



# **Detroit Wayne Integrated Health Network**

707 W. Milwaukee St.  
Detroit, MI 48202-2943  
Phone: (313) 833-2500  
[www.dwihn.org](http://www.dwihn.org)

FAX: (313) 833-2156  
TTY: 711

## **PROGRAM COMPLIANCE COMMITTEE MEETING**

**Administration Bldg.**

**8726 Woodward, 1<sup>st</sup> Floor Board Room**

**Wednesday, October 8, 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 a deeper dive to find the trends for the high-risk impact on suicidology on black youths, 13 years old.

### **VI. Approval of the Minutes – September 10, 2025**

### **VII. Report(s)**

- A. Chief Medical Officer
- B. Corporate Compliance

### **VIII. Quarterly Reports**

- A. Adults Initiatives
- B. Crisis Direct Services
- C. PIHP Crisis Services
- D. Managed Care Operations – **Deferred to November 12, 2025**
- E. Utilization Management

### **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 Dowaelsche, Secretary  
Angelo Glenn  
Kenya Ruth

**James E. White, President and CEO**



**IX. Strategic Plan - None**

**X. Quality Review(s)**

- A. QAPIP Work Plan FY 25 Update

**XI. Associate VP of Clinical Operations' Executive Summary**

**XII. Unfinished Business**

- A. **BA #26-12 (Revised)** – SUD Treatment Provider Network FY 26 - Michigan Certification Board for Addiction Professionals (MCBAP) Test Prep
- B. **BA #26-14 (Revised)** – DWIHN Provider Network System FY 26

**XIII. New Business (Staff Recommendations)**

- A. **BA #26-27** – Jail Diversion FY 26
- B. **BA #26-29** – DHHS Donated Funds Agreement DFA 26-82009 FY 26
- C. **BA #26-30** – Juvenile Restorative Program 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**

# PROGRAM COMPLIANCE COMMITTEE

**MINUTES**   **SEPTEMBER 10, 2025**   **1:00 P.M.**   ***IN-PERSON MEETING***

<b>MEETING CALLED BY</b>	I.   Commissioner Jonathan Kinloch, Program Compliance Chair at 1:09 p.m.
<b>TYPE OF MEETING</b>	Program Compliance Committee
<b>FACILITATOR</b>	Commissioner Kinloch, Chair
<b>NOTE TAKER</b>	Sonya Davis
<b>TIMEKEEPER</b>	
<b>ATTENDEES</b>	<p><b>Committee Members:</b> Angela Bullock; Angelo Glenn; Commissioner Jonathan Kinloch; Bernard Parker; and William Phillips</p> <p><b>Committee Member(s) Excused:</b> Dr. Lynne Carter</p> <p><b>Board Members:</b> Dr. Cynthia Taueg, Board Chair (Virtual), and Kenya Ruth, Board Member</p> <p><b>Staff:</b> Brooke Blackwell; Stacie Durant; Dr. Shama Faheem; Monifa Gray; Grace Wolf; Sheree Jackson; Emily Patterson; Cassandra Phipps; Vicky Politowski; Ebony Reynolds; Manny Singla; Andrea Smith; Michele Vasconcellos; James White; Rai Williams; and Matthew Yascolt</p>

## AGENDA TOPICS

### II.   Moment of Silence

<b>DISCUSSION</b>	Commissioner Kinloch called for a moment of silence.
<b>CONCLUSIONS</b>	A moment of silence was taken.

### III.   Roll Call

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

### IV.   Approval of the Agenda

<b>DISCUSSION/ CONCLUSIONS</b>	Commissioner Kinloch called for a motion to approve the agenda. <b>Motion:</b> It was moved by Mr. Phillips 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. <b>Motion carried.</b>
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## V. Follow-Up Items from Previous Meeting

<b>DISCUSSION/ CONCLUSIONS</b>	<p>A. <b>Substance Use Disorder (SUD) Initiatives' CHESS eRecovery App Pilot Program</b> - Provide information on whether the app is impactful and effectively helping our members - Matthew Yascolt, Director of SUD Services Initiatives, reported that the CHESS mobile app vendor team are aggregating and sharing data for us to analyze, historically and moving forward. Data such as the volume of escalations to peer recovery coaches, and examples of messaging. We are scrutinizing this data, and we'll provide a detailed report of our findings during our next quarterly report. Commissioner Kinloch opened the floor for discussion. Discussion ensued. The committee requested a report in 90 days that includes the demographics, the impact and outcomes of this app. <b>(Action)</b></p>
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## VI. Approval of the Minutes

<b>DISCUSSION/ CONCLUSIONS</b>	<p>Commissioner Kinloch called for a motion to approve the August 13, 2025, meeting minutes. <b>Motion:</b> It was moved by Mrs. Bullock and supported by Mr. Glenn to approve the August 13, 2025, meeting minutes. Commissioner Kinloch asked if there were any changes/modifications to the meeting minutes. There were no changes/modifications to the meeting minutes. <b>Motion carried.</b></p>
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## VII. Reports

<b>DISCUSSION/ CONCLUSIONS</b>	<p>A. <b>Chief Medical Officer</b> - <i>The Chief Medical Officer's Report has been deferred to the October 8, 2025, Program Compliance Committee meeting.</i></p> <p>B. <b>Corporate Compliance</b>—<i>The Corporate Compliance Report has been deferred to the October 8, 2025, meeting of the Program Compliance Committee.</i></p>
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## VIII. Department Overview and Responsibilities

<b>DISCUSSION/ CONCLUSIONS</b>	<p>A. <b>Innovation and Community Engagement</b> – Andrea Smith, Associate VP of Innovation and Community Engagement, submitted and gave highlights of the department's roles and responsibilities. It was reported that the department facilitates collaborations 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; and oversee internships and student learner experiences across programs. The department leads a wide range of initiatives that connect training, justice system collaboration, mobile outreach, crisis support, and grant development: Detroit Wayne Connect (DWC), Justice-Involved Initiatives, Community-Based Outreach and Innovation, Reach Us Detroit, Zero Suicide Initiative, and Grants Procurement and Management. The department is led by an Associate Vice President (Andrea Smith) and supported by a Manager (Trent Sanford). It is organized into three key divisions: Workforce Development, Justice-Involved Services, and Grantsmanship &amp; Technical Assistance. It works across systems, including courts, jails, provider agencies, educational institutions, and law enforcement. The</p>
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department aims to broaden the reach of mobile and outreach services across Wayne County, expand justice-involved diversion programs, enhance housing access for high-risk populations, revamp the internship program, and further monitor the implementation of Zero Suicide. Key priorities include increasing provider engagement through expanded live and online training offerings, deepening partnerships with schools, courts, and hospitals, and fully staffing the department to strengthen system responsiveness, evaluation, sustainability, and measurable impact. Commissioner Kinloch opened the floor for discussion. Discussion ensued. The committee gave kudos to Andrea Smith and her team for a job well done in her department.

B. **Managed Care Operations (Housing)**—Rai Williams, Director of Managed Care Operations, submitted and gave highlights of the department's housing roles and responsibilities. It was reported that the Managed Care Operations (MCO) Division oversees Detroit Wayne Integrated Health's (DWIHN) housing programs, including HUD Permanent Supportive Housing, General Fund initiatives, street outreach, and limited coordinated entry activities. These programs help to assist members with disabling conditions and lived experience to secure safe and affordable housing and ongoing supportive services. Our role ensures contract compliance with federal, state, and local standards, monitors provider performance through data and reporting systems, and enforces corrective actions as needed. We manage grant-funded programs, review financial and operational reports, and collaborate with internal teams and community stakeholders to support network compliance, improve service quality, and expand housing opportunities for individuals with lived experience of homelessness. DWIHN provides most functions as an administrative body, but has no direct relationships with consumers. Ms. Williams introduced Amber Moorman, Provider Network Manager, to the committee. Ms. Moorman oversees the contracts for DWIHN's housing units and was recognized as one of DWIHN's "President Heroes" for her involvement in trying to connect individuals with a homeless shelter, making sure they had somewhere to stay when they were displaced. MCO currently manages over \$2.5 million in HUD Continuum of Care (CoC) grant funding to operate five (5) Permanent Supportive Housing programs, serving at least 167 households with housing and supportive services. In addition, the department allocates over \$1 million in General Fund dollars to support individuals in shelters such as NSO and Covenant House Michigan, providing case management and housing assistance to more than 500 members annually. Street outreach programs receive over \$250,000 in funding to engage at least 500 hard-to-reach individuals with disabling conditions and/or living in places not meant for habitation. DWIHN maintains active participation in the Detroit and Out-Wayne County Continuums of Care, serving on Boards and committees, and collaborates with statewide partners and advocacy groups to strengthen housing solutions and provider capacity. The housing program structure consists of the MCO Director and the Provider Network Manager (Housing) and oversees the following programs: Permanent Supportive Housing (PSH)/Rental Assistance Program (RAP), PATH/Street Outreach, and Case Management Services. The housing managers will continue to focus on strengthening their role as an administrative body while expanding resources for housing programs. Key priorities include securing additional funding, identifying new subrecipients, and enhancing oversight to ensure program compliance and sustainability. The department will also work to improve efficiency, foster partnerships, and increase capacity to better support individuals experiencing homelessness. Ms. Moorman reported that the department works with eight (8) different organizations and 13 programs for the housing programs. They are looking to

expand the resources we provide and foster new partnerships with organizations. Ms. Williams submitted a "Metro Detroit Housing Resource Guide" to the committee. The guide is also located in DWIHN's lobby at the "Welcome Center" for distribution for our members and the community as well as on our website. Commissioner Kinloch opened the floor for discussion. The committee gave *Kudos* to Ms. Williams and Ms. Moorman for a job well done in the housing department. Ms. Williams will provide copies of the resource guide and will send an electronic copy of the flyer to the Board Liaison for distribution to the committee. **(Action)**

## IX. Quarterly Reports

17B DISCUSSION/ 18B CONCLUSIONS	<p>A. <b>Children's Initiatives</b> - Cassandra Phipps, Director of Children's Initiatives, submitted and gave highlights of the department's roles and responsibilities and Q3 report. It was reported that the department provides a comprehensive and integrated array of services/supports that inspire hope and promote recovery/self-determination for children and teens aged 0 to 21st birthday with Serious Emotional Disturbances (SED) and/or Intellectual Developmental Disabilities (I/DD). Children, youth, and families with co-occurring mental health, substance use, and physical health conditions receive services within a System of Care that is community-based, family-centered, youth-guided, culturally and linguistically responsive, and trauma-informed. DWIHN provides autism services for children and youth ages 0 to the 21st birthday. Autism Spectrum Disorder (ASD) can impact children and youth in different ways, but is characterized by social impairments, communication difficulties, and restricted, repetitive, and stereotyped patterns of behavior. Behavioral or developmental signs to prompt screening include difficulty learning, problems acquiring new skills, problems communicating, and experiencing problem behaviors that get in the way of daily activities. Oversight of services includes Clinical services, Ancillary services, Waiver services, and Autism services. Management of grants consists of the System of Care Grant, Infant and Early Childhood Grants, and Specialty programs. The department's future goals are to meet the needs of children, youth, and families to ensure timely access to services and quality services; improve integrated health care for children, youth, and families; prevent recidivism with high-risk youth; and provide outreach in the community. The Children's Initiatives department is fully staffed (15 people). During FY25/Q3, DWIHN served a total of 13,085 unduplicated children, youth, and families in Wayne County, ages zero up to the 21st birthday, including both Serious Emotional Disturbance (SED) and Intellectual/Developmental Disability (I/DD) disability designations. The total number of youths served for FY 2025 is 39,510. The total number of youth served increased from FY24 to FY25 (Total for FY24/Q3 was 12,834). Additionally, for the first time, DWIHN served more youth with IDD than SED for FY25/Q3. The increase is attributed to MDHHS changing the age requirement for I/DD children's services to up to age 20 from age 18, and more children seeking autism services with an IDD designation.</p> <p>1. <b>Activity 1: Children Services Request for Proposals (RFP)</b> - The children's service programs included in the RFP process in preparation for FY 26 are as follows: Integrated Youth Juvenile Clinical Services (IYJCS) (Team Wellness was awarded the contract); Juvenile Restorative Program (JRP) (Pending); School Based Health Quality Initiatives (Pending); and Integrated Pediatric Program (Pending).</p> <p>2. <b>Activity 2: Annual Children's Mental Health Awareness/Action Day</b>— The summit brought together 120 participants from across the state (115 in</p>
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person and 5 virtually) to engage in practical solutions, conversations, and resources to advocate for youth mental health in Michigan. Teenagers and young adults attended the event as a field trip opportunity.

3. **Activity 3: Baby Court Grant Program (Michigan Early Childhood Courts)**

– 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. The goal is to service 20 active cases annually. As of FY25/Q3, we have serviced 12 active cases for the current fiscal year. There was an increase in reunification cases compared to the last fiscal year. Significant tasks and major accomplishments during this period were: Development of Policies and Procedures for Parent Partners Baby Court Publication; Active Community Team Meetings; and Partnership with PBS Kids (in progress)

Commissioner Kinloch opened the floor for discussion. Discussion ensued.

B. **Autism Services** – Cassandra Phipps, Director of Children's Initiatives, submitted and gave highlights of the Autism Services Q3 report. It was reported that:

1. **Activity 1: Expansion of Autism Services (RFQ)** - Throughout Fiscal Year 2024 and the first two quarters of Fiscal Year 2025, the Autism Service program has experienced consistent growth in both member enrollment and service delivery. As of 10/1/2025 – 6/30/2025, a total of 5,099 members received autism services, 2,514 members completed diagnostic evaluations, and 2,585 members participated in ABA Therapy. To support the expansion of autism services and ABA Providers, the Request for Qualifications (RFQ) 2023-005 REBID continues until 5/1/2028. Between April and June, a total of 4 ABA Providers were officially awarded a contract: Akoya Behavioral Health, LLC, Apex Therapy Services, Brightview Care, and KD Care Community ABA Services. Autism Department developed a Crisis Management Team, including various departments, to assist with managing the transition of 174 members transferring to ABA Providers when an ABA Provider contract was not renewed; in which the new ABA Providers were onboarded and provided with orientation training as well.

2. **Activity 2: Timely Access to Eligibility Determination** - In response to feedback from providers and evaluators, DWIHN extended the allowable reporting window for ASD diagnoses from 10 to 15 business days to accommodate the complex assessment needs required to finalize thorough evaluation reports. The 7-day requirement for non-spectrum evaluations remains. Since this update, timeliness has improved significantly. During FY24, the average on-time completion rate was 84%. Whereas, during FY25/Q3, that number rose to 558 out of 572 reports, reaching a 98% on-time rate, well above the 80% target. This demonstrates that the revised timelines support both quality evaluations and access to services. DWIHN has released a Request for Proposals (RFP) to re-evaluate the current network of Diagnostic Evaluators and provide new organizations with the opportunity to apply. This process will allow for the onboarding of new evaluators while ensuring continued oversight of existing evaluators. In addition, DWIHN will reinforce the expectation that evaluation sessions and feedback sessions remain separate.

3. **Activity 3: New Autism Initiatives** - The Autism Services team launched several initiatives to improve coordination and access, including piloting the ABA Enrollment, Discharge, and Transfer Form, rolling out the Provider Availability Form for Support Coordinators, and addressing overdue six-month assessments. A training series was also launched to support new providers entering the network. The department hosted multiple providers'

training throughout Q3 to strengthen the understanding of Autism Service requirements and improve consistency in documentation, service delivery, and network expectations.

Commissioner Kinloch opened the floor for discussion. Discussion ensued.

C. **DWIHN Outpatient Clinic (DOC) Services** - Ebony Reynolds, Executive Director of the DWIHN Outpatient Clinic (DOC), submitted and gave highlights of the roles and responsibilities of the department and the Q3 report. It was reported that the Community Care Clinic is now known as the DWIHN Outpatient Clinic (DOC). The DOC provides outpatient mental health services for children ages 6-21 and adults of all ages. The DWIHN Outpatient Clinic (Doc) is a clinically responsible service provider that provides outpatient services for children with severe emotional disturbance (SED) and adults with severe mental illness (SMI). The DOC provides Community Mental Health Service Provider (CMHSP) services. The DOC operates from two service locations, 15400 W. McNichols Rd, Detroit (located in the Advantage Health building), and 707 W. Milwaukee Street in Detroit. The goals of the DOC are to expand services to include Infant and Early Childhood Education (I-ECMH) for infants and pregnant families ages 0-6 years. The DOC has received state approval to deliver this service and is actively planning to begin services to this population in October 2025. The DOC is also focused on expanding the number of enrollees by expanding its outreach in the community. Outreach efforts for the quarter will be highlighted in the report.

1. **Activity 1: CCBHC Update** - DWIHN is still moving forward with CMHSP services while awaiting an outcome regarding CCBHC. Services required as a CCBHC entity fall under the CMHSP service array. As DWIHN awaits the outcome, the team continues to be prepared to deliver the core services that are required.
2. **Activity 2: Quarter 3 Performance Indicator Data** - As a directly operated service provider, the DWIHN Outpatient Clinic (DOC) is required to meet State Performance Indicators (PI). The PI data for the outpatient clinic is as follows:
  - A. **Indicator #2a - Access/1st Request Timeliness-Benchmark 57%** - For FY 25, Q3 (April, May, and June) - DWIHN scored 67%, standard met.
  - B. **Indicator #3 - Access/1st Service Timeliness-Benchmark 83.8%** - The DOC did not meet this benchmark for FY 25 Q3. The team completed an internal audit and found that authorizations were being entered proactively for services that were not yet ready to be delivered. The team has been placed on a plan of correction, which will consist of training regarding the requirements for this standard. In addition, administrators will return all plans of service to the staff if service authorizations are entered before services are ready to be delivered. Progress on this plan of correction will be reported for the Q4 update.
  - C. **Indicator #4(a) Follow-up care within seven (7) days of discharge from inpatient-Benchmark 95%** - For Q3, there were two inpatient admissions for one adult, and the standard was met.
  - D. **Indicator #10 - Inpatient Recidivism-Benchmark 15%** - For Q3, there were two readmissions within 30 days during the quarter to an inpatient psychiatric unit; however, the clinic still met the benchmark for this quarter.
3. **Activity 3: Demographic Data** - For FY 25 Q3, the DOC enrolled a total of 164 members. At this time, 83% of members enrolled in the DOC reside in the city of Detroit. Area codes with the highest enrollment are 48235, 48227, 48219, 48202, and 48206. 81% of DOC members are African American. 70% of the population is adults, with 48% of adults falling into the age range of 27-63. 30% of the population is children and adolescents.

4. **Activity 4: Expansion and Outreach** – The DWIHN Outpatient Clinic has been approved by MDHHS to deliver Infant and Early Childhood Mental Health (I-ECMH) services. This approval will expand the DOC's outpatient service array to pregnant families and children 0-6 years of age and will allow the DOC to serve children and families of all age groups. The clinic is in active preparation to begin the services no later than October 2025. Although this is a Quarter 3 report, it is important to note that the DOC's plan to boost enrollment is actively occurring. The DOC has been actively working with the DWIHN Communications team on several events in the community, as well as boosting informational signage around the city within bus shelters to inform the community about the outpatient clinic.

5. **Activity 5: Power B1 Dashboard**—The Power BI Dashboard has been completed and published with support from the DWIHN IT department. The quality analyst will actively work with the IT team to ensure the data's accuracy and address any concerns regarding the timeliness of documentation tracked in the dashboard to ensure overall compliance for the DOC.

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

D. **Customer Service** – Michele Vasconcellos, Director of Customer Service, submitted and gave highlights of the Customer Service Q3 report. It was reported that:

1. **Activity 1: Customer Service Calls** – The Customer Service Call Activity is inclusive of the Call Center and Reception/Switchboard. MDHHS mandated Standard is to ensure that the call abandonment rate is < 5%. **For the Reception/Switchboard Reception/Switchboard**, FY-24/25 reflects significant improvements in key performance metrics such as abandonment rate and average speed of answer. Although the call volume has decreased, we have effectively maintained high levels of service quality and responsiveness. Our results not only highlight our adaptability but also our unwavering commitment to exceptional customer service. **For the Customer Service Call Center**, the data reveals that our call center is performing exceptionally well, with enhanced call handling efficiency, improved service levels, and a reduced abandonment rate. The consistent Average Speed to Answer of 10 seconds reflects our effective response management, highlighting our dedication to providing top-tier customer service.

2. **Activity 2: Family Support Subsidy** - There were 2,862 calls and text messages received in FY 24/25, Q3 and 2,339 in FY 23/24, Q3; The division received 352 applications in FY 24/25, Q3 and 337 in FY 23/24, Q3; 264 applications were processed in FY 24/25, Q3 and 271 in FY 23/24, Q3. The number of processed applications differs from the number received because each applicant is responsible for submitting specific paperwork to complete their file. Until those documents are received, the applications remain in pending status.

3. **Activity 3: Grievance and Appeals** – There were 1,245 complaints/grievances in FY 24/25, Q3, and 1,114 in FY 23/24, Q3. The division reported on due process at Access, Credentialing, and Quality Committee meetings; Participated in pre-conference State Fair Hearings; Conducted training for DWIHN Due Process Staff to address areas for process improvements; Conducted continuous system-wide training and technical assistance to the Provider Network regarding grievances, appeals, mediation, State Fair Hearings, and disenrollment; and Due Process Manager received the President's Award for Heroic Distinction in May 2025.

4. **Activity 4: Member Engagement and Experience** - Member Engagement Team facilitated recruitment efforts for increasing engagement activity with Constituents' Voice and Action Committees, including Advocacy & Advisement Committee, Engagement Committee, and Empower Committee; On Easter Sunday, participants joined a live SOULS Chat to offer the opportunity for socialization, encouragement, and human interaction for those who might find some holidays depressing or lonely; May is Mental Health Month and was acknowledged and celebrated with a full day of peer-presented trainings. Twelve topics were presented to attendees about current issues recommended in advance by members; Staff co-hosted with the CV the Annual Peer Outing at Milliken Park. This annual event was an opportunity for Peers to network and find support and assistance from each other; Published the quarterly member-driven Person Point of View member newsletter, which provided DWIHN updates and member articles on various topics of interest and support; Conducted monthly member meetings at clubhouses and drop-in centers; Staff participated as volunteers at the DeMaria Golf Outing, and thanks to their generosity, grant dollars over a 3-year period have been \$45,000; Dreams Come True Mini Grant Applications were released. The goal of the Mini-Grants is to provide small stipends of \$500 to help launch a member's opportunity to enhance their overall well-being in categories such as housing, education, recreation, micro-enterprise, creative arts, and others. The winners will be announced and acknowledged at an Awards Luncheon scheduled for September 25th, 2025.

Commissioner Kinloch opened the floor for discussion. Discussion ensued.

E. **Integrated Health Care** - Vicky Politowski, Director of Integrated Health Care, submitted and gave highlights of the Integrated Health Care's Q3 report. It was reported that Amanda Milliken, Population Health Specialist, oversees the NCQA Strategic Planning and Population Assessment. There is ongoing strategic planning aligned with NCQA standards; Population assessments conducted to identify service needs, tailor interventions, improve care coordination and health outcomes, and supports system-wide planning and quality enhancement efforts.

1. **Activity 1: Omnibus Budget Reconciliation ACT (OBRA)** - In quarter three, 2,041 referrals were triaged, and 412 full assessments and 180 partial assessments were completed. Within the next year, 575 individuals in nursing homes will require an annual assessment.
2. **Activity 2: Complex Case Management** - In quarter three, Complex Case Management focused on increasing members' engagement with Clinically Responsible Service Provider providers and 80% members kept in contact with their CRSPs.
3. **Activity 3: Health Effective Data Information Set (HEDIS) and Affinite Care Coordination and Predictive Analysis** - In quarter 3, DWIHN and Vital Data worked together on how to code each category using claims data in the HEDIS Score Card and predictive analysis tools.
4. **Things the Department is doing especially well:** While OBRA is responsible for completing the assessment to determine the appropriateness of nursing home care, it also advocates for members who have limited resources. On a recent assessment, the nursing home reported that the member did not have any psychiatric illness but just "refused treatment". Upon the OBRA staff introducing themselves, it was apparent that the member did not speak English. OBRA staff was able to obtain an interpreter, and through the assessment process with the interpreter, it was discovered that he has a diagnosis of schizophrenia that was not being treated. The OBRA

	<p>clinician was able to link him to the appropriate provider in the community who can treat his schizophrenia in a culturally competent manner. The goal of Complex Case Management is to increase members' engagement with CRSP, primary care, and specialty services. Recently, Complex Case Management had a member with a history of seizures, substance use, and not consistently seeing their psychiatrist. Within 90 days, Complex Case Management was able to get them an appointment with a neurologist, psychiatrist, and a therapy appointment. CCM assisted them with sober living and applying for Social Security. They have not had a seizure since starting medications and are attending a group for extra support for substance abuse. Commissioner Kinloch opened the floor for discussion. There was no discussion.</p> <p>Commissioner Kinloch noted that the quarter 3 reports for Children's Initiatives, Autism Services, DWIHN Outpatient Clinic, Customer Service, and Integrated Health Care have been received and placed on file.</p>
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## X. Strategic Plan - None

<b>DISCUSSION/ CONCLUSIONS</b>	<i>There was no Strategic Plan to review this month.</i>
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## XI. Quality Review(s) - None

<b>DISCUSSION/ CONCLUSIONS</b>	<i>There were no Quality Review(s) to report this month.</i>
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## XII. Associate VP of Clinical Operations Executive Summary

<b>DISCUSSION/ CONCLUSIONS</b>	<p>Stacey Sharp, Associate VP of Clinical Operations, submitted and gave highlights of her report. It was reported that:</p> <p>A. <b>Residential Services</b> - During the month of August, the Residential Services Department initiated a pilot program with Community Living Services (CLS) that allows completed Residential Assessments to transfer from MHWIN into the Clinically Responsible Service Provider's (CRSP) electronic health record (EHR). The Residential Services Department and Information Technology (IT) Departments have worked together to help initiate the pilot. This marks the first time DWIHN has utilized a health information exchange (HIE) to transfer data into a provider's EHR. This advancement is significant because it not only reduces duplication and improves efficiency but also demonstrates DWIHN's responsiveness to provider requests and our willingness to embrace technology that streamlines care. By making clinical information more accessible we are improving continuity of care. If the pilot continues successfully, we plan to expand this process across the entire network by year's end.</p> <p>B. <b>Substance Use Disorder Initiatives</b> - On Friday, August 29, 2025, the Substance Use Disorder Initiatives Department hosted an International Overdose Awareness Day event at WCCCD Taylor Campus. Nearly 175 people attended, including members from DWIHN's SUD provider network (Abundant Community Recovery Services, Elmhurst Home, Lakeridge Village, and Quality Behavioral Health). The event featured a resource fair with nine (9) community vendors, Narcan training, a candlelight vigil, and moving survivor stories. DWIHN</p>
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	<p>President &amp; CEO, James White, delivered remarks highlighting the importance of education, compassion, and collective action in saving lives. This effort aligns closely with DWIHN's Naloxone initiative, which aims to reduce opioid-related overdoses and fatalities by increasing access to life-saving Naloxone and equipping community members with the knowledge to use it effectively. Through strategic partnerships, training sessions, and outreach, we are empowering individuals, schools, and organizations to be first responders in overdose situations.</p> <p>Commissioner Kinloch opened the floor for discussion. There was no discussion. Commissioner Kinloch noted that the Associate VP of Clinical Operations' executive summary has been received and placed on file.</p>
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### XIII. Unfinished Business

