



Detroit Wayne Integrated Health Network

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PROGRAM COMPLIANCE COMMITTEE MEETING Administration Bldg. 8726 Woodward, 1st Floor Board Room Wednesday, August 13, 2025 1:00 p.m. – 3:00 p.m.

AGENDA

- I. Call to Order**
- II. Moment of Silence**
- III. Roll Call**
- IV. Approval of the Agenda**
- V. Follow-Up Items from Previous Meeting**
 - A. Crisis Direct Services Quarterly Report** – Provide data on those ages 10-14 on suicidology presenting at the Crisis Care Center.
 - B. Outpatient Clinics Quarterly Report** – Provide a timeline for the completion of the dashboard in Power BI.
 - C. Substance Use Disorder (SUD) Initiatives' CHES eRecovery App Pilot Program** – Provide information on how you will evaluate whether a boilerplate meets the needs of our members.
 - D. Chief Medical Officer's Report** – Provide the names of emergency departments where our peers are located; Provide information on whether Henry Ford and Corewell have peer and recovery coaches in their emergency departments.
 - E. Quality Improvement** - Provide a more accurate summary of the Provider Audit Trends; provide a graph that shows the previous year's CAPs, the trends, and triggers.
- VI. Approval of the Minutes – July 9, 2025**

Board of Directors

Dr. Cynthia Taueg, Chairperson
Karima Bentounsi
Kevin McNamara

Jonathan C Kinloch, Vice Chairperson
Angela Bullock
Bernard Parker

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

Eva Garza Dewaelsche, Secretary
Angelo Glenn
Kenya Ruth

James E. White, President and CEO



VII. Report(s)

- A. Chief Medical Officer
- B. Corporate Compliance - ***None***

VIII. Quarterly Reports

- A. Access Call Center
- B. Innovation and Community Engagement
- C. Residential Services
- D. Substance Use Disorder

IX. Strategic Plan - None

X. Quality Review(s)

- A. QAPIP Work Plan FY 25 Update

XI. VP of Clinical Operations' Executive Summary

XII. Unfinished Business

- A. **BA #21-08 (Revised 3)** – Healthcare Effectiveness Data and Information Set (HEDIS) Certified Population Health Management and Data Analytics Tool Vendor Solution
- B. **BA #24-61 (Revised)** – City of Detroit Co-Response Partnership Training – Time Extension
- C. **BA #25-01 (Revised 2)** – Multicultural Integration Programs FY 25
- D. **BA #25-02 (Revised 5)** – Substance Use Disorder (SUD) Treatment Provider Network FY 25 – Enhancing SUD Services through EHR Implementation and Opioid Settlement Healing and Recovery
- E. **BA #25-03 (Revised 1)** – Substance Use Disorder (SUD) Prevention Provider Network FY 25 – SYNAR Coverage Study, Opioid Settlement Healing and Recovery, Promotional Items, and International Overdose Awareness Day
- F. **BA #25-14 (Revised 2)** – Credentialing Verification Organization – HealthStream, Inc.
- G. **BA #25-17 (Revised)** – Children's Initiatives Michigan Department of Health and Human Services (MDHHS) Grants FY 25
- H. **BA #25-51 (Revised 6)** – DWIHN Provider Network System FY 25

XIII. New Business (Staff Recommendations)

- A. **BA #26-03** – Children's Initiatives Waiver Services FY 26
- B. **BA #26-04** – Children's Initiatives Michigan Department of Health and Human Services (MDHHS) Grants FY 26

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 who do not want to identify themselves may still address the Board. Issues raised during Good and Welfare/Public Comment that are of concern to them 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 instead responded to on an individual basis).

XV. Adjournment

Board Summary: Youth Suicide Risk Screening (C-SSRS)

Population: Ages 10–14 • Reporting Period: Most Recent Quarter • Tool: Columbia-Suicide Severity Rating Scale (C-SSRS)

Key Insights

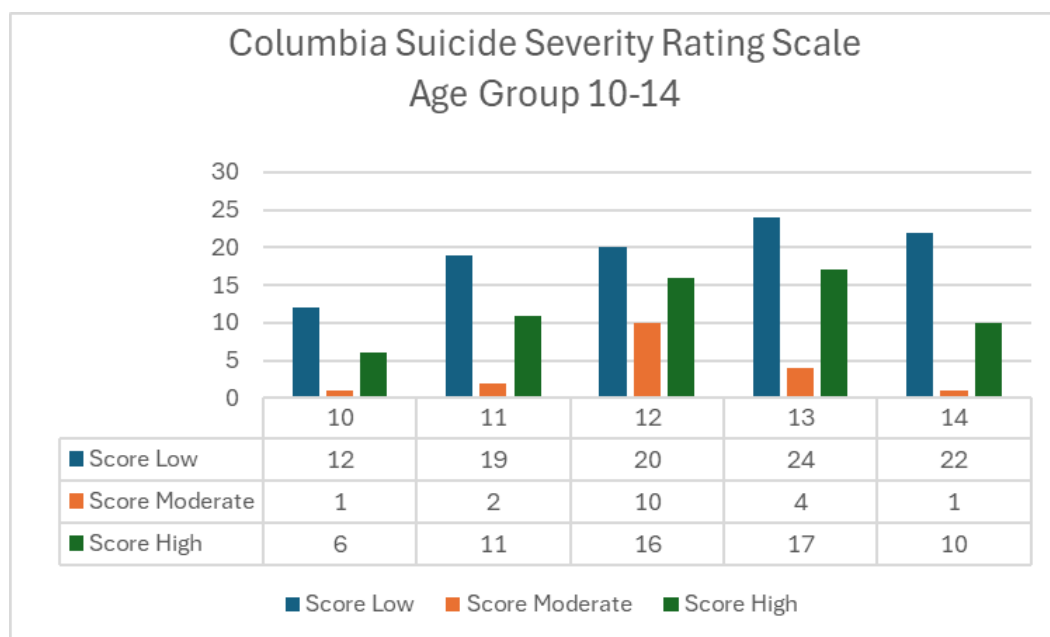
- The highest number of high-risk scores occurred in the age group 13 (17 individuals).
- Female youth had the highest number of high-risk scores (32), followed by males (23).
- Black youth represented the largest group screened and the highest rate of high-risk scores (43 high-risk out of 130+ total responses).
- Transgender, non-binary, and undisclosed gender groups each had at least one high-risk screen, highlighting the need for inclusive and trauma-informed screening practices.

Recommendations

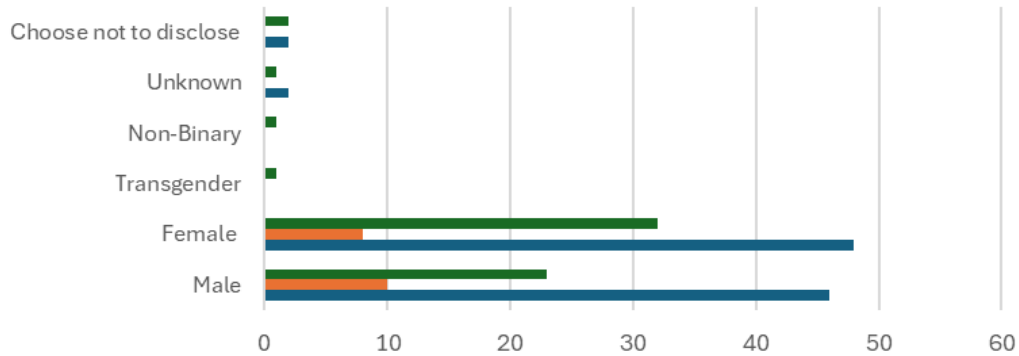
- Deepen review of age 13 referrals and triggers—consider school-based prevention partnerships.
- Strengthen culturally responsive engagement for Black youth experiencing high acuity.
- Provide targeted training on C-SSRS interpretation and safety planning with LGBTQ+ youth.
- Monitor high-risk repeat screeners and coordinate wraparound supports where possible.

C-SSRS Screening Results

The charts below show score distribution by age, gender identity, and race.



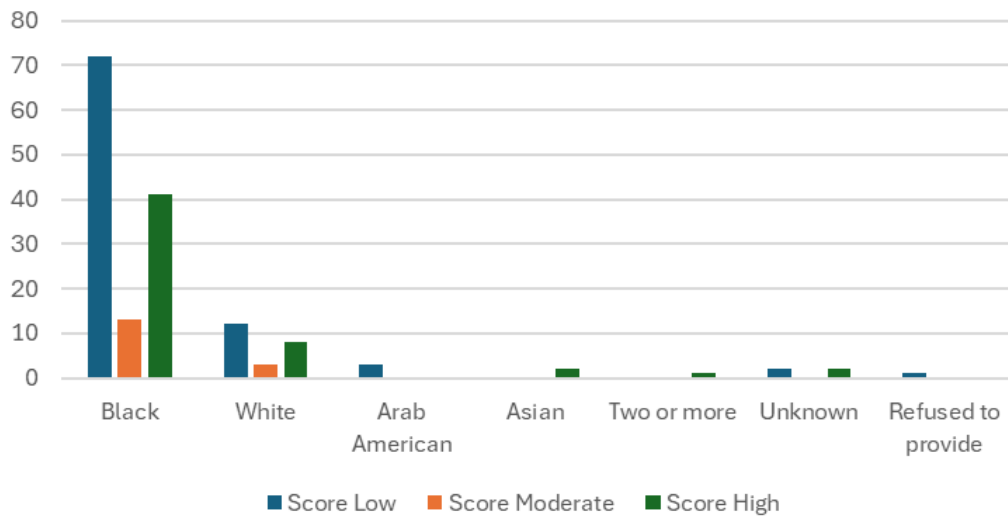
C-SSRS Rating by Gender Identity



	Male	Female	Transgender	Non-Binary	Unknown	Choose not to disclose
Score High	23	32	1	1	1	2
Score Moderate	10	8	0	0	0	0
Score Low	46	48	0	0	2	2

■ Score High
 ■ Score Moderate
 ■ Score Low

C-SSRS Rating by Race



■ Score Low
 ■ Score Moderate
 ■ Score High



DWHN Outpatient Clinic (DOC) PCC Update
August 2025
Ebony Reynolds-Executive Director of Outpatient Clinics

Outpatient Clinics Quarterly Report – Provide a timeline for the completion of the dashboard in Power BI.

Update:

Project Deadline:

- September 2025

Completed Action Items:

- Prioritized dashboard publishing
- Created a new Power BI workspace
- Requested creation of a security group
- Dashboard updates:
 - Removed member names
 - Added Age Group (Child/Adult) to the Appointments Overview page
 - Added Type of Service (based on appointment purpose from calendar data)

PCC FOLLOW-UP CMO
August 2025

Chief Medical Officer

Dr. Shama Faheem

Peer Recovery Coaches work in several health care environments-

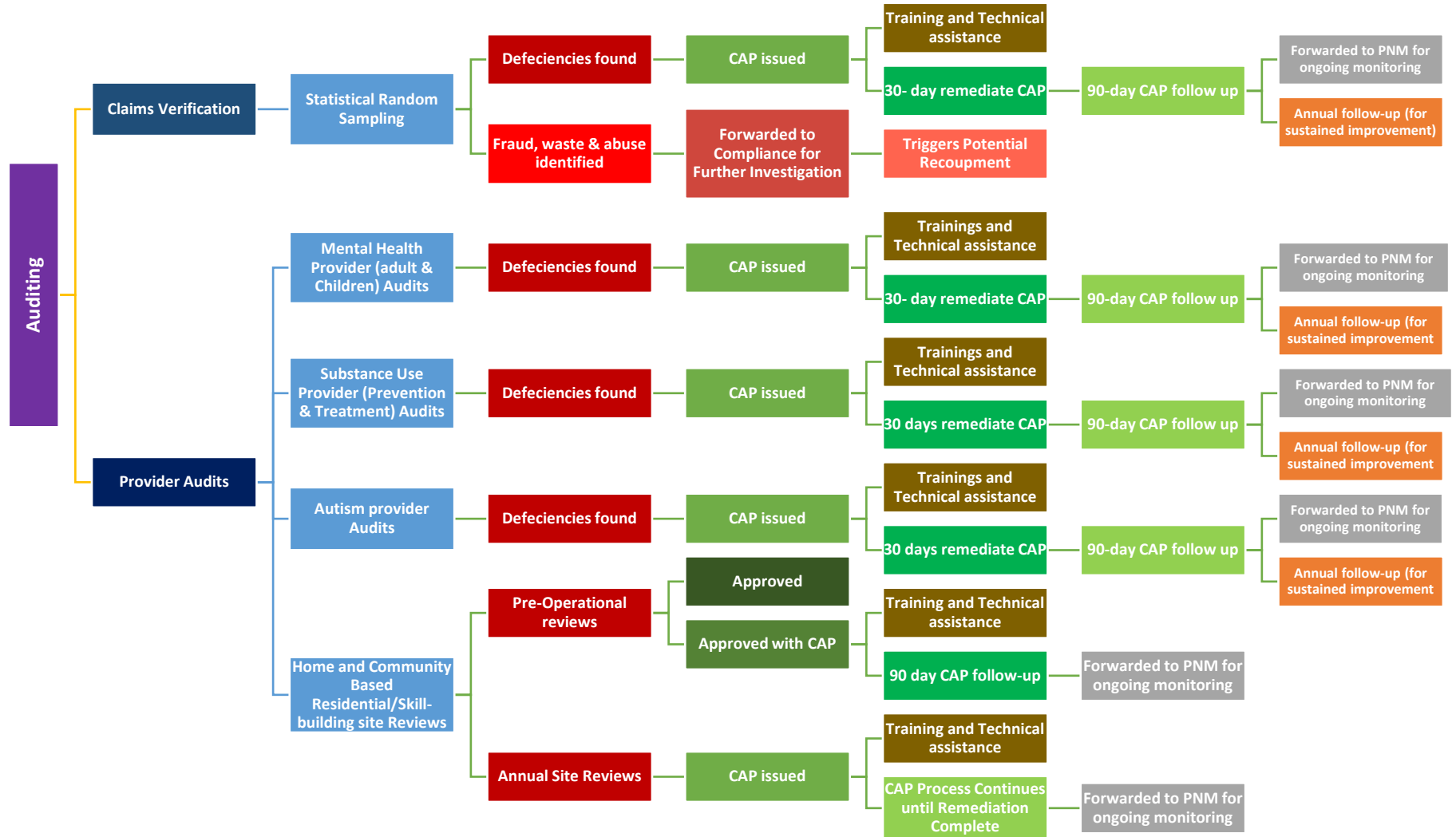
ERs, FQHC, Urgent Care, and Primary Care Offices.

Substance Use Disorder Provider mobile units in the community.

Peer Recovery Coaches have been trained in screening individuals and utilize Motivational Interviewing skills to encourage treatment and recovery for those vulnerable to opioid and other substance misuse and addiction.

Hospital ED	Service Provider
Siani Grace	Sobriety House
Garden City	Hegira
Detroit Receiving (DMC)	Sobriety House
Henry Ford (Main Campus ED)	Sobriety House
Western Wayne Family Health Center (FQHC)	Hegira
Ascension Moross	Care of SEM (under review)

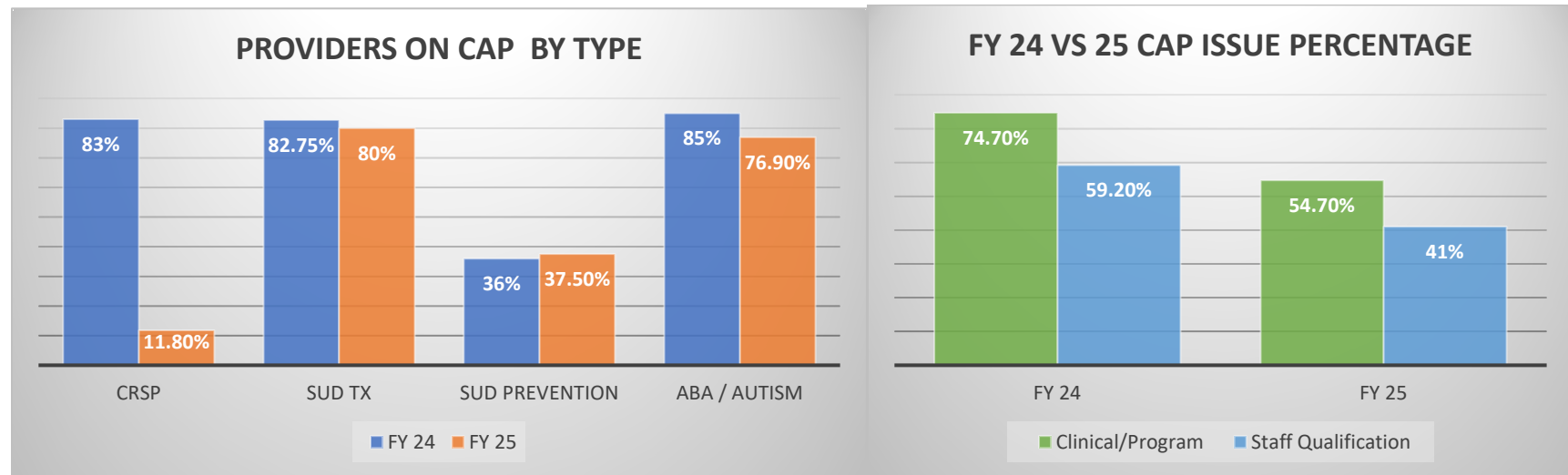
PCC FOLLOW-UP CMO
August 2025
QUALITY AUDIT FLOW



PCC FOLLOW-UP CMO
August 2025

PROVIDER AUDITS

Corrective actions must be implemented at both the individual and systemic levels. Incomplete remediation or significant/repeat findings will be escalated to the relevant departments (Managed Care, relevant department such as SUD, Compliance, etc.) for further review.



TRENDS AND TRIGGERS

CRSP Providers:

- In FY2024, 21 CRSP Providers were monitored during and as part of the MDHHS Waiver and iSPA audit.
 - IPOS, behavior treatment plan and home and community-based services were major areas of findings.
 - Individual and systemic CAPs were monitored throughout the process for implementation.
 - In FY2025, we are observing significant improvements in the performance measures.

SUD Treatment Providers:

- Documentation of clinical records has been an area of struggle for SUD treatment providers.
- They have shown some improvements in areas of staff qualification.
- Issues with sustaining improvements after CAP.
 - SUD providers were trained in the quality audit process and clinical documentation requirements.
 - Biweekly meetings with SUD leadership were established to enhance communication and share monitoring results.

PCC FOLLOW-UP CMO
August 2025

- Quality Department is attending the SUD Department's provider meetings and holding ongoing technical assistance sessions with providers.
- DWIHN is exploring EMRs for Substance Use Providers that would standardize and improve documentation.
- DWIHN Quality, SUD and Managed Care Department are strengthening ongoing monitoring process.
 - With these approaches sustained improvement is expected.

SUD Prevention Providers:

- CAPs related to Prevention Program policies or implementation of the policies.
- Substance Use Providers sometimes improve with a CAP but some struggle with sustaining improvement and may have repeat citations next year.
- Prevention staff have struggled to pass their Nation Prevention certification tests, limiting their ability to provide a full range of prevention services.
 - Support staff receive ongoing technical assistance (TA) sessions and attend the SUD Department's provider meetings.
 - SUD Prevention Providers receive ongoing monitoring and training.
 - DWIHN SUD Department will augment their SUD Prevention policies as a guide for SUD Prevention provider Network
 - Quality Department would discuss possibility of educational presentations and help by SUD Department to Prevention staff that could assist with the certification test.
 - Quality Department appreciated recent involvement of Substance Use Director and their Supervisor in the ongoing monitoring and training process development for SUD network.
 - DWIHN Quality, SUD and Managed Care Department are strengthening ongoing monitoring process.
 - With these approaches sustained improvement is expected.

ABA / Autism Providers:

- Improvements in ABA provider scores from previous years.
- Given significant expansion of ABA providers, newly contracted ABA providers received lower scores during their first reviews.
- There are challenges related to the coordination of care.
 - Performance monitors will train newly contracted ABA providers prior to their first audit and issue Administrative (policy and procedure) self-reviews, which have shown improvements in audit scores.
 - Training and technical assistance on coordination of care will be provided, along with attendance at ABA provider meetings.

MEDICAID CLAIMS VERIFICATION (MCV)

Claims have 90 days lag, therefore, are audited twice a year, based on random sampling. First 6 months of FY 25 claims got finalized after June, so the auditing is getting completed with reports getting finalized now. The remaining 6 months will be completed after the 90-day claim lag and after close of FY in September.

PCC FOLLOW-UP CMO
August 2025

In FY 24, 2021 claims were reviewed. 904 were fully verified with 100% score. MCV has strict passing requirement with “Met” needed on all standards assessed and is based on State guidelines of verifying a claim. Getting a single “Not met” on the tool, triggers a CAP. In FY 24, 55.31% of the claims reviewed were placed on CAP, however, most of them were for new findings (only 27 of 1,118 were for repeat findings). 29 claims were forwarded to Compliance for recoupment.

FY 24 Observations and Trends with MCV Reviews:

- Usually CAPs are for new findings, repeat findings are uncommon.
- Residential Providers have a larger number of claims and claims requiring CAPs. Several of those standards are related to CRSP providers and coordination of IPOS and training requirements between them.
- Learning opportunities for Providers on how to document services correctly.
- Common clinical/compliance findings:
 - Individual Plan of Services (IPOS) with missing member signatures.
 - Lack of evidence of training of Direct Support staff on member-specific Treatment plan.
 - Providers with IPOS that were missing member signatures receives a Corrective Action Plan (CAP), except when they can provide evidence of three or more attempts to obtain signatures.
 - CAPs implemented to address these issues.
 - Ongoing training are provided by Quality Department
 - Clinical Department have been doing as needed IPOS trainings, but it is recommended that they host scheduled IPOS trainings throughout the year given that this is an ongoing challenging area for the network. There is also a large staff turnover and ongoing scheduled trainings will help new staff.

PROGRAM COMPLIANCE COMMITTEE

MINUTES

JULY 9, 2025

1:00 P.M.

IN-PERSON MEETING

MEETING CALLED BY	I. Commissioner Jonathan Kinloch, Program Compliance Chair at 1:08 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Commissioner Jonathan Kinloch, Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	<p>Committee Members: Angela Bullock, Dr. Lynne Carter, Angelo Glenn, Commissioner Jonathan Kinloch, and William Phillips</p> <p>Board Member(s): Dr. Cynthia Tauieg, Board Chair and Dora Brown, Board Treasurer</p> <p>Staff: Brooke Blackwell; Dr. Shama Faheem; Monifa Gray; Sheree Jackson; Marianne Lyons; Melissa Moody; Emily Patterson; Cassandra Phipps; Ebony Reynolds; Manny Singla; Yolanda Turner; Michele Vasconcellos; Daniel West; James White; Rai Williams; Grace Wolf; and Matthew Yascolt</p>

AGENDA TOPICS

II. Moment of Silence

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

III. Roll Call

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

IV. Approval of the Agenda

DISCUSSION/ CONCLUSIONS	Commissioner Kinloch called for a motion to approve the agenda. Motion: It was moved by Dr. Tauieg and supported by Mr. Glenn 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

DISCUSSION/ CONCLUSIONS	<p>A. Crisis Direct Services</p> <ol style="list-style-type: none">1. Provide information on the admission trends for the children's unit for ages 10-14 – Grace Wolf, VP of Crisis Services, reported that the 10-14 age group accounts for 49% of all admissions during this period (200 of the 406 total admissions). Within this group, 12-year-olds represented the highest number of admissions. Black/African American youths represented the highest proportion of admissions. Females aged 12 had the highest admission rates overall, and males aged 13 years showed the highest frequency of admissions. Most referrals for 12-year-olds came from family members or support systems. As admission continues to grow from opening, staff continue to see that the same age range grows in admissions as well. The age range is consistent with the overall trend in admissions increasing. A further breakout was done for some demographics, and it is consistent with what staff have been reporting over the last couple of quarters. Commissioner Kinloch opened the floor for discussion. Discussion ensued.2. Provide data on those ages 10-14 on suicidology presenting at the Crisis Care Center – August 13, 2025 <p>B. Children's Initiatives' Quarterly Report – Provide information on whether grandparents will be included in the Pediatric Integrated Health program. Is there a follow-up after a member has been connected to services? – Cassandra Phipps, Director of Children's Initiatives, reported that Grandparents who are involved as a support to the pregnant moms who are receiving the screening services at the OB/GYN clinics are included in the program as long as the release of information is approved by the participating mom. Starfish does a follow-up with parents within 15 days after the screening has been completed and referred for additional services. Commissioner Kinloch opened the floor for discussion. Commissioner Kinloch opened the floor for discussion. There was no discussion.</p> <p>C. Customer Service's Quarterly Report – Provide information on why there are 25% fewer switchboard calls compared to FY 24 - Michele Vasconcellos, Director of Customer Service reported that in 2023, there were some glitches in the new phone system (Genesys) that resulted in some phone transfer issues as well as dropped calls that increased numerous callbacks increasing DWIHN's call volume. In 2024, training and phone glitches had been addressed, the new phone system now offers the ability for callers to select from nine (9) prompts to directly select the departments that are needed, whereby bypassing the switchboard all together, and another factor is that frequent callers have been educated with direct phone number which they use and therefore again bypass the switchboard. Define what the "call being answered in 10 seconds" means - It should be noted that the (Average Speed to Answer) is the time a caller waits to be connected with an agent. DWIHN's Switchboard normally has two agents in the queue to answer calls. Incoming calls come into the Switchboard queue and travel to the next available person in the queue. If both queues are busy, which is rare, the call is forwarded automatically to our CS Call Center queue. Therefore, the idea that a call is answered and immediately placed on hold is non-existent, as seen in our less than 1% abandonment rate in FY 24/25. In addition, our Service Level data was 97% as well as Percentage of calls answered averaged 95% which takes into account average speed to answer and abandonment rate. The standard for both is 80%, so we well exceeded the standards in both Fiscal years. Commissioner Kinloch opened the floor for discussion. Discussion ensued.</p> <p>D. Substance Use Disorder (SUD) Initiatives' CHESS eRecovery App Pilot Program – Provide information on the CBT exercises that are provided to users</p>
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	of the app and if they are specifically tailored or boilerplate - Matthew Yascolt, Interim Director of SUD Initiatives, reported that the CBT exercises are not specifically tailored at this time, but three (3) modules are offered that the member can select from (General SUD Curriculum, General SUD Curriculum with Opioid Specific addition, and General SUD Curriculum in Spanish. Commissioner Kinloch opened the floor for discussion. Discussion ensued. The committee requested information on how you will evaluate whether a boilerplate meets the needs of our members. (Action)
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VI. Approval of the Minutes

DISCUSSION/ CONCLUSIONS	Commissioner Kinloch called for a motion to approve the June 11, 2025, meeting minutes. Motion: It was moved by Mr. Glenn and supported by Mrs. Bullock to approve the June 11, 2025, meeting minutes. Commissioner Kinloch asked if there were any changes/modifications to the June 11, 2025, meeting minutes. There were no changes/modifications to the meeting minutes. Motion carried.
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VII. Reports

17B DISCUSSION/ 18B CONCLUSIONS	<p>A. Chief Medical Officer – Dr. Shama Faheem, Chief Medical Director, submitted and gave highlights of the Chief Medical Officer’s Report. It was reported that:</p> <ol style="list-style-type: none"> 1. Educational Initiatives – Wayne State Psychiatry Residents started their Emergency Psychiatry rotations at our Crisis Center in July 2025. There will be one resident per month. Child and Adolescent Psychiatry Fellows will be starting soon. Medical students have also outreached; however, we are taking a pause to avoid supervisor burnout. Dr. Faheem has done the annual Community Mental Health Lecture Series for 4th year Psychiatry Residents for the last two years and completed another series in June. However, requested them to transition it to 2nd year Psychiatry training so they have an early opportunity to learn about CMH and get interested in taking job opportunities within CMH at graduation. Scheduled to do 4-week lectures with 2nd years residents in July. 2. Initiatives and Innovations (Care Coordination Expansion) – Within the last month, DWIHN focused on improving its relationship with hospital systems. Collaborative meetings with two major health systems (Henry Ford and Corewell Health) were held, and two common themes were identified: a lack of information about all services offered by DWIHN and their provider, and processes on how to access them, and a delay in finding inpatient psychiatric beds, resulting in prolonged ED wait times. DWIHN will be creating an ED Resource Guide for Emergency Departments and Hospitals with an estimated completion by the end of July that will include a menu of all services (such as inpatient, partial hospitalization, mobile crisis/intensive crisis stabilization), and a brief process on how to access them. Inpatient psychiatric beds are in a Statewide shortage; however, this has been gradually improving with increased CON beds. DWIHN has been working on expansion with its long-term project as well. With the State’s re-opening of Walter-Reuther Psychiatric Hospital next year, it will also address the backlog that has caused some extended length of stay in community hospitals. 3. PIHP Clinical Operations Overview – Utilization Management Committee in June reviewed May utilization of Crisis/higher level of services (inpatient, partial hospitals, crisis residential). During the month of May, there were a total of 1,186 admissions as compared to 1,012 in April which is a 17.1% increase. Lack of Member engagement in outpatient care and recurrent
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inpatient admission/Recidivism are two major clinical risk areas not only for members served by DWIHN but also for the Severe Mentally Ill and Co-occurring Substance Use population in general. With that, two Evidence Based Practice Guidelines (Recurrent Hospitalization and Recidivism and Persons Served Who Are Non-Engaging and Non-Adherent to Treatment) have been created that include steps that CRSP could and should take to help our members in those respective groups to improve care.

4. **Quality and Compliance Oversight**—Critical/Sentinel event data indicated a decline in most categories in June compared to May, except injuries that required ER visits. A Compliance Review for 8 standards was completed. Results are expected in September. Network Adequacy Verification and Primary Source Verification (IT Data for Quality) Audit is scheduled for July 7th. The total Corrective Action Plans (CAPs) initiated were 76 (Performance Monitoring, 55, and Performance Improvement, 21). The completion rate for auditing/Performance Monitoring is below 50%. 100% of Quality/Performance Improvement indicator CAPs were approved; completion rates will be tracked by the end of the given time. SUD Prevention had 17 issued CAPs, and two (2) have been completed and closed, and SUD Treatment had 13 CAPs, and none have been completed and closed. The Quality team has been working closely with the SUD department to address these gaps. The most common trigger type is a lack of updated IPOS and signatures, and poor documentation. SUD prevention and treatment have the most CAPs. IPOS and Crisis Plan training have been recommended to the Clinical teams.
5. **CMHSP Oversight (AOT Trends)**—In the last two months, DWIHN worked not only on revising its Assisted Outpatient Treatment EMR Module for better data capturing and tracking but also provided multiple trainings to its provider network. Simultaneously, MDHHS collaborated with CMHA to provide a three-series AOT training, which was well received. From 4/1/25 through 5/12/25, there were 780 AOT orders, 102 were new orders, 57 were transported, 35 were non-compliant, 151 hospitalizations, the average length of hospital stay was 21 days, and the total hospital cost was \$2,099,963.00. For the month of June, there were 845 AOT orders, 120 were new orders, 22 were transported, 24 were non-compliant, 31 hospitalizations, the average length of stay was 24 days, and the hospital cost was \$513,388.16.
6. **Direct Services** - June marked the one-year anniversary of the Crisis Center. Being able to see a psychiatrist and getting a psychiatric evaluation and follow-up is a valuable but difficult resource to find. During the one year from June 10, 2024 through June 10, 2025, our Crisis Center Psychiatrist and APPs completed case reviews on all member presentations and dispositions, full psychiatric evaluations on 1,746 members and follow-up progress notes on 3,637 members. They provide 180 to 200 psychiatric evaluations and almost 380 to 400 progress notes on a monthly basis.

