



Quality Operations Technical Assistance Workgroup Meeting Agenda

Wednesday, March 24, 2021

Via Blue Jean Platform

9:30 a.m. – 11:00 a.m.

- | | | |
|-------|--|--|
| I. | Announcements | Tania Greason/April Siebert |
| II. | SUD Updates | Judy Davis |
| III. | NCQA Updates | Gail Parker |
| IV. | New DWIHN Policies Review: | Ebony Reynolds |
| | a. Telemedicine Policy & Procedure | Trent Stanford |
| | b. Community Living Services | Kimberly Hoga |
| V. | DWIHN Access Center | Miriam Bielski |
| VI. | MDHHS 90 Day Follow Up Review | April Siebert |
| VII. | Additional Monitoring (Case Record Review Tool) | Starlit Smith/Danielle Dobija |
| VIII. | CRSP Remote Reviews | Starlit Smith |
| IX. | 30 Days Follow-up with Mental Health Practitioner Monitoring | Justin Zeller |
| X. | Critical Events & Sentinel Events Processing | Carla Mackey-Spight/Sinitra Applewhite |
| XI. | Mission Based Performance Indicator – March 3 rd , 2021 | Justin Zeller |
| XII. | Provider Feedback | Group |
| XIII. | Adjournment | |



Quality Operations Technical Assistance Workgroup Meeting

Wednesday, February 24, 2021

Via **Blue Jean Platform**

9:30 a.m. – 11:00 a.m.

Note Taker: Aline Hedwood

1) Item: Announcements – April Siebert & Tania Greason

Goal:

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: QI # ___ CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made		
<p>The following announcements were discussed with the QOTAW members:</p> <ul style="list-style-type: none"> • Fareeha Nadeem informed the group that effective October 1, 2020, Detroit Wayne Integrated Health Network (DWIHN) requires all contracted Clinically Responsible Service Providers (CRSP) to have a Behavior Treatment Plan Review Committee (BTPRC) in place. The BTPRC requirements are included in the CRSP written contract for FY 2020-2021. As an option, the network providers and Mental Health CRSPs may collaborate on developing and operating a joint BTPRC. It is DWIHN’s expectation that it is the responsibility of the providers joining as partners in the BTPRC and the CRSP to ensure that the joint BTPRC will provide the required review of proposed Behavior Treatment Plans (BTP) in real-time or during emergent situations. The provider can collaborate on developing and operating a joint BTAC. DWIHN’s Quality Improvement Unit must be notified of the names and credentials of joint BTPRC staff as well as the providers/agencies that will submit BTPs to the joint BTPRC for review. • DWIHN has hired a full-time Chief Medical Officer, Dr. Shama Faheem and Dr. Leonard Rosen is assigned as DWIHN’s part-time Medical Director. 		
Action Items	Assigned To	Deadline
<p>CRSP providers must have a BTPRC’s committee as outlined in contractual obligations. Information of the committee members are to be forwarded to Fareeha Nadeem.</p>	<p>CRSP Providers</p>	<p>April 1, 2021</p>



2) Item: SUD Updates – Judy Davis

Goal: Review of SUD programs

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: QI # ___ CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made		
<p>Judy Davis, Director of SUD Services, informed the group of the following SUD program updates:</p> <ul style="list-style-type: none"> • The ASAM initiative must be in place by October 2021, SUD is working with our IT unit for completion of the roll out. DWIHN’s Access Center conducts initial screening and referral for SUD services based on the American Society of Addiction Medicine (ASAM). The UM Department’s SUD UM Review Specialists provide medical necessity reauthorization determinations of SUD and/or co-occurring services for all levels of care including withdrawal management, residential services, Medication Assisted Treatment (including methadone), intensive outpatient and recovery services. • Licensing rules changes LARA has completed the Licensing Rule surveys and found that SUD providers where in compliance with new required changes. Provides who were designated government entities will <u>no</u> longer obtain a SUD license. Provisions are made for providers who have mobile units with outpatients’ services. This will be an addendum to the current license; requirements include providers having a brick and mortar facility; prevention providers will no longer be required to obtain a LARA license. MDHHS will begin to review providers drug screening and staffing protocols for the residential providers. • Additional block grants 52 million dollars has been granted to the PIHP’s from the State in response to the Covid-19 crisis. SUD is communicating with MDHHS on how to utilize this additional funding. Currently MDHHS is looking at expanding services in prevention, treatment recovery, and intervention areas. 		
Action Items	Assigned To	Deadline
None Required.		



