



DWIHN
Your Link to Holistic Healthcare



Detroit Wayne Integrated Health Network

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PROGRAM COMPLIANCE COMMITTEE MEETING
Administration Bldg.
8726 Woodward, 1st Floor Board Room
Wednesday, September 11, 2024
1:00 p.m. – 3:00 p.m.

AGENDA

- I. Call to Order**
- II. Moment of Silence**
- III. Roll Call**
- IV. Approval of the Agenda**
- V. Follow-Up Items from Previous Meeting - *None***
- VI. Approval of the Minutes – August 14, 2024**
- VII. Report(s)**
 - A. Chief Medical Officer – *Deferred to October 9, 2024*
 - B. Corporate Compliance - *None*
- VIII. Quarterly Reports**
 - A. Autism Spectrum Disorder
 - B. Children’s Initiatives
 - C. Integrated Health Care
- IX. 707 Crisis Care Center Update**
- X. Quality Review(s)**
 - A. QAPIP Work Plan FY 24 Update

Board of Directors

Dr. Cynthia Taucg, 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

Manny Singla, Interim President and CEO



XI. VP of Clinical Operations' Executive Summary – *Deferred to October 9, 2024*

XII. Unfinished Business - *None*

XIII. New Business (Staff Recommendations)

- A. **BA #25-01** – Multicultural Integration Providers FY 25
- B. **BA #25-02** – Substance Use Disorder (SUD) Treatment Provider Network FY 25
- C. **BA #25-03** – Substance Use Disorder (SUD) Prevention Provider Network FY 25
- D. **BA #25-04** – 707 Food Service
- E. **BA #25-06** – Jail Diversion FY 25
- F. **BA #25-07** – Comprehensive Service for Behavioral Health (CBH) FY 25
- G. **BA #25-10** – Behavioral Health Homes FY 25
- H. **BA #25-11** – Substance Use Disorder (SUD) Health Homes FY 25
- I. **BA #25-12** – Michigan Rehabilitation Services (MRS)
- J. **BA #25-13** – DWIHN Provider Network System FY 25
- K. **BA #25-14** – Credentialing Verification Organizations FY 25
- L. **BA #25-15** – Children's Crisis Intervention Services FY 25
- M. **BA #25-16** – Adult Crisis Intervention Services FY 25
- N. **BA #25-17** – Children's Initiatives MDHHS Grants FY 25
- O. **BA #25-18** – Children's Services Health Quality Initiative Program FY 25
- P. **BA #25-19** – HPS Consulting, LLC
- Q. **BA #25-20** – Juvenile Restorative Program FY 25
- R. **BA #25-22** – Medical Billing and Claims Auditing Services FY 25
- S. **BA #25-24** – Autism Spectrum Disorder (ASD) Provider Network FY 25

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 general public and may initiate an inquiry and follow-up will be responded to and may be posted to the website. Feedback will be posted within a reasonable timeframe (information that is HIPAA related or of a confidential nature will not be posted but rather responded to on an individual basis).

XV. Adjournment

PROGRAM COMPLIANCE COMMITTEE

MINUTES

AUGUST 14, 2024

1:00 P.M.

IN-PERSON MEETING

| | |
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| MEETING CALLED BY | I. Commissioner Jonathan Kinloch, Program Compliance Chair at 1:10 p.m. |
| TYPE OF MEETING | Program Compliance Committee |
| FACILITATOR | Commissioner Jonathan Kinloch, Chair |
| NOTE TAKER | Sonya Davis |
| TIMEKEEPER | |
| ATTENDEES | Committee Members: Commissioner Jonathan Kinloch; Dr. Lynne Carter; Bernard Parker; and William Phillips Committee Member(s) Excused: Angela Bullock and Dr. Cynthia Taueg Staff: Brooke Blackwell; Yvonne Bostic; Judy Davis; Dr. Shama Faheem; Keith Frambro; Monifa Gray; Sheree Jackson; Marianne Lyons; Melissa Moody; Ryan Morgan; Cassandra Phipps (Virtual); April Siebert; Manny Singla; Andrea Smith; Dan West; and Rai Williams |

AGENDA TOPICS

II. Moment of Silence

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

III. Roll Call

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| 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

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

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| DISCUSSION/ CONCLUSIONS | <p>A. Adult Initiatives' Quarterly Report – Provide information on activities of DWIHN related to caretakers of people with dementia as this had become a huge issue with the aging population; Provide information on Returning Citizens and what we are doing at DWIHN for providing services for the Med Drop program – It was reported that a pilot program has started with MedDrop and Returning Citizens 7 to 10 days prior to release. Members are being linked with a CRSP and they are working with the Department of Corrections.</p> <p>B. PIHP Crisis Services' Quarterly Report – Provide trends on how many people kept their follow-up appointments, if they did not make it to their first appointment; how many people made it to their appointment in 30 days and did not make their follow-up appointment; and how many people did not make their first appointment but made it to their second appointment or rescheduled – It was reported that a sample of 20 members was reviewed; 75% made their first appointment and are continuing to receive services; a SMART Sheet has been developed with the two largest providers and DWIHN will track individuals. A discussion ensued regarding data collection on the disparity between minority groups. Additional information will be provided.</p> |
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VI. Approval of the Minutes

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| DISCUSSION/ CONCLUSIONS | <p>Commissioner Kinloch called for a motion to approve the July 10, 2024, meeting minutes. Motion: It was moved by Mr. Phillips and supported by Mr. Parker to approve the July 10, 2024, meeting minutes. Commissioner Kinloch asked if there were any changes/modifications to the July 10, 2024, meeting minutes. There were no changes/modifications to the meeting minutes. Motion carried.</p> |
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VII. Reports

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| DISCUSSION/ CONCLUSIONS | <p>A. Chief Medical Officer – Dr. Shama Faheem, Chief Medical Officer submitted and gave highlights of the Chief Medical Officer’s report. It was reported:</p> <ol style="list-style-type: none"> 1. Behavioral Health Education, Outreach Updates – Updates were provided on the Teaching Collaborative; Dr. Faheem has met with the PMHNP Program Director to discuss start dates, supervision expectations and requirements for the PMHNP students; the Program Director for the Child and Adolescent Psychiatry Fellowship will review rotations for the current second year fellow to identify the optimal time for rotation; and a meeting will be scheduled with Trinity Health Livonia to discuss resident rotation during the month of September. 2. State Medical Director Meetings – State Medical Directors’ AOT workgroup met in June and discussed challenges and successes related to AOT and how we can offer clarification or solutions for the State; Medical Directors expressed concerns about the lack of training with certain disciplines that could result in overuse or inappropriate use of AOTs; Training and/or certification options were discussed as possible solutions. 3. Crisis Center Updates – DWIHN opened doors to our Crisis Center on June 10th and has had over 200 adult admissions, over 25 youth admissions and our peer-run BEST program had over 35 admissions. The top three primary diagnosis for adults have been Schizophrenia Spectrum Disorder, Depressive Disorders and Alcohol Use Disorders. The top three primary diagnosis for children have been Disruptive and Impulse Control Disorders, |
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Depressive Disorder and Trauma Related Disorders. A robust discussion took place on the Crisis Care Center update regarding staffing, the level of training and oversight of individuals treating our members, coaching and other areas. Additional information will be provided at the next Program Compliance Committee meeting when the report of the Crisis Care Center is presented. **(Action)** DWIHN has received provisional State certification and is one of two State Certified Crisis Stabilization Unit for adults.

4. **DWVHN Community Care Clinic Updates** – DWIHN’s Clinic has gone live and started accepting patients. There are currently nine (9) patients. The Adult Psychiatrist/Outpatient Medical Director, Dr. Severe started on June 30, 2024 and the part-time Child Psychiatrist started the first week of August and is currently going through the onboarding, training and credentialing process. The clinic is currently focusing on developing reports through the EMR to be able to track members served, caseload, compliance with State indicators and other Clinic KPIs.
 5. **Improving Practices Leadership Team (IPLT) Committee** – During the month of August, IPLT reviewed a Performance Improvement Project (PIP) on Hep C that DWIHN has been doing for the last three years encouraging our providers to screen our members for Hep C due to high prevalence of it in Michigan and especially Wayne County. Education was also provided to neighboring FQHC on treatment options and State’s efforts to remove prior authorization requirements from medications to encourage treatment as part of the PIP. The goals for some HEDIS measures were lowered based on Michigan Medicaid average. DWIHN initially identified goals that were above 90% of the average for all Health plans.
 6. **Utilization Management Committee** – In the month of June, HAB Waiver utilization was at 100% and plans to sustain the utilization was discussed; there were 717 new inpatient admissions in June 2024 (1.1% increase from 709 admissions in May 2024). Preadmission Reviews (PAR) audits were completed beginning January 1, 2024 and a sampling of 25 charts per month was reviewed.
 7. **Quality Improvement Steering Committee** – There were multiple annual HSAG audits and deadlines that occurred for the Quality department for the month July 2024 – PMV and NAV audit was completed (awaiting results); Racial disparity State PIP submission completed (awaiting results); and Compliance Review standards and evidence was submitted. The remote review is scheduled for August 2024; preparation and mock reviews completed in July 2024.
 8. **Integrated Health Care Department** – The OBRA team processed 613 referrals; 328 were assigned to be completed and 285 were triaged and provided exemption letters. The team completed 159 full assessments in July and 53 partial assessments with a total of 212 face-to-face contacts for July 2024. This is 31% increase, or 66 more assessments completed than June 2024. The PASARR educator provided training to 22 nursing homes; two hospitals and trained 34 staff. The OBRA team has continued to have a low rate of pended assessments; the pending rate for June is 10% and this remains under the required 24%. The State congruency rate was 98% for the month of June.
- B. **Corporate Compliance** – Sheree Jackson, VP of Compliance submitted and gave highlights of the Corporate Compliance report. It was reported:
1. **Activity 1: Compliance Investigations** – FY 24 (Q3), April 1-June 30, 2024, concluded with Compliance averaging 32 investigations per month. During the June 12th report, Compliance indicated that 25 investigations were

pending. Following a risk assessment of each case, 16 cases remain pending and nine (9) have been referred to other DWIHN departments for a focused evaluation. While the five (5) investigations completed between April and June did not uncover any fraud, the investigation did reveal several areas of non-compliance (workforce training, workforce background checks, unsupported clinical documentations, and failure to maintain staffing records). All five (5) providers were placed on plans of corrections and referred to Quality for continuous monitoring. Compliance will conduct quarterly provider training sessions to address areas of non-compliance that are under increased scrutiny beginning October 2024.

2. **Quarterly Update** – On July 10, 2024, the Attorney General’s Office reported that a DWIHN staff member fraudulently billed for services that were not provided. Consequently, the AG’s office is seeking prosecution and recovering \$19, 183.19. Compliance noted, this was **not** a DWIHN employee as mentioned in the article. This case was investigated by the DWIHN Compliance staff and referred to the OIG in July 2023. Additionally, the Direct Care Worker was employed by a self-directed member. Commissioner Kinloch opened the floor for discussion. Discussion ensued.

Commissioner Kinloch noted that the Chief Medical Officer and Corporate Compliance reports have been received and placed on file.

VIII. Quarterly Reports

DISCUSSION/ CONCLUSIONS

- 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:
 1. **Activity 1: Call Center Performance – Call Detail Report** – FY 24 (Q3), there were 44,567 calls handled by the Access Call Center. In an annual comparison of FY 23 (Q3) to FY 24 (Q3) , there was a 1.6% increase in the abandonment rate. The department has hired the 10 approved contingent staff; have trained seven (7) and have identified the areas of need.
 2. **Activity 2: Appointment Availability – Hospital Discharge Follow-Up** – FY 24 (Q3), there was little change in the average of appointment availability for mental health intake and hospital discharge appointments. The greatest increase in appointment availability was for SUD intake appointments. From Q2 to Q3, there was little change in appointment availability for hospital discharge appointments but there was an increase in appointments kept by 2.6%.
 3. **Activity 3: Accomplishments and Updates (April 2024-June 2024 Department Overviews and Trainings)** – Several departments have been trained on the transfer/conference call process for Genesys Cloud Phone System, DWIHN Website and Intranet Site, Infant Mental Health Screenings and Enrollments, Foster Care Screenings and Enrollments; and ASAM Refresher – 100% SUD techs have registered and 85% have completed this training. Opportunities for improvement were also identified.

Commissioner Kinloch opened the floor for discussion. Discussion ensued.

- B. **Innovation and Community Engagement** – Andrea Smith, Director of Innovation and Community Engagement submitted and gave highlights of the Innovation and Community Engagement’s quarterly report. It was reported that:
 1. **Activity 1: Justice Involved Initiatives** – There were 149 jail releases in this quarter compared to 75 in Q2; 47 were linked back with their provider for post-release follow-up, which is nearly double that of last

quarter; 13 were sent directly to another correctional facility (i.e., prison or another jail); one (1) was hospitalized; four (4) were on an AOT; and 11 were not assigned to a provider within MH-WIN. Collaboration and communication are strong between the court, hospitals, providers and DWIHN. Staff were able to visit the new jail and tour the space which currently holds space for the DWIHN Jail Navigator to potentially increase referrals to community-based services. There was a total of 796 recorded encounters for the City of Detroit Partnership, Detroit Homeless Outreach Team (DHOT). Services have been expanded to include two Sundays each month from 10am – 2pm and parts of the Eastside and Southwest Detroit. Central City Integrated Health, DPW and DWIHN leadership continue to seek additional funding sources that can be utilized to expand the team and provide additional coverage.

2. **Activity 2: Senior Wellness** – This program was initiated in response to the growing challenges faced by older adults. By 2060, nearly one in four Americans are expected to be 65 or older. This quarter, collaborations with two community centers were facilitated to engage with older adults. Two community brunches were held with 43 attendees (22 and 21) to gather information about current concerns and needs. Question, Persuade and Refer (QPR) for older adults was facilitated with 27 staff who described an increase of clients with feelings of hopelessness and despair. Interventions that utilized gardening, art and forums as a strategy to support wellness and dialogue were held. By attending events in the community, 167 individuals received information about services. Continued communication and collaboration will occur with community partners to offer resources and education.
3. **Activity 3: Workforce Development** – This year's Integrated Treatment and Co-Occurring Disorders Conference (ITCOD) hosted 85 individuals. In addition to the conference, there was a 3-day Dialectical Behavioral Therapy (DBT) training, A Trauma-Informed CBT training, a Clinical Supervision workshop, and a Women Veterans health and resource workshop. The Summer Youth Employment Program (SYEP) launched fully. A conference has been planned and will take place in the fourth quarter. It is anticipated to have over 550 youths. An update will be provided in the next quarterly report.

Commissioner Kinloch opened the floor for discussion. Discussion ensued.

- C. **Residential Services** – Ryan Morgan, Director of Residential Services submitted and gave highlights of the Residential Services' quarterly report. Mr. Morgan reported on Residential Referral Efficiency and the average # of days from assessment to discharge. The process of assigning cases to staff immediately upon receiving the referral has been adjusted. Staff are required to reach out within 24 hours of receipt to schedule the residential assessment. Residential Assessments completed was 699 there were 324 AMI assessments completed and 375 IDD Assessments completed. 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. Ms. Davis reported on the prevention activities of SUD Services. It was noted that the national average indicates that 39.0% of children removed from their homes and placed in out-of-home care had parental alcohol or other drug abuse as an identified condition for removal. For Wayne County for the third quarter of FY 23 and FY 24 there was a notable

increase in the number of children entering services during this period; the number of all children removed in FY 23 were 3 and the number of children removed in FY 24 were 6 which are numbers from the Women’s Specialty Programs. To address the increasing percentage of children entering out-of-home care due to parental alcohol or other drug abuse, there is a need to focus on several key areas. In collaboration with MDHHS, a form will be submitted to the designated staff at DWIHN. The form necessitates “48-hour screenings and turnaround” for accessing SUD services to prevent removal; CPS will submit the form to MDHHS via email; and MDHHS will then forward it to the respective Priority Population (PP) Coordinators at each PIHP. It is the responsibility of each PP Coordinator to report to MDHHS within one week regarding clients who have not completed a screening for SUD services. Staff has actively participated in several health fairs and community events; successfully processed 342 FSRs and paid \$3,595,664.05 in SUD claims for reimbursement; completed the 2024 MDHHS audit preparation on time, due 8/11/2024; and successfully finished the Recipient Rights Training for Advisors within the SUD Network. Commissioner Kinloch opened the floor for discussion. Discussion ensued.

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.

IX. Cyber Security Status Presentation

**DISCUSSION/
CONCLUSIONS**

The Cyber Security Status Presentation has been deferred.

X. Strategic Plan Pillar - Quality

**DISCUSSION/
CONCLUSIONS**

The Strategic Plan Quality Pillar has been deferred.

XI. Quality Review(s)

**DISCUSSION/
CONCLUSIONS**

There was no Quality Review(s) to report this month.

XII. VP of Clinical Operations’ Executive Summary

**DISCUSSION/
CONCLUSIONS**

Melissa Moody, VP of Clinical Operations submitted and gave highlights of the VP of Clinical Operations’ Executive Summary. It was reported that the current enrollment of the Behavioral Health Home was 784 and in June it was 740. The Certified Community Behavioral Health Clinic (CCBHC) is expanding to its 3rd cohort of providers, who will launch September 1, 2024. Applications have been submitted and it is expected that MDHHS will announce the selected sites by mid-August. The State indicated with its approved budget it can add up to 12 sites; there are 15 sites eligible for pursuing this certification, 7 are in region 7; and two providers in region 7 withdrew from potential certification.

It was reported that the Utilization Management department had a recent leadership change and Ms. Hampton has been promoted to Interim Utilization Management Director.

DWIHN has been reviewing and discussing the Conflict Free Access and Planning information and guidance that was shared with the PIHP network. It states that the Conflict Free Service Planning activities for HCBS, including the development of the Independent Plan of Service (IPOS), assessment and coordination of services, must be independent from the delivery of HCBS services. Providers, including CMHSPs, can conduct both HCBS service planning and service delivery functions but must not conduct both functions for the same member. This is a large system-wide change and DWIHN is developing a plan that would transition our network to be in line with these requirements in a phased approach to minimize disruption in member care.

Commissioner Kinloch opened the floor for discussion. There was no discussion. The Chair noted that the VP of Clinical Operations' Executive Summary has been received and placed on file.

XIII. Unfinished Business

Commissioner Kinloch, Committee Chair informed the committee that BA #24-01 (Revised 2); BA #24-06 (Revised 8); BA #24-12 (Revised 5); and BA #24-47 (Revised) will be bundled, and a motion would be made after discussion.

- A. **BA #24-01 (Revised 2)** – Children’s Initiatives’ MDHHS Grants – Additional Funding – Staff requesting board approval for the revision of this board action due to additional funding secured by MDHHS for the following grants:
1. **Grant #1:** Regarding FY 24 System of Care Grant, due to underutilization of funds requesting reallocation of \$11,000.00 from Lincoln Behavioral Services (Parent Management Training Oregon (PMTO) Program) to The Children’s Center (Youth United Program);
 2. **Grant #2:** For FY 24, MDHHS has increased the funding for IECMHC from a total of \$192,486.00; in which Development Center received \$189,986.00 and DWIHN received \$2,500.00 for indirect costs. As of July 2024, MDHHS has provided additional funding of a total \$283,806.00; in which Development Centers will be allotted \$281,306.00 and DWIHN to be allotted \$2,500.00 for indirect costs. Development Centers will be receiving a total increase of \$91,320.00 in funding to support additional staffing; and
 3. **Grant #5:** For FY 24, MDHHS has increased the funding for the Infant Toddler Court Grant from a total of \$116,673.00 to the amended amount of \$2,200.00 additional funds to equal the total allocation of \$118,873.00. There is no change to the Infant and Early Childhood Mental Health Consultation-Home Visiting (Grant #3) - \$123,943.00 (\$2,500.00 DWIHN). There is no change to the Infant and Early Childhood Mental Health Consultation Expansion (Grant #4) \$210,202.00, (\$5,000.00 DWIHN).
- Commissioner Kinloch opened the floor for discussion. There was no discussion.

- B. **BA #24-06 (Revised 8)** – DWIHN Provider Network System FY 23/24 – Staff requesting board approval for the addition of the following three (3) providers

DISCUSSION/ CONCLUSIONS

to the DWIHN Provider Network – 2-Residential Provider (Betterlife Caring Hands, LLC and Greater Grace Health System, Inc.) and 1- Outpatient Provider (Volunteers of America Michigan, Inc.). This board action requires no budget increase due to the reallocation of funds within the total budget. Commissioner Kinloch opened the floor for discussion. There was no discussion. **Motion carried.**

- C. **BA #24-12 (Revised 4)** – Substance Use Disorder (SUD) Treatment Provider Network FY 24 – 5th Annual Men’s Conference – Staff requesting board approval for \$50,000.00 in PA2 funds payable to Sobriety House, Inc. to support the Annual Men’s Conference on August 21, 2024. The conference aims to enhance members’ goals and provide community resources and support. Commissioner Kinloch opened the floor for discussion. There was no discussion.
- D. **BA #24-47 (Revised)** – MI Health Link Demonstration Project FY 24 – Staff requesting board approval for a two-year continuation contract through December 31, 2025 with five Integrated Care Organizations (ICO) to receive and disburse Medicare dollars to reimburse the Affiliated Providers for an estimated amount of \$24,000,000.00. MDHHS has extended the MI Health Link Pilot project through 12/31/25 at which time they will implement and launch an Integrated Dual Eligibles Special Needs Pan Model by January 1, 2026. Commissioner Kinloch opened the floor for discussion. There was no discussion.

The Chair called for a motion on BA #24-01 (Revised 2); BA #24-06 (Revised 8); BA #24-12 (Revised 5); and BA #24-47 (Revised). **Motion:** It was moved by Mr. Parker and supported by Mr. Phillips to move BA #24-01 (Revised 2); BA #24-06 (Revised 8); BA #24-12 (Revised 5); and BA #24-47 (Revised) to Full Board for approval. Commissioner Kinloch opened the floor for further discussion. There was no further discussion. **Motion carried.**

XIV. New Business: Staff Recommendation(s)

DISCUSSION/ CONCLUSIONS

- A. **BA #24-40** – Community Policing Development – City of Detroit COPS CIT – Staff requesting board approval for a budget adjustment to certify the additional funds serve as board acknowledgement of such grant funds. The City of Detroit is the recipient of a FY 21 Community Policing Development – Crisis Intervention Teams, CIT Implementation Grant from the Department of Justice in the amount of \$64,800.00. This award supports the expansion of Detroit’s Mental Health Co-Response Program, a partnership between the Detroit Police Department, Detroit Wayne Integrated Health Network and the City of Detroit Housing and Revitalization Department that works to reduce the use of emergency services for mental health related needs in favor of effective treatment of the root cause. DWIHN is the Pre-paid Inpatient Health Plan and Community Mental Health Service Program partner. Federal grants funds totaling \$64,800.00 will be used to cover CIT training costs and educational supplies through August 31, 2024.

The Chair called for a motion on BA #24-40. **Motion:** It was moved by Mr. Parker and supported by Dr. Carter to move BA #24-40 to Full Board for

approval. Commissioner Kinloch opened the floor for discussion. There was no discussion. **Motion carried.**

XV. Good and Welfare/Public Comment

**DISCUSSION/
CONCLUSIONS**

C.N.W., a parent of a DWIHN member addressed the committee regarding concerns of her son's services and experience with a provider and at the Crisis Center. She has requested from the committee assistance with getting her son into an extended program. The parent was directed to speak with DWIHN's Customer Service Director for assistance.

| ACTION ITEMS | Responsible Person | Due Date |
|--|---------------------------|---------------------------|
| 1. Chief Medical Officer's Report – Provide update on the Crisis Care Center's staffing, the level of training and oversight of individuals treating our members, coaching and other areas. | Grace Wolf | <i>September 11, 2024</i> |

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

ADJOURNED: 3:14 p.m.

NEXT MEETING: Wednesday, September 11, 2024 at 1:00 p.m.