Commissioner Kinloch opened the floor for discussion. Discussion ensued. The committee requested the following:

- The Quality department provides a more accurate summary of the Provider Audit Trends; provide a graph that shows previous year CAPs, the trends, and triggers.
- Provide the names of emergency departments where our peers are located.
- Provide information on whether Henry Ford and Corewell have peer and recovery coaches in their emergency departments. **(Action)**

- B. **Corporate Compliance** – Sheree Jackson, VP of Compliance submitted and gave highlights of the Corporate Compliance report. It was reported that:

	<p>1. Activity 1: Compliance Investigations – During this reporting period, the Corporate Compliance team maintained its focus on identifying, investigating, and addressing fraud, waste, and abuse within the Medicaid system. A total of 16 referrals were accepted, and 13 cases (81%) were opened for formal investigation. In addition to new cases, 8 allegations were carried over from the prior quarter, highlighting the team’s ongoing case management responsibilities. The team successfully completed 17 investigations, closing both new and pending cases. This represents a 41.7% increase in closed cases compared to the prior quarter (from 12 to 17). The case closure rates this quarter (17 closed out of 21 active: 13 new + 8 carryover) were approximately 81%, demonstrating strong investigative follow-through and timely resolution. Financial Impact: A total of 8 substantiated allegations resulted in financial recoupment of \$248,576.99, which is an over 1000% increase from the previous quarter (January–March 2025: \$22,252.47) and a 239% increase from October–December 2024 (\$73,319.31). Substantiation Rate: 8 out of 17 completed investigations (approximately 47%) were substantiated, all resulting in monetary recoupment. Trend Highlights: While the number of accepted referrals remained steady quarter over quarter, the significant rise in recoupment suggests improved targeting, case prioritization, and effectiveness in identifying recoverable violations. Notably, self-referrals from outpatient providers have increased by 36% since the launch of the Compliance Academy in May 2025. This trend indicates enhanced provider engagement and awareness, as providers are now more likely to identify and report their own fraud, waste, and abuse (FWA) concerns, demonstrating the positive impact of proactive compliance education.</p> <p>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.</p>
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VIII. Quarterly Reports

DISCUSSION/ CONCLUSIONS	<p>A. Adult Initiatives – Marianne Lyons, Director of Adult Initiatives, submitted and gave highlights of the Adult Initiatives’ quarterly report. It was reported that:</p> <p>1. Activity 1: Mental Health Services for Adults over 55 - For FY 24/25 to date, there have been 19,223 new members enrolled with DWIHN, with 2,120 of them being age 55 or older, seeking mental health services. These 2,120 are being served by 24 of our DWIHN providers. While the presentation and diagnosis codes were varied, review of the data resulted in identifying three categories that represent most of this older population, with 1198 members being diagnosed with bipolar disorders, depression disorders and schizoaffective, schizophrenic and psychotic disorders. This analysis of our DWIHN population falls in line with the national data presented in the SAMHSA report identified previously. The increased need for higher monitoring of this population was noted by the Adult Initiatives team, and a clinical specialist on the team has been tasked with continued monitoring of the providers and the programs they offer to serve this population. More focused data collection has also been identified and will begin to be gathered monthly to correctly graph trends and patterns. Adult Initiatives reviewed and verified the services offered by 16 of our adult providers to identify what programs are already in place for the older adult population and what areas our services are lacking. Of the 16 adult providers that were reviewed, only</p>
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three (3) providers - Arab American Chaldean Council, (ACC), All Well-Being Services, (AWBS) and Neighborhood Service Organization, (NSO) - specifically mention services that are geared toward the older adult population. With the data reflecting that Team Wellness and Hegira also serve many members in this population, Adult Initiatives will begin to work with these two providers to identify services in place and where they could possibly expand their service array to accommodate the 55 and older population.

2. **Activity 2: Dialectical Behavior Therapy** - Adult Initiatives oversees and monitors the Clinically Responsible Service Providers (CRSP) agencies implementing the evidence-based Dialectical Behavioral Therapy (DBT) program. DBT has proven to be effective for treating and managing a wide range of mental health conditions. Initially developed in the 1970's to address the intense emotions associated with borderline personality disorder, it is rooted in Cognitive Behavioral Therapy with increased focus on distress tolerance and mood regulation. Currently, four (4) providers have received training through DWIHN to provide this program, and three (3) have successfully implemented: Hegira with (6) members, The Guidance Center with (61) members, and DCI/MiSide. (DCI/MiSide just began the program in mid-May, so we do not yet have reportable data). As The Guidance Center (TGC) has shown tremendous success with their implementation of the DBT program, the Adult Initiatives team has worked with their supervisor and staff to identify key areas that TGC has identified as the reasons for success. With this "deep dive," it will assist our Adult Initiatives team in understanding the foundation of a successful program, which we will be able to utilize in helping other providers develop a plan for implementation of their own programs. Areas identified included team training, team consultations, weekly supervision, and the necessity of fidelity to the model as identified in MiFast reviews. Adult Initiatives has chosen to highlight the significant growth of TGC's program, which now boasts 61 members and provides a total of 10 groups per week. This growth is a testament to their collective efforts and a promising trajectory for the future. The Adult Initiatives team will continue to use various outreach platforms and methods to educate the CRSPs and members about the benefits of DBT. The team will also explore training options available to CRSP providers interested in starting a DBT Program.
3. **Activity 3: Intellectual/Developmental Disability (I/Developmental Disability)** - As of June 2025, DWIHN provides services to 5,755 adults with an I/DD diagnosis through 14 providers. In FY 23/25, the enrollment increased by 122 members from Q1 to Q2. In FY 24/25, enrollment increased by 134 from Q1 to Q2. Many I/DD members received a guardian after turning 18. The Michigan Developmental Disability Council estimates that Michigan's rate of guardianship is 81% while the national average is 43%. During FY 25, Q3, DWIHN had 2,803 members who were designated I/DD and had a guardian, which equates to 48.7%. Adult Initiatives collaborated with Children's Initiatives for the network I/DD provider meeting. Adult initiatives reached out to several providers to learn more about the services they offer to members with I/DD and toured several agencies. Adult Initiatives collaborated with the Evaluation Committee to evaluate new providers applying to provide Applied Behavior Analysis (ABA) Services in the network. In addition, we met with a special education provider to discuss transition services for members aging out of school programs, as well as with MDHHS to ensure services were being provided to high needs cases. Currently, members with IDD engage in supported employment that is NOT considered

evidence-based. The Individual Placement and Support (IPS) method is an evidence-based supported employment program (EBSE) that is implemented by providers who support members with mental illness. It is not currently offered to members designated as I/DD, but this is a possible goal for the future. The current timeline for the State of Michigan to possibly implement IPS is in the earliest observation by the state. It is expected that FY 26 will be a year of study and possible transition to extending this IPS service to possibly support persons with I/DD.

Commissioner Kinloch opened the floor for discussion. Discussion ensued.

- B. **Crisis Direct Services** – Grace Wolf, VP of Crisis Services submitted and gave highlights of the Crisis Direct Services’ quarterly report. It was reported that:
1. **Activity 1: Adult Crisis Stabilization Data** – During March 2025 through May 2025, the Center had 539 presentations to the adult crisis stabilization unit, 74% of those individuals were admitted to the unit, 19% were determined that they needed community resource, 7% of those presentations were sent out for medical need, less than 1% really statistically insignificant, two (2) individuals out of the 539 left against medical advice during the intake process. For those admissions, on average, we see the majority of African American males between the ages of 26 and 64. For our discharge dispositions from the adult unit, the majority of individuals went to an outpatient or CRSP at 50%, the next highest disposition from discharge was inpatient at 22%. There was a slightly higher inpatient rate and acuity this past quarter. On average overall, our recidivism within the same 30 days is 10%, the highest being April at 14%.
 2. **Activity 2: Building Empowered and Supportive Transitions Unit (BEST) Data** – The BEST unit is a post-crisis transitional unit and is run by our Peer Support Specialists and focuses on continued support and services post-crisis intervention. There was a drop in our referral rates in May. We were trending towards 20 referrals a month and dropped down to 9 for May. The average length of stay continues to be on average around 3 ½ days, which is consistent with what we’ve seen over the past year for this unit. The highest dispositions from discharge are getting connected with a CRSP or substance use residential placement.
 3. **Activity 3: Child and Family Crisis Unit (CFCU)** – Over the last quarter, close to 200 presentations were seen in our children’s unit, 92% of those youths were admitted to our unit, 182 admissions over the last quarter. The unit does see on average majority African American males between the ages of 10 and 14, our largest dispositions from the children’s unit, outpatient or getting connected with a CRSP at 55% and PHP at 28%. We are still seeing a really low referral rate to inpatient from the children’s unit at 7% and are showing that we are able to defer away from our inpatient hospitalizations. April was the busiest month in our first year of opening. We had 267 individuals in the month of April that we triaged at the unit. MDHHS has not made a lot of movement on the youth rules, and DWIHN continues to partner with them to help develop those rules.

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

- C. **PIHP Crisis Services** – Daniel West, Director of PIHP Crisis Services submitted and gave highlights of the PIHP Crisis Services’ quarterly report. It was reported:
1. **Activity 1: CRSP Crisis Screening Notifications** - The team began focusing on CRSP notification toward the end of the 2nd quarter of FY 25, and since that time CRSP notification percentage has increased for

children and adults. Percentages are trending towards goals set for the 4th quarter, FY 25. The team has received specific crisis contacts from every CRSP to ensure that the appropriate staff who receive the notification are aware of the need to disseminate the information to the treating staff. The team is seeing an increase in responses from the CRSPs who receive the notifications. The team has recognized the need for continued efforts to increase CRSP notifications, but also to ensure the CRSPs are trained in actions to put in place for the members upon receipt of the notification. The team will work with the Adult and Children's Initiatives Departments to facilitate discharge planning training for the CRSPs.

2. **Activity 2: CSU Transfers, Recidivistic Requests for Service (RFS)** - The team began to focus on tracking data for members who receive a crisis screening within 30 days of a discharge from an inpatient facility. The team is focusing on increasing not only the utilization of a CSU to avoid unnecessary hospitalizations but also increasing diversions for this targeted population. The team has seen an increase over the quarters in members being transferred to CSU and continues to work on increasing the percentage of members diverted in this population, which has remained relatively constant. The team will continue to create mutually agreed-upon goals with the screening agencies, review monthly, and increase communication with requesting facilities regarding the availability of CSUs as an alternative to unnecessary inpatient hospitalizations.
3. **Activity 3: Discharge Planning, No CRSP at Admission** - The PIHP Crisis Services Department continues to identify members who have been admitted to an inpatient level of care without a CRSP assigned, visit them at specific facilities (Henry Ford Behavioral, Metropolitan, and BCA Stonecrest), and support their transition to care at the CRSP of their choosing. The team has consistently contributed to higher percentages of members receiving a billable service within 30 days of discharge in targeted hospitals. The team has added CNS to a team, including Central City Integrated Health, Lincoln Behavioral Services, and Team Wellness, for monthly meetings. These CRSPs are trained in discharge planning as per the process created by the DWIHN team. We are actively engaged in goal setting with these CRSPs and troubleshooting, and this will be a valuable source of data to gain opportunities for improvement in discharge planning. The team will add this area to the list of participating CRSPs in the training to be applied to discharge planning in the network.
4. **Quarterly Update** - The DWIHN PAR Dispatch team continues to meet and exceed its goals. Service levels and the average speed of response have improved over the quarters.

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

- D. **Manage Care Operations** – Rai Williams, Director of Managed Care Operations, submitted and gave highlights of the Managed Care Operations' quarterly report. It was reported that MCO's priorities are driven by federal and state standards, including those established by the Michigan Department of Health and Human Services (MDHHS), the Centers for Medicare and Medicaid Services (CMS), the National Committee for Quality Assurance (NCQA), and the Health Services Advisory Group (HSAG). These standards are embedded in every MCO process to ensure that provider services are not only accessible but also delivered in a manner that supports individual health outcomes and system-wide efficiency. Operational leadership and oversight are provided by the Deputy Chief Executive Officer (Deputy CEO), the

Associate Vice President of Operations, and the Director of Contract Management. This tri-level leadership structure ensures that Managed Care Operations maintains alignment with DWIHN's mission, vision, and strategic goals. The Board of Directors (BOD) maintains ultimate accountability for ensuring that all MCO activities reflect DWIHN's commitment to quality, transparency, and compliance. The key functions of Managed Care Operations include Provider Contracting, Credentialing and Recredentialing, Network Adequacy and Expansion, Operational Readiness and Monitoring, Data Tracking and Reporting, and Stakeholder Engagement and Support.

1. **Activity 1: Credentialing** – For Q2, FY 24/25, there were 391 credentialing applications reviewed, and 388 applications approved by the Credentialing Committee. Expansion approvals more than tripled, showcasing a focused push to meet network adequacy goals and broaden service capacity. The addition of provisional credentialing in FY 24/25 helped maintain provider access amid delays or process transitions in full credentialing. While total approvals still increased slightly (+3.2%), the dip in practitioner (-16%) and provider (-22%) approvals is likely linked to the 12 denials this quarter. During this reporting period, several key accomplishments were achieved that strengthened our credentialing operations and provider network management. In collaboration with IT and Operations Leadership, we conducted our introductory meeting with HealthStream, Inc., marking the beginning of our transition to a new credentialing platform. Training is currently underway using a train-the-trainer model to ensure widespread internal adoption. We are proud to report a 100% score on the 2024 AmeriHealth Annual Delegation Audit, reflecting our commitment to compliance and operational excellence. We also received a 94.42% score of the 2024 Molina Annual Delegation Audit. Looking ahead, DWIHN is focused on strengthening and modernizing its credentialing operations through several key initiatives. We are actively executing a new Credentialing Verification Organization (CVO) contract, which will introduce a hybrid model that enables the organization to complete primary source verifications (PSVs) in-house or on demand through contracted services. This model provides flexibility to scale during periods of high volume while maintaining NCQA-compliant turnaround times and reducing strain on internal resources.

2. **Activity 2: New Provider Changes to the Network/Provider Challenges** – Providers continue to be challenged with staffing shortages. DWIHN's CRSP provider Meetings and Access Committee closely monitors the impact of staffing shortages and works with providers to develop strategies to address network shortages. DWIHN has an Onboarding Process to facilitate the evaluation and vetting of new providers. RFPs are used as a strategy to recruit providers/programs in a significant shortage. In FY 24/25 (Q2), there were 82 potential provider inquiries, 63 contract expansion requests received, 39 providers approved at Access Committee, eight (8) new providers and 192 providers processed. During this reporting period, the Provider Network Management team successfully advanced several critical initiatives and demonstrated strong performance. Provider inquiries nearly doubled (+78.3%) from the prior year, signaling increased interest in joining the DWIHN network. Likewise, contract expansion requests more than doubled (+103.2%), reflecting sustained engagement from existing providers seeking to broaden their service offerings. MCO has successfully submitted required documentation for the FY 2024 HSAG

Compliance Review Standards, FY 2024 HSAG NAV Review Standards, 2024 HAP/CareSource Annual Delegation Audit, 2024 Aetna Annual Delegation Audit, 2024 Molina Annual Delegation Audit, and 2024 Meridian Annual Delegation Audit. We are currently awaiting final results from HSAG and ICOs, with the exception of Molina. We received a 93.15%.

3. **Activity 3: MCO Provider Satisfaction Survey** - In alignment with DWIHN's Strategic Operations Goal, the Managed Care Operations (MCO) department has taken the lead in enhancing the overall provider experience. As part of this initiative, MCO was charged with developing strategies to improve provider satisfaction, streamline operations, and strengthen communication between DWIHN and its provider network. Since inception (February 2025 – May 2025), the ongoing provider satisfaction survey embedded in MCO staff email signatures has received 52 responses — a promising engagement rate given that: FY 23's annual survey only received 40 responses FY 24's annual survey reached 74 responses. This shift to year-round feedback has increased total participation and created a more dynamic channel for real-time input. The response time for providers to receive a response is 2-3 business days, 88%. To foster a positive team culture and reinforce high-performance standards, the MCO division has implemented a recognition program based on provider survey feedback. Survey results are routinely reviewed during staff meetings, and one team member is selected each cycle for outstanding performance, as identified through provider comments and ratings. Recognized staff receive a small leadership-sponsored token of appreciation and public acknowledgment during team meetings.

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

- E. **Utilization Management** – On behalf of Marlena Hampton, Director of Utilization Management, Melissa Moody, VP of Clinical Operations, submitted and gave highlights of the Utilization Management's quarterly report. It was reported that:

1. **Activity 1: Habilitation Supports Waiver (HSW) Program** - The HSW program continues to exceed the state program requirement of 95% slot utilization. DWIHN's HSW has an average of 97.13% utilization per month (1,093 slots), fiscal year to date, which includes additional slots being given to DWIHN from the State. The Michigan Department of Health and Human Services (MDHHS) has removed its limit of five (5) new members per PIHP pending approval at any given time, imposed while they caught up on new enrollee applications. This eliminates DWIHN's waitlist and allows all referred members to be served without delay.
2. **Activity 2: Timeliness of UM Decision-Making** - The Utilization Management prior authorization review teams continue to focus on their overall decision-making timeliness. In the 3rd Quarter, despite a significant increase in requests in the latter part of June, the Utilization Management prior authorization review teams approved 90% of authorization requests within fourteen (14) calendar days. We continue the implementation of our departmental performance improvement plan to address not meeting the 95% 14-day timeframe standard for non-urgent requests, as well as the development and update of internal & provider network authorization procedures. We continue to track the percentage of authorizations manually approved within seven (7) calendar days. In Q1, we manually

	<p>approved 5,507 authorizations (36.7%). In Q2, we approved 8,947 authorizations (47.6%). In Q3, we approved 9,559 authorizations (50%).</p> <p>3. Quarterly Update - The Utilization Management Director and Administrators participate in the Health Services Advisory Group (HSAG) review on June 13, 2025. Official results will be provided to DWIHN in Fall 2025.</p> <p>Commissioner Kinloch opened the floor for discussion. There was no discussion.</p> <p>Commissioner Kinloch noted that the quarterly reports for Adults Initiatives, Crisis Direct Services, PIHP Crisis Services, Managed Care Operations, and Utilization Management have been received and placed on file.</p>
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IX. Strategic Plan – None

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

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

DISCUSSION/ CONCLUSIONS	<p>Melissa Moody, VP of Clinical Operations, submitted and gave highlights of the Clinical Operations executive summary. It was reported:</p> <ol style="list-style-type: none"> 1. Activity 1: Health Home Initiatives - <u>Certified Community Behavioral Health Clinic (CCBHC)</u> – 21,266 members, 7 providers - The Health Homes team continues without pause on its CCBHC projects and technical support of the CCBHC sites. We are still awaiting updates from MDHHS about the upcoming administrative transition set for October 1st, 2025, as there are still many unanswered questions at this time about the transition. All six (6) CCBHC sites who participated in the demonstration in FY2024 have received their preliminary Quality Bonus Payment award notice. CCBHCs were assessed on 6 measures and could earn a 5% bonus on their Medicaid cost volume. CCBHC Performance Measures: Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD), Follow-Up After Hospitalization for Mental Illness, ages 18+ (adult) (FUH-AD) – 30-day, Follow-Up After Hospitalization for Mental Illness, ages 6 to 17 (child/adolescent) (FUH-CH) – 30-day, Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-BH) – Initiation, Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-BH-C), and Major Depressive Disorder: Suicide Risk Assessment (SRA-A). 2. Activity 2: Residential Services (Residential Assessments) - The Residential Services Department was able to complete (290) Residential Assessments during the month of June, (162) assessments were completed with Adults with Mental Illness (AMI) and (128) assessments were completed with individuals with Intellectual and Developmental Disabilities (I/DD). For Q3, there were 535 AMI assessments completed, 454 I/DD assessments completed, and a total of 989 assessments completed. <u>Implementation of the Quality Assessment Audit Tool</u>- During the month of June, the Residential Services Department completed
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	<p>the Quality Assessment Tool to review a sample of completed Residential Assessments. This adult tool was developed earlier this year and implementation began in May. It is important that we establish a process to review completed Residential Assessments to ensure that they are consistently thorough and accurate. The benchmark is 80% and in May and June 2025, we were over the 80% mark. Over ninety percent (90%) of assessments reviewed clearly explain why residential services are needed and contain a summary of the member's medical history. These were two (2) of the highest scoring areas identified by the audit tool. The audit tool indicated that less than half of the assessments completed identified a Primary Health Care Physician (PHCP) for the member. Additionally, staff are not consistently informing the assigned Clinically Responsible Service Provider (CRSP) of the assessment recommendations. These are target areas for improvement moving forward. The Residential Services Department will initiate departmental training based on the trends indicated from completed audits.</p> <p>3. Activity 3: MDHHS Clinical Updates - MDHHS has announced that it has postponed the full implementation of Conflict Free Access and Planning (CFAP) until FY2027. Those providers who already had a Home and Community-Based Service MDHHS review must adhere to the CFAP requirements currently. MDHHS will be implementing the World Health Organization Disability Assessment Schedule (WHODAS 2.0). FY2027, replacing the previously utilized Supports Intensity Scale. This tool will be used to measure disability and functioning across various domains for people 18 years and older who are diagnosed with intellectual/developmental disability.</p> <p>The Chair opened the floor for discussion. Discussion ensued. Commissioner Kinloch noted that the VP of Clinical Operations' executive summary has been received and placed on file.</p>
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XII. Unfinished Business

DISCUSSION/ CONCLUSIONS	<p>A. BA #25-02 (Revised 4) – ARPA Transitional Funding - Staff requesting board approval for \$25,291.00 in PA2 Funds to support the transition of recovery housing and recovery support service programs as ARPA funding for these initiatives were rolled back. This financial assistance enables these programs to maintain service continuity, stabilize operations, and facilitate program adaptation. 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 \$6,318,023.00. The Chair called for a motion on BA #25-02 (Revised 4). Motion: It was moved by Mr. Phillips and supported by Mrs. Bullock to move BA #25-02 (Revised 4) to Full Board for approval. Commissioner Kinloch opened the floor for discussion. Discussion ensued.</p> <p>B. BA #25-11 (Revised 2) – Substance Use Disorder Health Homes FY 25 – Staff requesting board approval to add Mariner's Inn as a SUD Health Home provider. Mariner's Inn is an existing partner in DWIHN's provider network. Mariner's Inn submitted a Health Home certification packet, which DWIHN developed in consultation with the National Council on Mental Wellbeing. The certification was reviewed and approved by DWIHN's Health Home Director and SUD Health Home Administrator. The certification outlined the provider's ability to meet SUDHH organizational and program requirements. The funding that shall pass through DWIHN because of Mariner's Inn's delivery of this service is estimated to be an additional \$12,663.00 for FY 25, bringing the total estimate of this</p>
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	<p>revised board action to \$1,170,663.00. Commissioner Kinloch opened the floor for discussion. There was no discussion.</p> <p>Commissioner Kinloch called for a motion on BA #25-02 (Revised 4) and BA #25-11 (Revised 2). Motion: It was moved by Dr. Tauveg and supported by Mrs. Bullock to move BA #25-02 (Revised 4) and BA #25-11 (Revised 2) to Full Board for approval. Commissioner Kinloch opened the floor for further discussion. There was no further discussion. Motion carried with Mr. Glenn abstaining from voting on BA#25-02 (Revision 4).</p> <p>C. BA #25-51 (Revised 5) – DWIHN Provider Network System FY 25 – Staff requesting board approval to add two (2) residential providers (Heaven’s Angels Residential Services and Rose’s Home Care, LLC) to the Network. This will allow for the continued delivery of behavioral health services for individuals with Serious Mental Illness, Intellectual/Developmental Disability, Serious Emotional Disturbance, and Co-Occurring Disorders. The Chair called for a motion on BA #25-51 (Revised 5). Motion: It was moved by Dr. Tauveg and supported by Mr. Glenn to move BA #25-51 (Revised 5) to Full Board for approval. Commissioner Kinloch opened the floor for discussion. There was no discussion. Motion carried.</p>
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XIII. New Business: Staff Recommendation(s)

DISCUSSION/ CONCLUSIONS	<i>There were no New Business, Staff Recommendation(s) to review this month.</i>
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XIV. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS	<i>There were no Good and Welfare/Public Comment to report this month.</i>
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Action Items	Responsible Person	Due Date
1. Substance Use Disorder (SUD) Initiatives’ CHES eRecovery App Pilot Program – Provide information on how you will evaluate whether a boilerplate meets the needs of our members.	Matthew Yascolt	<i>August 13, 2025</i>
2. Chief Medical Officer’s Report – Provide information on the following: A. Provide the names of emergency departments where our peers are located. B. Provide information on whether Henry Ford and Corewell have peer and recovery coaches in their emergency departments.	Dr. Shama Faheem	<i>August 13, 2025</i>

C. Quality Department - Provide a more accurate summary of the Provider Audit Trends; provide a graph that shows previous year's CAPs, the trends, and triggers.	April Siebert	<i>August 13, 2025</i>
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The Chair called for a motion to adjourn the meeting. **Motion:** It was moved by Mrs. Bullock and supported by Mr. Glenn to adjourn the meeting. **Motion carried.**

ADJOURNED: 2:52 p.m.

NEXT MEETING: Wednesday, August 13, 2025, at 1:00 p.m.

**Program Compliance Committee
Chief Medical Officer's Report
August 2025**

BEHAVIORAL HEALTH EDUCATION, OUTREACH AND UPDATES:

- Completed Series of four lectures on Community Mental Health for a group of seven 2nd year psychiatry residents in July. They were extremely engaged, and it was very well received with several in-training psychiatrist giving feedback that they received very useful and practical information that they have not received before and heard explanation of terms such as ACT, AOT that they have heard but not known fully.
- First year Psychiatry Resident started Emergency Psychiatry rotation at Crisis Center end of July. Onboarding was well coordination between Wayne State University and DWIHN. Verbal feedback received by Dr. Mammo has been encouraging so far, will await more formal feedback by their Program Directors.

PSYCHIATRIST/ADVANCED PRACTICE PROVIDER UPDATES

Crisis Center Medical Director Dr. Mammo continues to oversee our 707 Crisis Center and Mobile Crisis, both of which continue to provide high quality services. We continue to maintain a large pool of 12 psychiatrists. Our full-time psychiatrist Dr. Davidov, is exceptionally dedicated and outstanding. Some of those have joined our outpatient clinic.

During month of July, there were approximately 275 presentations (207 adults and 63 children). Almost 70% of those were admitted and treated at our Crisis center. The psychiatrist and APPs completed 186 Psychiatric evaluations, 386 Progress Notes and 72 Request for Service brief notes on people that were not admitted.

Our goal is to help patient understand the value of treatment and encourage voluntary participation. Though police drop off was involved in 23% of those admitted, only 10 % had be admitted involuntarily. Less than 15% were recommended inpatient as compared to the rate of inpatient recommendation when members present to Emergency Departments which was 72% for the month of July.

Detroit Outpatient Clinic currently has 4 part-time psychiatrist who saw 81 new Psychiatric evaluations during the month of July.



DWIHN Access Call Center Overview (PCC - August 2025)

Detroit Wayne Integrated Health Network (DWIHN) Access Call Center assists individuals with accessing services and provides information about the DWIHN system and other resources in Wayne County. The DWIHN Access Call Center operates 24 hours a day, 7 days a week. The staff consists of both Bachelor's/Master's level Access Call Center Representatives and Substance Use Disorder Technicians. The Mental Health Clinicians are Masters Level and Fully Licensed.