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p><b><i>Commissioner Kinloch informed the committee that the board actions would be bundled, and a motion would be made after discussion.</i></b></p> <p>A. <b>BA #25-18 (Revised) – Children’s Services Health Quality Initiative</b> – Staff requesting board approval for a 60-day extension of the Children Services Health Quality Initiative for the time range of 10/1/25 through 11/30/25 to account for the results of the 2026-020 School Based Health Quality Initiative Request for Proposal (RFP) and the 2026-022 Integrated Pediatric Program RFP. The two-month FY 26 extension contract in the amount not to exceed \$629,997.00 will provide funding for the new Health Quality Initiative in accordance with 45 CFR 158.150. This amount (\$629,997.00) is 60 days of the total budget allocation of \$3,780,000.00. <b><i>School Success Initiative (School-Based Healthcare Quality Initiative)</i></b>, funding of \$496,665.00 will cover the 60-day extension for FY 26 out of the total \$2,980,000.00 budget. Funding will be distributed to the 11 CMH Providers (listed in the board action) delivering the services. <b><i>School Enrichment Program (formerly GOAL Line), Community Education Commission</i></b> to receive \$91,666.00 to cover the 60-day extension for FY 26 out of the total \$550,000.00 budget for the School Enrichment Program. The purpose is to increase access to behavioral health and social-emotional support through its enrichment programming at the Northwest Activities Center (NWAC) during the school year as well as the summer. <b><i>Integrated Pediatric Program (formerly Integrated Infant Mental Health Program)</i></b> – Starfish is to receive \$41,666.00 to cover the 60-day extension for FY 26 out of the total \$250,000.00 budget for the Integrated Pediatric Program. The goal is to encourage and facilitate the integration of behavioral health and physical health within the service delivery system. Commissioner Kinloch opened the floor for discussion. There was no discussion.</p> <p>B. <b>BA #25-24 (Revised 5) – Autism Providers FY 25</b> – Staff requesting board approval for a 60-day extension of the Autism Evaluator Providers for the time range of 10/1/25 through 11/30/25 to account for the results of the 2026-019 Autism Independent Evaluation Request for Proposal (RFP). The FY 26 extension contract is not to exceed \$446,669.00. The \$446,669.00 represents 60 days of the total budget allocation of \$2,680,014.00. The three Independent Evaluation Autism Providers to receive the 60-day extension are listed in the board action. Commissioner Kinloch opened the floor for discussion. There was no discussion. Commissioner Kinloch called for a motion on BA #25-18 (Revised) and BA #25-24 (Revised 5). <b>Motion:</b> It was moved by Mr. Phillips and supported by Mr. Glenn to move BA #25-18 (Revised) and BA #25-24 (Revised 5) to Full Board for approval. Commissioner Kinloch opened the floor for further discussion. There was no further discussion. <b>Motion carried.</b></p>
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#### XIV. New Business (Staff Recommendations)

<b>DISCUSSION/ CONCLUSIONS</b>	<p><i>Commissioner Kinloch informed the committee that the board actions would be bundled, and a motion would be made after discussion.</i></p>
	<ul style="list-style-type: none"><li>A. <b>BA #26-01 – Multicultural Programs FY 26</b> – Staff requesting board approval of the memorandums of understanding between the Community Mental Health Association of Michigan (CMHAM), the Michigan Department of Health and Human Services (MDHHS), and the Pre-paid Insurance Health Plan (PIHP) for the PIHP Veteran Navigator (PIHP VN), Peer Navigator, Navigator Assistant, and the Multicultural Integration Providers formerly known as the Multicultural Programs. The Multicultural Integration vendors were selected through MDHHS to provide services for the “Priority Population” who were identified as high risk. The total multicultural allocation is \$570,630.00, of which \$536,771.00 will be granted to subrecipients and \$33,859.00 retained by DWIHN to cover indirect costs. Commissioner Kinloch opened the floor for discussion.</li><li>B. <b>BA #26-06 – Michigan Rehabilitation Services (MRS) FY 26</b> – Staff requesting board approval for a one-year contract for the fiscal year ending, September 30, 2026, for the continued funding for an Interagency Cash Transfer Agreement (ICTA) between Detroit Wayne Integrated Health Network (DWIHN) and Michigan Rehabilitation Services (MRS) in the amount not to exceed \$443,565.00. The agreement was established in 1994 to increase member access to MRS, thereby enabling members to become employed and self-sufficient. DWIHN funding of \$443,565.00, combined with MRS ICTA Federal Share revenue of \$1,199,268.00, brings the program total revenue to \$1,642,833.00 for Wayne County. Commissioner Kinloch opened the floor for discussion. There was no discussion.</li><li>C. <b>BA #26-09 – Behavioral Health Homes (BHH) FY 26</b> – Staff requesting board approval for continuation of Behavioral Health Home (BHH) Services in Wayne County with the providers listed in the board action. The providers submitted a BHH certification packet, which DWIHN developed in consultation with the National Council of Mental Wellbeing. The certifications were reviewed and approved by DWIHN’s Health Home Director. The certifications outline the providers’ ability to meet BHH organizational and program requirements. The amount listed for each provider is estimated based on prior year activity and is subject to change. The total amount for FY 26 is approximately \$2,044,480.00. Commissioner Kinloch opened the floor for discussion. Discussion ensued. The numbers will be reviewed and corrected at the Full Board meeting. <b>(Action)</b></li><li>D. <b>BA #26-10 – Substance Use Disorder (SUD) Health Homes FY 26</b> – Staff requesting board approval to renew and continue the SUD Health Home Statement of Work with the providers listed in the board action to continue SUD Health Home (SUDHH) Services in Wayne County. The amount listed for each provider is an estimate based on prior year activity and is subject to change. The amount for FY 26 approximates \$1,721,216.00. Commissioner Kinloch opened the floor for discussion. There was no discussion.</li><li>E. <b>BA #26-12 – Substance Use Disorder (SUD) Treatment Providers Network FY 26</b> – Staff requesting board approval to contract for the delivery of SUD Treatment Services for FY 26 with a total budget not to exceed \$5,093,864.00. Treatment services will be funded with Federal Block Grant dollars (\$2,822,164.00) and PA2 funds (\$2,271,700.00), together totaling \$5,093,864.00. The SUD Treatment, Women’s Specialty Services (WSS), and State Disability Assistance (SDA) block grant for claims-based activity based on medical necessity</li></ul>

and is included in the overall provider network board action; therefore, the amount listed does not reflect the entire SUD treatment, SDA, and WSS grant allocation from MDHHS. Commissioner Kinloch opened the floor for discussion. There was no discussion.

F. **BA #26-13 – Substance Use Disorder (SUD) Prevention Providers Network FY 26** – Staff requesting board approval to contract for FY 26 for an amount not to exceed \$6,408,313.00 for the delivery of SUD Prevention Services. Prevention services will be funded with Federal Block Grant dollars (\$3,366,315.00) and PA2 funds (\$3,041,998.00), together totaling \$6,408,313.00. DWIHN SUD Prevention Network will engage in one or more of the six (6) CSAP Primary Strategies listed in the board action. To address the opioid crisis, state opioid response programs will benefit from MDHHS funding, focusing on evidence-based practices, overdose education, naloxone distribution, harm reduction, and peer outreach connections. Commissioner Kinloch opened the floor for discussion. There was no discussion.

G. **BA #26-14 – DWIHN Provider Network System FY 26** – Staff requesting board approval for continued funding for the Provider Network System for the fiscal year ending September 30, 2026, for the amount not to exceed \$837,791,038.00. Board approval will allow for the continued delivery of behavioral health services for individuals with Serious Mental Illness (SMI), Intellectual/Developmental Disability (I/DD), Serious Emotional Disturbance (SED), and Co-Occurring Disorders. Commissioner Kinloch opened the floor for discussion. Discussion ensued. Ms. Williams informed the committee that the Outpatient SOW will be revised for the Full Board meeting due to recently receiving the contract language from MDHHS. *(Action)*

H. **BA #26-16 – Adult and Children Crisis Intervention Services, PAR FY 26** – Staff requesting board approval for a six-month continuation through March 31, 2026, of the contracts with Hegira Health, Inc., Community Outreach for Psychiatric Emergencies (COPE), New Oakland Family Centers, and The Guidance Center in the amount not to exceed \$2,670,084.00 to continue with the provision of Crisis Intervention Services. The contract is fee-for-service; therefore, the amount is an estimate and may not reflect the actual costs for the fiscal year. As a result of the Crisis Continuum of Care RFP, this board action is requesting approval for the provision of Pre-Admission Review (PAR) services for adults and children. Commissioner Kinloch opened the floor for discussion. Discussion ensued.

I. **BA #26-17 – Adult and Children Crisis Intervention Services FY 26** – Staff requesting board approval for a continuation of the contracts with Hegira Health, Inc. – Community Outreach for Psychiatric Emergencies (COPE), New Oakland Family Centers, Safehaus, Inc., and Team Wellness Center (TWC) in the total amount not to exceed \$8,905,000.00 for the fiscal year ending September 30, 2026, to continue with the provision of Crisis Intervention Services. The contract is fee-for-service; therefore, the amount is an estimate and may not reflect the actual costs for the fiscal year. As a result of the Crisis Continuum of Care RFP, this board action is requesting approval for the provision of Intensive Crisis Stabilization Services (ICS) for adults and children, the provision of Crisis Stabilization Unit (CSU) services for adults, Crisis Residential Unit (CRU) services for children, and the provision of Pre-Admission Review (PAR) services for adults. Commissioner Kinloch opened the floor for discussion. Discussion ensued. The committee requested that COPE's Action Plan for the program be given to the Board Liaison for distribution to the committee. *(Action)*

J. **BA #26-18 – WIT DWC Contract FY 26** – Staff requesting board approval of a Comparable Source between the Detroit Wayne Integrated Health Network

(DWIHN) and WIT, a software development company located at 900 Tower Dr., Troy, MI. WIT has provided these supports for the Wayne County Network for nearly 20 years through the primary operations software package for the operations of Detroit Wayne Connect (DWC) formerly VCE under this board action. The proposed FY 26 agreement and costs would continue the DWIHN-WIT relationship. The amount of the contract will not exceed \$675,000.00 for the fiscal year ending September 30, 2026. Commissioner Kinloch opened the floor for discussion. There was no discussion.

K. **BA #26-19 – Comprehensive Services for Behavioral Health (CBH) FY 26 –** Staff requesting board approval to use block grant dollars for several vendors and individuals who have been approved by the Michigan Department of Health and Human Services (MDHHS) through the Comprehensive Services for Behavioral Health, 2026 Block Grant. Notification was received from MDHHS approving \$609,456.00 for these projects referenced. The breakdown of funds is included in the board action. The grant covers the period of October 1, 2025 through September 30, 2026, for five projects. A list of vendors is included in the board action. We are requesting approval for a total amount not to exceed \$609,456.00 for the fiscal year ending September 30, 2026. Commissioner Kinloch opened the floor for discussion. There was no discussion.

L. **BA #26-21 – Autism Providers FY 26 –** Staff requesting board approval for a one-year contract for FY 26 (October 1, 2025 through September 30, 2026) to deliver Applied Behavior Analysis (ABA) and Autism Evaluations. The total projected budget for Autism Services for FY 26 is not to exceed \$104,955,784.00. There are 29 ABA Providers that are listed in the board action. Independent Evaluator Providers will be determined as a result of a Request for Proposal (RFP). Commissioner Kinloch opened the floor for discussion. There was no discussion.

M. **BA #26-24 – CLS Training FY 26 –** Staff requesting board approval for a one-year contract with Community Living Services (CLS) for provider network training. Direct Care Workers across Wayne County are trained through CLS in partnership with DWIHN for Individual Plan of Services (IPOS) training and nearly a dozen other required topics. CLS trains individuals working for service providers in Wayne County and directly hires staff for individuals on Self-Directed budgets. The recommended extension of this contract is from October 1, 2025 through September 30, 2026, and the budget for the term of this contract is not to exceed \$600,000.00. Commissioner Kinloch opened the floor for discussion. There was no discussion.

Commissioner Kinloch called for a motion on BA #26-01, BA #26-06, BA#26-09; BA #26-10, BA #26-12, BA #26-13, BA #26-14, BA #26-16, BA #26-17, BA #26-18, BA #26-19, BA #26-21 and BA #26-24. **Motion:** It was moved by Mr. Phillips and supported by Mrs. Bullock to move BA #26-01, BA #26-06, BA#26-09; BA #26-10, BA #26-12, BA #26-13, BA #26-14, BA #26-16, BA #26-17, BA #26-18, BA #26-19, BA #26-21 and BA #26-24 to Full Board for approval. Commissioner Kinloch opened the floor for further discussion. There was no further discussion. **The motion carried with Mr. Glenn abstaining from voting on BA #26-10 and BA #26-12, BA #26-13, and BA #26-14 due to a conflict of interest with Mariner's Inn and Commissioner Kinloch abstained from voting on BA #26-10 and BA #26-12, BA #26-13, and BA #26-14 due to a conflict of interest with Chance for Life.**

## XV. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS	<i>There was no Good and Welfare/Public Comment to review this month.</i>	
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Action Items	Responsible Person	Due Date
1. <b>Substance Use Disorder (SUD) Initiatives' CHESS eRecovery App Pilot Program</b> – Provide a report to the committee in 90 days that includes the demographics, the impact, and outcomes of this CHESS eRecovery App.	Matthew Yascolt	<b>December 10, 2025</b>
2. <b>Department Roles and Responsibilities (Managed Care Operations – Housing)</b> – Provide copies of the Metro Detroit Housing Resource Guide to the Board Liaison to distribute to the committee	Rai Williams	<b>COMPLETED</b>
3. <b>New Business (Staff Recommendations)—BA #26-14 – DWIHN Provider Network System FY 26</b> —The Outpatient SOW will be revised for the Full Board meeting due to recently receiving the contract language from MDHHS.	Rai Williams	<b>COMPLETED</b>
4. <b>BA #26-17 – Adult and Children Crisis Intervention Services FY 26 – Provide a copy of COPE's Action Plan</b> for the program to the Board Liaison for distribution to the committee.	Daniel West	<b>COMPLETED</b>

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

**ADJOURNED:** 3:30 p.m.

**NEXT MEETING:** Wednesday, October 8, 2025, 2025, at 1:00 p.m.

# Program Compliance Committee

## Chief Medical Officer's Report

Dr. Shama Faheem  
October 2025

### **BEHAVIORAL HEALTH ADVOCACY & EDUCATION:**

Wayne State residents started Emergency psychiatry rotation end of June with good feedback on rotation. Two residents have rotated so far, we will touch base with Rotation Director for more formal updates. Child Psychiatry Fellows are starting in October.

### **MDHHS UPDATES:**

MDHHS released the PIHP procurement proposal in August. DWIHN has been diligently working on the it for last 8 weeks and it is in the phase of second draft review after receiving feedback from external reviewer/consultants. We are on track with our project plan and timeline

### **HEDIS MEASURES:**

While all HEDIS measures are very important, we have consistently seen that Schizophrenia Spectrum Disorder/psychosis has been a major contributor to recurrent episodes of crisis and readmission. Our Crisis Center data has consistently indicated that as the top primary diagnosis. Therefore, monitoring HEDIS measures "Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)" even more closely and developing improvement plans around it is crucial. I am also involved in Tri-county workgroup around the same. Last 6 months of data from Jan-June 2025 (claim lag) indicate significant improvement in our compliance rate to 60.88 % from 47.71% in Dec of 2024. This has been the result of multiple interventions such as outreach to providers with lists of non-engaging members, member educational resources on websites, workgroups and education on use of Long acting injectables. Additionally, Wayne County CMH has an additional First episode psychosis program (NAVIGATE) with MiSIDE added by MDHHS (in addition to Hegira) which is an evidenced based model that provides intense treatment for psychosis early on and is linked to improved outcomes. Our Crisis Center has helped with linking and coordinating the individuals with first episode psychosis to these programs frequently.

### **QUALITY DEPARTMENT UPDATES:**

DWIHN received the preliminary results of its External Quality Review by HSAQ 2<sup>nd</sup> year cycle where our eight different PIHP functional standard/categories and a total of 145 elements were reviewed. DWIHN met compliance with 140 elements with perfect score (100%) in 6 of 8 categories, (over 90% in the other two) and an overall compliance percentage of 97% which is not only a high score but comparing to previous years, reflects a very positive trend in several areas indicating our focus towards continuous quality improvement.

### **Overall Compliance Performance**

#### **Highlights by Standard**

- **100% Compliance Achieved** in 8 of 13 standards:
  - Emergency & Post-stabilization Services (Std II) stayed at 100% in 2025
  - Assurances of Adequate Capacity (Std IV) improved from **0% in 2021 to 100% in 2024**
  - Coordination & Continuity of Care (Std V) rose from **79% in 2021 to 100% in 2024**
  - Provider Selection (Std VII) increased from **75% in 2022 to 100% in 2025**
  - Sub-contractual Relationships (Std X) improved from 86% in 2022 to 100% in 2025
  - Practice Guidelines (Std XI) **improved from 80% in 2022 to 100% in 2025**
  - Health Information Systems (Std XII) **increased from 82% in 2022 to 100% in 2025%**
  - Quality Assessment & Performance Improvement (Std XIII) **improved from 83% in 2021 to 100% in 2025**

## Program Compliance Committee Chief Medical Officer's Report

- **Significant Improvements:**
  - Standard IX (Grievance & Appeals) improved from **84% in 2022** to **92% in 2025**

### Key Takeaways

- **FY 2025 compliance improved by 14 percentage points** over FY 2024 (from 83% to 97%).
- The compliance score of **97% in FY25** reflects a consistent upward trend in DWIHN's PIHP managed care audit scores with this being the highest one so far.
- Overall, the **average compliance score across the FY 2024–2025 audit cycle is 93%**, a marked improvement from the **2021–2022 average of 80%**.
- This reflects not only improved documentation and adherence to standards but also enhanced interdepartmental coordination and leadership accountability.
- The **Quality Assessment and Performance Improvement Program (QAPI)** achieved a perfect score, demonstrating the maturity and effectiveness of our internal quality systems.

Fiscal Year	Total Elements	Applicable Elements	Met (M)	Not Met (NM)	Not Applicable (NA)	Compliance Score
<b>FY 2025</b>	145	145	140	5	0	<b>97%</b>
<b>FY 2024</b>	94	86	76	10	8	83%
<b>Combined Total</b>	239	231	216	15	8	93%

## Program Compliance Committee Meeting

### Corporate Compliance Report

October 8, 2025



#### Main Activities during July 1, 2025 – September 30, 2025

##### Major Activities:

###### **Activity 1: Provider Network Investigations**

*Description:* Compliance referrals that lead to investigations support efforts to detect, prevent, and resolve instances of fraud, waste, and abuse impacting the Medicaid program.

	April 1, 2025-June 30, 2025	July 1, 2025 – Sept. 30, 2025
Compliance Referrals	Outcomes	Outcomes
Accepted Referrals	16	28
Referrals Opened for Investigation	13	15
Referrals Carried Over from The Previous Quarter	8	31
Investigations Completed	17	16
Substantiated Allegations Resulting in Recoupment	8	5
Total Recoupment Identified for the Substantiated Allegations	\$248,576.99	\$239,709.95

Compliance Referrals	October-December 2024	January-March 2025	April-June 2025	July-September 2025
Cases opened	6	22	13	15
Cases closed	4	12	17	16
Recoupment	\$93,036.04	\$22,252.47	\$248,576.99	\$239,709.95

The Compliance Department has shown consistent investigative activity over the past four quarters. Case openings peaked in January–March 2025 (22 cases) before stabilizing in subsequent quarters, while case closures have remained steady at 16–17 per quarter since April. Financial recoupments fluctuated significantly, ranging from \$22,252.47 in Q1 2025 to a high of \$248,576.99 in Q2, with \$239,709.95 recovered in the most recent quarter. These results demonstrate ongoing investigative productivity and substantial financial recoveries for the Medicaid program. The total recoupment across the four quarters is **\$603,575.45**.

- *Significant Tasks During Period:* During this reporting period, the Corporate Compliance team remained steadfast in its efforts to detect, investigate, and remediate

instances of fraud, waste, and abuse within the Medicaid system. A total of 28 referrals were received, of which 15 cases (53.6%) advanced to formal investigation. Beyond newly accepted matters, the team also managed 31 allegations carried forward from the prior quarter, underscoring the ongoing nature of its case management responsibilities.

- *Current Status:* The team successfully completed 16 investigations this quarter, this reflects a 5.8% decrease in closures compared to the prior quarter (17 to 16). Of the 59 active cases under review (28 new and 31 carried forward), 16 were closed, yielding a closure rate of approximately 27.1%.
- *Major Accomplishments During this Period:*  
**Financial Impact:** A total of five substantiated allegations led to financial recoveries of \$239,709.95. This amount reflects a 3.69% decrease compared to the previous quarter (April–June 2025: \$248,576.99) yet marks a significant 90% increase from the first quarter of 2025 (January–March: \$22,252.47).

**Substantiation Rate:** Of the 16 investigations completed this quarter, 10 (62.5%) were substantiated, resulting in either financial recoupment or the implementation of a corrective action plan.

**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.

Compliance Academy participation increased by 55% from Quarter 3 to Quarter 4, rising from an average of 25 providers per session to 38. This growth reflects greater provider engagement and supports the network in strengthening awareness of FWA trends, risk-mitigation strategies, and appropriate reporting channels for suspected FWA or other program integrity concerns.

### Update

A member of the Compliance team departed DWIHN in September 2025, and as a result, we are actively recruiting to fill the vacant Compliance Specialist position.

## EXECUTIVE SUMMARY

Marianne Lyons, LMSW, CAADC

### ADULT INITIATIVES PROGRAM DESCRIPTION – FY 2025-2027

Adult Initiative principles are guided by the Detroit Wayne Integrated Health Network's (DWIHN) commitment to providing effective, consistent, and high-quality behavioral health services that lead to positive clinical outcomes.

The Adult Initiatives Program Description outlines the expectations and standards set by the Michigan Department of Health and Human Services (MDHHS), the Michigan Mental Health Code and the Centers for Medicare and Medicaid Services (CMS).

Our goal is to ensure quality clinical care and empower our members to tap into their full potential. We understand that everyone has their own unique journey, and we're here to ensure guidance, support, and a sense of community is provided to all our members.

The DWIHN Chief Medical Officer and Vice President of Clinical Operations play a significant role in developing, implementing, supervising, and evaluating the Adult Initiatives departments. Ultimately, the Board of Directors (BOD) is responsible for ensuring the overall quality of the supports and services provided to residents of Wayne County.

### ADULT INITIATIVES PROGRAM PURPOSE

The Adult Initiatives Program Description defines and describes processes that will align the Adult Initiative programs with DWIHN's Strategic Plan as identified by the Board of Directors.

The Adult Initiatives program description will:

- Guard against conflict of interest and protect the integrity of clinical decision-making using written evidence-based and professional consensus criteria.
- Promote DWIHN accountability for any delegated functions and responsibilities.
- Confirm and ensure that individuals have a significant role in the design of the systems that support them.
- Promise clinical recommendations and decisions are made in a fair, impartial, and consistent manner that is in the best interest of the person.
- Assure clinical care is timely, efficient, and consistent with standardized guidelines to increase the likelihood that services for vulnerable persons are equal in amount, duration, and scope and based on medical necessity.
- Ensure compliance with state and federal law, regulatory, and accreditation standards. Use of Level of Care criteria, Clinical Practice Guidelines, and best practices to improve processes and reduce inappropriate variations in practice.
- Assure that people get individualized, appropriate behavioral health services and supports that are sufficient in scope, frequency, and duration to achieve effective outcomes.
- Encourage equitable access to behavioral health services across the network.
- Promote the availability of cost-effective behavioral health services within available resources for a greater number of people.
- Respond in a timely manner to member and practitioner/provider concerns/needs regarding adult member issues after coordinating a comprehensive and timely review.

### ADULT INITIATIVES PROGRAM SCOPE

The Adult Initiatives Program involves activities that ensure the clinically appropriate and medically necessary services and resources for behavioral health and substance use programs for adult individuals within our system of care. Programs monitored and members served within Adult Initiatives include adult members with mental illness, substance abuse and those members with intellectual developmental disabilities. The processes managed within the Adult Initiatives program include Assisted Out-Patient Treatment, (AOT), Not Guilty by Reason of Insanity, (NGRI), Adult Out-Patient providers, psychiatric services, Evidence-Based Practices, Assertive Community Treatment, (ACT), Evidence Based Supported Employment, (EBSE), Med Drop, Clubhouses, discharge planning, monitoring of network service utilization, and other care management activities.

We believe in fostering hope, healing, and recovery by ensuring compassionate support and advocacy. Adult Initiatives requires a safe and inclusive environment that promotes dignity, respect, and personal growth for our members.

#### REQUIRED REVISIONS AND ADDITIONS

- **Continued Process Improvement with AOT Development.** Continue to develop processes, procedures and policy to ensure overall growth, success and positive member outcomes. Improve job description and roles that are defined with clear expectations.
- The addition of a full-time Peer Support Specialist who has lived experience and can assist members with transportation, engagement and hope in their personal recovery.

#### CHANGES RECOMMENDED

# Adult Initiatives 4th Quarter Report

Marianne Lyons, LMSW, CAADC

10/8/2025



## Main Activities during quarterly reporting period:

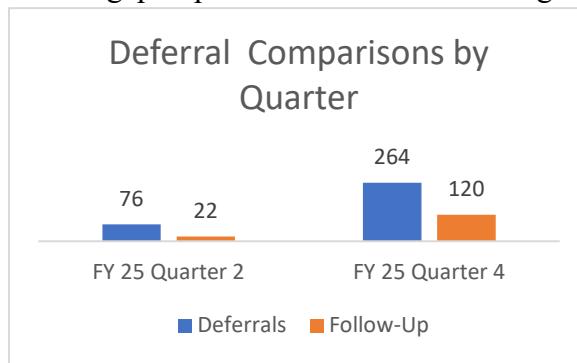
- Assisted Outpatient Treatment (AOT)
- Clubhouse
- Assertive Community Treatment (ACT)

## Progress on Major Activities:

### Activity 1: Assisted Outpatient Treatment (AOT)

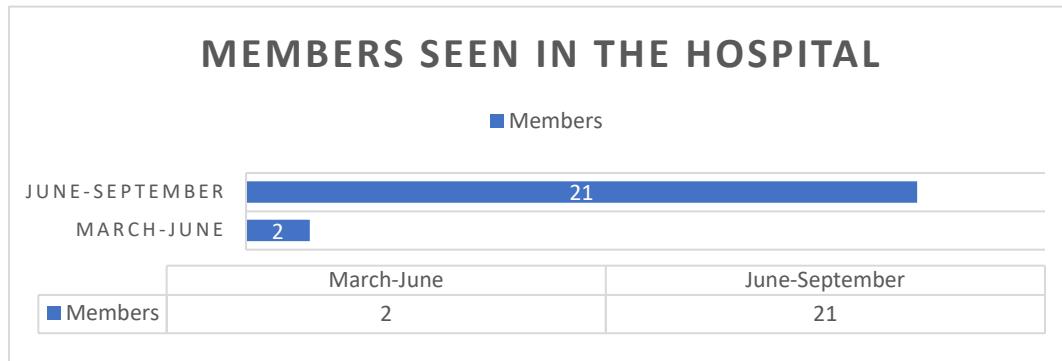
- *Description:* Assisted Outpatient Treatment (AOT) also known as “court-ordered outpatient treatment,” or “outpatient commitment,” is a civil commitment that places individuals diagnosed with a severe mental illness, and a history of nonadherence to voluntary treatment under court order to follow a 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:* In the fourth quarter, there were 264 deferral agreements, with 45% of members engaging in at least one outpatient service post-discharge. This is slightly higher than the 43% engagement rate for members under official AOT orders, suggesting that voluntary participation may increase adherence due to a greater sense of autonomy. However, challenges remain: some members are still inpatient, incarcerated, or not yet discharged, limiting tracking.

