members	40	55	63

- *Significant Tasks During Period:* During the month of February the Residential Services Department saw sixty (63) new members referred to specialized residential services. This is a slight increase from the month of January when the department saw fifty-five (55) newly referred members. Adults with Mental Illness (AMI) are proving to be the highest referred population, as forty-eight (48) referrals were AMI in February.
- *Major Accomplishments During Period:* During the month of February Residential unit managers continued to meet with Residential Care Coordinators weekly to brainstorm creative solutions for placing newly referred members into residential facilities. Additionally, the department is offering bi-monthly training to Clinically Responsible Service Providers (CRSP) that focuses on clinical alignment of documentation and the referral process.
- *Needs or Current Issues:* The department would benefit from the development of an established set of referral criteria that would help define an appropriate residential referral and therefore improve overall efficiency.
- *Plan:* The Residential Services Department will continue to research evidence-based criteria that will indicate what an appropriate referral is for residential services. We began meeting in February with other internal departments to initiate the process.

Quarterly Update:

- **Things the Department is Doing Especially Well:**
 - The Residential Services Department approved (924) residential authorizations in the month of February and 99.5% of those authorizations were approved within fourteen (14) days.
 - The Authorizations unit within the Residential Services Department began processing Adverse Benefit Determination (ABD) letters.

- **Identified Opportunities for Improvement:**

- The Residential Services Department currently has one open Residential Care Specialist position that once filled will be able to complete residential assessments.
- It would benefit the department to locate additional high acuity placement opportunities for members with significant behavioral health challenges that require increased staffing.

- **Progress on Previous Improvement Plans:**

- The Residential Department continues to provide monthly reports to Clinically Responsible Service Providers (CRSP) that indicate treatment plans coming due in the next three months. The purpose of this is to assist CRSP case holders with maintaining up to date treatment plans for their members. This process has helped improve compliance and overall communication with providers.



Detroit Wayne Integrated Health Network
 Program Compliance Committee Report
 Judy Davis, SUD Director
 Date: March 12, 2025

Main Activities:

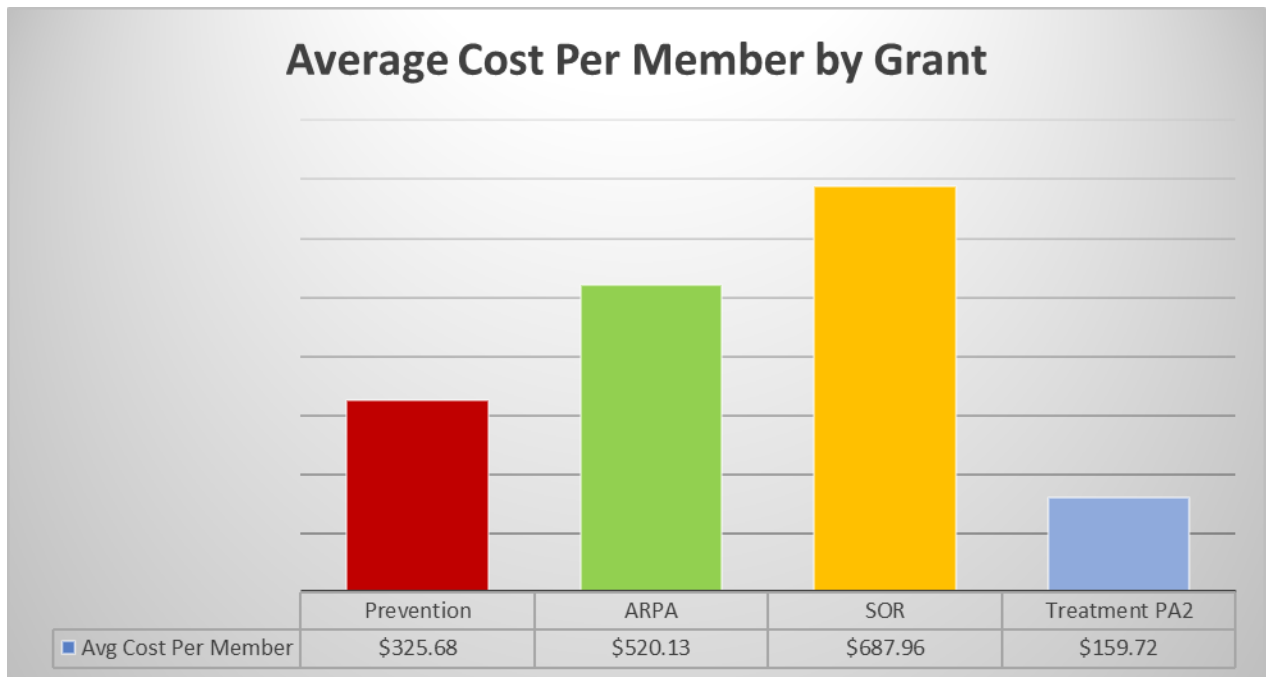
- Substance Use Disorder (SUD) Grant Funded Programs
- Youth Access to Tobacco (YATT)
- Michigan Department of Corrections (MDOC)