The goal of this process is to assess the needs of individuals, enroll if appropriate into the DWIHN network and link to a qualified provider for ongoing mental health, developmental disability, substance abuse or co-occurring disorder treatment. The DWIHN Access Call Center, in tandem with the customer service department, acts as the front door to the network

The DWIHN Access Call Center provides the following:

- Referrals for Resources in Wayne County
- Telephonic screenings and eligibility determination for Mental Health, I/DD, Autism and SUD services (Outpatient, Residential, Detox, MAT and IOP)
- Warm transfers to the Crisis Line / Mobile Crisis Dispatch, Crisis Care Clinic, Customer Service and Office of Recipient Rights.
- Schedule Hospital Discharge Follow up appointments
- Generate Member ID's
- Verify enrollment status,
- Process requests for CRSP changes, Disability Designation Changes and process enrollment requests for MI HEALTH LINK, School Success Initiative, Infant Mental Health, JAC/WRAP, MDOC, MPRI, residential referrals and CCBHC.
- Development and maintenance of policies that govern access to services and the call center
- Sends DWIHN Welcome Packet to new members (via Correspondence Mail or Email)
 - Enrollment letter / Intake Appointment reminder
 - Provider Directory
 - Recipient Rights Brochure
 - Advance Directives Brochure,
 - Welcome to DWIHN Brochure
 - MyStrengths Flier
 - Grievance and Appeals Brochure)

Program Compliance Committee Meeting
Yvonne Bostic, MA, LPC (Director) – DWIHN Access Call Center
Third Quarter (FY 24/25)
August 13, 2025



Main Activities during 3rd Quarter FY 24-25:

- **Call Center Performance – Call detail report.**
- **Appointment Availability and Scheduling**
- **Accomplishments and Updates – Staffing and Training**

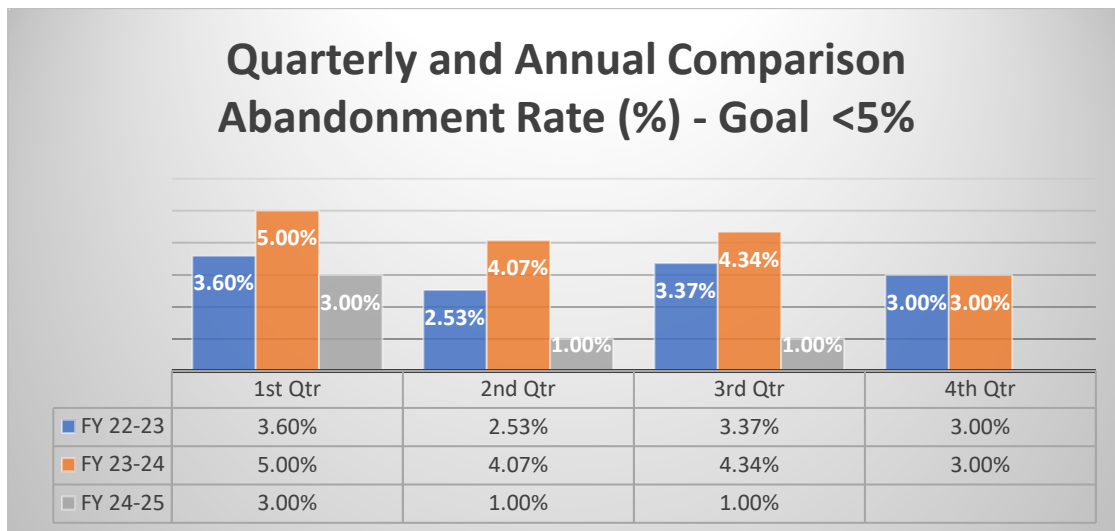
Activity 1: Call Center Performance – Call Detail Report

- **Description:** The Majority of calls that come into the call center are from members in the community seeking information /referrals, Mental Health, and SUD services. The rest of the incoming calls are from in-network providers and other community agencies like local hospitals, foster care workers, etc. Incoming calls are monitored from the first point of contact with the DWIHN Access Call Center Representatives and then after they are transferred to a screener (MH/SUD) or other resource.
- MDHHS Standards and Call Center Performance for 3rd Quarter FY 24-25 (April - June 2025):
 - % Abandoned Goal is < 5% (1.0%)
 - Avg. speed to answer Goal <30 sec. (:10 sec)
 - % of calls answered Goal > 80% (97.0%)
 - Service Level Goal >80% (92.0%)

	Incoming Calls	Calls Handled	Calls Aband.	% Aband .	Average Speed Answer	Avg Call Length	% of Calls Answered	Avg Service Level
FY 24-25 3rd QTR	49,413	47,914	584	1.0%	:10 sec	4:22 mins	97.0%	92.0%
FY 23-24 3rd QTR	48,400	44,570	2,256	4.34%	:27 sec	5:29 mins	92.0%	76.0%

- **Current Status:** For the 3rd Quarter of FY 24-25, there were 47,914 calls handled by the access call center.
 - **Breakdown**
 - 11,271 (24.0%) calls handled related to SUD services with an average handle time of 16:00 minutes.
 - 5,388 (11.0%) calls handled, related to MH services, with an average handle time of 19:00 minutes.
 - 31,255 (65.0%) calls handled, related to other requests: provider inquiries, information and referrals for community programs and services, screening follow up calls, Hospital Discharge appointments, enrollments (Infant Mental Health (IMH), Foster Care, TCW/ PCW, Hospital Inpatient, Etc.), Transfer calls (Crisis, ORR, Customer Service, Grievance, etc.)

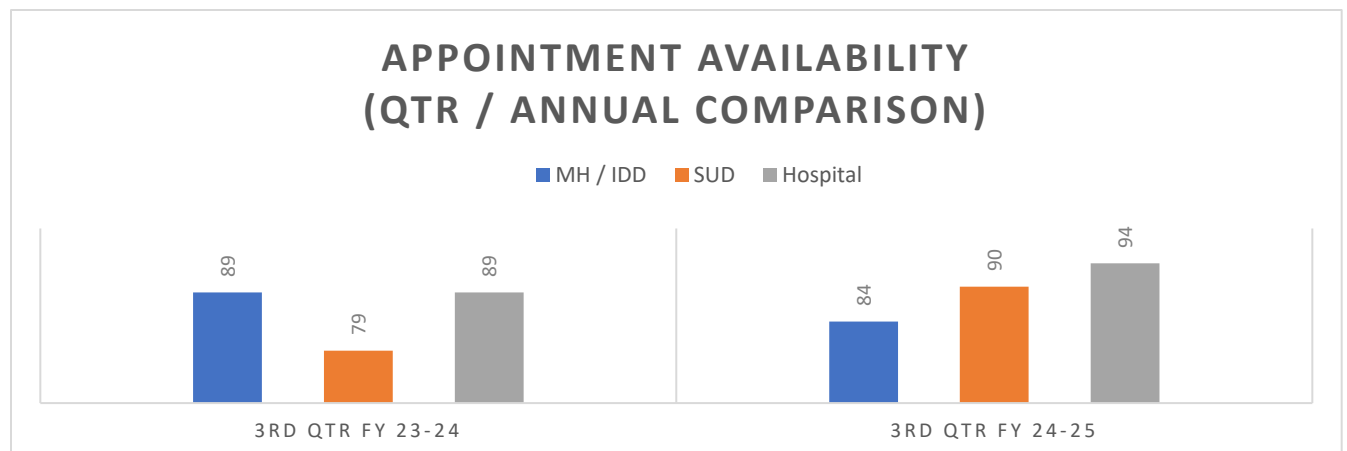
- In an annual comparison of 3rd Quarter FY 23-24 (4.34%) to 3rd Quarter FY 24-25 (1.0%) abandonment rate, there was a 3.34% improvement. The Call Center management team uses the Genesys phone System to monitor staff performance and trends to forecast routine staffing needs. The use of contingent staff also helps to cover UPTO/PTO and vacancies. Due to regular turnover, overtime is issued on occasion to ensure that there is proper coverage.



Activity 2: Appointment Availability

Description: The Access Call Center schedules routine MH intake appointments within 14 days, SUD routine, urgent and emergent intake appointment and hospital discharge / follow up appointments (within 7-day requirement) for individuals being discharged from short stay inpatient psychiatric treatment.

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



Summary:

Comparing FY 23/24 to FY 24/25, 3rd quarter, there was an increase in appointment availability for SUD and Hospital Discharge follow up appointments. The decrease in appointment availability for MH/IDD appointments was mostly impacted by a shortage of I/DD child intake appointments.

DWIHN Access Committee is working to expand the network through onboarding new providers and credentialing current providers to offer additional services.

Provider Network Management, Quality Improvement, Child/Adult Initiatives, Integrate Care and Access Call Center meet with each provider, every 30-45 days, to discuss performance indicators, how to address barriers and progress in steps to make improvements to the network.

Activity 3: Accomplishments and Updates:

- **April 2025 – June 2025 Department Overviews and Trainings** – PIHP Crisis Services (Dan West, Director of PIHP Crisis Services), Navigating Special Education Services (DWC online training site), Recipient Rights Review (DWC online training site), Access Call Center Legal Decision Making Authority (Yvonne Bostic, PolicyStat), Anti Harassment and Non-Discrimination Training for Employees (DWC online training site), Medicaid and Medicare General Compliance Training (DWC online training site), Data Privacy, Confidentiality and Info Security (Career Improvement Practices Series, YouTube)
- **Staffing 3rd Qtr FY 24/25** - The Access Call Center had vacancies during this period related to promotions and turnover; currently using contingent staff and overtime to address coverage for UPTO/PTO and unexpected high call volume times.
 - **3rd Quarter Staffing**
 - 24 Access Call Center Reps (21 FT, 1 PT, 2 Cont.) (vacancies 1FT, 1 cont)
 - 18 Call Center Clinicians (9 FT, 5 PT, 3 Cont.) (vacancies – 1FT, 1PT)
 - 18 SUD Technicians (14 FT, 3 Cont., 1PT) (vacancies – 1 PT)
 - Ongoing review of applications, interviewing, hiring and training so that vacancies can be filled.
 - Group #1 and Group #2 rotate weeks onsite (4th floor 707 Milwaukee); all shifts (7a-3p, 8a-4p, 9a-5:30p, 10a-6p, 11a-7p, 12p-8p, 3p-11p, 11p-7a)

Innovation & Community Engagement

April – June 2025

Andrea L. Smith

Presented: August 13, 2025

Innovation & Community Engagement Department Overview

Mission:

To lead the organization in innovation by addressing workforce development needs across the provider network and offering continuous support through education, outreach, and engagement—with an emphasis on recovery and resilience.

Key Responsibilities:

- Facilitate collaboration between behavioral health providers, law enforcement, courts, and community partners.
- Assess workforce gaps and address them through training, grants, and strategic initiatives.
- Provide consultation, technical assistance, and grantsmanship support to internal and external stakeholders.
- Develop, implement, and evaluate evidence-based, best, and promising practices.
- Oversee internships and student learner experiences across programs.

Core Initiatives & Oversight Areas:

1. Detroit Wayne Connect (DWC):

A hybrid learning platform offering live event registration and online training modules to support the professional development of the behavioral health workforce. Courses meet MDHHS training requirements and offer CEUs and licensing support.

Website: www.dwctraining.com

2. Justice-Involved Initiatives:

- **Mental Health Court (Third Circuit, 36th District, and 28th District Courts):** Coordination and service linkage for participants.
- **Jail Contract Monitoring:** Oversight of behavioral health services provided in Wayne County jails.
- **Jail Navigator Program:** Facilitates care coordination, discharge planning, and treatment referrals for individuals exiting incarceration.
- **Crisis Intervention Team (CIT) Training & Co-Response:** Joint training and field response initiatives with law enforcement to better address behavioral health crises in the community.

3.. Community-Based Outreach & Innovation:

Innovation & Community Engagement

April – June 2025

Andrea L. Smith

Presented: August 13, 2025

- **Detroit Homeless Outreach Team (DHOT):** In partnership with DPD and community agencies, DHOT connects individuals to housing, ID services, and treatment.
- **Mobile Health Clinic:** Brings mental health screenings, brief interventions, and resources directly to neighborhoods across Wayne County.
- **Summer Youth Employment Program (SYEP):** Mentorship, job placement, and mental health awareness for Detroit-area youth.

4. Reach Us Detroit:

A crisis and emotional support line (313-488-HOPE) connecting individuals to peer support, mental health care, and community resources.

5. Zero Suicide Initiative:

A system-wide strategy aimed at reducing suicides across Wayne County. Emphasizes universal screening, safety planning, culturally responsive care, and provider training grounded in the national Zero Suicide framework.

Innovation & Community Engagement

April – June 2025

Andrea L. Smith

Presented: August 13, 2025

Executive Summary: ICE Quarter 3 FY25 Board Report

Justice-Involved Initiatives

During this reporting period, the Justice-Involved Initiatives impacted **over 3,700** individuals across Wayne County. The Detroit Homeless Outreach Team (DHOT) had **1,225 encounters**, successfully **connecting 1,055** people to essential housing, mental health, and community resources. Outreach Peer Specialists visited shelters and served **390 individuals, directly linking 59** to behavioral health services. The Co-Response Program reported **1,252 encounters**, with most individuals being Black males aged 21–39, an age group at higher risk for emerging behavioral health concerns. The Wayne County Jail navigator initiative **screened 135** individuals and **connected 103** to treatment providers. Jail Mental Health efforts **screened 3,251** individuals and delivered over 6,000 therapy and case management sessions. Discharge planners helped **459 individuals transition** back into the community, including 21 with post-release appointments.

Workforce Development & Community Engagement

During this quarter, ICE facilitated **80 events** - training, webinars, and community engagements, **reaching 1,367** participants. Mental Health First Aid and suicide prevention sessions **trained 396** first responders and community members. Crisis Intervention Team (CIT) training reached **35 officers**, and technical assistance was provided to **12 staff** seeking student loan forgiveness through NHSC. Interprofessional education reached 42 students across disciplines. Mobile clinic outreach and the 'Mental Health Mondays' initiative reached hundreds, distributing literature and conducting **28 brief screenings**. Staff also engaged in Extreme Risk Protection Order (ERPO) training to enhance firearm safety during crisis interventions.

Veteran Navigator Program

The PIHP Veteran Navigator Program **supported 95 veterans and 7 family members** through outreach, resource events, and coordinated referrals. The team recorded over 100 meaningful connections and referred veterans for mental health, substance use, housing, employment, and VA services. Survey results showed 98% of veterans reported improved functioning and increased willingness to seek help. The majority served in the Army, were aged 40+, and identified as African American or Caucasian.

Department Mission: To lead the organization in innovation by providing effective and efficient workforce development needs to the provider network. We strive to provide

Innovation & Community Engagement

April – June 2025

Andrea L. Smith

Presented: August 13, 2025

continuous support to the community through educational outreach and engagement while emphasizing and supporting recovery and resilience.

Main Activities during Reporting Period:

- **Justice-Involved Initiatives**
- **Workforce Development**
- **PIHP Veteran Navigator**

Progress On Major Activities:

Activity 1: Justice-Involved Activities – Mental Health Co-Response, Mental Health Jail Navigator, Detroit Homeless Outreach Team, Specialty Court, Wayne County Jail

DHOT

During this quarter, DWIHN participated in weekly Detroit Homeless Outreach Team (DHOT) meetings. Staff identified complex cases and assisted with care coordination to address individual needs. The DHOT teams-comprised of DWIHN-DPD and Central City Integrated Health, encountered **1,225** individuals, of whom **1,055** were connected to various housing and mental health resources. The DWIHN-DPD team continued introducing the Homeless Outreach Van to community organizations across Detroit neighborhoods and maintained active collaboration with partners such as the Salvation Army and Wayne Metro to provide clothing and housing resources. These partnerships were strengthened to ensure unhoused individuals have access to appropriate and timely support.

DWIHN began specific outreach to various Detroit Homeless Shelters, Cass Community Services, St John, Lakeridge Village and Detroit Rescue Mission Ministries Oasis. An Outreach Peer Specialist encountered **390** individuals, offering assistance that help toward permanent housing status, obtaining vital records, birth certificates, social security and legal identification. This staff member also connected **59** individuals to DWIHN's Access services for both mental health and substance use, and other community resources that's vital toward sustainable housing and employment.

DHOT Demographic Overview

Gender:

- **Male:** 855
- **Female:** 358
- **Unknown:** 12

Race:

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April – June 2025

Andrea L. Smith

Presented: August 13, 2025

- **Black:** 1,096
- **White:** 106
- **Latino:** 6
- **Other/Multiracial:** 2
- **Not Reported:** 15

Age Groups (based on known DOBs):

- **Under 20:** 18
- **21–29:** 97
- **30–39:** 248
- **40–49:** 232
- **50–59:** 17
- **60–69:** 17
- **70+:** 5

The population remains predominantly Black and male, with a notable concentration of individuals in their 30s and 40s. These trends are consistent with prior outreach data and reflect the ongoing needs of chronically underserved and aging unhoused populations.

Mental Health Co-Response

During the quarter, DPD co-responders, which includes data from the City of Detroit, had an approximate total of **1,252** encounters. Various resources were provided for mental health, substance use and unhousing needs.

Mental Health Co-Response Demographic Overview

Gender:

- **Male:** 456
- **Female:** 448
- **Other:** 1
- **Unknown/Not Reported:** 347

Race:

- **Black:** 774
- **White:** 60
- **Latino:** 12
- **Other:** 26
- **Multiracial (e.g., Black/White, Black/Latino):** 11
- **Asian:** 1
- **Unknown/Not Reported:** 368

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April – June 2025

Andrea L. Smith

Presented: August 13, 2025

Age Groups:

- **Under 20:** 129
- **21–29:** 174
- **30–39:** 188
- **40–49:** 84
- **50–59:** 59
- **60–69:** 38
- **70+:** 10

The majority of individuals encountered were Black (62%), suggesting the program is engaging with a population that is often overrepresented in emergency responses and underserved in behavioral health systems. This could reflect both effective targeting and a broader need for culturally responsive services.

The highest concentration of encounters was among individuals aged **21–39**, often considered the age range most at risk for emerging mental health and substance use issues. This aligns well with national and local trends, underscoring the importance of early intervention and sustained care for this demographic.

Justice Involved Initiative	Number of Encounters/Screened	Connected to a service/resources/supports
Co-Response Teams	1252	249
Mental Health Jail Navigator	135	103
Detroit-Homeless Outreach Team	1225	1055

Wayne County Jail

During the reporting period, the Wayne County Jail has undergone staff shortages, and recently designated staff to assist with the jail navigator referral process. There were **135** individuals referred and screened, **103** met criteria and were referred to various treatment providers, Genesis House III, Team Wellness Center and/or Christian Guidance Center. Individuals are being monitored and receiving jail navigation services.

The Justice-Involved Initiatives are implemented to offer support to our law enforcement and jail partners. This collaboration has enhanced community mental health awareness and linkage to DWIHN's provider network. Since our collaboration has expanded communities throughout Wayne County are more knowledgeable about DWIHN services.

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April – June 2025

Andrea L. Smith

Presented: August 13, 2025

Specialty Court

The **Third Circuit Mental Health Court** held its graduation (four graduates) prior to Judge Bazzi leaving and presiding Judge Baker-Robinson assuming responsibility of the program. There are currently 20 participants on the court docket.

During the reporting period, the **36th District Court** Clinical Assessor position was vacant, however, DWIHN maintained engagement while connecting individuals to mental health, substance use and veteran treatment services. The collaboration demonstrates cohesiveness and continuity of support services throughout the individual's court involvement. There were **21** graduates from the mental health court docket.

Downriver Veterans Court Jail Diversion misdemeanor program for persons who have served in the Armed Forces. The program works with the American Legion for volunteer opportunities. Participants help disabled veterans; work at the courthouse; do yard work; and dispose of American flags. Three participants completed the program. The court also continues to receive referrals from other courts.

Jail Releases/ Jail Mental Health

This section focuses on discharge planning through Naphcare with jail release discharge and follow-up.

Current Status:

Naphcare is now fully staffed with Discharge Planners. During the third quarter there were 459 jail releases; 12 were on an AOT/Deferral order; 3 were hospitalized; 31 were sent to another correctional facility; 32 were not in MHWIN; and 201 had an assigned CRSP.

Significant Tasks During Period:

Staff now receives monthly reports on jail inmates who are assigned a CRSP and have an intake date upon release. The discharge planners were able to assign 21 inmates to a CRSP for a post-release appointment.

Major Accomplishments During Period:

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April – June 2025

Andrea L. Smith

Presented: August 13, 2025

The Discharge Planners have been working diligently to enroll inmates with a CRSP and post follow-up interviews to reduce recidivism. They work with the Classification Unit for SUD discharges to residential facilities.

Description: The Jail Mental Health third quarter statistics are shown below.

Demographic Data		
	Quarter	Year To Date
# Persons Screened/Eligibility	3251	9048
# New Admissions	325	859
# Males	254	679
# Females	71	180
# Residential Division	10	34
# Outpatient, Division I & II	334	950
#Bio-psychosocial Assessments	994	2938
# Individual Therapy	2441	6372
# Case Management	2062	6169
#Discharge Planning	79	268
#Residential Placements	47	146
# Crisis Interventions	390	1040
#Co-Occurring	393	1846
# Psychiatric Evaluations	619	1822
# Pharmacological Management	803	2715
# Probate Referrals	18	41
MAT admissions	279	733

MDOC

Staff worked with Professional Counseling Services (PCS) over community contacts for released inmates should any issues or questions arise. PCS wanted a specific person because members post-release need ease of access to services and information. It was decided that the Access Center will handle this effort. A single person ensures collaboration and collaboration between MDOC; PCS; CRSP; and DWIHN.

Demographic Data		
	Quarter	Year to Date
# of Persons Served	15	15
# of New Admissions	5	6

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April – June 2025

Andrea L. Smith

Presented: August 13, 2025

# of Discharges for Successful completion of program	3	4
# of Discharges for Non - Compliance	0	3
# of Community Presentations (if applicable)	0	0

Activity 2: Workforce Training/Community Engagement

Description:

Co-facilitated mental health first aid and Crisis Response Team training to law enforcement, call-takers and dispatchers working with the City of Detroit. The objective is to increase mental health knowledge and awareness amongst first responders. During the reporting period, there were approximately **208** participants who attended MHFA and **188** for QPR. There were **35** officers trained in CIT during the period.

In support of workforce retention, staff provided **NHSC student loan repayment technical assistance** to **12 staff** during the period.

Interprofessional training was facilitated for **42 student learners** (psychiatry, nurse practitioner, and social work).

Staff assisted in the coordination and facilitation of a total of **80 Network events**, including meetings, webinars, and training sessions. This includes trauma-informed care training for Detroit Public Schools Community District (DPSCD) youth-serving organizations preparing for GDYT. These events engaged a combined total of **1,367 participants**. The events were delivered through a mix of virtual, in-person, and community-based formats, reflecting DWIHN's ongoing commitment to flexible and accessible training options.

Staff participated in training on Michigan's Extreme Risk Protection Order (ERPO). This law created in 2024 is a civil legal process through which law enforcement officers, concerned family members, and other designated individuals may request that a court grant an order that temporarily restricts a person's access to firearms when there is evidence that the person poses a risk of harm to self or others if they continue to have such access. This is of value, as it offers an additional option to protect the safety of individuals and communities where someone is experiencing a mental health crisis and has the means of carrying out acts involving firearms.

Innovation & Community Engagement

April – June 2025

Andrea L. Smith

Presented: August 13, 2025

The department launched “Mental Health Mondays”, the Mobile Unit Health Clinic outreach was present at several events throughout communities within Detroit and Wayne County. Engaging with several hundred individuals and distributing brochures and literature about DWIHN’s Access Center, Outpatient Clinic, 707 Crisis Care and Mobile Crisis Services, with **28** completing the brief screening.

Reach Us Detroit provided **612 direct support calls** over the period with increased volume linked to media awareness.

Activity 3: PIHP Veteran Navigator

The PIHP Veteran Navigator Program continued to strengthen community engagement and coordination efforts to support Veterans across Wayne County. Through active participation in resource events, community coalitions, and targeted outreach, we reconnected with Veterans and service providers to bridge gaps in behavioral health care, housing, and wraparound services. Our efforts focused on peer-to-peer connection, system navigation, advocacy, and strategic relationship-building across the local and regional veteran support network.

This quarter, we prioritized reconnecting the veteran support ecosystem through meaningful collaborations and event-based outreach.

- A total of **95 new veteran contacts** were made, and **7 veteran family members** were also supported.
- Over **100 meaningful connections** were made at resource events.
- Veterans were directly referred for support related to **mental health (MH)** and **substance use disorders (SUD)** at community events.

We observed a high response rate to outreach activities, with 44 out of 45 surveyed Veterans reporting improved community functioning and greater awareness of available supports.

- **98%** feel more willing to reach out for help.
- **98%** reported increased knowledge of veteran benefits.
- **98%** reported improved functioning in the community.

Demographics & Veteran Characteristics

- **Gender:** 80 male, 17 female

Innovation & Community Engagement

April – June 2025

Andrea L. Smith

Presented: August 13, 2025

- **Race:** 45 African American, 40 Caucasian, 3 Hispanic, 1 Native American, 1 Asian, 1 Pacific Islander
- **Age:** Majority aged 40+, with 25 over 55
- **Employment:** 19 employed, 14 unemployed, 21 retired/other
- **Marital Status:** 57 married; 6 spouses identified as caregivers
- **Children:** 15 veterans had children; 10 reported being homeless
- **Military Branches:** Majority served in the Army (49), followed by Marines (21), Air Force (7)
- **Era of Service:** Peacetime (36), Vietnam (34), Gulf (7), OEF/OIF/OND (3)
- **Discharge Type:** 44 honorable, 11 less than honorable or general, with many undisclosed
- **Behavioral Health:**
 - Diagnoses reported: 11 Depression, 9 PTSD, 7 with multiple diagnoses
 - SUD Diagnoses: 19 Alcohol, 4 Opioids, 4 Marijuana
 - 1 report of suicidal ideation; no suicide attempts recorded this quarter

System Navigation and Referrals

Referrals TO the Navigator:

- 17 from Local CMH
- 11 via MVAA
- 11 via DWIHN Access
- 19 from hospitals
- Additional referrals came from VCAT meetings and community events

Referrals FROM the Navigator:

- 27 to the VA
- 21 to Veterans Service Organizations (VSOs)
- 17 for housing
- 15 for employment
- Other referrals included legal services, faith communities, and senior services

Key Challenges:

During the third quarter, staffing constraints remained a notable challenge across several justice-involved initiatives. The Wayne County Jail and associated jail navigator processes faced intermittent personnel shortages, which temporarily impacted the speed of referrals and follow-up care coordination. Looking at co-response, gaps in demographic reporting limited the ability to fully evaluate engagement equity.

Innovation & Community Engagement

April – June 2025

Andrea L. Smith

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Specifically, a high number of “Unknown/Not Reported” entries underscored the need for continued improvements in data capture and documentation practices across partner agencies.

Next Steps

Looking ahead, the department will focus on expanding data standardization efforts across all justice-involved programs, improving demographic collection accuracy, and increasing engagement with providers to streamline referral pathways. Enhanced collaboration with shelters and legal service organizations is also planned to support unhoused individuals and justice-involved populations with more holistic care. Despite operational challenges, ICE remains committed to equity, innovation, and impact. The department’s continued ability to connect over 2,000 individuals to critical services this quarter speaks to the strength of its cross-sector partnerships and the dedication of its staff in improving lives across Wayne County.

EXECUTIVE SUMMARY

Ryan Morgan, LMSW - Director of Residential Services

RESIDENTIAL SERVICES PROGRAM DESCRIPTION

Detroit Wayne Integrated Health Network's (DWIHN) Residential Services Department's role is to ensure eligible DWIHN members receive quality and effective specialized residential behavioral health services in licensed and unlicensed settings.

The Residential Services Department helps ensure that the standards set within the Medicaid Provider Manual and Michigan Department of Licensing and Regulatory Affairs (LARA) are met.

RESIDENTIAL SERVICES PROGRAM RESPONSIBILITIES

The Residential Services Department consists of two (2) primary positions, Residential Care Specialists (RCS) and Residential Care Coordinators (RCC).

The Residential Services Department Primary Responsibilities are:

- Residential Care Specialists- Complete Residential Assessments annually and anytime there is a change in the member's condition. The Residential Assessment determines the medical necessity of Residential Services.
- Residential Care Coordinators- Locate and place DWIHN members into Residential settings based on the recommendation from the Residential Assessment.
- State Facility Liaison- Assists with admission and discharge planning for adults and children meeting criteria for state hospitalization.
- The Residential Services Department processes Residential referrals that can come from a variety of locations, this includes hospitals, nursing homes, Clinically Responsible Service Providers (CRSP), etc.
- Assists with onboarding and offboarding Residential providers.
- Assists the Department of Health and Human Services (DHHS) with youths transitioning from foster care into adult residential settings.
- Coordinates a guardianship forum to improve communication with public guardians.
- Coordinates preplacement settings for DWIHN members.
- Conduct training for the Residential Departments of Clinically Responsible Service Providers (CRSP) to ensure that clinical documentation is completed accurately.
- Processes Residential authorizations to ensure the amount, scope, and duration of Residential services is medically necessary and completing Adverse Benefit Determination (ABD) letters as needed.

RESIDENTIAL PROGRAM SCOPE

The Residential Services Department completed about (3,000) Residential assessments last fiscal year and processed approximately (12,000) Residential authorizations. Additionally, we were able to discharge thirty-nine (39) adult members out of state facilities and into the community. The Residential Services Department is currently serving over (3,000) individuals in licensed and unlicensed facilities.

RESIDENTIAL DEPARTMENT STRUCTURE

- **Adults with Mental Illness (AMI) Unit-** The AMI unit is managed by Josephine Alshorbaji and consists of ten (10) Residential Care Specialists conducting residential assessments and two (2) Residential Care Coordinators assisting with placement of our AMI members into residential settings.
- **Individuals with Intellectual and Developmental Disabilities (I/DD) Unit-** The I/DD unit is managed by Danita Love-Carter and consists of ten (10) Residential Care Specialists and two (2) Residential Care Coordinators assisting our I/DD members.
- **Residential Authorizations Unit-** The Residential Authorizations Unit is managed by Kathryn Mancani and consists of three (3) Residential Care Specialists who process Residential authorizations.

RESIDENTIAL SERVICE DEPARTMENT FUTURE GOALS

- Streamline the referral process to include an electronic referral portal that can be utilized throughout the network.
- Coordinate with the DWIHN Outpatient Clinic (DOC) to provide members with another resource to choose from for clinical services.
- Assess network needs and add providers capable of assisting members in those areas, for example young adults with Cluster B diagnoses and elderly individuals in need of barrier free placements.