An upgrade in MHWIN now allows real-time entry of deferral agreements into medical records, improving data accuracy and monitoring. Additionally, 125 members were referred for peer support this quarter; 41 engaged, highlighting both the potential and current gap in peer outreach follow-through.



- *Significant Tasks During Period:* Adult Initiatives facilitated the AOT/NGRI Workgroup and provided an AOT 101 Training to DWIHN’s Outpatient Clinic staff. The peer supports were able to visit with 21 members during their hospital stays to provide more education regarding their outpatient treatment order, services that would be available at the providers including Med Drop, Clubhouse and Assertive Community Treatment (ACT). Our peer support and care manager have also provided transportation utilizing the AOT vans for

three outpatient appointments.



- *Major Accomplishments During Period:* Adult Initiatives successfully implemented a tracking system for individuals with AOTs who prefer to use non-DWIHN providers. The hospitals have been helpful in implementation by assisting the individuals to sign consent to share forms or identify community providers. The Peer Support Specialists are re-engaging members by performing follow-up calls, explaining the provider change process and offering additional support and providing a smoother transition to outpatient care.
- *Needs or current issues:* Providers have expressed a need for additional support outside of the AOT/NGRI Workgroup to request assistance with specific scenarios. Adult Initiatives will continue to provide daily support through email and phone calls. Transport orders are included in every assisted outpatient order. Their purpose is to allow providers to request a member's transport to the hospital for an evaluation if there is concern for their health and safety. The providers have expressed concerns about the transport order procedure. Local precincts have requested the provider's presence when executing a transport order. Providers have complied; however, they report that peace officers do not arrive to complete the transport for several hours and a lack of communication during the wait.
- *Plan:* Adult Initiatives would like to collaborate with local law enforcement to learn how to most efficiently complete a transport order. A request will be made to local law enforcement in October 2025.

#### **Activity 2: 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:* The 4<sup>th</sup> quarter average membership at each location is as follows: (Chart below for quarterly comparisons)

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>
210	42	120	128	125

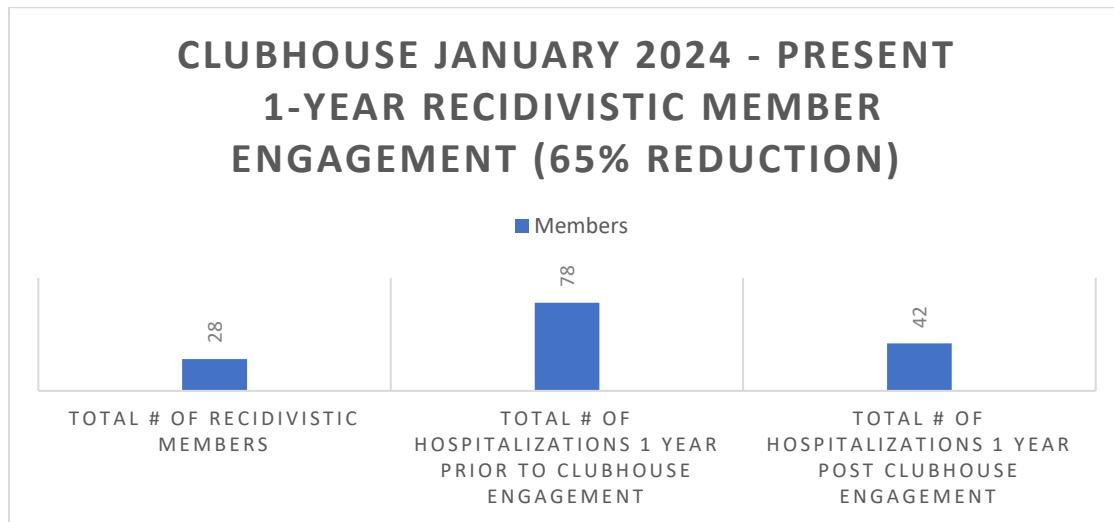
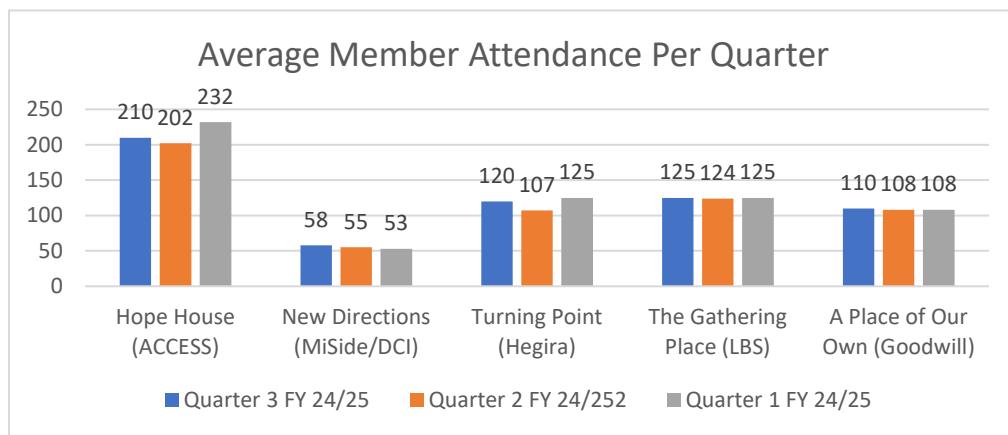
- *Significant Tasks During Period:* Adult Initiatives created and have been providing satisfaction surveys to members at all the clubhouses, receiving a minimum of half of the ADA (average daily attendance) completing the survey at each location. Results are being reviewed to gather satisfaction of services including receiving opportunities to engage at their clubhouse, employment opportunities, outing opportunities, engagement and availability of staff, medication compliance, outpatient treatment compliance, improvement and reduction of symptoms, and reduction in hospitalizations. It is anticipated that surveys will suggest improved overall quality of life, stability, outpatient engagement, reduction in hospitalization, and medication compliance for members.

Adult Initiatives attended the clubhouse employment symposium in Lansing which included directors and members from clubhouses all around Michigan. Topics included discussion from an employer utilized specifically by a clubhouse for Transitional Employment (TEs), and how building community relationships to have partnerships with local businesses opens the door for improving employment opportunities for members. Currently, clubhouses remain overall under percentage requirements for employment under the clubhouse model, including supported employment, transitional employment, and independent employment.

- *Major Accomplishments During Period:* Adult Initiatives was successful in assisting with the engagement of SED designation young adults and approved of Lincoln Behavioral's request to do so. Recent discussion with The Gathering Place's (LBS) director indicated that they had begun working with their first SED referral with more referrals coming. This will create an opportunity to expand clubhouse to allow for new groups, outing opportunities, and new community partners (employment) which would be of interest to the younger adult population.
- *Needs or Current Issues:* Adult Initiatives will be presenting with Motor City Clubhouse in the upcoming month to advocate for an increase in member referrals and improve referrals, so members understand what the expectations include. Motor City continues to remain slow with increasing member enrollment. Adult Initiatives will also engage with them and other clubhouses to present at agencies outside of their own CRSP to advocate for further member enrollment.

- *Plans:* Adult Initiatives will begin handling grants for clubhouse spend downs and drop-in centers. Effective next fiscal year, Adult Initiatives will be collecting quarterly data to update the grant accordingly before reapplying in following fiscal years. This oversight will include allocating funds, appropriately, to Clubhouses and drop-in centers, as deemed necessary and per clubhouse need. Previously, clubhouses were receiving equal amounts from the grant while some were not utilizing the money and others were running out of their portion within the first quarter of the fiscal year. Adult Initiatives will ensure that money is assigned appropriately, per reported need.

Adult Initiatives will re-engage with Wayne State University to follow up on assisting with GAD-7 and PHQ-9 scores for active members and how clubhouse engagement reduces these scores, indicating improvement to quality of life.

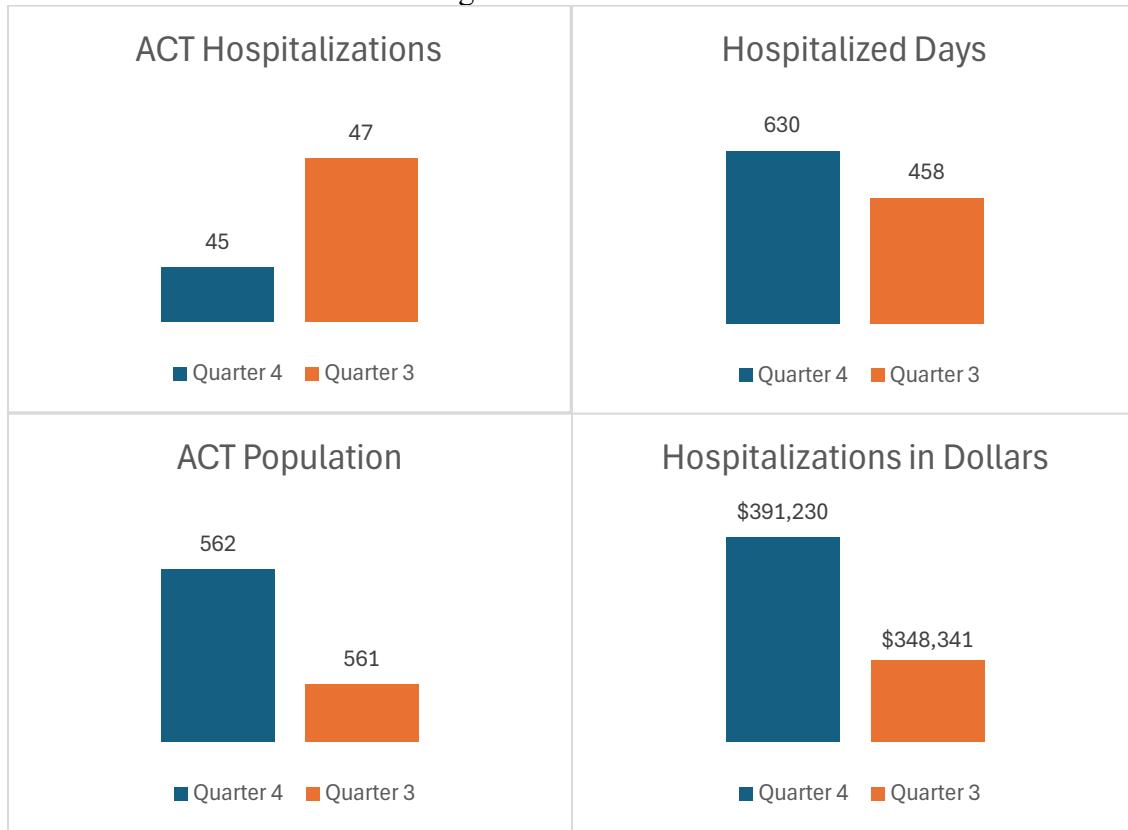


### Activity 3: Assertive Community Treatment (ACT)

- *Description:* The ACT team is the fixed point of responsibility for the development of the consumer's person-centered plan and for supporting consumers in all aspects of community living, including the most independent setting possible. ACT provides an intense level of

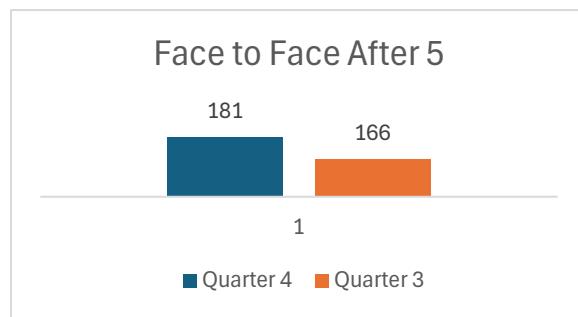
engagement for members on a twenty-four-hour, seven-day per week, three hundred and sixty-five day per year basis. Services are provided by a multidisciplinary team that share the responsibility of providing services to the members and ensure they maintain a 1:10 member to staff ratio. The ACT team provides a community-based approach to service delivery to members diagnosed with severe and persistent mental illness.

- **Current Status:** There are currently **9 active ACT service provider agencies throughout Wayne County**. Those agencies are: All Wellbeing Services, Central City Integrated Health Network, CNS Health Care, Elmhurst Home Incorporated, MiSide (formerly Development Centers Incorporated), Hegira Health Care, Lincoln Behavioral Services, Team Wellness and The Guidance Center. During this quarter, there were **562 members** who received ACT services throughout Wayne County. For the previous quarter, there were **561 members** receiving ACT services.



- **Significant Tasks During Period:** One of the most significant tasks that was accomplished during this quarter was the completion of the 2025 ACT Fidelity Review. The average score for the ACT program equals **95.5%**. For the past month, **83%** of PARs were completed by the CRSPs. The previous month **46%** of the PARs were completed by the CRSPs. This indicates an increase in CRSP PAR completion of **80%**. This is significant because it represents that the ACT model of care is being adhered to and the teams are providing the care that is found in this evidence-based practice. The most recent statistics also demonstrate that telephone verification completion is one of the most effective tools for reducing psychiatric hospitalizations.

- *Major Accomplishments During Period:* ACT providers have increased their number after 5 PM by **9%** in the last quarter. As a side-by-side comparison, the last quarter only experienced **166** encounters that took place after 5 PM, while the most recent quarter witnessed **181** encounters after 5 PM. Because the ACT model is a 24-hour program, it is expected that some members will experience a psychiatric emergency after 5 PM. This criterion is in line with the fidelity established by the Michigan Medicaid Manual, Substance Abuse Mental Health Services Administration (SAMHSA), as well as the Michigan Best Practices (Fidelity Tool). The number of face-to-face contacts that occur after the hour of 5 PM has been and will continue to be addressed with the CRSPs during the ACT Forums as well as in the monthly roster reviews.



- *Needs or current issues:* The ACT program would benefit from improving the number of completed crisis plans. At present, there are **385** current crisis plans. At the same time, there are **177** crisis plans that are out of date. This is important because the team could use the crisis plan when the team is contacted to complete a PAR, the member could then use that time to reflect upon their self-identified mitigating factors to reduce psychiatric hospitalization and decompensation.
- *Plans:* Adult Initiatives plan on using the monthly roster reviews and the ACT Forums as an opportunity to increase the percentage of active crisis plans to a benchmark **90%** by September 2026.

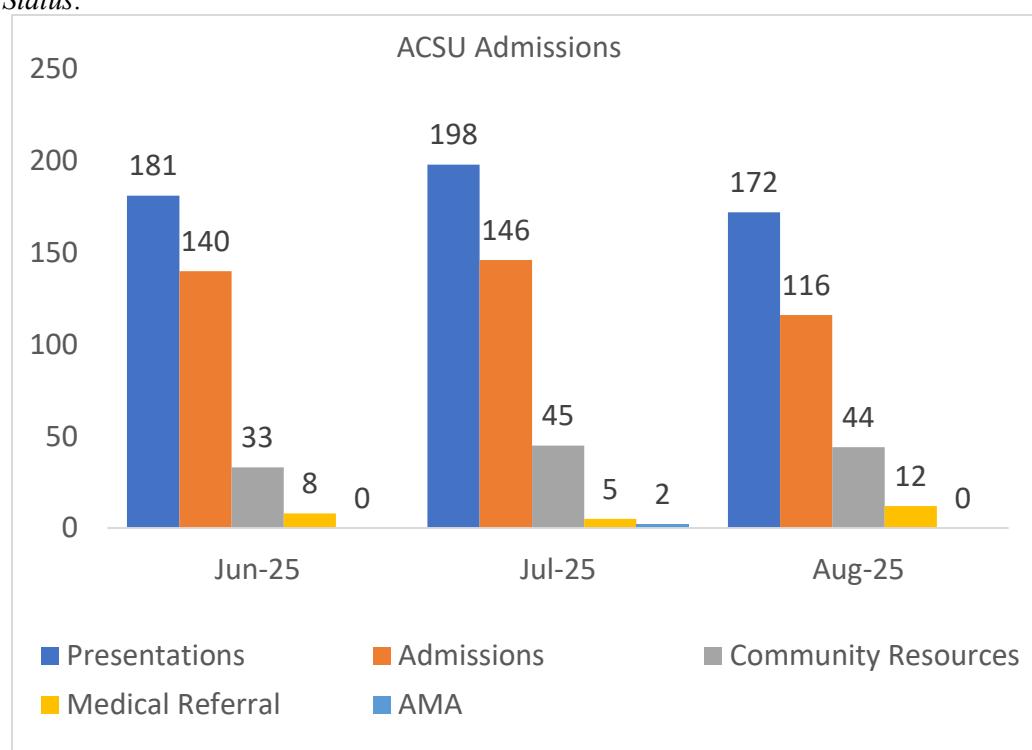
**Program Compliance Committee Meeting**  
**Grace Wolf, VP of Crisis Services / 707 Crisis Care Center Report**  
**October 8<sup>th</sup>, 2025**

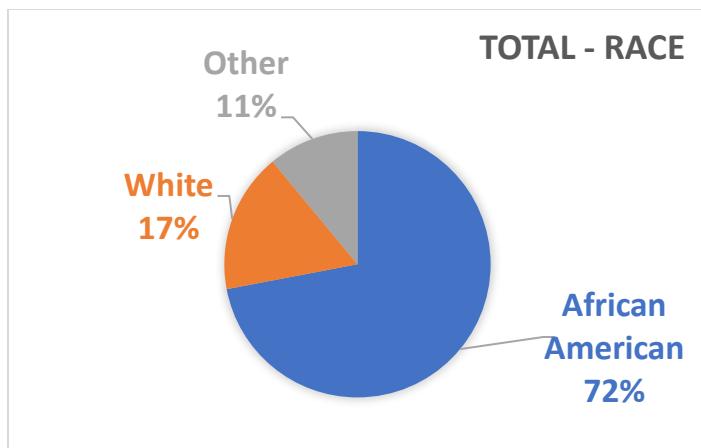


**Main Activities during June 2025 – August 2025, Reporting Period:**

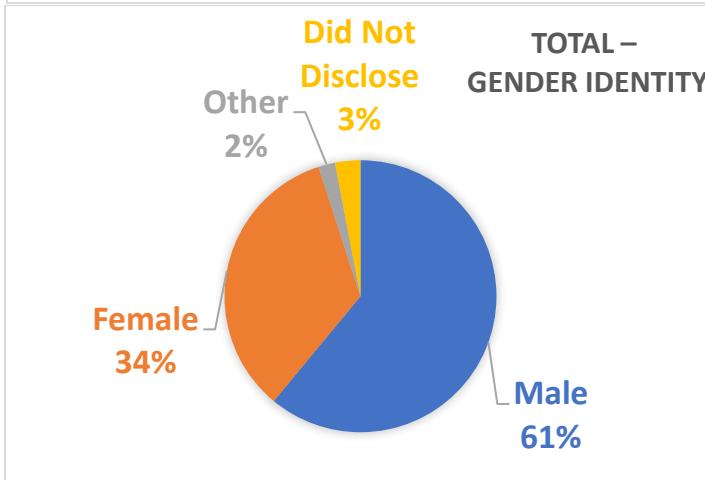
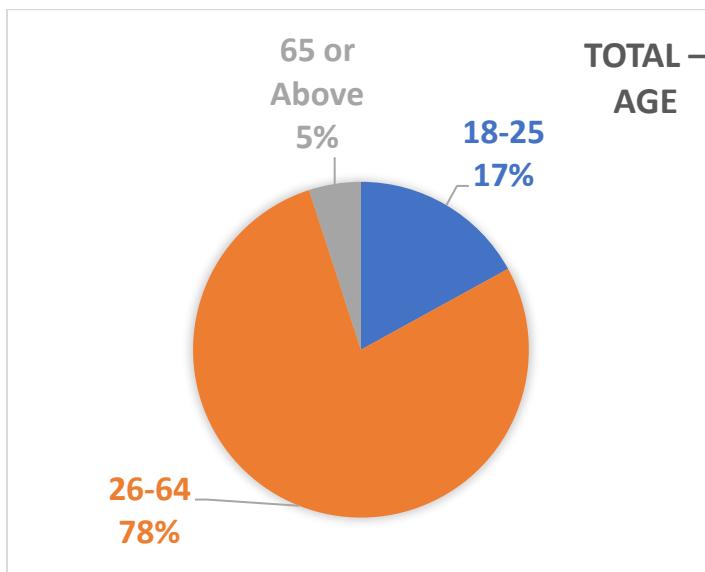
**Activity 1: Adult Crisis Stabilization Data**

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

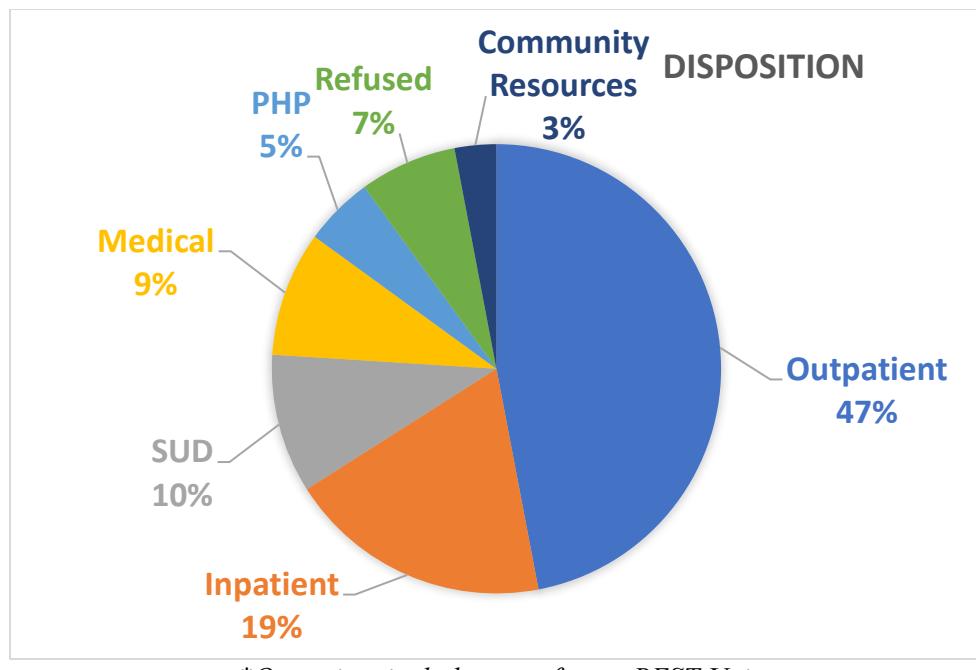




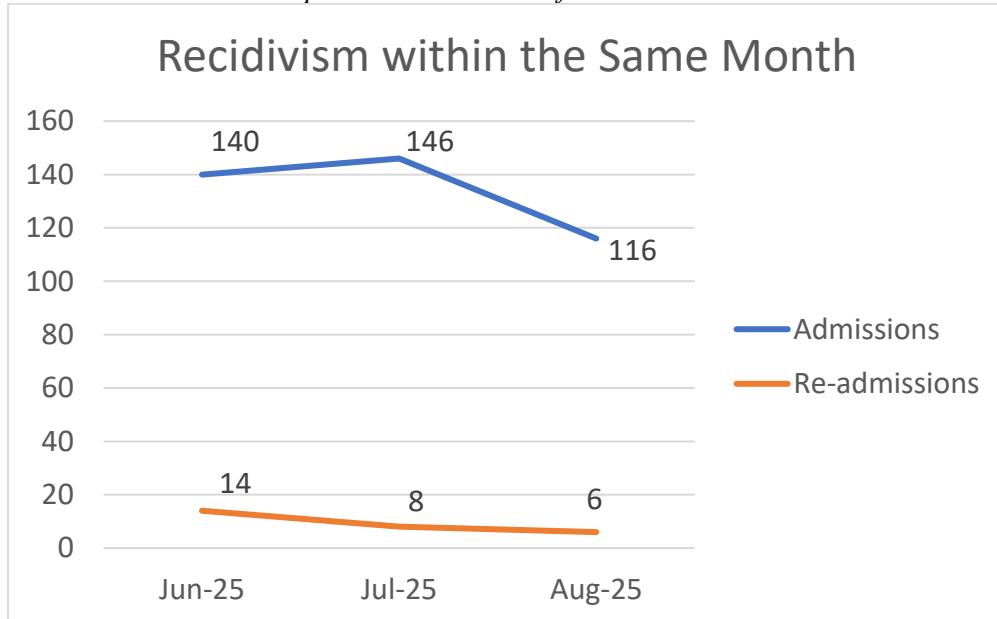
*\*Other includes: two or more races, American Indian, Arab American, Asian, or Native Hawaiian/other Pacific*