**Program Compliance Committee Meeting
Autism Services Department
FY 24 – Quarter 3 Monthly Report (April – June 2024)**



Main Activities during Reporting Period:

- Activity 1: Monitoring Autism Benefit Enrollment / Expansion
- Activity 2: Analysis of ABA Provider Referral Capacity
- Activity 3: ABA Performance Improvement Plan

Progress On Major Activities:

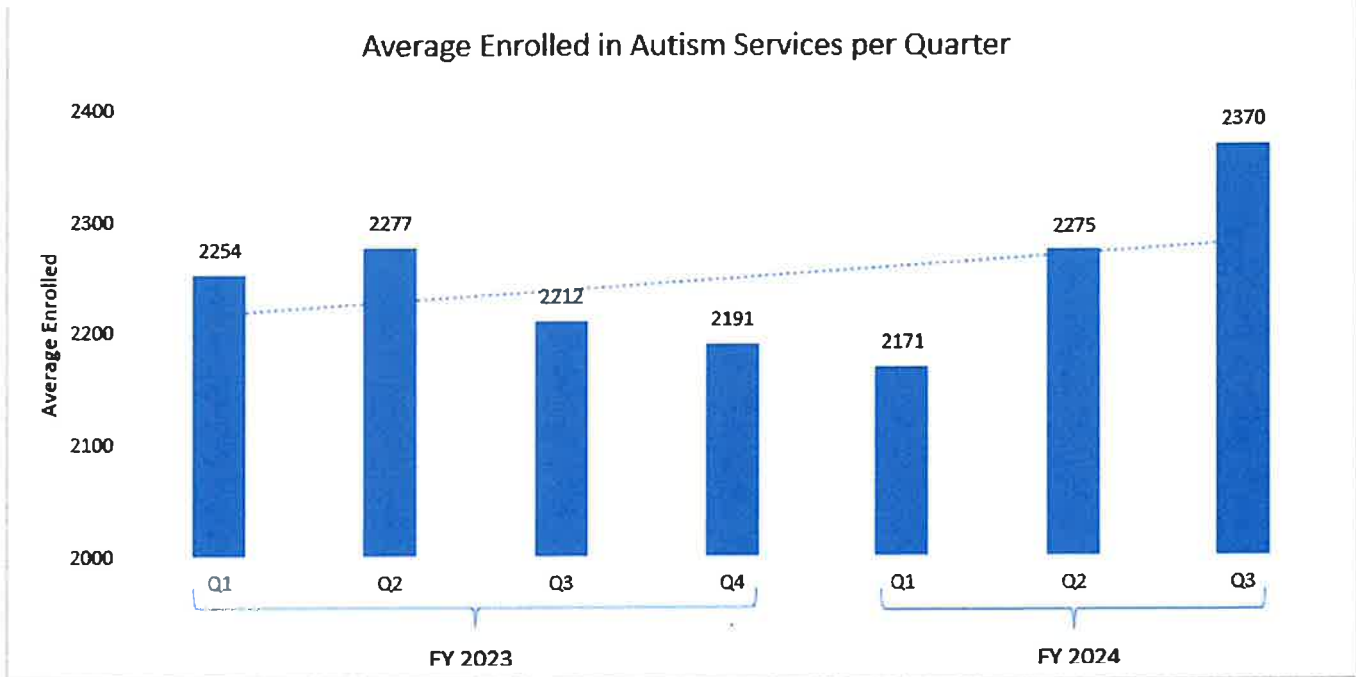
Monitoring Autism Benefit Enrollment / Expansion

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

Current Status: There was an average of 2,370 members assigned to DWIHN’s ABA provider network for Fiscal Year 2024 (FY). Compared to Q3 of the previous fiscal year and compared to the previous quarter there has been an increase of enrollment for autism services.

Total Members Enrolled in Autism Services

Average Enrolled in Autism Services per Quarter



Significant Tasks During Period: To support the expansion of Autism Services, the Request for Qualifications (RFQ) 2023-005 REBID continues until 5/1/2028.

Major Accomplishments During Period: As of FY 24/Q3, DWIHN approved two (2) new ABA Providers to the network; Advance ABA Care and Lumen Pediatric Therapy.

Needs or Current Issues: The number of individuals eligible for Autism Services continues to grow at a fast rate. Although demand for behavior technician staff and behavior analysts continues to grow the higher need for qualified staff did not change the State mandate of the supportive Qualified Behavioral Health Professional (QBHP) role in Autism Services. MDHHS confirmed Autism Service supervisors; including licensed psychologists (LPs), limited licensed psychologists (LLPs), and Master level individuals completing certification and licensure examination will not be allowed to bill after September 30, 2025. Thus, only Board Certified Behavior Analyst (BCBA) supervisory professionals will be

able to provide supervision to behavioral technicians. Removing this qualified position level will remove approximately 75 individuals from DWIHN's network. During the interim timeframe Providers will need to adjust staffing, referrals, and hiring practices to reduce impact to current and future members in DWIHN's Autism Service network.

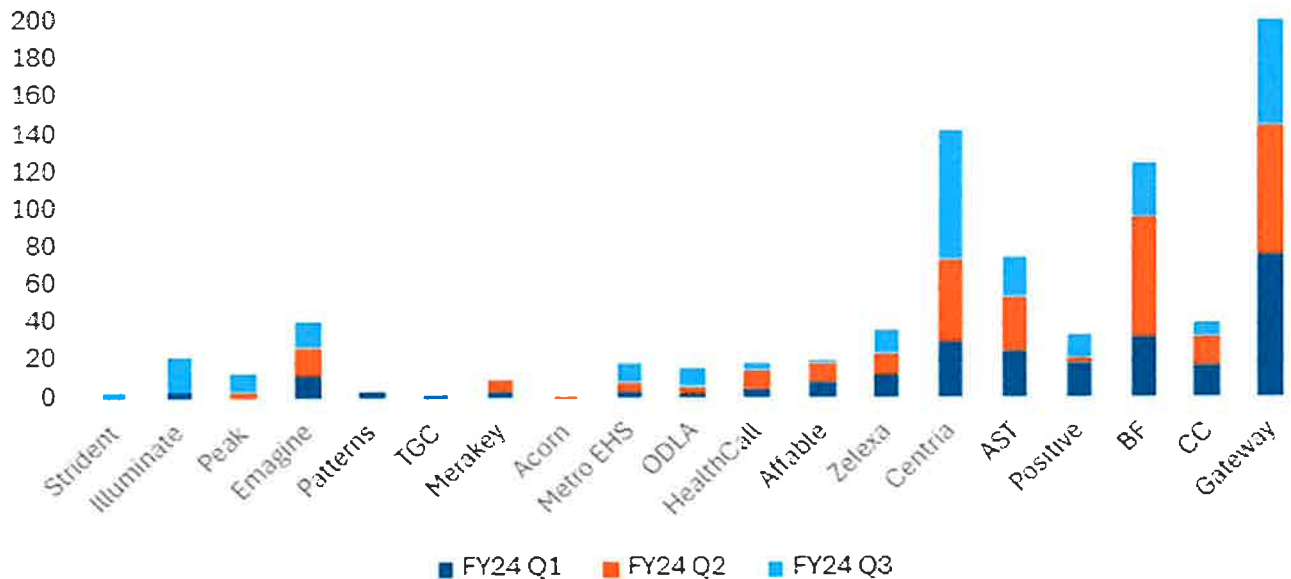
Plan: MDHHS will provide guidance and support to PIHP/CMHs to support QBHPs to full credential and licensure by providing study resources. Continue to support the ABA Providers selected from the Qualified List are Integrated Pediatric Therapy in Brownstown, ABA Golden Steps for home-based only, and Downriver Therapy Association (DBA Success on the Spectrum (SOS) Trenton) in Trenton.

Activity 2: Analysis of ABA Provider Referral Capacity

Description: Monitoring ABA referrals is beneficial to ensure children and youth are connected to receive ABA services. Overall, there are several different referral types which are tracked as “open”. The various referral types are: a). A member recently diagnosed with ASD, b). A member is transferred to another ABA provider, c). A member restarts Autism Services, d). A member transfers from another county, e). A member transfers from another state, or f). A member transitions from either a higher level of care (inpatient) or a lower level of care.

Current Status: A total of 7 ABA providers consistently accept referrals over the last three (3) quarters: Gateway Pediatric Therapy, Behavior Frontiers, Total Spectrum, HealthCall, Zelexa, Emagine Health Services and Centria Healthcare. Alternatively, the following ABA providers have the lowest number of referrals between over the last three (3) quarters: Acorn Health of Michigan (1 referral), Strident Healthcare (4 referral), The Guidance Center (2 referrals), Patterns Behavioral Services (3 referrals), and Merakey (10 referrals).

Total ABA Provider Referrals per Quarter



Major Accomplishments During Period: Multiple ABA Providers in the network have worked diligently to onboard new staff members and additional ABA referrals. This also allows centers to have more contingency staff for current caseloads when staff members are out of office.

Needs or Current Issues: Continue to monitor the length of treatment for youth in ABA services and coordinate with ABA Providers regarding planned discharge planning.

Plan: Currently building a system to track ABA minimum and maximum capacity across the network. Additionally, providing direction to network on policy development around appropriate transition and discharge planning. Contract

language will also be added to ensure expectations on referral capacity. Lastly, a new tracking system is being developed to determine controlling variables impacting length of stay in treatment.

Activity 3: Performance Improvement Plan

Description: Timely access to Applied Behavior Analysis (ABA) for eligible individuals with autism, ages 0 to 21 years, covered by Medicaid in Wayne County is important to ensure members receive the care they need. This is measured by collecting data on the services that start within 14-days of effective date. The baseline of this measure indicated that only 68% of members started services within 14-days of being authorized.

Current Status: Chart below highlights that on average for FY24/Q3, 84% of members begin services within 14-days of ABA authorization effective date. This is higher than the goal of 70% and higher than the baseline date of 65% during FY23.

| Fiscal Year | Numerator (ABA Services) | Denominator (Total Authorizations) | Percentage of Services starting within 14 days |
|-------------|--------------------------|------------------------------------|--|
| FY 23 / Q4 | 37 | 42 | 88% |
| FY 24 / Q1 | 35 | 37 | 95% (+) |
| FY 24 / Q2 | 43 | 51 | 84% |
| FY 24 / Q3 | 36 | 43 | 84% |

Significant Tasks During Period: The Autism Service Department has continued to coordinate efforts of oversight with Quality Improvement specialists, Utilization Management, and Customer Service Department to educate, train, and oversee the ABA Provider’s utilization numbers. Over this last quarter, ABA providers have been re-educated on the required documentation needed to ensure qualifiable justification of treatment adherence (i.e., poor attendance, vacation, sick, autism center closing, lack of staff, etc.) for member’s choice verses provider’s responsibility to a member. Additionally, further oversight was provided to authorization usage to identify discrepancies between remaining services available and billed services to identify more accurate global trends. Lastly, the ASD Program Administrator coordinated with DWIHN Customer Service Department to address grievances, advance action notice concerns, appeals, and supporting the network with technical assistance during Q3.

Major Accomplishments During Period: The guidance provided by DWIHN’s Autism Service Department specialists has improved the communication and oversight of member’s utilization. FY24/Q1 data indicate 69.1% and currently FY4/Q2 data has improved to 72.6% for utilization across ABA Provider network.

Needs or Current Issues: Continue to address barriers and meet with ABA Providers regarding grievances. Grievance issues mainly are related to not following the due process procedures.

Plan: Continue to meet with the Grievance Coordinator and educate ABA Providers on the due process procedures.

Quarterly Update

Things the Department is Doing Especially Well:

Autism Service Delivery: DWIHN continues to provide direction to ABA providers that eligibility remains a key contractual requirement included in the Statement of Work (SOW) which determines eligibility to continue the delivery of autism services. Interdepartmental coordination continues to be a focus to ensure ABA providers are receiving the same feedback across departments as well as refrain from unnecessary data collection across departments to minimize extensive provider output to communicate with DWIHN.

| Training Title | Date | Number of Attendees |
|--|---------------|---------------------|
| Parent Training: Strategies for a Successful Meeting | June 21, 2024 | 42 |
| Communicating, Training, and Supervising | June 28, 2024 | 36 |

Identified Opportunities for Improvement:

Independent Evaluation(s): Recognized a slight decrease with initial diagnostic evaluation appointments being filled at Access Call Center after screenings were completed.

Solution: Utilize new appointment report to reference and provide to Independent Evaluation agencies.

General Funds: Noticed an increase of members with inactive Medicaid.

Solution: Review General Fund report internally and discuss status of reinstating Medicaid with Providers. Update the General Fund standards for autism services.

Progress on Previous Improvement Plans:

ABA Service Delivery Performance Improvement Plan (PIP): Discussed with Providers the performance improvement plan expectation of monitoring ABA service start dates to meet requirement of engagement within 14 days of the authorization effective date. Progress is noted with this improvement plan as evidenced by achieving above the goal of 70%, FY24/Q3 = 84%.

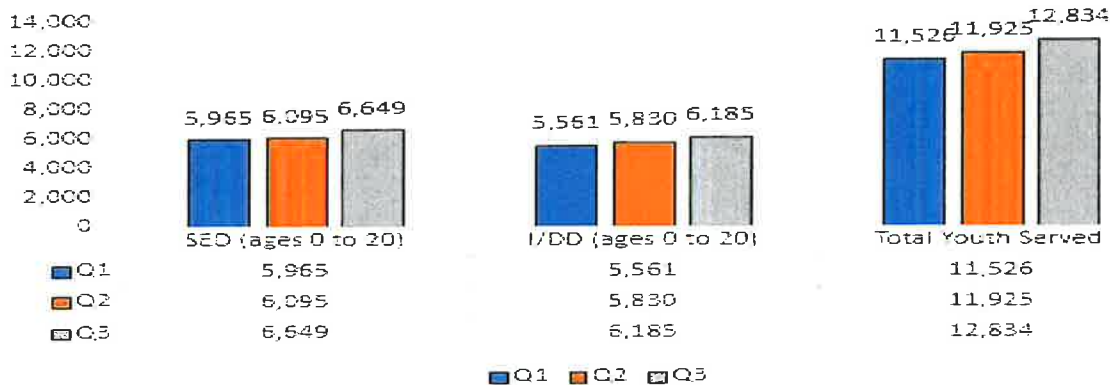
**Program Compliance Committee Meeting
September 11, 2024**



**Children's Initiative Department
FY 2024 / Quarter 2 (April - June 2024)**

Overall Clinical Services: During FY 24, Q2 DWIHN served a total of 12,834 unduplicated children, youth, and families in Wayne County ages 0 up to 21st birthday; including both Serious Emotional Disturbance (SED) and Intellectual/Developmental Disability (I/DD) disability designations. This total is slightly higher than FY 24/Q2 of 11,925 members served. During FY 23 there were 12,123 unduplicated youth who received services.

FY 24: Total Youth Served



Main Activities during the Reporting Period:

- Activity 1: MichiCANS Soft Launch Pilot
- Activity 2: Juvenile Restorative Program Look Back

Progress On Major Activities:

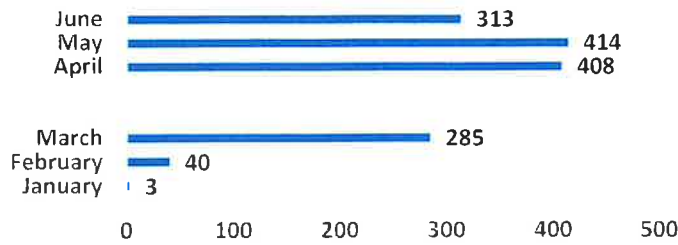
Activity 1: MichiCANS Soft Launch

Description: MDHHS developed the MichiCANS screener and comprehensive assessment for children and youth ages 0 to 21st birthday. This tool is used to support Family Driven, Youth Guided care planning and level of care decisions, facilitate quality improvement initiatives, and monitor outcomes of services. Wayne County was selected as a pilot site in which DWIHN and The Children Center are currently participating in the Soft Launch Project.

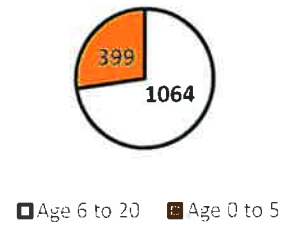
Why is this Important?: The MichiCANS tool will replace the Child and Adolescent Functional Assessment Scale(CAFAS) and Pre-School and Early childhood Functional Assessment Scale (PECFAS) assessments effective October 2024. In addition, the MichiCANS will also be required for children and youth with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

Current Status: The Soft Launch started 1/8/2024 with DWIHN and The Children Center (TCC) as the identified sites for Wayne County and ended 3/31/2024. Below is the chart of total MichiCANS screenings completed by DWIHN Access Department. FY24/Q2 = 328 screenings and FY24/Q3 = 1,135 screenings (total of 1,463). Of the total, 339 screenings pertained to the age range of 0 to age 5 (27.27%) and 1,064 of the screenings were associated with the 6 to 20 age range (72.72%).

MichiCANS Screenings



MichiCANS Screenings



Significant Tasks During Period: Although the soft launch ended March 2024, DWIHN Access Department and TCC continues to administer the MichiCANS screenings until the hard launch starts 10/1/2024. The Infant Mental Health (IMH) calendar has been updated in MHWIN so DWIHN Access Center can begin scheduling intake appointments for children ages 0 to 5 with IMH Providers (historically only Children Providers completed screenings for children ages 0 to 5). Lastly, Providers attended the required MichiCANS trainings during the months of June and July.

Major Accomplishments During Period: Successfully completed the MichiCANS soft launch for Wayne County. Facilitated MichiCANS Q&A Session 5/23/24 with the provider network with the collaboration of MDHHS, PCE representative, and The Children Center (*about 80 attendees*). Also educated the Provider network on the specific services that MDHHS will monitor per the MichiCANS comprehensive assessment: Home Based Therapy, Intensive Care Coordination Wrap Around (ICCW), SED Waiver, Parent Support Partner (PSP), Youth Peer Support (YPS), Community Living Supports (CLS), Respite, and Intensive Crisis Stabilization Services (ICSS).

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

Plans:

- Update the Screening Eligibility Bulletin to include an additional guidance for Providers to reference
- Continue to participate in monthly MichiCANS meetings in preparation for the hard launch
- Finalize the referral process for Department of Health and Human Services (DHHS) to submit referrals for children and youth involved in the foster care system that meet criteria for community mental health services according to MichiCANS Screener eligibility.
- By September 2024 update policies and utilization guidelines to incorporate MichiCANS requirements

Activity 2: Juvenile Restorative Program Look Back

Description: Team Wellness launched the Juvenile Restorative Program (JRP) July 2023. JRP is a short-term 3 to 6 month program that includes a comprehensive array of services including therapeutic services (individual, group, and family), care management, peer supports, educational services, skill building services, meals and transportation to all members.

Why is this Important?: During the year of 2022 – 2023 on average there were about 70 to 80 youth held at the Juvenile Detention Facility (JDF) due to not enough juvenile placement residential beds. Consequently, this resulted in overcrowding and the mental health needs of youth were unaddressed. In addition, there were funding barriers due to the community mental health system unable to deliver Medicaid funded services in the jail setting for youth. As a result, various collaborative meetings were held with DWIHN Leadership, Children Providers, Juvenile Justice Partners, Hospitals, etc. to address the dire need to support youth in the juvenile justice system. The Juvenile Restorative Program was

developed to prevent juvenile justice recidivism and having community-based services specifically to address the high risk needs of youth.

Current Status: The goal for FY24 was to service 70 youth with the juvenile restorative program and that has been accomplished thus far. During FY24 there have been 102 referrals to the program, 91 intake assessments completed, 87 youth actively enrolled in the program (attended consistently minimum of 30 days), and 32 discharges. In reviewing the demographics of the members referred to the program the most prevalent ages were age 16 and 17; in which, age 13 was the youngest age. Also, the primary disability designation was Serious Emotional Disturbances (SED) as well. Lastly, Oppositional Defiant Disorder was the most common diagnosis those referred to the program.

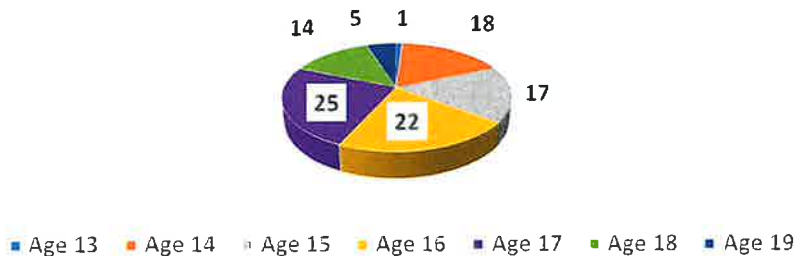
- **Oppositional Defiant Disorder:** According to www.mavoclinic.org oppositional defiant disorder presents with frequent and ongoing pattern of anger, irritability, arguing, and defiance towards parents and other authority figures.

| Juvenile Restorative Program | FY 23 / Q4 July - Sep | FY 24 / Q1 Oct - Dec | FY 24 / Q2 Jan - Mar | FY 24 / Q3 Apr - Jun | FY 24 / Q4 July <i>Preliminary</i> | Total |
|--|--------------------------|-------------------------|-------------------------|-------------------------|--|-------|
| # of Referrals | 24 | 25 | 24 | 19 | 10 | 102 |
| # of Actively Enrolled <i>(Attended at least 30 days)</i> | 23 | 19 | 22 | 13 | 10 | 87 |

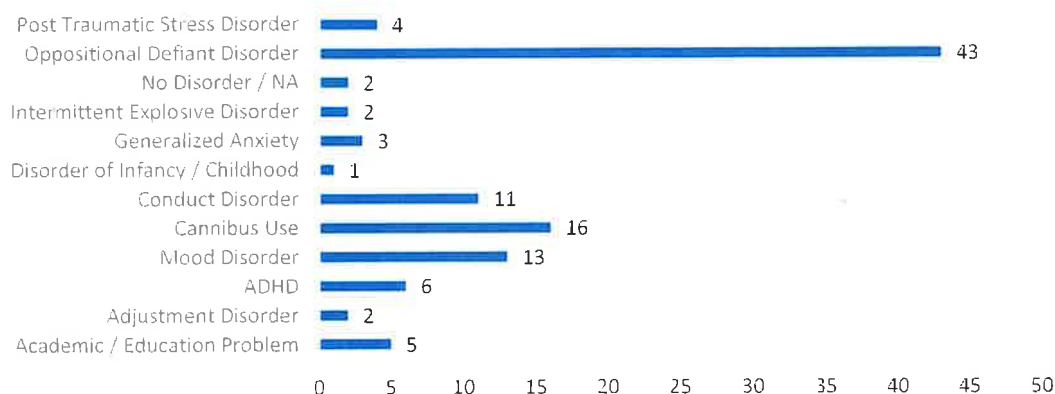
Summary of youth services include:

- Youth are attending therapy sessions, group sessions, and life skill activities according to the individual plan of service (IPOS).
- Youth are attending online schooling and working towards receiving high school diploma.
- Youth are completing psychiatric evaluations and stabilizing on medications
- Youth are reducing substance use

Total Youth per Age



Youth Diagnosis



Referral Process:

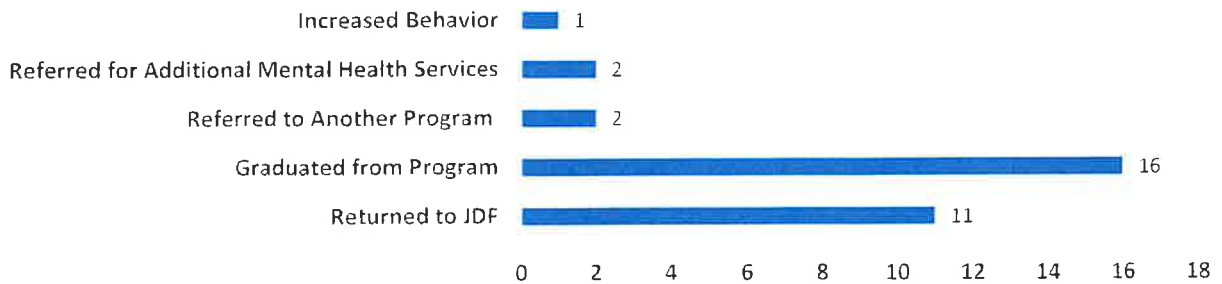
Youth participating in the Juvenile Restorative Program (JRP) are court ordered and or court approved prior to enrollment. Referrals are submitted by the Care Management Organization (CMO) Care Managers. Assured Family Services (AFS) is the Children Provider who completes screenings and intake assessments for adjudicated youth in the juvenile justice system and assigns to a CMO. The CMO provides coordination with the court system and youth while there is court involvement. Team Wellness Receives the referrals and submits them to DWIHN Access Department to open the case and youth are given the Juvenile Restorative Program – Program Assignment in MHWIN. There are 5 CMOs in Wayne County: Black Family Development, Bridgeway Services, Center for Youth and Families Central Care Management, Insight Youth and Family Connections, Growth Works, and Assured Family Services.