PROGRESS ON MAJOR ACTIVITIES

Activity I: Grant Funding Program Impact and Member Engagement:

Description: This report outlines the evaluation of invoices submitted for reimbursement associated with the Prevention, American Rescue Plan Act (ARPA) and State Opioid Response (SOR) and Treatment Grant via Public Act II Funding (PA2) in the month of January

Current Status:



Grant	Total Persons Served
Prevention	45,166*
ARPA	1,296
SOR	3,761
Treatment PA2	7,132

The bar chart illustrates the average cost per member across various grant programs, while the accompanying table details the number of individuals served by each. Notably, State Opioid Response (SOR) grant programs report the highest cost per member at \$687.96. In contrast, Prevention programs operate at approximately \$325.68 per member, while Treatment PA2 programs are the most cost-effective at \$159.72 per member. However, when evaluating cost relative to reach, the Prevention program has served 45,166 individuals, highlighting the substantial impact of proactive and relatively low-cost interventions in mitigating substance use disorders. Conversely, SOR programs, with a significantly higher

cost per member, have served 3,761 individuals, indicating a focus on high-severity cases where intensive, costlier interventions are required.

- **Significant Tasks During Period:** This analysis relies on invoices submitted by providers and does not account for unbilled services, any delayed billing, or services reimbursed through MHWIN.
- **Major Accomplishments During Period:** Successfully analyzed and processed 30 invoices submitted by providers, ensuring accurate financial tracking and accountability.
- **Needs or Current Issues:** Establish stronger collaboration with service providers by maintaining open lines of communication regarding billing processes and expectations.
- **Plans:** Set up regular evaluations to assess the effectiveness of implemented changes and adjust as necessary for continuous improvement.

Activity II: Youth Access to Tobacco (YATT)

Description: The initiative to reduce youth access to tobacco, spearheaded by DWIHN Prevention in collaboration with the Detroit Wayne Oakland Tobacco Free Coalition, is crucial for our community's health. The Synar Amendment mandates that states enforce strict laws banning the sale and distribution of tobacco products to anyone under 21. This legislative framework is essential to protect our youth from the dangers of tobacco.

Current Status: The benchmarks for the Youth Access to Tobacco (YATT) Synar Efforts are essential for our community's tobacco control initiatives:

- Nine (9) DWIHN SUD Prevention Tobacco Contract Providers updated the Master Retailer List for upcoming Vendor Education, ensuring it includes all regional retailers.
- Livonia Save Our Youth Coalition (LSOY) holds monthly Alternative to Suspension (ATS) workgroup meetings with 15 regional representatives to design an ATS Program for students suspended for repeated vaping on school grounds.
- Data shows that 73.2% of respondents noted repeated suspensions for vaping, while 92.7% believe an ATS program would be beneficial.
- The January-March 2025 Workgroup Newsletter will share new e-cigarette and youth data, alongside an E-Cigarette Master Training Presentation that aids in supporting youth and provides up-to-date insights on vaping trends
- The Detroit Wayne Oakland Tobacco Free Coalition (DWOTFC) will also introduce a Vaping Toolkit featuring the best practices and policy changes for K-12 schools. Additionally, toolkits for probation officers and school resource officers will assist in supporting youth with nicotine addiction.

Significant Tasks During Period: The refined and up-to-date list of regional retailers for effective Vendor Education has been submitted to MDHHS. Two Designated Youth Tobacco Use Representative (DYTURs) from The Youth Connection and Leaders Advancing and Helping Communities (LAHC) represented PIHP Region 7 at the Statewide Synar meeting, where they provided valuable insights.