*\*Other includes: transgender man, transgender woman, and non-binary*

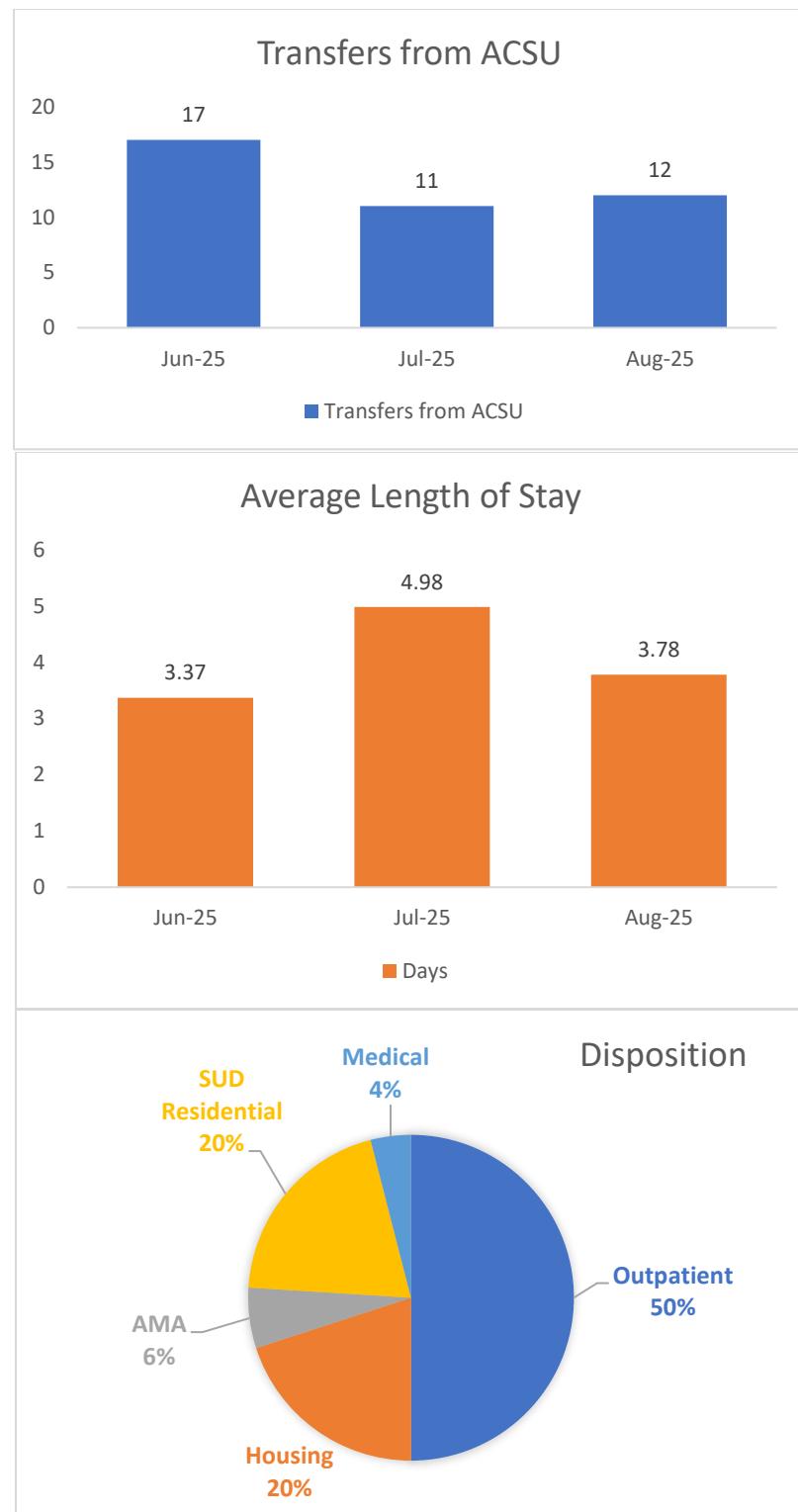


\*Outpatient includes transfers to BEST Unit



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

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

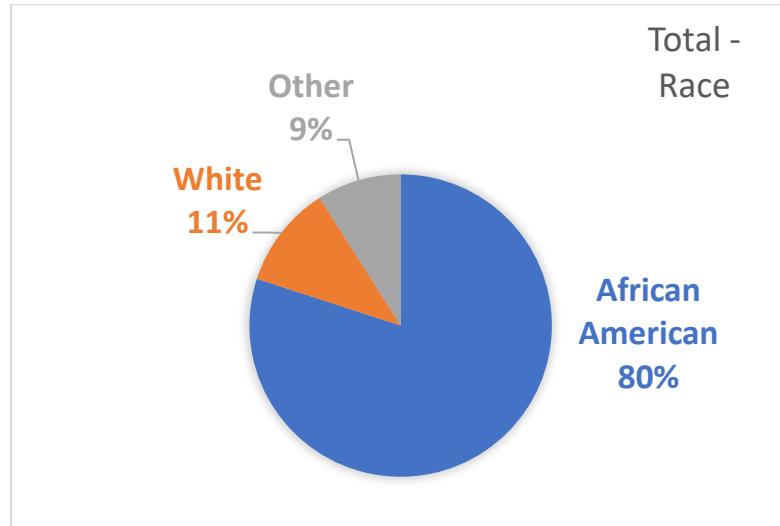
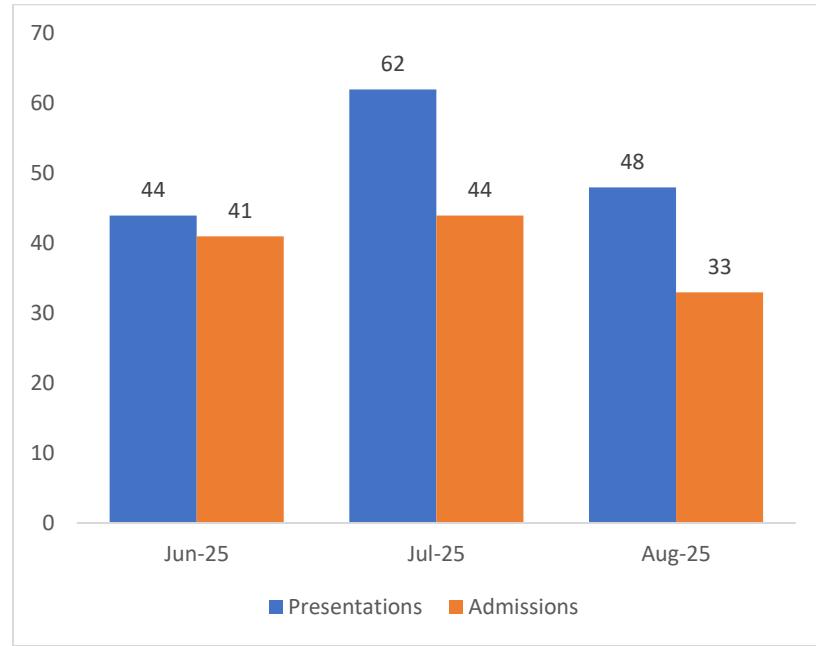


### Activity 3: Child and Family Crisis Unit (CFCU)

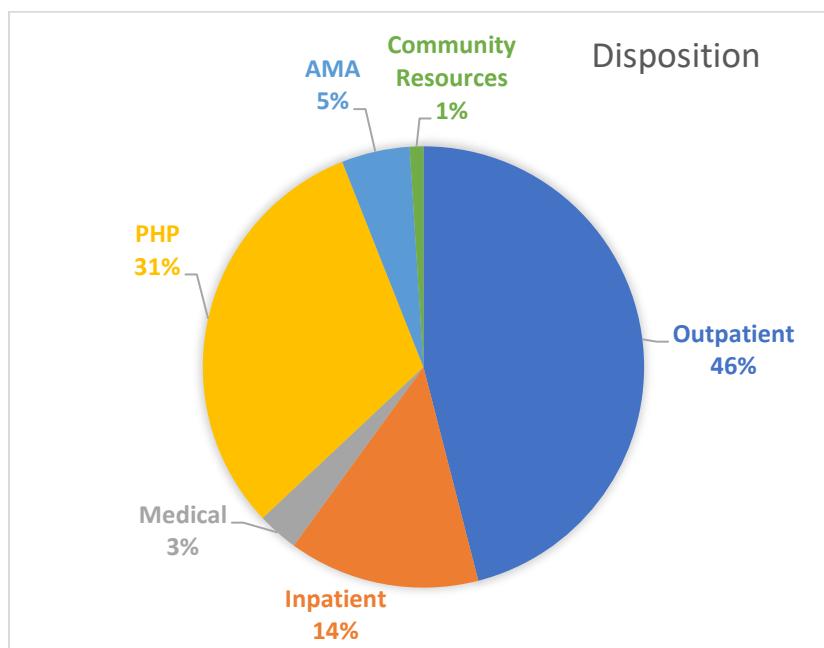
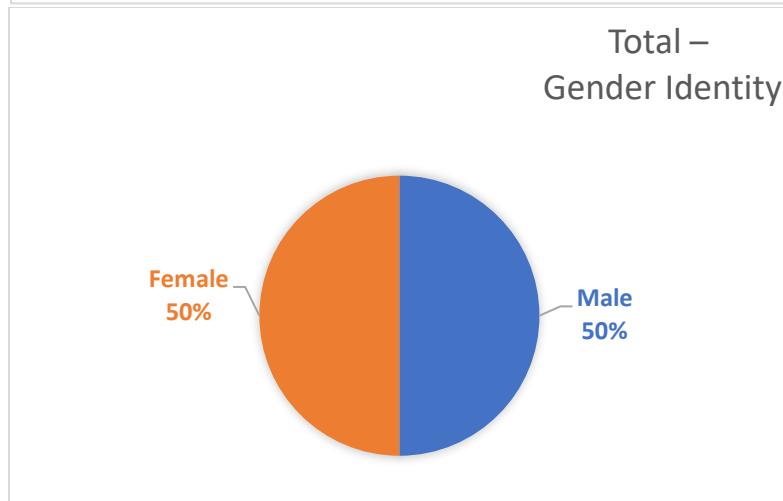
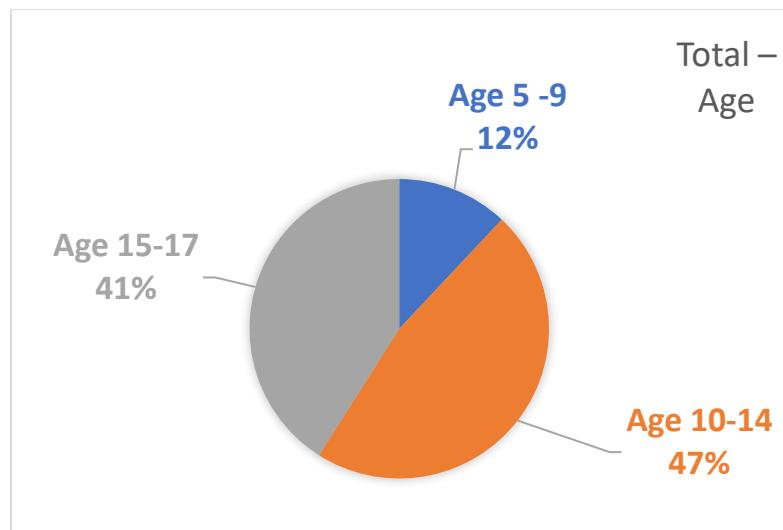
- *Description:* The CFCU serves individuals 5-17 years old, regardless of their insurance status, who are seeking mental health or substance use services. The unit is open 24/7/365 and accepts

referrals, walk-ins and police drop-offs. The occupancy of the CFCU is 14 individuals at one time, and the length of stay on the CFCU is 72 hours.

- *Current Status:*



*\*Other includes: two or more races, American Indian, Arab American, or Asian*



**Quarterly Update:**

- **Things the Department is Doing Especially Well:**  
Celebrated 1 year anniversary of the 707 Crisis Care Center – serving 2,380 individuals.
- **Identified Opportunities for Improvement:**  
Continued engagement with MDHHS towards the development of the Youth Crisis Stabilization administrative rules.
- **Progress on Previous Improvement Plans:**  
No current plans of improvement/correction.

## EXECUTIVE SUMMARY

Daniel West, LMSW - Director of PIHP Crisis Services

### PIHP CRISIS SERVICES PROGRAM DESCRIPTION – FY 2025

The PIHP Crisis Services Department operates in line with the Detroit Wayne Integrated Health Care values of timely access to service and abides by standards set forth by the Michigan Department of Health and Human Services (MDHHS) and the Centers for Medicare and Medicaid Services (CMS).

The PIHP Crisis Services Department aims to identify and facilitate areas of opportunity to provide timely access to care for DWIHN members in crisis in the least restrictive environment in line with The Michigan Mental Health Code Chapter 330, Federal 42 CFR regulations, and the Michigan Medicaid Provider Manual.

### PIHP CRISIS SERVICES PROGRAM PURPOSE

The PIHP Crisis Services Program Description defines and describes processes that will align the PIHP Crisis Services Department with DWIHN's Strategic Plan as identified by the Board of Directors.

The PIHP Crisis Services program description will:

- Ensure DWIHN members are immediately assessed and provided a disposition when in crisis.
- Provide real-time monitoring of the delegated crisis screening entities as contracted by DWIHN in accordance with state and federal guidelines.
- Promote DWIHN accountability for any delegated functions and responsibilities.
- Ensure DWIHN members have informed, supported decision making and are actively involved in their own care.
- Ensure that crisis evaluations are in line with state and federal guidelines to accurately document and discern presenting behaviors and contributing factors for members in crisis.
- Attend to and monitor delays in service and promote consistent communication with all stakeholders involved in clinical decision making in line with medical necessity.
- Ensure compliance with state and federal law, regulatory, and accreditation standards. Use of Level of Care criteria, Clinical Practice Protocols, and best practices to improve processes and reduce inappropriate variations in practice.
- Ensure services are provided in a person-centered approach with dignity and respect.
- Encourage equitable access to behavioral health services across the network.
- Promote the availability of cost-effective behavioral health services within available resources for a greater number of people.
- Practice and exercise a “no wrong door” approach to crisis services and available levels of care.
- Continuously engage in problem solving and planning to show continuous quality improvement in a data-driven approach.

### PROGRAM SCOPE

The PIHP Crisis Services Program involves activities that ensure all individuals experiencing a crisis are treated with dignity and respect, and that efforts to provide education, direction, and support are paramount in clinical decision making. The program ensures clinical decision making is provided in a cost-effective and medically necessary way, and that delegated entities are actively involved in goal setting and compliance to DWIHN standards. The processes

managed by the PIHP Crisis Services department include monitoring Pre-Admission Reviews, leveraging and creating community and stakeholder relationships, and ensuring timely access to available and medically necessary supports and services to DWIHN members in crisis. The program is involved in promoting a “no wrong door” approach to crisis services, ensuring appropriate and person-centered discharge planning from inpatient facilities for members new to the DWIHN array of crisis services and/or members presenting in a crisis without an assigned clinically responsible service provider, and ensuring supportive and active brokering takes place on behalf of DWIHN members served. The program is also involved in making accurate and thorough eligibility determinations within a dispatch department that serves as the front line of access to the DWIHN crisis services array for community partners.

**Program Compliance Committee Meeting**  
**PIHP Crisis Services Department, Quarterly Report, 4th Quarter FY25**  
**Daniel West, Director of PIHP Crisis Services**  
**Date: 10/8/2025**



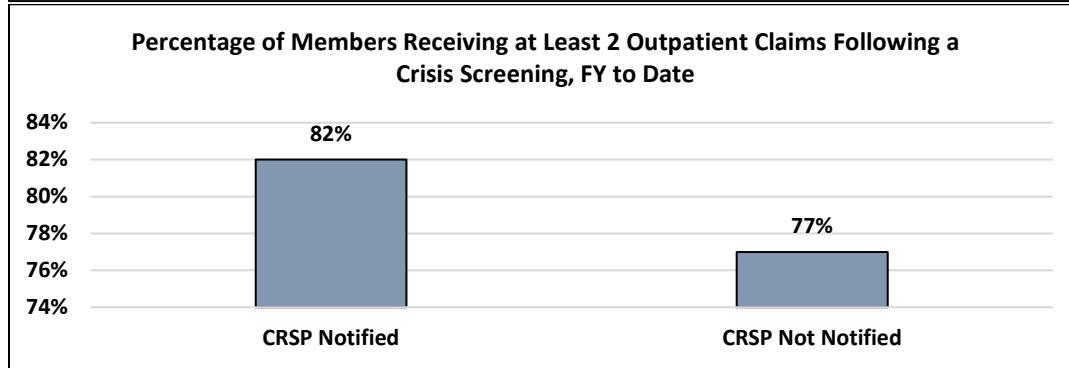
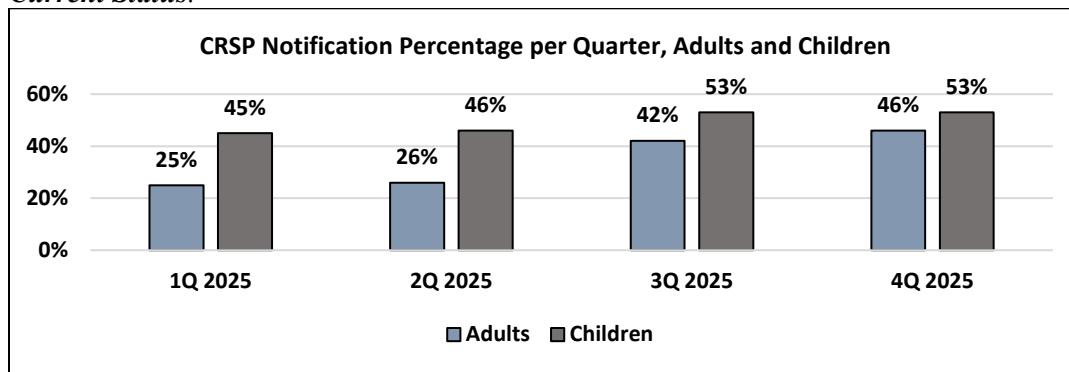
**Main Activities during 4th Quarter Reporting Period: FY25**

- **CRSP Crisis Screening Notifications.**
- **CSU Transfers, Recidivistic Requests for Service (RFS).**
- **Discharge Planning, No CRSP at Admission.**

**Progress On Major Activities:**

**Activity 1: CRSP Crisis Screening Notifications.**

- **Description:** The PIHP Crisis Services Department has worked with screening agencies and clinically responsible service providers (CRSPs) to increase the percentage of notifications for members screened in crisis to support early identification and intervention.
- **Current Status:**

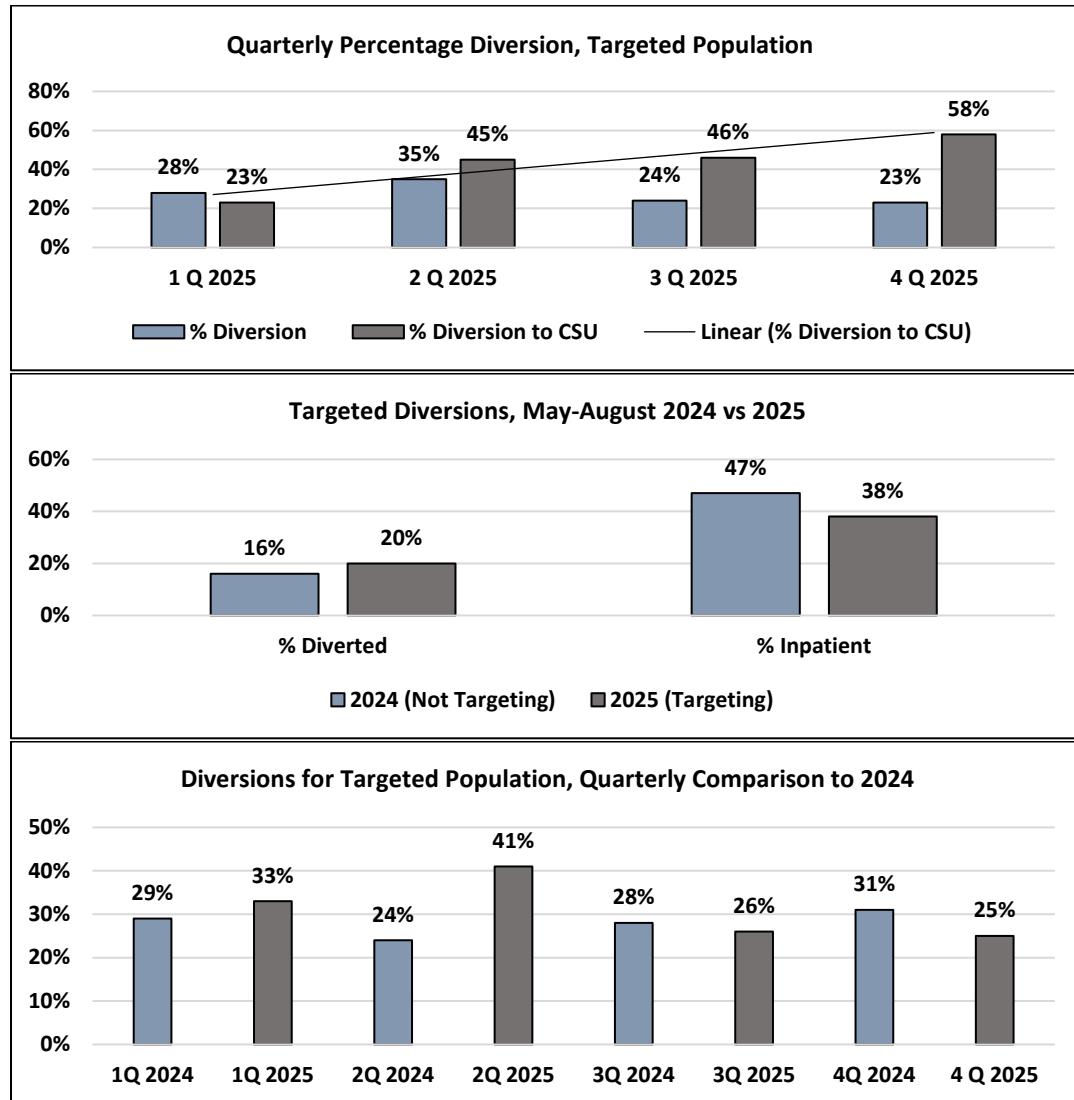


- **Major Tasks and Accomplishments During Period:** The team has worked to increase the percentage of CRSP notifications across the quarters. Upon analysis of the claims data following the PAR, the team found members are more likely to receive at least 2 non-crisis claims with a CRSP notification.
- **Needs or Current Issues:** The team has recognized the need to increase engagement from assigned CRSPs in the network upon crisis notification and upon notification of inpatient placement to begin discharge training.
- **Plan:** The team participated in the facilitation of crisis plan and discharge plan training on 9/15/25 and 9/22/25 with over 200 CRSP participants. The team also reached out to all the CRSPs to ensure their contact information is correct for CRSP notifications, and the CRSPs responded with their process for efforts post-notification.

## Activity 2: CSU Transfers, Recidivistic Requests for Service (RFS).

- **Description:** Beginning in December 2024, the team has developed a targeted intervention for members who repeat a RFS (crisis screening) within 30 days of discharge from an inpatient facility. Members who present to the emergency department for a crisis screening within this parameter will be identified, and efforts will be made to transfer these members to Crisis Stabilization Units (CSU) to avoid unnecessary inpatient hospitalizations and promote service connection where medically appropriate. The team has started tracking diversions to lower levels of care as well for this targeted population.

- **Current Status:**

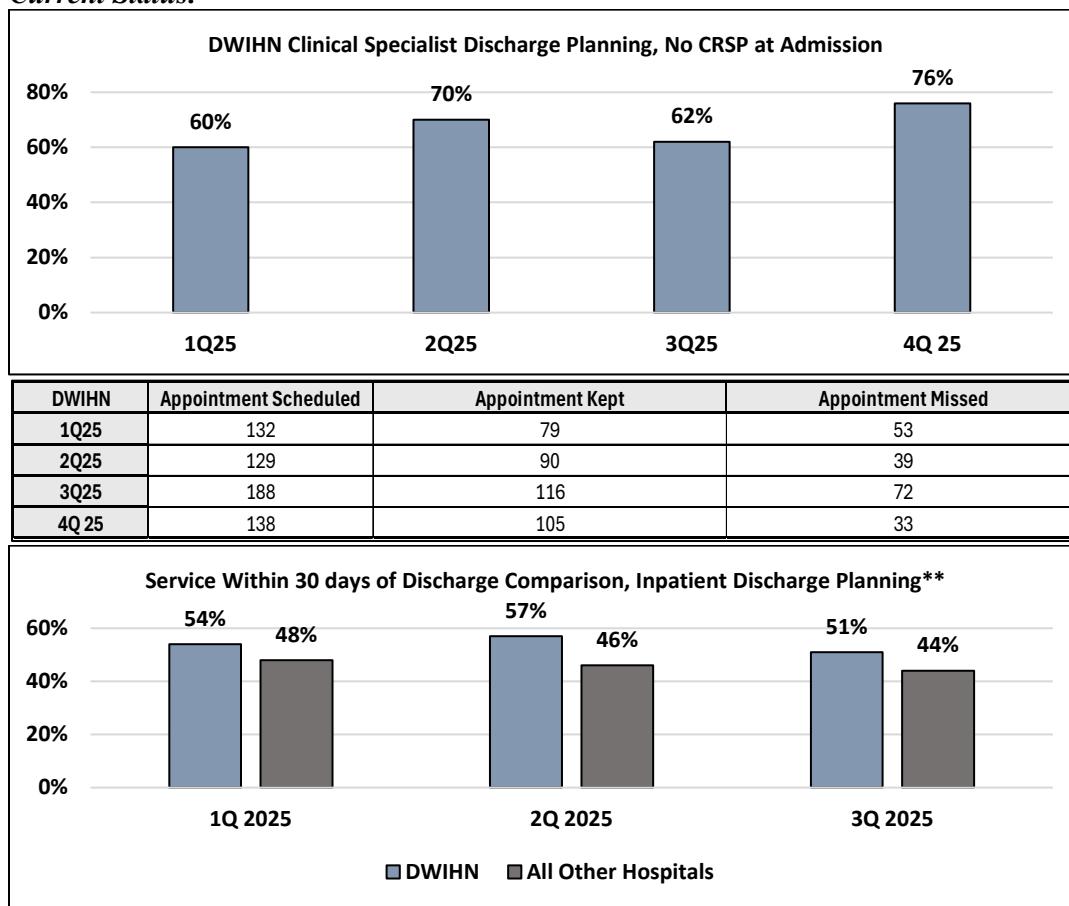


- **Major Tasks and Accomplishments During Period:** The team has worked to increase the percentage of diversions for the targeted population, and have seen a noteworthy increase of CSU referrals. The team has increased the percentage of diversions and decreased the percentage of inpatient admissions when comparing May-August in 2024 to 2025. The team has increased diversions for this targeted population in 2 of the last 4 quarters.

- **Needs or Current Issues:** The team has recognized a need to increase diversions from inpatient overall, but the need to specifically utilize Team Wellness CSU and the DWIHN Care Center as an alternative to unnecessary inpatient hospitalizations.
- **Plan:** The team will continue to create mutually agreed-upon goals with the screening agencies and review monthly, and increase communication with requesting facilities regarding the availability of CSUs as an alternative to unnecessary inpatient hospitalizations.

### **Activity 3: Discharge Planning, No CRSP at Admission.**

- **Description:** 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.
- **Current Status:**



\*\*DWIHN Hospitals Henry Ford, Metropolitan, BCA

- **Major Tasks and Accomplishments During Period:** Clinical Specialists connected 76% of members to their chosen provider in the 4<sup>th</sup> quarter, the highest percentage this fiscal year. The team has shown an increase in the percentage of members who attended their aftercare appointment across the quarters for members admitted without a CRSP, as compared to hospitals in which DWIHN does not provide this service.
- **Needs or Current Issues:** The team has recognized the need for an increase in members seen, regardless of whether they have been admitted to an inpatient level of care with a CRSP assigned.

The team has since added additional CRSPs to our discharge planning meetings that are ongoing to increase the utilization of this intervention.

- **Plan:** The team will work with the participating CRSPs to address barriers and successes, and work to increase members seen through targeted goal-setting and accountability of the CRSPs participating.

### Quarterly Update:

- **Things the Department is Doing Especially Well:** The PAR Dispatch Department demonstrated strong improvement in both service delivery and operational efficiency. Over the four quarters, performance consistently trended upward, with service levels stabilizing above 90% in the latter half of the year and response times reaching record lows. The team absorbed fluctuating call volumes without compromising service standards. Goals include sustained avg speed of answer under 16 seconds to ensure high service levels.

PAR Dispatch	Service Level	Avg Speed of Answer (s)	Calls Received	Requests Accepted
Q1 2025	83%	26	3,092	1,681
Q2 2025	84%	24	4,926	2,516
Q3 2025	92%	14	4,299	2,496
Q4 2025	91%	16	4,655	3,203

- **Identified Opportunities for Improvement:** The team has recognized the need to continually analyze data for CRSP engagement following CRSP notifications. With the tool developed by IT, this will allow comparison and identification for opportunities of improvement.
- **Progress on Previous Improvement Plans:**
  - Recidivism for adults and children has decreased in the 4th quarter.