Program Compliance Committee Meeting
Ryan Morgan Director of Residential Services/Quarter 3 FY 25 Report
Date: August 13, 2025



Main Activities During Reporting Period: Quarter 3 FY 2025

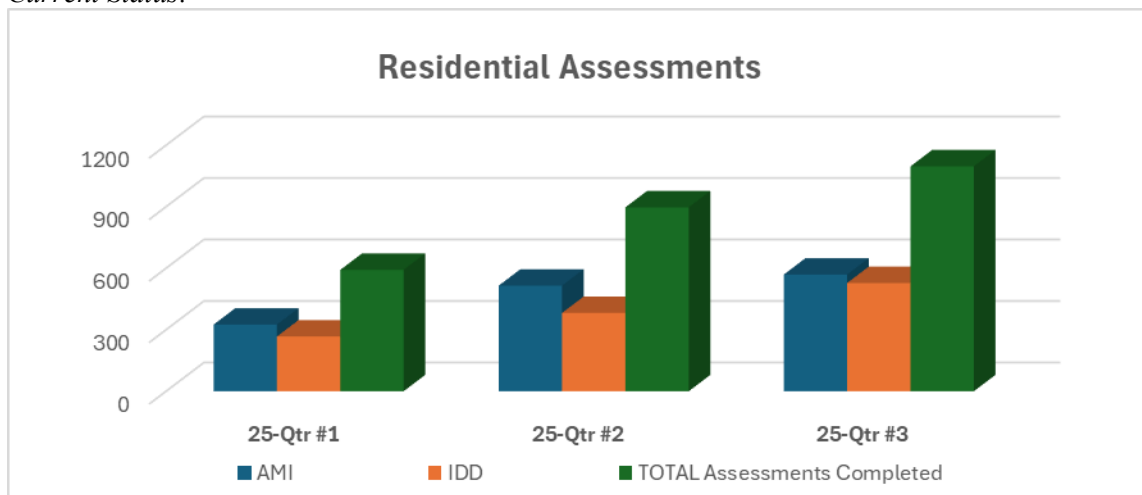
- **Updating Residential Assessments**
- **Utilization of the Residential Audit Tool**
- **Monitoring Residential Authorizations**

Currently the Residential Services Department is serving approximately 3,084 members in Residential Settings

Progress On Major Activities:

Activity 1: Updating Residential Assessments

- *Description:* Throughout the third quarter the Residential Services Department continued the process of ensuring that all new and existing members maintain up to date residential assessments. Each member receiving residential services should have an assessment completed annually or at any time there is a change in the member's condition. Maintaining current residential assessments is critical to ensuring the safety, well-being, and individual progress of members receiving residential services, furthermore it ensures that members are receiving medically necessary services within the appropriate level of care.
- *Current Status:*

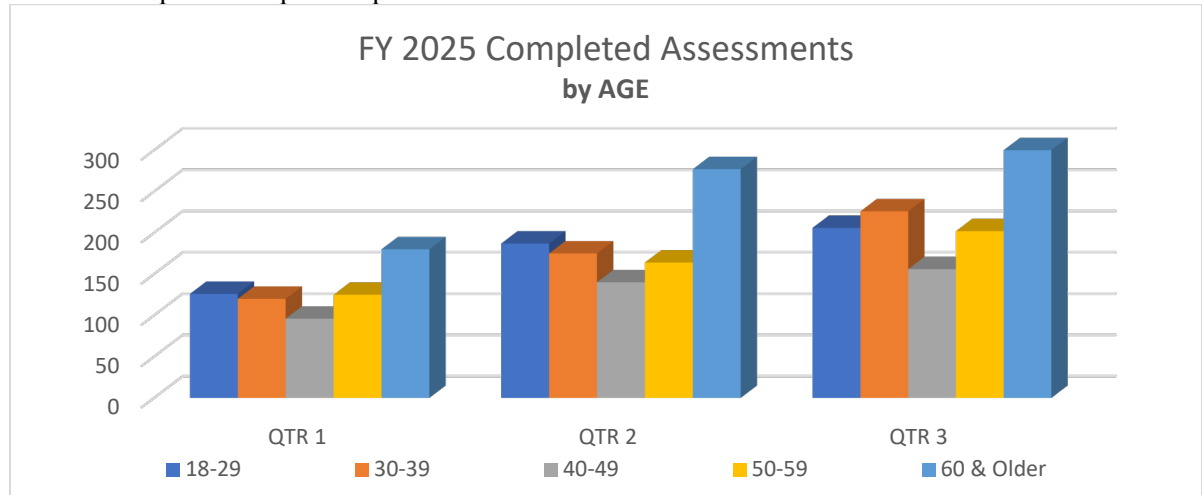


Assessments Completed				
	25-Qtr #1	25-Qtr #2	25-Qtr #3	
AMI	325	515	569	
IDD	267	382	528	
TOTAL Assessments Completed	592	897	1,097	

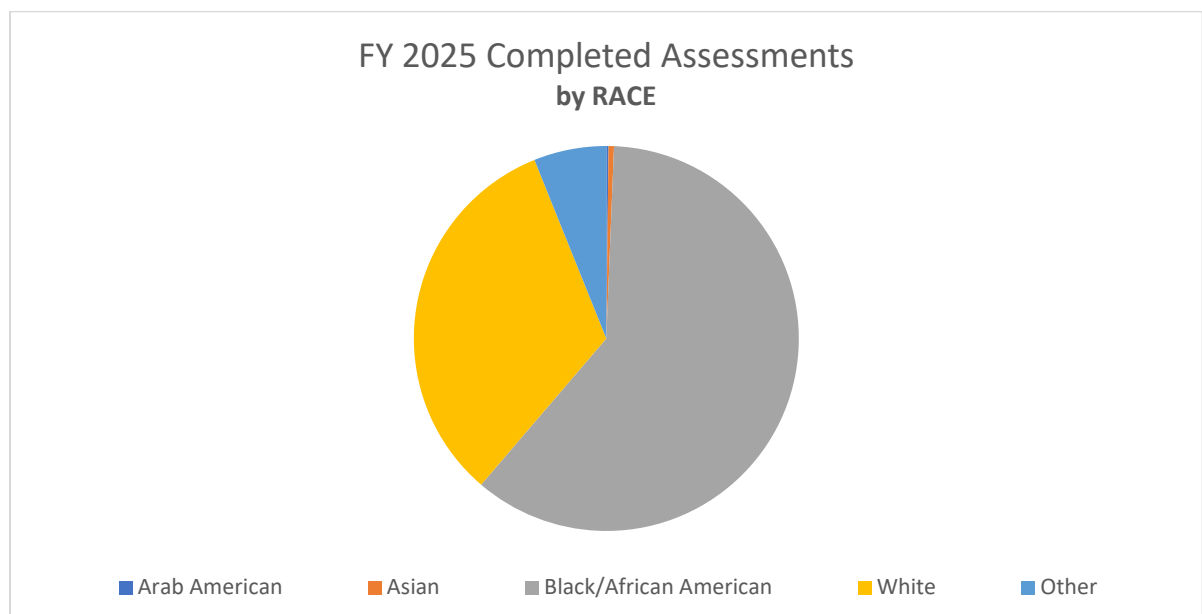
- *Significant Tasks During Period:* During the third quarter the Residential Services Department was able to complete (1,097) residential assessments during Quarter 3. Of the completed (569)

were completed with Adults with Mental Illness and (528) were completed with Individuals with Intellectual and Developmental Disabilities.

- *Major Accomplishments During Period:* During Quarter 3 the Residential Services Department worked with the Information Technology Department to develop a new report that dives deeper into the population being served. This report is capable of breaking down the demographic information by age, gender, race, and the services that are being recommended. We will be able to use this report to help the department allocate resources in the future.



Completed Assessments: by AGE	QTR 1	QTR 2	QTR 3
18-29	126	187	206
30-39	120	175	226
40-49	96	140	156
50-59	125	164	202
60 & Older	180	277	307

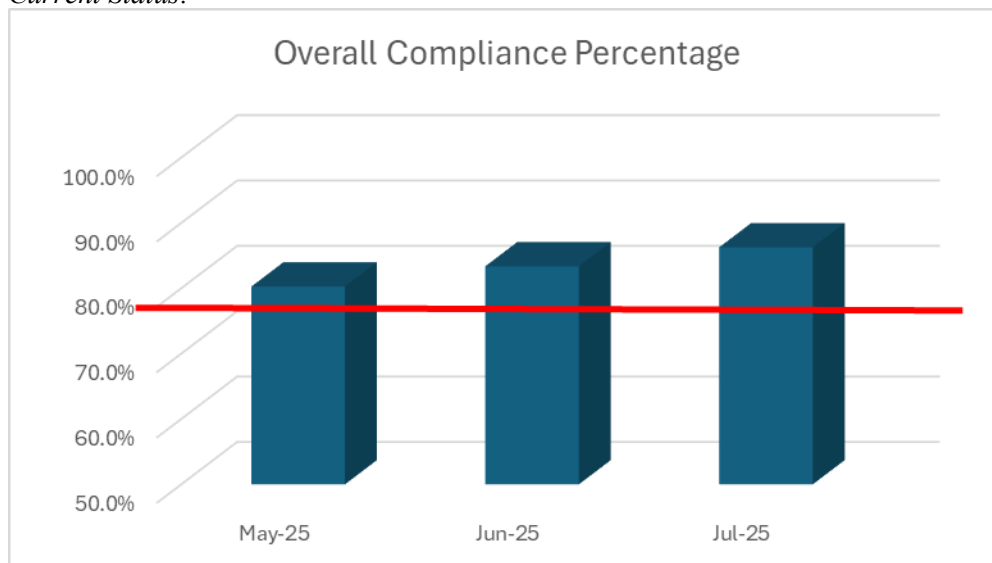


Completed Assessments: by RACE	QTR 1	QTR 2	QTR 3
Arab American	1	2	2
Asian	5	4	5
Black/African American	364	577	667
White	235	304	359
Other	46	60	67

- *Needs or Current Issues:* The Residential Services Department will work to onboard residential providers capable of managing our young adult and elderly populations. Specifically, we will target barrier free facilities that can manage individuals with co-occurring physical and emotional disabilities.
- *Plan:* The Residential Services Department will work with Managed Care Operations (MCO) to onboard new providers that can manage the young adult and elderly populations. We will also advocate with existing providers to expand services in these areas.

Activity 2: Utilization of the Residential Assessment Audit Tool

- *Description:* During the third quarter the Residential Services Department was able to develop and implement a new Residential Assessment audit tool for managers to utilize when reviewing completed Residential Assessments. It was important to establish a process for reviewing completed assessments to ensure that they are being completed thoroughly and accurately. This tool now sets a standard expectation for staff to know exactly what information should be contained within each assessment.
- *Current Status:*



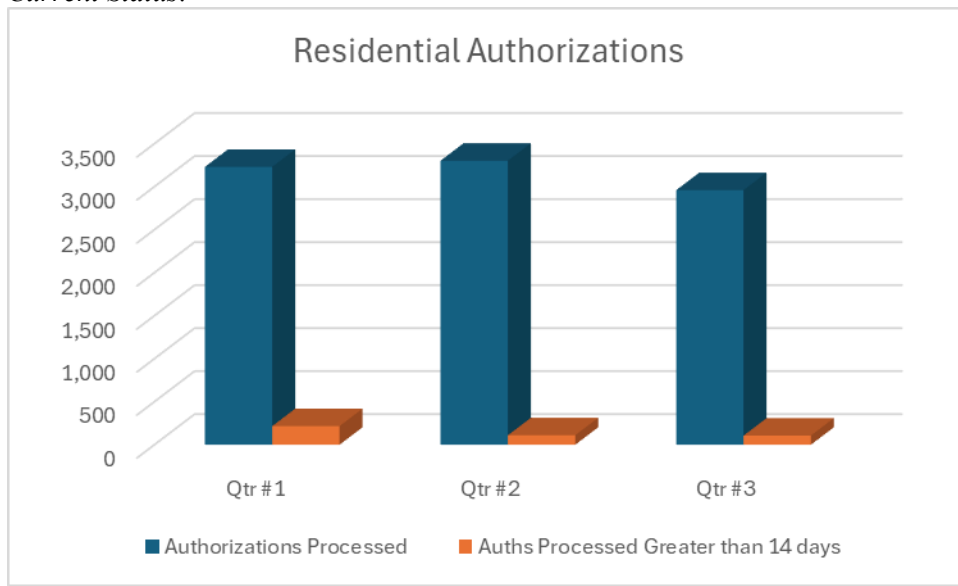
Benchmark	25-May	25-Jun	25-Jul
80	80.3	83.4	86.3

- *Significant Tasks During Period:* During Quarter 3 managers within the Residential Services Department began reviewing two (2) completed Residential Assessments per month for each Residential Care Specialist within the AMI (Adults with Mental Illness) and I/DD (Individuals with Intellectual and Developmental Disabilities) units.

- *Major Accomplishments During Period:* Over ninety-six percent (96.7%) of the assessments reviewed clearly documented the services being recommended. Additionally, over ninety percent (90.6%) of assessments clearly explained the reason the assessment was being completed. These were two of the highest scoring areas identified by the audit tool.
- *Needs or Current Issues:* The audit tool indicated two specific areas for improvement. Less than half of assessments completed (47.2%) identified a Primary Health Care Physician (PHCP) for the member. Additionally, (58.3%) of assessments indicated that the CRSP (clinically responsible service provider) was informed of the assessment recommendations. These specific areas will be targeted for improvement moving forward.
- *Plan:* The Residential Services Department will implement departmental training based on the trends indicated from completed audits. These trainings will focus on the lower scoring areas. Additionally, managers will implement staff specific training in individual supervision for those Residential Care Specialists consistently producing lower results.

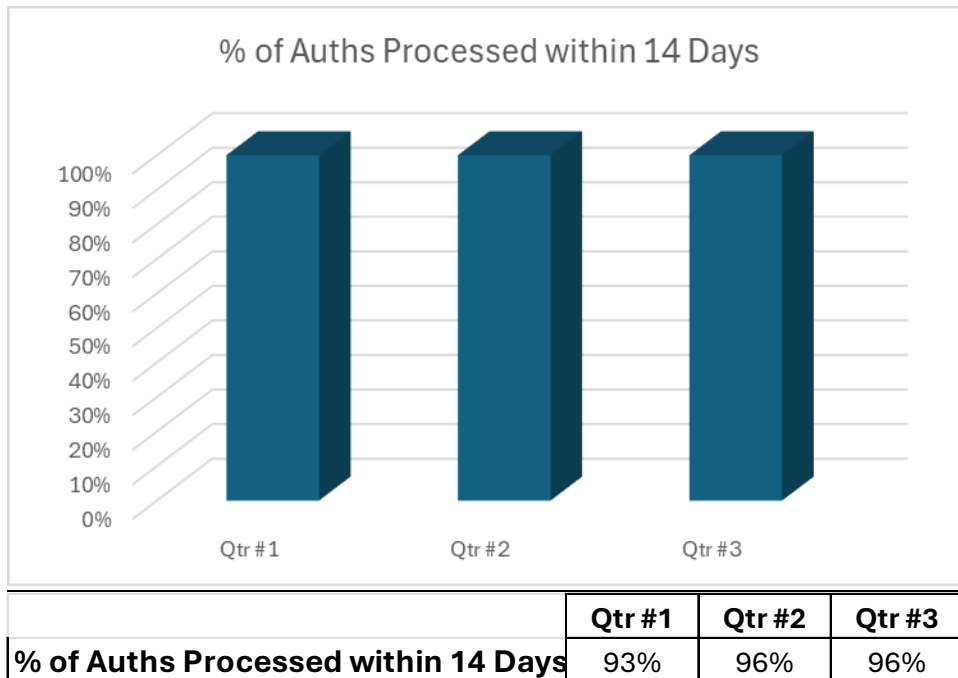
Activity 3: Monitoring Residential Authorizations

- *Description:* Throughout the third quarter the Residential Services Department continued to track the number of authorizations processed within the department in addition to the amount of time it takes for authorizations to be provided with a disposition. It is important that we continue to track this data to ensure that authorizations are processed within the fourteen (14) day timeframe and prevent any interruptions in service delivery.
- *Current Status:*



	Qtr #1	Qtr #2	Qtr #3
Authorizations Processed	3,230	3,302	2,960
Auths Processed Greater than 14 days	216	110	106

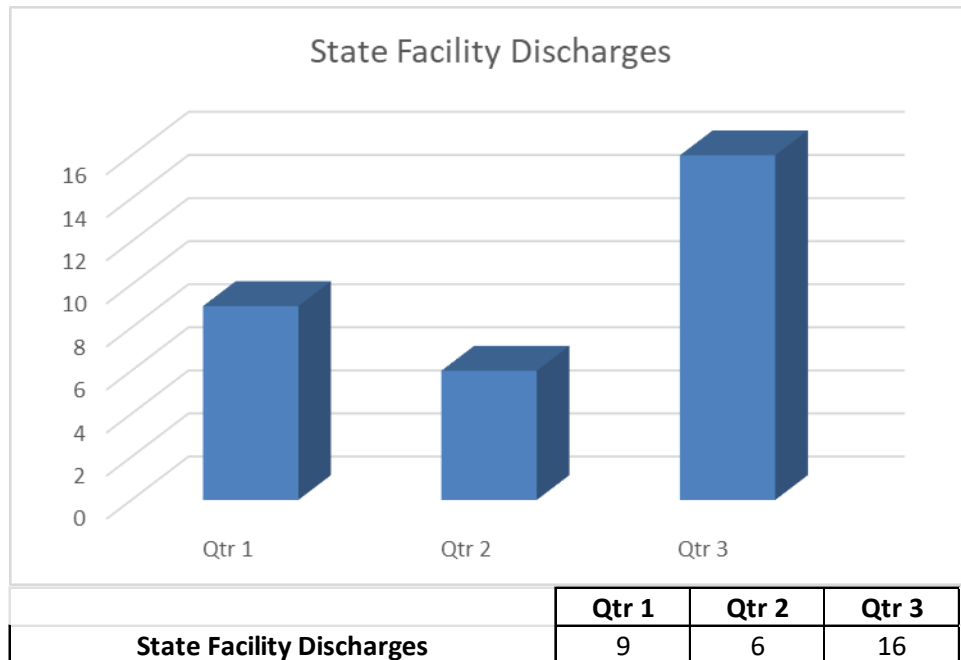
- *Significant Tasks During Period:* The Residential Authorizations Unit processed (2,960) authorizations during Quarter 3 of this fiscal year. Approximately ninety-six percent (96%) were processed within the fourteen (14) day timeframe.



- *Major Accomplishments During Period:* In Fiscal Year 26 the timeliness expectation for authorizations to be approved will change from fourteen (14) to seven (7) days. Due to this anticipated change the Residential Services Department began to track the number of Residential Authorizations approved within seven (7) days. During Quarter three approximately sixty-nine percent (69%) of authorizations were approved within the seven (7) day timeframe.
- *Needs or Current Issues:* The Residential Services Authorizations unit continues to complete Adverse Benefit Determination (ABD) letters for the Department. In the third quarter, three (3) ABD letters were dispersed. The Residential Services Department has an open Residential Care Specialist position to fill within the Authorizations Unit.
- *Plan:* The Residential Services Department will look to allocate resources available internally to the Authorizations Unit as needed. We will also look at providing additional training for existing staff in order to ensure that the seven (7) day timeframe is met.

Quarterly Update:

- **Things the Department is Doing Especially Well:**
 - During the third quarter the Residential Services Department was able to discharge sixteen (16) adult members out of state facility placements and into the community.



- The Residential Services Department was able to onboard ten (10) new Residential Providers during the third quarter.

- **Identified Opportunities for Improvement:**

- The Residential Services Department worked to coordinate with the DWIHN Outpatient Clinic (DOC) during Quarter 3 and there is an opportunity for the DOC to provide outpatient services to members within the Residential Department. This would provide another option for members to choose from when selecting a clinical service provider.

- **Progress on Previous Improvement Plans:**

- During the third quarter the Residential Services Department accomplished a significant long-term goal. We were able to finalize eleven (11) Residential policies and procedures in PolicyStat. It is important for the department to have these procedures in writing; it was an extensive process that involved numerous staff. These procedures will help provide clarity and improve efficiency within the Residential Department.

EXECUTIVE SUMMARY

Matt Yascolt – Interim Director of Substance Use Disorder Programs

SUBSTANCE USE DISORDER PROGRAMS DEPARTMENT DESCRIPTION

The Substance Use Disorder Initiatives department at DWIHN is a critical component of its mission to provide comprehensive behavioral health services to residents of Wayne County. The department operates on a Recovery Oriented System of Care model, which emphasizes a person-centered approach, recognizing that there are many pathways to recovery.

Key aspects of the SUD department include:

- **Comprehensive Continuum of Care:** Ensuring access to traditional and innovative services across prevention, treatment, and long-term recovery.
- **Guaranteeing access to diverse, culturally responsive services:** DWIHN's network of over 50 SUD providers across 100+ locations delivers a full continuum of care, including prevention, treatment, and recovery support:
 - **Prevention:** Programs targeting early substance use and prescription drug misuse.
 - **Treatment:** Outpatient, intensive outpatient, and residential services.
 - **Specialized Care:** Mobile care, early intervention, women's services, brief intervention, and emergency referrals.
 - **Support Services:** Case management, peer recovery coaches, and recovery housing.
- **Holistic, Person-Centered Approaches:** Services are strength-based, individualized, and focused on improving health, wellness, and recovery.

The department also partners with local, state, and federal entities – including law enforcement and hospitals – to promote community inclusion and support for individuals with SUD.

SUD PURPOSE

The SUD department plays a crucial role as a “healthcare safety net organization”. Its purpose is to provide a full range of services to people with substance use disorders in Wayne County. SUD oversees two major block grant programs with the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) from SAMHSA. The key purposes of the SAMHSA block grants are: 1) To support DWIHN to serve as a “safety net” for the underinsured and uninsured – funding treatment and prevention services for individuals who lack insurance or other financial resources; 2) Funding services not covered by insurance, such as certain prevention activities like naloxone distribution and training, and recovery support services. SUPTRS BG allows for us to create programs that target specific vulnerable populations such as pregnant women, women with dependent children and individuals who inject drugs.

SUD PROGRAM SCOPE

Management and Oversight of SUD Services:

- **Fiscal Accountability and Compliance:** Monitoring SUD-related expenditures, managing specialty grants and regional allocations, ensuring responsible stewardship of public funds, and ensuring compliance with MDHHS contract requirements and other regulatory mandates.
- **Strategic Planning and Program Evaluation:** Coordinating regional SUD strategic plans and updates to align with state and federal requirements, while conducting needs assessments and using internal and external data to ensure services meet community needs and drive meaningful outcomes.

- **Data and Reporting:** Maintaining data tracking for individuals served, reporting to MDHHS on service utilization, outcomes, and priority populations (e.g., justice-involved individuals), and using outcome analysis to inform system improvements.

Access to and Coordination of Care:

- **Access and Authorization:** Serving as a liaison to the call center the entry point for individuals seeking SUD services ("no wrong door" policy), providing information on how to access services, ensuring provider compliance and availability, and providing technical assistance when authorizing medically necessary services.
- **Care Coordination and Complex Case Management:** Ensuring seamless coordination of care – particularly for individuals with co-occurring mental health and substance use disorders – by facilitating transitions between levels of care (e.g., residential to outpatient), linking individuals to essential supports beyond treatment (such as housing, employment, and social services), and improving member outcomes as measured by HEDIS and predictive analytics.
- **Timely Access:** A primary focus is ensuring that individuals, especially those in priority populations, receive timely screening and admission to SUD treatment according to MDHHS timeliness requirements.

Quality Improvement and Patient Support:

- **Quality Improvement:** Continuously evaluating and monitoring the system to promote positive outcomes and a high quality of life for individuals, utilizing innovative and evidence-based practices.
- **Recipient Rights:** Providing information about and assisting individuals with their rights, including the grievance and appeal processes.
- **Community Engagement:** Promoting efforts to reduce stigma associated with SUD, empowering families and communities, and developing partnerships with stakeholders.
- **Staff Qualifications and Training:** Establishing and monitoring staff qualifications, ensuring compliance with credentialing requirements, and identifying provider network training needs, and providing those training needs at the service provider location as determined by compliance audits, changing policies and procedures, and community and member needs.

The SUD department acts as a central hub for managing the continuum of substance use disorder care within Wayne County, focusing on accessibility, quality, fiscal responsibility, and outcome-driven programs and strategic plans.

Substance Use Disorder Initiatives Report, August 2025

Matthew Yascolt, Interim Director of Substance Use Disorder Initiatives



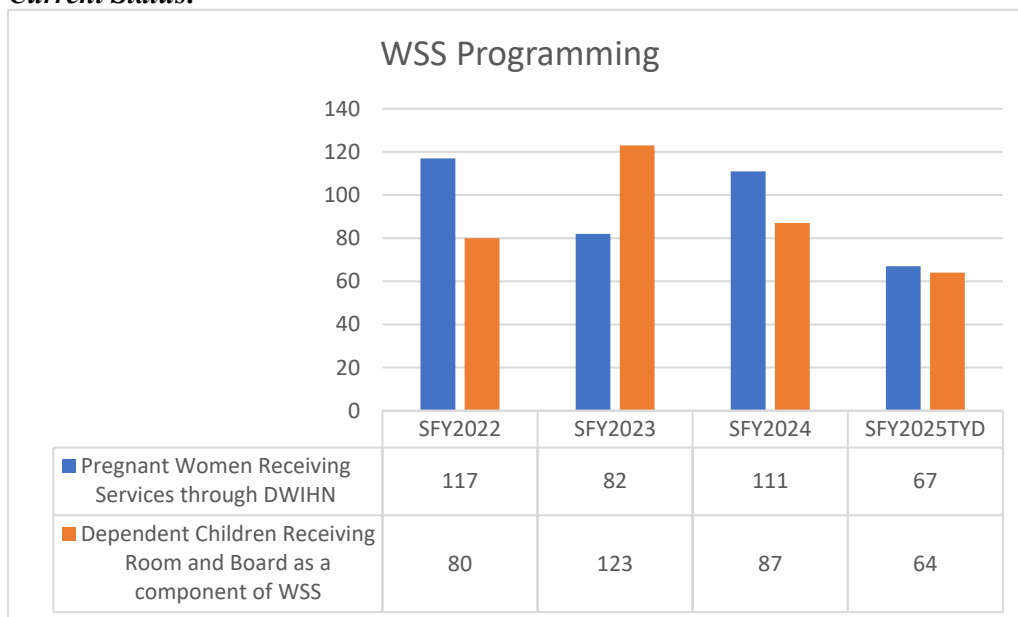
Main Activities during August 2025:

- An analysis of pregnant women served and children served
- An analysis of case management
- An analysis of recovery support services

Progress On Major Activities:

Activity 1: An analysis of pregnant women served and dependent children housed with mothers in residential treatment

- **Description:** Pregnant women are a priority population due to the significant and unique health risks posed to both the mother and the developing fetus. In addition to the dual patient care for mother and fetus, pregnant women can also have a significant barrier to care including stigma, and fear of legal repercussions. Select residential substance use disorder treatment programs allow mothers to have their dependent children with them, addressing a significant barrier to treatment for women: the fear of being separated from their children or the inability to take an extended leave from their children to enroll in residential programming. This model aims to treat the whole family, recognizing that a mother's SUD affects not just her, but also her children and family, by providing comprehensive, gender-specific, and trauma-informed care.
- **Current Status:**

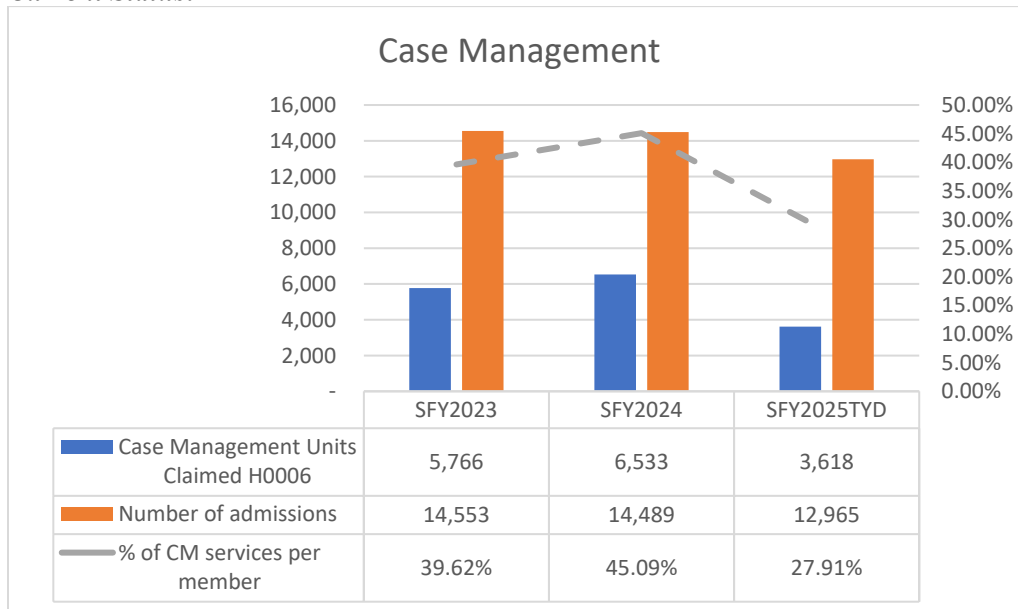


- **Significant Tasks and Major Accomplishments During Period:** The number of pregnant women receiving SUD services through DWIHN has remained steady since state fiscal year 2021. Treating a pregnant woman's SUD has a long-lasting, positive ripple effect. It not only improves the immediate health outcomes for the mother and child but also sets the stage for a healthier family environment. The SUD department is now closely monitoring the volume of pregnant women being serviced and evaluating the quality of the programming to help ensure the best outcomes. The SUD department is now also closely monitoring the volume of dependent children receiving room and board as a component of women's specialty service programs.

- **Needs or Current Issues:** DWIHN will closely monitor trends of the volume of members served under WSS programming and monitor the quality scores of our providers to ensure optimal outcomes. Looking at sustainable partnerships to address needs of the program.
- **Plan:** Continue to assess and monitor WSS programming.

Activity 2: An analysis of case management

- **Description:** For state fiscal year 2023 through state fiscal year 2025 year to date, the number of admissions for SUD programming was used as a benchmark to review the volume of case management units claimed (H0006) to determine the frequency of which case management is utilized. A SUD case manager is a bachelor 's-level professional with case manager credentials (per treatment policy #8). H0006 reimburses \$82.69 per encounter. Per treatment policy #8 to be eligible for case management services, individuals must demonstrate a need in at least one domain of community living, have a history of recovery failure, or require ongoing support due to the severity of their SUD.
- **Current Status:**



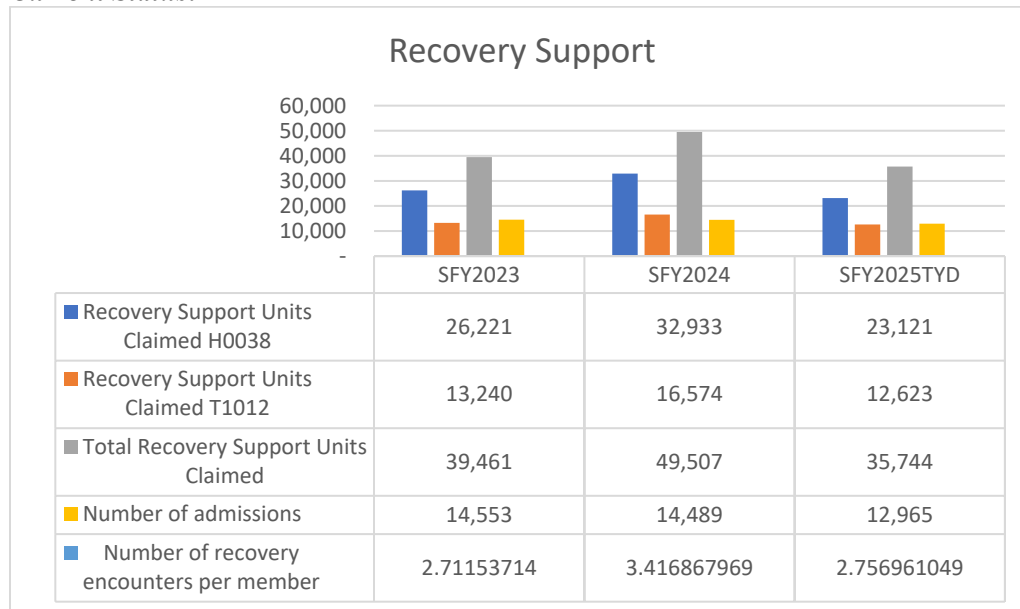
- **Significant Tasks and Major Accomplishments During Period:** On average 27% to 45% of members are receiving case management services. Similar services to case management can be rendered using peer recovery coaches and billing H0038 or T1012 reimbursing at a lower rate however requiring less credentials than a typical case manager.
- **Needs or Current Issues:** Monitor utilization of H0006 and monitor case management or peer recovery coach services for quality issues.
- **Plan:** Review technical assistance and training options for peer recovery coaches to provide support to members.

