



Detroit Wayne Integrated Health Network

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PROGRAM COMPLIANCE COMMITTEE MEETING

**Administration Bldg.
8726 Woodward, 1st Floor Board Room
Wednesday, July 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 (Juvenile Restorative Program) – Provide a breakdown by age of the SSI health ratings and concerns.**
- VI. Approval of the Minutes – June 12, 2024**
- VII. Report(s)**
 - A. Chief Medical Officer – Deferred to August 14, 2024**
 - B. Corporate Compliance - None**
- VIII. Quarterly Reports**
 - A. Adults Initiatives**
 - B. PIHP Crisis Services**
 - C. Managed Care Operations**
- IX. Strategic Plan Pillar – None**
- X. Quality Review(s) - None**

Board of Directors

Dr. Cynthia Tauog, 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



XI. VP of Clinical Operations' Executive Summary

XII. Unfinished Business

- A. **BA #24-06 (Revised 7)** – DWIHN Provider Network System FY 24 – Additional Providers
- B. **BA #24-12 (Revised 4)** – Substance Use Disorder (SUD) Treatment Provider Network - Overdose Awareness Day and Narcan Kits

XIII. New Business (Staff Recommendations) - None

XIV. Good and Welfare/Public Comment

Members of the public are welcome to address the Board during this time up to two (2) minutes ***(The Board Liaison will notify the Chair when the time limit has been met)***. Individuals are encouraged to identify themselves and fill out a comment card to leave with the Board Liaison; however, those individuals 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).

XV. Adjournment

**Program Compliance Committee Meeting
Children Initiative Department**



June 2024 – Follow Up Request

Provide the ages for the health concerns regarding the School Success Initiative health data report.

According to youth enrolled in the School Success Initiative for Tiers 2 and 3, the Integrated Biopsychosocial Assessment completed upon the intake session indicates specific health concerns among children and youth ages 4 to 19 years old. The top three (3) health concerns included allergies, asthma, and headaches. Below is a chart of the health concerns according to ages of children and youth for fiscal year 2024. Overall, the age group with the highest percentage of health concerns are ages 6 to 11 years old. The second highest percentage of health concerns are ages 12 to 17 years old.

Age Groups	Allergies	Asthma	Headaches	Age Total
Ages 0 to 5	0	1	0	1 (3.12%)
Ages 6 to 11	9	8	0	17 (53.12%)
Ages 12 to 17	4	6	1	11 (34%)
Ages 18 to 19	2	0	1	3 (9%)
Total	15 (46.87%)	15 (46.87%)	2 (6.25%)	32 children

PROGRAM COMPLIANCE COMMITTEE

MINUTES

JUNE 12, 2024

1:00 P.M.

IN-PERSON MEETING

MEETING CALLED BY	I. Commissioner Jonathan Kinloch, Program Compliance Chair at 1:17 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Commissioner Jonathan Kinloch, Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	<p>Committee Members: Commissioner Jonathan Kinloch; Angela Bullock; and Dr. Lynne Carter</p> <p>Committee Member(s) Excused: Bernard Parker and William Phillips</p> <p>Board Member(s) Present: Dr. Cynthia Tauveg, Chair</p> <p>Substance Use Disorder Oversight Policy Board Member(s) Virtual: Thomas Adams, SUD Chair</p> <p>Staff: Brooke Blackwell; Judy Davis; Eric Doeh; Dr. Shama Faheem; Monifa Gray; Sheree Jackson; Sharon Matthews; Cassandra Phipps; Vicky Politowski; April Siebert; Manny Singla; Andrea Smith; Yolanda Turner; and Michele Vasconcellos</p>

AGENDA TOPICS

II. Moment of Silence

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

III. Roll Call

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

IV. Approval of the Agenda

DISCUSSION/ CONCLUSIONS	<p>Commissioner Kinloch called for a motion to approve the agenda. Motion: It was moved by Mrs. Bullock and supported by Dr. Tauveg to approve the agenda. Commissioner Kinloch asked if there were any further changes/modifications to the agenda. The Committee Chair, Commissioner Kinloch added an "Item from the Committee Chair" to the agenda that would be taken after Item XIV. New Business..</p> <p>Motion carried with the modification.</p>
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V. Follow-Up Items from Previous Meetings

DISCUSSION/ CONCLUSIONS	<p>A. Adults Initiatives' Quarterly Report – Provide additional information on the Motor City Clubhouse previously under Northeast Guidance Center/CNS Healthcare. Provide map/locations of other clubhouses on the east side of Detroit. Provide information on why Northeast Guidance Center closed Motor City and on CNS' plans to reopen – Marianne Lyons, Director of Adults Initiatives submitted and provided an update on the Motor City Clubhouse. It was reported that the Motor City Clubhouse has been closed for several years. Northeast Guidance has since merged with CNS Healthcare and they did not re-open that location. Several clubhouses had a difficult time remaining active during COVID 2020-2022. After speaking with CNS last month, they still own the building and they do intend on re-opening their clubhouse but without any general idea of a timeframe at this time. DWIHN's providers' clubhouses reached out to Motor City Clubhouse and offered members to attend any other clubhouse where they felt comfortable. The exact number is not known, but members from what was formerly Motor City Clubhouse have joined other clubhouses including Gathering Place (LBS), Turning Point (Hegira), A Place of Our Own (Goodwill) and Hope House (ACCESS). A map of these locations was also included in the report as well as a letter from the Motor City Clubhouse Team informing members of its' closure.</p>
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VI. Approval of the Minutes

DISCUSSION/ CONCLUSIONS	<p>Commissioner Kinloch called for a motion to approve the May 8, 2024, meeting minutes. Motion: It was moved by Mrs. Bullock and supported by Dr. Carter to approve the May 8, 2024, meeting minutes. Commissioner Kinloch asked if there were any changes/modifications to the May 8, 2024, meeting minutes. There were no changes/modifications to the meeting minutes. Motion carried.</p>
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VII. Reports

DISCUSSION/ CONCLUSIONS	<p>A. Chief Medical Officer – Dr. Shama Faheem, Chief Medical Officer submitted and gave an update on the Chief Medical Officer's report. It was reported that:</p> <ol style="list-style-type: none">1. Behavioral Health Education, Outreach and Updates – Dr. Dalia Mammo, Crisis Services Medical Director was a panelist on Maternal Mental Health panel held by Wayne County's Women's Commission; An interview published in the News Herald on the importance of Mental Health Awareness Month and the dangers of adolescents self-diagnosing via social media. All teaching collaborative agreements have been completed and DWIHN's Crisis Center's doors opened on Monday, June 10, 2024. Dr. Faheem has been doing a four-week teaching course for Wayne State University (WSU) Psychiatry residents on Community Mental Health Services; participated as an examiner for WSU Child and Adolescent Psychiatry Annual Clinical Skill Exam followed by panelist discussion on Transition to Practice and discussed job opportunities and perks within the CMH system; DWIHN will start scheduling rotations once the Crisis Center has been stabilized for a month or so.2. State Medical Directors' AOT Workgroup – A meeting was held on Tuesday, June 11, 2024 and a new group has been formed where Dr. Pinals has recommended that several PIHP Medical Directors and Chief Medical Officers be a part of an AOT group that is working in collaboration with the Michigan Diversion Council to ensure that the AOT procedures are as
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evidenced-based and clinically focused as possible with some State level uniformity on protocols.

3. **NCQA** – DWIHN received full accreditation score over 90% from NCQA. DWIHN's strengths were – Dedicated and knowledgeable staff; strong UM Denial process and documentation; strong Case Management program and documentation; File review and preparations of staff; Annual population assessment done by Integrated Health Care; Documentation of all clinical Quality Improvement projects; and Comprehensive Quality program. Opportunities for improvement were discussed in the areas of Utilization Management policies, annual plans, provider network adequacy, credentialing and delegation agreements. Work plans have been drafted for those items and are in the process of implementation.
4. **Crisis Center Updates** – The Crisis Center opened on June 10, 2024 at 8:00 a.m. and had six patients by June 11, 2024. There were 10 admissions out of the 12 beds on the adult side by last night; several individuals walking in looking for resources; and some individuals will be discharged this morning. Finding a full-time psychiatrist to work for the Crisis Center has been a continued challenge. DWIHN will continue to expand our contingent pool not only to avoid coverage issues but also to help the in-training residents get a positive experience at our facility which would help with subsequent workforce and recruitment. DWIHN is looking into telepsychiatry coverage as a second level backup when full-time or part-time psychiatrists are not available for shift coverage. DWIHN had State onsite review on May 9, 2024 and the facility, our Electronic Medical Records and our protocols were greatly appreciated. There were minor revisions requested that are being submitted and anticipate provisional certification afterwards.
5. **DWIHN Clinic** – A new project that is currently underway and the VP of Clinic Operations is currently working on policies, procedures, staffing plans, training and hiring. An adult psychiatrist/Outpatient Medical Director has been offered and accepted a position and will start on June 30, 2024 and a part-time Child Psychiatrist position has been accepted and will start in August.
6. **Improving Practices Leadership Team (IPLT) Committee** - Stacey Sharp has been promoted to Clinical Officer and will be working with Dr. Faheem on the IPLT Committee meetings. Ms. Sharp will be introduced at the next PCC meeting in July. For the month of May, Medication Assisted Treatment Policy for Opioid Use Disorder for our Network was updated by Dr. Faheem and reviewed at the IPLT for feedback; A new policy for Medication Assisted Treatment for Alcohol Use Disorder was also presented; and the network leads provided positive feedback and appreciation for the resource and requested addition of Nicotine Use Disorder policy and guidance which is currently under draft. For the month of June, various new and existing policies were presented for needed updates (Network guidance on CSU principles and standards, Intensive Crisis Stabilization Program policy and expectations from network as well as multiple updates on Children's policies. The ACT policy was also updated, presented and approved based on fidelity reviews.
7. **Quality Improvement Steering Committee** – Several HEDIS Measures were discussed with comparisons of rates between fiscal years 2022 and 2023. New interventions for HEDIS Measures that have not improved significantly or have down trended (such as FUH) were discussed including use of Telehealth where necessary. Reducing the Racial Disparity of African Americans seen for Follow-up Care within 7 Days of Discharge from a

	<p>psychiatric hospital was discussed. While this PIH struggled significantly during FY 22 and FY 23 where the disparity gap widened from the baseline despite multiple interventions, the start of FY 24 has shown improvement. The Quality team has been having one-on-one meetings and corrective action plans with the CRSP that had the highest disparity initially along with a high volume of our members (Hegira Health and Team Wellness). With all the efforts from our team and the CRSP, these organizations have lowered their disparity significantly. Other CRSPs (LBS, CNS and CCIH) have increased their disparity and the Quality team will be focusing on them. Commissioner Kinloch opened the floor for discussion. Discussion ensued. The committee requested information on maternal deaths, grief and loss; provide information on dementia and the services available for the caregivers; and provide information on the impact on continuity of care because of part-time psychiatrists.</p> <p>(Action)</p> <p>B. Corporate Compliance – Sheree Jackson, VP of Compliance submitted and gave an update on the Corporate Compliance report. It was reported:</p> <ol style="list-style-type: none"> 1. Compliance Investigations – To date, DWIHN’s Compliance department has received 35 investigations referrals; 11 originated from the OIG; 24 were sourced from provider self-reports and internal referrals. Out of the 35 cases, 15 have been assigned for investigation. Mrs. Jackson informed the OIG about the heavy caseloads and designated a risk rating, pending cases deemed a higher risk are temporarily assigned to the Compliance Officer. This ensures a preliminary review is completed and all time-sensitive matters are addressed. The Compliance department has recently recruited a Compliance Administrator to help manage the workload. There are currently two vacant positions that will promptly be filled. Compliance investigations are on the rise, with a specific focus on practitioners credentialed across multiple providers, allegations of provider kickbacks and the medical necessity of inpatient stays. No findings have emerged currently; each assigned investigation is currently undergoing active examination and there is no data available for reporting. 2. Quarterly Updates – After an investigation concludes, all pertinent DWIHN departments are invited to the provider’s exit meeting to ensure equal distribution of information. The DWIHN’s Program Integrity report has been forwarded to the OIG for May submission and awaits acceptance. All department leaders have addressed past identified interdepartmental risks and no new discoveries have been identified. Compliance encourages department leaders to remain involved to ensure there is no lapse in addressing matters promptly. <p>Commissioner Kinloch opened the floor for discussion. There was no discussion. The Chair noted that the Chief Medical Officer’s and Corporate Compliance reports have been received and placed on file.</p>
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VIII. Quarterly Reports

DISCUSSION/ CONCLUSIONS	<p>A. Autism Spectrum Disorder – Cassandra Phipps, Director of the 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/Expansion – There was an average of 2,261 members assigned to DWIHN’s ABA provider network for FY 24. There was an increase of about 99 additional members enrolled in services from Q1 to Q2. The Request for Qualifications (RFQ) 2023-005 REBID continues until 5/1/2028. In FY 24 (Q2), the RFQ resulted in two ABA
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providers meeting minimum qualifications to be considered to be added to the provider network. As a result of the RFQ, there are now 19 contracted ABA providers within the DWIHN provider network. This is an increase for the three new ABA providers from FY 23 to FY 24. During FY 24 (Q2), the State of Michigan confirmed youth with Serious Emotional Disturbances (SED) receiving autism services can also receive speech therapy, occupational therapy and physical therapy when the services are needed to address behavioral needs. DWIHN approved one ABA provider to deliver these services for youth with SED.

2. **Activity 2: Length of Autism Treatment** – The majority of members who receive services during the rating period remained in services for less than a year (713 members) and for a year (671 members). The longest length of time members received services has been a maximum of eight (8) years (4 members). MDHHS does not specify discharge requirements for youth completing autism services, but staff continue to work with providers to monitor the length of treatment for youths and coordinate best practices for planned discharge planning and outcomes of completing goals. The State conducted a survey regarding autism services across the state and they have identified that there is a need for additional trainings for professional staff on autism services; making sure that there is medical necessity, parent engagement and follow through as well as making sure that there is adequate staffing.
3. **Activity 3: Autism Service Treatment Intensity: Level of Care** – There are two levels of care: Focused Level of Care, a limited number of chosen skill targets specific to identified goals that can range from 10 to 25 hours per week; and Comprehensive Level of Care, focuses on multiple areas of functioning such as cognitive, communication, social emotional and behaviors for about 30 to 40 hours per week. There was a total of 1,983 members assigned to Comprehensive Level of Care for FY 24 (Q1) and for (Q2), the total increased to 2,131 members. Although there is an increase of members from Q1 to Q2, data stays relatively stable between FY 2023 to FY 2024 between both levels of care. Staff updated the ABA monthly log to better track the utilization of these services.
4. **Quarterly Updates** – The department has been focusing on re-eligibility for autism services and make sure that medical necessity is needed; continue with our RFQ and expansion of services.

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

B. **Children's Initiatives** – Cassandra Phipps, Director of Children's Initiatives submitted and gave highlights of the Children's Initiatives' quarterly report. For Q2, DWIHN served 11,925 children with either Severe Emotional Disturbance (SED) or Intellectual Developmental Disabilities (I/DD). It was also reported that:

1. **Activity 1: MichiCANS Soft Launch Pilot** – The soft launch started 1/8/24 through 3/31/24 with DWIHN and The Children's Center (TCC) as the identified sites for Wayne County. There were a total of 332 MichiCANS screenings completed during this soft launch. This tool will replace the Child and Adolescent Functional Assessment Scale (CAFAS) and the Pre-School and Early Childhood Functional Assessment Scale (PECFAS) assessments effective October 1, 2024. The Devereux Early Childhood Assessment (DECA) will change during October 1, 2024 to be administered as an assessment tool for ages 0 to 6 for the SED and I/DD children. A MichiCANS Q&A session was held last month with the collaboration of MDHHS and The Children's Center (80 attendees). The policies and utilization management

guidelines will need to be updated in accordance with the upcoming changes. Staff are in the process of going through the hard launch training this month and next month.

2. Activity 2: School Based Health Quality Initiative Program – During FY 24 (Q2), there were a total of 47 intakes for this program. There is a noted increase with intakes completed from Q1 (39 intakes) to Q2. There was a total of 83 successful discharges from the program and zero expulsions from school. This is an increase from Q1 (18 successful discharges). *Strengths and Difficulties Questionnaire (SDQ)* – The decrease from FY24, Q1 (1,199) to Q2 (270) was due to fewer students accepted to participate in School Success Initiative (SSI) services during Q2; SSI services were halted with the Detroit School District Public Schools (DPSCD) due to a new requirement of establishing a memorandum of understanding directly with DWIHN and Children’s providers’ staff completing background checks. DWIHN continue to provide risk factors and outreach events; partnered with DPSCD to focus on substance use; and making plans to have Narcan training for school staff. *School Success Initiative Health Concerns* – Asthma was the highest reported health concerns for self-report of youths enrolled in the SSI program for Tiers 1 and 2 from the Integrated Biopsychosocial Assessment completed upon the intake session. Eczema, heart murmur, seizures, sensory processing disorder, acid reflux, tubes in ears, constipation and pregnancy were additional self-reported issues. Overall, 50 out of 133 (37.5%) youths were presented with health concerns.