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**	17.39%	14.67%
4th Quarter 2025**	13.27%	12.56%

\*\*Results Preliminary

**Program Compliance Committee Meeting**  
**Utilization Management – Quarterly Report**  
**Marlena J. Hampton, MA, LPC – Director of Utilization Management**  
**October 8, 2025**



**Main Activities during Quarterly Reporting Period:**

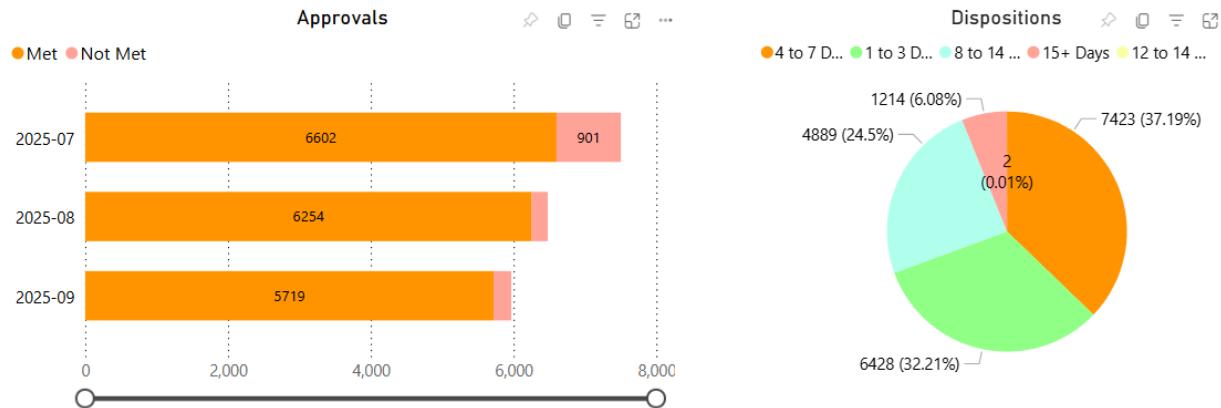
- Timeliness of UM Decision-Making
- Habilitation Supports Waiver (HSW) Program
- Self-Determination/Self-Directed Services (SD/SDS)

**Progress On Major Activities:**

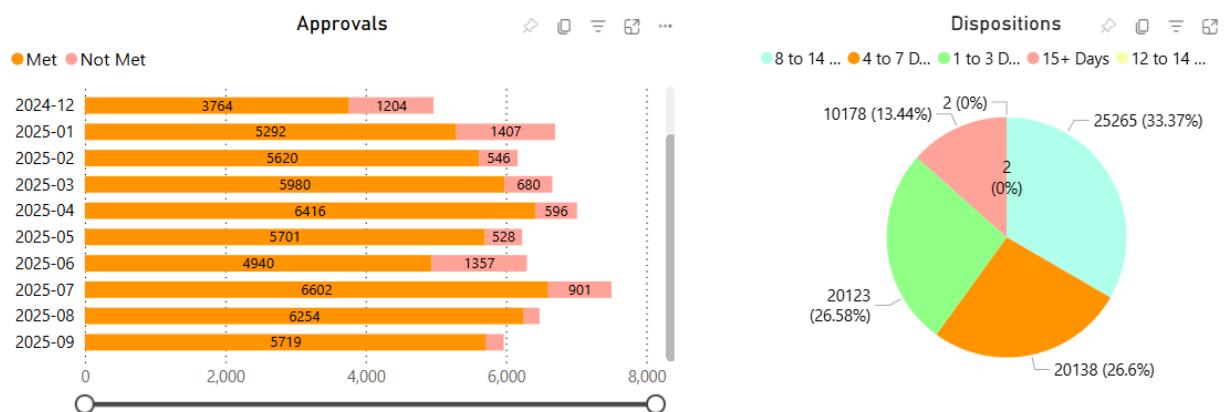
**Activity 1: Timeliness of UM Decision-Making**

- *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:*
  - Consultation with DWIHN directors to discuss transitions in CCBHC oversight and sunsetting the MI Health Link demonstration.
  - Completion of pre-delegation audits for Integrated Care Organizations (ICO) participating in the Highly Integrated Dual Eligible Special Needs Plan (HIDE D-SNP) program.
  - Review of Service Utilization Guidelines functionality and its impact on authorization requests from DWIHN and provider standpoints.
  - The UM Department is participating in the development of IPOS training for the behavioral health and SUD provider networks.
- *Major Accomplishments During Period:*
  - The Utilization Management prior authorization teams have demonstrated significant improvement in the timeliness of decision-making over the course of FY25.
    - In October 2024, the team approved 76% of requests within 14 days, with 47% of those requests approved within seven (7) days.
    - In September 2025, the team approved 97% of requests within 14 days, with 85% approved within 7 days.
  - The Utilization Management prior authorization review teams continue to focus on their overall decision-making timeliness. In the 4<sup>th</sup> Quarter, the Utilization Management prior authorization review teams manually approved 94% of authorization requests within fourteen (14) calendar days. Overall, 98% of authorization requests were approved within the same timeframe.
  - We continue implementing and revising our departmental performance improvement plan to address not meeting the 95% 14-day timeframe standard for non-urgent requests, as well as developing and updating internal and provider network authorization procedures.

### Quarter 4 – FY 2025

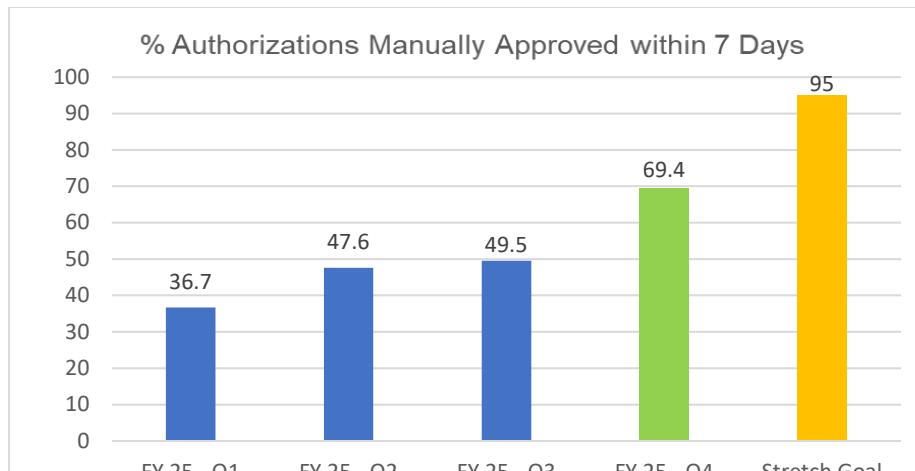


### FY 2025



We continue to track the percentage of authorizations manually approved 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 Q4, we approved 13,849 authorizations (69.4%)



*\*\*Data does not include Residential Services authorizations*

- *Plans:*
  - Explore the use of technology, along with the intensive review of authorization procedures and service utilization guidelines, to assist with improved efficiency and further improve disposition time and service delivery.
  - Additional training opportunities for the provider network on submitting authorization requests, which will reduce disposition time and improve service delivery.
  - Collaboration with the Substance Use Disorder (SUD) Initiatives, Access Call Center, and IT Departments to review and update SUD initial authorization process, including service utilization guidelines.
  - Continue monitoring individual staff progress with coaching as appropriate.

### **Activity 2: Habilitation Supports Waiver (HSW) Program**

- *Description:* The Habilitation Supports Waiver (HSW) program provides home and community-based services to Medicaid beneficiaries with intellectual or developmental disabilities. HSW's goal is to assist people with developing skills to live independently in community settings (vs. institutions or more restrictive settings).
- *Current Status:* The HSW program continues to exceed the state program requirement of 95% slot utilization. DWIHN's HSW has an average of 97.2% utilization per month (1,093 slots) for the fiscal year to date.

Utilization Fiscal Year to Date												
	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept
<b>Total Slots Owned</b>	1125	1125	1125	1125	1125	1125	1125	1125	1125	1125	1125	1125
<b>Waitlist</b>						0	0	0	0	0	0	0
<b>Used</b>	1098	1096	1095	1095	1093	1092	1095	1088	1086	1090	1099	1097
<b>Available</b>	27	29	30	30	34	33	30	37	39	35	26	28
<b>New Enrollments</b>	19	8	7	6	5	8	6	8	3	9	10	19
<b>Disenrollments</b>	2	7	3	5	7	4	12	3	7	1	4	1
<b>Utilization %</b>	97.6	97.4	97.3	97.	97	97.1	97.3	96.7	96.5	96.9	97.7	97.5

- *Significant Tasks During Period:*
  - Beginning in the 3<sup>rd</sup> quarter, in conjunction with overall monitoring efforts, the HSW team began capturing certification renewal data. In August, there were 74 renewals due, and 65 renewals submitted (88%).
- *Major Accomplishments During Period:*
  - The HSW team continues the identification, monitoring, and follow-up of members who have not utilized the required one (1) HSW service per month. The Utilization Manager continues to work with CRSPs regarding barriers and remedies to appropriate service utilization.
- *Needs or Current Issues:*
  - MDHHS has proposed the reallocation of HSW slots across the state, due to other PIHPs increasing their enrollment and reaching capacity. It is currently unclear whether DWIHN will be affected.
  - Continued processing of certification or recertification may be affected by whether the state budget is passed. MDHHS will keep PIHPs apprised of any issues with referral processing or payments.
  - HSW members usually remain enrolled for their entire lives. They are only disenrolled when a member passes away or, in rare instances, when a member consistently fails to meet their Medicaid spenddown requirements or loses their Medicaid eligibility. In situations involving Medicaid issues, all efforts are made to resolve the problem, and transition planning occurs before any disenrollment takes place.
- *Plans:*
  - The HSW team recognizes that it does not yet serve all DWIHN members eligible for the HSW program. It plans to renew its efforts to offer targeted education to the CRSPs on program requirements, member benefits, and provider incentives.

### **Activity 3: Self-Determination/Self-Directed Services (SD/SDS)**

- *Description:* Self-Directing Services (SD) is a partnership between Detroit Wayne Integrated Health Network and members using specialty mental health services. Self-directing services are a method of service delivery that shifts budget authority and control of services to the person, as identified in their Individual Plan of Service (IPOS). Based on services authorized in the IPOS, the members select qualified service providers of their choice. The costs of services is outlined in an individual budget and managed by the person through a Financial Management Service (FMS).
- *Current Status:* More than 1,300 members self-direct their services. At the time of this report, 1,370 members were enrolled. This is a 7% increase since the start of the fiscal year, when we served 1,281 members.

Self-Directing Services												
	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept
Total Members	1281	1290	1297	1301	1301	1311	1324	1332	1339	1342	1353	1370

- *Significant Tasks During Period:*
  - The SD team continues to move forward with system improvements to streamline the process for our members and participating providers, including:
    - Review and update of the Self-Directed Services Referral Form
    - Renewed Self-Determination/Self-Directed Services “roadmap” for use with interested families and supports coordinating agencies.
- *Major Accomplishments During Period:*
  - We continue active participation with 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.
- *Needs or Current Issues:*
  - The Self-Directed Services onboarding process, including treatment planning and purchase agreements, involves a great deal of paperwork. Most documents are signed manually, and at multiple appointments. The SD team, participating providers, and supported individuals participating in Partners Advancing Self-Determination (PAS) agree that this can be a hindrance to initiating services.
  - Families participating in PAS express a desire for additional outreach regarding access to DWIHN services and subsequent education on self-determination/self-directing services.
- *Plan:* The Director of Utilization Management and SD Team will continue active participation in the PAS cohort, which concludes in December 2025.

## **Quarterly Update:**

- **Things the Department is Doing Especially Well:**
  - Utilization Management participated in the interdepartmental presentation of Hospital Discharge & Crisis Plan training to the provider network in September 2025.
- **Identified Opportunities for Improvement:**
  - Director continues discussion with Outpatient UM Administrator on ways to actively improve response and disposition time for standard prior authorization requests.
  - The Director, in conjunction with Strategic Operations and available consultants, will continue the update and implementation of the UM Work Plan, which will promote timeliness and compliance with accrediting and regulatory bodies.
- **Progress on Previous Improvement Plans:**
  - Utilization Management contributes and provides technical assistance to other departments during the most recent HSAG review. DWIHN receives an overall score of 97%.

**Program Compliance Committee Meeting**  
**Director of Quality Improvement QAPIP Work**  
**Plan Update FY25**  
**October 8, 2025**



**Main Activities during Quarter 4 Reporting Period:**

- Michigan Mission-Based Performance Indicators (MMBPI) Reporting Data 3<sup>rd</sup> Quarter
- Health Services Advisory Group (HSAG) Activity Update

The following chart provides an overview of the final reporting rates for the third quarter of the fiscal year 2025, submitted to the Michigan Department of Health and Human Services (MDHHS) on September 30, 2025. During this quarter, DWIHN met all state performance indicator standards, with the exceptions of PI2a (IBPS services within 14 days) and PI10 (adult recidivism).

For Indicator #2a, we met the performance standard for all demographic groups except one. The completion rate for the DD/Child category was only 36.57%, which falls short of the required standard of 57% or higher. Overall, our completion rate was 56.14%. In response to this, the Children's Initiatives Department has launched a Performance Improvement Project (PIP) focused on Indicator #2a for children. This project will analyze data from the past six months to identify patterns and trends aimed at improving outcomes. Additionally, we will continue to implement the most effective interventions to reduce the recidivism rate among adults while actively working to increase member participation in outpatient services, such as the ACT program, Med Drop, and Complex Case Management.

Indicators	Definition	3 <sup>rd</sup> Quarter	Standard
1 (Children)	Crisis Prescreening within 3 Hours of Request	98.27%	
1 (Adult)		97.20%	95% or higher
2a (MI/Adult)	Intake (IBPS) within 14 days	62.82%	
(DD/Adult)		58.97%	57% or higher
2a (MI/Children)		60.13%	
(DD/Children)		36.57%	
3 (Combined)	Ongoing service within 14 days	93.33%	83% or higher
4a (Children)	7-day follow-up after discharge	95.16%	95% or higher
4a (Adult)		97.27%	
10 (Children)	Inpatient Psychiatric Recidivism	14.67%	15% or less
10 (Adult)		17.43%	

### **HSAG Updates:**

DWIHN has received the results of its External Quality Compliance Review from the HSAQ for the second-year cycle. A total of 145 elements were assessed, and we successfully met 140 of them, achieving an overall score of 97%. We earned a perfect score of 100% in 6 out of 8 categories. In the remaining two categories, Grievance and Appeal Systems, and Confidentiality, we scored 91 and 92, respectively.

Looking ahead, we are committed to implementing targeted strategies and initiatives to address these areas, with the goal of achieving a perfect score of 100% in our next evaluation.

The data below presents the compliance scores from 2021 and 2022 in comparison to the scores from 2025:

Standard	Total Elements	Total Applicable Elements	Number of Elements			Total Compliance Score
			M	NM	NA	
Standard II – Emergency and Post stabilization Services	13	13	13	0	0	100% (100%)
Standard VII—Provider Selection	16	16	12	4	0	75% (100%) +25
Standard VIII—Confidentiality	11	11	10	1	0	91% (91%)
Standard IX—Grievance and Appeal Systems	38	38	32	6	0	84% (92%) +8
Standard X—Sub contractual Relationships and Delegation	5	5	4	1	0	80% (100%) +20
Standard XI—Practice Guidelines	7	7	6	1	0	86% (100%) +14
Standard XII—Health Information Systems	12	11	9	2	1	82% (100%) +18
Standard XIII—Quality Assessment and Performance Improvement Program	30	30	25	5	0	83% (100%) +17
<b>Total</b>	<b>119</b>	<b>118</b>	<b>98</b>	<b>20</b>	<b>1</b>	<b>83% (97%) +14</b>

Last year, we also saw significant improvements in the other set of PIHP function standards reviewed:

Standard	Total Elements	Total Applicable Elements	Number of Elements			Total Compliance Score
			M	NM	NA	
Standard I—Member Rights and Member Information	24	22	18	4	2	82% (we were 84% in 2021) -2
Standard III—Availability of Services	20	18	17	1	2	94% (we were 86% in 2021) +8
Standard IV—Assurances of Adequate Capacity and Services	11	9	9	0	2	100% (we were 0% in 2021) +100
Standard V—Coordination and Continuity of Care	16	15	15	0	1	100% (we were 79% in 2021) +21
Standard VI—Coverage and Authorization of Services	23	22	17	5	1	77% (we were 64% in 2021) +13
<b>Total</b>	<b>94</b>	<b>86</b>	<b>76</b>	<b>10</b>	<b>8</b>	<b>88% (we were 77% in 2021) +11</b>

**Program Compliance Committee**  
**Associate Vice President of Clinical Operations' Report**  
**October 8, 2025**



## **CLINICAL PROGRAM UPDATES**

### **AUTISM SERVICES:**

The State of Michigan is asking PIHPs to implement an Autism Risk Matrix – a new tool designed to increase transparency and accountability in the state's behavioral healthcare system. The matrix maps the potential severity and likelihood of service risks, allowing the state to track financial stability, continuity of care, and quality of autism services for Medicaid beneficiaries.

For DWIHN, this has been a major IT lift, requiring collaboration between our IT Department and Children's Initiatives team. Together, they have worked to design the system updates needed to capture accurate, real-time information on autism services across our network. The matrix will cover all members eligible for ABA therapy, track attrition rates, and highlight both eligible and denied cases. By spanning data from 2023 through 2025, it will provide valuable insight into trends, timeliness of diagnosis, and access to therapy.

This work not only demonstrates our ability to meet new state requirements but also underscores DWIHN's commitment to using data to improve outcomes for children and families. The Autism Risk Matrix will give us greater visibility into where gaps exist, ensure accountability among providers, and help families experience a smoother transition from diagnosis to applied therapy.

### **CHILDREN'S INITIATIVES SERVICES:**

In September, the Children's Initiatives Department hosted a two-day, in-person Strengthening Families Training at The Guidance Center in Southgate. Funded by our System of Care grant, this was an important investment in our provider network and workforce. Twenty-eight (28) attendees representing six (6) provider agencies came together to learn evidence-based strategies that strengthen parent-child relationships, improve communication, and reduce risky behaviors among youth.

Strengthening Families is nationally recognized and focuses on building protective factors within families. Parents and children learn practical skills such as bonding, problem-solving, anger management, and peer resistance strategies, which are proven to reduce substance use, delinquency, and academic struggles.

This training not only equipped providers with tools they can take back to families but also demonstrated how grant dollars are being used to create long-term impact. Providers left prepared to implement these practices in their own agencies, with the goal of hosting Strengthening Families groups in the coming year.

## **INTEGRATED HEALTHCARE SERVICES:**

Complex Case Management has produced remarkable results in connecting members to the care they need. Before entering the program, only 40% of active members were engaged with a Clinically Responsible Service Provider (CRSP). After completing Complex Case Management, that number jumped to 93% -- more than doubling engagement in essential outpatient services.

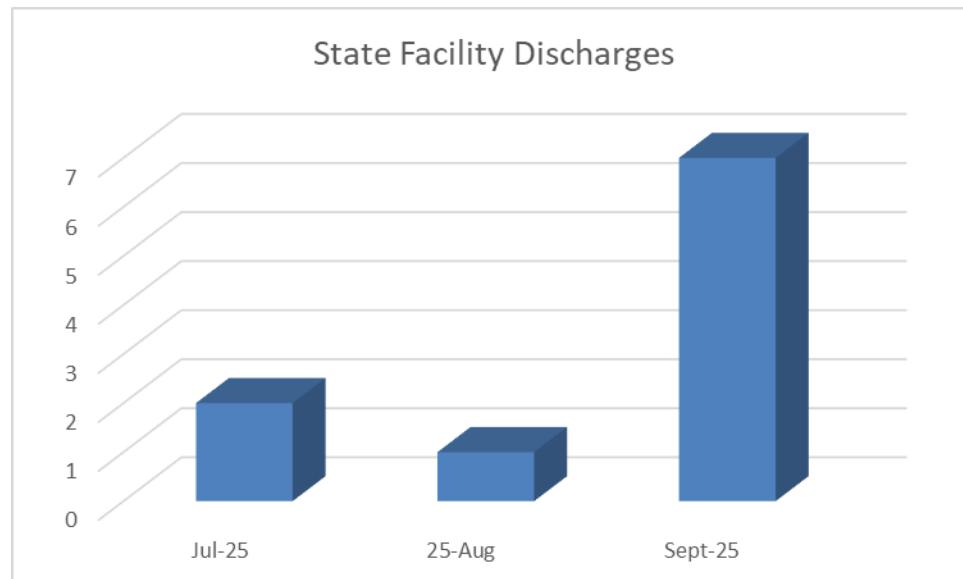
Primary care connections improved as well. Initially, only 66% of members had a Primary Care Provider. By the end of the program, 86% were linked to primary care, ensuring better management of chronic health conditions and overall wellness.

These outcomes demonstrate that Complex Case Management is not only reaching high-risk members but also changing the trajectory of their care by strengthening relationships with CRSPs and primary care. This represents a significant step forward in closing gaps in care and reducing preventable hospitalizations.

## **RESIDENTIAL SERVICES:**

In September, the Residential Services Department facilitated the successful transition of seven (7) adult members from long-term state facilities back into community living. This is a remarkable accomplishment for one month and represents a meaningful change for these individuals, who are now able to live outside institutional walls and experience greater independence, dignity, and connection to community supports.

Transitions of this scale require careful coordination across providers, families/guardians, and state partners to ensure members are set up with the right housing, clinical, and social supports. Each discharge reflects not only a system-level achievement but also a life-changing opportunity for the members involved.



State Facility Discharges			
	Jul-25	25-Aug	Sept-25
	2	1	7

### **SUBSTANCE USE DISORDER INITIATIVES SERVICES:**

This month, the SUD Department completed environment audits and recovery housing audits across the treatment provider network. What makes this milestone important is that the team used a new, robust electronic environmental audit tool for the first time.

The tool not only standardizes the review process but also creates a stronger framework for tracking corrective action plans and measuring outcomes over time. This means DWIHN can now monitor provider performance more effectively, ensure recovery housing environments remain safe and supportive, and identify system-wide trends more quickly.

By leveraging technology, the department is also strengthening accountability while also positioning the network to demonstrate measurable quality improvements – an area that is vital for member stability and long-term recovery success.



**ASSOCIATE VP of CLINICAL OPERATIONS' REPORT  
Program Compliance Committee Meeting  
Wednesday, October 8, 2025**

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

**ADULTS INITIATIVES (CLINICAL PRACTICE IMPROVEMENT) – Director, Marianne Lyons**  
*No Monthly 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**  
*No Monthly Report*

**CUSTOMER SERVICE – Director, Michele Vasconcellos**  
*Please See Attached Report*

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

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

**MANAGED CARE OPERATIONS – Director, Rai Williams**  
*No Monthly Report*

**RESIDENTIAL SERVICES – Director, Ryan Morgan**  
*Please See Attached Report*

**SUBSTANCE USE DISORDER (SUD) – Director, Matthew Yascolt**  
*Please See Attached Report*

**UTILIZATION MANAGEMENT – Director, Marlena Hampton**  
*No Monthly Report*

**DWIHN Access Call Center**  
**Yvonne Bostic, MA, LPC (Call Center Director)**  
**Monthly Report: August 2025**  
**Program Compliance Committee: October 8, 2025**



**Main Activities during August 2025:**

- **Call Center Performance – Call detail report**
- **Appointment Availability – Intake appointment and Hospital Discharge Follow-up**
- **Special Projects – MI HEALTH LINK and Updates**

**Activity 1: Call Center Performance – Call Detail Report**

- **Description:** Majority of the calls that come into the call center are from members in the community seeking mental health and SUD services, information and referrals. The rest of the incoming calls are from in-network providers and other community agencies like local hospitals, foster care workers, etc. Incoming calls are monitored from the first point of contact with the DWIHN Access Call Center Representatives and then after they are transferred to a screener (MH/SUD or other resource).
- **Current Status:**
  - MDHHS Standards and Call Center Performance for August 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% (93.0%)

Queues	Incoming Calls	Calls Handled	Calls Abandoned ./Hang Ups	% Abandoned.	Avg. Speed to Answer	Average Call Length	% of Calls Answered	Service Level
Call Reps	15,382	14,929	176	1%	:10 sec	4:11 mins	97%	93%
SUD Techs	3,955	3,569	264	7%	1:30 mins	12:51 mins	90.0%	76%
Clinical Specialist	2,213	1,768	274	12%	2:12 mins	16:33 mins	80.0%	63%
July 2025 Totals	16,874	16,427	250	1.0%	:10 sec	4:11 mins	97.0%	92.0%
August 2024 Totals	16,417	15,519	521	3.0%	:19 sec	5:14 mins	95.0%	83%

- For the month of August 2025 there were 14,929 calls handled by the access call center. This is 1,498 less calls than the previous month (July 2025 – 16,427 handled calls).
- Of the total number of calls handled (14,929) for the month of August 2025:
  - 3,569 (24.0%) calls handled for SUD services
  - 1,768 (12.0%) calls handled for MH services
  - 9,592 (64.0%) calls were for provider inquiries, information and referrals for community programs and services, screening follow up calls, request to release SUD cases, Hospital Discharge appointments, enrollments (Infant Mental Health

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

- In an annual comparison of August 2024 and August 2025, there were 590 more calls handled in 2024. There was a 2.0% difference in the abandonment rate, 3.0% to 1.0%. There was a 10% difference in the service level (83.0% (2024) to 93.0% (2025)).



- **Significant Tasks During Period:**
  - Genesys Phone System – Build out new features – WorkForce, Knowledge Base, Satisfaction Surveys
  - Updates to Genesys Phone System Silent Monitoring
- **Needs or Current Issues:**
  - vacancies as of September 2025 - 1 x SUD FT and 1 x Clinical PT
- **Plan:**
  - Fill current vacancies

- Build Knowledge Base in Genesys Phone System (in progress)
- Annual performance appraisals (Due Sept 30, 2025)
- Make adjustment to staff schedule to ensure coverage during high volume call times (ongoing)

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

**Description:** The Access Call Center schedules the following types of appointments:

- **Hospital discharge/ follow up appointments** (within 7-day requirement) for individuals being discharged from short stay inpatient psychiatric treatment.
- **Mental Health initial intake appointments** (within 14 days requirement) for individuals new to the system or seeking to re-engage in services if their case has been closed (SMI, SED, I/DD).
- **SUD intake appointments** for routine (within 14 days), urgent /emergent (within 24-48 hours) levels of care (Outpatient, Withdrawal Management, Residential, Recovery Support Services, MAT).

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

The appointment availability is based on the number of appointments scheduled within the allotted timeframe. If an appointment cannot be scheduled within the prescribed timeframe, Access Call Center staff will engage in communication with CRSP providers (via phone call and/or email) to coordinate an intake appointment within 30 days or less, when possible.

Rescheduled appointments often impact the data recorded for appointments scheduled within the standard timeframe (7 days and 14 days).

#### **Summary:**

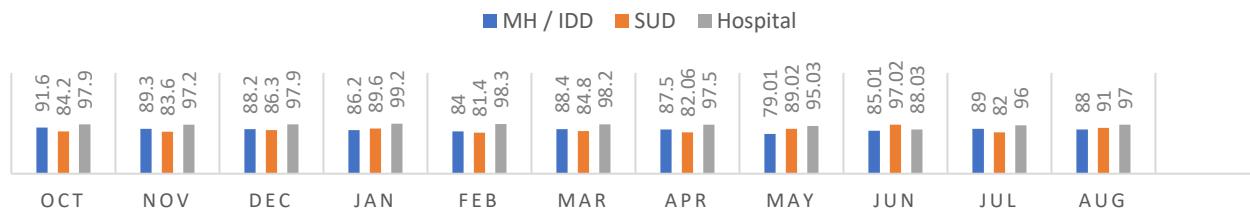
This report will also include the appointment availability and timeliness of scheduling the appointments for Hospital Discharge Appointments, MH and SUD services.