3) Item: NCQA Update - Tania Greason

Goal:

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: QI # ___ CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made		
<p>April Siebert and Tania Greason informed the group that on February 16-17, DWIHN has submitted all required documentation for our 2021 MBHO NCQA recertification. DWIHN will have a virtual conference with NCQA on March 10, 2021. The focus of the review will be to provide NCQA with further clarification and supporting documentation as requested. The additional requested information was submitted to NCQA on March 19, 2021. A review of DWIHN’s, credentialing, UM, and denial files will occur on April 5-6, 2021. Final NCQA recertification results will be submitted from NCQA in late May or early June 2021. Information and accreditation status will be shared with the QOTAW members once received from NCQA.</p>		
Action Items	Assigned To	Deadline
<p>NCQA recertification status will be shared with the QOTAW once received.</p>	<p>April Siebert</p>	<p>June 1, 2021</p>



4) Item: DWIHN Policy Review:

- a) Telemedicine Policy – Ebony Reynolds
- b) Community Living Services - Kimberly Hoga

Goal: Review with workgroup new and revised DWIHN policies

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: QI # ___ CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made		
<p>Ebony Reynolds reviewed with the committee the revisions and updates for the Telemedicine Policy:</p> <p>The policy went into effect in January 2021 and is posted on DWIHN’s website. The policy was reviewed by DWIHN staff, providers and stakeholders for feedback. This policy was drafted because of the Covid-19 pandemic and DWIHN administration determine it would be appropriate to create for providers to follow the state requirements for telemedicine protocol. The telemedicine policy is heavily guided by the MDHHS Medicaid Providers Manual information and privacy practices can be found in the manual.</p> <p>The purpose of the Telemedicine policy is to provide guidance to DWIHN’s provider network for delivering Telemedicine to improve the health of the individuals with interactive, real-time communication between the individual and physician or practitioner. Through collaborative efforts with the DWIHN network of providers, individuals, families, natural supports, and responsible parties will have user-friendly, accessible personalized behavioral health care. DWIHN promotes telemedicine services to improve access to behavioral health specialized services, and advanced health-care integration.</p> <p>Telemedicine is the use of telecommunication technology to connect a member with a health care professional in a different location. Telemedicine is used primarily when travel is prohibitive for the person or there is an imminent health risk justifying immediate medical need for services. MDHHS requires a real-time interactive system at both the originating and distant site, allowing instantaneous interaction between the patient and the health care professional via a telecommunication system. The technology must meet the needs of audiovisual compliance in accordance with current regulations and industry standards. The originating and distant site provider must ensure the privacy of the beneficiary as well as the security of any information shared via telemedicine. Per the April 26, 2021 <i>Clarification of Expectations for the Provision of Face-to-Face Home and Community-Based Services and Supports</i> memo submitted per MDHHS, Face to face, home and community-based services must be provided unless they cannot be provided safely to minimize the risk of transmission of COVID-19, or if the family specifically requests telehealth services; either instance should be well documented. Individuals can refuse face-to-face services which should also be documented. If the CMHSP denies the face-to-face service provision when requested and offers only a virtual option, detailed documentation will be needed to explain the</p>		



<p>health or safety rationale for this decision. For additional information please review “DWIHN Telemedicine Policy”.</p>		
<p>b) Kimberly Hoga reviewed with the committee the DWIHN’s Community Living Supports policy. It is the policy of DWIHN that all children and youth have access to appropriate Community Living Supports (CLS) services in the least restrictive environment. The purpose of this policy is to guide the development and implementation of CLS services which are medically necessary services used to increase or maintain personal self-sufficiency, facilitating an individual's achievement of their goals of community inclusion and participation, independence or productivity. Community Living Supports (CLS) policies and procedures are developed in compliance with the Michigan Department of Health and Human Services (MDHHS) Medicaid Provider Manual. DWIHN’s CPI unit co-facilitates a workgroup to work on barriers identified for youths receiving CLS and respite services. The committee meets every other month and is instrumental for assisting with the development and the CLS policy. Community Living Supports is a service available for all ages, however when provided to individuals birth to age 21 it is part of the State Plan Early and Periodic Screening, Diagnostic and Treatment (EPSDT). It is the Clinically Responsible Service Provider (CRSP) responsibility to ensure CLS staff is appropriately trained on the individual's IPOS, support plan and any other behavioral health interventions. CLS may only be provided in the following settings:</p> <ul style="list-style-type: none"> a. Beneficiary's home or place residence b. Community setting (social/recreational) c. Licensed specialized residential settings <p>Delivery of services is overseen by a variety of monitoring activities, including case management/support coordination visits, Medicaid verification, quality monitoring and other on-site monitoring. If the needs appear to have changed or the home is providing a level that is not consistent with the IPOS, then a revision to the IPOS is warranted. There are several attachments to this policy including a CLS referral form. Support coordinators, case managers, wrap-around facilitators must utilize the CLS/Respite Referral Form for requesting of services. Also, included in the attachments for the CLS policy is the CLS/Respite Daily Progress Notes support professionals are required to complete the attached progress note for documentation of services rendered. For additional information please review “DWIHN Community Living Supports (CLS) Policy”.</p>		
Action Items	Assigned To	Deadline
None Required.		



