



Detroit Wayne Integrated Health Network

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PROGRAM COMPLIANCE COMMITTEE MEETING
Administration Bldg.
8726 Woodward, 1st Floor Board Room
Wednesday, September 10, 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. Substance Use Disorder (SUD) Initiatives' CHESS eRecovery App Pilot Program** - Provide information on whether the app is impactful and effectively helping our members.
- VI. Approval of the Minutes – August 13, 2025**
- VII. Report(s)**
 - A. Chief Medical Officer – *Deferred to October 8, 2025***
 - B. Corporate Compliance – *Deferred to October 8, 2025***
- VIII. Department Overview and Responsibilities**
 - A. Innovation and Community Engagement**
 - B. Managed Care Operations (Housing)**

Board of Directors

Dr. Cynthia Taueg, Chairperson
Karima Bentounsi
Kevin McNamara

Jonathan C Kinloch, Vice Chairperson
Angela Bullock
Bernard Parker

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

Eva Garza Dewaelsche, Secretary
Angelo Glenn
Kenya Ruth

James E. White, President and CEO



IX. Quarterly Reports

- A. Autism Services
- B. Children's Initiatives
- C. Outpatient Clinic Services
- D. Customer Service
- E. Integrated Health Care

X. Strategic Plan - None

XI. Quality Review(s) - None

XII. Associate VP of Clinical Operations' Executive Summary

XIII. Unfinished Business

- A. **BA #25-18 (Revised)** – Children's Services Health Quality Initiative
- B. **BA #25-24 (Revised 5)** – Autism Providers FY 25

XIV. New Business (Staff Recommendations)

- A. **BA #26-01** – Multicultural Programs FY 26
- B. **BA #26-06** – Michigan Rehabilitation Services (MRS) FY 26
- C. **BA #26-09** – Behavioral Health Homes FY 26
- D. **BA #26-10** – Substance Use Disorder (SUD) Health Homes FY 26
- E. **BA #26-12** – Substance Use Disorder (SUD) Treatment Provider Network FY 26
- F. **BA #26-13** – Substance Use Disorder (SUD) Prevention Provider Network FY 26
- G. **BA #26-14** – DWIHN Provider Network System FY 26
- H. **BA #26-16** – Adult and Children Crisis Intervention Services, PAR FY 26
- I. **BA #26-17** – Adult and Children Crisis Intervention Services FY 26
- J. **BA #26-18** – WIT DWC Contract FY 26
- K. **BA #26-19** – Comprehensive Services for Behavioral Health (CBH) FY 26
- L. **BA #26-21** – Autism Providers FY 26
- M. **BA #26-24** – CLS Training FY 26

XV. 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).

XVI. Adjournment

PROGRAM COMPLIANCE COMMITTEE

MINUTES

AUGUST 13, 2025

1:00 P.M.

IN-PERSON MEETING

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| MEETING CALLED BY | I. Commissioner Jonathan Kinloch, Program Compliance Chair at 1:09 p.m. |
| TYPE OF MEETING | Program Compliance Committee |
| FACILITATOR | Commissioner Kinloch, Chair |
| NOTE TAKER | Sonya Davis |
| TIMEKEEPER | |
| ATTENDEES | Committee Members: Angela Bullock, Dr. Lynne Carter, Angelo Glenn; Commissioner Jonathan Kinloch; and William Phillips Board Members: Dr. Cynthia Taueg, Board Chair and Kenya Ruth, Board Member Staff: Julie Black (On behalf of Andrea Smith); Brooke Blackwell; Yvonne Bostic; Dr. Shama Faheem; Monifa Gray; Rahiem Hampton (On behalf of Grace Wolf); Sheree Jackson; Melissa Moody; Ryan Morgan; Cassandra Phipps; Ebony Reynolds; April Siebert; Manny Singla; James White; Rai Williams; and Matthew Yascolt |

AGENDA TOPICS

II. Moment of Silence

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

III. Roll Call

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

IV. Approval of the Agenda

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| DISCUSSION/ CONCLUSIONS | Commissioner Kinloch recommended to the committee to move Item XII (Unfinished Business) and Items XIII (New Business: Staff Recommendations) after Item IV (Approval of the Agenda). Commissioner Kinloch called for a motion to approve the agenda as amended. Motion: It was moved by Mr. Phillips and supported by Mr. Glenn to approve the agenda as amended. Commissioner Kinloch asked if there were any further changes/modifications to the agenda. There were no further changes/modifications to the agenda. Motion carried as amended. |
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V. Unfinished Business

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| DISCUSSION/ CONCLUSIONS | <p>Commissioner Kinloch informed the committee that the board actions would be bundled, and a motion would be made after discussion.</p> <ul style="list-style-type: none">A. BA #21-08 (Revised 3) – Healthcare Effectiveness Data and Information Set (HEDIS) Certified Population Health Management and Data Analytics Tool Vendor Solution - Staff requesting board approval to extend the contract with Vital Data Technology, LLC for Healthcare Effectiveness Data and Information Set (HEDIS) Certified Population Health Management and Data Analytics Tool Vendor Solution. The one-year contract extension of \$441,396.00 brings the revised not-to-exceed contract amount to \$2,127,960.00 through September 30, 2026. The Chair called for a motion on BA #21-08 (Revised 3). Commissioner Kinloch opened the floor for discussion. Discussion ensued.B. BA #24-61 (Revised) – City of Detroit Co-Response Partnership Training – Time Extension – Staff requesting board approval to revise this board action for a time extension only through June 30, 2026. This board action was approved by the Board to receive and expend funds from the City of Detroit for CIT training, for an amount not to exceed \$488,000.00 for the period of February 6, 2025 through June 30, 2025. The City of Detroit received funds from the American Rescue Plan Act (ARPA) and has entered into an agreement with DWIHN via a competitive bid process to satisfy specific training needs. Commissioner Kinloch opened the floor for discussion. Discussion ensued.C. BA #25-01 (Revised 2) – Multicultural Integration Programs FY 25 – Staff requesting board approval to amend the original board action for Comprehensive Services for Behavioral Health FY 25 with the Michigan Department of Health and Human Services (MDHHS). Community Health and Social Services, Inc. (CHASS) received additional funding of \$28,394.00 for FY 25, bringing its total to \$296,124.00. Revenue for these services is supported by E-Grants and Management Systems (EGrAMS), categorical funds for Ethnic Services (\$775,531.00) and state general funds (\$18,700.00). Contract terms remain the same from October 1, 2025, through September 30, 2025, with a revised not-to-exceed amount of \$794,231.00. Funding distributions are as follows: Contractor/Providers (\$564,417), DWIHN Veteran Navigator (\$195,207.00), and DWIHN Indirect Costs (\$34,607.00). Commissioner Kinloch opened the floor for discussion. There was no discussion.D. BA #25-02 (Revised 5) – Substance Use Disorder (SUD) Treatment Provider Network FY 25 – Enhancing SUD services through EHR Implementation and Opioid Settlement Healing and Recovery – Staff requesting board approval of \$150,000.00 in PA2 funds to cover startup costs for five (5) SUD Treatment Service Providers (listed in the board action) to adopt electronic health record (EHR) systems, with each provider receiving \$30,000.00 to fund the costs to launch a new EHR. Our EHR, PCE, has agreed to integrate this software into MH-WIN at no cost. DWIHN will cover the first year, upfront costs, and the service providers will pay the maintenance costs. Commissioner Kinloch opened the floor for discussion. Discussion ensued.E. BA #25-03 (Revised 1) – Substance Use Disorder (SUD) Prevention Provider Network System FY 25 – SYNAR Coverage Study, Opioid Settlement Healing and Recovery, Promotional Items, and International |
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| | <p>Overdose Awareness Day – Staff requesting board approval to fund the following programs for the fiscal year ending September 30, 2025 – 1) SYNAR Coverage Study, \$3,500.00 in PA2 funds for the coverage study, which is a required component of the State’s compliance with the SYNAR amendment – a federal law aimed at reducing youth access to tobacco. The provider selected for this process is Strategies to Overcome Obstacles and Avoid Recidivism (SOOAR) to complete as Designated Youth Use Representative (DYTUR) for Wayne County; 2) Opioid Settlement Healing and Recovery, \$497,826.00 – Taylor Teen and CHAG will receive (\$61,956.50 ea.) and the Detroit Rescue Mission Ministries (DRMM) will receive (\$50,000.00) for a total of \$173,913.00 to address the impact of the opioid crisis in youth. DWIHN is partnering with Taylor Teen Health Center, DRMM, and CHAG to launch targeted intervention programs; Expansion of Syringe Services Programs (SSPs), DWIHN is launching mobile units in partnership with CHAG, SOOAR, and the Detroit Recovery Project (DRP) to deliver essential harm reduction supplies, including syringes, naloxone, and vital health resources, directly to the community, increasing access to these services and promoting safer practices. Each collaborative will receive \$91,304.33, totaling \$273,913.00; The Youth Connection will receive \$50,000.00 to expand Access to Harm Reduction for Individuals with substance use disorders to promote safer practices and reduce the risk of overdose. 3) BA #25-16S Promotional Items, \$10,000.00 – The SUD department requests \$10,000.00 in PA2 funds to purchase promotional items aimed at increasing community awareness of our SUD services. 4) BA #25-14S, International Overdose Awareness Day, \$10,000.00 – The SUD department requests \$10,000.00 in PA2 funds to host a community-wide event in observance of International Overdose Awareness Day (IOAD) on August 31, 2025, to raise awareness about the opioid crisis, provide life-saving education, and foster a compassionate community response. Commissioner Kinloch opened the floor for discussion. Discussion ensued.</p> <p>F. BA #25-14 (Revised 2) – Credentialing Verification Organization – HealthStream, Inc. – Staff requesting board approval to extend the current three-year contract with HealthStream, Inc. by one additional year, revising the contract term to April 1, 2025 through March 30, 2029, without change to the contract amount. This contract is in response to Credentialing Verification Organization RFP #2025-010, issued in February 2025, for a National Committee for Quality Assurance (NCQA) accredited Credentialing Verification Organization. This extension better aligns with executed contract negotiations, incorporating a one-year implementation phase followed by a three-year primary source verification contract. Commissioner Kinloch opened the floor for discussion. There was no discussion.</p> <p>G. BA #25-17 (Revised) – Children’s Initiatives Michigan Department of Health and Human Services (MDHHS) Grants – Staff requesting board approval to amend two grants due to an increase in funding – Infant and Early Childhood Mental Health Consultation (IECMHC) – MDHHS provided \$108,827.00 of additional funds to support staffing for the grant program. The new budget allocation increased from \$424,137.00 to \$532,964.00. A total of \$411,525.00 will be issued to the Development Center, and \$106,439.00 will be issued to The Guidance Center. DWIHN is to receive \$15,000.00 of funding for indirect costs, and the Infant Toddler Court Program – DWIHN employed a Baby</p> |
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| | <p>Court Coordinator to provide services for this grant. DWIHN is the provider of this program and will receive the new budget allocation of \$154,547.00 from the original amount of \$112,189.00 for an increase of \$42,358.00. The additional funds will support costs for travel and parent leaders to attend community meetings. The System of Care Grant's funding will remain the same at \$1,043,582.00. The Infant and Early Childhood Consultation Home Visiting Grant funding decreased by \$500.00 to the new amount of \$118,347.00. The overall total funding from MDHHS allocated for these programs is not to exceed \$1,849,440.00 for the fiscal year ending September 30, 2025. Commissioner Kinloch opened the floor for discussion. There was no discussion.</p> <p>H. BA #25-51 (Revised 6) – DWIHN Provider Network System FY 25 – Staff requesting board approval to add one outpatient provider (Best Buddies International, Inc.) for Supported Employment Services, and remove Redefining Beauty Community dba RBC Support Services as a residential provider, they were credentialed on 4/4/25 for Community Living Support; Respite Care Services. There is no change in the total provider network amount. Commissioner Kinloch opened the floor for discussion. There was no discussion.</p> <p>Commissioner Kinloch called for a motion on BA #21-08 (Revised 3), BA #24-61 (Revised), BA #25-01 (Revised 2), BA #25-02 (Revised 5), BA #25-03 (Revised 1), BA #25-14 (Revised 2), BA #25-17 (Revised), and BA #25-51 (Revised 6). Motion: It was moved by Dr. Taueg and supported by Mrs. Bullock to move BA #21-08 (Revised 3), BA #24-61 (Revised), BA #25-01 (Revised 2), BA #25-02 (Revised 5), BA #25-03 (Revised 1), BA #25-14 (Revised 2), BA #25-17 (Revised), and BA #25-51 (Revised 6) to Full Board for approval. Mr. Phillips abstained from BA#25-01 (Revised 2) and voted Nay on BA #25-02 (Revision 5). Commissioner Kinloch opened the floor for further discussion. There was no further discussion. Motion carried.</p> |
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VI. New Business (Staff Recommendations)

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| DISCUSSION/ CONCLUSIONS | <p>Commissioner Kinloch informed the committee that the board actions would be bundled, and a motion would be made after discussion.</p> <p>A. BA #26-03 – Children's Initiatives Waiver Services FY 26 – Staff requesting board approval for waiver services for children including SED Waiver and Children's Waiver for FY 26 contract from 10/1/25 through 9/30/26 of the estimated Medicaid funding in the amount not to exceed \$4,475,852.00 (Provider listing for estimated cost breakdown by provider is included in the board action). The Children's Waiver will receive \$2,389,645.00, and the SED Waiver will receive \$2,086,207.00. Commissioner Kinloch opened the floor for discussion. There was no discussion.</p> <p>B. BA #26-04 – Children's Initiatives Michigan Department of Health and Human Services (MDHHS) Grants FY 26 – Staff requesting board approval for a one-year contract effective October 1, 2025 through September 30, 2026 for: 1) System of Care Block Grant (\$1,043,582) to expand the capacity of connections to Wayne County's System of Care to support the needs of the most complex children and youth with serious emotional disturbance (SED). This</p> |
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| | <p>grant also covers salaries for two (2) staff in the Children's Initiatives department and two (2) Regional Youth Coordinators. The following providers are receiving funds to deliver services for the grant: Black Family Development, Inc., Development Centers, and Ruth Ellis, \$60,000.00 each, Southwest Counseling Solutions, \$215,000.00, The Children's Center, \$327,000.00, The Guidance Center, \$28,000.00, and DWIHN to receive \$136,119.00 in indirect funds. Commissioner Kinloch opened the floor for discussion. Discussion ensued.</p> <p>Commissioner Kinloch called for a motion on BA #26-03 and BA #26-04. Motion: It was moved by Mrs. Bullock and supported by Mr. Glenn to move BA #26-03 and BA #26-04 to Full Board for approval. Commissioner Kinloch opened the floor for further discussion. There was no further discussion. Motion carried.</p> |
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VII. Follow-Up Items from Previous Meetings

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| <p>DISCUSSION/ CONCLUSIONS</p> | <p>A. Crisis Direct Services' Quarterly Report – Provide data on those ages 10-14 on suicidology presenting at the Crisis Care Center – On behalf of Grace Wolf, VP of Crisis Services, Rahiem Hampton, Crisis Quality and Compliance Director reported that according to the Columbia-Suicide Severity Rating Scale (C-SSRS), the highest number of high-risk scores occurred in the 13 years old age group (17 individuals); female youth had the highest number of high-risk scores (32), followed by males (23); black youth represented the largest group screened and the highest rate of high-risk scores (43 high-risk out of 130 plus total responses); transgender, non-binary, and undisclosed gender groups each had at least one high-risk screen, highlighting the need for inclusive and trauma-informed screening practices. Dr. Carter opened the floor for discussion. Discussion ensued. The committee requested a deeper dive and provide the trends for the high-risk impact on suicidology on black youths, 13 years old. <i>(Action)</i></p> <p>B. Outpatient Clinics' Quarterly Report – Provide a timeline for the completion of the dashboard in Power B1 – Ebony Reynolds, Executive Director of the Outpatient Clinics Services reported that the project deadline is September 2025. Prioritized dashboard publishing, created a new Power B1 workspace, requested creation of a security group, and dashboard updates have been completed. Dr. Carter, Vice Chair-person of the Program Compliance Committee assumed the role of Chair on behalf of Commissioner Kinloch and opened the floor for discussion. There was no discussion.</p> <p>C. Substance Use Disorder (SUD) Initiatives' CHESS eRecovery App Pilot Program – Provide information on how you will evaluate whether a boilerplate meets the needs of our members – Matthew Yascolt, Director of SUD Initiatives Services reported that CHESS is a vendor that we have a contract with and they have full oversight of the phone app. The phone app offers support to our members, including on-demand peer recovery. CHESS will provide the app to two (2) pilot sites and also contracts with MDHHS. They utilize a third-party company founded by Yale School of Medicine, Kathleen Carroll, called CBT4CBT. The company monitors the fatality of the cognitive behavioral therapy app exercises offered in the app for CHESS and will modify and update CBT exercises based on results from pre-and-post tests. The firm is also aware of DWIHN's interest in specifically tailored CBT exercises, and we will investigate an initiative to evaluate if they will always adjust fidelity based on the pre-and-post tests. Dr. Carter opened the floor for discussion. Discussion ensued. The committee</p> |
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requested information on whether the app is impactful and effectively helping our members. **(Action)**

D. **Chief Medical Officer's Report** – Provide the names of emergency departments where our peers are located; Provide information on whether Henry Ford and Corewell have peer and recovery coaches in their emergency departments – Dr. Shama Faheem, Chief Medical Officer reported that currently Sinai Grace, Garden City, Detroit Receiving, Henry Ford (Main Campus), Henry Ford-Ascension (Moross), and one of the FQHC, which includes Western Wayne Family Health Center are where the peer recovery coaches are to complete SBIRT screenings, help people identify individuals who have positive screenings and help them connect to substance use services. Dr. Carter opened the floor for discussion. There was no discussion.

E. **Quality Improvement** – Provide a more accurate summary of the Provider Audit Trends; Provide a graph that shows the previous year's CAPs, the trends, and triggers – Dr. Shama Faheem, Chief Medical Officer reported that there are two (2) key areas of the audit flow, 1) Provider Audits which include adult and children mental health, substance use (prevention and treatment), Autism, and Home and Community Based (residential and skill-building). They have a schedule that is divided into what services and what frequency the providers are audited; and 2) Claims Verification Audit which includes staff files, clinical files, policies and case records. If a deficiency is found, the provider(s) will be put on a 30-day corrective action plan that will be submitted to the Quality department and after that, there is a 90-day follow-up where the provider will submit and complete what was written in the corrective action plan. After that completion, it is forwarded to the Managed Care Operations department for ongoing monitoring and followed by the Quality department at the annual audit next year. The Home and Community Based, residential audits have started to transition to the PIHPs in the last couple of years. There are two types of audits that fall under them (pre-operational and annual reviews). Claims Verification audits are a state-defined audit. The State requires the Quality department to do a section of verification of the claims and anything that is not met, the provider is put on a 30-day corrective action plan. The provider has to get 100% in order to pass. There is a 90-day follow-up for the completion of the corrective action plan. If fraud and abuse are identified, those cases will be forwarded to the Compliance department and the Compliance Officer will report their findings/recoupments to the PCC committee. **Trends and Triggers** – In FY 2024, 21 CRSP providers were monitored during and as part of the MDHHS Waiver and (i) SPA audit. The IPOS, behavior treatment plan and home and community-based services were major areas of findings. Individual and systemic CAPs were monitored throughout the process for implementation. In FY 25, DWIHN is observing significant improvements in the performance measures. For the SUD Treatment providers, documentation of clinical records has been an area of struggle. The Quality, SUD and Manage Care Operations departments are strengthening ongoing monitoring process and with these approaches sustained improvement is expected. For the SUD Prevention Providers, prevention staff have struggled to pass their Nation Prevention certification tests, limiting their ability to provide a full range of prevention services. The Quality, SUD and Manage Care Operations departments are strengthening ongoing monitoring process and with these approaches sustained improvement is expected. For the ABA/Autism Providers, there has been improvements in the ABA provider scores from previous years. Given significant expansion of ABA providers, newly contracted ABA providers received lower scores during their first reviews due to their challenges related to the coordination of care. Performance monitors will train newly contracted

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| | providers prior to their first audit and issue administrative self-reviews, which have shown improvements in audit scores. Training and technical assistance on coordination of care will be provided, along with attendance at ABA provider meetings. Dr. Carter opened the floor for discussion. Discussion ensued. |
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VIII. Approval of the Minutes

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| DISCUSSION/ CONCLUSIONS | Dr. Carter called for a motion to approve the July 9, 2025, meeting minutes. Motion: It was moved by Dr. Taueg and supported by Mr. Glenn to approve July 9, 2025 meeting minutes. Dr. Carter asked if there were any changes/modifications to the July 9, 2025, meeting minutes. There were no changes/modifications to the meeting minutes. Motion carried. |
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IX. Reports

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| 17B DISCUSSION/ 18B CONCLUSIONS | <p>A. Chief Medical Officer – Dr. Shama Faheem, Chief Medical Officer submitted and gave highlights of the Chief Medical Officer's Report. It was reported that:</p> <ol style="list-style-type: none"> 1. Behavioral Health Education, Outreach and Updates - Completed a Series of four lectures on Community Mental Health for a group of seven 2nd-year psychiatry residents in July. The first-year Psychiatry Resident started an Emergency Psychiatry rotation at the Crisis Center at the end of July. The onboarding was well coordinated between Wayne State University and DWIHN. Dr. Mammo's verbal feedback has been encouraging so far; we will await more formal feedback from their Program Directors. 2. Psychiatrist/Advanced Practice Provider Updates - Crisis Center Medical Director Dr. Mammo continues to oversee our 707 Crisis Center and Mobile Crisis, both of which continue to provide high-quality services. We continue to maintain a large pool of 12 psychiatrists. Our full-time psychiatrist Dr. Davidov, is exceptionally dedicated and outstanding. Some of those have joined our outpatient clinic. During the month of July, there were approximately 275 presentations (207 adults and 63 children). Almost 70% of those were admitted and treated at our Crisis Center. The psychiatrist and APPs completed 186 Psychiatric evaluations, 386 Progress Notes, and 72 Request for Service brief notes on people who were not admitted. Our goal is to help patients understand the value of treatment and encourage voluntary participation. Though police drop off was involved in 23% of those admitted, only 10 % had been admitted involuntarily. Less than 15% were recommended for inpatient care as compared to the rate of inpatient recommendation when members present to Emergency Departments, which was 72% for the month of July. Detroit Outpatient Clinic currently has 4 part-time psychiatrists who saw 81 new Psychiatric evaluations during the month of July. <p>Dr. Carter opened the floor for discussion. There was no discussion. Dr. Carter noted that the Chief Medical Officer's report has been received and placed on file.</p> <p>B. Corporate Compliance – None</p> |
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X. Quarterly Reports

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| DISCUSSION/ CONCLUSIONS | <p>A. Access Call Center—Yvonne Bostic, Director of the Access Call Center, submitted and gave highlights of the Access Call Center's quarterly report. The department assists individuals with accessing services, provides information about the DWIHN system and other resources in Wayne County, and operates 24/7. The goal of this process is to assess the needs of individuals, enroll them if</p> |
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appropriate into the DWIHN Network, and link them to a qualified provider for ongoing mental health, developmental disability, substance abuse, or co-occurring disorder treatment. The Access Call Center, in tandem with the Customer Service department, acts as the front door to the Network. The department provides referrals for resources in Wayne County; telephonic screenings and eligibility determination for Mental Health, I/DD, Autism and SUD services (outpatient, residential, detox, MAT, and IOP); warm transfers to the Crisis Line/Mobile Crisis Dispatch, Crisis Care Clinic, Customer Service, and the Office of Recipient Rights; schedule hospital discharge follow-up appointments; generate member IDs; verify enrollment status; process requests for CRSP changes, disability designation changes and process enrollment requests for MI Health Link, School Success Initiative, Infant Mental Health, JAC/WRAP, MDOC, MPRI, residential referrals and CCBHC; development and maintenance of policies that govern access to services and the Call Center; and sends DWIHN Welcome Packet to new members (via correspondence mail or email).

1. **Activity 1: Call Center Performance - Call Detail Report -** MDHHS Standards and Call Center Performance for Q3, FY 25 (April-June 2025) were all met. There were 47,914 calls (11,271 SUD services, 5,388 MH services, and 31,255 related to other requests) handled by the Access Call Center this quarter.
2. **Activity 2: Appointment Availability and Scheduling -** Comparing FY 23/24 to FY 24/25, 3rd quarter, there was an increase in appointment availability for SUD and Hospital Discharge follow-up appointments. The decrease in appointment availability for MH/IDD appointments was mostly impacted by a shortage of I/DD child intake appointments. DWIHN Access Committee is working to expand the network through onboarding new providers and credentialing current providers to offer additional services. Provider Network Management, Quality Improvement, Child/Adult Initiatives, Integrate Care and Access Call Center meet with each provider, every 30-45 days, to discuss performance indicators, how to address barriers, and progress in steps to make improvements to the network.
3. **Activity 3: Accomplishments and Updates - Staffing and Training -** April 2025 – June 2025 Department Overviews and Trainings – PIHP Crisis Services (Dan West, Director of PIHP Crisis Services), Navigating Special Education Services (DWC online training site), Recipient Rights Review (DWC online training site), Access Call Center Legal Decision Making Authority (Yvonne Bostic, PolicyStat), Anti-Harassment and Non- Discrimination Training for Employees (DWC online training site), Medicaid and Medicare General Compliance Training (DWC online training site), Data Privacy, Confidentiality and Info Security (Career Improvement Practices Series, YouTube).

Dr. Carter opened the floor for discussion. Discussion ensued.

B. **Innovation and Community Engagement -** On behalf of Andrea Smith, Associate VP of Innovation and Community Engagement, Julie Black, Clinical Practice Improvement Contract Manager, submitted and gave highlights of the Innovation and Community Engagement's Quarterly Report. It was reported that the mission of this department is to lead the organization in innovation by addressing workforce development needs across the provider network and offering continuous support through education, outreach, and engagement, with an emphasis on recovery and resilience:

1. **Activity 1: Justice-Involved Initiatives -** The Justice-Involved Initiatives impacted over 3,700 individuals across Wayne County during this reporting

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

2. **Activity 2: Workforce Development and Community Engagement -**

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

3. **Activity 3: Veteran Navigator Program -** The PIHP Veteran Navigator Program supported 95 veterans and 7 family members through outreach, resource events, and coordinated referrals. The team recorded over 100 meaningful connections and referred veterans for mental health, substance use, housing, employment, and VA services. Survey results showed 98% of veterans reported improved functioning and increased willingness to seek help. The majority served in the Army, were aged 40+, and identified as African American or Caucasian.

Dr. Carter opened the floor for discussion. There was no discussion.

C. **Residential Services -** Ryan Morgan, Director of Residential Services, submitted and gave highlights of the Residential Services' quarterly report. It was reported that the department's role is to ensure eligible DWIHN members receive quality and effective specialized residential behavioral health services in licensed and unlicensed settings and also ensures that the standards set within the Medicaid Provider Manual and Michigan Department of Licensing and Regulatory Affairs (LARA) are met. The department's primary responsibilities are: Complete Residential Assessments annually and anytime there is a change in the members' conditions. The Residential Assessment determines the medical necessity of Residential Services; locates and places DWIHN members into residential settings based on the recommendation from the Residential Assessment; assists with admission and discharge planning for adults and children meeting criteria for state hospitalization; processes Residential referrals that can come from a variety of locations, this includes hospitals, nursing homes, Clinically Responsible Service Providers (CRSP), etc.; assists with onboarding and offboarding Residential providers; assists the Department of Health and Human Services (DHHS) with youths transitioning from foster care into adult residential settings; assists the Department of Health and Human Services (DHHS) with youths transitioning from foster care into adult residential settings; coordinates preplacement

settings for DWIHN members; conduct training for the Residential Departments of Clinically Responsible Service Providers (CRSP) to ensure that clinical documentation is completed accurately; and processes Residential authorizations to ensure the amount, scope, and duration of Residential services is medically necessary and completing Adverse Benefit Determination (ABD) letters as needed. The Residential Services Department completed 3,000 Residential assessments last fiscal year and processed approximately 12,000 Residential authorizations. Additionally, we were able to discharge thirty-nine (39) adult members out of state facilities and into the community. The Residential Services Department is currently serving over (3,000) individuals in licensed and unlicensed facilities. The department's structure consists of Adul with Mental Illness (AMI) Unit, Individuals with Intellectual and Developmental Disabilities (I/DD) Unit, and Residential Authorizations Unit.