3. Activity 3: Juvenile Restorative Program – As of 5/31/24, there have been 58 intake assessments completed (according to MH-WIN Program Assignment status); 45 active youths enrolled in the program; 13-20 pending intakes; and 36 youths discharged from the program. The program has assisted youths with semi-independent living resources, pregnancy resources and reintegrating back into the school district. Mrs. Phipps did a site visit to the new location in Dearborn and the judge plans to visit the new location on June 24, 2024. The grand opening will be held on July 11, 2024 from 3:00 p.m. to 6:00 p.m. There is a new program in Macomb County that DWIHN is able to take 20 youths from Wayne County into their program. Mrs. Phipps will be attending a conference in Lansing next Monday and Tuesday, which focuses on maternal infant needs. DWIHN was awarded a grant through the Southeast Michigan Perinatal Quality Improvement Coalition (SEMPQIC) to train staff on postpartum depression screenings. Commissioner Kinloch opened the floor for discussion. Discussion ensued. The committee requested a breakdown by age of the SSI health ratings for health concerns. **(Action)**

C. **Customer Service** – Michele Vasconcellos, Director of Customer Service submitted and gave highlights of the Customer Service’s quarterly report. It was reported:

1. Activity 1: Customer Service Calls – There was an increase of over 300 switchboard calls compared to FY 24 (Q2) to FY 23 (Q2) with a slight decrease in the abandonment rate. There was an increase of over 400 Customer Service Call Center calls compared to FY 24 (Q2) to FY 23 (Q2) with slight decrease in the abandonment rate. Additional staff was assigned to the Call Center and the Reception/Switchboard area to address backup staffing concerns and training was conducted with staff on the new Gynesis phone system.

2. Activity 2: Grievances and Appeals – There was an increase of over 300 for complaints and grievances from FY 24 (Q2) to FY 23 (Q2) related to

access to staff, delivery of service and personal access to services. There was a decrease of 200 notices for the Adequate Notices compared to the previous fiscal year; an increase of over 200 notices that went out with DWIHN's appeals communication. There was a slight increase in appeals received that were filed and two (2) requests for DWIHN's State Fair Hearings for FY 24 were received and transferred out.

3. **Activity 3: Member Engagement** – The department continued to recruit Peer Agents and work with Certified Peers and Recovery Coaches on their State mandated continuing education credits; Three Customer Service Peer Agents have been actively involved in presenting at various community venues; staff continues to work with the Quality department on the Racial Disparity 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). The winter edition of the PPOV was published and included several new mandatory/required additions. Articles acknowledged several awards being received by CV members (Cooke Grant Award, recognition by MACMHB for outstanding member engagement) and seven (7) members were awarded the Dreams Come True mini grants. DWIHN continues to present information to members regarding their voter rights and reinforcing their responsibility for civic duty. March was Developmental Disability Month and DWIHN conducted a seminar which included panelists who discussed views and experiences related to employment, self-sufficiency, navigating college, living beyond work, environment and socialization beyond the disability community.

Commissioner Kinloch opened the floor for discussion. Discussion ensued. The committee requested documentation that defines grievance issues by category.

(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. **Activity 1: OBRA Services** – The OBRA team provided training on OBRA/PASSR in conjunction with the State of Michigan on OBRA procedures. This was designed for hospital and nursing home social workers. Over 50 individuals attended and felt this should be done every six months due to staff turnover in the hospitals and nursing homes.
2. **Activity 2: Complex Case Management (CCM)** – Care Coordination was completed on 87 members, 26 providers received training on CCM and 166 members were contacted about their FUH appointment. Of those 166, 47 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 49 members. They spoke to one and one attended the 7-day appointment.
3. **Activity 3: Special Care Coordination with Medicaid Health Plans** – DWIHN continues the two special care coordination with our two Medicaid Health Plans. The new RFP that has been put out with the State of Michigan, will require all health plans to do Care Coordination with DWIHN. The department has been meeting with several health plans in the last four months to discuss what we are doing, how we do it and what that looks like.
4. **Activity 4: HEDIS Scorecard and Affinite Care Management shared database development** – Vital Data added the OHH, BHH and CCBHC designations to the provider dropdown. DWIHN can see individual HEDIS data under these categories. The department met with the director over

	<p>these areas to discuss goal setting. Mrs. Politowski will provide data from fiscal years 2023 and 2022 in the next quarterly report. Racial and ethnic category from claims was added to the scorecard but staff is working on it to make it more user friendly. The department will be working with Vital Data to increase more measures to make things better to see and some new platforms that we may be working with AI on. Discussion ensued on the CPT codes and incentives for providers going into the hospital, making sure that individuals are connected to services with their discharge planning. Commissioner Kinloch opened the floor for discussion. Discussion ensued.</p> <p>The Chair noted that the Autism Spectrum Disorder, Children’s Initiatives, Customer Service and Integrated Health Care’s quarterly reports have been received and placed on file.</p>
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IX. Strategic Plan Pillar

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

DISCUSSION/ CONCLUSIONS	<p>A. QAPIP Work Plan FY 24 Update – April Siebert, Director of Quality Improvement submitted and gave an update on the QAPIP Work Plan FY 24. It was reported:</p> <ol style="list-style-type: none"> 1. Activity 1: MDHHS’ Annual Full Site Review – DWIHN has achieved exceptional results in the recent review conducted by MDHHS from March 13, 2024 through April 26, 2024. DWIHN received high marks across the board achieving full compliance with the Children’s Waiver Program. The review found all areas of the clinical review to be in compliance including our Critical/Sentinel Event process, Behavior Treatment review process and the administrative portion of the review, and all the policies and procedures that we must have in compliance in order to provide these services. MDHHS identified several commendable strengths within the network. One of the most notable strengths observed was the presence of a strong Integrated Biopsychosocial Assessment and staff credentials. These strengths indicate a high standard of care and attention to detail within the network. A few citations were identified related to specific clinical cases, highlighting the need for better documentation to ensure compliance with the Home and Community-Based Services (HCBS) Final Rule, the amount, scope, duration of services, member choice of providers and Direct Support Staff receiving training on the members’ IPOS. DWIHN has to submit a corrective action plan for those cases requiring remediation. MDHHS will conduct a 90-day follow-up to confirm that the corrective measures have been successfully implemented. 2. Activity 2: HSAG External Quality Reviews – The Encounter Data Validation Review is a new requirement and is due to the State on July 6, 2024. This review is essential for ensuring the accuracy and completeness of our electronic encounter data, highlighting our commitment to data integrity and quality care delivery. The Performance Measure Validation (PMV) is scheduled to take place between July 22, 2024 and August 2, 2024. In FY 23, DWIHN achieved 100% compliance with the designation of “Reportable” for all indicators. The only recommendation noted was that DWIHN should
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	<p>continue its' improvement efforts (provider outreach and monitoring) related to Indicator #2 to further ensure timely and accessible treatments and supports for individuals.</p> <p>3. Activity 3: Performance Indicators Data Q2 Reporting – In FY 24 (Q2), DWIHN has met the standards for PI #1 (Children and Adults), PI #4a (Children and Adults), 4b (SUD), and PI #10 (Children). For Indicator 2a (Biopsychosocial completed within 14 days of request), our completion rates for MI/Adults (59.92%) and DD/Adults (62.50%) have improved compared to Q1, surpassing the 57% standard. Although, we did not meet the standard for the children's population, we did make progress in enhancing completion rates for MI/Child Q2 (51.79%) compared to Q1 (30.32%). The average score for the State in FY 24 (Q1) was noted at 51.57%. The Q2 data will not be finalized until June 30, 2024, so the rates are still subject to change.</p> <p>The Chair opened the floor for discussion. The committee complimented the Network for achieving exceptional results on the review by MDHHS. Commissioner Kinloch noted that the QAPIP Work Plan FY 24 update has been received and placed on file.</p>
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XI. VP of Clinical Operations' Executive Summary

DISCUSSION/ CONCLUSIONS	<i>The VP of Clinical Operations' Executive Summary was deferred to July 10, 2024.</i>
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XII. Unfinished Business

DISCUSSION/ CONCLUSIONS	<p>A. BA #24-06 (Revised 6) – DWIHN Provider Network System FY 23/24 – Staff requesting board approval to add five (5) providers to the DWIHN Provider Network – Lionessden Homes, LLC, and Paris Safe Keeping (Residential Providers); and Spectrum Human Services Positive Images, and CareFirst Community Health Services (SUD Providers). All providers have been credentialed. This board action requires no budget increase due to the reallocation of funds within the total budget. The Chair called for a motion on BA #24-06 (Revised 6). Motion: It was moved by Mrs. Bullock and supported by Dr. Carter to move BA #24-06 (Revised 6) to Full Board for approval. Commissioner Kinloch opened the floor for discussion. There was no discussion. Motion carried.</p> <p>B. BA #24-12 (Revised 3) – Substance Use Disorder (SUD) Treatment Providers – Staff requesting board approval for five (5) initiatives for a total amount of \$165,000.00 in PA2 funds: (1) \$25,000.00 in PA2 funds to allocate to W Buchanan Group to implement yoga services for members in the SUD treatment at DWIHN; (2) \$35,000.00 in PA2 funds for the annual statewide Celebrate Recovery Walk and Rally in collaboration with the National Council on Alcoholism and Drug Dependence (NCADD); (3) The 2024 8th Annual Opioid Summit will receive \$30,000.00 in PA2 funds. The summit is a joint effort with the Michigan Public Health Institute (MPHI) and the Southwest Michigan Alliance for Addiction-free Communities (SEMAAC); (4) \$48,000.00 in PA2 funds will be used purchase NaloxBox units with Novaceuticals; and (5) \$27,000.00 in PA2 funds to cover the leasing and operational costs of a Test and</p>
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	<p>GO kiosk machine with Longview International Testing Technology Solutions (LTS), amounting to \$1,750.00 per month. Treatment services will be funded with Federal Block Grant dollars (5,717,381.00) and PA2 funds (\$1,929,100.00) totaling \$7,646,481.00 for the fiscal year ending September 30, 2024. The Chair called for a motion on BA #24-12 (Revised 3). Motion: It was moved by Dr. Carter and supported by Mrs. Bullock to move BA #24-12 (Revised 3) to Full Board for approval. Commissioner Kinloch opened the floor for discussion. Discussion ensued. The committee requested that the “Date Contract First Initiated” be corrected to 5/1/24 instead of 5/1/2025; Include an itemized budget page for (1) W. Buchanan Group and (2) The Annual Statewide Celebrate Recovery Walk and Rally before going to Full Board for approval. (Action) The Chair opened the floor for further discussion. There was no further discussion. Motion carried.</p> <p>C. BA #24-13 (Revised 1) – SUD FY 24 Prevention Synar Program, Strategies to Overcome Obstacles – Staff requesting board approval for additional funding to support the implementation of Synar requirements in the amount of \$9,000.00 in PA2 funds, specifically for monitoring the purchase of tobacco products including electronic nicotine device systems (ENDS). The allocation of the requested funds for the three Designated Youth Tobacco Use Representatives (DYTUR) is as follows: The Youth Connection (TYC), \$3,000.00; Leaders Advancing and Helping Communities (LAHC), \$3,000.00; and Strategies to Overcome Obstacles and Avoid Recidivism (SOOAR), \$3,000.00. Prevention services will be funded with \$4,142,827.00 of Federal Block Grant dollars and \$2,359,020 of PA2 funding, totaling \$6,501,847.00. The Chair called for a motion on BA #24-13 (Revised 1). Motion: It was moved by Mrs. Bullock and supported by Dr. Carter to move BA #24-13 (Revised 1) to Full Board for approval. Commissioner Kinloch opened the floor for discussion. There was no discussion. Motion carried.</p>
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XIII. New Business: Staff Recommendation(s)

DISCUSSION/ CONCLUSIONS	<p>A. BA #24-62 – Summer Youth Employment Program (SYEP) – Staff requesting board approval for \$1.9M to fund the continuation of the DWIHN Summer Youth Employment Program (SYEP) from June 1, 2024 to September 30, 2024. The FY 24 SYEP Program has been funded for the last five fiscal years and involves collaboration with organizations that thrive on community outreach to adolescents focusing heavily on youth recruitment plans and educational and mentoring goals to be accomplished over the summer months. The total allocation is not to exceed \$1,900,000.00. The Chair called for a motion on BA #24-62. Motion: It was moved by Dr. Taueg and supported by Mrs. Bullock to move BA #24-62 to Full Board for approval. The Chair opened the floor for discussion. There was no discussion. Motion carried.</p> <p>B. BA #24-67 – SUD Opioid Settlement – Chance for Life Organization – Staff requesting board approval for Chance of Life to provide oversight and fiduciary responsibility for a new program developed by Detroit Wayne Integrated Health Network (DWIHN) that utilizes Opioid Settlement funds. The proposed contract is for an amount not to exceed \$1,080,000.00 for the two-year period of July 1, 2024 through June 30, 2026. The SUD Oversight Board has reviewed and</p>
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	<p>approved this program. The “A Leg Up” program is designed to provide evidence-based wraparound services to individuals transitioning out of the criminal justice system with Opioid Use Disorder (or a history) and any co-occurring SUD or Mental Health condition. Chance for Life will receive a total amount of approximately \$220,000.00 to hire one case manager and for accounting/clerical services for the two-year period. The remaining amount of \$860,000.00 is allocated directly to the programming expenses incurred by the returning citizens as described above. The Chair called for a motion on BA #24-67. Motion: It was moved by Mrs. Bullock and supported by Dr. Carter to move BA #24-67 to Full Board for approval. Commissioner Kinloch opened the floor for discussion. There was no discussion. Motion carried.</p> <p>C. BA #24-68 – HUD Permanent Supportive Housing – Coalition on Temporary Shelter (COTS) – Staff requesting board approval to renew and disburse U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Permanent Supportive Housing funds for existing grant programs (COTS, Development Centers, Inc. (DCI), Central City Integrated Health (CCIH), Southwest Counseling Solutions and Wayne Metropolitan Community Action Agency. This board action also recommends approval for the disbursement of the required local match to DCI, COTS and CCIH. Approval of this board action will allow for renewal, acceptance and disbursement of HUD Continuum of Care (CoC) permanent supportive housing grant funds in the amount of \$2,372,015.00 and the Detroit Wayne Integrated Health Network general fund match of \$123,134.00 for an amount not to exceed \$2,495,149.00. The Chair called for a motion on BA #24-68. Motion: It was moved by Dr. Tauieg and supported by Mrs. Bullock to move BA #24-68 to Full Board for approval. Commissioner Kinloch opened the floor for discussion. Discussion ensued. Motion carried.</p> <p>D. The item from the Chair was addressed at this time. It was requested by the Committee Chair, Commissioner Kinloch that the committee be provided with a list of the lowest paid employee within the Providers organization. Discussion ensued regarding the request and the concerns of obtaining information from Providers on their business operations. (Action)</p>
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XIV. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS	<p><i>There was no Good and Welfare/Public Comment to report at this meeting.</i></p>
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ACTION ITEMS	Responsible Person	Due Date
1. Chief Medical Officer's Report – Provide information on maternal deaths, grief and loss; provide information on dementia and the services available for caregivers; and provide information on the impact on continuity of care because of part-time psychiatrists.	Dr. Shama Faheem Cassandra Phipps	<i>TBD</i>
Children's Initiatives' Quarterly Report – Provide a breakdown by age of the School Success Initiative health ratings for health concerns.	Cassandra Phipps	<i>July 10, 2024</i>
2. Customer Service's Quarterly Report (Member Engagement) – Provide documentation that defines grievance issues by category	Michele Vasconcellos	<i>TBD</i>
3. Unfinished Business (BA #24-12 Revised 3) – Substance Use Disorder (SUD) Treatment Providers - Change the "Date Contract First Initiated" be corrected to 5/1/24 instead of 5/1/2025; Include an itemized budget page for (1) W. Buchanan Group and (2) The Annual Statewide Celebrate Recovery Walk and Rally before going to Full Board for approval	Judy Davis	<i>COMPLETED</i>
4. Provide a survey on the lowest wage paid within the Providers organization.	E. Doeh	<i>T.B.D.</i>

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

ADJOURNED: 3:04 p.m.