Major Accomplishments During Period:

SUD Tobacco Contract Providers provided the following for the month of February:

- Leaders Advancing and Helping Communities – offered 8 impactful services, including meetings that delivered essential parenting classes and successfully empowering 163 participants.
- ACCESS- provided 41 services, consisting of workgroups, meetings, and work group calls, along with presentation services that reached 812 participants and facilitated 57 Tobacco Clinic screenings.

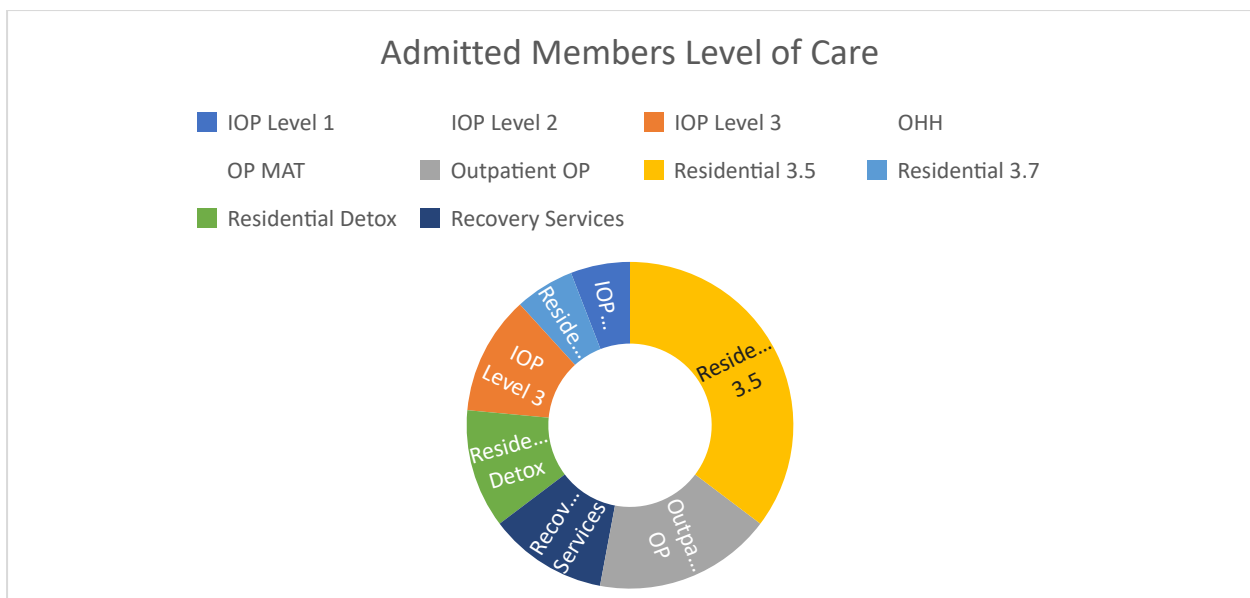
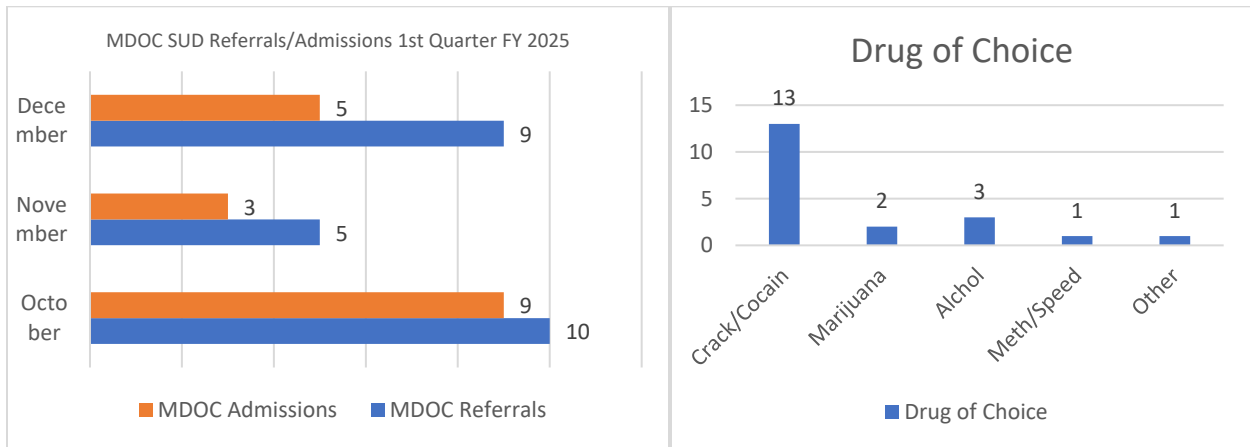
Needs or Current Issues: The Detroit Wayne Oakland Tobacco Free Coalition (DWOTFC) is concerned about the Wayne County Airport Authority's plan to issue an RFP in February 2025 for a cigar bar/restaurant at the DTW/Macnamara terminal. DWOTFC has long advocated for public health, successfully passing the clean indoor air ordinance in 2008, which led to Michigan's smoke-free law. Additionally, the rise of Smart Vapes—devices resembling smartphones with interactive screens proposes new challenges, especially for young people.