1. **Activity 1: Updating Residential Assessments** – Throughout the third quarter, the Residential Services Department continued the process of ensuring that all new and existing members maintain up-to-date residential assessments. Each member receiving residential services should have an assessment completed annually or at any time there is a change in the member's condition. Maintaining current residential assessments is critical to ensuring the safety, well-being, and individual progress of members receiving residential services; furthermore, it ensures that members are receiving medically necessary services within the appropriate level of care. There were 1,097 residential assessments, AMI (569) and I/DD (528) completed during this quarter.
2. **Activity 2: Utilization of the Residential Audit Tool** – During Quarter 3, managers within the Residential Services Department began reviewing two (2) completed Residential Assessments per month for each Residential Care Specialist within the AMI (Adults with Mental Illness) and I/DD (Individuals with Intellectual and Developmental Disabilities) units. Over ninety-six percent (96.7%) of the assessments reviewed clearly documented the services being recommended. Additionally, over ninety percent (90.6%) of assessments clearly explained the reason the assessment was being completed. These were two of the highest-scoring areas identified by the audit tool. The audit tool indicated two specific areas for improvement. Less than half of the assessments completed (47.2%) identified a Primary Health Care Physician (PHCP) for the member. Additionally, (58.3%) of assessments indicated that the CRSP (clinically responsible service provider) was informed of the assessment recommendations. These specific areas will be targeted for improvement moving forward. The department will implement departmental training based on the trends indicated from completed audits.
3. **Activity 3: Quarterly Update** - During the third quarter the Residential Services Department was able to discharge sixteen (16) adult members from out of State facility placements and into the community.

Dr. Carter opened the floor for discussion. There was no discussion.

D. **Substance Use Disorder Services**– Matthew Yascolt, Director of Substance Use Disorder (SUD) Services, submitted and gave highlights of the SUD Services' quarterly report. It was reported that the SUD Initiatives department is a critical component of its mission to provide comprehensive behavioral health services to residents of Wayne County. The department operates on a Recovery-Oriented System of Care model, which emphasizes a person-centered approach, recognizing that there are many pathways to

recovery. The key aspects of the department include a Comprehensive Continuum of Care, guaranteeing access to diverse, culturally responsive services, and holistic and person-centered approaches. The purpose is to provide a full range of services to people with substance use disorders in Wayne County. SUD oversees two major block grant programs with the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUTPRS BG) from SAMHSA. The key purposes of the SAMHSA Block Grants are to support DWIHN to serve as a “safety net” for the underinsured and uninsured and to fund services not covered by insurance. The program scope is management and oversight of SUD services (Fiscal accountability and compliance, strategic planning, and program evaluation).

1. Activity 1: Analysis of pregnant women served, and children served -
The number of pregnant women receiving SUD services through DWIHN has remained steady since the state fiscal year 2021. Treating a pregnant woman's SUD has a long-lasting, positive ripple effect. It not only improves the immediate health outcomes for the mother and child but also sets the stage for a healthier family environment. The SUD department is now closely monitoring the volume of pregnant women being serviced and evaluating the quality of the programming to help ensure the best outcomes. The SUD department is now also closely monitoring the volume of dependent children receiving room and board as a component of women's specialty service programs. DWIHN will closely monitor trends in the volume of members served under WSS programming and monitor the quality scores of our providers to ensure optimal outcomes. Looking at sustainable partnerships to address the needs of the program staff will continue to assess and monitor WSS programming.

Dr. Carter opened the floor for discussion. Discussion ensued.

The Vice-Chair noted that the quarterly reports for Access Call Center, Innovation and Community Engagement, Residential Services, and Substance Use Disorder Initiatives have been received and placed on file.

XI. Strategic Plan – None

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

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| DISCUSSION/ CONCLUSIONS | <p>A. QAPIP Work Plan FY 25 Update – April Siebert, Director of Quality Improvement, submitted and gave highlights of the QAPIP Work Plan FY 25 Update. It was reported that:</p> <p>1. Activity 1: Michigan Mission-Based Performance Indicators (MMBPI) Data – Ms. Seibert noted, that the Q3 data is preliminary and will not be submitted to the Michigan Department of Health and Human Services until September 30, 2025. DWIHN continues to meet the standards for Performance Indicator #1, which focuses on Children and Adults. For Indicator 2a, which measures access to services or biopsychosocial assessments within 14 days of a request, the reporting percentage has shown steady improvement each quarter. It increased from 51.81% in the first quarter to 53.37% in the second quarter, and then to 56.02% in the third quarter. This reflects a total improvement of 6.86 percentage points compared to the previous quarter. We anticipate further improvements in</p> |
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| | <p>outcomes during the fourth quarter. The average score for the state in Q2 is recorded at 51.03%. DWIHN also continues to meet Indicators 4a and 4b (substance use disorder) and Performance Indicator #10 (Children), although there has been a slight increase compared to the previous quarter. We have observed a slight improvement in Performance Indicator #10 for Adults (Recidivism or Readmission within 30 days), which decreased from 16.94% in Q1 to 15.57% in Q2. However, we are noticing a slight uptick in Q3. This remains an opportunity for ongoing improvement, and we will continue our efforts to meet this standard while evaluating the effectiveness of our interventions.</p> <p>2. Activity 2: Performance Monitoring Activities – The Performance Monitoring scheduled reviews for FY2025 are on track to be completed by September 30, 2025. This also includes follow-up reviews of any corrective action plans from the previous year. The Medicaid Claims Verification Audits are set to be completed by December 1, 2025. Quarters 1 and 2 are completed, and Quarters 3 and 4 will start September 1, 2025. Home and Community-Based Services - Quality staff provided mandatory network-wide training on Home and Community-Based Services (HCBS) for Case Managers, Support Coordinators, and Support Coordinator Assistants. This ongoing training is conducted both virtually and at the provider's site. A total of 674 staff members across the provider network have participated in the training, which is required to be conducted by PIHP leads.</p> <p>Dr. Carter opened the floor for discussion. Discussion ensued.</p> |
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XIII. VP of Clinical Operations' Executive Summary

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| <p>DISCUSSION/ CONCLUSIONS</p> | <p>Melissa Moody, VP of Clinical Operations, submitted and gave highlights of the Clinical Operations executive summary. It was reported:</p> <ol style="list-style-type: none"> 1. Health Home Initiatives – <u>Certified Community Behavioral Health Clinic (CCBHC)</u> – 21,733 members, 7 providers – The Health Home team is working internally with providers and MDHHS on the administrative transition of CCBHC to MDHHS. Starting October 1, 2025, DWIHN and the PIHPs will have no administrative involvement in the CCBHC State Demonstration. The Health Home team meets regularly with multiple departments to ensure a smooth transition and minimize impact to services. The Health Home team is committed to supporting CCBHC sites consistently until the day of transition. 2. Children's Initiatives – Youth United hosted a two-week Leadership Academy program for young people ages 14-25 in Wayne County to help with key skill development to help youth grow into the leaders of the future. The Leadership Academy was Monday through Friday from 9 a.m. to 3 p.m. at Wayne County Community College District in Taylor, MI. The Academy consisted of the following: Youth Under Construction Workshops, Narcan training, Microsoft training, public speaking, Stigma Busting Workshop, and a Career Fair. Selection for the youth in the Leadership Academy was done through an application process, and 15 out of 25 candidates were selected to attend. The Academy concluded on 7/31/25 with 12 youth in attendance. <p>The Vice-Chair opened the floor for discussion. Discussion ensued. Dr. Carter noted that the VP of Clinical Operations' executive summary has been received and placed on file. Mr. James White, President/CEO, informed the committee that this would be Ms. Melissa Moody's last PCC meeting. She has elected to move on from DWIHN and he wanted to publicly thank her for her dedication, knowledge and support to DWIHN and it has been greatly appreciated. The Committee thanked Ms. Moody as well and provided well wishes on her next endeavor.</p> |
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XIV. 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. 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. | Grace Wolf | September 10, 2025 |
| 2. Substance Use Disorder (SUD) Initiatives' CHESS eRecovery App Pilot Program - Provide information on whether the app is impactful and effectively helping our members. | Matthew Yascolt | September 10, 2025 |

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

ADJOURNED: 3:05 p.m.

NEXT MEETING: Wednesday, September 10, 2025, at 1:00 p.m.

EXECUTIVE SUMMARY

Innovation & Community Engagement – Andrea Smith, AVP

DEPARTMENT MISSION

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

DEPARTMENT RESPONSIBILITIES

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

DEPARTMENT SCOPE

The Innovation & Community Engagement Department leads a wide range of initiatives that connect training, justice system collaboration, mobile outreach, crisis support, and grant development. These activities are designed to strengthen the behavioral health system by meeting community needs, building workforce capacity, and expanding access to care across Wayne County.

1. Detroit Wayne Connect (DWC):

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

Website: www.dwctraining.com

2. Justice-Involved Initiatives:

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

3.. Community-Based Outreach & Innovation:

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

4. Reach Us Detroit:

A crisis and emotional support line (313-488-HOPE) connecting individuals to brief interventions, support, and community resources.

5. Zero Suicide Initiative:

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

6. Grants Procurement & Management:

The department pursues federal, state, and foundation funding to expand access to behavioral health services and pilot innovative approaches. Through strategic grantsmanship, the department has secured multi-million-dollar awards supporting mobile outreach, suicide prevention, diversion, workforce development, and system transformation. We oversee the full grant lifecycle - including proposal development, budget alignment, reporting, compliance, and evaluation, while providing technical assistance to community partners and internal programs to build capacity and ensure sustainability.

DEPARTMENT STRUCTURE

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 & Technical Assistance. It works across systems including courts, jails, provider agencies, educational institutions, and law enforcement.

DEPARTMENT FUTURE GOALS

The 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.

EXECUTIVE SUMMARY

Rai Williams, MHA- Director of Contract Management

PROGRAM DESCRIPTION

The Managed Care Operations (MCO) Division oversee 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.

PROGRAM RESPONSIBILITIES

- Oversee housing programs including HUD Permanent Supportive Housing, PATH, and other housing contracts.
- Ensure compliance with federal, state, and local standards.
- Monitor provider performance through data reporting and HMIS.
- Review financial and operational reports for accuracy and compliance.
- Issue corrective actions and maintain documentation as needed.
- Develop Board Actions and support new contract implementation.
- Serve as liaison between providers, stakeholders, and internal departments.
- Represent DWIHN at Continuum of Care and housing-related meetings.

PROGRAM SCOPE

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.

PROGRAM STRUCTURE

Department

- **Managed Care Operations (MCO) Director** – Oversees the Managed Care Operations department. The MCO Director leads strategic oversight of provider network management, ensures compliance with contractual and regulatory

standards, and coordinates interdepartmental collaboration across Finance, IT, Quality Management, Clinical Services, and other key functions.

- **Provider Network Manager – Housing** oversees the housing contracts and is responsible for supervising delivery of housing oversight functions. We ensure providers comply with federal, state, and local standards, monitor performance and reporting, actions when needed, and facilitate resolution of issues across the network for housing. We are the primary point of contact for housing providers.

Program

•Permanent Supportive Housing (PSH) / Rental Assistance Programs (RAP)

This is the HUD-funded PSH, and rental assistance programs designed to provide long-term housing with supportive services to individuals experiencing homelessness and living with disabling conditions. Oversight includes contract compliance, financial monitoring, data reporting through HMIS, and regular performance reviews of provider agencies to ensure housing stability and service quality.

•PATH / Street Outreach

The PATH program and related street outreach services focus on engaging hard-to-reach individuals living in places not meant for human habitation. This is through general fund dollars, and we oversee provider contracts, monitors utilization of outreach resources, and ensures compliance with state and federal requirements, while collaborating with Continuum of Care partners on how they connect individuals to housing and behavioral health services.

•Case Management Services

Case management support is delivered through grants with Southwest Counseling Solutions and Covenant House. We provide funds for the oversight of these contracts, ensuring service delivery aligns with grant requirements and quality standards. While DWIHN monitors program compliance and outcomes, it does not have direct contact with consumers receiving these services.

PROGRAM FUTURE GOALS

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.





METRO DETROIT HOUSING RESOURCE GUIDE

Provided by the Detroit Wayne Integrated Health Network (DWIHN)

IF YOU ARE EXPERIENCING HOMELESSNESS OR HOUSING INSTABILITY

There are immediate steps you can take to get help, guidance, and connected to shelter or housing services in Detroit and Wayne County.

WHO TO CALL FIRST?

1. DWIHN 24/7 Access Helpline

For mental health, housing support, and service coordination

800-241-4949

2. CAM Detroit (Coordinated Assessment Model)

CAM is the central point for emergency shelter, transitional housing, and other housing services.

313-305-0311

Website: www.camdetroit.org

STEPS TO TAKE FOR EMERGENCY HOUSING HELP

- Call CAM to complete a housing needs assessment.** This is required to be matched with shelters or transitional housing in the region.
- Call DWIHN's Helpline** if you need mental health support, transportation coordination, or help navigating housing and benefits.
- Contact your case manager (if you have one)** to update your Individual Plan of Service (IPOS) or coordinate documentation.
- Keep documentation handy, including:**
 - Photo ID
 - Proof of income (if any)
 - Proof of disability or diagnosis (if applicable)
 - Prior housing information or eviction notices
- Attend any scheduled shelter/housing intake appointments** and respond to follow-up calls or emails.

IMPORTANT REMINDERS

- **CAM does not provide walk-in emergency shelter.** You must call to complete a screening.
- **Housing is limited**—stay in touch with your assigned case worker or housing specialist for updates.
- **DWIHN providers** may offer additional supportive housing or rent assistance for eligible members.
- **Follow up is key.** Always check in with your case manager and follow your IPOS goals. It helps keep you prioritized and eligible for services.

ADDITIONAL LOCAL RESOURCES

United Way 2-1-1 (Michigan) – Dial 211 for other shelter, utility, and food assistance options.

Wayne Metro Community Action Agency – Rent assistance & eviction prevention:

313-388-9799 | www.waynemetro.org

Program Compliance Committee Meeting

September 10, 2025

Autism Services Department

FY 25 – Quarter 3 (April-June 2025)



Main Activities during Reporting Period:

- Expansion of Autism Services (RFQ)
- Timely Access to Eligibility Results
- New Autism Initiatives

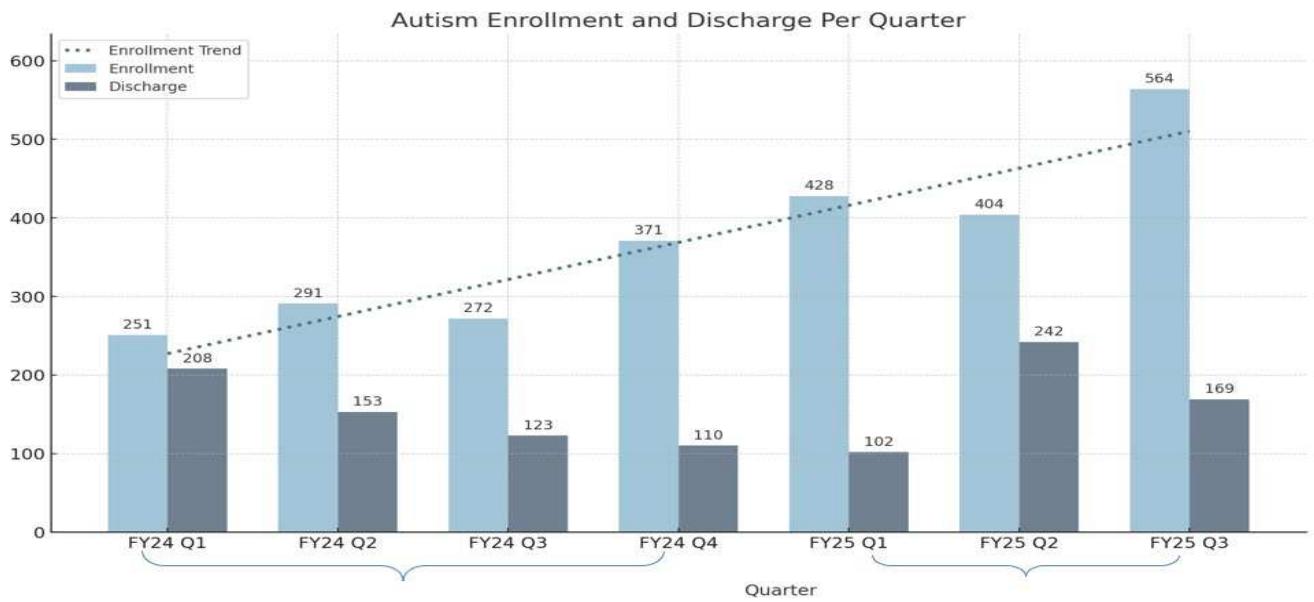
Progress On Major Activities:

Activity 1: Expansion of Autism Services (RFQ)

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: 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).

The chart below shows the number of new members enrolled/transferred in autism services as well as the number of discharges over time.



Trends: Enrollment for autism services increased steadily throughout FY24, reaching a total of 371 new members/transfers during Q4. This trend continued in FY25, with 428 new enrollments/transfers in Q1 and 404 in Q2. Additionally, the total number of members discharged from ABA services significantly increased during Q2 to 242, largely due to Chitter Chatter contract non-renewal. Lastly, Q3 presented with the highest number of new enrollees/transfers of 564 members. The increase of new members/transfers contributed to the four (4) newly contracted ABA Providers during Q3.

Significant Tasks During Period: The diagram below outlines the status of ABA Providers since the RFQ 2023-005 REBID began in March of 2023. The columns indicate 4 different categories to provide in-sight on the growth of the network. The first column represents the original (i.e. prior to RFQ) 15 ABA providers. The second column represents the 11 new providers added to the network. The third column represents providers onboarding that were also added and are currently completing the credentialing process, which indicates a total of 7 providers (2 of them are currently in the onboarding process). The fourth column represents the qualified list which are the

providers that are available to onboard if needed which indicates a total of 2 providers. At the end of the 3rd quarter of fiscal year 2025, there were 26 ABA Providers in network.



Major Accomplishments During Period: To support the expansion of autism services and ABA Providers, the Request for Qualifications (RFQ) 2023-005 REBID continues until 5/1/2028. 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 ABA Providers when an ABA Provider contract was not renewed; in which the new ABA Providers were onboarded and provided orientation training as well.

Needs or Current Issues:

The Qualified List of ABA Providers pending credentialing is as follows: Gorbold Behavioral Consulting and Residential Options Inc. The onboarding providers pending contractual phase include Bright Behavior Therapy, ABA Golden Steps, BlueMind Therapy, Karing Kids, and Integrative Pediatric Therapy.

Plan: To ensure network growth is matched by service quality and capacity, the Autism Services team will focus on reinforcing system supports in Q4 and beyond. This includes continued onboarding of new providers through the RFQ, closer monitoring of provider availability, and stronger coordination with CRSPs to reduce delays in service linkage. Efforts will also focus on tracking member transitions more closely, addressing gaps in retention, and ensuring assessments and authorizations are completed within expected timeframes. Continue to coordinate with Contracts and Credentialing Departments regarding onboarding new ABA Providers and facilitate ABA orientation for the new providers.

Activity 2: Timely Access to Eligibility Determination

Description: The DWIHN Autism Department is focused on improving timely access to ABA services for individuals with autism ages 0 to the 21st birthday covered by Medicaid in Wayne County. A key area of improvement is reducing delays in receiving diagnostic evaluation reports, which are required to determine eligibility for the Autism Service. Historically, delays of up to three months were common, significantly impacting how quickly members could begin services. The goal is to ensure diagnostic reports are completed within 7-calendar days for non-spectrum evaluations and within 15-business days for evaluations resulting in an ASD diagnosis.

Current Status: 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 are supporting both quality evaluations and access to services.

| Fiscal Year/Quarter | Timely Access to ABA Services (Numerator) | Total Requests for ABA Services (Denominator) | Percentage of Reports On Time |
|--|---|---|-------------------------------|
| FY 24 / Q1 | 285 | 427 | 67% |
| FY 24 / Q2 | 325 | 384 | 85% |
| FY 24 / Q3 | 527 | 578 | 91% |
| FY 24 / Q4 | 479 | 525 | 94% |
| FY 25 / Q1 | 411 | 465 | 88% |
| NEW Goal Identified of 80% Compliance | | | |
| FY 25 / Q2 | 513 | 528 | 97% |
| FY 25 / Q3 | 558 | 572 | 98% |

Significant Tasks and Major Accomplishments During Period: A Request for Proposal (RFP) for Autism Independent Evaluations was issued to re-evaluate and expand the Diagnostic Evaluator network. All diagnostic evaluations submitted through the system continue to be reviewed and approved before authorizations are issued, ensuring documentation is complete, eligibility requirements are met, and quality standards are reinforced.

Needs or Current Issues: While timeliness has improved, there is still a need to strengthen consistency and quality across evaluation reports. Complex cases often require reviewing external records, differentiating co-occurring conditions, and addressing diagnostic considerations for older children, which can justify extended reporting windows but also highlight the need for clearer expectations around best practice documentation and consistent outcomes across the network. Additionally, evaluators must prioritize holding dedicated feedback sessions with families on a separate day from the evaluation to allow time for thoughtful review, tailored recommendations, and meaningful family engagement, as some providers currently complete both on the same day.

Plan: DWIHN has released a Request for Proposals (RFP) to re-evaluate the current network of Diagnostic Evaluators and provide new organizations 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. This distinction is essential to support comprehensive, family-centered care by allowing families time to process results, ask questions, and receive clear, actionable recommendations. By strengthening these standards, DWIHN seeks to improve the overall quality of diagnostic evaluations and enhance the experience for families receiving services.

Activity 3: New Autism Initiatives

Description: The Autism Services at DWIHN supports medically necessary treatment for children and youth with Autism Spectrum Disorder. During Q3 new initiatives focused on improving provider coordination, streamlining enrollment and discharge processes, and enhancing access for families. These efforts aim to ensure timely services, stronger oversight, and better outcomes for members.

Significant Tasks During Period: 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.

Major Accomplishments During Period: Hosted multiple provider trainings throughout Q3 to strengthen understanding of Autism Service requirements and improve consistency in documentation, service delivery, and network expectations.

Needs or Current Issues: Some providers continue to face challenges with completing credentialing requirements, uploading assessments to the correct location, and fully understanding documentation expectations during program closures. In addition, there is a continued need for clearer communication during coordination of care efforts, especially around member transitions.

Plan: In the coming months plan to fully implement the ABA Enrollment, Discharge, and Transfer (EDT) form across all providers to streamline transitions and improve documentation. Continue offering targeted technical assistance and training for both new and existing providers to strengthen understanding of compliance and coordination requirements.

Quarterly Update

Things the Department is Doing Especially Well:

Promoted Autism Awareness Month with a flyer and network-wide activity

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

- Parent Support Partner: Debora Martinez, Parent Involvement Manager, discussed many different resources for DWIHN members including parent support groups to help assist in supporting members treatment.
- Compliance Department: DWIHN Compliance department covered topics on frequent noncompliance issues:
 - Lack of detailed clinical documentation
 - Michigan Medicaid Provider Manual, section 14.7 Clinical Records was discussed outlining there must be sufficient details on each service rendered including signature and date from the rendering professional.
 - Several strategies on how to remain in compliance were discussed.
- Behavior Treatment Plan Seminar was presented to the network this quarter which resulted in a great outcome of the ABA providers attending.

Service Delivery & Process Improvements:

- Finalized and piloted the Enrollment, Discharge, and Transfer Form with select providers to track transitions more effectively.
- Continued use of the ABA Availability Log to support quicker matching of members to open spots.
- Ensured all evaluations are reviewed before ABA authorizations are approved, supporting eligibility compliance.

Identified Opportunities for Improvement:

- Continue monitoring use of the ABA Availability Log to support timely referrals and placement.
- Finalize and share the ABA Program Assignment Referral & Closing Form to streamline member transitions.
- Finalize and distribute the ABA Program Assignment Referral & Closing Form to improve the referral process.
- Address any gaps in the clarity of the Frequently Asked Q&A to provide clearer guidance for ABA providers.
- Increase engagement with schools and educational partners to better support members.
- Distribute more community events to the network.

Progress on Previous Improvement Plans:

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

EXECUTIVE SUMMARY

Director of Children's Initiatives Department

PROGRAM DESCRIPTION

DWIHN provides a comprehensive and integrated array of services/supports which inspires hope and promotes recovery/self-determination for children and teens ages 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

The Children's System of Care focuses on services with the focus of services as well as system management resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level.

Family-Centered

Families have a primary decision-making role in the care of their own children as well as the policies and procedures governing care for all children in their community.

Youth-Guided

Young people have the right to be empowered, educated, and given a decision-making role in the care of their own lives. This includes giving young people a sustainable voice and then listening to that voice.

Culturally and Linguistically Responsive

Organizations, programs, and services are relevant and unique to everyone and family's cultural, linguistic, and social needs.

Trauma-Informed

When organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors, that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.

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. Although ASD varies significantly in character and severity, it occurs in all ethnic and socioeconomic groups and affects every age group. 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.

PROGRAM RESPONSIBILITIES

Oversight of Services

Clinical Services:

- Case Management, Supports Coordination, Outpatient, Home Based, Intensive Care Coordination Wrap Around

Ancillary Services:

- Community Living Services, Respite, Parent Support Partner, Youth Peer Support

Waiver Services:

- SED Waiver, Children Waiver

Autism Services:

- Independent Evaluators, Applied Behavior Analysis

Management of Grants

System of Care Grant

- Goals: 1) Access to Services, 2) Value Youth and Parent Voice, 3), Quality of Services, and 4) Well Trained and Qualified Workforce.
- Meetings: Human Services Collaborative Committee, Cross System Management Committee, Children System Transformation Committee, Children Practice Standards
- Youth United
- Trainings
- Evidenced Based Practices
- Programs: LGBTQ+, Fatherhood Initiative, PMTO, Trauma Leadership, Infant and Early Childhood Taskforce, PMTO, Parent Support

Infant and Early Childhood Grants

- Infant and Early childhood Mental Health Consultation (IECMHC)
- Infant and Early Childhood Mental Health Consultation- Home Visiting (IECMHC-HV)
- Infant Toddler Court (Baby Court)

Specialty Programs

- School Success Initiative
- School Enrichment Program (*formerly GOAL Line*)
- Integrated Youth Juvenile Clinical Services (IYJCS)
- Michigan Collaborative Care Program (MC3)
- Pediatric Integrated Health
- Juvenile Restorative Program (JRP)
- Michigan Association of Infant Mental Health (MI-AIMH)
- Home Based Consultant

PROGRAM SCOPE

- For community mental health clinical services Children Initiative Department provides oversight, case consultation, and technical assistance to Providers.
- Regarding grants and specialty programs, Children Initiative Department processes pre-contracting paperwork, submits board actions, reviews and submits financial review statements, and reviews quarterly reports.

PROGRAM STRUCTURE



Children Initiative Department

Cassandra Phipps (Director of Children Initiative)

Nicole Jones (Children Initiative Administrator)

Rachel Barnhart (Autism Services Administrator)

TeamChildrens@dwihn.org



Autism Services

- Cyndi Johnson (ASD Support Specialist)
- Jessica Riley (ASD Support Specialist)



PROGRAM FUTURE GOALS

Goal 1: Meet the needs of children, youth, and families to ensure timely access to services and quality services.