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

Quarterly Report
Marianne Lyons, LMSW, CAADC
7/10/2024



Adult Initiatives Quarter Three Report
Marianne Lyons, LMSW, CAADC

Main Activities during quarterly reporting period:

- Assertive Community Treatment (ACT)
- Med Drop
- Evidence-Based Supported Employment (EBSE)

Progress on Major Activities:

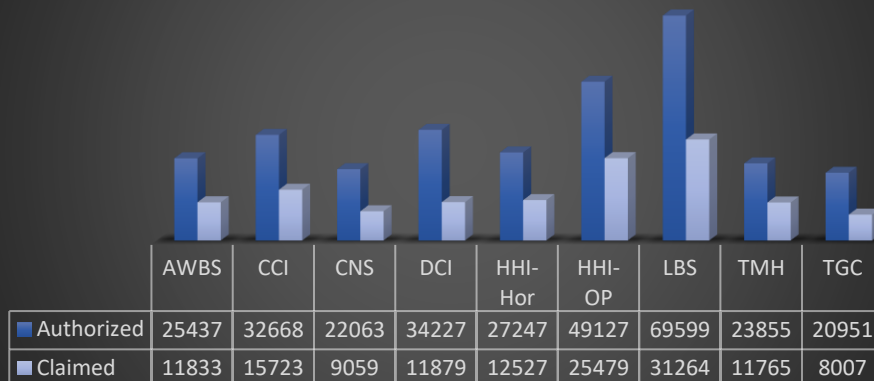
Activity 1: Assertive Community Treatment (ACT)

- *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. Currently, there are **462** members receiving ACT services. For this quarter, the ACT program experienced a total of **44** psychiatric hospitalizations which totaled **531** inpatient days; for comparison, in the second quarter of FY 2024 there were **58** inpatient hospitalizations totaling **865** days. This is an **18.51%** decrease in the number of hospitalizations and a **38.61%** decrease in the number of inpatient days.
- *Significant Tasks During Period:* Adult Initiatives has conducted 4 ACT Fidelity Reviews this quarter and the scores have yet to be determined. Providers have been informed that any score they receive that is below an E signifies lack of adherence to fidelity and will require technical assistance to increase the score to maintain best practices.
- *Major Accomplishments During Period:* ACT providers received notification that only **2.26%** of active ACT program members had received services after 5 PM. Because the ACT model is a 24-hour program, it is expected that some members will experience a psychiatric emergency after 5PM. This criterion is in line with the fidelity established by the Michigan Medicaid Manual, Substance Abuse Mental Health Services Administration (SAMHSA), as well as the ACT Field Guide. The numbers of face-to-face contact that occurs after the hour of 5 PM has been addressed with the CRSPs and it has been communicated to them that this information will be tracked monthly and addressed at the monthly ACT Forum. Among the providers who saw members after 5 PM, Development Centers Inc. had the highest number of encounters which was **70**, followed by Hegira which experienced a total of **54** face-to-face contacts after 5 PM. The rationale behind such

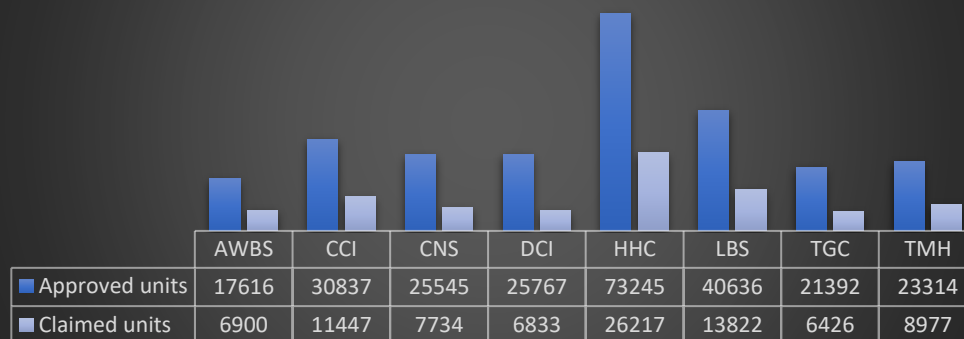
minimal occurrences after 5 PM has been lack of vehicles, and vehicles that are inaccessible after 5 PM.

- *Needs or current issues:* Bi-monthly monitoring of the face-to-face after 5 and increasing utilized units are points of concern. Data retrieved within the past month has revealed that there is still a significant number of units that have yet to be utilized for a large portion of ACT members. The goal is to maintain congruence with the number of units authorized per member with the amount they are using. Continued monthly meetings with each ACT leader/supervisor to ensure accuracy will continue indefinitely.
- *Plan:* Each provider will continue to assess their ACT program for appropriateness for participation in the program while creating transition plans for those who no longer meet medical necessity. Adult Initiatives continues to provide a monthly spreadsheet to each ACT supervisor identifying members who are transitioning into appropriate levels of care

ACT Utilization January-March 2024



ACT Utilization April-June 2024



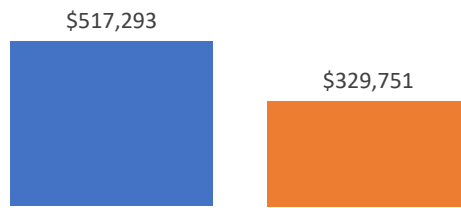
Hospitalization Comparison 1st Quarter vs 2nd Quarter



	Total Members Hospitalized	Total Number of Hospital Days
2nd Qtr	44	531
1st Qtr	58	865

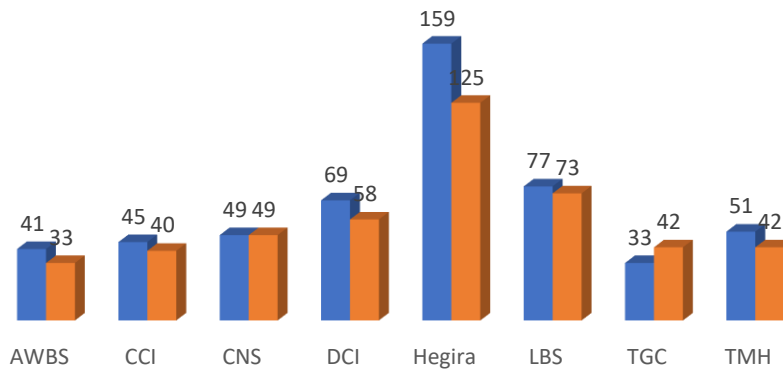
2nd Qtr 1st Qtr

Hospitalization Financial Comparison 1st Quarter vs 2nd Quarter



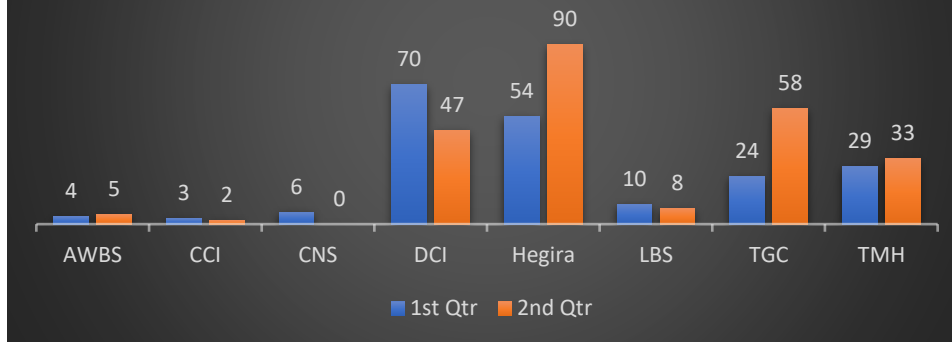
1st Qtr 2nd Qtr

ACT Membership Comparison 1st Quarter vs 2nd Quarter



1st Qtr 2nd Qtr

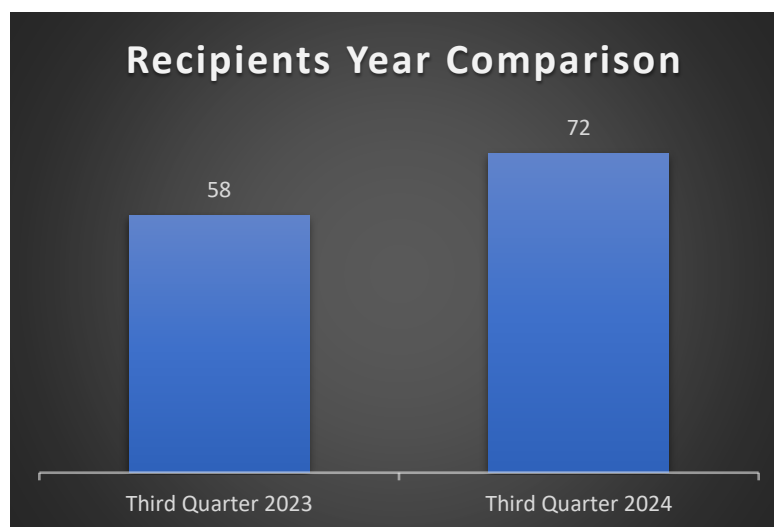
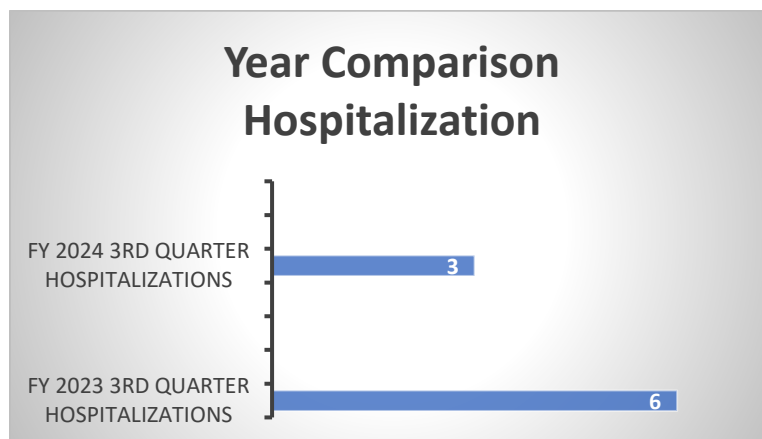
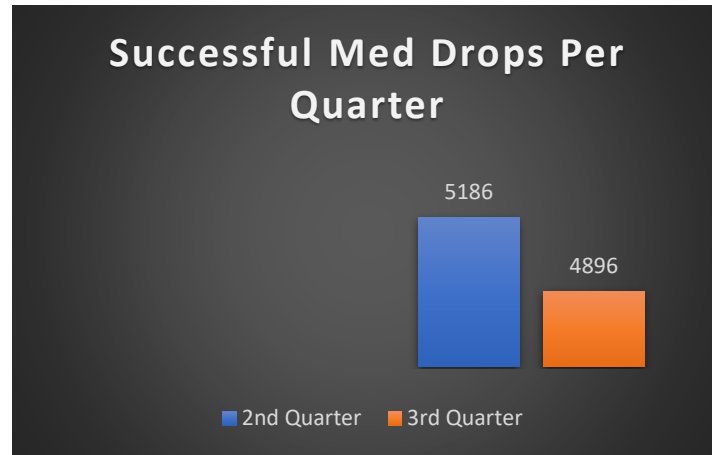
Encounters after 5 pm Quarter Comparison 1st Quarter vs 2nd Quarter



Activity 2: Med Drop

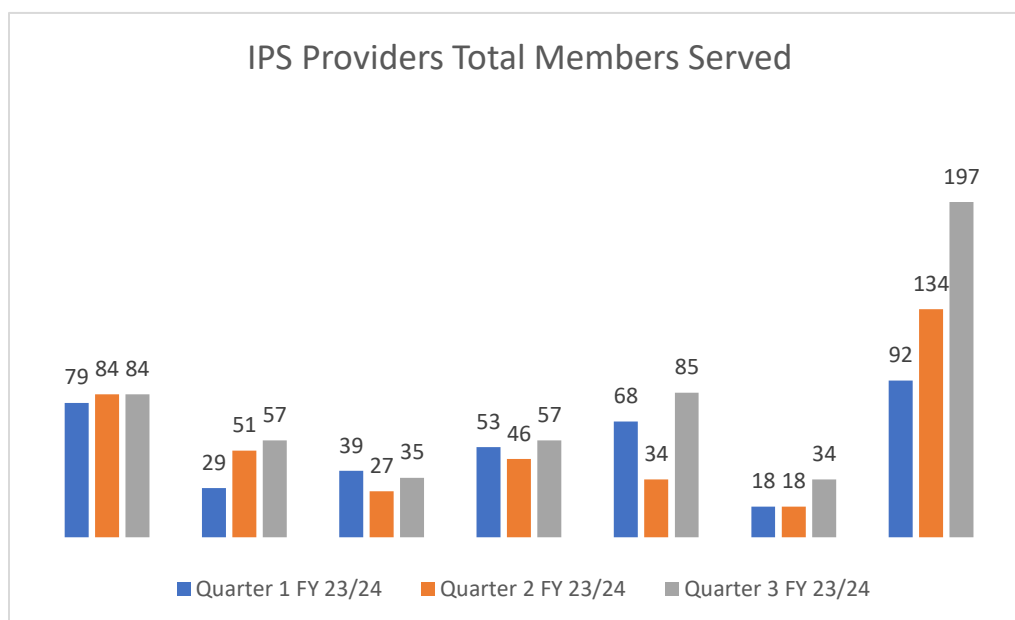
- *Description:* Adult Initiatives team is working to increase participation with members accessing Med Drop services. This is a community-based intervention that focuses on improving medication adherence for adults.
- *Current Status:* There were **72** members who participated in the program in this quarter. For the month of April, there were **1544** successful med drops completed; for the month of May, there were **1560** successful med drops completed and for the month of June there are expected to be **1792** successful med drops completed.
- *Significant Tasks During Period:* During this quarter the program received **17** new referrals. There were **9** new cases enrolled in the Med Drop program. Continued outreach efforts by the Adult Initiatives team has continued to increase referrals. Only 3 members receiving Med Drop services were hospitalized during this quarter, compared to 6 members in the third quarter of FY 2023.
- *Major Accomplishments During Period:* Adult Initiatives presented to the staff at Kingswood Psychiatric Hospital to introduce the program and begin collaboration with the hospital to make Med Drop a part of the discharge planning process for those members who would be eligible. The next step will be meeting with the DWIHN Hospital Liaison staff regarding a preliminary process for working with the hospital when they would like to refer a member to the program.
- *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. Adult Initiatives has also shared with each provider a list of members currently on an AOT that would be eligible for the program and is working with providers to present and implement the program into the member's treatment plan.

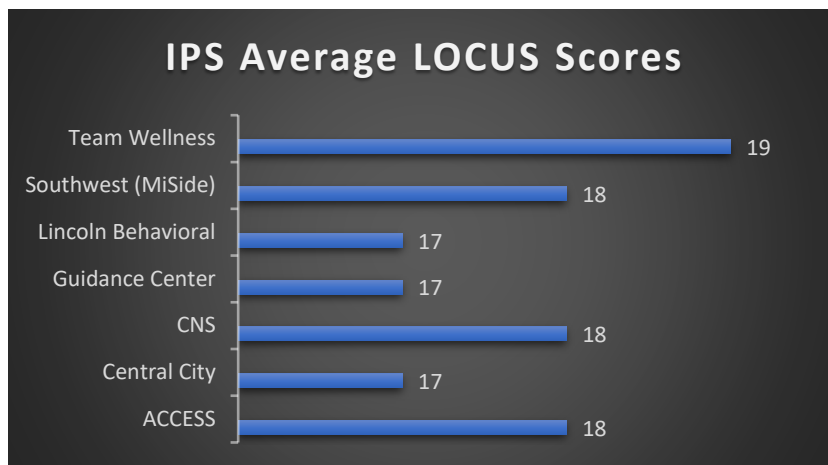


Activity 3: Evidence-Based Supportive Employment (EBSE)

- *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 monthly and quarterly basis, as provided by the quarterly IPS report from MDHHS, monthly data obtained from CRSPs providing IPS services, and data gathered internally on MHWIN to ensure for the most accurate information. The following data is based on the total number of members receiving IPS services during the 3rd quarter of the 23/24 FY from the 7 CRSPs providing IPS:



The following data provides the average LOCUS (Level of Care Utilization System) score of members at each CRSP providing IPS. The LOCUS assists in determining the level of care/treatment for individual members. It can be determined through this average that most members served within IPS fall into the level 3 category (17-19), known as High Intensity Community Based Services. This is a typical score for members receiving outpatient services. Continued reporting will indicate success rates as they relate to member level of care. In other words, over the next quarter, LOCUS scores will be collected to determine if they remain in this same category (scores of 17-19). If they remain in this category, it can be determined that IPS services are most common and successful for members which fall into the category of “High Intensity Community Based Services.”



- *Significant Tasks During Period:* Adult Initiatives hosted their monthly IPS/EBSE CRSP meeting on June 3, 2024, at 11am. In attendance were supervisors from Team Wellness, CNS, Hegira, ACCESS, Southwest, Guidance Center, DCI, and Lincoln Behavioral. Adult Initiatives continues to build professional relationships with the CRSPs and their supervisors through being available for prompt response to questions and concerns as they may arise and by attending the team meetings. It has been discussed that Adult Initiatives will attend the IPS team meetings, to maintain DWIHN's presence, approximately twice annually. Adult Initiatives has begun conversations with Michigan Rehabilitation Services (MRS) to instill stronger relationships between the CRSPs and MRS and will begin inviting MRS representatives to the supervisor meetings.
- *Major Accomplishments During Period:* Adult Initiatives continues to attend meetings with the IPS providers-supervisors and employment specialists-in person to discuss DWIHNs role with supported employment and areas within their individual programs, including success stories among individual members served, ideas for improving retention for members at their new places of employment, and encouraging use of MRS for additional supports both financially and logistically.

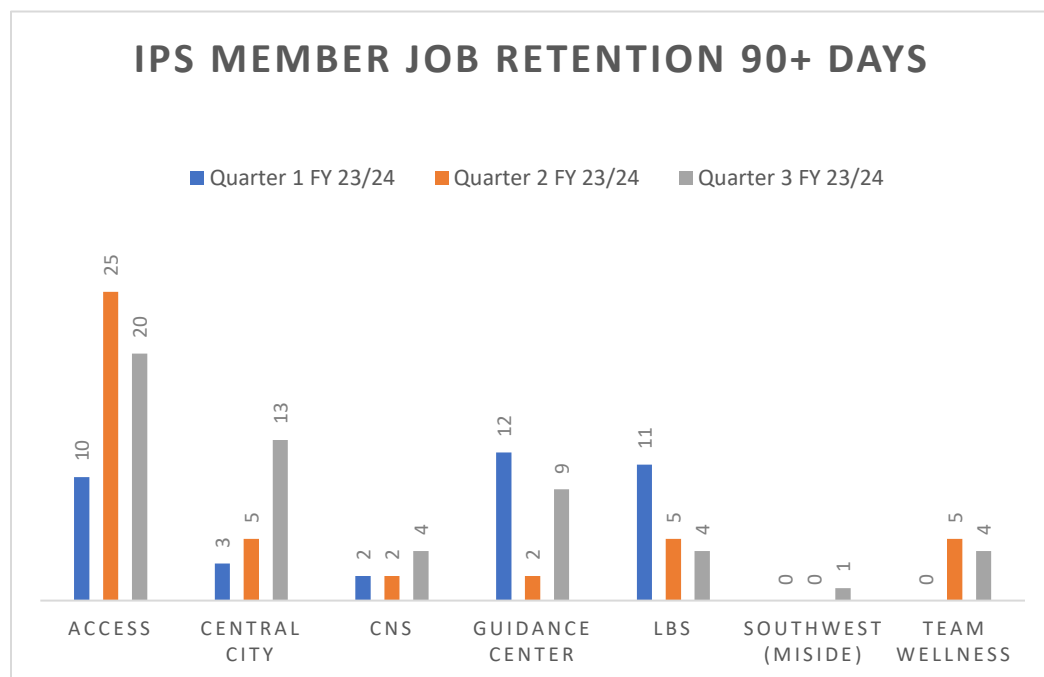
Adult Initiatives attended the first fidelity review, as hosted by The Guidance Center, on June 12, 2024. They will be receiving the results of the review in the upcoming weeks for DWIHN's review. MDHHS encourages Adult Initiatives participation, as areas of fidelity may be improved with DWIHN input. Adult Initiatives will continue to attend reviews as they are scheduled.