Plan: SUD will continue its advocacy and support. On Wednesday, February 19, 2025, DWOTFC spearheaded an education and outreach initiative to show that our communities oppose a cigar bar in the airport, targeting the WCAA and its CEO.

Additionally, the School Response to Tobacco and Nicotine Product Survey generated 300 responses, which will be compiled and analyzed for the PIHP Prevention Coordinators. Save the date for updates on April 1, 2025: Takedown Tobacco Day.

Activity III: Michigan Department of Corrections

- **Description:** The MDOC Program is dedicated to providing vital access to substance use disorder (SUD) services for individuals transitioning back into the community after incarceration, focusing on those at high risk of relapse and recidivism. By simplifying the referral process and removing barriers to care, we ensure that returning citizens receive personalized support and the critical resources they need to rebuild their lives, achieve stability, and sustain long-term recovery.
- **Current Status:** See chart below.



- During this quarter, a total of 29 MDOC referrals were processed, with 21 of those individuals successfully engaging in treatment services. Among the 21 individuals who disclosed their substance use history, 13 reported crack/cocaine as their primary drug of choice. These referrals reflect ongoing efforts to connect justice-involved individuals with essential substance use treatment, ensuring they receive the necessary support for recovery and rehabilitation. The data highlights prevalent substance uses trends within this population and reinforces the need for targeted intervention strategies.

Statistical Breakdown During Period:

- 62% of members received Residential Services
- 28% received Outpatient Services
- 9% received Early Intervention Services on average last quarter.

Major Accomplishments During Period: Streamlining the referral process has led to improved connections between justice-involved individuals and essential substance use treatment services, facilitating a smoother transition into recovery support.

- **Needs or Current Issues:** Strengthening partnerships with local probation officers and agents, service providers, and support services is vital for building a comprehensive network of care for returning citizens.
- **Plan:** Continued assessment of substance use trends and treatment outcomes is necessary to refine program strategies and better meet the evolving needs of the population served.

Updates and Resources:

- Resources related to SUD Prevention: Keep MI Kids Tobacco Free Alliance website: Tobacco Free www.michiganpreventionassociation.org
- Michigan Youth Cannabis Action & Education Alliance (MYCAEA) <https://www.mycaea.org/>
- DWIHN SUD was able to partner with DPSCD to train 160 Health Teachers, leading to placement of Narcan in all 106 DPSCD schools
- Annual SBIRT Award Ceremony- March 5, 2025, with DMC and Sobriety House
- National Drug and Alcohol Facts Week (NDAFW) is March 17-23
- March is Parenting Awareness Month (PAM) - This initiative is a time to emphasize the importance of effective parenting in helping children to become healthy, independent, and caring adults.
- Problem Gambling Awareness Month - To increase public awareness of problem gambling and the availability of prevention, treatment and recovery services

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

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

Presented to Full Board at its Meeting on: 3/19/2025

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Provider Network System FY 24/25

Address where services are provided: Service Provider List Attached

Presented to Program Compliance Committee at its meeting on: 3/12/2025

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

Amount of Contract: \$ 150,000.00 Previous Fiscal Year: \$ 0.00

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2024

Provider Impaneled (Y/N)? Y

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

DWVHN is requesting the addition of the following 3 providers to the DWVHN provider network as outlined below, **without change to the total provider network amount.**

Residential Providers:

1. Davis Care Networks Inc

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

2. U & I Home Care, LLC

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

3. MidSouth Development Inc

(Credentialed 1/30/2025 for Staffing Agency for Community Living Support; Respite)

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

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

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 24/25	Annualized
Multiple	\$ 150,000.00	\$ 150,000.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Stacie Durant

Signed: Wednesday, March 5, 2025

Signed: Wednesday, March 5, 2025

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-55R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 3/19/2025