- Available Children Providers within the network
- Specialty Populations of focus are: Juvenile Justice, Child Welfare, Ages 0 to 5, and Autism Services
- Update System of Care work in accordance with the government executive order
- Expand Children Initiative Department as needed to meet the growing needs of children, youth, and families

Goal 2: Improve integrated health care for children, youth, and families

- Implementation of the Asthma screening tool for the Asthma Initiative
- Implement the Annual Satisfaction of Health Services Survey

Goal 3: Prevention of recidivism with high-risk youth

- Meet HEDIS standards (Healthcare Effectiveness Data and Information Set)
- Ensure there is adequate care coordination and discharge planning from hospitals, residential placements, and juvenile detention placements to promote stability

Goal 4: Outreach in the community

- Awareness of children services
- Offer children specific trainings based on community needs (Youth United, Children Mental Health Lecture Series, Strengthening Families)
- Autism Parent Café sessions
- Schools and School Based Health Centers

Program Compliance Committee Meeting

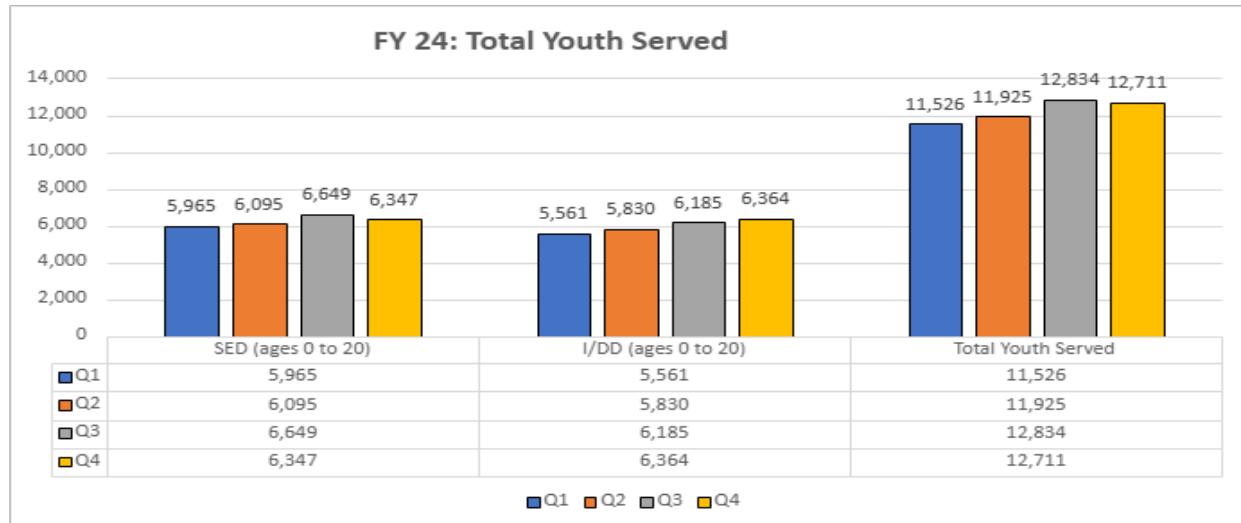
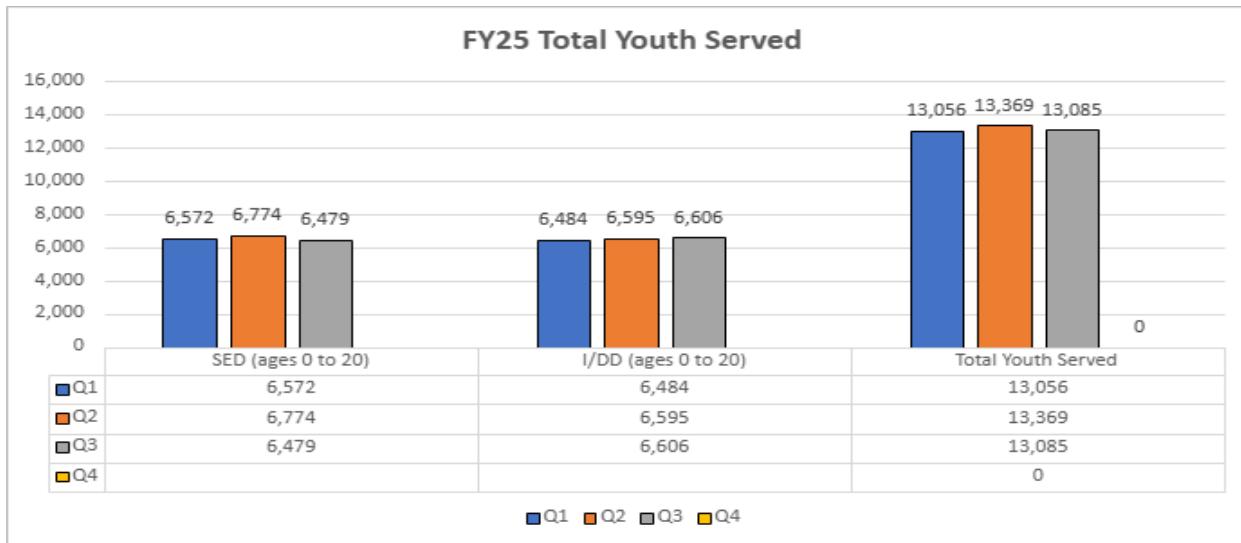
September 10, 2025



Children's Initiative Department FY 2025 / Quarter 3 (April – June 2025)

Overall Clinical Services: During FY25/Q3 DWIHN served a total of 13,085 unduplicated children, youth, and families in Wayne County ages 0 up to the 21st birthday; including both Serious Emotional Disturbance (SED) and Intellectual/Developmental Disability (I/DD) disability designations. The total number of youths serviced for FY 2025 is 39,510.

Trends: Total number of youth serviced increased from FY24 to FY25 (Total for FY24/Q3 was 12,834). Additionally, for the first time serviced more youth with IDD than SED for FY25/Q3. The increase is attributed to MDHHS changing the age requirement for IDD children services to up to age 20 from age 18 and more children seeking autism services with an IDD designation.



Main Activities during the Reporting Period:

- Activity 1: Children Services Request for Proposals (RFP)
- Activity 2: Annual Children Mental Health Awareness / Action Day
- Activity 3: Baby Court Program

Progress On Major Activities:

Activity 1: Children Services Request for Proposals (RFP)

Description: The formal Request for Proposal (RFP) formal procurement opportunity memorandum was issued June 2025 for specific children service programs in accordance with the new Health Quality Initiative through 45 CFR 158.150.

Why is this Important?: The new Health Quality Initiative through 45 CFR 158.150 focuses on the incorporation of integrated health objectives and outcomes with children services.

Current Status: The children's service programs included in the RFP process in preparation for FY26 are as follows:

| Program Name | Description |
|--|---|
| Integrated Youth Juvenile Clinical Services (IYJCS) | <p>The Children Provider provides therapeutic services for youth with SED and or IDD aged 0 to the 21st birthday through the IYJCS program. Youth involved in the program are required to be on probation Level 1 (In the community) or Level 1.5 (In the community with increased supervision). Services include individual and family therapy for adjudicated youth in Wayne County that are eligible through Medicaid. Also, participates in coordination of care with various systems of care such as the Care Management Organization (CMO), schools, child welfare, pediatrician, etc. is also essential to ensure holistic care.</p> <p><i>Formerly known as CHOICES program</i></p> <p>Outcome: Provider awarded the contract is Team Wellness</p> |
| Juvenile Restorative Program (JRP) | <p>The Juvenile Restorative programming provides comprehensive, integrated behavioral health services that work in conjunction with the juvenile justice system. The purpose of the alternative program is to help youth at risk of adjudication and adjudicated youth involved in the juvenile justice system 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; to reduce recidivism and further involvement in the juvenile justice system.</p> <p>Outcome: Pending</p> |
| School Based Health Quality Initiative | <p>The Detroit Wayne Integrated Health Network (DWIHN) is requesting proposals for the purpose of identifying Children Provider(s) to participate in the School-Based Health Quality Initiative. This initiative is committed to providing a spectrum of school-Based mental health and preventative services, with a special emphasis on integrated health. Interested Providers to select which program applying for:</p> <ul style="list-style-type: none">• School Success Initiative (SSI)• School Enrichment Program (SEP) –<i>formerly GOAL Line</i> <p>Outcome: Pending</p> |
| Integrated Pediatric Program | <p>The Detroit Wayne Integrated Health Network (DWIHN) is requesting proposals for the Integrated Pediatric Program. The purpose of the Integrated Pediatric Program is to improve the comprehensive wellness of all patients served through the implementation of an Integrated Health Care approach within the OBGYN clinic. This involves expanding perinatal care among pregnant and new mothers by addressing mental health needs, substance use, and social determinants of health.</p> <p>Outcome: Pending</p> |

Significant Tasks and Major Accomplishments: RFP committees were developed to review submitted applications. As a result, the new Provider for the IYJCS program is Team Wellness.

Needs or Current Issues: Ensure there is not a lapse in services in preparation of FY26 contracts while RFP outcomes are pending.

Plans: Request board action revisions to extend the contract for the health quality initiative programs until 11/30/2025.

Activity 2: Annual Children Mental Health Awareness / Action Day

Description: On May 21, 2025 Youth United in collaboration with the Association for Children's Mental Health of Michigan (ACMH), hosted the annual Youth Mental Health Action Day at the Lansing Center in Lansing, MI.

Why is this Important?: This event is historically known as Children's Mental Health Awareness Day, and it was the first time collaborating with ACMH. The theme of the event was *Great Change from the Great Lakes: Driving the Revolution of Youth Mental Health*. The goal of the conference was to reflect on the shared commitment to fostering transformative change in youth mental health across Michigan.

Current Status: The summit brought together 120 participants from across the state (in-person 115 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.

Significant Tasks and Major Accomplishments: The conference consisted of a morning keynote presentation on *Navigating the Current: Future of Youth Mental Health*, morning breakout sessions, panel discussion on the topic *Bridging the Gap: Collaborative Solutions for Youth Mental Health*, afternoon breakout sessions, and lastly the keynote message on *Hip-hop Music*.



Needs or Current Issues: Feedback from the conference included the need to incorporate youth voice into events and programs.

Plans: Prepare for FY26 Annual Mental Health Action Day

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

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

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

Video: <https://www.youtube.com/watch?v=8SwgumMwRAE>

Journal: Infant Toddler Court Teams, Reunification, Time to Permanency, and Placement Stability: Evidenced from a Study Using Matched Controls.

Child Maltreatment. DOI: 10.1177/10775595251363456

Census: The goal is to service 20 active cases annually. As of FY25/Q3 serviced 12 active cases for the current fiscal year. There was an increase in reunification cases compared to last fiscal year.

| FY24 | Q1 | Q2 | Q3 | Q4 | FY24 Total |
|--------------------|-----------|-----------|-----------|-----------|-------------------|
| Referrals | 4 | 9 | 6 | 2 | 21 |
| Referrals Accepted | 2 | 5 | 3 | 1 | 11 |
| Active Cases | 2 | 5 | 6 | 3 | 16 |
| Reunification | 1 | 1 | 1 | 1 | 4 |
| FY25 | Q1 | Q2 | Q3 | Q4 | FY25 Total |
| Referrals | 1 | 0 | 0 | NA | 1 |
| Referrals Accepted | 1 | 0 | 0 | NA | 1 |
| Active Cases | 1 | 3 | 8 | NA | 12 |
| Reunification | 1 | 1 | 5 | NA | 7 |

Significant Tasks and Major Accomplishments During Period:

Development of Policies and Procedures for Parent Partners

- Created formal policies and procedures for onboarding Parent Partners as vendors.
- Established a process to ensure Parent Partners are able to receive stipends for participation in trainings, court-related tasks, and leadership activities.
- Promotes sustainability of Parent Partner roles and ensures equity in compensating lived-experience representatives.

Baby Court Publication

- Contributed to a Baby Court publication highlighting program development, family-centered practices, and outcomes.
- Elevated local Baby Court work to a broader audience, reinforcing credibility and visibility.
- Positioned the program as a leader in infant mental health-informed court practices and fostered recognition of accomplishments at both the state and national level.

Active Community Team Meetings

- Secured a consistent location for hosting Active Community Team (ACT) meetings, providing stability for community partners and stakeholders to engage in collaborative planning.
- Establishing a regular meeting space increases accessibility, predictability, and participation.

Partnership with PBS Kids (In Progress)

- Initiated partnership discussions with PBS Kids to develop future training opportunities for Baby Court stakeholders.
- This partnership will provide innovative, family-friendly training resources that support child development, parent engagement, and community education.

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

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

Quarterly Update

Things the Department is Doing Especially Well:

Southeast Michigan Perinatal Quality Improvement Coalition (SEMPQIC): As a grant opportunity 6 clinicians participated in the 2-Day Virtual Training on postpartum depression in June 2025 hosted by Postpartum Support International (PSI). Clinicians gained knowledge on postpartum depression and how to complete postpartum depression screenings with pregnant mothers. 1 Provider (Starfish) volunteered to participate in the High Touch High Tech (HT2) pilot. Partnering with SEMPQIC and Michigan State University (MSU) to train Starfish on administering the HT2 e-screening, brief intervention, and connection to care for behavioral health in pregnancy.

Trainings / Events:

The following trainings and events occurred this quarter

- Children Mental Health Lecture Series: Childhood Obesity & Asthma
- Children Mental Health Lecture Series: Child Sexual Assault: Signs and Symptoms
- Children Mental Health Lecture Series: Substance Use and Adolescents from Clinical Perspective

Youth United:

- Youth MOVE Detroit, in collaboration with Detroit PAL, hosted Meet & Greet Mario Kart Tournament with themed workshop stations including mental health, gaming and advocacy. Youth from the Juvenile Restorative Program and the University Yes Academy were personally invited to attend the event. (44 attendees)
- On 4/26/25, Youth Involvement Specialist and the Northwest Region Staff attended Neutral Zone's 8th Annual Youth Driven Spaces Conference at Eastern Michigan University in Ypsilanti, MI. The Youth Driven Spaces Conference is an annual opportunity for youth and adult allies to expand their skills, connect with regional youth programs, and build power. Each Conference includes youth planned and facilitated workshops and a *Shark Tank inspired* Youth Driven Project Pitches, where organizations pitch future projects and receive funding. Youth United staff elicited more ways to make events engaging, ideas for helping youth facilitate workshops and ways that Youth United can enhance their programming.
 - Selected to present at two upcoming conferences on *Shaping our Future Leaders how to use Leadership Opportunities to Develop Youth in Our Systems* at the fall CMHA Conference in October 2025 and the National Federation for Families Conference virtually November 2025.

Progress on Previous Improvement Plans:

Crisis Plan Data: The chart below is an overview of the Crisis Plans completed by Children Providers for FY 24 thus far. The goal is to obtain 85% completion of Crisis Plans. Plan to facilitate a joint interdepartmental Hospital Discharge and Crisis Plan Training this fiscal year.

| Disability Designation | FY 24 – Q1 | FY 24 – Q2 | FY 24 – Q3 | FY 24 – Q4 | Total = 78.5% |
|---|------------|------------|------------|------------|---------------|
| Serious Emotional Disturbance (SED) | 77% | 77% | 78% | 78% | 77.5% |
| Intellectual Developmental Disability (IDD) | 76% | 80% | 81% | 81% | 79.5% |
| Disability Designation | FY 25 – Q1 | FY 25 – Q2 | FY 25 – Q3 | FY 25 – Q4 | Total = 77.3% |
| Serious Emotional Disturbance (SED) | 80% | 76% | 74% | | 76.6% |
| Intellectual Developmental Disability (IDD) | 79% | 78% | 77% | | 78% |

Plan: Host Crisis Plan and Hospital Discharge Plan Training to the network September 2025

EXECUTIVE SUMMARY

EBONY REYNOLDS-EXECUTIVE DIRECTOR OF OUTPATIENT SERVICES.

DWIHN OUTPATIENT CLINIC (DOC) SERVICES' PROGRAM DESCRIPTION

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.

DWIHN OUTPATIENT CLINIC SERVICES' PROGRAM RESPONSIBILITIES

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).

DWIHN OUTPATIENT CLINIC SERVICES' PROGRAM SCOPE

The DOC service array includes: assessment and diagnosis, person centered planning, psychiatric evaluation and management, individual therapy, family therapy, group therapy, case management, parent support partnership, youth peer support services, adult certified peer support services, certified peer recovery coaches, office based and home/community based treatment for children and adolescents, treatment for people returning to the community from incarceration, treatment for people with substance use disorder and mental health disorders (co-occurring disorder) active members of the military and veterans.

DWIHN OUTPATIENT CLINIC SERVICES' DEPARTMENT STRUCTURE

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 St in Detroit. The DOC staff consists of an Executive Director, Director, Part-time Child Psychiatrist, Adult Psychiatrist, Children Services Administrator, Adult Services Administrators, Adult therapist with co-occurring credentials, Children therapist, Case Managers, Parent Support Partner, Youth Peer Support Specialist, Certified Peer Recovery Coaches, Certified Peer Support Specialist, Medical Assistant, Office Manager and Front desk support staff.

DWIHN OUTPATIENT CLINIC SERVICES' DEPARTMENT FUTURE GOALS

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 of age. The DOC has received state approval to deliver this service and is in active 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.



DWIHN Outpatient Clinic (DOC) PCC Fiscal Year 2025 Quarter 3 Update September 2025 Ebony Reynolds-Executive Director of Outpatient Clinics

Main Activities For Fiscal Year (FY) Quarter 3 (Q3) Reporting Period:

- CCBHC Update
- Quarter 3 Performance Indicator Data
- Demographic Data
- Expansion and Outreach
- Power BI Dashboard

CCBHC Update:

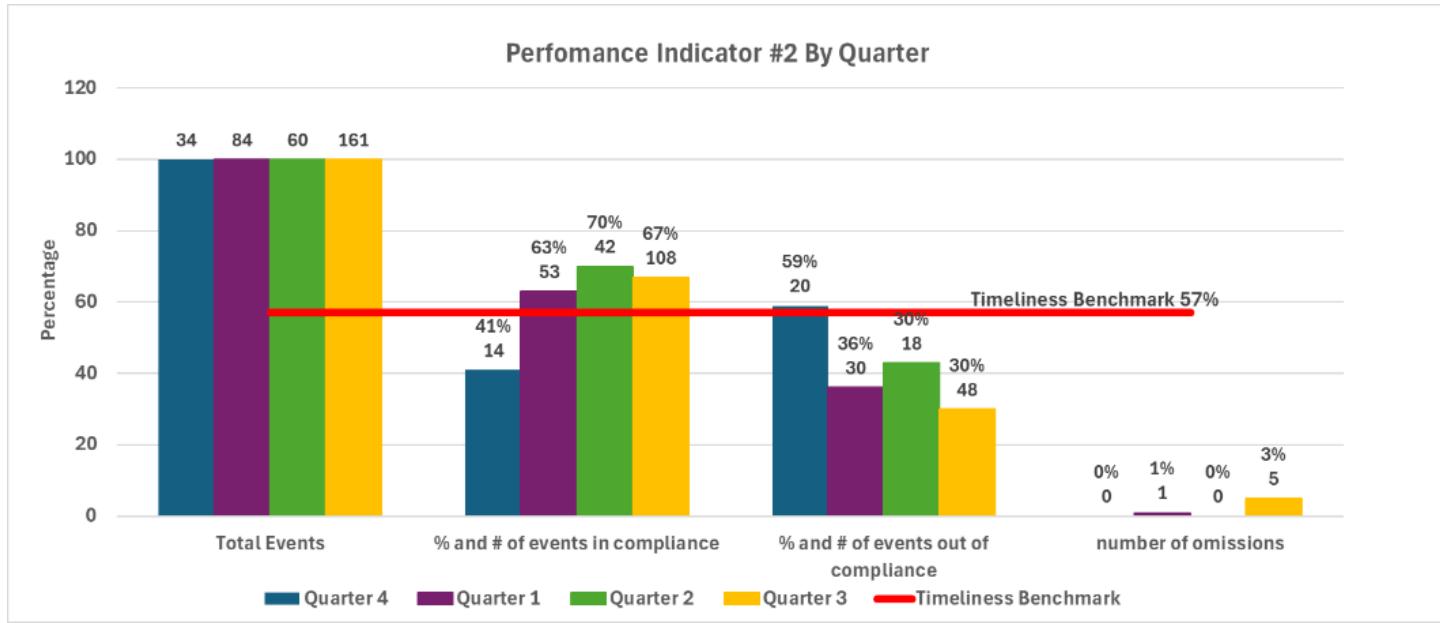
DWIHN is still moving forward with CMHSP services while awaiting an outcome regarding CCBHC. Services required as a CCBHC entity fall under the CMHSP service array so as DWIHN awaits the outcome, the team continues to be prepared to deliver the core services that are required.

Quarter 3 FY 25 Performance Indicator #2a

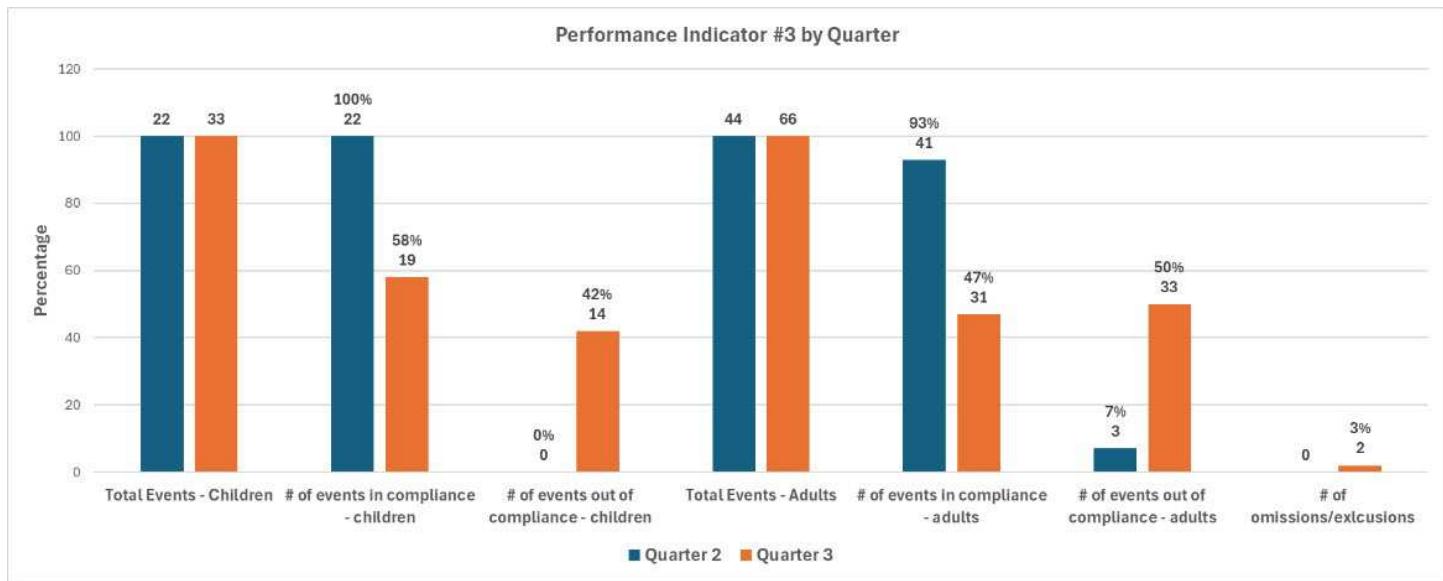
As a directly operated service provider, the DWIHN Outpatient Clinic (DOC) is required to meet State Performance Indicators (PI). The PI data for the outpatient clinic is as follows:

- Indicator #2a - Access/1st Request Timeliness-Benchmark 57%
- Indicator #3 - Access/1st Service Timeliness-Benchmark 83.8%
- Indicator #4(a) Follow-up care within seven (7) days of discharge from inpatient-Benchmark 95%
- Indicator #10 - Inpatient Recidivism-Benchmark 15%

Indicator #2a: Quarter 3 Access/1st Request Timeliness. The State benchmark at 57%. This benchmark measures if the provider completes the initial intake assessment within 14 days of a non-emergent request for service. For FY 25, Q3 (April, May, June) the DOC exceeded the benchmark at 67%



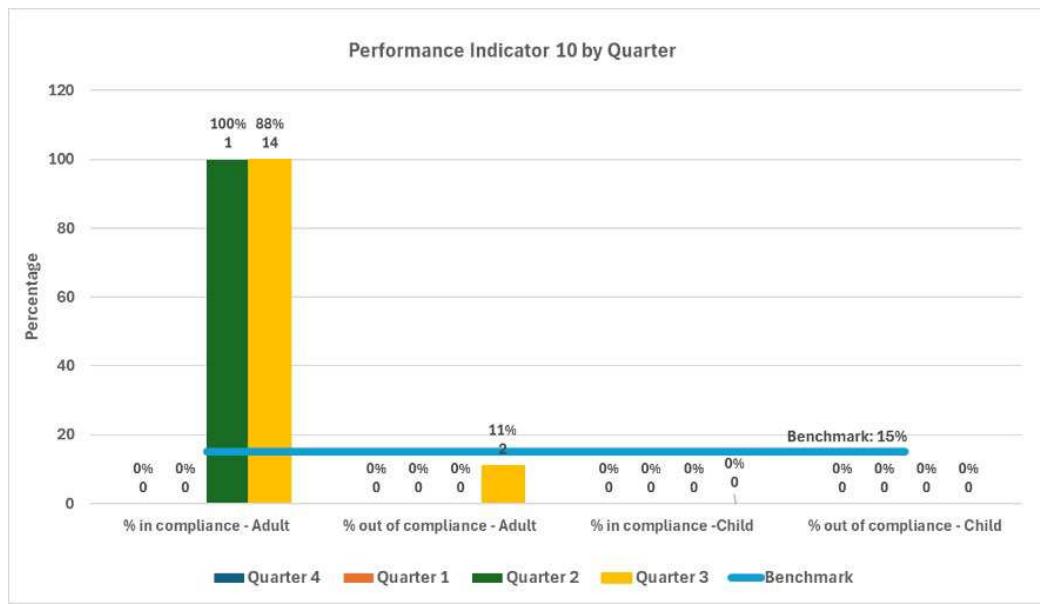
Indicator #3 is the percentage of new people starting ongoing service within fourteen (14) days of a non-emergent assessment with a professional (MI Adults, MI Children, Co-Occurring SUD) The standard is 83.8% or above. DOC data for this benchmark is as follows:



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.

Indicator #4(a) is the percentage of discharges from a psychiatric inpatient unit who are seen for follow-up care within seven (7) days. The standard is 95% or above. For Quarter 3 there were two inpatient admissions for one adult and the standard was met.

Indicator #10 is the percentage of readmissions within 30 days during the quarter to an inpatient psychiatric unit. The standard is 15% or less. The DOC had two readmissions for Q3. However, the clinic still met the benchmark for the quarter.



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.

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. Other outreach efforts by the DOC include:

- Fatherhood Forum-June 26
- 36th District Court-July 10
- Metro Detroit News-August 21
- WJR Radio-Wednesday-Sept 3
- 6 Mile Street Fair-Sept 6
- Detroit Health Department Fair-Sept 6
- New Paradigm Schools-Sept 3
- Informational material on the DWIHN Mobile Crisis Vans
- Informational material on the Mobile Health Clinic and the Detroit Homeless Outreach Van

Power BI-Dashboard:

The Power BI Dashboard has been published with support from the DWIHN IT department. The dashboard tracks the following data points:

- Appointment Kept
- No Show Rate
- Reschedules by members and by staff
- Cancellations by members and by staff
- Clinic locations
- Type of service
- Population
- Place of service
- Transportation

The quality analyst will be actively working with the IT team to ensure accuracy of the data and address any concerns regarding timeliness of documentation tracked in the dashboard to ensure overall compliance for the DOC.

Identified Opportunities for Improvement:

- Timeliness of clinical documentation
- Electronic Medical Record reports enhancement
- Continued efforts to boost enrollment.

Things the Department is doing well:

- Met Indicator 2A for timeliness of intakes
- Met Indicator 4
- Met Indicator 10
- Ongoing participation in State recognized evidence-based practices
- Hired Youth Peer Support Specialist
- Hired Parent Support Partner
- Hired two new Peer Recovery Coaches for co-occurring population

EXECUTIVE SUMMARY

MICHELE VASCONCELLOS – CUSTOMER SERVICE

DEPARTMENT'S NAME PROGRAM DESCRIPTION

DWIHN's Customer Service Department is a MDHHS mandated department as per 42 CFR 438.66 which is responsible for remaining compliance with the dictated Customer Service standards of: Welcoming, orienting, aiding in accessing benefits and services. In addition to providing outreach services, educating on member rights, grievances, appeals and State Fair Hearings, providing assistance in accessing these due processes, as well as surveying, tracking and trending on member satisfaction.

DEPARTMENT'S NAME PROGRAM RESPONSIBILITIES

Customer Service is responsible for the following:

Customer Service Welcome Center, Switchboard; Customer Service Call Center Operations; Due Process i.e. Grievances, Mediation, Appeals, State Fair Hearings; Family Support Subsidy Program; Member Engagement and Experience; Peer Support; Medical Records Request; EOB Distribution; Customer Service CRSP Performance Monitoring and Non CRSP Assignment Disenrollment.

DEPARTMENT'S NAME PROGRAM SCOPE

Customer Service's program scope is to ensure that it supports the mission, vision, values and strategic plans of the organization while providing exceptional customer service to its members and community.