JRP Discharges:

The discharge planning process involves families participating in (4) parent sessions and ensure there is a school plan in place of either traditional schooling or a GED program. As of July 2024 there have been a total of 32 actively enrolled youth who were discharged from the program. The majority of the youth who *graduated* from the program returned back to traditional school and or completed the GED program. Also, youth were connected to housing and completed other goals in the Individual Plan of Service (IPOS). Out of the 87 actively engaged youth in the program, 8% *returned back to Juvenile Detention Facility (JDF)*. The main reasons were due to violating probation: vehicle theft, and domestic violence in the home, or tether violation.

Total Discharges = 32 youth



Significant Tasks During Period and Major Accomplishments: Over the past year there were specific barriers that were identified and addressed to assist with the progression of the program:

Barrier #1 - Limited Spacing: The original building at the Eastern Market location was smaller and presented as a safety risk due to not enough spacing. This also contributed to a lower amount of referrals as well since the capacity for the building was 35 youth.

Solution / Progress: The program transitioned to the Deaborn location in May 2024 that is a larger space and can accommodate more youth to attend the program. In addition, Team Wellness held a Grand Opening for the new location in July 2024. Youth enrolled in the program assisted with greeting guests, providing tours of the space, and providing food and refreshments.



Barriers #2 - Gang Involvement: It has been identified over the past year about 12 youth were involved in gang associations that presented a safety concern.

Solution / Progress: Youth profile is reviewed by Team Wellness staff prior to youth starting the program. Preliminary information is accessible via the JAIS system and coordination with the Care Manager

regarding any gang affiliation. Transportation was adjusted so those involved in gangs are not transported together. Lastly, there were guest speakers from the community who discussed gang interventions during weekly group sessions.

Barrier #3 – Medication: Youth were not consistently taking prescribed medication(s) at home.

Solution / Progress: Team Wellness Therapist educated youth and family on importance and benefits of consistently taking medication during individual and family therapy sessions. Team Wellness now has Psychiatrist, Pediatrician, and Nurse that are on site during the weekly and requested medication administration to be added to the service utilization guidelines to administer medications as well. Also, asthma was identified as a health issue among youth and Team Wellness provided about 5 inhalers and keep additional inhalers on site as well.

Barrier #4 – Lack of Engagement: It is noted during the past fiscal year poor engagement of youth actively attending the program has been a challenge. Examples include 15 youth not attending the intake session and or participating in the program for less than 30 days.

Solution / Progress: Team Wellness providing family therapy sessions to engage the parents to address lack of participation in the program. Team Wellness also developed an attendance procedure of contacting the CMO and Judge after a pattern of missed days from the program. Explore the referral type of youth not actively engaged to determine specific referral circumstances that would not be adequate for the program. There also has been educational presentations to stakeholders, community partners, and the community to further explain the program and increase referrals.

Barrier #5 – School: During the initial referral process there were challenges with Team Wellness not receiving updated schooling information and transcripts to assist youth with school enrollment.

Solution / Progress: Updated the referral procedure to ensure school transcripts and information is provided during the referral process. For FY25 the school program will change to Atlas and Team Wellness collaborating with Harper Woods School District, Ser Metro Detroit, and Asher Alternative School in Southgate. All of the youth also received chromebooks as well.

Needs or Current Issues: Barriers listed above.

Plans: Team Wellness to continue to address barriers listed above. Team Wellness in the process of hiring additional staff and completing MichiCANS training.

Quarterly Update

Things the Department is Doing Especially Well:

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

- PECFAS Booster Trainings
- PECFAS Initial Training
- CAFAS Booster Trainings
- CAFAS Initial Trainings
- Core Competency Training
- Children Mental Health Lecture Series: The Link Between Trauma and Substance Use in Children and Adolescents
- Children Mental Health Lecture Series: Human Trafficking
- Children Mental Health Lecture Series: Creative Strategies for Fostering and Engagement of Children and Families

Identified Opportunities for Improvement:

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

Progress on Previous Improvement Plans:

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 throughout FY24.

| Disability Designation | FY 24 – Q1 | FY 24 – Q2 | FY 24 – Q3 | FY 24 – Q4 |
|--|-------------------|-------------------|-------------------|-------------------|
| Serious Emotional Disturbance (SED) | 77% | 77% | 78% | <i>Pending</i> |
| Intellectual Developmental Disability (IDD) | 76% | 80% | 81% | <i>Pending</i> |

**Program Compliance Committee Meeting
Quarter 3 FY 24 Report
Integrated Health Care Department
Vicky Politowski Director
09/11/2024**



Main Activities during the year Reporting Period: FY 2024

- **OBRA services**
- **Complex Case Management**
- **Special Care Coordination with Medicaid Health Plans**
- **HEDIS Quality Improvement Plans**

Progress On Major Activities

Activity 1: OBRA Services

- **Description:** The OBRA program is a Federal mandated program that determines if an individual requires nursing home level of care and what level of treatment they would need for their behavior health condition, or for their developmental disability while in a nursing home.
- **Current Status:** During FY Q3 1,716 referrals were made, of those 842 were assigned for an assessment and 874 required an exemption letter.
- **Significant Tasks** 319 full assessments and 161 partial assessments were completed with a 98% congruency and 10% pends. The state expects less than 25% pends for a quarter.
- **Major Accomplishments During Period:** The OBRA team provided training on OBRA/PASSR to 26 nursing homes and 2 hospitals.
- **Needs or Current Issues:** While the 14-day que averages around 500 the team is completing referrals from the current months and DWIHN is not behind. Improve turnaround times for 14-day que.
- **Plan:** OBRA is fully staffed and can complete more assessments.

Activity 2: Complex Case Management (CCM)

- **Description:** Complex Case Management is an intensive program to engage members who have medical and behavioral health disorders. This program is for 120 days and links members with primary care, behavioral health, transportation, food, housing, in home services and other independent living skills.
- **Current Status:**
 1. 6 new cases, 11 open cases and 7 closed cases. Of the 7 closed cases 3 met their goals, 1 partially met goals, 1 was unable to find and 1 needed a higher level of care.
 2. Care coordination was completed on 84 members, 13 providers received training on CCM, and 117 members were contacted about their FUH appointment. Of those 117, 37 made their appointment.
 3. CCM is assisting with decreasing the racial disparity between White and Black members who attend the 7-day appointment and reached out to 66 members, they spoke to 4 and 30 attend the 7-day appointment.
 4. 3 surveys were received with a score of 100% satisfaction.

- **Major Accomplishments During Period:** CCM attended Team Wellness FQHC health fair and assisted in 100 blood draws for A1C and education on the CCM program.
- **Needs or Current Issues:** CCM is down one staff.
- **Plan:** Position is posted.

Activity 3: Special Care Coordination with Medicaid Health Plans

- **Description:** IHC is in a special project for care coordination activities with two Medicaid Health Plans, Blue Cross Complete and Priority Health. This project exists to reduce care gaps for members served and improve HEDIS measures for the population of members that present with deficits. A bimonthly meeting takes place with each plan to determine gap, identify plan to address gap and report outcomes of efforts.
- **Current Status:** IHC meets with Priority Health and BCC two times a month and discusses cases for follow up.
- **Significant Tasks During Period:** One hundred twenty-eight members were discussed and had coordination during the year. Forty of those members had their gaps in care closed within a month.
- **Major Accomplishments During Period:** DWIHN met with health plans to discuss the new contract specifications with the state.
- **Needs or Current Issues:** Medicaid Health Plans are in the RFP process to continue providing services and care coordination is a requirement. IHC has met with all of the health plans to discuss how this can be accomplished. DWIHN will be able to provide more care coordination with the Medicaid Health Plans as required by the state.
- **Plan:** DWIHN is continuing to meet with the health plans to educate on care coordination and how they need to increase numbers serviced.

Activity 4: HEDIS Quality Plans:

- **Description:** Integrated Health Care (IHC) has four Quality Improvement plans based on HEDIS. These are Follow up After Hospitalization (FUH), Adherence to Antidepressant Medication (AMM), Adherence to Antipsychotic Medication (SAA), and Diabetes Screening for People who are on Antipsychotic Medication (SDD).
- **Current Status**

| Measure | Measure Name | Metric Name | Stratification Name | FY2023 | FY2024 | Goal |
|---------|---|--------------------------------|--|--------|--------|-------|
| AMM | Antidepressant Medication Management Acute | Effective Acute Phase | Effective Acute Phase | 43.88 | 45.56 | 66.93 |
| AMM | Antidepressant Medication Management Continuation | Effective Continuation | Effective Continuation | 19.64 | 23.71 | 50.71 |
| FUH | Follow-Up After Hospitalization for Medicare | FollowUp30Day | 30 days (18-64) | 50.34 | 54.25 | 58 |
| FUH | Follow-Up After Hospitalization for Medicare | FollowUp30Day | 30 days (6-17) | 63.64 | 66.94 | 70 |
| FUH | Follow-Up After Hospitalization for Medicare | FollowUp30Day | 30 days (65+) | 44.36 | 40 | 58 |
| SAA | Adherence to Antipsychotic Medication | AdherenceAntipsychotic | Adherence to Antipsychotic | 51.91 | 76.24 | 80.99 |
| SSD | Diabetes Screening for People With Schizophrenia | DiabetesScreeningSchizophrenia | Diabetes Screening for People With Schizophrenia | 71.94 | 43.58 | 80.99 |

- **Major Accomplishments During Period: Needs or Current Issues:**
 1. IHC launched its first health fair. Partnered with Team Wellness and the Detroit Health Department. 100 members attended, and Wayne Health performed 30 blood draws for A1C.
 2. IHC is working with two CRSP and their Federally Qualified Health Centers (FQHC) to increase the quality of care surrounding the HEDIS measures.
 3. IHC, Crisis, Quality, Adult and Children’s Initiative are working together to reduce the incidence of hospitalizations and increase the members follow up appointments with CRSP.
 4. IHC, Quality and MCO meet with CRSP every 45 days and review HEDIS scores.
- **Needs or Current Issues:**
 1. 2023 goals set for some of the measures are too high and this may have caused a situation where CRSP provider feel it is unobtainable. IHC will look at the average for the Medicaid health plans and align with those numbers.
 2. Continue to work with CRSP on why HEDIS measures are important for quality care.
- **Plan:** IHC will present the new goals to DWIHN approval committees in Q4. (These were approved and added into scorecard)

Program Compliance Committee Meeting
Grace Wolf, VP of Crisis Services / 707 Crisis Care Center Report
September 11, 2024

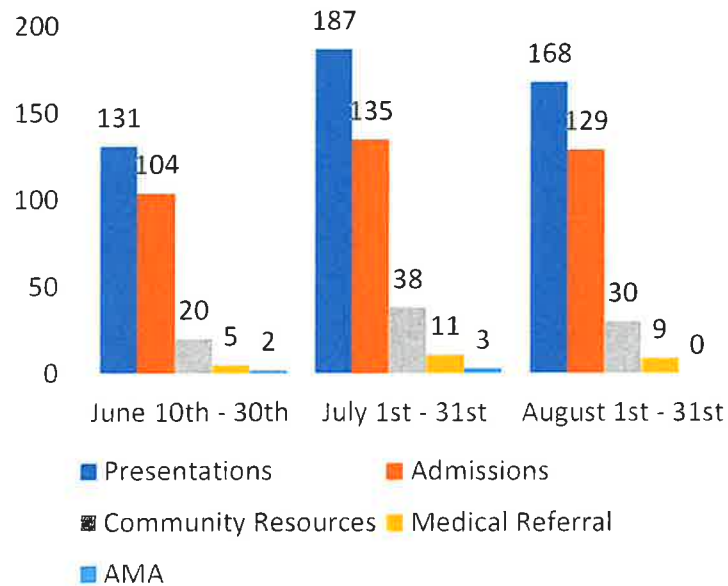


Main Activities during June 10th – August 31, 2024, Reporting Period:

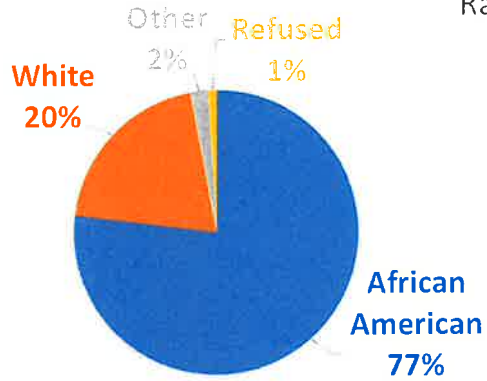
- **Opened Adult Crisis Stabilization Unit (ACSU)**
- **Opened Building Empowered and Supportive Transitions Unit (BEST)**
- **Opened Child and Family Crisis Unit (CFCU)**

Activity 1: Adult Crisis Stabilization Data

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

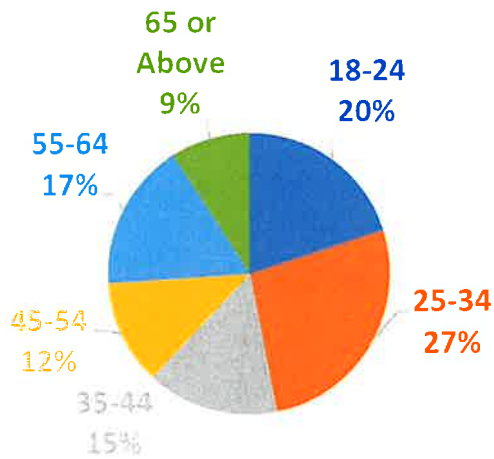


Total -
Race

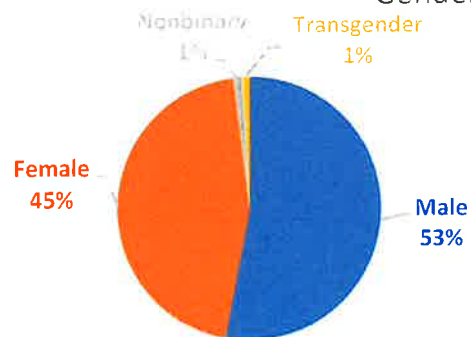


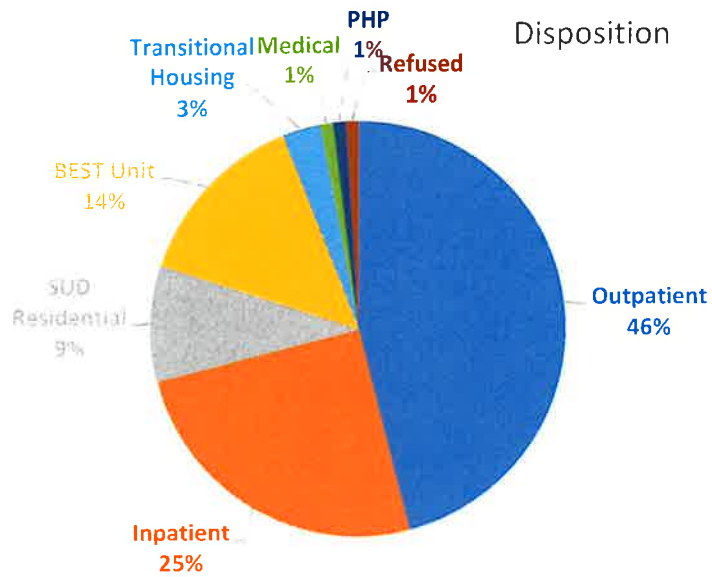
**Other includes: two or more races, American Indian, Arab American, Asian, or Native Hawaiian/other Pacific*

Total -
Age

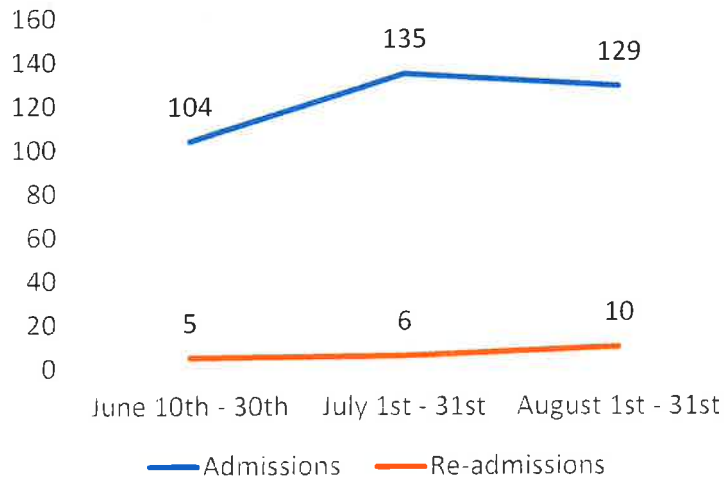


Total -
Gender Identity





Recidivism within the Same Month



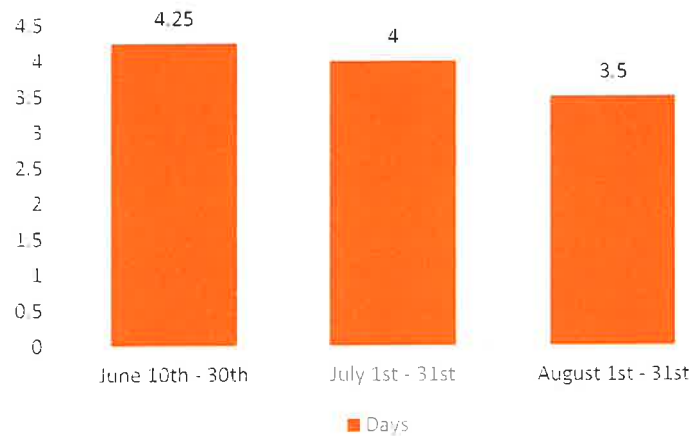
Activity 2: Building Empowered and Supportive Transitions Unit (BEST) Data

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

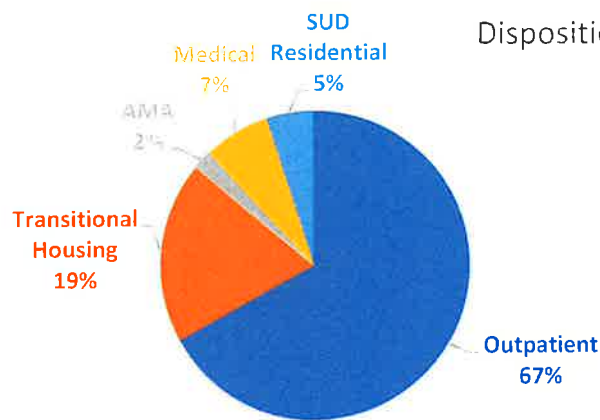
Transfers from ACSU



Average Length of Stay



Disposition

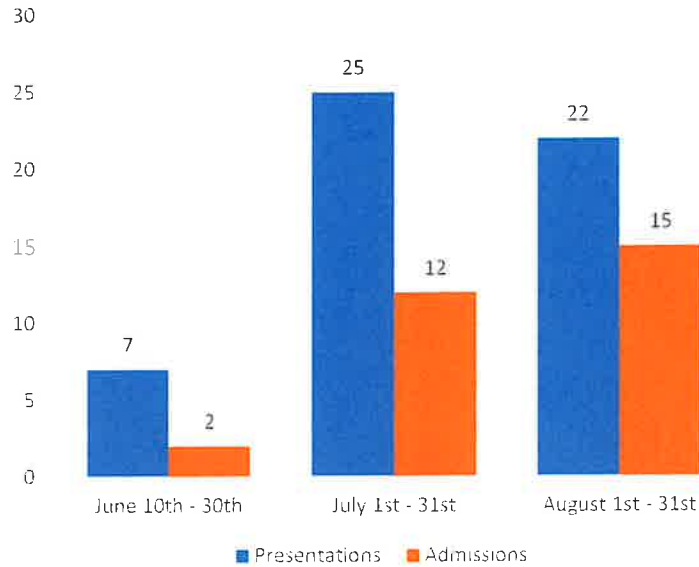


Activity 3: Child and Family Crisis Unit (CFCU)

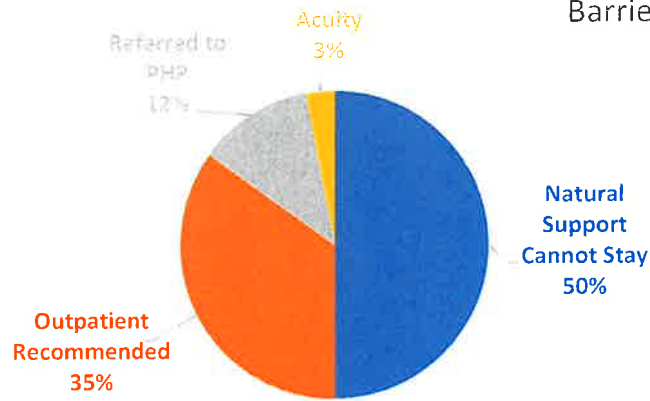
- *Description:* The CFCU serves individuals 5-17 years old, regardless of their insurance status, who are seeking mental health or substance use services. In alignment with MDHHS “Family

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

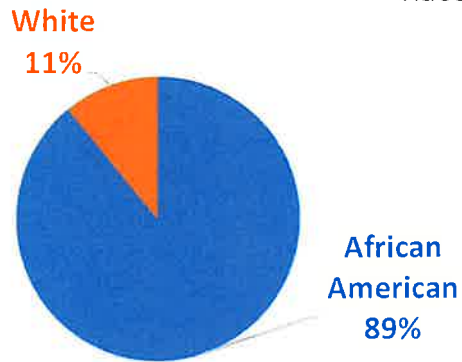
- *Current Status:*



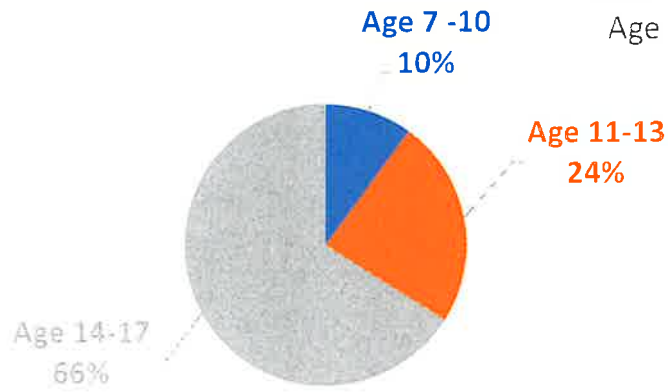
Admissions Barriers



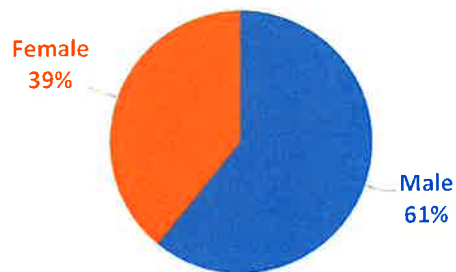
Total -
Race

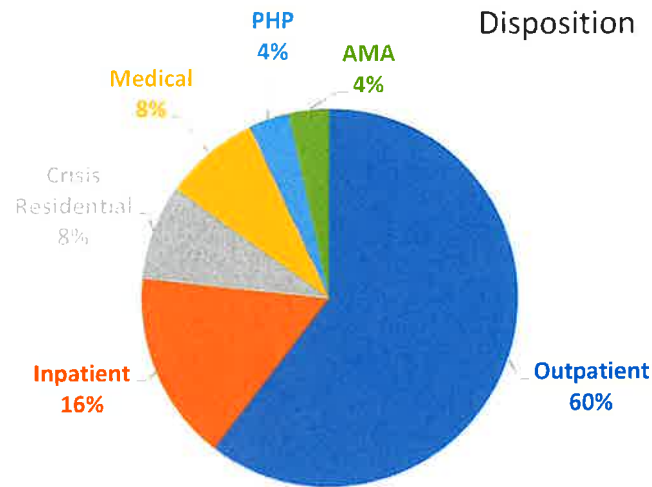


Total -
Age



Total -
Gender Identity





Quarterly Update:

- Things the Department is Doing Especially Well:**
 Staff have been working extremely hard on engagement and de-escalation when working with agitated and/or acute guests. From the 468 presentations to the adult unit, staff have only had to complete 2 mechanical restraints. Extremely proud of the trauma informed environment and culture at the 707 Crisis Care Unit!
- Identified Opportunities for Improvement:**
 Continued engagement with children and adolescent providers in Wayne County to increase the referrals to the CFCU.
- Progress on Previous Improvement Plans:**
 No current plans of improvement/correction.