5) Item: DWIHN Access Center (AC) Update - Miriam Bielski

Goal: Review of DWIHN's Access Center

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: QI # ___ CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made		
<p>Miriam Bielski presented the committee with a review and discussion for DWIHN's Access Center (AC) Effective on February 1, 2021, DWIHN has ended the contract with Wellplace and has brought services inhouse. There are some noted challenges that are being addressed. DWIHN is currently working through staffing issues that have been identified. The Access center is in the process of onboarding additional staff. Miriam wanted to share with the group our accomplishments that have been made thus far and to ensure that DWIHN is working to improve areas of noted concern. During the month of February 2021, there were a total of 17,605 calls offered to the AC representatives with a total of handled (answered) 16,657 calls. There was a total of 948 calls abandoned, with an abandonment rate of 5.4%. The national standards for call centers which is adopted by regulatory agencies 5% or less. Noted improvements will include the Access Center redesign by leveraging phone equipment to enhance call flow as well as reviewing the evaluation of our internal system as we move forward.</p> <p>For additional information please review power point presentation DWIHN Access Call Center/February 2021 Performance on the following:</p> <p>Access Call Center Transition Go live 2/1/2021 - Monthly Performance</p> <ul style="list-style-type: none"> • Call Rate • SUD (subset of calls) • Clinical (subset of calls) • Totals 		
Action Items	Assigned To	Deadline
<p>Miriam Bielski, Director of AC, will continue to report to the QOTAW meetings no less than quarterly.</p>	<p>Miriam Bielski</p>	<p>Quarterly</p>



6) Item: MDHHS 90 Day Follow Up Review - April Siebert

Goal: Review of MDHHS Follow-up Requirements

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: QI # ___ CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made		
<p>April Siebert discussed with the group that the MDHHS 1915 (C) HSW 90 Days follow-up review is scheduled for April 22-30, 2021. The review will take place remotely and the focus will be to evaluate DWIHN's current status of our required Corrective Action Plan (CAP). DWIHN's QI staff are currently validating the immediate action plans for providers who were required to submit CAP's. The CAP's were both required for individual member records/cases as well as from a systemic approach. Currently, there are several CAP's that have <u>not</u> yet been fully implemented. April Siebert informed the group that it is a requirement that all CAP's are fully implemented prior to the MDHHS follow-up review, no exceptions. MDHHS held a webinar back in October of 2020 in which the areas of concerns were noted and discussed with providers. DWIHN has been proactive with meeting with providers to correct and submit additional requested information to MDHHS. During the follow-up review MDHHS is looking for implementation the submitted plans, it is incumbent of providers to make sure plans are implemented. The QI staff are here to assist with any questions and or TA that can be provided.</p>		
Action Items	Assigned To	Deadline
<p>Providers are required to implement CAP's as submitted to MDHHS.</p>	<p>Assigned Providers</p>	<p>April 2021</p>



7) Item: Additional Monitoring (Case Record Review Tool) Starlit Smith

Goal: Provider Self-Monitoring

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: QI # ___ CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made	Assigned To	Deadline
<p>Starlit Smith discussed the requirements for providers completing their self-monitoring. The following was discussed with the group:</p> <ul style="list-style-type: none"> • Each selected provider received a total of 35 case records were provided for self-monitoring reviews. • CRSP providers self-monitoring reviews for Q1 are due for completion in MH-WIN by April 9th, 2021. • If providers need an extension, please contact QI. Extensions are note recommended, but QI will discuss. • The QI unit will provide a findings summary for QI at the scheduled QOTAW meeting for May 2021. • Quarter 2 self-monitoring record reviews will be forwarded to providers by the second week of April 2021. <p>If providers have any questions regarding the case record tool please contact Starlit Smith at Ssmith@dwhin.org.</p>		
Action Items	Assigned To	Deadline
<p>Quarter 1 Self-Monitoring reviews are due for completion by April 9th, 2021. Quarter 1 findings summary will be presented to the committee in May of 2021.</p>	<p>Providers QI Unit</p>	<p>May 30, 2021</p>