DEPARTMENT'S NAME DEPARTMENT STRUCTURE

The Customer Service current structure reports to the VP of Government Affairs, Brooke Blackwell, followed by the Director of Customer Service, Customer Service Administrator, Manager of Due Process, Manager of Member Engagement and Supervisor of Call Center Operations.

DEPARTMENT'S NAME DEPARTMENT FUTURE GOAL

Customer Service's future goal is to align itself with the necessary resources to build a Customer Service department that is compliant in meeting the needs of its members and growth of the organization.



Program Compliance Committee
Michele Vasconcellos, Director, Customer Service 3rd Quarter FY 24/25 Report
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% |
|-----------------|-------------------|--------------------------|-------------------|-------------------------------|--------------------------------------|----------------------------|----------------------------------|
| FY-24/25 | 2,903 | 2,786 | 41 | 1% | 8 sec | 98% | 96% |
| FY-23/24 | 4,044 | 3,902 | 64 | 2% | 9 sec | 97% | 96% |

Customer Service Call Center

| | Number of Offered | Number of Calls Answered | Abandonment Calls | Abandonment Rate Standard <5% | Average Speed Answered (ASA) <30sec) | Service Level Standard 80% | % of Calls Answered Standard 80% |
|-----------------|-------------------|--------------------------|-------------------|-------------------------------|--------------------------------------|----------------------------|----------------------------------|
| FY-24/25 | 2,730 | 2,588 | 91 | 3% | 10 sec | 95% | 95% |
| FY-23/24 | 2,236 | 2,095 | 82 | 4% | 10 sec | 94% | 94% |

Significant Activities:

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.



- The Unit diligently worked on obtaining a new hire for the Welcome Center.

Customer Service Call Center

- The data clearly 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.

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.

| | FY 24/25 | FY 23/24 |
|--|-----------------|-----------------|
| Family Subsidy Calls & text messages | 2,862 | 2,339 |
| Family Support Subsidy Applications Received | 352 | 337 |
| Family Support Subsidy Applications Processed | 264 | 271 |

*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:

- Regular communication with Children's Hospital Neo-Natal unit, local MDHHS offices, local social security offices, local public schools, charter schools, children's center, and DWIHN's website are several ways in which outreach services are provided. Virtual training are held with school districts, as needed, to assist with the application process. We also attend periodic parent group meetings at various school districts, upon invitation.

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

| | FY 24/25 | FY 23/24 |
|---|-----------------|-----------------|
| Complaint/Grievance Correspondence | 1245 | 1114 |



Grievance Processed

| Grievances | FY 24/25 | FY 23/24 |
|---------------------|----------|----------|
| Grievances Received | 22 | 30 |
| Grievances Resolved | 14 | 9 |

Grievance Issues by Category

| Category | FY 24/25 | FY 23/24 |
|--|-----------|-----------|
| Access to Staff | 4 | 3 |
| Access to Services* | 7 | 9 |
| Clinical Issues | 1 | 4 |
| Customer Service | 6 | 2 |
| Delivery of Service* | 6 | 8 |
| Enrollment/ Disenrollment | 1 | 4 |
| Environmental | 0 | 1 |
| Financial | 2 | 7 |
| Interpersonal* | 1 | 12 |
| Org Determination & Reconciliation Process | 1 | 0 |
| Program Issues | 0 | 2 |
| Quality of Care | 4 | 3 |
| Transportation | 0 | 0 |
| Other | 3 | 0 |
| Wait Time | 0 | 0 |
| Overall Total | 36 | 55 |

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 | FY 24/25 | FY 23/24 |
|----------------------|----------|----------|
| Overall Total | 0 | 0 |

Appeals: Advance and Adequate Notices

| FY 24/25 | | FY 23/24 | |
|----------|---------|----------|---------|
| Adequate | Advance | Adequate | Advance |
| 1,114↑ | 4,990 | 806 | 5,058 |

*Appeals Communications

| | FY 24/25 | FY 23/24 |
|--|----------|----------|
| Appeals Communications Received | 284 | 443 |

*Communications include emails and phone calls to resolve appeals.

Appeals Filed

| Appeals | FY 24/25 | FY 23/24 |
|-------------------------|----------|----------|
| Appeals Received | 7 | 10 |

DWIHN State Fair Hearings

| SFH | FY 24/25 | FY 23/24 |
|-----------------|----------|----------|
| Received | 4 | 0 |

MI Health Link (Demonstration Project) State Fair Hearings

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



Significant Activity:

- 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.
- Due Process Manager received the President's Award for Heroic Distinction in May 2025.

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 3rd 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
- 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. The SOULS Chat continues to be an active Zoom Event, which allows for casual, relevant conversation for those who may otherwise feel isolated.
- 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. Topics were Financial Literacy, Advanced Directives, Planning for the Future, and Money Wise decision making. Learning self-advocacy and practicing self-motivation. The event was followed by the DWIHN Green Machine (mobile clinic), which was on site at the Woodward Admin Building. Lunch was served, and the daily attendance was 92 in total.
- ME 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. It also gave some attendees to learn about how to become Certified Peers or Recovery Coaches.
- 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.



- ME 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.
- Margaret Keyes-Howard, the Member Engagement Manager, was promoted to another position within the organization. The unit posted the position. The vacant CV Liaison/Member Engagement Specialist position was filled.

Submitted by: Michele Vasconcellos, Director, Customer Service 9/4/2025

EXECUTIVE SUMMARY

Vicky Politowski – Director of Integrated Health Care

INTEGRATED HEALTH CARE PROGRAM DESCRIPTION

The DWIHN Integrated Health Care Department is committed to establishing seamless coordination among behavioral health, intellectual/Developmental Disability, and physical health services. The Integrated Health Care Department has seven core functions.

INTEGRATED HEALTH CARE PROGRAM RESPONSIBILITIES AND SCOPE

1. Complex Case Management Services (CCM) - Ashley Bond, Manager

Scope:

- Intensive, short-term case management (up to 120 days).
- Target population: Individuals with high medical needs.
- Services include:
 - Connection to Clinically Responsible Service Providers and Primary Care.
 - Ensuring access to basic needs (food, clothing, housing, medical supplies).
- Aligned with NCQA requirements.
- Community-based service delivery.

2. OBRA (Omnibus Budget Reconciliation Act of 1987) - Robin Jones Administrator

Scope:

- Federally mandated pre-screening for nursing home admission.
- Applies to individuals with behavioral health diagnoses or intellectual/developmental disabilities (I/DD).
- Responsibilities:
 - Initial screenings prior to nursing home admission.
 - Annual reassessments for all applicable nursing home residents to determine the continued appropriateness of placement.

3. Coordination with Medicaid Health Plans and Integrated Care Organizations for Audits - Nakia Young Manager

Scope:

- Collaborative support for audits involving DWIHN departments.
- Includes:
 - Regular communication with Medicaid Health Plans (MHPs) and Integrated Care Organizations (ICOs).
 - Ensuring departments meet documentation and compliance standards required during audits.

4. Care Coordination and Data Sharing - Nakia Young Manager

Scope:

- Monthly coordination meetings with each MHP and ICO.
- Focus: Addressing gaps in care using:
 - CC360 (MDHHS platform).
 - DWIHN HEDIS Platform.
- Promotes:
 - Real-time data sharing.
 - Collaborative problem-solving across organizations.
 - Tracking and improvement of members' health outcomes.

5. Development and Monitoring of the HEDIS Platform – Vicky Politowski, Director

Scope:

- In collaboration with Vital Data, DWIHN developed an NCQA-certified HEDIS platform.
- Tracks performance across key HEDIS measures.
- Used by:

- DWIHN
- Medicaid Health Plans
- Integrated Care Organizations
- Clinically Responsible Service Providers
- Identifies and helps close gaps in care.

6. Monitoring and Development of Quality Improvement Plans (QIPs) – Brittany Davis, HEDIS Specialist

Scope:

- Four Quality Improvement Plans focused on key HEDIS measures:
 1. Follow-up After Hospitalization.
 2. Adherence to Antipsychotic Medications for individuals with schizophrenia.
 3. Antidepressant Medication Management.
 4. Diabetes Screening for individuals with schizophrenia or bipolar disorder.
- Purpose: Improve clinical outcomes and ensure evidence-based practices.

7. NCQA Strategic Planning and Population Assessment – Amanda Milliken Population Health Specialist

Scope:

- Ongoing strategic planning aligned with NCQA standards.
- Population assessments conducted to:
 - Identify service needs.
 - Tailor interventions.
 - Improve care coordination and health outcomes.
- Supports system-wide planning and quality enhancement efforts.

DEPARTMENT'S NAME DEPARTMENT FUTURE GOALS

1. Improve Health Outcomes for High-Need and Vulnerable Populations

- Provide complex case management and coordinated care to individuals with complex medical, behavioral, or developmental needs.
- Ensure access to primary care, behavioral health, and basic social support (e.g., housing, food, medical supplies).
- Facilitate appropriate placement and ongoing care for individuals in nursing facilities under OBRA guidelines.

2. Enhance Care Coordination and Close Gaps in Care

- Collaborate regularly with Medicaid Health Plans and Integrated Care Organizations to address fragmented care.
- Use data platforms (CC360, HEDIS) to identify and resolve care gaps in real-time.
- Promote shared accountability and member-focused interventions across all partner organizations.

3. Strengthening Quality Improvement and Compliance Infrastructure

- Develop and monitor HEDIS-based Quality Improvement Plans to align with evidence-based practices.
- Maintain audit readiness and support compliance with NCQA and Medicaid standards.
- Utilize technology and data to track performance and guide improvement efforts.

4. Align with NCQA Standards and Drive System-Level Innovation

- Implement a strategic plan guided by NCQA requirements to ensure high-quality, integrated care delivery.
- Conduct population health assessments to inform program design and resource allocation.
- Drive innovation in service delivery through partnerships, certified platforms, and cross-system planning.



Program Compliance Committee Meeting

9/10/2025

Integrated Health Care Department
Quarter 3 FY 25 Report
Vicky Politowski Director
09/10/2025

MAIN ACTIVITIES DURING THE YEAR REPORTING PERIOD: FY 2025

- Omnibus Budget Reconciliation ACT (OBRA)
- Complex Case Management
- Health Effective Data Information Set (HEDIS) and Affiniti Care Coordination and Predictive Analysis

Progress On Major Activities:

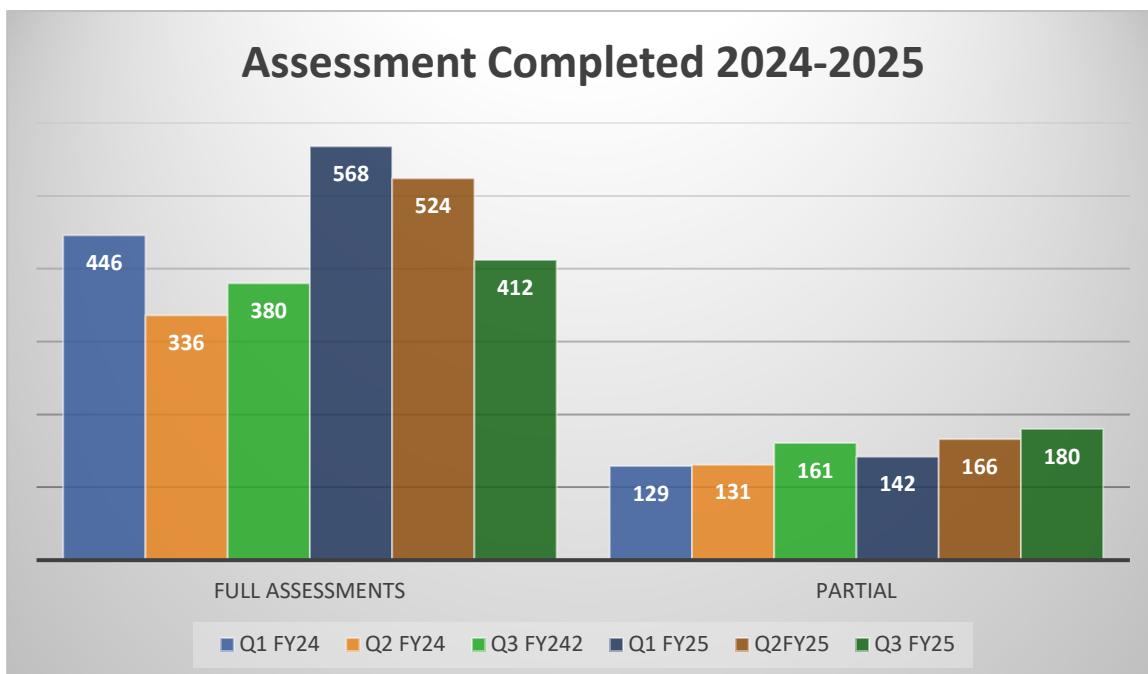
Activity 1: Omnibus Budget Reconciliation ACT Services

Description: Omnibus Budget Reconciliation ACT Services screens any individual going into a nursing home to determine if a serious behavioral health, intellectual, or developmental disability is present. Assessments determine eligibility for nursing home care, and if there is a behavioral health disability, what type of services are needed. Assessments are completed for any new individual going into a nursing home and anyone who has been in a nursing home for over a year.

Why is this Important: The goal is to ensure individuals are not placed in a nursing home due to their disability and that their mental health needs are being met if placed in a nursing home.

Current Status: 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.

Significant Tasks and Major Accomplishments: Referrals have stayed consistent with last year's number of referrals, but the number of individuals needing an assessment has increased. Please see the chart below:



Needs or Current Issues: Assessments are time-consuming because of all the documentation that must be gathered and coordinated with the hospital, nursing home, member, and guardian. With the number of assessments continuing to rise, more staff are needed in the department.

Plans: In quarter three, the OBRA department had one staff member retire, and the team was able to hire one of the contingent staff. This made a smooth transition and increased the team's productivity.

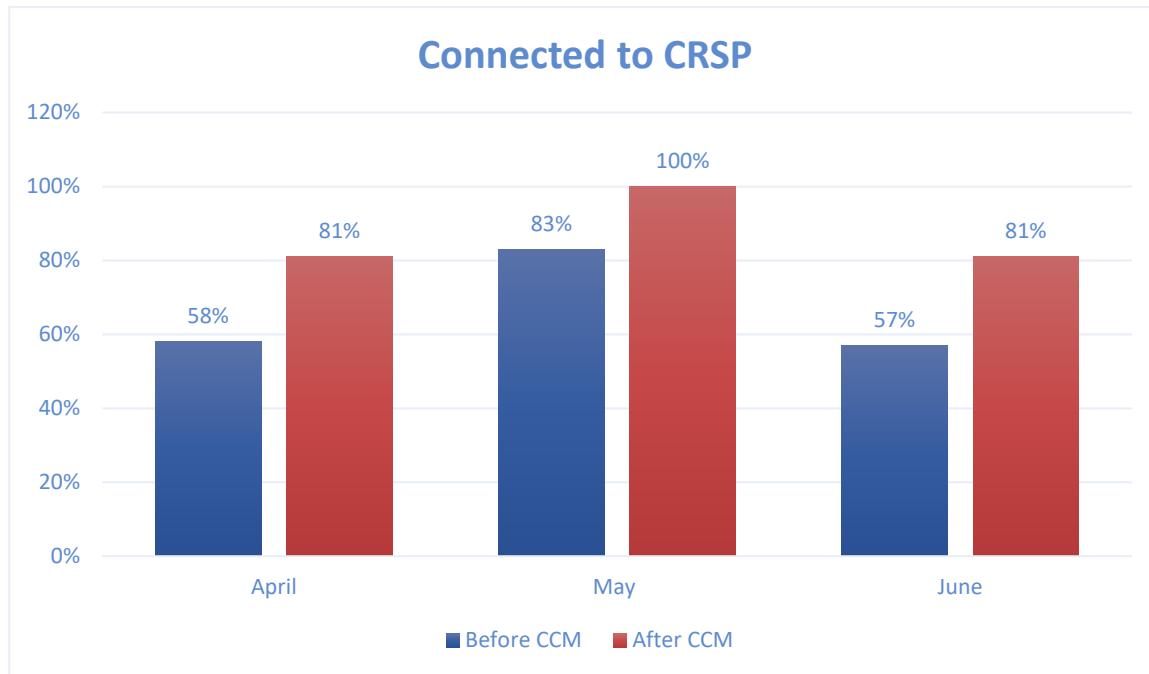
Activity 2: Complex Case Management (CCM)

Description: Complex Case management aims to assist members in progress towards recovery, enhance wellness, and build resilience through self-care and empowerment for members with medical and behavioral health concerns. Complex Case Management assists members with being connected to community resources, primary care doctors, behavioral health providers, peer advocates, and other needed services/supports.

Why is it Important: Increasing natural and paid supports for individuals with disabilities increases their recovery and assists them with remaining independent in the community. Complex Case Management Services have been shown to be effective due to intensive outreach; therefore, it is important to increase the number of individuals served in the program.

Current Status: In quarter three, Complex Case Management focused on increasing members' engagement with Clinically Responsible Service Provider providers

Significant Tasks and Major Accomplishments: Complex Case Management increased the number of members connected to their Clinically Responsible Service Provider.



Needs or Current Issues: Complex Case Management is actively working on increasing the caseload. The new KPI is to open three new members monthly. In quarter three, each staff member opened two new members.

Plans: Complex Case Management presented at two existing Clinically Responsible Service Providers and onboarded two new Clinically Responsible Service Providers to actively get more referrals.

Activity 3: Health Effective Data Information Set (HEDIS) and Affinitive Care Coordination Predictive Analysis

Description: Healthcare Effectiveness Data and Information Set (HEDIS) is a set of performance data developed and maintained by the National Committee for Quality Assurance (NCQA) and is the most widely used standardized performance measure in the managed care industry. HEDIS is part of an integrated system to establish accountability in managed care.

Why is it Important: HEDIS is a comprehensive set of defined measures with a methodology that aligns with state and national requirements.

Current Status: In October 2024, DWIHN and Vital Data received a grant to expand the HEDIS Platform by creating predictive analyses for three categories:

1. At risk of hospitalization,
2. Undiagnosed depression in members under 21 years old.
3. At risk of substance abuse.

Significant Tasks and Major Accomplishments: 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.

Needs or Current Issues: DWIHN staff from UM, SUD and Crisis assisted in predictive measures to ensure all areas were discussed.

Plans: Once predictive measures are complete, the Complex Case Management and Substance Use Disorder department will test for validity.

Things the Department is Doing Especially Well:

Omnibus Budget Reconciliation ACT Services: 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 clinician was able to link him to the appropriate provider in the community who can treat his schizophrenia in a culturally competent manner.

Complex Case Management (CCM): 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.

Health Effective Data Information Set (HEDIS): DWIHN teams are working with Vital Data to ensure this project is completed.

Identified Opportunities for Improvement:

Omnibus Budget Reconciliation ACT Services: DWIHN is working with Clinically Responsible Service Providers on the requirement to provide behavioral health services in nursing homes.

Complex Case Management (Complex Case Management): Complex Case Management is actively working on new ways to engage members, and the number of open members is increasing.

Health Effective Data Information Set (HEDIS): DWIHN has not previously utilized predictive analysis and needs to collaborate with the CCM and SUD departments to ensure that the members generated are appropriate.

Program Compliance Committee
Associate Vice President of Clinical Operations' Report
September 10, 2025



CLINICAL PROGRAM UPDATES

RESIDENTIAL SERVICES:

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.

ADULT INITIATIVES:

Skill-building for individuals with intellectual and developmental disabilities (I/DD) involves teaching practical life skills to increase independence, self-sufficiency, and community integration. This process focuses on acquiring, practicing, and mastering skills in areas like personal care, household tasks, communication, social interaction, financial literacy, and vocational training.

A recent site visit by Adult Initiatives to the Living and Learning Center in Northville highlighted an innovative model where members engage in supported employment and skill building activities, which are provided to both CMH members and individuals with private insurances. The property consists of a mansion and guest house and offers members opportunity to engage in activities ranging from art and gardening, bee and small animal farming, and even a mini golf course. The provider also hosts many recreational activities including a summer camp for members and a store where members sell artwork, bouquets, honey, eggs and socks made of alpaca wool (gathered from their resident alpacas). Individuals not only learn vocational skills, but also gain confidence, social connections, and a sense of purpose. The program also offers supported employment opportunities at facilities in the surrounding communities such as golf courses, restaurants, and retail stores. The Living and Learning Center shows how creative approaches can transform care by helping members participate more fully in their communities while reducing long-term reliance on formal services.

SUBSTANCE USE DISORDER INITIATIVES:

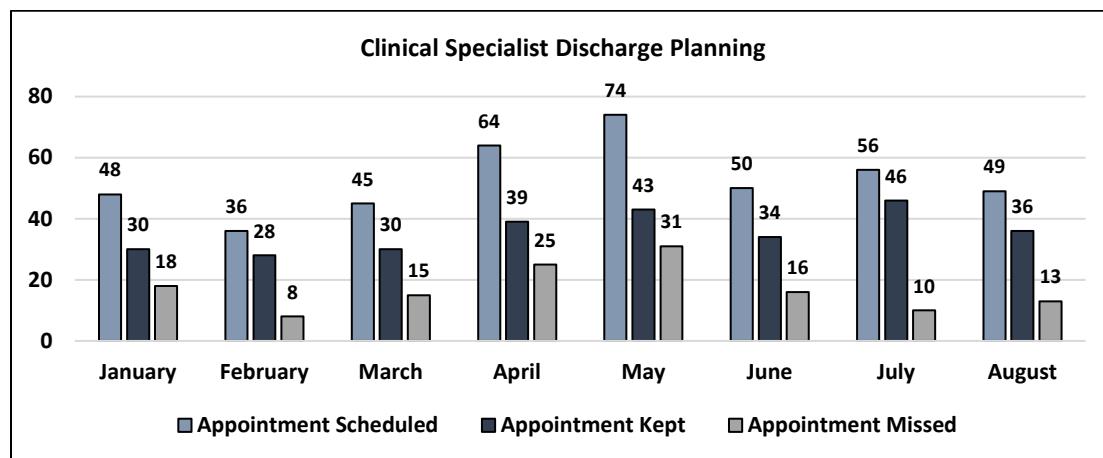
On Friday, August 29, 2025, the Substance Use Disorder Initiatives Department hosted an International Overdose Awareness Day event at WCCCD Taylor Campus. Nearly 175 people

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 President & 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.

PIHP CRISIS SERVICES:

In August, Clinical Specialists within the PIHP Crisis Services Department successfully connected 73% of members to aftercare appointments with their Clinically Responsible Service Provider (CRSP) of choice. This represents steady progress in ensuring members transition from crisis care to ongoing support. Clinical Specialists continue to collaborate closely with Central City Integrated Health, CNS, Lincoln Behavioral Services, and Team Wellness to improve discharge planning, goal setting, and problem solving.



Regular meetings with these CRSPs have focused on reducing barriers in the discharge planning process and improving efficiency. These efforts are reflected in consistent improvements in appointment scheduling and follow-through, as shown in the chart above.



**AVP of CLINICAL OPERATIONS' REPORT
Program Compliance Committee Meeting
Wednesday, September 10, 2025**

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

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

AUTISM SPECTRUM DISORDER (ASD) – Director, Cassandra Phipps
No Monthly Report

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

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

CUSTOMER SERVICE – Director, Michele Vasconcellos
No Monthly Report

INNOVATION AND COMMUNITY ENGAGEMENT (ICE) – Director, Andrea Smith
Please See Attached Report

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

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

RESIDENTIAL SERVICES – Director, Ryan Morgan
Please See Attached Report

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

UTILIZATION MANAGEMENT – Interim Director
Please See Attached Report

DWIHN Access Call Center July 2025 - Executive Summary Report for PCC

Call Center performance – Call Detail report

For the month of July 2025- 16,874 incoming calls of which 16,427 were handled by the access center reps, clinical screenings and SUD screeners. There was an abandonment rate of 1.0% which is made up of calls that the caller decided to hang up or the call dropped/disconnected during engagement.

- For this month, the DWIHN Access Call Center met all MDHHS call center standards:
 - % Abandoned Goal is < 5% (1.0%)
 - Avg. speed to answer Goal <30 sec. (:10 sec)
 - % of calls answered Goal > 80% (97.0%)
 - Service level Goal >80% (92.0%)
- In an annual comparison of July 2024 and July 2025, there were 954 more calls handled in 2025. There was a 1.0% decrease in the abandonment rate, 2.0% to 1.0%. There was a 10% increase in the service level (82.0% (2024) to 92.0% (2025))

Appointment Availability – Hospital Discharge Follow up (3 bar graph in each table)

For this month's reporting, the focus is on the timeliness of scheduling Hospital Discharge Follow up appointments, appointments kept and no shows. The Access Call Center schedules hospital discharge / follow up appointments (within 7- day requirement) for individuals being discharged from short stay inpatient psychiatric treatment. These types of appointments are based on the CRSP (Clinical Responsible Service Providers) availability and ability to provide services, timely.

- For the month of July 2025 there were 1181 MH appointments scheduled. There was an increase in appointment availability in this area from June to July by approx.4%) within the 7-day timeframe.
- For the month of July 2025 there were 869 Hospital Discharge follow up appointments scheduled through the DWIHN Access Call Center; appointment availability was 96%; which is a decrease by approx. 1% from last month.
- For the month of July 2025 there were 1683 SUD appointments scheduled; SUD appointment availability was 82% which is a decrease by 6% from last month.

Special Projects – MI HEALTH LINK: referrals from ICO's for level 2 assessment

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).

- For the month of July 2025- 407 referrals were received, 98% were processed within 14 days and 2% were processed within 15-18 days
- DWIHN Integrated Care department reports that referrals for MI HEALTH LINK are scheduled to decrease in the next 2-3 months and referrals for HIDE-SNP may start to begin. Details on how to process HIDE-SNP referrals to follow.

DWIHN Access Call Center
Yvonne Bostic, MA, LPC (Call Center Director)
Monthly Report: July 2025



Date: 9/10/2025

Main Activities during July 2025:

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

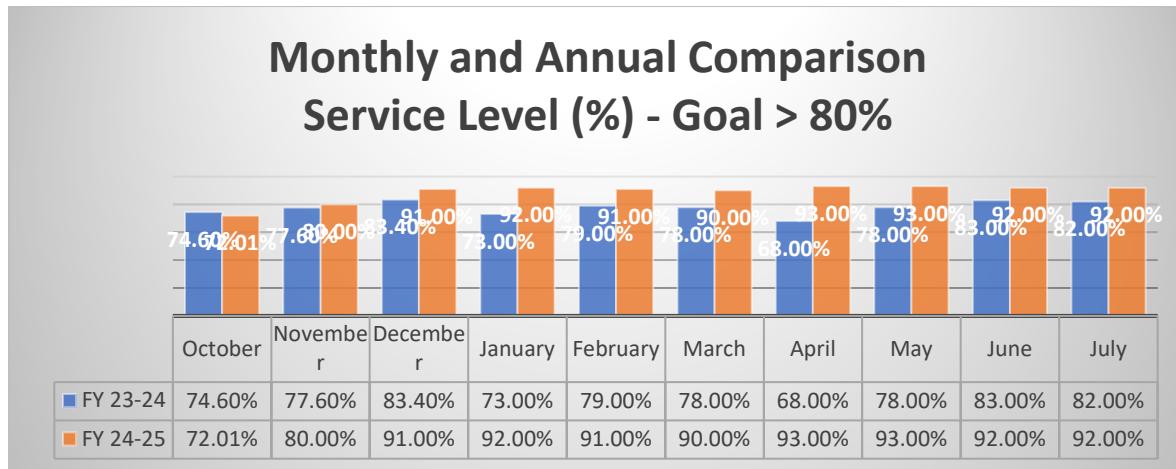
Activity 1: Call Center Performance – Call Detail Report

- **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 July 2025:
 - % Abandoned Goal is < 5% (1.0%)
 - Avg. speed to answer Goal <30 sec. (:10 sec)
 - % of calls answered Goal > 80% (97.0%)
 - Service level Goal >80% (92.0%)

| Queues | Incoming Calls | Calls Handled | Calls Abandoned . /Hang Ups | % Abandoned. | Avg. Speed to Answer | Average Call Length | % of Calls Answered | Service Level |
|---------------------|----------------|---------------|-----------------------------|--------------|----------------------|---------------------|---------------------|---------------|
| Call Reps | 16,874 | 16,427 | 250 | 1% | :10 sec | 4:11 mins | 97% | 92% |
| SUD Techs | 4,249 | 3,892 | 33 | 1% | 1:09 mins | 12:20 mins | 92.0% | 79% |
| Clinical Specialist | 2,419 | 1,748 | 48 | 2% | 3:19 mins | 13:06 mins | 72.0% | 49% |
| June 2025 Totals | 16,446 | 15,931 | 186 | 1.0% | :10 sec | 4:11 mins | 97.0% | 92.0% |
| July 2024 Totals | 16,391 | 15,473 | 246 | 2.0% | :20 sec | 5:19 mins | 94.0% | 82% |

- For the month of July 2025 there were 16,427 calls handled by the access call center. This is 496 more calls than the previous month (June 2025 – 15,931 handled calls).
 - Of the total number of calls handled (16,427) for the month of July 2025:
 - 3,892 (24.0%) calls handled for SUD services
 - 1,748 (11.0%) calls handled for MH services
 - 10,787 (65.0%) calls were for provider inquiries, information and referrals for community programs and services, screening follow up calls, request to release SUD cases, Hospital Discharge appointments, enrollments (Infant Mental Health (IMH), Foster Care, TCW/ PCW, Hospital Inpatient, Etc.), Transfer calls (Crisis, ORR, Customer Service, Grievance, etc.)