Name of Provider: Starfish Family Services

Contract Title: Michigan Child Collaborative Care Program (MC3) and Behavioral Health Consultant

Address where services are provided: 3000 Hiveley Road Inkster MI 48141'

Presented to Program Compliance Committee at its meeting on: 3/12/2025

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

Amount of Contract: \$ 124,755.00 Previous Fiscal Year: \$ 96,636.00

Program Type: Continuation

Projected Number Served- Year 1: 850 Persons Served (previous fiscal year): 840

Date Contract First Initiated: 6/1/2015

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 a revision of BA-25-55 and is requesting the approval of a one year contract for an amount not to exceed \$114,598 with Starfish Family Services. Note this is an increase of \$22,236 from BA 25-55. The Michigan Child Collaborative Care Program and Behavioral Health Consultant Project provides behavioral health consultation for local primary care providers with MC3 child, adolescent and prenatal psychiatrists. Starfish Family Services provides local oversight, in collaboration with MC3 program, of the Behavioral Health Consultant as they implement MC3 in Wayne County as well as work in concert with other regional Behavioral Health Consultants.

A sum of an amount not to exceed \$114,598 (\$96,882 clinical and \$17,716 administrative) will be provided to Starfish Family Services to offer behavioral health consultant services for the FY 2025 period. This provider was selected because they were already implementing integrated health care services through a Flynn Grant. When the grant ended, MDHHS asked that DWIHN continue to use this organization. **The remaining \$10,157 is allocated to DWIHN for administrative (\$2,657) and indirect (\$7,500) costs.** Starfish Family Services Behavioral Health Consultant will act as the liaison with the primary care physician staff and the University of Michigan psychiatric staff.

The Michigan Child Collaborative Care Program and Behavioral Health Consultant Project provides behavioral health consultation for local primary care providers with MC3 child, adolescent and prenatal psychiatrists. Starfish Family Services provides local oversight, in collaboration with MC3 program, of the Behavioral Health Consultant as they implement MC3 in Wayne County as well as work in concert with other regional Behavioral Health Consultants.

Services include:

- Regional Outreach to eligible providers to ensure utilization of the MC3 program;
- Linkage between Primary Care Providers and MC3 Psychiatrist;
- Coordination of care for children, adolescents, and perinatal women;
- Behavioral Health Consultant provides consultation services in designated primary care site; and
- Collection of required data and local utilization to facilitate the project evaluation.

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
State Grant	\$ 124,755.00	\$ 124,755.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 124,755.00	\$ 124,755.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64933.822608.01021

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Stacie Durant

Signed: Friday, March 7, 2025

Signed: Tuesday, March 4, 2025

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-58 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 3/19/2025

Name of Provider: State of Michigan

Contract Title: Secretary of State Returning Citizens Voucher Pilot Program

Address where services are provided: 3046 West Grand Boulevard, Detroit Michigan 48202

Presented to Program Compliance Committee at its meeting on: 3/12/2025

Proposed Contract Term: 5/1/2025 to 4/30/2027

Amount of Contract: \$ 100,000.00 Previous Fiscal Year: \$ 0.00

Program Type: New

Projected Number Served- Year 1: 2,000 Persons Served (previous fiscal year): NA

Date Contract First Initiated: 4/1/2025

Provider Impaneled (Y/N)? N

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

The board action is requesting approval for a two-year contract (via a MOU) for an amount not to exceed \$100,000 with the Secretary of State Voucher Program. The program is a pilot to assist active DWIHN members that were incarcerated for at least ninety days (90) with paying fees and fines assessed and/or owed to the Secretary of State in order for members to obtain their driving license or state identification. The member must be transitioning from the criminal justice system with an Opioid Use Disorder (or a history) **and** any co-occurring Substance Use Disorder (SUD) **or** Mental Health condition. Members must be actively receiving treatment with DWIHN to qualify for the voucher program.

DWIHN recognizes that returning citizens ability to succeed and retain employment is essential to their success and transportation is a significant barrier.

The program will be funded with proceeds DWIHN received directly from the Opioid Settlement. DWIHN will re-evaluate the effectiveness of the program after two years. The contract is effective on May 1, 2025 and continue through April 30, 2027.

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
Opioid Settlement	\$ 100,000.00	\$ 100,000.00
	\$	\$
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:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Stacie Durant

Signed: Wednesday, March 5, 2025

Signed: Tuesday, March 4, 2025