8) Item: CRSP Remote Reviews – Starlit Smith

Goal: Review and update of CRSP Remote Reviews

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: QI # ___ CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made		
<p>Starlit Smith informed the group that the QI unit has started the CRSP remote reviews and will be working with the CS unit. The CS unit is required by MDHHS contract to review 100% of our CRSP providers, however with for this FY, some of our CRSP providers will not have an annual review due to the MDHHS waiver reviews. Starlit also discussed the following:</p> <ul style="list-style-type: none"> • QI staff will be scheduling annual reviews with providers, contact QI if you need to reschedule your review. • The Medicaid claims review will start in is a few of weeks . The goal this year will be to combine the Medicaid claims and annual reviews. • Providers must make certain that codes that are identified in the IPOS are inconsistent with services provided and billing. Also, please make certain to have current signed copies of the IPOS. 		
Action Items	Assigned To	Deadline
None Required.		



9) Item: 30 Days Follow-up with Mental Health Practitioner Monitoring – Justin Zeller

Goal: Review of 30 Days Follow-up with Mental Health Practitioner Monitoring

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems **Quality** Workforce

NCQA Standard(s)/Element #: **X QI # 4** CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made		
Justin Zeller discussed with the QOTAW members that DWIHN’s QI and IHC units will be trained on the new Vital Data Technology (VDT) System. VDT will allow for to monitoring of the monitor the 30 Days Follow-up with Mental Health Practitioner. VDT will also for our providers to review and monitor their data. Once the system is in place and staff are trained, QI will begin to monitor at the provider level to improve outcomes. Justin also explained to the group that this measurement is different than the MMBPI data, DWIHN cannot include exceptions and the follow-up appointment must be with a mental health professional. This standard is also tied to funding which will be withheld from DWIHN if the standard is not met. Currently the adult standard is at 60% and children at 70%. DWIHN’s last measurement, reviewed in June 2020 – June 2021 demonstrated compliance at 53% (adults)		
Action Items	Assigned To	Deadline
Once staff is trained, DWIHN’s QI unit will begin to monitor providers for the 30 Days Follow-up with Mental Health Practitioner measurement.	Justin Zeller	Ongoing beginning July 2021.



10) Item: Critical Events & Sentinel Events Processing - Carla Mackey-Spight/Sinitra Applewhite

Goal: Review of CE/SE processing

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: **X QI #1** CC# ____ UM # ____ CR # ____ RR # ____

Discussion/Decisions Made		
<p>Carla Spight-Mackey and Sinitra Applewhite discussed with the group the following CE/SE updates:</p> <ul style="list-style-type: none"> • WITHIN 24 HOURS OF CRSP KNOWLEDGE OF MEMBER'S DEATH - AFTER PRIMARY SOURCE VERIFICATION WITH THE <u>MEDICAL EXAMINER</u> (COUNTY OF MEMBER'S DEATH), <u>HOSPITAL</u>, OR <u>FUNERAL HOME</u> (OBITUARY- MAY ALSO BE AVAILABLE ONLINE AT – HTTPS://WWW.LEGACY.COM/) REPORT TO OFFICE OF RECIPIENT RIGHTS (ORR) • FAX COMPLETED FORM “HOW TO GET A DEATH LOG NUMBER FROM ORR” IF YOU CANNOT REACH THE OFFICE BY PHONE. • IF YOU NEED TO FAX ANYTHING TO ORR, PLEASE DO SO TO THE ORR SECURE FAX LINE AT (313) 833-2043. THIS CONTACT INFORMATION CAN ALSO BE FOUND ON THE "YOU HAVE RIGHTS" RED AND WHITE POSTER THAT MUST BE POSTED AT YOUR ORGANIZATION • YOU MAY CALL THE ORR HOTLINE AT (TOLL FREE: 1-888-339-5595) TO REPORT ALL DEATHS OR OTHER RIGHTS RELATED QUESTIONS, INCIDENTS AND REPORTING MATTERS. • In the “Action Taken” section of the Critical/Sentinel Event, the Death Log Number from ORR must be included if received (If you have not received the number when you call to make the report, you must include the date/time of ORR Notification in this section). • CRSP staff MUST Complete a Critical Event (for ALL deaths) in MH-WIN; and, if available, include Death Log # and Medical Examiner's # immediately after reporting to ORR via fax or call. (<i>Do not wait for the DL# before entering the critical event</i>) • Within 10 business days AFTER receiving the Death Log # you must complete the “Report of Death (DWIHN Version)” found in the Demographic/Financial area of member’s record in MH-WIN. • MEMBER DEATHS IN HOSPITALS, NURSING HOMES, OR HOSPICE - the “Report of Death (DWIHN Version)” are NOT required. 		
Action Items	Assigned To	Deadline
Contact Carla or Sinitra for additional information if required.	Providers	Ongoing