Activity 3: An analysis of recovery support services

- **Description:** For state fiscal year 2023 through state fiscal year 2025 year to date, the number of admissions for SUD programming was used as a benchmark to review the volume of recovery support units claimed (T1012 and H0038) to determine the frequency of which recovery supports are utilized. A peer recovery coach is an individual with lived experience and recovery status who has had general education and training, as well as work experience and supervision to obtain the

credential of recovery coach. T1012 reimburses \$55.12 per encounter and H0038 reimburses \$11.58 per encounter. There is not an eligibility criteria for recovery coach services as there is for case management. These services include finding employment and sober housing, mutual aid groups, educational support, and family and social support.

- **Current Status:**



- **Significant Tasks and Major Accomplishments During Period:** On average each member that was admitted to SUD treatment received 2.75 recovery encounters – many more encounters than the case management counterpart.
- **Needs or Current Issues:** Continue to monitor utilization of recovery encounters and monitor for quality issues.
- **Plan:** Review technical assistance and training options for peer recovery coaches to provide support to members.

Program Compliance Committee Meeting
Director of Quality Improvement QAPIP Work
Plan Update FY25
August 13, 2025



Main Activities during Quarter 3 Reporting Period:

- Michigan Mission-Based Performance Indicators (MMBPI) Data
- Performance Monitoring Activities
- Health Services Advisory Group (HSAG) Activity Update

The chart below shows performance indicators data for the first three quarters. Please note that the Q3 data is preliminary and will not be submitted to the Michigan Department of Health and Human Services until September 30, 2025.

DWIHN continues to meet the standards for Performance Indicator #1, which focuses on Children and Adults. For Indicator 2a, which measures access to services or biopsychosocial assessments within 14 days of a request, the reporting percentage has shown steady improvement each quarter. It increased from 51.81% in the first quarter to 53.37% in the second quarter, and then to 56.02% in the third quarter. This reflects a total improvement of 6.86 percentage points compared to the previous quarter. We anticipate further improvements in outcomes during the fourth quarter. The average score for the state in Q2 is recorded at 51.03%.

DWIHN also continues to meet Indicators 4a and 4b (substance use disorder) and Performance Indicator #10 (Children), although there has been a slight increase compared to the previous quarter.

We have observed a slight improvement in Performance Indicator #10 for Adults (Recidivism or Readmission within 30 days), which decreased from 16.94% in Q1 to 15.57% in Q2. However, we are noticing a slight uptick in Q3. This remains an opportunity for ongoing improvement, and we will continue our efforts to meet this standard while evaluating the effectiveness of our interventions.

Performance Indicators	Population	1st Quarter	2nd Quarter	3rd Quarter (Preliminary)	Standard
Indicator 1: Pre-Admission Screening within 3 hours	Children	97.06%	99.12%	98.27%	95% or higher
	Adults	97.28%	95.13%	97.18%	95% or higher
	Total	97.24%	95.98%	97.44%	
Indicator 2a: Percentage of new persons during the quarter receiving a completed biopsychosocial assessment within 14 days	Total population rate	51.81%	53.37%	56.02%	57% or higher
Indicator 3: Percentage of new persons starting medically necessary, ongoing covered service within 14 days of completing a biopsychosocial assessment	Total population rate	94.11%	94.86%	92.52%	83.7% or higher
Indicator 4a & 4b: Percentage of Discharge from a Psychiatric inpatient unit within 7 days/SUD Detox Unit	Children	98.36%	98.21%	90.77%	95% or higher
	Adults	97.56%	96.76%	91.99%	95% or higher
	Total	97.63%	96.88%	90.06%	
	SUD	97.18%	96.77%	88.03%	95% or higher
Indicator 10: Percentage of readmissions to an inpatient Psychiatric Unit within 30 Days	Children	10.57%	11.11%	14.67%	15% or less
	Adults	16.94%	15.57%	17.38%	15% or less

Performance Monitoring Activities Update:

The Performance Monitoring scheduled reviews for FY2025 are on track to be completed by September 30, 2025. This also includes follow-up reviews of any corrective action plans from the previous year.

The Medicaid Claims Verification Audits are set to be completed by December 1, 2025. This auditing process ensures that the services provided to Medicaid members align fully with their individual Plans of Service (IPOS) and confirms that all services were delivered by staff members who meet the required qualifications and training standards.

As part of this initiative, the Quality Team are set to complete the random sampling of claims for both the first and second quarters of the current fiscal year by August 15, 2025. Following this, the team will begin the random sampling for the third and fourth quarters, which is scheduled to start on September 1, 2025.

Once the reviews for all four quarters are complete, the collected data will be analyzed to identify trends, issues, and opportunities for improvement. The findings, along with actionable recommendations, will be compiled into a detailed report. This report will be submitted to the Michigan Department of Health and Human Services (MDHHS) by the deadline of December 31, 2025.

Home and Community Based Services:

Quality staff provided mandatory network-wide training on Home and Community-Based Services (HCBS) for Case Managers, Support Coordinators, and Support Coordinator Assistants. This ongoing training is conducted both virtually and at the provider's site. A total of 674 staff members across the provider network have participated in the training, which is required to be conducted by PIHP leads.

HSAG Updates:

The HSAG External Quality Reviews Activity has been completed for FY2025. The Compliance Monitoring Review took place on June 13, 2025, focusing on adherence to regulatory requirements and assessing the effectiveness of compliance mechanisms. Following this, the Performance Measure Validation (PMV) and Network Adequacy Validation (NAV) were conducted on July 7, 2025. The PMV aimed to evaluate the accuracy and relevance of performance metrics, while the NAV assessed the sufficiency of healthcare networks in providing timely access to services. Overall, feedback from both reviews has been overwhelmingly positive, highlighting significant strengths in the evaluated areas. Detailed results and insights from these reviews are expected to be released by September 2025.

The Performance Improvement Project (PIP) is a three-year initiative, and the data submission was sent to HSAG on July 28, 2025. There has been a significant improvement in reducing racial disparities in follow-up rates after hospitalization. For Calendar Year 2024, the racial disparity gap stands at 4.93%, which reflects a decrease of 2.64 percentage points from the previous year's submission of 7.57%. The initial baseline disparity for DWIHN was 4.51%.

**Program Compliance Committee
Vice President of Clinical Operations' Report
August 13, 2025**



CLINICAL PROGRAM UPDATES

HEALTH HOME INITIATIVES:

The Health Home team is preparing to bring the renewal of Behavioral Health and Substance Use Disorder Health Homes to the Board in September. Rate increases through MDHHS are expected for both programs in FY2026.

Certified Community Behavioral Health Clinic (CCBHC) – 21,733 enrollees, 7 providers

The Health Home team is working internally with providers, and MDHHS, on the administrative transition of CCBHC to MDHHS. Starting October 1, 2025, DWIHN and the PIHPs will have no administrative involvement in the CCBHC State Demonstration. The Health Home team is meeting regularly with multiple departments to ensure a smooth transition and minimize impact to services. The Health Home team is committed to supporting CCBHC sites consistently until the day of transition.

Behavioral Health Home (BHH)- 856 members, 9 providers

The Health Home team is communicating with MDHHS about the impact that the transition of Michigan's MiHealthLink dual eligible program to HIDE-SNP in January will have on Health Homes. We are awaiting a response from MDHHS and advocating for Health Home beneficiaries.

SUD Health Home- 689 members, 8 providers

Mariner's Inn has joined the SUD Health Home service effective August 1. The team is excited to have them on board, and the SUDHH Administrator is working with Mariner's in the orientation period.

INTEGRATED HEALTHCARE SERVICES:

Complex Case Management (CCM) is an intensive 120-day program that aims to improve individuals' quality of life by connecting them to appropriate community resources and developing support teams that include family, medical, and behavioral health professionals. A Complex Case Management Presentation was conducted for Turning Leaf, a new provider within the DWIHN network. A Complex Case Management presentation was also conducted for DWIHN Outpatient Clinic to further collaborate and engage members. Complex Case Management information has been provided to Henry Ford Hospital, Corewell Hospital, Samaritan, Team Mental Health, All Well Being Services, Central City Integrated Health, Step Central, Starr, Development Center, Hegira Health Taylor, and Lincoln Behavioral Services.

Complex Case Management assisted a member who faced multiple medical and behavioral health challenges by connecting them with Central City Integrated Health. The member has consistently

attended appointments with their psychiatrist, therapist, and case manager. Additionally, they have become more proactive in managing their symptoms by journaling and using the MyStrength app. In addition, Complex Case Management helped the member get an appointment with a neurologist to address seizure and headache issues. The member is compliant with their medication regimen and plans to follow up with a specialist every six months. Notably, the member has not experienced any seizures since beginning treatment. Furthermore, the member has attended dental and eye exams and received new prescription glasses, with no reported vision concerns. Currently, they reside in a sobriety home and have successfully transitioned to a step-down unit due to their continued abstinence. The member regularly attends support groups and has expressed a strong desire to maintain their sobriety.

CHILDREN'S INITIATIVES:

Youth United hosted a two-week Leadership Academy program for young people (14-25) in Wayne County to help with key skill development to help youth grow into the leaders of the future. The leadership academy was Monday through Friday from 9am-3pm at Wayne County Community College District in Taylor and consisted of the following: Youth Under Construction Workshops, Narcan Training, Microsoft trainings, Public Speaking, Stigma Busting workshop, and a Career Fair. In addition, youth were paired into groups to create a workshop on leadership for the Transitional Age Youth Forum. Selection for the youth in the Leadership Academy was done through an application process. Youth were invited to apply for the program and out of 25 candidates, 15 were selected to attend. The leadership academy concluded 7/31/2025 with 12 youth in attendance.

As a youth involvement initiative, it is imperative to have opportunities for youth throughout Wayne County to learn that they can become leaders. This program is truly the epitome of what Youth United is about, having youth-led opportunities to help other youth develop and grow despite negative circumstances. Within the program were youth with experiences in Juvenile Justice, behavioral health, substance abuse and more. From this program, they expressed greater confidence within themselves to continue to achieve their goals and to become stronger leaders.

ADULT INITIATIVES:

Clubhouse is an accredited service, reviewed every 3 years by Clubhouse International, and provides daily activities through a work-ordered day to members with serious and persistent mental illness (SMI). Members choose how to utilize their clubhouse, including participation in varying activities, roles, and responsibilities within the clubhouse. Clubhouse offers varying opportunities, applicable to individuals with varying cognitive capabilities, including working within administration, enrollment, hiring, training, public relations, and advocacy. The goal is to help members regain self-worth, purpose, and confidence.

All Clubhouses within DWIHN's provider network are accredited. There are 5 Clubhouses within the DWIHN network, provided by the following CRSPs:

- Hope House (ACCESS)- 198 members
- New Direction (DCI)- 41 members
- A Place of Our Own (Goodwill Industries)- 118 members

- Turning Point (Hegira)- 126 members
- The Gathering Place (Lincoln Behavioral Services)- 123 members
- Motor City (CNS)- newly opened

Clubhouse fidelity indicates that members receiving transitional employment, supported employment, and independent employment should account for 25% of the Average Daily Attendance (ADA). The following data reflects the total number of members receiving each type of employment service at each clubhouse as well as the percentage as it relates to each clubhouse:

	Average Daily Attendance (ADA)	Transitional Employment (TE)	Supported Employment (SE)	Independent Employment (IE)	Total % of Average Daily Attendance
ACCESS (Hope House)	38	5 (13%)	4 (11%)	13 (34%)	55%
DCI (New Directions)	15	0	1 (7%)	2 (13%)	20%
Hegira (Turning Point)	48	2 (4%)	1 (2%)	1 (2%)	Less than 1%
Lincoln Behavioral (The Gathering Place)	50	14 (28%)	15 (30%)	6 (12%)	70%
Goodwill (A Place of Our Own)	37	6 (16%)	16 (43%)	7 (19%)	78%

Adult Initiatives attended the Clubhouse International accreditation of A Place of Our Own Clubhouse (Goodwill). Adult Initiatives provided feedback to reviewers regarding experiences with the Clubhouse's attention to health and wellness and community engagement. Reviewers indicate that A Place of Our Own will have positive results following the accreditation process.

Adult Initiatives is scheduling to present the Clubhouse model to various CRSPs that provide adult outpatient services. The intention is to reach out to CRSPs who are not directly associated with Clubhouse to ensure that their clinical teams are aware of what Clubhouse is, benefits of attendance (including recidivistic members), and the process in which to appropriately refer members.

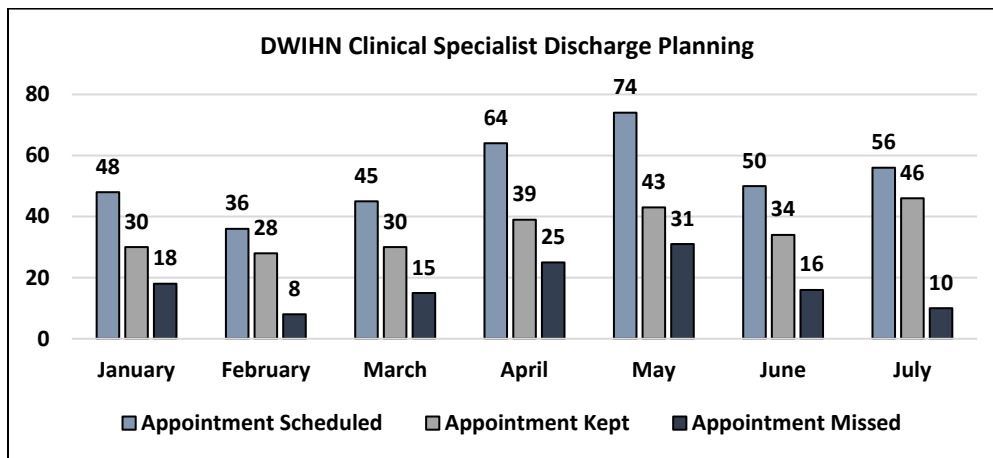
Clubhouse Directors indicated a struggle to gain interest from young adult adults. Individual clubhouses are attempting to create groups and outings to interest adults, ages 18-30. Currently, a barrier appears to be the Serious Emotionally Disturbed (SED) designation. Clubhouse International states that the primary designation must be Serious Mental Illness (SMI). This is a barrier because adults may still have a primary designation of SED while receiving children's services, past the age of 18. The Gathering Place (Lincoln Behavioral Services) is actively working towards building their young adult program and added 2 new members to this group, internally, at their clubhouse. MDHHS policy supports that the SED designation should be eligible for Clubhouse service. This information will be provided to Clubhouse International to recommend that the SED designation for young adults, can be eligible for Clubhouse engagement without it negatively affecting Clubhouse accreditation.

PIHP CRISIS SERVICES:

The DWIHN PAR Dispatch team has increased their service level from 83% in the 1st quarter to 92% in the 3rd quarter. The team set individual goals for calls answered, and as a team their goal was to get to a 90% service level, which has since been surpassed. Additionally, the team wanted to decrease their speed of answer in the 3rd quarter by 5 seconds, which was surpassed as well.

PAR Dispatch Data	Service Level	Avg Speed of Answer	Calls Received	Requests Completed
Q1 2025	83%	26s	3,092	1,681
Q2 2025	84%	24s	4,926	2,516
Q3 2025	92%	14s	4,299	2,496

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



Clinical Specialists within the PIHP Crisis Services Department were able to connect 82% of members to their aftercare appointments with their CRSP of choice in July, a significant increase from June. The team has been working with 4 additional CRSPs who have designated a staff member to participate in this process. However, the team has recognized the need for continuous goal setting and an increase in members seen. The team has created goals for the participating CRSPs to show trends in data and program effectiveness to be monitored and discussed.



VP of CLINICAL OPERATIONS' REPORT
Program Compliance Committee Meeting
Wednesday, August 13, 2025

ACCESS CALL CENTER – Director, Yvonne Bostic
No Monthly Report

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

AUTISM SPECTRUM DISORDER (ASD) – Director, Cassandra Phipps
Please See Attached Report

CHILDREN'S INITIATIVES – Director, Cassandra Phipps
Please See Attached Report

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

CUSTOMER SERVICE – Director, Michele Vasconcellos
Please See Attached Report

INNOVATION AND COMMUNITY ENGAGEMENT (ICE) – Director, Andrea Smith
No Monthly Report

INTEGRATED HEALTH CARE (IHC) – Director, Vicky Politowski
Please See Attached Report

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

RESIDENTIAL SERVICES – Director, Ryan Morgan
No Monthly Report

SUBSTANCE USE DISORDER (SUD) – Interim Director, Matthew Yascolt
No Monthly Report

UTILIZATION MANAGEMENT – Interim Director
Please See Attached Report

Program Compliance Committee Meeting
Marianne Lyons, LMSW, CAADC
8/13/2025



Adult Initiatives Monthly Report July 2025
Marianne Lyons, LMSW, CAADC

Main Activities during July 2025 monthly reporting period:

- Assertive Community Treatment (ACT)
- Assisted Outpatient Treatment (AOT)
- Clubhouse

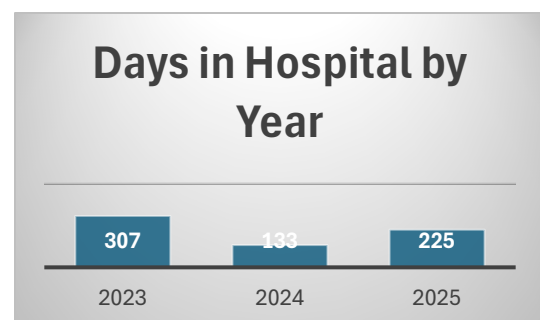
Progress On Major Activities:

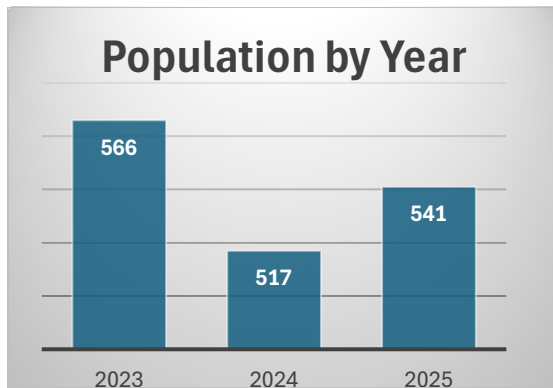
Activity 1: Assertive Community Treatment (ACT)

- *Description:* Assertive Community Treatment (ACT) is an intensive, community-based, mobile team of clinical professionals who provide treatment to members who are diagnosed with severe and persistent mental illness. The staff to member ratio is 1:10, interventions and services are comprehensive and delivered 24 hours per day, 7 days per week, 365-days per year.
- *Current Status:* During the month of July, there were **37** face-to-face encounters that took place after 5 PM. This month there were **18** episodes of inpatient hospitalization which generated **\$124,200 (200 days)**. During the same period in **2024**, there were **23** inpatient hospitalizations and there were **27** during the same time in **2023**. This identifies a record **33% reduction** in inpatient hospitalizations over the last three years (see graph below). During the current month, the number of Preadmission Reviews (PARs) was **9**. All of which resulted in inpatient dispositions. There were two members identified as being recidivistic resulting in a minimum of **2** inpatient admissions in less than 30 days. The identified recidivistic members were hospitalized for a total of **34** days which equated to **\$21,114** Medicaid dollars during this month. This reporting period there were **547** members receiving ACT services.
- *Significant Tasks During Period:* The significant task for this month is the completion of seven (7) ACT fidelity reviews. At this point, five (5) reviews have yielded scores that met the benchmark of **95**. The results of the additional two (2) reviews are still being tabulated. This is significant because it demonstrates the increased level of success for the members when the ACT model is adhered to by each provider. Adult Initiatives completed the 2nd quarter grant report which confirmed the stop spend notice that went into effect on April 1st. At this point, there are no outstanding financial status reports that exist.
- *Major Accomplishments During Period:* **A major accomplishment that occurred during this reporting period is the identification of the trend of reduced inpatient hospitalizations for three years in a row.** There was an identified correlation between the number of days spent in the hospital with the number of members in the ACT program overall. Another major accomplishment that occurred during this reporting period is the completion of telephone verifications. These were completed by calling every CRSP's PAR completion phone number to ensure timely answering, clear voicemail boxes and operability. The

findings resulted in phones not being in working order, wrong phone numbers with personalized voicemail boxes, and full voicemail boxes where a message could not be left. This has been corrected in that new phones have been acquired, all voicemail boxes have been emptied, and the phone lines have been identified as belonging to the ACT program of that provider. During the month of July, the Guidance Center received approval from the Michigan Department of Health and Human Services (MDHHS) to add Integrated Dual Diagnosis Treatment (IDDT) to their repertoire of services. The ACT teams have completed their ACTivities form which identified team cohesiveness, professional development and community service events that have been facilitated by the CRSPs. The CRSPs have engaged in recruitment efforts, teambuilding, and professional development (training).

- *Needs or current issues:* Changes in the ACT Fidelity Tool have been requested to ensure proper terminology is being used to garner the most appropriate response to the questions during the CRSP interview process. The Wayne County area would benefit from an expanded ACT presence which is evidenced by the increased number of days the members spent in the hospital (see graph below). The need for additional service provision is obvious as displayed by the 4.6% increase in recidivism from this time last year. The ACT program would benefit from increasing the ACT population as there is room for an additional 90+ members throughout the program overall. At the same time, there is room for additional staffing, especially in the area of registered nurses. The Guidance Center has also completed an exemption request as they need a full-time registered nurse for their ACT team.
- *Plan:* Adult Initiatives plans on monitoring the status of the exemption requests for the registered nurses to ensure they remain adherent to the fidelity which calls for maintaining a full-time registered nurse for their teams. Adult Initiatives plan on completing the summary of findings for the 2025 ACT fidelity review which will be done by the end of the fiscal year, and a final report will be sent to MDHHS. Adult Initiatives plan on continuing monthly roster reviews, monthly telephone verifications, and providing technical support to ensure accuracy of membership, and appropriateness to participate in the ACT program. Adult Initiatives plan on continuing the current trend of increasing the ACT population while adhering to fidelity, and to continuously improve upon service delivery using the benchmarks established in the Michigan Medicaid Manual, ACT Field Guide, and the DWIHN Policy.



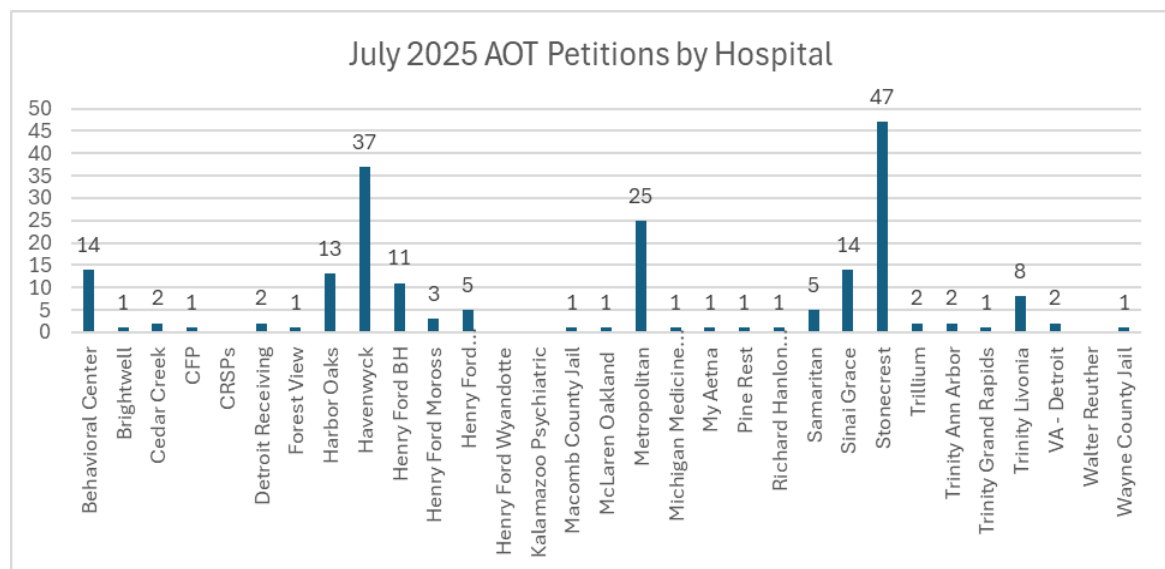


Activity 2: Assisted Outpatient Treatment (AOT)

- *Description:* Assisted Outpatient Treatment (AOT) also known as “court-ordered outpatient treatment,” or “outpatient commitment,” is a civil commitment that places individuals diagnosed with a severe mental illness, and a history of nonadherence to voluntary treatment under court order to follow a prescribed treatment plan while living in the community. Wayne County Probate Court (WCPC) has created a Behavioral Health Unit (BHU) to provide oversight and ensure AOT compliance.
- *Current Status:* There are currently 903 active AOT orders, including 108 new orders. 116 orders expired in July 2025. Of the expiring orders, 50 (43.1%) of members were actively engaged in services and 10 (8.6%) of orders had a second/continuing order petition submitted to the court. The remaining 56 (48.3%) expiring orders ended as follows: 11 (19.6%) were unengaged in services, 19 (33.9%) were unengaged and the CRSP submitted notification to the court, 12 (21.4%) never attended their initial intake appointment, 4 (7.14%) were in a secure facility, 2 (3.6%) relocated outside of the county, 1 (1.78%) CRSP failed to file documentation and 6 members were not reported.
- *Significant Tasks During Period:* Adult Initiatives reviewed AOT petition submissions by hospitals. There were 216 petitions filed by hospitals for new AOT orders. The top five hospitals submitted the following number of petitions: Stonecrest 47 (22%), Havenwyck 37 (17%), Metropolitan 25 (12%), Behavioral Center and Sinai-Grace 14 (6%). The hospitals also submitted a total of 30 demand for hearings and 21 second/continuing treatment orders. Adult Initiatives also compared the numbers of new petitions submitted by hospital to the overall number of hospitalized DWIHN members. The overall percentage of members hospitalized and petitioned were as follows: Stonecrest 37%, Havenwyck 70%, Metropolitan 29%, Behavioral Center 63% and Sinai-Grace 48%. The CRSPs did not complete any petitions for new AOT orders but did submit one demand for hearing and six second/continuing treatment orders.
- *Major Accomplishments During Period:* Adult Initiatives developed a procedure for individuals with AOTs who are not DWIHN members or DWIHN members who choose to receive services outside of the DWIHN network. The AOT team will request that the hospital assist

the individual with identifying needed providers as dictated by the deferral/order. The hospital will submit the providers to DWIHN prior to the individual's discharge. The AOT will send the identified providers a release of information, a care coordination letter and DWIHN's policy regarding releases of information specifically for individuals with AOTs. These documents should allow for the non-DWIHN provider to report AOT compliance to Adult Initiatives.

- *Needs or Current Issues:* Adult Initiatives needs to develop metrics that will determine if a member is “engaged” in services to allow for consistent and quantifiable reporting from the CRSPs.
- *Plans:* Adult Initiatives will determine the definition of “engaged in services” and discuss with CRSPs at the monthly AOT/NGRI Workgroup. Upon implementation of this definition, Adult Initiatives will compare reported engagement rates to the new post-hospitalization report.



Activity 3: Clubhouse

- *Description:* Clubhouse is an accredited service, reviewed every 3 years by Clubhouse International, and provides daily activities to members with persistent mental illness, as provided services by corresponding providers. Clubhouse is voluntary and without membership term lengths. Members choose how to utilize their clubhouse, including participation in varying activities, roles, and responsibilities within the clubhouse, and who they wish to interact with. Clubhouse offers varying opportunities, applicable to individuals with varying cognitive capabilities, including working within administration, enrollment, hiring, training, public relations, and advocacy. The goal is to help members regain self-worth, purpose, and confidence.

- *Current Status:* All the Clubhouses within DWIHN’s provider network are accredited. The following data is based on the total number of members attending Clubhouse during May 2025 from the 5 CRSPs providing the service:

ACCESS <i>Hope House</i>	DCI (MiSide) <i>New Direction</i>	Goodwill <i>A Place of Our Own</i>	Hegira <i>Turning Point</i>	Lincoln Behavioral Services <i>The Gathering Place</i>
198	41	118	126	123

Significant Tasks During Period: Adult Initiatives attended the accreditation of A Place of Our Own Clubhouse (Goodwill). Adult Initiatives provided feedback to reviewers regarding experiences with the Clubhouse’s attention to health and wellness and community engagement. Reviewers indicate that A Place of Our Own will have positive results following the accreditation process.

Following MRS discussion between Clubhouse directors and MRS employees, Turning Point Clubhouse is collaborating with MRS to best assist members in reaching employment goals.

- *Major Accomplishments During Period:* Adult Initiatives is scheduling to present the Clubhouse model to various CRSPs that provide adult services. The intention is to reach out to CRSPs which are not directly associated with Clubhouse to ensure that their clinical teams are aware of what Clubhouse is, what it offers for recidivistic members, and the process in which to appropriately refer members. Adult Initiatives will have directors of clubhouses attend the presentations to best discuss Clubhouse and answer questions that may occur.
- *Needs or current issues:* Clubhouse directors indicated a struggle to gain interest from the young adult generation of members. Individual clubhouses are attempting to create groups and outings to interest adults, ages 18-30. Currently, a barrier appears to be the SED designation. Clubhouse International states that the primary designation must be SMI. This is a barrier because adults may still have a primary designation of SED while receiving children’s services, past the age of 18.

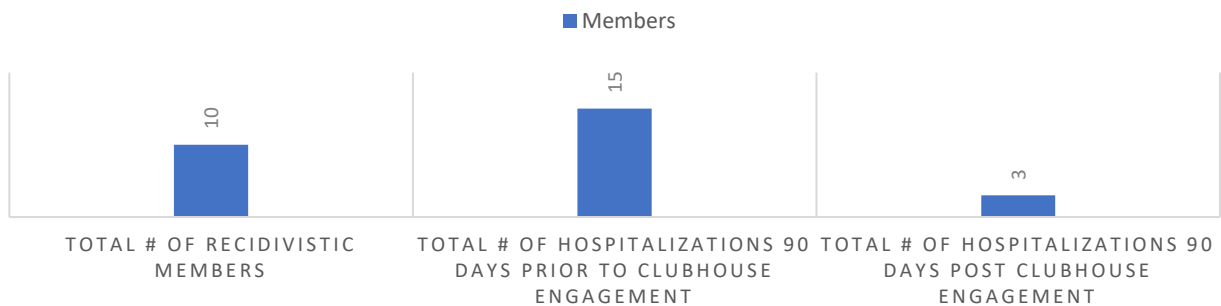
The Gathering Place (LBS) is actively working towards building their “young adult program” and added 2 new members to this group, internally, at their clubhouse.