- **Appointment Availability Summary:**
  - For the month of August 2025 there were 1270 MH (SMI - 653, SED - 197, I/DD- 59 (adult) / 180 (child), ASD Eval - 181) appointments scheduled. There was a decrease in appointment availability in this area from July to August by approx 1%); (October 91.6%, November 89.3%, December 88.2%, January 86%, February 84%, March 88.4%, April 87.5 %, May 79%, Jun 85%, Jul 89%, **Aug 88%**).
  - For the month of August 2025 there were 840 Hospital Discharge follow up appointments scheduled through the DWIHN Access Call Center (Adult 797, Child 43); appointment availability was 97%; which is a increase by approx. 1% from last month. (October 97.9%, November 97.2%, December 99.9%, January 99.2%, February 98.3%, March 98.2%, April 97.5%, May 95%, Jun 97%, Jul 96%, **Aug 97%**)
  - For the month of August 2025 there were 1609 SUD appointments scheduled; SUD appointment availability was 91% which is the same as

the previous month, but is an improvement for this fiscal year. (October 84.2%, November 83.6%, December 86.3%, January 89.6%, February 81.4%, March 84.8%, April 82.6%, May 89%, Jun 88%, Jul 91%, **Aug 91%**).

- **Monthly Comparison Charts:**

### **APPOINTMENT AVAILABILITY- APPTS SCHEDULED WITHIN 7 OR 14 DAYS (FY 24-25)**



- **Significant Tasks During Period:**
  - DWIHN staff engage in regular follow up meetings with identified CRSP, every 30-45 days to discuss meetings with CRSP to discuss interventions and review data (Meeting Attendees – MCO, Quality, Adult/Child Initiatives, Integrated Care, Access Call Center)
  - DWIHN Access Committee review network service availability and make recommendations for network revisions and expansion, monthly.
  - Onboarding of new providers
- **Needs or Current Issues:**
  - Limited appointment availability.
  - DD Supports coordination appointments for ABA support coordination and ASD evaluation appointments are scheduled outside of 14 days
- **Plan:**
  - Continue to meet with CRSP to identify more appointments for intake and follow-up services (ongoing).
  - Coordinate intake appointments with newly onboarded CRSP providers (ongoing).
  - Identify current I/DD CRSP that may meet criteria to be credentialed as ABA Supports Coordinators

#### **Activity 3: Special Projects**

**Description:** MI HEALTH LINK referrals from ICO(s) for level 2 assessments

Referrals for behavioral health services are made (via email or fax) by the following ICO's – Molina, Amerihealth, Meridian, Aetna Better Health and Midwest Health plan to DWIHN as part of the Mi Health Link demonstration. Access Call Center staff are assigned to review the referrals and make 3 attempts to reach the individual to discuss available services, complete a screening and schedule an intake appointment with an in-network provider of choice (timeframe- 14 days).

**Summary:**

For the month of August 2025, 407 referrals were received, 98% were processed within 14 days and 2% were processed within 15-18 days.

Month FY 24/25	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
# of Referrals	91	57	29	63	42	60	538	474	485	407	199
% processed timely	93%	98%	100%	97%	100%	96%	88%	91%	97%	98%	100%

**Needs or Current Issues:**

- None

**Plans:**

- Additional staff have been assigned to monitor this queue and make routine follow-up calls, daily (ongoing)

**Program Compliance Committee Meeting**  
**Autism Services Department**  
**September 2025 Monthly Report**



**Main Activities during Reporting Period:**

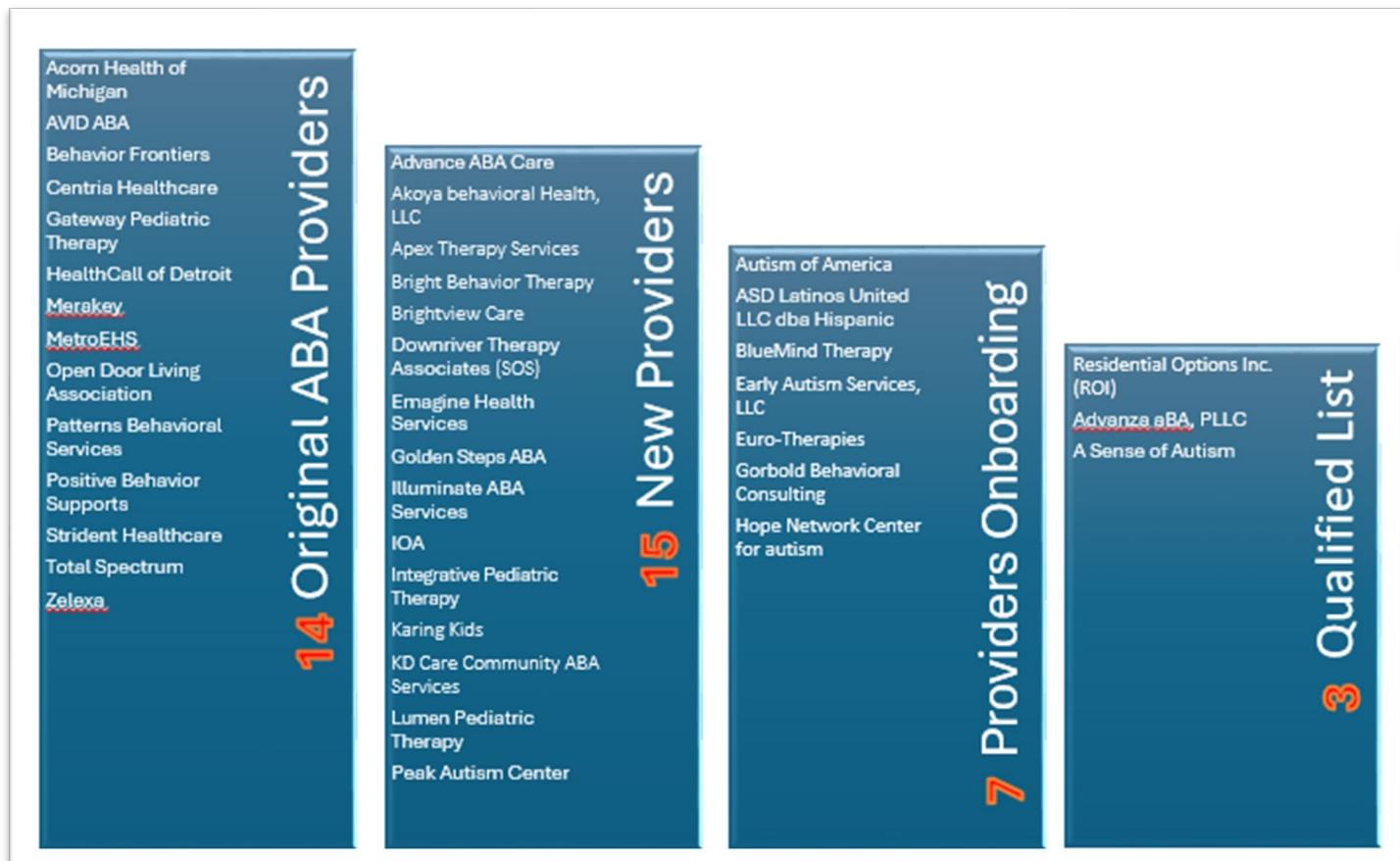
- Activity 1: Autism Service Expansion
- Activity 2: Monthly ABA Provider Meeting
- Activity 3: Autism Risk Matrix

**Progress On Major Activities:**

**Activity 1: Autism Service Expansion**

**Description:** To address provider capacity shortages impacting access to Autism Services in Wayne County, a five-year Request for Qualifications (RFQ) was launched to expand the availability of Applied Behavior Analysis (ABA) providers within the Detroit Wayne Integrated Health Network (DWIHN). Initiated in 2023, the RFQ aims to strengthen the provider network through 2028 by increasing the number of qualified organizations serving children and youth with autism spectrum disorder.

**Current Status:** The Autism Service program has experienced consistent growth in both member diagnoses and service delivery. The diagram below outlines the status of ABA Providers since the RFQ 2023-005 REBID began in March of 2023. The diagram below depicts 4 columns categorized to provide in-sight on the growth of the network. The first column represents the original (i.e. prior to RFQ) 14 ABA providers contracted with DWIHN. The second column represents the new 15 providers added to the network since 2023 to September 2025. The third column represents the potential 7 providers qualified and completing requirements to receive a contract. Lastly, the fourth column represents the qualified 3 providers available for selection if needed. At the end of September, Wayne County Medicaid eligible members had a total of 29 ABA providers to choose from to receive medically necessary services.



**Significant Tasks During Period:** Integrative Pediatric Therapy officially received access to DWIHN's electronic medical record (MHWIN) at the beginning of September. The newly contracted provider is receiving onboarding and orientation to DWIHN's system and processes.

**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 both the IDD and ABA Service monthly provider meetings.

**Plan:** During the ABA Monthly Provider Meeting, providers were reminded that CRSP agency staff hired and terminated should be updated on the Smartsheet form provided to the network to ensure most accurate contact information is available to the network. Efforts to strengthen and maintain consistent communication will continue to be emphasized across the network.

### **Activity 2: Monthly ABA Provider 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 9/22/2025 with the independent diagnostic evaluators, ABA Providers and (Clinically Response Service Provider) CRSP that oversee members enrolled in autism services.

**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 were shared during the meeting. The DWIHN Quality Team discussed that staff must complete the IPOS Training Form whenever an IPOS is updated in MHWIN and should be linked to the supports coordinator case holder as well. Updates to clinical tools include extending the upload timeframe for behavioral assessment reports from 10 to 14 business days. The Physical Environmental Review Tool has changed from a summary in clinical reports to a scorable tool. Additionally, required posters and forms for grievances, recipient rights, and abuse and neglect must be displayed in English, Spanish, and Arab languages.

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

- **Compliance Department:** The Detroit Wayne Integrated Health Network (DWIHN) Compliance department covered a training on frequent noncompliance issues in operations. These issues include billing for unrendered services, inaccurate time records, insufficient clinical documentation, failure to provide records upon request, outdated staff records in MHWIN, workforce background check issues, inadequate training, and incorrect billing codes. To prevent citations, organizations should conduct regular audits, stay updated on healthcare regulations, and review DWIHN policies. Clear policies and procedures must be implemented, along with ongoing staff training on compliance, fraud prevention, HIPAA, and billing. Maintaining accurate documentation of patient care, billing, and HR records is essential for transparency and accountability.
- **Customer Service Department:** Provided a training on Due Process for the ASD Provider network. The State of Michigan has updated documentation requirements for Adverse Benefit Determination (ABD) notifications, ensuring they meet a 6.9 reading grade level.
- **Utilization Management Department:** The DWIHN UM department team also completed a brief training on the process for early terminating authorizations and ways to avoid authorizations being returned. Authorizations must be early terminated when service changes overlap with a previous authorization, and the new start date cannot overlap with the prior end date.

**Major Accomplishments During Period:** DWIHN has developed an Autism Risk Matrix to enhance data-driven decision-making and optimize service delivery. This comprehensive tool systematically tracks the number of eligible members, those assigned or unassigned to ABA services, provider distribution, and the ratio of open to closed cases, facilitating more efficient resource allocation and service planning. Additionally, DWIHN has established FY25 Autism Service Goals to uphold the highest standards of care. These objectives emphasize continuous quality improvement, the integration of medical necessity with evidence-based treatment approaches, and the promotion of best practices through ongoing education and performance monitoring. These initiatives are designed to enhance service efficacy, ensure patient safety, and foster a system of care that is both responsive and sustainable.

**Needs or Current Issues:** DWIHN has identified critical needs and challenges in organizational compliance, care coordination, and clinical outcome improvements. A key priority is establishing standardized guidelines for independent evaluators, including the development of best practice reporting frameworks, defined timelines, and refined medical necessity criteria to ensure consistency and accuracy in assessments. Additionally, enhancements in care coordination are needed, particularly in refining CRSP processes such as the care coordination form, ABA referral note, and ABA CRSP Care Coordination procedures to strengthen service integration. Among ABA providers, there is a growing need for structured risk mitigation strategies, advanced safety care training, and standardized clinical outcome procedures to improve quality of care, patient safety, and treatment efficacy.

**Plan:** To address these challenges, DWIHN has developed a strategic plan aimed at improving compliance, service coordination, and clinical effectiveness. Key initiatives include updating the Autism Services Utilization Guidelines, refining the ASD General Funds procedure, and developing an ABA provider capacity report to assess service availability and demand. Additionally, the launch of a care coordination pilot will facilitate improved collaboration among providers, enhance service delivery models, and ensure adherence to evidence-based practices. These efforts are designed to strengthen system-wide efficiency, uphold best practices, and promote sustainable improvements in autism service outcomes.

### Activity 3: Autism Risk Matrix

**Description:** The State of Michigan is requesting Prepaid Inpatient Health Plans (PIHPs) to post a risk matrix to increase transparency and accountability in the state's behavioral healthcare system. This is part of a larger reform effort to improve access, quality, and cost-effectiveness of care for Medicaid beneficiaries. The Autism Risk Matrix is a visual tool that maps the potential severity and likelihood of threats in specific service categories. The state of Michigan, through the Michigan Department of Health and Human Services (MDHHS), will use the risk matrix information submitted to assess financial stability, ensure continuity of care, and increase transparency and accountability in the new competitive contracting system.

**Current Status:** The Autism Risk Matrix covers the census of eligible members for ABA therapy and attrition of ABA therapy in DWIHN's provider network. The data spans from 2023 to current 2025. The data highlights trends for both eligible and denied members while also marking important dates to improve oversight of timeliness access to diagnosis and applied services to allow for a smoother transfer between evaluation and applied therapy.

**Significant Tasks During Period:** DWIHN is approaching the completion of the system updates requested for the Autism Risk Matrix. In preparation of the release the IT department has provided special access to Children's Initiatives access for security and permission.

#### Needs or Current Issues:

#### Monthly Update

##### Things the Department is Doing Especially Well:

- Shared the updated ABA Provider Availability Form with CRSPs and providers to support faster access to services and smoother transitions for members entering care.
- Shared updated provider availability network-wide (13 providers reported availability, totaling 185 open spots across the network)
- Streamlined tracking of new enrollments, re-entries, discharges, and transfers
- Reinforced care coordination and expectations during the September ABA Provider Meeting
- Posted the Behavior Treatment Plan (BTP) training to inform and support the provider network
- Continued improving the new Autism Provider Orientation Training presentation for new providers
- Completed over 173 case assignments, successfully connecting members to appropriate ABA providers and services.
- Provided 2 ABA providers with MHWIN training.

##### 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.

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 September 2025

### Main Activities during the Reporting Period:

- Activity 1: Children Services Request for Proposal (RFP)
- Activity 2: Crisis Plan & Hospital Discharge Training
- Activity 3: Strengthening Families

### Progress On Major Activities:

#### **Activity 1: Children Services Request for Proposal (RFP)**

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

**Why is this Important?**: Ensure programs supported by 42 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	Status
2025-018	Wayne County Juvenile Justice Services	Completed
2025-019	Autism Independent Evaluations	Completed
2025-020	School Based Health Quality Initiative	Completed
2025-021	Juvenile Restorative Program	Completed
2025-022	Integrated Pediatric Program	Completed

**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:** There are two programs requiring a rebid due to not having enough adequate providers to provide services (Autism Independent Evaluators and School Success Initiative).

**Plans:** Issue rebid for the two programs by 10/3/2025.

#### **Activity 2: Crisis Plan & Hospital Discharge Planning Training**

**Description:** DWIHN hosted the Crisis Plan and Hospital Discharge Planning Training this month for Providers on 9/15/2025 and 9/22/2025 virtually.

**Why is this Important?**: To equip mental health professionals with the knowledge, skills, and tools necessary to effectively manage care transitions during crises and hospital discharge, ensuring continuity of care, safety, and improved outcomes.

- Objective 1: Improved understanding of policy and Clinical Guidelines regarding crisis planning and hospital discharge.
- Objective 2: Increase awareness and understanding of data, trends and clinical need of crisis planning and hospital discharge planning.
- Objective 3: Implementation of crisis planning and hospital discharge planning.

**Census:** The training was held for three hours on both dates in which 67 were in attendance on 9/15/2025 and 124 were in attendance on 9/22/2025.

**Significant Tasks and Major Accomplishments During Period:** The training was a joint effort from various DWIHN departments (Access Call Center, Adult Initiative, Children Initiative, Crisis Department, Office of Recipient Rights, Innovation and Community Engagement, Quality Department, Integrated Health, Residential Department, and Utilization Management Department). In addition,

attendees actively participated in the training and engaged in the pre / post tests and break out room scenarios.

**Needs or Current Issues:** It was also recognized new clinicians expressed discomfort with discussing crisis planning and hospital discharge planning with members and benefited from the role-playing exercise.

**Plans:** DWIHN requested Providers to implement the information from the training with other staff and departments among the Providers through trainings, meetings, onboarding, policies, and procedures.

### **Activity 3: Strengthening Families**

**Description:** Children Initiative Department hosted a 2-Day in person Strengthening Families Training at The Guidance Center in Southgate, MI. This opportunity was sponsored by the System of Care Grant to support the goal of having a well trained workforce, offering quality services, increasing access to services, and valuing youth and parent voice. The training agency was Ahearn Greene Associates, LLC.

**Why is this Important?**: Strengthening Families was designed to educate parents about the importance of positive parental behavior and their role in being the role model, guide and monitor of their child as the child develops their values and choose their behaviors and path in life. This model has been selected as an evidence-based model family skills training program by communities across the United States in their commitment to prevent and reduce substance abuse and other risky behaviors facing youth and their parents, including criminal involvement, delinquency, academic performance and child maltreatment.

**Current Status:** There were a total of 28 attendees and 6 Providers in attendance at the training (America's Community Council, Assured Family Services, Black Family Development, DWIHN Outpatient Clinic, Team Wellness, National Council on Alcoholism Prevention Center).

**Significant Tasks and Major Accomplishments During Period:** A Request for Information (RFI) was issued to identify interested Providers to attend. Attendees gained the following skills from the training for age groups 3-5, 6-11, and 12-16.

**Parent Skills Training Group:** Parents learn to build and increase positive time with children, manage stress, give clear directions, develop behavior change, hold family meetings, and use effective discipline.

**Children's Social Skills Training Group:** Children ages 3-16 learn parent/child bonding, communication skills, peer resistance, recognizing feelings, consequences of substance abuse and other risky behavior, anger management, problem solving and dealing with criticism.

**Family Skills Training Group:** Parents and children practice together new skills learned in their separate groups such as parent/child bonding, communication, family organization, family management and problem solving.

**Needs or Current Issues:** Brainstormed ways Providers to engage families to participate in the group model and provide food for families.

**Plans:** Host implementation meetings with Providers to monitor achievement with the goal of each Provider offering two Strengthening Families groups during FY26 using the appropriate billing modifier.

### **Monthly Update**

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

**Youth United Spotlight Awards:** Youth United hosted the Annual Spotlight Awards this month at Stefan's Banquet Hall in Redford, MI. The following recipients were winners of the Spotlight Awards:

- Advocacy Award: April Cardinal
- Youth Peer Support Specialist Award: Johnnie Salazar
- Youth Advocate Award: Jennifer Rosas-Zapatas
- Change Maker Award: Kenlee Morris

- Leadership Award: Dakari Gray
- Perseverance Award: Sebastian Orr-Givens
- Volunteerism Award: George Latham IV
- Adult Youth Champion Award: Tajaa Goshay

**Financial Status Review Training:** Children Initiative Department partnered with Finance Department and Michigan Department of Health and Human Services (MDHHS) to host a training for Children Providers on completing financial status review forms, new submission requirements, and comment trends.

**Outreach:** Department participated in outreach activities this month

- **Women's Conference:** Director of Children Initiative, Cassandra Phipps participated in panel discussion at the women's conference to explain DWIHN children services, discuss tips for returning to school, and resources for parents and students. Further explained School Success Initiative program, risk factors, and supports for teachers, students, and parents.
- **Radio Interview:** Director of Children Initiative, Cassandra Phipps participated

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

- Children Mental Health Lecture Series: Future Ready Care – Empowering Youth to Heal from Trauma and Navigate Substance Use
- Annual Resiliency Breakfast
- Crisis Planning and Hospital Discharge Planning

#### **Performance Improvement Plans:**

**MDHHS Performance Indicator 2a – IDD Children:** 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

<b>FY24</b>	<b>FY25</b>
Q1: 303 / 425 = 21.78%	Q1: 200 / 558 = 35.84%
Q2: 146 / 523 = 27.92%	Q2: 239 / 698 = 34.14%
Q3: 155 / 493 = 31.44%	Q3: 149 / 499 = 36.57% (preliminary)
Q4: 369 / 655 = 56.34%	Q4: 190 / 626 = 30.35% (preliminary)

#### **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
- Updated the FY26 Statement of Work a minimum requirement of MHWIHN availability calendar appointments.

**New Proposed Interventions:**

- Further analysis of length of treatment for IDD services.
- Further analysis of discharge data for children with IDD services.

**Plan:** To present the updated improvement project plan to the Quality Improvement Steering Committee (QISC) 9/30/25.



**Program Compliance Committee**  
**Michele Vasconcellos, Director, Customer Service**  
**September 2025**

### **Unit Activities**

- 1.) Customer Service Calls
- 2.) Family Support Subsidy
- 3.) Grievances and Appeals
- 4.) Member Engagement

#### **Activity 1: Customer Service Calls**

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

#### **Reception/Switchboard Reception/Switchboard**

	Number of Offered	Number of Calls Answered	Abandonment Calls	Abandonment Rate Standard <5%	Average Speed Answered (ASA) <30sec)	Service Level Standard 80%	% of Calls Answered Standard 80%
<b>FY-24-25</b>	1,117	1033	9	1%	8 sec	98%	92%
<b>FY-23/24</b>	1,268	1210	15	1%	10 sec	97%	95%

#### **Customer Service Call Center**

	Number of Offered	Number of Calls Answered	Abandonment Calls	Abandonment Rate Standard <5%	Average Speed Answered (ASA) <30sec)	Service Level Standard 80%	% of Calls Answered Standard 80%
<b>FY-24/25</b>	1,092	1003	41	4%	11 sec	93%	92%
<b>FY-23/24</b>	914	859	22	2%	10 sec	96%	94%

#### **Significant Activities:**

#### **Reception/Switchboard Reception/Switchboard**

- Reviewing the data from both fiscal years for the month of September overall, both years showed strong performance in call handling metrics, with improvements in the current fiscal year in terms of average speed and the percentage of calls answered



- The Front Desk Welcome Center's new hire has completed her training and is working independently at the Front Desk Welcome Center.
- We are training all Customer Service Admin staff at the Front Desk, which allows for more efficient coverage and efficiency.

### **Customer Service Call Center**

- The September data shows both fiscal years performing well, consistently meeting or surpassing targets for abandonment rate, ASA, service level, and call answer rates. Notably, Fiscal Year 2024/25 has experienced a positive trend, with a considerable rise in calls offered and answered compared to Fiscal Year 2023/24, indicating strong management and efficiency. In September, staff took PTO, which lowered the number of available agents on the phones.

### **Activity 2: Family Support Subsidy**

The Customer Service Family Support Subsidy Program continues to help families who care for their children with severe disabilities at home by providing a small stipend each month, based on specific criteria.

	<b>September FY 24/25</b>	<b>September FY 23/24</b>
<b>Family Subsidy Calls &amp; text messages</b>	914	938
<b>Family Support Subsidy Applications Received</b>	188	159
<b>Family Support Subsidy Applications Processed</b>	116	112

\*The number of processed applications differs from the number received because each applicant is responsible for submitting specific paperwork to complete their file. Until those documents are received, the applications remain in pending status.

### **Significant Activities:**

**Virtual training for incoming School Social Workers at DPSCD held Monday, September 29, 2025.**

### **Activity 3: Grievances, Appeals, and State Fair Hearings**

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

### **Complaint and Grievance Related Communications**

	<b>September FY 24/25</b>	<b>September FY 23/24</b>



Complaint/Grievance Correspondence	384	141
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#### Grievance Processed

Grievances	September FY 24/25	September FY 23/24
Grievances Received	19	7
Grievances Resolved	4	4

#### Grievance Issues by Category

Category	September FY 24/25	September FY 23/24
Access to Staff	5	1
Access to Services*	6	2
Clinical Issues	0	0
Customer Service	4	0
Delivery of Service*	4	4
Enrollment/ Disenrollment	0	0
Environmental	1	0
Financial	1	0
Interpersonal*	2	2
Org Determination & Reconciliation Process	0	0
Program Issues	1	0
Quality of Care	4	0
Transportation	0	0
Other	1	2
Wait Time	0	0
<b>Overall Total</b>	<b>29</b>	<b>11</b>

#### Grievance Trends

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

#### *Definitions*

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



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

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

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

#### MI Health Link (Demonstration Project) Grievances

Grievance	September FY 24/25	September FY 23/24
<b>Overall Total</b>	0	0

#### Appeals: Advance and Adequate Notices

September FY 24/25		September FY 23/24	
Adequate	Advance	Adequate	Advance
431	1874	372	1812

#### \*Appeals Communications

	September FY 24/25	September FY 23/24
<b>Appeals Communications Received</b>	127	158

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

#### Appeals Filed

Appeals	September FY 24/25	September FY 23/24
<b>Appeals Received</b>	1	4

\*Although the appeals numbers are lower, the Appeals department has reconnected many members with services through coordination of care efforts. \*

#### DWIHN State Fair Hearings

SFH	September FY 24/25	September FY 23/24
<b>Received</b>	1	0



### MI Health Link (Demonstration Project) State Fair Hearings

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

#### Significant Activity:

##### Grievance:

- Meeting to discuss KC Case
- Contact with PNM related to POC for STEP .
- Significant Increase in Grievances

##### Appeals:

- Completed State Fair Hearing
- Conducted Pre Conference Hearing
- Supported/Managed Walk-ins

#### Accomplishments:

##### Grievance:

- Conducted successful a New Grievance Coordinator Training on SEPTEMBER 22nd, 2025
- Gathered and submitted information for the AmeriHealth Audit

##### Appeals:

- Continue to train Behavioral Health Home staff with the Disenrollment Project
- Met to finalize legal references to MHWIN in the Consumer Notification tab

### Activity 4: Member Engagement and Experience

Customer Service ensures that members are provided with the opportunity for DWIHN and Community inclusion through various initiatives. In addition to promoting outreach, principles of advocacy are promoted via DWIHN's Constituent Voice Committee and focus groups. Through these venues members have the opportunity to share with DWIHN's key Administration i.e. CEO, issues, concerns and recommendations for process improvements. The Unit also facilitates various survey activities during the 3<sup>rd</sup> Quarter, which included the following significant activities.

#### Significant Activity:

- Member Engagement Team facilitated recruitment efforts for increasing engagement activity with Constituents' Voice and Action Committees, including Advocacy & Advisement Committee, Engagement Committee, and Empower Committee
- The month of September participants joined a live SOULS Chat to offer the opportunity for socialization, encouragement, and human interaction for those who might find some holidays depressing or lonely. The SOULS Chat continues to be an active Zoom Event, which allows for casual, relevant conversation for those who may otherwise feel isolated.