- In an annual comparison of July 2024 and July 2025, there were 954 more calls handled in 2025. There was a 1.0% decrease in the abandonment rate, 2.0% to 1.0%. There was a 10% increase in the service level (82.0% (2024) to 92.0% (2025)).



- **Significant Tasks During Period:**
 - Recruit, Interview and Train new staff to fill vacancies
 - Input data and forms, train staff on Genesys Phone System Silent Monitoring Upgrade
- **Needs or Current Issues:**
 - vacancies for ACCR x 2, Clinical x 2 and SUD x 2
 - calls are transferred to the wrong unit by other departments; interrupt call flow
- **Plan:**
 - Fill current vacancies
 - Build Knowledge Base in Genesys Phone System July-September
 - Review staff Performance Improvement Plans and prepare for annual performance appraisals

- 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.

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

Summary:

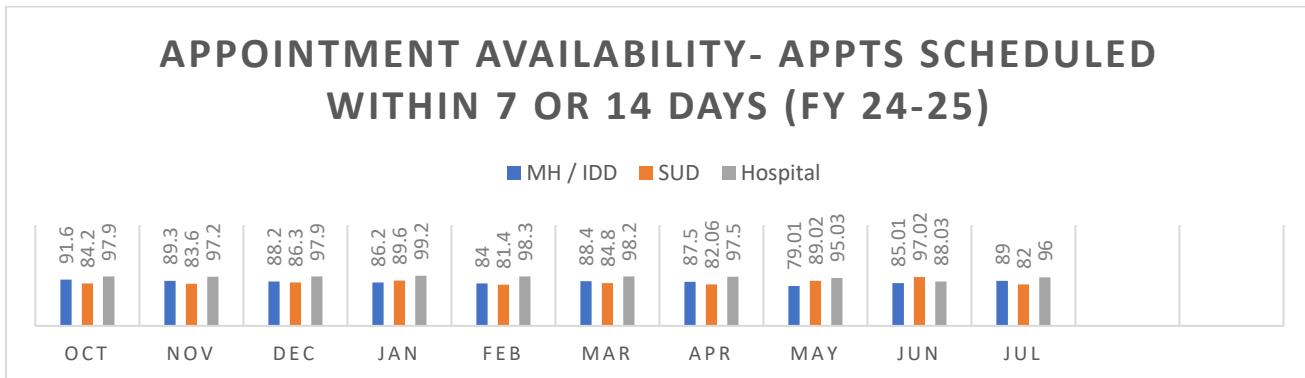
This report will also include the appointment availability and timeliness of scheduling the appointments for Hospital Discharge Appointments, MH and SUD services.

- **Appointment Availability Summary:**
 - For the month of July 2025 there were 1181 MH appointments scheduled. There was an increase in appointment availability in this area from June to July by approx 4%); (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%**).
 - For the month of July 2025 there were 869 Hospital Discharge follow up appointments scheduled through the DWIHN Access Call Center; appointment availability was 96%; which is a decrease 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%**)
 - For the month of July 2025 there were 1683 SUD appointments scheduled; SUD appointment availability was 82% which is a decrease by 6% from last month. (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 82%**).
- The Access Call Center schedules hospital discharge/ follow up appointments (within 7-day requirement) for individuals being discharged from short stay inpatient psychiatric treatment and

the initial intake appointments (routine - within 14 days requirement) for individuals new to the system or seeking to re-engage in services if their case has been closed.

- 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.

- **Monthly Comparison Charts:**



- **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:**
 - A memo was sent to providers in April and May to review expectations about appointment availability and request appointment additions more frequently
 - 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 July 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 |
|--------------------------|-----|-----|------|-----|------|-----|-----|-----|-----|-----|
| # of Referrals | 91 | 57 | 29 | 63 | 42 | 60 | 538 | 474 | 485 | 407 |
| % processed timely | 93% | 98% | 100% | 97% | 100% | 96% | 88% | 91% | 97% | 98% |

Needs or Current Issues:

- Significant increase in the # of monthly referrals

Plans:

- Additional staff have been assigned to monitor this queue and make routine follow-up calls, daily (ongoing)
- DWIHN Integrated Care department reports that referrals for MI HEALTH LINK are scheduled to decrease in the next 2-3 months and referrals for HIDE-SNP may start to begin. Details on how to process HIDE-SNP referrals to follow.

Program Compliance Committee Meeting

Marianne Lyons, LMSW, CAADC

9/10/2025



Adult Initiatives Monthly Report August 2025

Marianne Lyons, LMSW, CAADC

Main Activities during monthly reporting period:

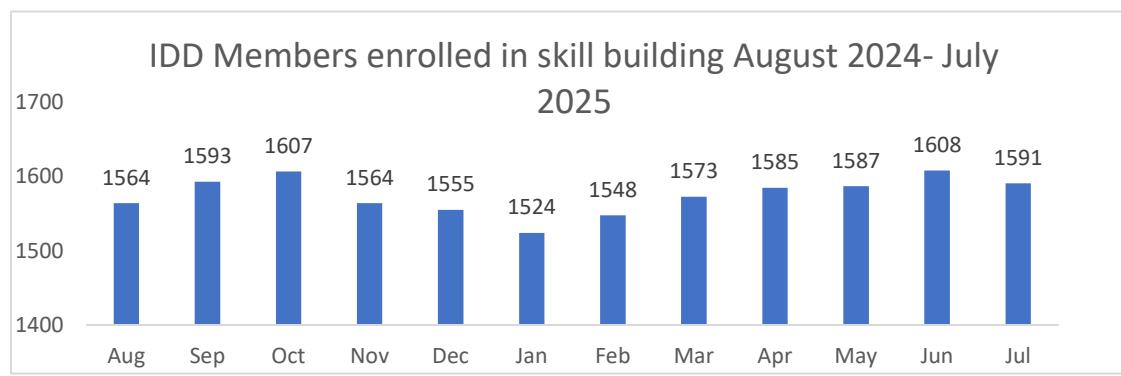
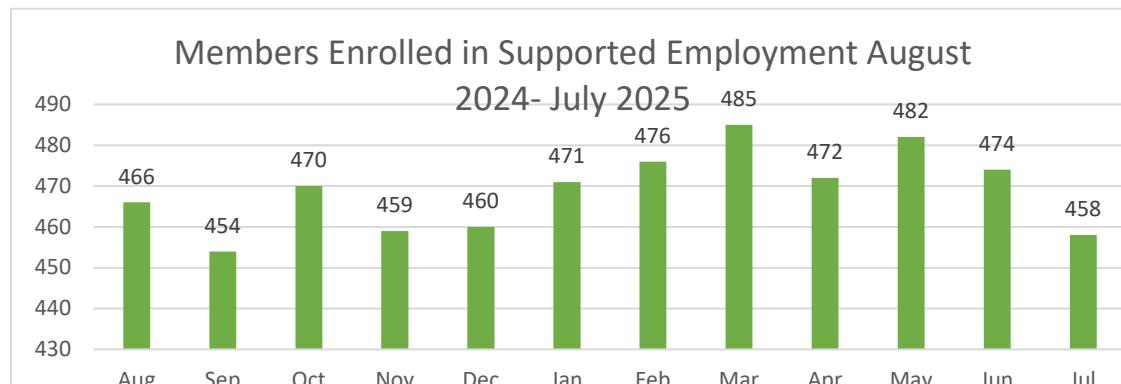
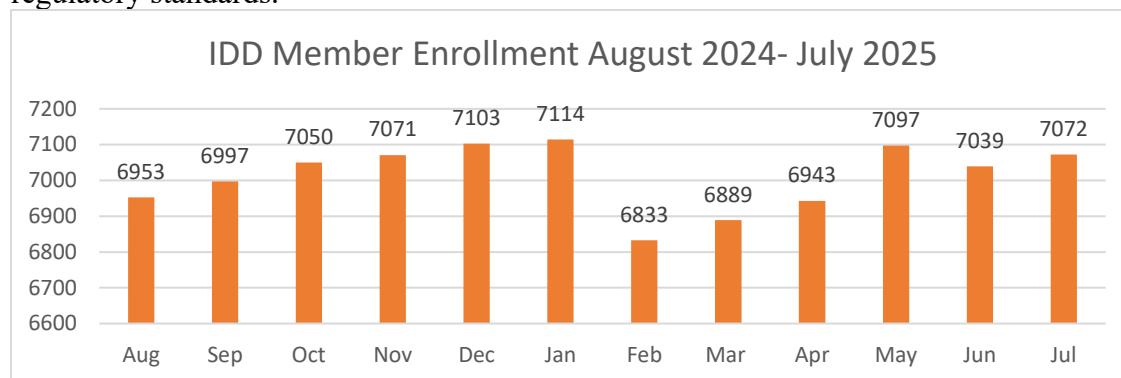
- Intellectual/Developmental Disability (IDD)-Skill Building and Employment
- Assisted Outpatient Treatment (AOT)- Expiring Orders and Provider Engagement
- Supportive Employment-Benefits of IPS

Progress On Major Activities:

Activity 1: Intellectual/Developmental Disability (IDD)

- *Description:* The Adult Initiatives team facilitates the provision of services to adult members with Intellectual and/or Developmental Disabilities. The IDD service array aims to assist members in remaining active in their community based upon their needs, preferences and dreams. CLS, respite, psychiatry, psychology, behavioral support, skill-building, speech/physical/occupational therapies, and vocational services are available to members.
- *Current Status:* As of July 31, 2025, there were 7,072 adult members with an I/DD designation actively receiving services. Adult Initiatives continues to monitor post-school engagement, with an emphasis on expanding supported employment opportunities and alternatives to legal guardianship (e.g., supported decision-making). Recent funding cuts affecting QIDP credit availability for providing training may limit provider participation; Adult Initiatives is seeking alternative solutions. Additionally, the team is assessing service gaps for members over age 55 to ensure resources are responsive to aging adults with I/DD.
- *Significant Tasks During Period:* Adult Initiatives worked with Children's Initiatives and prospective providers to expand behavioral health and skill-building services for members with I/DD. Site visits with community partners (e.g., Goodwill Industries, The Living and Learning Center) focused on strengthening supported employment opportunities. In addition, Adult Initiatives met with Henry Ford Health Systems to address misconceptions about I/DD in hospital emergency departments, including the false beliefs that individuals with I/DD cannot be diagnosed with a mental illness, that aggressive behavior is baseline, and that all require guardianship. This outreach helped educate emergency department (ED) staff, improve collaboration on treatment and discharge planning, and reduce barriers to appropriate care.
- *Major Accomplishments During Period:* Adult Initiatives conducted a site visit to The Living and Learning Center in Northville, a program that integrates supported employment with skill-building opportunities. Members engage in activities such as art, gardening, animal care, and product sales, which are designed to build vocational, social, and independent living skills. The program also partners with local businesses to provide off-site employment opportunities.

- *Needs or Current Issues:* Adult Initiatives identified gaps in provider data, particularly regarding graduation rates from supported employment to independent employment and the number of members under guardianship. Some providers either do not track this data or report inconsistently, creating risks to data accuracy and limiting the ability to measure member outcomes. This raises compliance concerns, as incomplete or conflicting information prevents reliable monitoring of service effectiveness and member rights.
- *Plan:* Adult Initiatives will continue working with providers to improve the accuracy of employment and guardianship reporting, emphasizing compliance with documentation requirements. The team will explore standardized methods for collecting graduation data across providers and use provider meetings to reinforce expectations. Additional training and technical assistance will be offered to ensure data integrity and alignment with regulatory standards.



Activity 2: Assisted Outpatient Treatment (AOT)- Expiring Orders and Provider Follow-Up

- *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 judicial oversight and collaborate with DWIHN to monitor compliance.
- *Current Status:* As of August 2025, there are 869 active AOT orders, including 95 new orders and 124 expirations. Since December 2024, Adult Initiatives has implemented monthly tracking of expiring orders by provider, requiring review and reporting back to DWIHN. This system closes a previous oversight gap where expirations were not monitored, reducing the risk of missed renewals, lapses in treatment, or noncompliance with court mandates. The process also strengthens provider accountability and judicial collaboration, ensuring members remain engaged in treatment and improving outcomes tied to court-ordered care.
- *Significant Tasks During Period:* Adult Initiatives analyzed AOT Expiration reports from January-July 2025 and found member engagement at the end of AOT orders increased from 26.1% in January to 43.1% in July. Provider accountability also improved: “no response” reporting decreased from 20.2% to 5.2%, and failure to submit required PCM 230 notifications (notifies court of noncompliance with treatment order) dropped from 47.2% to 36.3%. Meanwhile, providers submitting “unable to engage” PCM 230 notifications rose from 47.2% to 63.3%, reflecting more consistent monitoring and documentation of member status.
- *Major Accomplishments During Period:* Adult Initiatives implemented a new process to ensure accountability when members with AOT orders receive services outside the DWIHN network. Hospitals are now required to complete and return consent-to-share documentation, with AOT case monitors conducting monthly status checks to confirm members remain engaged in treatment. Additionally, “engaged in services” has been clearly defined as at least one (1) billable service per month for five (5) out of six (6) months, unless otherwise specified in the order.
- *Needs or Current Issues:* AOT reporting accuracy has been compromised due to system changes in MHWIN and new CPT code modifiers, which affect how hospitalizations, deferrals, and new orders are captured. Current production reports do not reliably reflect true activity, limiting the ability to monitor provider compliance and member outcomes.
- *Plans:* Adult Initiatives is working with IT and PCE to correct the reporting errors, including updating post-hospitalization reports with the appropriate CPT modifiers. The team will continue to validate data and adjust report templates to ensure accurate monitoring of AOT activity and outcomes.

Activity 3: Supportive Employment

- *Description:* IPS, also known as Individual Placement and Support, is a specific type of supported employment service. DWIHN utilizes the IPS model as research shows it to be the most effective evidence-based employment program. This approach allows for individuals with severe and persistent mental illness and/or substance use disorders to obtain and maintain gainful employment, at any stage of change in outpatient treatment
- *Current Status:* The total number of individuals served is updated on a monthly and quarterly basis, as provided by the quarterly IPS report from MDHHS, monthly data obtained from provider providing IPS services, and data gathered internally on MHWIN to ensure for the most accurate information. The following data is based on the total number of members receiving IPS services during August 2025 from the 9 providers providing IPS:

| ACCESS | Central City | CNS | DCI (MiSide) | The Guidance Center | Hegira | Lincoln Behavioral Services | Southwest Solutions (MiSide) | Team Wellness |
|--------|--------------|-----|--------------|---------------------|--------|-----------------------------|------------------------------|---------------|
| 49 | 36 | 22 | 12 | 37 | 154 | 62 | 15 | 176 |

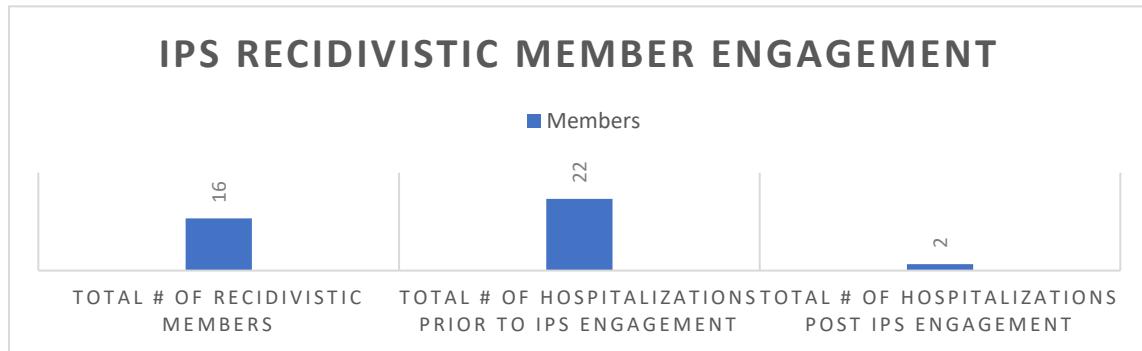
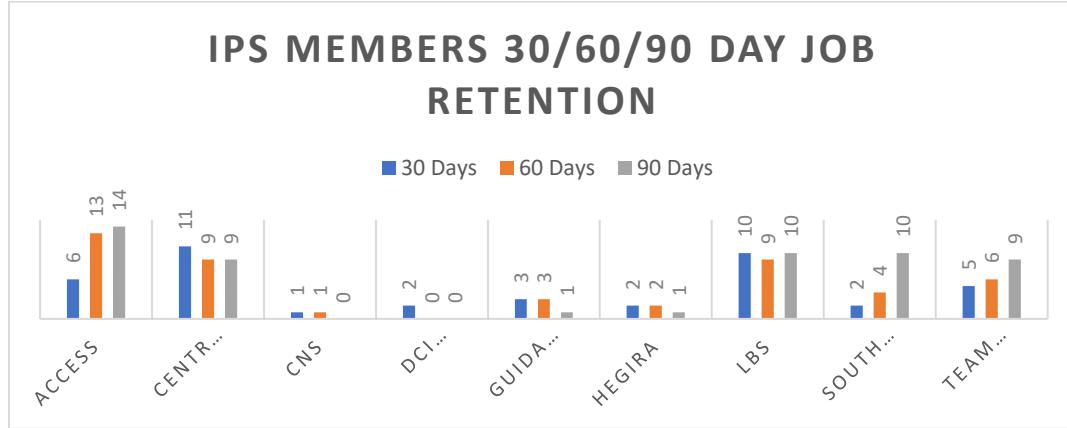
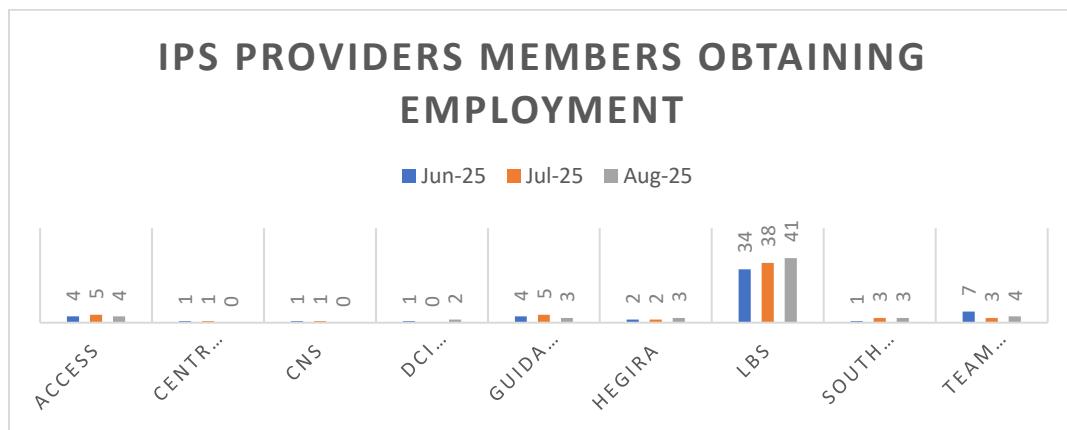
- *Significant Tasks During Period:* Adult Initiatives created a PowerPoint to present to outpatient teams at providers with IPS programs in order to reduce inappropriate referrals to IPS programs, increase overall IPS engagement, and answer questions for case management as providers continue to experience significant turnover in case management, resulting in a lack of understanding of the IPS programs and what an appropriate member referral looks like.
- *Major Accomplishments During Period:* Adult Initiatives continues to track data, as presented in previous monthly and quarterly reports, comparing IPS engagement to hospitalization rates. The data indicates that IPS engagement reduces hospitalization rates. The data represented is based on the past year, specifically, to identify members engaged in IPS services (attended more than 2 appointments), their hospitalization totals 90 days prior to IPS engagement, and then hospitalization totals 90 post engagement.
- *Needs or current issues:* Providers report difficulty with some community relationships. They report ongoing barriers for job retention due to employers' lack of understanding of mental health barriers and inability to meet accommodations if necessary. Typical struggles reported include a lack of support if members are feeling stressed.

Providers also report difficulty with assisting members in understanding how benefits change when they become employed and how that could affect their state and federal benefits. Some providers can hire a Benefits to Work Coach while smaller IPS teams cannot accommodate.

Plan: Adult Initiatives will schedule and go out in the community with IPS providers to engage with local community partners who currently employ our members or may be interested in employing members to help bridge the gaps in understanding our population

of members, unique challenges that may come with employing them, and offer assistance and communication from DWIHN.

Adult Initiatives is exploring Benefit to Work Coaching. Providers with smaller IPS teams do not have their own internal Benefit to Work Coach (a trained staff who educates members about their benefit changes following employment). This is a requirement of the fidelity model. IPS reviewers have indicated that other PIHPs have offered this to providers to alleviate the stress for the smaller IPS providers who do not have a coach internally. Discussion is occurring to train staff internally with Adult Initiatives to better assist IPS programs with this role.



PIHP Crisis Services Department Report, August 2025

Daniel West, Director of PIHP Crisis Services

9/10/25



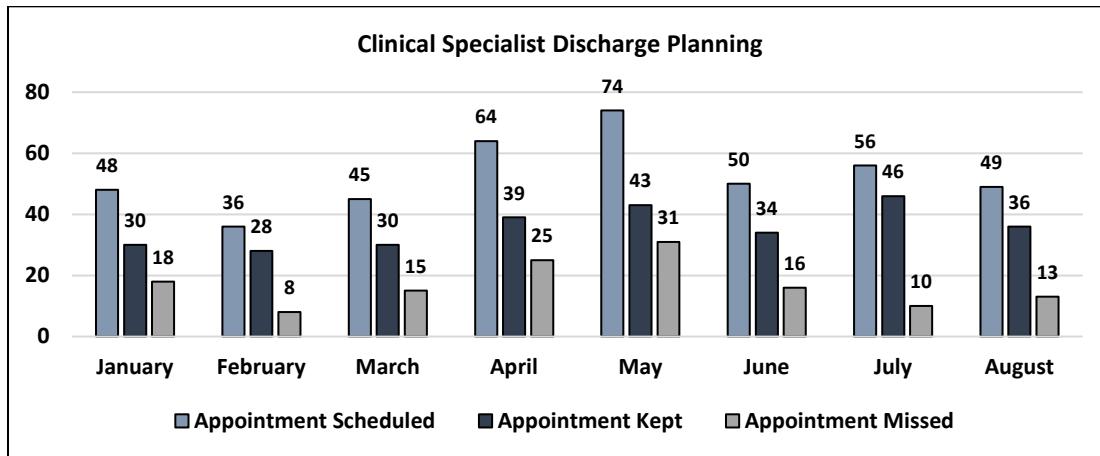
Main Activities during August 2025:

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

Progress On Major Activities:

Activity 1: Discharge planning for members in inpatient hospitals.

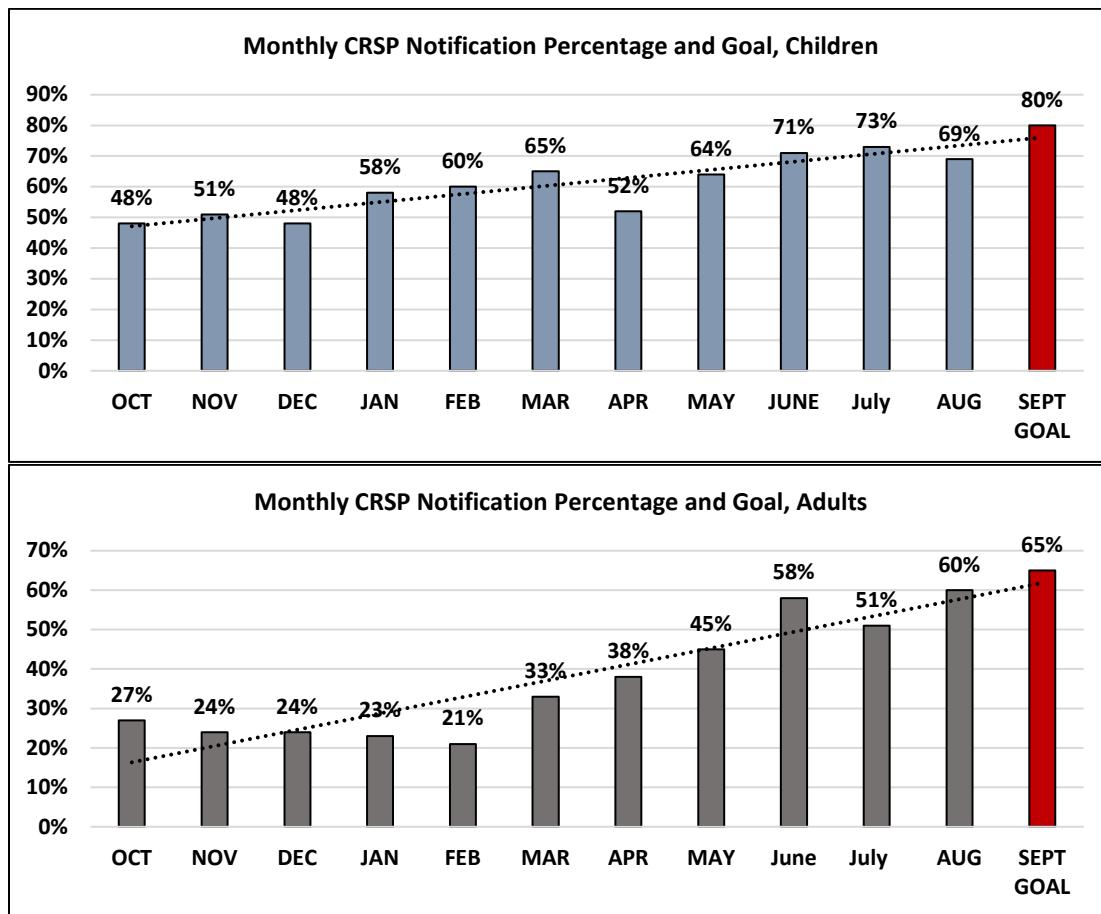
- **Description:** DWIHN Clinical Specialists continue to meet with members at selected inpatient hospitals (BCA, Henry Ford Behavioral, and Metropolitan) to engage members in discharge planning when members are admitted without an assigned CRSP. Clinical Specialists meet with members to discuss barriers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



- **Significant Tasks and Major Accomplishments During Period:** Clinical Specialists within the PIHP Crisis Services Department were able to connect 73% of members to their aftercare appointments with their CRSP of choice in August. Moreover, Clinical Specialists are working closely with Central City Integrated Health, CNS, Lincoln Behavioral Services and Team Wellness to ensure goal setting and problem solving are occurring regularly.
- **Needs or Current Issues:** The team has recognized the need for relationship building and information sharing between the CRSPs participating in discharge planning and the leadership of chosen facilities.
- **Plan:** The team has invited the participating CRSPs into the ongoing, regularly scheduled meetings between DWIHN and the contracted inpatient network facilities.

Activity 2: CRSP notification for crisis screenings.