**Program Compliance Committee Meeting
Director of Quality Improvement
QAPIP Update FY24
September 11, 2024**



Main Activities during Quarter 3 Reporting Period:

- Performance Indicators Data for the last year
- HSAG External Quality Reviews

Progress on Major Activities:

Activity1: The chart displays the Performance Indicator data for the last year.

| Indicators | Definition | FY23 Q2 | FY23 Q3 | FY23 Q4 | FY24 Q1 | FY24 Q2 | FY24 Q3 Preliminary | Standard |
|-----------------------|---|---------|---------|---------|---------|---------|---------------------|----------|
| 1 (Adult) | Crisis Prescreening within 3 Hours of Request | 98.18% | 96.88% | 95.70% | 96.55% | 97.23% | 97.85% | |
| 1 (Children) | | 99.11% | 98.68% | 98.54% | 99.44% | 98.80% | 95.12% | >95% |
| 2a (MI/Adult) | Intake (IBPS) within 14 days | 59.53% | 56.22% | 55.13% | 57.34% | 59.68% | 59.40% | |
| (DD/Adult) | | 52.27% | 52.68% | 53.78% | 58.41% | 63.64% | 60.77% | >57% |
| 2a (MI/Children) | | 31.42% | 26.57% | 32.49% | 30.21% | 51.78% | 59.40% | |
| (DD/Children) | | 32.08% | 32.60% | 46.03% | 21.78% | 27.92% | 31.36% | |
| 3 (On-going Services) | Ongoing service within 14 days | 89.63% | 90.33% | 92.63% | 90.22% | 89.24% | 93.24% | >83.80% |
| 4a (Adult) | 7-day follow-up after discharge | 98.16% | 97.78% | 97.78% | 98.28% | 97.57% | 96.70% | |
| 4a (Children) | | 100% | 96.15% | 96.15% | 96.29% | 96.23% | 98.61% | >95% |
| 4b (SUD) | SUD Detox | 99.43% | 98.86% | 98.86% | 99.83% | 95.05% | 95.50% | |
| 10 (Children) | Inpatient psychiatric Recidivism | 8.24% | 7.27% | 11.58% | 8.62% | 8.82% | 15.75% | <15% |
| 10 (Adult) | | 15.71% | 17.71% | 16.09% | 17.58% | 16.65% | 17.58% | |

- Performance Indicator #1 (Crisis Screening within 3 hours): We have consistently exceeded the 95% standard for both children and adults each quarter over the past year.
- Performance Indicator 2a involves completing an Integrated Biopsychosocial Assessment (IBPS) within 14 days of the first request. For the past few quarters, both MI/Adults and DD/Adults have consistently achieved a rate of 57% or higher.
- In Q3, we set new records for performance with MI/Adults (59.40%), DD/Adults (60.77%), and MI/Child (58.98%), all exceeding the standard. However, DD/Child fell short at 31.36%. Excitingly, preliminary Q4 data (51.95%) represents our best performance yet, and we anticipate final results by December 31, 2024.
- Performance Indicator #3 (ongoing services 14 days after intake): DWIHN has continued to do well for PI#3. Our data shows that we have achieved some of the highest rates among all the PIHPs in the state. The data indicates that more than 90% of our members are receiving services 14 days after intake, surpassing the standard of 83.80%.

- Performance Indicator #4a (follow-up after hospitalization) and 4b (SUD Detox Discharge Follow-up): We have achieved the 95% standard each quarter for the past year.
- Performance Indicator #10 (Children's Recidivism): We have consistently met this standard each quarter. There was an increase in Q4 of 2023 (11.58%) and Q3 of 2024 (15.75%) in the recidivism rate among the children's population. These readmissions will be closely monitored in Q4.
- For Performance Indicator #10 (Adult Recidivism), we continue to see rates fluctuate from quarter to quarter. We have an average of 16.89% each quarter, which is below the 15% standard.

The proactive steps we are taking aim to address current trends and enhance outcomes.

Performance Indicator # 2a (DD/Child)

- Children's service providers will begin using a screening code for completed children's screenings to include in the MDHHS Performance Indicator data.
- Children Providers complete monthly Provider Capacity Form.
- We have just added a new Children Provider (Judson Center).
- Continue with the 45-day meetings with the CRSPs.

Performance Indicator #10 (Children Recidivism)

- Made slight updates to the Crisis Clinical Review Form, including the number of Crisis Events within the past 90 days and indicating the last date of face-to-face service.
- Follow up with Crisis Screeners when the Crisis Department and Crisis Screeners inform the CRSP of Emergency Room admission and Inpatient admission.
- Continue to address hospital readmissions in the children's meeting.

Performance Indicator #10 (Adult Recidivism)

- Make sure that the PAR reviewer completes the PAR if a member is recidivistic (PAR Review Sheet)
- Performance Improvement Plans will be requested from 15 CRSPs that did not meet the standards for Q3
- Continuing with Quarterly Recidivism Provider Workgroup Meetings. The next meeting is scheduled for August 21, 2024.
- Continue with the 45-day meetings with the Clinically Responsible Service Providers

Activity 2: HSAG Reviews

August has proven to be an eventful month for the Quality Team as we navigate through multiple annual HSAG audits and deadlines. DWIHN is subject to External Quality Reviews (EQR) through the Health Services Advisory Group (HSAG) to ensure compliance with all regulatory requirements. HSAG complies with three separate reviews annually.

- The Performance Measure Validation (PMV) and Network Adequacy Validation (NAV) activities review took place on Thursday, August 1, 2024, to validate the data collection and reporting processes for the required performance indicators and network adequacy standards selected by MDHHS. The preliminary findings will be shared with DWIHN within 30 days
- The Compliance Monitoring Review, held on September 6, 2024, marking the first year of a 3-year compliance review. The review was centered around 5 standards: Member Rights and Member Information, Availability of Services, Assurances of Adequate Capacity and Services, Coordination and Continuity of Care and Coverage and Authorization of Services. The preliminary findings will be sent to DWIHN within 30 days.
- Performance Improvement Project (PIP): Reducing the Racial Disparity of African Americans in Follow-Up Care within 7 days of Discharge from Psychiatric Inpatient Unit. DWIHN submitted the first re-measurement period for 2023 on July 15th, 2024. We successfully met 18 out of 20 PIP standards, despite not reaching our initial baseline goal of 4.51% (7.5%). We are on track to meet the goal for the second re-

measurement period for 2024. The most recent preliminary data for January to July 2024 indicates a disparity of 5.12, which represents a **2.38%** decrease from January to December 2023.

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-01 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/18/2024

Name of Provider: Detroit Wayne Integrated Health Network

Contract Title: Multicultural Integration Programs

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

Presented to Program Compliance Committee at its meeting on: 9/11/2024

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

Amount of Contract: \$ 730,630.00 Previous Fiscal Year: \$ 836,920.00

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2024

Provider Impaneled (Y/N)? Y

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

The Detroit Wayne Integrated Health Network (DWIHN) is requesting approval of the memorandums of understanding between Community Mental Health Association of Michigan (CMHAM), Michigan Department of Health and Human Services (MDHHS) and Pre-paid Insurance Health Plan (PIHP) for the PIHP Veteran Navigator (PIHP VN), Peer Navigator, Navigator Assistant and the Multicultural Integration Providers formerly known as the Multicultural Programs.

The Multicultural Integration vendors were selected through MDHHS to provide services for the "Priority Population" who were identified as high risk. The services that will be performed will include outpatient services, case management services, psycho-behavioral treatment, outreach, mental health services, referrals, coordination and treatment services, mental health treatment for victims of trauma, poverty and parental abandonment, Drop-In Center availability, preventive community based mental health service options and assistance with the Healthy Michigan enrollment process.

The duties for the PIHP Veteran Navigator are to identify resources and making linkages in the PIHP region appropriate for Veteran and Military Families (V/MFs), making appropriate referrals, coordinating care, providing follow up and either directly providing or assuring wraparound services are available. Those duties will be conducted through a variety of means and will involve performing basic assessment of needs and planning to address the needs of the V/MF. The PIHP VN will continually assess the quality of services provided, vet organizations for quality delivery to V/MFs and make referrals for V/MFs. The Veteran Navigator will also have the assistance of a Peer Navigator and a Navigator Assistant.

Board Action #: 25-01

Revenue for these services is supported by E-Grants & Management Systems (EGrAMS) categorical funds for Ethnic Services. The amount of this proposed term of this Memorandums of Understanding is October 1, 2024, through September 30, 2025, and will not exceed \$730,630.00.

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 |
|----------------------|----------------------|----------------------|
| MDHHS Grant | \$ 711,930.00 | \$ 711,930.00 |
| State General Funds | \$ 18,700.00 | \$ 18,700.00 |
| Total Revenue | \$ 730,630.00 | \$ 730,630.00 |

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

Mannohan Singla

Stacie Durant

Mannohan Singla, Interim Chief Executive Officer
Signed: Thursday, September 5, 2024

Stacie Durant, Vice President of Finance
Signed: Thursday, September 5, 2024

Signature/Date:

Signature/Date:

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 25-02 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/18/2024

Name of Provider: DWIHN SUD Department

Contract Title: Substance Use Disorder- Treatment Network

Address where services are provided: see attachment

Presented to Program Compliance Committee at its meeting on: 9/11/2024

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

Amount of Contract: \$ 4,542,882.00 Previous Fiscal Year: \$ 7,951,781.00

Program Type: New

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

Date Contract First Initiated: 10/1/2024

Provider Impaneled (Y/N)? Y

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

The SUD Department is requesting approval to contract for the delivery of Substance Use Disorder Treatment Services for the 2025 fiscal year with a total budget not to exceed \$4,542,882.

Treatment services will be funded with Federal Block Grant dollars (\$3,121,782) and PA2 funds (\$1,421,100), together totaling \$4,542,882.

It should be emphasized that the SUD Treatment, Women's Specialty Services (WSS) and State Disability Assistance (SDA) block grant for claims-based activity based on medical necessity and is included in the overall provider network board action therefore the below amounts do not reflect the entire SUD treatment, SDA and WSS grant allocation from MDHHS.

Treatment programs and amounts are summarized below:

Block Grant Funds (\$3,121,782)

- Women's Specialty Services: \$665,000
- ARPA: \$721,739
- SOR IV: \$1,475,043
- Media efforts: \$260,000

PA2 Funds (\$1,421,100)

The Substance Use Disorder Department offer a range of services to support individuals on their journey to recovery. From withdrawal management to outpatient services, including FDA approved Medication Assisted Treatment. SUD programs include residential services, intensive outpatient, dual diagnosis day treatment, case management, recovery housing, early intervention services, relapse prevention, peer recovery services, intensive wraparound program, communicable disease program, and healthy outreach.

Additionally, we organize events including the Opioid Summit, Faith-Based Conference, Recovery Walk, Women and Men's Annual Conferences along with providing Narcan, Yoga and communicable disease prevention services

The Detroit Wayne Integrated Health Network has the discretion to distribute these funds amongst service providers based on utilization without further board approval, provided the total does not exceed the approved budget of \$4,542,882.

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

Source of Funds: Block Grant,PA2

Fee for Service (Y/N): Y

| Revenue | FY 24/25 | Annualized |
|----------------------|------------------------|------------------------|
| Block Grant | \$ 3,121,782.00 | \$ 3,121,782.00 |
| PA2 | \$ 1,421,100.00 | \$ 1,421,100.00 |
| Total Revenue | \$ 4,542,882.00 | \$ 4,542,882.00 |

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

Manny Singla, Interim Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Board Action #: 25-02

Manmohan Singla

Stacie Durant

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 25-03 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/18/2024

Name of Provider: DWIHN SUD Department

Contract Title: Substance Use Disorder- Prevention Network

Address where services are provided: see attached list

Presented to Program Compliance Committee at its meeting on: 9/11/2024

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

Amount of Contract: \$ 6,147,683.00 Previous Fiscal Year: \$ 6,501,847.00

Program Type: New

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

Date Contract First Initiated: 10/1/2024

Provider Impaneled (Y/N)? N

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

DWIHN is requesting to contract for the fiscal year 2025 for an amount not to exceed \$6,147,683 for the delivery of Substance Use Disorder prevention services.

The following prevention programs have been granted funding from MDHHS for fiscal year 2025:

Block Grant - \$3,442,608)

- SUD Prevention Services: \$2,789,425
- Gambling Prevention: \$173,913
- SOR IV: \$350,000
- ARPA: \$125,270
- Tobacco Prevention: \$4,000

PA2 - \$2,705,075

The prevention services are funded with \$3,442,608 of Federal Block Grant dollars and \$2,705,075 of PA2 funding totaling in \$6,147,683.

DWIHN SUD Prevention network will engage in one or more of the 6 CSAP Primary Strategies: seamless Information Dissemination throughout all strategies; offering Alternatives and Community-Based services to foster

Board Action #: 25-03

prevention-prepared communities; conducting capacity-building education and direct services; advocating for environmental change; and streamlining problem identification and referral mechanisms. Moreover, we aim to bolster school-based programming, leveraging peer-to-peer pro-social services, elevating public awareness, and mobilizing communities to counter alcohol, tobacco, and other drug-related issues. This includes advocating for environmental and legislative changes to mitigate underage and alcohol-related activities' consequences. To address the opioid crisis, state opioid response programs will benefit from MDHHS funding, focusing on evidence-based practices, overdose education, naloxone distribution, harm reduction, and peer outreach connections.

DWIHN has the discretion to reallocate the dollars within funding sources among the providers without board approval based upon utilization up to an amount not to exceed \$6,147,683 for the fiscal year ending September 30, 2025.

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

Source of Funds: Block Grant,PA2

Fee for Service (Y/N): N

| Revenue | FY 24/25 | Annualized |
|----------------------|------------------------|------------------------|
| Block Grant | \$ 3,442,608.00 | \$ 3,442,608.00 |
| PA 2 | \$ 2,705,075.00 | \$ 2,707,075.00 |
| Total Revenue | \$ 6,147,683.00 | \$ 6,149,683.00 |

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

Manny Singla, Interim Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:
Manmohan Singla

Signature/Date:
Stacie Durant

Signed: Thursday, September 5, 2024

Signed: Wednesday, September 4, 2024 Board Action #: 25-03

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 25-04 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 9/18/2024

Name of Provider: Variety Food Services Inc

Contract Title: 707 Food Service

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

Presented to Program Compliance Committee at its meeting on: 9/11/2024

Proposed Contract Term: 10/1/2024 to 9/30/2027

Amount of Contract: \$ 586,967.48 Previous Fiscal Year: \$ 0.00

Program Type: New

Projected Number Served- Year 1: 3,000 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 8/14/2024

Provider Impanched (Y/N)?

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

Detroit Wayne Integrated Health Network (DWIHN) is requesting a three-year contract (with a 2-year renewal option) with Variety Food Services, Inc (selected under RFP #2024-019) to provide a Meal Program and Delivery Services to individuals served at the Care Center. The contract term is from **October 1 , 2024 through September 30, 2027. The contract amount shall not exceed **\$586,967.48** for the duration of **3 years**.**

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Board Action #: 25-04

| Revenue | FY 23/24 | Annualized |
|----------------------|-----------------|-------------------|
| Multiple | \$ 586,967.48 | \$ 586,967.48 |
| | \$ | \$ |
| Total Revenue | \$ | \$ |

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

Type of contract (Business/Clinical):

ACCOUNT NUMBER: 64950.817100.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Manny Singla, Interim Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Manmohan Singla

Stacie Durant

Signed: Wednesday, August 28, 2024

Signed: Wednesday, August 28, 2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 25-10 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/18/2024

Name of Provider: Arab Community Center for Economic & Social Services

Contract Title: Behavioral Health Home FY 2025

Address where services are provided: Multiple

Presented to Program Compliance Committee at its meeting on: 9/11/2024

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

Amount of Contract: \$ 1,350,000.00 Previous Fiscal Year: \$ 1,350,000.00

Program Type: Continuation

Projected Number Served- Year 1: 1,000 Persons Served (previous fiscal year): 784

Date Contract First Initiated: 5/1/2022

Provider Impaneled (Y/N)?

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

This Board Action is presented to request continuation of Behavioral Health Home (BHH) Services in Wayne County with the following existing BHH providers: Arab Community Center for Economic and Social Services (ACCESS), Community Living Services, CNS Healthcare, The Guidance Center, Hegira Health, Inc., Psygenics, Inc., and Team Mental Health Services (DBA Team Wellness Center).

The providers listed submitted a BHH certification packet which DWIHN developed in consultation with the National Council on Mental Wellbeing. The certifications were reviewed and approved by DWIHN's Health Home Director. The certifications outline the provider's ability to meet BHH organizational and program requirements. Topics addressed in the certifications include confirming providers meet basic MDHHS and Medicaid requirements.

The amounts listed for each provider are estimated based on prior year activity and are subject to change. Amounts may be reallocated amongst providers without board approval. **The total not to exceed amount for FY 2025 is \$1,350,000.**

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

Source of Funds: Medicaid

Fee for Service (Y/N): N

| Revenue | FY 24/25 | Annualized |
|----------------------|-----------------|-------------------|
| MULTIPLE | \$ 1,350,000.00 | \$ 1,350,000.00 |
| | \$ | \$ |
| 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:

Manny Singla, Interim Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Mannmohan Singla

Stacie Durant

Signed: Wednesday, August 28, 2024

Signed: Wednesday, August 28, 2024

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-11 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/18/2025

Name of Provider: Star Center Inc.

Contract Title: SUD Health Home FY2025

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 9/11/2024

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

Amount of Contract: \$ 918,000.00 Previous Fiscal Year: \$ 918,000.00

Program Type: Continuation

Projected Number Served- Year 1: 1,000 Persons Served (previous fiscal year): 661

Date Contract First Initiated: 10/1/2021

Provider Impaneled (Y/N)?

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

The DWIHN Health Homes team is requesting approval of a Comparable Source Contract between Detroit Wayne Integrated Health Network and the following Service Providers to continue SUD Health Home (SUDHH) Services in Wayne county: Hegira Health, Inc., Metro-East Drug Treatment Corporation, Nardin Park Recovery Center, Inc., New Light Recovery Center, Inc., Quality Behavioral Health, Inc., Rainbow Center of Michigan, Inc., Sobriety House, Star Center, Inc., and The Guidance Center. SUD Health Home was known as "Opioid Health Home" previously but is changing its name and expanding qualifying diagnoses to a more expansive "SUD Health Home" for FY 2025.

The amounts listed for each provider are estimates based on prior year activity and are subject to change. Amounts may be reallocated amongst providers without board approval. **The total not to exceed amount for FY 2025 is \$918,000.**

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

Source of Funds: Medicaid

Fee for Service (Y/N): N

| Revenue | FY 24/25 | Annualized |
|----------|---------------|---------------|
| Medicaid | \$ 918,000.00 | \$ 918,000.00 |

| | | |
|----------------------|----|----|
| | \$ | \$ |
| 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:

Manny Singla, Interim Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Mannmohan Singla

Signature/Date:

Stacie Durant

Signed: Wednesday, August 28, 2024

Signed: Wednesday, August 28, 2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 25-12 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/18/2024

Name of Provider: Michigan Rehabilitation Service

Contract Title: Michigan Rehabilitation Services (MRS)

Address where services are provided: 17411 Grand River, Detroit, MI 48227

Presented to Program Compliance Committee at its meeting on: 9/11/2024

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

Amount of Contract: \$ 443,565.00 Previous Fiscal Year: \$ 443,565.00

Program Type: Continuation

Projected Number Served- Year 1: 1,620 Persons Served (previous fiscal year): 2079

Date Contract First Initiated: 10/1/2024

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).

This Board Action request a one year contract for the fiscal year ending September 30, 2025 for the continued funding for an Interagency Cash Transfer Agreement (ICTA) between Detroit Wayne Integrated Health Network (DWIHN) and Michigan Rehabilitation Services (MRS) for the amount of \$443,565.00. The agreement was established in 1994 as a means to increase member access to MRS thereby enabling members to become employed and self sufficient. DWIHN funding of \$443,565.00 combined with MRS ICTA Federal Share revenue of \$1,199,268.00 brings the program total revenue to \$1,642,833.00 for Wayne County.

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

Source of Funds: General Fund

Fee for Service (Y/N): N

| Revenue | FY 24/25 | Annualized |
|----------------------|---------------|---------------|
| State General Fund | \$ 443,565.00 | \$ 443,565.00 |
| | \$ | \$ |
| Total Revenue | \$ | \$ |

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64931.827206.07226

In Budget (Y/N)? Y

Approved for Submittal to Board:

Manny Singla, Interim Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Manmohan Singla

Stacie Durant

Signed: Tuesday, September 3, 2024

Signed: Monday, September 2, 2024

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-13 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/18/2024

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: 9/11/2024

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

Amount of Contract: \$ 853,432,628.00 Previous Fiscal Year: \$ 805,847,768.00

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2018

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).

Detroit Wayne Integrated Health Network (DWIHN) is requesting approval for continued funding for the Provider Network System for the fiscal year ending September 30, 2025.

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 based on prior year activity and are subject to change.

The board action amounts include: Mental health treatment services, SUD claims based Medicaid, HMP, Women Specialty Services, State Disability Assistance and block grant treatment, Behavioral Health Home and Opioid Health Home services which are supplemental, voluntary services that Medicaid members with specific diagnoses may opt into to receive comprehensive care coordination facilitated by a health home care team and EBSE claims based activity.

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

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

| Revenue | FY 24/25 | Annualized |
|----------------------|-------------------|-------------------|
| Multiple | \$ 853,432,628.00 | \$ 853,432,628.00 |
| | \$ | \$ |
| 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:

Manny Singla, Interim Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Mannmohan Singla

Stacie Durant

Signed: Wednesday, September 4, 2024

Signed: Tuesday, September 3, 2024

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-13 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/18/2024

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: 9/11/2024

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

Amount of Contract: \$ 853,432,628.00 Previous Fiscal Year: \$ 805,847,768.00

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2018

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).

Detroit Wayne Integrated Health Network (DWIHN) is requesting approval for continued funding for the Provider Network System for the fiscal year ending September 30, 2025.

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 based on prior year activity and are subject to change.

The board action amounts include: Mental health treatment services, SUD claims based Medicaid, HMP, Women Specialty Services, State Disability Assistance and block grant treatment, Behavioral Health Home and Opioid Health Home services which are supplemental, voluntary services that Medicaid members with specific diagnoses may opt into to receive comprehensive care coordination facilitated by a health home care team and EBSE claims based activity.

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

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

| Revenue | FY 24/25 | Annualized |
|----------------------|-------------------|-------------------|
| Multiple | \$ 853,432,628.00 | \$ 853,432,628.00 |
| | \$ | \$ |
| 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:

Manny Singla, Interim Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Manmohan Singla

Stacie Durant

Signed: Wednesday, September 4, 2024

Signed: Tuesday, September 3, 2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 25-14 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/18/2024

Name of Provider: HealthStream, Inc.

Contract Title: Credentialing Verification Organization

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

Presented to Program Compliance Committee at its meeting on: 9/11/2024

Proposed Contract Term: 9/1/2024 to 9/30/2027

Amount of Contract: \$ 500,000.00 Previous Fiscal Year: \$ 0.00

Program Type: Continuation

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

Date Contract First Initiated: 9/1/2024

Provider Impaneled (Y/N)? N

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

DWIHN is requesting approval of this board action for a **three (3) years contract effective September 1, 2024 through September 30, 2027 for an amount not to exceed \$500,000 with HealthStream, Inc,** in response to the Credentialing Verification Organization RFP #2024-017 issued in May 2024, for a National Committee for Quality Assurance accredited Credentialing Verification Organization.

HealthStream primary source verifies Medicaid and Medicare sanctions, licensure, work history, malpractice history, education and training for practitioners and providers. In addition HealthStream conducts continuous monitoring of DEA licenses, Office of Inspector General and System for Award Management sanctions, and licensure. All HealthStream activities are electronic. After the DWIHN Credentialing Committee meets and make appropriate disposition HealthStream will send Credentialing/Re-Credentialing letters and certificates to providers or practitioners. HealthStream also has the capabilities to share all credentialing data with the State of Michigan's Universal Credentialing CRM platform and is being utilized by other PIHPs, creating synergies of a single solution. The contract ensures that DWIHN is compliant with the credentialing requirements delineated in 42 Code of Federal Regulations 422.204, their executed agreements with MDHHS and the five Integrated Care Organizations.

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

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

Board Action #: 25-14

Source of Funds: Multiple

Fee for Service (Y/N): N

| Revenue | FY 24-27 | Annualized |
|----------------------|-----------------|-------------------|
| Multiple | \$ 500,000.00 | \$ 500,000.00 |
| | \$ | \$ |
| Total Revenue | \$ | \$ |

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64934.827211.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Manny Singla, Interim Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Manmohan Singla

Stacie Durant

Signed: Tuesday, September 3, 2024

Signed: Tuesday, September 3, 2024

Board Action #: 25-14



Detroit Wayne Integrated Health Network

707 W. Milwaukee St.
Detroit, MI 48202-2943
Phone: (313) 833-2500
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FAX: (313) 833-2156
TDD: (800) 630-1044 RR/TDD: (888) 339-5588

PROGRAM COMPLIANCE COMMITTEE MEETING Administration Bldg. 8726 Woodward, 1st Floor Board Room Wednesday, September 11, 2024 1:00 p.m. – 3:00 p.m.