- September is Suicide Prevention Month and was recognized by DWIHN.
- The quarterly member-driven Person Point of View member newsletter, which provided DWIHN updates and member articles on various topics of interest and support will be published in the Fall.
- Conducted monthly via Zoom member meetings at clubhouses and drop-in centers.
- The DeMaria Foundation grant provided funding for the Dreams Come True Luncheon held on September 25, 2025. Dreams Come True Foundation Mini Grant Applications were released. The goal of the Mini-Grants is to provide small stipends of \$500 to help launch a member's opportunity to enhance their overall well-being in categories such as housing, education, recreation, micro-enterprise, creative arts, and others. The winners were announced and acknowledged at Dreams Come True Awards Luncheon on September 25, 2025. Ten Members received the Dreams Come True 2025 Mini-Grant Awards. James E. White, President and CEO, Brooke Blackwell, Vice President, Government Affairs, Michele Vasconcellos, Director of Customer Service, and Dayna Clark, Director of Communications were in attendance. Seven of the ten Awardees attended and shared very inspiring acceptance speech. A total of sixty-two persons attended a very lovely catered luncheon at the Little Rock Considine Center.
- DWIHN members and staff participated in the annual Walk a Mile In My Shoes on Wednesday, September 17, 2025 at the State Capital Building in Lansing, Michigan. Former United States Senator Debbie Stabnow was one of the speakers. It was a beautiful Fall day and we had three hundred and sixty-two persons that attend who included DWIHN Clubhouses members and staff.
- Elaine R. Thomas, LMSW, is the new Customer Service Engagement Manager in Customer Services.

**Submitted by: Michele Vasconcellos, Director, Customer Service 10/1/2025**

## Innovation & Community Engagement

August 2025

### Main Activities during Reporting Period:

- Justice-Involved Initiatives
- Training, Supervision & Workforce Development
- Zero Suicide

### Introduction

This report summarizes the Innovation & Community Engagement Department's activities, accomplishments, and challenges for the month of August 2025. The department continued to lead initiatives that support justice-involved behavioral health, workforce development, suicide prevention, and community engagement. Main Activities During Reporting Period

Across all programs, there were over 936 community encounters documented, with more than 450 individuals linked to behavioral health, housing, or crisis services. Community events reached hundreds of residents, and training and supervision efforts advanced.

### Progress on Major Activities

#### **Activity 1: Justice-Involved Behavioral Health Initiatives & Mobile Clinic Outreach**

##### **Description:**

Provides behavioral health access, diversion, and support for individuals interfacing with law enforcement, courts, and correctional settings across Wayne County. These services reduce incarceration, increase treatment linkage, and support community stabilization. This section also speaks to the Mobile Clinic deployment.

##### **Current Status:**

A total of **936** encounters were recorded across the department's justice-aligned activities. This included **299** co-response interactions, **330** contacts through the Detroit Homeless Outreach Team (DHOT), **98** individuals reached by Peer Support Specialists in shelters, and **169** encounters at community events via the Mobile Outreach Clinic staff. The Mental Health Jail Navigator program made **22** direct connections to behavioral health services and initiated **18** administrative jail release referrals.

##### **Significant Tasks During Period:**

Significant outreach occurred at shelters such as Cass Community Services, St. John, and Detroit Rescue Mission Ministries. Our Peer Support Specialist supported residents in obtaining state IDs, hygiene supplies, and mental health referrals. Although the physical vehicle was out of service, the Mobile Outreach Clinic team connected with over 169 individuals at events like the City of Detroit Peacenic and DWIHN's Back to School event at the Corner Ball Park, where information about 707 Crisis Care, mobile crisis teams, and outpatient services was distributed.

Mobile Clinic Outreach Event Location	Number of Encounters
McCarver Academy	10
St Paul AME Back to School Event	16
Joe Louis Greenway	24
DWIHN's Annual Suicide Prevention Back to School Event - Detroit Police Department Corner Ball Park	26
City of Detroit 6 <sup>th</sup> District in the Park	10
Samaritan Center	9
St Christine Soup Kitchen	14
Samaritan Center	9
Habitat For Humanity	14
City of Detroit Peacenic	37

### **Major Accomplishments During Period:**

The team provided direct support to 941 individuals across multiple interventions: 299 through co-response encounters, 22 via the Mental Health Jail Navigator, and 330 community contacts through the Detroit Homeless Outreach Team (DHOT). In addition, peer outreach specialists made contact with 98 individuals in shelters. DHOT collaborated with Cass Community Services, Detroit Rescue Mission Ministries, and other shelters, helping individuals obtain identification, access hygiene kits, and apply for housing and behavioral health services. While the Mobile Outreach Clinic staff connected with 169 individuals at events across Detroit.

### **Activity 2: Training, Supervision & Workforce Development**

#### **Description:**

Training and technical assistance remain core functions of the Department, with Detroit Wayne Connect (DWC) serving as the central platform for professional development. In August, DWC training hosted 19 events, comprising 13 virtual and six in-person sessions. Roughly 750 people registered, and 600 attended. Support extended beyond training to include help desk services, TAP coaching, and Zoom facilitation for internal and external stakeholders.

#### **Significant Tasks During Period:**

DWC Training hosted 19 Training events in August. Eight (13) virtual and two (6) In-person.

Staff supported the Quality Department's Home & Community Based Services training Module 3. Nine sessions were presented. Staff hosted 4 Compliance Academy trainings on the DWC training. Attended the first segment of Neo.gov training with IT staff

### **Major Accomplishments During Period:**

Staff hosted the Annual Back to School event at Corner Ballpark, which saw a record 2138 individuals, being our largest event since we began in 2016.

Grief Support was made available to Jalen Rose Academy due to the death of a student. Staff also attended a grief training at New Hope.

Three trauma-informed care training sessions were facilitated for youth participating in Grow Detroit's Young Talent (GDYT).

Reach Us Detroit agents reported 282 calls in August from individuals. The team navigated callers through issues such as housing instability, unmet mental health needs, and post-crisis support, often in collaboration with mobile crisis and warmline partners.

### **Activity 3: Zero Suicide Screening & Prevention**

#### **Description:**

Tracks suicide prevention training, screenings, and service linkage efforts across Access, crisis, mobile, and outpatient systems. Aligns with MDHHS Zero Suicide Framework to reduce suicide deaths through early identification and care transitions.

#### **Current Status:**

The screening and identification processes resulted in 2618 initial screenings (437 positive), and 437 referrals made to outpatient/inpatient care for suicide risk.

#### **Significant Tasks During Period:**

The Advisory Board members approved the strategic plan. Identify data requirements for the annual report and clarify processes for implementing the strategic plan. The strategic plan was approved. The data requirements were identified and the processes for gathering the data were clarified.

### **Major Accomplishments During Period:**

Monthly meetings with the Federal program manager are mandated and SPARS data inputs are required quarterly. (Implementation of the overarching evaluation is still pending.) We have been current with all federal requirements.

# Integrated Healthcare Monthly Report

Vicky Politowski, Director

October 8, 2025



## Main Activities during September 2025 Reporting Period:

- **Complex Case Management (CCM)**
- **Omnibus Budget Reconciliation ACT (OBRA)**
- **Mi Health Link and HIDE-SNP Pre-Delegation Audits**

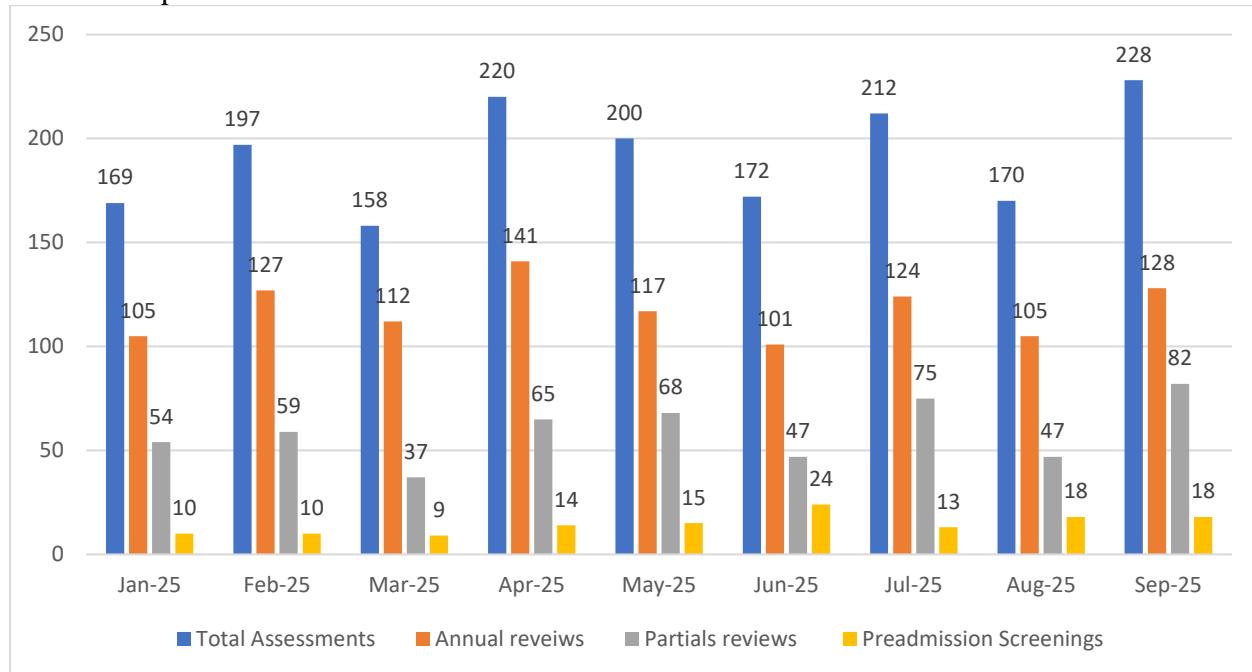
### Activity 1: Complex Case Management

- **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 actively expanding the caseload of our staff, which currently includes 18 individuals. In September, Complex Case Management successfully added three new cases: one referral from a hospital, one from a provider, and another identified through our predictive risk stratification for hospitalization. Complex Case Management is committed to effectively managing these cases and improving outcomes for those we serve.
- **Significant Tasks During Period: Major Accomplishments During Period:** Complex Case Management has greatly improved member engagement with Clinically Responsible Service Providers (CRSP) and Primary Care after participants completed the program. Before receiving Complex Case Management services, only 40% of active members were engaged with a CRSP. However, after finishing the program, this percentage rose to 93%. Additionally, 66% of members had a Primary Care Provider prior to participating in Complex Case Management, and this number increased to 86% afterward.
- **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 effectively leverages advanced predictive models within the HEDIS platform to actively engage with our members. Our Complex Case Managers proactively reach out to those identified as high-risk for hospitalization with complex medical needs. As a result, we successfully identified and contacted one member from this list.

### 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 September, OBRA processed **633** referrals, **309** were assigned to be completed, and **324** were triaged and provided with exemption letters stating they did not need an OBRA Assessment.
- **Significant Tasks During Period:** The OBRA department had one staff member on leave and one open position, both of which were filled, allowing staff to resume work in September. With the department fully staffed, more annual assessments could be completed.



- **Major Accomplishments During Period:** All OBRA staff are meeting the KPI of completing five assessments a week, and contingent staff complete five annual assessments a month.
- **Needs or Current Issues:** With OBRA now fully staffed, we are well-positioned to enhance our capacity for conducting annual assessments.
- **Plan:** Utilize the full staffing resources to reduce the queue for completing annual assessments.

### Activity 3: MI Health Link and HIDE-SNP Pre-Delegation audits

- **Description:** DWIHN is a provider for the MI Health Link demonstration, and each health plan conducts yearly audits to ensure that DWIHN is adhering to Medicare standards of care. MI Health Link will conclude on December 31, 2025, and the new HIDE-SNP program will take effect thereafter.
- **Current Status:** DWIHN is negotiating contracts with two new HIDE-SNP programs: Humana and HAP CareSource. Both health plans have begun their pre-delegation audits of DWIHN for credentialing and claims. AmeriHealth and DWIHN have signed the HIDE-SNP contract for 2026, and the pre-delegation audit has begun.
- **Significant Tasks During Period:** The team confidently meets weekly with each health plan to establish policies and procedures that are fully aligned with Medicare standards.

- **Major Accomplishments During Period:** Eight new HIDE-SNP plans will be available, and DWIHN is expected to sign care coordination agreements with all of them by 12/31/2025. DWIHN has proactively contacted the health plans and has secured 5 out of the 8.
- **Needs or Current Issues:** Complete pre-delegation audits by 11/1/2025 and obtain the other three care coordination agreements.
- **Plan:** Integrated Health Care has contacted each plan to inquire about care coordination agreements. Managed Care Operations and Claims are fully aware of and involved in the pre-delegation audits.

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

- *Omnibus Budget Reconciliation Act (OBRA)*- OBRA collaborated with IT to create a report that monitors members in nursing homes who require behavioral health treatment, as indicated by their assessments.
- *Complex Case Management*: The Complex Case Management team has successfully completed its first round of visits at the Team Wellness Crisis Stabilization Unit. Member participation at the DWIHN Care Center has been strong, and we hope this will become another resource to support more members in Complex Case Management (CCM).
- All audits have been assigned to the relevant programs, and the necessary documents are currently being completed.

### **Identified Opportunities for Improvement:**

- *Omnibus Budget Reconciliation ACT (OBRA)*- OBRA focuses on CRSP, providing services within the nursing home setting. Ongoing training and monitoring are being developed.
- Complex Case Management- Complex Case Management is expanding its services to more members and will continue to conduct rounds at the DWIHN and Team Wellness Centers. This approach ensures that individuals in crisis receive the intensive support they need after the crisis has passed.
- Care Coordination with the health plans continues to grow, and more members are being served. For FY 2025 1,177 members have received care coordination.

**Program Compliance Committee Meeting**  
**Ryan Morgan LMSW Director Residential Services/ September Report**  
**Date: 10/8/2025**



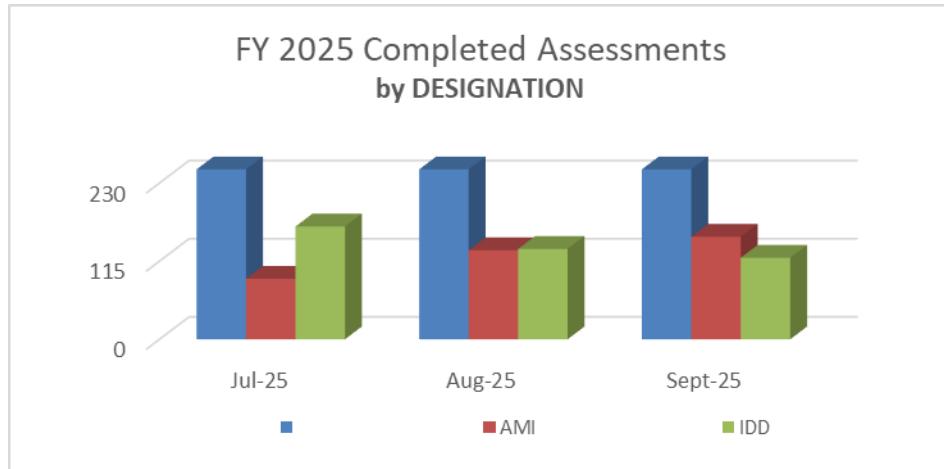
**Main Activities during Reporting Period: September 2025**

- **Updating Residential Assessments**
- **Residential Assessment Audit Tool Outcomes**
- **Monitoring Residential Authorizations**

**Progress On Major Activities:**

**Activity 1: Updating Residential Assessments**

- *Description:* During the month of September, the Residential Services Department continued the process of ensuring that all members receiving residential services maintain up to date residential assessments. Residential assessments are expected to be completed annually or at any time there is a change in the members' condition. It is important that members maintain up to date assessments to ensure that they are receiving medically necessary services within the appropriate level of care.
- *Current Status:*



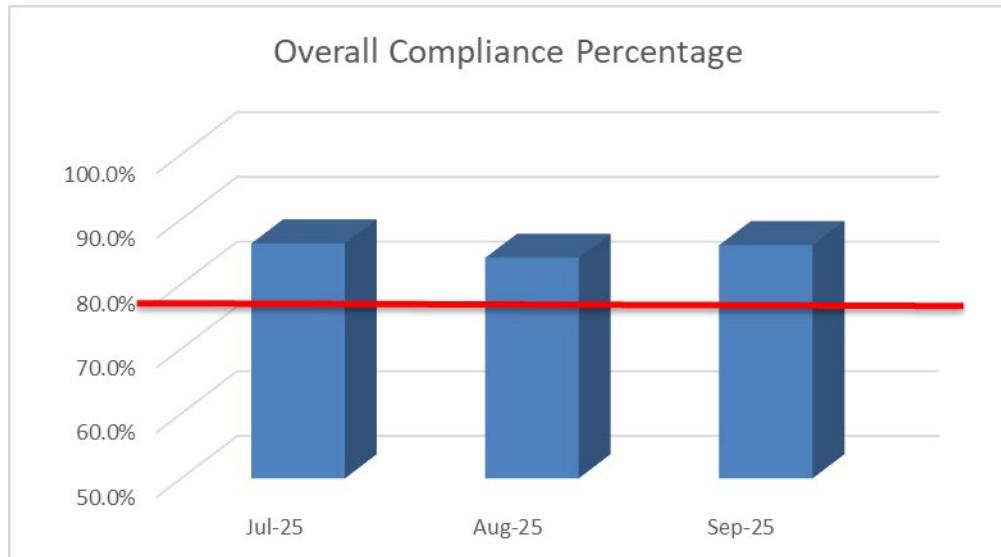
<b>Assessments Completed</b>		<b>Jul-25</b>	<b>Aug-25</b>	<b>Sept-25</b>
		255	264	271
	AMI	89	131	151
	IDD	166	133	120

- *Significant Tasks During Period:* During the month of September the Residential Services Department completed (271) Residential Assessments. Of those completed assessments (151) were completed with Adults with Mental Illness (AMI) and (120) were completed with individuals with Intellectual and Developmental Disabilities (I/DD).
- *Major Accomplishments During Period:* Clinical alignment of documentation and authorization training continues to be offered bi-monthly for Clinically Responsible Service Provider (CRSP) staff. These trainings demonstrate how the information contained within a member's Residential Assessment should be translated into a member's IPOS and other clinical documentation.

- *Needs or Current Issues:* It is important that the treatment team is present when a Residential Assessment is completed with a member, including the case holder from the Clinically Responsible Service Provider (CRSP). This helps improve communication, coordination, and ensures the members' needs are addressed throughout the course of treatment.
- *Plan:* The Residential Services Department is planning to continue sending out monthly reminders to CRSP staff indicating which members' assessments are coming due. We will also provide scheduling information so the case holder can be in attendance at the member's assessment.

### **Activity 2: Residential Assessment Audit Tool Outcomes**

- *Description:* During the month of September, the Residential Services Department continued the process of auditing completed Residential Assessments for each Residential Care Specialist (RCS) on the unit. Managers examine completed assessments to ensure that they meet quality expectations and contain the necessary information needed to determine the medically necessary services being recommended. Not only is it important that these audits occur to indicate the quality, accuracy, and thoroughness of each assessment but they also allow managers to provide feedback to staff on their performance.
- *Current Status:*



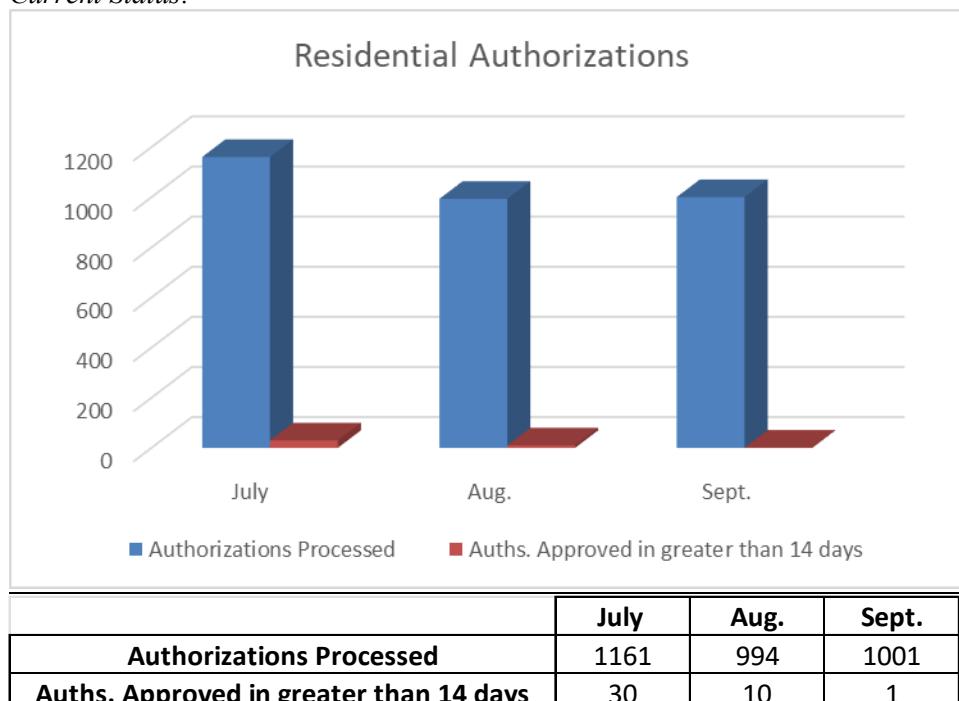
Overall Audit Compliance	June	July	Aug
	86.30%	84.00%	86.00%

- *Significant Tasks During Period:* Managers within the Residential Services Department completed two (2) Residential Assessment audits per Residential Care Specialist (RCS) within the AMI (Adults with Mental Illness) and I/DD (individuals with Intellectual and Developmental Disabilities) units during the month of September. The department's average score was eighty-six percent (86%) for those completed audits, exceeding the benchmark of eighty percent (80%).
- *Major Accomplishments During Period:* One hundred percent (100%) of the Residential Assessments audited contained a detailed summary of the member's medical history and ninety-six percent (96.3%) contained a comprehensive summary of the services being recommended. These were two of the highest scoring areas indicated.

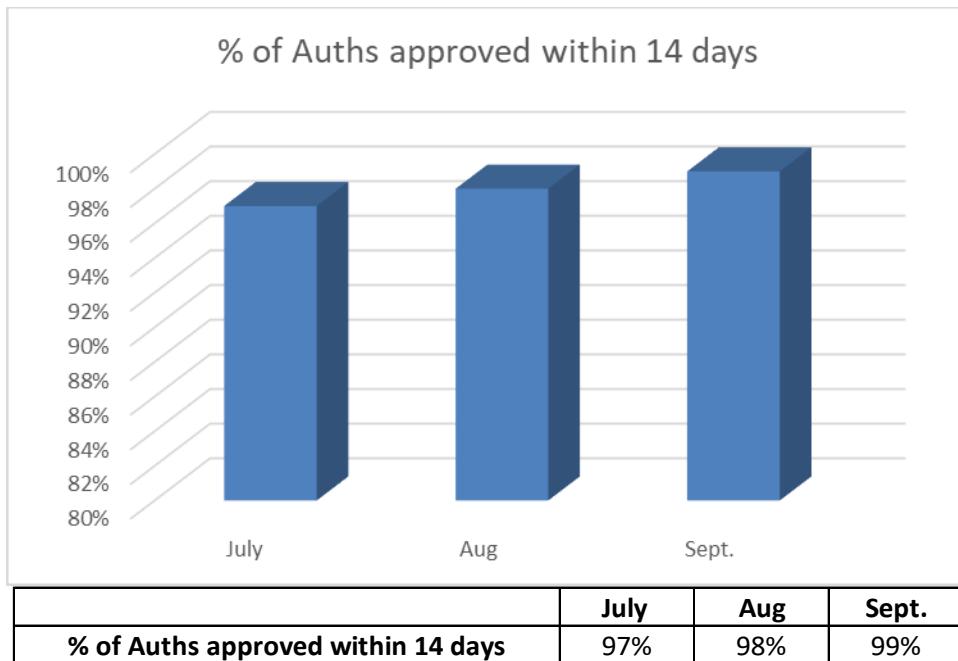
- *Needs or Current Issues:* The audit tool indicated two specific areas for improvement. Overall, seventy-seven percent (77.78%) of assessments identified the member's Primary Health Care Physician (PHCP) and seventy-four percent (74.07%) indicated there was a thorough review of the clinical chart documentation prior to completion of the assessment.
- *Plan:* The benefit of implementing the Residential Assessment audit tool is that it allows managers to implement staff specific training during individual supervision sessions. Additionally, an overall review of department scores will now be conducted during monthly team meetings.

### **Activity 3: Monitoring Residential Authorizations**

- *Description:* During the month of September, the Residential Services Department continued to monitor the number of Residential Authorizations processed by the department in addition to the amount of time it takes for authorizations to be approved. It is important that we continue to track this data in order to ensure that authorizations are approved within the fourteen (14) day timeframe.
- *Current Status:*



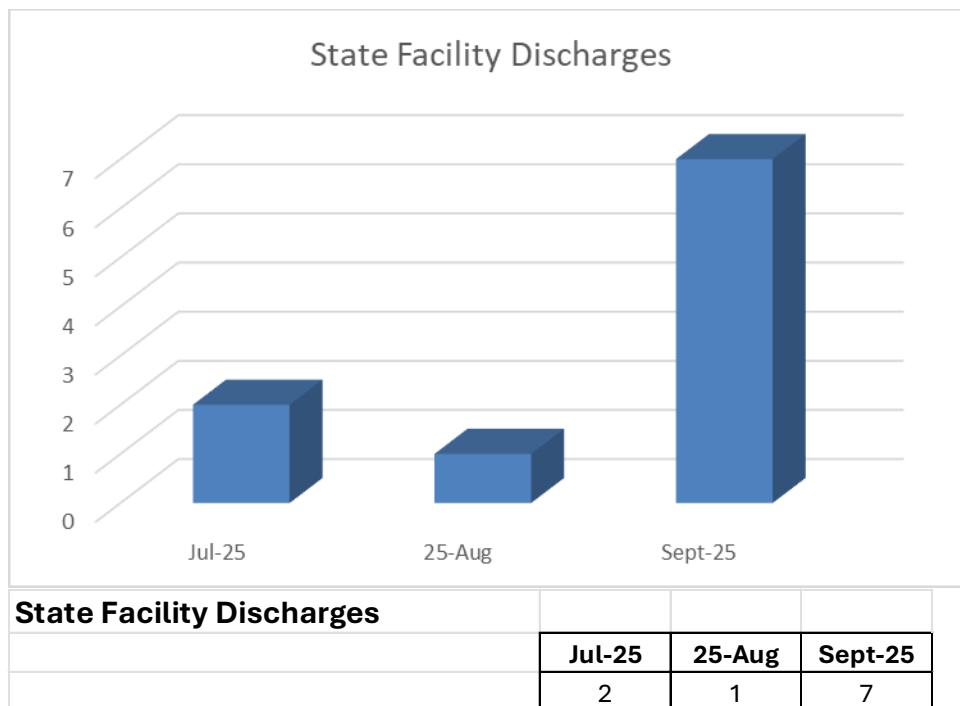
- *Significant Tasks During Period:* The Residential Services Department's authorizations unit processed over one thousand (1,001) residential authorizations during the month of September and ninety-nine percent (99%) of approved authorizations were approved within the fourteen (14) day timeframe.



- *Major Accomplishments During Period:* The Residential Services Department worked to analyze the average number of days it takes for an authorization to be approved. Data indicates that the department is approving Residential authorizations within (5.29) days on average.
- *Needs or Current Issues:* During the next fiscal year it is anticipated that the timeliness expectation for authorizations to be approved will change from fourteen (14) days to seven (7) days. Therefore, the Residential Services Department recently began tracking data that shows (73.4%) of authorizations were approved within seven (7) days.
- *Plan:* The Residential Services Department has one (1) open position within the authorizations unit that we are currently working with the Human Resources Department on filling. Once this position is filled the department will be better equipped to meet the (7) day timeliness standard.