- *Plan:* MDHHS policy supports that the SED designation should be eligible for Clubhouse services. Adult Initiatives will bring this new information forward to Clubhouse International to discuss and ensure that SED designation, adult members, can be eligible for Clubhouse engagement without it negatively affecting Clubhouse accreditation.

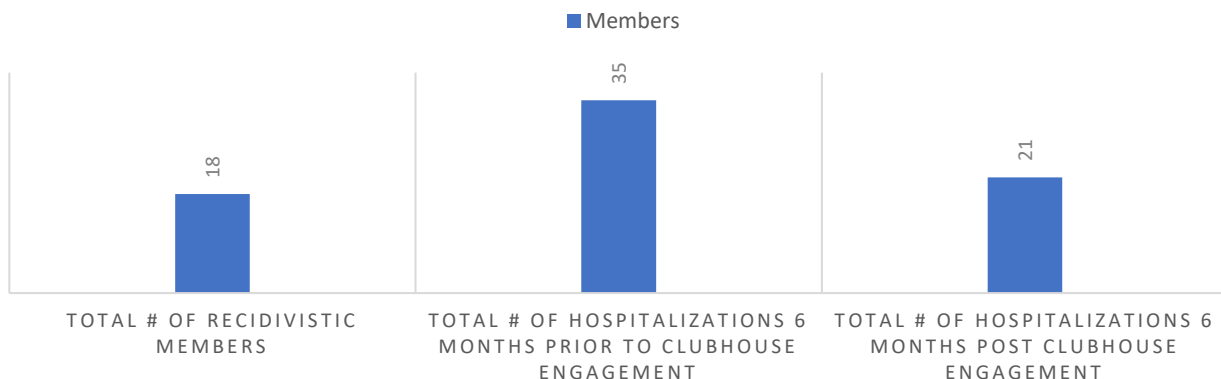
Adult Initiatives will begin tracking Motor City Clubhouse data in August 2025 to allow them to build up membership and begin building community relationships for employment opportunities.

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

CLUBHOUSE JANAUARY 2024 - PRESENT 90-DAY RECIDIVISTIC MEMBER ENGAGEMENT (83% REDUCTION)



CLUBHOUSE JANAUARY 2024 - PRESENT 6-MONTH RECIDIVISTIC MEMBER ENGAGEMENT (63% REDUCTION)



Program Compliance Committee Meeting

Autism Services Department

July 2025 Monthly Report



Main Activities during Reporting Period:

- Activity 1: Autism Service Enrollment
- Activity 2: Monitoring Autism Service Expansion
- Activity 3: Monthly ABA Network Provider Meeting

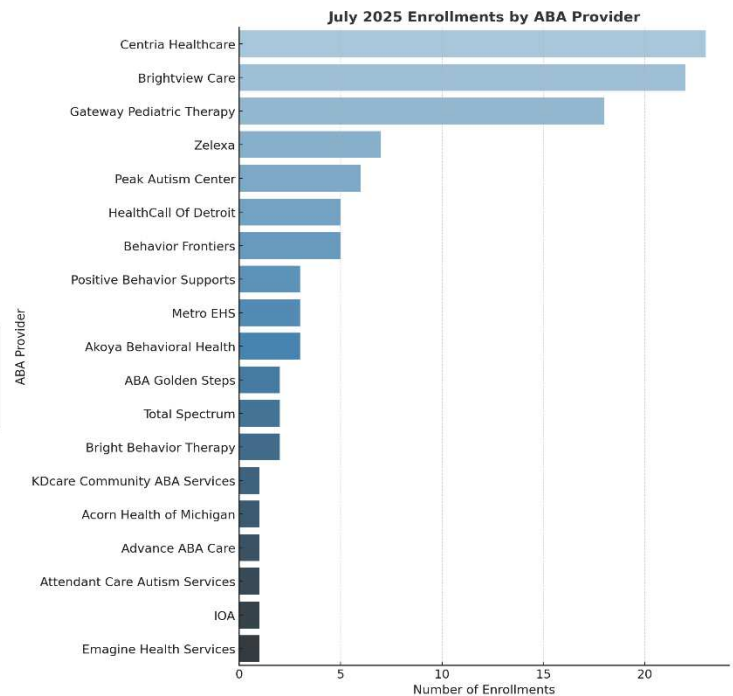
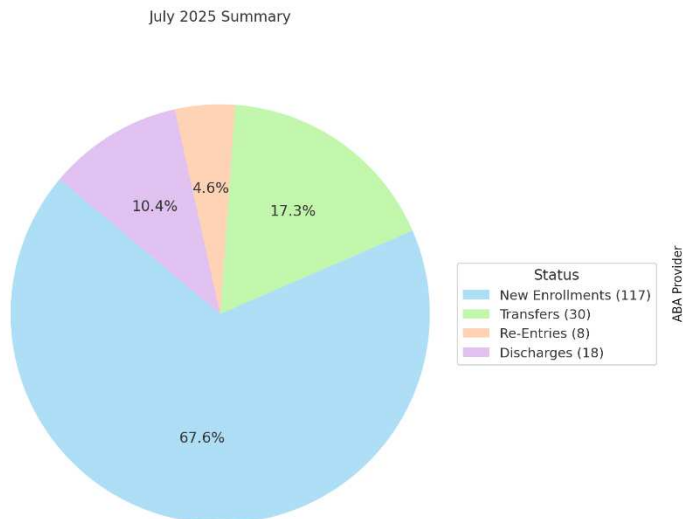
Progress On Major Activities:

Activity 1: Autism Service Enrollment

Description: DWIHN Autism Service Department oversees the Autism state plan for youth and young adults up to 21 years of age. Applied Behavior Analysis (ABA) is an intensive, behaviorally based treatment that uses empirically supported techniques to bring about meaningful and positive changes in communication, social interaction, and repetitive/restrictive behaviors that are typical of ASD.

Current Status: In July, the Autism Services network enrolled 117 new members, processed 8 re-entries, completed 30 provider transfers, and recorded 18 discharges. CRSP communication, treatment plan coordination, and Medicaid compliance remained central to supporting smooth transitions and access to care.

ABA Service Activity



Significant Tasks During Period: New contracted providers began accepting members and were supported through the enrollment and coordination process. The team continued reviewing ABA activity across the network, focusing on new enrollments, re-entries, discharges, and provider transfers.

Needs or Current Issues: Continued communication between ABA providers and CRSPs remains essential to reducing service gaps. This expectation has been reinforced and acknowledged as a key area of progress at the monthly provider meeting.

Plan: During the ABA Monthly Provider Meeting, providers were reminded that CRSP agency staff who are no longer employed should have either a forwarding email or an "out of office" response identifying the appropriate contact in their absence. Efforts to strengthen and maintain consistent communication will continue to be emphasized across the network.

Activity 2: Monitoring Autism Service Expansion

Description: As demand for Autism services continues to rise, DWIHN has focused on expanding provider capacity and strengthening access to diagnostic evaluations, the first step in determining eligibility for services. This includes both the onboarding of new ABA providers and enhanced oversight of diagnostic timelines to ensure families can access timely evaluations and enter care without unnecessary delays.

Current Status: The chart reflects the status of ABA providers since the launch of RFQ 20023-005 REBID in March 2023. At the time of release, 15 providers were active within the network. Since then, 13 new providers have been fully onboarded, with 5 additional organizations currently in the credentialing phase. A total of 7 ABA providers has also been added to the Qualified List.

This expansion is designed to improve access to services, reduce waiting times, and ensure members across Wayne County have timely and adequate coverage as demand for Autism services continues to grow.



Significant Tasks During Period: To support the expansion of Autism Services and ABA Providers, the Request for Qualifications (RFQ) 2023-005 REBID continues until 5/1/2028. Currently the RFQ Evaluation Committee is meeting to begin the 5th evaluation for 2023-005 REBID.

Major Accomplishments During Period: As of July 2025, an additional 3 ABA Providers were presented and passed the board meeting and are working with finance to finalize documentation prior to a contract.

Needs or Current Issues: The Qualified List of ABA Providers pending credentialing are as follows: Autism of America

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

Activity 2: Monthly ABA Provider Network Meeting

Description: DWIHN Autism Department facilitates a monthly meeting with ABA Providers to ensure ABA Providers receive current updates regarding ABA policies and requirements.

Current Status: The ABA Provider meeting was held 7/28/2025 with all the independent diagnostic evaluators, ABA Providers and (Clinically Response Service Provider) CRSP that oversee members enrolled in the autism benefit.

Significant Tasks During Period: Monthly ABA Provider meeting was held this month. During this meeting various topics were discussed with ABA Providers including the following:

Autism Services: The network has expanded to include new providers and locations that was shared during the meeting. The DWIHN Quality Team discussed that the staff's clinical record must be sufficiently detailed to allow reconstruction of what transpired for each service billed. All documentation for services provided must be signed and dated by the rendering health care professional. This includes member name, CPT code, date of service and in and out times. Notes should include data for the session as well as a summary and notes should support the time spent with the members. The Autism Service team provided updates which included an introduction to the new providers currently being onboarded with DWIHN. Also discussed included the importance of collaboration between CRSP's and ABA service providers noting the Michigan ASD State plan. In regard to IPOS, effective August 1, 2025, DWIHN will no longer require formal IPOS treatment plan training to be conducted between the CRSP and the ABA service Provider. Semi-Annual Operational Level ABA program update was discussed. A preferred assessment tool survey was sent out to all ABA providers to indicate which clinical assessment tool is being used the most along information on which parent assessments are being used and what additional trainings need to occur to help support.

Training: There are a multitude of training and workgroups that were covered at this month's meeting.

- **Parent Support Partner:** Debora Martinez, Parent Involvement Manager, discussed many different resources for DWIHN members including parent support groups to help assist in supporting members treatment.
- **Compliance Department:** The Detroit Wayne Integrated Health Network (DWIHN) Compliance department covered topics on frequent noncompliance issues in operations. These issues included staff training requirements across all providers that should include education regarding required training for all staff. Also included in Compliance issues is documentation not being detailed enough. Michigan Medicaid Provider Manual, section 14.7 Clinical Records was discussed outlining that there must be sufficient details on each service rendered including signature and date from rendering professional. Several strategies on how to remain in compliance were discussed.

Major Accomplishments During Period: DWIHN has contracted with 5 new providers; Apex Therapy, BlueMind Therapy, Bright Behavior Therapy, ABA Golden Steps, and Integrative Pediatric Therapy. In addition, 5 providers recently passed the RFQ, a meeting to discuss the next steps is on the agenda.

Needs or Current Issues: DWIHN has identified critical needs and challenges in ABA providers documentation of clinical services accurately along with Behavior intervention plans written with correct details. It is imperative that we improve proper treatment planning and clinical notes to ensure our members are provided with the best clinical care and support needed to increase critical skills.

Plan: To address these challenges, DWIHN has developed a presentation that will be provided to the network in October 2025 that outlines the core requirements of a Behavior Treatment Plan (BTP) per MDHHS guidelines, what can and cannot be included in a BTP, the difference between acceptable interventions versus rights violations, the process for initiating a BTP review, and why formal staff training is mandatory when implementing a BTP. These efforts are designed to enhance the providers treatment plan writing, along with ensuring progress is being met with the members and clinical notes are being written effectively including correct documentation to help improve services across all ABA providers.

Monthly Update

Things the Department is Doing Especially Well:

- Hosted the July ABA Provider Network Meeting with updates on availability, QBHP transition planning, and network-wide compliance efforts.
- Onboarded two newly contracted ABA providers now accepting members
- Facilitated 117 enrollments and 22 transfers for Autism Services in July 2025
- Completed over 173 case assignments, successfully connecting members to appropriate ABA providers and services.
- Maintained consistent communication between providers and CRSPs to reduce service gaps

- Streamlined tracking of new enrollments, re-entries, discharges, and transfers
- Completed the RFQ 2023-005 REBID for Outpatient Mental Health Providers to Provide ABA Services, supporting network expansion and service availability.
- Issued the new Autism Comprehensive Evaluator RFP 2025-19 with a closing date of 7/28/2025 in preparation for FY26 contracts. In addition, developed a new Statement of Work (SOW) for this service.

Identified Opportunities for Improvement:

- Refine internal tracking tools (e.g., ADOS-2 Worksheet, Evaluation Referral Log) to flag delays and improve communication loops between evaluators and the Autism team.
- Coordination of transfers could be improved to ensure providers complete early termination of authorizations and submit ABDs in a timely manner so an email will be sent to Intake staff at of the Providers on proper steps to improve the communication.

Progress on Previous Improvement Plans:

ABA Service Delivery Performance Improvement Plan (PIP):

The department continued efforts to enhance ABA service coordination, provider communication, and network capacity. The ASD Enrollment, Transfer, and Discharge (EDT) Form remained a core tool for tracking member transitions, and the ABA Provider Availability Log was regularly updated and shared to support timely referrals. In July, 13 providers reported openings, totaling 185 available spots across the network.

Additionally, development began on a Behavior Treatment Plan (BTP) training to clarify expectations and support provider compliance. The department also drafted a Statement of Work (SOW) for diagnostic evaluators and participated in the RFP introduction, including Q&A with the provider network. A RFQ was also submitted. Efforts to expand the provider network continued, with outreach focused on identifying and supporting new ABA organizations to meet growing service demand.

Program Compliance Committee Meeting



Children's Initiative Department July 2025

Main Activities during the Reporting Period:

- Activity 1: Children Services Request for Proposal (RFP)
- Activity 2: Baby Court
- Activity 3: Youth United Leadership Academy

Progress On Major Activities:

Activity 1: Children Services Request for Proposal (RFP)

Description: In preparation for FY 2026 contracts a series of RFPs were issues for children service programs.

Why is this Important?: Ensure programs supported by 45 CFR 158.150 funding participated in a formal procurement process to ensure Providers delivering services meeting qualifications.

Current Status: Below is the status of the children program RFP timeline.

RFP #	Program Name	Closing Date
2025-018	Wayne County Juvenile Justice Services	7/23/2025
2025-019	Autism Independent Evaluations	7/28/2025
2025-020	School Based Health Quality Initiative	8/4/2025
2025-021	Juvenile Restorative Program ***	8/18/2025
2025-022	Integrated Pediatric Program ***	8/18/2025

*** = Tentative RFP issue date of 8/6/2025

Significant Tasks and Major Accomplishments During Period: The statement of work descriptions were updated with specific key objectives and outcomes for each program. Webinar sessions were held for interested applicants to attend, review the bid, and ask questions. Provided formal responses to all questions submitted in writing. In addition, a formal RFP committee has been developed to review the provider applications.

Needs or Current Issues: Finalize RFP 2025-021 and RFP 2025-022 to issue by 8/6/2025.

Plans: RFP Committee review applications and Providers are informed of award outcome.

Activity 2: Baby Court

Description: Baby Court aims to prioritize the needs of infants and toddlers in the child welfare system. Helping babies now will lead to a longer, healthier life later. All members of the baby court team are trained in the importance of attachment relationships for infants and toddlers. They all actively collaborate to help the infant return safely to their biological parents.

Why is this Important?: Children 0-3 years old are overrepresented in foster care and tend to spend more time in care compared to older children. Babies are also less likely to be reunified with their biological families. Baby Court strives to reduce these disparities.

Census:

- New Referrals = 0
- Active Cases = 3
- Discharges = 0

Significant Tasks and Major Accomplishments During Period: Hosted the quarterly Active Community Team meeting this month at The Children Center. Discussed barriers with baby court enrollments, supports for parents, and building partnerships.

Needs or Current Issues: Improve marketing efforts for the ACT meeting to be posted on Detroit Wayne Connect website for registration. Also, a MDHHS supervisor is currently on maternity leave and another representative is in the onboarding process. In addition, the new judges at the courthouse require training in the baby court model as well. These staffing changes have contributed to delays in onboarding new baby court however, there has been consistent communication between the coordinator and supervisors.

Plans: Focus on parent engagement, attend coordination academy supervision, and meet with MDHHS statewide coordinator for support.

Activity 3: Youth United Leadership Academy

Description: Description: Youth United Leadership Academy was a two-week program for young people (14-25) in Wayne County to help with key skill development to help youth grow into the leaders of the future. The leadership academy was Monday through Friday from 9am-3pm at Wayne County Community College District in Taylor and consisted of the following: Youth Under Construction Workshops, Narcan Training, Microsoft trainings, Public Speaking, Stigma Busting workshop, and a Career Fair. In addition, youth were paired into groups to create a workshop on leadership for the Transitional Age Youth Forum. Selection for the youth in the Leadership Academy was done through an application process. Youth were invited to apply for the program and out of 25 candidates, 15 were selected to attend.

Why is this Important?: As a youth involvement initiative, it is imperative to have opportunities for youth in the System of Care and throughout Wayne County to learn that they can become leaders instead of a statistic. This program is truly the epitome of what Youth United is about, having youth-led opportunities to help other youth develop and grow despite negative circumstances. Within the program were youth with experiences in Juvenile Justice, behavioral health, substance abuse and more. From this program, they expressed greater confidence within themselves to continue to achieve their goals and to become stronger leaders.

Current Status: The leadership academy concluded 7/31/2025 with 12 youth in attendance.

Significant Tasks and Major Accomplishments During Period: In preparation for the program secured guest speakers, provided food daily, and secured the location at a local community college. The major accomplishments included 80% of youth selected were in attendance, 9 new certified youth advocates, and a field trip opportunity to Detroit Public Department Real Time Crime Center, donated lunches, successful completion of 3 group project presentations, and participation in the Transitional Age Youth (TAY) Forum.

Needs or Current Issues: Transportation for youth to attend, funding for future stipends, staffing support and volunteers, technology challenges.

Plans: Review feedback to incorporate into annual leadership academy planning.

Monthly Update

Things the Department is Doing Especially Well:

MDHHS Passing the Torch Conference: Children Initiative Director, IDD Clinical Specialist, and Residential Specialist attended the annual Passing the Torch Conference in Lansing, MI. This conference hosts representatives from various counties to discuss MDHHS initiatives, improve coordination among the child welfare system, and discuss solutions to improve system of care. MDHHS highlighted the main initiatives:

- Case Consultations (May = 70 cases in review)
- Transition Services: Transition team meets with youth within 30 days of state facility hospitalization and upon discharge.
- The NEW Intensive Care Coordination Wrap Around services
- The MichiCANS

Evidenced Based Practices: Current evidenced based practice cohorts include the following:

- **TFCBT Cohort 34:** Starfish
- **TFCBT Cohort 36:** America's Community Council, Ruth Ellis, Starfish
- **TFCBT Cohort 38:** DWIHN Community of Care, Starfish
- **Motivational Interviewing Cohort 9:** Team Wellness
- **Motivational Interviewing Cohort 11:** Black Family Development
- **Caregiver Education Cohort 30:** Assured Family Services
- **DBT Cohort 4:** Black Family Development, Team Wellness, The Guidance Center

Trainings: Children Initiative Department hosted the following trainings this month.

- Children Mental Health Lecture Series: The Intersection between Substance Misuse and Adolescents
- Retention Focused Supervision: A Path with a Heart
- CAFAS Initial Training

Performance Improvement Plans:

MDHHS Performance Indicator 2a – IDD Children: Presented Performance Improvement Project at Improving Practices Leadership Team (IPLT) this month that was approved by the committee.

PI2a - The percentage of new persons during the Period receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service

- Effective 10/1/2024 – the new goal is 57%
- MDHHS does not allow any exceptions

FY24	FY25
Q1: 303 / 425 = 21.78%	Q1: 200 / 558 = 35.84%
Q2: 146 / 523 = 27.92%	Q2: 239 / 698 = 34.24% (<i>preliminary</i>)
Q3: 155 / 493 = 31.44%	Q3: 149 / 499 = 29.86% (<i>preliminary</i>)
Q4: 369 / 655 = 56.34%	

Identified Barriers:

- Supports Coordination staffing challenges
- The needs for children with IDD are lifelong needs resulting in services lasting longer.
- High caseload sizes for office based and community-based services.
- Fewer intake appointment slots with the MHWIN calendar
- Increase of children receiving IDD services compared to FY24
- Providers accept members outside of the 14-day requirement per request from DWIHN Access which lowers Provider compliance. (Will not count for MDHHS indicator requirement; however, can still qualify for financial incentive).
- Families are requesting an intake outside of the 14 days because they want a specific Provider.
- Increase of Recipient Rights and Grievances for not having enough staff to deliver IDD services.

Interventions to support this project:

- Ongoing 45-day meetings with Providers to discuss barriers, progress, and next steps.
- FY25 gather IDD staffing status and caseload sizes quarterly (Supports Coordinator vs. Supports Coordinator Assistants).
- FY25 started allowing IDD staff to attend the Core Competency Trainings
- Financial incentives for IDD services

New Proposed Interventions:

- Further analysis of length of treatment for IDD services.
- Further analysis of discharge data for children with IDD services.
- Incorporate in FY26 Statement of Work a minimum requirement of MHWIHN availability calendar appointments.

PIHP Crisis Services Department Report, July 2025

Daniel West, Director of PIHP Crisis Services

8/13/25



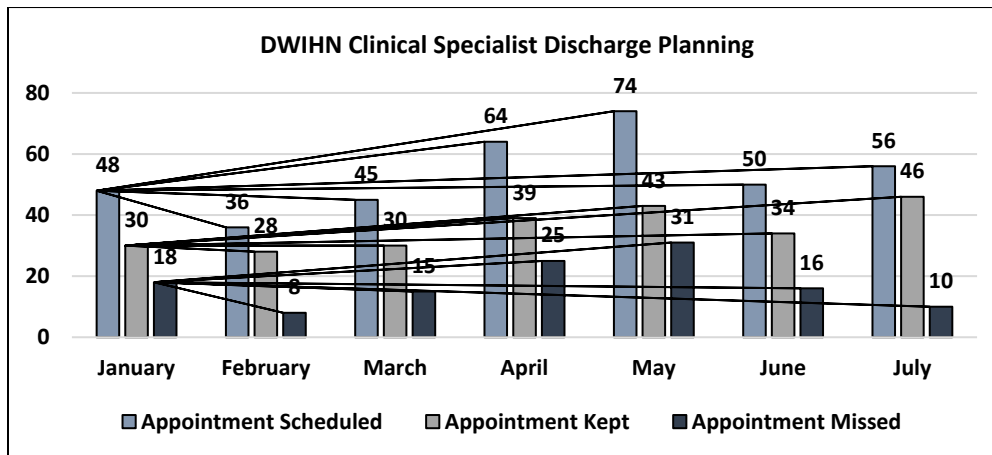
Main Activities during July 2025:

- Discharge planning for members in inpatient hospitals.
- Clinically Responsible Service Provider (CRSP) notification for crisis screenings.
- Familiar face identification and diversion in crisis.

Progress On Major Activities:

Activity 1: Discharge planning for members in inpatient hospitals.

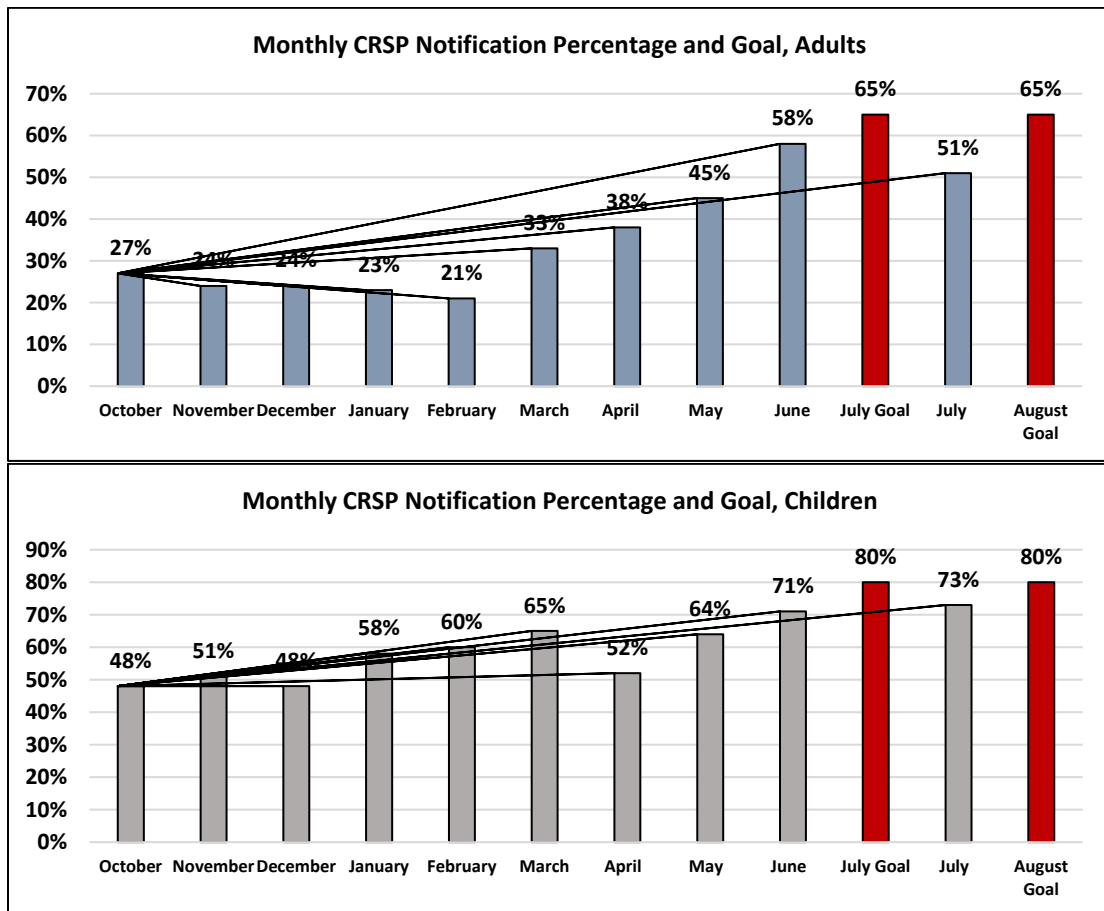
- **Description:** DWIHN Clinical Specialists continue to meet with members at selected inpatient hospitals (BCA, Henry Ford Behavioral, and Metropolitan (previously Beaumont Behavioral (BBH)) to engage members in discharge planning when members are admitted without an assigned CRSP. Clinical Specialists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



- **Significant Tasks and Major Accomplishments During Period:** Clinical Specialists within the PIHP Crisis Services Department were able to connect 82% of members to their aftercare appointments with their CRSP of choice in July, a significant increase from June.
- **Needs or Current Issues:** The team has been working with 4 additional CRSPs who have designated a staff member to participate in this process. However, the team has recognized the need for continuous goal setting and an increase in members seen.
- **Plan:** The team has created goals for the participating CRSPs to show trends in data and program effectiveness to be monitored and discussed.

Activity 2: CRSP notification for crisis screenings.

- **Description:** The PIHP Crisis Services Department has recognized the importance of CRSP notification for members screened in crisis. This provides an opportunity for the CRSP to engage the member whether the disposition from the crisis screening is inpatient or outpatient. The CRSP is to receive this notification and utilize the DWIHN CRSP re-engagement policy to address and plan for future crises.
- **Current Status:**

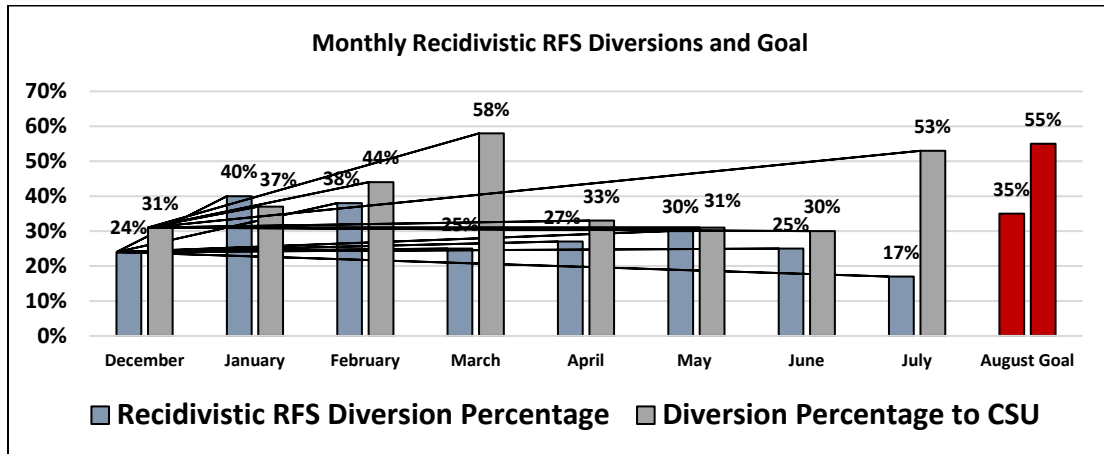


- **Significant Tasks and Major Accomplishments During Period:** The screening agencies are working toward increasing the percentage of CRSP notifications made to members with an assigned CRSP. COPE increased the percentage of member CRSPs notified from March to June and although the percentage for July fell below goal setting, there is an upward trend in this area. The children's screening agencies also increased the percentage of member CRSPs notified from May to July. The team is beginning to see responses from identified CRSP crisis contacts, disseminating information to the appropriate parties involved in the members' care as evidenced by email responses to the notifications.
- **Needs or Current Issues:** The team has recognized the need to increase CRSP notification percentage for adults and children but specifically see the need to increase CRSP notification percentage for adults since the percentage decreased in July. The team has also found the need to increase the notification response at the CRSP level.

- **Plan:** The team will participate in upcoming training and workgroups with the CRSPs to ensure these notifications are acted upon.

Activity 3: Familiar face identification and diversion in crisis.

- **Description:** The PIHP Crisis Services Department is identifying members who present to the ED in need of a crisis screening after having been discharged from an inpatient facility within the 30 days prior to the request. The team is working with COPE to identify these members and work to divert these members to a lower level of care.
- **Current Status:**



- **Significant Tasks and Major Accomplishments During Period:** COPE increased the percentage of CSU transfers as a proportion of members identified and diverted using these parameters for targeted intervention. Although the overall percentage of members meeting these criteria decreased in July, the percentage of CSU transfers increased.
- **Needs or Current Issues:** The team recognizes the need to continue identifying members who are recidivistic to a crisis screening and the importance of diversion to the least restrictive environment.
- **Plan:** The team will share these outcomes with COPE and continue to address any and all barriers to goal achievement.

Monthly Update:

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

- The DWIHN PAR Dispatch team has increased their service level from 83% in the 1st quarter to 92% in the 3rd quarter. The team set individual goals for calls answered, and as a team their goal was to get to a 90% service level, which has since been surpassed. Additionally, the team wanted to decrease their speed of answer in the 3rd quarter by 5 seconds, which was surpassed as well.