AGENDA

- I. Call to Order**
- II. Moment of Silence**
- III. Roll Call**
- IV. Approval of the Agenda**
- V. Follow-Up Items from Previous Meeting - *None***
- VI. Approval of the Minutes – August 14, 2024**
- VII. Report(s)**
 - A. Chief Medical Officer – *Deferred to October 9, 2024*
 - B. Corporate Compliance - *None*
- VIII. Quarterly Reports**
 - A. Autism Spectrum Disorder
 - B. Children’s Initiatives
 - C. Integrated Health Care
- IX. 707 Crisis Care Center Update**
- X. Quality Review(s)**
 - A. QAPIP Work Plan FY 24 Update

Board of Directors

Dr. Cynthia Taucg, 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

Manny Singla, Interim President and CEO



XI. VP of Clinical Operations' Executive Summary – *Deferred to October 9, 2024*

XII. Unfinished Business - *None*

XIII. New Business (Staff Recommendations)

- A. **BA #25-01** – Multicultural Integration Providers FY 25
- B. **BA #25-02** – Substance Use Disorder (SUD) Treatment Provider Network FY 25
- C. **BA #25-03** – Substance Use Disorder (SUD) Prevention Provider Network FY 25
- D. **BA #25-04** – 707 Food Service
- E. **BA #25-06** – Jail Diversion FY 25
- F. **BA #25-07** – Comprehensive Service for Behavioral Health (CBH) FY 25
- G. **BA #25-10** – Behavioral Health Homes FY 25
- H. **BA #25-11** – Substance Use Disorder (SUD) Health Homes FY 25
- I. **BA #25-12** – Michigan Rehabilitation Services (MRS)
- J. **BA #25-13** – DWIHN Provider Network System FY 25
- K. **BA #25-14** – Credentialing Verification Organizations FY 25
- L. **BA #25-15** – Children's Crisis Intervention Services FY 25
- M. **BA #25-16** – Adult Crisis Intervention Services FY 25
- N. **BA #25-17** – Children's Initiatives MDHHS Grants FY 25
- O. **BA #25-18** – Children's Services Health Quality Initiative Program FY 25
- P. **BA #25-19** – HPS Consulting, LLC
- Q. **BA #25-20** – Juvenile Restorative Program FY 25
- R. **BA #25-22** – Medical Billing and Claims Auditing Services FY 25
- S. **BA #25-24** – Autism Spectrum Disorder (ASD) Provider Network FY 25

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 general public and may initiate an inquiry and follow-up will be responded to and may be posted to the website. Feedback will be posted within a reasonable timeframe (information that is HIPAA related or of a confidential nature will not be posted but rather responded to on an individual basis).

XV. Adjournment

PROGRAM COMPLIANCE COMMITTEE

MINUTES

AUGUST 14, 2024

1:00 P.M.

IN-PERSON MEETING

| | |
|--------------------------|---|
| MEETING CALLED BY | I. Commissioner Jonathan Kinloch, Program Compliance Chair at 1:10 p.m. |
| TYPE OF MEETING | Program Compliance Committee |
| FACILITATOR | Commissioner Jonathan Kinloch, Chair |
| NOTE TAKER | Sonya Davis |
| TIMEKEEPER | |
| ATTENDEES | Committee Members: Commissioner Jonathan Kinloch; Dr. Lynne Carter; Bernard Parker; and William Phillips Committee Member(s) Excused: Angela Bullock and Dr. Cynthia Taueg Staff: Brooke Blackwell; Yvonne Bostic; Judy Davis; Dr. Shama Faheem; Keith Frambro; Monifa Gray; Sheree Jackson; Marianne Lyons; Melissa Moody; Ryan Morgan; Cassandra Phipps (Virtual); April Siebert; Manny Singla; Andrea Smith; Dan West; and Rai Williams |

AGENDA TOPICS

II. Moment of Silence

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

III. Roll Call

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

IV. Approval of the Agenda

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

V. Follow-Up Items from Previous Meetings

| | |
|---|--|
| <p>DISCUSSION/ CONCLUSIONS</p> | <p>A. Adult Initiatives' Quarterly Report – Provide information on activities of DWIHN related to caretakers of people with dementia as this had become a huge issue with the aging population; Provide information on Returning Citizens and what we are doing at DWIHN for providing services for the Med Drop program – It was reported that a pilot program has started with MedDrop and Returning Citizens 7 to 10 days prior to release. Members are being linked with a CRSP and they are working with the Department of Corrections.</p> <p>B. PIHP Crisis Services' Quarterly Report – Provide trends on how many people kept their follow-up appointments, if they did not make it to their first appointment; how many people made it to their appointment in 30 days and did not make their follow-up appointment; and how many people did not make their first appointment but made it to their second appointment or rescheduled – It was reported that a sample of 20 members was reviewed; 75% made their first appointment and are continuing to receive services; a SMART Sheet has been developed with the two largest providers and DWIHN will track individuals. A discussion ensued regarding data collection on the disparity between minority groups. Additional information will be provided.</p> |
|---|--|

VI. Approval of the Minutes

| | |
|---|--|
| <p>DISCUSSION/ CONCLUSIONS</p> | <p>Commissioner Kinloch called for a motion to approve the July 10, 2024, meeting minutes. Motion: It was moved by Mr. Phillips and supported by Mr. Parker to approve the July 10, 2024, meeting minutes. Commissioner Kinloch asked if there were any changes/modifications to the July 10, 2024, meeting minutes. There were no changes/modifications to the meeting minutes. Motion carried.</p> |
|---|--|

VII. Reports

| | |
|---|---|
| <p>DISCUSSION/ CONCLUSIONS</p> | <p>A. Chief Medical Officer – Dr. Shama Faheem, Chief Medical Officer submitted and gave highlights of the Chief Medical Officer’s report. It was reported:</p> <ol style="list-style-type: none"> 1. Behavioral Health Education, Outreach Updates – Updates were provided on the Teaching Collaborative; Dr. Faheem has met with the PMHNP Program Director to discuss start dates, supervision expectations and requirements for the PMHNP students; the Program Director for the Child and Adolescent Psychiatry Fellowship will review rotations for the current second year fellow to identify the optimal time for rotation; and a meeting will be scheduled with Trinity Health Livonia to discuss resident rotation during the month of September. 2. State Medical Director Meetings – State Medical Directors’ AOT workgroup met in June and discussed challenges and successes related to AOT and how we can offer clarification or solutions for the State; Medical Directors expressed concerns about the lack of training with certain disciplines that could result in overuse or inappropriate use of AOTs; Training and/or certification options were discussed as possible solutions. 3. Crisis Center Updates – DWIHN opened doors to our Crisis Center on June 10th and has had over 200 adult admissions, over 25 youth admissions and our peer-run BEST program had over 35 admissions. The top three primary diagnosis for adults have been Schizophrenia Spectrum Disorder, Depressive Disorders and Alcohol Use Disorders. The top three primary diagnosis for children have been Disruptive and Impulse Control Disorders, |
|---|---|

Depressive Disorder and Trauma Related Disorders. A robust discussion took place on the Crisis Care Center update regarding staffing, the level of training and oversight of individuals treating our members, coaching and other areas. Additional information will be provided at the next Program Compliance Committee meeting when the report of the Crisis Care Center is presented. **(Action)** DWIHN has received provisional State certification and is one of two State Certified Crisis Stabilization Unit for adults.

4. **DWVHN Community Care Clinic Updates** – DWIHN’s Clinic has gone live and started accepting patients. There are currently nine (9) patients. The Adult Psychiatrist/Outpatient Medical Director, Dr. Severe started on June 30, 2024 and the part-time Child Psychiatrist started the first week of August and is currently going through the onboarding, training and credentialing process. The clinic is currently focusing on developing reports through the EMR to be able to track members served, caseload, compliance with State indicators and other Clinic KPIs.
 5. **Improving Practices Leadership Team (IPLT) Committee** – During the month of August, IPLT reviewed a Performance Improvement Project (PIP) on Hep C that DWIHN has been doing for the last three years encouraging our providers to screen our members for Hep C due to high prevalence of it in Michigan and especially Wayne County. Education was also provided to neighboring FQHC on treatment options and State’s efforts to remove prior authorization requirements from medications to encourage treatment as part of the PIP. The goals for some HEDIS measures were lowered based on Michigan Medicaid average. DWIHN initially identified goals that were above 90% of the average for all Health plans.
 6. **Utilization Management Committee** – In the month of June, HAB Waiver utilization was at 100% and plans to sustain the utilization was discussed; there were 717 new inpatient admissions in June 2024 (1.1% increase from 709 admissions in May 2024). Preadmission Reviews (PAR) audits were completed beginning January 1, 2024 and a sampling of 25 charts per month was reviewed.
 7. **Quality Improvement Steering Committee** – There were multiple annual HSAG audits and deadlines that occurred for the Quality department for the month July 2024 – PMV and NAV audit was completed (awaiting results); Racial disparity State PIP submission completed (awaiting results); and Compliance Review standards and evidence was submitted. The remote review is scheduled for August 2024; preparation and mock reviews completed in July 2024.
 8. **Integrated Health Care Department** – The OBRA team processed 613 referrals; 328 were assigned to be completed and 285 were triaged and provided exemption letters. The team completed 159 full assessments in July and 53 partial assessments with a total of 212 face-to-face contacts for July 2024. This is 31% increase, or 66 more assessments completed than June 2024. The PASARR educator provided training to 22 nursing homes; two hospitals and trained 34 staff. The OBRA team has continued to have a low rate of pended assessments; the pending rate for June is 10% and this remains under the required 24%. The State congruency rate was 98% for the month of June.
- B. **Corporate Compliance** – Sheree Jackson, VP of Compliance submitted and gave highlights of the Corporate Compliance report. It was reported:
1. **Activity 1: Compliance Investigations** – FY 24 (Q3), April 1-June 30, 2024, concluded with Compliance averaging 32 investigations per month. During the June 12th report, Compliance indicated that 25 investigations were

pending. Following a risk assessment of each case, 16 cases remain pending and nine (9) have been referred to other DWIHN departments for a focused evaluation. While the five (5) investigations completed between April and June did not uncover any fraud, the investigation did reveal several areas of non-compliance (workforce training, workforce background checks, unsupported clinical documentations, and failure to maintain staffing records). All five (5) providers were placed on plans of corrections and referred to Quality for continuous monitoring. Compliance will conduct quarterly provider training sessions to address areas of non-compliance that are under increased scrutiny beginning October 2024.

2. **Quarterly Update** – On July 10, 2024, the Attorney General’s Office reported that a DWIHN staff member fraudulently billed for services that were not provided. Consequently, the AG’s office is seeking prosecution and recovering \$19, 183.19. Compliance noted, this was **not** a DWIHN employee as mentioned in the article. This case was investigated by the DWIHN Compliance staff and referred to the OIG in July 2023. Additionally, the Direct Care Worker was employed by a self-directed member. Commissioner Kinloch opened the floor for discussion. Discussion ensued.

Commissioner Kinloch noted that the Chief Medical Officer and Corporate Compliance reports have been received and placed on file.

VIII. Quarterly Reports

DISCUSSION/ CONCLUSIONS

- 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:
 1. **Activity 1: Call Center Performance – Call Detail Report** – FY 24 (Q3), there were 44,567 calls handled by the Access Call Center. In an annual comparison of FY 23 (Q3) to FY 24 (Q3) , there was a 1.6% increase in the abandonment rate. The department has hired the 10 approved contingent staff; have trained seven (7) and have identified the areas of need.
 2. **Activity 2: Appointment Availability – Hospital Discharge Follow-Up** – FY 24 (Q3), there was little change in the average of appointment availability for mental health intake and hospital discharge appointments. The greatest increase in appointment availability was for SUD intake appointments. From Q2 to Q3, there was little change in appointment availability for hospital discharge appointments but there was an increase in appointments kept by 2.6%.
 3. **Activity 3: Accomplishments and Updates (April 2024-June 2024 Department Overviews and Trainings)** – Several departments have been trained on the transfer/conference call process for Genesys Cloud Phone System, DWIHN Website and Intranet Site, Infant Mental Health Screenings and Enrollments, Foster Care Screenings and Enrollments; and ASAM Refresher – 100% SUD techs have registered and 85% have completed this training. Opportunities for improvement were also identified.

Commissioner Kinloch opened the floor for discussion. Discussion ensued.

- B. **Innovation and Community Engagement** – Andrea Smith, Director of Innovation and Community Engagement submitted and gave highlights of the Innovation and Community Engagement’s quarterly report. It was reported that:
 1. **Activity 1: Justice Involved Initiatives** – There were 149 jail releases in this quarter compared to 75 in Q2; 47 were linked back with their provider for post-release follow-up, which is nearly double that of last

quarter; 13 were sent directly to another correctional facility (i.e., prison or another jail); one (1) was hospitalized; four (4) were on an AOT; and 11 were not assigned to a provider within MH-WIN. Collaboration and communication are strong between the court, hospitals, providers and DWIHN. Staff were able to visit the new jail and tour the space which currently holds space for the DWIHN Jail Navigator to potentially increase referrals to community-based services. There was a total of 796 recorded encounters for the City of Detroit Partnership, Detroit Homeless Outreach Team (DHOT). Services have been expanded to include two Sundays each month from 10am – 2pm and parts of the Eastside and Southwest Detroit. Central City Integrated Health, DPW and DWIHN leadership continue to seek additional funding sources that can be utilized to expand the team and provide additional coverage.

2. **Activity 2: Senior Wellness** – This program was initiated in response to the growing challenges faced by older adults. By 2060, nearly one in four Americans are expected to be 65 or older. This quarter, collaborations with two community centers were facilitated to engage with older adults. Two community brunches were held with 43 attendees (22 and 21) to gather information about current concerns and needs. Question, Persuade and Refer (QPR) for older adults was facilitated with 27 staff who described an increase of clients with feelings of hopelessness and despair. Interventions that utilized gardening, art and forums as a strategy to support wellness and dialogue were held. By attending events in the community, 167 individuals received information about services. Continued communication and collaboration will occur with community partners to offer resources and education.
3. **Activity 3: Workforce Development** – This year’s Integrated Treatment and Co-Occurring Disorders Conference (ITCOD) hosted 85 individuals. In addition to the conference, there was a 3-day Dialectical Behavioral Therapy (DBT) training, A Trauma-Informed CBT training, a Clinical Supervision workshop, and a Women Veterans health and resource workshop. The Summer Youth Employment Program (SYEP) launched fully. A conference has been planned and will take place in the fourth quarter. It is anticipated to have over 550 youths. An update will be provided in the next quarterly report.

Commissioner Kinloch opened the floor for discussion. Discussion ensued.

- C. **Residential Services** – Ryan Morgan, Director of Residential Services submitted and gave highlights of the Residential Services’ quarterly report. Mr. Morgan reported on Residential Referral Efficiency and the average # of days from assessment to discharge. The process of assigning cases to staff immediately upon receiving the referral has been adjusted. Staff are required to reach out within 24 hours of receipt to schedule the residential assessment. Residential Assessments completed was 699 there were 324 AMI assessments completed and 375 IDD Assessments completed. 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. Ms. Davis reported on the prevention activities of SUD Services. It was noted that the national average indicates that 39.0% of children removed from their homes and placed in out-of-home care had parental alcohol or other drug abuse as an identified condition for removal. For Wayne County for the third quarter of FY 23 and FY 24 there was a notable

increase in the number of children entering services during this period; the number of all children removed in FY 23 were 3 and the number of children removed in FY 24 were 6 which are numbers from the Women’s Specialty Programs. To address the increasing percentage of children entering out-of-home care due to parental alcohol or other drug abuse, there is a need to focus on several key areas. In collaboration with MDHHS, a form will be submitted to the designated staff at DWIHN. The form necessitates “48-hour screenings and turnaround” for accessing SUD services to prevent removal; CPS will submit the form to MDHHS via email; and MDHHS will then forward it to the respective Priority Population (PP) Coordinators at each PIHP. It is the responsibility of each PP Coordinator to report to MDHHS within one week regarding clients who have not completed a screening for SUD services. Staff has actively participated in several health fairs and community events; successfully processed 342 FSRs and paid \$3,595,664.05 in SUD claims for reimbursement; completed the 2024 MDHHS audit preparation on time, due 8/11/2024; and successfully finished the Recipient Rights Training for Advisors within the SUD Network. Commissioner Kinloch opened the floor for discussion. Discussion ensued.

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.

IX. Cyber Security Status Presentation

**DISCUSSION/
CONCLUSIONS**

The Cyber Security Status Presentation has been deferred.

X. Strategic Plan Pillar - Quality

**DISCUSSION/
CONCLUSIONS**

The Strategic Plan Quality Pillar has been deferred.

XI. Quality Review(s)

**DISCUSSION/
CONCLUSIONS**

There was no Quality Review(s) to report this month.

XII. VP of Clinical Operations’ Executive Summary

**DISCUSSION/
CONCLUSIONS**

Melissa Moody, VP of Clinical Operations submitted and gave highlights of the VP of Clinical Operations’ Executive Summary. It was reported that the current enrollment of the Behavioral Health Home was 784 and in June it was 740. The Certified Community Behavioral Health Clinic (CCBHC) is expanding to its 3rd cohort of providers, who will launch September 1, 2024. Applications have been submitted and it is expected that MDHHS will announce the selected sites by mid-August. The State indicated with its approved budget it can add up to 12 sites; there are 15 sites eligible for pursuing this certification, 7 are in region 7; and two providers in region 7 withdrew from potential certification.

It was reported that the Utilization Management department had a recent leadership change and Ms. Hampton has been promoted to Interim Utilization Management Director.

DWIHN has been reviewing and discussing the Conflict Free Access and Planning information and guidance that was shared with the PIHP network. It states that the Conflict Free Service Planning activities for HCBS, including the development of the Independent Plan of Service (IPOS), assessment and coordination of services, must be independent from the delivery of HCBS services. Providers, including CMHSPs, can conduct both HCBS service planning and service delivery functions but must not conduct both functions for the same member. This is a large system-wide change and DWIHN is developing a plan that would transition our network to be in line with these requirements in a phased approach to minimize disruption in member care.

Commissioner Kinloch opened the floor for discussion. There was no discussion. The Chair noted that the VP of Clinical Operations' Executive Summary has been received and placed on file.

XIII. Unfinished Business

Commissioner Kinloch, Committee Chair informed the committee that BA #24-01 (Revised 2); BA #24-06 (Revised 8); BA #24-12 (Revised 5); and BA #24-47 (Revised) will be bundled, and a motion would be made after discussion.

- A. **BA #24-01 (Revised 2)** – Children’s Initiatives’ MDHHS Grants – Additional Funding – Staff requesting board approval for the revision of this board action due to additional funding secured by MDHHS for the following grants:
1. **Grant #1:** Regarding FY 24 System of Care Grant, due to underutilization of funds requesting reallocation of \$11,000.00 from Lincoln Behavioral Services (Parent Management Training Oregon (PMTO) Program) to The Children’s Center (Youth United Program);
 2. **Grant #2:** For FY 24, MDHHS has increased the funding for IECMHC from a total of \$192,486.00; in which Development Center received \$189,986.00 and DWIHN received \$2,500.00 for indirect costs. As of July 2024, MDHHS has provided additional funding of a total \$283,806.00; in which Development Centers will be allotted \$281,306.00 and DWIHN to be allotted \$2,500.00 for indirect costs. Development Centers will be receiving a total increase of \$91,320.00 in funding to support additional staffing; and
 3. **Grant #5:** For FY 24, MDHHS has increased the funding for the Infant Toddler Court Grant from a total of \$116,673.00 to the amended amount of \$2,200.00 additional funds to equal the total allocation of \$118,873.00. There is no change to the Infant and Early Childhood Mental Health Consultation-Home Visiting (Grant #3) - \$123,943.00 (\$2,500.00 DWIHN). There is no change to the Infant and Early Childhood Mental Health Consultation Expansion (Grant #4) \$210,202.00, (\$5,000.00 DWIHN).

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

- B. **BA #24-06 (Revised 8)** – DWIHN Provider Network System FY 23/24 – Staff requesting board approval for the addition of the following three (3) providers

DISCUSSION/ CONCLUSIONS

to the DWIHN Provider Network – 2-Residential Provider (Betterlife Caring Hands, LLC and Greater Grace Health System, Inc.) and 1- Outpatient Provider (Volunteers of America Michigan, Inc.). This board action requires no budget increase due to the reallocation of funds within the total budget. Commissioner Kinloch opened the floor for discussion. There was no discussion. **Motion carried.**

- C. **BA #24-12 (Revised 4)** – Substance Use Disorder (SUD) Treatment Provider Network FY 24 – 5th Annual Men’s Conference – Staff requesting board approval for \$50,000.00 in PA2 funds payable to Sobriety House, Inc. to support the Annual Men’s Conference on August 21, 2024. The conference aims to enhance members’ goals and provide community resources and support. Commissioner Kinloch opened the floor for discussion. There was no discussion.
- D. **BA #24-47 (Revised)** – MI Health Link Demonstration Project FY 24 – Staff requesting board approval for a two-year continuation contract through December 31, 2025 with five Integrated Care Organizations (ICO) to receive and disburse Medicare dollars to reimburse the Affiliated Providers for an estimated amount of \$24,000,000.00. MDHHS has extended the MI Health Link Pilot project through 12/31/25 at which time they will implement and launch an Integrated Dual Eligibles Special Needs Pan Model by January 1, 2026. Commissioner Kinloch opened the floor for discussion. There was no discussion.

The Chair called for a motion on BA #24-01 (Revised 2); BA #24-06 (Revised 8); BA #24-12 (Revised 5); and BA #24-47 (Revised). **Motion:** It was moved by Mr. Parker and supported by Mr. Phillips to move BA #24-01 (Revised 2); BA #24-06 (Revised 8); BA #24-12 (Revised 5); and BA #24-47 (Revised) to Full Board for approval. Commissioner Kinloch opened the floor for further discussion. There was no further discussion. **Motion carried.**

XIV. New Business: Staff Recommendation(s)

DISCUSSION/ CONCLUSIONS

- A. **BA #24-40** – Community Policing Development – City of Detroit COPS CIT – Staff requesting board approval for a budget adjustment to certify the additional funds serve as board acknowledgement of such grant funds. The City of Detroit is the recipient of a FY 21 Community Policing Development – Crisis Intervention Teams, CIT Implementation Grant from the Department of Justice in the amount of \$64,800.00. This award supports the expansion of Detroit’s Mental Health Co-Response Program, a partnership between the Detroit Police Department, Detroit Wayne Integrated Health Network and the City of Detroit Housing and Revitalization Department that works to reduce the use of emergency services for mental health related needs in favor of effective treatment of the root cause. DWIHN is the Pre-paid Inpatient Health Plan and Community Mental Health Service Program partner. Federal grants funds totaling \$64,800.00 will be used to cover CIT training costs and educational supplies through August 31, 2024.

The Chair called for a motion on BA #24-40. **Motion:** It was moved by Mr. Parker and supported by Dr. Carter to move BA #24-40 to Full Board for

approval. Commissioner Kinloch opened the floor for discussion. There was no discussion. **Motion carried.**

XV. Good and Welfare/Public Comment

**DISCUSSION/
CONCLUSIONS**

C.N.W., a parent of a DWIHN member addressed the committee regarding concerns of her son's services and experience with a provider and at the Crisis Center. She has requested from the committee assistance with getting her son into an extended program. The parent was directed to speak with DWIHN's Customer Service Director for assistance.

| ACTION ITEMS | Responsible Person | Due Date |
|--|---------------------------|----------------------------------|
| 1. Chief Medical Officer's Report – Provide update on the Crisis Care Center's staffing, the level of training and oversight of individuals treating our members, coaching and other areas. | Grace Wolf | <i>September 11, 2024</i> |

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

ADJOURNED: 3:14 p.m.

NEXT MEETING: Wednesday, September 11, 2024 at 1:00 p.m.