Adult Initiatives began tracking additional data to provide improved oversight including requesting monthly data instead of quarterly and tracking accordingly. Data points include total members served, member job retention, LOCUS score averages, new member admissions, waitlisted members, and underutilization (tracking members that are not active, monthly).

- *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. Adult Initiatives will continue to attend individual team meetings among the CRSPs as well as conduct monthly reviews to ensure improved fidelity review scores among all CRSPs.

Hegira continues to attend monthly IPS meetings and has since been able to hire their first employment specialist in over 6 months. After training, they intend on providing IPS services again. DCI has since put a new supervisor in place, Denise Sowell, and is going to be posting employment specialist positions in the upcoming month. They report intent with this by the end of July 2024.

- *Plans:* 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. 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 goal remains to increase the number of individuals receiving supported employment services, improve job retention for members served, strengthen professional relationships between DWIHN and CRSPs, track data applicable to member outcomes, and improve IPS services within DWIHN's provider network.



Program Compliance Committee Meeting
PIHP Crisis Services Department, Quarterly Report, 3rd Quarter FY 23/24
Daniel West, Director of PIHP Crisis Services
Date: 7/10/2024



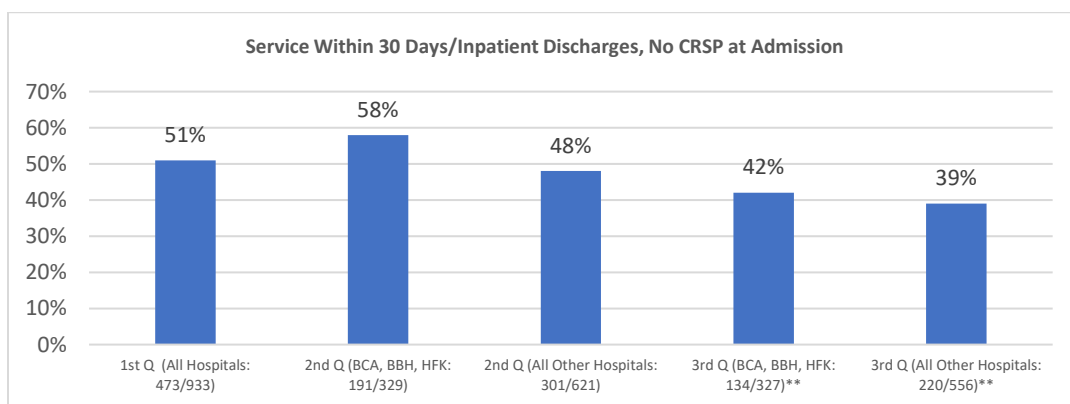
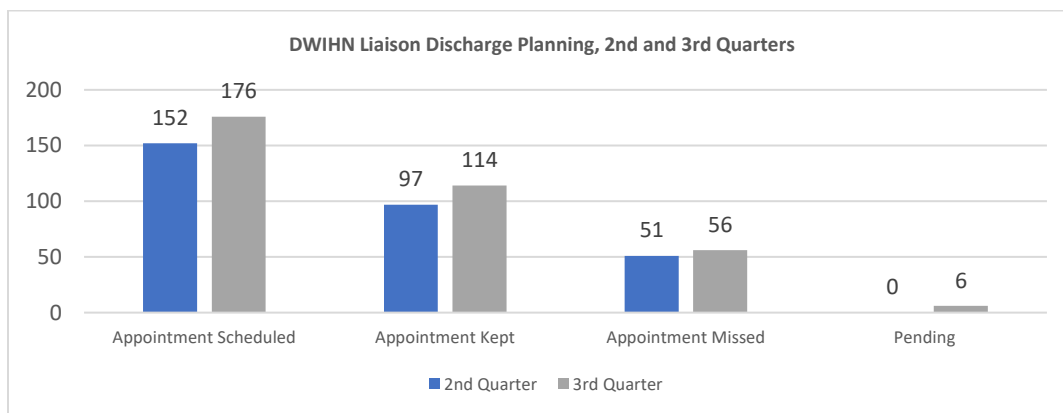
Main Activities during 3rd Quarter Reporting Period: FY23/24

- Inpatient discharge planning, no CRSP upon admission.
- CRSP discharge planning, Team Wellness (TWC) and Central City Integrated Health (CCIH) partnership.
- Reduce inpatient hospitalizations.

Progress On Major Activities:

Activity 1: Inpatient discharge planning, no CRSP upon admission.

- **Description:** Hospital Liaisons in the PIHP Crisis Services Department meet with members face-to-face at Beaumont Behavioral Health (BBH), BCA Stonecrest, and Henry Ford Kingswood (HFK). Liaisons ensure members are engaged in their own discharge planning, identifying barriers and supports for a successful transition to services in the community.
- **Current Status:**



**Claims data preliminary

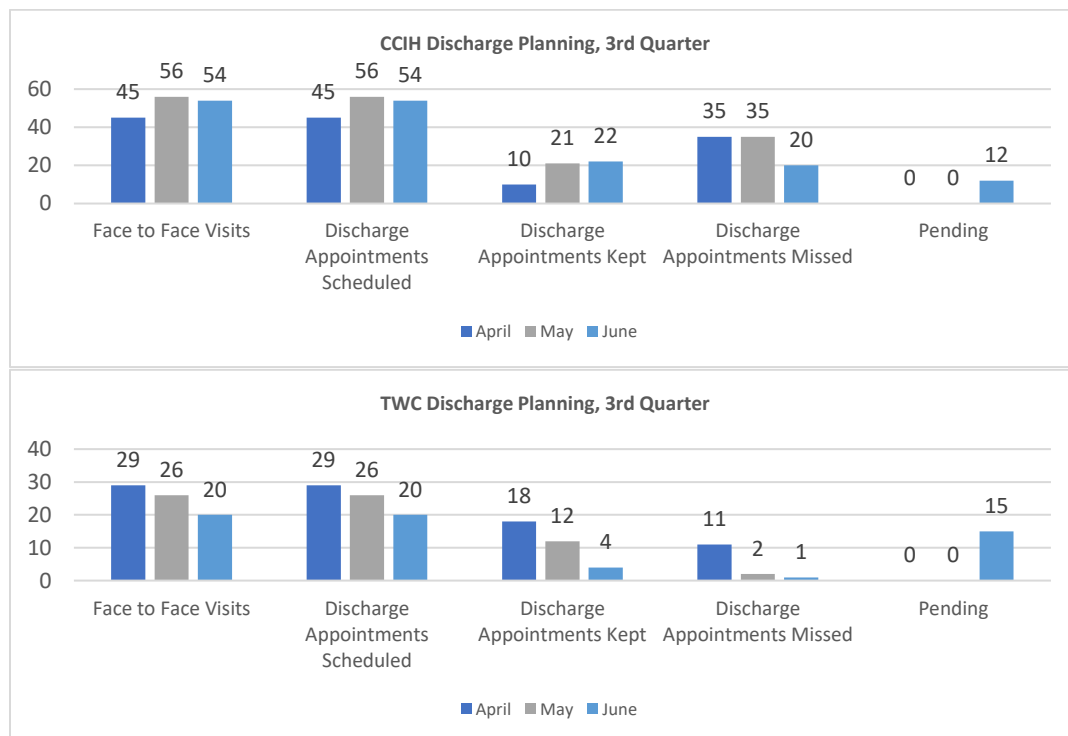
- **Major Tasks and Accomplishments During Period:** Liaisons have improved the percentage of members who received a service within 30 days of discharge from BCA, BBH, and HFK after having been admitted without a CRSP. In the 3rd Quarter, Liaisons met with 176 members on inpatient units and 114 members (65%) received a service within 30 days of discharge. The team

developed a report with IT based on claims data to show paid member claims within 30 days of discharge from an inpatient level of care.

- **Needs or Current Issues:** The team has found there to be a need to update contact information for members in crisis, in inpatient levels of care, and at the provider level. The team found the most common reason members miss their aftercare appointments is that contact information is lacking or not up-to-date. Contact information is verified by the Liaisons with the member, but once discharged contact information is not accurate or members cannot be reached.
- **Plan:** The team met with IT and Quality to ensure providers can update contact information and those updates will reflect in MHWIN via HIE.

Activity 2: CRSP discharge planning, TWC and CCIH partnership.

- **Description:** The PIHP Crisis Services Department works TWC and CCIH to see their assigned members while receiving inpatient treatment and engage them in discharge planning. Since April, TWC and CCIH have designated staff to provide similar discharge planning as the DWIHN Liaisons. TWC and CCIH see members face-to-face at BCA and HFK to support transitions in care for their assigned members post-discharge. TWC and CCIH verify provided service to members internally, and the team will show verification within claims data once available.
- **Current Status:**

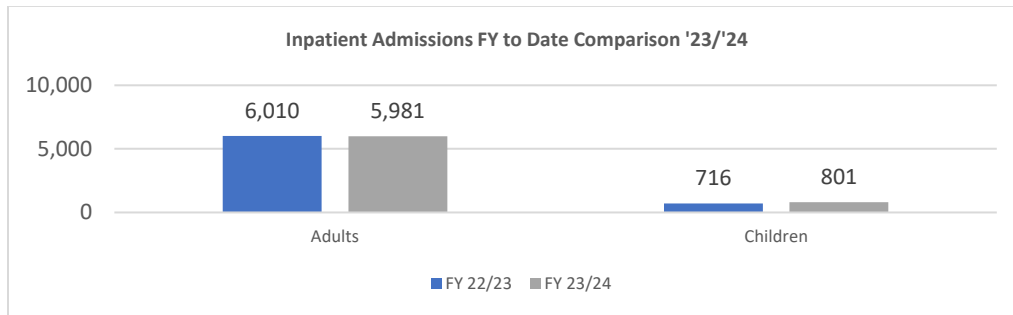


- **Major Tasks and Accomplishments During Period:** Since April 2024, TWC met with 75 members at BCA and HFK, and 34 members kept their scheduled hospital discharge appointment per CRSP report (45%). CCIH met with 155 members, and 53 members kept their hospital discharge appointment (34%). Per DWIHN Access Center data during this time last year (April-June 2023), 23% (141/625) of TWC members and 17% (59/344) of CCIH members kept their scheduled hospital discharge appointment. This reflects an increase for both CRSPs in hospital discharge appointments kept through discharge planning compared to this time last year.

- **Needs or Current Issues:** The team has recognized the need to support and verify this data within claims to show a complete picture of the data and to verify program effectiveness.
- **Plan:** PIHP Crisis Services will continue to work with TWC and CCIH, and share data within claims to verify program effectiveness.

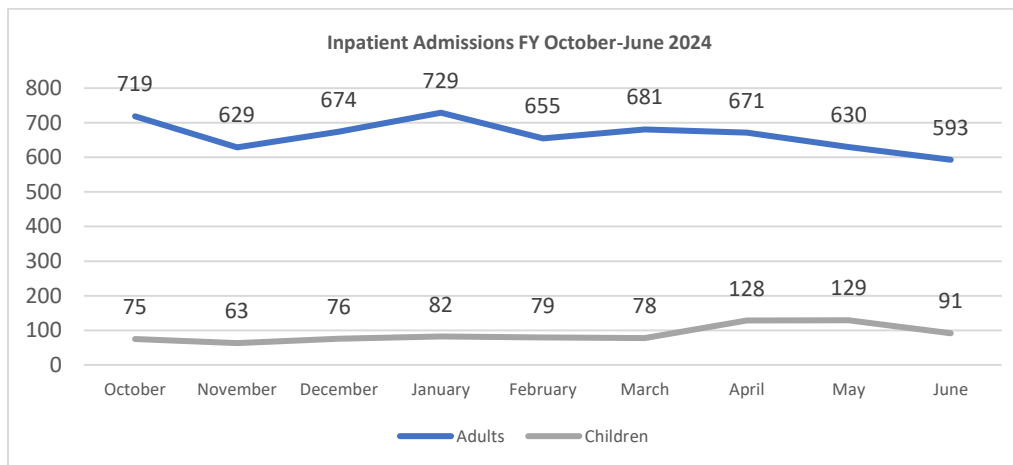
Activity 3: Reduce inpatient hospitalizations

- **Description:** The Crisis Services Department works with CRSPs, screening agencies, DWIHN Mobile Crisis, and the DWIHN Adult/Children's Initiatives Departments to reduce the number of inpatient hospitalizations. DWIHN Liaisons share clinical information with the assigned CRSPs to promote care in the least restrictive environment.
- **Current Status:**



Inpatient Hospitalizations/RFS	Adults	Percentage	Children	Percentage
FY 22/23	6,010/8,717	68.90%	716/2,613	27.40%
FY 23/24	5,981/8,370	71.40%	801/2,232	35.80%

**Data reflects October-June per FY



- **Major Tasks and Accomplishments During Period:** As compared to October 2022-June 2023, inpatient admissions for adults have decreased slightly, and the team found there to be a downward trend in adult admissions since March of this year.
- **Needs or Current Issues:** The team found there to be an increase in child hospitalizations from this time last year and an increase in child recidivism in the 3rd quarter.
- **Plan:** The team will work with screening agencies to ensure timely notification is made to the assigned CRSPs of members evaluated in crisis. The team will also work with Children's Initiatives to ensure follow up from the CRSP to ensure medically necessary services are in place.

The team will identify recidivistic members and include them in discussion on the developed high priority workgroup for children. This workgroup meets to target individual cases, review support and services in place, and involves the CRSP in planning for these members.

Quarterly Update:

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

The PIHP Crisis Services Department continues to ensure members are supported in their transition into the community, and coordinate with the CRSPs to ensure member engagement. The team leverages established relationships throughout the network to identify and address any barriers to effective transitions in care.

- ***Identified Opportunities for Improvement:***

The Crisis Services Department identified a need to decrease recidivism and inpatient hospitalizations for children.

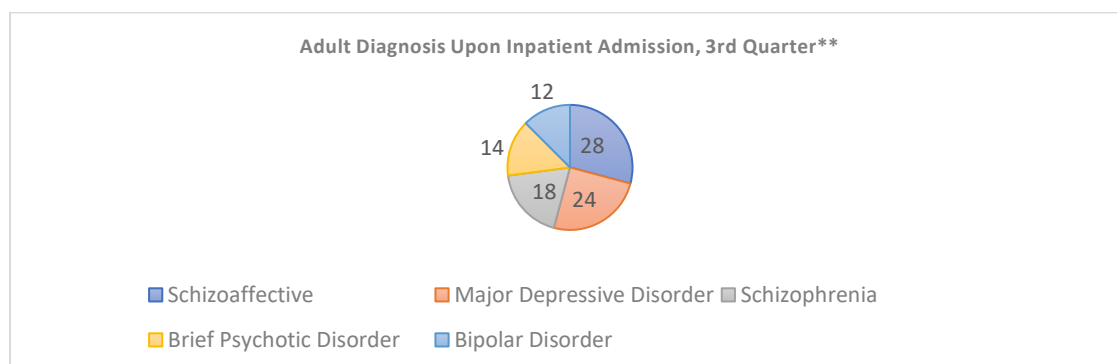
- ***Progress on Previous Improvement Plans:***

- Per plans in the 2nd quarter, the team met with IT to ensure contact information can be updated at the provider level, and that information can transfer to MHWIN. Inquiry submitted to PCE 6/26/24.
- Recidivism for children has increased from the 2nd to 3rd Quarter, and recidivism for adults has decreased.

Recidivism	Adults	Children
4th Quarter	16.09%	11.58%
1st Quarter	17.58%	8.62%
2nd Quarter **	16.63%	8.82%
3rd Quarter **	15.19%	12.77%

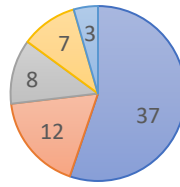
**Data preliminary

- As a follow up to the 2nd Quarter PCC presentation, the team analyzed adult and child diagnoses upon inpatient admission in the 3rd quarter with a subset of data (100 children, 100 adults). For adults, Schizoaffective disorder was the most common whereas Major Depressive Disorder was the most common for children. The team will continue discussions with IT (report being finalized) to provide further analysis in this area.