PAR Dispatch Data	Service Level	Avg Speed of Answer	Calls Received	Requests Completed
Q1 2025	83%	26s	3,092	1,681
Q2 2025	84%	24s	4,926	2,516
Q3 2025	92%	14s	4,299	2,496

- **Identified Opportunities for Improvement:**

- The team found there to be a need to collaborate with Adult and Children's Initiatives departments to ensure training occurs with CRSPs to ensure crisis notifications are acted upon, and that all parties associated with a member's care are notified and there are changes and amendments to current treatment planning.

- **Progress on Previous Improvement Plans:**

- Recidivism has increased from the 2nd quarter for both adults and children. Sample studies have taken place identifying trends in the recidivistic members as it relates to service connection and these results have been shared with Adult and Children's Initiatives.

Recidivism	Adults	Children
1st Quarter 2024	17.58%	8.62%
2nd Quarter 2024	16.65%	8.82%
3rd Quarter 2024	17.62%	15.69%
4th Quarter 2024	16.52%	12.14%
1st Quarter 2025	16.94%	10.57%
2nd Quarter 2025	15.57%	11.11%
3rd Quarter 2025**	17.38%	14.67%
4th Quarter 2025**	9.94%	5.26%

**3Q and 4Q 2025 Data preliminary



Program Compliance Committee
Michele Vasconcellos, Director, Customer Service
July 2025 Report

Unit Activities

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

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

Activity 1: Customer Service Calls

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

Reception/Switchboard Reception/Switchboard

July	Number of Offered	Number of Calls Answered	Abandonment Calls Standard <5%	Abandonment Rate Standard <5%	Average Speed Answer (ASA) <30sec	Service Level Standard 80%	% of Calls Answered Standard 80%
FY-24/25	921	870	13	1%	7sec	98%	94%
FY-23/24	1,346	1274	20	1%	8 sec	98%	95%

Customer Service Call Center

July	Number of Offered	Number of Calls Answered	Abandonment Calls Standard <5%	Abandonment Rate Standard <5%	Average Speed Answer (ASA) <30sec	Service Level Standard 80%	% of Calls Answered Standard 80%
FY-24/25	957	905	24	4%	11 sec	94%	95%
FY-23/24	891	813	37	4%	10 sec	93%	91%



Significant Activity:

Reception/Switchboard

In summary, although call volumes dipped in FY-24/25, the service metrics not only held strong but also improved, highlighting our effective management and commitment to excellence.

Customer Service Call Center

It is worth noting that we are currently operating with one less team member in the call center due to medical leave. Nevertheless, we have achieved impressive service levels, with 94% of calls answered and an exceptional 95% adherence to our response standards. These results reflect our ongoing dedication to excellence in call management.

Activity 2: Grievances and Appeals

Customer Service ensures that members are provided with the means to due process, which includes Complaints, Grievances, Appeals, Access to Mediation, and State Fair Hearings.

Grievance and Complaint Related Communications

	July FY 24/25	July FY 23/24
Complaint/Grievance Correspondence	821	306

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

Grievances Processed

Grievances	July F24/25	July FY 23/24
Grievances Received	5	6
Grievances Resolved	9	6



Grievance Issues by Category

Category	July FY24/25	July FY 23/24
Access to Staff	3	0
Access to Services*	3	1
Clinical Issues	0	0
Customer Service	1	1
Delivery of Service*	4	5
Enrollment/ Disenrollment	0	0
Environmental	0	0
Financial	0	0
Interpersonal*	2	2
Org Determination & Reconciliation Process	0	0
Program Issues	0	0
Quality of Care	0	0
Transportation	0	0
Other	0	0
Wait Time	0	0
Overall Total	16	9

Note: A grievance may contain more than one issue.

MI Health Link Grievances: For both fiscal years, MI Health Link members filed 0 grievances in July.

Appeals, Advance, and Adequate Notices*

Notice Group	July FY 24/25 Advance Notices	July FY 24/25 Adequate Notices	July FY 23/24 Advance Notices	July FY 23/24 Adequate Notices
MI	1096	159	1609	226
ABA	63	9	123	15
SUD	108	80	80	6
IDD	234	43	264	28
Overall Total	1,600	350	207	275



*This grid is populated for FY '25 and is based on the provider network's report for the month, as of what we have based on the submitted information. The complete information per provider report is not available until after the 5th.

Adequate Notice: *A Written statement advising the beneficiary of a decision to deny or limit Medicaid services requested. Notice is provided to the Member/Enrollee Beneficiary on the same date the action takes effect or at the time of signing the individual plan of service or master treatment plan.*

Advance Notice: *Written statement advising the beneficiary of a decision to reduce, suspend, or terminate services currently provided. Notice to be mailed at least 10 calendar days prior to the effective date of the notice.*

Appeals Communications

	July FY 24/25	July FY 23/24
Appeals Communications Received	92	179

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

Appeals Filed

Appeals	July FY 24/25	July FY 23/24
Appeals Received	1	4
Appeals Resolved	0	4

*Appeals Specialists received multiple requests for reconnection to services that did not become appeals.

DWIHN State Fair Hearings

For the month of July 2025, 1 Pre-Conference Hearing was held with the Michigan Office of Administrative Hearings and Rules. DWIHN received notification of 1 State Fair Hearing and 1 Pre-Conference Hearing scheduled for July 2025.

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

For both fiscal years, for the month of July, there were no MI Health Link Appeals and State Fair Hearings filed by MI Health Link members.



Significant Activity:

- The Grievances team has collaborated with Adult Initiatives, the Deputy CEO, the vice president of Governmental Affairs, the Chief Legal Officer, and Central City Integrated Health to assist a member who, by the end of July, had sent over 700 emails and left a multitude of voicemails/email voicemail messages, including threatening voicemails to Grievance staff and the Due Process Manager.
- Participated in a Pre-Conference Hearing and 1 State Fair Hearing.
- A significant amount of communication with Elmhurst Home and the parent/guardian ACT member.
- Successfully trained members of the provider network in-house on the grievance process
- Training began with the Behavioral Health Home Department to prepare for the transition of the Disenrollment project

Activity 3: Member Engagement and Experience

Customer Service ensures that members are provided with the opportunity for inclusion with DWIHN and the Community. This is carried out through various initiatives. The unit functions with three primary operations: Member Experience, Member Engagement, and Peer Coordination. The goals are to assist in the facilitation of member activities, while promoting advocacy, member rights, and collecting feedback and data essential to better understanding the members' experience throughout our system. In addition, the Office of Peer Services assists in the facilitation of essential training, initiatives, and interaction with Peer development, focusing primarily on the Certified participants, both the internal workforce and the system-wide workforce.

Significant Activity:

EVENT	DATE	LOCATION	ATTENDANCE	OBJECTIVE
Peer Chat	7/14/2025	Zoom Meeting	5	Chat offers opportunities for CPSS casual support through conversation and skills-building.
CV General Membership Meeting	7/18/2025	Zoom Meeting	19	Administrative updates, including a presentation on Advance Directives, 37 Dreams Come True applicants, and WAM 2025
Consumer Monthly Forum	7/30/2025	In Person	10	July's Meeting: The meeting was held on 7/30 at Motor City Clubhouse.

Michele Vasconcellos, Director, Customer Service 8/5/2025

**Integrated Healthcare Monthly Report Vicky Politowski, Integrated
Healthcare Director
August 13, 2025**



Main Activities during July 2025 Reporting Period:

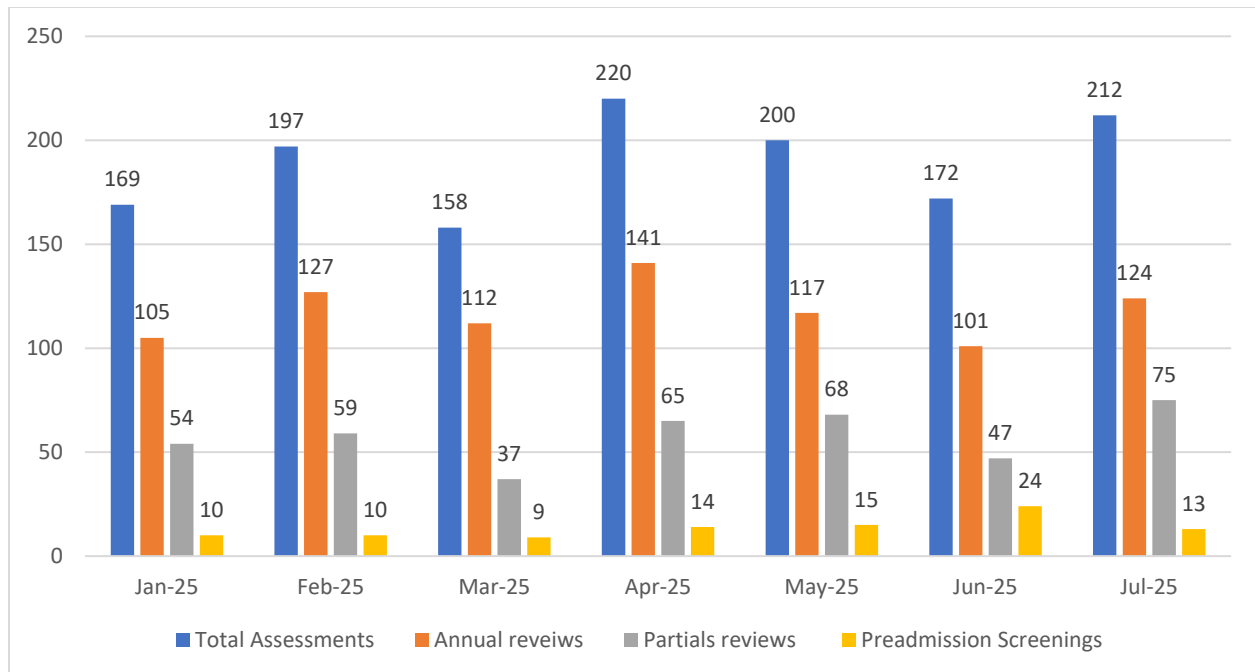
- **Complex Case Management**
- **Omnibus Budget Reconciliation ACT (OBRA)**
- **Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using an Antipsychotic**

Activity 1: Complex Case Management

- **Description:** Complex Case Management (CCM) is an intensive 120-day program that aims to improve individuals' quality of life by connecting them to appropriate community resources and developing support teams that include family, medical, and behavioral health professionals.
- **Current Status:** Complex Case Management is working on increasing the caseload of the staff and is currently at **17** individuals. Two (**2**) were received by conducting proactive outreach, one (**1**) was referred from a provider.
- **Significant Tasks During Period: Major Accomplishments During Period:** A Complex Case Management Presentation was conducted for Turning Leaf, a new provider within the DWIHN network. A Complex Case Management presentation was also conducted for DWIHN Outpatient Clinic to further collaborate and engage members. Complex Case Management information has been provided to Henry Ford Hospital, Corewell Hospital, Samaritan, Team Mental Health, All Well Being Services, Central City Integrated Health, Step Central, Starr, Development Center, Hegira Health Taylor, and Lincoln Behavioral Services.
- **Needs or Current Issues:** Complex Case Management is looking for new ways to engage members. Complex Case Management has been successful with engaging members at the DWIHN Care Center and is searching for other opportunities to replicate this.
- **Plan:** Complex Case Management has reached out to Team Wellness Stabilization Unit to attend staff rounds there to engage more members.

Activity 2: Omnibus Budget Reconciliation ACT (OBRA)

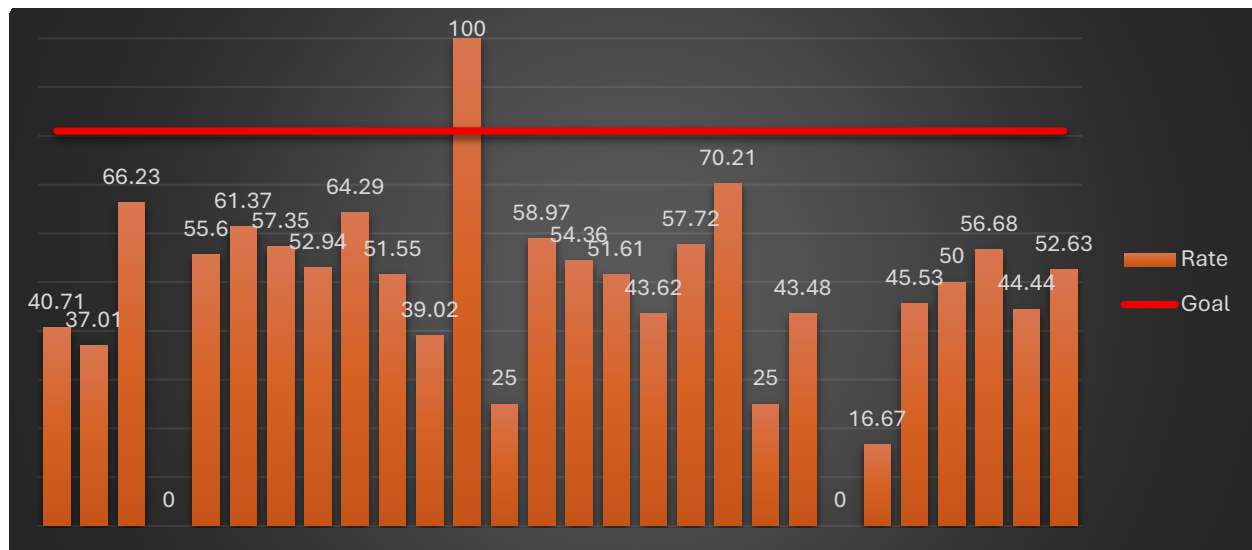
- **Description:** OBRA Assessments are completed for members who have behavioral health or I/DD diagnoses who may need nursing home services. Preadmission reviews are to be completed within 4 days of referral, and annual reviews within 14 days of referral. These referrals come from hospitals, community referrals, or nursing homes.
- **Current Status:** In July, OBRA processed **613** referrals, **310** were assigned to be completed, and **285** were triaged and provided with exemption letters stating they did not need an OBRA Assessment.
- **Significant Tasks During Period:** OBRA worked with the Access Department on a new referral process for members in nursing homes who need behavioral health services and who do not have an assigned Clinically Responsible Service Provider.



- **Major Accomplishments During Period:** All OBRA staff are meeting the KPI of completing five assessments a week. Each assessment takes on average 8 hours to complete.
- **Needs or Current Issues:** Improving access to electronic health charts in nursing homes will reduce the time needed to complete each assessment.
- **Plan:** All nursing homes will be sent and are required to sign contracts sent out by DWIHN. This is a requirement from Michigan Department of Health and Human Services that mandates each nursing home have a contract with each Prepaid Inpatient Health Plan.

Activity 3: Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using an Antipsychotic

- **Description:** Assesses adults 18–64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.
- **Current Status:** DWIHN network is working on this measure. Currently, 15 CRSP providers are above 50%, and the goal is to reach 80.99%.



- **Significant Tasks During Period:** DWIHN is working with the two largest providers and an FQHC that can perform HbA1c and blood glucose testing onsite.
- **Major Accomplishments During Period:** The HEDIS Specialist is working with the DWIHN IT team to create a user-friendly Power BI dashboard that will enable providers to easily see data and analyze data trends over the year.
- **Needs or Current Issues:** Many providers do not complete lab work on-site and rely on members to follow up off-site to get lab work completed. Providers who are CCBHCs complete lab work, including HbA1C and glucose testing, during primary screenings. However, DWIHN does not have a procedure code to bill these tests and thus is not counted toward this measure. Therefore, providers believe being non-compliant with this measure is due to underreporting.
- **Plan:** DWIHN will work with providers to implement interventions to increase members getting their lab work completed off-site, including, but not limited to, providing transportation to members, psychoeducation to both members, providers, and health plans on the risk of diabetes when taking antipsychotic medications, and the importance of lab work completion.

Things the Department is Doing Especially Well:

- **Omnibus Budget Reconciliation Act (OBRA)-** OBRA staff have increased productivity each month and all staff are meeting KPI's.
- **Complex Case Management-** Complex Case Management assisted a member who faced multiple medical and behavioral health challenges by connecting them with Central City Integrated Health. The member has consistently attended appointments with their psychiatrist, therapist, and case manager. Additionally, they have become more proactive in managing their symptoms by journaling and using the MyStrength app. Complex Case Management helped the member get an appointment with a neurologist to address seizure

and headache issues. The member is compliant with their medication regimen and plans to follow up with a specialist every six months. Notably, the member has not experienced any seizures since beginning treatment. Furthermore, the member has attended dental and eye exams and received new prescription glasses, with no reported vision concerns. Currently, they reside in a sobriety home and have successfully transitioned to a step-down unit due to their continued abstinence. The member regularly attends support groups and has expressed a strong desire to maintain their sobriety.

- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using an Antipsychotic- IHC meets with Clinically Responsible Service Provider every 45 days to discuss HEDIS scores, interventions, and barriers. In July, DWIHN met with 16 providers.
- DWIHN meets with health plans to share data and increase coordination of care efforts every 45 days and address any health gaps and outstanding HEDIS measures. In July, DWIHN met with seven (7) health plans.

Identified Opportunities for Improvement:

- *Omnibus Budget Reconciliation ACT (OBRA)*- Will work with Communications to have a video training that can be provided to nursing homes and Clinically Responsible Service Providers. This will reduce the time spent on common training questions.
- Complex Case Management- Complex Case Management continues to increase the number of members served in the program. KPIs have been established for staff to open three new cases a month.
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using an Antipsychotic- DWIHN is working with Vital Data to be able to see which CRSPs are utilizing the HEDIS Platform to access the data. IHC will be able to work with the Quality Department on future work plans with the CRSP.

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



Main Activities during August:

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

Progress On Main Activities:

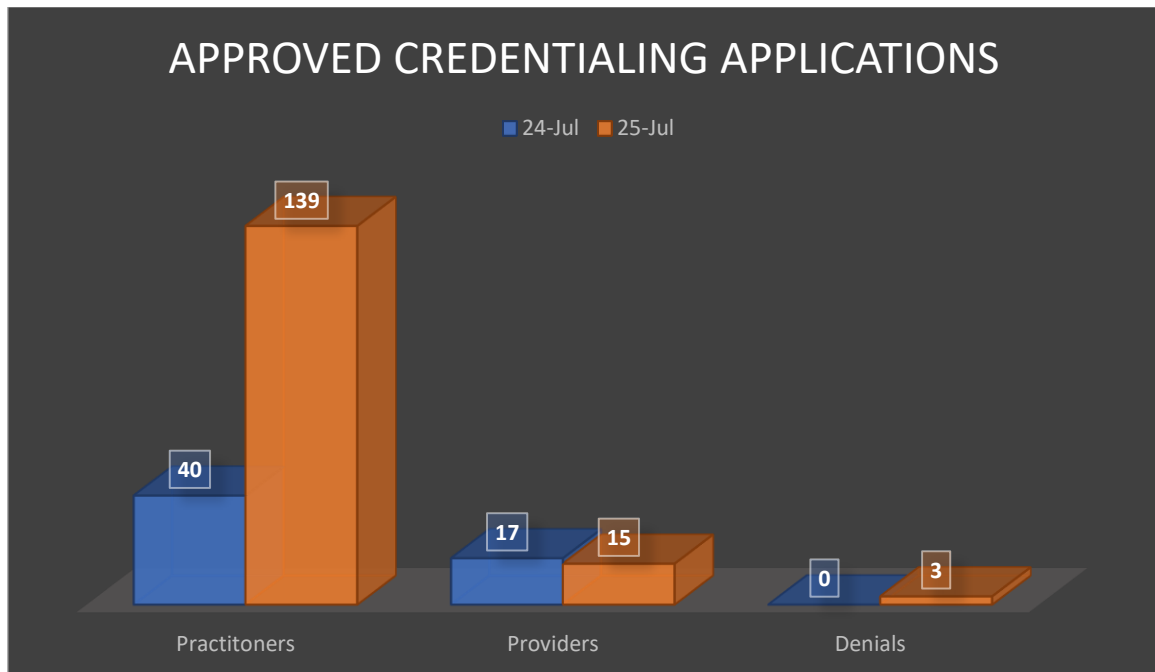
Activity 1: Credentialing

- *Description:* The vetting and approval process for both current and new provider(s) into the DWIHN provider network.

- *Current Status:* July 2025:

Number of Credentialing Applications Reviewed	241
Number of Expansion Requests Reviewed	12
Number of Provisional Credentialing Applications Reviewed	1
Total # of Applications Reviewed	254

Number of Practitioners Approved	139
Number of Providers Approved	15
Number of Expansion Requests Approved	19
Number of Provisional Credentialing Applications Approved	1
Total # of Applications Approved by Credentialing Committee	174



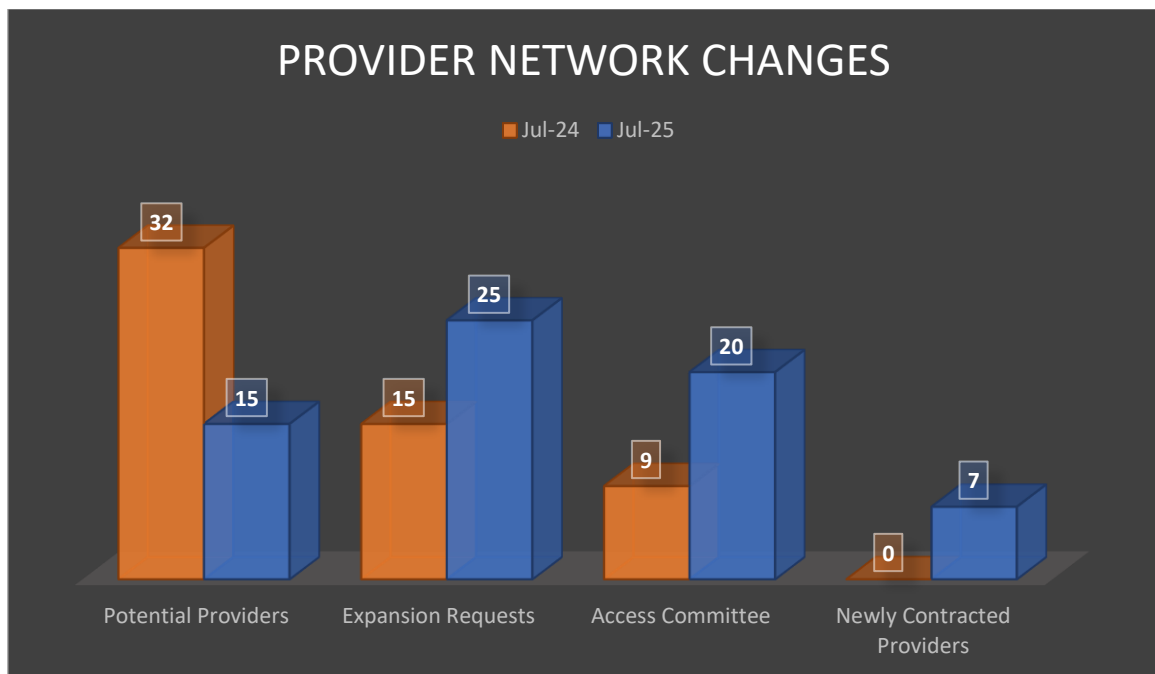
- *Significant Tasks During Period:* Universal Credentialing training for the MDHHS CRM. Credentialing has been updating policies to align with NCQA 26 Standards and auditing files monthly to ensure adherence to the new standards. Lastly, we have been working with the Health Plans on Pre-Delegation Audits for the new HIDE-SNP program.
- *Major Accomplishments During Period:* We continue to meet with CVO vendor Healthstream, Inc and complete trainings.
- *Plan:* N/A

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

- *Description:* Providers continue to be challenged with staffing shortages. DWIHN's CRSP provider Meetings and Access Committee closely monitors the impact of staffing shortages and works with providers to develop strategies to address network shortages. DWIHN has an Onboarding Process to facilitate the evaluation and vetting of new providers. RFPs are used as a strategy to recruit providers/programs in significant shortage.

• **Current Status: In July 2025:**

Number of Provider Inquiries for Potential Providers	15
Number of Contract Expansion Requests Received	25
Number of Providers Approved at Access Committee	20
Number of New Providers	7
Total # of Providers Processed	67



DWIHN continues to monitor and notice changes in the network. We are adding additional providers to our network based on need. Request for Proposals (RFP) are also utilized as a means of recruiting new providers, particularly in areas of shortages (e.g. Autism, SUD, Behavioral Treatment Planning, etc.).

- *Significant Tasks During Period:* Provider Network Managers are holding Quarterly Meetings with Providers in the Community and assigned 19 Site Visits to ensure compliance with their Credentialing Applications. This has garnered positive results, as providers were requesting in-person meetings and ensuring compliance with their contractual requirements.
- *Major Accomplishments During Period:* Developed electronic pre-contracting documents to align with the organization's goal to leverage technology and improve outcomes. Developed provider engagement toolkit and Housing Resource Guide to improve access to services, reduce health disparities and educational resources for the network. Completed our HUD Renewal Applications for FY 26.
- *Plan:* MCO will work to educate providers on the new pre-contracting docs to ensure a smooth and successful FY26 Contracting Season.

Activity 3: Procedure Code Workgroup (PCWG)

- *Description:* The Procedure Code Workgroup assists providers by troubleshooting claims and with authorization concerns.

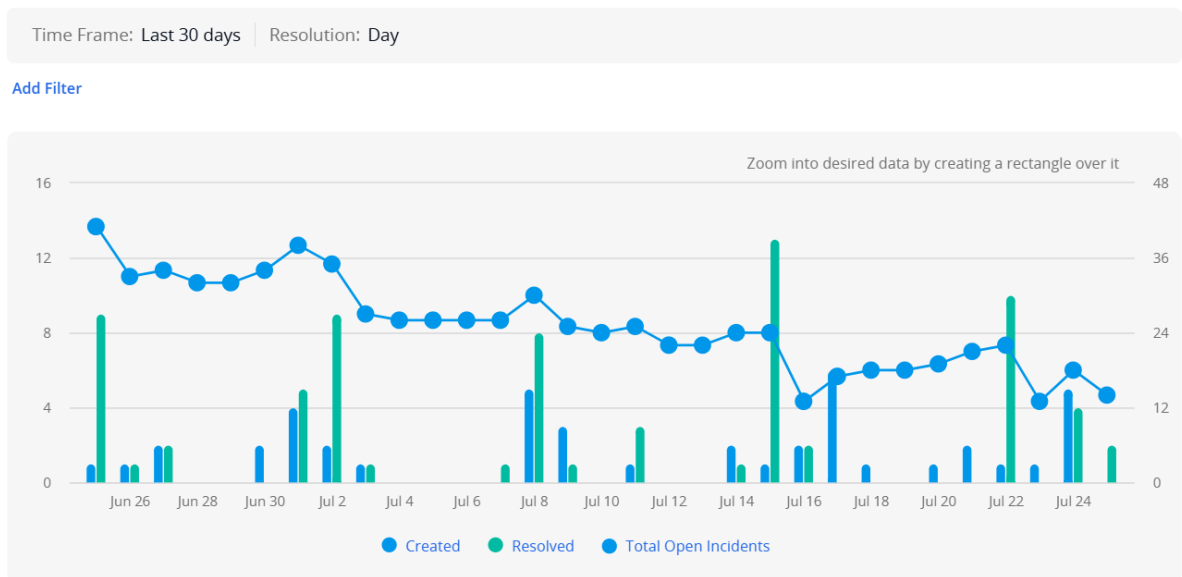
- *Current Status:* In the month of July 2025:

Number of PCWG Resolved Tickets	76
Number of MDHHS Rate Updates	4
Number of Provider Requested Changes	108
Total # of MHWIN Updates	188

- *Significant Tasks During Period:* Added new DWIHN and provider locations, contract programs, codes and modifiers timely to ensure authorizations, encounters and billing were timely. In

addition, the addition and deactivation of provider locations ensure our provider directory is accurate and accessible for public viewing. Added 858 codes/rate to existing Provider Contracts records, Added three new contract programs for “Behavioral Health Urgent Care” and sent out Bulletin 25-010-ICCW for publication.

- *Major Accomplishments During Period:* IT deployed a new ticketing system that captures more data elements, gives transparency and live updates to tickets as progress has been made and improved turnaround times for resolving tickets. We were navigating the PCWG ticketing system better, resulting in more resolved tickets this month.
- *Plan:* Ensure new programs and services are added and available for use. Continue to run cube reports to monitor and verify services credentialed/contracted are in alignment with contract fee schedules deployed.