**Program Compliance Committee Meeting
Autism Services Department
FY 24 – Quarter 3 Monthly Report (April – June 2024)**



Main Activities during Reporting Period:

- Activity 1: Monitoring Autism Benefit Enrollment / Expansion
- Activity 2: Analysis of ABA Provider Referral Capacity
- Activity 3: ABA Performance Improvement Plan

Progress On Major Activities:

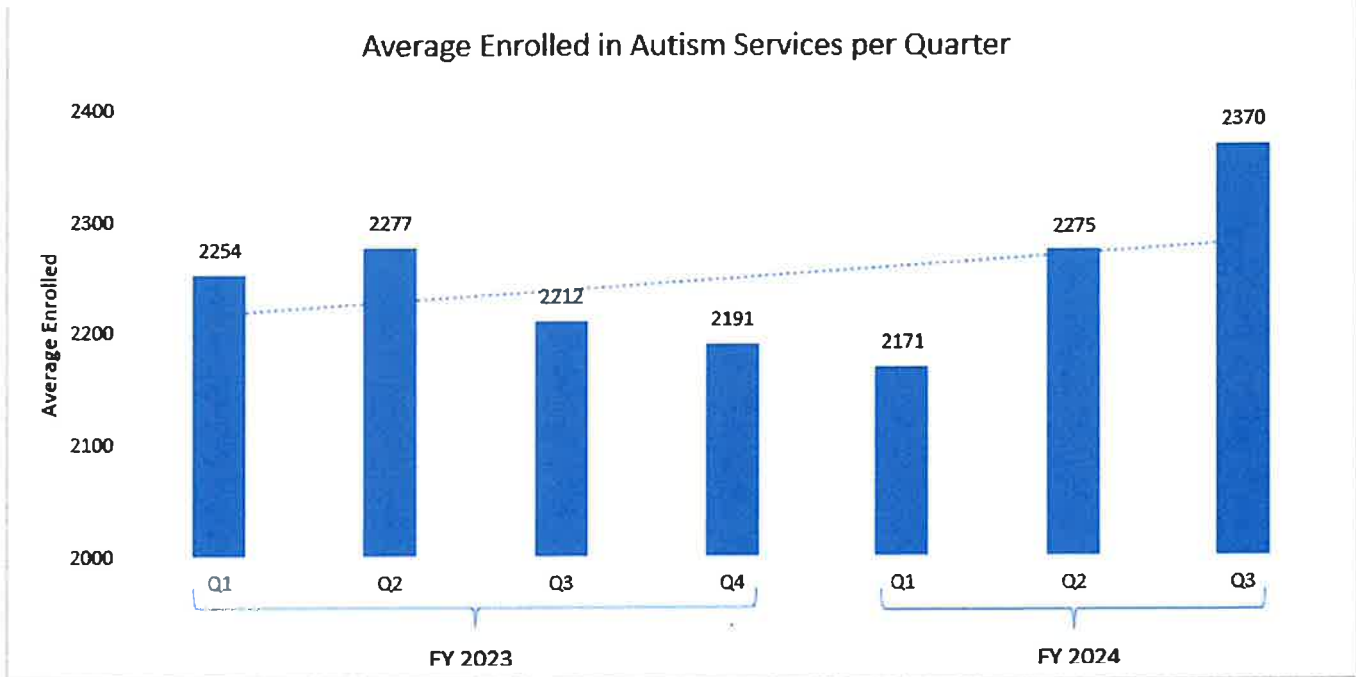
Monitoring Autism Benefit Enrollment / Expansion

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

Current Status: There was an average of 2,370 members assigned to DWIHN’s ABA provider network for Fiscal Year 2024 (FY). Compared to Q3 of the previous fiscal year and compared to the previous quarter there has been an increase of enrollment for autism services.

Total Members Enrolled in Autism Services

Average Enrolled in Autism Services per Quarter



Significant Tasks During Period: To support the expansion of Autism Services, the Request for Qualifications (RFQ) 2023-005 REBID continues until 5/1/2028.

Major Accomplishments During Period: As of FY 24/Q3, DWIHN approved two (2) new ABA Providers to the network; Advance ABA Care and Lumen Pediatric Therapy.

Needs or Current Issues: The number of individuals eligible for Autism Services continues to grow at a fast rate. Although demand for behavior technician staff and behavior analysts continues to grow the higher need for qualified staff did not change the State mandate of the supportive Qualified Behavioral Health Professional (QBHP) role in Autism Services. MDHHS confirmed Autism Service supervisors; including licensed psychologists (LPs), limited licensed psychologists (LLPs), and Master level individuals completing certification and licensure examination will not be allowed to bill after September 30, 2025. Thus, only Board Certified Behavior Analyst (BCBA) supervisory professionals will be

able to provide supervision to behavioral technicians. Removing this qualified position level will remove approximately 75 individuals from DWIHN's network. During the interim timeframe Providers will need to adjust staffing, referrals, and hiring practices to reduce impact to current and future members in DWIHN's Autism Service network.

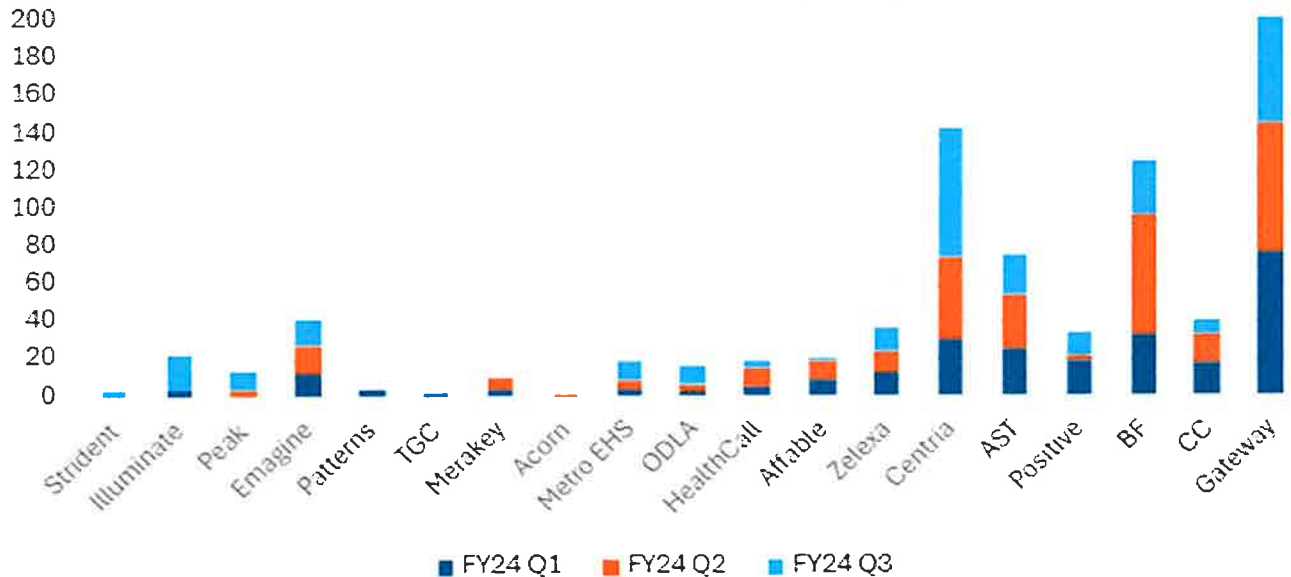
Plan: MDHHS will provide guidance and support to PIHP/CMHs to support QBHPs to full credential and licensure by providing study resources. Continue to support the ABA Providers selected from the Qualified List are Integrated Pediatric Therapy in Brownstown, ABA Golden Steps for home-based only, and Downriver Therapy Association (DBA Success on the Spectrum (SOS) Trenton) in Trenton.

Activity 2: Analysis of ABA Provider Referral Capacity

Description: Monitoring ABA referrals is beneficial to ensure children and youth are connected to receive ABA services. Overall, there are several different referral types which are tracked as “open”. The various referral types are: a). A member recently diagnosed with ASD, b). A member is transferred to another ABA provider, c). A member restarts Autism Services, d). A member transfers from another county, e). A member transfers from another state, or f). A member transitions from either a higher level of care (inpatient) or a lower level of care.

Current Status: A total of 7 ABA providers consistently accept referrals over the last three (3) quarters: Gateway Pediatric Therapy, Behavior Frontiers, Total Spectrum, HealthCall, Zelexa, Emagine Health Services and Centria Healthcare. Alternatively, the following ABA providers have the lowest number of referrals between over the last three (3) quarters: Acorn Health of Michigan (1 referral), Strident Healthcare (4 referral), The Guidance Center (2 referrals), Patterns Behavioral Services (3 referrals), and Merakey (10 referrals).

Total ABA Provider Referrals per Quarter



Major Accomplishments During Period: Multiple ABA Providers in the network have worked diligently to onboard new staff members and additional ABA referrals. This also allows centers to have more contingency staff for current caseloads when staff members are out of office.

Needs or Current Issues: Continue to monitor the length of treatment for youth in ABA services and coordinate with ABA Providers regarding planned discharge planning.

Plan: Currently building a system to track ABA minimum and maximum capacity across the network. Additionally, providing direction to network on policy development around appropriate transition and discharge planning. Contract

language will also be added to ensure expectations on referral capacity. Lastly, a new tracking system is being developed to determine controlling variables impacting length of stay in treatment.

Activity 3: Performance Improvement Plan

Description: Timely access to Applied Behavior Analysis (ABA) for eligible individuals with autism, ages 0 to 21 years, covered by Medicaid in Wayne County is important to ensure members receive the care they need. This is measured by collecting data on the services that start within 14-days of effective date. The baseline of this measure indicated that only 68% of members started services within 14-days of being authorized.

Current Status: Chart below highlights that on average for FY24/Q3, 84% of members begin services within 14-days of ABA authorization effective date. This is higher than the goal of 70% and higher than the baseline date of 65% during FY23.

| Fiscal Year | Numerator (ABA Services) | Denominator (Total Authorizations) | Percentage of Services starting within 14 days |
|-------------|--------------------------|------------------------------------|--|
| FY 23 / Q4 | 37 | 42 | 88% |
| FY 24 / Q1 | 35 | 37 | 95% (+) |
| FY 24 / Q2 | 43 | 51 | 84% |
| FY 24 / Q3 | 36 | 43 | 84% |

Significant Tasks During Period: The Autism Service Department has continued to coordinate efforts of oversight with Quality Improvement specialists, Utilization Management, and Customer Service Department to educate, train, and oversee the ABA Provider’s utilization numbers. Over this last quarter, ABA providers have been re-educated on the required documentation needed to ensure qualifiable justification of treatment adherence (i.e., poor attendance, vacation, sick, autism center closing, lack of staff, etc.) for member’s choice verses provider’s responsibility to a member. Additionally, further oversight was provided to authorization usage to identify discrepancies between remaining services available and billed services to identify more accurate global trends. Lastly, the ASD Program Administrator coordinated with DWIHN Customer Service Department to address grievances, advance action notice concerns, appeals, and supporting the network with technical assistance during Q3.

Major Accomplishments During Period: The guidance provided by DWIHN’s Autism Service Department specialists has improved the communication and oversight of member’s utilization. FY24/Q1 data indicate 69.1% and currently FY4/Q2 data has improved to 72.6% for utilization across ABA Provider network.

Needs or Current Issues: Continue to address barriers and meet with ABA Providers regarding grievances. Grievance issues mainly are related to not following the due process procedures.

Plan: Continue to meet with the Grievance Coordinator and educate ABA Providers on the due process procedures.

Quarterly Update

Things the Department is Doing Especially Well:

Autism Service Delivery: DWIHN continues to provide direction to ABA providers that eligibility remains a key contractual requirement included in the Statement of Work (SOW) which determines eligibility to continue the delivery of autism services. Interdepartmental coordination continues to be a focus to ensure ABA providers are receiving the same feedback across departments as well as refrain from unnecessary data collection across departments to minimize extensive provider output to communicate with DWIHN.

| Training Title | Date | Number of Attendees |
|--|---------------|---------------------|
| Parent Training: Strategies for a Successful Meeting | June 21, 2024 | 42 |
| Communicating, Training, and Supervising | June 28, 2024 | 36 |

Identified Opportunities for Improvement:

Independent Evaluation(s): Recognized a slight decrease with initial diagnostic evaluation appointments being filled at Access Call Center after screenings were completed.

Solution: Utilize new appointment report to reference and provide to Independent Evaluation agencies.

General Funds: Noticed an increase of members with inactive Medicaid.

Solution: Review General Fund report internally and discuss status of reinstating Medicaid with Providers. Update the General Fund standards for autism services.

Progress on Previous Improvement Plans:

ABA Service Delivery Performance Improvement Plan (PIP): Discussed with Providers the performance improvement plan expectation of monitoring ABA service start dates to meet requirement of engagement within 14 days of the authorization effective date. Progress is noted with this improvement plan as evidenced by achieving above the goal of 70%, FY24/Q3 = 84%.

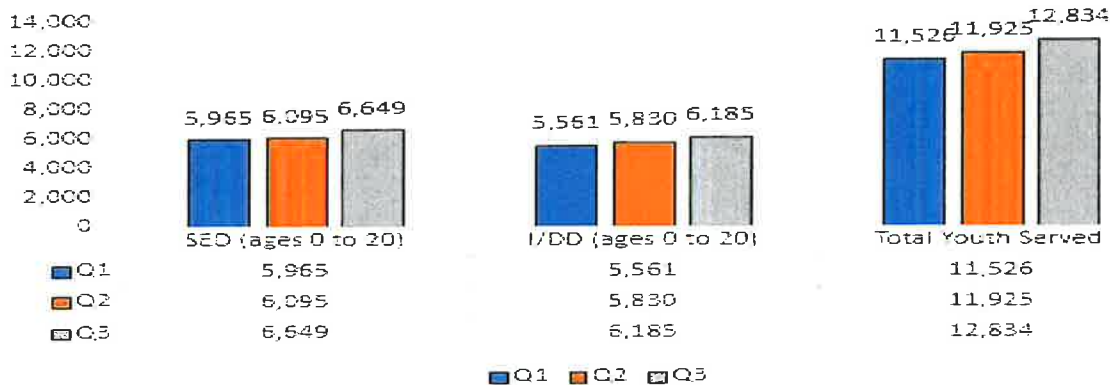
**Program Compliance Committee Meeting
September 11, 2024**



**Children's Initiative Department
FY 2024 / Quarter 2 (April - June 2024)**

Overall Clinical Services: During FY 24, Q2 DWIHN served a total of 12,834 unduplicated children, youth, and families in Wayne County ages 0 up to 21st birthday; including both Serious Emotional Disturbance (SED) and Intellectual/Developmental Disability (I/DD) disability designations. This total is slightly higher than FY 24/Q2 of 11,925 members served. During FY 23 there were 12,123 unduplicated youth who received services.

FY 24: Total Youth Served



Main Activities during the Reporting Period:

- Activity 1: MichiCANS Soft Launch Pilot
- Activity 2: Juvenile Restorative Program Look Back

Progress On Major Activities:

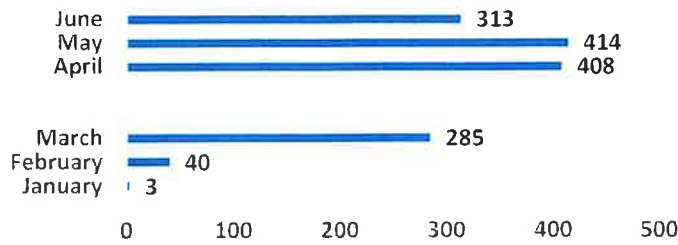
Activity 1: MichiCANS Soft Launch

Description: MDHHS developed the MichiCANS screener and comprehensive assessment for children and youth ages 0 to 21st birthday. This tool is used to support Family Driven, Youth Guided care planning and level of care decisions, facilitate quality improvement initiatives, and monitor outcomes of services. Wayne County was selected as a pilot site in which DWIHN and The Children Center are currently participating in the Soft Launch Project.

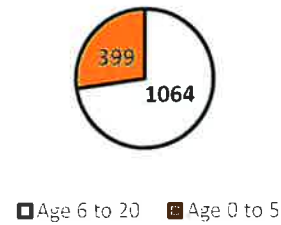
Why is this Important?: The MichiCANS tool will replace the Child and Adolescent Functional Assessment Scale(CAFAS) and Pre-School and Early childhood Functional Assessment Scale (PECFAS) assessments effective October 2024. In addition, the MichiCANS will also be required for children and youth with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

Current Status: The Soft Launch started 1/8/2024 with DWIHN and The Children Center (TCC) as the identified sites for Wayne County and ended 3/31/2024. Below is the chart of total MichiCANS screenings completed by DWIHN Access Department. FY24/Q2 = 328 screenings and FY24/Q3 = 1,135 screenings (total of 1,463). Of the total, 339 screenings pertained to the age range of 0 to age 5 (27.27%) and 1,064 of the screenings were associated with the 6 to 20 age range (72.72%).

MichiCANS Screenings



MichiCANS Screenings



Significant Tasks During Period: Although the soft launch ended March 2024, DWIHN Access Department and TCC continues to administer the MichiCANS screenings until the hard launch starts 10/1/2024. The Infant Mental Health (IMH) calendar has been updated in MHWIN so DWIHN Access Center can begin scheduling intake appointments for children ages 0 to 5 with IMH Providers (historically only Children Providers completed screenings for children ages 0 to 5). Lastly, Providers attended the required MichiCANS trainings during the months of June and July.

Major Accomplishments During Period: Successfully completed the MichiCANS soft launch for Wayne County. Facilitated MichiCANS Q&A Session 5/23/24 with the provider network with the collaboration of MDHHS, PCE representative, and The Children Center (*about 80 attendees*). Also educated the Provider network on the specific services that MDHHS will monitor per the MichiCANS comprehensive assessment: Home Based Therapy, Intensive Care Coordination Wrap Around (ICCW), SED Waiver, Parent Support Partner (PSP), Youth Peer Support (YPS), Community Living Supports (CLS), Respite, and Intensive Crisis Stabilization Services (ICSS).

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

Plans:

- Update the Screening Eligibility Bulletin to include an additional guidance for Providers to reference
- Continue to participate in monthly MichiCANS meetings in preparation for the hard launch
- Finalize the referral process for Department of Health and Human Services (DHHS) to submit referrals for children and youth involved in the foster care system that meet criteria for community mental health services according to MichiCANS Screener eligibility.
- By September 2024 update policies and utilization guidelines to incorporate MichiCANS requirements

Activity 2: Juvenile Restorative Program Look Back

Description: Team Wellness launched the Juvenile Restorative Program (JRP) July 2023. JRP is a short-term 3 to 6 month program that includes a comprehensive array of services including therapeutic services (individual, group, and family), care management, peer supports, educational services, skill building services, meals and transportation to all members.

Why is this Important?: During the year of 2022 – 2023 on average there were about 70 to 80 youth held at the Juvenile Detention Facility (JDF) due to not enough juvenile placement residential beds. Consequently, this resulted in overcrowding and the mental health needs of youth were unaddressed. In addition, there were funding barriers due to the community mental health system unable to deliver Medicaid funded services in the jail setting for youth. As a result, various collaborative meetings were held with DWIHN Leadership, Children Providers, Juvenile Justice Partners, Hospitals, etc. to address the dire need to support youth in the juvenile justice system. The Juvenile Restorative Program was

developed to prevent juvenile justice recidivism and having community-based services specifically to address the high risk needs of youth.

Current Status: The goal for FY24 was to service 70 youth with the juvenile restorative program and that has been accomplished thus far. During FY24 there have been 102 referrals to the program, 91 intake assessments completed, 87 youth actively enrolled in the program (attended consistently minimum of 30 days), and 32 discharges. In reviewing the demographics of the members referred to the program the most prevalent ages were age 16 and 17; in which, age 13 was the youngest age. Also, the primary disability designation was Serious Emotional Disturbances (SED) as well. Lastly, Oppositional Defiant Disorder was the most common diagnosis those referred to the program.

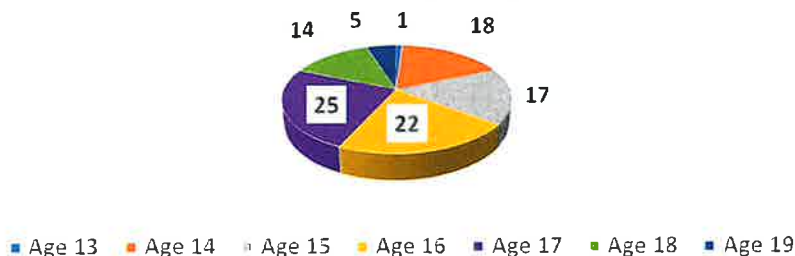
- **Oppositional Defiant Disorder:** According to www.mavoclinic.org oppositional defiant disorder presents with frequent and ongoing pattern of anger, irritability, arguing, and defiance towards parents and other authority figures.

| Juvenile Restorative Program | FY 23 / Q4 July - Sep | FY 24 / Q1 Oct - Dec | FY 24 / Q2 Jan - Mar | FY 24 / Q3 Apr - Jun | FY 24 / Q4 July <i>Preliminary</i> | Total |
|--|--------------------------|-------------------------|-------------------------|-------------------------|--|-------|
| # of Referrals | 24 | 25 | 24 | 19 | 10 | 102 |
| # of Actively Enrolled <i>(Attended at least 30 days)</i> | 23 | 19 | 22 | 13 | 10 | 87 |

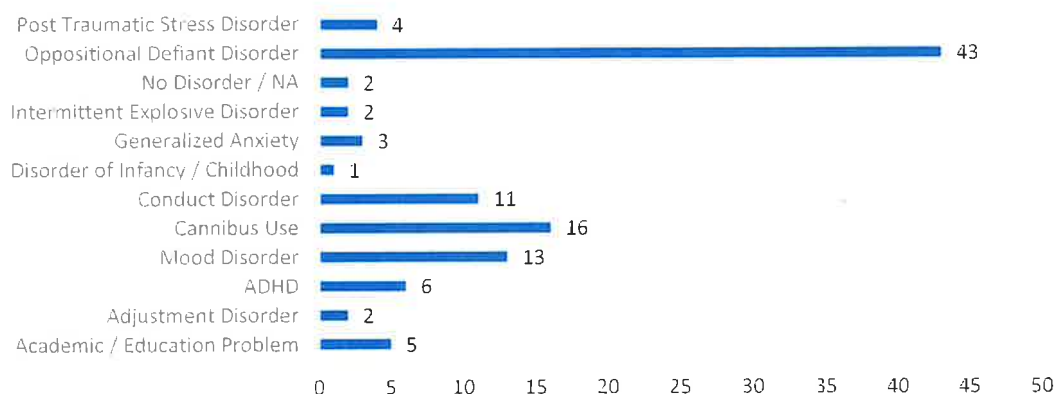
Summary of youth services include:

- Youth are attending therapy sessions, group sessions, and life skill activities according to the individual plan of service (IPOS).
- Youth are attending online schooling and working towards receiving high school diploma.
- Youth are completing psychiatric evaluations and stabilizing on medications
- Youth are reducing substance use

Total Youth per Age



Youth Diagnosis



Referral Process:

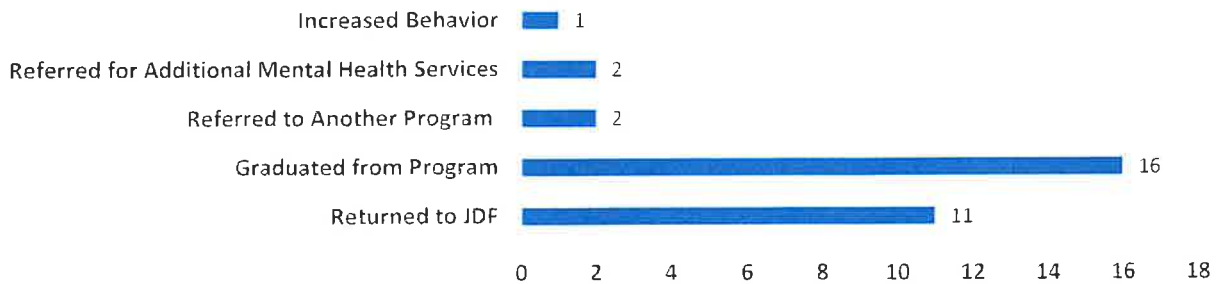
Youth participating in the Juvenile Restorative Program (JRP) are court ordered and or court approved prior to enrollment. Referrals are submitted by the Care Management Organization (CMO) Care Managers. Assured Family Services (AFS) is the Children Provider who completes screenings and intake assessments for adjudicated youth in the juvenile justice system and assigns to a CMO. The CMO provides coordination with the court system and youth while there is court involvement. Team Wellness Receives the referrals and submits them to DWIHN Access Department to open the case and youth are given the Juvenile Restorative Program – Program Assignment in MHWIN. There are 5 CMOs in Wayne County: Black Family Development, Bridgeway Services, Center for Youth and Families Central Care Management, Insight Youth and Family Connections, Growth Works, and Assured Family Services.