**Subset analyzed, 100 adult members.

Child Diagnosis Upon Inpatient Admission, 3rd Quarter**



■ Major Depressive Disorder ■ Adjustment Disorder ■ ODD ■ Mood Disorder ■ SUD

**Subset analyzed, 100 child members.

Program Compliance Committee Meeting
Rai Williams/Director of Managed Care Operations Quarterly Report
April – June 2024



Main Activities during August:

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

Progress On Main Activities:

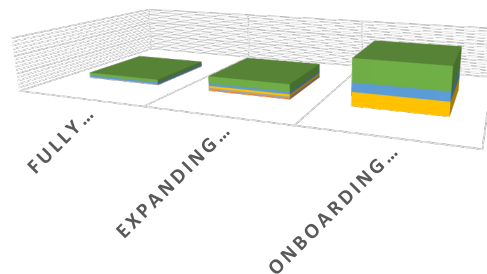
Activity 1: Credentialing

- *Description:* The vetting and approval process for both current and new provider(s) into the DWHN provider network.
- *Current Status:* Q3 Fiscal Year 23/24- 126 practitioners were approved, and 53 providers were approved.
- *Significant Tasks During Period:* The Credentialing team met with 17 provider organizations to provide additional technical support with Medversant software and credentialing applications. The team has successfully complied with ICOs desk audits and NCQA accreditation review(s). Several policy revisions were made to comply with all contractual obligations and all action plans were accepted by auditors. We have also met with MDHHS in the development and user acceptance training of the new Customer Relationship Management (CRM) system for Universal Credentialing. Staff were trained in user account creation and demoed the process. Next steps will be deployment. The Credentialing Administrative Assistant position has been filled.
- *Major Accomplishments During Period:* Credentialing received a 100% audit score for credentialing files during the NCQA accreditation survey. In addition, Credentialing passed all must pass standards for NCQA accreditation. Credentialing continues to collaborate with HR to ensure DWHN Direct Staff are credentialed appropriately. The team has credentialed over 46 internal staff with this new process. In compliance with federal and State procurement requirements the Credentialing Verification Organization Request for Proposals has been published on Bid Net.
 - Issue date May 29, 2024
 - Pre-proposal Virtual conference June 13, 2024 at 10:00 am EST
 - Pre-proposal Question Deadline June 14, 2024 at 4:00 pm EST
 - Proposal Deadline June 28, 2024 at 4:00 pm EST
 - All submissions are electronic.
 - PCC will be notified when an award is made to a vendor.
- *Plan:* We are working with internal stakeholders on a collaborative audit tool to alleviate duplication of site visit requirements. That will remove barriers and reduce interruptions to the provider network and ensure providers are credentialed in a timely fashion. We are also leveraging the Microsoft Planner software for better tracking of ICOs and MDHHS/HSAG Audit schedules, deliverables and project status. We also will revise tracking and monitoring of credentialing status; expansion requests and credentialing help desk tickets addressed each month. We are leveraging MHWIN to add credentialing terms and letters. We have positions posted for Credentialing Administrator and Credentialing and Impaneling Specialist.

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

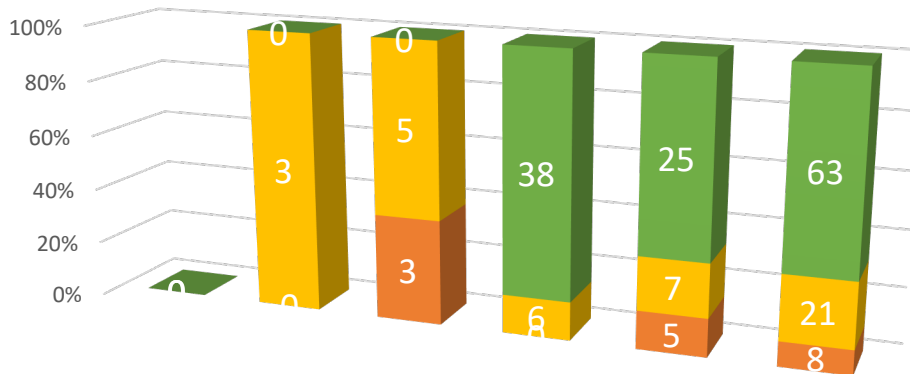
- *Description:* Providers continue to be challenged with staffing shortages. DWIHN's CRSP provider Meetings and Access Committee closely monitors the impact of staffing shortages and works with providers to develop strategies to address network shortages. DWIHN has an Onboarding Process to facilitate the evaluation and vetting of new providers. RFPs are used as a strategy to recruit providers/programs in significant shortage.
- *Current Status:* 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 25 new location/service additions and 7 new providers added to the DWIHN network. In addition, we have filled two open Provider Network Manager positions.

CONTRACTED & ONBOARDING PROVIDERS FY23/24 3RD QUARTER



	Fully Executed Contracts	Expanding Provider Contracts	Onboarding New Requests
OVERALL TOTALS	8	21	63
Residential	5	7	25
Outpatient	0	6	38
Autism	3	5	0
SUD	0	3	0
Declined Offers	0	0	0

Contracted & Onboarding Providers FY23/24 3rd Quarter



	Declined Offers	SUD	Autism	Outpatient	Residential	OVERALL TOTALS
■ Onboarding New Requests	0	0	0	38	25	63
■ Expanding Provider Contracts	0	3	5	6	7	21
■ Fully Executed Contracts	0	0	3	0	5	8

- Significant Tasks During Period:** We are currently working on several clean up projects in MHWIN. We are assuring the accuracy of our Provider Directory. We had 7 close outs during Q3. In addition, we determined that providers were non-complaint with DWIHN's Staff File Maintenance Policy. We completed a targeted review of staff file records and IT received over 1000 requests to add or update staff file records in MHWIN. We will continue to review staff file records in MHWIN for accuracy and compliance. We are also working with Strategic Planning and Quest Analytics on a work plan to improve our network adequacy and accuracy analysis, identifying gaps in our provider network, addressing capacity issues across the network and validating data in our system for completeness.
- Major Accomplishments During Period:** In collaboration with IT, we have reestablished our MCO Provider hotline in Genesys. We will have a dedicated telephone number again to assist new providers or those wishing to receive assistance with provider-related issues, concerns or questions. So far 5 staff have been trained on how to answer the queue. Only 3 calls have been recorded during this time period. We will educate the network that this number is available to utilize in upcoming trainings and meetings with the providers. MCO has also worked with IT on developing electronic forms to streamline our Providers Quarterly Contract Status Reports and Precontracting Documents submissions. This new process will give us the ability to become more proficient in collecting and reviewing documentation for accuracy while also providing transparency to other internal departments, who also review and utilize the same data, reducing barriers and administrative burdens for the provider network and improving DWIHN efficiency. We have also worked in collaboration with various internal departments on addressing HSAG audit reviews and submissions. We submitted our MDHSS Network Adequacy reporting submission in a timely manner. In addition, we participated in our HUD Monitoring Review that was conducted for 5 days onsite from April 29th – May 3rd with representatives from HUD, two organizations from the

provider network and several interviews with individuals participating in the HUD Permanent Housing or Rental Assistance Programs. Interviews with members in the community were extremely positive and indicated the significant impact this program has had on their lives.

- *Plan:* MCO plans to target provider training compliance across the Provider Network. There are currently 562 individuals non-compliant with DWIHN training requirements. Our goal is to ensure 90% average compliance across the provider network. We will also be working in collaboration with Quality and Children's departments to target capacity issues during our 30/45-day meetings with CRSPs to discuss opportunities for improvement with performance indicator data. We have also identified an opportunity for improvement regarding monitoring the HUD program and subrecipients. A monitoring tool and schedule was developed to ensure standardization of monitoring subrecipients for compliance with HUD regulations.

Activity 3: Procedure Code Workgroup (PCWG)

- *Description:* The Procedure Code Workgroup assists providers by troubleshooting claims and with authorization concerns.
- *Current Status:* In the 3rd Quarter of Fiscal Year 2024, the PCWG resolved 103 tickets; 265 MDHHS rate updates; 401 new codes, 1,135 provider requested changes.
- *Significant Tasks During Period:* project: Added fee schedules to DWIHN CARE Center Outpatient clinics and added Insurance Billing fee schedules.
- *Major Accomplishments During Period:* Published and disseminated new Bulletins to provider network regarding updated modifiers per MDHHS guidelines and inpatient discharge planning. The Provider Request form was modified to add new provider types/services and capture requests from other departments to streamline process and improve efficiency and tracking. Currently receiving request via Outlook for outside departments
- *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. Train additional departments on the Provider Request form for timely updates to MHWIN.

**Program Compliance Committee
Vice President of Clinical Operation's Report
July 2024**



CLINICAL PROGRAM UPDATES:

Children's Initiatives:

MichiCANS was developed by MDHHS as a 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.

DWIHN was selected as a pilot site in which DWIHN and The Children Center are currently participating in the Soft Launch Project. 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. During the month of June 2024 DWIHN Access Department completed 314 MichiCANS Screenings.

Screening Disposition	Total Screenings
No Eligibility or Services Declined	2 screenings
Non-Emergency: Mild / Moderate Needs	76 Screenings
Non-Emergency: Serious Needs	235 Screenings
Emergency	1 Screening
Total Screenings	314 Screenings

A representative from PCE Systems presented a MichiCANS demonstration to Providers to showcase how the MichiCANS Screener, Comprehensive Assessment, and Supportive Decision Model will be viewed in the electronic health record. DWIHN identified that the MichiCANS Comprehensive will be placed as a standalone document in MHWIN electronic health record system. There were 76 participants who attended the training session on 6/28/24. In addition, the training was recorded as well. Updated the Children Diagnostic Treatment Services and Infant and Early Childhood policies to include MichiCANS requirements.

The Autism Services Department oversees autism services for youth and young adults up to their 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. There was a total of 2,414 members assigned to DWIHN's ABA provider network for June 2024. In addition, among the three (3) Individual Diagnostic Evaluation Providers, there were a total of 233 referrals.

ABA treatment offers two different levels of care according to medical necessity, that is either Focused Level of Care or Comprehensive Level of Care. Focused level of care is a limited number of chosen skill targets specific to identified goals that can range from 10 to 25hrs per week. Whereas comprehensive level of care focuses on multiple areas of functioning such as cognitive, communication, social, emotional, and behaviors for about 30 to 40hrs per week.

There was a total of 386 members assigned to comprehensive level of care in FY24 quarter 1 whereas in quarter 2 the total increased to 422 members. Although quarter 3 data is being provided without the month of June, data is on track to exceed quarter 2 totals of 422 members.

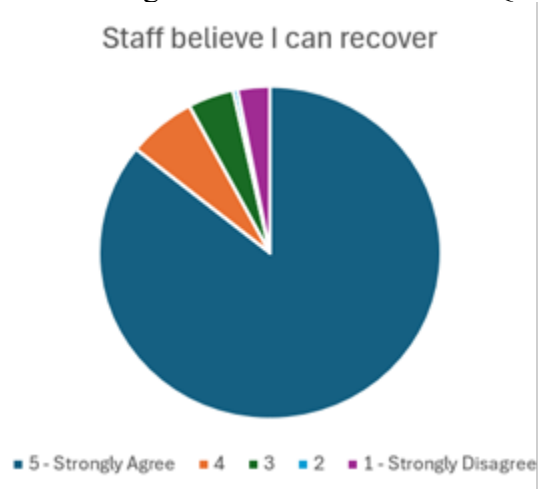
Substance Use Services (SUD):

Recovery Supports Assessment serves as a tool for evaluating the satisfaction levels of individuals receiving substance use disorder services in region 7. This comprehensive survey is distributed in both paper and digital formats to ensure maximum accessibility to participants. The confidentiality of respondents is strictly upheld, with data kept entirely separate from providers and the network.

The survey garnered a total of 467 responses, with 51% of participants opting for the computer-based format and 49% favoring the traditional paper format. These findings demonstrate the diverse preferences among respondents, highlighting the significance of offering multiple survey formats to accommodate individual needs.

Preliminary outcomes from members:

The most agreed with sentiment was “Question 7. Staff believe that I can recover”



85% of respondents strongly agree

6% of respondents agree

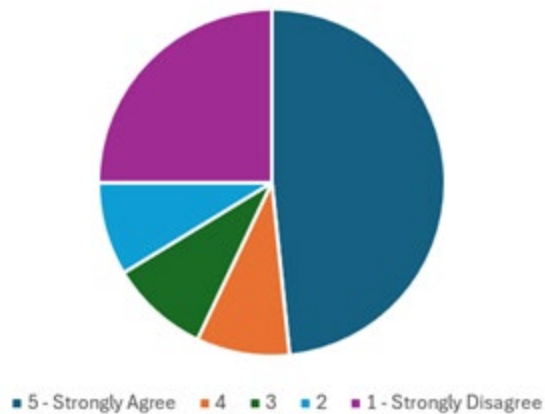
4% of respondents are neutral

less than 1% of respondents disagree

3% of respondents strongly disagree

The most disagreed with sentiment was “Question 25. I am encouraged to attend agency advisory boards and/or management meetings if I want”

Advisory Boards



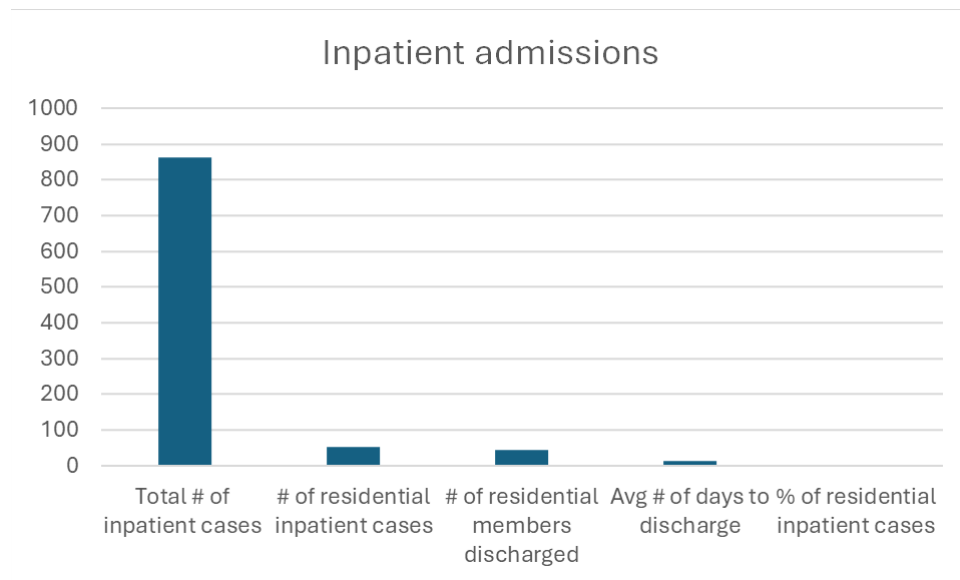
48% of respondents strongly agree
8% of respondents agree
9% of respondents are neutral
8% of respondents disagree
25% of respondents strongly disagree

The SUD department shared a detailed report outlining the key findings from the Recovery Supports Assessment, including a breakdown of satisfaction levels based on different survey formats to the SUD Provider network. Additionally, the team provided specific recommendations for improving substance use disorder services, such as implementing additional support services based on identified needs and enhancing the accessibility of survey formats to better accommodate diverse participant preferences. Providers are encouraged to engage in collaborative discussions to develop and implement targeted strategies for enhancing substance use disorder services in the region based on the report's insights. Additionally, there is a need to ensure that the improvement strategies implemented are effectively targeting the identified areas of concern and that the support services provided align with the evolving needs of participants. Ongoing monitoring and adjustment of these strategies based on feedback will be crucial in achieving sustained improvements in satisfaction levels over time.

Utilization Management (UM): The Utilization Management Department is currently undergoing a leadership change and is currently being supervised directly by this writer during this transition. There are several projects currently in process including the review of general fund approved services, increasing efficiency and timeliness of authorization approvals with the assistance of technology, and participation of HSAG and ICO reviews.

Residential Services:

Residential Hospital Trends- DWIHN continues to examine the inpatient hospitalization data to reduce the frequency and duration of inpatient hospitalizations within residential services.



Total # of inpatient cases	862
# of residential inpatient cases	53
# of residential members discharged	44
Avg # of days to discharge	14.1
% of residential inpatient cases	3.60%

DWIHN has seen a decrease in hospitalization days this month compared to May. On average the number of days it took to discharge a member (from the date of referral) was 2.5 days less than the previous month. Additionally, the residential unit received 43 referrals in June. We have a total of 211 licensed and unlicensed providers in Wayne County serving 1,842 members. The percentage of residential inpatient admissions dropped by almost half from 6.35% to 3.60% in June compared to May.

The residential department continues to need more barrier-free facilities capable of managing older adults with significant medical needs and providers willing to take higher acuity young adults with behavioral concerns. We were able to add two barrier free facilities over the past two months.

Health Home Initiatives:

Behavioral Health Home (BHH)- Current enrollment: 740

Opioid Health Home (Substance Use Disorder Health Home)- Current enrollment: 654

The DWIHN Health Homes team has sent out a memo to the outpatient SUD and Mental health network to recruit sites that are interested in joining as Health Home providers for FY 2025, starting October 2024. Two informational sessions are being offered to educate interested providers in the service array. Interested sites will fill out a certification packet to evaluate their readiness and organizational fit to join the BHH or SUDHH programs.

The Health Home team performed a Care Plan audit to evaluate the compliance and quality of Health Home Care Plans, a required element for every person receiving health home services. A sample of 130 Care Plans were reviewed, and $120/130 = 92\%$ were compliant. Providers were given appropriate feedback and eight (8) of the ten (10) unsatisfactory care plans were compliant upon revision within 24 hours.

DWIHN's BHH providers met all three (3) Pay for Performance indicators, and OHH providers met two (2) of the three (3) Pay for Performance indicators set by MDHHS for last FY 2023. Our region was awarded \$123,071.27 for BHH and \$60,532.08 for Opioid Health Home (OHH), which shall be distributed to the health home providers proportional to the amount of health home services they delivered in FY2023.