**Program Compliance Committee Meeting
Utilization Management – Monthly Report
Marlena J. Hampton, MA, LPC – Director of Utilization Management
August 13, 2025**



Main Activities During This Period:

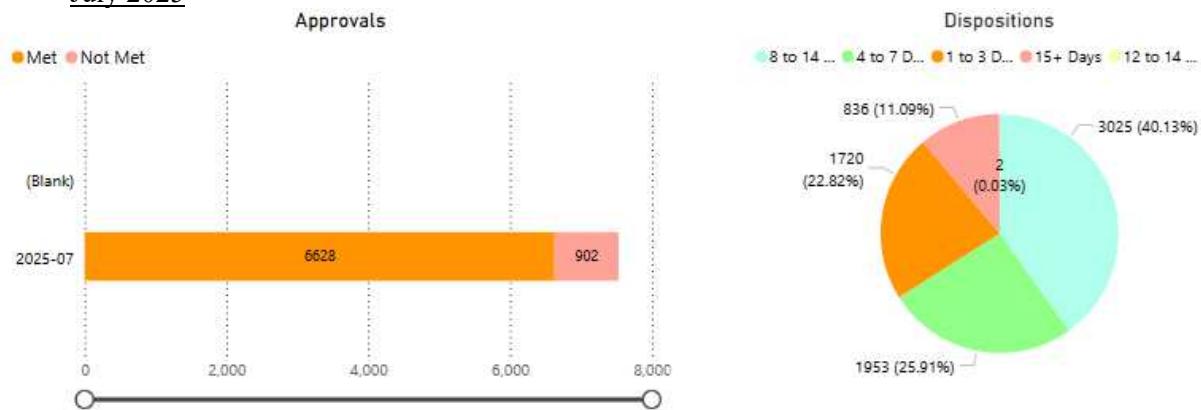
- Timeliness of UM Decision-Making
- Utilization Management Committee (UMC)
- Continued Review of Department Processes

Progress On Major Activities:

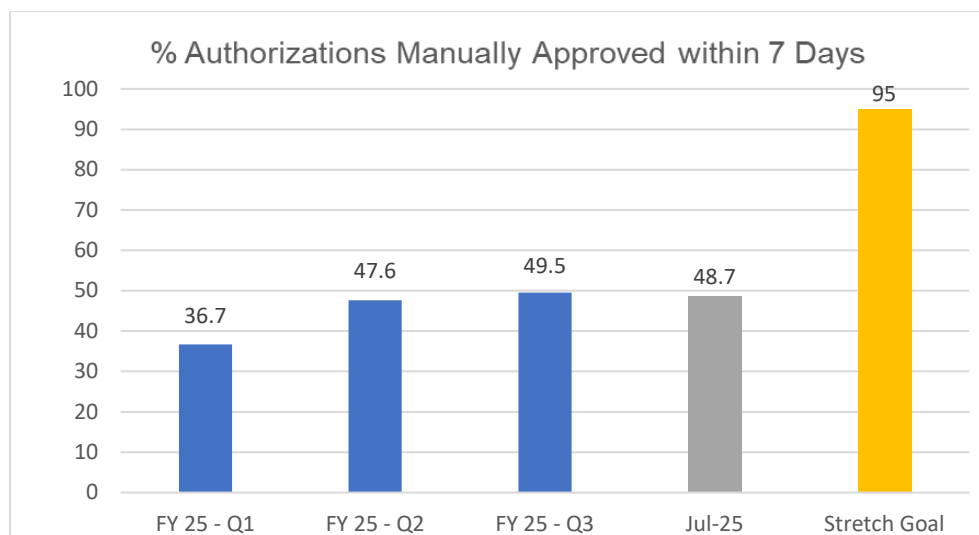
Activity 1: Timeliness of UM Decision-Making

- *Description:* DWIHN Utilization Management reviews standard and expedited authorization requests for several lines of business, including (but not limited to) outpatient services, substance use disorder (SUD) services, General Fund, Autism services, and Waiver programs.
- *Current Status:* Utilization Management is frequently involved with audits and system updates to ensure the department meets various Michigan Department of Health and Human Services (MDHHS) regulatory requirements. Services should be of the highest quality and timely, cost-effective, clinically appropriate, and medically necessary. We accomplish this through consistent review and update of our processes, procedures, and documentation. Our goal is to improve the efficiency of utilization review and decrease/eliminate delays in service delivery or authorization.
- *Significant Tasks During Period:*
 - Participation in interdepartmental conversation, led by the Health Homes Department, regarding transition of CCBHC administrative oversight from PIHP to MDHHS.
 - Discussion with UM Administrators regarding development of custom audit tools in MHWIN.
- *Major Accomplishments During Period:*
 - In the month of July, the Utilization Management prior authorization review teams approved 89.6% of authorization requests within fourteen (14) calendar days, a significant increase from 77% in June. As noted in previous reports, a departmental performance improvement plan was implemented to address not meeting the 95% 14-day timeframe standard for non-urgent requests.

July 2025



- *Needs or Current Issues:*
 - Beginning in 2026, payers will be required to make decisions for all standard, non-urgent requests within seven (7) calendar days. We currently are allotted fourteen (14) days to make the same determination. Utilization Management, with support from the VP of Clinical Operations, Director of Strategic Operations, and Chief Medical Officer, is actively working to implement process and procedural changes to meet this new requirement for authorization requests in all service areas. This includes IT notifications to our providers indicating the need for timely updates, dedicating a staff person to monitor the return to requester queue and communicate with providers, UM Administrator audit and staff review of select cases to determine when/how a disposition could be expedited, and expansion of standard verbiage in response to requests, to increase clarity and reduce the number of returns.
 - Despite review and implementation of internal procedures, the number of authorizations currently approved within seven (7) days appears to have plateaued at around 50%.
- *Plans:*
 - Redevelopment and streamlining of internal outpatient authorization procedures, including the creation of standard job aids.
 - Development of a procedure for monitoring Residential Services authorization requests.
 - Continue monitoring individual staff progress with coaching as appropriate.
 - Creation of a public dashboard displaying UM prior authorization timeliness.
 - Review and revision of all standard operating procedures to assess efficiency and fidelity.
 - Continued monitoring of the team's progress toward the upcoming requirement that all standard, non-urgent requests be processed within seven (7) calendar days.
 - In Q1, we manually approved 5,507 authorizations (36.7%).
 - In Q2, we approved 8,947 authorizations (47.6%).
 - In Q3, we approved 9,680 authorizations (49.5%).
 - In July, we approved 3,673 authorizations (48.7%).



Activity 2: Utilization Management Committee (UMC)

- *Current Status:* The Utilization Management Committee (UMC) provides ongoing review and oversight of the Utilization Management program. UMC convenes monthly to evaluate utilization of services, monitor trends, and review, evaluate, revise, and approve the Program Description, Program Evaluation, and department work plan.
- *Significant Tasks During Period:*
 - The Utilization Management Director creates a formal schedule for departments and lines of business reporting to the committee. Schedule also includes periodic review of relevant UM policies and procedures, as well as Service Utilization Guidelines and Milliman Care Guidelines (MCG) used to determine medical necessity.
- *Major Accomplishments During Period:*
 - The Utilization Management Director presents the new schedule and receives a positive reception from committee members.
- *Needs or Current Issues:*
 - Production of a new committee reporting template to include all participating departments.
 - Creation of a Utilization Management Committee subgroup with Sr. Director of Organizational Culture & Climate to initiate annual Utilization Management Health Equity Analysis, which is required by the Centers for Medicare and Medicaid Services (CMS) as of January 1, 2026.
- *Plans:*
 - The Director of Utilization Management will continue consultation with the Chief Medical Officer regarding the establishment of best practices for the UM Committee.

Activity 3: Continued Review of Department Processes

- *Description:* Utilization Management (UM) processes are being reviewed and updated with a strong emphasis on improving efficiency. Improvements aim to optimize resource utilization and improve service delivery for both staff and providers.
- *Current Status:* Director of Utilization Management and UM Administrators, with support from the Vice President of Clinical Operations and the Chief Medical Officer, are collaborating with staff to revise and enhance provider and internal procedures to improve efficiency and compliance with regulatory standards.
- *Significant Tasks During Period:*
 - Redevelopment of internal procedures and job aids for processing General Fund and Substance Use Disorder authorization requests.
 - Finalization of Key Performance Indicators (KPI) for all UM service areas.
- *Major Accomplishments During Period:*
 - Collaboration with the Substance Use Disorder (SUD) Initiatives and Access Call Center Departments to review how department processes impact the timeliness of SUD authorization requests & dispositions.
- *Needs or Current Issues:* In addition to completing authorization requests, Utilization Management also coordinates with other departments to ensure utilization management tasks are integrated within their functions. This includes monitoring trends and any patterns of over- and underutilization. The Director will work with administrators and staff to incorporate these tasks and reporting requirements into department procedures.
- *Plans:*
 - The Utilization Management Administrators, with support from the Director, will continue to update standard operating procedures for each UM line of business.
 - Following the implementation of internal processes, redirect our attention to directly monitoring how DWIHN departments incorporate utilization management into their programs, including reviewing policies and procedures.
 - With support from the Chief Medical Officer, the Director will identify a specific area of over- or underutilization to study in greater detail.

Additional Updates:

- **Things the Department is Doing Especially Well:**
 - Utilization Management is recognized as the July 2025 Shining Star Department, citing “responsiveness, collaboration, and a deep commitment to member care.”
 - The Tri-County Utilization Management Workgroup continues to meet and discuss standardizing regional processes, with the agenda now moving toward utilization management practices (vs. inpatient utilization review).
 - The Self-Directed Services (SD) Team continues its participation in Partners Advancing Self-Determination (PAS), a collaboration with MDHHS to offer free state-level technical assistance, training, and support to advance self-directed services in our community.

- **Identified Opportunities for Improvement:**

- Collaboration with other DWIHN departments on common reporting and projects, with particular focus on Managed Care Operations, Substance Use Disorder Initiatives, Integrated Healthcare, and Autism Services.
- Implementation of Annual Health Equity Analysis of UM Policies and Procedures.

- **Progress on Previous Improvement Plans:**

- Director of Utilization Management continues intensive review of UM policies, procedures, and program description. Goals include alignment of documentation with NCQA, HSAG, and PIHP/CMHSP contract requirements & feedback.

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 21-08R3 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 8/20/2025

Name of Provider: Vital DataTechnology LLC

Contract Title: Healthcare Effectiveness Data And Information Set (HEDIS) Certified Population Health Management and Data Analytics Tool Vendor Solutio

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 8/13/2025

Proposed Contract Term: 10/1/2025 to 9/30/2026

Amount of Contract: \$ 2,127,960.00 Previous Fiscal Year: \$ 1,686,546.00

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2025

Provider Impaneled (Y/N)? N

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

DWIHN requests board approval to extend the contract with Vital Data Technology LLC for Healthcare Effectiveness Data and Information Set (HEDIS) Certified Population Health Management and Data Analytics Tool vendor solution.

The one year contract extension of \$441,396 brings the revised not-to-exceed contract amount to \$2,127,960 through September 30, 2026.

In response to a RFP in 2020, Vital Data Technology, LLC is a Healthcare Effectiveness Data and Information Set (HEDIS) Certified Population Health Management and Data Analytics Tool vendor solution, was recommended as the most responsive and most

qualified vendor for the Care Coordination platform. This tool will support DWIHN's initiatives regarding integrated care and NCQA accreditation

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 25/26	Annualized
Multiple	\$ 2,127,960.00	\$ 2,127,960.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 2,127,960.00	\$ 2,127,960.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64934.827211.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Stacie Durant

Signed: Sunday, August 3, 2025

Signed: Wednesday, July 30, 2025

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 24-61R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 8/20/2025

Name of Provider: Detroit Wayne Integrated Health Network

Contract Title: City of Detroit Co-Response Partnership Training

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 8/13/2025

Proposed Contract Term: 7/1/2025 to 6/30/2026

Amount of Contract: \$ 488,000.00 Previous Fiscal Year: \$ 0.00

Program Type: Modification

Projected Number Served- Year 1: 1,274 Persons Served (previous fiscal year): 1,274

Date Contract First Initiated: 2/6/2024

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).

Board Action #24-61 was approved by the Board to receive and expend funds from the City of Detroit for CIT training, for an amount not to exceed \$488,000 for the period February 6, 2024-June 30, 2025.

The City of Detroit received funds from the American Rescue Plan Act (ARPA) and has entered into agreement with DWIHN via a competitive bid process to satisfy specific training needs.

DWIHN Administration is requesting to revise this board action for a **time extension only through June 30, 2026.**

Note: DWIHN is considered a vendor and not a subrecipient and therefore not reportable on the SEFA.

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

Source of Funds: Local Funds

Fee for Service (Y/N): N

Revenue	FY 24/25	Annualized
Local Grant	\$ 488,000.00	\$ 488,000.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64941.822402.00025

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

J a m e s W h i t e

S t a c i e D u r a n t

Signed: Friday, August 8, 2025

Signed: Wednesday, August 6, 2025

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-01R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 8/20/2025

Name of Provider: Community Health and Social Services Center, Inc.

Contract Title: Multicultural Integration Programs

Address where services are provided: 5635 W. Fort Street, Detroit, MI 48209

Presented to Program Compliance Committee at its meeting on: 8/13/2025

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

Amount of Contract: \$ 794,231.00 Previous Fiscal Year: \$ 836,920.00

Program Type: Modification

Projected Number Served- Year 1: 300 Persons Served (previous fiscal year): 250

Date Contract First Initiated: 10/1/2024

Provider Impaneled (Y/N)? Y

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

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

Community Health and Social Services, Inc. (CHASS) received additional funding of \$28,394 for Fiscal Year 2025, bringing its total to \$296,124.

Revenue for these services is supported by E-Grants & Management Systems (EGrAMS) categorical funds for Ethnic Services (\$775,531), and state general funds (\$18,700). **Contract terms remain the same from October 1, 2024 through September 30, 2025, with a revised not-to-exceed amount of \$794,231. Funding distributions are as follows:**

- | | |
|---------------------------|-----------|
| • Contractor/ Providers | \$564,417 |
| • DWIHN Veteran Navigator | \$195,207 |
| • DWIHN Indirect Costs | \$ 34,607 |

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

Board Action #: 25-01R2

Source of Funds: General Fund,Block Grant

Fee for Service (Y/N): Y

Revenue	FY 24/25	Annualized
MDHHS Grant	\$ 794,231.00	\$ 794,231.00
State General Funds	\$ 18,700.00	\$ 18,700.00
Total Revenue	\$ 812,931.00	\$ 812,931.00

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:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Stacie Durant

Signed: Sunday, August 3, 2025

Signed: Thursday, July 31, 2025

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-02R5 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 8/20/2025

Name of Provider: DWIHN SUD Department

Contract Title: Enhancing SUD Services through EHR Implementation

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 8/13/2025

Proposed Contract Term: 8/20/2025 to 9/30/2025

Amount of Contract: \$ 6,468,023.00 Previous Fiscal Year: \$ 7,951,781.00

Program Type: New

Projected Number Served- Year 1: 15,000 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 8/20/2025

Provider Impaneled (Y/N)? Y

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

To help ensure exceptional substance use disorder services for members of our network, high quality monitoring of programs, and better clinical technical assistance to our service provider network we are requesting \$150,000 in PA2 funds to cover startup costs for five SUD treatment service providers to adopt electronic health record (EHR) systems, with each provider receiving \$30,000 to fund the costs to launch a new EHR. Our EHR, PCE, has agreed to, at no cost, integrate this software into MhWIN. DWIHN will cover the first year, upfront costs, and the service providers will pay the maintenance costs.

Implementing EHRs significantly enhances our ability to:

- Monitor Program Quality more effectively, providing a clearer picture of service delivery and outcomes
- Deliver targeted clinical technical assistance to our service providers, helping them continuously improve their practices.
- Guarantee our members have access to top-tier, data driven SUD care

The service providers receiving this funding are:

- Abundant Community Recovery Services
- CareFirst Community Health Services
- Self-Help Addiction Rehabilitation (SHAR)
- Spectrum Child and Family Services

- National Council on Alcoholism and Drug Dependence (NCADD)

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 \$6,468,023.

The revised not to exceed contract for SUD Treatment totals \$6,468,023 for the fiscal year ending September 30, 2025.

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

Source of Funds: Block Grant,PA2

Fee for Service (Y/N): N

Revenue	FY 24/25	Annualized
Block Grant	\$ 4,478,032.00	\$ 4,478,032.00
PA2	\$ 1,989,991.00	\$ 1,989,991.00
Total Revenue	\$ 6,468,023.00	\$ 6,468,023.00

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:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Stacie Durant

Signed: Thursday, July 24, 2025

Signed: Tuesday, July 22, 2025

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-03R1 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 8/20/2025

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Substance Use Disorder - Prevention: SYNAR Coverage Study, Opioid Settlement Healing and Recovery, Promotional Items, and International Overdose Awareness Day

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 8/13/2025

Proposed Contract Term: 8/20/2025 to 9/30/2025

Amount of Contract: \$ 6,491,183.00 Previous Fiscal Year: \$ 6,501,847.00

Program Type: New

Projected Number Served- Year 1: 20,000 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 8/20/2025

Provider Impaneled (Y/N)? Y

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

This Board Action is requesting approval to fund the following programs for the fiscal year ending September 30, 2025:

1 - SYNAR Coverage Study: \$3,500

The SUD Department requests **\$3,500 in PA 2 for a SYNAR coverage study**, which is a required component of the state's compliance with the SYNAR amendment – a federal law aimed at reducing youth access to tobacco. The purpose of a coverage study is to create and verify an accurate and comprehensive list of all tobacco retailers in the state for annual unannounced inspections for compliance with laws prohibiting the sale of tobacco to minors. The study involves checking if businesses on the list are still in operation and still sell tobacco, identifying new retailers, and updating addresses and business names.

The provider selected for this process is SOOAR to complete as Designated Youth Tobacco Use Representative (DYTUR) for Wayne County.

2 - Opioid Settlement Healing and Recovery: \$497,826

Opioid settlement funds for healing and recovery programming include: (a) Children's Programs, (b) Expansion of Syringe Services Programs (SSPs), and (c) Expansion of Harm Reduction programming. The goals of the programs are:

(a) Children's Program: To address the impact of the opioid crisis in youth, the Detroit Wayne Integrated Health Network (DWIHN) is partnering with Taylor Teen Health Center, Detroit Rescue Mission Ministries, and the Community Health Awareness Group (CHAG) to launch targeted intervention programs. These trauma-informed initiatives will empower at-risk youth with essential coping skills through youth-led education, mentoring, and strength-based development, aiming to prevent addiction and foster long-term well-being. **Taylor Teen and CHAG will receive \$61,956.50, and DRMM will receive \$50,000 totaling \$173,913.**

(b) Expansion of SSPs: To expand the reach and impact of its Syringe Services Programs, DWIHN is launching mobile units in partnership with the Community Health Awareness Group (CHAG), Strategies to Overcome Obstacles and Avoid Recidivism (SOOAR), and the Detroit Recovery Project (DRP). These mobile units will deliver essential harm reduction supplies, including syringes, naloxone, and vital health resources, directly to the community, increasing access to these services and promoting safer practices. This initiative is different from existing SSP programming as it aims to expand existing services to additional sites, helping to curb the spread of communicable disease, reduce improperly and publicly discarded used syringes, and reduce the number of accidental overdoses. **Each collaborative will receive \$91,304.33 totaling \$273,913.00.**

(c) Expanding Access to Harm Reduction for Individuals with Substance Use Disorders: To promote safer practices and reduce the risk of overdose, we are providing crucial harm reduction supplies, including safer use kits educational brochures, and resources that empower informed decision-making. **The Youth Connection will receive \$50,000 for this initiative.**

3 - BA25-16S Promotional Items: \$10,000

The SUD Department requests **\$10,000 in PA 2 funds to purchase promotional items aimed at increasing community awareness of our substance use disorder (SUD) services.** The goal is to encourage individuals to call our 800 number to access treatment or additional services and promote brand. Promotional items are a proven, cost-effective way to keep our services top-of-mind for community members. By distributing items at local events, health fairs, and community centers, we can ensure our helpline number is easily accessible when someone is ready to seek help. This strategy is essential for connecting with individuals who may not be actively searching for services but who could benefit from a visible and tangible reminder of our support. The communications department solicited three bids and 4Imprint came in at the lowest bid. The promotional items include: Stress balls, bracelets, clip clips, lanyards, bags, fidget spinners, water bottles, and keychains.

4 - BA 25-14S International Overdose Awareness Day: \$10,000

SUD formally requests **\$10,000 in PA2 funding to host a community-wide event in observance of International Overdose Awareness Day (IOAD) on August 31, 2025.** This event is designed to raise awareness about the opioid crisis, provide life-saving education, and foster a compassionate community response. Our proposed event will be a comprehensive and impactful day, focusing on three core pillars: education, community support, and remembrance. The \$10,000 in funding would be allocated to cover the following essential components:

- **Narcan (Naloxone) Training and Distribution:** We plan to offer free, certified Narcan training sessions throughout the day.

- ☐ Stigma Reduction Campaign: A significant portion of the event will be dedicated to combating the stigma that often prevents individuals from seeking help. We will have informational booths, interactive displays, and dedicated sessions aimed at fostering a more understanding and supportive environment.
- Candlelight Vigil: The event will conclude with a candlelight vigil to honor and remember those who have been lost to opioid overdose. This is a critical element for providing a space for grieving families and friends to connect and find support.

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	\$ 3,940,434.00	\$ 3,940,434.00
PA2	\$ 3,048,575.00	\$ 3,048,575.00
Total Revenue	\$ 6,989,009.00	\$ 6,989,009.00

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:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Stacie Durant

Signed: Sunday, August 3, 2025

Signed: Thursday, July 31, 2025

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-14R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 8/20/2025

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: 8/13/2025

Proposed Contract Term: 4/1/2028 to 3/30/2029

Amount of Contract: \$ 766,912.00 Previous Fiscal Year: \$ 0.00

Program Type: Modification

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

Date Contract First Initiated: 4/1/2025

Provider Impaneled (Y/N)? N

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

DWIHN is requesting approval to extend the current three (3) year contract with HealthStream, Inc. by one (1) additional year, revising the contract term to April 1, 2025 through March 30, 2029, without change to the contract amount.

This contract is in response to Credentialing Verification Organization RFP #2025-010, issued in February 2025, for a National Committee for Quality Assurance (NCQA) accredited Credentialing Verification Organization. This extension better aligns with executed contract negotiations, incorporating a one-year implementation phase followed by a three-year primary source verification contract.

HealthStream will initially provide primary source verification for DWIHN's contracted providers and practitioners, including verification of Medicaid and Medicare sanctions, licensure, work history, malpractice history, education, and training. HealthStream will also conduct continuous monitoring of DEA licenses, Office of Inspector General (OIG) and System for Award Management (SAM) sanctions, and licensure. All HealthStream activities are electronic.

After the implementation phase, HealthStream will transition the primary source verification process to the DWIHN credentialing team. This will allow DWIHN's team to independently manage the verification process while continuing to utilize the HealthStream platform for ongoing support. HealthStream will send credentialing/recredentialing letters and certificates to providers and practitioners once the DWIHN Credentialing Committee has made its final disposition.

Board Action #: 25-14R2

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 Medversant 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:

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 24/25	Annualized
Multiple	\$ 766,912.00	\$ 766,912.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64934.827211.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Stacie Durant

Signed: Wednesday, August 6, 2025

Signed: Tuesday, August 5, 2025

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-17R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 8/20/2025

Name of Provider: Black Family Development

Contract Title: Children's Initiative MDHHS Grants

Address where services are provided: 2995 Grand Blvd. Detroit Mi. 48202

Presented to Program Compliance Committee at its meeting on: 8/13/2025

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

Amount of Contract: \$ 1,849,440.00 Previous Fiscal Year: \$ 1,780,406.00

Program Type: Modification

Projected Number Served- Year 1: 12,200 Persons Served (previous fiscal year): 12095

Date Contract First Initiated: 10/1/2017

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).

Requesting revision to the Children Initiative MDHHS Grants for FY 2025 contract period, October 1, 2024, through September 30, 2025. The two grants to amend due to increase of funding are Infant Toddler Court and Infant and Early Childhood Consultation.

Infant and Early Childhood Mental Health Consultation (IECMHC): IECMHC provides consultation/indirect services to any childcare providers (licensed and unlicensed) serving children 0-5 via Infant and Early Childhood Mental Health Consultation. Also to provide consultants that will serve as a social and emotional resource to community partners, provide trainings on social emotional/mental health topics, and connect families and childcare providers to other services and supports within DWIHN system of care. MDHHS provided \$108,827 of additional funds to support staffing for the grant program. As a result, the new budget allocation increased from \$424,137 to \$532,964. A total of \$411,525 will be issued to the Development Center and \$106,439 to be issued to The Guidance Center. DWIHN to receive \$15,000 of funding for indirect costs.

Infant Toddler Court Program: The purpose of the Infant Toddler Court Program is to increase the spread and coordination of Michigan Baby Courts to ensure children and their families in the child welfare system (CWS) or at-risk for entry into DWC receive equitable, high-quality, coordinate, and trauma-informed services. DWIHN employed a Baby Court Coordinator to provide services for this grant. DWIHN is the provider of this program and will receive the new budget allocation of \$154,547 from the original amount of \$112,189 for an increase of \$42,358. The additional funds will support costs for travel and parent leaders to attend community meetings.

System of Care Grant: Funding to remain the same at \$1,043,582.

Infant and Early Childhood Consultation Home Visiting Grant: Funding allocation decreased by \$500 to the new amount of \$118,347.

The overall total funding from MDHHS allocated for these programs is not to exceed \$1,849,440 for the fiscal year ended September 30, 2025. DWIHN is seeking the board approval to reallocate funds amongst providers within each program up to the total program amount without board approval.

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

Source of Funds: Block Grant

Fee for Service (Y/N): N

Revenue	FY 24/25	Annualized
Block Grant	\$ 1,849,440.00	\$ 1,849,440.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: Various

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Stacie Durant

Signed: Wednesday, August 6, 2025

Signed: Tuesday, August 5, 2025

8/6/2025 7:02:13 AM

8/5/2025 1:09:25 PM

Board Action #: 25-17R

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-51R6 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 8/20/2025

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Provider Network System FY 24/25

Address where services are provided: Service Provider List Attached

Presented to Program Compliance Committee at its meeting on: 8/13/2025

Proposed Contract Term: 6/1/2025 to 9/30/2025

Amount of Contract: \$ 905,684,000.00 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: 10/1/2024

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).

DWIHN is requesting the addition of the following 1 provider and 1 correction to the DWIHN provider network as outlined below, **without change to the total provider network amount.**

Outpatient Providers:

1. Addition: Best Buddies International, Inc.

(Credentialed 6/26/2025 for Supported Employment Services)

2. Correction: Redefining Beauty Community dba RBC Support Services - remove as a Residential provider.

(Credentialed 4/4/2025 for Community Living Support; Respite Care Services)

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

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

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 24/25	Annualized
Multiple	\$ 905,684,000.00	\$ 905,684,000.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Signed: Wednesday, August 6, 2025

Stacie Durant

Signed: Tuesday, August 5, 2025

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 26-03 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 8/20/2025

Name of Provider: Black Family Development

Contract Title: FY26 Children's Initiatives - Waiver Services

Address where services are provided: 2995 E Grand Blvd, Detroit, MI 48202

Presented to Program Compliance Committee at its meeting on: 8/13/2025

Proposed Contract Term: 10/1/2025 to 9/30/2026

Amount of Contract: \$ 4,475,852.00 Previous Fiscal Year: \$ 4,319,610.00

Program Type: Continuation

Projected Number Served- Year 1: 130 Persons Served (previous fiscal year): 120

Date Contract First Initiated: 10/1/2025

Provider Impaneled (Y/N)? Y

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

Requesting DWIHN Board Approval for waiver services for children including SED Waiver and Children's Waiver for FY26 contract from **10/1/25 - 9/30/26 of the estimated Medicaid funding in the amount not to exceed \$4,475,852.** Refer to the attached Provider Listings for estimated cost breakdown by provider.

Children's Waiver (\$2,389,645): The main goal of the Children Waiver Program is provision of medically necessary services to eligible children and their families which promote integration, optimum independence, and family resiliency. The Children's Home and Community Based Waiver Program (CWP) is a federal program authorized under section 1015c of the Social Security Act that provides Medicaid services for eligible children up to age 18 with

developmental disabilities, who without such services would require or be at risk of being placed in an inpatient facility.

SED Waiver (\$2,086,207): Providers deliver Wrap Around / SED Waiver (SEDW) services to children, youth, and families ages 0 to 21st birthday. The goal is for children and youth to reside in the community without hospitalization or removal from the home and are offered an array of Community Mental Health services to support both youth and the caregiver. All Wrap Around Providers to also deliver SEDW services.

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.

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

Source of Funds: Medicaid

Fee for Service (Y/N): Y

Revenue	FY 25/26	Annualized
Medicaid	\$ 4,475,852.00	\$ 4,475,852.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

Stacie Durant, Vice President of Finance

Signature/Date:

J a m e s W h i t e

Signed: Friday, August 8, 2025

S t a c i e D u r a n t

Signed: Friday, August 8, 2025

8/8/2025 10:20:25 AM

8/8/2025 8:40:54 AM

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 26-04 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 8/20/2025

Name of Provider: Black Family Development

Contract Title: Children's Initiatives MDHHS Grants

Address where services are provided: 2995 E Grand Blvd, Detroit, MI 48202

Presented to Program Compliance Committee at its meeting on: 8/13/2025

Proposed Contract Term: 10/1/2025 to 9/30/2026

Amount of Contract: \$ 1,848,902.00 Previous Fiscal Year: \$ 1,849,440.00

Program Type: Continuation

Projected Number Served- Year 1: 13,100 Persons Served (previous fiscal year): 13,085

Date Contract First Initiated: 10/1/2017

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).

Children's Initiative is requesting the approval of a one-year contracts effective October 1, 2025, through September 30, 2026, for the following providers to deliver services for the MDHHS children grants.

1. **System of Care Block Grant:** Seeking approval for a 1 year contract October 1, 2025 – September 30, 2026, of **\$1,043,582** for the System of Care Block Grant. This grant expands the capacity of Connections Wayne County's System of Care to support the needs of the most complex children and youth with serious emotional disturbance (SED). This grant also covers salaries for 2 staff in Children Initiative Department (2 Regional Youth Coordinators). The Providers receiving funds to deliver services for the grant are: Black Family Development, Inc., (\$60,000), Development Centers (\$60,000), Ruth Ellis Center (\$60,000), Southwest Counseling Solutions (\$215,000), The Children's Center (\$327,000), and The Guidance Center (\$28,000). DWIHN to receive (\$136,119) in indirect funds.
2. **Infant and Early Childhood Mental Health Consultation Grant (IECMHC):** Children Initiative Department is requesting board approval for Infant and Early Childhood Mental Health Consultation (IECMHC) Grant in the amount of **\$548,396.00** for fiscal year 2026 contract effective 10/1/2025 - 9/30/2026. Development Centers to receive \$415,996.00 and The Guidance Center to receive \$117,400.00. Out of the total allocation, DWIHN to receive \$15,000 in indirect costs. IECMHC is a prevention based

and indirect intervention that assigns a mental health professional with childcare providers to improve the social, emotional, and behavioral health of children ages 0 to 5.

3. **Infant and Early Childhood Mental Health Consultation Home Visiting Grant (IECMHC-HV):** Children Initiative Department is requesting board approval for Infant and Early Childhood Mental Health Consultation Home Visiting (IECMHC-HV) Grant in the amount of **\$142,526.00** for fiscal year 2026 contract effective 10/1/2025 - 9/30/2026. Development Centers to receive \$135,026 and DWIHN to receive \$7,500 in indirect costs. IECMHC-HV is a prevention based, indirect intervention that teams a mental health professional with home visiting programs to improve the social, emotional, and behavioral health of children ages 0 to 5.

4. **Infant Toddler Court Grant:** The purpose of the Infant Toddler Court Program is to increase the spread and coordination of Michigan Baby Courts to ensure children and their families ages 0 to 3 in the child welfare system (CWS) or at-risk for entry into DWC receive equitable, high-quality, coordinate, and trauma-informed services. DWIHN employed a Baby Court Coordinator to provide services for this grant. DWIHN is the provider of this program and will receive the budget allocation of **\$114,398**.

The overall total funding from MDHHS allocated for these programs is not to exceed \$1,848,902 for the fiscal year ended September 30, 2026. DWIHN is seeking initial board approval to allocate funds, with the ability to reallocate funds amongst providers within each program up to the total program amount without board approval during FY26.

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

Source of Funds: Block Grant

Fee for Service (Y/N): N

Revenue	FY 25/26	Annualized
MDHHS Block Grant	\$ 1,848,902.00	\$ 1,848,902.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

J a m e s W h i t e

Signed: Friday, August 8, 2025

8/8/2025 10:19:20 AM

S t a c i e D u r a n t

Signed: Friday, August 8, 2025

8/8/2025 8:41:20 AM