JRP Discharges:

The discharge planning process involves families participating in (4) parent sessions and ensure there is a school plan in place of either traditional schooling or a GED program. As of July 2024 there have been a total of 32 actively enrolled youth who were discharged from the program. The majority of the youth who *graduated* from the program returned back to traditional school and or completed the GED program. Also, youth were connected to housing and completed other goals in the Individual Plan of Service (IPOS). Out of the 87 actively engaged youth in the program, 8% *returned back to Juvenile Detention Facility (JDF)*. The main reasons were due to violating probation: vehicle theft, and domestic violence in the home, or tether violation.

Total Discharges = 32 youth



Significant Tasks During Period and Major Accomplishments: Over the past year there were specific barriers that were identified and addressed to assist with the progression of the program:

Barrier #1 - Limited Spacing: The original building at the Eastern Market location was smaller and presented as a safety risk due to not enough spacing. This also contributed to a lower amount of referrals as well since the capacity for the building was 35 youth.

Solution / Progress: The program transitioned to the Deaborn location in May 2024 that is a larger space and can accommodate more youth to attend the program. In addition, Team Wellness held a Grand Opening for the new location in July 2024. Youth enrolled in the program assisted with greeting guests, providing tours of the space, and providing food and refreshments.



Barriers #2 - Gang Involvement: It has been identified over the past year about 12 youth were involved in gang associations that presented a safety concern.

Solution / Progress: Youth profile is reviewed by Team Wellness staff prior to youth starting the program. Preliminary information is accessible via the JAIS system and coordination with the Care Manager

regarding any gang affiliation. Transportation was adjusted so those involved in gangs are not transported together. Lastly, there were guest speakers from the community who discussed gang interventions during weekly group sessions.

Barrier #3 – Medication: Youth were not consistently taking prescribed medication(s) at home.

Solution / Progress: Team Wellness Therapist educated youth and family on importance and benefits of consistently taking medication during individual and family therapy sessions. Team Wellness now has Psychiatrist, Pediatrician, and Nurse that are on site during the weekly and requested medication administration to be added to the service utilization guidelines to administer medications as well. Also, asthma was identified as a health issue among youth and Team Wellness provided about 5 inhalers and keep additional inhalers on site as well.

Barrier #4 – Lack of Engagement: It is noted during the past fiscal year poor engagement of youth actively attending the program has been a challenge. Examples include 15 youth not attending the intake session and or participating in the program for less than 30 days.

Solution / Progress: Team Wellness providing family therapy sessions to engage the parents to address lack of participation in the program. Team Wellness also developed an attendance procedure of contacting the CMO and Judge after a pattern of missed days from the program. Explore the referral type of youth not actively engaged to determine specific referral circumstances that would not be adequate for the program. There also has been educational presentations to stakeholders, community partners, and the community to further explain the program and increase referrals.

Barrier #5 – School: During the initial referral process there were challenges with Team Wellness not receiving updated schooling information and transcripts to assist youth with school enrollment.

Solution / Progress: Updated the referral procedure to ensure school transcripts and information is provided during the referral process. For FY25 the school program will change to Atlas and Team Wellness collaborating with Harper Woods School District, Ser Metro Detroit, and Asher Alternative School in Southgate. All of the youth also received chromebooks as well.

Needs or Current Issues: Barriers listed above.

Plans: Team Wellness to continue to address barriers listed above. Team Wellness in the process of hiring additional staff and completing MichiCANS training.

Quarterly Update

Things the Department is Doing Especially Well:

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

- PECFAS Booster Trainings
- PECFAS Initial Training
- CAFAS Booster Trainings
- CAFAS Initial Trainings
- Core Competency Training
- Children Mental Health Lecture Series: The Link Between Trauma and Substance Use in Children and Adolescents
- Children Mental Health Lecture Series: Human Trafficking
- Children Mental Health Lecture Series: Creative Strategies for Fostering and Engagement of Children and Families

Identified Opportunities for Improvement:

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

Progress on Previous Improvement Plans:

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 throughout FY24.

| Disability Designation | FY 24 – Q1 | FY 24 – Q2 | FY 24 – Q3 | FY 24 – Q4 |
|--|-------------------|-------------------|-------------------|-------------------|
| Serious Emotional Disturbance (SED) | 77% | 77% | 78% | <i>Pending</i> |
| Intellectual Developmental Disability (IDD) | 76% | 80% | 81% | <i>Pending</i> |

**Program Compliance Committee Meeting
Quarter 3 FY 24 Report
Integrated Health Care Department
Vicky Politowski Director
09/11/2024**



Main Activities during the year Reporting Period: FY 2024

- **OBRA services**
- **Complex Case Management**
- **Special Care Coordination with Medicaid Health Plans**
- **HEDIS Quality Improvement Plans**

Progress On Major Activities

Activity 1: OBRA Services

- **Description:** The OBRA program is a Federal mandated program that determines if an individual requires nursing home level of care and what level of treatment they would need for their behavior health condition, or for their developmental disability while in a nursing home.
- **Current Status:** During FY Q3 1,716 referrals were made, of those 842 were assigned for an assessment and 874 required an exemption letter.
- **Significant Tasks** 319 full assessments and 161 partial assessments were completed with a 98% congruency and 10% pends. The state expects less than 25% pends for a quarter.
- **Major Accomplishments During Period:** The OBRA team provided training on OBRA/PASSR to 26 nursing homes and 2 hospitals.
- **Needs or Current Issues:** While the 14-day que averages around 500 the team is completing referrals from the current months and DWIHN is not behind. Improve turnaround times for 14-day que.
- **Plan:** OBRA is fully staffed and can complete more assessments.

Activity 2: Complex Case Management (CCM)

- **Description:** Complex Case Management is an intensive program to engage members who have medical and behavioral health disorders. This program is for 120 days and links members with primary care, behavioral health, transportation, food, housing, in home services and other independent living skills.
- **Current Status:**
 1. 6 new cases, 11 open cases and 7 closed cases. Of the 7 closed cases 3 met their goals, 1 partially met goals, 1 was unable to find and 1 needed a higher level of care.
 2. Care coordination was completed on 84 members, 13 providers received training on CCM, and 117 members were contacted about their FUH appointment. Of those 117, 37 made their appointment.
 3. CCM is assisting with decreasing the racial disparity between White and Black members who attend the 7-day appointment and reached out to 66 members, they spoke to 4 and 30 attend the 7-day appointment.
 4. 3 surveys were received with a score of 100% satisfaction.

- **Major Accomplishments During Period:** CCM attended Team Wellness FQHC health fair and assisted in 100 blood draws for A1C and education on the CCM program.
- **Needs or Current Issues:** CCM is down one staff.
- **Plan:** Position is posted.

Activity 3: Special Care Coordination with Medicaid Health Plans

- **Description:** IHC is in a special project for care coordination activities with two Medicaid Health Plans, Blue Cross Complete and Priority Health. This project exists to reduce care gaps for members served and improve HEDIS measures for the population of members that present with deficits. A bimonthly meeting takes place with each plan to determine gap, identify plan to address gap and report outcomes of efforts.
- **Current Status:** IHC meets with Priority Health and BCC two times a month and discusses cases for follow up.
- **Significant Tasks During Period:** One hundred twenty-eight members were discussed and had coordination during the year. Forty of those members had their gaps in care closed within a month.
- **Major Accomplishments During Period:** DWIHN met with health plans to discuss the new contract specifications with the state.
- **Needs or Current Issues:** Medicaid Health Plans are in the RFP process to continue providing services and care coordination is a requirement. IHC has met with all of the health plans to discuss how this can be accomplished. DWIHN will be able to provide more care coordination with the Medicaid Health Plans as required by the state.
- **Plan:** DWIHN is continuing to meet with the health plans to educate on care coordination and how they need to increase numbers serviced.

Activity 4: HEDIS Quality Plans:

- **Description:** Integrated Health Care (IHC) has four Quality Improvement plans based on HEDIS. These are Follow up After Hospitalization (FUH), Adherence to Antidepressant Medication (AMM), Adherence to Antipsychotic Medication (SAA), and Diabetes Screening for People who are on Antipsychotic Medication (SDD).
- **Current Status**

| Measure | Measure Name | Metric Name | Stratification Name | FY2023 | FY2024 | Goal |
|---------|---|--------------------------------|--|--------|--------|-------|
| AMM | Antidepressant Medication Management Acute | Effective Acute Phas | | 43.88 | 45.56 | 66.93 |
| AMM | Antidepressant Medication Management Continuation | Effective Continuation | | 19.64 | 23.71 | 50.71 |
| FUH | Follow-Up After Hospitalization for Medicare | FollowUp30Day | 30 days (18-64) | 50.34 | 54.25 | 58 |
| FUH | Follow-Up After Hospitalization for Medicare | FollowUp30Day | 30 days (6-17) | 63.64 | 66.94 | 70 |
| FUH | Follow-Up After Hospitalization for Medicare | FollowUp30Day | 30 days (65+) | 44.36 | 40 | 58 |
| SAA | Adherence to Antipsychotic Medication | AdherenceAntipsychotic | Adherence to Antipsychotic | 51.91 | 76.24 | 80.99 |
| SSD | Diabetes Screening for People With Schizophrenia | DiabetesScreeningSchizophrenia | Diabetes Screening for People With Schizophrenia | 71.94 | 43.58 | 80.99 |

- **Major Accomplishments During Period: Needs or Current Issues:**
 1. IHC launched its first health fair. Partnered with Team Wellness and the Detroit Health Department. 100 members attended, and Wayne Health performed 30 blood draws for A1C.
 2. IHC is working with two CRSP and their Federally Qualified Health Centers (FQHC) to increase the quality of care surrounding the HEDIS measures.
 3. IHC, Crisis, Quality, Adult and Children’s Initiative are working together to reduce the incidence of hospitalizations and increase the members follow up appointments with CRSP.
 4. IHC, Quality and MCO meet with CRSP every 45 days and review HEDIS scores.
- **Needs or Current Issues:**
 1. .2023 goals set for some of the measures are too high and this may have caused a situation where CRSP provider feel it is unobtainable. IHC will look at the average for the Medicaid health plans and align with those numbers.
 2. Continue to work with CRSP on why HEDIS measures are important for quality care.
- **Plan:** IHC will present the new goals to DWIHN approval committees in Q4. (These were approved and added into scorecard)

Program Compliance Committee Meeting
Grace Wolf, VP of Crisis Services / 707 Crisis Care Center Report
September 11, 2024

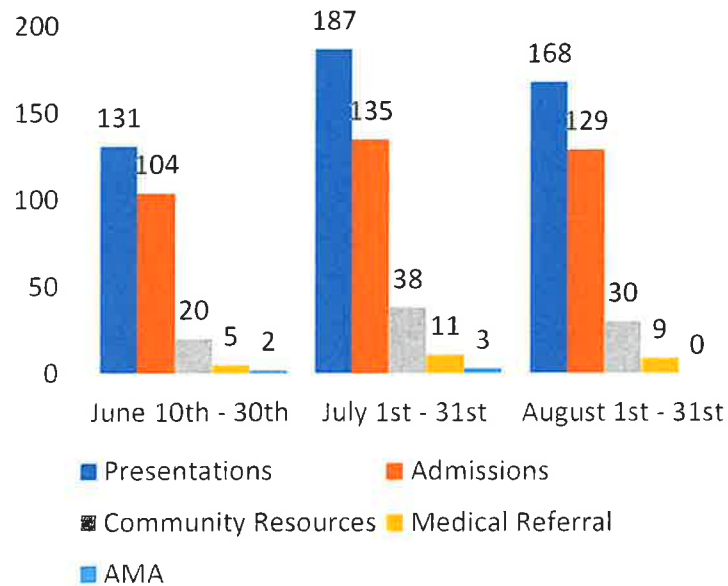


Main Activities during June 10th – August 31, 2024, Reporting Period:

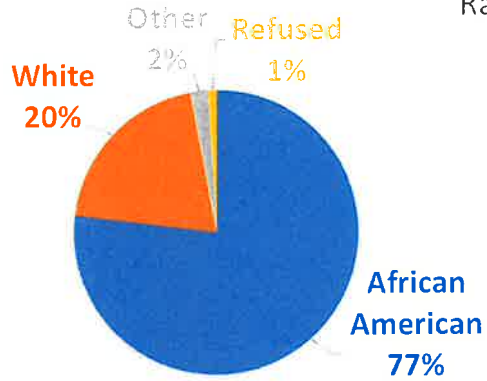
- **Opened Adult Crisis Stabilization Unit (ACSU)**
- **Opened Building Empowered and Supportive Transitions Unit (BEST)**
- **Opened Child and Family Crisis Unit (CFCU)**

Activity 1: Adult Crisis Stabilization Data

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

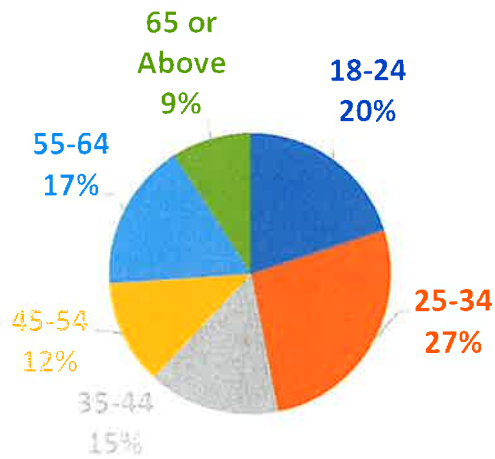


Total -
Race

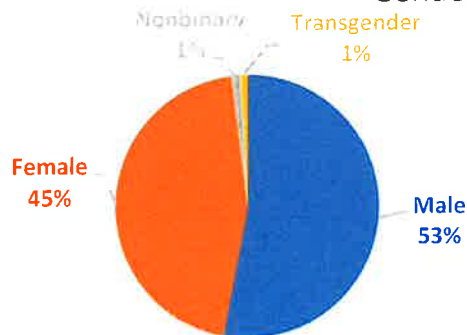


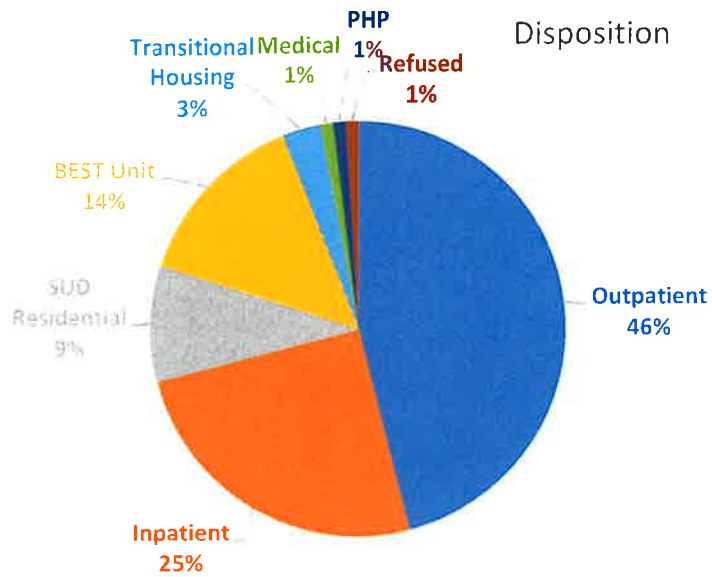
**Other includes: two or more races, American Indian, Arab American, Asian, or Native Hawaiian/other Pacific*

Total -
Age

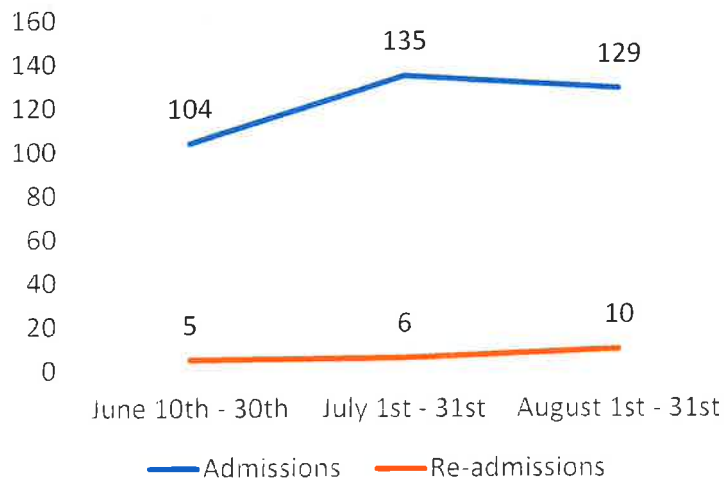


Total -
Gender Identity





Recidivism within the Same Month



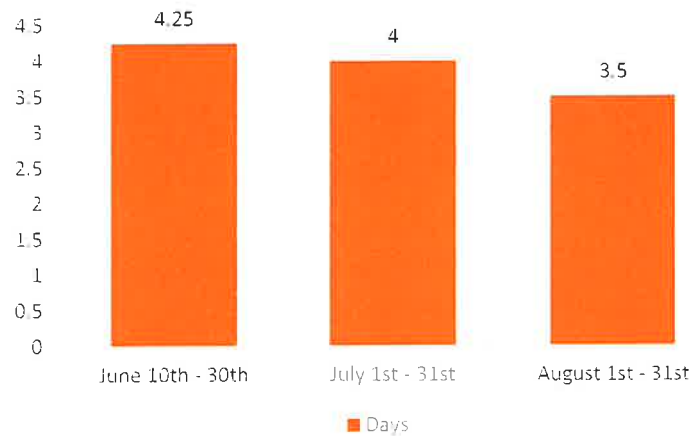
Activity 2: Building Empowered and Supportive Transitions Unit (BEST) Data

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

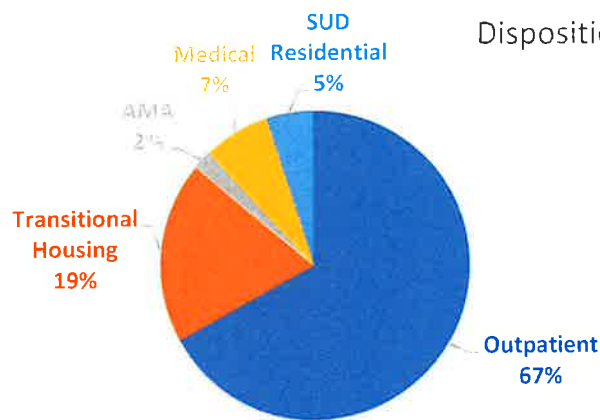
Transfers from ACSU



Average Length of Stay



Disposition

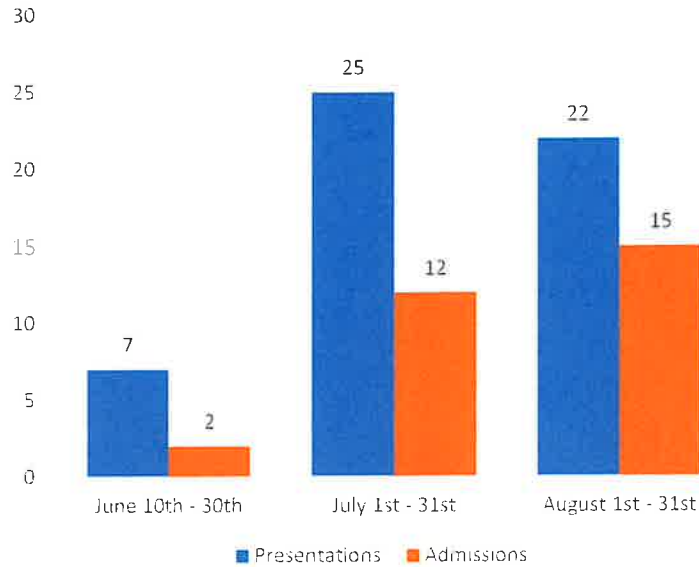


Activity 3: Child and Family Crisis Unit (CFCU)

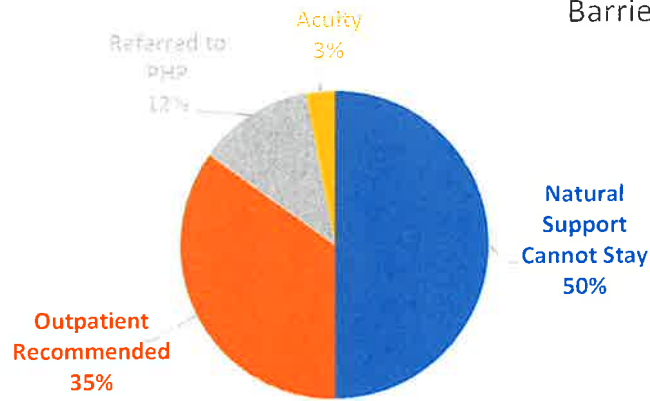
- *Description:* The CFCU serves individuals 5-17 years old, regardless of their insurance status, who are seeking mental health or substance use services. In alignment with MDHHS “Family

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

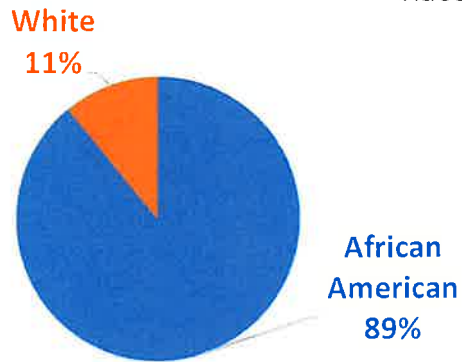
- *Current Status:*



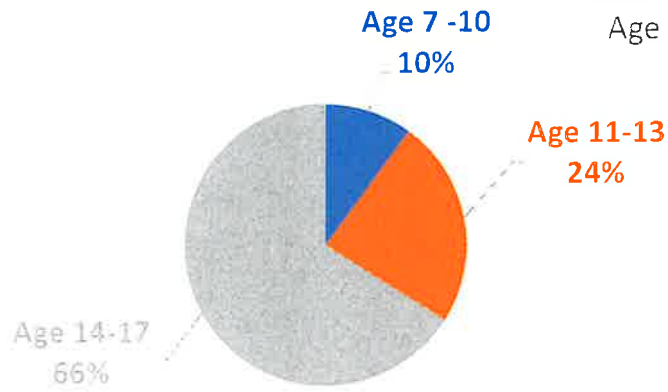
Admissions Barriers



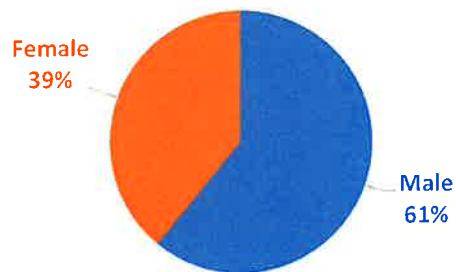
Total -
Race

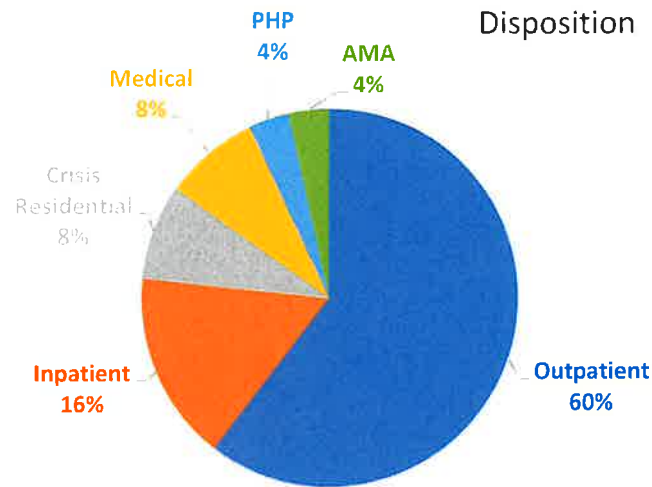


Total -
Age



Total -
Gender Identity





Quarterly Update:

- Things the Department is Doing Especially Well:**
 Staff have been working extremely hard on engagement and de-escalation when working with agitated and/or acute guests. From the 468 presentations to the adult unit, staff have only had to complete 2 mechanical restraints. Extremely proud of the trauma informed environment and culture at the 707 Crisis Care Unit!
- Identified Opportunities for Improvement:**
 Continued engagement with children and adolescent providers in Wayne County to increase the referrals to the CFCU.
- Progress on Previous Improvement Plans:**
 No current plans of improvement/correction.