The "Opioid Health Home" is transitioning to a more expansive SUD Health Home for FY2025. Stimulant use disorder and alcohol use disorder are being added as qualifying diagnoses.
CCBHC Demo Current enrollment: 9,846

Michigan's CCBHC demonstration is currently expanding to its 3rd cohort of providers, who will launch October 1, 2024. Applications for certification were due July 1, and we expect to know which sites have been selected in early August. The state budget can add 12 sites, and there are 15 applicants pursuing certification. Seven (7) of those applicants are in region 7.

Conflict Free Access and Planning:

DWIHN has been reviewing and discussing the Conflict Free Access and Planning information and guidance that was shared with the PIHP network. It states that the Conflict Free Service Planning activities for HCBS, including the development of the Independent Plan of Service (IPOS), assessment and coordination of services, must be independent from the delivery of HCBS services. Providers, including CMHSPs, can conduct both HCBS service planning and service delivery functions but must not conduct both functions for the same member. This includes persons in the following programs:

- 1915(c) Children's Waiver
- 1915(c) Children with Serious Emotional Disturbances Waiver
- 1915(c) Habilitation Supports Waiver
- 1915(i) SPA

This is a large system-wide change that will impact approximately 10,000 of our members and over 30 plus providers in our network. To address this change, DWIHN is developing a plan that would transition our network to be in line with these requirements in a phased approach to minimize disruption in member care.



VP of CLINICAL OPERATIONS' REPORT
Program Compliance Committee Meeting
Wednesday, July 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 – Director, Ryan Morgan
Please See Attached Report

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

UTILIZATION MANAGEMENT – Interim Director
No Monthly Report

DWIHN Access Call Center
Yvonne Bostic, MA, LPC (Call Center Director)
Monthly Report: May 2024
Date: 6/28/2024



Main Activities during May 2024:

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

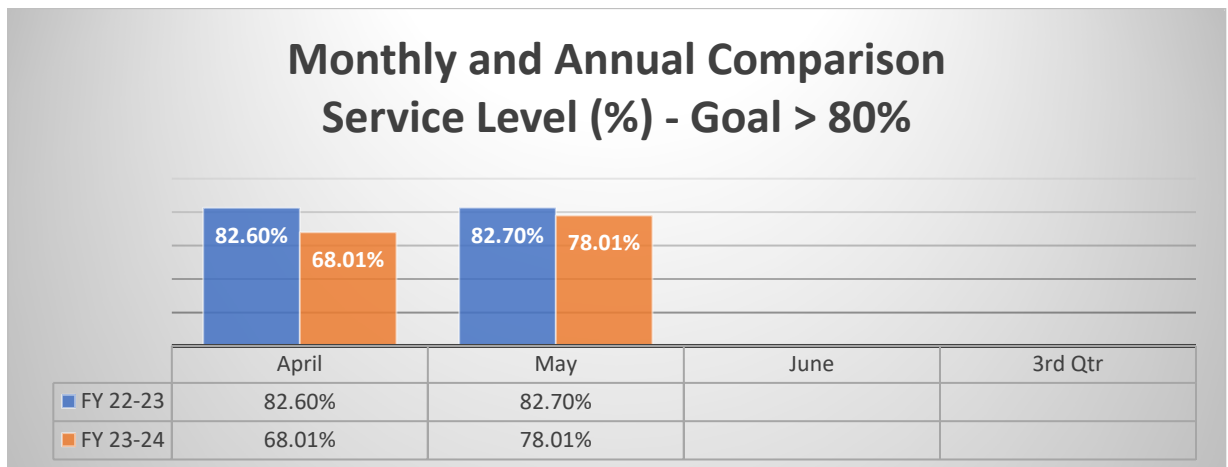
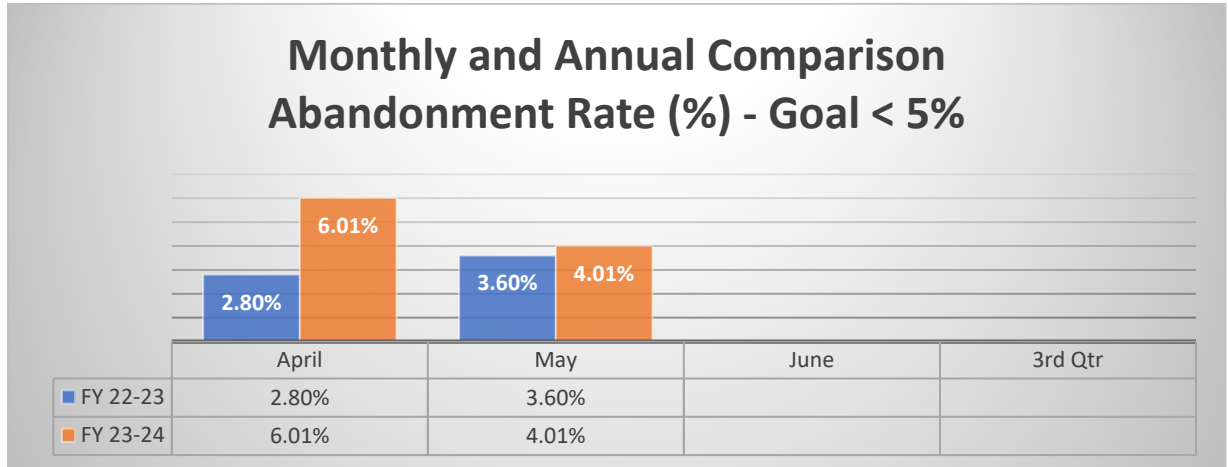
Activity 1: Call Center Performance – Call Detail Report

- **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 May 2024:
 - % Abandoned Goal is < 5% (4.0%)
 - Avg. speed to answer Goal <30 sec. (25 sec)
 - % of calls answered Goal > 80% (93.0%)
 - Service level Goal >80% (78.01%)

Queues	Incoming Calls	Calls Handled	Calls Abdoned. /Hang Ups	% Abdoned.	Average Speed to Answer	Average Call Length	% of Calls Answered	Service Level
Call Reps	16,291	15,203	671	4.0%	:25 sec	6:17 mins	93.0%	78.01%
SUD Techs	4,366	3,248	852	20.0%	4:26 mins	17:25 mins	74.0%	50.0%
Clinical Specialist	3,119	2,051	806	26%	3:32 mins	20:11 mins	66.0%	42.0%
April 2024 Totals	16,970	15,069	1,085	6%	:37 sec	6:25 mins	89.0%	68.01%
May 2023	18,297	17,635	662	3.6%	:27 sec	5:28 mins	96.4%	82.7%

- For the month of May 2024 there were 15,203 calls handled by the access call center. This is 134 more calls than the previous month.
 - Of the total number of calls handled (15,203) for the month of May 2024:
 - 3,248 (21.3%) calls handled for SUD services
 - 2,051 (13.4%) calls handled for MH services
 - 9,904 (65.1%) 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 May 2023 and May 2024, there were 144 less incoming calls and 2,432 less calls handled in 2024. There was a 0.4% increase in the abandonment rate, 3.6% to 4.0%. The service level decreased by almost 4.69%; 82.7% (2023) to 78.01% (2024).



- **Significant Tasks During Period:**
 - Recruit, Interview, Hire and Train staff to fill vacancies in all 3 units
 - Silent Monitoring to identify areas of strengths and weaknesses (ongoing)
- **Needs or Current Issues:**
 - Increased coverage during high volume times to increase the Service Level and decrease the Abandonment Rate. (ongoing)
- **Plan:**
 - Evaluate scheduling process and high call volume coverage; make adjustments to the schedule as needed

- Audit staff attendance, timeliness and performance: utilize performance improvement plans where needed
- Regular overview of customer service skills, DWIHN programs & Services and community resources will occur 1-2 x month with the goal of increasing staff proficiency and knowledge base (ongoing)
- Working with phone system vendor to identify additional services that would benefit the DWIHN system, i.e., efficient monitoring and various reports to analyze performance.

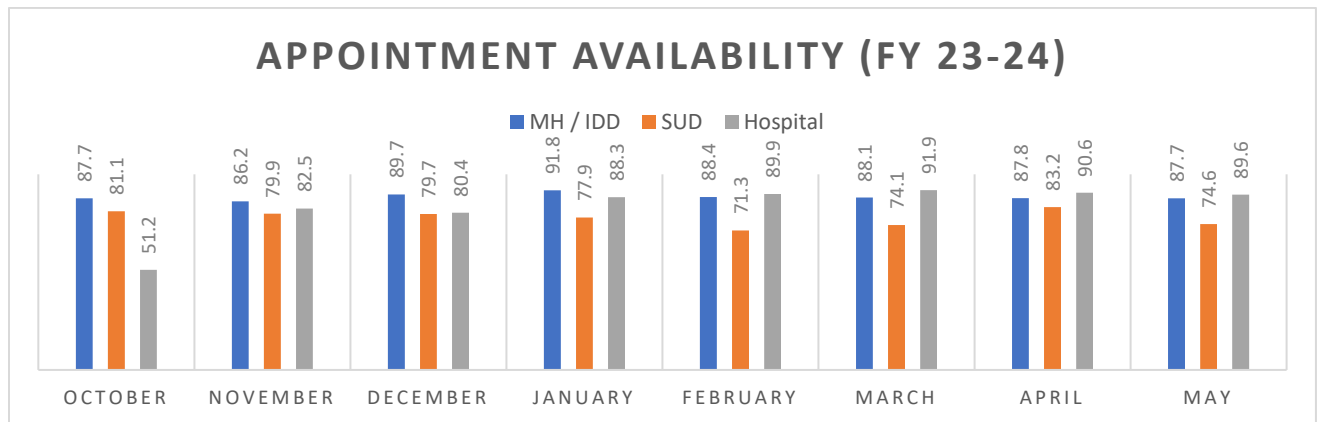
Activity 2: Appointment Availability – Intake appointment and Hospital Discharge Follow up

- **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 there case has been closed.

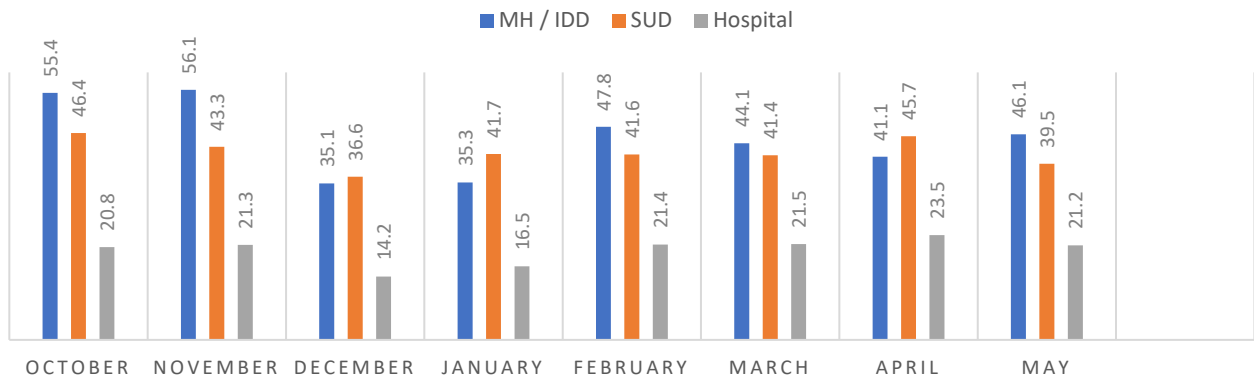
The Access Call Center schedules these types of appointments based on the CRSP (Clinical Responsible Service Providers) availability and ability to provide services, timely.

The appointment availability is based on the number of appointments scheduled within the allotted timeframe.

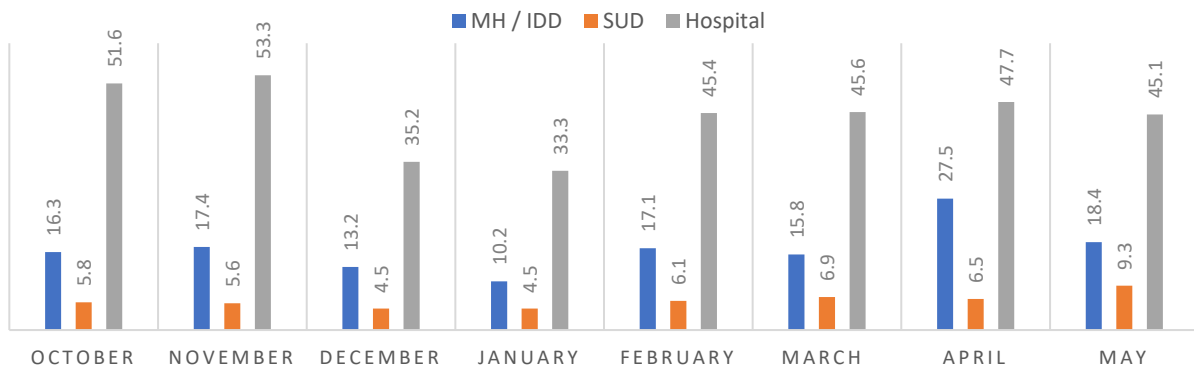
- **Current Status:**



APPOINTMENTS KEPT (FY 23-24)



NO SHOW (FY 23-24)



- **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. The transportation pilot started approx. 6 months ago and the collaboration between the Access Call Center, DWIHN Utilization Management Department and DWIHN Hospital Liaisons has been engaged during the last 3-4 months. There has also been increased efforts via CRSP Hospital Liaisons to participate in the Hospital Discharge process.

- May 2024: 698 have own transportation / 2,972 – request / referred for transportation assistance
- April 2024: 709 have own transportation / 2,671 – request / referred for transportation assistance

- **Major Accomplishments During Period:**

- For the month of May 2024 there were 814 Hospital Discharge follow up appointments scheduled through the DWIHN Access Call Center; there was a slight decrease in appointment availability by less than 1% and slight decrease in appointment no show for Hospital Discharge follow-up appointments by 2.6%.
- A ticket has been submitted to IT to request a data collection point for some of the reasons people may cancel or reschedule appointments.

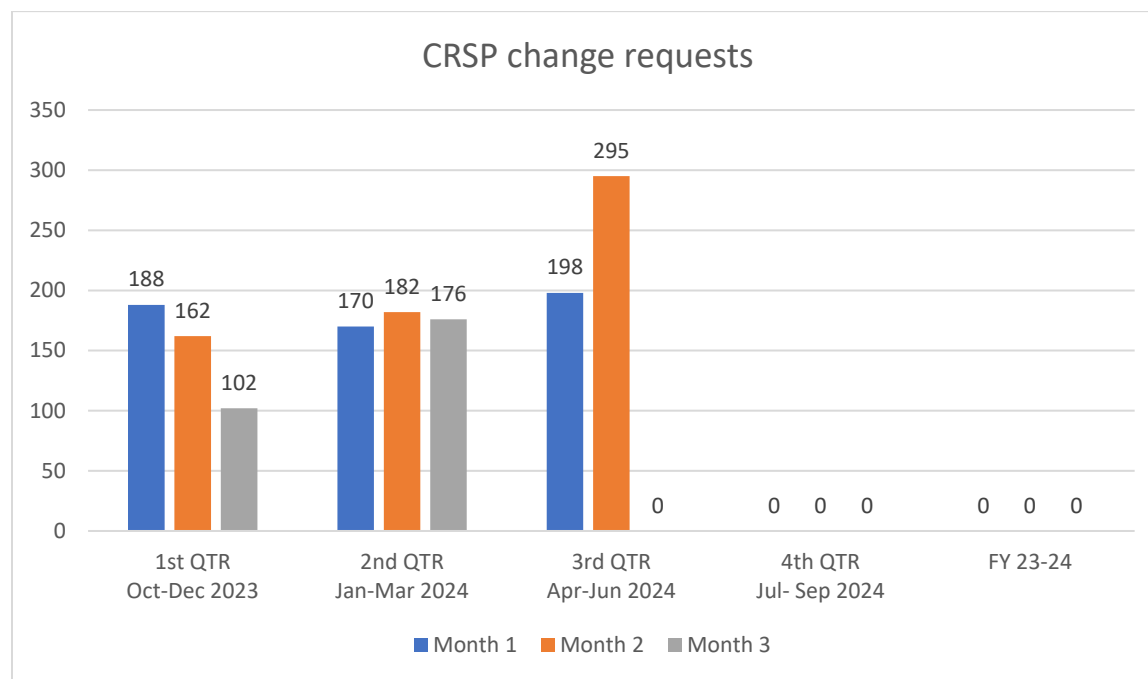
- For the month of May there were 1,291 MH (SMI, SED, I/DD) appointments scheduled. There is little change to the numbers for MH appointment availability; (March- 88.1%, April - 87.8%, May 87.7%).
- For the month of May there were 1,412 SUD appointments scheduled; SUD appointment availability (March - 71.4%, April - 83.2%, May – 74.6%) and SUD appointments kept shows a slight decrease from April- 45.7% to May–39.5%.
- **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 quarter and 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 member's 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 CRSP change request form and submit it to the Access Call Center so that MHWIN can be updated.

Current Status:

For the month of May there were 198 CRSP change requests completed. This is the highest number of requests completed since October 2023 for FY 23-24.



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 member and CRSPs to give updates and ask questions when needed.

Needs or Current Issues: The access call center sometimes receives complaints from CRSP and members stating that the change was made in error and there has been a request to identify the common reason requests are made and the providers related to these requests. Over the next quarter the Access Call Center will work to develop 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.

