



# Detroit Wayne Integrated Health Network

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## PROGRAM COMPLIANCE COMMITTEE MEETING

Administration Bldg.  
8726 Woodward, 1<sup>st</sup> Floor Board Room  
Wednesday, January 14, 2026  
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. Chief Medical Officer's Report – Provide an assessment of having a first-year resident on board.
  - B. Customer Services' Year-End Report – Provide a legend on what defines a standard for the calls and what triggered the data to increase. Provide a chart that shows fewer people are calling back and how that correlates to a 16% reduction – ***Deferred to February 11, 2026***
- VI. Approval of the Minutes – November 12, 2025
- VII. Report(s)
  - A. Chief Medical Officer
  - B. Corporate Compliance – ***Deferred to February 11, 2026***
- VIII. Year-End Report
  - A. DWIHN Outpatient Clinic Services

### 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 Report**

- A. Adults Initiatives
- B. Crisis Direct Services
- C. PIHP Crisis Services
- D. Managed Care Operations
- E. Utilization Management

**X. Strategic Plan - None**

**XI. Quality Review(s) - None**

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

**XIII. Unfinished Business**

- A. **BA #26-04 (Revised)** – Michigan Department of Health and Human Services (MDHHS) Children's Initiatives Grants FY 26
- B. **BA #26-12 (Revised 3)** – Substance Use Disorder Treatment Providers Network FY 26 – Screening, Brief Intervention and Referral to Treatment (SBIRT) and Narcan
- C. **BA #26-14 (Revised 3)** – DWIHN Provider Network System FY 26
- D. **BA #26-21 (Revised 2)** – Autism Services FY 26
- E. **BA #26-36 (Revised)** – Children Services Healthcare Quality Initiatives Program FY 26
- F. **BA #26-39 (Revised)** – Michigan Child Collaborative Care (MC3) Program FY 26

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

- A. **BA #26-37** – Credentialing Verification Organization FY 26 – Medversant Technologies, LLC
- B. **BA #26-42** – Wayne County Jail Mental Health Services FY 26
- C. **BA #26-43** – Mobile Crisis Safety Monitoring/Panic Button FY 26 – Alert Media, Inc.

**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**

**NOVEMBER 12, 2025**

**1:00 P.M.**

***IN-PERSON MEETING***

<b>MEETING CALLED BY</b>	I. Commissioner Jonathan Kinloch, Program Compliance Committee Chair at 1:10 p.m.
<b>TYPE OF MEETING</b>	Program Compliance Committee
<b>FACILITATOR</b>	Commissioner Kinloch, Committee Chair
<b>NOTE TAKER</b>	Sonya Davis
<b>TIMEKEEPER</b>	
<b>ATTENDEES</b>	<p><b>Committee Members:</b> Angela Bullock; Dr. Lynne Carter (Virtual); Angelo Glenn; and Commissioner Jonathan Kinloch, Committee Chair</p> <p><b>Committee Member(s) Excused:</b> William Phillips</p> <p><b>Board Members:</b> Dr. Cynthia Tauog, Board Chair, and Tom Adams, SUD Oversight Policy Board Chair (Virtual)</p> <p><b>Staff:</b> Brooke Blackwell; Yvonne Bostic; Jody Connally; Monifa Gray; Bonnie Herndon; Sheree Jackson; Dorian Johnson; Marianne Lyons (Virtual); Ryan Morgan; Cassandra Phipps; Vicky Politowski; Stacey Sharp; Manny Singla; Andrea Smith; Yolanda Turner; James White; Rai Williams; Grace Wolf and Matthew Yascolt</p>

## AGENDA TOPICS

### II. Moment of Silence

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

### III. Roll Call

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

### IV. Approval of the Agenda

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

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p>A. <b>Crisis Direct Services' Quarterly Report/Network Innovation and Community Engagement (NICE)</b> – Provide a report on the Zero Suicide Initiative that outlines its impact and how it might be affecting our youth – <i>This follow-up item will be addressed in the NICE Year-End report.</i></p> <p>B. <b>Chief Medical Officer's Report</b> – Provide an assessment of having a first-year resident on board – <i>Deferred to January 14, 2026, Program Compliance Committee Meeting</i></p> <p>C. <b>Adults Initiatives' Quarterly Report</b> – Provide the capacity of the Motor City Clubhouse – Marianne Lyons, Director of Adult Initiatives, reported that the capacity of the Motor City Clubhouse is currently at 27 and have room for 50 more members.</p> <p>D. <b>AVP of Clinical Operations' Executive Summary/Integrated Health Care</b> – Provide information on how DWIHN validates that a member followed up with a primary care provider in Complex Case Management – Vicky Politowski, Director of Integrated Health Care, reported that there are several different ways DWIHN validates that a member has followed up with a primary care provider, i.e., providing transportation for the member to their doctor's appointments, through our HEDIS Measures and through different types of CPT codes in the CC360 (State's website). Women's health, cardiac health, and primary care can be followed up in those two systems.</p> <p>E. <b>BA #26-30 – Juvenile Restorative Program</b> – Provide more information on the number of youths in the program; what is the plan if the numbers do not meet expectations? Provide a breakdown of where the children are referred from and the success of the children in the program. Cassandra Phipps, Director of Children's Initiatives, reported that during FY25, 32 members were enrolled in JRP and 20 were discharged from the program. As of 11/11/2025, there are 26 active members participating in the program (14 new referrals for Q1 of FY26); 13 year olds were the youngest age and 18 was the oldest age of youth in the program; 88% of the youth in the program were male; Oppositional Defiant Disorder was the most prevalent primary diagnosis (53%); 28% of the youth received special education services; and referrals came from the five Care Management Organizations. The goal is to engage 70 youths in the juvenile restorative program annually. During FY24, this goal was achieved as evidenced by 87 youths being actively enrolled in the program. However, during FY25, there was a decrease in enrollment due to the program's transition to new locations during the spring season and a decline in the number of youths on probation. Thus, during FY25, 73 youths on probation were connected to community mental health services, and out of the total, 32 youths were referred to JRP and participated in the program. There were 19 out of 20 youth successfully discharged from the program and completed probation (95%); 100% of the youth who successfully discharged transitioned to a lower level of care to continue behavioral health services; 75% of the youths' PHQA score remained below a total score of 10; youth engaged in positive activities in the community successfully; and youth received weekly drug screens, in which 31% of the youth tested positive for drug use and 46% tested positive for drug use during the post-drug screen. The primary drug of choice was marijuana. For</p>
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	FY26 Initiatives, DWIHN will work towards increasing referrals, improving engagement, and outcomes. The program will be re-evaluated by the end of June 2025, in Q3, to determine if it is meeting goals and achieving outcomes, in order to continue the contract for FY 27.
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**VI. Approval of the Minutes**

<b>DISCUSSION/ CONCLUSIONS</b>	Commissioner Kinloch called for a motion to approve the October 8, 2025, meeting minutes. <b>Motion:</b> It was moved by Mrs. Bullock and supported by Mr. Glenn to approve the October 8, 2025, meeting minutes. Commissioner Kinloch asked if there were any changes/modifications to the meeting minutes. There were no changes/modifications to the meeting minutes. <b>Motion carried.</b>
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**VII. Reports**

<b>DISCUSSION/ CONCLUSIONS</b>	<p>A. <b>Chief Medical Officer</b> - <i>Deferred to January 14, 2026 Program Compliance Committee Meeting</i></p> <p>B. <b>Corporate Compliance</b>— There was no Corporate Compliance report to review this month.</p>
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**VIII. Department Roles and Responsibilities**

<b>DISCUSSION/ CONCLUSIONS</b>	<p>A. <b>Crisis Direct Services</b> - Grace Wolf, VP of Crisis Direct Services submitted and gave highlights of the department’s roles and responsibilities. It was reported that:</p> <ol style="list-style-type: none"> <li>1. <b>Program Description</b> - The Wayne County Crisis Continuum is a coordinated system of 24/7/365 crisis response services designed to provide immediate, person-centered, and trauma-informed care across all stages of behavioral health crisis. The continuum includes the Crisis Call Line, Mobile Crisis Teams (and Intensive Crisis Stabilization Teams), and the 707 Crisis Care Center. The Crisis Call Line serves as the central access point for anyone experiencing a behavioral health crisis in Wayne County. By calling 844-IN CRISIS (844-462-7474), individuals are connected to trained professionals who provide real-time de-escalation, crisis intervention, and linkage to community resources or mobile crisis dispatch. The Mobile Crisis Teams, certified by MDHHS, deploy two-person units—comprising a licensed clinician and a certified peer support specialist—anywhere in the county. These teams offer on-site crisis intervention, peer support, and stabilization services, and can connect individuals to higher levels of care or internal follow-up through the Intensive Crisis Stabilization (ICS) program. The 707 Crisis Care Center is a 32-bed facility that provides Adult Crisis Stabilization, Peer Support Led Transitional services, and Youth Crisis services. Additionally, 707 has expanded the continuum by providing short-term behavioral health urgent care services, including psychiatric evaluations, medication management, long-acting injectable administration, and linkage to outpatient care.</li> <li>2. <b>Program Responsibilities</b> - The Crisis Continuum’s primary responsibilities include immediate access and response, clinical and peer-based crisis intervention and coordination, and continuity of care.</li> </ol>
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	<p>3. <b>Program Scope</b> – The department serves all residents of Wayne County, including children and adults, regardless of insurance status or point of entry. The geographic coverage is county-wide, achieved through coordinated dispatch and mobile capacity. All programs operate 24 hours a day, 7 days of week, 365 days a year.</p> <p>4. <b>Department Structure</b> – The department has over 200 staff members, including full-time, part-time, and contingent staff.</p> <p>5. <b>Future Goals</b> - The Detroit Wayne Integrated Health Network (DWIHN) Crisis Department remains committed to strengthening Wayne County’s behavioral health crisis continuum through innovation, accessibility, and integrated care. Looking ahead, the department’s strategic priorities center on expanding system capacity and enhancing service coordination across all levels of crisis response. In alignment with these goals, DWIHN will open two new crisis care facilities in 2026. A 52-bed facility on 7 Mile Road will serve as a regional hub, providing comprehensive crisis stabilization and medical integration services. Additionally, a 16-bed facility in the Downriver area, located in Ecorse, will ensure equitable access to crisis care for residents in the southern region of the county. Each site will also feature a 24/7 Behavioral Health Urgent Care, offering walk-in services for individuals ages 5 and older. These centers will provide immediate access to assessment, intervention, and linkage to ongoing services—reducing emergency department utilization and promoting early engagement in care.</p> <p>Commissioner Kinloch opened the floor for discussion. There was no discussion.</p>
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**IX. Quarterly Report**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p>A. <b>Managed Care Operations (MCO)</b> – Rai Williams, Director of Managed Care Operations, submitted and gave highlights of the Managed Care Operations’ Quarterly Report. It was reported that the department is responsible for the strategic oversight and operational execution of key system functions that support network integrity, service access, and regulatory compliance. MCO ensures timely, equitable, and high-quality care for the Medicaid, uninsured, and underinsured populations of Wayne County. The department’s priorities are driven by federal and state standards, including those established by the Michigan Department of Health and Human Services (MDHHS), the Centers for Medicare and Medicaid Services (CMS), the National Committee for Quality Assurance (NCQA), and the Health Services Advisory Group (HSAG). Operational leadership and oversight are provided by the Deputy Chief Executive Officer, the Associate VP of Operations, and the Director of Contract Management. The key functions of MCO include provider contracting, credentialing and recredentialing, network adequacy and expansion, operational readiness and monitoring, data tracking and reporting, and stakeholder engagement and support.</p> <p>1. <b>Activity 1: Credentialing</b> – For FY 25, Q4, there was a total of 610 applications reviewed, and a total of 366 applications were approved by the Credentialing Committee. During this quarter, a total of 53 sites were assigned, with 41 completed directly by the MCO team and an additional five previously reviewed by Quality, thereby eliminating the need for duplicate visits. This means 46 out of the 53 site visits (over 86%) were accomplished during this reporting period. Even amid technical barriers, the department achieved several key accomplishments that underscore its adaptability and leadership in credentialing operations; successfully maintained 100% compliance with AmeriHealth and Aetna credentialing audits, and received 96.2% from Humana’s pre-delegation audit, validating process integrity even</p>
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	<p>under system strain; completed and documented all Universal Credentialing Implementation trainings, ensuring our workforce is fully equipped to meet NCQA and MDHHS standards under the new credentialing model.</p> <p>2. <b>Activity 2: New Provider Changes to the Network/Provider Challenges</b> – In FY 25 Q4, there were a total of 159 providers processed. Four on-site pre-contracting training sessions were held across July and August, drawing participation from 33 provider representatives, who provided positive feedback. Participants emphasized that the new electronic pre-contracting process has significantly reduced administrative burdens and improved the accuracy of document submissions. Provider inquiries increased by 78.3% compared to the previous year; contract expansion requests more than doubled (+163.2%); and achieved a 99% score on the 2024 AmeriHealth Annual Delegation Audit.</p> <p>3. <b>Activity 3: MCO Provider Satisfaction Survey</b> – In FY 25, Q4 (July-September 2025), the ongoing provider satisfaction survey embedded in MCO staff email signatures has received 32 responses, for a total of 103 survey responses since February 2025. The average ratings for professionalism and courtesy reached 4.66, responsiveness improved to 4.71, and knowledge rose to 4.68. To date, six staff members have been honored as the MCO Operator of the Month, and the team recently introduced a peer recognition component that encourages colleagues to nominate one another for exceptional collaboration and teamwork. For FY26, MCO will continue to integrate provider feedback into daily operations, utilize data-driven insights to guide service improvements, and expand survey visibility through targeted outreach, encouraging more providers to share feedback following key interactions, such as onboarding, credentialing, and contracting.</p> <p>Commissioner Kinloch opened the floor for discussion. Discussion ensued. The committee congratulated Ms. Williams and her team on a job well done.</p>
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**X. Year-End Brief Summary Reports**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p>A. <b>Access Call Center</b> – Yvonne Bostic, Director of the Access Call Center submitted and gave highlights of the Access Call Center’s Year-End Brief Summary. It was reported that all Call Center Performance Standards were met for MDHHS and DWIHN for FY 24/25 (October 2024-September 2025). During FY 24/25, a total of 1,200 calls were monitored (ACCR: 83%, SUD: 81%, and Clinical: 93%), with an overall average performance score of 86.0%. Areas of strength included treating the caller with dignity and respect, and adherence to opening and closing scripts, and areas of weakness included asking the caller “How did you hear about us?”, discussions about Advance Directives, and one-call resolution. The goal for FY 26 will be increased to stay above 85% each quarter. During FY 24-25, there was very little variation in the average of appointment availability from quarter to quarter. There was an increase in appointment availability on average for SUD FY 23-24 (79%) to FY 24-25 (88%); Hospital Discharge follow-up FY 23-24 (85%) to FY 24-25 (97%); and a decrease in MH/IDD intake appointments FY 23-24 (89%) to FY 24-25 (87%). During this fiscal year, there were over 4 new provider additions to the network, and many of our current providers expanded their service array. Both were efforts to increase the availability of services for the DWIHN community. Many providers (CRSPs) report that they have hired additional staff and implemented programs to support staff and reduce turnover. For FY26, the department will continue Customer Service Skills Training Series and coaching as needed, and perform more one-on-one coaching; work</p>
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towards achieving all silent monitoring scores above 85%; continue recruitment to fill vacancies; increase frequency of monitoring and change schedules to improve service level and abandonment rate; build and implement additional features of the Genesys Phone System (WorkForce, Knowledge Base, Satisfaction Surveys). Commissioner Kinloch opened the floor for discussion. There was no discussion.

- B. **Autism Services** – Cassandra Phipps, Director of Children’s Initiatives, submitted and gave highlights of the Autism Services’ Year-End Brief Summary. It was reported that during FY 25, Q1 started with a total of 2,423 youths enrolled in Autism Services and ended with a total of 3,310 youths enrolled in Q4, resulting in a growth of 887 youths. The average enrollment was approximately 458.75 members per quarter, with a peak enrollment of 564 members in Q3. There were 64% new enrollments into the ABA programs after creating the Enrollment, Discharge, and Transfer (EDT) form this fiscal year, and 17% for both discharging and transferring to a different ABA provider. There were originally 14 ABA providers prior to the RFQ, and 15 new providers have been added to the Network; a total of six (6) providers onboarding were added and are currently completing the credentialing process; and there are three (3) qualified providers that meet network requirements, allowing DWIHN to onboard providers more efficiently when needed. At the end of Q4, there are 29 ABA providers in the Network. The department plans to develop and deploy a Best Practice Diagnostic Evaluation Report Template for FY26. Commissioner Kinloch opened the floor for discussion. There was no discussion.
- C. **Children’s Initiatives** – Cassandra Phipps, Director of Children’s Initiatives, submitted and gave highlights of the Children’s Initiatives’ Year-End Brief Summary. It was reported that during FY 2025, DWIHN served an average of 13,162 children, youth, and families in Wayne County, ages 0 up to 21st birthday; including both serious emotional disturbance (SED) and intellectual developmental disability (I/DD) designations. DWIHN contracted with 18 SED Providers and 17 IDD Providers. A total of 118 staff members were trained in the Michi CANS Screener for community mental health providers to administer to children and youth aged 0 to 21<sup>st</sup> birthday. The DWIHN Access Center completed a total of 5,633 MichiCANS screenings, with 64% of participants being ages 0 to 5 years old and 36% being ages 6 to 20 years old. As a result, the majority of the treatment needs indicated Level 2 Severe/Serious Services (community mental health services) at 72%. A total of 341 MichiCANS screenings were completed among three DHHS offices within Wayne County. The majority of the screenings were completed by the North Central Region (187), the South Central Region (65), and the Western Wayne Region (89). DWIHN developed an integrated health risk factor presentation this year for the School Success Initiative (SSI) program. There were 222 new student referrals to participate in the SSI program; unsuccessful discharges (youth that were expelled from school) remained at 2%; and hospitalizations by 64 events (a decrease in the number of students with crisis and hospital events from the previous year). The department was able to roll out the Intensive Care Coordination Wraparound program according to the State and were able to train the providers on this new model. There were 327 patients seen, including 293 newly and currently enrolled in services (89% of whom were mothers connected to services) in the new Integrated Pediatric Program, a pilot program launched on October 1, 2025, with Starfish to support perinatal health. This project involves coordination with 6 OBGYN practices to address new mother issues, including mental health conditions, substance abuse, and social determinants of health. During FY 25, hospital recidivism successfully remained below the 15% hospital recidivism goal (12.64%). On December 4,

2025, the Children’s Initiatives department will host the Annual System of Care Report to the Community Event “Our Community, Our Story” at the SoHo Banquet Event Center in Westland. FY 26 plans, meet the needs of children, youth, and families to ensure timely access to services and quality services; improve integrated health care for children, youth, and families; prevention of recidivism with high-risk youth; and provide outreach in the community. Commissioner Kinloch opened the floor for discussion. Discussion ensued. Dr. Taueg commended Ms. Phipps and her team on a job well done.

- D. **Customer Service (CS)** – Bonnie Herndon, Customer Service Administrator, and Dorian Johnson, Customer Service Due Process Manager, submitted and gave highlights of the Customer Service’s Year-End Brief Summary. It was reported that in FY 2024/25, while the number of calls offered decreased to 12,459, we demonstrated even greater responsiveness. We successfully answered 11,823 calls, achieving an impressive abandonment rate of just 1%. Our ASA remained stable at 9 seconds, reinforcing our commitment to efficiency. Furthermore, 97% of calls met service level standards, and 95% were answered satisfactorily, showcasing our unwavering dedication to excellence in service. The transition to our new phone system has undeniably had a positive impact on our call handling and efficiency. These enhancements have led to substantial improvements in key performance indicators, positioning DWIHN as a leader in customer service excellence. In fiscal year 2024/2025, the call center not only managed an even higher volume of calls but also recorded substantial improvements across key metrics. The abandonment rate dropped to 3%, and the ASA was reduced to an outstanding 10 seconds, highlighting our enhanced efficiency. Moreover, the service level and the percentage of calls answered rose to an impressive 95%, clearly reflecting our successful adaptation to the new system and operational advancements. Overall, the data confirms that the transition was expertly managed, resulting in significantly improved customer service outcomes. In FY’25, there were 3 MI Health Link grievances. This represents a 50% decrease from the 5 grievances reported in FY’24. The DWIHN Provider Network reported processing a total of 25,645 Adverse Benefit Determination notices in FY ’25. This represented an approximate 7% increase from the previous fiscal year, at 23,913. In FY 25, there was a decrease in appeals (17) compared to FY 24 (46). Customer Service Due Process onboarded one appeals specialist and one grievance specialist; the Grievance Division institutes in-person training to better accommodate and support the provider network; the Appeals Division trained providers virtually as well as at their provider’s locations to provide a more comprehensive learning experience; staff represented DWIHN in two State Fair Hearings and several pre-conference hearings; staff participated in three mediation sessions to support both the member and the provider network; and the department successfully defended Standard IX for HSAG with a score of 92%, which was an 8% increase from the previous cycle. Commissioner Kinloch opened the floor for discussion. Discussion ensued. Mr. White requested a legend on what defines a standard for the calls and what triggered the data to increase. Provide a chart that shows fewer people are calling back and how that correlates to a 16% reduction. **(Action)**
- E. **DWIHN Outpatient Clinic (DOC)** – *Deferred to January 14, 2026 Program Compliance Committee Meeting*
- F. **Network Innovation and Community Engagement (NICE)** – Andrea Smith, Associate VP of NICE, submitted and gave highlights of the NICE’s Year-End Brief Summary. It was reported that for the Advancing Special Initiatives and Crisis Response, the department successfully advanced the Zero Suicide Initiative, tracking the training of 308 clinical staff, over 30,000 screenings, and 5,480

assessments. A new policy on follow-up care and automated caring contacts was developed. The Reach Us Detroit warmline handled 2,895 calls, while youth initiatives engaged more than 2,700 families through programs such as the Summer Youth Employment Program, the Young Professionals Conference (with 610 attendees), and Back-to-School Day. The Mobile Outreach Clinic expanded DWIHN's reach to 29 zip codes, providing 246 direct encounters and participating in 28 outreach events. The department supported the training of over 4,500 participants across 118 trainings for the Building Workforce Capacity, including Mental Health First Aid (980 trained) and QPR Suicide Prevention (873 trained). Major conferences - Trauma, Self-Care, and Co-Occurring Disorders—served 600 professionals. The internship program expanded to include 59 students from leading universities, while partnerships with AHEC and MDHHS supported workforce development in underserved areas. Additionally, HCBS training reached 1,335 staff, and the Compliance Academy trained 330 providers. The Detroit Wayne Connect helpdesk resolved 1,775 requests related to training and platform support. For the Justice-Involved and Diversion Initiatives, the department advanced diversion efforts through programs like: Detroit Homeless Outreach Team (DHOT) - 3,760 individuals engaged; Co-Response Project - 4,246 encounters; Jail Navigator - 384 assessments and 79 treatment referrals; Crisis Intervention Team (CIT) - 11 40-hour trainings and 3 dispatcher courses, training 187 individuals; Veterans and Specialty Courts - 250+ referrals and 220 individuals connected to services. Collaborations with Naphcare resulted in 14,000 screenings, 1,432 coordinated releases. FY26, the department will continue to expand data integration, implement Zero Suicide, provide mobile outreach, and offer culturally responsive care. Ongoing priorities include enhanced CEU offerings, expanded internship opportunities, and upgrades to the DWC platform to sustain workforce and community impact. Commissioner Kinloch opened the floor for discussion. Discussion ensued. The committee commended Mrs. Smith and her team on the collaboration with the Detroit Outreach Team and DPD.

- G. **Integrated Health Care (IHC)** - Vicky Politowski, Director of IHC submitted and gave highlights of the IHC's Year-End Brief Summary. It was reported that the Integrated Health Care Coordination Team actively partners with eight Medicaid Health Plans and five Integrated Care Organizations in a concerted effort to improve health outcomes for the members of the Detroit Wayne Integrated Health Network (DWIHN). In 2025, our initiatives enabled 1,177 members to experience comprehensive care coordination, effectively linking them with vital resources such as behavioral health providers, primary care physicians, housing assistance, nutritional support, transportation services, and other essential resources necessary for their successful recovery and overall well-being. The Complex Case Management Team is an intensive 120-day service dedicated to providing exceptional support to individuals facing intricate medical and behavioral health challenges. In 2025, 56% of members visited a primary care provider before starting complex case management. Within 90 days of joining the program, this figure increased to 73%. Initially, 34% of members were engaged with a Clinically Responsible Service Provider; however, within 90 days, this number rose to 81%. Consequently, linking individuals to skilled medical professionals significantly boosts the likelihood of successful recovery. In FY 2023, the DWIHN Integrated Care Team broadened its direct service offerings by initiating the provision of OBRA services. The second initiative focused on ensuring that individuals not currently receiving services were assigned a Clinically Responsible Service Provider who could meet their needs. In 2025, 565 individuals were successfully opened to services with Clinically Responsible

Service Provider. In FY 2025, OBRA conducted 968 additional assessments compared to FY 2024. This increase was achieved through improved efficiencies in the referral process and the assignment of assessments without requiring additional staffing. Since 2023, there has been a steady rise in both referrals and assessments. In FY 2025, DWIHN and Vital Data Systems improved access to the HEDIS Scorecard for Clinically Responsible Service Providers and Health Plans, allowing them to assess network performance more effectively. Additionally, DWIHN and Vital Data collaborated to develop new predictive analytics aimed at enhancing treatment outcomes for members. These predictive measures were designed to identify undiagnosed depression, substance use disorders, and members at risk of hospitalization. Commissioner Kinloch opened the floor for discussion. Discussion ensued.