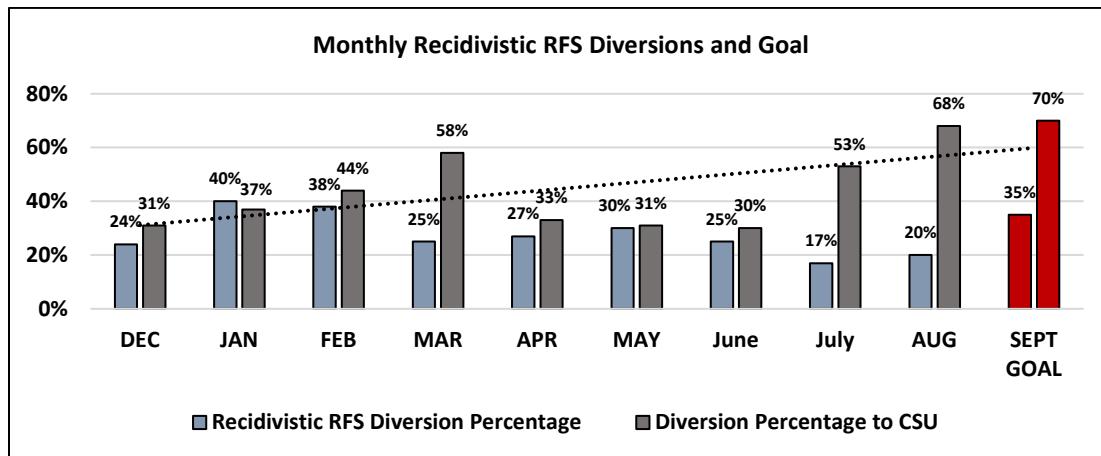
- **Description:** The PIHP Crisis Services Department has recognized the importance of CRSP notification for members screened in crisis. This provides an opportunity for the CRSP to engage the member whether the disposition from the crisis screening is inpatient or outpatient. The CRSP is to receive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



- **Significant Tasks and Major Accomplishments During Period:** The adult screening agency saw a decrease in the percentage of CRSP notifications in August, but the children's screening agency saw an increase. Clinical Specialists in the PIHP Crisis Services Department have seen an increase in CRSP responses to notifications and therefore are encouraged with an increase in member engagement post-notification.
- **Needs or Current Issues:** In discussions with the screening agencies, members who are seen in crisis often either choose to transfer services to a different CRSP, and therefore CRSP notification entries have been marked "no" instead of "yes" contributing to a decreased percentage overall.
- **Plan:** The team will provide information to the screening agencies that if a CRSP exists, whether chosen in the ED after the screening or identified through a chart review, the screeners can go back into the record and change the CRSP notification to "yes" even after the PAR has been signed. This should increase the CRSP notification percentage and reflect in September accordingly.

Activity 3: Familiar face identification and diversion in crisis.

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



- **Significant Tasks and Major Accomplishments During Period:** Although COPE saw a decrease in the overall percentage of diversions for this targeted population, there was a significant increase in the percentage of diversions transferred to CSU, indicating an increase in the utilization of CSUs for members in crisis.
- **Needs or Current Issues:** The team recognizes a need for an increase in diversions overall for this targeted population.
- **Plan:** The team will share these outcomes with COPE and discuss barriers to diversion within these specific cases to aid in increasing the percentage of diversions for this targeted population.

Monthly Update:

- **Things the Department is Doing Especially Well:**
 - The DWIHN Clinical Specialists continue to meet with Central City Integrated Health, CNS, Lincoln Behavioral, and Team Wellness. They have identified barrier to increases in members seen in the discharge planning process and have engaged in goal setting with these CRSPs. Discussions center around barriers DWIHN Clinical Specialists have encountered and resolved, sharing information and methods to improve efficiency from the CRSPs in this area.
- **Identified Opportunities for Improvement:**
 - The team has found that CRSP assignments are necessary upon admission to inpatient facilities, and those assigned CRSPs need notification of their new members' admission in order to engage in discharge planning.

- **Progress on Previous Improvement Plans:**

- Recidivism has increased from the 3rd quarter for both adults and children. Sample studies have taken place identifying trends in the recidivistic members as it relates to service connection and these results have been shared with Adult and Children's Initiatives.

| Recidivism | Adults | Children |
|--------------------|--------|----------|
| 1st Quarter 2024 | 17.58% | 8.62% |
| 2nd Quarter 2024 | 16.65% | 8.82% |
| 3rd Quarter 2024 | 17.62% | 15.69% |
| 4th Quarter 2024 | 16.52% | 12.14% |
| 1st Quarter 2025 | 16.94% | 10.57% |
| 2nd Quarter 2025 | 15.57% | 11.11% |
| 3rd Quarter 2025** | 17.42% | 14.67% |
| 4th Quarter 2025** | 12.06% | 9.22% |

**3Q and 4Q 2025 Data preliminary

Innovation & Community Engagement

July 2025

Main Activities during Reporting Period:

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

Introduction

This report consolidates key activities, accomplishments, and challenges across multiple initiatives during the reporting period. The report encompasses Zero Suicide initiatives, community relationships, justice-involved activities, and workforce development efforts.

Main Activities During Reporting Period

The Innovation & Community Engagement Department advanced behavioral health strategies across justice-involved programs, suicide prevention, community outreach, veteran services, and workforce development. Highlights include 941 encounters across co-response, jail navigator, homeless outreach, and mobile units. DWC hosted 23 events, served 1,495 users, and processed over 29,000 online training completions. Zero Suicide data showed over 1,300 client referrals received for suicide assessment.

Progress on Major Activities

Activity 1: Justice-Involved Behavioral Health & 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.

Current Status:

941 encounters were documented across co-response (285), jail navigation (42), 36th District Court (38), DHOT (380), peer outreach (121), and mobile clinic (75). 517 individuals were connected to services.

Significant Tasks During Period:

Coordinated bi-weekly co-response meetings; facilitated CIT and MHFA trainings with attendees from Detroit, Romulus, and Highland Park Police Departments; supported jail discharge planning and administrative releases; mobile outreach clinic deployed at several community events.

Major Accomplishments During Period:

The team provided direct support to 941 individuals across multiple interventions: 285

through co-response encounters, 42 via the Mental Health Jail Navigator, 38 through the 36th District Court Clinical Specialist role, and 380 community contacts through the Detroit Homeless Outreach Team (DHOT). In addition, peer outreach specialists made contact with 121 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 connected with 75 individuals at events across Detroit.

Plan:

Continue partnership development with the Detroit Housing Revitalization Department; expand Mobile Unit staffing; improve follow-up tracking via shared databases and MHWIN.

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 July, DWC hosted 23 training events, 19 virtual and 5 in-person serving nearly 800 participants. Online training was accessed and completed over 29,000 times, including 14,581 required and 14,654 optional modules. Support extended beyond training to include help desk services, TAP coaching, and Zoom facilitation for internal and external stakeholders.

Significant Tasks During Period:

Supported the delivery of 9 HCBS Module 2 sessions; 4 Compliance Academy workshops; MHFA and QPR trainings.

Major Accomplishments During Period:

NHSC verification completed for 3 staff in support of loan repayment and workforce retention.

Staff facilitated trauma-informed care training for youth participating in Grow Detroit's Young Talent (GDYT) and held our annual Young Professionals Conference which hosted over 615 individuals.

Reach Us Detroit agents reported 303 calls in July 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.

Interviews began for Fall internship placements to further strengthen interprofessional learning opportunities

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:

1,360 initial screenings (26 positive); 1,287 updated assessments across TWC, Mobile Crisis, and Crisis Care Center (436 positive); 2,063 referrals made to outpatient/inpatient care.

Significant Tasks During Period:

Staff conducted Adolescent Suicide Prevention Training, participated in monthly meeting with SAMHSA; cross-walked service referral and demographic data.

Major Accomplishments During Period:

Contributing departments report connecting over 2,000 individuals to care; maintained strong screening activity; improved demographic data breakdowns across gender, race, and age.

Plan:

Expand reporting collaboration with all screening entities; standardize demographic fields; integrate screening visibility into crisis center dashboards.

Things Doing Especially Well

Over 29,000 trainings completed through DWC. Strong collaboration with VA on veteran reintegration and suicide prevention planning with two dozen veterans and family members being supported. Continued jail diversion coordination with mental health courts and reentry planning.

Progress on Previous Improvement Plans

- **TAP Coaching:** Training sessions reduced call volume and confusion among agencies.
- **Intern Manual & Supervision:** Revisions are underway to clarify role titles, supervision structures, and HR requirements.
- **Compliance Academy:** Bi-weekly model received strong feedback and will be scaled in Q4.
- **Suicide Screening Improvements:** Referral tracking expanded to include demographics; additional coordination needed with nontraditional access points (EDs, warmline).

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



Main Activities during August:

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

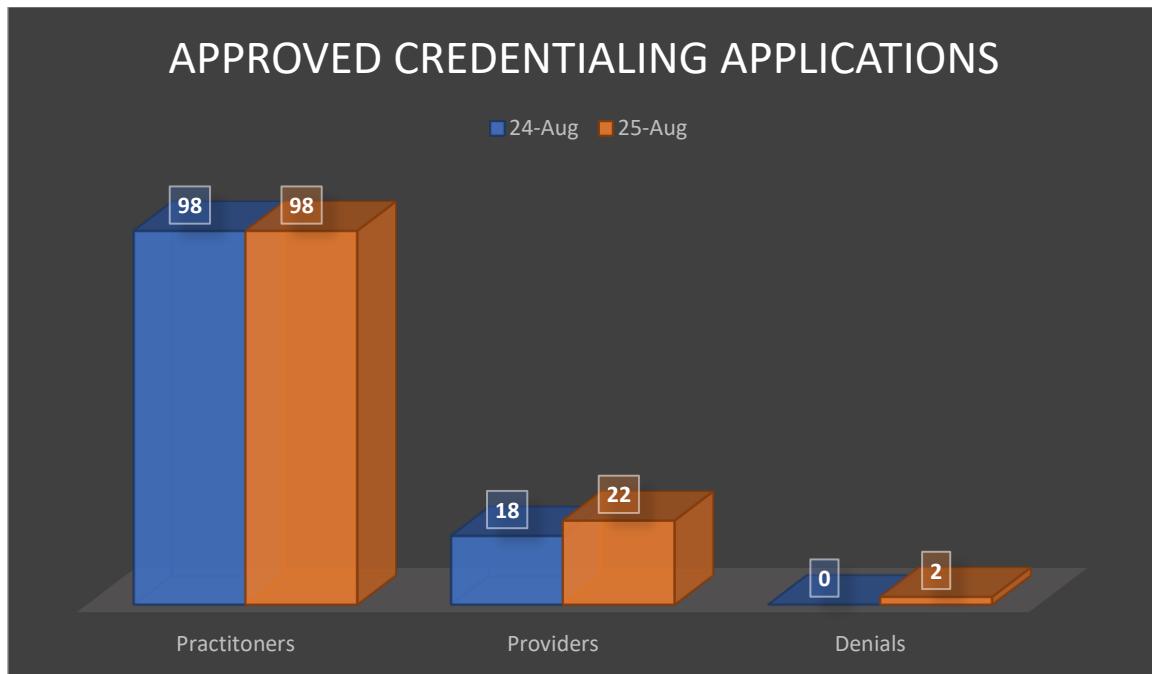
Progress On Main Activities:

Activity 1: Credentialing

- *Description:* The vetting and approval process for both current and new provider(s) into the DWIHN provider network.
- *Current Status: August 2025:*

| | |
|---|------------|
| Number of Credentialing Applications Reviewed | 221 |
| Number of Expansion Requests Reviewed | 15 |
| Number of Provisional Credentialing Applications Reviewed | 6 |
| Total # of Applications Reviewed | 242 |

| | |
|--|------------|
| Number of Practitioners Approved | 98 |
| Number of Providers Approved | 22 |
| Number of Expansion Requests Approved | 17 |
| Number of Provisional Credentialing Applications Approved | 6 |
| Total # of Applications Approved by Credentialing Committee | 143 |

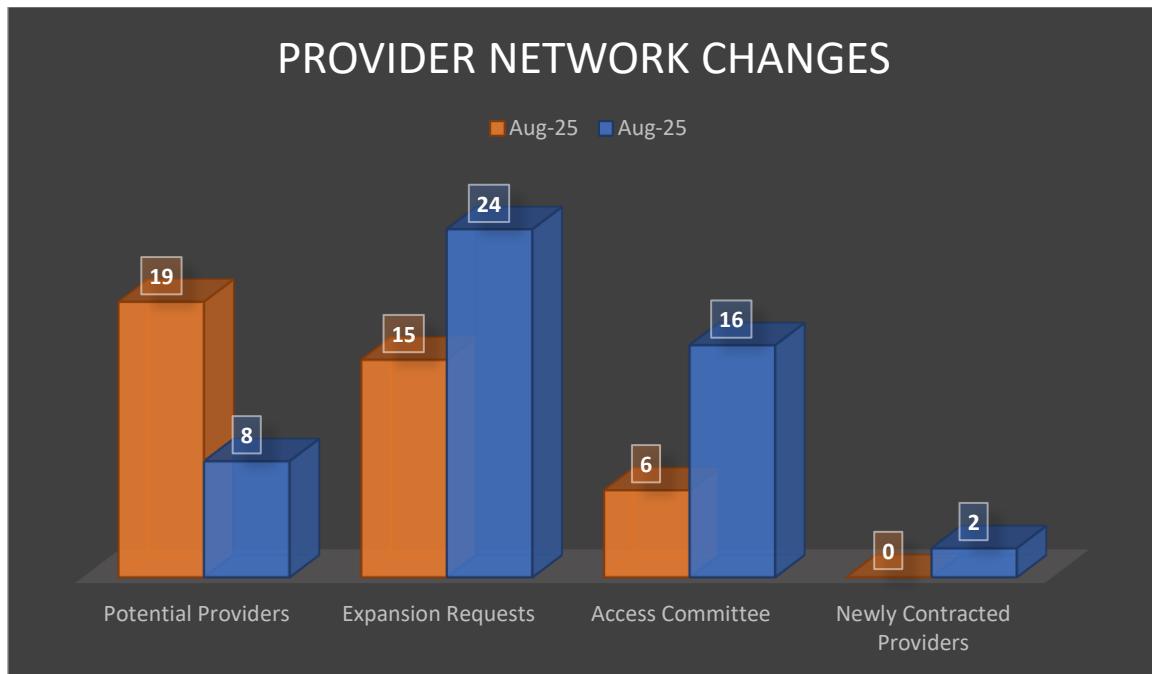


- *Significant Tasks During Period:* We have successfully submitted all requested Pre-Delegation Audits for the new HIDE-SNP programs for FY 26 contracts with Health Plans. We received 85.49% score on the 2024 Meridian Annual Delegation Audit. We are reviewing results to determine opportunities for improvement and rebuttals for perceived deficiencies identified by the health plan.
- *Major Accomplishments During Period:* The Credentialing team has officially exceeded the total number of providers credentialed in FY24. We have credentialed 184 providers this fiscal year. This marks the second consecutive year of record-breaking performance for the unit.
- *Plan:* Continue to work with our CVO to implement new product.

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

- *Description:* Providers continue to be challenged with staffing shortages. DWIHN's CRSP provider Meetings and Access Committee closely monitors the impact of staffing shortages and works with providers to develop strategies to address network shortages. DWIHN has an Onboarding Process to facilitate the evaluation and vetting of new providers. RFPs are used as a strategy to recruit providers/programs in significant shortage.
- *Current Status: In August 2025:*

| | |
|--|-----------|
| Number of Provider Inquiries for Potential Providers | 8 |
| Number of Contract Expansion Requests Received | 24 |
| Number of Providers Approved at Access Committee | 16 |
| Number of New Providers | 7 |
| Total # of Providers Processed | 67 |



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

- *Significant Tasks During Period:* We are proud to report a 100% score on the 2024 Meridian Annual Delegation Audit, reflecting our commitment to compliance and operational excellence.
- *Major Accomplishments During Period:* Revamping provider content for multiple sections for providers on the DWIHN website for ease of use. Creating SOPs for PNMs for contracting/ network operations processes and implementing new strategies to ensure compliance.
- *Plan:* MCO will work to educate providers on the new pre-contracting docs to ensure a smooth and successful FY26 Contracting Season. Also, we will develop workflows for providers requesting expansion requests as educational materials.

Activity 3: Procedure Code Workgroup (PCWG)

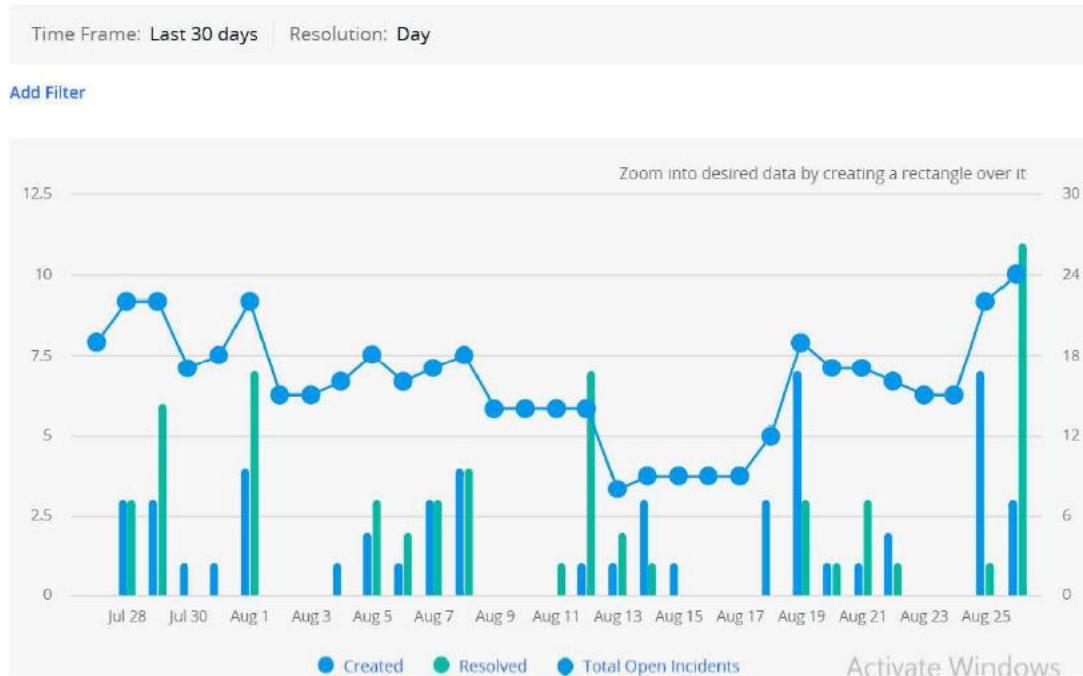
- *Description:* The Procedure Code Workgroup assists providers by troubleshooting claims and with authorization concerns.

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

| | |
|--------------------------------------|------------|
| Number of PCWG Resolved Tickets | 44 |
| Number of MDHHS Rate Updates | 61 |
| Number of Provider Requested Changes | 49 |
| Total # of MHWIN Updates | 154 |

- *Significant Tasks During Period:* Added new DWIHN and provider locations, contract programs, codes and modifiers timely to ensure authorizations, encounters and billing were timely. In addition, the addition and deactivation of provider locations ensure our provider directory is accurate and accessible for public viewing. Added 19 codes/rate to existing Provider Contracts records, expired 392 fee schedules for all outpatient contract locations.

- *Major Accomplishments During Period:* There were 45 PCWG tickets submitted this month, which marks 98% compliance closing tickets during this time period.
- *Plan:* Ensure new programs and services are added and available for use. Continue to run cube reports to monitor and verify services credentialed/contracted are in alignment with contract fee schedules deployed.



Program Compliance Committee Meeting
Ryan Morgan LMSW, Director of Residential Services August Report
Date: 9/10/25



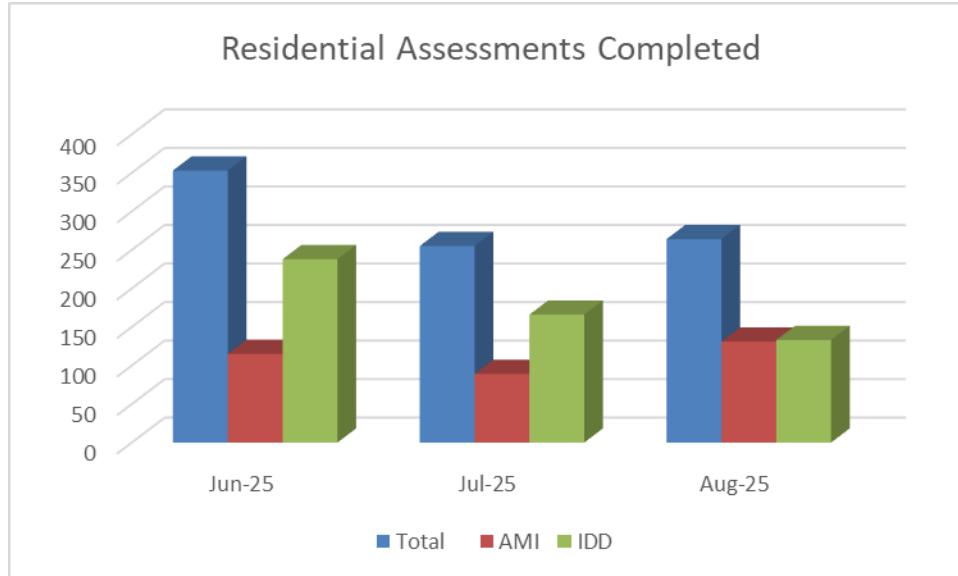
Main Activities During Reporting Period: August 2025

- **Updating Residential Assessments**
- **Analyzing the Population Served Within Residential Services**
- **Residential Audit Tool Outcomes**

Progress On Major Activities:

Activity 1: Updating Residential Assessments

- *Description:* During the month of August, the Residential Services Department continued the process of ensuring all Residential members maintain up to date Residential Assessments. It is important that all members have an up-to-date assessment to ensure high-quality, person-centered care for members that is medically necessary. They provide the foundation for individualized service planning, regulatory compliance, and reflect the member's current needs and abilities. Residential Assessments must be completed annually or any time there is a change in the members' condition.
- *Current Status:*



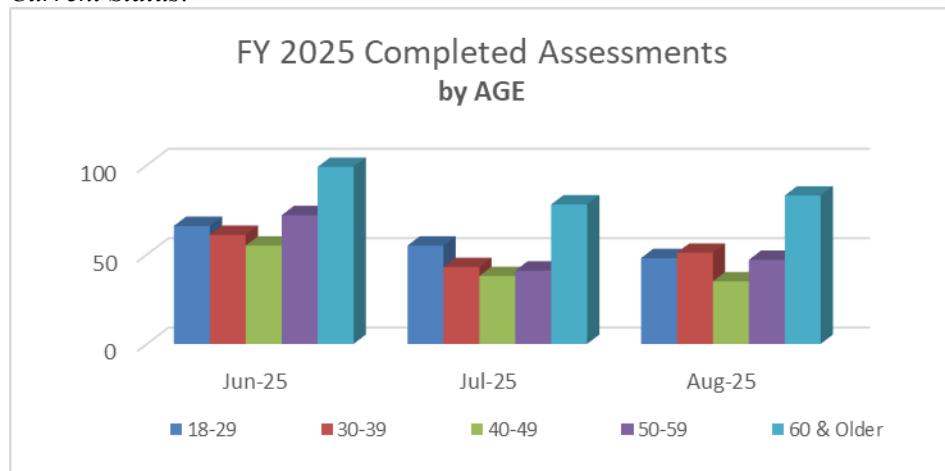
| Assessments Completed | | | |
|------------------------------|---------------|---------------|---------------|
| | Jun-25 | Jul-25 | Aug-25 |
| Total | 353 | 255 | 264 |
| AMI | 115 | 89 | 131 |
| IDD | 238 | 166 | 133 |

- *Significant Tasks During Period:* During the month of August the Residential Services Department was able to complete a total of (264) Residential Assessments, (131) of those were completed with Adults with Mental Illness and (133) were completed with individuals with Intellectual and Developmental Disabilities.

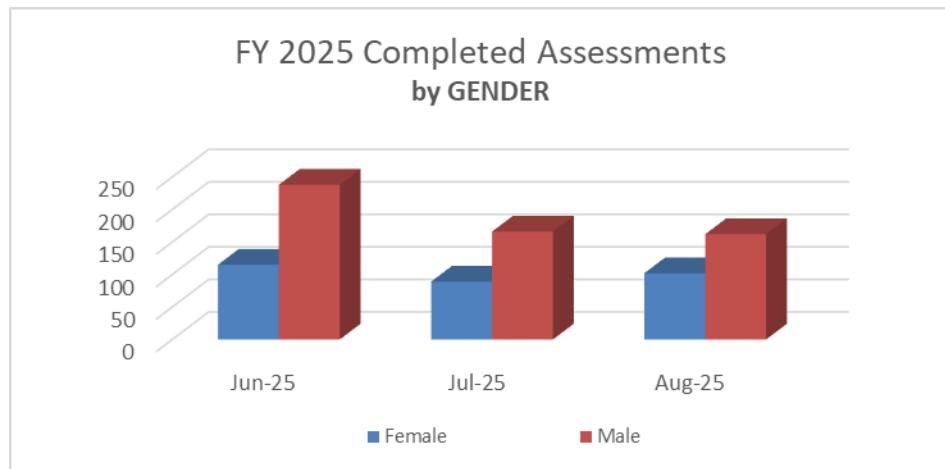
- *Major Accomplishments During Period:* The Residential Services Department continues to coordinate monthly with Clinically Responsible Service Providers (CRSP) to provide advance notification of members that are due for updated assessments. This helps provide the opportunity for the entire treatment team to be in attendance at the time the assessment is completed and ensures that authorizations remain up to date.
- *Needs or Current Issues:* The Residential Services Department currently has one open position. Once this position is filled it will allow for an additional staff to complete Residential Assessments for the department.
- *Plan:* The Residential Services Department has been working with the Human Resources Department to conduct interviews for the open position. It is anticipated that this position will be filled next month.

Activity 2: Analyzing the Population Served within Residential Services

- *Description:* Recently the Residential Services Department was able to work with the Information Technology Department to develop a new report that breaks down the demographic composition of those being served within Residential Services. This report further analyzes the composition of the population being served through data obtained in the Residential Assessment. It is important for the department to have this information so that we know where resources need to be allocated within the network to best meet the needs of our members. This report provides important information like the age, gender, and race of the members as well as the services being recommended.
- *Current Status:*

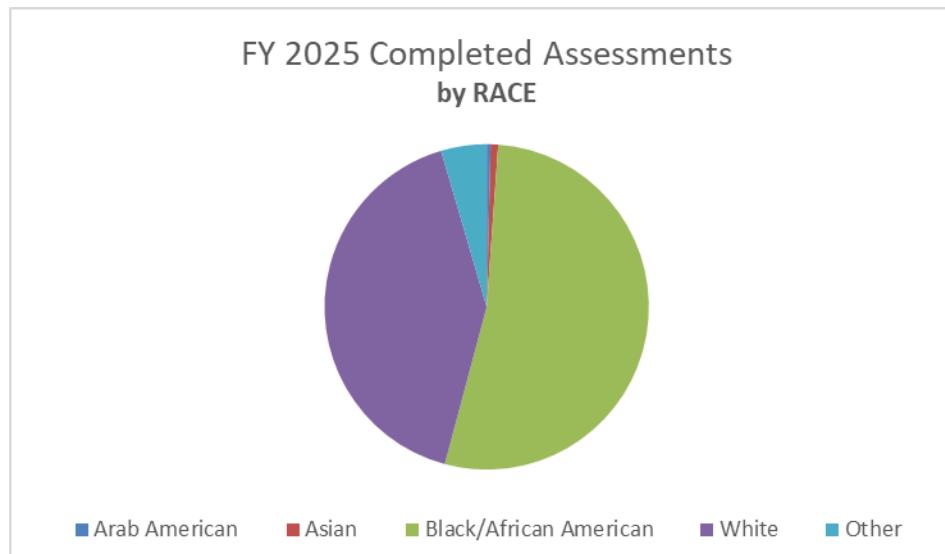


| Completed Assessments: by AGE | | Jun-25 | Jul-25 | Aug-25 |
|--------------------------------------|------------|---------------|---------------|---------------|
| | 18-29 | 66 | 55 | 48 |
| | 30-39 | 61 | 43 | 51 |
| | 40-49 | 55 | 38 | 35 |
| | 50-59 | 72 | 41 | 47 |
| | 60 & Older | 99 | 78 | 83 |



Completed Assessments: by GENDER

| | Jun-25 | Jul-25 | Aug-25 |
|--------|--------|--------|--------|
| Female | 115 | 89 | 102 |
| Male | 238 | 166 | 162 |



Completed Assessments: by RACE

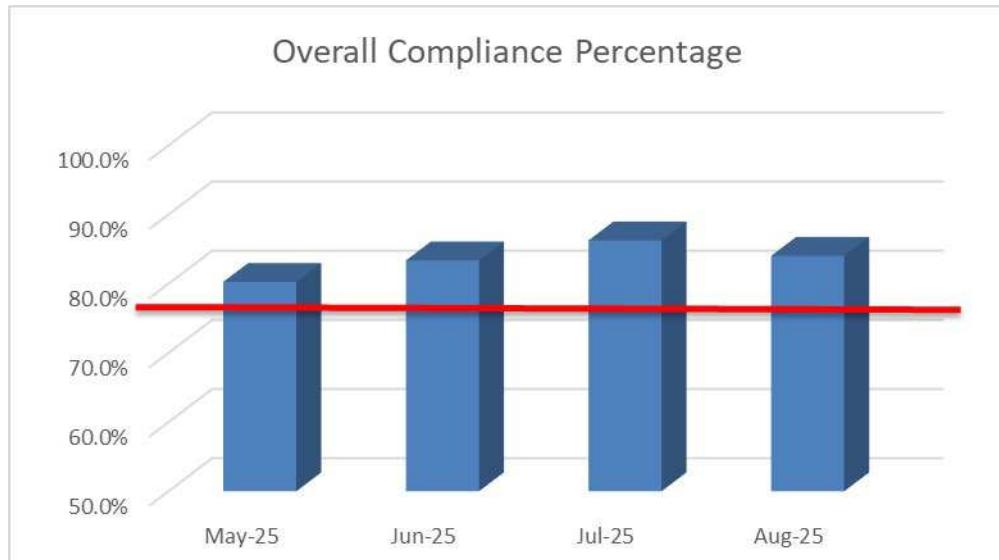
| | Jun-25 | Jul-25 | Aug-25 |
|------------------------|--------|--------|--------|
| Arab American | 1 | 0 | 1 |
| Asian | 3 | 1 | 2 |
| Black/African American | 211 | 147 | 140 |
| White | 122 | 91 | 109 |
| Other | 18 | 17 | 12 |

- *Significant Tasks During Period:* The Residential Services Department was able to onboard nine (9) new providers during the month of August. This will allow for a total of thirty-six (36) new placements in the community for members in need of Residential Services.