11) Item: Mission Based Performance Indicator – March 3rd, 2021 – Justin Zeller
Quarter 1 (Due 3/31/2021)

Goal: Review of MMBPI Data Reporting

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: X QI #4 CC# ____ UM # ____ CR # ____ RR # ____

<Notes on discussion>

Discussion/Decisions Made		
<p>Justin Zeller provided the following information to the workgroup:</p> <ul style="list-style-type: none"> • MMBPI Q1 data is to due to MDHHS on March 31, 2021. • Justin has submitted information of reporting to providers requesting applicable case records updates. Information/updates are due to QI by March 26, 2021. • Providers must review their MMBPI data through the “MMBPI” View Only Module. Please contact Tania Greason if you do not have access to this module. • HSAG Performance Measurement Validation review (PMV) TA webinar is schedule for March 25, 2021. • Contact Justin or Tania with any questions and or concerns via email @ jzeller@dwihn.org & tgreason@dwihn.org. 		
Action Items	Assigned To	Deadline
Providers to update QI MMBPI data reports		



12) Item: Provider Feedback – Group

Goal: Review providers feedback

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: QI # ___ CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made			
<p>Providers had questions regarding the requirements for face to face services. During the earlier phases of the COVID- pandemic, face to face services were not allowed. Providers must follow MDHHS guidelines as restrictions begin to be lifted. Providers must follow the MDHHS guidelines documenting if face to face services cannot be provided. QI will forward the MDHHS bulletin to the workgroup for review and implementation.</p>			
Action Items		Assigned To	Deadline
<p>QI will forward the current communication from the MDHHS regarding the expectation of the revisions for face-to-face services.</p>		<p>DWIHN QI Unit (Tania Greason)</p>	<p>March 30, 2021</p>

Provider Questions/Comments

NEXT MEETING: Wednesday, April 28, 2021 [via Blue Jean Platform](#)

ADJOURMENT: 12:33 p.m.

ah_4.13.2021

DETROIT WAYNE INTEGRATED HEALTH NETWORK

Access Call Center /February 2021
Performance



Access Call Center Transition Go live 2/1/2021 - Monthly Performance

QUEUES	Calls Offered	Calls Handled	Calls Abandoned	% Abandoned Goal : <5%	Average speed to answer Goal : 30 sec	Average call Length	% of calls answered Goal: 80%	Service Level Goal 80% Stretch Goal 85%
CALL REPS	17,605	16,657	948	5.4%	00.20 sec.	0:5:48 mins	94.61%	87.78%
SUD (Subset of all calls)	2,787	2760	27	1.0%	00:15 sec.	0:14:26 mins	99.03%	96.3%
Clinicians (Subset of all calls)	919	874	45	4.9%	00:31 sec.	22.35 mins	95.10.3%	86.3%
Totals	17,605	16,657	948	5.4%	20 sec.	5:46 mins	94.61%	87.78%

Access Call Center Transition -Go live

- A. Began Call Center redesign by leveraging phone equipment to enhance Call flow.
 - Changed 2 minute work timer for call center staff to 30 seconds.
 - Created an auto answer which would go directly to an available agent instead of the phone consistently ringing allowing for a quicker response.
 - Addressing exception processing and determining where processes can be streamlined.

- B. Began Call Center redesign by leveraging internal system.
 - Reviewing MHWIN to streamline manual processes.
 - Addressing backlogged volumes resulting from transition.



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Critical/Sentinel Event Training

Critical/Sentinel Event trainings to be held on April 15th and May 20th 2021 (Webinar) 9-11:30 a.m.

Staff must minimally have a Bachelor's degree in a clinical field able to review the Scope of Care for the event to be registered.

Staff name/credentials; MH-WIN numerical ID#; position, and email address must be sent to me at cmackey@dwihn.org at least one week prior to the training.

****Class size limited to 40 a final quiz will be required.**

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