- H. **Residential Services** – Ryan Morgan, Director of Residential Services, submitted and gave highlights of the Residential Services’ Year-End Brief Summary. It was reported that the department continued to show growth by completing (3,722) Residential Assessments this year, (2,007) assessments were completed with Adults with Mental Illness (AMI), and (1,715) were completed with individuals with Intellectual and Developmental Disabilities (I/DD). The Residential Services Authorizations Unit was able to process (12,648) authorization requests during Fiscal Year 25. Authorizations were approved within an average of (5.68) days. In July, Residential Care Specialist Audreana Shannon was a panelist at the Department of Health and Human Services’ “Passing the Torch Conference.” The purpose of this conference was to share resources and strategies for youth transitioning into Adult Services. Residential’s participation was in coordination with DWIHN’s Children’s Initiatives unit. This conference was held in person in East Lansing. Residential Care Specialist Lezlee Adkisson and Catherine Broadnax were awarded the Presidential Honor of Distinction this year. Cathy helped coordinate with community resources in order to add providers to the DWIHN network. Lezlee went above and beyond to locate a residential placement for a member with complex medical and behavioral health needs. For FY 26, the Residential Department will look to leverage technology to assist with the residential referral process, this includes the appropriateness of referrals, ensuring that less restrictive settings are explored, and examining the possibility of implementing a referral portal; work to initiate a Residential Risk Matrix that will track residential provider data and supports the department with information that can assist with resource allocation; the department has shown tremendous progress over the past year. The goal is to improve overall efficiency and member experience, increase the number of Residential Assessments completed, as well as the overall quality of those assessments. Additionally, we aim to optimize the efficiency of placement by enhancing our network adequacy. Commissioner Kinloch opened the floor for discussion. Discussion ensued.
- I. **Substance Use Disorder Initiatives** – Matthew Yascolt, Director of SUD Initiatives, submitted and gave highlights of the SUD Initiatives’ Year-End Brief Summary. It was reported that one of the department’s major accomplishments was preparing and onboarding additional providers to expand access to services following the completion of a rigorous procurement process. The department also standardized operations by formalizing internal processes—including the development of new committees, policies, and standard operating procedures. Finally, the team modernized all contracts to ensure alignment with state and federal expectations, particularly those from MDHHS and SAMHSA. Throughout FY25, DWIHN ensured that pregnant women maintained priority admission status across all levels of care. This commitment guarantees that pregnant women receive timely and specialized support—often within hours of referral—

	<p>maximizing the likelihood of healthy outcomes for both mother and infant. In FY25, 13 pregnant women were served in outpatient MAT, 29 pregnant women were served in outpatient, and eight (8) pregnant women were served in withdrawal management. Medication-Assisted Treatment (MAT) remains the gold standard of care for individuals with opioid use disorder (OUD). This evidence-based approach combines FDA-approved medications with counseling to address the chronic, biological nature of addiction—significantly improving survival rates and long-term recovery outcomes compared to non-medication approaches alone. For FY 26, the SUD Department will improve service provider quality scores through targeted in-service training and technical assistance; the team will formalize policies and improve workflows to create greater operational efficiency and transparency; and plans to develop a comprehensive SUD Provider Handbook—a single, accessible resource outlining expectations, policies, and standards of practice. Commissioner Kinloch opened the floor for discussion. Discussion ensued. <b><i>Dr. Taueg recommended that DWIHN have providers and staff trained on how to screen and provide treatment to pregnant women who have Perinatal Mood and Anxiety Disorder (PMAD).</i></b></p>
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**XI. Strategic Plan - None**

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

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

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p>Stacey Sharp, Associate VP of Clinical Operations, submitted and gave highlights of her report. It was reported that:</p> <p>A. <b>Adults Initiatives</b> - Michigan’s behavioral health system is amid a major transformation as oversight for Certified Community Behavioral Health Clinics (CCBHCs) shifts from local PIHPs to direct management by the Michigan Department of Health and Human Services (MDHHS). This change, effective October 1, 2025, represents a move toward greater standardization, federal alignment, and full-cost reimbursement for clinics that provide comprehensive behavioral health and substance use services. While this transition reduces DWIHN’s direct oversight responsibilities, it introduces both opportunities and challenges. The state’s new payment and reporting model could strengthen care quality and financial sustainability, but it also limits DWIHN’s visibility into data, claims, and performance outcomes for members served at CCBHCs. To mitigate this, DWIHN’s Adult Initiatives team is working closely with MDHHS and local providers to establish secure data-sharing pathways and ensure ongoing coordination for high-need populations—particularly those under Assisted Outpatient Treatment (AOT) and Not Guilty by Reason of Insanity (NGRI) orders. Ultimately, this transition underscores a broader evolution toward integrated, accountable, and equitable behavioral health care. DWIHN remains focused on</p>
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	<p>ensuring that, despite changes in administrative structure, Wayne County residents continue to receive seamless, coordinated, and high-quality services across both the CMH and CCBHC systems. Commissioner Kinloch opened the floor for discussion. There was no discussion. Commissioner Kinloch noted that the Associate VP of Clinical Operations' executive summary has been received and placed on file.</p>
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**XIV. Unfinished Business**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p><i>Commissioner Kinloch, Committee Chair, informed the committee that Unfinished Business board actions A-F will be bundled and a motion would be made after discussion.</i></p> <p><b>A. BA #24-67 (Revised) - Opioid Settlement Leg Up Scope of Service Modification</b> – Staff requesting board approval for the modification of the scope of services for the Opioid Settlement A Leg Up program for Chance for Life; there is no change in the amount allocated. The modification is (1) reducing the required period of incarceration from 5 to 2 years; (2) inclusion of the employment specialist and community outreach budget; and (3) inclusion of forty (40) scholarships for A Leg Up program recipients. The value of the scholarships will be \$3,500 per scholarship for a 4-month program (i.e., Phase 1), which includes transportation and meals during the program. The scholarship partners will continue the program after the 4-month period of DWIHN-sponsored training (i.e., Phase 2). The scholarships will be split between two agencies: The Associated Builders (\$36,000.00) and Contractors and Information Technology and Artificial Intelligence (\$17,995.00). The total not to exceed contract amount of \$1,080,000.00, July 1, 2024 through 6/30/2026 will remain unchanged. Commissioner Kinloch opened the floor for discussion. There was no discussion.</p> <p><b>B. BA #25-24 (Revised 6) - Autism Services FY 25</b> – Staff requesting board approval for an extension until 1/31/26 of the Autism Evaluator Provider, Sprout Evaluation Center, for the time range of 12/1/25-1/31/26 to account for the results of the 2026-019 Autism Independent Evaluation Request for Proposal (RFP) Rebid. The FY 26 extension contract is not to exceed \$163,746.00 for a four-month period ending January 31, 2026. Commissioner Kinloch opened the floor for discussion. There was no discussion.</p> <p><b>C. BA #26-03 (Revised) - Children’s Initiatives Waiver Services FY 26</b> – Staff requesting board approval to add an additional provider for SED Waiver Services. The new provider is St. Francis on the Lake, which will provide overnight summer camp services for youths on the SED Waiver. The funding amount for SED Waiver Medicaid claim services is to remain the same and not exceed \$2,086,207.00 for FY26. Commissioner Kinloch opened the floor for discussion. Discussion ensued.</p> <p><b>D. BA #26-12 (Revised) - SUD Treatment Service Providers Network FY 26 – MyStrength, SUD Health Home Contingency Management and Prescription Drug Take Back Boxes</b> – Staff requesting board approval to utilize additional PA2 funds totaling \$280,250 for the following programs. The revised not to exceed amount for SUD Treatment totals \$5,374,114 for FYE 2026 - (1) The SUD Department requests to add Mariners Inn to the SUD Health Home Contingency Management program, utilizing \$5,450 in PA2 funds to support this program; (2) The SUD Department also requests \$240,000 in PA2 funds for the implementation of the Teladoc Mental Health Complete (formerly MyStrength) program; and (3) The SUD Department also requests \$34,800 in PA2 funds to support the purchase of additional large medication disposal drop boxes. Commissioner Kinloch opened the floor for discussion. Discussion ensued.</p>
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	<p>E. <b>BA #26-14 (Revised) - DWIHN Provider Network System FY 26</b> – Staff requesting board approval for the addition of the following two residential providers (Erideja Matthew, aka DOMUS SECRETA, LLC, and Mary Rose Corporation). The services include a full array of behavioral health services per the PIHP and CMHSP contracts. Commissioner Kinloch opened the floor for discussion. There was no discussion.</p> <p>F. <b>BA #26-21 (Revised) – Autism Services FY 26</b> – Staff requesting board approval to the revision for the Autism Providers to receive a 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 estimated at \$104,955.784.00. ABA Providers, adding two additional providers (Blue Mind Therapy and Mansach Enterprises dba Euro Therapies) to the network to provide autism services who passed the Autism Request for Qualifications (RFQ). In addition, Open Door Living Association contracts end 12/31/25 due to non-renewal and to allow for transition planning. Independent Evaluation Services, adding two Independent Evaluators (Social Care Administrator dba McCrory Center and The Children’s Center) as a result of the Autism Independent Evaluator Request for Proposal (RFP). Commissioner Kinloch opened the floor for discussion. There was no discussion.</p> <p>Commissioner Kinloch called for a motion on BA #24-67 (Revised), BA #25-24 (Revised 6), BA #26-03 (Revised), BA #26-12 (Revised 2), BA #26-14 (Revised 2), and BA #26-21 (Revised). <b>Motion:</b> It was moved by Dr. Tauog and supported by Mrs. Bullock to move BA #24-67 (Revised), BA #25-24 (Revised 6), BA #26-03 (Revised), BA #26-12 (Revised 2), BA #26-14 (Revised 2), and BA #26-21 (Revised) to Full Board for approval. Mr. Glenn abstained from BA #26-12 (Revised 2) and BA #26-14 (Revised 2) due to his affiliation with Mariner’s Inn. Commissioner Kinloch abstained from BA #24-67 (Revised) and BA #26-14 (Revised 2) due to his affiliation with Chance for Life. There was no further discussion. <b>Motion carried.</b></p>
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**XV. New Business (Staff Recommendations)**

<p><b>DISCUSSION/ CONCLUSIONS</b></p>	<p><i>Commissioner Kinloch, Committee Chair, informed the committee that New Business (Staff Recommendations) board actions A-H will be bundled and a motion will be made after discussion.</i></p> <p>A. <b>BA #26-07 – ARCS – Detroit, Northwest Wayne County, and Western Wayne County FY 26</b> – Staff requesting board approval of three (3) one-year contract renewals with the ARC of Northwest Wayne County (\$296,101.00), ARC of Western Wayne County (\$185,927.00), and ARC of Detroit (\$117,369.00). The contract period for each vendor is October 1, 2025 through September 30, 2026. The proposed contracts will provide advocacy, supportive services, and educational information to address issues facing individuals with Intellectual Disabilities (I/DD). Total funding for this request is not to exceed \$599,397.00 for the fiscal year ending September 30, 2026. Commissioner Kinloch opened the floor for discussion. There was no discussion.</p> <p>B. <b>BA #26-31 – Southwest Counseling Solutions Housing Resource Center and CNS Covenant House FY 26</b> – Staff requesting board approval of a six-month extension with the following providers in the total amount not to exceed \$611,293.50 – Southwest Counseling Solutions Housing Resource Center in the amount of \$544,857.50 to provide housing assistance, resources, intervention and collaborative community efforts to reduce homelessness of persons with</p>
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mental illness and co-occurring disabilities and CNS Covenant House Program in the amount of \$66,436.00 to address gaps in service through the provision of mental health support for young adults experiencing homelessness. Commissioner Kinloch opened the floor for discussion. There was no discussion.

- C. **BA #26-32 – Neighborhood Service Organization (NSO) and Wayne Metro PATH** – Staff requesting board approval to disburse Supplemental General Fund match dollars for the Projects for Assistance in Transition from Homelessness (PATH) for Neighborhood Services Organization (NSO) in the amount not to exceed \$169,493.00 and Wayne Metropolitan Community Action Agency (WMCAA) in the amount not to exceed \$85,000.00 for a total not to exceed \$254,493.00 for the fiscal year ending September 2026. The PATH program provides active outreach to individuals who are experiencing homelessness and who have a serious mental illness or co-occurring mental illness and substance use disorder. Commissioner Kinloch opened the floor for discussion. There was no discussion.
- D. **BA #26-33 – Central City PSH CoC Program and Leasing Project FY 26** – Staff requesting board approval to disburse General Fund match in the not-to-exceed amount of \$165,045.00 to Central City Integrated Health (CCIH) for their approved Department of Housing and Urban Development (HUD) direct grants for the fiscal year ending September 30, 2026. The Continuum of Care grant agreements between HUD and CCIH are based on the continued need to provide supportive services and to have a housing stock in Detroit for persons experiencing homelessness. Commissioner Kinloch opened the floor for discussion. There was no discussion.
- E. **BA #26-36 – Children Services Health Quality Initiative FY 26** – Staff requesting board approval for the Children Services Health Quality Initiative for the time range of 12/1/25 through 9/30/26. Providers are included as a result of the 2026-020 School-Based Health Quality Initiative Request for Proposal (RFP) and the 2026-022 Integrated Pediatric Program RFP. Funding for the new Health Quality Initiative is in accordance with 45 CFR 158.150 to improve the quality of healthcare services. The total FY 26 budget is estimated at \$3,780,000.00, of which \$629,997 was previously approved on BA #25-18 Revised. Approval is requested to allocate the remaining budget amount of \$3,150,003 for the 10 months ending September 30, 2026 – *School Success Initiative (School-Based Healthcare Quality Initiatives)*. The funding of \$2,483,335.00 will cover the remaining 10 months for FY26 out of the total \$2,980,000.00 budget. Funding will be distributed to the eleven (11) CMH Providers listed in the board action, delivering the services. *School Enrichment Program (GOAL Line)*, Community Education Commission to receive \$458,334.00 to cover 10 months of FY 26 out of the total estimated \$550,000.00 budget for the School Enrichment program. *Integrated Pediatric Program (formerly Integrated Infant Mental Health Program)* – Starfish to receive \$208,334.00 to cover 10 months for FY 26 out of the total estimated \$250,000.00 budget for the Integrated Pediatric program. Commissioner Kinloch opened the floor for discussion. There was no discussion.
- F. **BA #26-38 – Highland Park Police Department Partnership FY 26** – Staff requesting board approval for DWIHN to partner with Highland Park Police Department, which was awarded funds (\$218,887.00) through a DOJ grant to fund one (1) Behavioral Health Specialist position, along with training and resiliency-focused events. DWIHN and the Highland Park Police Department are establishing a collaborative partnership to improve crisis response for individuals with mental illness, developmental disabilities, or substance use disorders in Highland Park. The budget breakdown is as follows: Behavioral

	<p>Health Specialist salary and fringe (\$90,000.00) and deliver CIT training and co- response services (\$128,887.00). Commissioner Kinloch opened the floor for discussion. There was no discussion.</p> <p>G. <b>BA #26-39 – Michigan Clinical Consultation and Care (MC3) FY 26</b> – Staff requesting board approval of a one-year contract for an amount not to exceed \$105,596 for the FY26 contract term from 10/1/2025 - 9/30/2026. Funds are provided by the University of Michigan for \$84,612 for clinical services and \$20,984 for administrative services. The Michigan Child Collaborative Care Program and Behavioral Health Consultant Project provide behavioral health consultation for local primary care providers with MC3 child, adolescent, and prenatal psychiatrists. Starfish Family Services provides local oversight, in collaboration with the MC3 program, of the Behavioral Health Consultant as they implement MC3 in Wayne County, as well as work in concert with other regional Behavioral Health Consultants. A sum of an amount not to exceed \$95,359.00 will be provided to Starfish Family Services to offer behavioral health consultant services for the FY 2026 period. Of this total amount (\$18,247.00 is for administrative (federally funded) and \$77,112.00 is for clinical services (state funded). The remaining \$10,237.00 is allocated for DWIHN indirect costs (\$2,737.00 for administrative and \$7,500.00 for clinical). Commissioner Kinloch opened the floor for discussion. There was no discussion.</p> <p>H. <b>BA #26-40 – Detroit Healthy Housing Center FY 26</b> – Neighborhood Service Organization (NSO) – Staff requesting board approval of a one-year contract renewal with Neighborhood Services Organization (NSO) Detroit Healthy Housing Center in the amount not to exceed \$902,050.00 for the fiscal year ending September 30, 2026, to provide intensive services to decrease homelessness and residential instability and increase individuals in supportive living arrangements. This initiative is funded by General Fund. Commissioner Kinloch opened the floor for discussion. There was no discussion.</p> <p>Commissioner Kinloch called for a motion on BA #26-07, BA #26-31, BA #26-32, BA #26-33, BA #26-36, BA #26-38, BA #26-39, and BA #26-40. <b>Motion:</b> It was moved by Mrs. Bullock and supported by Mr. Glenn to move BA #26-07, BA #26- 31, BA #26-32, BA #26-33, BA #26-36, BA #26-38, BA #26-39, and BA #26-40 to Full Board for approval. There was no further discussion. <b>Motion carried.</b></p>
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**XVI. Good and Welfare/Public Comment**

<b>DISCUSSION/ CONCLUSIONS</b>	<i>There was no Good and Welfare/Public Comment to review this month.</i>
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Action Items	Responsible Person	Due Date
1. <b>Chief Medical Officer’s Report</b> – Provide an assessment of having a first-year resident on board	Dr. Shama Faheem	<b>Deferred to January 14, 2026, Program Compliance Committee Meeting</b>

<p>2. <b>Customer Service Year-End Report</b> –          Provide a legend on what defines a standard for the calls and what triggered the data to increase. Provide a chart that shows fewer people are calling back and how that correlates to a 16% reduction</p>	<p>Bonnie Herndon          Dorian Johnson</p>	<p><b>January 14, 2026</b></p>
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The Chair called for a motion to adjourn the meeting. **Motion:** It was moved by Mr. Glenn and supported by Mrs. Bullock to adjourn the meeting. **Motion carried.**

**ADJOURNED:** 2:48 p.m.

**NEXT MEETING:** Wednesday, January 14, 2025, 2025, at 1:00 p.m.

# CHIEF MEDICAL OFFICER'S REPORT PROGRAM COMPLIANCE COMMITTEE

DR. SHAMA FAHEEM, MD

## FOLLOW UP ITEM: PSYCHIATRY RESIDENT ROTATION PGY 1

To evaluate the readiness of first-year psychiatry residents during their one-month Crisis/Emergency Psychiatry rotation, a structured survey was sent to site supervisors and leadership who directly observed and worked with them. The feedback will guide discussions with the Residency Director on whether the crisis rotation is appropriate for PGY-1 residents, should be moved to PGY-2, or if additional prerequisite training and core competencies are needed before placement.

- Total of 8 responses were collected from Crisis Center staff including Attending Psychiatrist, Medical Director, Advanced Practice Provider, and clinical administrative leadership.

### Key Findings

#### Clinical Readiness

- Initial psychiatric evaluation: 87.5% Adequate/Well
- Suicide/Homicide risk assessment: 87.5% Adequate/Well
- Acute agitation management: 62.5% Adequate/Well (*largest gap*)
- Legal/involuntary commitment: 75% Adequate;
- Initial diagnosis in high acuity: 75% Adequate/Well

#### Supervision & Workflow

- Supervision: 50% About as expected; 37.5% More than expected
- Workflow impact: 62.5% Minimal/None; 37.5% Moderate;
- Patient safety concerns: 0% Yes; **100% No**

#### Rotation Placement

- Keep in PGY-1 (no changes): 37.5%
- Keep in PGY-1 with prerequisites: 37.5%
- Move to PGY-2: 12.5%
- Split PGY-1/PGY-2: 12.5%

#### Strengths

- Strong performance in initial evaluation and risk assessment
- No safety concerns reported
- Operational impact present but manageable

#### Gaps

- Agitation management (had the highest minimal ratings)
- Legal process mastery (adequate awareness, but can benefit from advanced proficiency)
- Consistency in high-acuity diagnosis (adequate awareness, can benefit from advanced proficiency)

#### Action Steps for Crisis/Emergency Rotation Enhancement

- **Residency Director Engagement**
  - Discuss prerequisite rotations before start of Crisis Rotation.
  - Request augmentation of agitation management teaching in core didactics and simulation labs.
  - Emphasize verbal de-escalation, medication algorithms, and restraint protocols.
- **Weekly Orientation Teaching**
  - We were previously allowing CPI from outside organization for consistency in training; the residents and fellows are now required to be trained by DWIHN before they start. Requirement went into effect in Nov 2025.
  - Implement short, high-yield sessions every week during rotation orientation covering topic such as.
    - Acute Agitation Management (verbal + pharmacologic strategies)
    - Legal/Involuntary Commitment Criteria
    - Suicide/Homicide Risk Assessment

## CHIEF MEDICAL OFFICER'S REPORT PROGRAM COMPLIANCE COMMITTEE

- **Job Aids:** Provide laminated or digital quick-reference guides for agitation protocols and legal documentation

**Recommendation:** We can safely retain crisis rotation in PGY-1 but will be open to opportunities of moving it to PGY-2 after meeting with Residency Director end of January, will request some core prerequisite rotations, enhance orientation and agitation training.

### Reporting Period: January 2026

#### NEWS & UPDATES

- **Standardized Referrals (FY 2026 Launch):** The MDHHS will launch a standardized mental health referrals policy, which will be phased in during fiscal year (FY) 2026, aiming to ensure timely and consistent referrals across Medicaid Health Plans (MHPs) and Prepaid Inpatient Health Plans (PIHPs).
  - Single referral form and process across providers and plans.
  - Use of CareConnect360 (CC360) referrals module for tracking and sharing across MHPs, PIHPs, and CMHSPs.
  - Proactive monitoring of referrals by MHPs.
- **Standardized Assessments:** In order to have same standards, in addition to PIHP/CMHSPs, uniform tools are being rolled out to MHPs, FQHCs and school based clinics. Qualified mental health providers whose scope includes assessment of mental health needs will be required to use standardized tools
  - MichiCANS for children/youth under 21.
  - LOCUS for adults 21 and older.
  - Training ongoing through FY 2026
- **Utilization Management:** January 1, 2026: The 7-day/72-hour prior authorization timelines take effect for most impacted payers.
  - Standard (non-urgent) prior authorization requests must be approved or denied within 7 calendar days of receipt.
  - Expedited (urgent) prior authorization requests must be resolved within 72 hours.
- **NCQA** is renaming the Managed Behavioral Healthcare Organization (MBHO) Accreditation to Behavioral Health Accreditation.
  - These 2026 standards take effect for surveys on or after July 1, 2026, with updated requirements in population health management, network management, quality improvement, and utilization management
- **Telehealth News:** Congress extended Medicare telehealth flexibilities through January 30, 2026. Behavioral health telehealth remains more protected than other services, with broader home-based coverage continuing under federal law.
  - Recent federal Medicare telehealth policy changes do not automatically change Medicaid telehealth rules. Medicaid telehealth coverage continues to be set by each state and its Medicaid program or managed care plans, but is not certain if Medicare could influence state decisions over time.
  - The DEA has extended telehealth prescribing flexibilities for controlled substances through Dec. 31, 2026, allowing remote prescribing without an in-person exam under current rules. Permanent regulatory changes are still in progress.

#### QUALITY UPDATES

##### ❖ **Recidivism:**

- Adults decreased to **14.87% in Q4 2025** from 17.4% in Q3.
- Children decreased to **14.17% in Q4 2025** from 14.67% in Q3.

## **CHIEF MEDICAL OFFICER'S REPORT PROGRAM COMPLIANCE COMMITTEE**

- Positive trend but still above ideal thresholds.
- ❖ **Coordination of Care:**
  - Emergency Department brochure for level of care created and distributed.
  - Met with Henry Ford Health Leadership to discuss improved system collaboration and coordination especially around individuals waiting in Emergency departments and those needing Residential Placement.

### **HEALTH HOME UPDATES**

MDHHS Integration Efforts include three key initiatives: Behavioral Health Homes (BHH), Opioid Health Homes (OHH), and Certified Community Behavioral Health Clinics (CCBHC). Each initiative seeks to improve both behavioral and physical health outcomes by emphasizing care coordination, access, and comprehensive care.

#### **Key Highlights**

- **Enrollment Trends:**
  - SUDHH: 705 people enrolled which has not changed much in last 6 months utilization steady at 72–75%
  - BHH: 822 people enrolled, no significant change in six months; addressing some low utilization (<60%) with provider meetings
- **Provider Outreach:**
  - 5 more providers contacted to join SUDHH, one is scheduled to rejoin in January.
- **CCBHC Transition:**
  - MDHHS now fully administering CCBHC demonstration; DWIHN supporting providers during transition
- **SUDHH-Wellness Challenge Success**
  - 6 providers actively participating
  - ~70 members working on goals: PCP visits, screenings, smoking cessation, wellness classes

### **CRISIS SERVICES OVERVIEW**

Adult Crisis Stabilization Unit served 181 individuals in December 2025 and the Child & Family Crisis Unit served 33 youths in acute behavioral health crisis. The addition of the BHUC has expanded our capacity to deliver timely crisis interventions and outpatient linkages for individuals who do not require admission, ensuring appropriate care at the right level and served 28 youth and 21 adults, expanding capacity for timely interventions. Overall, in the past three months, we have been serving slightly more youth than adults.

#### **Key Observations & Needs**

- We continue to have high voluntary engagement which reflects community trust.
- We see youth presentations in the context of trauma with several of them involved in foster care. We have been coordinating care with DHHS and creating pathways to make process improvements for youth in foster care and will continue to focus on trauma-informed care models for youth.

### **OUTPATIENT CLINIC**

- Since opening (July 2024): 957 enrolled, 720 served, 6,367 services delivered
- Achieved 3-year Joint Commission Accreditation and goal is to maintain it
- From Jan-Nov 2025:
  - 4 part-time psychiatrists (and one FT psychiatrist/Med Director who worked until April) at the clinic completed:
    - Psychiatric Evaluations: 828

**CHIEF MEDICAL OFFICER'S REPORT  
PROGRAM COMPLIANCE COMMITTEE**

- Psych Follow-Up E&M: 347
- Recruiting for Medical Director and one Advance Practice Provider.

## EXECUTIVE SUMMARY

Ebony Reynolds-Executive Director of Outpatient Services.

DWIHN OUTPATIENT CLINIC (DOC) PROVIDES OUTPATIENT MENTAL HEALTH SERVICES FOR FAMILIES, CHILDREN AND ADULTS AGES 0 THROUGH OLDER ADULT. THE DOC IS A CLINICALLY RESPONSIBLE SERVICE PROVIDER (CRSP) THAT PROVIDES OUTPATIENT SERVICES FOR PREGNANT FAMILIES, INFANTS AND EARLY CHILDHOOD (I-ECMH), CHILDREN WITH SEVERE EMOTIONAL DISTURBANCE (SED) AND ADULTS WITH SEVERE MENTAL ILLNESS (SMI). THE DOC PROVIDES SERVICES AT TWO SITE LOCATIONS:

707 W MILWAUKEE, DETROIT, MI 48202 (MON-FRI 8AM-8PM)

15400 W. MCNICHOLS, DETROIT, MI 48235 (MON-FRI 8AM-6PM)

## DOC Services

Intake	Comprehensive assessment of person's history, needs, level of care, and diagnosis
Therapy	Individual, Family, and Group treatment utilizing evidence-based practices and support for children and adults
Case Management	Assists with social determinants of health by developing individualized goals and connecting individuals to the community supports that they need to achieve functional independence
Peer Support	Person with lived experience that aligns with the member to assist them navigate and engage with the treatment process
Parent Support Partner	Individual with lived experience with a child that has received mental health services to assist the member with navigating and engaging the treatment process
Home-Based	In Home and Community based therapy and case management services for children and their families that need a higher level of support to prevent out of home placement
MichiCANS	A comprehensive assessment for children and youth utilizing strengths and needs to help determine a child's treatment level of care and support needs
Psychiatric Services	An evaluation and medication management by an Advanced Practice Practitioner (psychiatrist)
Treatment Planning	A person centered and/or family/youth guided process to develop individualized treatment goals for the member
School Success Initiative	Therapeutic intervention in the school setting that provides prevention services, coordination support, and ongoing mental health services
I-ECMH Services	Home-based Services for expectant mothers, infants, and children, ages 0-5

THE DOC OUTPATIENT STAFF INCLUDE: EXECUTIVE DIRECTOR OF OUTPATIENT CLINICS, DIRECTOR OF OUTPATIENT SERVICES, PSYCHIATRISTS, ADMINISTRATORS, SUPERVISORS, ADULT THERAPIST, CHILD THERAPIST, CASE MANAGERS, PARENT SUPPORT PARTNER, PEER SUPPORT PARTNER, FRONT DESK STAFF, OFFICE MANAGER.

THE DOC PROVIDES SERVICES UNDER THE COMMUNITY MENTAL HEALTH SERVICE PROVIDER (CMHSP) PORTION OF THE DWIHN CONTRACT. THE FOLLOWING REPORT WILL PROVIDE A COMPREHENSIVE OVERVIEW OF QUARTER 4 AND THE DOC ANNUAL OUTCOMES.



## DW IHN Outpatient Clinic (DOC) PCC 2025 Fiscal Year End Update January 2026

**Ebony Reynolds-Executive Director of Outpatient Clinics**

### **Main Activities For Fiscal Year 2025 Reporting Period:**

- CCBHC Update
- Total Number Served Fiscal and Calendar Year
- Quarter 4 Performance Indicator Data
- Demographic Data
- Accomplishments over the last year

### **CCBHC Update:**

DW IHN continues to move forward with CMHSP services while awaiting an outcome regarding CCBHC. Services required as a CCBHC entity fall under the CMHSP service array so as DW IHN awaits the outcome, the team continues to be prepared to deliver the core services that are required which are; screening, assessment and diagnosis, outpatient behavioral health services, person-centered treatment planning, outpatient primary care screening and monitoring, targeted case management, peer and family supports, and intensive community-based outpatient behavioral health care for active military and veterans. Crisis services and behavioral health urgent care are also part of the CCBHC service array and are managed by the crisis services team. Regarding required evidence-based practices for CCBHC, the outpatient team is trained in Cognitive Behavioral Therapy, Motivational Interviewing, Zero Suicide, Screening Brief Intervention and Referral to Treatment (SBIRT). Also, the DOC is currently enrolled in the State lead cohort, Trauma Focused Cognitive Behavioral Therapy and scheduled for completion March 2026, with another cohort expected begin Spring, 2026 Lastly Infant and Early Childhood Mental Health (I-ECMH) is a required evidence-based practice for CCBHC providers in which the DOC has received approval to deliver as a direct services provider.

### **Total Number Served FY 2025/Number Served 2025 Calendar Year:**

The total number served is based on unique individuals that have had at least one billable service encounter with the DOC.

- Since opening in July 2024, the total number of people enrolled was 957. The number that was served by the DOC was 720.
- Since opening the DOC provided a total of 6367 services.
- For FY 2025 (Oct 1, 2024-Sept 30, 2025) the total number of people that were served by the DOC was 500.
- For the FY 2025 the DOC provided a total of 3997 services to members.

### **Quarter 4 FY 25 Performance Indicator Data:**

As a directly operated service provider, the DW IHN 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:** FY 25 Quarter 4 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. The chart below demonstrates the DOC data since opening. For FY 25, Q4 (Oct-Dec 2025) the DOC exceeded the benchmark at 86.67% for children and 73.68% for adults.

PI#2a			In-Compliance	Total	Rate	Goal
	4th Q 24	Child	3	7	42.86%	57%
		Adult	14	19	73.68%	
	1st Q 25	Child	17	26	65.38%	
		Adult	32	48	66.67%	
	2nd Q 25	Child	12	16	75.00%	
		Adult	27	34	79.41%	
Finalized 9.30	3rd Q 25	Child	18	24	75.00%	
		Adult	35	40	87.50%	
Finalized 12.30	4th Q 25	Child	13	15	86.67%	
		Adult	42	57	73.68%	
Finalized 3.31	1st Q 26	Child	2	3	66.67%	
		Adult	21	44	47.73%	

**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 since opening for this benchmark is as follows:

PI#3			In-Compliance	Total	Rate	83.80%
	4th Q 24	Child	0	2	0.00%	
		Adult	0	12	0.00%	
	1st Q 25	Child	20	20	100.00%	
		Adult	38	39	97.44%	
	2nd Q 25	Child	16	19	84.21%	
		Adult	34	38	89.47%	
	3rd Q 25	Child	12	21	57.14%	
		Adult	14	35	40.00%	
	4th Q 25	Child	12	15	80.00%	
		Adult	33	40	82.50%	
	1st Q 26	Child	3	3	100.00%	
		Adult	18	19	94.74%	

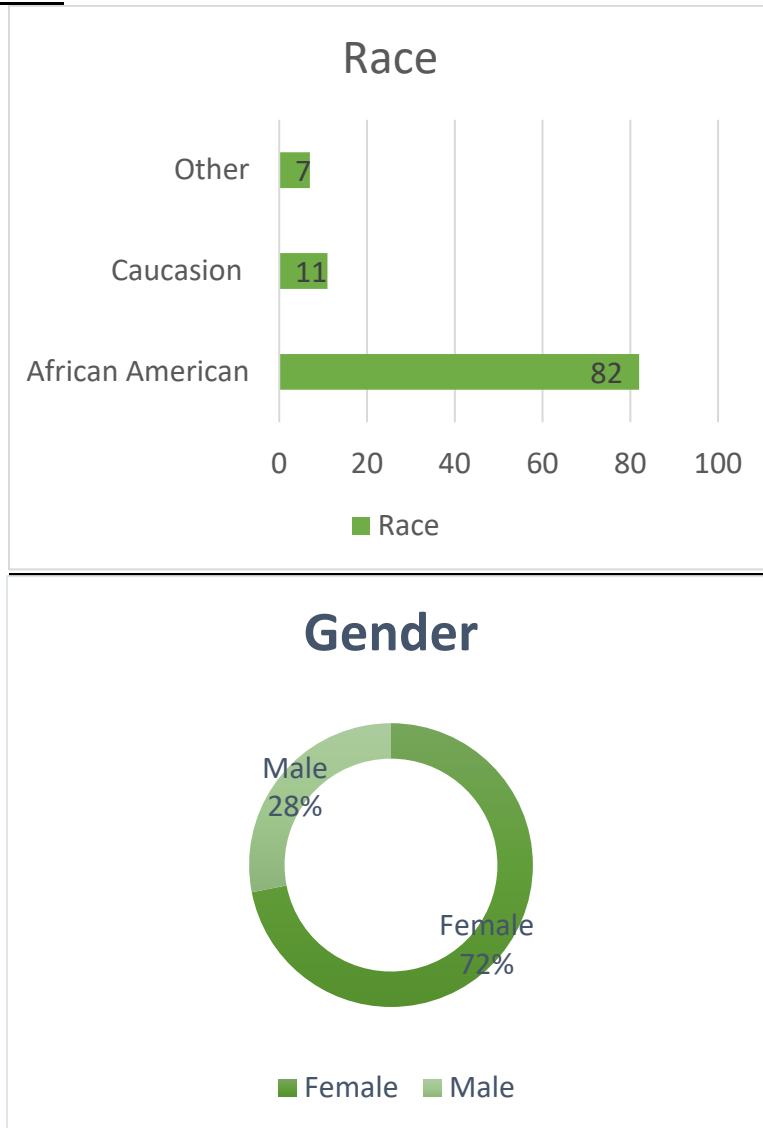
The DOC did not meet this benchmark for Q4. The team completed an internal audit and developed a Quality Assurance Performance Improvement Plan with measurable interventions that include scheduling the first appointment within 7 days instead of 14 to allow for additional time for no-shows, cancellations and reschedules. Although the DOC did not meet the standard for Q4, the clinic came very close with adults at 82.50% and children 80.00% This is a significant increase from Q3 thus showing that the interventions are going in the right direction. Progress on this plan of correction will be reported during the next update.

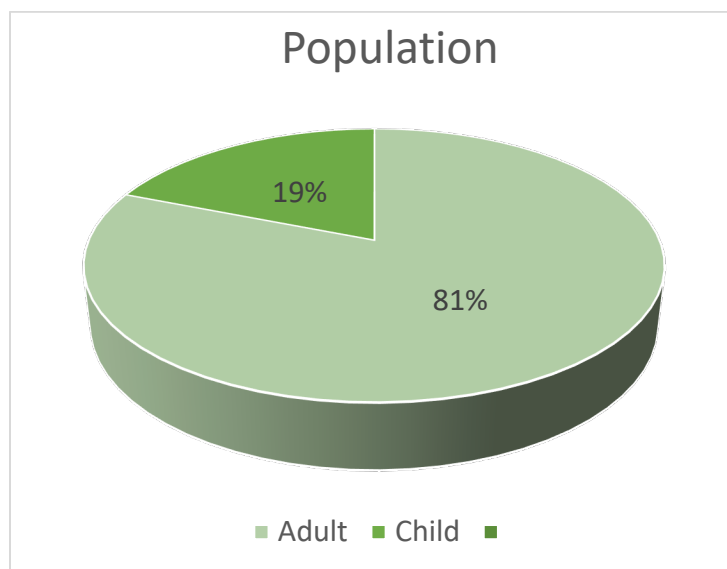
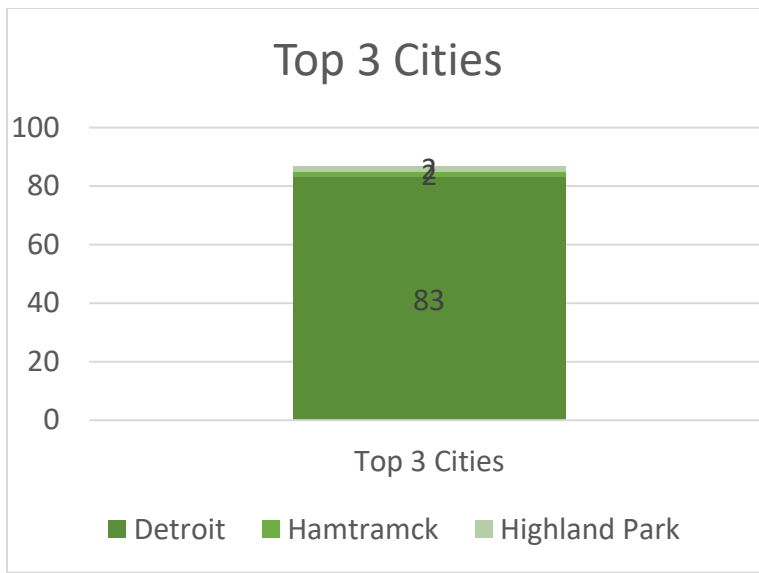
**Indicator #4(a)** is the percentage of discharges from a psychiatric inpatient unit who are seen for follow-up care within seven (7) days. The standard is 95% or above. The DOC had daily availability set aside for Peers to complete the follow-up after hospitalization appointment, to meet the 7-day requirement for new members that chose the DOC and have not been assigned to a CRSP. Peers can be utilized to meet this standard for CCBHC's, but not for non-CCBHC entities. If peer services were allowable, the DOC would have met this standard for Q4. Case managers and other practitioners included in this indicator are primarily responsible at this time. The DOC is also exploring opportunities to improve coordination with discharge teams at inpatient units to increase likelihood of kept discharge appointments.

**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 met this benchmark for Q4 for both children and adults. Data on this measure since the opening of the DOC is charted below.

PI#10			Out-of-Compliance	Total	Rate				15%
	4th Q 24	Child	-	-	#VALUE!				
		Adult	0	1	0.00%				
	1st Q 25	Child	-	-	#VALUE!				
		Adult	0	1	0.00%				
	2nd Q 25	Child	0	1	0.00%				
		Adult	0	1	0.00%				
	3rd Q 25	Child	0	1	0.00%				
		Adult	2	12	16.67%				
	4th Q 25	Child	0	3	0.00%				
		Adult	6	46	13.04%				
	1st Q 26	Child	0	2	0.00%				
		Adult	2	30	6.67%				

**DOC 2025 Demographic Data:** Overall data for the DOC is listed below.





**Accomplishments over the last year:**

- Obtained full three- year Joint Commission Accreditation
- Partnered with IT to enhance the electronic medical record, including development of a Power BI Dashboard.
- Received approval to begin Infant and Early Childhood Mental Health (I-ECMH) (started 12/2025)
- Hired and trained key clinical and administrative staff to provide and support services delivered
- Expanded Evidenced-Based Practices to align with State of Michigan recommended practices
- Participation in the Trauma Focused Cognitive Behavioral Therapy (TF-CBT) cohort for certification
- Supported staff in becoming Certified Peer Support Specialists (2)
- Recruited Certified Peer Recovery Coaches (2)
- Participation in the Parent Support Partner Cohort
- Participation in the Youth Peer Support Specialist Cohort
- Completed adult group therapy session with successful outcomes
- Initiated a peer led adult intake process
- Monthly clinical team meetings with Advantage Health
- Two adult clinicians completed ASAM Continuum training and have their CAADC

- Partnering with Communications to participate in community outreach events and with the development of marketing material

### **2025 Outreach**

The DOC participated in several outreach events for 2025 informing the community of the services the clinic offers as well as the DWIHN network overall. The approximate number of outreach events was 15 which included events such as interview on WWJ for Wellness Wednesday, Fox 2 News interview, the 6 Mile Street Fair, Detroit Health Department Fair, District 2 Department of Neighborhoods Meeting, DWIHN Self-Care Conference, Triumph Church Bible Study, WCCCD-Michigan Minority Supplier Development Council Health Care Summit, and Breast Cancer Screening Event hosted at Advantage Health to name a few.

### **FY 2026 Goals:**

- Expand Infant and Early Childhood Mental Health
- Begin services for the Michigan Collaborative Care Program (MC3): A program that provides mental health support to primary care providers (PCPs) in Michigan.
- Expand access to include mild to moderate by impaneling with health plans
- Continue monitoring and improving quality service delivery

**Adult Initiatives 1st Quarter Report**  
**Marianne Lyons, LMSW, CAADC**  
**Program Compliance Committee Meeting**  
**January 14, 2026**



**12/29/2025 – FY26, 1st Quarter Report**

**Main Activities during quarterly reporting period:**

- Assisted Outpatient Treatment (AOT) Monitoring and Engagement
- Evidenced Based Supportive Employment (EBSE)
- Intellectual and/or Developmental Disabilities (IDD)

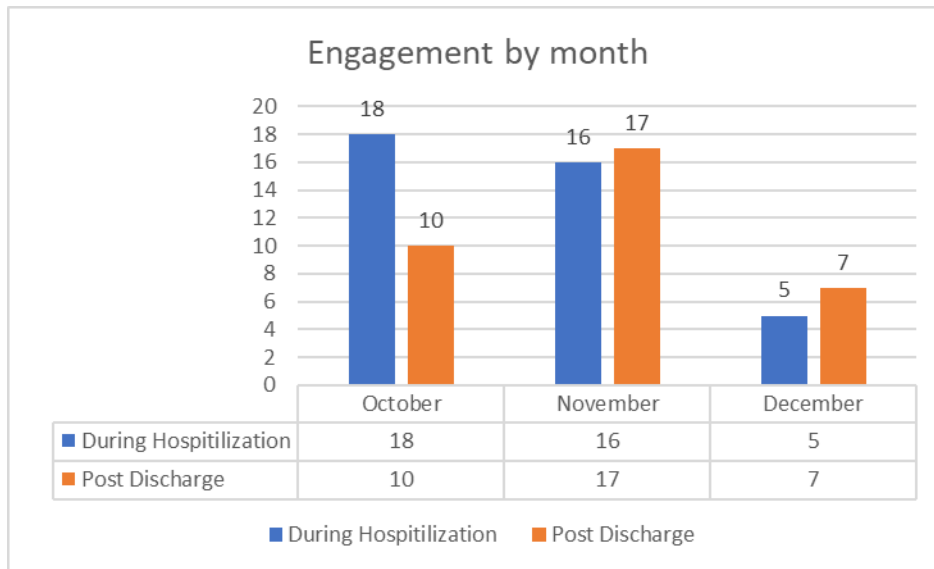
**Progress on Major Activities:**

**Activity 1: Assisted Outpatient Treatment (AOT) Monitoring and Engagement**

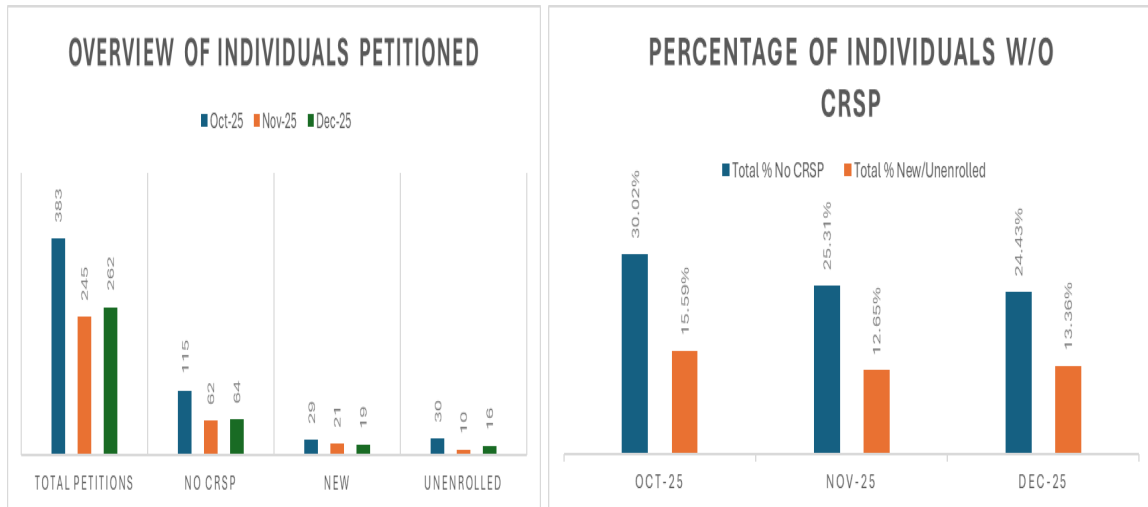
- *Description:* Assisted Outpatient Treatment (AOT) also known as “court-ordered outpatient treatment,” or “outpatient commitment,” is a civil commitment that places individuals diagnosed with a severe mental illness, and a history of nonadherence to voluntary treatment under court order to follow a prescribed treatment plan while living in the community; DWIHN is responsible for the oversight of all members placed on an AOT through Wayne County Probate Court (WCPC) as dictated by the Michigan Mental Health Code.
- *Current Status:* Adult Initiatives receives notification of every mental health petitioned for individuals living in Wayne County including those who are not DWIHN members. In Q1, 890 petitions were submitted to WCPC. Of those 890 petitions, 241 (27.08%) were for individuals who were open with DWIHN but not assigned to a provider or never enrolled with DWIHN. Within this group, 69 (28.63%) were new to DWIHN services and 56 (23.24%) were not enrolled with DWIHN. This information demonstrates that a significant number of psychiatric hospitalizations are for people who were likely not receiving mental health services in the community at the time of admission. The information also suggests that there is an increased need for awareness of mental health services in the community that may allow individuals to avoid hospitalization or treatment orders.
- *Significant Tasks During Period:* Adult Initiatives provided AOT Overview Training to a new DWIHN Outpatient Services Supervisor. The AOT Care Manager provided enhanced support to CRSP providers for individuals on combined treatment and AOT orders who were identified as recidivistic or disengaged from services, providing support to 60 members over the quarter period, addressing treatment concerns, clarifying requirements of the order and compliance.
- *Major Accomplishments During Period:* Adult Initiatives has created “Office Hours” for DWIHN providers who need additional face to face support outside of the NGRI/AOT Workgroup and emails.

During Q1 of FY26, AOT Peer Support Specialists received a total of 114 new referrals; of these 114 new referrals, 35 individuals were members who stated clear interest in

receiving Peer Support Services. Through remote channels like virtual meetings and hospital visits, the Peers engaged with 39 members while hospitalized and another 24 members were reached through follow-up calls after discharge from the hospital. Also, significant this quarter were the 3 members seen in their respected communities. Seventy-Three (73) members were engaged with overall this quarter, contributing to a 65% successful engagement rate.



- *Needs or current issues:* Adult Initiatives has implemented a process for tracking non-DWIHN members. During implementation, it was discovered that obtaining discharge documents from the hospital would be helpful in tracking treatment outcomes. The discharge documents include contact information for the individual, natural supports and their non-DWIHN provider.
- *Plan:* Adult Initiatives will inform DWIHN outpatient providers of the monthly office hours in January 2026’s NGRI/AOT Workgroup meeting. The providers will have the option of two standing dates from which to choose. Adult Initiatives will request discharge documents from each hospital on the first Monday of each month.



**Activity 2: Evidenced Based Supportive Employment (EBSE)**

- *Description:* IPS, also known as Individual Placement and Support, is a specific type of 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 unduplicated individuals served is updated on a monthly and quarterly basis, as provided by the quarterly IPS report from MDHHS, monthly data obtained from CRSPs 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 the 1<sup>st</sup> quarter of the 25/26 FY from the 9 CRSPs providing IPS:

ACCESS	Central City	The Guidance Center	Hegira	Lincoln Behavioral Services	Team Wellness
50	41	45	170	110	215

- *Significant Tasks During Period:* Adult Initiatives attended the Benefit to Work conference during the month of October. This provided insight and engagement with various IPS programs throughout the State of Michigan and how their agencies utilize this service differently. This insight has encouraged the idea of having an individual trained in Benefit to Work Counseling which encourages continued engagement with CRSPs. The opportunity exists where the state is interested in sending staff to be trained and explore if it offers a positive experience within our provider network.

Adult Initiatives attended a fidelity review for Hegira and was able to provide the presentation which promotes appropriate IPS referrals and encourages increased member enrollment to the IPS reviewers which satisfied one of the needs for the fidelity review that

allotted Hegira additional points on their overall score. The final score will be shared once the state provides the outcome.

*Major Accomplishments During Period:* Adult Initiatives began delivering presentations to expand provider knowledge of IPS, strengthening connections with agencies and clinical teams. This effort supports IPS programs in enrolling members who align with fidelity standards, enhance community involvement, and increase billable services.

Adult Initiatives continues to track the impact of IPS engagement on hospitalization rates. Data from January-December 2025 shows a significant reduction in hospitalizations among members engaged in IPS services (defined as attending more than two appointments):

- 14 total members reviewed for the report
- 15 total hospitalizations prior to IPS engagement
- 2 total hospitalizations post IPS engagement

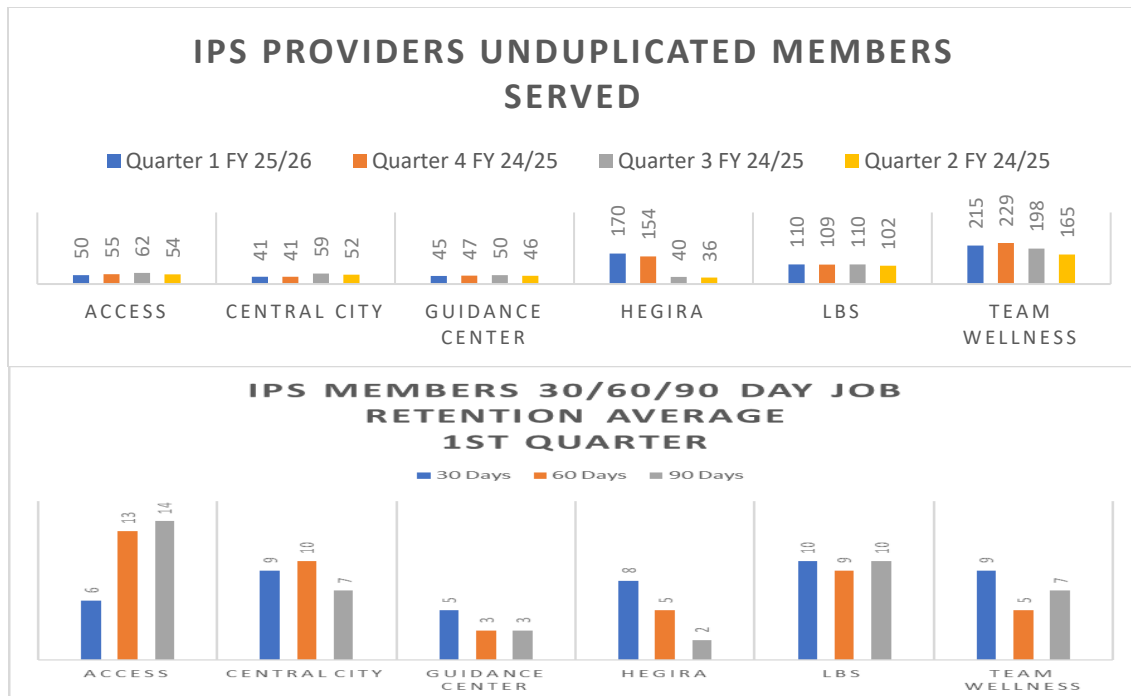
This represents an 87% decrease in hospitalizations, highlighting the positive correlation between IPS participation and improved stability.

- *Needs or Current Issues:* IPS programs report poor internal income due to a lack of billable services rendered. As previously shared, a barrier has been under trained staff in clinical areas and inappropriate referrals due to members being unaware of the expectations once referred to IPS. DWIHN provides a unit rate which, if utilized per authorizations, would increase the incomes of CRSPs providing IPS services; IPS programs must improve on engaging in face-to-face, billable services.

Additional issues addressed during this quarter relate to difficulties with hiring. Providers report a noticeable decrease in employment numbers during this quarter. It is reportedly related to a lack of hiring from employers during this time as the model discourages temporary or seasonal work.

- *Plans:* Adult Initiatives will continue to provide presentations to CRSPs to improve referrals for IPS programs and therefore increase billable services. Adult Initiatives will continue to advocate for clinical training to be provided to employment specialists to appropriately work with and handle members with symptomatic behaviors.

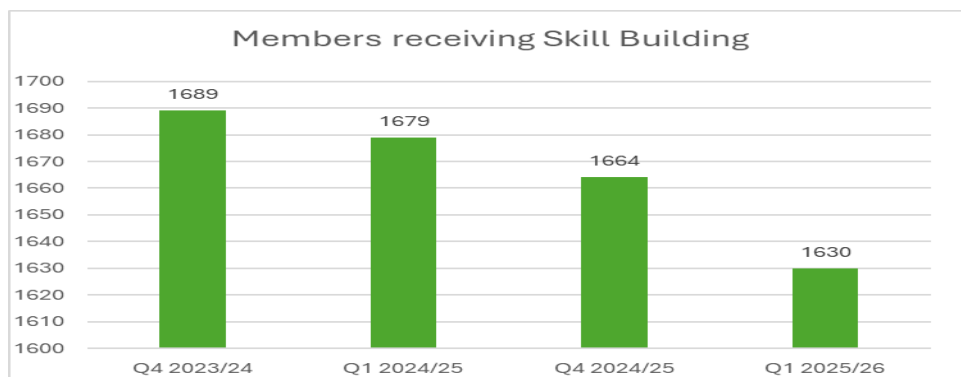
As an additional layer to improve IPS engagement, Adult Initiatives will begin, over the next quarter, to explore the idea of providing IPS modeled services to the I/DD population, utilizing potential grant funding utilized currently at St. Clair CMH. If grant money can be obtained, and a CRSP that provides both IPS and I/DD services and would be interested in piloting such a program, this could open the door for state funding and fidelity for an evidence-based program to be utilized for the I/DD population.



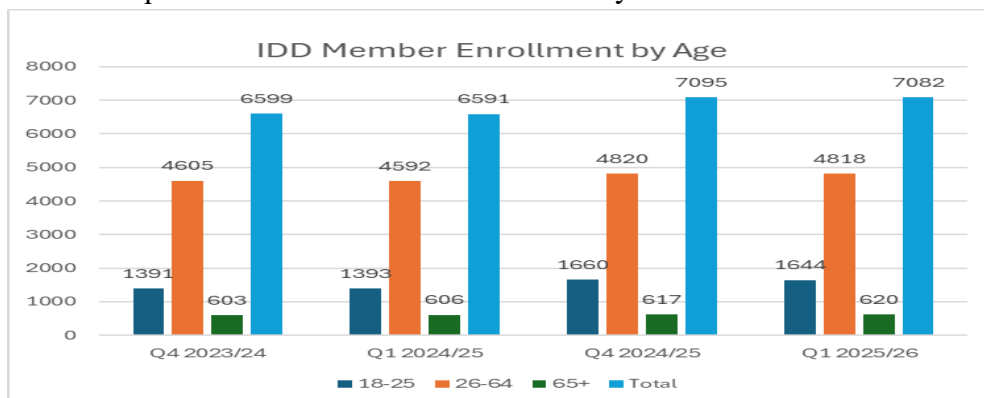
### **Activity 3: Intellectual and/or Developmental Disabilities (IDD)**

- 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 supports, skill-building, speech/physical/occupational therapies, and vocational services are available to members.
- Current Status:* Adult Initiatives is interested in identifying gaps in services for IDD members and onboarding providers to fill in those gaps. Some gaps include behavioral services. Many members require some type of behavioral plan to address problematic behaviors. This has been a barrier for some people to secure housing with some residential providers. This also contributes to increased hospitalizations or the inability to attend skill building/supported employment programs. Other gaps in services include poor access to programs due to lack of transportation or having high medical needs. Adult Initiatives would like to assist in finding solutions to these problems.
- Significant Tasks During Period:* Adult Initiatives made several site visits to providers including KD Care ABA who is applying for expansion. They have three locations and are looking to add speech and occupational therapies. Adults Initiatives also toured Straith Behavioral Hospital who is opening a new wing for people diagnosed with autism and have severe challenging behaviors. Adult Initiatives collaborated with Quality Improvement to outline the required elements of the Behavior Treatment Plan Review Committee (BTPRC) and behavior plans. Adult Initiatives continues to participate in the MDHHS WHODAS Steering Committee. Adult Initiatives participated in the kick-off in reviewing applicants to be credentialed ABA (Applied Behavior Analysis) providers.

- Major Accomplishments During Period:* Adult Initiatives presented at Garfield School in Livonia to the parents and faculty of IDD students transitioning out of school. Adult Initiatives also manned a booth at a resource fair Down River to help families learn how they can access services and what type of assistance DWIHN could provide. Adult Initiatives collaborated with the Children’s Initiative to present a supports coordination training as well as the IDD Provider Meeting. Adult Initiatives collaborated with Children’s Initiatives and met with seven ABA providers who were interested in expanding their services to write assessments and behavior plans for members with challenging behaviors who are not receiving ABA. One provider has been approved and is now taking cases for CRSPs. Another provider who is not yet credentialed with DWIHN is interested in pursuing a contract to address these services.
- Needs or current issues:* Many members struggle with accessing services either due to a shortage of providers servicing a specific area or due to lack of transportation. Adult Initiatives is currently looking to onboard more providers to address behavioral issues. More attention will be paid to looking at ways to address transportation issues as well as looking for programs that can service high-needed members. For older adults, many members are not aware of specific programs, and these programs need more visibility.



- Plans:* Adult Initiatives will continue to solicit providers to expand their service array to address behavioral concerns. In the upcoming fiscal quarter Adult Initiatives will hold several virtual meet and greets to allow programs (including skill building, supported employment, leisure activities and older adults) to showcase what they offer and what makes them unique. This is to increase visibility and enrollment for these programs



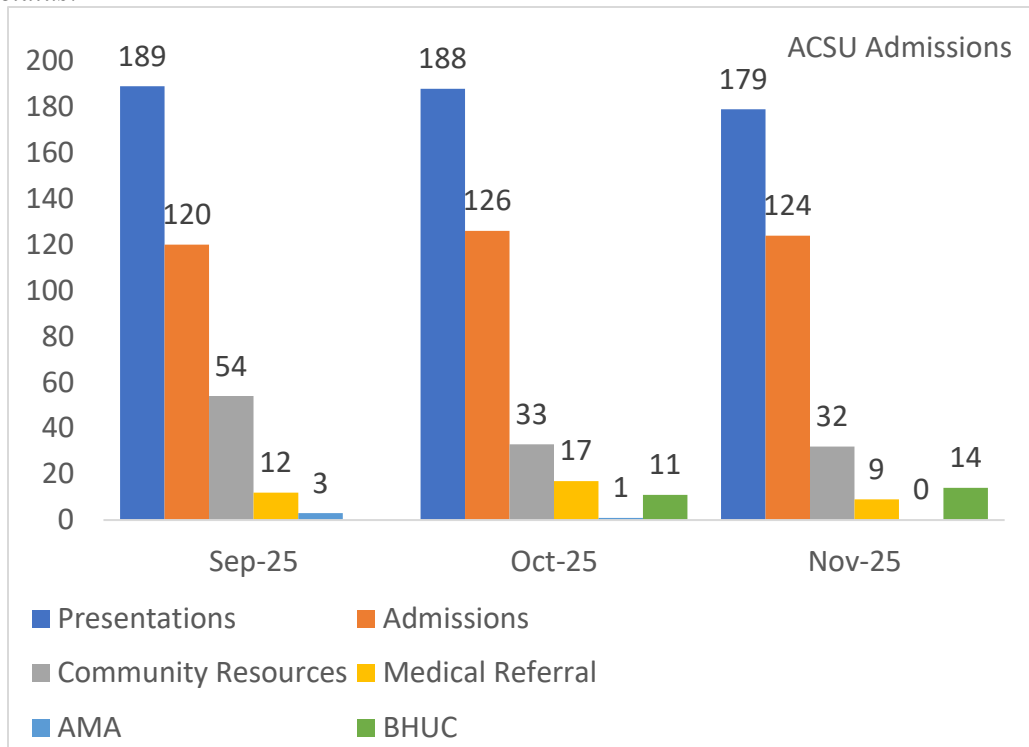
**Program Compliance Committee Meeting**  
**Grace Wolf, VP of Crisis Services / 707 Crisis Care Center Report**  
**January 14<sup>th</sup>, 2025**

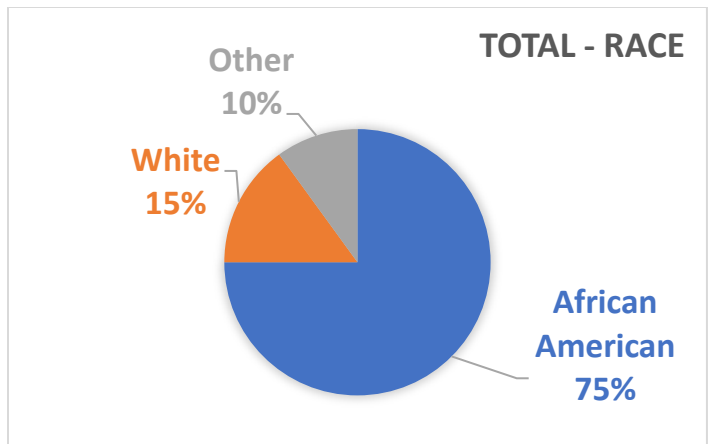


**Main Activities during September 2025 – November 2025, Reporting Period:**

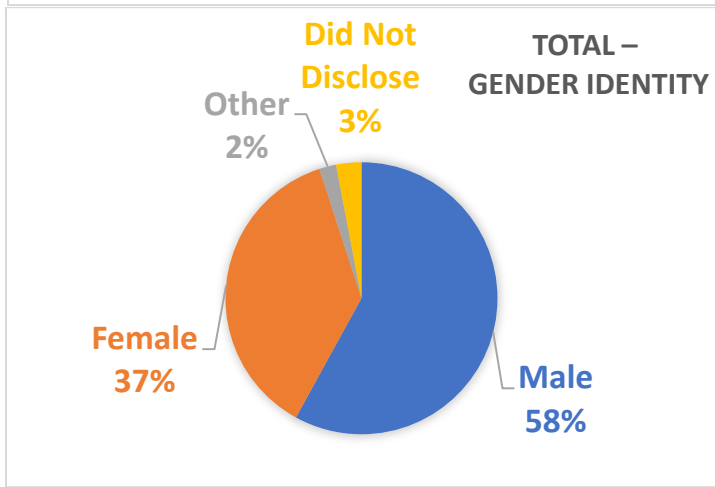
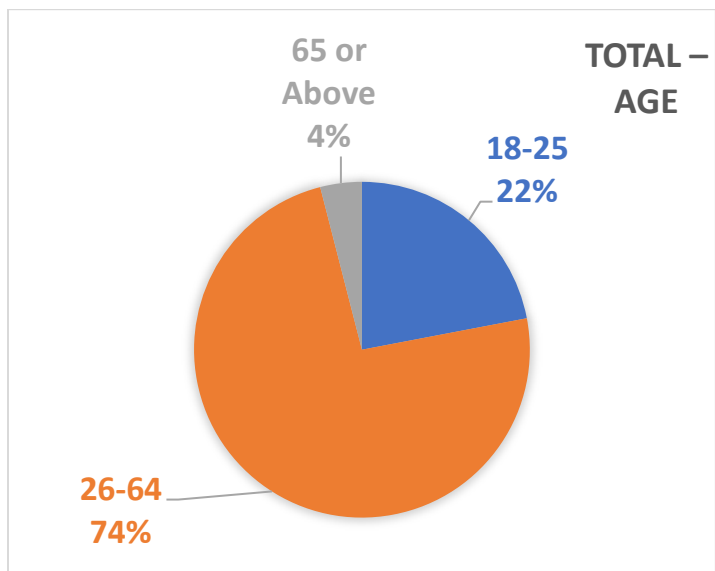
**Activity 1: Adult Crisis Stabilization Data**

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

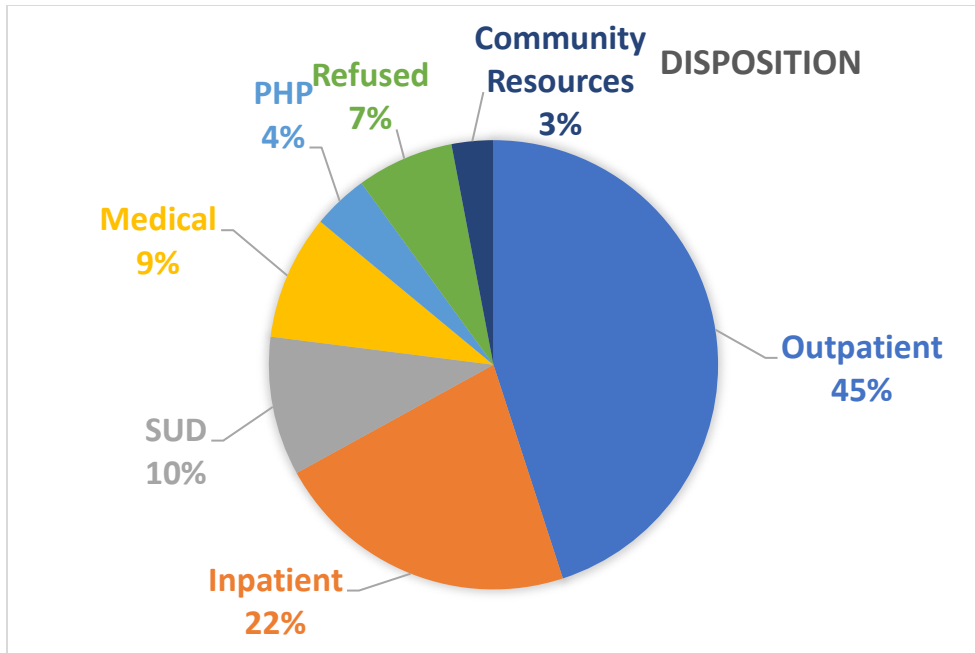




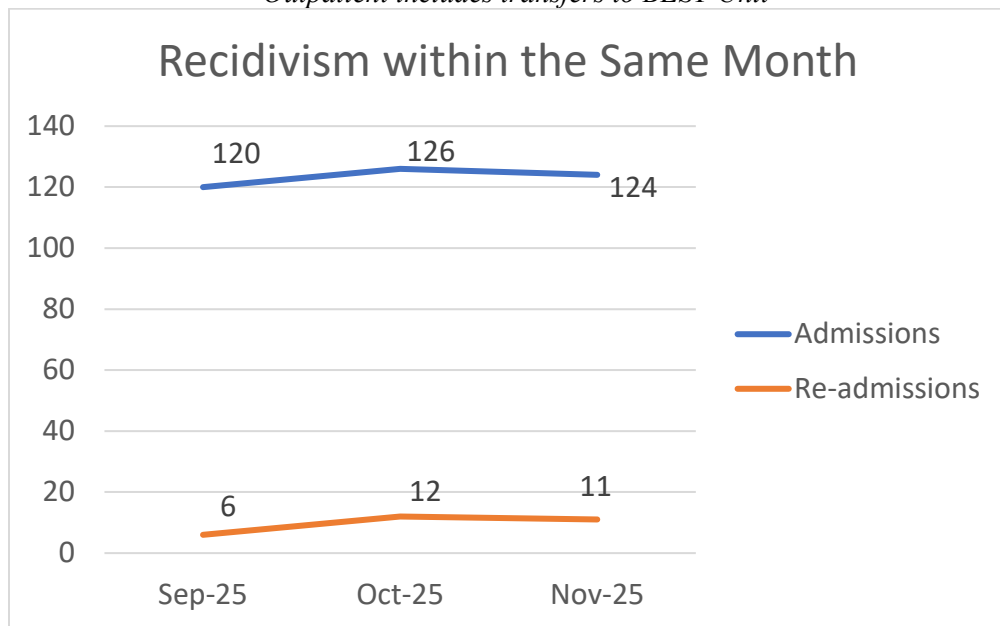
*\*Other includes: two or more races, American Indian, Arab American, Asian, or Native Hawaiian/other Pacific*



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

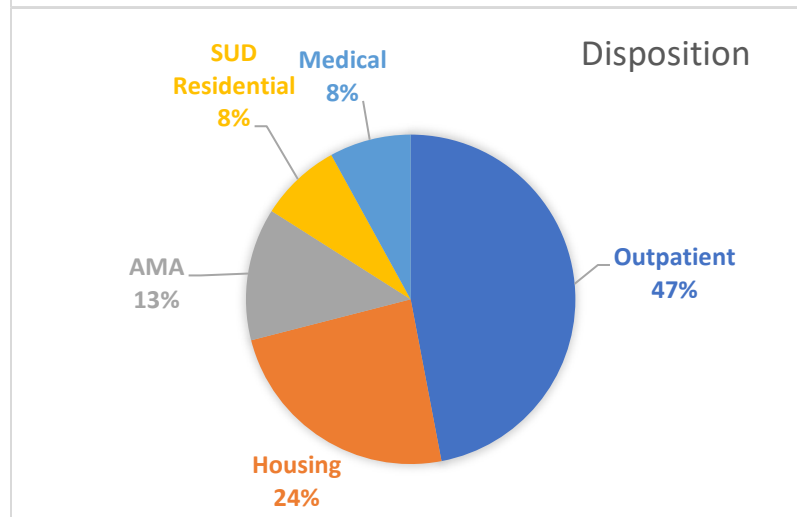
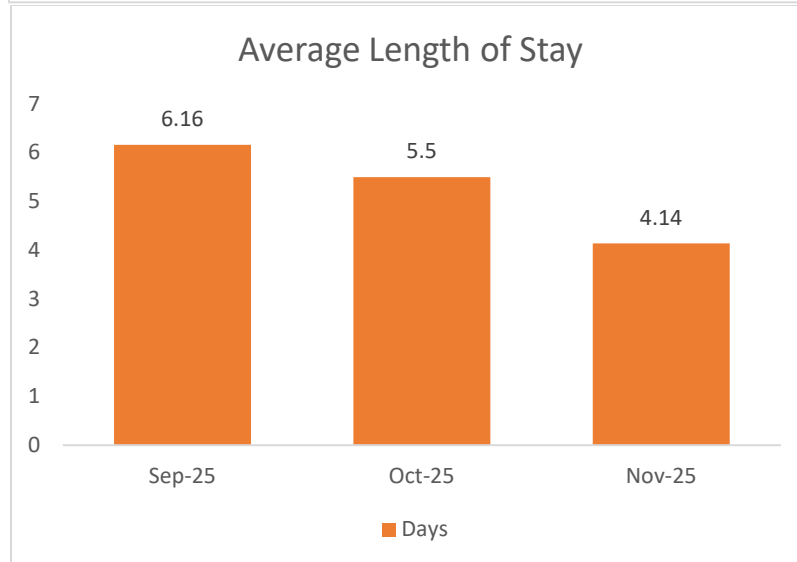
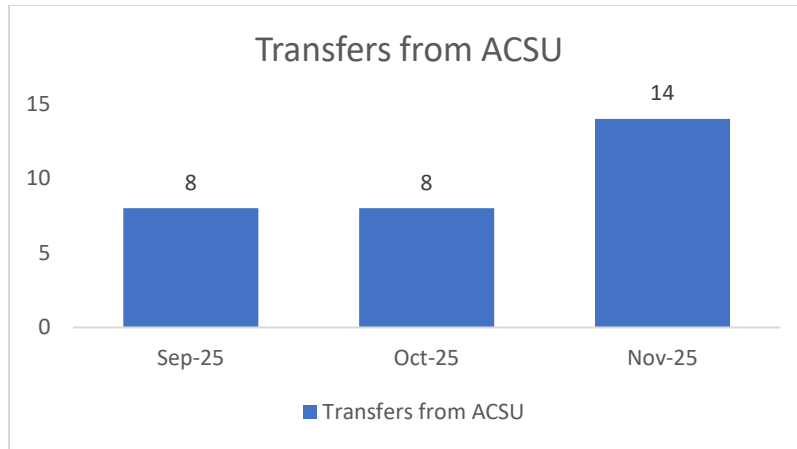


\*Outpatient includes transfers to BEST Unit



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

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

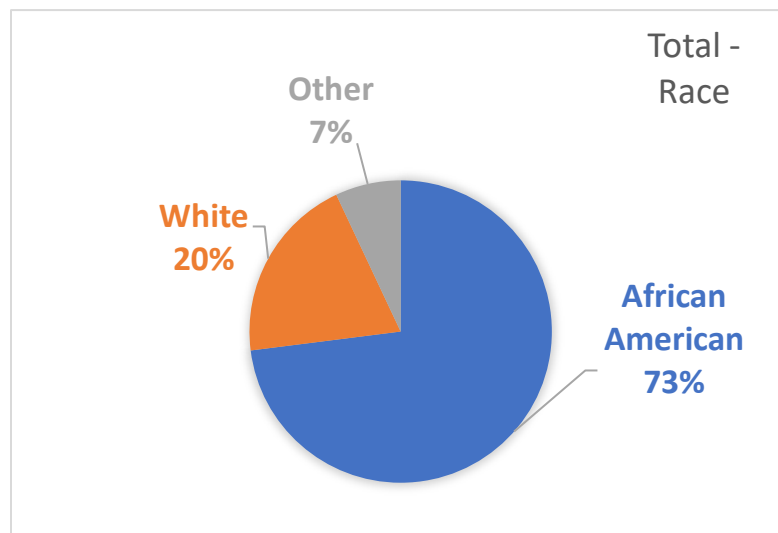
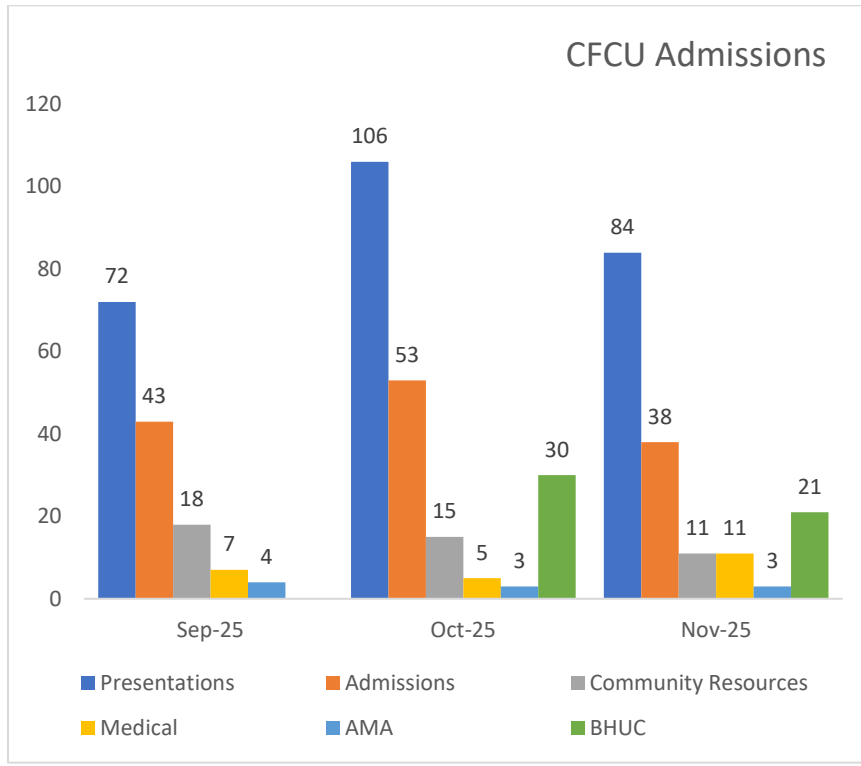


**Activity 3: Child and Family Crisis Unit (CFCU)**

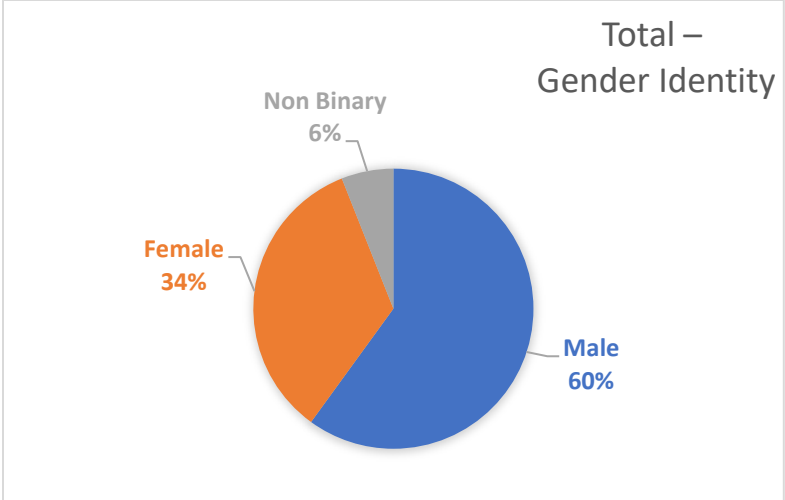
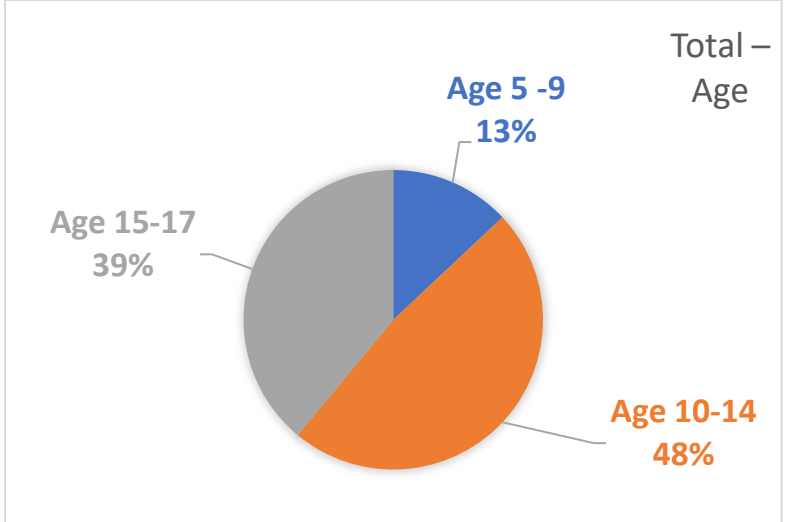
- *Description:* The CFCU serves individuals 5-17 years old, regardless of their insurance status, who are seeking mental health or substance use services. The unit is open 24/7/365 and accepts

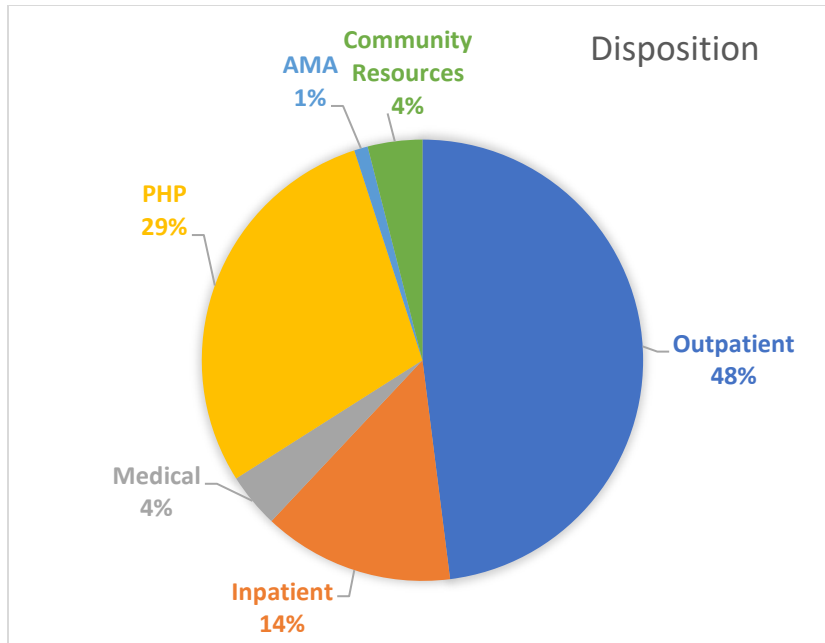
referrals, walk-ins and police drop-offs. The occupancy of the CFCU is 14 individuals at one time, and the length of stay on the CFCU is 72 hours.

- *Current Status:*



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





**Quarterly Update:**

- Things the Department is Doing Especially Well:**  
 Behavioral Health Urgent Care (BHUC) opened October 1<sup>st</sup>, 2025. This is DWIHN’s 6<sup>th</sup> 24/7/365 program opened and operating in the last 2 years. In the first 2 months, 76 individuals were served at the urgent care located at the 707 Crisis Care Center.
- Identified Opportunities for Improvement:**  
 Continued engagement with MDHHS towards the development of the Youth Crisis Stabilization administrative rules.
- Progress on Previous Improvement Plans:**  
 No current plans of improvement/correction.

## Program Compliance Committee Meeting

January 14, 2026

PIHP Crisis Services Department, Quarterly Report, 1st Quarter FY25/26

Daniel West, Director of PIHP Crisis Services



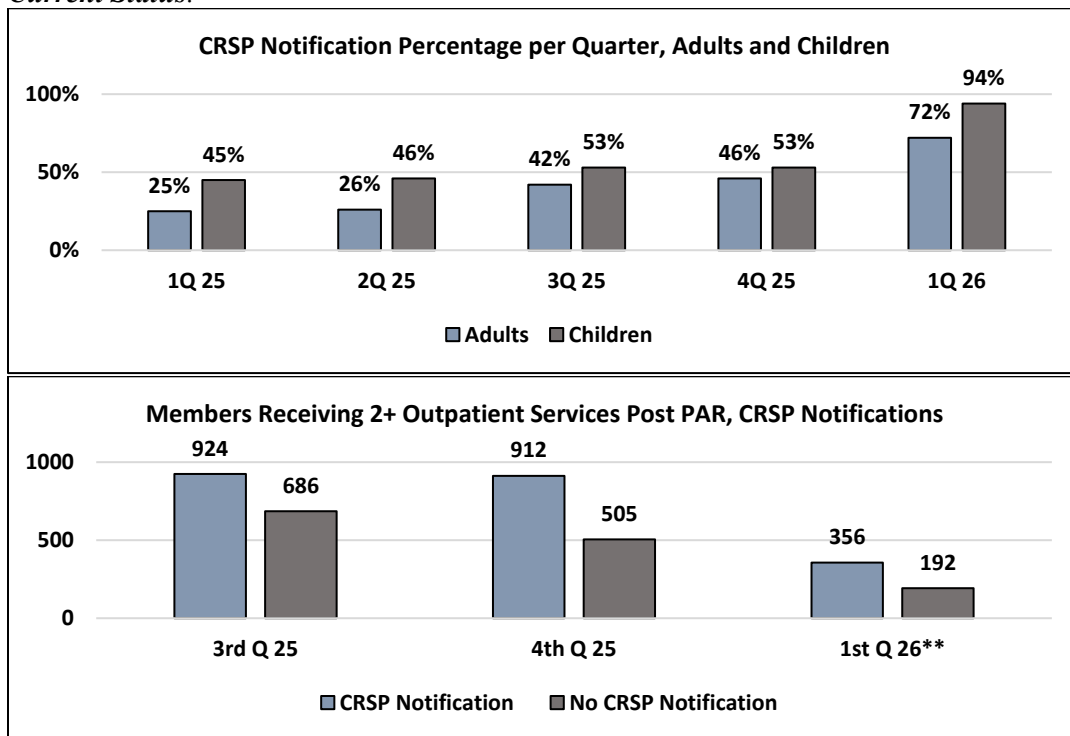
### Main Activities during 1st Quarter Reporting Period: FY25/26

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

### Progress On Major Activities:

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

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



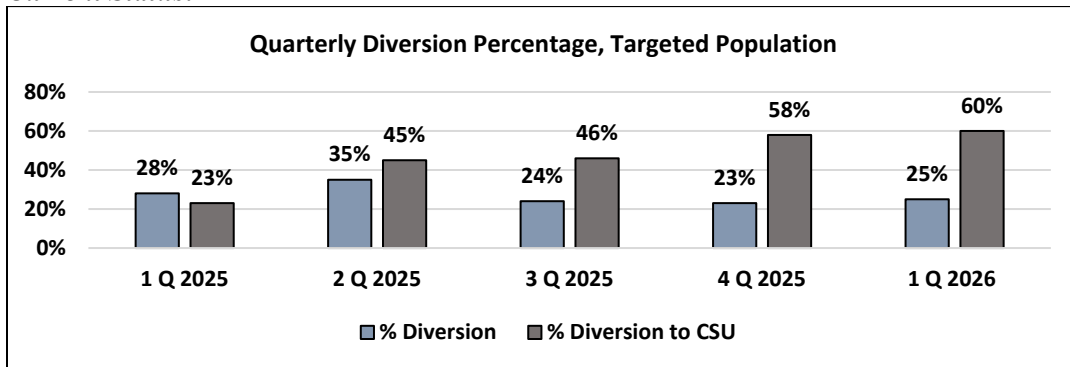
\*\*Data preliminary

- **Major Tasks and Accomplishments During Period:** The team has worked to increase the percentage of CRSP notifications across the quarters. Upon discussion of progress with the delegated screening entities, previous entries of “no” for CRSP notification were dependent on a variety of factors including member choice upon discharge, and member preferences. Therefore, the team added N/A for an option and this option was excluded in the data set, leaving a more accurate representation of CRSP notification in the 1<sup>st</sup> quarter. Upon analysis of the claims data following the PAR, the team found the likelihood of members receiving at least 2 outpatient claims increased with CRSP notification.

- **Needs or Current Issues:** The team has recognized the need to increase engagement from assigned CRSPs in the network upon crisis notification and upon notification of inpatient placement to begin discharge training.
- **Plan:** The team will continue to work with outpatient CRSPs to ensure there is an understanding of the steps following receipt of a CRSP notification.

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

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

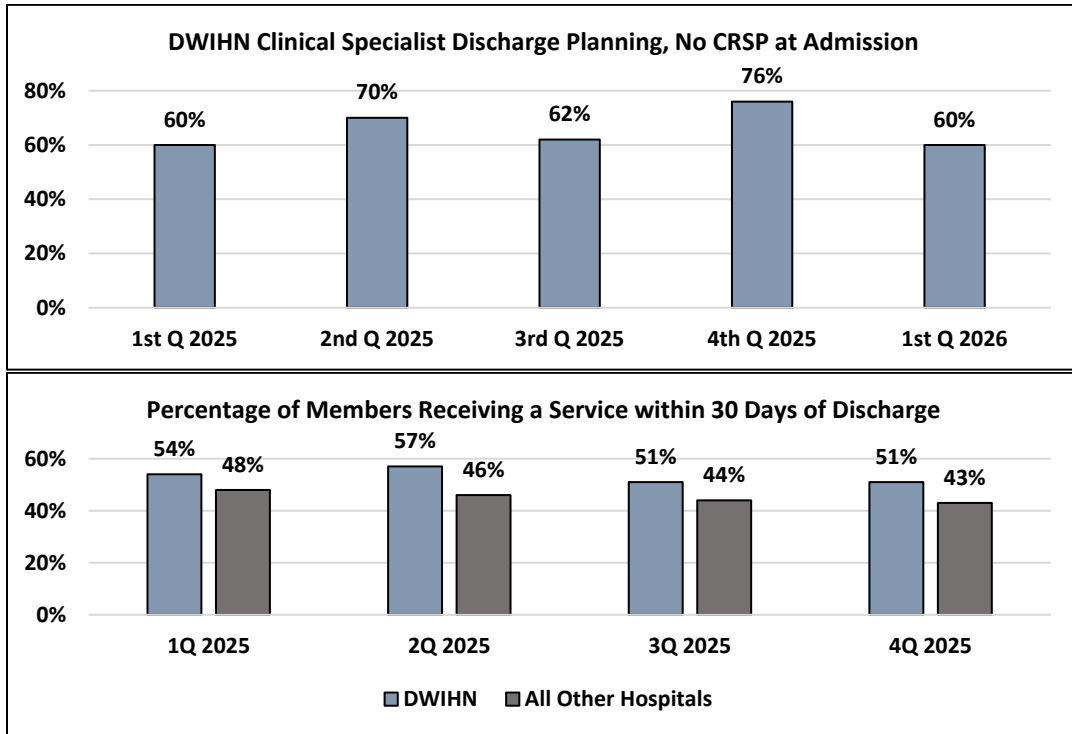


- **Major Tasks and Accomplishments During Period:** The team has worked to increase the percentage of diversions for the targeted population, and have seen a noteworthy increase of CSU referrals.
- **Needs or Current Issues:** The team has recognized a need to educate emergency department treatment teams on the use of CSU, appropriateness, and ease of access.
- **Plan:** The team will distribute a developed levels of care booklet to the ED treatment teams, and revisit with them in meetings that are held monthly. The team is also looking to increase referrals to Intensive Crisis Stabilization Services (ICSS) from the EDs, with a tracking component in place.

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

- **Description:** The PIHP Crisis Services Department continues to identify members who have been admitted to an inpatient level of care without a CRSP assigned, visit them at specific facilities (Henry Ford Behavioral, Metropolitan, and BCA Stonecrest), and support their transition to care at the CRSP of their choosing.

- **Current Status:**



\*\*DW IHN Hospitals Henry Ford, Metropolitan, BCA

- **Major Tasks and Accomplishments During Period:** Clinical Specialists connected 60% of members to their chosen provider in the 1st quarter. A decreased percentage is directly associated with a decrease in Clinical Specialists performing this function as the team promoted a Clinical Specialist to Manager. Across the quarters, the team has consistently shown an increase in the percentage of members service connected as opposed to the percentage of service connection without their involvement.
- **Needs or Current Issues:** The team has recognized the need for education and support for inpatient treatment teams to ensure member choice for CRSP upon discharge.
- **Plan:** The team will target 2 inpatient treatment teams for a pilot intervention. This intervention will include distributed CRSP options and collaboration with DW IHN Access for availability of discharge appointments. The team has hired 2 new Clinical Specialists to increase members seen in this capacity.

**Quarterly Update:**

- **Things the Department is Doing Especially Well:** The PAR Manager held a training for all ACT team staff that will be completing the Pre-Admission Reviews (PARs). This training was comprehensive, included a pre and post test, and the training was well attended. The team will gather data to show effectiveness in PAR diversions in the months following that training that took place on 11/13/25.
- **Progress on Previous Improvement Plans:**
  - Recidivism for adults and children has decreased in the 4th quarter after an increase in the 3<sup>rd</sup> quarter.

<b>Recidivism</b>	<b>Adults</b>	<b>Children</b>
<b>1st Quarter 2024</b>	17.58%	8.62%
<b>2nd Quarter 2024</b>	16.65%	8.82%
<b>3rd Quarter 2024</b>	17.62%	15.69%
<b>4th Quarter 2024</b>	16.52%	12.14%
<b>1st Quarter 2025</b>	16.94%	10.57%
<b>2nd Quarter 2025</b>	15.57%	11.11%
<b>3rd Quarter 2025</b>	17.43%	14.67%
<b>4th Quarter 2025**</b>	14.98%	13.99%

**\*\*Results Preliminary**

**Program Compliance Committee Meeting**  
**January 14, 2026**  
**Rai Williams/Director of Managed Care Operations Quarterly Report**  
**October 2025 – December 2025**



**Main Activities during FY 25/26 Quarter 1:**

- **Credentialing**
- **New Provider Changes to the Network/Provider Challenges**
- **MCO Provider Satisfaction Survey**

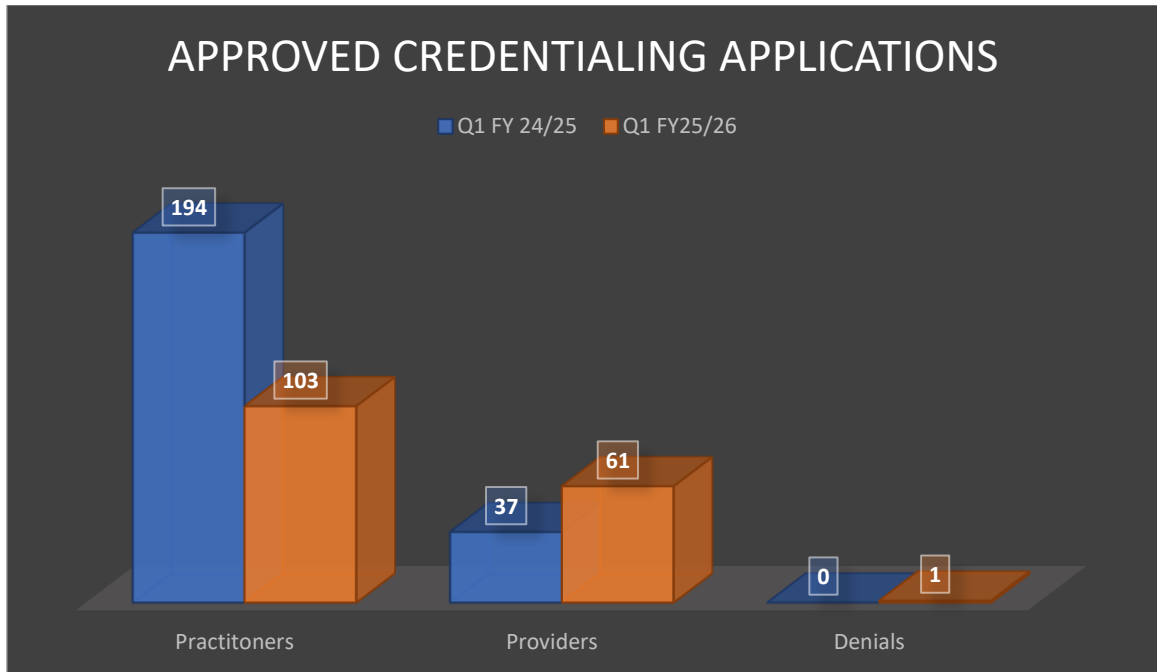
**Progress On Main Activities:**

**Activity 1: Credentialing**

- *Description:* The vetting and approval process for both current and new provider(s) into the DWIHN provider network.
- *Current Status:* For Q1 Fiscal Year 2025/2026:
- 

Number of Credentialing Applications Reviewed	161
Number of Expansion Requests Reviewed	20
Number of Provisional Credentialing Applications Reviewed	6
<b>Total # of Applications Reviewed</b>	<b>187</b>

Number of Practitioners Approved	103
Number of Providers Approved	61
Number of Expansion Requests Approved	19
Number of Provisional Credentialing Applications Approved	4
<b>Total # of Applications Approved by Credentialing Committee</b>	<b>188</b>

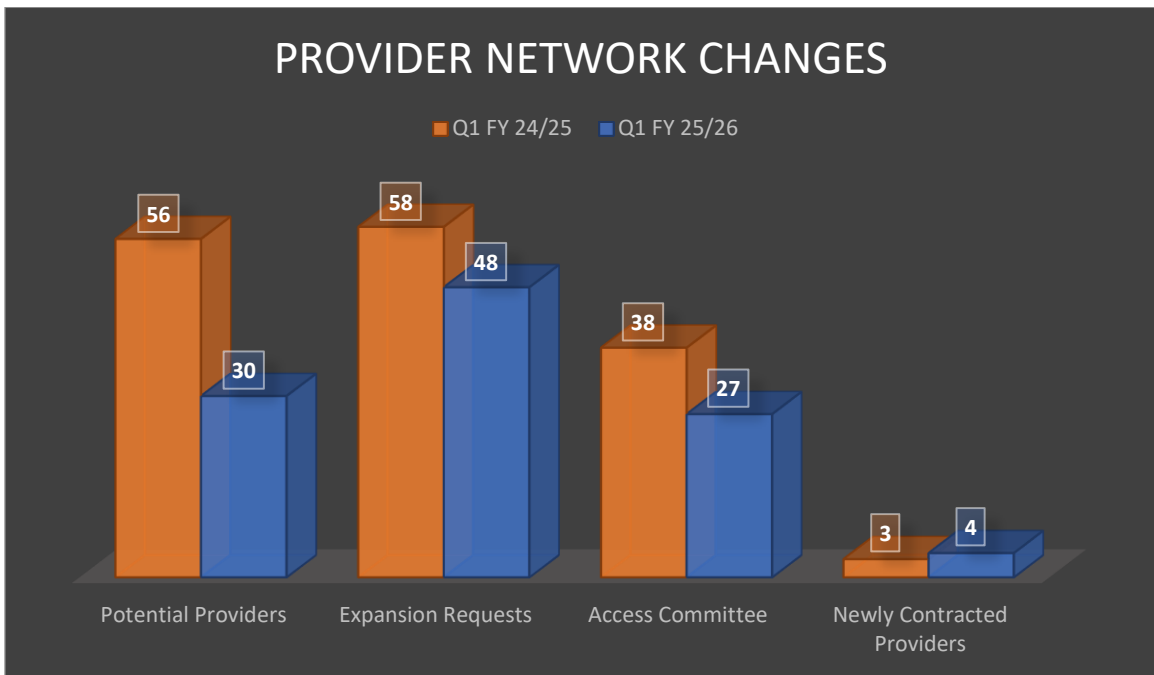


- Significant Tasks During Period:* During Quarter 1 of Fiscal Year 2025/2026, the Credentialing Committee demonstrated stable and strategically aligned performance, reflecting a maturing provider network and improved operational efficiency. A total of 187 applications were reviewed, resulting in 188 approvals. While total approvals declined compared to Quarter 1 of FY 2024/2025, this shift was driven by the completion of prior recredentialing cycles rather than reduced productivity. Practitioner approvals decreased, while provider approvals increased significantly, signaling continued organizational growth and successful onboarding efforts. Expansion request approvals nearly doubled year-over-year, highlighting sustained provider engagement and alignment with network adequacy priorities. Provisional credentialing approvals declined, indicating improved file readiness and fewer interim approvals required to maintain continuity of care. Overall, Quarter 1 performance reflects a more balanced and stable credentialing portfolio, positioning DWIHN well to support its operational goals, compliance requirements, and network growth initiatives for FY 2025/2026.
- Major Accomplishments During Period:* Major accomplishments during the quarter included continued support of the implementation of the new CVO system. The team actively participated in weekly implementation meetings and successfully completed all required training sessions to support the onboarding and operational readiness of the new vendor. In addition, Managed Care Operations submitted all required documentation for the Humana Pre-Delegation Audit in support of the new MICH HIDE SNP contract and received a 100 percent score on the HAP/CareSource Pre-Delegation Audit for the same program. To further strengthen operational consistency and staff readiness, the team conducted multiple training refreshers and developed job aids to reinforce key workflows and support ongoing system adoption.
- Plan:* The division will continue advancing the implementation of the new CVO and begin piloting provider and practitioner applications to assess functionality, usability, and workflow alignment. In parallel, the team will implement updated credentialing application standards to support MICH HIDE SNP requirements and incorporate new provider qualification guidance issued by MDHHS, ensuring ongoing compliance and operational readiness.

**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 For Q1 Fiscal Year 2025/2026:*

Number of Provider Inquiries for Potential Providers	30
Number of Contract Expansion Requests Received	48
Number of Providers Approved at Access Committee	27
Number of New Providers	4
<b>Total # of Providers Processed</b>	<b>109</b>



DW IHN 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:* Contracting and provider network activity reflected a maturing and increasingly stable network. The division processed 109 provider-related actions during the quarter, including 30 provider inquiries, 48 contract expansion requests, 27 Access Committee approvals, and the addition of 4 new providers to the DWIHN network. Compared to Quarter 1 of FY 2024/2025, inquiry and expansion volumes moderated, signaling reduced reliance on broad recruitment efforts and a shift toward intentional, needs-driven growth.

- Rather than expanding for volume alone, Managed Care Operations prioritized reviewing network adequacy, screening providers, and evaluating service and geographic gaps before approving new contracts or expansions. This approach ensures that network growth is aligned with member demand, program requirements, and fiscal responsibility. By being deliberate in expansion decisions, DWIHN continues to balance access, quality, and cost-effectiveness while strengthening long-term network sustainability.
- *Major Accomplishments During Period:* Major accomplishments this quarter reflect continued progress in strengthening operational capacity, contract oversight, and system maturity. Managed Care Operations successfully backfilled open Provider Network Manager positions and concluded recruitment for two additional PNM roles, with offers extended to support increased capacity and continuity across the provider network. The division also completed the FY 25 contracting season, resulting in an increase in executed contracts from 367 in the prior fiscal year to 411 this year, demonstrating improved coordination, accountability, and provider responsiveness. Additionally, Substance Use Disorder contract management oversight will be transitioned back to the MCO, enabling stronger alignment between contracting, network adequacy, and compliance monitoring. Several goals established in the prior fiscal year were fully accomplished, including the development of a comprehensive auditing site review tool to support cross-departmental information sharing and the creation of a formal Risk Matrix for ABA and SUD providers to strengthen oversight and risk-based decision-making.
- *Plan:* Meetings have begun to begin the implementation of electronic forms for Quarterly Contract Status Reports. We will be providing in person trainings, training documentation and support for roll out prior to Quarter 2.

### **Activity 3: MCO Provider Satisfaction Survey**

- *Description:* In alignment with DWIHN’s Strategic Operations Goal, the Managed Care Operations (MCO) department has taken the lead in enhancing the overall provider experience. As part of this initiative, MCO was charged with developing strategies to improve provider satisfaction, streamline operations, and strengthen communication between DWIHN and its provider network.

To ensure provider voices are continuously heard, MCO implemented a departmental Provider Satisfaction Survey embedded in staff email signatures. This approach allows us to:

Collect feedback in real time

Monitor trends throughout the year

Identify pain points as they emerge

Make incremental improvements before the formal annual survey

- *Current Status:* For Q1 Fiscal Year 2025/2026, the ongoing provider satisfaction survey embedded in MCO staff email signatures has received 18 responses — total survey responses 114 since February 2025.

Survey results remain consistently positive, with continued improvement across all four key performance domains. The average ratings for professionalism were 4.86, and courtesy reached 4.93, responsiveness improved to 4.86, and knowledge rose to 4.83. These upward trends indicate that providers view MCO staff as professional, courteous, knowledgeable, and accessible. In addition, 100 percent of respondents reported receiving a response within five business days, reflecting a measurable improvement from the 92 percent reported earlier in the fiscal year.

The division’s focus on recognizing and reinforcing high performance has also contributed to staff engagement and morale. Feedback results are reviewed during team meetings, and one staff member is recognized each cycle for outstanding service based on provider comments and survey data. To date, six staff members have been honored as the Managed Care Operator of the Month, and the team recently introduced a peer recognition component that encourages colleagues to nominate one another for exceptional collaboration and teamwork. This initiative has helped strengthen unit culture, promote shared accountability, and highlight the importance of positive provider relationships.

Average Scores (Out of 5)

<i>Domain</i>	<i>Average Rating</i>
<i>Professionalism</i>	<b>4.86 (improved from 4.66)</b>
<i>Courtesy</i>	<b>4.93 (improved from 4.66)</b>
<i>Responsiveness</i>	<b>4.86 (increase from 4.71)</b>
<i>Knowledge</i>	<b>4.83 (increase from 4.68)</b>

- **Significant Attributes:** Provider satisfaction scores continued to improve across all measured domains this quarter, reinforcing a strong and growing baseline for staff performance and provider experience. Average ratings increased in professionalism to 4.86, courtesy to 4.93, responsiveness to 4.86, and knowledge to 4.83. These gains reflect consistent, high-quality engagement by Managed Care Operations staff and demonstrate that providers view the team as responsive, knowledgeable, and professional in their interactions.
- **Major Accomplishments:** In addition to improved satisfaction ratings, response time metrics remained a strong indicator of service reliability. Ninety-four percent of providers reported receiving a response within two to three business days, and the remaining six percent received a response within five business days. No responses exceeded the five-day threshold. This performance reflects sustained operational discipline and reinforces the division’s commitment to timely communication and provider support.

Response Time	% of Responses	Count
2–3 Business Days	94%	17
3–5 Business Days	6%	1
5–10 Business Days	0%	0
More than 10 Business Days	0%	0

- Key Insight: 100% of providers receive a response within five business days, and improvement from 92% last time reported. This trend confirms that responsiveness initiatives implemented over the past year are producing measurable and sustained results and that providers are experiencing consistent, timely engagement from MCO staff.
- *Plan:* As the division moves further into FY 2025/2026, Managed Care Operations will continue integrating provider feedback into daily operations and using survey data to guide service improvements. Survey visibility will be expanded through targeted outreach, with intentional prompts following key provider interactions such as onboarding, contracting, and expansion requests. Feedback trends will continue to inform workflow refinements, staff training, and performance discussions, ensuring the provider experience remains a core driver of operational decision-making and continuous improvement.
- Provider Recognition:
  - *[PNM] is so amazing if she don't have the answer she sure will get it. I'm thankful for her and grateful.*
  - *Thank you for you assistance and patience.*
  - *[Credentialing Specialist] was very helpful and responded quickly to my questions. She is very professional.*
  - *[PNM] is very courteous and helpful when contacted.*
  - *Excellent job !!!.*

**Program Compliance Committee Meeting  
Utilization Management – Quarterly Report  
Marlena J. Hampton, MA, LPC – Director of Utilization Management  
January 14, 2026**



**Main Activities during Quarterly Reporting Period:**

- Timeliness of UM Decision-Making
- MI Coordinated Health (MICH HIDE SNP) Transition
- Self-Determination/Self-Directed Services (SD/SDS)

**Progress On Major Activities:**

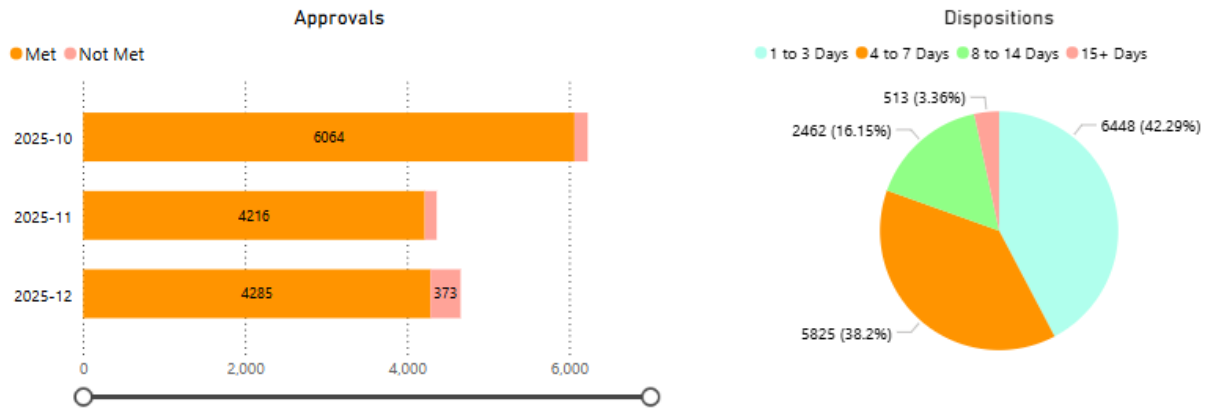
**Activity 1: Timeliness of UM Decision-Making**

- *Description:* DWIHN Utilization Management reviews standard and expedited authorization requests for several lines of business, including (but not limited to) outpatient services, substance use disorder (SUD) services, General Fund, Autism services, and Waiver programs.

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.

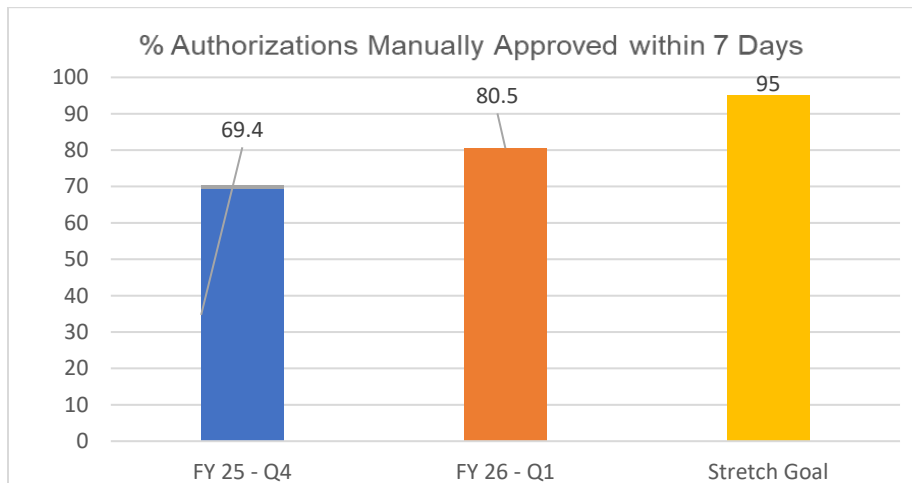
- *Current Status:* Beginning on January 1, 2026, payers are required to make decisions for all standard, non-urgent requests within seven (7) calendar days. As noted in previous reports, we were previously allotted fourteen (14) days to render dispositions on these requests.
- *Significant Tasks During Period:*
  - Consultation with DWIHN directors to discuss ongoing transitions in CCBHC oversight and sunsetting the MI Health Link demonstration.
  - Completion of pre-delegation audits for Integrated Care Organizations (ICO) participating in the Highly Integrated Dual Eligible Special Needs Plan (MICH HIDE SNP) program, which includes monitoring of timeliness standards.
- *Major Accomplishments During Period:*
  - The Utilization Management prior authorization review teams continue to focus on their overall decision-making timeliness. In the 1<sup>st</sup> Quarter, the Utilization Management prior authorization review teams manually approved 97% of authorization requests within fourteen (14) calendar days.

Quarter 1 – FY 2026



We continue to track the percentage of authorizations manually approved within seven (7) calendar days, in anticipation of the January 1, 2026, transition.

- In Q1, we manually approved 12,273 authorizations (80.5%).



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

- **Plans:**
  - The integration of Residential Services authorization data into the Utilization Management approvals dashboard.
  - Explore the use of technology, along with the intensive review of authorization procedures and service utilization guidelines, to assist with improved efficiency and further improve disposition time and service delivery.
  - Creation of a public dashboard displaying UM prior authorization timeliness.
  - With the support of the Chief Medical Officer, evaluate opportunities for process improvement via expansion develop a process to increase the breadth of clinical review for standard, non-urgent authorization requests.
  - Development and implementation of an internal performance improvement plan with focus on SUD authorizations.
  - Continue monitoring individual staff progress with coaching as appropriate.

## **Activity 2: MI Coordinated Health (MICH HIDE SNP) Transition**

- *Description:* MI Coordinated Health (MICH) is a Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP) for Michigan adults, aged 21 or older, that are enrolled in both Medicare and Medicaid. This program replaces the MI Health Link (MHL) demonstration, which ended on December 31, 2025.
- *Current Status:* Utilization Management has completed several audits and system updates to ensure the department meets requirements for current delegation responsibilities (MHL), as well as the implementation of MICH HIDE SNP contracts. All activities are aligned with contractual, accreditation, and compliance requirements.
- *Significant Tasks During Period:*
  - Completion of pre-delegation audits for participating health plans prior to contract execution.
  - Review and update of policies and procedures to align with new plan requirements.
  - Participation in weekly interdepartmental meetings to discuss transition needs & plan updates.
- *Major Accomplishments During Period:*
  - The department completed all scheduled pre-delegation (MICH HIDE SNP) and delegation (MHL) audits for the current cycle.
- *Needs or Current Issues:*
  - Our contracted MICH HIDE SNP health plan partners have limited demographic information, including number of member/enrollees that DWIHN will serve. This makes it difficult to plan for staffing needs, procedural updates, etc.
- *Plans:*
  - Continued monitoring of initial implementation, including close consultation with the Integrated Healthcare (IHC) team.

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

- *Description:* Self-Directing Services (SD) is a partnership between Detroit Wayne Integrated Health Network and members using specialty mental health services. Self-directing services are a method of service delivery that shifts budget authority and control of services to the person, as identified in their Individual Plan of Service (IPOS). Based on services authorized in the IPOS, the members select qualified service providers of their choice. The costs of services is outlined in an individual budget and managed by the person through a Financial Management Service (FMS).
- *Current Status:* More than 1,300 members self-direct their services. At the time of this report, 1,377 members were enrolled. This reflects a 0.5% increase since the start of the fiscal year, when we served 1,370 members.

- *Significant Tasks During Period:*
  - The SD team continues to move forward with system improvements to streamline the process for our members and participating providers, including:
    - Renewed Self-Determination/Self-Directed Services “roadmap” for use with interested families and supports coordinating agencies.
- *Major Accomplishments During Period:*
  - The last 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, was held on December 11, 2025.
- *Needs or Current Issues:*
  - Though members have the flexibility to use more or fewer services as they determine, it is still expected that members utilize 100% of services by the end of the authorization/IPOS period; the MDHHS standard is +/- 10%.
 

Upon review of IPOSs expiring within the next thirty (30) days (n=149), the available data suggests that most members are utilizing less than 80% of their services.

    - 30.2% of members (n=45) have appropriate utilization of authorized services.
    - 69.8% of members (n=104) have utilized less than 80% of services.
      - 25 of the 104 members have used less than 10% of their authorized services. The team will confirm and monitor member status in the Self-Directed Services program.
- *Plan:*
  - DWIHN will continue the Partners Advancing Self-Determination (PAS) group locally to continue growth, education, and opportunities for process improvement.
  - The SD team will focus on process improvement with emphasis on monitoring service utilization.

### **Quarterly Update:**

- **Things the Department is Doing Especially Well:**
  - Continued interdepartmental collaboration to assist with improving UM program efficiencies with particular emphasis on Integrated Healthcare, Substance Use Disorders, Customer Service, and Fiscal Informatics & Analytics.
- **Identified Opportunities for Improvement:**
  - Targeted review of Service Utilization Guidelines functionality and its impact on authorization requests from DWIHN and provider standpoints.
- **Progress on Previous Improvement Plans:**
  - Utilization Management, with support from Quality, reviews progress in 2024 corrective action plan. Results are reported to HSAG for approval.

**Program Compliance Committee**  
**Associate Vice President of Clinical Operations' Report**  
**January 14, 2026**



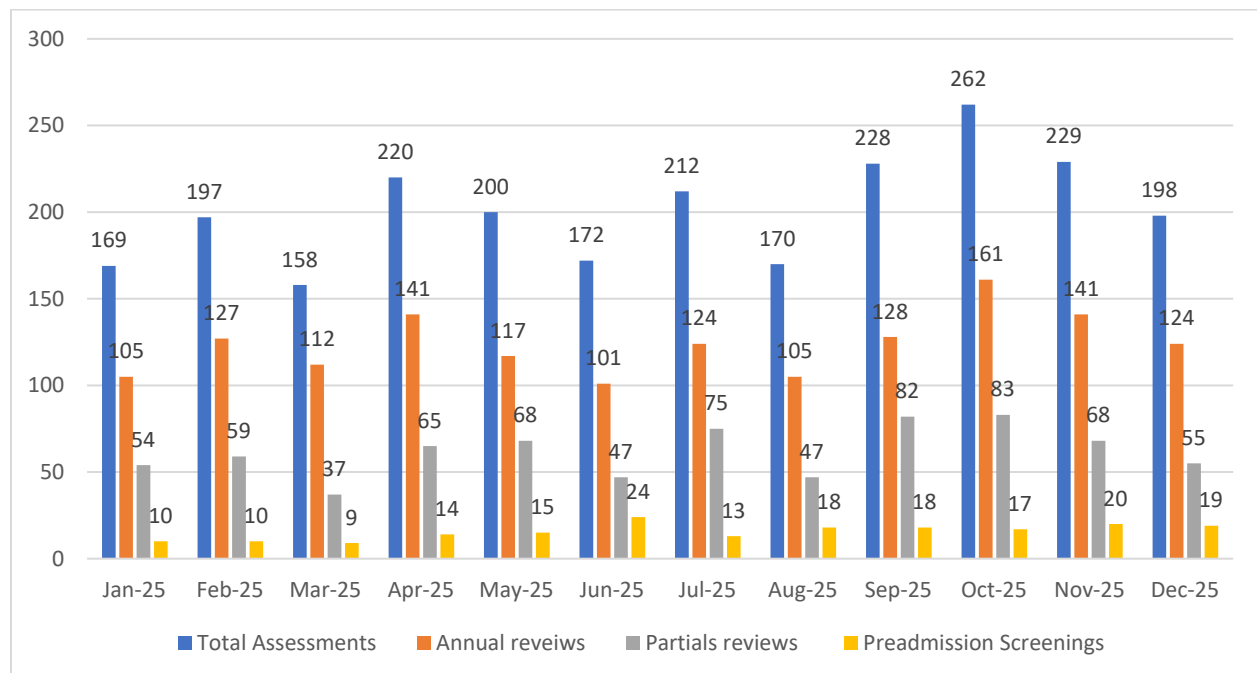
**CLINICAL PROGRAM UPDATES**

**INTEGRATED HEALTHCARE SERVICES:**

The OBRA program plays a critical role in ensuring that individuals with behavioral health or intellectual/developmental disabilities receive appropriate care before entering nursing facilities. Each referral—whether from hospitals, community sources, or nursing homes—triggers a preadmission review within four (4) days or an annual review within 14 days. This process safeguards members by confirming the right level of care and preventing unnecessary institutionalization.

December marked a period of strong performance and growing demand. OBRA processed 613 referrals, with 285 assigned for assessment and 198 completed. Additionally, 313 cases were triaged, and exemption letters were issued, indicating no assessment was needed. This represents an increase of 42 assessments compared to the same month last year. Notably, hospital referrals continue to rise, yet staff consistently meet the four-day turnaround requirement while reducing the 14-day annual review queue by 100 cases—a significant operational improvement.

The team’s productivity remains a highlight, with most staff completing more than five (5) assessments weekly and the OBRA Occupational Therapist averaging seven (7). Looking ahead, the focus is on leveraging full staffing resources and cross-training initiatives to accelerate annual review completions. These efforts position OBRA to sustain compliance, manage growing referral volumes, and maintain timely, member-centered care.



## **CHILDREN’S INITIATIVES:**

On December 4, 2025, the Children’s Initiative Department hosted its Annual Report to the Community event, “Our Community, Our Story,” fulfilling a key deliverable for the System of Care Block Grant. This gathering served as an opportunity to reflect on Fiscal Year 2025 achievements in meeting the needs of children, youth, and families across Wayne County. The report highlighted progress toward four (4) core goals: increasing access to services, improving service quality, amplifying youth and parent voice, and strengthening the workforce.

The event drew strong engagement, with 89 of 98 registered attendees—including providers, community partners, stakeholders, and representatives from the Michigan Department of Health and Human Services—coming together to celebrate shared accomplishments. Participants received the System of Care Report booklet, now available on the DWIHN Children’s Initiative webpage, which summarizes key milestones from the past year. The program featured keynote speaker Andrew Griffin, who delivered an inspiring message titled “Rewriting the Vision,” and honored five (5) individuals with awards recognizing their contributions to advancing children’s services.

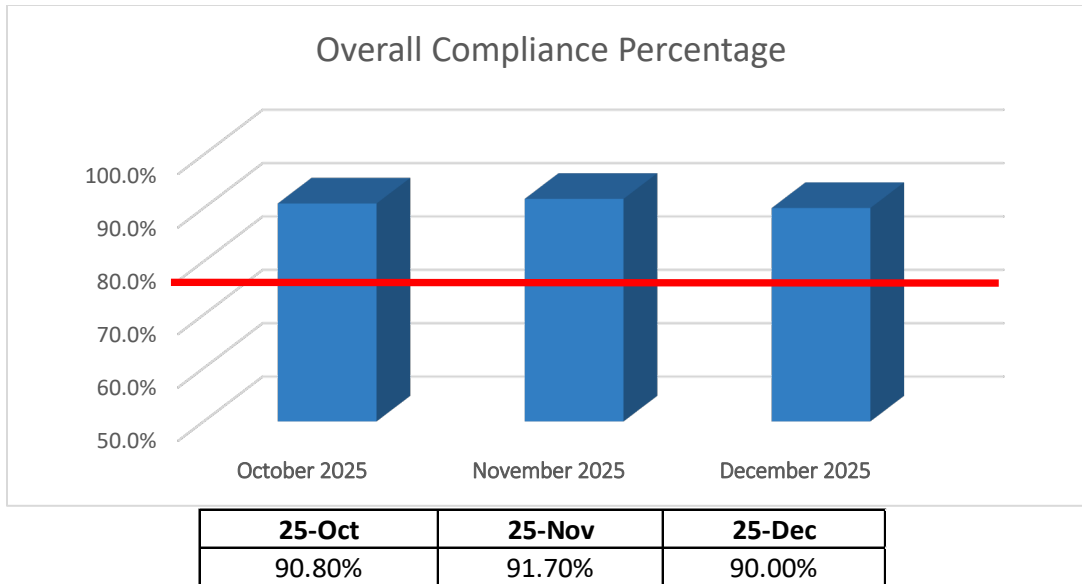
Looking ahead, the focus remains on addressing persistent barriers to mental health services for children, youth, and families while continuing progress on System of Care Block Grant goals. Planning is already underway for the next Report to the Community event in December 2026, ensuring that the momentum and collaboration fostered this year carry forward into future efforts.

## **RESIDENTIAL SERVICES:**

Throughout December, the Residential Services Department continued its commitment to quality by reviewing assessments completed by Residential Care Specialists (RCS). These audits, conducted by department managers, ensure that assessments meet baseline performance expectations and provide the necessary information to determine medical necessity and level of care for members. This process is critical to maintaining accuracy and thoroughness in service delivery.

During the month, managers within the Adults with Mental Illness (AMI) and Intellectual and Developmental Disabilities (I/DD) units completed two audits for each RCS conducting assessments, measuring performance against an 80% benchmark. Since the implementation of the residential audit tool in May 2025, average scores have improved by approximately 10%, signaling stronger assessment quality and growing staff proficiency. This progress reflects the department’s focus on continuous improvement and accountability.

The audit process also identified two areas for improvement, with 73.3% of completed assessments documenting that the case holder of the Clinically Responsible Service Provider (CRSP) was made aware of the assessment recommendations and 78.3% of assessments documenting the placement preference of the member. Addressing these gaps will remain a priority as the department works to strengthen consistency and ensure comprehensive documentation. Moving forward, the team will continue leveraging the audit tool to drive quality and support better outcomes for members.

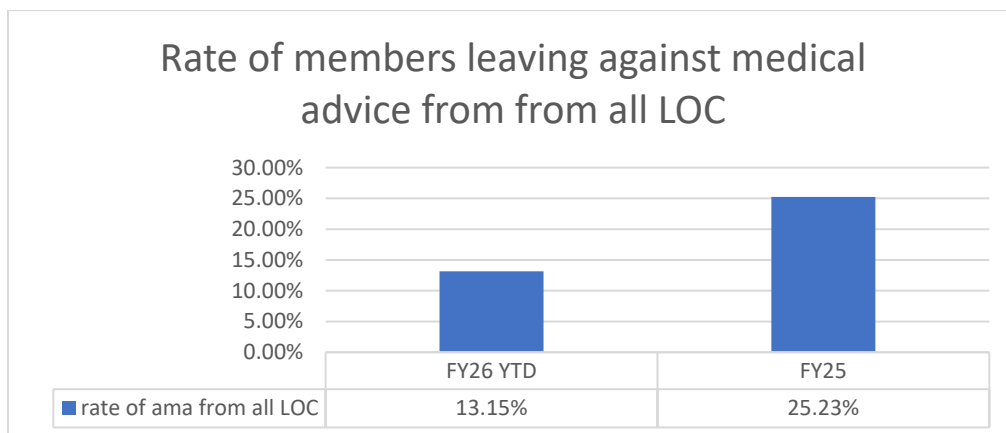


**SUBSTANCE USE DISORDER INITIATIVES:**

Leaving a substance use disorder program against medical advice (AMA) occurs when a patient voluntarily exits treatment before the provider team recommends discharge. This early departure can disrupt care continuity and impact recovery outcomes, making AMA rates an important measure of program effectiveness and engagement.

For Fiscal Year 2026, AMA rates have shown notable improvement, currently 1,208 basis points lower than the previous year. This reduction reflects a positive trend compared to withdrawal management programs and demonstrates a larger margin of improvement during the winter months, when AMA rates historically decline. These gains suggest that retention strategies and seasonal factors are contributing to better patient adherence.

Looking forward, the priority is to ensure that providers have actionable plans to further reduce AMA rates. The department will collaborate with service providers to develop retention policies and strategies aimed at sustaining this progress and supporting patients through the full continuum of care.





**VP of CLINICAL OPERATIONS' REPORT**  
**Program Compliance Committee Meeting**  
**Wednesday, January 14, 2025**

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

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

**AUTISM SPECTRUM DISORDER (ASD) – Director, Cassandra Phipps/Rachel Barnhart**  
*Please See Attached Report*

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

**PIHP CRISIS SERVICES – Director, Daniel West**  
*No Monthly Report*

**CUSTOMER SERVICE – Customer Service Adm., Bonnie Herndon**  
*Please See Attached Report*

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

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

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

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

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

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

**DWIHN Access Call Center**  
**Yvonne Bostic, MA, LPC (Call Center Director)**  
**Monthly Report: December 2025**  
**Date: 1/14/2025**



**Main Activities during December 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 December 2025:
    - % Abandoned Goal is < 5% **(1.0%)**
    - Avg. speed to answer Goal <30 sec. **(:07 sec)**
    - % of calls answered Goal > 80% **(98.0%)**
    - Service level Goal >80% **(96.0%)**

Queues	Incoming Calls	Calls Handled	Calls Abdoned . /Hang Ups	% Abdoned.	Avg. Speed to Answer	Average Call Length	% of Calls Answered	Service Level
Call Reps	14,841	14,535	90	1%	7s	4m 38s	98%	96%
SUD Techs	4,087	3,888	120	3%	37s	14m 57s	95%	89%
Clinical Specialist	2,006	1,718	171	9%	1m 34s	21m 38s	86%	73%
<b>November 2025 Totals</b>	<b>13,951</b>	<b>13,631</b>	<b>96</b>	<b>1%</b>	<b>7s</b>	<b>4m 47s</b>	<b>98%</b>	<b>95%</b>
<b>December 2024 Totals</b>	<b>14,858</b>	<b>14,383</b>	<b>226</b>	<b>2%</b>	<b>12 sec</b>	<b>5:39 mins</b>	<b>97%</b>	<b>91%</b>

- For the month of December 2025 there were 14,535 calls handled by the access call center. This is 904 more calls than the previous month (November 2025 – 13,631 handled calls).
  - Of the total number of calls handled (14,535) for the month of December 2025:
    - (27.0%) calls handled for SUD services
    - (12.0%) calls handled for MH services



- **Needs or Current Issues:**
  - None
- **Plan:**
  - Continue to work on Genesys System application updates- Knowledge Base and Satisfaction Surveys (ongoing)
  - Monitor call flows, smartsheets and fax queue; Make adjustment to staff schedule to ensure coverage during high volume times to maintain compliance with timeliness (ongoing)

**Activity 2: Appointment Availability – Intake appointments (MH and SUD) 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).

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

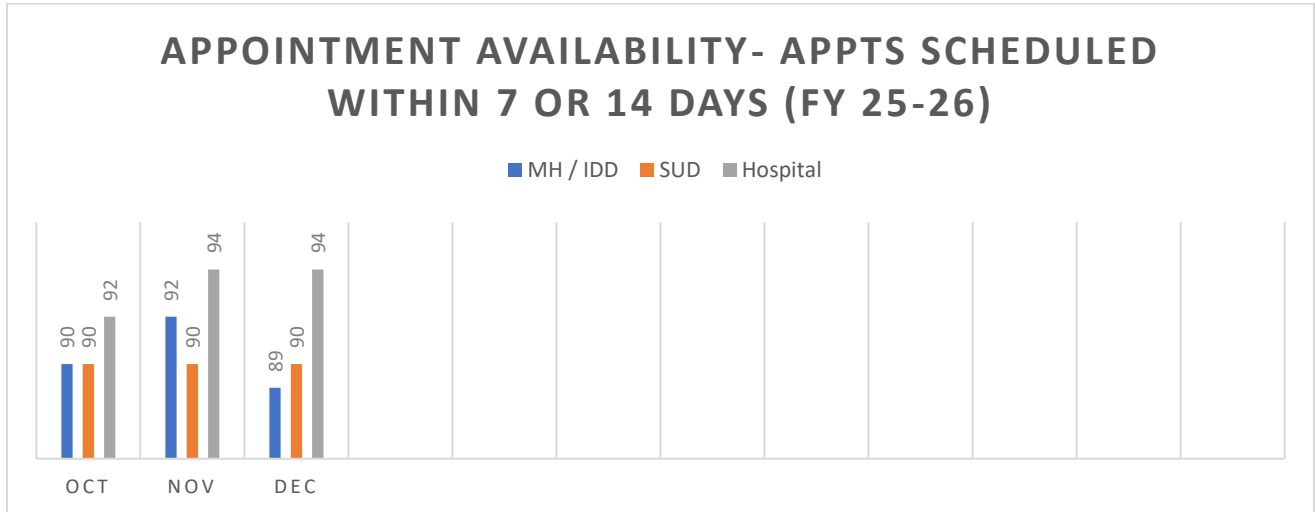
**Summary:**

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 **December 2025** there were 1033 MH (SMI - 613, SED - 198, I/DD- 24 (adult) / 65 (child), ASD Eval -133) appointments scheduled. There was a 3% decrease in appointment availability in this area from November to December (Sep 90.3%, Oct 90%, Nov 92%, **Dec 89%**).
  - For the month of **December 2025** there were 868 Hospital Discharge follow up appointments scheduled through the DWIHN Access Call Center (Adult 800, Child 68); appointment availability was 94%; which is the same as last month (Sep 97.5%, Oct 92%, Nov 94%, **Dec 94%**)

- For the month of **December 2025** there were 1386 SUD appointments scheduled; SUD appointment availability was 90% which is the same as last month (Sep 90%, Oct 90%, Nov 90%, **Dec 90%**).

**Monthly Comparison Chart:**



- **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 for Child DD intake appointments for ABA support coordination and ASD evaluation appointments with independent evaluators (Sprout, Social Care Administrators (Aka Mcrory Center) and The Children’s Center
- **Plan:**
  - Continue to meet with CRSP to identify more intake appointment opportunities (ongoing).

**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 HAP 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 and Monthly Comparison Chart:**

- For the month of December 2025, there were 3 MI HEALTH LINK referrals and 100% were processed within 14 days or less.

<b>Month FY 25/26</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>
<b>% processed timely</b>	100%	100%	100%									

**Needs or Current Issues:**

- None

**Plans:**

- Inform staff of the updates to this program; transition from MI HEALTH LINK to HIDE D-SNP (Highly Integrated Dual Eligible Special Needs Plan)
  - This transition will take place over the next several months with the new HIDE D - SNP program launching on January 1, 2026
  - Staff will register with MI-Login to access the Care Connect 360 referral queue and database

**Program Compliance Committee Meeting  
Autism Services Department  
Program Compliance Committee Meeting  
January 14, 2026**



**December 2025 Monthly Report**

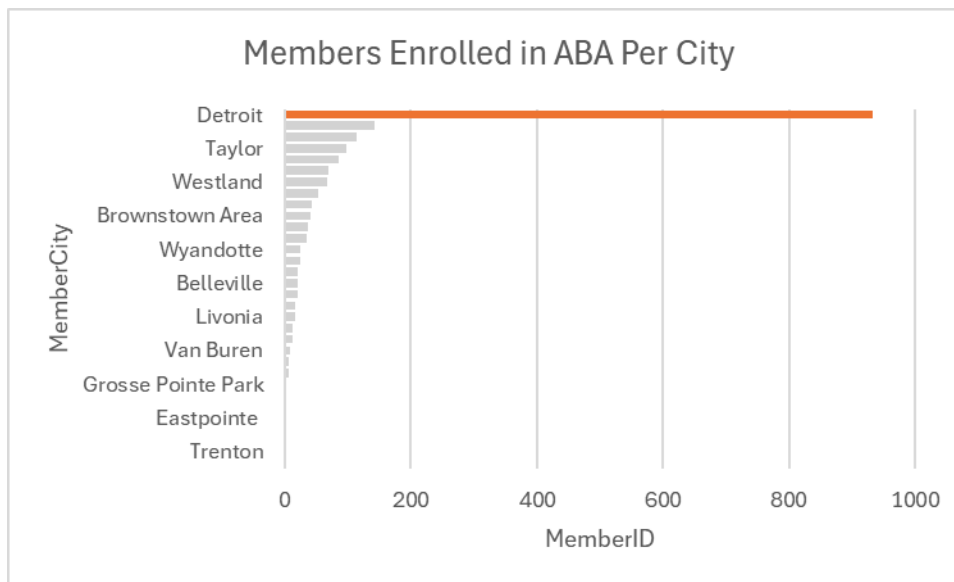
**Main Activities during Reporting Period:**

- Activity 1: Network Capacity
- Activity 2: Geographic Access to Autism Services

**Activity 1: Network Capacity**

**Description:** The goal is to ensure there are adequate Autism Providers available to provide autism services in Wayne County. Contracted ABA providers must report availability to receive referrals per agency location per month. According to the FY26 Statement of Work included the expectation for each ABA Provider to service a minimum of 50 youth per agency.

**Current Status:** According to FY25 ABA Provider availability approximately 15–20 ABA providers reported openings during the year for both center-based and in-home locations. Reported openings were often limited to specific locations or short timeframes and tended to concentrate in cities such as Detroit, Dearborn, Livonia, Canton, and St. Clair Shores. As a result, access varies based on referral timing, geographic location, and service type. The graph below depicts total enrolled members in ABA therapy per city for FY25. Out of the 32 cities enrolled members resided the three largest enrollments were Detroit at 933, Dearborn at 143, and Downriver at 114 with the top three ABA providers with the most availability being Centria Healthcare, Gateway Pediatric Therapy, and Brightview Care.



**Significant Tasks During Period:** Reviewed monthly provider availability data across the network to better understand capacity trends over time. This data was analyzed by geographic area, service model, and duration of reported openings to identify patterns that impact access. Findings from this review were used to support internal discussions related to referral timing, placement feasibility, and access expectations.

**Needs or Current Issues:** Available capacity remains concentrated in select geographic areas, which limit consistent access across the network and can affect referral timing and placement options for families in other communities.

**Plan:**

- Incorporate geographic and timing considerations into referral guidance and access planning
- Shift capacity discussions from overall provider count to access reliability and redundancy

## Activity 2: Geographic Access to Autism Services

**Description:** Goal to improve access to services for youth requesting autism services.

**Current Status:** As the provider network has expanded under the Request for Qualifications (RFQ), overall capacity has increased; however, geographic access remains uneven across the county. Several areas continue to have limited physical provider presence, including southern Wayne County communities such as Downriver community (Brownstown and Woodhaven), Eastside community (Eastpointe and Harper Woods), and outer-edge areas including South Lyon and Saline, where families often face unavoidable travel to access services.

**Significant Tasks During Period:** Countywide access patterns were reviewed with leadership during the Autism Services Access and Workflow Review to better understand how geography impacts timely entry into services. This review highlighted how location, availability, and referral acceptance interact to create access delays in certain communities.

**Needs or Current Issues:** Although in-home services are available it is not adequate to meet the need for ABA services. Also, in several areas families face additional coordination steps or travel due to limited local options. These geographic access challenges need to be addressed to improve access to ABA services.

### Plan:

- Use geographic gap findings to inform future contracting, RFQ considerations, and network development strategies
- Align geographic access improvement efforts with MHWIN integrated workflow redesign priorities identified by leadership
- Support ongoing collaboration across Access, Support Coordination, and provider partners to mitigate access risks in underserved areas

## Monthly Update

### Things the Department is Doing Especially Well:

- Completed site reviews for Behavior Frontiers and Inspired Minds
- Held a close-out review meeting with Illuminate ABA Therapy
- Conducted an Access Committee review of four provider expansion requests
- Supported Board action for Sprout Evaluation Center
- Met with Bright Behavior Therapy to review utilization data and trends
- Held a meeting with the Customer Service Department to discuss future training needs and modifications to the due process procedure
- Drafted the Comprehensive Diagnostic Evaluation Engagement and Re-engagement Procedure
- Advanced revisions to Autism Service Policy in PolicyStat
- Provided provider onboarding training for Euro Therapies and Hope Network

**DWIHN Outpatient Provider Meeting:** Children Initiative Department presented the following agenda items during 12/5/2025 meeting for Outpatient Providers:

- **Michigan Department of Health and Human Services (MDHHS) Bulletin 25-56 Autism Services and Ancillary Services**  
Beneficiaries diagnosed with Autism Spectrum Diagnosis meeting medical necessity for occupational therapy, speech therapy, and or physical therapy can be assessed by the prepaid inpatient health plan (PIHP) for eligibility to receive behavior treatment plan services.

**Improving Practices Leadership Training (IPLT):** Presented the following policies during the December 2025 IPLT meeting to discuss with Providers for feedback:

- Autism Eligibility Services - *Feedback*

### Identified Opportunities for Improvement:

- Simplify and connect Autism intake, referral, enrollment, case transfers, and authorization processes within MHWIN
- Avoid repeating behavioral assessments when children change providers to reduce delays and unnecessary work for families
- Improve communication and coordination between Support Coordinators, providers, and families during transitions
- Create centralized tracking to better monitor access, service quality, and overall system performance

**Progress on Previous Improvement Plans:**

***ABA Service Delivery Performance Improvement Plan (PIP):*** Submitted FY25 Autism Services Performance Improvement Plan report to Quality Department.

## Program Compliance Committee Meeting

January 14, 2026

### Children's Initiative Department

December 2025



#### **Main Activities during the Reporting Period:**

- Activity 1: Annual System of Care Report to the Community
- Activity 2: Juvenile Justice Services Redesign
- Activity 3: SEMPQIC Grant

#### **Progress On Major Activities:**

##### **Activity 1: Annual System of Care Report to the Community**

**Description:** On 12/4/25, Children Initiative Department hosted the Annual Report to the Community “Our Community, Our Story” as a deliverable for the System of Care Block Grant.

**Why is this Important?:** Showcase Fiscal Year 2025 highlights and accomplishments for meeting the needs of children, youth, and families in Wayne County regarding 4 main goals: 1). Increasing access to services, 2). Improve quality of services, 3). Increase youth and parent voice, and 4). Improve quality of workforce.

**Current Status:** Children Providers, community partners, stakeholders, and Michigan Department of Health and Human Services (MDHHS) representatives were present for the event. Out of 98 registered, 89 were in attendance.

**Significant Tasks and Major Accomplishments:** Attendees received a copy of the System of Care Report to the Community Report program booklet which provides a summary of system of care accomplishments for Fiscal Year 2025 this available on DWIHN Children Initiative webpage. In addition, Andrew Griffin was the keynote speaker who spoke on the message “Rewriting the Vision.” In addition, 5 awards were given to recognize those in the community who have been influential in the advancement of children services. The award categories included: Stakeholder, Caregiver, Fatherhood, Youth, and Advocate awards.

**Needs or Current Issues:** Continue to address barriers of community mental services for children, youth, and families in Wayne County.

**Plans:** Continue to complete the goals and deliverables associated with the System of Care Block Grant. Prepare for the next Report to the Community event scheduled for December 2026.

##### **Activity 2: Juvenile Justice Services Redesign**

**Description:** Goal to ensure youth involved in juvenile justice system are connected to community mental health services. Effective 9/30/2025 Wayne County Juvenile and Youth Services (JYS) discontinued as the Intergovernmental Agreement (IGA) between Wayne County, Assured Family Services (AFS), and DWIHN for providing clinical and care management services. As a result, DWIHN issued a Request for Proposal to identify a new Provider to receive referrals for youth on probation seeking community mental health. The new Provider selected from the RFP is Team Wellness.

**Why is this Important?:** It is important to meet the behavioral health and integrated health needs of youth on probation in Wayne County for the following reasons:

- High risk population
- Involved in multiple systems (school, foster care, community mental health, hospital)
- Limited access to resources and experience social determinants of health (housing, education, transportation, health)
- Racial & Socioeconomic disparities
- Trauma and Stigma
- Lack of trust and motivation to change

**Census:** During FY25, 466 youth were on probation; in which 65.75% of the youth on probation were connected to community mental health services.

**Significant Tasks and Major Accomplishments During Period:** In October 2025 Children Initiative Department hosted trainings to the Care Management Organizations and Children Providers of the new Juvenile Justice Redesign. Another meeting was held with Care Management Organizations in December 2025 to discuss the status of adhering to the new process and procedure of submitting referrals for youth on probation for FY26.

**Needs or Current Issues:** Care Management Organizations identified the following barriers: 1). Unsure how to submit referrals to Team Wellness via the JAIS electronic health record system, 2). Youth on probation discharging for residential placement have a lapse in medication post discharge, 3). Guidance of how Children Providers to provide mental health services 180 days prior to discharge from residential, and 4). Ensure adequate data reporting for youth on probation from Wayne County, Team Wellness, DWIHN, and CCBHC Providers.

**Plans:** The next CMH/JJ Partnership Meeting is scheduled 1/6/2026 to discuss the identified barriers and problem solve solutions.

### **Activity 3: SEMPQIC Grant**

**Description:** Southeast Michigan Perinatal Quality Improvement Coalition (SEMPQIC) issued a grant opportunity this month to advance the perinatal initiative for FY26.

**Why is this Important?:** Perinatal health is important to address to support pregnant mothers, postpartum depression, caregivers, and fathers.

**Current Status:** Currently DWIHN offers services to pregnant mothers through the Infant Mental Health (Children Initiative) program and Women's Specialty program (Substance Use Department).

**Significant Tasks and Major Accomplishments During Period:** Children Initiative collaborated with the Network Innovation Community Engagement Department, Substance Use Department, Finance Department, and Communications Department to successfully submit the SEMPIC Grant.

**Needs or Current Issues:** Identify providers and professionals to participate in the grant for Wayne County.

**Plans:** Follow the workplan submitted for the grant including: 1). Train professionals in postpartum depression screenings, 2). Train Providers on the HT2 e-screening through Michigan State University (MSU), 3). Launch marketing campaign on perinatal health during May 2026, 4). Provide data reports for the grant for the progress report and annual report.

### **Monthly Update**

**Youth United Spotlight Awards:** Youth United participated in the following events this month

- Focus Group at The University of Detroit Mercy college

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

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

- Peer to Peer Training: Understanding Parasocial Relationships Clinical Implications in the Digital Age
- Children Mental Health Lecture Series: Creating and Sustaining Personal Systems of Care

**DWIHN Outpatient Provider Meeting:** Children Initiative Department presented the following agenda items during 12/5/2025 meeting for Outpatient Providers:

- **Michigan Department of Health and Human Services (MDHHS) Bulletin 25-56 Autism Services and Ancillary Services** – Beneficiaries diagnosed with Autism Spectrum Diagnosis meeting medical necessity for occupational therapy, speech therapy, and or physical therapy can be assessed by the prepaid inpatient health plan (PIHP) for eligibility to receive behavior treatment plan services.

- **Intellectual Developmental Disabilities Services (IDD) Expansion** – Goal to expand children services for children with IDD among the current provider network to improve network capacity.
- **NCQA Care Coordination** – To meet accreditation requirements requested children providers to provide examples of care coordination for children and youth transitioning to adult services.
- **Performance Improvement Plan Feedback Surveys** – Reminded Children Providers to complete the quarterly feedback surveys for the Children Services Performance Improvement Plans (ADHD Medication Follow Up, Antipsychotic Medication Metabolic Testing, Patient Health Questionnaire for Adolescents)

**Improving Practices Leadership Training (IPLT):** Presented the following policies during the December 2025 IPLT meeting to discuss with Providers for feedback:

- Intensive Care Coordination Wrap Around (ICCW) - *Finalized*
- Autism Eligibility Services - *Feedback*

**Performance Improvement Plans:** Submitted FY25 Children Initiative Performance Improvement Plan report to Quality Department

**Board Actions:** Submitted the following board actions for January 2025 Program Compliance Board Meeting.

- MDHHS Children Initiative Grants (Infant Toddler Court Revision due to increase in funds)
- Children Health Quality Initiative (School Success Initiative Revision to add an additional Provider)
- MC3 (Revision due to change in Provider)
- Autism Services (Revision for Independent Evaluator to receive contract for the remainder of FY26)



**Program Compliance Committee**  
**January 14, 2026**  
**Bonnie Herndon and Dorian Johnson Customer Service**  
**December 2025**

**Unit Activities**

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

**Activity 1: Customer Service Calls**

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

**Reception/Switchboard Reception/Switchboard**

	Number of Offered	Number of Calls Answered	Abandonment Calls	Abandonment Rate Standard <5%	Average Speed Answered (ASA) <30sec)	Service Level Standard 80%	% of Calls Answered Standard 80%
<b>Dec FY 25/26</b>	510	483	5	1%	9sec.	97%	95%
<b>Dec FY 24/25</b>	872	813	9	1%	11sec	94%	93%

**Customer Service Call Center**

	Number of Offered	Number of Calls Answered	Abandonment Calls	Abandonment Rate Standard <5%	Average Speed Answered (ASA) <30sec)	Service Level Standard 80%	% of Calls Answered Standard 80%
<b>Dec FY 25/26</b>	1,136	1061	41	4%	12 sec	91%	93%
<b>Dec. FY 24/25</b>	649	614	24	4%	9 sec	95%	95%



**Significant Activities:**

**Reception/Switchboard Reception/Switchboard**

- The data for FY 25/26 clearly indicates a significant decrease in call volume compared to the previous fiscal year. This drop is primarily due to staff shortages at the front desk, resulting from the resignation of one employee and the termination of another. Consequently, the front desk struggled to maintain adequate coverage, leading to many calls being redirected to Customer Service Call Center representatives. We are confident that resolving these staffing issues will improve our call handling in the future.

In summary, despite the decrease in incoming calls, the Reception/Switchboard service demonstrated impressive efficiency and responsiveness in FY 2025/2026.

**Customer Service Call Center**

- This fiscal year, we have experienced a significant increase in the number of calls received, largely due to staffing shortages at the front desk. When the front desk is understaffed or both team members are occupied with calls, incoming calls are effectively redirected to the customer service representatives' queue. This shift has contributed to the rise in call volume; however, I want to emphasize that we have still successfully met our service level targets and maintained a high percentage of calls answered.

**Activity 2: Grievances, Appeals, and State Fair Hearings**

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

**Complaint and Grievance Related Communications**

	<b>December FY 25/26</b>	<b>December FY 24/25</b>
<b>Complaint/Grievance Correspondence</b>	171	330



### Grievance Processed

Grievances	December FY 25/26	December FY 24/25
Grievances Received	2	6
Grievances Resolved	5	5

### Grievance Issues by Category

Category	December FY 24/25	December FY 23/24
Access to Staff	1	0
Access to Services*	1	3
Clinical Issues	0	1
Customer Service	0	2
Delivery of Service*	2	6
Enrollment/ Disenrollment	0	0
Environmental	0	0
Financial	0	0
Interpersonal*	0	3
Org Determination & Reconciliation Process	0	0
Program Issues	0	0
Quality of Care	0	1
Transportation	0	0
Other	0	0
Wait Time	0	0
<b>Overall Total</b>	<b>4</b>	<b>8</b>

### Grievance Trends

Grievance may contain more than one issue. For December 2025, the trend of the top 3 categories for grievances was in the areas of **Access to staff, Access to Service and Delivery of Service**. For December 2024, the trend of the top 2 categories for grievances was in the areas of Access to Services and Delivery of 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	December FY 25/26	December FY 24/25
Overall Total	0	0

**Appeals: Advance and Adequate Notices**

Notice Group	November FY 25/26		December FY 24/25	
	Adequate	Advance	Adequate	Advance
MI	1028	265	1579	238
ABA	60	17	138	10
SUD	102	71	112	23
I/DD	208	67	248	26
Overall Total	1398	420	2077	297

**\*Appeals Communications**

	December FY 25/26	December FY 24/25
Appeals Communications Received	105	72

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

**Appeals Filed**

Appeals	December FY 25/26	December FY 24/25
Appeals Received	3	4
Appeals Resolved	1	3

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



**DWIIHN State Fair Hearings**

SFH	December FY 25/26	December FY 24/25
Received	0	1

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

SFH	December FY 25/26	December FY 24/25
Received	0	0

**Significant Activity/Accomplishments:**

Grievance:

- **Successfully coordinated with Clinical Practice Improvement to discuss updated Certified Community Behavioral Health Clinic CCBHC grievance process.**
- **Successfully coordinated with SUD to address grievance concerns; new policies and procedures put in place to prevent reoccurrence.**

Appeals:

- Audited 132 Adverse Benefit Determination notices, which is 5% of 2659,
- Two Appeals Cases were for the denial of Home Modifications
- The mediation meeting on December 17, 2025, ended because the guardian refused to continue and abruptly ended the call. The mediation involved Goodwill Industries and ProCare Unlimited.

**Activity 3: 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 Constituents’ 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 4th 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 Advice Advocacy Committee, Engagement Committee, and Empower Committee
- December 11, 2025 hosted a live Peer Chat for the opportunity for socialization, encouragement, and human interaction for those who find holidays depressing or lonely. The Peer Chat continues



to be an active Zoom Event, which allows for casual, relevant conversation for those who may otherwise feel isolated.

- The quarterly member-driven Person Point of View member newsletter, which provided DWIHN updates and member articles on various topics of interest and support Winter Edition was published on December 10, 2025.
- The DeMaria Foundation provided funding for the Dreams Come True Mini-Grant. The ten Member Awardees were provided a \$500 stipend. The \$500 stipends were distributed in December.
- Interviews were held in December for the Customer Service Engagement Unit for the Member Experience Coordinator and Engagement Specialist. The new hires will start in January 2026.
- The Customer Service Engagement Manager is coordinating the National Core Indicators pre-surveys for submission to Michigan Developmental Disabilities Institute at Wayne State University. 306 DWIHN Members will participate in interviews for the required State Survey target of 660 participants.

**Submitted by: Bonnie Herndon and Dorian Johnson, Customer Service 12/8/2025**

**Andrea L. Smith, AVP**  
**Network Innovation & Community Engagement**  
**Program Compliance Committee Meeting**  
**January 14, 2026**

**December 2025**

**Main Activities during Reporting Period:**

- **Monitored justice-involved activities – Co-response Mental Health Teams, 911 Embedded Behavioral Health, Mental Health Jail Navigator, and Detroit Homeless Outreach Team/Peer Support Services**
- **Mobile Clinic Community Outreach, “Beyond the Walls”**
- **Other Meetings – Dual Diagnosis Capable Fidelity Reviews and Community Partner BEAMS**

**Progress On Major Activities:**

**Activity 1:**

Justice-Involved Activities – Co-response Mental Health Teams, 911 Embedded Behavioral Health, Mental Health Jail Navigator, Detroit Homeless Outreach Team

*Description:* Brief description of activity.

During the month of December, there were weekly Detroit Homeless “DHOT” Outreach Meetings. At the time of this report, the teams, CCIH and DWIHN assisted with the 195 encounters and various crises related to housing; approximately 48 individuals/families were connected to behavioral health services, housing/shelter and basic needs in the Metro Detroit area. Identified complex cases and assisted with coordination of care to address individual needs. DWIHN’s team provided 127 encounters, and 18 transports to an SUD or housing shelters.

The Homeless Outreach Peer Specialist encountered 71 individuals residing in various shelters, Cass Community Services, St John, Lakeridge Village and Detroit Rescue Mission Ministries Oasis. Peer support services offer assistance that help individuals toward permanent housing status, obtaining vital records, birth certificates, social security and legal identification. There were 22 individuals connected to DWIHN’s Access services for both mental health and substance use, and other community resources that’s vital toward sustainable housing.

The DPD Communication Center resumed implementation of DWIHN’s mental health call back process, referrals were vetted by the embedded mental health outreach workers. Staff have been restructured to increase capacity and manage mental health-related calls on 24 hour/7 days a week basis. At the time of this report, DWIHN’s 911 embedded behavioral health clinician provided follow-up to 37 individuals and connected to DWIHN and other community resources.

In the month of December, DPD co-responders had an approximate total of 197 encounters (11 mental health non-violent, 18 mental health violent not-armed, 23 mental health violent -armed, and 21 suicide attempts/in-progress), 63 individuals were connected to a service. Various resources were provided for mental health, substance use and unhousing needs.

The Mental Health Jail Navigator connected 18 individuals to DWIHN’s Access Services. In alignment with the original process of jail navigation services, there were 15 recommendations for administrative jail release referrals. Due to criminal justice stipulations, the individuals were not authorized for jail release. The Jail Navigator maintained open communication with the jail health services to ensure the treatment needs of all referred individuals.

The Mobile Outreach Clinic team participated in various events throughout Detroit and Wayne County, offering referrals and coordination to behavioral health services. Michigan weather has required the team to pivot, therefore, all were assigned secondary duties. Approximately 26 individuals received information about accessing DWIHN’s direct care services, Outpatient Clinic, 707 Crisis Care and Mobile Crisis. The primary purpose enhanced accessibility and promoted behavioral and physical health care. At this time, direct services are not being offered, because of not being fully staffed, interviews are underway.

Mobile Clinic Outreach Event Location	Number of Encounters
Noah Project	7
Walker Williams Recreation Center	2
Cass Community -Drop-In Center	17

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

Justice Involved Initiative	Number of Encounters/Screened	Connected to a service/resources/supports
Co-Response Teams	197	63
Mental Health Jail Navigator	18	15
911 Communications Behavioral Health Specialist	37	37
Detroit-Homeless Outreach Team	195	48
Homeless Outreach Peer Support Services	71	22
Mobile Unit Outreach Clinic	26	0

- *Significant Tasks During Period:* DWIHN offered mental health first aid and crisis intervention team and suicide prevention training throughout the reporting month.
- *Major Accomplishments During Period:* At the time of this report, major accomplishments included 544 encounters from all justice-involved teams, and 185 individuals were connected to DWIHN and other community resources.  
The launch of the Mobile Unit Outreach Clinic demonstrates a new chapter in community behavioral health. The team has educated residents about health and wellness, ensuring how to access DWIHN’s services.
- *Needs or Current Issues:*  
The challenges are the lack of housing resources for individuals within Detroit and Wayne County. The point of entry/access is through CAMS, individuals are placed on a list, regardless of housing needs. In addition, follow-up is minimal, individuals report being placed on the list for 2 years or longer. Housing shelters aren’t adequately staffed, and living conditions are deplorable, because of this, individuals decline shelter resources.
- *Plan:*

DWIHN continues to build justice-involved partnerships throughout Wayne County. There have been various discussions on how DWIHN will integrate housing services within its infrastructure. DWIHN has begun collaborating with the Detroit Housing Revitalization CAM Department in hopes of developing more adequate housing supports, such as family shelters.

### **Activity 2: Dual Diagnosis Capable Fidelity Reviews and Community Partner Meetings**

- Continued planning and coordinating Dual Diagnosis Capable Fidelity Reviews with both mental health and substance use providers. The purpose is to learn how the providers are integrating both mental health and substance use disorder interventions, and continuity of care.
- Participated in community partnerships meetings, Building Emotional and Mental Strengths (BEAMS). The planning committee explored ways to involve young people in the planning and execution of Town Hall Meetings and drafted a mission and vision statement.
- **Things Doing Especially Well:**  
Innovation and Community Engagement are reaching the goals and objectives of the Justice-Involved Initiative. Each Team is making a difference in how individuals are connected to the DWIHN provider network. The community is knowledgeable and aware of the collaborative efforts between the City of Detroit, Detroit Police and DWIHN.
- **Identified Opportunities for Improvement:**  
DWIHN continues to build justice-involved partnerships throughout Wayne County.
- **Progress on Previous Improvement Plans if relevant:**  
There are no current improvement plans.

**Integrated Healthcare Monthly Report Vicky Politowski, Integrated  
Healthcare Director  
December 30, 2025**



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

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

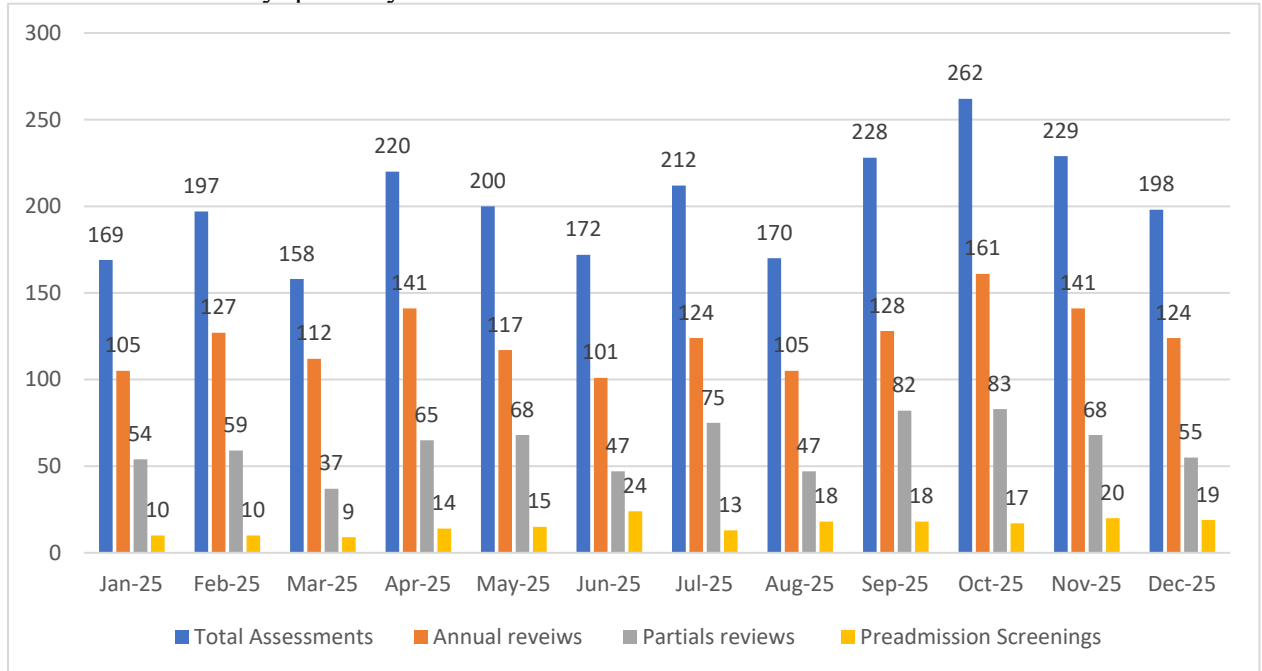
**Activity 1: Complex Case Management**

- **Description:** Complex Case Management (CCM) is an intensive 120-day program that aims to improve individuals' quality of life by connecting them to appropriate community resources and developing support teams that include family, medical, and behavioral health professionals.
- **Current Status:** Complex Case Management is actively expanding the caseload of our staff, which currently includes **21** individuals. In December, Complex Case Management successfully added **5** new cases: three from a provider, and two from the Substance Use Disorder department. Complex Case Management is dedicated to effectively managing these cases and enhancing outcomes for the individuals we serve.
- **Significant Tasks During Period: Major Accomplishments During Period:** Complex Case Management targeted individuals who required hospital care coordination, ensuring they attended their follow-up appointments after hospitalization. A total of twelve members participated in care coordination within the complex case management program, and all twelve successfully made their follow-up appointments following their hospital stays.
- **Needs or Current Issues:** Improve members' follow-up with hospital discharge appointments.
- **Plan:** Complex Case Management is exploring new approaches to engage members. The team plans to present its initiatives to the DWIHN Health Care Quality Member Initiative. Additionally, they will continue utilizing the Vital Data predictive analytics list to connect with members who are at high risk for hospitalization or substance use disorders (SUD).

**Activity 2: Omnibus Budget Reconciliation ACT (OBRA)**

- **Description:** OBRA Assessments are completed for members who have behavioral health or I/DD diagnoses who may need nursing home services. Preadmission reviews are to be completed within 4 days of referral, and annual reviews within 14 days of referral. These referrals come from hospitals, community referrals, or nursing homes.
- **Current Status:** In December, OBRA processed **613** referrals, **285** were assigned to be completed, with **198** fully completed, and **313** were triaged and provided with exemption letters stating they did not need an OBRA Assessment. This is an increase of **42** assessments from December 2024.

- **Significant Tasks During Period:** There continues to be an increase in referrals from the hospital, and staff have completed these within the 4-day time frame. Staff have decreased the 14-day queue by 100.



- **Major Accomplishments During Period:** Staff continue to increase productivity with more than 5 assessments a week. The OBRA Occupational Therapist averages 7 per week.
- **Needs or Current Issues:** OBRA continues to reduce the 14-day annual assessment queue.
- **Plan:** Utilize the full staffing resources to reduce the queue for completing annual assessments. The OBRA trainer is cross-trained to assist the intake specialist, aiding in the faster processing of referrals.

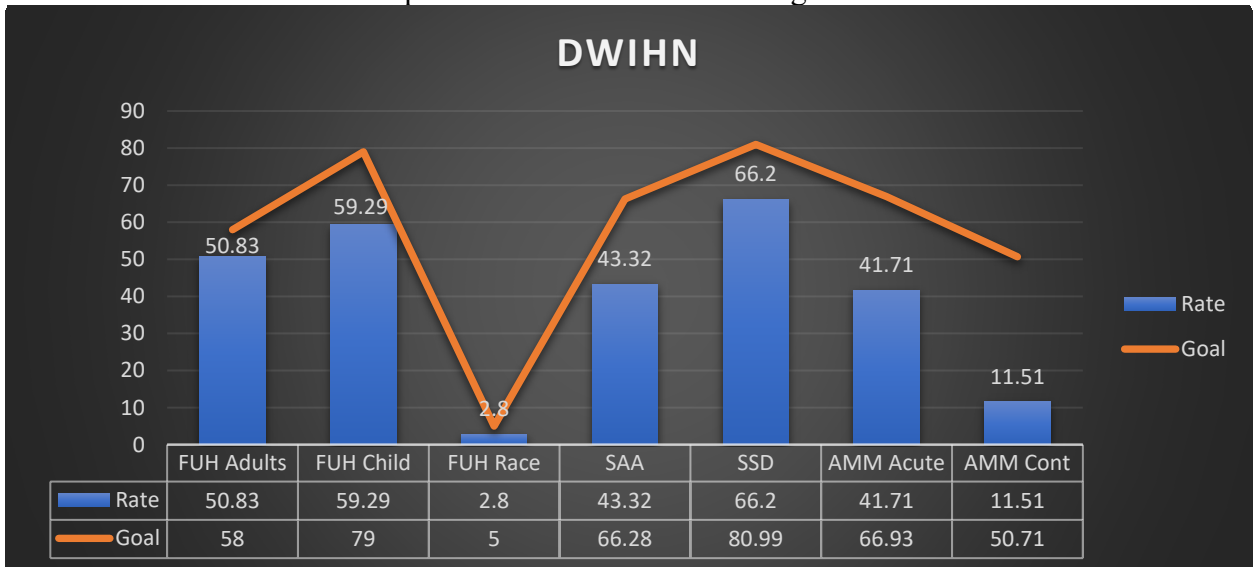
### Activity 3: MI Health Link and HIDE-SNP Pre-Delegation audits

- **Description:** DWIHN is a provider for the MI Health Link demonstration, and each health plan conducts yearly audits to ensure that DWIHN is adhering to Medicare standards of care. MI Health Link will conclude on December 31, 2025, and the new HIDE-SNP program will take effect thereafter.
- **Current Status:** DWIHN is negotiating contracts with two new HIDE-SNP programs: Humana and HAP CareSource. HAP and Humana completed their pre-delegation audits of DWIHN for credentialing, claims, and utilization management. AmeriHealth and DWIHN have signed the HIDE-SNP contract for 2026, and the pre-delegation audit has begun.
- **Significant Tasks During Period:** The IHC Team has worked with all departments on ensuring all policies and procedures that needed Medicare language updates were completed and sent to the appropriate HIDE-SNP audit.

- **Major Accomplishments During Period:** Eight new HIDE-SNP plans will be available, and DWIHN signed care coordination agreements with all of them by 12/31/2025, except United and Meridian, who have not responded to outreach.
- **Needs or Current Issues:** New HIDE-SNP plans were presented at the Outpatient and Residential meetings, as DWIHN will no longer serve as the pass-through for Medicare funds. DWIHN will send out a final memo when the HAP and Humana contracts are complete.
- **Plan:** DWIHN internal departments meet weekly to ensure a smooth transition.

**Activity 4: HEDIS**

- **Description:** HEDIS stands for Healthcare Effectiveness Data and Information Set. It is a national system used in the United States to measure the quality of healthcare. HEDIS is created and maintained by the National Committee for Quality Assurance (NCQA). The goal of HEDIS is to improve healthcare quality, encourage preventive care, and promote better health outcomes. The IHC department has four quality improvement plans: Follow-up After Hospitalization (FUH), Medication Monitoring for Antidepressants (AMM), Diabetes Testing for Individuals with Bipolar or Schizophrenia (SSD), and Medication Monitoring for Individuals on Antipsychotics (SAA).
- **Current Status:** \*Data as of September 2025 due to claims lag\*



- **Significant Tasks During Period:** Every 45 days, QI and IHC collaborate with Clinically Responsible Service Provider (CRSP) to review HEDIS scores, interventions, and identify any barriers to improvement. This month, DWIHN engaged with six providers and seven health plans to share data and enhance care coordination, focusing on addressing health gaps and outstanding HEDIS measures. Additionally, IHC is committed to providing continuous training for providers on the population health management tool, Vital Data Technology, to enhance the monitoring of HEDIS measures and support members who are non-compliant with their care. This month, three providers have been trained.  
IHC has two special projects with two CRSPs that have the highest number of members to improve the scores of SSD. IHC met with them to monitor their improvement.

- ***Needs or Current Issues:*** Many providers have a significant number of members on their disenrollment list. These members continue to generate data even though they are no longer receiving services by a Clinically Responsible Service Provider, and they should not be included in the alignment going forward. DWIHN still lacks access to all Medicare data and can only access MiHealthLink. As a result, when Medicare is billed for services, this information is not fully reflected in the available data. However, VDT data still includes dual-eligible members, which is negatively impacting our scores.
- ***Plan:*** IHC will utilize the new predictive analysis data and CRSP to identify individuals at high risk of hospitalization who may also have substance abuse issues. The goal is to leverage this predictive analysis to reduce the likelihood of these individuals requiring a higher level of care. By doing so, they can continue receiving outpatient services, which will, in turn, improve HEDIS measures.

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

- ***Omnibus Budget Reconciliation Act (OBRA)-*** The number of completed OBRA referrals and assessments has been steadily increasing since 2024, and staff have become more efficient in managing this demand. Cross-training between the trainer and the intake specialist has helped reduce the time it takes to process referrals, allowing them to reach staff more quickly.
- ***Complex Case Management:*** Both staff members in CCM have full caseloads and are opening on average 3 cases a month.
- ***HIDE\_SNP:*** All audits have been assigned to the relevant programs, and the necessary documents are currently being completed.
- ***HEDIS:*** The HEDIS specialist has improved all the educational documentation and is creating more interventions to increase treatment.

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

- ***Omnibus Budget Reconciliation ACT (OBRA)-*** Due to the increase in referrals and the IDD population, OBRA is evaluating whether additional Occupational Therapy is necessary to ensure the timely completion of assessments.
- ***Complex Case Management-*** The team will increase the number of CRSP trainings on Complex Case Management in 2026.
- ***HIDE-SNP-*** This is new for DWIHN and the HIDE-SNP plans, and we must collaborate closely to ensure success. DWIHN holds weekly meetings with HIDE-SNP and internally.
- ***HEDIS:*** Vital Data has developed a new report that allows DWIHN staff to track who is using the HEDIS platform. This report has revealed that CRSP members are not actively monitoring their scores and are relying on DWIHN to do so during the 45-day meetings. The team will present this information to CRSP to clarify the requirements.

**Program Compliance Committee Meeting**  
**Ryan Morgan Director of Residential Services December Report**  
**Date: 1/14/2026**



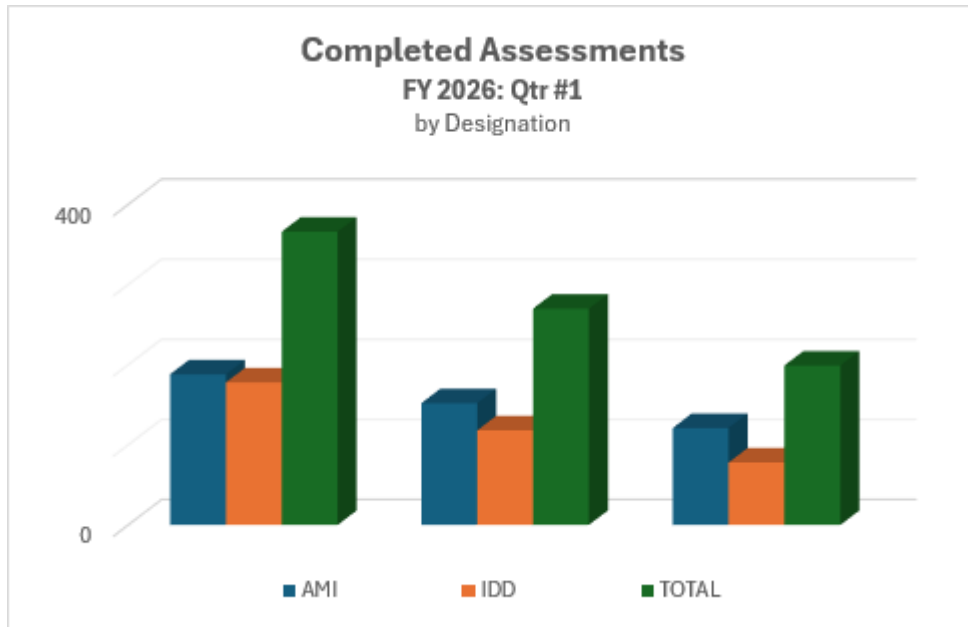
**Main Activities During Reporting Period: December 2025**

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

**Progress On Major Activities:**

**Activity 1: Updating Residential Assessments**

- *Description:* Throughout the course of December, the Residential Services Department continued the process of updating member’s residential assessments. Member’s have assessments completed annually or any time there is a change in the member’s condition. It is important that assessments are updated in order to ensure members receive medically necessary services within the appropriate level of care and individualized treatment. Additionally, updated assessments improve staff preparedness and ensure proper authorization.
- *Current Status:*



		Oct 25	Nov 25	Dec 25
2025	AMI	188	152	121
	IDD	178	118	78
	TOTAL	366	270	199

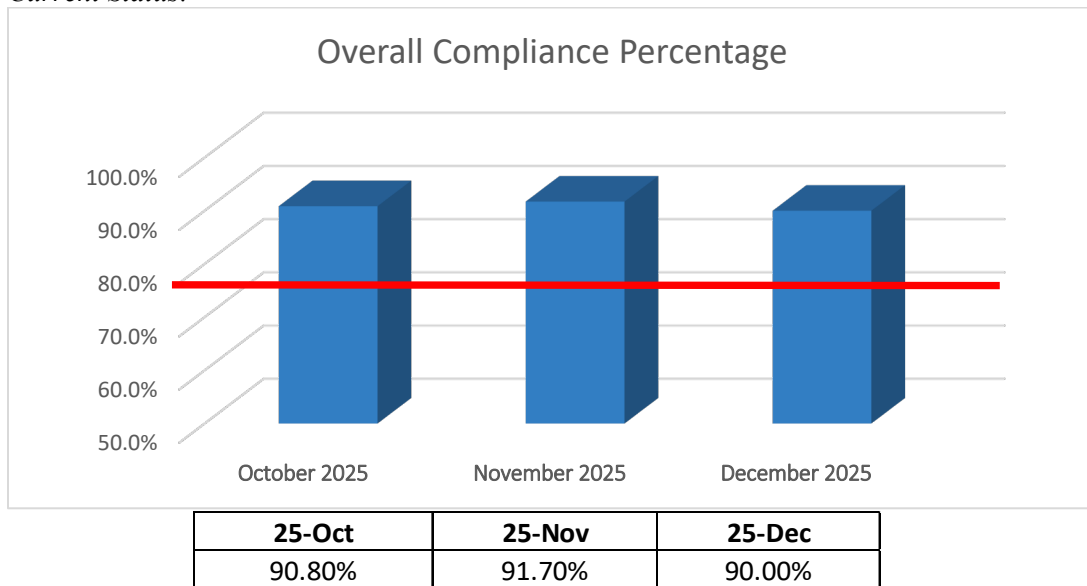
- *Significant Tasks During Period:* During the month of December the Residential Services Department completed (199) residential assessments (121) were completed with adults with mental illness (AMI) and (78) were completed with individuals with intellectual and developmental disabilities (IDD).
- *Major Accomplishments During Period:* The Residential Services Department saw an increase of (191) completed assessments in Quarter 1 of FY25 compared to Quarter 1 of FY26. We were

able to accomplish this by coordinating with Clinically Responsible Service Providers (CRSP) monthly to provide advance notification of members that are due for updated assessments. This helps ensure the entire treatment team is aware that an assessment is due to be completed.

- *Needs or Current Issues:* The entirety of the member’s clinical documentation should be indicative of the needs identified in the Residential Assessment. For example, the member’s Individual Plan of Service (IPOS) and crisis plan should be consistent in addressing the needs that are identified from the assessment. The department is working with Clinically Responsible Service Providers (CRSP) to improve this compliance.
- *Plan:* The Residential Services Department continues to conduct bimonthly trainings with Clinically Responsible Service Providers (CRSP) in order to ensure that clinical documentation is reflective of the member’s needs.

**Activity 2: Residential Audit Tool Outcomes**

- *Description:* Throughout the month of December, the Residential Services Department continued the process of reviewing Residential Assessments that were completed by Residential Care Specialists (RCS) within the department. It is important that a quality review is conducted by department managers in order to ensure the accuracy and thoroughness of completed assessments. Furthermore, the audit tool ensures that staff meet a baseline performance expectation and provide the necessary information that is needed to determine the medical necessity and level of care for the members.
- *Current Status:*



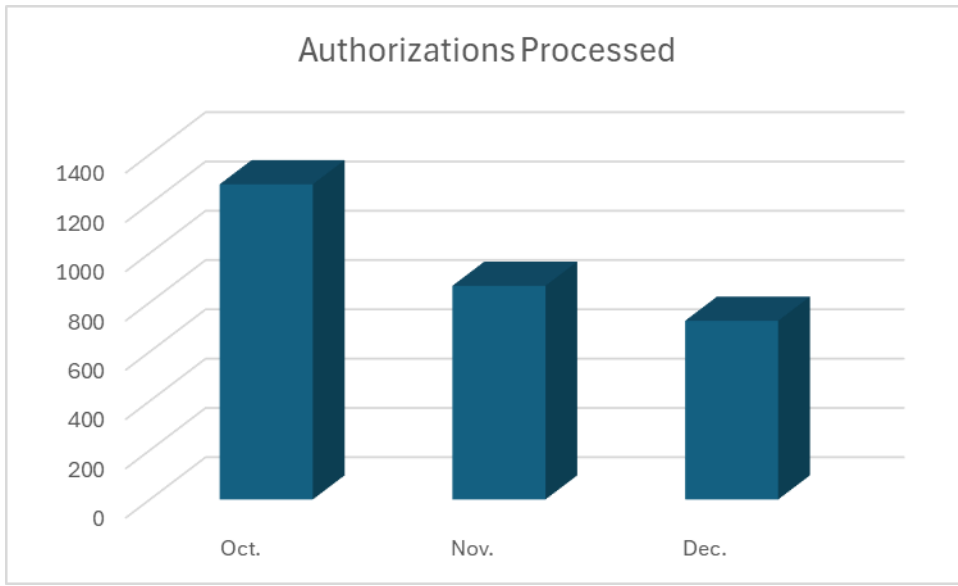
- *Significant Tasks During Period:* During the month of December managers within the Adults with Mental Illness (AMI) and Intellectual and Developmental Disabilities (I/DD) units completed two (2) audits for each Residential Care Specialist (RCS) completing assessments. The department set an (80%) benchmark needed for each completed assessment.
- *Major Accomplishments During Period:* Since the implementation of the residential audit tool in May of 2025 the average score of completed assessments have improved across the department by approximately ten (10) percent. This shows that the overall quality of completed assessments is improving and staff are becoming more adept at completing thorough assessments.
- *Needs or Current Issues:* The Residential Audit tool specifically identified two (2) areas for improvement. Overall, (73.3%) of completed assessments documented that the case holder of the

Clinically Responsible Service Provider (CRSP) was made aware of the assessment recommendations and (78.3%) of assessments documented the placement preference of the member.

- *Plan:* The Residential Services Department will continue to conduct departmental trainings for staff completing residential assessments. These trainings will be conducted in department meetings and individual supervision where department managers will specifically target lower scoring areas.

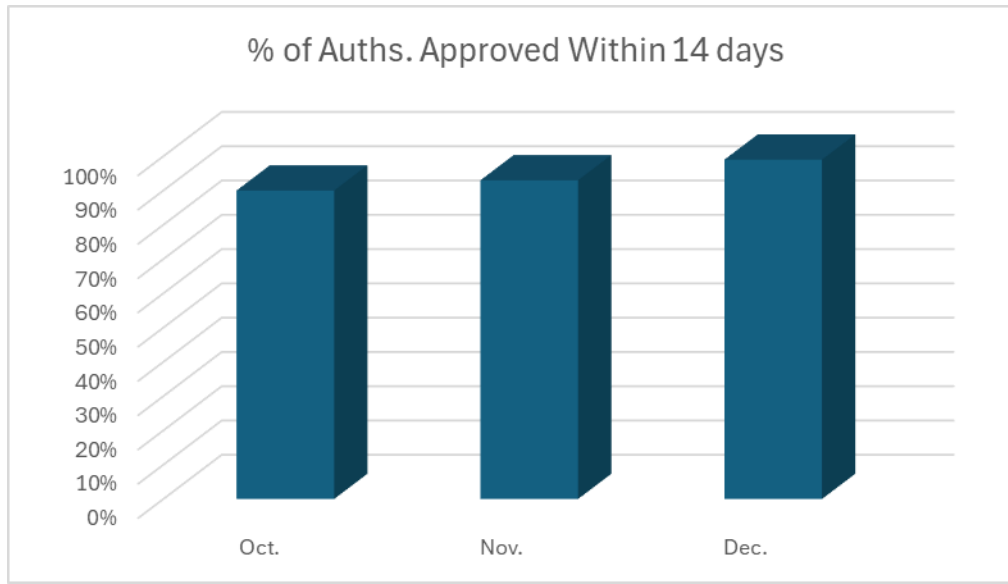
**Activity 3: Monitoring Residential Authorizations**

- *Description:* Throughout the month of December, the Residential Services Department continued the process of monitoring residential authorizations submitted to the department. This includes the number of authorizations processed and the time it takes to approve them. It is important to track this data in order to ensure departmental efficiency, quality care, and responsible use of residential services. Additionally, monitoring residential authorizations helps protect members and providers by ensuring care is appropriate, compliant, uninterrupted, and sustainable.
- *Current Status:*



Residential Authorizations			
	Oct.	Nov.	Dec.
Authorizations Processed	1279	867	725

- *Significant Tasks During Period:* Throughout the month of December the Residential Services Department processed (725) residential authorizations. Additionally, approximately ninety-nine percent (99%) of authorizations were approved within the required fourteen (14) day timeframe.



	Oct.	Nov.	Dec.
% of Auths. Approved Within 14 days	90%	93%	99%

- *Major Accomplishments During Period:* Throughout the first quarter of the fiscal year the Residential Services Department was able to track the average number of days it took for authorizations to be approved. The authorizations unit is approving authorizations within (5.28) days on average.
- *Needs or Current Issues:* Starting January 1<sup>st</sup>, 2026, the expectation for authorizations to be approved will change from fourteen (14) days to seven (7) days. It will be important for staff to work closely with Clinically Responsible Service Providers (CRSP) to ensure that authorizations are submitted and responded to expeditiously.
- *Plan:* The Residential Services Department will conduct trainings with case holders of Clinically Responsible Service Providers (CRSP) focused on authorization efficiency and ensuring that Individual Plans of Service (IPOS) are updated annually.

#### Quarterly Update:

- **Things the Department is Doing Especially Well:**
  - The Residential Services Department was able to work collaboratively with the Information Technology (IT) Department to ensure that completed residential assessments transfer from MHWIN and into the electronic medical record of the Clinically Responsible Service Provider. This function was first piloted with Community Living Services and the Guidance Center then began in late November so that all providers were able to begin utilization in December.
- **Identified Opportunities for Improvement:**
  - The Residential Services Department is working to organize a coordinated effort to identify more high acuity placement providers that can accept individuals with significant behavioral needs. Focus will also be placed on providers that can manage individuals with co-morbid physical and behavioral health needs.

- **Progress on Previous Improvement Plans:**

- In the month of December, the Residential Services Department initiated weekly meetings with the Henry Ford network of hospitals to consult on difficult to place members. These meetings are conducted every Wednesday and are intended to help facilitate communication and problem-solving strategies.

**Substance Use Disorder Initiatives Report, September SFY2025/26**  
**Matthew Yascolt, Interim Director of Substance Use Disorder Initiatives**  
**Program Compliance Committee Meeting**  
**January 14, 2026**



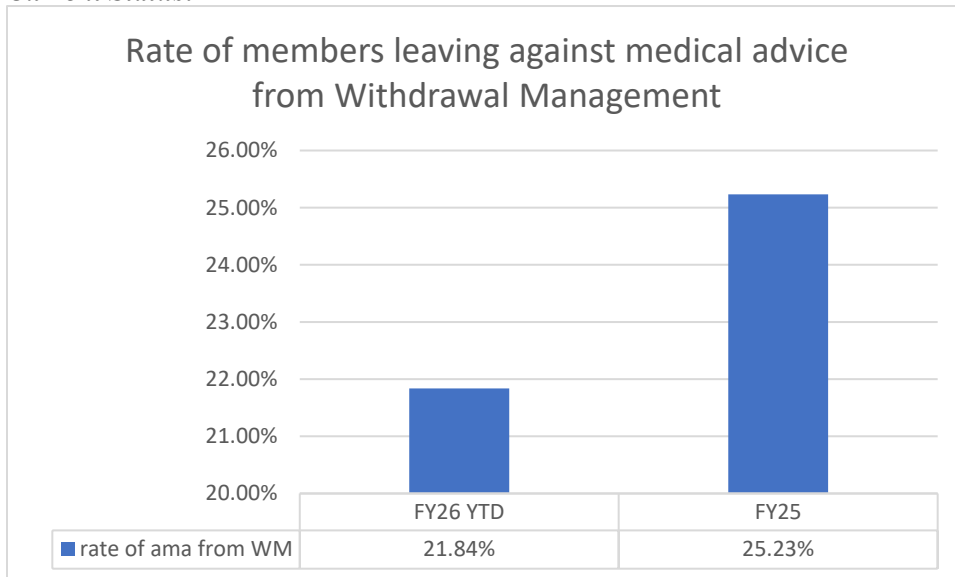
**Main Activities during Jan 2026:**

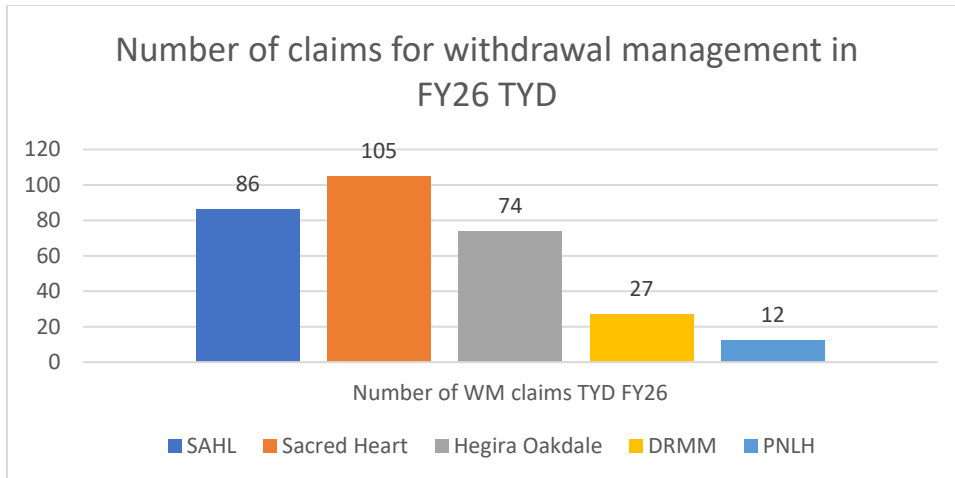
- **An analysis of withdrawal management AMA rates**
- **An analysis of members leaving against medical advice from all levels of care**
- **An analysis of members leaving against medical advice by service provider**

**Progress On Major Activities:**

**Activity 1: An analysis of withdrawal management utilization (H0010) and AMA rates**

- **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. The 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. Trends in utilization for withdrawal management were reviewed. Please note that a 30-day claims lag applies to the data presented below.
- **Current Status:**

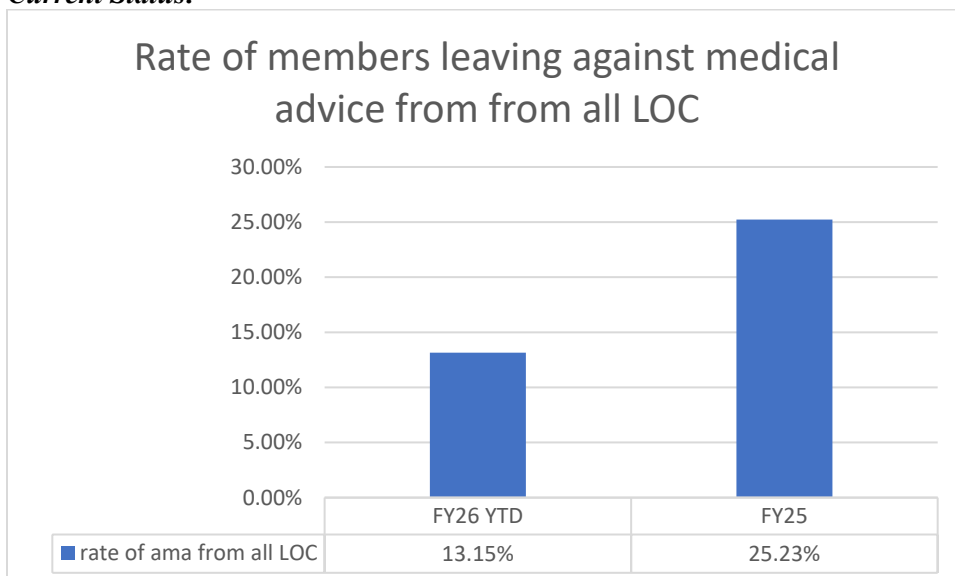




- **Significant Tasks and Major Accomplishments During Period:** The AMA rate for fiscal year 2026 is currently 339 basis points less than the AMA rate for FY25. This can be attributed to lower AMA during the winter months.
- **Needs or Current Issues:** Ensure the provider network has plans to decrease AMA rates.
- **Plan:** Develop retention policies in collaboration with service providers that aim to develop strategy to reduce AMA rates.

**Activity 2: An analysis of members leaving against medical advice from all levels of care**

- **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:**

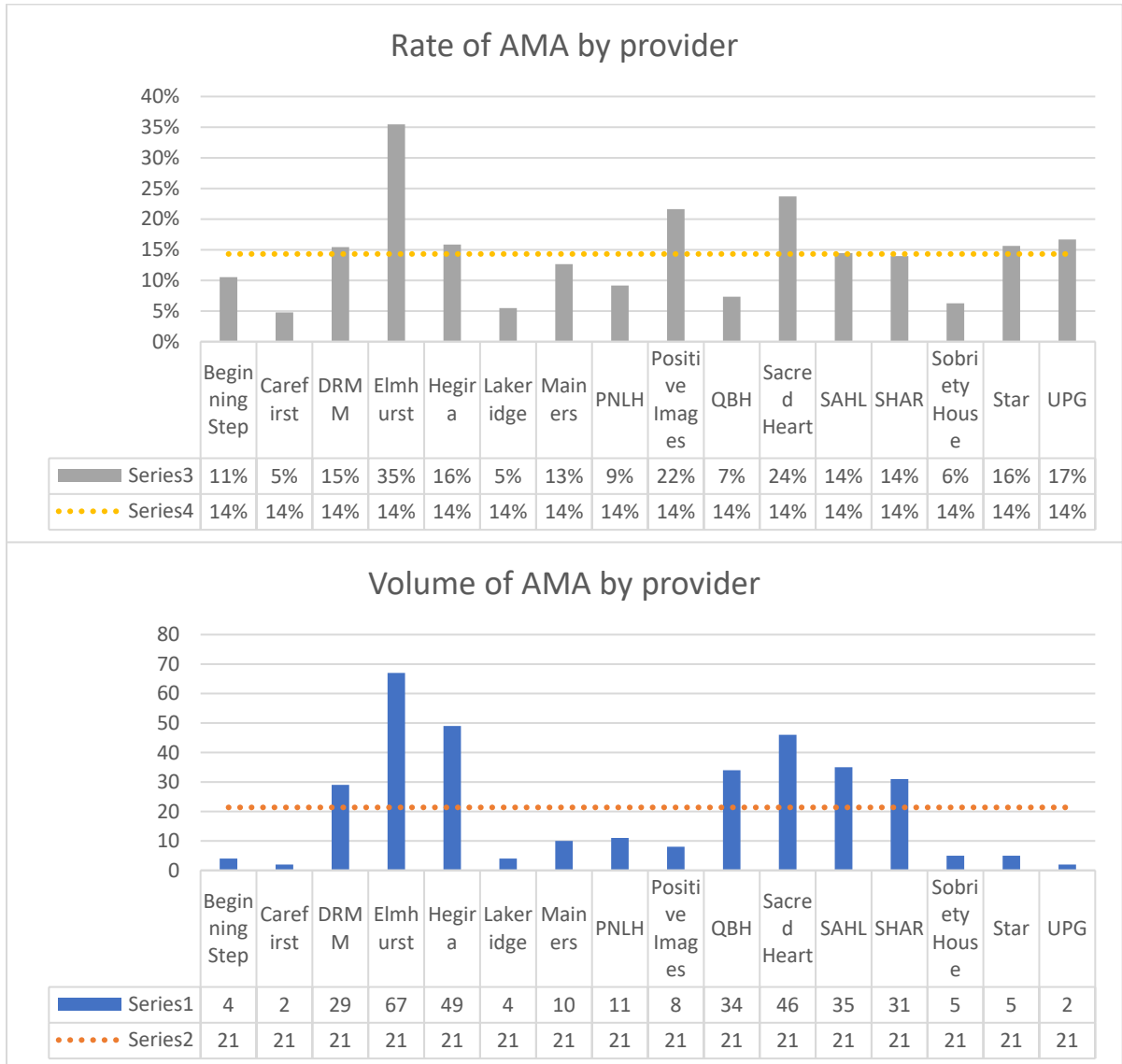


- **Significant Tasks and Major Accomplishments During Period:** The AMA rate for fiscal year 2026 is currently 1,208 basis points less than the AMA rate for FY25. A lower AMA rate compared to withdrawal management and a larger margin of improvement. This can be attributed to lower AMA during the winter months.

- **Needs or Current Issues:** Ensure the provider network has plans to decrease AMA rates.
- **Plan:** Develop retention policies in collaboration with service providers that aim to develop strategy to reduce AMA rates.

**Activity 3: An analysis of members leaving against medical advice by provider**

- **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 and leaves the member at high risk for relapse.
- **Current Status:**



- **Significant Tasks and Major Accomplishments During Period:** On average in FY26YTD AMA rates by provider are at 13.15%. Providers deviating above the average in both volume and rate are DRMM, Elmhurst, Hegira, QBH, and Sacred Heart.
- **Needs or Current Issues:** Ensure the provider network has plans to decrease AMA rates.

- **Plan:** Develop retention policies in collaboration with service providers that aim to develop a strategy to reduce AMA rates.

Monthly Update:

- Things the Department is Doing Especially Well:
  - Building out policies, procedures, expectations and formalizing standard operating procedures
- Identified Opportunities for Improvement:
  - Build out technical assistance and training opportunities for service providers
- Progress on Previous Improvement Plans:
  - The department has developed a charitable choice policy for IPLT review and roll out

**Program Compliance Committee Meeting  
Emily Patterson/Health Home Director Report**

1/14/2026



**Main Activities during Quarter/Month Reporting Period:**

- Focus on Health Home provider recruitment and retention
- CCBHC Administrative transition to MDHHS
- Finalized auditing tool setup for FY2026 Health Home periodic audits: BizAnalytix Claims Audit Tool Set [CATS]

**Progress On Major Activities:**

**Activity 1: Provider Recruitment & Retention**

- **Description:** Enrollment in BHH and SUDHH has stagnated. Focus is on demonstrating Health Home benefits and encouraging provider participation.
- **Current Status:**
  - **SUDHH:**
    - 705 enrolled across 8 providers, steady (July 2025: 730)
    - Utilization steady at 72–75%
    - Provider 1:1 meetings every 6 weeks
  - **BHH:**
    - 822 enrolled across 8 providers, steady (July 2025: 862)
    - One provider offboarding
    - Two underperforming providers (<60% utilization); meetings scheduled January
- **Key Tasks:** Outreach to 5 providers; Quality Behavioral Health rejoining SUDHH (onboarding 1/22/26)
- **Issues:** Some CCBHC providers view administrative requirements as burdensome
- **Plan:** Targeted outreach; provide rosters of potential enrollees; highlight enhanced reimbursement and outcomes

**Activity 2: CCBHC Transition to MDHHS**

- **Description:** As of Oct 1, 2025, MDHHS assumed payment and administration of CCBHC services.
- **Current Status:** Transition complete; providers still seeking support. DWIHN participates in workgroups with MDHHS and PCE Systems.
- **Key Tasks:** Implemented claims logic to prevent DWIHN payment for CCBHC services
- **Issues:** CCBHC authorizations hitting DWIHN UM queue, impacting timeliness
- **Plan:** Collaborate with UM, PCE, and providers; deploy warnings for CCBHC codes to reduce UM routing

**Activity 3: FY2026 Audit Tool Setup (CATS)**

- **Description:** CATS enables random claim audits for BHH and SUDHH, ensuring uniform evaluation of enrollment, care plans, and utilization.
- **Current Status:** Health Home module configured and tested; ready for use
- **Issues:** Adjustments may follow initial audits
- **Plan:** Begin January audits—2 providers/month, 5 claims each; frequency based on performance

## Quarterly Update

- **Strengths:**
  - **SUDHH Wellness Challenge:**
    - 6 providers participating (rolling 6–8 weeks)
    - ~70 members pursuing goals: PCP visits, screenings, smoking cessation, wellness classes
- **Opportunities for Improvement:**
  - Two BHH providers underperforming (26% & 30% utilization); 1:1 meetings scheduled, will create measurable improvement plans.
- **Progress on Previous Plans:**
  - SUDHH utilization improved since Nov 2024 after 30/60/90-day reporting rollout:
    - Jul-24: 53.7% → Oct-25: 73.1% (steady improvement)

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 26-04R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 1/21/2026

Name of Provider: Detroit Wayne Integrated Health Network

Contract Title: Children's Initiatives MDHHS Grants

Address where services are provided: 707 W Milwaukee Detroit Mi 48202

Presented to Program Compliance Committee at its meeting on: 1/14/2026

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

Amount of Contract: \$ 1,872,983.00 Previous Fiscal Year: \$ 1,849,440.00

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2017

Provider Impaneled (Y/N)? Y

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

Requesting revision to the board action (26-04) for additional \$24,081 allocated to the **Infant Toddler Court Grant Program** for fiscal year contract 10/1/25 through 9/30/26 due to notice of supplemental funds from MDHHS.

The FY26 amended budget totals **\$138,479**, representing an increase of \$24,081 from the original allocation of \$114,398.

These funds will be used to address increased cost-of-living and fringe expenses; travel for additional participants attending the Annual Cross Sites Meeting and Coordinator attendance at the MI-AIMH conference; Coordinator training and meeting costs; Provide stipends for parent leaders participating in program activities; Allocate resources for reunification supports for families completing the Early Childhood Court (ECC) docket; Parent resource kits (educational materials, early childhood development info, self-care items); Program materials and supplies (flyers or outreach materials to improve community awareness).

These investments ensure continued capacity for DWIHN to provide trauma-informed, family-centered, and collaborative services consistent with MDHHS guidance and Infant Toddler Court Program objectives.

**Infant Toddler Court Grant:** The purpose of the Infant Toddler Court Program is to increase the spread and coordination of Michigan Baby Courts to ensure children and their families ages 0 to 3 in the child welfare system (CWS) or at-risk for entry into DWC receive equitable, high-quality, coordinate, and trauma-informed services. DWIHN employed a Baby Court Coordinator to provide services for this grant. DWIHN is the provider of this program and will receive the budget allocation of **\$138,479**.

There are no changes to the other MDHHS Children Grants:

- System of Care Block Grant - \$1,043,582
- Infant and Early Childhood Mental Health Consultation Grant (IECMHC) - \$548,396
- Infant and Early Childhood Mental Health Consultation Home Visiting (IECMHC-HV) - \$142,526

**The overall total funding from MDHHS allocated for these programs is not to exceed \$1,872,983 for the fiscal year ended September 30, 2026. DWIHN is seeking board approval to allocate funds, with the ability to reallocate funds amongst providers within each program up to the total program amount without board approval during FY26.**

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

Source of Funds: Block Grant

Fee for Service (Y/N): N

Revenue	FY 25/26	Annualized
MDHHS Block Grants	\$ 1,872,983.00	\$ 1,872,983.00
	\$	\$
<b>Total Revenue</b>	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

**James White**

**Stacie Durant**

Signed: Thursday, January 8, 2026

Signed: Monday, January 5, 2026

1/8/2026 7:31:31 PM

1/5/2026 12:10:04 PM

## DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 26-12R3 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 1/21/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: FY26 Substance Use Disorder Treatment: Screening Brief Intervention and Referral to Treatment and Narcan

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 1/14/2026

Proposed Contract Term: 1/21/2026 to 9/30/2026

Amount of Contract: \$ 5,449,114.00 Previous Fiscal Year: \$ 6,468,023.00

Program Type: Continuation

Projected Number Served- Year 1: 18,050 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 requests \$75,000 in PA2 funds to support the Screening Brief Intervention and Referral to Treatment (SBIRT) program at Hegira Health in partnership with Garden City Hospital.

SBIRT programs are crucial in helping with substance use disorder issues when partnered with hospitals. Hospitals, especially emergency departments, provide an ideal opportunity for early intervention before substance use escalates.

SBIRT involves universal screening of all adult patients (regardless of their reason for visit) for risky or unhealthy substance use (including alcohol and illicit drugs) and is a peer recovery coach-driven process, supporting a safe space for an individual to consider changing their substance use behavior. This systematic approach identifies patients who might not otherwise disclose or seek help for their substance use, catching issues early before they progress to a severe disorder.

For patients identified as using substances at risky levels, a brief intervention is provided. This is a short, motivational conversation—typically 5 to 15 minutes—based on principles of motivational interviewing. The intervention increases the patient's insight and awareness regarding their substance use and motivates them toward behavioral change to reduce or eliminate the risky behavior. For individuals identified as needing more extensive care Referral to Treatment ensures a smooth transition from the hospital setting to specialty addiction treatment.

This direct referral actively links patients to appropriate services (e.g., outpatient counseling, intensive treatment, or detox) that they might not otherwise access, improving the continuity of care.

Evidence shows that integrating SBIRT into hospital settings, particularly primary care, emergency rooms, and trauma centers, can lead to positive results: By intervening early, SBIRT helps prevent or reduce health complications, accidents, and injuries related to substance misuse, which often lead to costly emergency department visits and hospital admissions.

In addition, the SUD Department is reallocating \$35,000 in PA2 funds from the Narcan Vendor line item on BA#26-12 to Novaceuticals to support Narcan, Fentanyl and Xyalzene test strip procurement. Historically, we have contracted with Novaceuticals for the procurement of overdose prevention supplies. Novaceuticals has products available to us at a discount rate, in line with the market value of overdose prevention kits. Following the 5-month extension and additional funds to support procuring additional Narcan in the short term. We will be bidding out our contract for overdose prevention supplies through the Invitation for Bid process.

The revised not to exceed amount of SUD prevention totals \$5,449,114 for the fiscal year ending September 30, 2026.

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 \$5,449,114.

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

Source of Funds: Block Grant,PA2

Fee for Service (Y/N): Y

<b>Revenue</b>	<b>FY 25/26</b>	<b>Annualized</b>
Block Grant	\$ 2,822,164.00	\$ 2,822,164.00
PA2	\$ 2,626,950.00	\$ 2,626,950.00
<b>Total Revenue</b>	<b>\$ 5,449,114.00</b>	<b>\$ 5,449,114.00</b>

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

**James White**

**Stacie Durant**

Signed: Thursday, January 8, 2026

Signed: Tuesday, January 6, 2026

## DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 26-14R3 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 1/21/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Provider Network System FY26

Address where services are provided: Service Provider List Attached

Presented to Program Compliance Committee at its meeting on: 1/14/2026

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

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

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2025

Provider Impaneled (Y/N)? Y

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

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

### **Residential Provider:**

#### **1. FONAG Inc**

(Credentialed 12/18/2025 for Personal Care in Licensed Residential Setting; Community Living Support)

### **Outpatient Providers:**

**1. First Day Homecare LLC:** (Credentialed 6/15/2025 for Private Duty Nursing)

**2. Reline Consulting dba Q & A Abilities Center:** (Credentialed 9/2/2025 for Speech; Occupational Therapy)

**3. Wynning Foundation Inc:** (Credentialed 12/18/2025 for Behavioral Health Treatment Plan; Telemedicine; Therapy (Mental Health) Child & Adult, Individuals, Family Group; Music/Art Therapy; Recreational Therapy)

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

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

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

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

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

*James White*

*Stacie Durant*

Signed: Thursday, January 8, 2026

Signed: Tuesday, December 30, 2025

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 26-21R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 1/21/2026

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: 1/14/2026

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 DWIHN Board to approve revision for the Autism Independent Evaluator Provider, Sprout Evaluation Center LLC, to receive a contract for FY26 (February 1, 2026 - September 30, 2026) as a result of the Autism Evaluator Request for Proposal (RFP) to complete Autism Evaluations for **\$491,237**. Sprout was approved for an extension from FY25 contract until 1/31/26 (BA25-24R6). **The total projected budget for autism services for FY26 is estimated at \$104,955,784.**

**Description of Independent Evaluation Services:** Provide comprehensive diagnostic evaluations for children and youth ages 0 to 21st birthday to determine eligibility for autism services.

There are no changes to the current Autism Independent Evaluations:

-Social Care Administrator DBA McCrory Center

-The Children's Center

**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.**

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

Source of Funds: Medicaid, General Fund

Fee for Service (Y/N): Y

<b>Revenue</b>	<b>FY 25/26</b>	<b>Annualized</b>
Medicaid	\$ 104,080,784.00	\$ 104,080,784.00
General Fund	\$ 875,000.00	\$ 875,000.00
<b>Total Revenue</b>	\$ 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

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

**James White**

**Stacie Durant**

Signed: Thursday, January 8, 2026

Signed: Friday, January 2, 2026

1/8/2026 7:33:19 PM

1/2/2026 4:09:31 PM

Board Action #: 26-21R2

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 26-36R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 1/21/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: FY26 Children Services Healthcare Quality Initiatives Program

Address where services are provided: various provider locations

Presented to Program Compliance Committee at its meeting on: 1/14/2026

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

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

Program Type: Continuation

Projected Number Served- Year 1: 45,500 Persons Served (previous fiscal year): 44,000

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 DWIHN Board approval for the revision of the Children's Services Healthcare Quality School Success Initiatives (SSI) Program, to add a new provider, Core Caring Group (dba RBC Support Services), as a result of the 2026-020 School Based Health Quality Initiative Request for Proposal (RFP). Funding for the new Health Quality Initiative is in accordance with 45 CFR 158.150 to improve healthcare quality of services.

**Core Caring Group (dba RBC Support Services) will be allocated an amount not to exceed \$120,810 for the 9-month period of 01/01/2026 - 09/30/2026.**

**There are no changes to the remaining SSI providers or other programs. The total Children Services Healthcare Quality**

Initiatives budget remains the same in an amount not to exceed \$3,150,003 for the 10 months ending 09/30/2026.

The remaining 2 months of services for the period 10/1/2025 - 11/30/2025, totaling \$629,997, were approved with Board Action 25-18R.

BA25-18R (\$629,997) and 26-36R (\$3,150,003) together total the FY26 Children's Services Healthcare Quality Initiatives Programs in an amount not to exceed \$3,780,000

Funds within the total budget not-to-exceed amount of \$3,780,000 may be allocated amongst providers as needed without Board approval for the fiscal year ending September 30, 2026.

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

Source of Funds: Medicaid

Fee for Service (Y/N): Y

<b>Revenue</b>	<b>FY 25/26</b>	<b>Annualized</b>
Medicaid	\$ 3,780,000.00	\$ 3,780,000.00
	\$	\$
<b>Total Revenue</b>	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Stacie Durant

Signed: Thursday, January 8, 2026

Signed: Tuesday, December 30, 2025

1/8/2026 7:32:27 PM

12/30/2025 6:28:33 PM

## DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 26-39R Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 1/21/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Michigan Child Collaborative Care Program (MC3) and Behavioral Health Consultant

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

Presented to Program Compliance Committee at its meeting on: 1/14/2026

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

Amount of Contract: \$ 105,596.00 Previous Fiscal Year: \$ 124,755.00

Program Type: Continuation

Projected Number Served- Year 1: 300 Persons Served (previous fiscal year): 365

Date Contract First Initiated: 6/1/2015

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 a revision to the initial board action wherein funds provided by the University of Michigan (U of M) were allocated to Starfish Family Services to provide services under the Michigan Child Collaborative Care Program (MC3). Total funding (\$105,596) provided by (U of M) included \$84,612 for clinical services and \$20,984 for administrative services; \$95,359 was allocated to Starfish with the remaining amount retained by DWIHN for indirect costs.

U of M has requested provision of services be transferred from Starfish to DWIHN as early as possible. That being said, DWIHN requests a revision to Starfish's contract term end date from 9/30/2026 to 2/28/2026 and contract amount change to \$36,196 (\$28,593 for clinical services; \$7,603 for administrative).

The remaining funds will be allocated to DWIHN as follows:

- Indirect costs totaling \$13,774
- New Behavioral Health Consultant - \$44,982 Clinical; \$10,644 administrative; This position will report to the DWIHN Outpatient Clinic

The total amount allocated to Starfish is not to exceed \$36,196 for the 5 month period ending 2/28/2026. The remaining funds (\$69,400) will be allocated to DWIHN.

**Program Description:** The Michigan Child Collaborative Care Program and Behavioral Health Consultant Project provides behavioral health consultation for local primary care providers with MC3 child, adolescent and prenatal psychiatrists. Provider provides local oversight, in collaboration with MC3 program, of the Behavioral Health Consultant as they implement MC3 in Wayne County as well as work in concert with other regional Behavioral Health Consultants.

Behavioral Health Consultant will act as the liaison with the primary care physician staff and the University of Michigan psychiatric staff.

Services include:

- Regional Outreach to eligible providers to ensure utilization of the MC3 program;
- Linkage between Primary Care Providers and MC3 Psychiatrist;
- Coordination of care for children, adolescents, and perinatal women;
- Behavioral Health Consultant provides consultation services in designated primary care site; and
- Collection of required data and local utilization to facilitate the project evaluation.

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

Source of Funds: Other

Fee for Service (Y/N): N

Revenue	FY 25/26	Annualized
state grant	\$ 84,612.00	\$ 84,612.00
federal grant	\$ 20,984.00	\$ 20,984.00
<b>Total Revenue</b>	\$ 105,596.00	\$ 105,596.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

**James White**

**Stacie Durant**

Board Action #: 26-39R

Signed: Thursday, January 8, 2026

Signed: Thursday, January 8, 2026

## DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 26-37 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 1/21/2026

Name of Provider: Medversant Technologies LLC

Contract Title: Credentialing Verification Organization - Medversant

Address where services are provided: 355 South Grand Ave. Suite 1700 Los Angeles, CA 90071

Presented to Program Compliance Committee at its meeting on: 1/14/2026

Proposed Contract Term: 11/1/2025 to 10/31/2026

Amount of Contract: \$ 298,600.00 Previous Fiscal Year: \$ 310,600.00

Program Type: Continuation

Projected Number Served- Year 1: 1,300 Persons Served (previous fiscal year): 1206

Date Contract First Initiated: 11/1/2017

Provider Impaneled (Y/N)? N

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

The Detroit Wayne Integrated Health Network (DWIHN) is requesting Board approval to enter into a one-year contract, **effective November 1, 2025, through October 31, 2026**, for an **amount not to exceed \$298,600** with **Medversant Technologies LLC**, a National Committee for Quality Assurance (NCQA) accredited Credentialing Verification Organization.

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

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

Board Action #: 26-37

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 25/26	Annualized
Multiple	\$ 298,600.00	\$ 298,600.00
	\$	\$
<b>Total Revenue</b>	\$	\$

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:

*James White*

*Stacie Durant*

Signed: Thursday, January 8, 2026

Signed: Tuesday, January 6, 2026

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
BOARD ACTION**

Board Action Number: 26-42 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 1/21/2026

Name of Provider: Wayne County

Contract Title: Wayne County Jail

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 1/14/2026

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

Amount of Contract: \$ 5,000,000.00 Previous Fiscal Year: \$ 5,000,000.00

Program Type: Continuation

Projected Number Served- Year 1: 2,000 Persons Served (previous fiscal year): 2000

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).

Detroit Wayne Integrated Health Network is requesting a continuing contract with Wayne County for the provision of mental health services for Wayne County residents who have been detained at the jail. Upon booking into the jail, inmates are screened, assessed, and determined to meet criteria for an intellectual/developmental disability; serious mental illness; co-occurring disorder; substance use disorder; or is at risk for developing behavioral health issues that will negatively impact their activities of daily living. Behavioral health services are delivered either on the mental health unit or in general population by credentialed and qualified mental health professionals. Services include evaluation, diagnosis, crisis intervention, individual and group therapy, case management, medication management, referral, and discharge planning. Provision of services for this population supports DWIHN's mission to assure that mental health services are accessible for those in need. Treatment and services occur in the jail, and discharge planning provides for post-release aftercare with the community mental health system. **The contract amount is not to exceed \$5,000,000 for the fiscal year ending September 30, 2026.**

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

Source of Funds: General Fund

Fee for Service (Y/N): Y

Revenue	FY 25/26	Annualized
General Fund	\$ 5,000,000.00	\$ 5,000,000.00
	\$ 0.00	\$ 0.00
<b>Total Revenue</b>	\$ 5,000,000.00	\$ 5,000,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64931.827210.08055

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

*James White*

*Stacie Durant*

Signed: Saturday, December 20, 2025

Signed: Friday, December 19, 2025

## DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 26-43 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 1/21/2026

Name of Provider: Alert Media Inc

Contract Title: Mobile Crisis Safety Monitoring/Panic Button

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 1/14/2026

Proposed Contract Term: 1/27/2026 to 1/26/2029

Amount of Contract: \$ 116,592.00 Previous Fiscal Year: \$ 89,592.00

Program Type: New

Projected Number Served- Year 1: 75 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 1/27/2026

Provider Impaneled (Y/N)?

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

Detroit Wayne Integrated Health Network (DWIHN) is requesting approval for a Modification in the amount of \$27,000 to the previously approved Competitive Best Value Purchase for the Mobile Crisis – Panic Button Platform, Blanket Order BO22590027, with AlertMedia. This request builds upon the original competitive source justification and vendor selection process previously approved. This is a three-year contract to provide safety monitoring to Mobile Crisis staff. The contract term is from **January 27, 2026, through January 26, 2029**. **The contract amount shall not exceed \$116,592 for the duration of 3 years.**

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 25/26	Annualized
Multiple	\$ 116,592.00	\$ 116,592.00
	\$	\$

<b>Total Revenue</b>		\$		\$
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Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64972.961000.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

**James White**

**Stacie Durant**

Signed: Thursday, January 8, 2026

Signed: Tuesday, December 30, 2025