- *Major Accomplishments During Period:* The Residential Services Department met with the Procurement Administrator to examine the potential of submitting a Request for Proposal (RFP) to the network. It is the intention to identify and potentially incentivize community resources thus allowing the Residential Services Department to evolve and expand to better serve the population.
- *Needs or Current Issues:* Specifically, the Residential Services Department is need of additional barrier free facilities capable of managing the elderly population and those members with acute comorbid medical and mental health needs. Additionally, we would benefit from adding more providers capable of managing young adults with significant behavioral issues.
- *Plan:* The Residential Services Department will continue to work with Managed Care Operations (MCO) and Procurement to identify new providers specifically focused on the medically fragile and young adult populations. We will also encourage existing providers to expand services in these areas to meet the needs of the network.

Activity 3: Residential Audit Tool Outcomes

- *Description:* During the month of August, the Residential Services Department continued the process of monitoring the quality, accuracy, and thoroughness of completed Residential Assessments via completion of the recently developed Residential Assessment audit tool. It is important to have an established process for monitoring completed assessments to ensure there is a quality standard and expectation for all staff completing assessments.
- *Current Status:*



| Overall Audit Compliance | | | | |
|---------------------------------|---------------|---------------|---------------|---------------|
| | 25-May | 25-Jun | 25-Jul | 25-Aug |
| | 80.30% | 83.40% | 86.30% | 84.00% |

- *Significant Tasks During Period:* Managers within the Residential Services Department continued during the month of August to review two (2) Residential Assessments for each Residential Care Specialist (RCS) within the Adults with Mental Illness (AMI) and Individuals with Intellectual and Developmental Disability (I/DD) units. The department set a benchmark expectation of (80%) compliance for each assessment.

- *Major Accomplishments During Period:* The audit tool showed that over ninety-six percent (96.4%) of audits contained a summary of the member's medical history. Additionally, over ninety-eight percent (98.2%) of audits clearly explained the time distribution of each direct care worker. These were two of the highest scoring areas within the department.
- *Needs or Current Issues:* The audit tool indicated two specific areas for improvement. Overall, sixty percent (60.7%) of completed audits identified a Primary Health Care Physician (PHCP) for each member. Also, approximately seventy-one percent (71.4%) of assessments indicated that there was a review of clinical chart documents prior to completion of the assessment.
- *Plan:* The Residential Services Department will continue with departmental training for staff, completing assessments based on the trends indicated from completed audits. Additionally, managers will implement staff specific training in individual supervision for staff consistently producing lower audit scores.

Quarterly Update:

- **Things the Department is Doing Especially Well:**
 - The Residential Services Authorizations unit processed (994) Residential Authorizations during the month of August. Currently, Residential Authorizations are being approved within an average of (5.38) days. Only five (5) authorizations were approved beyond fourteen (14) days.
 - During the month of August, the Residential Services Department was able to discharge one (1) member 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), as there is an opportunity for the DOC to provide outpatient services to the members within the Residential Services Department. This will provide an additional option for members to choose from when selecting an outpatient provider.
- **Progress on Previous Improvement Plans:**
 - During the month of August, the Residential Services Department initiated a pilot program with Community Living Services (CLS) that will allow completed Residential Assessments to transfer from MHWIN and into the Clinically Responsible Service Provider's (CRSP) electronic record. This stems from a previous request made by outpatient providers. The Residential Services Department and Information Technology Departments have worked together to help initiate the pilot. Upon completion of the pilot, we are hopeful to expand this to the entire network by the end of the year.

Substance Use Disorder Initiatives Report, September SFY2025

Matthew Yascolt, Interim Director of Substance Use Disorder Initiatives



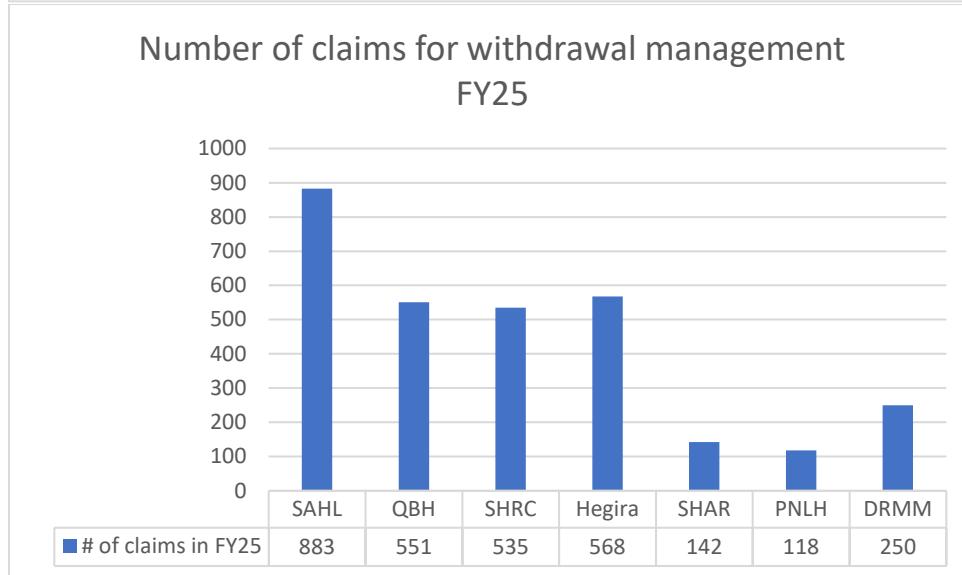
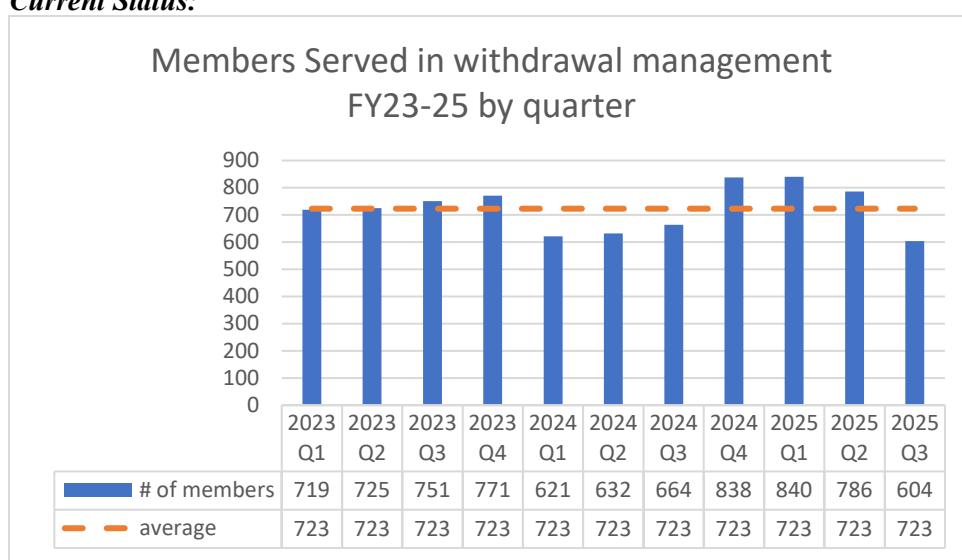
Main Activities during September 2025:

- An analysis of withdrawal management
- An analysis of members leaving against medical advice
- An analysis of acupuncture services

Progress On Major Activities:

Activity 1: An analysis of withdrawal management utilization (H0010)

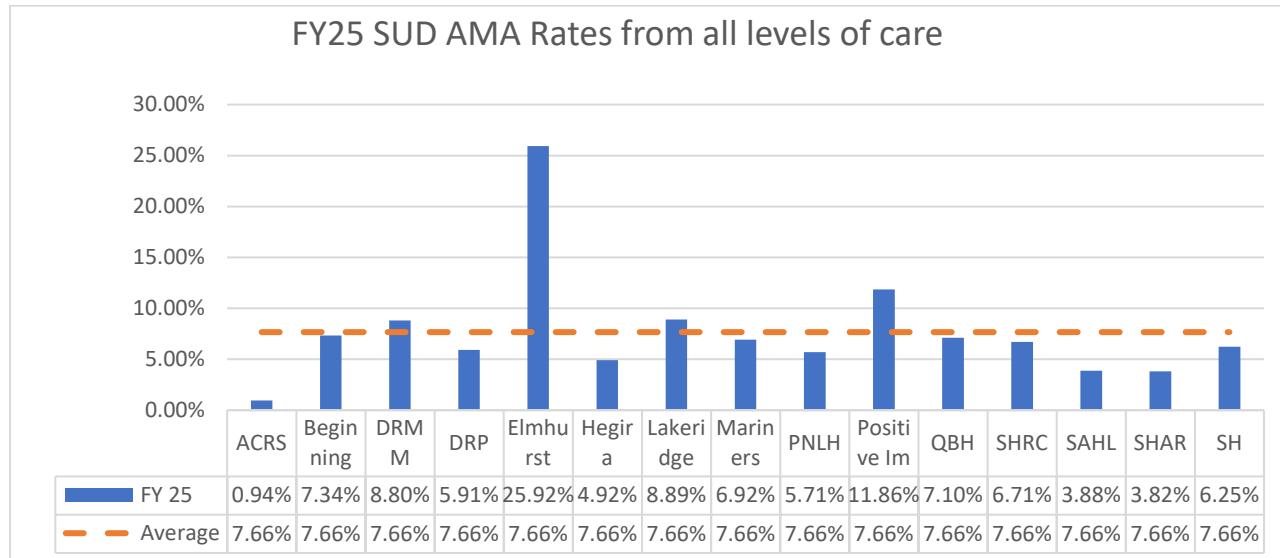
- **Description:** Withdrawal management is the first step in treating a substance use disorder and is designed to make the process of becoming substance-free as safe and comfortable as possible. Goals of a withdrawal management program are to help the person safely clear substances from their body, manage withdrawal symptoms, and prepare them for long-term treatment and recovery. It involves medical supervision; medication assisted treatment and takes place in a residential treatment center. Utilization trends for withdrawal management were reviewed.
- **Current Status:**



- **Significant Tasks and Major Accomplishments During Period:** The number of admissions to withdrawal management has remained around the average of 723, deviating 117 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.
- **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 and expand media outreach to promote available treatment options during peak stress periods. The team will also monitor withdrawal management admissions more closely during holiday months to ensure capacity is not exceeded and that providers remain compliant with service authorization and reporting requirements.

Activity 2: An analysis of members leaving against medical advice

- **Description:** Leaving a substance use disorder program against medical advice refers to when a patient voluntarily leaves a treatment or clinical program before the service provider believes that they have completed the necessary care. This means the patient's departure is not recommended by the provider team.
- **Current Status:**



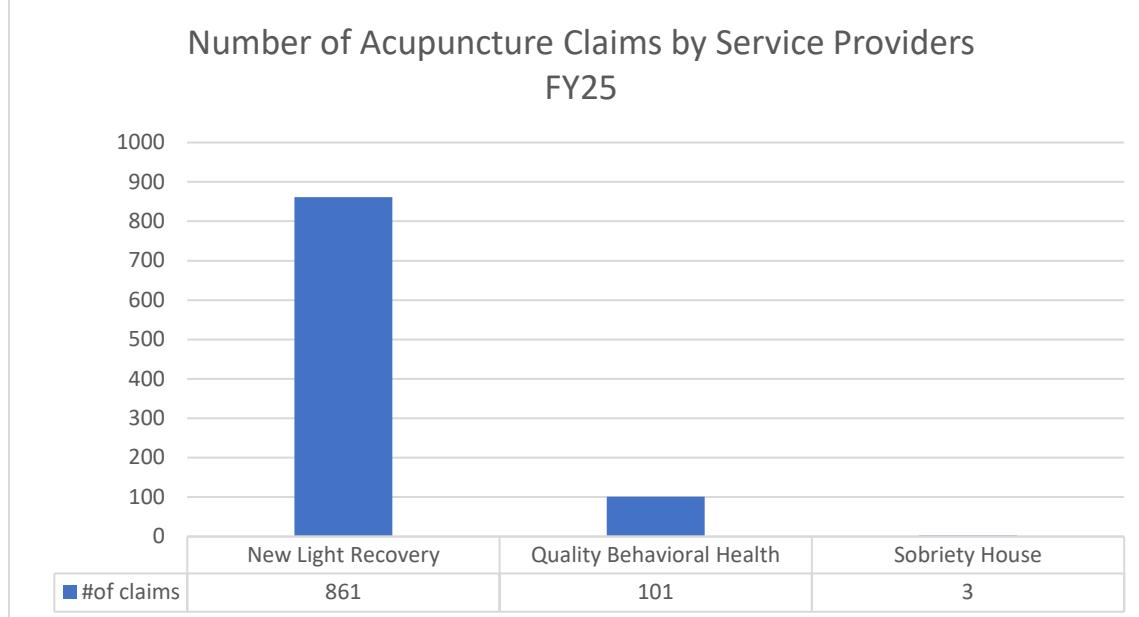
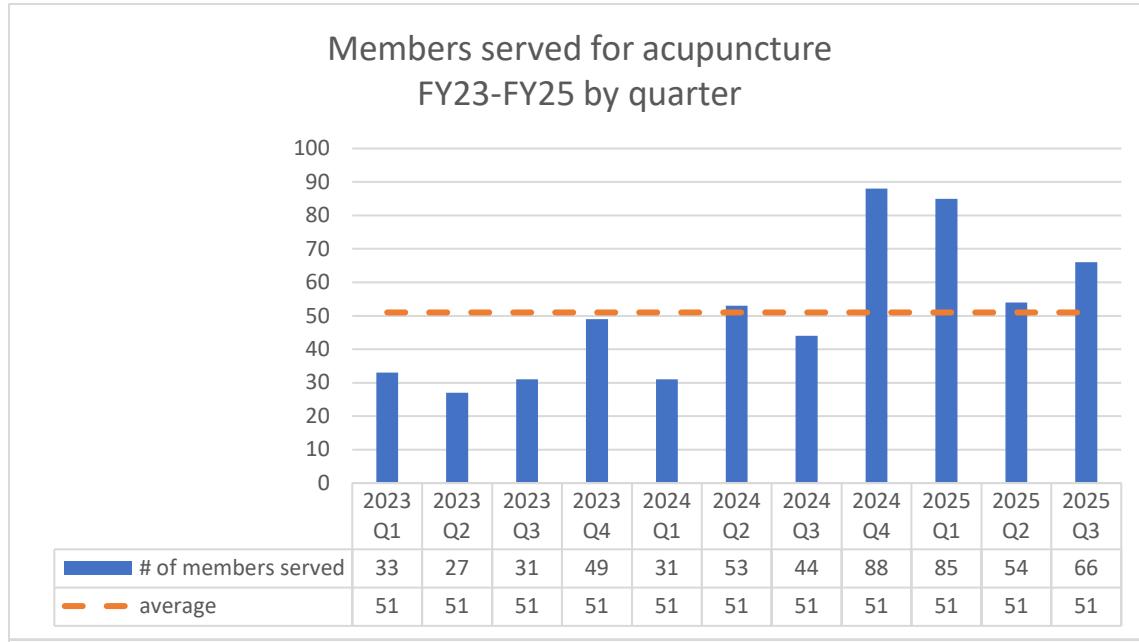
- **Significant Tasks and Major Accomplishments During Period:** On average in FY25 7.66% of members are leaving all levels of care against medical advice.
- **Needs or Current Issues:** Providers with higher rates of members leaving against medical advice will be closely monitored
- **Plan:** Review technical assistance and training options for service providers to provide support to members to ensure compliance with treatment programming.

Activity 3: An analysis of acupuncture services (97810)

- **Description:** Acupuncture is offered by our service providers as a component of weekly programming and as a part of conferences. All acupuncture offered is done in the members ear, members that do not like needles are offered beads that are similar to stickers and adhered to the same points as needles. Service providers employ in-house acupuncturists, and members report better sleep and reduced cravings. Service providers reported low utilization because the process

of acupuncture is not fast and takes multiple sessions before a member will report reduced cravings.

- **Current Status:**



- **Significant Tasks and Major Accomplishments During Period:** On average 51 members are served for acupuncture each month. The past year has seen an increase in acupuncture above the average.
- **Needs or Current Issues:** Equip providers to offer acupuncture services as a component of MAT and MOUD programming, conferences, and residential programming.
- **Plan:** Review training options for service providers to train staff to administer acupuncture for members.

Program Compliance Committee Meeting
Utilization Management – Monthly Report
Marlena J. Hampton, MA, LPC – Director of Utilization Management
September 10, 2025



Main Activities During This Period:

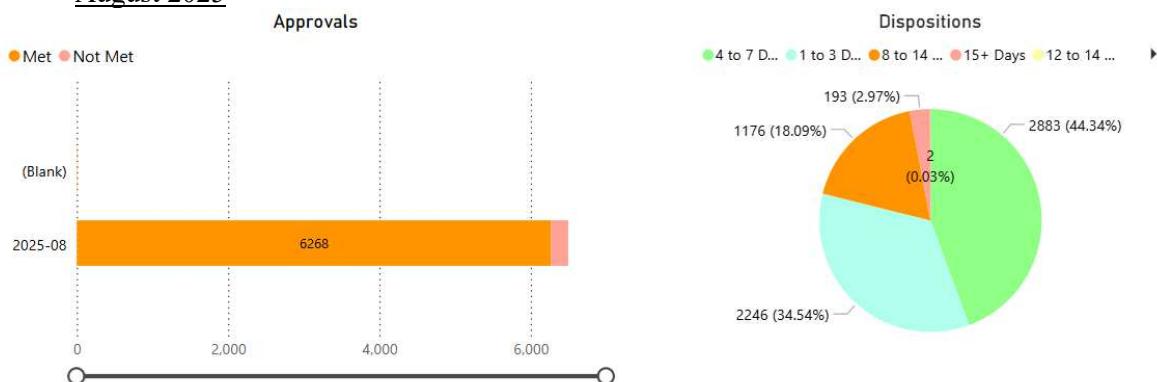
- Timeliness of UM Decision-Making
- Self-Determination/Self-Directed (SD) Services Updates
- Annual Interrater Reliability Testing

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:*
 - Discussion with UM Administrators regarding development of custom audit tools in MHWIN.
 - Review of data and personnel with Vice President of Clinical Operations resulting in draft proposal to HR Committee for additional staff.
 - Consultation with DWIHN directors to discuss transitions in CCBHC oversight and sunsetting the MI Health Link demonstration.
- *Major Accomplishments During Period:*
 - In the month of August, the Utilization Management prior authorization review teams approved 97% of authorization requests within fourteen (14) calendar days, a significant increase from 89.6% in July. As noted in previous reports, a departmental performance improvement plan was implemented to address not meeting the 95% 14-day timeframe standard for non-urgent requests.

August 2025

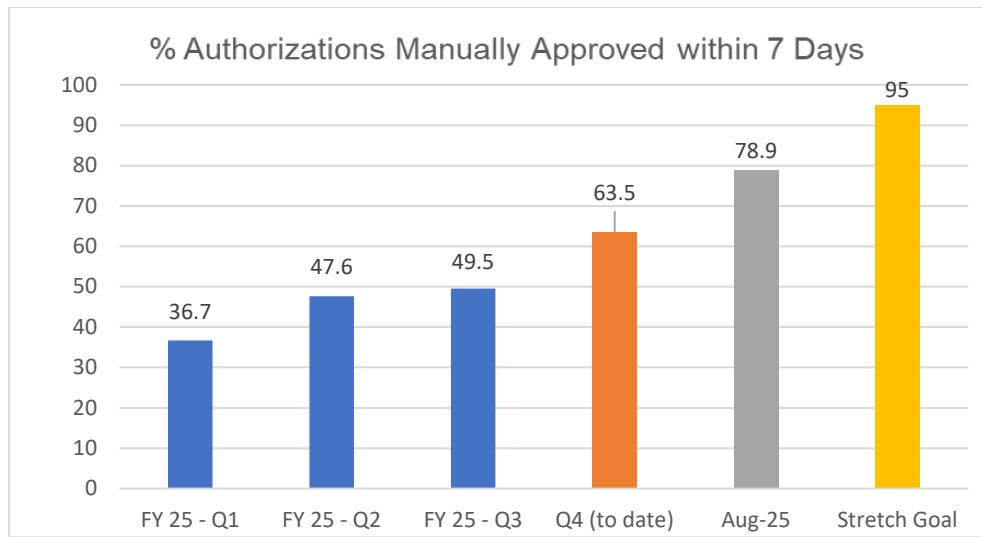


- *Needs or Current Issues:*

- Beginning in 2026, payers will be required to make decisions for all standard, non-urgent requests within seven (7) calendar days. We currently are allotted fourteen (14) days to make the same determination. Utilization Management, with support from the VP of Clinical Operations, Director of Strategic Operations, and Chief Medical Officer, is actively working to implement process and procedural changes to meet this new requirement for authorization requests in all service areas. This includes IT notifications to our providers indicating the need for timely updates, dedicating a staff person to monitor the return to requester queue and communicate with providers, UM Administrator audit and staff review of select cases to determine when/how a disposition could be expedited, and expansion of standard verbiage in response to requests, to increase clarity and reduce the number of returns.
- Transitioning from the member/enrollee-voluntary MI Health Link demonstration to the member/enrollee-obligatory Highly Integrated Dual Eligible Special Needs Plan (HIDE D-SNP) will result in an unknown increase in monitored members and their authorization requests, as all dual eligible members will participate.

- *Plans:*

- Redevelopment and streamlining of internal outpatient authorization procedures, including the creation of standard job aids.
- Follow-up and review of additional data to assess staffing needs.
- Development of a procedure for monitoring Residential Services authorization requests.
- Continue monitoring individual staff progress with coaching as appropriate.
- Creation of a public dashboard displaying UM prior authorization timeliness.
- Review and revision of all standard operating procedures to assess efficiency and fidelity.
- Continued monitoring of the team's progress toward the upcoming requirement that all standard, non-urgent requests be processed within seven (7) calendar days.
 - In Q1, we manually approved 5,507 authorizations (36.7%).
 - In Q2, we approved 8,947 authorizations (47.6%).
 - In Q3, we approved 9,680 authorizations (49.5%).
 - In Q4 to date, we have approved 9,251 authorizations (63.5%).
 - In August, we approved 5,129 authorizations (78.9%).



Activity 2: Self-Determination/Self-Directed (SD) Services Updates

- *Description:* Self-Directed Services (SD) is a partnership between Detroit Wayne Integrated Health Network and members using specialty mental health services. Self-Directed Services is 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 member selects qualified service providers of their choice. The costs of services will be outlined in an individual budget and managed by the person through a Financial Management Service (FMS).
- *Current Status:* In the month of August, there are 1,353 members who self-direct their services.

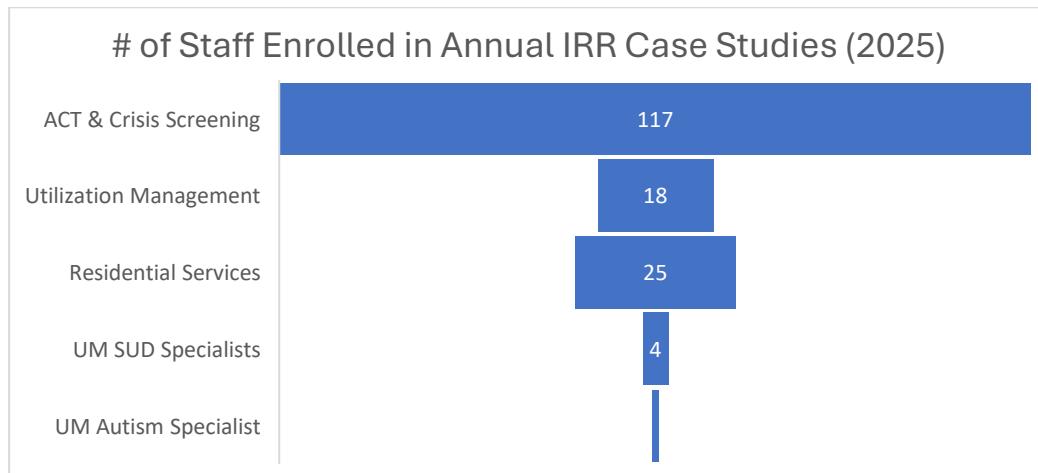
| Self-Directing Services | | | | | | | | | | | | |
|-------------------------|------|------|------|------|------|-------|-------|------|------|------|------|------|
| | Oct | Nov | Dec | Jan | Feb | March | April | May | June | July | Aug | Sept |
| Total Members | 1281 | 1290 | 1297 | 1301 | 1301 |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

- *Significant Tasks During Period:*
 - The Self-Directed Services (SD) Team continues its participation in Partners Advancing Self-Determination (PAS), a collaboration with MDHHS to offer free state-level technical assistance, training, and support to advance self-directed services in our community.
- *Major Accomplishments During Period:*
 - With the support of Partners Advancing Self-Determination (PAS), the SD team is updating its education materials for providers and members, as well as working with their network to streamline processes for participating member/enrollees (e.g., obtaining signatures for purchase agreements, organizing documentation for employers of record (EOR)).

- *Needs or Current Issues:*
 - Expansion of provider training, particularly Supports Coordinators who are responsible for developing treatment plans with participating member/enrollees.
 - The SD team currently has a Clinical Specialist vacancy following the promotion of staff to Children's Initiatives Administrator.
- *Plans:*
 - Collaboration with Human Resources to successfully recruit talent so UM and the SD team can continue their efforts to increase visibility across the network.

Activity 3: Annual Interrater Reliability Testing

- *Description:* Interrater reliability testing, administered annually, drives consistent application of medical necessity criteria among DWIHN UM staff, other DWIHN clinical departments performing UM functions (e.g. Residential Services & PIHP Crisis Services, and UM delegated entities. Testing supports efforts in meeting NCQA and HSAG requirements.
- *Current Status:* Annual interrater reliability case studies have been distributed to Assertive Community Treatment (ACT) teams, Utilization Management (including SUD & Autism Services reviewers), Residential Services, and Crisis Screening Entities. Custom scenarios were provided to specialized clinical areas (Residential, SUD, and Autism). Below is data for annual IRR administration sent 7/28/25 (with due date of 8/29/25).



- *Significant Tasks During Period:*
 - As noted above, UM Clinical Specialist receives updated staff rosters from UM delegated entities and administers annual testing, as scheduled, on 7/28/25 using the 27th Edition of MCG (Milliman Care Guidelines) Indicia guidelines.
- *Major Accomplishments During Period:*
 - Milliman Care Guidelines (MCG) Indicia software is upgraded to Version 17.1 with 29th edition content on 8/26/25 with support from UM Clinical Specialist (clinical lead) and IT Business Analyst (technical lead).