**Program Compliance Committee Meeting
Director of Quality Improvement
QAPIP Update FY24
September 11, 2024**



Main Activities during Quarter 3 Reporting Period:

- Performance Indicators Data for the last year
- HSAG External Quality Reviews

Progress on Major Activities:

Activity1: The chart displays the Performance Indicator data for the last year.

| Indicators | Definition | FY23 Q2 | FY23 Q3 | FY23 Q4 | FY24 Q1 | FY24 Q2 | FY24 Q3 Preliminary | Standard |
|-----------------------|---|---------|---------|---------|---------|---------|---------------------|----------|
| 1 (Adult) | Crisis Prescreening within 3 Hours of Request | 98.18% | 96.88% | 95.70% | 96.55% | 97.23% | 97.85% | |
| 1 (Children) | | 99.11% | 98.68% | 98.54% | 99.44% | 98.80% | 95.12% | >95% |
| 2a (MI/Adult) | Intake (IBPS) within 14 days | 59.53% | 56.22% | 55.13% | 57.34% | 59.68% | 59.40% | |
| (DD/Adult) | | 52.27% | 52.68% | 53.78% | 58.41% | 63.64% | 60.77% | >57% |
| 2a (MI/Children) | | 31.42% | 26.57% | 32.49% | 30.21% | 51.78% | 59.40% | |
| (DD/Children) | | 32.08% | 32.60% | 46.03% | 21.78% | 27.92% | 31.36% | |
| 3 (On-going Services) | Ongoing service within 14 days | 89.63% | 90.33% | 92.63% | 90.22% | 89.24% | 93.24% | >83.80% |
| 4a (Adult) | 7-day follow-up after discharge | 98.16% | 97.78% | 97.78% | 98.28% | 97.57% | 96.70% | |
| 4a (Children) | | 100% | 96.15% | 96.15% | 96.29% | 96.23% | 98.61% | >95% |
| 4b (SUD) | SUD Detox | 99.43% | 98.86% | 98.86% | 99.83% | 95.05% | 95.50% | |
| 10 (Children) | Inpatient psychiatric Recidivism | 8.24% | 7.27% | 11.58% | 8.62% | 8.82% | 15.75% | <15% |
| 10 (Adult) | | 15.71% | 17.71% | 16.09% | 17.58% | 16.65% | 17.58% | |

- Performance Indicator #1 (Crisis Screening within 3 hours): We have consistently exceeded the 95% standard for both children and adults each quarter over the past year.
- Performance Indicator 2a involves completing an Integrated Biopsychosocial Assessment (IBPS) within 14 days of the first request. For the past few quarters, both MI/Adults and DD/Adults have consistently achieved a rate of 57% or higher.
- In Q3, we set new records for performance with MI/Adults (59.40%), DD/Adults (60.77%), and MI/Child (58.98%), all exceeding the standard. However, DD/Child fell short at 31.36%. Excitingly, preliminary Q4 data (51.95%) represents our best performance yet, and we anticipate final results by December 31, 2024.
- Performance Indicator #3 (ongoing services 14 days after intake): DWIHN has continued to do well for PI#3. Our data shows that we have achieved some of the highest rates among all the PIHPs in the state. The data indicates that more than 90% of our members are receiving services 14 days after intake, surpassing the standard of 83.80%.

- Performance Indicator #4a (follow-up after hospitalization) and 4b (SUD Detox Discharge Follow-up): We have achieved the 95% standard each quarter for the past year.
- Performance Indicator #10 (Children's Recidivism): We have consistently met this standard each quarter. There was an increase in Q4 of 2023 (11.58%) and Q3 of 2024 (15.75%) in the recidivism rate among the children's population. These readmissions will be closely monitored in Q4.
- For Performance Indicator #10 (Adult Recidivism), we continue to see rates fluctuate from quarter to quarter. We have an average of 16.89% each quarter, which is below the 15% standard.

The proactive steps we are taking aim to address current trends and enhance outcomes.

Performance Indicator # 2a (DD/Child)

- Children's service providers will begin using a screening code for completed children's screenings to include in the MDHHS Performance Indicator data.
- Children Providers complete monthly Provider Capacity Form.
- We have just added a new Children Provider (Judson Center).
- Continue with the 45-day meetings with the CRSPs.

Performance Indicator #10 (Children Recidivism)

- Made slight updates to the Crisis Clinical Review Form, including the number of Crisis Events within the past 90 days and indicating the last date of face-to-face service.
- Follow up with Crisis Screeners when the Crisis Department and Crisis Screeners inform the CRSP of Emergency Room admission and Inpatient admission.
- Continue to address hospital readmissions in the children's meeting.

Performance Indicator #10 (Adult Recidivism)

- Make sure that the PAR reviewer completes the PAR if a member is recidivistic (PAR Review Sheet)
- Performance Improvement Plans will be requested from 15 CRSPs that did not meet the standards for Q3
- Continuing with Quarterly Recidivism Provider Workgroup Meetings. The next meeting is scheduled for August 21, 2024.
- Continue with the 45-day meetings with the Clinically Responsible Service Providers

Activity 2: HSAG Reviews

August has proven to be an eventful month for the Quality Team as we navigate through multiple annual HSAG audits and deadlines. DWIHN is subject to External Quality Reviews (EQR) through the Health Services Advisory Group (HSAG) to ensure compliance with all regulatory requirements. HSAG complies with three separate reviews annually.

- The Performance Measure Validation (PMV) and Network Adequacy Validation (NAV) activities review took place on Thursday, August 1, 2024, to validate the data collection and reporting processes for the required performance indicators and network adequacy standards selected by MDHHS. The preliminary findings will be shared with DWIHN within 30 days
- The Compliance Monitoring Review, held on September 6, 2024, marking the first year of a 3-year compliance review. The review was centered around 5 standards: Member Rights and Member Information, Availability of Services, Assurances of Adequate Capacity and Services, Coordination and Continuity of Care and Coverage and Authorization of Services. The preliminary findings will be sent to DWIHN within 30 days.
- Performance Improvement Project (PIP): Reducing the Racial Disparity of African Americans in Follow-Up Care within 7 days of Discharge from Psychiatric Inpatient Unit. DWIHN submitted the first re-measurement period for 2023 on July 15th, 2024. We successfully met 18 out of 20 PIP standards, despite not reaching our initial baseline goal of 4.51% (7.5%). We are on track to meet the goal for the second re-

measurement period for 2024. The most recent preliminary data for January to July 2024 indicates a disparity of 5.12, which represents a **2.38%** decrease from January to December 2023.

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-01 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/18/2024

Name of Provider: Detroit Wayne Integrated Health Network

Contract Title: Multicultural Integration Programs

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

Presented to Program Compliance Committee at its meeting on: 9/11/2024

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

Amount of Contract: \$ 730,630.00 Previous Fiscal Year: \$ 836,920.00

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2024

Provider Impaneled (Y/N)? Y

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

The Detroit Wayne Integrated Health Network (DWIHN) is requesting approval of the memorandums of understanding between Community Mental Health Association of Michigan (CMHAM), Michigan Department of Health and Human Services (MDHHS) and Pre-paid Insurance Health Plan (PIHP) for the PIHP Veteran Navigator (PIHP VN), Peer Navigator, Navigator Assistant and the Multicultural Integration Providers formerly known as the Multicultural Programs.

The Multicultural Integration vendors were selected through MDHHS to provide services for the "Priority Population" who were identified as high risk. The services that will be performed will include outpatient services, case management services, psycho-behavioral treatment, outreach, mental health services, referrals, coordination and treatment services, mental health treatment for victims of trauma, poverty and parental abandonment, Drop-In Center availability, preventive community based mental health service options and assistance with the Healthy Michigan enrollment process.

The duties for the PIHP Veteran Navigator are to identify resources and making linkages in the PIHP region appropriate for Veteran and Military Families (V/MFs), making appropriate referrals, coordinating care, providing follow up and either directly providing or assuring wraparound services are available. Those duties will be conducted through a variety of means and will involve performing basic assessment of needs and planning to address the needs of the V/MF. The PIHP VN will continually assess the quality of services provided, vet organizations for quality delivery to V/MFs and make referrals for V/MFs. The Veteran Navigator will also have the assistance of a Peer Navigator and a Navigator Assistant.

Board Action #: 25-01

Revenue for these services is supported by E-Grants & Management Systems (EGrAMS) categorical funds for Ethnic Services. The amount of this proposed term of this Memorandums of Understanding is October 1, 2024, through September 30, 2025, and will not exceed \$730,630.00.

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 |
|----------------------|----------------------|----------------------|
| MDHHS Grant | \$ 711,930.00 | \$ 711,930.00 |
| State General Funds | \$ 18,700.00 | \$ 18,700.00 |
| Total Revenue | \$ 730,630.00 | \$ 730,630.00 |

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

Mannohan Singla

Stacie Durant

Mannohan Singla, Interim Chief Executive Officer
Signed: Thursday, September 5, 2024

Stacie Durant, Vice President of Finance
Signed: Thursday, September 5, 2024

Signature/Date:

Signature/Date:

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 25-02 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/18/2024

Name of Provider: DWIHN SUD Department

Contract Title: Substance Use Disorder- Treatment Network

Address where services are provided: see attachment

Presented to Program Compliance Committee at its meeting on: 9/11/2024

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

Amount of Contract: \$ 4,542,882.00 Previous Fiscal Year: \$ 7,951,781.00

Program Type: New

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

Date Contract First Initiated: 10/1/2024

Provider Impaneled (Y/N)? Y

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

The SUD Department is requesting approval to contract for the delivery of Substance Use Disorder Treatment Services for the 2025 fiscal year with a total budget not to exceed \$4,542,882.

Treatment services will be funded with Federal Block Grant dollars (\$3,121,782) and PA2 funds (\$1,421,100), together totaling \$4,542,882.

It should be emphasized that the SUD Treatment, Women's Specialty Services (WSS) and State Disability Assistance (SDA) block grant for claims-based activity based on medical necessity and is included in the overall provider network board action therefore the below amounts do not reflect the entire SUD treatment, SDA and WSS grant allocation from MDHHS.

Treatment programs and amounts are summarized below:

Block Grant Funds (\$3,121,782)

- Women's Specialty Services: \$665,000
- ARPA: \$721,739
- SOR IV: \$1,475,043
- Media efforts: \$260,000

PA2 Funds (\$1,421,100)

The Substance Use Disorder Department offer a range of services to support individuals on their journey to recovery. From withdrawal management to outpatient services, including FDA approved Medication Assisted Treatment. SUD programs include residential services, intensive outpatient, dual diagnosis day treatment, case management, recovery housing, early intervention services, relapse prevention, peer recovery services, intensive wraparound program, communicable disease program, and healthy outreach.

Additionally, we organize events including the Opioid Summit, Faith-Based Conference, Recovery Walk, Women and Men's Annual Conferences along with providing Narcan, Yoga and communicable disease prevention services

The Detroit Wayne Integrated Health Network has the discretion to distribute these funds amongst service providers based on utilization without further board approval, provided the total does not exceed the approved budget of \$4,542,882.

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

Source of Funds: Block Grant,PA2

Fee for Service (Y/N): Y

| Revenue | FY 24/25 | Annualized |
|----------------------|------------------------|------------------------|
| Block Grant | \$ 3,121,782.00 | \$ 3,121,782.00 |
| PA2 | \$ 1,421,100.00 | \$ 1,421,100.00 |
| Total Revenue | \$ 4,542,882.00 | \$ 4,542,882.00 |

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

Manny Singla, Interim Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Board Action #: 25-02

Manmohan Singla

Stacie Durant

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 25-03 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/18/2024

Name of Provider: DWIHN SUD Department

Contract Title: Substance Use Disorder- Prevention Network

Address where services are provided: see attached list

Presented to Program Compliance Committee at its meeting on: 9/11/2024

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

Amount of Contract: \$ 6,147,683.00 Previous Fiscal Year: \$ 6,501,847.00

Program Type: New

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

Date Contract First Initiated: 10/1/2024

Provider Impaneled (Y/N)? N

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

DWIHN is requesting to contract for the fiscal year 2025 for an amount not to exceed \$6,147,683 for the delivery of Substance Use Disorder prevention services.

The following prevention programs have been granted funding from MDHHS for fiscal year 2025:

Block Grant - \$3,442,608)

- SUD Prevention Services: \$2,789,425
- Gambling Prevention: \$173,913
- SOR IV: \$350,000
- ARPA: \$125,270
- Tobacco Prevention: \$4,000

PA2 - \$2,705,075

The prevention services are funded with \$3,442,608 of Federal Block Grant dollars and \$2,705,075 of PA2 funding totaling in \$6,147,683.

DWIHN SUD Prevention network will engage in one or more of the 6 CSAP Primary Strategies: seamless Information Dissemination throughout all strategies; offering Alternatives and Community-Based services to foster

Board Action #: 25-03

prevention-prepared communities; conducting capacity-building education and direct services; advocating for environmental change; and streamlining problem identification and referral mechanisms. Moreover, we aim to bolster school-based programming, leveraging peer-to-peer pro-social services, elevating public awareness, and mobilizing communities to counter alcohol, tobacco, and other drug-related issues. This includes advocating for environmental and legislative changes to mitigate underage and alcohol-related activities' consequences. To address the opioid crisis, state opioid response programs will benefit from MDHHS funding, focusing on evidence-based practices, overdose education, naloxone distribution, harm reduction, and peer outreach connections.

DWIHN has the discretion to reallocate the dollars within funding sources among the providers without board approval based upon utilization up to an amount not to exceed \$6,147,683 for the fiscal year ending September 30, 2025.

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

Source of Funds: Block Grant,PA2

Fee for Service (Y/N): N

| Revenue | FY 24/25 | Annualized |
|----------------------|------------------------|------------------------|
| Block Grant | \$ 3,442,608.00 | \$ 3,442,608.00 |
| PA 2 | \$ 2,705,075.00 | \$ 2,707,075.00 |
| Total Revenue | \$ 6,147,683.00 | \$ 6,149,683.00 |

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

Manny Singla, Interim Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:
Manmohan Singla

Signature/Date:
Stacie Durant

Signed: Thursday, September 5, 2024

Signed: Wednesday, September 4, 2024 Board Action #: 25-03

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 25-04 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 9/18/2024

Name of Provider: Variety Food Services Inc

Contract Title: 707 Food Service

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

Presented to Program Compliance Committee at its meeting on: 9/11/2024

Proposed Contract Term: 10/1/2024 to 9/30/2027

Amount of Contract: \$ 586,967.48 Previous Fiscal Year: \$ 0.00

Program Type: New

Projected Number Served- Year 1: 3,000 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 8/14/2024

Provider Impanched (Y/N)?

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

Detroit Wayne Integrated Health Network (DWIHN) is requesting a three-year contract (with a 2-year renewal option) with Variety Food Services, Inc (selected under RFP #2024-019) to provide a Meal Program and Delivery Services to individuals served at the Care Center. The contract term is from **October 1 , 2024 through September 30, 2027. The contract amount shall not exceed **\$586,967.48** for the duration of **3 years**.**

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Board Action #: 25-04

| Revenue | FY 23/24 | Annualized |
|----------------------|-----------------|-------------------|
| Multiple | \$ 586,967.48 | \$ 586,967.48 |
| | \$ | \$ |
| Total Revenue | \$ | \$ |

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

Type of contract (Business/Clinical):

ACCOUNT NUMBER: 64950.817100.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Manny Singla, Interim Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Manmohan Singla

Stacie Durant

Signed: Wednesday, August 28, 2024

Signed: Wednesday, August 28, 2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 25-10 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/18/2024

Name of Provider: Arab Community Center for Economic & Social Services

Contract Title: Behavioral Health Home FY 2025

Address where services are provided: Multiple

Presented to Program Compliance Committee at its meeting on: 9/11/2024

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

Amount of Contract: \$ 1,350,000.00 Previous Fiscal Year: \$ 1,350,000.00

Program Type: Continuation

Projected Number Served- Year 1: 1,000 Persons Served (previous fiscal year): 784

Date Contract First Initiated: 5/1/2022

Provider Impaneled (Y/N)?

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

This Board Action is presented to request continuation of Behavioral Health Home (BHH) Services in Wayne County with the following existing BHH providers: Arab Community Center for Economic and Social Services (ACCESS), Community Living Services, CNS Healthcare, The Guidance Center, Hegira Health, Inc., Psygenics, Inc., and Team Mental Health Services (DBA Team Wellness Center).

The providers listed submitted a BHH certification packet which DWIHN developed in consultation with the National Council on Mental Wellbeing. The certifications were reviewed and approved by DWIHN's Health Home Director. The certifications outline the provider's ability to meet BHH organizational and program requirements. Topics addressed in the certifications include confirming providers meet basic MDHHS and Medicaid requirements.

The amounts listed for each provider are estimated based on prior year activity and are subject to change. Amounts may be reallocated amongst providers without board approval. **The total not to exceed amount for FY 2025 is \$1,350,000.**

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

Source of Funds: Medicaid

Fee for Service (Y/N): N

| Revenue | FY 24/25 | Annualized |
|----------------------|-----------------|-------------------|
| MULTIPLE | \$ 1,350,000.00 | \$ 1,350,000.00 |
| | \$ | \$ |
| 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:

Manny Singla, Interim Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Mannmohan Singla

Stacie Durant

Signed: Wednesday, August 28, 2024

Signed: Wednesday, August 28, 2024

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-11 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/18/2025

Name of Provider: Star Center Inc.

Contract Title: SUD Health Home FY2025

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 9/11/2024

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

Amount of Contract: \$ 918,000.00 Previous Fiscal Year: \$ 918,000.00

Program Type: Continuation

Projected Number Served- Year 1: 1,000 Persons Served (previous fiscal year): 661

Date Contract First Initiated: 10/1/2021

Provider Impaneled (Y/N)?

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

The DWIHN Health Homes team is requesting approval of a Comparable Source Contract between Detroit Wayne Integrated Health Network and the following Service Providers to continue SUD Health Home (SUDHH) Services in Wayne county: Hegira Health, Inc., Metro-East Drug Treatment Corporation, Nardin Park Recovery Center, Inc., New Light Recovery Center, Inc., Quality Behavioral Health, Inc., Rainbow Center of Michigan, Inc., Sobriety House, Star Center, Inc., and The Guidance Center. SUD Health Home was known as "Opioid Health Home" previously but is changing its name and expanding qualifying diagnoses to a more expansive "SUD Health Home" for FY 2025.

The amounts listed for each provider are estimates based on prior year activity and are subject to change. Amounts may be reallocated amongst providers without board approval. **The total not to exceed amount for FY 2025 is \$918,000.**

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

Source of Funds: Medicaid

Fee for Service (Y/N): N

| Revenue | FY 24/25 | Annualized |
|----------|---------------|---------------|
| Medicaid | \$ 918,000.00 | \$ 918,000.00 |

| | | |
|----------------------|----|----|
| | \$ | \$ |
| 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:

Manny Singla, Interim Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Mannmohan Singla

Signature/Date:

Stacie Durant

Signed: Wednesday, August 28, 2024

Signed: Wednesday, August 28, 2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 25-12 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/18/2024

Name of Provider: Michigan Rehabilitation Service

Contract Title: Michigan Rehabilitation Services (MRS)

Address where services are provided: 17411 Grand River, Detroit, MI 48227

Presented to Program Compliance Committee at its meeting on: 9/11/2024

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

Amount of Contract: \$ 443,565.00 Previous Fiscal Year: \$ 443,565.00

Program Type: Continuation

Projected Number Served- Year 1: 1,620 Persons Served (previous fiscal year): 2079

Date Contract First Initiated: 10/1/2024

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).

This Board Action request a one year contract for the fiscal year ending September 30, 2025 for the continued funding for an Interagency Cash Transfer Agreement (ICTA) between Detroit Wayne Integrated Health Network (DWIHN) and Michigan Rehabilitation Services (MRS) for the amount of \$443,565.00. The agreement was established in 1994 as a means to increase member access to MRS thereby enabling members to become employed and self sufficient. DWIHN funding of \$443,565.00 combined with MRS ICTA Federal Share revenue of \$1,199,268.00 brings the program total revenue to \$1,642,833.00 for Wayne County.

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

Source of Funds: General Fund

Fee for Service (Y/N): N

| Revenue | FY 24/25 | Annualized |
|----------------------|---------------|---------------|
| State General Fund | \$ 443,565.00 | \$ 443,565.00 |
| | \$ | \$ |
| Total Revenue | \$ | \$ |

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64931.827206.07226

In Budget (Y/N)? Y

Approved for Submittal to Board:

Manny Singla, Interim Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Manmohan Singla

Stacie Durant

Signed: Tuesday, September 3, 2024

Signed: Monday, September 2, 2024

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-13 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/18/2024

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: 9/11/2024

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

Amount of Contract: \$ 853,432,628.00 Previous Fiscal Year: \$ 805,847,768.00

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2018

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).

Detroit Wayne Integrated Health Network (DWIHN) is requesting approval for continued funding for the Provider Network System for the fiscal year ending September 30, 2025.

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 based on prior year activity and are subject to change.

The board action amounts include: Mental health treatment services, SUD claims based Medicaid, HMP, Women Specialty Services, State Disability Assistance and block grant treatment, Behavioral Health Home and Opioid Health Home services which are supplemental, voluntary services that Medicaid members with specific diagnoses may opt into to receive comprehensive care coordination facilitated by a health home care team and EBSE claims based activity.

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

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

| Revenue | FY 24/25 | Annualized |
|----------------------|-------------------|-------------------|
| Multiple | \$ 853,432,628.00 | \$ 853,432,628.00 |
| | \$ | \$ |
| 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:

Manny Singla, Interim Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Mannmohan Singla

Stacie Durant

Signed: Wednesday, September 4, 2024

Signed: Tuesday, September 3, 2024

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-13 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/18/2024

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: 9/11/2024

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

Amount of Contract: \$ 853,432,628.00 Previous Fiscal Year: \$ 805,847,768.00

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2018

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).

Detroit Wayne Integrated Health Network (DWIHN) is requesting approval for continued funding for the Provider Network System for the fiscal year ending September 30, 2025.

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 based on prior year activity and are subject to change.

The board action amounts include: Mental health treatment services, SUD claims based Medicaid, HMP, Women Specialty Services, State Disability Assistance and block grant treatment, Behavioral Health Home and Opioid Health Home services which are supplemental, voluntary services that Medicaid members with specific diagnoses may opt into to receive comprehensive care coordination facilitated by a health home care team and EBSE claims based activity.

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

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

| Revenue | FY 24/25 | Annualized |
|----------------------|-------------------|-------------------|
| Multiple | \$ 853,432,628.00 | \$ 853,432,628.00 |
| | \$ | \$ |
| 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:

Manny Singla, Interim Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Manmohan Singla

Stacie Durant

Signed: Wednesday, September 4, 2024

Signed: Tuesday, September 3, 2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 25-14 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/18/2024

Name of Provider: HealthStream, Inc.

Contract Title: Credentialing Verification Organization

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

Presented to Program Compliance Committee at its meeting on: 9/11/2024

Proposed Contract Term: 9/1/2024 to 9/30/2027

Amount of Contract: \$ 500,000.00 Previous Fiscal Year: \$ 0.00

Program Type: Continuation

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

Date Contract First Initiated: 9/1/2024

Provider Impaneled (Y/N)? N

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

DWIHN is requesting approval of this board action for a **three (3) years contract effective September 1, 2024 through September 30, 2027 for an amount not to exceed \$500,000 with HealthStream, Inc**, in response to the Credentialing Verification Organization RFP #2024-017 issued in May 2024, for a National Committee for Quality Assurance accredited Credentialing Verification Organization.

HealthStream primary source verifies Medicaid and Medicare sanctions, licensure, work history, malpractice history, education and training for practitioners and providers. In addition HealthStream conducts continuous monitoring of DEA licenses, Office of Inspector General and System for Award Management sanctions, and licensure. All HealthStream activities are electronic. After the DWIHN Credentialing Committee meets and make appropriate disposition HealthStream will send Credentialing/Re-Credentialing letters and certificates to providers or practitioners. HealthStream also has the capabilities to share all credentialing data with the State of Michigan's Universal Credentialing CRM platform and is being utilized by other PIHPs, creating synergies of a single solution. The contract ensures that DWIHN is compliant with the credentialing requirements delineated in 42 Code of Federal Regulations 422.204, their executed agreements with MDHHS and the five Integrated Care Organizations.

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

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

Board Action #: 25-14

Source of Funds: Multiple

Fee for Service (Y/N): N

| Revenue | FY 24-27 | Annualized |
|----------------------|-----------------|-------------------|
| Multiple | \$ 500,000.00 | \$ 500,000.00 |
| | \$ | \$ |
| Total Revenue | \$ | \$ |

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64934.827211.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Manny Singla, Interim Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Manmohan Singla

Stacie Durant

Signed: Tuesday, September 3, 2024

Signed: Tuesday, September 3, 2024

Board Action #: 25-14