#### Quarterly Update:

- **Things the Department is Doing Especially Well:**
  - During the month of September, the Residential Services Department continued to process Adverse Benefit Determination (ABD) letters within the unit. The department sent out two (2) ABD letters for a reduction in services due to medical necessity in September.
  - During the month of September, the Residential Services Department was able to help facilitate seven (7) adult members discharged out of long-term state facilities and into the community.



- **Identified Opportunities for Improvement:**

- The Residential Services Department will continue to coordinate with the DWIHN Outpatient Clinic (DOC) to provide clinical services to members within the Residential Services Department. The DWIHN Outpatient Clinic provides another option for our members to select as an outpatient provider; this could be specifically impactful as DWIHN opens new geographical locations that may be nearer to members' residences.

- **Progress on Previous Improvement Plans:**

- The Residential Services Department continues to work with Information Technology (IT) and Community Living Services (CLS) to implement a pilot program that will allow for completed Residential Assessments to transfer from MHWIN and into the Clinically Responsible Service Provider's (CRSP) electronic health record. This is intended to help improve coordination and communication between the treatment team. We intend to be able to roll this out to the entire network by the end of the year.

# Substance Use Disorder Initiatives Report, October SFY2026

## Matthew Yascolt, Director of Substance Use Disorder Initiatives



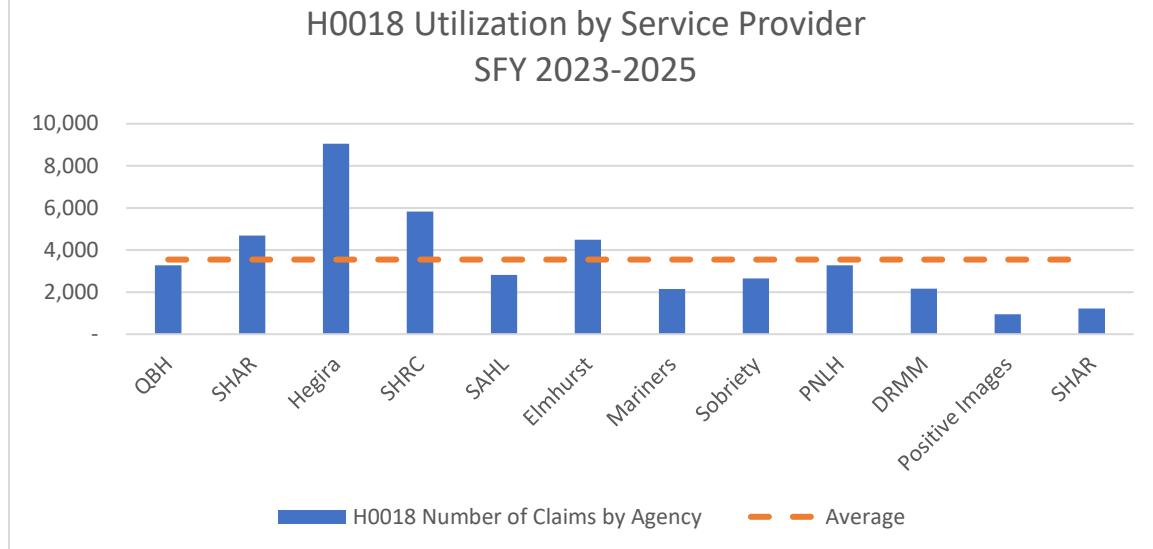
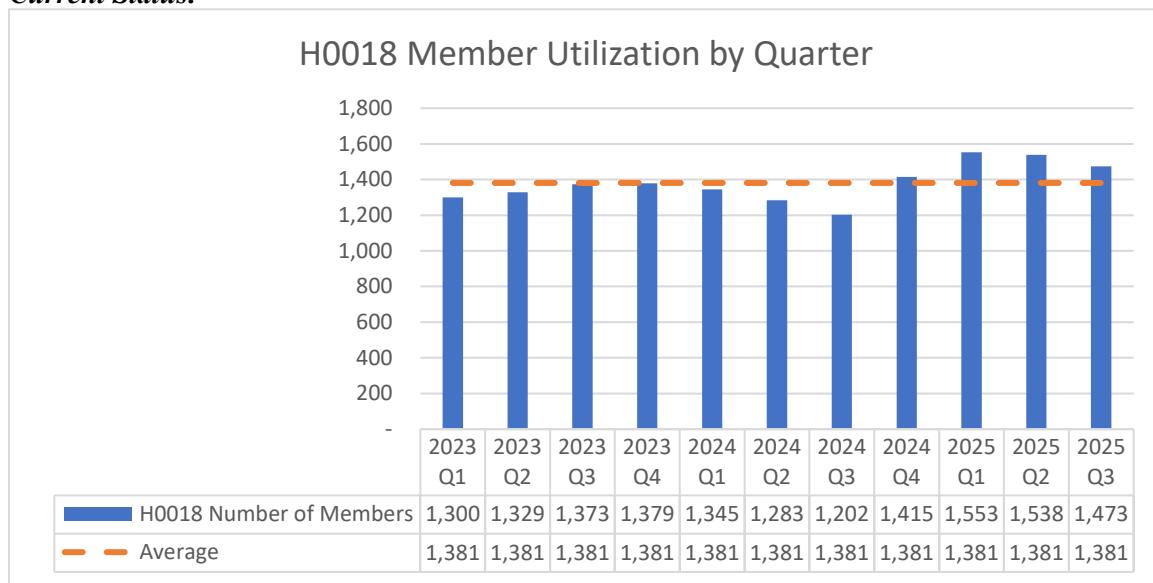
### Main Activities during October 2025:

- An analysis of residential services
- An analysis of intensive outpatient service trends
- An analysis of methadone utilization trends

### Progress On Major Activities:

#### Activity 1: An analysis of residential services (H0018)

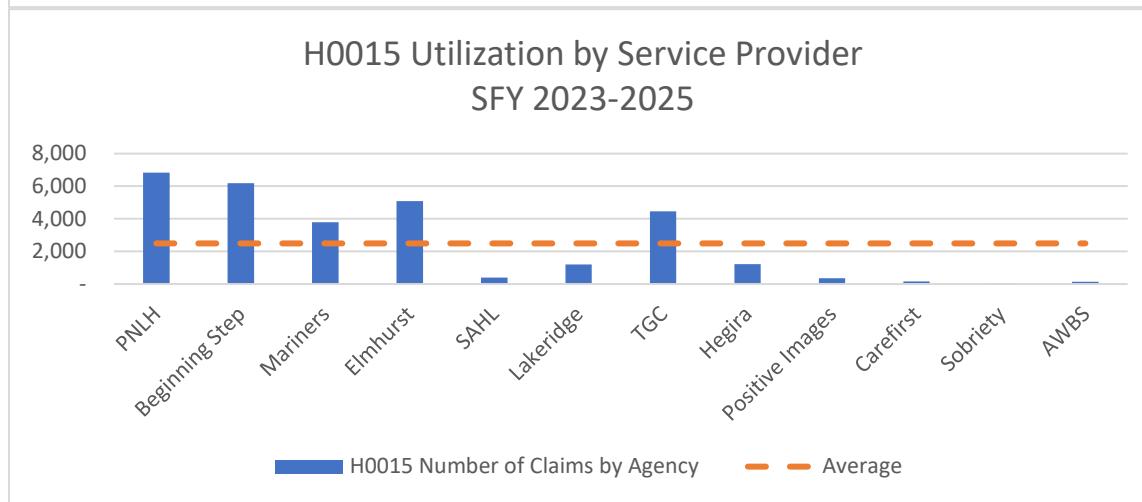
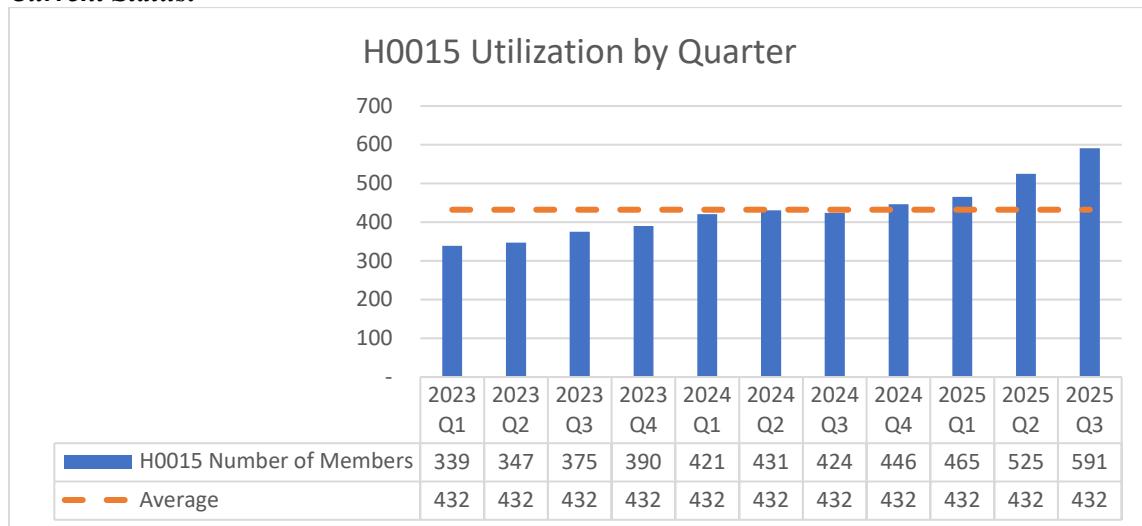
- **Description:** SUD residential services are live-in programs that provide structured, round-the-clock support and evidence-based treatment for individuals. The typical pathway to residential programming is members stepping down from withdrawal management if admitted with an alcohol use disorder or an opiate use disorder, or if admitted with a stimulant use disorder, members are placed directly in residential programming.
- **Current Status:**



- **Significant Tasks and Major Accomplishments During Period:** The number of member utilization of residential services has remained around the average of 1,381, deviating 172 above the average in Quarter 1 of Fiscal Year 2025. The influx in volume could be attributed to holiday stressors on individuals with a SUD and is in lock step with an increase in withdrawal management utilization during the same period.
- **Needs or Current Issues:** Ensure that the provider network and community is equipped to meet the unique needs of individuals with SUD during the holiday.
- **Plan:** DWIHN will support holiday harm reduction events, increase media efforts to promote treatment services during the holiday, and ensure providers meet increased demand through timely admissions.

#### **Activity 2: An analysis of intensive outpatient service trends (H0015)**

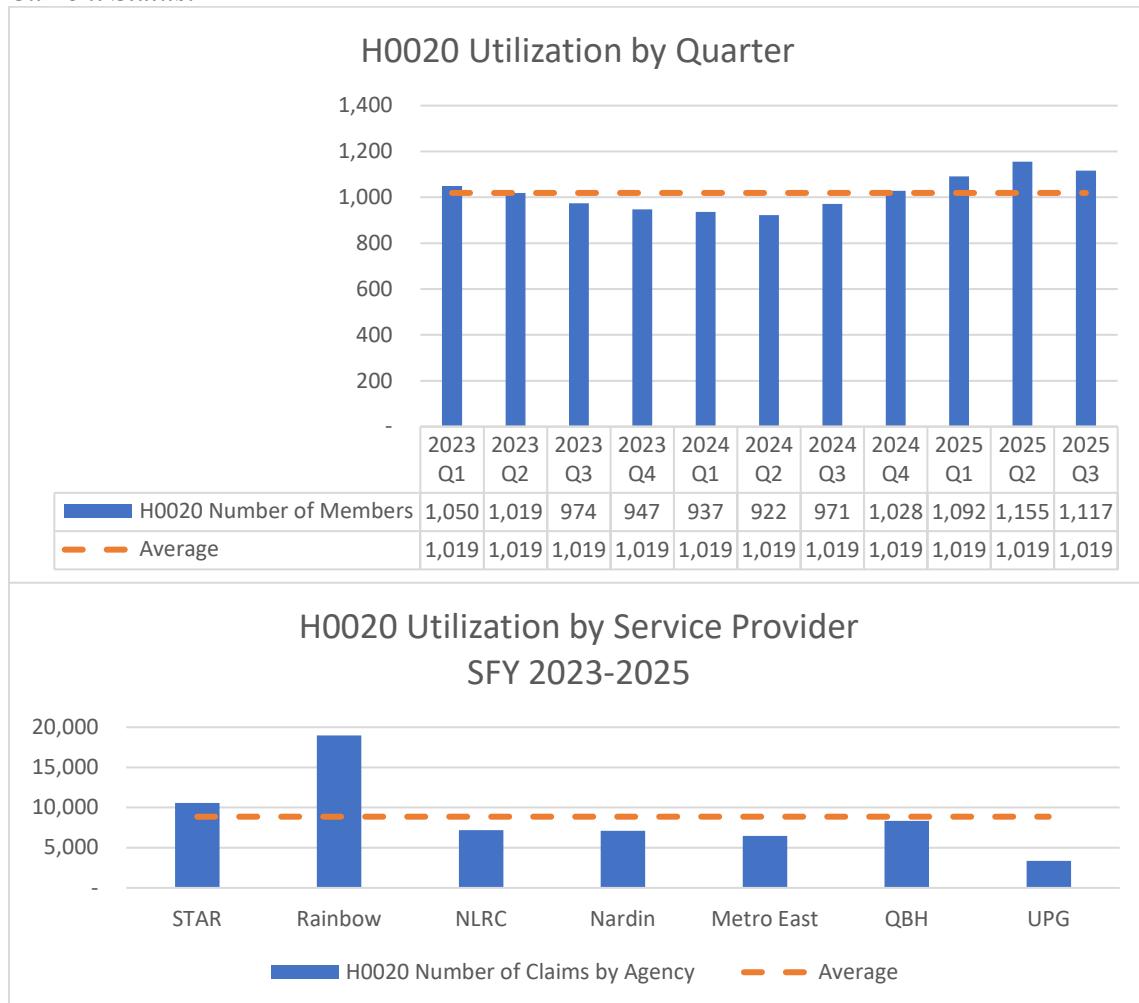
- **Description:** Intensive Outpatient Services (IOP) for members with SUD are structured treatment programs that provide a high level of care without requiring the member to live at the facility. IOP is considered a step down from residential care and a step up from outpatient therapy. It is ideal for individuals who require structured, multi-day support but have a stable living environment and the ability to manage daily responsibilities like work, school, or family life.
- **Current Status:**



- **Significant Tasks and Major Accomplishments During Period:** The number of member utilization of intensive outpatient services has incrementally increased above the average of 432, in the period observed. The influx in volume could be attributed to an increase in service providers offering IOP.
- **Needs or Current Issues:** Engage and support providers with lower utilization of IOP and ensure that medical criteria is met for placement in programming
- **Plan:** Review technical assistance and training options for service providers to provide IOP.

#### **Activity 3: An analysis of methadone utilization trends (H0020)**

- **Description:** Outpatient methadone treatment is a form of medication-assisted treatment (MAT) for individuals with opioid use disorder (OUD). It is delivered through federally certified Opioid Treatment Programs (OTPs) in which methadone is dispensed daily under supervision, combined with counseling, case management, and supportive services. By offering ongoing outpatient access, these programs help stabilize individuals, reduce illicit opioid use, improve retention in treatment, and lower overdose risk.
- **Current Status:**



- **Significant Tasks and Major Accomplishments During Period:** Our number of members on methadone have increased above the average in FY2025, we are preparing for a continued increase in members on methadone by onboarding additional providers.
- **Needs or Current Issues:** We have two (2) providers going through the onboarding or credentialing process to provide methadone services and we continue to review new applicants through our open RFQ.
- **Plan:** Continue to review providers on open RFQ.

#### **Monthly Update:**

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

- SUD completed environmental audits and recovery housing audits.

##### Identified Opportunities for Improvement:

- Build out charitable choice programming.

##### Progress on Previous Improvement Plans:

- SUD has formed a committee to review service provider applications for additional funding opportunities, improving collaboration between departments, and supporting innovative approaches to SUD.
- Developed metrics for programming analysis.
- Formalized processes with standard operating procedures.

## **DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION**

Board Action Number: 26-12R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 10/15/2025

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: FY26 Substance Use Disorder Treatment: MCBAP Certification Test Prep and Treatment Provider Network System Addition

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 10/8/2025

Proposed Contract Term: 10/15/2025 to 9/30/2026

Amount of Contract: \$ 5,093,864.00 Previous Fiscal Year: \$ 6,468,023.00

Program Type: Modification

Projected Number Served- Year 1: 80 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 10/15/2025

Provider Impaneled (Y/N)?

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

The SUD Department requests a reallocation of \$29,900 in PA 2 funds to cover the costs of all prevention and treatment staff in the DWIHN network and at DWIHN to participate in a 6 month, 13 session course to help prepare for the International Certification & Reciprocity Consortium (IC&RC) examination, a required exam to receive the treatment or prevention credentials. This course also provides the participants with 78 CEUs and 160 contact hours required for the certification. Key Insights will be providing evaluations and following up with participants to measure program efficacy using exam pass rates and certification rates. Investing in staff certification directly benefits our network and the community by strengthening the SUD workforce. High employee turnover is a significant challenge in the SUD field, negatively impacting both our network and the individuals we serve. Certification assistance helps to ensure our prevention and treatment workforce is stable and staff have a standardized, evidence based skillset, leading to higher quality care and improved client outcomes.

In addition, DWIHN is requesting the reallocation of \$19,100 PA2 funding for new provider, Real Solutions (credentialed 8/14/2025), to perform SBIRT services.

The Detroit Wayne Integrated Health Network has the discretion to distribute these funds amongst service providers based on utilization without further board approval, provided the total does not exceed the approved budget of \$5,093,864.

**The revised not to exceed contract for SUD Treatment remains unchanged totaling \$5,093,864 for the fiscal year ending September 30, 2026.**

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

Source of Funds: Block Grant,PA2

Fee for Service (Y/N): N

<b>Revenue</b>	<b>FY 25/26</b>	<b>Annualized</b>
Block Grant	\$ 2,822,164.00	\$ 2,822,164.00
PA2	\$ 2,271,700.00	\$ 2,271,700.00
<b>Total Revenue</b>	<b>\$ 5,093,864.00</b>	<b>\$ 5,093,864.00</b>

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: Monday, October 6, 2025

**Stacie Durant**

Signed: Friday, October 3, 2025

## **DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION**

Board Action Number: 26-14R Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 10/15/2025

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Provider Network System FY 25/26

Address where services are provided: Service Provider List Attached

Presented to Program Compliance Committee at its meeting on: 10/8/2025

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

Amount of Contract: \$ 837,791,038.00 Previous Fiscal Year: \$ 934,583,332.00

Program Type: Continuation

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

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).

Detroit Wayne Integrated Health Network (DWIHN) is requesting approval for the addition of the following 5 providers to the DWIHN provider network for the fiscal year ending September 30, 2026 as outlined below. Note: Total amount of Board Action remains the same not to exceed amount of \$837,791,038 for FY 2026.

### **Residential Providers:**

#### **1. Legacy Family Homes**

(Credentialed 9/25/2025 for Community Living Support)

#### **2. 3D Hearts Residential Care Homes**

(Credentialed 9/25/2025 for Personal Care in Licensed Specialized Residential Setting; Community Living Support)

#### **3. Ella's AFC Homes LLC**

(Credentialed 9/25/2025 for Personal Care in Licensed Specialized Residential Setting; Community Living Support)

#### **4. Lee Health Systems LLC**

(Credentialed 9/25/2025 for Personal Care in Licensed Specialized Residential Setting; Community Living Support)

**Outpatient Providers (existing):**

- 1. Mariner's Inn** (Credentialed 7/9/2024 SUD and Non-Emergency Transportation Contract - Effective 10/1/25)
- 2. God's Speed** (Credentialed 1/30/2024 Non-Emergency Transportation Contract - Effective 10/1/25)

**SUD Provider:**

- 1. Real Solutions** (Credentialed 08/14/2025 for Relapse Prevention/Peer Recovery, Intensive Wraparound)

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

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

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

<b>Revenue</b>	<b>FY 25/26</b>	<b>Annualized</b>
Multiple	\$ 837,791,038.00	\$ 837,791,038.00
	\$	\$
<b>Total Revenue</b>	<b>\$</b>	<b>\$</b>

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:

**James White**

Signed: Monday, October 6, 2025

Stacie Durant, Vice President of Finance

Signature/Date:

**Stacie Durant**

Signed: Friday, October 3, 2025

## **DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION**

Board Action Number: 26-27 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 10/15/2025

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: FY 26 Jail Diversion

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 10/8/2025

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

Amount of Contract: \$ 1,305,000.00 Previous Fiscal Year: \$ 1,305,000.00

Program Type: Continuation

Projected Number Served- Year 1: 3,200 Persons Served (previous fiscal year): 3000

Date Contract First Initiated: 10/1/2020

Provider Impaneled (Y/N)?

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

Detroit Wayne Integrated Health Network is requesting a continuing contract with the following providers for jail diversion programs: Central City Integrated Health (CCIH) - Homeless Outreach; CNS Healthcare - Co-Responder Program; Team Wellness - Co-Responder Program and City of Southgate 28<sup>th</sup> District Court Regional Veterans Treatment Court. The total amount is not to exceed \$1,305,000 of which \$905,000 will be allocated to providers with the remaining \$400,000 allocated to DWIHN to fund Behavioral Health Specialists. Funding breakdown is as follows:

**\$225,000 Central City Integrated Health:** CCIH is continuing with Detroit Homeless Outreach (DHOT) program, to bridge the gaps that exist between the police, homeless, and service providers.

**\$300,000 CNS HealthCare and \$300,000 Team Wellness:** Providers CNS Healthcare and Team Wellness will continue a Co-Response Program model in multiple precincts within the Detroit Police Department. The program is founded on the basis that by working together, behavioral health specialists and law enforcement can respond appropriately to the needs of individuals in the community who are in crisis.

**\$80,000 Southgate 28th District Veterans Court:** The City of Southgate 28<sup>th</sup> District Court Downriver Regional Veterans Treatment Court is a jail diversion program for individuals who have served in the United States Armed Services. Participants will receive mental health treatment; peer support; judicial supervision; medication; job placement; and education.

**\$400,000 DWIHN Staffing (salaries and fringes):** Behavioral Health Specialists will be allocated to local police departments to assist in patrolling hot spot locations frequented by homeless, with mental health or substance abuse issues.

**Funds can be reallocated amongst providers should the need arise so long as the total does not exceed \$1,305,000 for the fiscal year ending September 30, 2026.**

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

Source of Funds: Medicaid

Fee for Service (Y/N): N

<b>Revenue</b>	<b>FY 25/26</b>	<b>Annualized</b>
Medicaid	\$ 1,305,000.00	\$ 1,305,000.00
	\$	\$
<b>Total Revenue</b>	<b>\$</b>	<b>\$</b>

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64941.827206.00005

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: Monday, October 6, 2025

Signed: Friday, October 3, 2025

## **DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION**

Board Action Number: 26-29 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 10/15/2025

Name of Provider: Detroit Wayne Integrated Health Network

Contract Title: Donated Funds Agreement (DFA 26-29)

Address where services are provided: 235S. Grand Avenue, Suite 1201 Lansing, MI 48933

Presented to Program Compliance Committee at its meeting on: 10/8/2025

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

Amount of Contract: \$ 453,900.00 Previous Fiscal Year: \$ 449,400.00

Program Type: Continuation

Projected Number Served- Year 1: 7,000 Persons Served (previous fiscal year): 5,917

Date Contract First Initiated: 10/1/2012

Provider Impaneled (Y/N)? N

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

The Detroit Wayne Integrated Health Networks (DWIHN) staff recommends approval of a one year contract between the DWIHN and the State of Michigan Department of Health and Human Services (DHHS) to continue the (DHHS) Outstation Services in Wayne County and the placement of (6) Medicaid Eligibility Specialist.

This agreement was established through the State Donated Funds Agreement (DFA) to assist facilitate timely enrollment of Detroit Wayne Integrated Health Networks members for Medicaid eligibility.

Placement of the (6) DHHS workers has resulted in a more timely processing of Medicaid eligibility applications, determination of deductible adjustment and enrollment in the Medicaid Program.

The program also helped to expedite enrollment in Medicaid for the provision of services and benefits for persons either eligible and/or receiving behavioral health services in Wayne County.

This contract also helps DWIHN to realize a more effective use of State General Fund and to demonstrate the provision of improved supports and access for uninsured consumers.

The state of Michigan is the sole administrator of the State Medicaid services, therefore, there has been no solicitation of other providers.

The term for this contract is from October 1, 2025 through September 30, 2026. Funding for this contract is not to exceed \$453,900. Funding is subject to availability of funds as determined by DWIHN.

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

Source of Funds: General Fund

Fee for Service (Y/N): N

<b>Revenue</b>	<b>FY 25/26</b>	<b>Annualized</b>
State GF	\$ 453,900.00	\$ 453,900.00
	\$	\$
<b>Total Revenue</b>	<b>\$</b>	<b>\$</b>

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64931.827206.06425

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: Thursday, October 2, 2025

**Stacie Durant**

Signed: Wednesday, October 1, 2025

## **DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION**

Board Action Number: 26-30 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/17/2025

Name of Provider: Team Mental Health Services

Contract Title: Juvenile Restorative Program

Address where services are provided: 5200 Stecker St, Dearborn, MI 48126

Presented to Program Compliance Committee at its meeting on: 10/8/2025

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

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

Program Type: Continuation

Projected Number Served- Year 1: 60 Persons Served (previous fiscal year): 36

Date Contract First Initiated: 6/1/2023

Provider Impaneled (Y/N)? Y

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

DWIHN is seeking approval for Team Wellness to receive a (1) one year renewal contract for FY26 (October 1, 2025 - September 30, 2026) to deliver the Juvenile Restorative Program as a result of the Request for Proposal; in which Team Wellness was awarded the bid. Team Wellness to receive an amount not to exceed \$1,900,000 for FY25. Approximately \$1.6 million is related to Medicaid claims based services. The amount serves as an estimate and actual costs could differ. The remaining \$300,000 allocation relates to jail diversion costs as defined in the CMHSP and PIHP contracts however is considered administrative costs yet excluded from MLR calculations per the 42 CFR 158.

The Juvenile Restorative programming provides comprehensive, integrated behavioral health services that work in conjunction with the juvenile justice system for pre adjudicated and adjudicated youth ages 12 to 18. The purpose of the alternative program is to help the youth to appropriately respond to the covert, as well as the overt, influencers and social determinants that impact whether they exude behavior that is deviant or normed. Defiance, truancy, violence and the abuse of alcohol and/or other drugs, mental illness, childhood trauma, family dysfunctions, or other indicators and their related criminal and/or civil judicial actions, are directly treated; in order to reduce recidivism and further involvement in the juvenile justice system.

Requesting approval to reallocate funds as needed without board approval for FY26.

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

Source of Funds: Medicaid

Fee for Service (Y/N): Y

<b>Revenue</b>	<b>FY 25/26</b>	<b>Annualized</b>
Medicaid	\$ 1,600,000.00	\$ 1,600,000.00
State General Fund	\$ 300,000.00	\$ 300,000.00
<b>Total Revenue</b>	<b>\$ 1,900,000.00</b>	<b>\$ 1,900,000.00</b>

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: Thursday, October 2, 2025

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**Stacie Durant**

Signed: Wednesday, October 1, 2025

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