- *Needs or Current Issues:*
 - We remain interested in more data and feedback related to staff that do not pass interrater reliability testing. Specifically, we would like information about whether there are consistent questions posing difficulty and what training opportunities are needed for staff and supervisors.
 - Director has discussed expanded use of MCG behavioral health module for outpatient and specialty services to more clearly demonstrate application of medical necessity criteria.
- *Plans:*
 - Director, UM Administrator, and UM Clinical Specialist will review results from upcoming annual testing and form workgroup to focus on outcomes and monitoring. This will include the development of an annual training schedule to coincide with IRR testing, in hopes of improving outcomes and fidelity to the model.

Additional Updates:

- **Things the Department is Doing Especially Well:**
 - Utilization Management is recognized as the July 2025 Shining Star Department, citing “responsiveness, collaboration, and a deep commitment to member care.”
 - The Tri-County Utilization Management Workgroup continues to meet and discuss standardizing regional processes, with the agenda now moving toward utilization management practices (vs. inpatient utilization review) and renewal of Tri-County COFR Agreement.
- **Identified Opportunities for Improvement:**
 - Collaboration with other DWIHN departments on common reporting and projects, with particular focus on Managed Care Operations, Substance Use Disorder Initiatives, Integrated Care, and PIHP Crisis Services.
 - Implementation of Annual Health Equity Analysis of UM Policies and Procedures.
- **Progress on Previous Improvement Plans:**
 - Director of Utilization Management continues intensive review of UM policies and procedures.
 - Department continues to work on HSAG-approved corrective action plan for Coverage and Authorization of Services program area (2024 EQR).

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-18R Revised: Y Requisition Number:

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

Name of Provider: America's Community Council

Contract Title: Children Services Healthcare Quality Initiatives Program

Address where services are provided: Multiple

Presented to Program Compliance Committee at its meeting on: 9/10/2025

Proposed Contract Term: 10/1/2025 to 11/30/2025

Amount of Contract: \$ 629,997.00 Previous Fiscal Year: \$ 3,780,000.00

Program Type: Continuation

Projected Number Served- Year 1: 45,500 Persons Served (previous fiscal year): 44000

Date Contract First Initiated: 10/1/2023

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).

Requesting revision of the board action for a 60 day extension of the Children Services Health Quality Initiative for the time range of 10/1/2025 - 11/30/2025 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 Request for Proposal (RFP). **The 2 month FY26 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. \$629,997.00 is 60 days of the total budget allocation of \$3,780.000.00.**

School Success Initiative (School Based Healthcare Quality Initiatives): Funding of \$496,665 will cover the 60 day extension for FY26 out of the total \$2,980,000 budget. Funding will be distributed to the eleven (11) CMH Providers delivering the services include Assured Family Services, America's Community Council, Arab Community Center for Economics and Social Services, Black Family Development Inc., Detroit Wayne Outpatient Clinic, Development Centers, Hegira Health Inc., Southwest Counseling Solutions, Starfish Family Services, Team Mental Health Services (Team Wellness), and The Guidance Center. The overall performance expectation for the School Success Initiative is to ensure students and their families have access to behavioral and integrated health services within a school-based and community-based setting and provide evidence-based psychoeducation training and intervention to children and school professionals. This initiative will help reduce the stigma surrounding children and families that can benefit from performance expectations, continue providing school-based behavioral health services, and increase integrated health services to children and families, across all of Wayne County, throughout the school year and summer.

School Enrichment Program (formerly GOAL Line): Community Education Commission to receive \$91,666 to cover the 60 day extension for FY26 out of the total \$550,000 budget for the School Enrichment Program. The purpose is to increase access to behavioral health and social-emotional supports through its enrichment programming at the Northwest Activities Center (NWAC) during the school year as well as the summer. The program objectives include having in-school and out-of-school behavioral health specialists, afterschool enrichment and social emotional learning, youth development, healthy living, and social responsibility programming.

Requesting to reallocate funds up to \$588,331 related specifically to the School Success Imitative and School Enrichment Programs for the 60 day extension ending November 30, 2025 as needed without board approval.

Integrated Pediatric Program (formerly Integrated Infant Mental Health Program): Starfish to receive \$41,666 to cover the 60 day extension for FY26 out of the total \$250,000 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. Behavioral Health Consultants to utilize evidence-based practices to ensure the comprehensive wellness of all patients served. Additionally, working to improve standardized screening, assessment, intervention, referral, and follow-up services for patients at various OB/GYN clinics within Wayne County.

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

Source of Funds: Medicaid

Fee for Service (Y/N): N

| Revenue | FY 25/26 | Annualized |
|----------------------|---------------|---------------|
| Medicaid | \$ 629,997.00 | \$ 629,997.00 |
| Total Revenue | \$ | \$ |

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

J a m e s W h i t e

Signed: Friday, September 5, 2025

9/5/2025 1:11:34 PM

Stacie Durant, Vice President of Finance

Signature/Date:

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

Signed: Tuesday, September 2, 2025

9/2/2025 2:27:10 PM

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-24R5 Revised: Y Requisition Number:

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

Name of Provider: Acorn Health

Contract Title: Autism Service Providers

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 9/10/2025

Proposed Contract Term: 10/1/2025 to 11/30/2025

Amount of Contract: \$ 446,669.00 Previous Fiscal Year: \$ 2,164,394.00

Program Type: Continuation

Projected Number Served- Year 1: 2,600 Persons Served (previous fiscal year): 2,473

Date Contract First Initiated: 10/1/2014

Provider Impaneled (Y/N)? Y

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

Requesting revision of the board action for a 60 day extension of the Autism Evaluator Providers for the time range of 10/1/2025 - 11/30/2025 to account for the results of the 2026-019 Autism Independent Evaluation Request for Proposal (RFP). The FY26 extension contract is not to exceed \$446,669. \$446,669 represents 60 days of the total budget allocation of \$2,680,014.00.

The (3) Independent Evaluation Autism Providers to receive the 60 day extension:

- Social Care Administrators (DBA McCrory Center)
- Sprout Evaluation Center
- The Children's Center of Wayne County

Independent Evaluation Autism Providers: Independent Evaluators provide comprehensive diagnostic evaluations to determine eligibility for Autism Benefit services. These evaluations must be conducted independently of any agency delivering ABA or related treatment services to ensure conflict-free access and reduce the risk of bias during the diagnostic process. Evaluators are responsible for verifying Medicaid eligibility,

confirming that individuals fall within the covered age range, and conducting thorough assessments that inform medical necessity decisions.

The amounts listed for each provider are estimated based on prior year activity and are subject to change. Amounts may be reallocated amongst providers without board approval.

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

| Revenue | FY 25/26 | Annualized |
|----------------------|---------------|---------------|
| Medicaid | \$ 446,669.00 | \$ 446,669.00 |
| | \$ | \$ |
| Total Revenue | \$ | \$ |

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64940.827010.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Signed: Friday, September 5, 2025

9/5/2025 1:11:09 PM

Stacie Durant

Signed: Tuesday, September 2, 2025

9/2/2025 2:26:52 PM

Board Action #: 25-24R5

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 26-01 Revised: N Requisition Number:

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

Name of Provider: Detroit Wayne Integrated Health Network

Contract Title: Multicultural Integration Programs

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

Presented to Program Compliance Committee at its meeting on: 9/10/2025

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

Amount of Contract: § 770,821.00 Previous Fiscal Year: § 765,837.00

Program Type: Continuation

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

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).

The Detroit Wayne Integrated Health Network (DWIHN) is requesting 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 services that will be performed will include outpatient services, case management services, psycho-behavioral treatment, outreach, mental health services, referrals, coordination and treatment services, mental health treatment for victims of trauma, poverty, and parental abandonment, Drop-In Center availability, preventive community based mental health service options and assistance with the Healthy Michigan enrollment process. **Total multicultural allocation = \$570,630, of which \$536,771 will be granted to subrecipients and \$33,859 retained by DWIHN to cover indirect costs.**

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

organizations for quality delivery to V/MFs, and make referrals for V/MFs. The Veteran Navigator will also have the assistance of a Peer Navigator and a Navigator Assistant. **The total PIHP Veteran Navigator grant of \$195,207 will be used to fund the DWIHN Veteran Navigator program.**

Revenue for these services is supported by E-Grants & Management Systems (EGrAMS) categorical funds for Ethnic Services. The amount of this proposed term of this Memorandums of Understanding is October 1, 2025, through September 30, 2026, and will not exceed \$765,837 (\$536,771 allocated to subrecipients and \$229,066 allocated to DWIHN).

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

| Revenue | FY 25/26 | Annualized |
|----------------------|----------------------|----------------------|
| Multiple | \$ 747,137.00 | \$ 747,137.00 |
| State General Funds | \$ 18,700.00 | \$ 18,700.00 |
| Total Revenue | \$ 765,837.00 | \$ 765,837.00 |

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White

Signed: White, Chair Executive Officer

Signature/Date:

Stacie Durant

Signed: Durant, Vice President, Finance

Signature/Date:

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 26-06 Revised: N Requisition Number:

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

Name of Provider: Michigan Rehabilitation Service

Contract Title: Michigan Rehabilitation Services (MRS)

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

Presented to Program Compliance Committee at its meeting on: 9/10/2025

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

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

Program Type: Continuation

Projected Number Served- Year 1: 2,227 Persons Served (previous fiscal year): 2657

Date Contract First Initiated: 10/1/2025

Provider Impaneled (Y/N)? N

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

This Board Action request 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 as a means to increase member access to MRS thereby enabling members to become employed and self sufficient. DWIHN funding of \$443,565 combined with MRS ICTA Federal Share revenue of \$1,199,268 brings the program total revenue to \$1,642,833 for Wayne County.

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

Source of Funds: General Fund

Fee for Service (Y/N): N

| Revenue | FY 25/26 | Annualized |
|----------------------|-----------------|-------------------|
| State General Fund | \$ 443,565.00 | \$ 443,565.00 |
| | \$ | \$ |
| Total Revenue | \$ | \$ |

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64931.827206.07226

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

J a m e s W h i t e

Signed: Wednesday, August 27, 2025

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

Signed: Tuesday, August 26, 2025

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 26-09 Revised: N Requisition Number:

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

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Behavioral Health Home FY26

Address where services are provided: Multiple

Presented to Program Compliance Committee at its meeting on: 9/10/2025

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

Amount of Contract: \$ 2,044,480.00 Previous Fiscal Year: \$ 3,299,489.00

Program Type: Continuation

Projected Number Served- Year 1: 1,200 Persons Served (previous fiscal year): 1172

Date Contract First Initiated: 5/1/2022

Provider Impaneled (Y/N)?

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

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

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

The amounts listed for each provider are estimated based on prior year activity and are subject to change. Amounts may be reallocated amongst providers without board approval. **The total amount for FY 2026 is approximately \$2,044,480.**

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

Source of Funds: Medicaid

Fee for Service (Y/N): N

| Revenue | FY 25/26 | Annualized |
|----------------------|-----------------|-------------------|
| Medicaid | \$ 2,044,480.00 | \$ 2,044,480.00 |
| | \$ | \$ |
| Total Revenue | | |

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64939.827050.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

J a m e s W h i t e

Signed: Tuesday, September 2, 2025

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

Signed: Saturday, August 30, 2025

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 26-10 Revised: N Requisition Number:

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

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: SUD Health Home FY26

Address where services are provided: Multiple

Presented to Program Compliance Committee at its meeting on: 9/10/2025

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

Amount of Contract: \$ 1,721,216.00 Previous Fiscal Year: \$ 1,721,216.00

Program Type: Continuation

Projected Number Served- Year 1: 1,400 Persons Served (previous fiscal year): 1277

Date Contract First Initiated: 10/1/2021

Provider Impaneled (Y/N)?

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

The DWIHN Health Homes team is requesting approval to renew and continue the SUD Health Home Statement of Work at the following Service Providers to continue SUD Health Home (SUDHH) Services in Wayne county: Hegira Health, Inc., Metro-East Drug Treatment Corporation, Nardin Park Recovery Center, Inc., New Light Recovery Center, Inc., Mariner's Inn, Elmhurst Home, Sobriety House, Star Center, Inc., and The Guidance Center. SUD Health Home was known as "Opioid Health Home" previously but is changed name and expanded qualifying diagnoses to a more expansive "SUD Health Home" in FY 2025.

The amounts listed for each provider are estimates based on prior year activity and are subject to change. Amounts may be reallocated amongst providers without board approval. **The amount for FY 2026 approximates \$1,721,216.00.**

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

Source of Funds: Medicaid

Fee for Service (Y/N): N

| Revenue | FY 25/26 | Annualized |
|----------------------|-----------------|-------------------|
| Medicaid | \$ 1,721,216.00 | \$ 1,721,216.00 |
| Total Revenue | \$ | \$ |

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64938.827040.00000

In Budget (Y/N)?

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Signed: Friday, August 29, 2025

Stacie Durant

Signed: Thursday, August 28, 2025

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 26-12 Revised: N Requisition Number:

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

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: FY26 Substance Use Disorder Treatment Provider Allocations

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 9/10/2025

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

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

Program Type: New

Projected Number Served- Year 1: 15,500 Persons Served (previous fiscal year): 15,000

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).

The SUD Department is requesting approval to contract for the delivery of Substance Use Disorder Treatment Services for the 2026 fiscal year with a total budget not to exceed \$5,093,864 .

Treatment services will be funded with Federal Block Grant dollars (\$2,822,164) and PA2 funds (\$2,271,700), together totaling \$5,093,864.

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

Treatment programs and amounts are summarized below:

Block Grant Funds (\$2,822,164)

- Women's Specialty Services: \$665,000
- SOR IV Treatment: \$1,463,295
- Opioid Settlement Healing and Recovery Community Engagement & Infrastructure: \$30,435
- Opioid Settlement Recovery Incentives Infrastructure: \$85,000
- Opioid Settlement Alcohol Use Disorder Program: \$569,739

PA2 Funds (\$2,271,700)

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

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

The Detroit Wayne Integrated Health Network has the discretion to distribute these funds amongst service providers based on utilization without further board approval, provided the total does not exceed the approved budget of \$5,093,864 for the fiscal year ending September 30, 2026.

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

85% of providers audited have quality issues. 17% of those providers on a CAP scored below 80%. The current network average score is 87%

Source of Funds: Block Grant,PA2

Fee for Service (Y/N): Y

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

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

J a m e s W h i t e

Signed: Friday, August 29, 2025

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

Signed: Thursday, August 28, 2025

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 26-13 Revised: N Requisition Number:

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

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: FY26 Substance Use Disorder Prevention Provider Allocations

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 9/10/2025

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

Amount of Contract: \$ 6,408,313.00 Previous Fiscal Year: \$ 6,491,183.00

Program Type: New

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

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).

DWIHN is requesting to contract for the fiscal year 2026 for an amount not to exceed \$6,408,313 for the delivery of Substance Use Disorder prevention services.

The following prevention programs have been granted funding from MDHHS for fiscal year 2026:

Block Grant - \$3,366,315

- SUD Prevention Services: \$2,777,502
- Gambling Prevention: \$173,913
- SOR IV: \$350,000
- Tobacco Prevention: \$4,000
- Opioid Settlement: \$60,900

PA2 - \$3,041,998

The prevention services are funded with \$3,366,315 of Federal Block Grant dollars and \$3,041,998 of PA2 funding totaling in \$6,408,313.

DWIHN SUD Prevention network will engage in one or more of the 6 CSAP Primary Strategies: seamless Information Dissemination throughout all strategies; offering Alternatives and Community-Based services to foster prevention-prepared communities; conducting capacity-building education and direct services; advocating for environmental change; and streamlining problem identification and referral mechanisms. Moreover, we aim to bolster school-based programming, leveraging peer-to-peer pro-social services, elevating public awareness, and mobilizing communities to counter alcohol, tobacco, and other drug-related issues. This includes advocating for environmental and legislative changes to mitigate underage and alcohol-related activities' consequences.

To address the opioid crisis, state opioid response programs will benefit from MDHHS funding, focusing on evidence-based practices, overdose education, naloxone distribution, harm reduction, and peer outreach connections.

DWIHN has the discretion to reallocate the dollars within funding sources among the providers without board approval based upon utilization up to an amount not to exceed \$ 6,408,313 for the fiscal year ending September 30, 2026.

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

Seven prevention providers were placed on a Program CAP for FY2025 with an average score of 90.64%

Source of Funds: Block Grant,PA2

Fee for Service (Y/N): N

| Revenue | FY 25/26 | Annualized |
|----------------------|------------------------|------------------------|
| Block Grant | \$ 3,366,315.00 | \$ 3,366,315.00 |
| PA2 | \$ 3,041,998.00 | \$ 3,041,998.00 |
| Total Revenue | \$ 6,408,313.00 | \$ 6,408,313.00 |

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

J a m e s W h i t e

Signed: Saturday, August 30, 2025

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

Signed: Friday, August 29, 2025

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

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

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

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: 9/10/2025

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: 10/1/2018

Provider Impaneled (Y/N)? Y

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

Detroit Wayne Integrated Health Network (DWIHN) is requesting approval for continued funding for the Provider Network System for the fiscal year ending September 30, 2026.

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.

The board action amounts include: Mental health treatment services, SUD claims based Medicaid, HMP, Women Specialty Services, State Disability Assistance and block grant treatment, and EBSE claims based activity.

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

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

| Revenue | FY 25/26 | Annualized |
|----------------------|-------------------|-------------------|
| MULTIPLE | \$ 837,791,038.00 | \$ 837,791,038.00 |
| | \$ | \$ |
| Total Revenue | | |

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Signed: Thursday, September 4, 2025

Stacie Durant

Signed: Thursday, September 4, 2025

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 26-16 Revised: N Requisition Number:

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

Name of Provider: Guidance Center, The, New Oakland Child Adolescent and Family Ctr, DWIHN Provider Network - see attached list

Contract Title: Adult and Children Crisis Intervention Services, PAR FY26

Address where services are provided: Multiple

Presented to Program Compliance Committee at its meeting on: 9/10/2025

Proposed Contract Term: 10/1/2025 to 3/31/2026

Amount of Contract: \$ 2,670,084.00 Previous Fiscal Year: \$ 5,423,857.00

Program Type: Continuation

Projected Number Served- Year 1: 12,000 Persons Served (previous fiscal year): 12500

Date Contract First Initiated: 1/1/2016

Provider Impaneled (Y/N)? Y

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

This board action is asking for a 6-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 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.

Hegira Health, Inc, New Oakland Family Centers, and The Guidance Center will provide Pre-Admission Review (PAR) services to adults and children in crisis with severe mental illness (SMI), severe emotional disturbance (SED), intellectual and developmental disabilities (I/DD) and co-occurring disorders in need of a crisis screening and authorization for higher levels of care. PAR services include 24-hour availability to provide assessment and screening services for individuals to determine if members meet inpatient criteria or re-direction to lower levels of care.

The amounts listed for each provider are estimates. Funds may be reallocated amongst providers without Board approval provided the total does not exceed \$2,670,084 for the 6-month period ended March 31, 2026.

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

| Revenue | FY 25/26 | Annualized |
|----------------------|-----------------|-------------------|
| MULTIPLE | \$ 2,670,084.00 | \$ 2,670,084.00 |
| Total Revenue | \$ | \$ |

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64931.825004.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Signed: Wednesday, August 27, 2025

Stacie Durant

Signed: Tuesday, August 26, 2025

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 26-17 Revised: N Requisition Number:

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

Name of Provider: New Oakland Child Adolescent and Family Ctr, Safehaus, Inc, Team Mental Health Services, DWIHN Provider Network - see attached list

Contract Title: Adult and Children Crisis Intervention Services

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 9/10/2025

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

Amount of Contract: \$ 8,905,000.00 Previous Fiscal Year: \$ 6,142,833.00

Program Type: Continuation

Projected Number Served- Year 1: 5,500 Persons Served (previous fiscal year): 5,000

Date Contract First Initiated: 1/1/2016

Provider Impaneled (Y/N)? Y

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

This board action is asking 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 Centers (TWC) **in the total amount not to exceed \$8,905,000 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.

CSU services will be provided by Team Wellness. CSUs provide walk-in Crisis Assessments related to both mental health and substance use and function as a Pre-Admission screening unit. CSUs are responsible for crisis assessment 24/7 and coordination across multiple systems of care. Team Wellness will also provide Pre-Admission Review (PAR) services for adults presenting to the CSU with severe mental illness (SMI), intellectual and developmental disabilities (I/DD) and co-occurring disorders in need of a crisis screening and authorization of higher levels of care. PAR services include 24-hour availability to provide assessment and screening services for individuals to determine if members meet inpatient criteria or re-direction to lower levels of care.

Safehaus, Inc. will provide crisis residential unit (CRU) services for children in crisis. CRUs provide services that are a short-term alternative to inpatient psychiatric services, and are designed for a subset of youth that meet psychiatric inpatient admission criteria, or who are at risk for admission, but can be appropriately served in settings less intensive than a hospital.

Hegira Health, Inc. will provide Intensive Crisis Stabilization Services (ICS) to adult members in need of ongoing support and stabilization in the community. The service is intended to provide a short-term alternative to inpatient psychiatric services with community stabilization and supports.

New Oakland Family Centers will provide Intensive Crisis Stabilization Services to children in need of ongoing support and stabilization in the community. The service is intended to provide a short-term alternative to inpatient psychiatric services with community stabilization and supports.

The amounts listed for each provider are estimates. Funds may be reallocated amongst providers without Board approval provided the total does not exceed \$8,905,000 for the 12-month period ended September 30, 2026.

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

| Revenue | FY 25/26 | Annualized |
|----------------------|-----------------|-----------------|
| MULTIPLE | \$ 8,905,000.00 | \$ 8,905,000.00 |
| | \$ | \$ |
| Total Revenue | \$ | \$ |

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64931.825004.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Board Action #: 26-17

Signature/Date:

James White

Signed: Wednesday, August 27, 2025

Signature/Date:

Stacie Durant

Signed: Tuesday, August 26, 2025

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 26-18 Revised: N Requisition Number:

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

Name of Provider: WIT, Inc

Contract Title: FY26 DWC Training Platform Contract

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 9/10/2025

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

Amount of Contract: \$ 675,000.00 Previous Fiscal Year: \$ 675,000.00

Program Type: Continuation

Projected Number Served- Year 1: 70,000 Persons Served (previous fiscal year): 70000

Date Contract First Initiated: 10/1/2016

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 Detroit Wayne Integrated Health Network (DWIHN) is requesting 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, Michigan. 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 BA **26-18**.

The provider supports several DWIHN applications, including:

- The State and Federal requirements for Provider Sanction verifications
- Improved support for Recipient Rights processes
- Staff training tracking and compliance
- Data analytics to support the DWIHN, Detroit Police Department, Wayne County Sheriff's Office & EMS
- Provider and Consumer Portal

The proposed FY26 agreement and costs would continue the DWIHN-WIT relationship. **The amount of the contract will not exceed \$675,000 for the fiscal year ending September 30, 2026.**

A budget adjustment is forthcoming to account for the additional costs.

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

| Revenue | FY 25/26 | Annualized |
|----------------------|-----------------|-------------------|
| MULTIPLE | \$ 675,000.00 | \$ 675,000.00 |
| | \$ | \$ |
| Total Revenue | \$ | \$ |

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64934.827211.00000

In Budget (Y/N)? N

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 26-19 Revised: N Requisition Number:

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

Name of Provider: See attached list

Contract Title: CBH-2026 - Comprehensive Services for Behavioral Health - 26-19

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 9/10/2025

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

Amount of Contract: § 609,456.00 Previous Fiscal Year: § 516,408.00

Program Type: Continuation

Projected Number Served- Year 1: 1,500 Persons Served (previous fiscal year): 1500

Date Contract First Initiated: 10/1/2025

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 Detroit Wayne Integrated Health Network (“DWIHN”) is requesting 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** for these particular projects referenced. The breakdown is as follows: \$270,000 (Integrated Treatment with Co-occurring Disorders), \$15,000 (Drop-Ins), \$84,456 (Clubhouse Engagement) \$180,000 (Trauma), and \$60,000 (Senior Wellness).

This grant covers the period of October 1, 2025, to September 30, 2026, for five projects. A list of vendors is enclosed. **We are requesting approval in the total amount not to exceed \$609,456 for the fiscal year ending September 30, 2026.**

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

Source of Funds: Block Grant

Fee for Service (Y/N): Y

| Revenue | FY 25/26 | Annualized |
|----------------------|---------------|---------------|
| MULTIPLE | \$ 609,456.00 | \$ 609,456.00 |
| | \$ | \$ |
| Total Revenue | \$ | \$ |

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 26-21 Revised: N Requisition Number:

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

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Autism Providers

Address where services are provided: Multiple

Presented to Program Compliance Committee at its meeting on: 9/10/2025

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

Amount of Contract: \$ 104,955,784.00 Previous Fiscal Year: \$ 102,905,784.00

Program Type: Continuation

Projected Number Served- Year 1: 5,100 Persons Served (previous fiscal year): 5,000

Date Contract First Initiated: 10/1/2014

Provider Impaneled (Y/N)? Y

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

Requesting board action for DWIHN Board to approve Autism Providers to receive a (1) one year contract for FY26 (October 1, 2025 - September 30, 2026) to deliver Applied Behavior Analysis (ABA) and Autism Evaluations. **The total projected budget for autism services for FY26 is not to exceed \$104,955,784.**

29 - ABA Providers: ABA Golden Steps, Acorn Health of Michigan, LLC, Advanced ABA Care, Affable Home Healthcare (DBA Avid ABA), Akoya Behavioral Health, Apex Therapy Services, Autism Spectrum Therapies of Michigan (DBA Total Spectrum), Behavior Frontiers, Bright Behavior Therapy, Brightview Care, Centria Healthcare, Dearborn Speech and Sensory Center, Inc. (DBA Metro EHS), Downriver Therapy Associates, LLC, Emagine Health

Services, LLC, Gateway Pediatric Therapy, HealthCall of Detroit, Illuminate ABA Services, LLC, Integrated Pediatric Therapy, IOA, LLC, Lumen Pediatric Therapy, LLC, Karing Kids, 8th Palace, LLC (DBA KDCare Communitate ABA Services, Patterns Behavioral Services Michigan, Inc, Peak Autism Center, Positive Behavior Supports Corp., SEB Connections (DBA Merakey Inc.), Strident Healthcare, Zelexa, LLC

Independent Evaluator Providers: Providers to be determined as a result of Request for Proposal.

The amounts listed for each provider are estimated based on prior year activity and are subject to change. Amounts may be reallocated amongst providers without board approval.

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

Source of Funds: Medicaid, General Fund

Fee for Service (Y/N): Y

| Revenue | FY 25/26 | Annualized |
|----------------------|--------------------------|--------------------------|
| Medicaid | \$ 104,080,784.00 | \$ 104,080,784.00 |
| General Fund | \$ 875,000.00 | \$ 875,000.00 |
| Total Revenue | \$ 104,955,784.00 | \$ 104,955,784.00 |

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

J a m e s W h i t e

Signed: Friday, September 5, 2025

9/5/2025 1:10:37 PM

Stacie Durant, Vice President of Finance

Signature/Date:

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

Signed: Tuesday, September 2, 2025

9/2/2025 2:29:16 PM

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 26-24 Revised: N Requisition Number:

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

Name of Provider: Community Living Services

Contract Title: FY26 CLS - Direct Care Worker Training

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 9/10/2025

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

Amount of Contract: \$ 600,000.00 Previous Fiscal Year: \$ 600,000.00

Program Type: Continuation

Projected Number Served- Year 1: 4,800 Persons Served (previous fiscal year): 4800

Date Contract First Initiated: 10/1/2012

Provider Impaneled (Y/N)? Y

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

This board action is requesting the approval of 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 Service (IPOS) training and nearly a dozen other required topics.

CLS trains individuals working for Service Providers in Wayne County and direct hire staff for individuals on Self-Directed budgets. This program has gained more experience and expanded their training to include Person Centered Planning and Medication management to other providers who are under contract with DWIHN and DWIHN staff.

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.

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

| Revenue | FY 25/26 | Annualized |
|----------------------|---------------|---------------|
| Multiple | \$ 600,000.00 | \$ 600,000.00 |
| | \$ | \$ |
| Total Revenue | \$ | \$ |

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64934.827211.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date: