



Detroit Wayne Integrated Health Network

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

FAX: (313) 833-2156
TDD: (800) 630-1044 RR/TDD: (888) 339-5588

PROGRAM COMPLIANCE COMMITTEE MEETING

**Administration Bldg.
8726 Woodward, 1st Floor Board Room
Wednesday, April 10, 2024
1:00 p.m. – 3:00 p.m.**

AGENDA

- I. Call to Order**
- II. Moment of Silence**
- III. Roll Call**
- IV. Approval of the Agenda**
- V. Follow-Up Items from Previous Meeting**
 - A. Children's Initiatives' Quarterly Report** – Provide information on how DWIHN's accomplishments are publicized.
 - B. Customer Service's Quarterly Report** – Provide details on the ECHO surveys.
 - C. DWIHN Population Assessment** – Provide a plan/strategy on monitoring children with Hypertension in the School Success Initiative program.
- VI. Approval of the Minutes** – March 13, 2024
- VII. Report(s)**
 - A. Chief Medical Officer
 - B. Corporate Compliance
- VIII. Quarterly Reports**
 - A. Adults Initiatives
 - B. PIHP Crisis Services
 - C. Managed Care Operations
 - D. Utilization Management

Board of Directors

Dr. Cynthia Taueg, Chairperson
Karima Bentounsi
Jonathan C. Kinloch

Kevin McNamara, Vice Chairperson
Angela Bullock
Bernard Parker

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

Eva Garza Dewaelsche, Secretary
Angelo Glenn
Kenya Ruth

Eric W. Doeh, President and CEO



- IX. Utilization Management (UM) Program Evaluation FY 23**
- X. Strategic Plan Pillar – None**
- XI. Quality Review(s)**
 - A. QAPIP Work Plan Update FY 24
- XII. VP of Clinical Operations’ Executive Summary**
- XIII. Unfinished Business**
 - A. **BA #24-06 (Revised 5)** – DWIHN Provider Network FY 24 – Additional Providers
 - B. **BA #24-12 (Revised 2)** – Substance Use Disorder (SUD) Treatment Provider Network FY 24 – MDHHS Tobacco-Free Policy Pilot Project; CHES Recovery Pilot Project; Sobriety House Pilot Project and Annual Interfaith-Based SUD Conference
 - C. **BA #24-14 (Revised 1)** – Multicultural Integration Programs and DWIHN Veteran Navigator
- XIV. New Business (Staff Recommendations)**
 - A. **BA #24-60** – Michigan Consortium for Healthcare Excellence (MCHE)
 - B. **BA #24-61** – City of Detroit Co-Response Partnership Training
 - C. **BA #24-63** – Western Wayne Therapeutic Recreation
- 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 that do not want to identify themselves may still address the Board. Issues raised during Good and Welfare/Public Comment that are of concern to the general public and may initiate an inquiry and follow-up will be responded to and may be posted to the website. Feedback will be posted within a reasonable timeframe (information that is HIPAA related or of a confidential nature will not be posted but rather responded to on an individual basis).
- XVI. Adjournment**

**Program Compliance Committee Meeting
Children Initiative Department
March 2024 – Follow Up**



Below is a follow up request from the Program Compliance Committee from March 13, 2024

Children’s Initiatives’ Quarterly Report – Provide information on how DWIHN’s accomplishments get publicized.

Response: The Annual Report to the Community is to highlight accomplishments from the System of Care Block Grant with DWIHN and community partners. The event audience is representatives from Michigan Department of Health and Human Services (MDHHS) and higher executives from community partner agencies. In collaboration with DWIHN Communication’s for December 2024 the plan is to consider streaming the event on Facebook Live and posting photos of awardees on social media platforms and media magazines as well.

DWIHN Population Assessment – Provide a plan/strategy on monitoring children with Hypertension in the School Success Initiative program.

Response: After reviewing the 2023 Wayne County health data population report hypertension was not among the top child related health condition; however, this was the top health condition for the adult population. Thus, hypertension is not monitored for children currently.

PROGRAM COMPLIANCE COMMITTEE

MINUTES

MARCH 13, 2024

1:00 P.M.

IN-PERSON MEETING

MEETING CALLED BY	I. Dr. Cynthia Taueg, Program Compliance Chair at 1:09 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Dr. Cynthia Taueg, Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	<p>Committee Members: Dr. Lynne Carter; Commissioner Jonathan Kinloch and Dr. Cynthia Taueg</p> <p>Committee Members Excused: Angela Bullock; Bernard Parker and William Phillips</p> <p>Staff: Brooke Blackwell; Yvonne Bostic; Judy Davis; Dr. Shama Faheem; Monifa Gray; Deabra Hardrick-Crump; Sheree Jackson; Cassandra Phipps; Vicky Politowski; Manny Singla; Michele Vasconcellos; and Rai Williams</p>

AGENDA TOPICS

II. Moment of Silence

DISCUSSION	Dr. Taueg, Chair called for a moment of silence.
CONCLUSIONS	A moment of silence was taken.

III. Roll Call

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

IV. Approval of the Agenda

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

V. Follow-Up Items from Previous Meetings

DISCUSSION/ CONCLUSIONS	A. <i>Children's Initiatives</i> – Provide an update on the number of students that are in the Juvenile Restorative program at the Juvenile Facility – <i>This follow-up item will be covered under the Children's Initiatives quarterly report.</i>
--------------------------------	--

VI. Approval of the Minutes

DISCUSSION/ CONCLUSIONS	Dr. Tauег, Chair called for a motion to approve the February 14, 2024, meeting minutes. Motion: It was moved by Commissioner Kinloch and supported by Dr. Carter to approve the February 14, 2024, meeting minutes. Dr. Tauег asked if there were any changes/modifications to the February 14, 2024, meeting minutes. There were no changes/modifications to the meeting minutes. Motion carried.
------------------------------------	--

VII. Reports

DISCUSSION/ CONCLUSIONS	<p>A. Chief Medical Officer – Dr. Shama Faheem, Chief Medical Officer submitted and gave an update of the Chief Medical Officer’s report. It was reported:</p> <ol style="list-style-type: none"> 1. Behavioral Health Education, Outreach and Updates – Staff continues the “Ask the Doc” Newsletter to bring awareness to the community; Dr. Dalia Mammo, Medical Director of DWIHN’s Crisis Care Center will participate in the awareness newsletters and videos; Agreements with the Nurse Practitioner and Child and Adolescent Psychiatry Fellow programs are completed; and the Physician Assistant program is in final review with Compliance. A meeting with St. Mary Mercy Hospital’s Program Director is scheduled later this week to discuss Crisis Services, rotations, and job opportunities; and in communication with the Authority Health Program Director to explore options with them as well. 2. Psychotropic Medication Adherence – HEDIS SAA is members’ 18 years old and older who remained on an antipsychotic medication for at least 80% of their treatment period. Progress has been made starting from 46% compliance in FY 2021 to 51.8% compliance in FY 2023. HEDIS AMM is members’ 18 years old and older who remained on their antidepressant medications for at least 84 days (12 weeks). Progress has been made starting from 26.94% in FY 2020 to 40.36% in FY 2023. In FY 21, there were 53 members served in the Med Drop program and the enrolled ones had 90.6% medication adherence rate and a 75% reduction in the number of psychiatric hospital admissions. In FY 2022, memos were sent to the Medical Directors and Clinical Directors of providers encouraging them to increase enrollment and one-on-one meetings were held to answer questions and concerns. As a result, Med Drop enrollment increased to 95 members served during this remeasurement; an overall medication adherence rate of 93.1%; and a 61% reduction in the number of psychiatric hospital admissions for enrolled members. In FY 2023, there were 103 members served with a 95% medication adherence rate and 46% reduction in psychiatric admissions. In FY 2024, the current enrollment is 65 which is an increase in nine (9) cases in just one month and seven (7) referrals pending. Medication Adherence Workgroup – Multiple PIHP Directors are currently participating in a joint workgroup to address medication adherence, particularly antipsychotic adherences. 3. Crisis Center and Mobile Crisis Updates – Crisis Center processes and hiring are in the final stages; orientation and trainings for new hires are continuing; 26 peers have been successfully recruited; the State has started the Adult CSU certification process with two pilot sites with DWIHN being one; the first part of uploads of the five-week process has been completed; and hiring of Psychiatrists and Advanced Practice Professionals are in process. The Mobile Crisis launched in December 2023; the Children Mobile Certification was received at the end of February 2024 and services started
------------------------------------	--

	<p>in March. Data points and reports are being developed for review and presentation to the Board.</p> <p>Dr. Taueg opened the floor for discussion. Discussion ensued.</p> <p>B. Corporate Compliance – <i>There was no Corporate Compliance report to review this month.</i></p> <p>The Chair noted that the Chief Medical Officer’s report has been received and placed on file.</p>
--	--

VIII. Quarterly Reports

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. Autism Spectrum Disorder – Cassandra Phipps, Director of Children’s Initiatives submitted and gave highlights of the Autism Spectrum Disorder’s quarterly report. It was reported that:</p> <ol style="list-style-type: none"> 1. Activity 1: Autism Benefit Enrollment – There was an average of 2,550 members assigned to DWIHN’s ABA Service Provider for FY 24, Q1 which shows a slight increase from FY 23, Q4 (2,233). This is attributed to the expansion of ABA services to the network and some of the ABA providers expanding service locations as well. As of 3/4/24, there are a total of 26 ABA providers that met qualifications to be considered as an ABA provider for the network to meet the needs for autism services. 2. Activity 2: Initial Diagnostic Evaluations – FY 24 (Q1), DWIHN Access Call Center scheduled an average of 175 diagnostic evaluation referrals, which is a slight increase from FY 2023, 166 referrals. DWIHN has an 86% compliance for timely completion of all diagnostic evaluations for this quarter. The compliance rate of completing “scheduled feedback” sessions with families was at 35% and staff is working with those sites regarding barriers in scheduling feedback sessions and assess no show and cancelation data. The feedback sessions are also a focus point for MDHHS. 3. Activity 3: ABA Services – There was a total of 503 members with an Autism Diagnosis (including both initial evaluations and re-evaluations). There were 262 members referred for ABA services and 202 members discharged from ABA services for this quarter. Staff updated the Performance Improvement Plan (PIP) that focused on the percentage of autism services starting within 14 days of ABA authorization effective date and DWIHN is at 95% for FY 24, Q1. 4. Accomplishments – 10 videos related to Autism were added to the Detroit Wayne Connect training website; Staff attended the MDHSS Waiver Conference in November 2023; the Autism Benefit Policy was updated to include the most current MDHHS’ requirements. <p>Dr. Taueg opened the floor for discussion. Discussion ensued.</p> <p>B. Children’s Initiatives – Cassandra Phipps, Director of Children’s Initiatives submitted and gave highlights of the Children’s Initiatives’ quarterly report. During FY 24, Q1, DWIHN served a total of 11,526 unduplicated children, youth and families in Wayne County ages 0 to 21 years old (including Serious Emotional Disturbance (SED) and Intellectual/Developmental Disability (I/DD) designations. It was also reported that:</p> <ol style="list-style-type: none"> 1. Activity 1: Annual Report to the Community – The Annual Report “Bloom with Hope” occurred on December 7, 2023 as a part of the System of Care Block Grant with various stakeholders and community partners in attendance. Awards were given to recognize those in the community who have been influential in the advancement of children’s services. 2. Activity 2: Juvenile Restorative Program – As of 2/20/24, there have been 74 referrals, 52 intake assessments completed, 28 active youth enrolled in
---	--

the program and 18 pending intakes. The discharge planning process involves families participating in four (4) parent sessions and ensure there is a school plan in place of either traditional schooling or a GED program. As of 2/20/24, there have been a total of 26 youth discharged from the program (14 youths (53%) successfully completed the program and ready to transition to a lower level of care and/or probation status was terminated; and 12 youth (46%) reoffended resulting in returning back to the Juvenile Detention Facility).

3. **Activity 3: Children ADHD Medication Follow-Up Doctor Visit** – This is a HEDIS Measures that staff is monitoring as a performance improvement plan and implemented various interventions with children’s providers, youth and families. During the initial phase, DWIHN made tremendous progress and as of the last reporting period, we were at 59%. The new goal is to reach 64%. For the continuation phase, the new goal is to reach 76%. The Children’s HEDIS Newsletter was developed in December 2023 and shared with children providers’ network, families and added to the DWIHN’s website and Mobile app. Staff is planning a training to include parents, caregivers and professionals to learn more about ADHD medication and things that help improve consistency.
4. **Quarterly Update** – A Request for Proposal (RFP) was finalized this month and there were five (5) providers who received an award letter to be considered for a contract to expand children behavioral health services to meet the capacity needs for community mental health services in Wayne County.

Dr. Taueg opened the floor for discussion. Discussion ensued. The committee requested a copy of the Children’s HEDIS Newsletter. Provide information on how DWIHN’s accomplishments are publicized (**Action**)

- C. **Customer Service** – Michele Vasconcellos of Customer Service submitted and gave highlights of the Customer Service’s quarterly report. It was reported:
 1. **Activity 1: Customer Service Calls** – For FY 22/23 and FY 23/24, the number of calls that come into the switchboard area varies, yet the abandonment rate remains well below 5%. FY 23/24, the Customer Service Call Center show a slight decrease in the call volume with an abandonment rate greater than the less than 5% standard, which is attributed to the new phone system that was introduced last month in Q1 and the need to reposition staff coverage to accommodate staff vacancies due to PTO. The new phone system has allowed the department to enhance efficiencies in call monitoring and reporting.
 2. **Activity 2: Grievances and Appeals** – FY 23/24, a total of 44 issues were involved and in FY 22/23, 30 issues were involved. The highest categories trending pattern for both fiscal years are interpersonal, Access to Services, Access to Staff and Delivery of Services. These issues are being addressed through the Customer Service’s Performance Monitoring department and DWIHN’s Access Committee. There were no grievances for the MI Health Link in FY 23/24 and only one (1) in FY 22/23. FY 23/24 showed an increase from FY 22/23 in Advance Notices and a decrease in Adequate Notices. There was an increase in Appeals Communication for FY 23/24 (315) compared to FY 22/23 (263).
 3. **Activity 3: Member Engagement** – FY 23/24, the division began incorporating in-person initiatives that had previously been done remotely due to the pandemic; monthly member meetings at various locations resumed with the clubhouses and drop-in centers; the ECHO Survey for Adults and Children 2023 Summary Reports were completed and presented

to various DWIHN's Steering Committees; various member experience surveys have been conducted to address the On-Line Provider Directory Survey; a Disparity Survey was developed to assist the Quality department in its efforts to address the disparity of African American that fail to keep their 7-day post discharge from the hospital appointments; 13 new members have been recruited for DWIHN's Constituent's Voice Advisory Committee; DWIHN was well-represented at the State's Annual Walk-A-Mile in My Shoes in September 2023; and the department presented 10 Dreams Come True Mini Grant Awards of \$500.00 each to recipients at the Dream Come True Gala Luncheon in 2023.

Dr. Tauег opened the floor for discussion. Discussion ensued. The committee requested details on the sample size of the ECHO surveys. **(Action)**

D. **Integrated Health Care** – Vicky Politowski, Director of Integrated Health Care submitted and gave highlights of the Integrated Health Care's quarterly report. It was reported:

1. **OBRA Services** – During FY 24 (Q1), 1,528 referrals were made, of those 618 were assigned for an assessment and 876 required an exemption letter. There were 446 assessments completed with a 97.8% congruency and 9% pends rate. The State expects less than 25% pends for a quarter. The department is still working on hiring contingent staff to help with our 14-day queue to get that down.
2. **Complex Case Management (CCM)** – There are five (5) new cases, 10 open cases and 14 closed cases for this quarter. Of the 14 closed cases, eight (8) met their goals, three (3) were unable to find and one (1) was hospitalized for the past 30 days. The Care Coordination was completed on 51 members, 22 providers received training on CCM and 144 members were contacted about their FUH appointment. Of 144, 32 members made their appointment. Complex Case Management is assisting with decreasing the racial disparity between white and black members who attend the 7-day appointment and reached out to 62 members; they spoke to five (5) and 14 members attended the 7-day appointment. Eleven (11) surveys were received with a score of 98% satisfaction.
3. **Special Care Coordination with Medicaid Health Plans** – Eight-five (85) members were discussed and had coordination during the year. Fifty-three (53) of those members had their gaps in care closed within a month.
4. **HEDIS Scorecard and Affinite Care Management Shared Data Base Development** – FY 23/24 (Q1), Vital Data added the race demographics from claims. All HEDIS measures can now be broken down by race. This enables DWIHN, CRSPs, ICOs and MHPs to be able to see if there are any disparities in the members who are in the denominator and numerator and come up with plans to address. The department is working diligently with Vital Data to fix the problems. It is expected to be resolved in March 2024.

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

The Chair noted that the Autism Spectrum, Children's Initiatives, Customer Service and Integrated Health Care's quarterly reports have been received and placed on file.

IX. Integrated Health Care's (IHC) Population Assessment Presentation Summary

DISCUSSION/

Vicky Politowski, Director of Integrated Health Care submitted and gave highlights of the IHC's Population Assessment. A written PowerPoint Presentation was

CONCLUSIONS	<p>presented for the record. It was reported that 71% of members had an identified Primary Care Physician in 2023. The biggest population is male, and the age range is 22 to 50 years of age. African American is the largest race population (42,000) with Caucasian following (22,000) and the primary language is English. About 44,000 of our members fall under the Serious Mental Illness (SMI) population and 51% are within the Detroit City limits. The top five (5) diagnoses for children ages 0-17 are covered in the report with ADHD (811) being the number one diagnosis. The top physical health diagnoses is still Asthma which continued from last year and a breakdown by zip code is included in the report. The top five (5) behavioral health diagnoses for adults 18 years and up are included in the report with Major Depression (7,538) being number one. The top physical health diagnosis for adults 18 years and up is Hypertension, followed by Diabetes. The top adult SUD diagnosis is heroin, a comparison to last year is included in the report as well as the breakdown by SUD and race. Physical Health diagnoses are broken down by race, asthma followed by obesity being the top diagnoses. Social Determinants of Health is included in the report and Wayne County has the highest social determinants of health for the State of Michigan. The different types of racial disparities broken down by race are included in the report. Dr. Taueg opened the floor for discussion. The committee requested a copy of the full presentation of the Population Assessment. Provide a plan/strategy on monitoring children with Hypertension in the School Success Initiative program (Action)</p>
--------------------	---

X. Strategic Plan Pillar

DISCUSSION/ CONCLUSIONS	<i>There was no Strategic Plan Pillar to review this month.</i>
--------------------------------	---

XI. Quality Review(s)

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

XII. VP of Clinical Operations' Report

DISCUSSION/ CONCLUSIONS	<p>Melissa Moody, VP of Clinical Operations submitted and gave highlights of the VP of Clinical Operations' report. It was reported that:</p> <p>A. CCBHC Demonstration Expansion – The State will be adding more agencies to this initiative this year in October. DWIHN is working towards being a part of this initiative and encouraging our provider network to do the same. It is estimated that 173,994 individuals in Region 7 are eligible for CCBHC services. The current enrollment in this initiative is just over 7,000 individuals. The Opioid Health Home and Behavioral Health Home currently both have over 600 individuals enrolled in these initiatives. The State is hoping to get funding to move from an Opioid Health Home Model to a SUD Model so that it will include all of the SUD diagnoses instead of just focusing on opioid use. The State will add two (2) additional codes (Conduct Disorder and other behavioral and emotional disorders) to the Behavioral Health Home program to reach more children and adolescents in the program.</p> <p>B. Crisis Services – The department started a program in January 2024, where our Hospital Liaisons started going out to hospitals to do discharge planning for persons who are not already receiving services from a CRSP provider. There</p>
--------------------------------	---

	<p>were 31 individuals seen in January and 61 individuals were seen in February. The previous quarter's aftercare appointment compliance averaged approximately 53% show rate and in January (70% show rate) and February (63% show rate). The hospital liaison will continue their outreach efforts.</p> <p>C. Utilization Management – MDHHS provides each region with a specific number of HAB Waiver slots, and it is expected that 95% of the slots be filled continuously. The last two (2) months, DWIHN has remained at 100% utilization for the HAB Waiver program and currently has 30 members on the waitlist. The Utilization Management Timeliness of authorization request (provider requests an authorization to make a disposition to approve, deny or penned back within 14 days) disposition is out of compliance (67%) and required an internal plan of correction. In February 2024, DWIHN was almost at 90% for the 14-day turnaround and our goal is to have a 100% compliance.</p> <p>D. Children's Crisis Plan – DWIHN is working with the children's providers on increasing the number of crises plans that are done with our youth with our goal to be at 85% compliance. Last quarter, we were at 77% (SED) and 76% (I/DD) compliance based on the populations served which is an increase in both areas and we are seeing steady improvements.</p> <p>Dr. Tauveg opened the floor for discussion. Discussion ensued. The Chair noted that the VP of Clinical Operations' Report has been received and placed on file.</p>
--	--

XIII. Unfinished Business

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. BA #23-57 (Revised 3) – Claims, Audit and Utilization Review System – BizAnalytix – Staff requesting board approval to exercise the first of two, one-year renewal options, extending the contract to February 28, 2025 for an additional \$84,000.00. The revised contract amount is not to exceed \$327,600.00 through February 28, 2025. The reports generated by the system will be used to assist in the detection of program fraud and abuse, monitor quality of services and provide a function for the development of program policy. Dr. Tauveg called for a motion on BA #23-57 (Revised 3). Motion: It was moved by Commissioner Kinloch and supported by Dr. Carter to move BA #23-57 (Revised 3) to Full Board for approval. Dr. Tauveg opened the floor for discussion. There was no discussion. Motion carried.</p> <p>B. BA #24-01 (Revised) – MDHHS' Children's Initiatives Grants – Staff requesting board approval to receive additional funding from the Michigan Department of Health and Human Services (MDHHS) for two (2) grants: Infant and Early Childhood Mental Health Consultation (IECMHC) – Funding amount increased by \$21,067.00 from \$171,419.00 to the total not to exceed the amount of \$192,486.00; and Infant and Early Childhood Mental Health Consultation-Home Visiting (IECMHC-HV) – Funding amount increased by \$65,473.00 from \$58,470.00 to the total not to exceed the amount of \$123,943.00. Dr. Tauveg called for a motion on BA #24-01 (Revised). Motion: It was moved by Dr. Carter and supported by Commissioner Kinloch to move BA #24-01 (Revised) to Full Board for approval. Dr. Tauveg opened the floor for discussion. Discussion ensued. Motion carried.</p> <p>C. BA #24-06 (Revised 4) – DWIHN's Provider Network FY 24 – Staff requesting board approval for the provision of Crisis Stabilization Units (CSU) Services, Pre-Admission Review (PAR) Services and Mobile Intensive Crisis Stabilization Services (ICSS) for adults and children with TEAM Wellness, Hegira Health, The Guidance Center and New Oakland. The aforementioned services are fee-for-</p>
---	---

	<p>service (FFS) based on a standard rate across the provider network. In response to the RFP, there are several pending services awaiting credentialing and empanelment. A revised board action will come before the Board for additional approval of said services. Dr. Taueg called for a motion on BA #24-06 (Revised 4). Motion: It was moved by Commissioner Kinloch and supported by Dr. Carter to move BA #24-06 (Revised 4) to Full Board for approval. Dr. Taueg opened the floor for discussion. There was no discussion. Motion carried.</p> <p>D. BA #24-12 (Revised 1) – Substance Use Disorder Treatment Provider Network FY 24 – Brochures and Promotional Items – Staff requesting board approval to spend Public Act 2 (PA2) funds in the amount not to exceed \$100,000.00 to purchase pamphlets and informative items from Prevention and Treatment Resource (PTR Press), C. Wendling Investments, LLC and Novaceuticals to promote SUD prevention, treatment and recovery events. DWIHN has the discretion to allocate the funds among the providers based upon utilization without board approval up to the amount not to exceed \$6,955,483.00. Dr. Taueg called for a motion on BA #24-12 (Revised 1). Motion: It was moved by Commissioner Kinloch and supported by Dr. Carter to move BA #24-12 (Revised 1) to Full Board for approval. Dr. Taueg opened the floor for discussion. Discussion ensued. Motion carried.</p> <p>E. BA #24-13 (Revised 1) – Substance Use Disorder Prevention Provider Network FY 24 – Additional Prevention Providers – Staff requesting board approval to add provider, Changing Lives and Staying Sober (CLASS) to the Prevention Provider Network. Block Grant prevention funds in the amount of \$150,000.00 have been re-allocated to CLASS to implement communication campaigns and train 20 individuals annually to conduct screenings effectively. There is no change in the total funding. Dr. Taueg called for a motion on BA #24-13 (Revised 1). Motion: It was moved by Commissioner Kinloch and supported by Dr. Carter to move BA #24-13 (Revised 1) to Full Board for approval. Dr. Taueg opened the floor for discussion. There was no discussion. Motion carried.</p>
--	---

XIV. New Business: Staff Recommendation(s)

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. BA #24-47 – FY 23/24 MI Health Link Demonstration Project – Staff requesting board approval for a two-year continuation contract through December 31, 2025 with the five (5) Integrated Care Organizations (ICOs) to receive and disburse Medicare dollars to reimburse the Affiliated Providers for an estimated amount of \$24,000,000.00. MDHHS has extended the MHL Pilot project through 12/31/25 at which time they will implement and launch an Integrated Dual Eligibles Special Needs Plan model by January 1, 2026. Dr. Taueg called for a motion on BA #24-47. Motion: It was moved by Commissioner Kinloch and supported by Dr. Cater to move BA #24-47 to Full Board approval. Dr. Taueg opened the floor for discussion. There was no discussion. Motion carried.</p>
---	--

XV. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS	<i>There was no Good and Welfare/Public Comment to report at this meeting.</i>
------------------------------------	--

ACTION ITEMS	Responsible Person	Due Date
1. Children’s Initiatives’ Quarterly Report A. Provide a copy of the Children’s HEDIS Newsletter to the committee. B. Provide information on how DWIHN’s accomplishments are publicized.	Cassandra Phipps	<i>Completed</i> <i>April 10, 2024</i>
2. Customer Service’s Quarterly Report – Provide details on the sample size of the ECHO surveys	Michele Vasconcellos	<i>April 10, 2024</i>
3. DWIHN Population Assessment A. Provide a copy of the full report on the Population Assessment presentation. B. Provide a plan/strategy on monitoring children with Hypertension in the School Success Initiative program.	Vicky Politowski Cassandra Phipps	<i>Completed</i> <i>April 10, 2024</i>

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

ADJOURNED: 2:40 p.m.

NEXT MEETING: Wednesday, April 10, 2024 at 1:00 p.m.

**Program Compliance Committee Meeting
Corporate Compliance Report
April 10, 2024**



Main Activities during Quarter 1 Reporting Period:

- **Compliance Investigations**

Major Activities: A key focus of the Compliance Department has been preventing and identifying rule violations and safeguarding DWIHN against potential financial penalties and legal actions.

Activity 1: Compliance Investigations

- *Description:* During the 1st Quarter of FY 2023 and the 2nd Quarter of FY 2024, the DWIHN Compliance Department has received an average of 29 investigation referrals. Among these, six originated from the OIG, while 23 were sourced from provider self-reports and internal referrals.
- *Current Status:* In 2023, provider training and education initiatives led to a 46% increase in provider self-reports. These self-reports were only 9% of all investigation referrals in 2022.
- *Needs or Current Issues:* Additional staffing is required to decrease the backlog.
- *Plan:*
 1. The VP of Compliance and the Compliance Sr. Lead have assumed a complete case load to assist in managing the backlog.
 2. A request for proposal is currently in progress to seek assistance with the auditing aspect of Compliance investigations.
 3. A request for additional FTE's has been submitted to the HR committee.
- *Data Analysis:* Compliance investigations are on the rise with an emphasis being placed on providers that are credentialed at multiple provider sites, SUD and Self-Determination providers.

FY 2023/FY2024	# of Investigations	ASSIGNED	PENDNG
March	29	6	23
February	30	10	20
January	29	8	21
December	29	11	18
November	22	15	7
October	20	9	11
September	19	9	10

Activity 2: Program Integrity Activities Resulting in Overpayments

FY	Preliminary Investigations	Total Overpayment Identified	Total Overpayment Recovered
2022	23	\$392,155.73	\$337,780.32
2023	14	\$366,845.92	\$68,713.85

Activity 3: 2022 vs. 2023 Validated Complaints

FY	Unethical Business Practices	Billing Services not rendered	Workforce Background Check Guideline Violations
2022	12	10	1
2023	2	8	4

Quarterly Update:

- **OIG Reporting Requirements:**

The DWIHN Program Integrity Annual Report and the Compliance Program Review were both acknowledged and accepted without any recommendations for improvement. The program integrity report assessed the investigation procedures conducted by the DWIHN compliance team, while the Compliance Program Review evaluated DWIHN's existing policies and procedures to ensure alignment with contractual requirements.

Feedback was provided to DWIHN regarding Pre and Post Payment activities. I have held meetings with each relevant department and devised a plan for submitting the Annual report to the Office of the Inspector General for the 4th Quarter in January 2025.

Quarterly Report
Marianne Lyons, LMSW, CAADC
April 10, 2024



Adult Initiatives Quarter Two Report
Marianne Lyons, LMSW, CAADC

Main Activities during quarterly reporting period:

- Assertive Community Treatment (ACT)
- Med Drop
- Evidence-Based Supported Employment (EBSE)
- Clubhouse
- Not Guilty by Reason of Insanity (NGRI)/Assisted Outpatient Treatment (AOT)

Progress on Major Activities:

Activity 1: Assertive Community Treatment (ACT)

Description: Assertive Community Treatment (ACT) is an intensive, community-based, mobile team of clinical professionals who provide treatment to members who are diagnosed with severe and persistent mental illness. The staff to member ratio is 1:10, interventions and services are delivered in vivo and are comprehensive. ACT staff members are available 24 hours, 7 days per week, for 365 days per year.

Current Status: There are 8 ACT provider service agencies in Wayne County. Those agencies are: All Wellbeing Services, Central City Integrated Health Network, CNS Health Care, Development Centers Incorporated, Hegira, Lincoln Behavioral Services, Team Wellness and The Guidance Center.

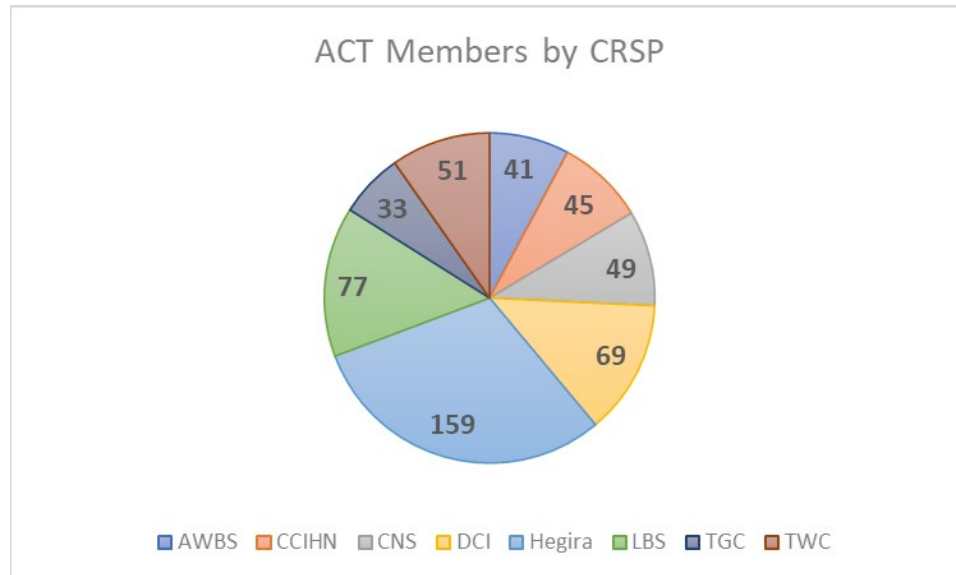
- 524 members received ACT services this quarter.
- 54 psychiatric hospitalizations, a 14.2% decrease from last quarter. This is a significant decrease in hospitalizations and will be a topic at the next ACT Provider Forum.

Significant Tasks During Period: The significant task for this quarter focused on ACT providers working with DWIHN on their Quality Improvement Plans (QIPs) for areas of their fidelity reviews where they scored less than a 95%. This will assist the providers in the further reduction of recidivism, improving the chances of attaining higher scores on their 2024 fidelity reviews,

Major Accomplishments During Period: Completion of the ACT/IDDT grant provided through the American Rescue Plan Act (ARPA) was accomplished during this quarter. All ACT providers have submitted their precontracting documents, Fiscal Year 24/25 budgets and workplans to describe how staff retention, hiring, and training will be executed. Adult Initiatives has also focused on working with ACT providers on the completion of Pre-Admission Reviews, (PARs) which resulted in a higher level of redirections which yielded significantly reduced requests for services.

Needs or current issues: Adult Initiatives performed a claim review for each ACT team, and it was noted that although ACT is a 24 hour/7 day per week program, very few services are provided after 5:00pm or on weekends. (less than 2%).

- *Plan:* Data showing this information will be shared with each ACT team and Adult Initiatives will work with the providers to address and problem solve.



Activity 2: Med Drop

Description: Adult Initiatives team is working to increase participation with members accessing Med Drop services. This is a community-based intervention that focuses on improving medication adherence for adults.

Current Status: There were 69 members who participated in the program in this quarter. For the month of January, there were 1302 successful med drops completed; for the month of February, there were 1756 successful med drops completed and for the month of March there are expected to be 2128 successful med drops completed.

Significant Tasks During Period:

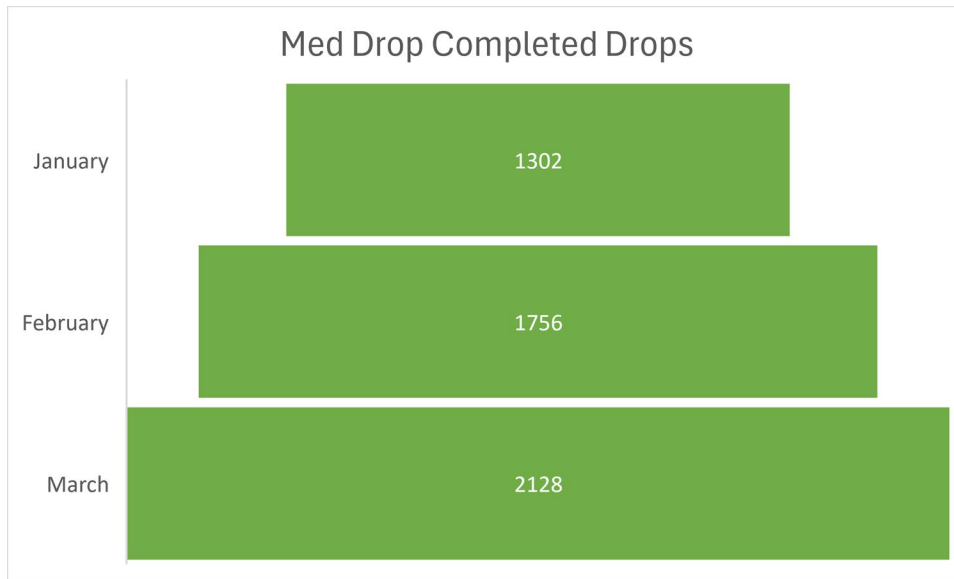
- 31 new referrals
- 14 new cases enrolled
- 8 members: declined at intake, moved out of the state or were referred to ACT program
- 9 members are scheduled for intake

Major Accomplishments During Period: Adult Initiatives began collaboration with Michigan Department of Corrections-Returning Citizens Program to help identify members who would benefit from the program. We have been able to identify two members and are working with them to begin participating.

Needs or Current Issues: Adult Initiatives will be working with the remaining CRSP to help educate and reinforce the positive benefits of the program. There are currently only 2 CRSP who

have not decided if they would like to participate – Neighborhood Services Organization (NSO) and ACC.

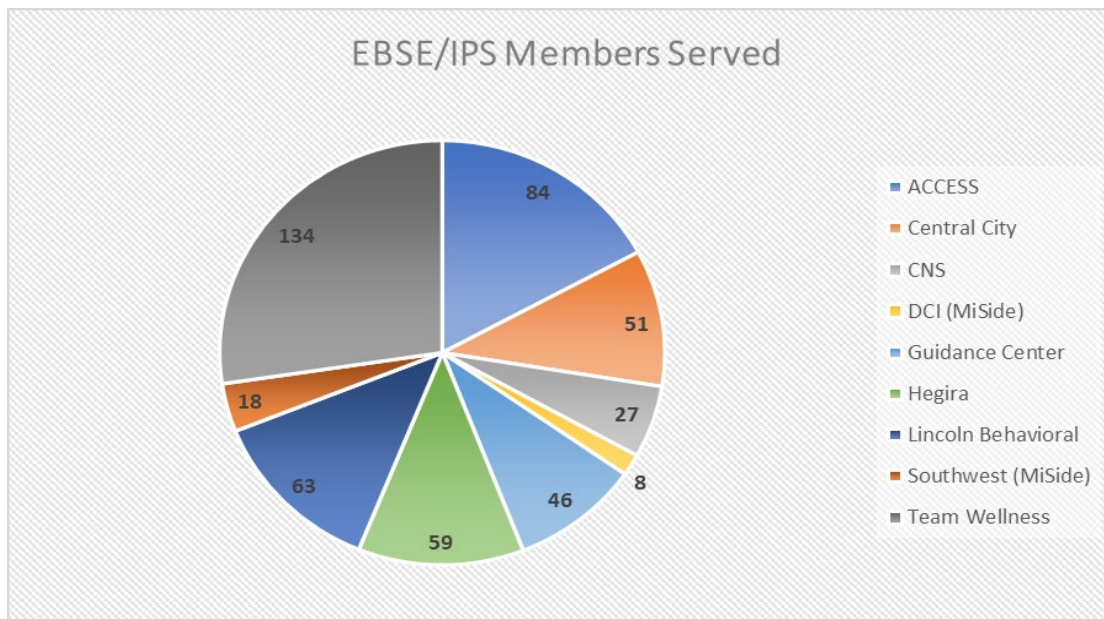
Plans: Adult Initiatives will continue to meet with the Med Drop coordinator and program providers for Med Drop to discuss ways to increase admission and barriers to the referral process. We will also schedule meetings with NSO and ACC to discuss any concerns or reservations they may still have to commit to the program.



Activity 3: Evidence-Based Supportive Employment (EBSE)

Description: Individual Placement and Support (IPS) is a form of Evidence-Based Supported Employment (EBSE) that focuses on aiding individuals diagnosed with mental illness in securing gainful employment in a community setting, while providing comprehensive support to increase their success in those acquired positions. DWIHN utilizes IPS as research shows it to be the most effective evidence-based employment program.

Current Status: The total number of individuals served is updated on a quarterly basis throughout a fiscal year. Current status is based on the 1st quarter numbers of members receiving supported employment between the months of October 2023 and December 2023. There are currently 490 members receiving EBSE services:



Significant Tasks During Period: Adult Initiatives hosted their monthly IPS/EBSE CRSP meetings on January 1st, February 5th, and March 4th. In attendance were representatives from Team Wellness, Lincoln Behavioral, Guidance Center, Southwest Solutions (MiSide), ACCESS, and Central City. During the January meeting, representatives from MRS were also in attendance, providing valuable insight and resources to build and engage in professional relationships with the CRSPs. CRSPs indicate activity with hiring and maintaining employment specialists, rebuilding team morale to provide best practice, and maintaining regular contact with Joe Longcor and Dominic D’Aguanno of MDHHS to discuss fidelity reviews. Adult Initiatives has attended the monthly IPS supervisor meetings, as hosted by MDHHS each month during this quarter. This has provided insight into statewide services provided. This has also brought about the discussion of including specific supported employment note taking to be included within each CRSPs individual Electronic Medical Record, (EMRs).

Major Accomplishments During Period: Adult Initiatives has been able to connect with all DWIHN providers as it pertains to EBSE/IPS to build a strong professional relationship and assist in increasing the Fidelity Review scores within each individual CRSP, with the goal being to obtain exemplary scores. Adult Initiatives met with Dominic D’Aguanno to discuss previous fidelity scores among CRSPs, obtained their results from their last reviews, and has begun reviewing to assist further. Additionally, a connection was made with Sally Smolinski of Oakland Community Health Network to discuss their successes with fidelity reviews.

Needs or Current Issues: Adult Initiatives is continuing to work with CRSPs to maintain open discussions regarding maintaining employment specialists and engaging in actions which increase fidelity review scores. Discussions have been made to create adjustments to individual EMRs to add a section specific to supported employment.

Plan: Adult Initiatives will be reviewing the previous fidelity review scores with CRSPs, individually, to discuss ways of increasing scoring to obtain exemplary scores. Adult Initiatives

will be attending MDHHS Supported Employment Fidelity Reviews at the corresponding CRSP locations, beginning in July of 2024 and throughout the remainder of the year, to assist in providing further information as necessary. An Adult Initiatives Clinical Specialist will also be engaging in IPS training, on April 24, 2024, as offered by MDHHS, to improve understanding of IPS practices. Additionally, Adult Initiatives will attend the IPS summit in June 2024, as hosted by MDHHS, to build and strengthen professional development among the IPS/EBSE community. The ongoing goal will be to increase the number of individuals receiving supported employment services.

Activity 4: Clubhouse

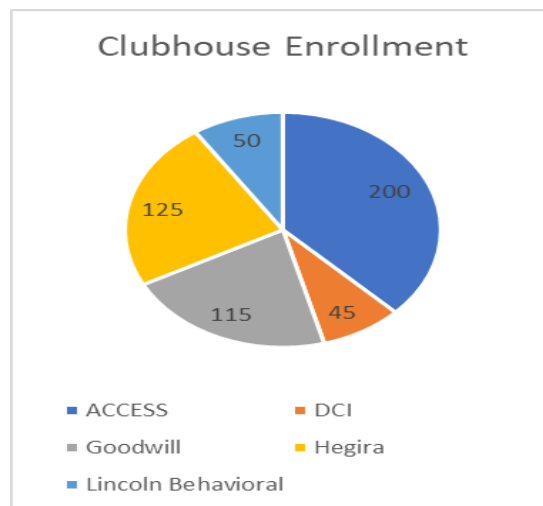
Description: Clubhouse is an accredited psychosocial rehabilitation program, reviewed bi-annually by Clubhouse International, that provides daily vocational and social activities to members with persistent mental illness. Clubhouse is a voluntary program with no membership term lengths. Members choose how to utilize their clubhouse, including participation in varying activities, roles, and responsibilities within the clubhouse, and who they wish to interact with. Clubhouse offers varying opportunities, applicable to individuals with varying cognitive capabilities, including working within administration, enrollment, hiring, training, public relations, and advocacy. The goal is to help members regain self-worth, purpose, and confidence.

Current Status: All the Clubhouses within DWIHN’s provider network are accredited. The total number of Clubhouses within DWIHN is five, provided by the following CRSPs:

- ACCESS (Hope House)
- DCI (New Direction)
- Goodwill (A Place of Our Own)
- Hegira (Turning Point)
- Lincoln Behavioral (The Gathering Place)

The current membership total at each location, as of the current date, is as follows:

*Please note that membership has been down since COVID restrictions but has been increasing.



Significant Tasks During Period: Adult Initiatives was recently provided the role of monitoring and working with clubhouses within our provider network. At this time, CRSPs have been prompt with responding to requests regarding current members enrolled and having Adult Initiatives to come out for visits at their corresponding clubhouses. Clubhouses are reviewed by Clubhouse International, every three years, per Clubhouse International rules.

Major Accomplishments During Period: Adult Initiatives has begun the process of connecting with individual supervisors at CRSP Clubhouses. At this time, we have been able to visit DCI (New Direction) and Hegira (Turning Point), being allowed the opportunity to experience a tour led by members of the clubhouse and experience daily activities.

Needs or Current Issues: Adult Initiatives will continue to engage further, attending events, visiting locations, and requesting monthly/quarterly information to maintain consistent oversight, monitoring and engagement. Adult Initiatives will assess ongoing concerns and establish a partnership with the Clubhouses.

Plans: Adult Initiatives plan is to increase their role in monitoring clubhouses including maintaining accreditation, monitoring overall memberships, and observing through scheduled visits as necessary. Adult Initiatives will engage in meetings with Clubhouse International, attend training courses as it pertains to improving understanding and oversight, and attend bi-annual reviews at locations. Adult Initiatives will engage further with the Michigan Clubhouse Guidance Board to maintain notice of regular changes, improvements, and concerns.

Activity 5: Not Guilty by Reason of Insanity (NGRI) and Assisted Outpatient Treatment (AOT)

Description: Not guilty by reason of insanity (NGRI) is a plea deal entered during the court hearing regarding a person's legal charge. It means that the individual admits to doing the act, but that they were not of sound mind when the act was committed. An NGRI ruling ensures the individual receives the necessary mental health treatment rather than a punitive prison sentence. Assisted Outpatient Treatment (AOT) is civil commitment court-ordered treatment for individuals with a serious mental illness who meet strict legal criteria per the Michigan Mental Health Code. Candidates for AOT usually have been non-adherent with prescribed medication and have multiple inpatient psychiatric hospitalizations.

Current Status: DWIHN works in partnership with four adult State hospitals who provide inpatient treatment- Caro, Walter Reuther, Kalamazoo and Center for Forensic Psychiatry (CFP). As of February 1st, 2024, the Adult Initiatives department has incorporated the monitoring of these individuals under our AOT team, and upon discharge into the community, the individual will be placed on an AOT order for continued treatment. Currently we have 62 members under NGRI supervision and there are 1062 members on current AOT orders.

Significant Tasks During Period: Adult Initiatives has increased staffing and restructured our AOT team to allow for increased support and monitoring. We have two AOT coordinators to oversee all of the AOTs in Wayne County as well as provide education and training to the community. They

will also be the point people working with the Wayne County Probate Court BHU. We also have an AOT case manager who has begun to provide direct support to the members as well as continued support and direction to the CRSP. The current caseload number for the case manager is 10 members who have shown to be the most recidivistic and need more intensive services.

Needs or Current Issues: Adult Initiatives continues to monitor Individual Plan of Service (IPOS) updates, and to train providers on the necessity of incorporating the Risk Mitigation strategies into the IPOS for NGRI members.

Plans: Training and education regarding this as well as the importance of timeliness of court documents being completed without error needs to be addressed with our providers.

Program Compliance Committee Meeting
Crisis Services Department, Quarterly Report, 2nd Quarter FY 23/24
Daniel West, Director of Crisis Services
Date: 4/10/2024



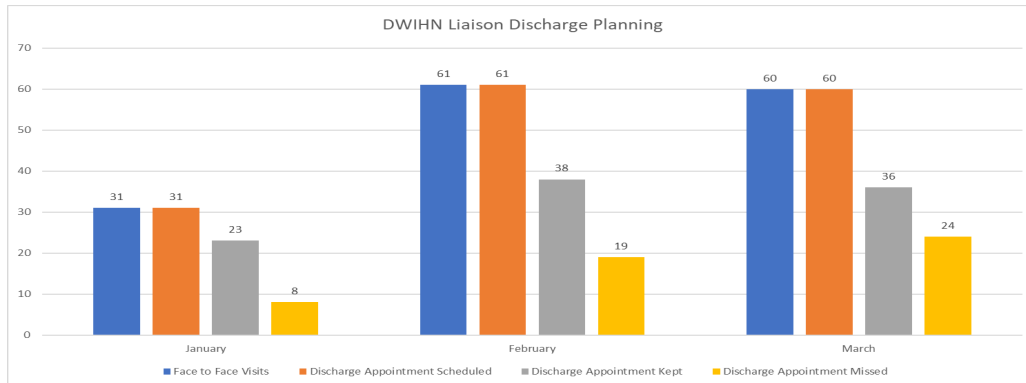
Main Activities during 2nd Quarter Reporting Period: FY23/24

- **Inpatient discharge planning for members without an assigned CRSP.**
- **CRSP training on inpatient discharge planning process.**
- **Reduce inpatient hospitalizations.**

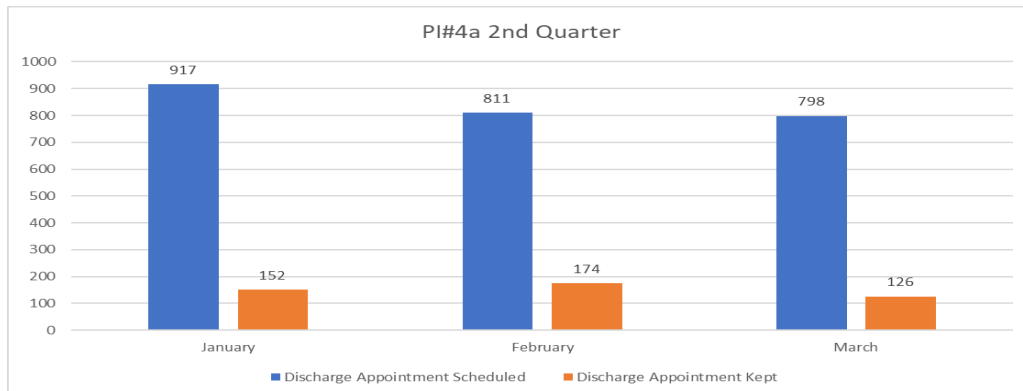
Progress On Major Activities:

Activity 1: Inpatient Discharge Planning for Members without an Assigned CRSP

- **Description:** Hospital Liaisons in the Crisis Services Department meet with members face-to-face at the inpatient hospitals. Liaisons work with the members to establish a CRSP of preference and coordinate with the preferred CRSP and the hospital treatment team to ensure hospital discharge appointments are kept. The Crisis Services Department intends to support improvement in PI#4a and PI#10 for members who are hospitalized without an assigned CRSP. The two tables below show the benefit of Hospital Liaisons coordination with assisting members in keeping their post hospital discharge appt. The first table shows persons that kept hospital discharge appts with the support of Hospital Liaisons. The second table are members that did not have coordination with a Liaison.
- **Current Status:**



In the 2nd Quarter, 63% of members seen by DWIHN kept their hospital discharge appointments.

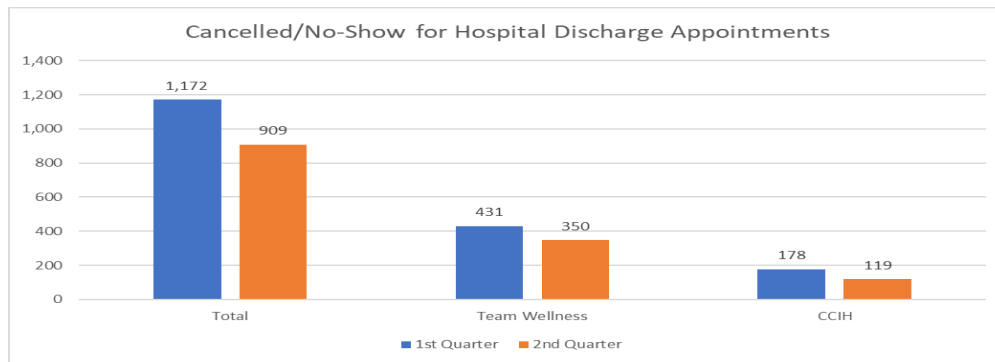


***Data Preliminary:** In the 2nd Quarter, approximately 20% of members kept their hospital discharge appointments overall.

- **Major Tasks and Accomplishments During Period:** Liaisons visited 152 members on inpatient units and 63% of members kept their 7 day follow-up appointments. For members that miss their follow-up appointments, liaisons reach out to revisit plans and notify the chosen CRSP.
- **Needs or Current Issues:** Liaisons have found a challenge in reaching members post-discharge due to accuracy of contact information.
- **Plan:** The team worked with PCE to ensure screening agencies verify contact information upon completion of the pre-admission review. While visiting members in hospitals, liaisons will ensure contact information is accurate prior to discharge and included on hospital discharge planning worksheet.

Activity 2: CRSP Training on Inpatient Discharge Planning Process

- **Description:** Due to the number of members served by TWC and CCIH these providers have higher cancellation/no-show for scheduled hospital discharge appointments among other CRSPs. The Crisis Services Department developed and trained TWC and CCIH on a process to engage in the discharge planning. Training has taken place at BCA Stonecrest and Henry Ford Kingswood. The table below shows preliminary data on how this process will be beneficial for persons served.
- **Current Status:**

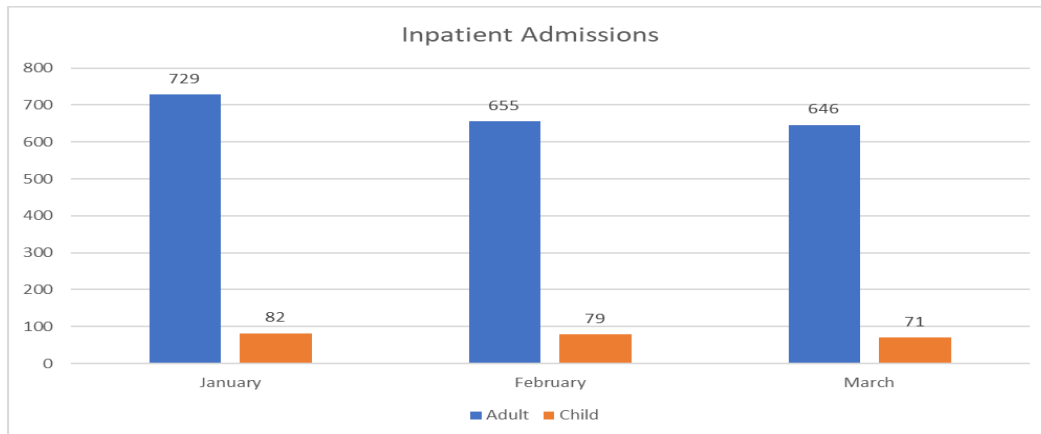


****Data preliminary**

- **Major Tasks and Accomplishments During Period:** The Crisis Services Department has trained TWC and CCIH staff to engage in the developed process for discharge planning. Staff from TWC and CCIH shadowed DWIHN hospital liaisons in the inpatient facilities, and were shown processes/procedures currently utilized. Tracking methods were established to gain baseline data and to gauge effectiveness.
- **Needs or Current Issues:** TWC accounted for 38% of missed hospital discharge appointments in the 1st and 2nd quarters, and CCIH accounted for 14%. The Crisis Services Department has reinforced the importance of the CRSPs engaging in hospital discharge planning for their assigned members.
- **Plan:** The Crisis Services Department will continue training for staff from TWC and CCIH in this process, and track/monitor results to increase kept hospital discharge appointments for their assigned members.

Activity 3: Reduce Inpatient Hospitalizations

- **Description:** The Crisis Services Department works with CRSPs, inpatient hospitals, DWIHN UM, screening agencies and the DWIHN Adult/Children’s Initiatives Departments to reduce the number of inpatient hospitalizations. DWIHN Liaisons share information and coordinate aftercare appointments for members to promote member care in the least restrictive environment.
- **Current Status:**



- **Major Tasks and Accomplishments During Period:** Inpatient hospitalizations for adults and children have decreased from January to March. Liaisons monitor member crisis encounters in the ED and work with Adult/Children’s Initiatives. These departments make contact to the treatment team to ensure the assigned CRSPs are responsible for updating treatment plans, crisis plans, and ensure members are authorized services based on medical necessity to support community inclusion to prevent future crisis.
- **Needs or Current Issues:** The community needs ongoing information on the availability of crisis services.
- **Plan:** DWIHN and its provider partners provide mobile crisis stabilization for adult and child members in the community. With the addition of these services, DWIHN hopes to see an increase in people contacting mobile crisis teams for de-escalation, instead of going to EDs for crisis supports.

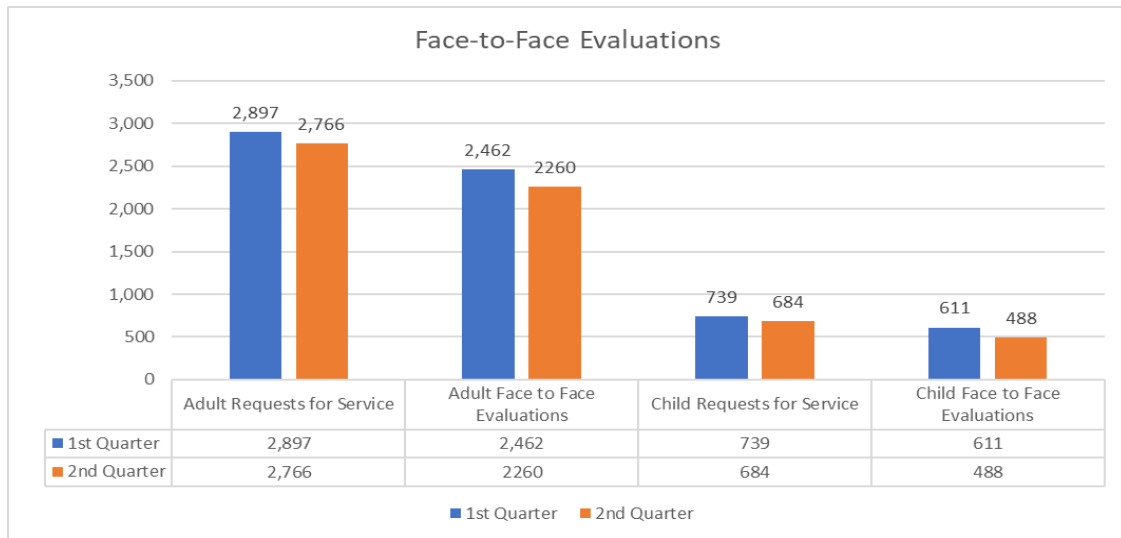
Quarterly Update:

- **Things the Department is Doing Especially Well:**
The Crisis Services Department developed a process to see members in inpatient hospitals that do not have an assigned CRSP to support and coordinate discharge planning. DWIHN Liaisons are providing due diligence to ensure members are keeping their hospital discharge appointments. Liaisons leverage relationships at the CRSP and the inpatient hospitals to ensure members have a choice in where they attend their hospital discharge appointments.
- **Identified Opportunities for Improvement:**
The Crisis Services Department identified a need for training for screening agency clinicians to promote utilization of lower levels of care within crisis encounters. The team will create and execute a training on lower levels of care to increase knowledge of member options in crisis.

- **Progress on Previous Improvement Plans:**

	Recidivism	
	Adult	Child
1st Quarter **	17.59%	8.62%
2nd Quarter **	14.22%	5.23%
	** Preliminary	

- Recidivism has decreased for adults and children from the 1st quarter.



- In the 2nd quarter, 82% of evaluations for adults were conducted face-to-face, 71% of child evaluations were conducted face-to-face. NOFC indicated staffing issues have contributed to a percentage below the standard of 80%.

Program Compliance Committee Meeting
Rai Williams/Director of Managed Care Operations Monthly Report
January – March 2024



Main Activities during August:

- **Preliminary Employee Satisfaction Survey Results**
- **Credentialing**
- **New Provider Changes to the Network/Provider Challenges**
- **Procedure Code Work Group**

Progress On Main Activities:

Activity 1: Preliminary Employee Satisfaction Survey Results

- *Description:* The purpose of the employee satisfaction survey was to gain valuable insights into the collective sentiment and morale of the Managed Care Operations staff. It measured various aspects of the employee experience, including job satisfaction, engagement, professional growth and development, management effectiveness, and departmental communication. The purpose of gathering the data was to highlight areas of improvement, create a feedback loop to facilitate open communication, guide future training and development programs, strengthen managerial effectiveness, support strategic planning and measuring progress over time. The overarching goal was to create a positive work environment supporting employee’s well-being and aligning the department with DWIHN’s mission, values, and objectives.
- *Current Status:* The first survey was completed April 3rd, with 84% of available staff participating. The survey results highlighted that most employees are either very satisfied or somewhat satisfied with their current roles.

How satisfied are you with your current role in Managed Care Operations?

[More Details](#)

● Very satisfied	8
● Somewhat satisfied	7
● Neither satisfied nor dissatisfied	2
● Somewhat dissatisfied	0
● Very dissatisfied	0



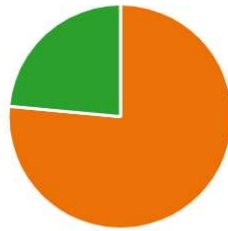
- Collaboration withing the team is generally rated well with 16 responses in the positive out of 17, but there are notes on the effectiveness of communication and a desire for more transparency.
- Supervisor effectiveness is rated highly in most cases with employees feeling supported and staff feeling comfortable discussing concerns with their supervisors, indicating a positive sign of open culture.

- Most employees feel the training for their roles have been sufficient and others have identified areas where they seek more support.

Have you received adequate training for your role in MCO?

[More Details](#)

● Yes, more than enough	0
● Yes, sufficient	13
● No, I need more training	4
● No, I haven't received any traini...	0



- Things to Highlight:

Is there any other feedback or comments you would like to share with the department leadership?

12	anonymous	I feel very supported here in MCO. The MCO team work well together and my supervisor and I work especially well together. We were able to quickly get in sync.
13	anonymous	The improvement in communication has been remarkable. The timely updates, clear directives, and open channels of communication have fostered a more productive and cohesive work environment. It's evident that my manager and director are actively listening to employee feedback and implementing necessary changes.

- *Significant Tasks During Period:* MCO leadership has concluded several meetings to identify barriers, identify areas of improvement and strategize how to improve the employees' experience with the department. We have developed several audit workgroups to ensure that the applicable policies and procedures are updated, evidence is collected, interventions are documented in addition to initiatives being measured and monitored. In addition, we are in the process of revising the Training Manual and Resource guides to include Standard Operating Procedures and Workflows, addressing the need for more standardized practices and written procedures. Also, this survey was developed to introduce a new feedback loop for staff, addressing the concerns for open and transparent communication.
- *Major Accomplishments During Period:* The leadership team met in person for team building and strategic planning. We spent time reviewing previous processes, assigning new initiatives to staff, and welcoming our newest Senior Provider Network Manager. We enjoyed seeing other DWIHN staff in person and the comradery. MCO staff also had a team outing celebrating submission of our NCQA Accreditation standards and congratulating one of our colleagues on her new journey. 17 staff members showed up to fellowship and celebrate all our recent accomplishments, with most staff indicating they are looking forward to the next team building exercise.

- *Opportunities:* MCO is actively recruiting for 5 open positions which will further enable us to properly address the needs of both the Contracting and Credentialing teams. In addition, we are constantly looking for more ways to automate our processes and research best practices for onboarding new providers or expanding current contracts. We will continue to leverage technology when possible and look forward to integrating databases or software systems to streamline our processes.
- *Plan:* Continue to survey staff on a quarterly basis to regularly collect feedback. Supervisors will also meet with staff one on one to continue to improve relationships, identify professional development goals, and ensure staff receive timely feedback. Additionally, we will train staff and other departments on the onboarding process and credentialing.

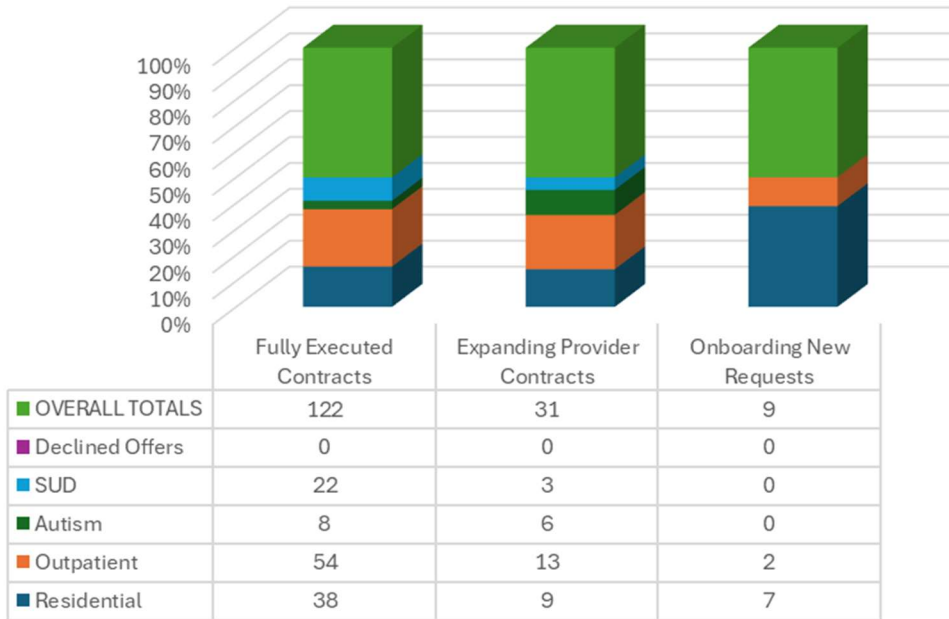
Activity 2: Credentialing

- *Description:* The vetting and approval process for both current and new provider(s) into the DWIHN provider network.
- *Current Status:* Q2 Fiscal Year 23/24- 316 practitioners were approved, and 63 providers were approved.
- *Significant Tasks During Period:* The Credentialing team held two provider credentialing meetings to discuss issues, concerns, and process improvements regarding Credentialing applications. The team went over additional training, including organizational credentialing applications, MHWIN Staff File Maintenance and the Recredentialing Process. The team has successfully complied with ICOs and NCQA for auditing and accreditation review(s).
- *Major Accomplishments During Period:* Credentialing has collaborated with HR on developing a new process to ensure DWIHN Direct Staff are credentialed appropriately. The Credentialing Team also has met with providers individually offering additional support and opportunities to correct the credentialing applications in progress. Credentialing has also developed an outreach strategy to ensure that providers are timely with their submissions to Medversant. Lastly, the Credentialing team meets quarterly for team building exercises and discuss any new changes, issues or challenges.
- *Opportunities:* We continue to work with Medversant Technologies, LLC to credential the DWIHN provider network in a timely fashion. We are also looking to hire more staff to meet the needs of the organization and network.

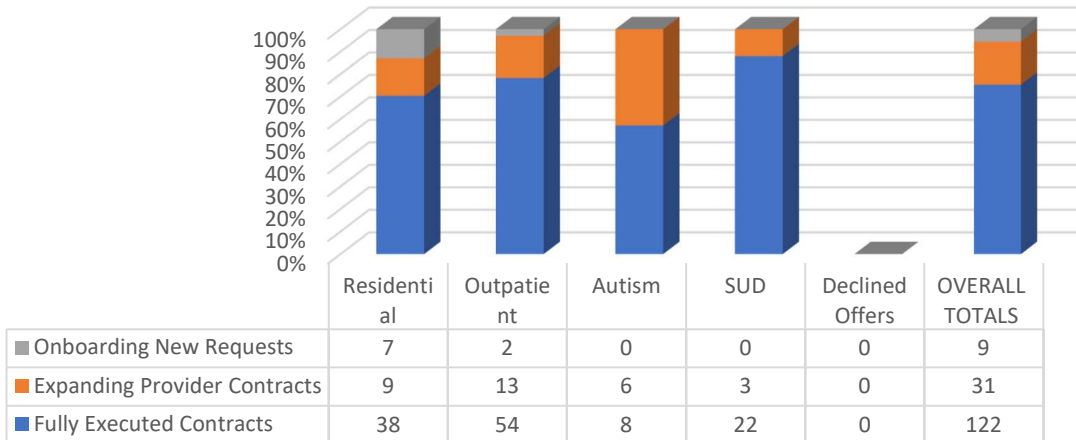
Activity 3: New Provider Changes to the Network/Provider Challenges

- *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:* DWIHN continues to monitor and notice changes in the network. We are adding additional providers to our network based on need. Request for Proposals (RFP) are also utilized as a means recruiting new providers, particularly in areas of shortages (e.g. Autism). In the 2nd Qtr. of FY 23-24 there was a total of 31 new location/service additions and 9 new providers added to the DWIHN network.

Contracted & Onboarding Providers
FY2023 - 2024
2nd Quarter



Contracted & Onboarding Providers
FY23/24
2nd Quarter



- *Significant Tasks During Period:* We are currently working to improve the onboarding process for existing providers. We have developed new processes working closely with IT to automate the process and pre-screen inquiries to the network. Next, we will also be utilizing Quest Analytics to assist with determining network adequacy, improving access to care and access to service.
- *Major Accomplishments During Period:* Created contingency plan to monitor/track expansion request. Required additional licensure for Smartsheet. Met with internal stakeholders to expand Provider Inquiry Form to include Provider Expansions. 427 fully executed contracts.

- *Plan:* Meet with internal departments to combine review tools to expedite new providers and existing providers through onboarding process, continue to train internal/external stakeholders on onboarding process, train additional staff on HCBS review tool.

Activity 4: Procedure Code Workgroup (PCWG)

- *Description:* The Procedure Code Workgroup assists providers by troubleshooting claims and with authorization concerns.
- *Current Status:* In the 2nd Quarter of Fiscal Year 2024, the PCWG resolved 169 tickets; 1740 MDHHS rate updates; 60 new codes, 162 additional codes/rate changes to existing programs or contracts, 64 provider requested changes.
- *Significant Tasks During Period:* project: Completed expiring 1401 contract fees schedules regarding (99417) code in the MH Adult Outpatient contracts Rate updates (0100) for Pine Rest Hospital.
- *Major Accomplishments During Period:* Created the new COB Secondary claims contract program and deployed it to all the hospitals. Setup Intensive Crisis Stabilization Contract Programs for Children and adults.
Needs or Current Issues: Ensure that credentialing information and new services match information on the provider request form to ensure contract fee schedules are added correctly.
- *Plan:* Track turnaround times for PCWG tickets. Ensure new programs and services are added and available for use. Will run cube reports to monitor and verify services credentialed/contracted are in alignment with contract fee schedules deployed.

Program Compliance Committee Meeting
Leigh Wayna, LMSW – Director of Utilization Management
FY 24 Q2 Report



Main Activities during Reporting Period (FY 24 Q2):

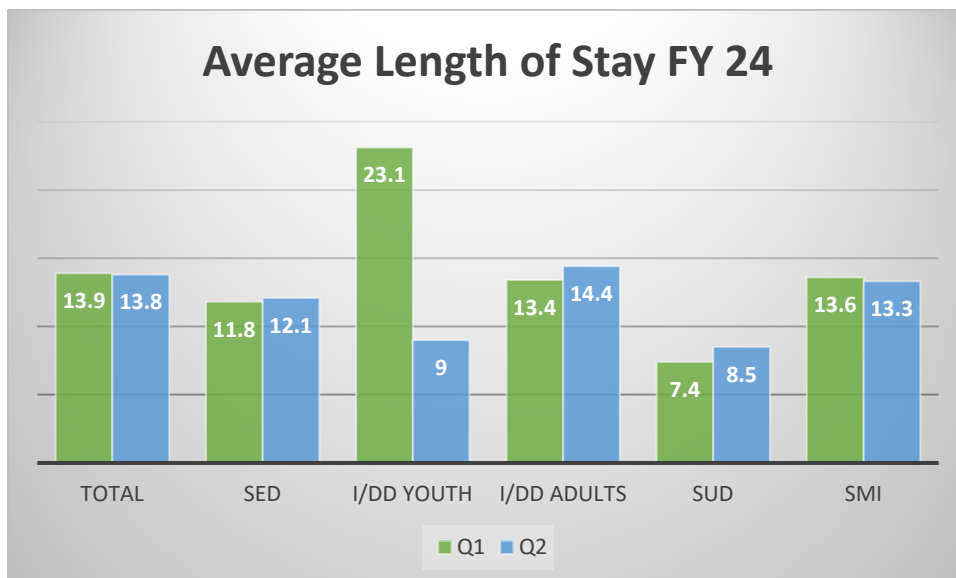
- Length of Stay in Acute Inpatient Hospitals
- General Fund Authorization Requests
- Timeliness of Disposition of Authorization Requests

Progress On Main Activities:

Activity 1: Length of Stay Monitoring in Acute Inpatient Hospitals

- *Description:* The Utilization Management Department monitors average length of stay to ensure medical necessity is met and to ensure that the appropriate level of care is being authorized.
- *Current Status:* The average length of stay (LOS) for all inpatient admissions was examined for Q2 of FY 24. The chart below shows that from Q1 to Q2, there was not a significant change in many of the populations served, however the I/DD Youth population saw a significant decrease from 23.1 days to 9 days. This can be attributed to outlier cases that were discharged and no longer included in the data.

Average Length of Stay FY 24		
	Q1	Q2
Total	13.9	13.8
SED	11.8	12.1
I/DD Youth	23.1	9
I/DD Adults	13.4	14.4
SUD	7.4	8.5
SMI	13.6	13.3



- *Significant Tasks During Period:* Bi-weekly Case Consultation Meetings with staff to discuss management of cases with longer lengths of stay. Collaborative Meetings with Clinical and Residential Teams to discuss discharge planning and case management of the members who have longer lengths of stay. Reinstatement of a former standing meeting to discuss members with significant recidivism, length of stay or complex discharge planning needs.
- *Major Accomplishments During Period:* Though there has not been a significant overall change in length of stay, we have noted a very significant decrease in the length of stay for our Youth I/DD Population from 23.1 in Q1 to 9 in Q2. This can be attributed to the number of youth with I/DD who are in inpatient psychiatric treatment tends to be extremely low at any given time, and from January to February we had one member who had a long length of stay and was then moved to a next level of care, which significantly impacted that change.
- *Needs or Current Issues:* As detailed above, the length of stay has decreased slightly for our total population, and significantly this quarter for the youth I/DD population. To impact (and decrease) lengths of stay for members of other populations, we continue to explore alternatives such as Intensive Community Transition Services (ICTS) and Psychiatric Residential Treatment Facilities (PRTF) Programs, operated by MDHHS, that can provide safe, secure discharge arrangements for individuals who continue to need a high level of intense services, but no longer meet medical necessity to remain in an acute psychiatric hospital setting. DWIHN is currently working with MDHHS to obtain clear eligibility requirements for referral to both the ICTS and PRTF Programs.
- *Plan:* UM Representatives will continue to be present at meetings in which complex cases are discussed. We will also continue to participate in hospital liaison meetings, partnering with our Crisis Services Department. We have started the referral process for ICTS and PRTF Programs for members needing these levels of care. Additionally, we have taken leadership of the recently reinstated standing meeting to discuss members with significant recidivism, length of stay or complex discharge planning needs.

Activity 2: General Fund Authorization Monitoring.

- *Description:* Of the General Fund Exception authorization requests reviewed during February, there were 823 approvals. The number of administrative denials was 116 during February; 47% of which were for members with active Medicaid and 53% for other reasons.
- *Current Status:* Ongoing Monitoring of Trends. Revision of the General Fund Benefit Grid and discussions of CCBHC authorizations that show as “General Fund”.

The following chart shows the FY 2024 Q1 General Fund patterns:

General Fund Fiscal Year 2024		
	Q1	Q2
1st Time Requester	715 Adult 58%, Child 33%	511 Adult 74%, Child 16%
Repeat Requesters	No Data	74 Adult 75%, Child 15%
Approvals	1530	2641
Administrative Denials	204 Insured 80%, Other 20%	410 Insured 80%, Other 20%

- *Significant Tasks During Period:* Attention has been given to CCBHC Authorization Requests that come through as General Fund Requests. For these requests, we have determined that the typical 90-day authorization period for GF is inappropriate, and instead authorizations will be allowable for any medically necessary period for this population. Additionally, we have reviewed and revised the General Fund Benefit Grid to include additional services for our members. This will reduce the number of denials we must issue and will provide a safety net for members who may lose Medicaid Insurance Benefits due to the reapplication process or due to not meeting their spend down amounts during a given month.
- *Major Accomplishments During Period:* Collaborated with MDHHS Specialist Team to examine the barriers to members meeting their spend downs on a monthly basis.
- *Needs or Current Issues:* Continued discussion and messaging to the provider network regarding the importance of including the maintenance of health insurance benefits in their discussions with the members and their families.
- *Plan:* Continued collaboration with CRSP Providers regarding reinstatement of member insurance plans. Continued education and support for CRSP providers regarding processing Spend Downs.

Activity 3: Timeliness

- *Description:* Outpatient and Substance Use Disorder Authorization Requests are categorized as non-urgent pre-service requests. These requests are to be dispositioned within a 14-day timeframe from the date of the request.
- *Current Status:* Continued improvement in timeliness of authorization dispositions.
- *Significant Tasks During Period:* The Utilization Management Department has researched the volumes of authorization requests that require extended time to manage (example: Authorizations needing return to requester for corrections of the IPOS; authorizations submitted after the requested effective date and needing additional

information and justification as to why the request is being received post service rather than pre-service).

We found that approximately 15-20% of all authorization requests being received are having to be returned for corrections and an additional 20-25% are needing to be returned due to being received post-service rather than pre-service. To address this, we have requested performance improvement plans from three (3) Clinically Responsible Service Providers (CRSPs) and currently evaluating the data trends of the remaining CRSPs.

	Authorizations Requested	Late (30+ Days)	Returned
Provider 1	3334	435	863
		13%	26%
Provider 2	1204	247	275
		21%	23%
Provider 3	2230	467	516
		21%	23%

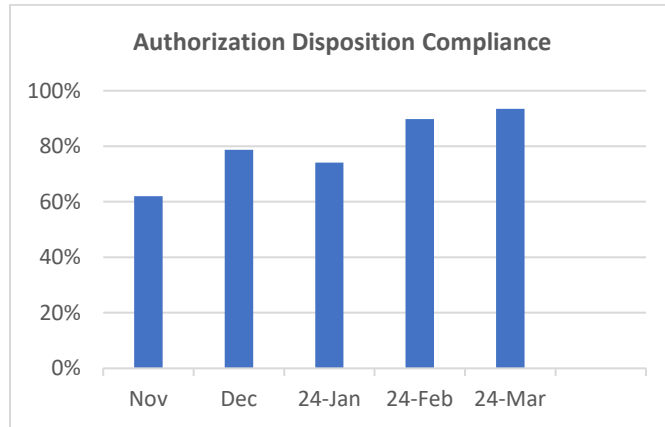
- *Needs or Current Issues:* Improvement in the quality of authorization requests received from the network is imperative, as much of the timeliness challenge stems from having to manage and return requests for frequent corrections. The UM Team is collaborating with our Quality Improvement and MCO teams to assist with this challenge.
- *Plan:* Continued collaboration with other departments to train the provider network on the necessary clinical documentation that is needed to be completed to authorize services. Additionally, as noted above, an ongoing project to clear old, “returned” authorization requests that the requesters have not re-submitted to us.

Quarterly Update:

- **Things the Department is Doing Especially Well:**
 - We have spent a great deal of time this quarter getting prepared for our NCQA Accreditation process. Many of the NCQA Standards that are “Must Pass” fall within the UM Purview.
 - Structured Performance Improvement Plans being worked on with our provider network to improve the quality of the authorization request process.
 - Structured and consistent case consultations (both internal to our department and collaboratively with other departments) to impact and reduce length of stay and recidivism.
- **Identified Opportunities for Improvement:**
 - As identified above, decreasing our average length of stay for members in acute inpatient hospitals, increasing our member’s enrollment in health insurance coverage and timeliness of authorization dispositions continue to be our three areas of focus at this time.

- **Progress on Previous Improvement Plans:**

- Since November 2023, we have implemented an internal Performance Improvement Plan for Timeliness of dispositions. A new process have been disseminated to staff and we have begun to see an upward trend in our compliance rate. (November 2023- 62%, December- 78.8%, January- 74.1%, February- 89.8%, March was 93.5%)





UTILIZATION MANAGEMENT PROGRAM EVALUATION

FY 2023

Demographics

	FY 2022	FY 2023
Unique Members Served	75,944	76,549
General Medicaid - (Includes Medicaid, Healthy Michigan, Habilitation Waiver)	76%	77%
General Fund	8%	8.5%
MiHealth Link	7%	8.4%
Block Grant and State Disability Assistance (SDA)	7%	10.1%

Utilization Management Goals FY 23

Strategic Plan Pillars

1. Customer Services Pillar
2. Access Pillar
3. Finance Pillar
4. Workforce Pillar
5. Quality Pillar
6. Advocacy Pillar



Customer Services Pillar Goals FY 23

	Met	Not Met
1. <i>Utilizing Provider and Practitioner Satisfaction Surveys related to service access and Utilization Management, make recommendations for improvement regarding service provision, treatment experiences and outcomes.</i>	X	
2. Develop Components to Support the Self Determination by enabling individualized budget agreements in the MHWIN system along with a standardized IPOS	X	
3. Increase the competencies around Self Determination, Shared Decision Making and Person-Centered Planning	X	
4. Self-Determination and Self-Directed Arrangements across all populations served.	X	

Access Pillar Goals FY 23

	Met	Not Met
1. DWIHN will achieve and maintain at least 95% enrollment in the HSW	X	
2. Monitor the use of specialty behavioral health waiver programs: Autism- Spectrum-Disorder (ASD) benefit, Habilitation and Supports Waiver (HAB), Children's Waiver Program (CWP) and Serious Emotional Disturbances Waiver (SED) through the development and on-going review of DWIHN policies and procedures and monthly monitoring reports.	X	

HSW Enrollment FY 23

Fiscal Year 23												
	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept
Total Slots	1084	1084	1084	1084	1084	1084	1084	1084	1084	1084	1084	1084
Used	1009	1009	1008	1007	1007	1005	1015	1019	1026	1029	1037	1054
Available	76	76	76	77	77	79	69	65	58	55	47	30
New Enrollments	9	5	6	2	7	6	13	11	13	17	16	22
Disenrollments	4	8	4	8	8	3	4	6	7	6	5	2
Utilization	93%	93.1%	93%	92.9%	92.9%	92.7%	93.6%	94%	94.6%	94.9%	95.8%	97.2%

Finance Pillar Goals

	Met	Partially Met	Not Met
Promote collaboration and provide guidance to the system by identifying patterns of behavioral health service utilization by funding source and by monitoring over and underutilization of services using dashboards.		x	

During FY 23, it appeared that services were being underutilized. This was attributed to agencies have a lack of understanding of the use of the SUG guidelines. Many CRSP agencies were implementing standard practices of requesting authorization for the exact number of services covered by the SUG to provide flexibility for the member to utilize up to that amount. Going into FY 24 this is something the UM Department will be working with the CRSP agencies to address.

Preliminary data reviewed for 3 of our CRSP agencies shows that in September 2023 for example the utilization of several services was significantly lower than the amount of the services that was authorized.

Finance Pillar Goals - September 2023

CRSP 1: Service	Units Authorized	Units Claimed	Percent Claimed
ACT Assertive Comm Treat -- H0039	1,568	417	26.59%
Community Living Supports -- H2x15	1,092	800	73.26%
BHH -- S0280	36	4	11.11%
Targeted Case Management -- T1017	17,783	520	2.92%
Therapy, Mntl Hlth Chd/Adlt -- 9083x	7,251	113	1.56%
Therapy, Mntl Hlth Chd/Adlt--90853	5,533	44	0.80%
Therapy, Mntl Hlth Chd/Adlt -- 992xx	4,354	213	4.89%

Workforce Pillar Goals

	Met	Not Met
Assure fair and consistent UM/review decisions based on MCG, Local Coverage Determination (LCD), National Coverage Determination (NCD) and/or American Society of Addition Medicine (ASAM) medical necessity criteria by monitoring the application of the applied criteria and service authorizations for behavioral health services (including substance use disorders) using a standard inter rater reliability process system wide.	X	

FY 23 Interrater Reliability Testing Summary

GROUP	# OF STAFF TESTED	# Successfully Passed
COPE	16	16
New Oakland	18	18
DWIHN Residential Unit	17	17
DWIHN UM, MDs, SUD, Autism	29	29
ACT Staff – TGC, NEG, CCIH, LBS, AWB, CCS, Hegira, DCI, Team	38	38
TOTALS	118	118

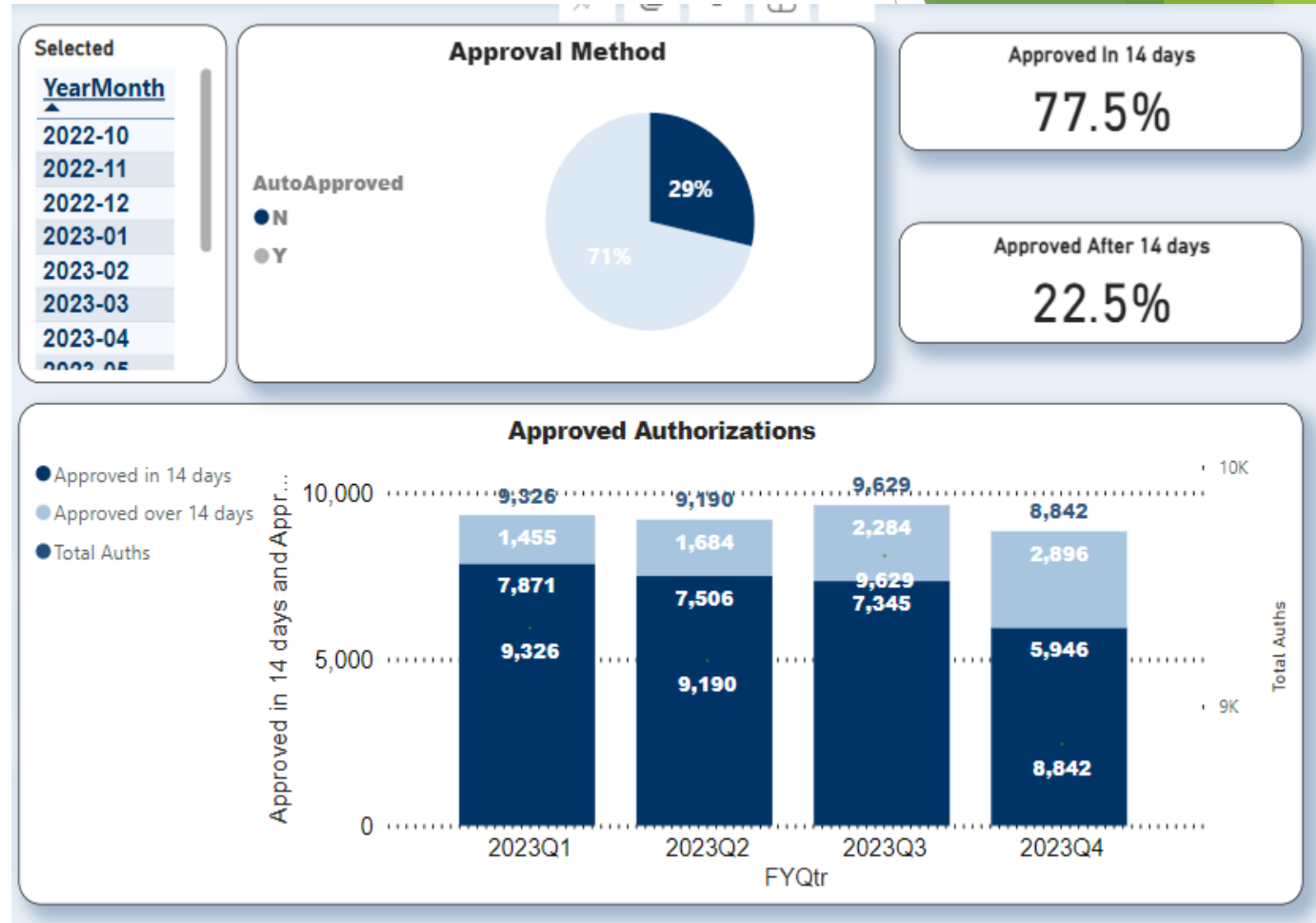
Quality Pillar Goals

	Met	Partially Met
<i>Engage community stakeholders in the development and implementation of processes that promote clinical review procedures, practices and correction actions to ensure systemwide compliance with DWIHN, State, Federal regulations and National Committee for Quality Assurance (NCQA).</i>		X

Quality Pillar Goals

For FY 2023 it was discovered that the previous method for tracking timeliness of UM Reviews was inaccurate.

Upon correcting the inaccuracy, it was noted that for FY 23 there was a 77.5% compliance rate (approved within 3 days for urgent pre-service reviews, approved within 14 days for non-urgent pre-service reviews).



GOALS FOR FY 24

Increase compliance of timeliness of authorization dispositions to 90%

Address the over/under utilization trends with the provider network.

Achieve MMBPI 15% or less hospital recidivism quarterly standard for adults and children.**

Maintain HSW Enrollment of 95% or above.

QUESTIONS?

**Program Compliance Committee Meeting
Director of Quality Improvement QAPIP
Work Plan Update FY24
April 10, 2024**



Main Activities during Quarter 2 Reporting Period:

- Michigan Mission Based Performance Indicators Data Reporting
- MDHHS Annual Full Site Review Update
- HSAG Annual Site Review Update

Progress on Major Activities:

Activity 1: Michigan Mission Based Performance Indicators:

Description:

The Michigan Mission Based Performance Indicators (MMBPI) measures how effectively DWIHN is serving people in need. These indicators include timeliness, reduction of hospitalizations, and overall improvement of people's lives. There are six (6) reportable performance indicators that have been established by the Michigan Department of Health and Human Services (MDHHS). It is the responsibility of the Pre-Paid Inpatient Health Plan (PIHP) to collect, analyze, and submit data on a quarterly basis to MDHHS.

Current Status:

Please find below the finalized rates for the 1st Quarter 2024, compared to the preliminary rates for the 2nd Quarter 2024. Note that the rates for the 2nd Quarter are preliminary and will be finalized on June 30, 2024. DWIHN has performed exceptionally well, achieving scores of 90% or higher in five out of six state performance indicators. We have successfully reduced Indicator 10 (Recidivism) for adults from 17.58% in Q1 to 14.87% in Q2 (preliminary), a 2.71 percentage point improvement. Our consistent performance with PI#10 (children) is also noteworthy. However, there is a need for improvement in PI#2a, which currently stands at 51.0% for (Q2) against the standard of 57%. The root cause of this issue is the shortage of staff, which has affected providers' ability to complete the Integrated Biopsychosocial assessment within the required 14 days of the request for PI#2. To address this shortage, DWIHN has implemented financial incentives and will closely monitor outcomes through providers meetings and data outcomes to determine the effectiveness of the incentive model.

Performance Indicators	Population	1st Quarter	2nd Quarter Preliminary	Standard
Indicator 1: Percentage who Received a Prescreen within 3 Hours of Request	Children	99.30%	98.25%	95% or higher
	Adults	96.44%	97.02%	95% or higher
	Total	97.03%	97.27%	
Indicator 2a: Percentage who Received completed Integrated Biopsychosocial within 14 days.	Total population rate	47.64%	51.0%	57% or higher
Indicator 2b(e): Percentage of New Persons Receiving a face-to-face service for Treatment or Supports within 14 calendar days of a request for persons with SUD)	Total population rate	86.58%	85.10%	68% or higher
Indicator 3: Percentage who Received completion of follow up services within 14 days of completed Biopsychosocial.	Total population rate	85.22%	84.2%	83% or higher
Indicator 4a & 4b: Percentage who had a Follow-Up within 7 Days of Discharge from a Psychiatric Unit/SUD Detox Unit	Children	97.78%	93.63%	95% or higher
	Adults	98.67%	93.17%	95% or higher
	Total	98.60%	93.40%	
	SUD	97.25%	95.74%	95% or higher
Indicator 10: Percentage who had a Re-Admission to Psychiatric Unit within 30 Days	Children	8.62%	5.42%	15% or less
	Adults	17.58	14.87%	15% or less

Needs or Current Issues:

As stated above, the provider network of DWIHN continued to experience a shortage of staff, which is having an impact on their ability to complete the Integrated Biopsychosocial assessment within the required 14 days of the request. DWIHN has implemented financial incentives to deal with the shortage of staff. We will be closely monitoring our outcomes to determine the effectiveness of this incentive model.

Significant Tasks During Period:

- During the 45-day meetings with the Clinically Responsible Service Providers (CRSP), we discussed various topics such as Performance Indicators, barriers removal, new interventions, recognized positive quality outcomes and more.
- The QI team is working with CRSP providers, internal DWIHN departments, and hospital liaisons to coordinate care for discharge planning.

Plans:

DWIHN will continue to monitor and focus its efforts on the following identified interventions:

- Working with the CRSP to address staff shortages throughout the network to ensure that members receive services within the appropriate timeframes.
- Working to increase network capacity in effort to improve compliance.
- Continuing to work with DWIHN's Crisis Team to identify any potential delays in care.
- Continuing engagement and collaboration with members' outpatient (CRSP) providers to ensure continuity of care, especially when members present to the ED in crisis but may not require hospitalization.
- Providing referrals to Complex Case Management (CCM) for members with high behavioral needs.

Activity 2: MDHHS Annual Full Site Review

Description: MDHHS is currently conducting a Full Site Review of Detroit Wayne Integrated Health Network (DWIHN). The review will cover several programs including the Habilitation Supports Waiver for Persons with Developmental Disabilities (HSW), the Children's Home and Community-Based Services Waiver (CWP), the Children's Serious Emotional Disturbance Home and Community-Based Services Waiver (SEDW), and the 1915 (i) State Plan Amendment (iSPA). The review is scheduled to conclude on Friday, April 26, 2023. The purpose of the review is to ensure compliance with the Home and Community-Based agreements with the Centers for Medicare & Medicaid Services.

Current Status: DWIHN has received positive feedback during the review of their clinical case records and staff qualifications files. MDHHS is currently assessing 118 clinical case records of members who are receiving Waiver and iSPA services, along with 398 staff professional and aide files. During the review of member clinical records and staff files, MDHHS has noted numerous strengths, such as evidence of staff credentials and training, health appraisal within the IBPS, evidence of satisfaction, high praise for some plans of service, and high praise for some Wraparound plans

Needs or Current Issues: MDHHS has identified a need for improvement in the documentation required to demonstrate compliance with the Home and Community-Based Services (HCBS) Final Rule. To address this issue, the Quality Improvement (QI) team will provide training and technical assistance to the provider network. The QI team will monitor compliance through case records and site reviews to determine the effectiveness of the efforts.

Plans: Ensure that service providers comply with MDHHS policies and procedures and meet credentialing standards before rendering waiver services.

Activity 3: HSAG Annual Reviews:

Description: DWIHN is subject to External Quality Reviews (EQR) through the Health Services Advisory Group (HSAG) to ensure compliance with all regulatory requirements in accordance with the contractual requirements with MDHHS. HSAG completes three separate reviews annually: the Compliance Monitoring Review, Performance Measure Validation (PMV) and Performance Improvement Project (PIP).

Current Status: In March, DWIHN received notification from HSAG stating that the Performance Measurement Validation (PMV) Review for FY2024 will be scheduled between July 22, 2024 – August 2, 2024. The Performance Improvement Project submission for initial validation is due on July 15, 2024, and the Compliance Review is scheduled for September 6, 2024. HSAG will conduct a technical assistance webinar on May 21, 2024, to provide instructions for the Compliance Review and discuss its scope. DWIHN received Full Compliance of 100% in all reportable areas for FY2023 PMV Review and Compliance Review. The goal of the PIP is to achieve significant improvement sustained over time through ongoing measurements and interventions.

Major Accomplishments During Period: DWIHN successfully completed the certification process by submitting all required documents to NCQA on February 26, 2024, involving all departments.

**Program Compliance Committee Meeting
Vice President of Clinical Operations' Report
April 10, 2024**



CLINICAL PROGRAM UPDATES:

Health Homes: A care management/coordination program for high-need, high-cost Medicaid beneficiaries with chronic health conditions. The goal of health homes is to improve outcomes and decrease costs by increased coordination of services. Michigan has two health home programs: Behavioral Health Home and Opioid Health Home.

Opioid Health Home (OHH): 617 enrollees

- Health Homes are monitoring provider utilization and have issued improvement plans as needed. The team expects results on FY22-23 OHH Pay for Performance measures in the next few weeks. The P4P measure is a 5% performance payment that is proportionally distributed to qualifying providers. DWIHN anticipates meeting at least five (5) of the six (6) performance measures.
- MDHHS is looking to move to a more expansive "SUD Health Home" model, which would add alcohol and stimulant use disorders to the qualifying diagnoses list. This expansion will depend on the final state budget.

Behavioral Health Home (BHH): 708 enrollees

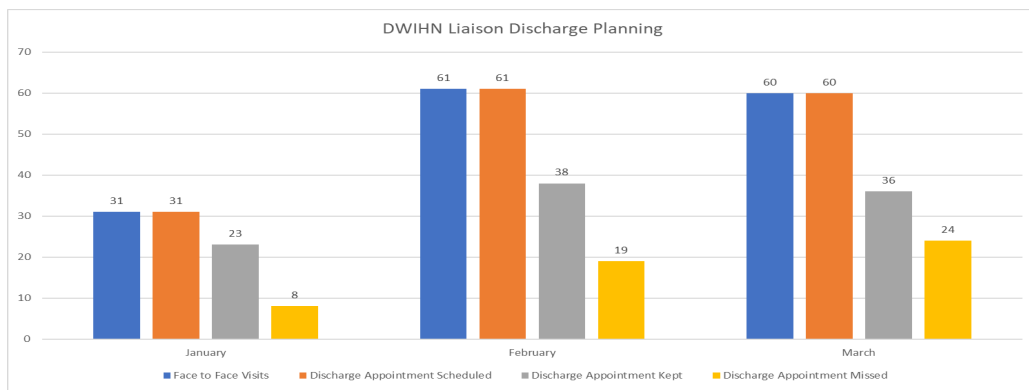
- DWIHN expects results on FY22-23 BHH Pay for Performance measures in the next few weeks. The P4P measure is a 5% performance payment that is proportionally distributed to qualifying providers. DWIHN anticipates meeting at least five (5) of the six (6) performance measures.
- MDHHS will add two additional codes to the BHH program in FY24-25: F91 & F98 [Conduct disorder & Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence]. The goal is to reach more children in the program.

DWIHN will offer the provider network the opportunity to apply to join the BHH or OHH programs for FY24-25 through an RFI process that will expand the health home network and increase the number of people we can reach with these programs.

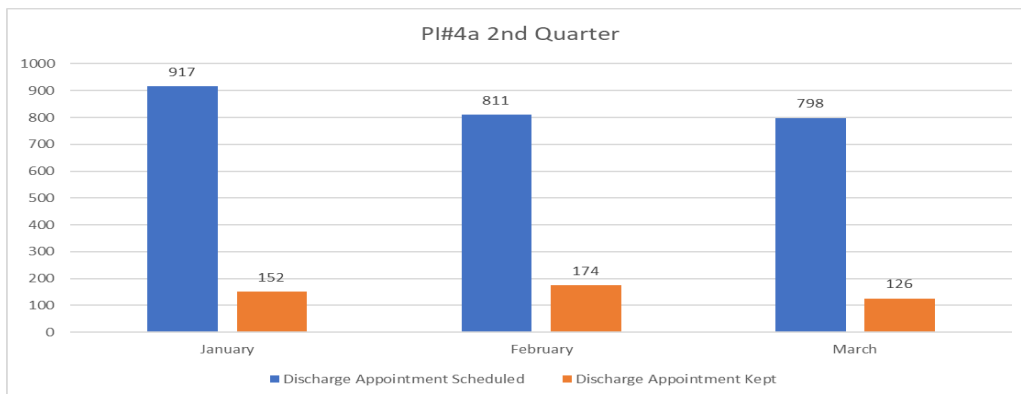
CCBHC Demonstration Expansion: The State of Michigan expanded the CCBHC State Demonstration sites on October 1, 2023. The DWIHN network now has a total of six (6) approved CCBHC sites including ACCESS, CNS Healthcare, Elmhurst Home, Development Centers, and Southwest Counseling Solutions- MiSide. DWIHN continues to provide technical assistance with CCBHC providers. MDHHS's goal is to have 26,099 individuals enrolled in CCBHC services in FY23-24. Current enrollment stands at **8,609**; an increase of 19.78% from February 2024. The Governor's proposed budget was released with funding to expand the CCBHC Demonstration in FY25. The DWIHN team is working internally with MDHHS to validate data to ensure claims and service information are being captured accurately. The expansive eligibility of CCBHC across Medicaid and all types of non-Medicaid persons makes accurate tracking a challenge.

Crisis Services:

DWIHN Hospital Discharge Planning Initiative- Hospital Liaisons in the Crisis Services Department meet with individuals face-to-face at the inpatient hospitals. Liaisons discuss the member’s needs, their chosen Clinically Responsible Service Provider (CRSP), and discharge appointment information. DWIHN Liaisons follow up with Individuals in the community upon discharge to ensure are appropriately linked and their appointment is kept with their chosen clinical provider. The two tables below show the benefit of Hospital Liaisons coordination with assisting individuals in keeping their post hospital discharge appointment. The first table shows people that kept hospital discharge appointments with the support of Hospital Liaisons. The second table is that did not have coordination with a Liaison. Liaisons visited 152 individuals this quarter on inpatient units and 63% kept their 7-day follow-up appointments. For individuals that miss their follow-up appointments, liaisons reach out to the person and notify the chosen provider.



In the 2nd Quarter, 63% of individuals seen by DWIHN kept their hospital discharge appointments.



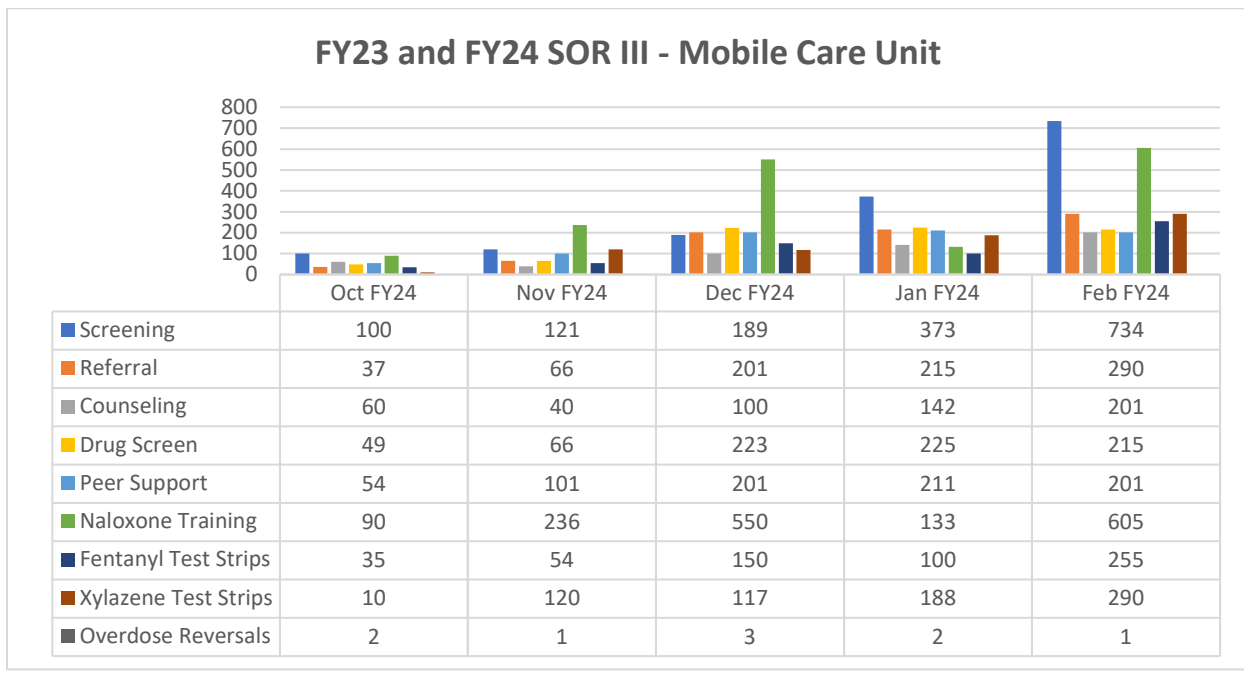
**Data Preliminary:* In the 2nd Quarter, approximately 20% of individuals kept their hospital discharge appointments overall.

Post-discharge follow-up has been difficult due to a lack of accurate contact information for individuals. The team has worked with PCE to ensure screening agencies verify contact information upon completion of the pre-admission review. While visiting individuals in hospitals, liaisons will ensure contact information is accurate prior to discharge and included on hospital discharge planning worksheet.

Substance Use Services (SUD):

The State Opioid Response (SOR) Program in Wayne County is a federal initiative to combat the opioid epidemic. Administered by the Michigan Department of Health and Human Services, the program expands access to treatment, improves care quality, and provides community-based support. Mobile Units are being utilized to increase access and provide services within the community.

Below is mobile unit data for the Overdose Education and Naloxone Distribution (OEND) with Harm Reduction programming for this fiscal year. It's interesting to note that there was a significant increase in OEND and Mobile Unit services provided in Wayne County, which can be attributed to launching two new mobile units and adding xylazine test strips into programming.



MDHHS is exploring opportunities to secure additional funding to support this project. This will allow for more resources to be dedicated to the project, which could help increase education and access to services.

Adult Services:

Med Drop: Med Drop is a community-based intervention that focuses on improving medication adherence for adults. The Adult Initiatives team is working to increase participation with individuals accessing Med Drop services.

There are currently 69 individuals participating in the program. There were 1302 successful med drops in January and 1756 successful med drops in February. Adult Initiatives began collaboration with the Michigan Department of Corrections-Returning Citizens Program to help identify individuals who would benefit from the program.

To date, two (2) individuals have been identified in this program and are working on enrollment. Updates this quarter:

- 31 new referrals
- 14 new cases enrolled
- 8 individuals: declined at intake, moved out of the state, or were referred to ACT program
- 9 individuals are scheduled for intake

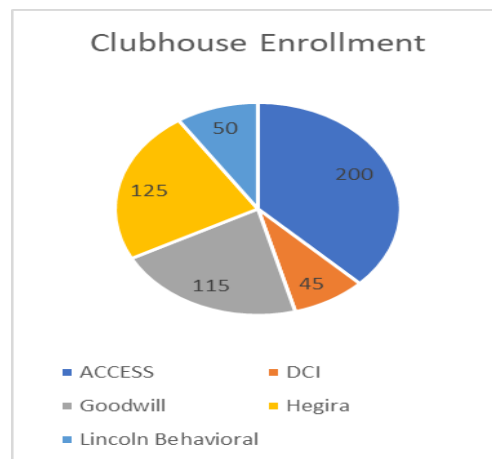
Clubhouse: Clubhouse is an accredited psychosocial rehabilitation program that provides daily vocational and social activities to individuals with serious mental illness. Clubhouse is a voluntary program that is based on a work order day. This work order day offers varying opportunities, applicable to individuals with varying cognitive capabilities, including working within administration, enrollment, hiring, training, public relations, kitchen services, and advocacy. The goal is to help individuals gain vocational skills, purpose, and confidence. Individuals choose how to utilize the clubhouse, including participation in varying activities, roles, and responsibilities within the clubhouse, and who they wish to interact with.

All the Clubhouses within DWIHN’s provider network are accredited by Clubhouse International. There are five (5) Clubhouses provided by the following CRSPs:

- ACCESS (Hope House)
- DCI (New Direction)
- Goodwill (A Place of Our Own)
- Hegira (Turning Point)
- Lincoln Behavioral (The Gathering Place)

The current membership total at each location, as of the current date, is as follows:

*Please note that membership has been down since COVID restrictions but has been increasing.



Adult Initiatives is increasing their role in Clubhouses including maintaining accreditation, monitoring memberships, and observing through scheduled visits. Adult Initiatives will engage in meetings with Clubhouse International, attend training courses as it pertains to improving understanding and oversight, and attend bi-annual reviews at locations. Adult Initiatives will engage further with the Michigan Clubhouse Guidance Board to maintain notice of regular changes, improvements, and concerns.

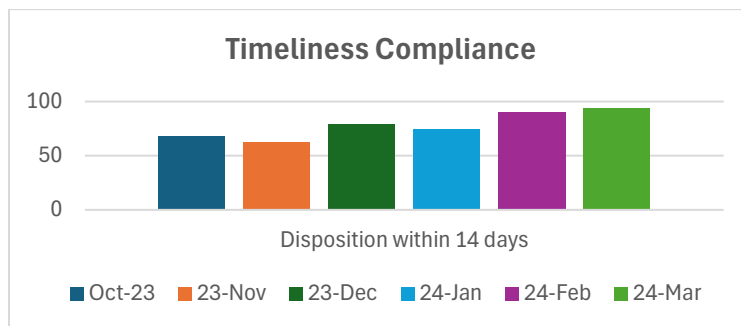
Assisted Outpatient Treatment (AOT)- The court orders an individual to receive community-based mental health treatment. It is aimed at individuals who are consistently non-adherent to needed treatment for mental illness. DWIHN works with the Behavioral Health Unit (BHU) on these shared individuals.

- Currently we have 62 individuals under NGRI supervision and there are 1062 individuals on current AOT orders.
- DWIHN has increased staffing and restructured our AOT team to allow for increased support and monitoring. DWIHN has two (2) AOT coordinators to oversee all of the AOTs in Wayne County as well as provide education and training to the community. They are the point people working with the Wayne County Probate Court- Behavioral Health Unit (BHU). DWIHN has an AOT case manager who has begun to provide direct support to the individuals as well as continued support and direction to the Clinically Responsible Service Providers.
- DWIHN recently was awarded MDHHS funding to support the continued infrastructure of our AOT program.

Utilization Management (UM):

Utilization Management Timeliness- Authorization Requests are categorized as non-urgent pre-service requests. These requests are to be dispositioned within a 14-day timeframe from the date of the request. Timelessness of authorization request disposition was out of compliance (67.4%) and required an internal plan of correction including:

- Onboarding and training of new UM staff.
- Cross Department collaboration to review any Authorizations that were out of compliance.
- Redistribution of assigned caseloads among staff based on volume.
- Clear old, “returned” authorization requests that the requesters have not re-submitted.
- Refresher training to the provider network on necessary documentation for authorization approval.
- Performance Improvement Plan for identified providers who have consistently submitted backdated authorization requests and/or have been non-responsive when requested for additional information from UM.



Residential Services:

Residential Level of Care Assessments: The Residential Department initiated an internal Performance Improvement Plan to complete all outstanding licensed residential member’s assessments. These assessments evaluate the personal care and community living support needs of individuals. As of February 2024, all Residential Assessments for persons living in licensed homes were complete (1,045 assessments). The projected completion of all assessments in specialized unlicensed AMI settings is mid-April. Residential will schedule assessments annually to ensure individuals’ needs meet medical necessity are met. In addition, the team has started to schedule residential Assessments for persons in IDD settings as well.

Children’s Initiatives:

1915iSPA Services: MDHHS has implemented the 1915iSPA that transitioned the existing behavioral health 1915 (b)(3) supports and services to this new authority. These services include *Community Living Support (CLS), Enhances Pharmacy, Environmental Modifications, Family Support and Training, Fiscal Intermediary Services, Housing Assistance, Respite, Skill Building, Specialized Medical Equipment & Supplies, Supported Employment, and Vehicle Modification.*

As part of the requirement to receive these services, Medicaid beneficiaries must have an assessment/evaluation completed to determine eligibility for enrollment into the §1915(i) SPA and be enrolled into the Waiver Support Application (WSA). Initially MDHHS indicated that Community Living Supports, Family Support and Training, Skill Building, and Supported Integrated Employment were included in the EPSTD benefit and would not require this approval process. On March 21, 2024, MDHHS issued a memorandum informing that these services were in fact not included in the EPSTD benefit and would require 1915iSPA enrollment and approval. This will impact 950 youth.

DWIHN informed children’s providers of the 1915i SPA update during provider meetings held this month. Children’s Providers will begin submitting the 1915i SPA enrollment form to the WSA system after the 4/28/24 start date per MDHHS request.

School Success Initiative (SSI): The School Success Initiative (SSI) is an evidence and prevention-based mental health program provided to students K-12 in Wayne County. The program aims to ensure that students and families have access to services in school, are provided psychoeducation training and are being helped with reducing the stigma related to receiving behavioral health support and services. The SSI program is needed to address the behavioral health needs of students by providing Tier 1, Tier 2, and Tier 3 services to students in school.

For the month of March 2024 there were a total of 16 SSI referrals in which 12 of the referrals qualified as Tier 3 for community mental health services. ****Note: March 2024 data is as of 3/28/24.*

FY 24, Q2	Jan 2024	Feb 2024	Mar 2024
Total SSI Referrals	18	30	16
Total Tier 3	17	23	12

The monthly SSI Provider meeting was held this month in which Detroit Public School Community District (DPSCD) representatives were in attendance. SSI Providers are currently unable to deliver SSI services in DPSCD schools until the background screening process has been completed. DPSCD explained the next steps for SSI therapists to complete the background screening to resume delivering services.



VP of CLINICAL OPERATIONS' REPORT
Program Compliance Committee Meeting
Wednesday, April 10, 2024

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

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

Autism Spectrum Disorder (ASD) – Director, Cassandra Phipps
Please See Attached Report

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

PIHP CRISIS SERVICES – Director, Daniel West
No Monthly Report

CUSTOMER SERVICE – Director, Michele Vasconcellos
Please See Attached Report

INNOVATION AND COMMUNITY ENGAGEMENT (ICE) – Director, 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 – Interim Director, Kate Mancani
Please See Attached Report

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

UTILIZATION MANAGEMENT – Director, Leigh Wayna
No Monthly Report

DWIHN Access Call Center
Yvonne Bostic, MA, LPC (Call Center Director)
Monthly Report: February 2024
Date: 3/25/2024



Main Activities during February 2024:

- **Call Center Performance – Call detail report**
- **Appointment Availability – Intake appointment and Hospital Discharge Follow up**
- **CRSP Changes**
- **Accomplishments and Updates**

Activity 1: Call Center Performance – Call Detail Report

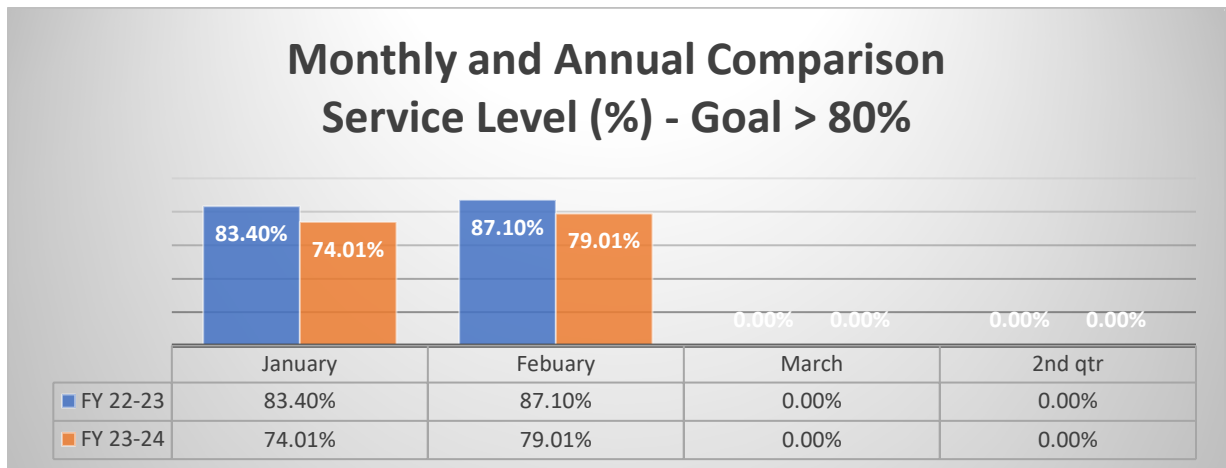
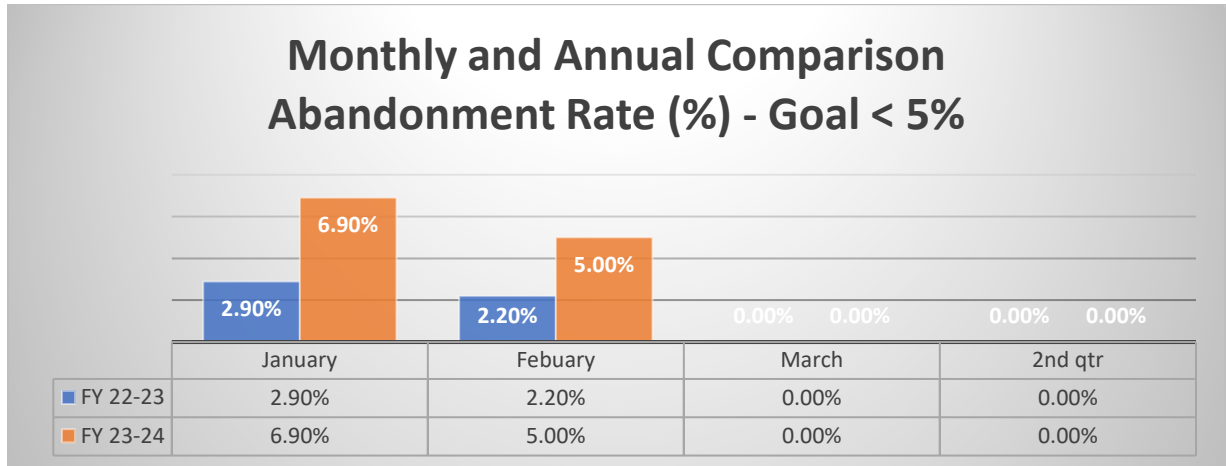
- **Description:** Majority of the calls that come into the call center are from members in the community seeking mental health and SUD services, information and referrals. The rest of the incoming calls are from in-network providers and other community agencies like local hospitals, foster care workers, 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 February 2024:
 - % Abandoned Goal is < 5% (5.0%)
 - Avg. speed to answer Goal <30 sec. (19 sec)
 - % of calls answered Goal > 80% (94.0%)
 - Service level Goal >80% (79.01%)

Queues	Incoming Calls	Calls Handled	Calls Abandoned. /Hang Ups	% Abandoned.	Average Speed to Answer	Average Call Length	% of Calls Answered	Service Level
Call Reps	16,228	15,192	1,161	5%	:19 sec	4:57 mins	94.0%	79.01%
SUD Techs	4,802	3,559	934	19.0%	5:09 mins	13:01 mins	74.0%	36.0%
Clinical Specialist	2,931	1,891	762	26.0%	5:09 mins	19:59 mins	65.0%	27.0%
January 2024 Totals	17,833	16,291	1,161	6.9%	:26 sec	4:53 mins	91.0%	74.01%
February 2023	16,622	16,248	373	2.2%	:16 sec	5:14 mins	97.7%	87.1%

- For the month of February 2024 there were 15,192 calls handled by the Access Call Center. This is 1,099 less calls than the previous month.
 - Of the total number of calls handled (15,192) for the month of February 2024:
 - 3,559 (23.4%) calls handled for SUD services
 - 1,891 (12.5%) calls handled for MH services
 - 9,742 (64.1%) calls were for provider inquiries, information and referrals for community programs and services, screening follow up calls, request to release SUD cases, Hospital Discharge appointments, enrollments (Infant Mental Health

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

- In an annual comparison of February 2023 and February 2024, there were 394 less incoming calls and 1,056 less calls handled. There was a 2.8% increase in the abandonment rate, 2.2% to 5.0%. The service level increased by almost 7%, last year and this year.



- **Significant Tasks During Period:**
 - There were several interviews conducted this month. One contingent Access Call Clinical Specialist was hired this month and is being trained. Additional hires will be reported in March.
 - Silent Monitoring to identify areas of strengths and weaknesses
- **Needs or Current Issues:**
 - Staffing shortages impact the Service Level and Abandonment Rate. Access Call Center have 5 contingent staff scheduled to start in March 2024.
- **Plan:**
 - In December 2023, 10 contingent staff (3 SUD, 3 Clinical and 4 ACCR) were approved for addition to call center team. The contingent staff will fill in for staff shortages due to

UPTO/PTO, FMLA and vacant slots. The impact of the additional staff will be monitored and updated in future reports.

- Regular customer service skill and overview of programs and community resources will occur 1-2 x month with the goal of increasing staff proficiency and knowledge base.

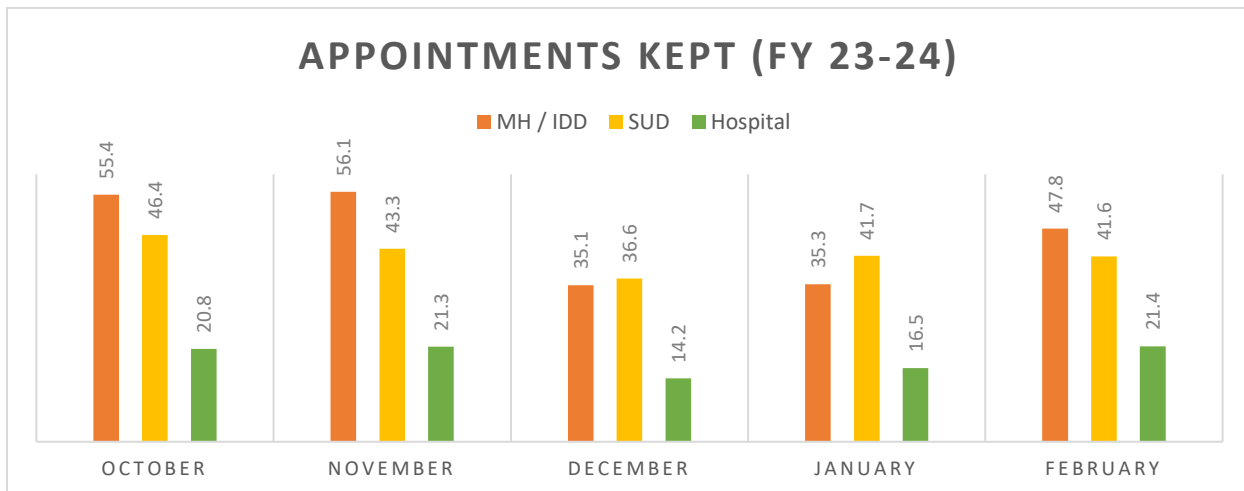
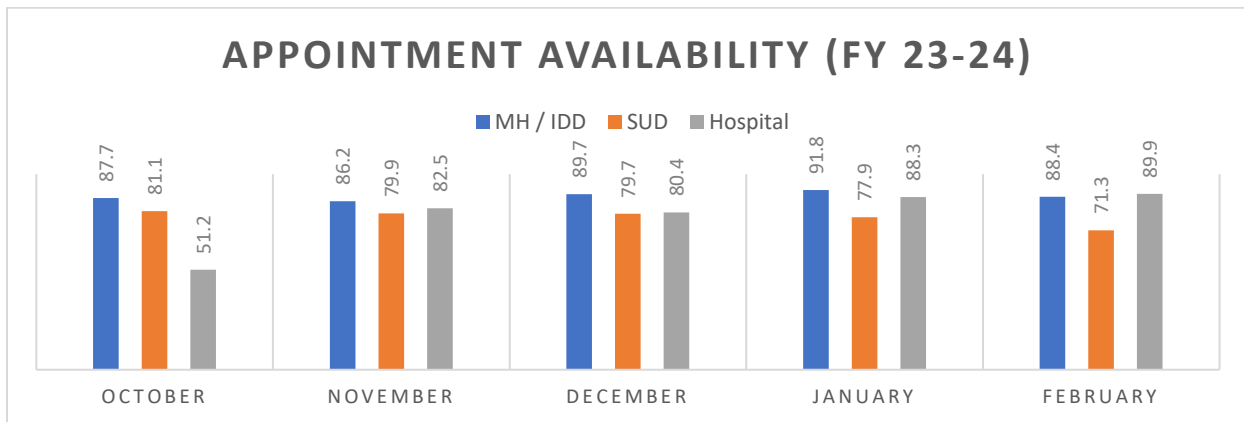
Activity 2: Appointment Availability – Intake appointment and Hospital Discharge Follow up

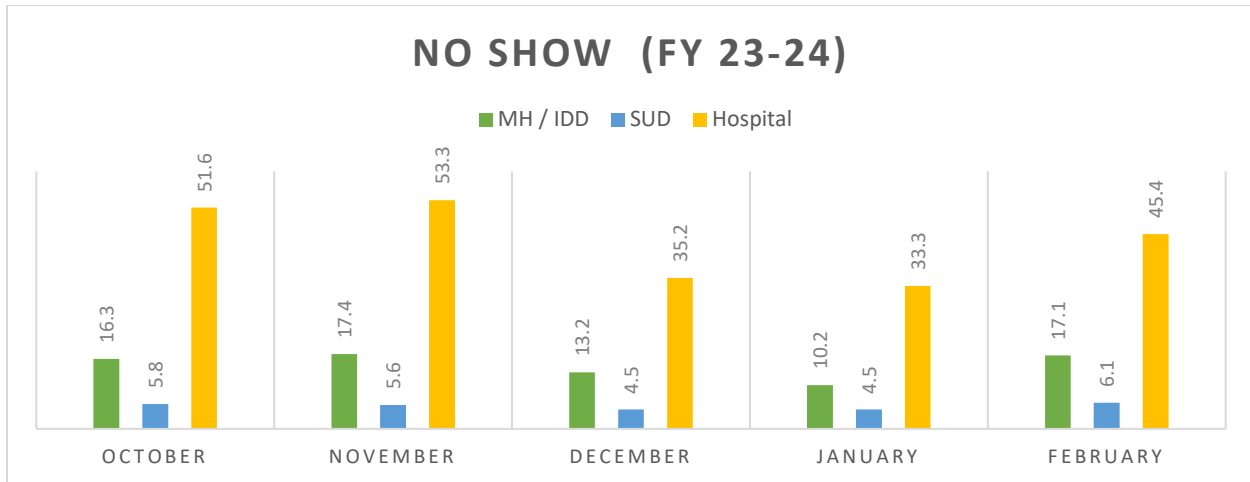
- **Description:** The Access Call Center schedules hospital discharge/ follow up appointments (within 7-day requirement) for individuals being discharged from short stay inpatient psychiatric treatment and the initial intake appointments (within 14 days requirement) for individuals new to the system or seeking to re-engage in services if their case has been closed.

The Access Call Center schedules these types of appointments based on the CRSP (Clinical 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.

- **Current Status:**



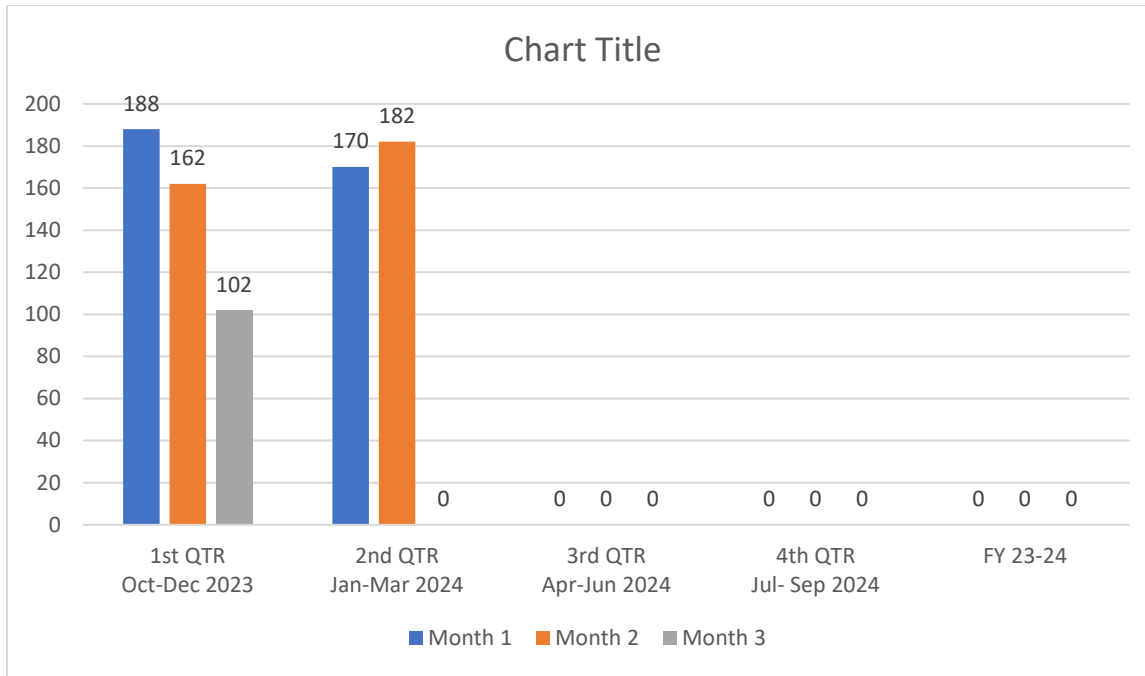


- **Significant Tasks During Period:**
 - During the last few months there has been a particular focus on hospital discharge follow up appointment availability and appointments kept. Identified interventions for the low rate of appointments kept were the transportation pilot and increased collaboration between DWIHN and Hospital discharge departments, through the use of liaisons. The transportation pilot started approx. 5 months ago and the collaboration between the Access Call Center, DWIHN Utilization Management Department and DWIHN Hospital Liaisons has been engaged during the last 3 months. There has also been increased efforts via CRSP Hospital Liaisons to participate in the Hospital Discharge process.
- **Major Accomplishments During Period:**
 - For the month of February 2024 there was a slight increase in appointment availability and appointments kept for Hospital Discharge follow-up appointments.
- **Needs or Current Issues:**
 - No significant change in the rates of appointment availability and appointments kept.
- **Plan:**
 - A monthly and quarterly analysis of data will be performed over the next 2 quarters to note the impact of the interventions.
 - DWIHN will continue to meet regularly with Providers and Hospital Discharge departments to identify more ways to support members in making appointments and engaging in necessary treatment.

Activity 3: CRSP change requests

Description: The Access Call Center processes CRSP change requests. Existing members have the right to change their CRSP for any reason. Currently the procedure is for the member to contact their current or new crsp of choice and request assistance to complete a CSP change request form and submit it to the Access Call Center so that MHWIN can be updated.

Current Status: During 1st Qtr FY 23-24 there were 452 requests completed for CRSP change and so far during 2nd Qtr, there have been 354 requests completed.



Significant Tasks during this period: Currently there is one person assigned to oversee this process and update member files in MHWIN. It is this person’s responsibility to follow up with the members and CRSPs to give updates and ask questions when needed.

Major Accomplishments during this period: none

Needs or Current Issues: The Access Call Center sometimes receives complaints from CRSP and members stating that the change was made in error. Over the next 2 quarters the Access Call Center has developed a more detailed reporting system for this process to include details of the CRPS involved and the reason for the request.

Plans: A ticket has been submitted to IT to have these data points added to MHWIN. A revised CRSP change form has been submitted for review and approval. Once approved it will be added to the DWIHN.org website and distributed to CRSPs.

Activity 4: Accomplishments and Updates:

- **Department Overviews and Trainings –**
 - Review - How to complete Autism Call Logs and Screenings
 - Review - How to complete CCBHC Call Logs and Screenings
 - Clinical Specialist – MichiCans (MDHHS)
 - SUD Techs – SUD recipient Rights and Communicable Diseases (MI-Improvement Practices)
- **Things the Department is Doing Especially Well:** Working with various departments to identify and provide training to the Call Center staff.
- **Identified Opportunities for Improvement:**

- Revision / Updates to ACCR, Clinical and SUD training Manuals – Workgroups started January 2024. ACCR training manual is in the final review stages. SUD and Clinical training manuals are still in the beginning phases.
 - Reduce long hold times (30 minutes or less) after being transferred for a Clinical or SUD screening - staff is in the process on being trained on how to streamline the screening process - Ongoing
 - One call resolution – management is in the process of developing help aids for access call center representatives to help them troubleshoot and direct calls more effectively - Ongoing
 - Streamline MHWIN screening tools, remove data collection duplications – requests resubmitted to IT/PCE on 2/23/2024
- **Progress on Previous Improvement Plans:**
 - Corrective Action Plan from Aetna ICO and Molina related to service level below 80% for December and January
 - Documentation of 3 factor verification in the screening tool.
 - This has been submitted to IT/PCE – in progress
 - Once implemented staff will receive additional training

**Program Compliance Committee Meeting
Autism Services Department
March 2024 Monthly Report**



Main Activities during Reporting Period:

- Activity 1: Autism Benefit Enrollment / Expansion
- Activity 2: Monthly ABA Provider Meeting

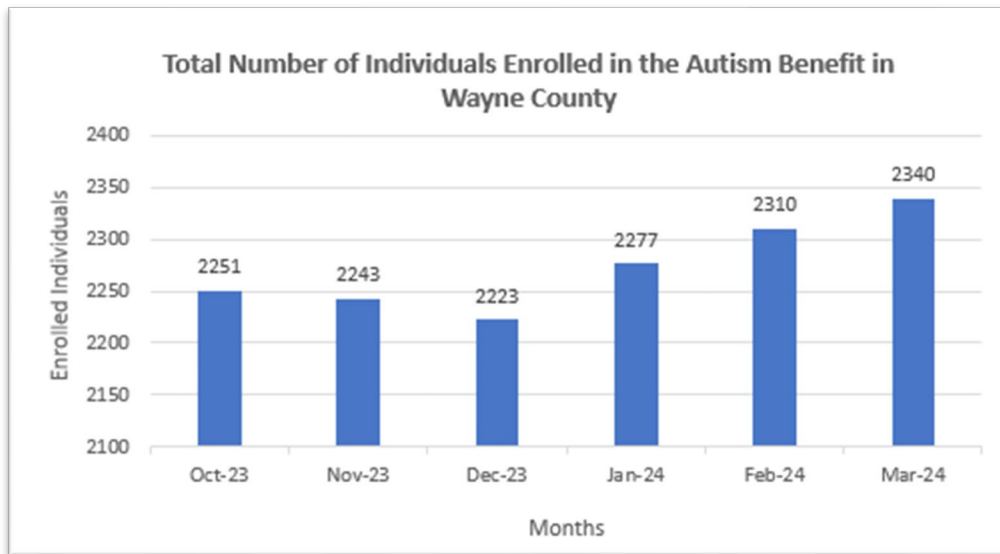
Progress On Major Activities:

Monitoring Autism Benefit Enrollment / Expansion

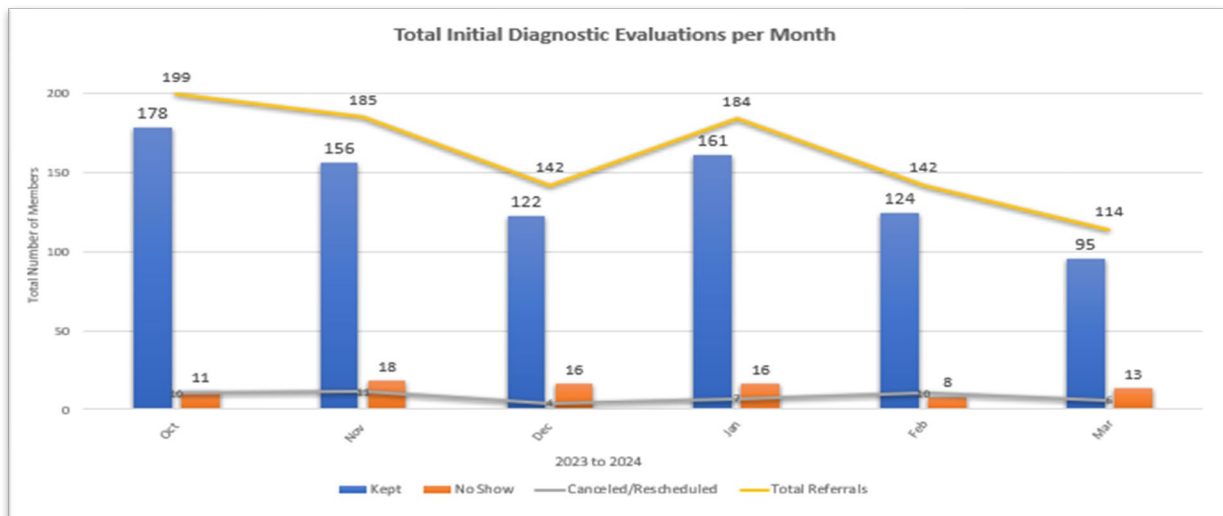
Description: DWIHN Autism Services Department oversees autism services for youth and young adults up to 21st birthday. Applied Behavior Analysis (ABA) is an intensive, behaviorally based treatment that uses various techniques to bring about meaningful and positive changes in communication, social interaction,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

Current Status: There was a total of 2,340 members assigned to DWIHN's ABA provider network for March 2024. This was a slight increase of 30 additional members enrolled in February to March. In addition, among the three (3) Individual Diagnostic Evaluation Providers, there was a total of 114 referrals, 95 kept appointments, and 13 no show appointments. It is noted the data for this month is preliminary and subject to change during next month's report.

Total Members Enrolled in Autism Benefit



Total Completed Initial Diagnostic Evaluations



Significant Tasks During Period: To support the expansion of autism services and ABA Providers, the Request for Qualifications (RFQ) 2023-005 REBID continues until 5/1/2028. During this month one (1) ABA Provider became credentialed.

Major Accomplishments During Period: As of March 2024, MDHHS confirmed SED youth receiving autism services can receive Speech, OT, and PT when the services are needed to address behavioral needs. To support the increase in requests, DWIHN approved one ABA Providers request through access for this designation level.

Needs or Current Issues: The remaining ABA Providers who completed the RFQ process need to successfully complete the credentialing process as well.

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

Activity 2: Monthly ABA Provider Meeting

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

Current Status: The ABA Provider meeting was held 3/25/2024 with all the ABA Providers & CRSP that oversee members enrolled in the autism benefit. Other DWIHN Departments were also in attendance to provide updates as well.

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

Managed Care Operations (MCO): MCO informed network providers must be fully credentialed by July or noncompliance will result in non-contractual renewal. Additionally, providers will need to wait to submit requests to expand until further notice.

Quality Update: Quality Department educated network on required documentation that will be accepted as evidence to ensure qualifiable justification for member lack of attendance for ABA services.

Utilization Management (UM): The UM Department emphasized the purpose of addressing discrepancies between authorizations and utilization to identify more accurate global trends. Additionally, current data indicated 61% utilization across 16 ABA providers for fiscal 2023 which is significantly below the targeted utilization of 75%.

Children Initiative: Reviewed both MDHHS evidence-based practice website as well as the memo from 3/21/24 related to additional services for 1915i SPA for SED/IDD members.

Autism Services: The network was informed that the autism benefit policy was available for stakeholder feedback. Further reminders included: Best practice guidelines for continuity of services, guidance related to ABA and school should be acquired locally at each district, and importance of beginning services within 14-days of ABA authorization effective date.

Training: Providers were informed of various upcoming training opportunities relating to autism services.

Major Accomplishments During Period: The ASD Department provided over 30 individual training sessions to ABA providers, CRSPs in network, as well as educating the foster care specialist, DHHS, and CPS on accessing the autism benefit. Also, the Autism Department was helpful with connecting youth with high risk needs to autism services in collaboration with consulting on cases with MDHHS Children Bureau and DHHS. Lastly, a new Autism Support Benefit Specialist position has been posted on DWIHN website.

Needs or Current Issues: Continue to support ABA Providers when there are requests to transfer ABA services among Providers and that appropriate documents are complete to assist with the transfer. Continue to coordinate with the Access Call Center to identify barriers and establish solutions to the backlog of physician referral forms, outside diagnostic requests, and service requests for CRSPs.

Plan: The next ABA Provider meeting is scheduled for 4/22/2024.

Monthly Update

Things the Department is Doing Especially Well:

Autism Service Delivery: Continue to support the CRSPs and ABA providers regarding active members requiring re-eligibility. DWIHN continues to provide direction to ABA providers that eligibility remains a key contractual requirement included in the Statement of Work (SOW) which determines eligibility to continue the delivery of autism services.

Identified Opportunities for Improvement:

Level of Care (LOC): Recognized a pattern within submissions of grievances and appeals providing an opportunity to explore further barriers associated with level of care to ABA services. This resulted in the Autism Department coordinating with Customer Services during this month to determine appropriate parameters to level of care requests.

Progress on Previous Improvement Plans:

ABA Service Delivery Performance Improvement Plan (PIP): Discussed with Providers the PIP expectation monitoring ABA service start dates to meet requirement of engagement within 14 days of the authorization effective date.

Program Compliance Committee Meeting



Children's Initiative Department March 2024

Main Activities during the Reporting Period:

- Activity 1: MichiCANS Soft Launch
- Activity 2: 1915i SPA – Children Services
- Activity 3: School Success Initiative

Progress On Major Activities:

Activity 1: MichiCANS Soft Launch

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

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

Current Status: The Soft Launch started 1/8/2024 with DWIHN and The Children Center (TCC) as the identified sites for Wayne County. Below is the chart of total MichiCANS screenings completed by DWIHN Access Department.

Jan 2024	Feb 2024	Mar 2024	Total
3 screenings	40 screenings	276 screenings (as of 3/28/24)	319 screenings

Significant Tasks During Period: Additional DWIHN Access Department staff and The Children Center staff requested to be trained in the MichiCANS for the soft launch. Effective February 2024 DWIHN Access Center began completing MichiCANS screenings for youth involved in foster care as well as young adults ages 18 to 21st birthday.

Major Accomplishments During Period: Infant Mental Health (IMH) Providers attended the DECA orientation training that occurred February 2024. MDHHS clarified that children providers will no longer be required to continue to administer the CAFAS / PECFAS for youth receiving SED Waiver effective 9/30/2024 and will utilize the MichiCANS instead.

Needs or Current Issues: TCC gain access to view MichiCANS screenings and assessments within MHWIN. Finalize the MHWIN calendar for DWIHN Access to schedule intake appointments with Infant Mental Health providers.

Plans:

- Ages 0-6 Screening Updates: 1) Once the MHWIN calendar is finalized issue communication to Infant Mental Health Providers of the changes, 2). Offer training for IMH Providers during the next Infant and Early Childhood Task Force meeting in February.
- Facilitate monthly check in meetings to discuss soft launch progress
- MichiCANS soft launch officially ends 3/31/2024 and complete most MDHHS survey
- Follow up with TCC gaining access to view screening data

Activity 2: 1915i SPA – Children Services

Description: In 2020, the Michigan Department of Health and Human Services (MDHHS) under the direction of Centers for Medicare and Medicaid Services (CMS) implemented §1915(i) State Plan (SPA) Home and Community-Based Services (HCBS) authority, §1915(i) SPA transitioned several of existing behavioral health 1915 (b)(3) supports and services to this new authority, which includes the following services:

- Community Living Support (CLS), Enhances Pharmacy, Environmental Modifications, Family Support and Training, Fiscal Intermediary Services, Housing Assistance, Respite, Skill Building, Specialized Medical Equipment & Supplies, Supported Employment, and Vehicle Modification.

As part of the requirement to receive these services, Medicaid beneficiaries must have an assessment/evaluation completed to determine eligibility for enrollment into the §1915(i) SPA and be enrolled into the Waiver Support Application (WSA).

Why is this Important?: March 21, 2024 MDHHS issued a memorandum informing additional services are required to be submitted for WSA enrollment for children services for members with serious emotional disturbances (SED) and intellectual developmental disabilities (IDD) ages 0 to 21st birthday that would impact about 653 youth:

- Community Living Supports (CLS)
- Family Support and Training
- Skill Building
- Supported Integrated Employment

Current Status: Children’s Initiative Department reviewed the 1915i SPA report of members with an authorization for these additional services and there was a total of 950 authorizations requiring 1915i SPA enrollment.

Significant Tasks During Period: Informed children’s providers of the 1915i SPA update during provider meetings held this month.

Major Accomplishments During Period: Children’s Initiative Department submitted the 1915i SPA report to MDHHS by the deadline on 3/27/2024.

Needs or Current Issues: None reported

Plans: Children’s Providers will begin submitting the 1915i SPA enrollment form to the WSA system after the 4/28/24 start date per MDHHS request.

Activity 3: School Success Initiative

Description: The School Success Initiative (SSI) is an evidence and prevention-based mental health program provided to students K-12 in Wayne County. The program aims to ensure that students and families have access to services in school, are provided psychoeducation training and are being helped with reducing the stigma related to receiving behavioral health supports and services.

Why is this Important?: The SSI program is needed to address the behavioral health needs of students by providing Tier 1, Tier 2, and Tier 3 services to students in school.

Current Status: For the month of March 2024 there were a total of 16 SSI referrals in which 12 of the referrals qualified as Tier 3 for community mental health services. ***Note: March 2024 data is as of 3/28/24.

FY 24, Q2	Jan 2024	Feb 2024	Mar 2024
Total SSI Referrals	18	30	16
Total Tier 3	17	23	12

Significant Tasks During Period: Monthly SSI Provider meeting was held this month in which Detroit Public School Community District (DPSCD) representatives were also in attendance. DPSCD explained the next steps for SSI therapists to complete the background screening to resume delivering services. Also discussed ways to improve coordination of care for youth receiving SSI services and youth age 14 and older consenting for services.

Major Accomplishments During Period: The memorandum of understanding with DPSCD was finalized with DWIHN and all the SSI Providers. Children Initiative Department partnered with DWIHN Substance Use Department, Youth United, and American Community Council (ACC) to present to students at Pershing High School on the negative effect of marijuana/vaping and explained children services, and prevention activities. There were approximately 110 (9th – 10th graders) and 60 (11th – 12th graders) in attendance.

Needs or Current Issues: SSI Providers are currently unable to deliver SSI services in DPSCD schools until the background screening process has been completed.

Plans: 1). Assist with providing DPSCD a list of therapists requiring background screenings, 2). Follow up with Communications Department regarding the outcome of the Youth Mental Health Council application process.

Monthly Update

Things the Department is Doing Especially Well:

New Providers: Vonnie's World was added as a new respite center provider located in Dearborn, Michigan.

Postpartum Depression Training: Issued a Request for Information (RFI) for Infant Mental Health providers this month to identify up to (7) seven staff to participate in a virtual 2-day postpartum depression training partnered with Southeast Michigan Perinatal Quality Improvement Coalition (SEMPQIC).

Infant Toddler Court Program Grant: Active Community Team (ACT) meeting was held this month at The Children Center that included a robust panel discussion with the following panelists:

- John Miles (The Children's Center), Robert Pettaway (Black Family Development), Reginald Day (Get at Me Dad), Rasheed Jefferies (Parent with Lived Experience, Author of Pun Intended), and Calvin T. Mann (Partnerships for Dads).

The panelists discussed systemic and cultural barriers they have faced while trying to be actively involved in their children's lives, including those through Friend of the Court and the medical system. The panelists offered suggestions to help professionals engage with fathers in their work as well. Panelists also facilitated small groups to process these topics and answer questions. (33 attendees present)

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

- PECFAS Initial Training
- CAFAS Booster Training
- Treatment Foster Care Oregon (TFCO) Training

Identified Opportunities for Improvement:

Children Initiatives are focusing on the following projects to finalize:

- Updating Hospital Discharge Planning Bulletin to provide additional guidance for providers to coordinate discharge planning when members are hospitalized.
- Developing a Screening Bulletin to allow Providers to use a cpt code/modifier when completing children screenings for specific populations (children ages 0 to 6, foster care, school success initiative program, children waiver, and SED Waiver).

Progress on Previous Improvement Plans:

Patient Health Questionnaire (PHQ-A): Issued a memorandum this month for children's providers to complete the PHQ-A feedback survey quarterly if performing below the compliance goals for initial and ongoing screenings.

In addition, Children Initiative Department developed a PHQ A Newsletter this month that explains PHQ-A and best practices to share with providers and families.



Program Compliance Committee
Michele Vasconcellos Director, Customer Service March Monthly Report
April, 2024

Main Activities

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

Please note: Data is from March 01-2024 thru March 28-2024

Activity 1: Customer Service Calls

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

Reception/Switchboard Reception/Switchboard

	March FY 23/24		March FY 22/23	
	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%
Reception/ Switchboard	1,297	2%	1,386	1.0%

Customer Service Call Center

	March FY 23/24		March FY 22/23	
	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%
DWIHN Customer Service	733	3%	506	2.5%

Significant Activities:

- In comparing the fiscal years 22/23 and 23/24, the numbers continue to vary yearly in the switchboard area, with the abandonment rate below 5%. For March 2024- we show a slight decrease in the call volume for the switchboard with the abandonment of less than 5%
- During Fiscal Year 23/24 for March, our numbers showed a significant increase in calls received through the Customer Service Call Center. The abandonment rate has is still less than the standard 5% or less.
- Customer Service Call Center Operations continues to address special follow-up activity i.e. Member Special Cases follow-up calls, Rapid Response inquiries, EOB returns and uploads to member files, Provider member material request and document translation services.



Activity 2: Grievances and Appeals

Customer Service ensures that members are provided with their means to due process. The due process is inclusive of Complaints, Grievances, Appeals, Access to Mediation and State Fair Hearings.

Complaint and Grievance Related Communications

	March FY23/24	March FY22/23
Complaint/Grievance Correspondence	420	228

Note: Began to track all communications, calls. Emails and mail mid FY 22/23

Grievance Processed

Grievances	March FY23/24	March FY22/23
Grievances Received	14	19
Grievances Resolved	6	6

Grievance Issues by Category

Category	March FY23/24	March FY22/23
Access to Staff	1	7
Access to Services*	5	5
Clinical Issues	2	1
Customer Service	1	3
Delivery of Service*	6	8
Enrollment/ Disenrollment	3	0
Environmental	1	0
Financial	0	0
Interpersonal*	6	7
Org Determination & Reconciliation Process	0	0
Program Issues	0	0
Quality of Care	3	0
Transportation	0	0
Other	0	0
Wait Time	0	0
Overall Total	28	31

Note: A grievance may contain more than one issue. 3 top areas of complaint: Interpersonal, Access to Services and Delivery of Services



MI Health Link (Demonstration Project) Grievances

Grievance	March 24	March 23
Aetna	0	0
AmeriHealth	0	0
HAP Empowered	0	0
Meridian Complete	0	0
Molina	0	0
Overall Total	0	0

Appeals Advance and Adequate Notices

Notice Group	Mar FY23/24 Advance Notices	Mar FY23/24 Adequate Notices	Mar FY22/23 Advance Notices	Mar FY 22/23 Adequate Notices
MI	1,584	249	1,539	309
ABA	91	11	95	2
SUD	119	22	87	3
IDD	248	24	284	43
Overall Total	2,042	306	2,005	357

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

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

Appeals Communications

	Mar FYY23/24	Mar FY22/23
Appeals Communications Received	160	130

*Communications include emails and phone calls to resolve appeals.

Appeals Filed

Appeals	Mar FY 23/24	Mar FY 22/23
Appeals Received	6	6
Appeals Resolved	3	3

DWPHN State Fair Hearings

SFH	Mar FY 23/24	Mar FY 22/23
Received	1	0
Scheduled		
Dismissed or withdrawn		
Transferred out		
Upheld by MDHHS		
Pending	1	0



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

March FY23/24 and FY22/23

ICO	Local Appeals	State Fair Hearing
Aetna	0	0
AmeriHealth	0	0
Fidelis	0	0
HAP/Midwest	0	0
Molina	0	0
Total	0	0

Significant Activity:

- The trending grievance pattern for the top 3 grievance categories for March '24 are: Delivery of Services, Access to Services and Interpersonal.
- There has been 1 request for a DWIHN State Fair Hearings in March of 2023. It was also withdrawn. There have consistently been no State Fair Hearings for MI Health Link members for several fiscal years.
- Adequate and Advance Notices that are generated by the CRSP are monitored by Customer Service via random audits to ensure that processes are being followed and members are provided timely access to their ability to appeal.

Accomplishments:

- Several grievance and appeals training sessions and technical assistance continued to be provided for several CRSP providers and their new staff.
- Successfully completed NCQA requirements for RR2 A & B, Complaints and Appeals standard for upload.
- Due Process continues to meet internally and externally to address issues related to grievance and appeal non-compliance. Corrective action plans are being routed through Managed Care Operations to address issues.

Activity 3: Member Engagement and Experience

Customer Service ensures that members are provided the opportunity for DWIHN and Community inclusion. In addition to promoting principles of advocacy, member rights, and responsibilities, the use of focus groups, surveys, and outreach are utilized to address areas for valued participation and interaction. This feedback is essential to DWIHN's ability to address member, provider, and community concerns and prioritize new initiatives.

Significant Activity:

- The Unit continues to work on the development of Peer Trainers. The office of Peer Services continues to support CEU efforts. In March, DWIHN offered Mental Health First Aide to peers, permitting for the first time 5 CEU's toward the mandatory 32-hour CEU's required within in 24-month period for those peers certified prior to March 2021.
- The recruitment of Peer Agents continues. All four Peer Agents have been hired and have started working. Customer Service Unit peers have been working on several projects, one in particular was a presentation at the police CIT training on the role of Peers.



- The Unit continues to work with the Quality Department on the Racial Disparity Survey. The survey allows DWIHN to review the barriers and concerns we have related to persons who have not made their 7-day after discharge appointment that is required following a hospitalization. Preliminary data on the Racial disparity survey is being discussed and analyzed in internal meetings, continued discussions on strategies and performance improvement planning is a priority for ME unit and Quality.
- DWIHN is taking assertive action to help increase usage and engagement for spend-down eligible members. Providers report that persons discharged from Medicaid have been harder to get reinstated. Also, identifying spend-down requirements for individuals has been slow. Under this grant clubhouse engagement is reimbursable.
- The Spring edition of the member newsletter PPOV is in progress and is scheduled to be released in April.
- The Unit completed the Needs Assessment Survey to assist with the QAPIP report, a mass mailing was conducted to ensure community participation.
- A survey on Self Directed Services is being developed for an April implementation.
- The 2024 ECHO survey for Children and Adults is in progress.

Accomplishments

- The CV Member Advisory Committee elected new leadership, co-chairs Jamie Junior and Shelly Nelson.
- DWIHN continues to present information to members regarding their voter rights and reinforcing their responsibility for civic duty via the Customer Service led Voter Education Registration and Participation (VERP) Program. A meeting was conducted at a Place of Our Own Clubhouse for 50 members to address the topic.
- The Member Engagement Unit scheduled to host a SOULS chat on Easter Sunday from 3- 4 pm as a means to engaging in casual s conversation on faith, family, relationships and socialization via a zoom platform.

Innovation & Community Engagement Department

FEBRUARY 2024

Main Activities during Reporting Period:

- Justice-Involved Efforts
- Workforce Development Activities

Progress On Major Activities:

Activity 1:

Justice-Involved Efforts – Co-response mental health teams, 911 Embedded Behavioral Health, Mental Health Jail Navigator, and Detroit Homeless Outreach Team (DHOT)

Description:

During the month of February, The DHOT Teams – DWIHN-DPD and Central City Integrated Health encountered 103 individuals. The DWIHN-DPD team transported 2 individuals to Team Wellness Center and assisted with housing navigation resources. Both teams assisted 3 individuals with behavioral health treatment re-engagement.

The DWIHN-DPD team has introduced the Homeless Outreach van to various Detroit community organizations, Northwest Activity Center, Salvation Army-Conner, and Southwest Detroit unhoused hotspots. Partnerships were established to ensure unhoused individuals receive adequate resources to address their needs.

A Behavioral Health Specialist (BHS) continues to be embedded at DPD's Communication Center to assist with any calls that need mental health support and resources. There were 7 individuals referred for follow-up, and individuals received various mental health resources and support.

DPD co-responders had an approximate total of 246 encounters (23 mental health non-violent, 36 mental health violent not-armed, 11 mental health violent-armed, 1 drug overdose, and 13 suicide attempts/in progress), 74 individuals were connected to a service. Various resources were provided for mental health, substance use, and housing needs.

The Mental Health Jail Navigator referrals remain consistent, as 11 individuals were referred and interviewed, and did not meet the criteria and/or released before placement. Currently, 11 individuals are monitored and receiving treatment services from Team Wellness Center and/or Detroit Rescue Mission Ministries.

For the partial month of February there were 17 jail releases (the Sheriff's department had technical difficulties so these reported numbers are not complete). Of those releases, 4 were linked back with their provider for post-release follow-up; 4 were sent directly to another correctional facility (i.e. prison or another jail); was hospitalized; 0 were on an AOT; and 8 were not assigned to a provider within MHWIN. Staff processed 105 AOT orders, with 11 orders not in MHWIN system. The provider is responsible for updating the treatment plan and filing a notice of non-compliance with the court when required. The writer processed 56 deferral orders. There are 22 mental health participants under Judge Deborah Thomas.

- Why is it important?
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.

- *Current Status:*

Justice Involved Initiative	Number of Encounters/Screened	Connected to a service/resources/supports
Co-Response Teams	246	74
Mental Health Jail Navigator	11	11
Communications Behavioral Health Specialist	7	7
Detroit-Homeless Outreach Team	103	5

- *Significant Tasks During Period:*

DWIHN offered mental health first aid and crisis intervention team training throughout the reporting month.

- *Major Accomplishments During Period:*

Per the 367 encounters from all justice-involved teams, 97 individuals were connected to a DWIHN resource.

- Mental Health Court is preparing participants who are ready to graduate under the timeline of the 18-month program period. They have worked diligently to adhere to the program requirements. Graduation will be held in April.

- *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. Housing Shelters also don’t take walk-ins.

Staff contacted the Access Center regarding members on an AOT who are being assigned a CRSP or are closed within MHWIN. Providers have asked for additional guidance regarding the process of enrolling members.

- *Plan:*

DWIHN continues to build justice-involved partnerships throughout Wayne County.

Staff will develop a procedure with the Access Center to ensure individuals get assigned a CRSP.

Activity 2: Workforce Development

- *Description:*

Planned and coordinated the Annual Trauma Conference scheduled on February 16-17 from 9 am – 4 pm at Soho Banquet Facility, Westland, MI. Keynote and workshop presenters, focused on trauma-related health concerns, and their impact on the emotional and physical wellness of individuals, behavioral health providers were offered support toward the implementation of evidence-based and best practice interventions, and collaboration across the system of care. This

year's Trauma-Focused Conference saw a significant increase in attendance compared to last year. In 2023, there were 144 attendees, while this year, there were 163 attendees on day one and 131 attendees on day two, totaling 294 participants. This uptick in attendance indicates a growing recognition of trauma as a critical health concern and the importance of effective interventions in the behavioral health sector.

Co-facilitated Mental Health First Aid and Crisis Intervention Team training to law enforcement, call-takers, and dispatchers working in Wayne County.

- *Current Status:*
Monitoring justice-involved activities that encounter individuals with mental health concerns, providing linkage and coordination to DWIHN provider network.
- *Significant Tasks During Period:*
Monitoring justice-involved activities that encounter individuals with mental health concerns, providing linkage and coordination to DWIHN provider network.
- *Major Accomplishments During Period:*
Co-facilitated mental health first aid and Crisis Intervention Team training to law enforcement, call-takers and dispatchers working with the City of Detroit.

Planning and coordinating conference workshops; finalizing contracting documents for Facilitators to ensure the processing of submitted invoices.

- *Needs or Current Issues:*
The budget for Mental Health First Aid continues to decrease annually, while the training needs and facilitation costs increase. It is not certain that DWIHN will be able to continue to offer this course at no cost to the community.
- *Plan:*
DWIHN continues to build justice-involved partnerships throughout Wayne County. Staff will continue to provide training until the funding is exhausted.
- **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.
- Staff – Julie Black was interviewed by the Lansing State Journal about the Wayne County Domestic Fatality Review team. This article will focus on the work of the domestic fatality review teams state-wide.

Innovation & Community Engagement Department

FEBRUARY 2024

Main Activities during Reporting Period:

- Justice-Involved Efforts
- Workforce Development Activities

Progress On Major Activities:

Activity 1:

Justice-Involved Efforts – Co-response mental health teams, 911 Embedded Behavioral Health, Mental Health Jail Navigator, and Detroit Homeless Outreach Team (DHOT)

Description:

During the month of February, The DHOT Teams – DWIHN-DPD and Central City Integrated Health encountered 103 individuals. The DWIHN-DPD team transported 2 individuals to Team Wellness Center and assisted with housing navigation resources. Both teams assisted 3 individuals with behavioral health treatment re-engagement.

The DWIHN-DPD team has introduced the Homeless Outreach van to various Detroit community organizations, Northwest Activity Center, Salvation Army-Conner, and Southwest Detroit unhoused hotspots. Partnerships were established to ensure unhoused individuals receive adequate resources to address their needs.

A Behavioral Health Specialist (BHS) continues to be embedded at DPD's Communication Center to assist with any calls that need mental health support and resources. There were 7 individuals referred for follow-up, and individuals received various mental health resources and support.

DPD co-responders had an approximate total of 246 encounters (23 mental health non-violent, 36 mental health violent not-armed, 11 mental health violent-armed, 1 drug overdose, and 13 suicide attempts/in progress), 74 individuals were connected to a service. Various resources were provided for mental health, substance use, and housing needs.

The Mental Health Jail Navigator referrals remain consistent, as 11 individuals were referred and interviewed, and did not meet the criteria and/or released before placement. Currently, 11 individuals are monitored and receiving treatment services from Team Wellness Center and/or Detroit Rescue Mission Ministries.

For the partial month of February there were 17 jail releases (the Sheriff's department had technical difficulties so these reported numbers are not complete). Of those releases, 4 were linked back with their provider for post-release follow-up; 4 were sent directly to another correctional facility (i.e. prison or another jail); was hospitalized; 0 were on an AOT; and 8 were not assigned to a provider within MHWIN. Staff processed 105 AOT orders, with 11 orders not in MHWIN system. The provider is responsible for updating the treatment plan and filing a notice of non-compliance with the court when required. The writer processed 56 deferral orders. There are 22 mental health participants under Judge Deborah Thomas.

- Why is it important?
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.

- *Current Status:*

Justice Involved Initiative	Number of Encounters/Screened	Connected to a service/resources/supports
Co-Response Teams	246	74
Mental Health Jail Navigator	11	11
Communications Behavioral Health Specialist	7	7
Detroit-Homeless Outreach Team	103	5

- *Significant Tasks During Period:*

DWIHN offered mental health first aid and crisis intervention team training throughout the reporting month.

- *Major Accomplishments During Period:*

Per the 367 encounters from all justice-involved teams, 97 individuals were connected to a DWIHN resource.

- Mental Health Court is preparing participants who are ready to graduate under the timeline of the 18-month program period. They have worked diligently to adhere to the program requirements. Graduation will be held in April.

- *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. Housing Shelters also don’t take walk-ins.

Staff contacted the Access Center regarding members on an AOT who are being assigned a CRSP or are closed within MHWIN. Providers have asked for additional guidance regarding the process of enrolling members.

- *Plan:*

DWIHN continues to build justice-involved partnerships throughout Wayne County.

Staff will develop a procedure with the Access Center to ensure individuals get assigned a CRSP.

Activity 2: Workforce Development

- *Description:*

Planned and coordinated the Annual Trauma Conference scheduled on February 16-17 from 9 am – 4 pm at Soho Banquet Facility, Westland, MI. Keynote and workshop presenters, focused on trauma-related health concerns, and their impact on the emotional and physical wellness of individuals, behavioral health providers were offered support toward the implementation of evidence-based and best practice interventions, and collaboration across the system of care. This

year's Trauma-Focused Conference saw a significant increase in attendance compared to last year. In 2023, there were 144 attendees, while this year, there were 163 attendees on day one and 131 attendees on day two, totaling 294 participants. This uptick in attendance indicates a growing recognition of trauma as a critical health concern and the importance of effective interventions in the behavioral health sector.

Co-facilitated Mental Health First Aid and Crisis Intervention Team training to law enforcement, call-takers, and dispatchers working in Wayne County.

- *Current Status:*
Monitoring justice-involved activities that encounter individuals with mental health concerns, providing linkage and coordination to DWIHN provider network.
- *Significant Tasks During Period:*
Monitoring justice-involved activities that encounter individuals with mental health concerns, providing linkage and coordination to DWIHN provider network.
- *Major Accomplishments During Period:*
Co-facilitated mental health first aid and Crisis Intervention Team training to law enforcement, call-takers and dispatchers working with the City of Detroit.

Planning and coordinating conference workshops; finalizing contracting documents for Facilitators to ensure the processing of submitted invoices.

- *Needs or Current Issues:*
The budget for Mental Health First Aid continues to decrease annually, while the training needs and facilitation costs increase. It is not certain that DWIHN will be able to continue to offer this course at no cost to the community.
- *Plan:*
DWIHN continues to build justice-involved partnerships throughout Wayne County. Staff will continue to provide training until the funding is exhausted.
- **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.
- Staff – Julie Black was interviewed by the Lansing State Journal about the Wayne County Domestic Fatality Review team. This article will focus on the work of the domestic fatality review teams state-wide.

Program Compliance Committee Meeting

Residential Services Department Report

March 2024



Main Activities during March 2024 Reporting Period:

- Review of Residential Medicaid Inpatient Stays
- AMI Residential Assessment Unlicensed Setting In-Home Project

Progress On Major Activities:

Activity 1: Review of Residential Medicaid Inpatient Stays

- *Description:* Refocusing attention to address inpatient lengths of stay for individuals requiring specialized residential placement
- *Current Status:* The residential inpatient numbers have remained consistent throughout the month. However, we are reassessing the numbers to identify ways to decrease the days between the referral date and discharge (placement) date.

Residential Medicaid Inpatient				
# of TOTAL Inpatient (per UM reporting)	445	449	425	398
# of Residential Inpatient Referrals	4	10	11	7
Average Residential Inpatient (%)	0.9%	0.0%	2.6%	1.8%
Weekly/Monthly Reporting Date Range:	2/24-3/1	3/2-3/8	3/9-3/15	3/16-3/22
	MAR -WK #1	MAR -WK #2	MAR -WK #3	MAR -WK #4
ACTIVE Cases from previous WEEK/MONTH	15	13	19	19
Medicaid Referrals RECEIVED during reporting period	4	10	11	7
Total # of Residential MEDICAID Inpatient Cases	19	23	30	26
Members DISCHARGED during reporting period	6	4	11	2
Average # of Days Inpatient to Discharge	19.5	16.0	13.9	17.5

- *Significant Tasks During Period:* Adjusted our assignment process to improve efficiency related to completion of the residential placements. Department Managers review inpatient numbers weekly. Staff contacts referral source immediately to schedule Residential Assessments.
- *Major Accomplishments During Period:* As a residential unit, we collaborate weekly with different DWIHN Departments to on-board new residential providers.
 - Added three new residential entities as potential contracted specialized settings.
- *Plan:*
 - Increase the number of pre-placement facilities to provide safe and available placement opportunities as more permanent placements are identified.
 - Add data to show evidence of decrease in time between referral and discharge (placement) dates.
 - Explore ways to improve efficiency in the residential process – i.e., assign staff completing the assessment in tandem with staff working on brokering.

Program Compliance Committee Meeting

Residential Services Department Report

March 2024



- **Activity 2: AMI Residential Assessment Unlicensed Setting In-Home Project**

Description: Residential will complete assessments in specialized unlicensed AMI settings; this allows members clinical needs to be assessed for improvement and to make sure all clinical needs are being addressed that are medically necessary.

- *Current Status:*
 - Total number completed since the inception of the project (2/12/24): 176
 - Total left to complete for next reporting month: 132
 - Percent Completed: 57%
- *Significant Tasks During Period:*
 - a. Rescheduling any missed appts to ensure completion of the project in a timely fashion.
 - b. Scheduling the rest of the assessments in accordance with our timeline but also around the availability of residential providers, CRSP CM's, and members.
 - c. Addressing appeal requests by residential providers as soon as received
 - d. Requesting authorizations for residential services based on updated residential assessments to ensure reimbursement for member care.
- *Major Accomplishments During Reporting Period:*
 - a. Number of assessments scheduled for the month: 134
 - b. Number of assessments completed this month: 134
 - c. Percent Completed for the month: 100%
- *Plan:* After completion of the project, Residential will schedule assessments yearly to ensure members' needs are met and clinically necessary.
 - a. Continue with current staff assigned to complete three in-home assessments per day.
 - b. Interview candidates to hire additional staff to sustain the ability to review assessments.
 - c. Including the CRSP's SC/CM's to participate in the in-home assessments to provide clinical information and update IPOS goals.
 - d. Scheduling I/DD in-home assessments. We are currently scheduling these assessments into the month of May. This is an ongoing project.

Program Compliance Committee Meeting

Residential Services Department Report

March 2024



Things the Department is Doing Especially Well:

- The compliance rate for service authorizations within a 14-day timeframe per DWIHN standard for the Month of March was 88%.
- Skill Building Meeting to address 1:1 staffing needs to improve community inclusion of individuals with high needs.
 - A second meeting was held on 03/14/2024 meeting including service providers and DWIHN representation to discuss rates and coding requirements for these services.
- Residential management met with contracted provider, Tammy McCrory, at The McCrory Center on 3/26/24. This provider is credentialed to provide psychological assessments as well as assessments and reviews for Behavior Treatment Plans. There is presently a shortage of contracted providers that have the capacity to complete such. Residential assisted Ms. McCrory in contacting her PNM and requesting that the needed Fee Schedules be added to her contract. This will fill a huge gap in services for members who have gone a significant amount of time without guardians and/or BTP's due to the unavailability of contracted psychologists.

Identified Opportunities for Improvement: Continue interviews for Residential Care Coordinators and Residential Care Specialists (RCC/RCS)

- 1 RCC and 1 RCS positions remain open.
- 1 Manager Position open

CRSP trainings: Residential Assessments, Residential Progress Notes, Authorizations

Progress on Previous Improvement Plans:

- Increased number of residential assessments completed per month.



Detroit Wayne Integrated Health Network

Program Compliance Committee Meeting

Judy Davis, SUD Director

Date: April 10, 2024

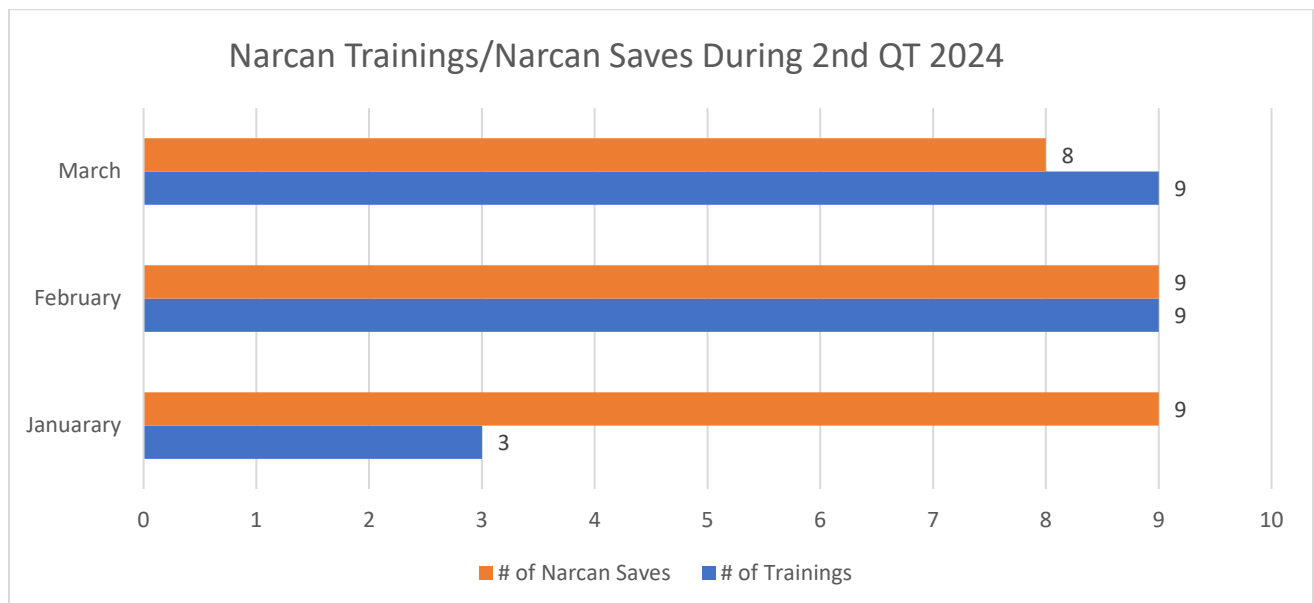
Main Activities during Reporting Period: March 2024

- *Narcan Activities*
- *SUD services offered to MDOC members.*
- *State Opioid Response Program*

PROGRESS ON MAJOR ACTIVITIES:

Activity: Narcan Activities

- **Description:** The Naloxone initiative is a crucial step in addressing the opioid crisis in Wayne County. With the number of opioid-related deaths on the rise, it's vital to have effective solutions in place to combat this problem. The Narcan initiative, which provides free Narcan training and kits to individuals, is an important part of this effort. The more people who are trained in Narcan administration, the greater the chances of reversing the effects of an opioid overdose and saving lives. The ultimate goal of the Naloxone initiative is to reduce the number of opioid-related deaths in Wayne County and improve the situation for everyone who has been affected by this crisis.
- **Current Status:** The charts provided below are useful in gaining a better understanding of the current situation regarding the number of individuals saved with Narcan, and can help make informed decisions based on the insights gathered.



- **Major Accomplishments During Period:** During the period, the DWIHN Youth United and SUD team worked together to achieve a major accomplishment. They collaborated to educate young people at Pershing High School about the potential risks and harmful

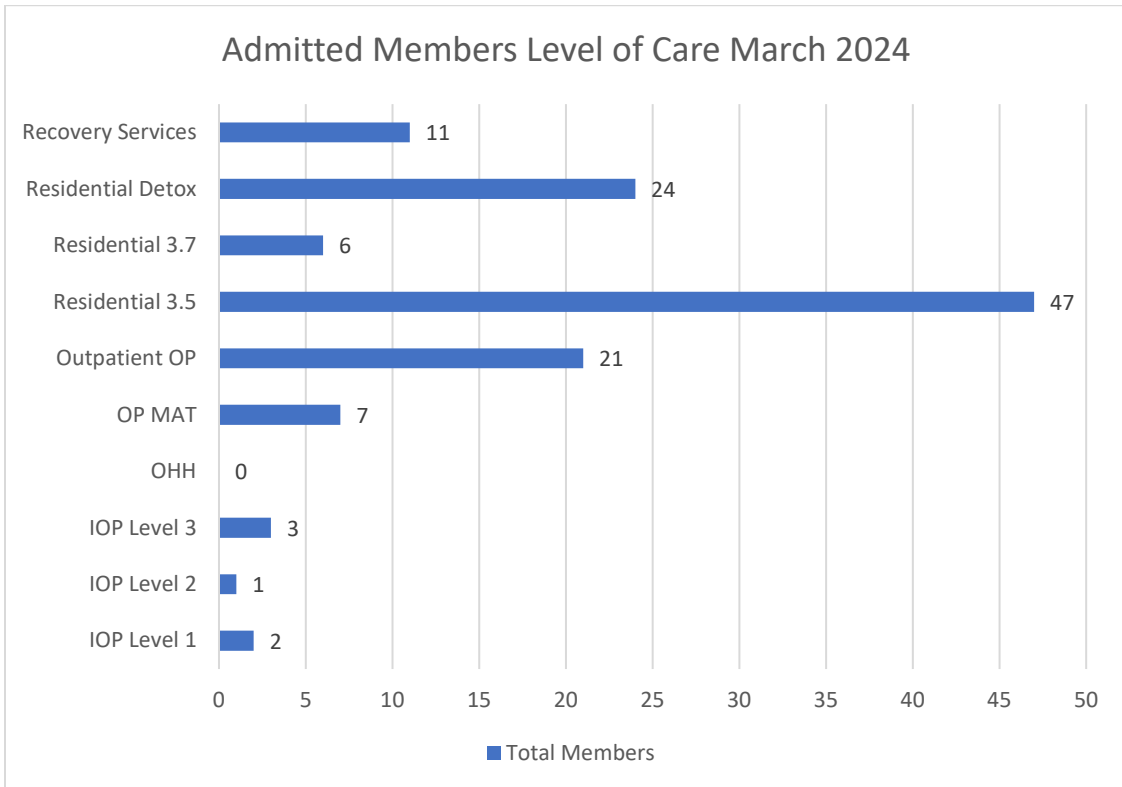
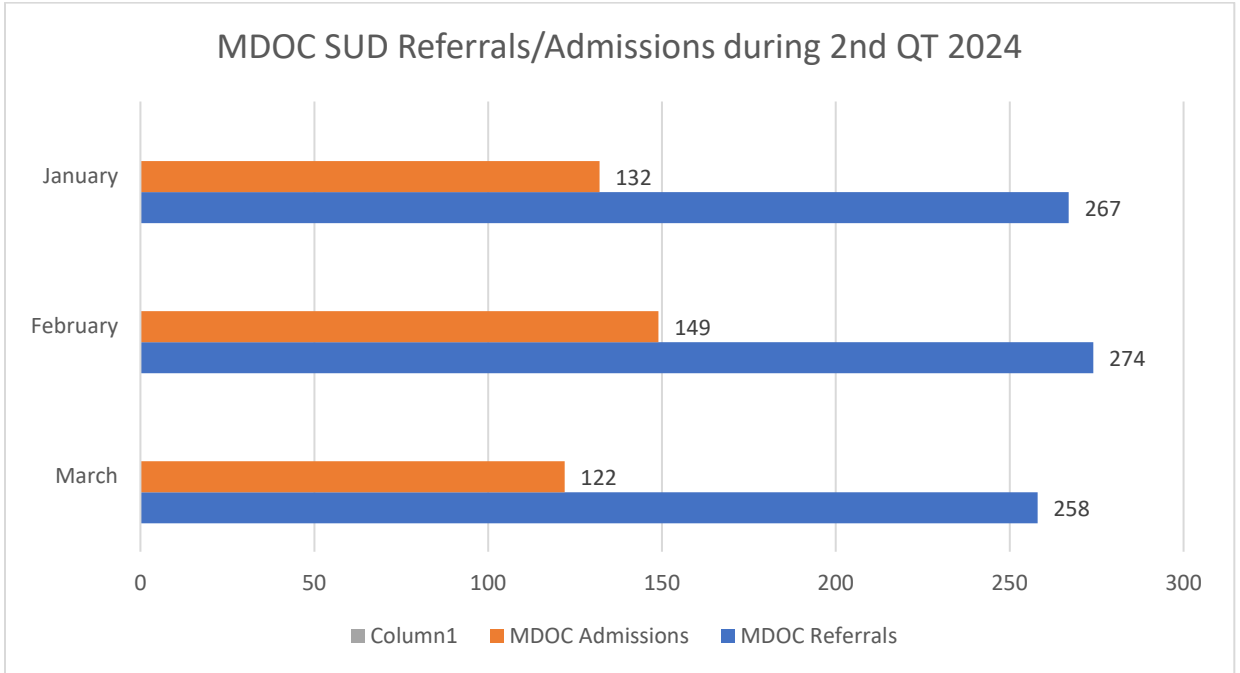
effects of drugs, including marijuana. This initiative was in response to the recent concerns about a local vaping shop's sale of marijuana to students. The joint effort resulted in a successful assembly with Pershing High School, that focused on the impact of marijuana and early brain development, which is a critical issue for our community. The event was highly successful, sparking meaningful dialogue and promoting interest from the high school to further our partnership with our Narcan efforts.

- **Significant Task During Period:** One of the significant tasks that DWIHN undertook during the period was to continue its conversations with Detroit Public School Community District (DPSCD) regarding Narcan Trainings for all students and staff members. This crucial initiative is currently in the planning phase, and the goal is to launch it in the fall of 2024. The DWIHN team has been working diligently with DPSCD to ensure that the training is comprehensive and effective in addressing the opioid epidemic. The initiative is expected to have a significant impact on the community.
- **Needs or Current Issues:** One of the current issues that DWIHN SUD is facing is the rising opioid rates in the community. To address this issue, there is an urgent need for DWIHN SUD to build partnerships with local organizations and community members. This will help to increase awareness and participation in our training program, which is crucial in tackling the opioid epidemic. The DWIHN team is actively seeking collaborations with community partners to expand the reach and impact of the training program, and to ensure that it meets the needs of the community.
- **Plan:** The SUD team has developed a plan to continue collaborating with the DPSCD School System to reach more youth regarding education on substance abuse, and the services offered here at DWIHN. The team recognizes the importance of educating young people about the potential risks and harmful effects of substance use and ensuring that they have access to the necessary Narcan resources and other services.

Activity: *SUD services offered to MDOC Members*

- **Description:** MDOC members are part of our priority population. These members are screened and referred to treatment within 24 hours from contacting the Access Center. MDOC members face unique challenges and barriers to accessing SUD services. Providing prompt screenings and referrals to treatment can help reduce the risk of reoffending.

- **Current Status:**



- **Significant Task:** In March, DWIHN admitted a total of 122 members for SUD. Alcohol was found to be the most commonly abused drug, accounting for 45% of all admissions.

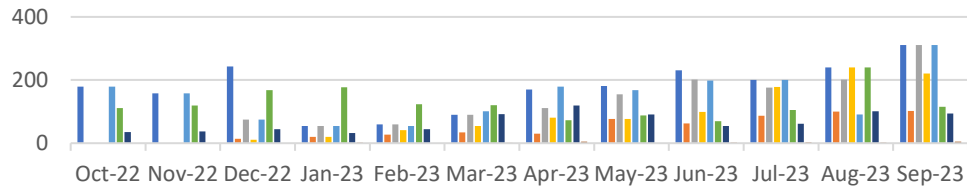
Out of the total members, 63% received Residential Services, 28% received Outpatient Services, and 9% received Early Intervention Services.

- **Major Accomplishments During Period:** During the reporting period, DWIHN SUD had a meeting with MDOC to discuss creating a new referral process for their members. The new referral process will be done via Smartsheet and is expected to improve the referral process significantly. It will make the process more efficient and streamlined, reducing the time and effort required to refer MDOC members to DWIHN SUD services. Moreover, it will help with better communication and tracking of the referrals, ensuring a seamless and effective referral process.
- **Needs or Current Issues:** Providers are not submitting monthly progress reports to supervising agents. DWIHN will ensure that the providers understand the importance of submitting monthly progress reports and what actions will be taken if they do not submit them. 1. Will send out regular reminders to the providers to submit their monthly progress reports on time. 2. Provide training sessions to the providers to educate them on the format and content of the monthly progress reports. 3. Create a system for tracking and monitoring the submission of monthly progress reports. 4. Follow-up with providers who have not submitted their reports to determine the reason for the delay and provide additional support, if needed. Regular reminders will be sent out to the providers to remind them of the required information to be included in the reports.
- **Plan:** To improve the MDOC process, SUD will streamline the referral process. As discussed earlier, DWIHN is creating a new referral process utilizing a Smartsheet. DWIHN will establish a communication plan and provide ongoing staff training.

Activity : State Opioid Response Data

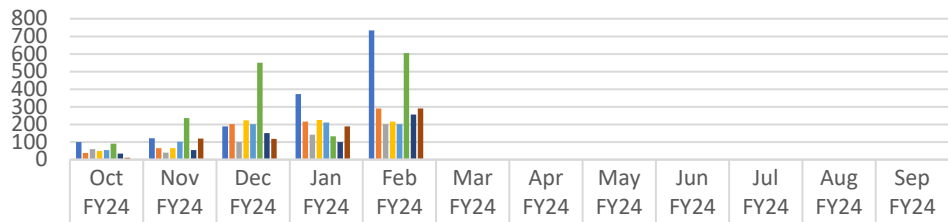
- **Description:** The State Opioid Response (SOR) program in Wayne County is a federal initiative to combat the opioid epidemic. Administered by the Michigan Department of Health and Human Services, the program expands access to treatment, improves care quality, and provides community-based support. It aims to reduce opioid-related deaths and improve data collection to better understand the crisis in Wayne County.
- **Current Status:** The below compares first monthly mobile unit data for the Overdose Education and Naloxone Distribution, with Harm Reduction programming, over the last two fiscal years. It's interesting to note that there was a 108% increase in OEND services and an 582% increase in Mobile unit services provided in Wayne County, attributable to encompassing xylazine test strips into programming and launching two new mobile units.

FY22 and FY23 SOR III - Mobile Care Unit



	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Screening	179	158	243	54	60	90	170	181	231	200	240	311
Referral	0	0	14	20	27	34	30	77	63	87	100	102
Counseling	0	0	75	54	60	90	111	155	201	176	201	311
Drug Screen	0	0	11	20	41	55	81	77	99	178	240	221
Peer Support	179	158	75	54	54	101	179	168	198	200	91	311
Naloxone Training	111	119	168	177	123	120	73	88	70	105	240	115
Fentanyl Test Strips	35	37	44	32	44	92	119	91	55	62	101	94
Overdose Reversals	0	0	0	2	0	1	5	0	2	3	2	5

FY23 and FY24 SOR III - Mobile Care Unit



	Oct FY24	Nov FY24	Dec FY24	Jan FY24	Feb FY24	Mar FY24	Apr FY24	May FY24	Jun FY24	Jul FY24	Aug FY24	Sep FY24
Screening	100	121	189	373	734							
Referral	37	66	201	215	290							
Counseling	60	40	100	142	201							
Drug Screen	49	66	223	225	215							
Peer Support	54	101	201	211	201							
Naloxone Training	90	236	550	133	605							
Fentanyl Test Strips	35	54	150	100	255							
Xylazene Test Strips	10	120	117	188	290							
Overdose Reversals	2	1	3	2	1							

- Significant Tasks During Period:** Conducted a year-end financial audit to ensure accuracy and compliance with regulations. Finalizing year-end performance evaluations for all employees to help identify areas of success and areas for improvement.

Major Accomplishments During Period: There has been a significant increase in Overdose Education and Naloxone Distribution (OEND) services as well as Mobile unit services provided over the last two fiscal years. The numbers above show that the Harm Reduction programming in Wayne County is making a positive impact and helping to save lives.

- **Needs or Current Issues:** It appears that GPRA continues to be a current issue for providers as well, as providers face staffing issues to complete the GPRA in a timely manner. This can be a challenging situation as GPRA is a crucial part of the performance measurement process that helps organizations measure their progress towards achieving their goals and objectives. A performance improvement plan has been established to target this area with one provider.
- **Plan:** Increasing funding: MDHHS is exploring opportunities to secure additional funding to support the project. This will allow for more resources to be dedicated to the project, which could help to increase access to services.

Monthly Updates:

- In collaboration with DWIHN Youth Untied, DWIHN SUD spearheaded a partnership with Pershing High School, resulting in a compelling assembly focused on the impact of marijuana on early brain development. This initiative was put together in response to the recent concerns regarding a local vaping shop's sale of marijuana to students. The event was highly successful, sparking meaningful dialogue and promoting interest from the high school to further our partnership.
- SUD is taking a proactive approach to help its members through the contingency management initiative with MDHHS Recovery Initiative. Offering incentives for completing small milestones to motivate individuals and promote positive behavior change.

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 24-06R5 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 4/17/2024

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Provider Network System FY 23/24

Address where services are provided: Service Provider List Attached

Presented to Program Compliance Committee at its meeting on: 4/10/2024

Proposed Contract Term: 10/1/2023 to 9/30/2024

Amount of Contract: \$ 805,847,768.00 Previous Fiscal Year: \$ 804,448,924.00

Program Type: Continuation

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

Date Contract First Initiated: 4/1/2024

Provider Impaneled (Y/N)? Y

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

BA # 24-06 R5 is requesting the addition of the following 3 providers to the DWIHN provider network:

3 residential providers:

1. Genuine Home Care (Credentialed 2/13/2024)
2. Life Chore Services Limited Liability Company (Credentialed 1/30/2024)
3. Cita Angels (Staffing Agency) (Credentialed 3/12/2024)

In addition, 24-06 R4 inadvertently omitted mobile crisis services from Hegira as part of the RFP award in the narrative section however the dollar amount was included.

BA # 24-06 R5 requires no budget increase due to the reallocation of funds within the total budget.

Detroit Wayne Integrated Health Network (DWIHN) is requesting approval for continued funding for the Provider Network System for the fiscal year ended September 30, 2024. This will allow for the continued delivery of behavioral health services for individuals with: Serious Mental Illness, Intellectual/Developmental Disability, Serious Emotional Disturbance and Co-Occurring Disorders.

The 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.

Note 1. The board action amounts include: Mental health treatment services, Autism, Children's Waiver, SED Waiver, children crisis services and SUD Medicaid, HMP and block grant treatment, Behavioral Health Home and Opioid Health Home services which are supplemental, voluntary services that Medicaid members with specific diagnoses may opt into to receive comprehensive care coordination facilitated by a health home care team and EBSE claims based activity.

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

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 23/24	Annualized
Multiple	\$ 805,847,768.00	\$ 805,847,768.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Board Action #: 24-06R5

Signed: Friday, April 5, 2024

Signed: Friday, April 5, 2024

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 24-12R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 4/17/2024

Name of Provider: Sobriety House Inc

Contract Title: SUD FY24 Treatment

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 4/10/2024

Proposed Contract Term: 4/1/2024 to 9/30/2024

Amount of Contract: \$ 7,490,483.00 Previous Fiscal Year: \$ 6,765,483.00

Program Type: Continuation

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

Date Contract First Initiated: 3/25/2024

Provider Impaneled (Y/N)? Y

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

This revised board action is requesting the approval for four initiatives for a total amount of \$436,000 in PA2 and \$99,000 in block treatment funds, respectively for a total amount of \$535,000.

The following details the request:

- (1) \$50,000 in PA2 funds to support the 10th Annual Interfaith Based "WELLNESS BEYOND THE WALLS" Conference. The conference provides faith-based leaders with an opportunity to connect with educators, researchers, and professionals to address real concerns related to substance use disorders and mental health. This initiative is in collaboration with Leaders Advancing Healthy Communities (LAHC).
- (2) \$350,000 in PA2 funds to allocate for the Sobriety House and Detroit Medical Center (DMC) Screening Brief Intervention to Treatment (SBIRT) initiative. This initiative has been a lifeline for members identified as at risk for SUD problems, and the peers providing support to the community and members served in the emergency department (ED) and Federally Qualified Health Centers (FQHCs) have been invaluable.
- (3) \$36,000 in PA2 funds for CHESS Health to pilot a program to improve recovery outcomes made available through the Connections app, backed by CHESS Health 24/7 peer engagement team. The allocation is for FY24 and FY25.
- (4) through block grant treatment funds, the Michigan Department of Health and Human Services (MDHHS) will

be partnering with three sites, (Growth Works, National Council on Alcoholism and Drug Dependence and Hegira Health Inc.) to develop and implement a tobacco-free policy facility-wide. The project will offer training, technical assistance, and best practices. The total amount for each pilot site will be \$30,000.00 (\$90,000 for all three sites; plus \$9,000 for indirect) starting May 1st for a total of \$99,000.

Treatment services will be funded with Federal Block Grant dollars (\$5,726,383) and PA2 funds (\$1,764,100), together totaling \$7,490,483 for the fiscal year ended September 30, 2024.

DWIHN has the discretion to allocate the funds among the providers based upon utilization without board approval up to the amount not to exceed \$7,490,483.

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

Source of Funds: Block Grant,PA2

Fee for Service (Y/N): Y

Revenue	FY 23/24	Annualized
Block Grant	\$ 5,726,383.00	\$ 5,726,383.00
PA 2	\$ 1,764,100.00	\$ 1,764,100.00
Total Revenue	\$ 7,490,483.00	\$ 7,490,483.00

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:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Board Action #: 24-12R2

Signed: Monday, April 1, 2024

Signed: Monday, April 1, 2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 24-14R1 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 4/17/2024

Name of Provider: Detroit Wayne Integrated Health Network

Contract Title: Multicultural Integration Programs and DWIHN Veteran Navigator

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

Presented to Program Compliance Committee at its meeting on: 4/10/2024

Proposed Contract Term: 10/1/2023 to 9/30/2024

Amount of Contract: \$ 836,920.00 Previous Fiscal Year: \$ 902,783.00

Program Type: Continuation

Projected Number Served- Year 1: 900 Persons Served (previous fiscal year): 800

Date Contract First Initiated: 10/1/2023

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 approval to amend the original board action for Comprehensive Services for Behavioral Health – 2024 with the Michigan Department of Health and Human Services (MDHHS).

This Fiscal Year 2024, there is a one-time increase in the budget for the Multicultural Integration Programs in the amount of \$75,083.00. The additional funding is a result of dollars that were carried over in the previous fiscal year. The additional funds will be allocated to American Indian Health and Family Services (AIHFS), Community Health and Social Services, Center (CHASS), Southwest Counseling Solutions (Hispanic and Veterans). This amendment does not include an increase for Association of Chinese Americans and DWIHN Veteran Navigator as there were no carry over funds from prior year.

Revenue for these services are supported by E-Grants & Management Systems (EGrAMS) categorical funds for Ethnic Services. The amount of the proposed term of this Memorandum of Understanding is October 1, 2023 through September 30, 2024 and will not exceed \$836,920.

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

Board Action #: 24-14R1

Revenue	FY 23/24	Annualized
MDHHS	\$ 818,220.00	\$ 818,220.00
State General Funds	\$ 18,700.00	\$ 18,700.00
Total Revenue	\$ 836,920.00	\$ 836,920.00

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:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Friday, April 5, 2024

Signed: Friday, April 5, 2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 24-60 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 4/17/2024

Name of Provider: Michigan Consortium for Healthcare Excellence

Contract Title: Michigan Consortium for Healthcare Excellence

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 4/10/2024

Proposed Contract Term: 10/26/2024 to 10/25/2027

Amount of Contract: \$ 391,900.00 Previous Fiscal Year: \$ 464,434.00

Program Type: Continuation

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

Date Contract First Initiated: 1/1/2019

Provider Impaneled (Y/N)?

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

This board action is to request a renewal of a three year contract to the Michigan Consortium for Healthcare Excellence (MCHE) in the amount of \$130,000 per year, or \$390,000 for the full contract. This three year contract will cover FYs 2025, 2026, and 2027. The amount is estimated based on prior year costs and actuals may differ.

In Addition, an exigent memo was prepared to request \$1,900 for coverage of an outstanding balance to this vendor from the previous contract. **The total amount being requested is not to exceed \$391,900.**

DWIHN is a member of MCHE, as are the other ten PIHPs. MCHE has a contract with MCG to provide the nine out of the ten PIHPs with a utilization management software tool called Indicia. This software is a clinically validated and evidence based tool for clinical decision-making. The amount of the contract is allocated amongst all 9 PIHP's based on covered lives in each region.

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 25-27	Annualized
MULTIPLE	\$ 391,900.00	\$ 391,900.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64917.815000.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Friday, March 22, 2024

Signed: Friday, March 22, 2024

03/22/2024

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 24-61 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 4/17/2024

Name of Provider: Detroit Wayne Integrated Health Network

Contract Title: City of Detroit Co-Response Partnership Training

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 4/10/2024

Proposed Contract Term: 2/6/2024 to 6/30/2025

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

Program Type: New

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

Date Contract First Initiated: 2/6/2024

Provider Impaneled (Y/N)?

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

The board action is requesting the approval to receive and expend funds from the City of Detroit for CIT training for an amount not to exceed \$488,000 for the period 2/6/24 through 6/30/25.

The City of Detroit received funds from the American Rescue Plan Act (ARPA) and has entered into agreement with DWIHN via a competitive bid process to satisfy specific training needs. We will enter into several comp source agreements for the period of **2/6/2024-6/30/2025** with vendors to execute the approved project. Mental Health First Aid for Public Safety - which requires a special certification to instruct, and Crisis Intervention Team (CIT) Training are the models.

DWIHN will provide training focusing on de-escalation and connecting individuals to care through education. The list of proposed instructors is attached. Although the funds are federal, DWIHN is considered a contractor and therefore is not required to report the expenses on our annual Schedule of Federal Awards (SEFA).

Funds can be reallocated between providers up to an amount not to exceed \$488,000.

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

Source of Funds: Local Funds

Fee for Service (Y/N): N

Revenue	FY 24/25	Annualized
Local Grant	\$ 488,000.00	\$ 488,000.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 488,000.00	\$ 488,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64941.822402.00000

In Budget (Y/N)? N

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Friday, April 5, 2024

Signed: Friday, April 5, 2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 24-63 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 4/17/2024

Name of Provider: Charter Township of Canton

Contract Title: FY24 Western Wayne Therapeutic Recreation

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 4/10/2004

Proposed Contract Term: 4/1/2024 to 9/30/2024

Amount of Contract: \$ 75,000.00 Previous Fiscal Year: \$ 75,000.00

Program Type: Continuation

Projected Number Served- Year 1: 4,150 Persons Served (previous fiscal year): 4149

Date Contract First Initiated: 4/1/2024

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).

DWIHN is requesting approval to enter into an agreement with the Charter Township of Canton through the Townships Department of Leisure Services - Therapeutic Recreation, **in an amount not to exceed \$75,000 for the period of April 1, 2024 through September 30, 2024**, to provide programs and opportunities for individuals with disabilities residing in Western Wayne County. The program is available for funding through 45 CFR 158.150 health and wellness.

The widely-recognized benefits to people with disabilities, including those with intellectual and/or developmental disabilities, involve participation in ongoing and regular skill-building and therapeutic recreational activities.

The Therapeutic Recreation Program specifically provides positive and appropriate skill-building and leisure services to individuals with disabilities including intellectual and developmental disabilities (IDD), Serious Emotional Disturbance (SED), and Serious Mental Illness (SMI) within Wayne County.

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

Source of Funds: Medicaid

Fee for Service (Y/N): N

Revenue	FY 23/24	Annualized
Medicaid	\$ 75,000.00	\$ 75,000.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64941.827206.00021

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Thursday, April 4, 2024

Signed: Thursday, April 4, 2024