Program Compliance Committee Meeting

Autism Services Department

June 2024 Monthly Report



Main Activities during Reporting Period:

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

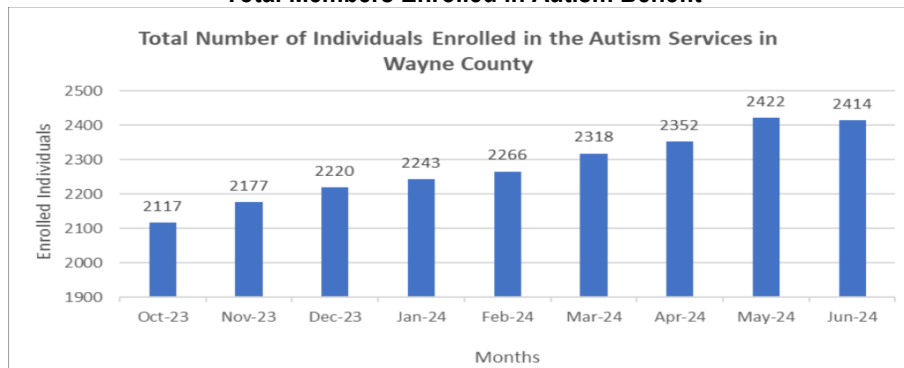
Progress On Major Activities:

Monitoring Autism Benefit Enrollment / Expansion

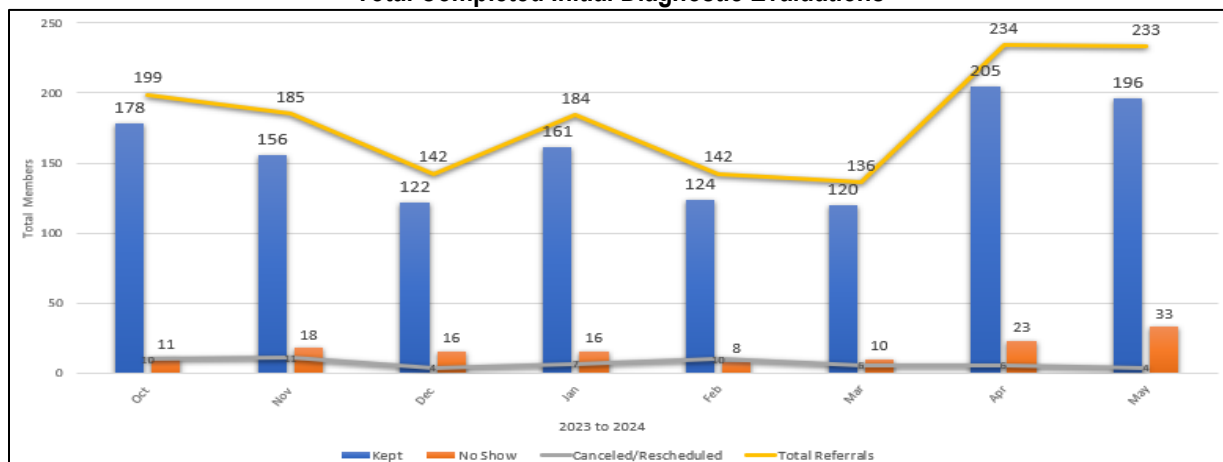
Description: DWIHN Autism Services Department oversees autism services for youth and young adults up to 21st birthday. Applied Behavior Analysis (ABA) is an intensive, behaviorally based treatment that uses various techniques to bring about meaningful and positive changes in communication, social interaction,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

Current Status: There was a total of 2,414 members assigned to DWIHN's ABA provider network for June 2024. This was a very small decrease of 8 members discharged May to June. In addition, among the three (3) Individual Diagnostic Evaluation Providers, there were a total of 233 referrals, 196 kept appointments, and 33 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.

Major Accomplishments During Period: As of May 2024, there are 27 ABA Providers who passed the RFQ process and 21 are contracted with DWIHN. (Note: Successfully passing the RFQ does not automatically guarantee a contract).

Needs or Current Issues: The remaining ABA Providers who completed the RFQ process need to successfully complete the credentialing process as well. The ABA Providers selected from the Qualified List are as follows:

Program Compliance Committee Meeting — Autism Services Department (Cassandra Phipps / Rachel Barnhart)

Provider Name	City
Lumen Pediatric Therapy	St. Clair Shores
Integrated Pediatric Therapy	Brownstown
ABA Golden Steps	Woodhaven
Downriver Therapy Association	Trenton

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 5/20/2024 with all the ABA Providers & CRSP that oversee members enrolled in the autism benefit.

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

Utilization Management (UM): The UM Department reminded providers that a Percent Utilization Management Analysis is being performed by utilization management. This report will continue to identify and address discrepancies between authorization requests and authorization utilization. The last reports were sent out on 4/17/2024 and are to be sent back no later than 5/24/2024.

Autism Services: The network was informed that new a new location was added for Acorn Health in Madison Heights, as well as three (3) new providers: Advance ABA Care, Peak Autism Center, and IOA. MDHHS sent out a letter containing updates to Physical, Occupational, Speech and Language Therapy for beneficiaries diagnosed with autism spectrum disorder. Further reminders included: MDHHS made changes to the billing parameters for CPT code 97151, DWIHN is continuing to request feedback on the development of an ABA availability worksheet, member eligibility determination occurs through DWIHN, transition and discharge from all BHT services should generally involve a gradual step-down model and require careful planning, coordination of care should occur with the CRSP at least once per quarter and be documented correctly, and a process change will be announced shortly for the submission of a physician referral.

Training: Providers were informed the Autism Learning Series will be beginning in June and various training opportunities will occur until September. Including topics such as: Communication, Training, Supervision, Neurodiversity in ABA services, Parent Training, IPOS Training, Using ACT for Reduction of Challenging Behaviors in Adolescents, and ASD & ABA Therapy.

Major Accomplishments During Period: Multiple ABA Providers in the network have worked diligently to onboard new staff members; thus, allowing them to onboard and accept a number of new referrals.

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 regarding physician referral forms, outside diagnostic requests, and service requests for CRSPs.

Plan: Provider network to begin implementing the new Physician referral process in July 2024.

Activity 3: Level of Care

Description: ABA treatment offers two different levels of care according to medical necessity, that is either Focused Level of Care or Comprehensive Level of Care. Focused level of care is a limited number of chosen skill targets specific to identified goals that can range from 10 to 25hrs per week. Whereas comprehensive level of care focuses on multiple areas of functioning such as cognitive, communication, social, emotional, and behaviors for about 30 to 40hrs per week.

Current Status: There was a total of 386 members assigned to comprehensive level of care in FY24 quarter 1 whereas in quarter 2 the total increased to 422 members. Although quarter 3 data is being provided without the month of June, data is on track to exceed quarter 2 total of 422 members.

LOC FY24 Q1		
	Comprehensive	Focused

October	134	12
November	161	11
December	91	5
Total:	386	28
LOC FY24 Q2		
	Comprehensive	Focused
January	181	11
February	153	6
March	88	8
Total:	422	25
LOC FY24 Q3		
	Comprehensive	Focused
April	228	10
May	176	17
June	174	6
Total:	578	33

Significant Tasks During Period: In April & May 2024, the ASD Program Administrator coordinated with DWIHN Customer Service Department to address grievances, advance action notice concerns, appeals, and supporting the network with technical assistance.

Major Accomplishments During Period: Established baseline data with reporting ABA level of care starting FY 2024.

Needs or Current Issues: Recognized a pattern within submissions of grievances and appeals providing an opportunity to explore further barriers associated with level of care to ABA services. Data continues to be elevated on barriers impacting the level of care determined if the variables are system based, situation based, or based on a wide range of variables which do not tend lend to a pattern.

Plan: Continue to meet with the Grievance Coordinator to develop a performance-based permanent product approach to ensure ABA Providers correctly complete and maintain due process while also adhering to the Behavior Analysis Certification Board Ethics Code for BCBA's. Begin reviewing the trend of changes in level of care throughout treatment.

Monthly Update

Things the Department is Doing Especially Well:

Autism Service Delivery: Continue to support Children Providers 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. The ASD Program Administrator met with Mary Luchies (MDHHS Autism Coordinator) to discuss upcoming changes regarding autism services effective FY 2025.

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 June 2024

Main Activities during the Reporting Period:

- Activity 1: MichiCANS
- Activity 2: Eligibility Screening
- Activity 3: Infant and Early Childhood Services

Progress On Major Activities:

Activity 1: MichiCANS

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: During the month of June 2024 DWIHN Access Department completed 314 MichiCANS Screenings.

Screening Disposition	Total Screenings
No Eligibility or Services Declined	2 screenings
Non Emergency: Mild / Moderate Needs	76 Screenings
Non Emergency: Serious Needs	235 Screenings
Emergency	1 Screening
Total Screenings	314 Screenings

Significant Tasks During Period: A representative from PCE Systems presented a MichiCANS demonstration to Providers to showcase how the MichiCANS Screener, Comprehensive Assessment, and Supportive Decision Model will be viewed in the electronic health record. DWIHN identified that the MichiCANS Comprehensive will be placed as a standalone document in MHWIN electronic health record system.

Major Accomplishments During Period: There were 76 participants who attended the training session on 6/28/24. In addition, the training was recorded as well. Updated the Children Diagnostic Treatment Services and Infant and Early Childhood policies to include MichiCANS requirements.

Needs or Current Issues: Providers to receive communication from PCE requesting to identify where they will have the MichiCANS located within the electronic health record.

Plans:

- Continue to participate in monthly MichiCANS meetings in preparation for the hard launch
- Children Provider staff participate in MichiCANS hard launch training during June and July of 2024
- Update Service Utilization Guidelines to include MichiCANS Supportive Decision Model information
- By September 2024 update policies and utilization guidelines to incorporate MichiCANS requirements
- Host another MichiCANS Q&A Session prior to October 2024

Activity 2: Eligibility Screening

Description: Offering screenings to determine eligibility for behavioral health services is an important and introductory component of persons served connecting to behavioral health services. In addition to DWIHN Access Center completing screenings, there are specific situations in which Children Providers and CCBHC Providers also complete screenings.

Why is this Important?: The goal is to monitor all screenings completed by Children Providers and CCBHC Providers for those requesting behavioral health services.

Current Status: Effective 7/1/2024 Children Providers and CCBHC Providers are to begin using the H0002 Brief Screening CPT Code when completing screenings to determine eligibility for behavioral health services.

Special Population Screenings	Disability Designation	Age Criteria
Infant Mental Health and Early Childhood	NA	0 to 6
Infant and Early Childhood Mental Health Consultation Grant (IECMHC)	NA	0 to 6
Youth involved in Foster Care	SED / IDD	0 to 21 st birthday
Youth Juvenile Justice	SED / IDD	0 to 21 st birthday
Juvenile Restorative Program	SED / IDD	5 to 18
Children Waiver	IDD	0 to 21 st birthday
SED Waiver	SED	0 to 21 st birthday
School Success Initiative	SED	0 to 21 st birthday
CCBHC	NA	All ages

Significant Tasks During Period: Providers were trained on the eligibility screening process on 6/28/24; in which, there were 76 participants present.

Major Accomplishments During Period: Effective 7/1/2024 Providers can begin using the new screening code to capture screenings completed. Considering each Provider has a different electronic health record, there were three (3) options provided to use the screening code: a). Screening tool within Provider electronic health record, b). Progress note within Provider electronic health record, and or c). Provider submit a manual claim within MHWIN electronic health record.

Needs or Current Issues: Develop a monitoring system to track the compliance and progress of the new screening code submitted by Providers.

Plans:

- Update the MDHHS Performance Indicator Report to include the new screening code for performance indicator 2a (Intake assessment is completed within 14 calendar days of a non-emergency screening request)
- Develop an eligibility screening report to monitor completed screenings per special population

Activity 3: Infant and Early Childhood Services

Description: Early Childhood Mental Health Services (ECMHS) promote and support early developing attachment relationships between infants, toddlers, preschoolers, and young children and their families, as well as to reduce the risk of developmental delays and disorders of infancy and early childhood.

Why is this Important?: Services for pregnant mothers and children up to age 6 are crucial in shaping early development and preventing high risk needs and behaviors for children as they age. Thus, DWIHN offers infant and early childhood mental health services in accordance with the Michigan Medicaid Provider Manual.

Current Status: As of 7/2/2024 there are 548 children ages 0 to 6 who received services. In addition, there are currently ten (10) Infant and Early Childhood Providers within the network and four (4) grants that support children services for children age 0 to 6 (Infant and Early Childhood Mental Health Consultation, Infant and Early Childhood Mental Health Consultation Expansion, Infant and Early Childhood Mental Health Consultation Home Visiting, Infant Toddler Court Program "Baby Court").

Significant Tasks During Period: DWIHN was selected to participate in the Postpartum Depression staff training for 12 clinicians from DWIHN, Lincoln Behavioral Services, CNS, and Development Centers (MiSide) for FY 24. In addition, representatives from Children Initiative Department attended the Maternal Infant Health Summit this month. The Maternal Infant Health Summit underscored the critical importance of birth justice, spotlighting narratives and policy discussions that addressed birth equity. The event showcased the advancements of Birth Detroit and presented compelling data on birth disparities. Researchers shared insights into how racism in the healthcare system and social determinants of health significantly impact birth outcomes, while emphasizing the need for systemic change to improve maternal and infant health.

Major Accomplishments During Period: One clinician completed the Postpartum depression training this month. Children Initiative Department hosted the Baby Court Core Leadership Team Meeting that focused on the Department of Health and Human Services (DHHS) offices receiving baby court referrals. Also facilitated the Active Community Team Meeting that focused on addressing issues impacting families such as intimate partner violence, substance use, mental health, and fatherhood engagement.

Needs or Current Issues: Assist clinicians with registration or the postpartum trainings. Continue to address the needs for children ages 0 to 6.

Plans:

- The additional eleven (11) clinicians are scheduled to attend the Postpartum training in September 2024.
- Submit quarterly reports for the Infant and Early Childhood grants by 7/15/2024

Monthly Update

Things the Department is Doing Especially Well:

Improving Practices Leadership Team (IPLT): During the IPLT meeting on 6/4/24, presented updates to various children policies: Wrap Around, SED Waiver, and Children Diagnostic Treatment Services Policy.

Expansion of Children Services: As of this month Judson Center has been approved to begin delivering children services for youth with serious emotional disturbances and intellectual developmental disabilities.

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

- PECFAS Booster Training
- CAFAS Booster Training
- CAFAS Initial Training
- Children Mental Health Lecture Series: Creative Strategies – The Link Between Trauma and Substance Use in Children and Adolescents

Identified Opportunities for Improvement:

Improve MDHHS Indicator 2a – The percentage of new persons completing an intake assessment within 14 calendar days of a non-emergency request for service. (see progress below)

Progress on Previous Improvement Plans:

The goal is to improve compliance with children and youth requesting community mental health services receive an intake assessment within 14 calendar days with a Children Provider. Effective Fiscal Year (FY) 24 the goal is to achieve 57%.

- MI – Children with Serious Emotional Disturbances (ages 0 to 21st birthday)
- DD – Children with Intellectual Developmental Disabilities (ages 0 to 21st birthday)

MDHHS Performance Indicator 2a	FY 23 – Q1	FY 23 – Q2	FY 23 – Q3	FY 23 – Q4	FY 23 Total
MI / Child	28.81%	31.42% (+)	26.57% (-)	32.49% (+)	29.82%
DD / Child	28.71%	32.08% (+)	32.60% (+)	46.03% (+)	34.85%
MDHHS Performance Indicator 2a	FY 24 – Q1	FY 24 – Q2			FY 24 Total
MI / Child	30.21%	51.78% (+)			40.99%
DD / Child	21.78%	27.92% (+)			24.85%

Interventions:

1. Discussed during various Children Provider Meetings / Trainings
Progress: Providers informed hiring additional staff mainly contributed with improvement with SED child data.
2. Issued 2023-008 Request for Proposal (RFP)
Progress: Judson Center credentialed to deliver outpatient services
3. Children Providers complete monthly Provider Capacity Form when experiencing challenges with providing services.
Progress: Consider requiring all Children Providers to complete the Provider Capacity Form monthly
4. Children Providers begin using screening code for children screenings completed to start including in the MDHHS Performance Indicator data (School Success Initiative, Children Waiver, SED Waiver, Juvenile Justice, Ages 0 to 6, and CCBHC)
Progress: Providers were trained on use of the new screening code on 6/28/24 and can begin using the code effective 7/1/2024.



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

Main Activities

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

Activity 1: Customer Service Calls

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

Reception/Switchboard Reception/Switchboard

	June FY 23/24		June FY 22/23	
	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%
Reception/ Switchboard	1,286	2.0%	1,211	1.1%

Customer Service Call Center

	June FY 23/24		June FY 22/23	
	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%
DWIHN Customer Service	723	5%	469	3.1%

Significant Activities:

- In comparing the fiscal years 22/23 and 23/24, the numbers continue to vary yearly in the switchboard and Call Center area, with the abandonment rate below 5%. For June 2024 we show a slight increase in the call volume for the switchboard with the abandonment of less than 5%.
- The Unit hired and trained two switchboard team members as a result of a resignation and a promotion.
- During Fiscal Year 23/24 for June, our numbers showed a significant increase in calls received through the Customer Service Call Center. The abandonment rate is still less than the standard 5% or less. The grid above identifies the number of calls received and the abandoned rate from the Customer Service Call Center. However, the Customer Service Call Center also made 164 outbound calls due to presented calls, special cases, email follow-up, and other, assigned follow-up calls as appropriate.
- Customer Service Call Center Operations continues to address special follow-up activity:
For the month of June:
 - Member Special Cases (2)

- Follow-up calls (7)
- Rapid Response inquiries (3)
- Follow-up Consumer letters (7)
- EOB returns and uploads to member files (7),
- Customer Service Emails (2)

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

	June FY23/24	June FY22/23
Complaint/Grievance Correspondence	264	235

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

Grievance Processed

Grievances	June FY23/24	June FY22/23
Grievances Received	8	7
Grievances Resolved	2	1

Grievance Issues by Category

Category	June FY23/24	June FY22/23
Access to Staff	1	1
Access to Services*	2	2
Clinical Issues	3	1
Customer Service	0	4
Delivery of Service*	0	3
Enrollment/ Disenrollment	1	0
Environmental	0	0
Financial	1	1
Interpersonal*	6	3
Org Determination & Reconciliation Process	0	0
Program Issues	0	0
Quality of Care	0	0
Transportation	0	0
Other	0	1
Wait Time	0	0
Overall Total	14	16

Note: A grievance may contain more than one issue.

MI Health Link (Demonstration Project) Grievances

Grievance	June24	June23
Aetna	0	0
AmeriHealth	0	0
HAP CareSource	0	0
Meridian Complete	0	0
Molina	0	0
Overall Total	0	0

Appeals Advance and Adequate Notices

Notice Group	FY23/24 Advance Notices	FY23/24 Adequate Notices	FY22/23 Advance Notices	FY 22/23 Adequate Notices
MI	1202	199	1712	352
ABA	112	18	35	46
SUD	90	29	88	6
IDD	160	160	253	49
Overall Total	1564	406	2088	453

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.

***Please note that the numbers for FY 23/24 are for May of 2024 as the June numbers are not yet available. ***

Appeals Communications

	June FY23/24	June FY22/23
Appeals Communications Received	92	196

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

Appeals Filed

Appeals	June FY 23/24	June FY 22/23
Appeals Received	3	12
Appeals Resolved	2	15

DWIIHN State Fair Hearings

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

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

November /JuneFY23/24 and FY22/23

ICO	Local Appeals	State Fair Hearing
Aetna	0	0
AmeriHealth	0	0
Meridian Complete	0	0
HAP CareSource	0	0
Molina	0	0
Total	0	0

Significant Activity:

- Multiple interdepartmental meetings with Children's Initiatives, Quality and Utilization management regarding multiple challenging cases.
- There have been 0 requests for a DWIHN State Fair Hearings in June of 2024. There have consistently been no State Fair Hearings for MI Health Link members for several fiscal years.
- Meetings with multiple providers to discuss proper completion of due process forms.
- Working on deliverables for HSAG review for September 2023

Accomplishments:

- Grievance Specialist Barb H. received praise from a parent via Member Engagement regarding her assistance with outside resources as well as grievance resolution.
- Grievance Specialist Trudy Marcum interviewed and was offered the position of Customer Service Supervisor. Start date pending.

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:

- Training continues to offer Peers both internal and external. ME Staff has met with the crisis team to extend assistance in assuring that CE requirements are met. The State has mandated 32 -hour CEU's required within in 24- month period for those peers certified prior to June 2021.
- A Self- Directed Member Experience survey was conducted, and preliminary results indicated general satisfaction.
- The Unit continues to work with the Quality Department on the Racial Disparity meetings and abstracts to study the barriers and progress of the PIP. Recommendations are to conduct a comparison survey with Caucasian counterparts.
- Customer Service continues to work with Finance to address the clubhouses backlogged FSR's. Training and Plans of Correction have been put in place to address this issue. Quarterly meetings with MDHHS have been established to discuss clubhouse activity and drop-in grants.

Program Compliance Committee Michele Vasconcellos Report

- The Summer Edition of PPOV is in progress and scheduled for an early August release.
- To assist with the QAPIP report, a mass mailing was conducted to ensure community participation regarding the Needs Assessment Survey. Results from the survey indicated respondents prioritized Access, Treatment and Lack of Resources as needs.
- The Member ECHO survey is 90% completed by WSU. A contract extension may be needed for its final completion.
- Member Engagement team is assisting with data collection related to member satisfaction related to the non-emergency transportation services, Godspeed and Mariner's Inn. Unit Manager is also assisting with the PIP as it relates to using the transportation to decrease missing appointments with 7-day and 14 day follow up members. Primary data indicates that members are generally satisfied with the non-emergency transportation.
- A Peer led event was conducted to address the topic of Mental Health Awareness. This event was successfully organized by the Constituent Voice Committee (CV) and was enjoyed by 60 attendees.
- A June outing for Peers at Bell Creek Park was also a big success and offered the opportunity for members and peers to participate in a social event that fostered networking, engagement, and discussions on behavioral health services. The mobile crisis unit team and van were on location to offer attendees the opportunity to view the vehicle and get a report from the mobile crisis team on their first month of services. 63 people were in attendance. Two clubhouses were in attendance Turning Point Clubhouse and Place of Our Own Clubhouse.

Accomplishments

- The CV participated in By-law reviews along with the considerations that may need to be implemented with the inclusion of the CCBHC application.
- The CV Member Advisory Committee elected new leadership, co-chairs Jamie Junior and Shelly Nelson.
- Efforts continue with educating members on the importance of their ability to vote. A Candidate's forum is planned for July 23rd, highlighting local candidates for members to meet and determining if they are meeting their expectations for electing them. DWIHN remains a non-partisan partner in bringing this information to our members along with Detroit Arc and Disabilities Network of Wayne County.
- The Member Engagement Unit is scheduled to host SOULS chats on Memorial Day, Juneteenth and will have another additional chat on Independence Day.

Submitted by: M. Vasconcellos Director, Customer Service 6/2024

Innovation & Community Engagement May 2024

Main Activities during Reporting Period:

- **Monitored justice-involved initiatives – Co-response Mental Health Teams, 911 Embedded Behavioral Health, Mental Health Jail Navigator, and Detroit Homeless Outreach Team**
- **Workforce Development**

Progress On Major Activities:

Activity 1:

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

Description:

During the month of May, there was participation in weekly Detroit Homeless “DHOT” Outreach Meetings. Identified complex cases and assisted with coordination of care to address individual needs. The DHOT Teams – DWIHN-DPD encountered 292 individuals. DWIHN-DPD’s team continues to introduce the Homeless Outreach Bus to various Detroit neighborhood community organizations, maintain communication and collaboration with community organizations, such as Salvation Army, Wayne Metro and various community resources for clothing and housing support. 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, individuals received various mental health resources and support.

Organized, and coordinated Bi-weekly DWIHN Co-Response check-in w/ TWC and CNS. Identified complex cases and assisted with coordination of care to address individual needs. In the month of May DPD co-responders had an approximate total of 398 encounters (59 mental health non-violent, 32 mental health violent not-armed, 19 mental health violent -armed, and 21 suicide attempts/in-progress), 55 individuals were connected to a service. Various resources were provided for mental health, substance use and unhousing needs.

The Mental Health Jail Navigator referrals remain consistent, 5 individuals were referred and interviewed, 5 met criteria and were referred to various treatment providers, Genesis House III, Team Wellness Center and/or Christian Guidance Center. Currently, all individuals are being monitored and receiving jail navigation services.

Current Status:

Justice Involved Initiative	Number of Encounters/Screened	Connected to a service/resources/supports
Co-Response Teams	398	55
Mental Health Jail Navigator	5	5
Communications Behavioral Health Specialist	7	7
Detroit-Homeless Outreach Team	292	1

- *Significant Tasks During Period:*
DWIHN offered mental health first aid and crisis intervention team training throughout the reporting month.
- *Major Accomplishments During Period:*
There were 702 encounters from all justice-involved teams, which is an increase of 64% as compared to last month.
- *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 aren't adequately staffed, and living conditions are deplorable, because of this, individuals decline shelter resources.
- *Plan:*
DWIHN continues to build justice-involved partnerships throughout Wayne County. Working to schedule a meeting with Homeless Action Network Detroit (HAND) to determine how we can better coordinate services.

Activity 2: Jail Mental Health

- *Description:* Mental Health Services in the Wayne County Jail
- *Current Status:* Naphcare staff have resumed inputting red flags in cases needing mental health services as required.
- *Significant Tasks During Period:* For the month of May there were 38 jail releases. From those releases, 9 were linked back with the provider for post release follow-up; 2 was sent directly to another correctional facility (i.e. prison or another jail); 1 was hospitalized; 1 was on an AOT; and 1 was not in MHWIN.
- *Major Accomplishments During Period:*
DWIHN staff identified a period where there were no releases reported. Technical assistance was provided to Naphcare to ensure staff were flagging individuals needing mental health services upon intake to the jail. After staff were retrained, it has been noted that the red flags are being inputted as required.
- *Needs or Current Issues:*
There were concerns with no mental health releases being forwarded for appointments with DWIHN.
- *Plan:*
There will need to be follow-up for individuals that were released without being connected to ongoing mental health services. DWIHN will continue to monitor releases being reported.

Activity 3: Workforce Development

Annual Integrated Co-Occurring Conference

- *Description:*
The conference will focus on practical applications of integrated treatment planning for managers and front-line staff.
- *Current Status:*
Staff have identified speakers and finalized the conference location. The plenary speakers Michael Johnson and Jamelia Hand have both confirmed.
- *Significant Tasks During Period:*
Registration for the event has been opened and the event venue has been secured.
- *Major Accomplishments During Period:*
Legal has begun issuing contracts and the planning and coordinating conference workshops is near final.
- *Needs or Current Issues:*
There are no current challenges.
- *Plan:*
Innovation and Community Engagement continues to research and identify best evidence-based practices.

Reach Us Detroit 24/7 Virtual Therapy Line

Description:

The line continues to be offered to residents of Wayne County that are 14 and up. 101 calls were able to be supported during the month of May. This is an increase from May 2023. Supervision of staff has been necessary to increase effectiveness during crises. Reach Us Detroit has received calls referred for 800.241.4949 when the caller asks for 24-hour support. Five of these calls have resulted in collaboration with 911/DPD to have a response after hours.

Current Status:

Two student learners (MSW and DO) have started with RUD for two semesters. The partnership with University of Michigan School of Social Work continues to support the centralized behavioral health training program including one professional development activity for clinical interventions for 18 students engaged with a specialty training program. There are 52 students placed within the provider network.

Significant Tasks:

Mental Health First Aid continued to be provided. There were 126 individuals trained. This aligns with the training attendance from the last three months of the course.

Community engagement included three presentations within workforce development to share services and access processes to DWIHN.

A secondary trauma presentation was provided to 12 DPD staff from the Domestic Violence section. SOGIE-related technical support to one organization was provided and outreach to share information about DWIHN services.

DPSCD mental health awareness for youth was provided in collaboration with Know Your Rights Campaign.

Major Accomplishments:

Two employee verifications to maintain NHSC status were completed. Support to two providers for obtaining NHSC status were completed.

Plan:

For the month of June, DWIHN will host the COD Conference. We will continue to identify training and development for new student learners for readiness to deliver services will be a primary focus. Training and development to youth programs on mental health will be held as we plan to launch the Summer Youth Employment Program.

April 2024 IHC Monthly Report
Vicky Politowski IHC Director
7/10/2024



Main Activities during June 2024 Reporting Period:

- **Complex Case Management**
- **OBRA/PASRR**
- **Mi Health Link and MHP Projects**

Activity 1: Complex Case Management

- **Description:** The Complex Case Management team is constantly utilizing efforts to gain and serve more members.
- **Current Status:** Complex Case Management has **6** active cases, **2** new and **4** were closed, 3 met care goals and one was partially met. Care coordination was completed for **27** members and **13** individuals were trained in the community on Complex Case Management. Thirty-three (**33**) members were contacted for FUH follow-up and **3** were reached, 8 attended their appointment and one was engaged in CCM.
- **Significant Tasks During Period:** CCM continues to engage members in their FUH appointment.
- **Major Accomplishments During Period:** CCM attended Team Wellness FQHC health fair and assisted in 100 blood draws for A1C and education on the CCM program. Two satisfaction surveys were returned from members closed with a 100% satisfaction.
- **Needs or Current Issues:** One open position.
- **Plan:** Continued focus more on member engagement, resuming CCM in-service meetings with CRSP's

Activity 2: OBRA/PASRR

- **Description:** Currently has **566** in the INP que. Although the numbers haven't decreased in the queue, OBRA has reduced the length of time in assigning assessments. Assessments currently assigned are for May/June. Upon transitioning to DWIHN OBRA was 4 months behind.
- **Current Status:** OBRA processed **553** referrals, **277** were assigned to be completed and **276** were triaged and provided exemption letters.
- **Significant Tasks During Period:**
 1. OBRA has completed **93** full assessments this month and **47** partial assessments with a total of **140** face-to-face contacts for June.
 2. All positions have been filled.
 3. PASRR educator provided training to **26** Nursing homes and **2** Hospital. Training **34** staff

- **Major Accomplishments During Period:** OBRA continues to work towards reducing the overall number in the queue and remains in the current time frame.
- **Needs or Current Issues:** Address staff who are not meeting productivity goals.
- **Plan:** Meet with HR about productivity standards.
- **Things the Department is Doing Especially Well:**
 1. Continued to have a low rate of pending assessments. The pending rate for June is **6%**. This remains under the required 24%.
 2. The congruency rate was **99%** for the month of June.
 3. PASRR support staff are opening all Obra/PASRR cases, and this has been successful. This has reduced the number of days it takes to have a case opened within 24 hours, improving overall efficiency for staff and reducing errors.
 4. All PASRR consumers that received a Specialized determination in the past year have been given the Obra Specialized program assignment. OBRA will now be able to monitor these individuals each month to determine if services were provided.
- **Identified Opportunities for Improvement:**
 1. Improve turnaround times.
 2. Improve access to nursing home records.
 3. A better way to assign specialized services and determine a process for monitoring to assure services are being provided.

Activity 3: MI Health Link and MHP projects

- MI Health Link
- Special Project
- Data Sharing
- FUH/FUA

MI Health Link Demonstration

IHC department under the MI Health Link Program received total of **168** requests for level II in the month of June 2024 from the ICO organizations.

Current Status: Mid-month there was an upgrade to the CCDA which caused delay in processing all referrals for all ICOs. Notification was provided to all ICOs regarding the issue, resolution was reached within a few days issue impacted 15% of referrals that needed to be processed

Major accomplishments: DWIHN ensures that referral responses are submitted to ICOs in a timely manner. DWIHN only processed 17 referrals for service connection 54 referrals were voided of those 53% were declines which is an increase from unable to reach.

Current needs: The Access department has been notified that there are **112** referrals pending screening.

ICO Care Coordination:

IHC department conducted a meeting with each ICO to discuss gaps in care, follow up after hospitalization and shared member updated contact information for **30** members for June.

Major accomplishments were: **43** members were presented, **14** were closed with a successful outcome in June. To close the gap in care PIHP Coordinators assisted with providing members education on the importance of follow up, connected members with last CRSP Providers, assisted with information on how to change last reported CRSP and Provided ICO with updated contact information.

Issues: Ten (**10**) cases that were unable to reach were sent mailing information to the last reported address to contact. Care Coordinator and/or DWIHN Access Department to identify a new CRSP provider for reengagement.

Plan: **19** Cases will carry over until next month due to continued efforts of collaboration with CRSP, ICOs and members.

Special Care Coordination Project:

IHC is in a special project for care coordination activities with two Medicaid Health Plans Blue Cross Complete and Priority Health. This project exists to reduce care gaps for members served and improve HEDIS measures for the population of members that present with deficits. A monthly meeting takes place with each plan to determine gap, identify plan to address gap and report outcomes of efforts.

Major Accomplishments: **33** cases were reviewed and **27** were determined to have gaps in care. **9** cases were reviewed and closed successfully without presentation to MHP, these cases were a combination of BH gaps and FUH. Seven (**7**) members had successful outcomes of gaps closed. **12** members will carry over until next month due to more time is dedicated to resolving the issues.

Issues: Each of the MHP plan will only agree to coordinating services for only 5-6 members per month.

Plan: Care Coordinator is responsible for reviewing **10-15** cases per plan per month to determine care needs based on Vital Data Platform. During each review care coordinators are reporting if the member had an A1C test completed.

Data Share with Medicaid Health Plans:

IHC and all 8 MHP plan meetings have occurred in the month of June. Joint Care Plans between DWIHN and the Medicaid Health Plans were developed and/or updated, and outreach completed to members and providers to address gaps in care.

Major accomplishments were: **57** individuals were identified with gaps in care, **30** of those were successful in closing at least one or more gaps.

Issues: **13** members were unable to reach.

Plan: A total of **14** will care over to July 2024 due to continued efforts to report results of attempt to close care gaps.

Things the Department is Doing Especially Well:

IHC has met with MHPs Molina, HAP, United, Meridian, Aetna to increase data sharing collaboration to include more in-depth care coordination to improve outcomes of coordination. Recommendation from IHC is to increase current meetings by half an hour not to exceed one hour 45-minute meeting to increase volume of cases reviewed and add more components of care management. DWIHN is working with State Workgroup to redefine the parameters for this as State requires 25% of qualifying population to have a care coordination plan in CC360. During this report period meeting with MHP have been extended to 1.5hrs to increase volume of case review and coordination. DWIHN has ensured that 2 cases reviewed per plan each month are adolescent cases, DWIHN continues to use CC360, Vital Data, FUH, FUA for risk stratification cross matches for case selection.

Identified Opportunities for Improvement:

Care coordination team has been focusing efforts on reducing **racial disparities** with post FUH/FUA with targeted population of African American Men. For FUH there were **376** inpatient of those **183** were African American males. Sixty two (**62**) were outreach to, weather that was the CRSP or member directly to educate on the importance of post follow up. For **FUA** there were **29** members presented this month on the FUA report of that **10** members were reached out to by care coordination to remind of outpatient appointments. **3** kept appointment and engaged in service

DWIHN is under CAPs with two ICOs, Molina and ICO Amerihealth.

ICO Molina Audit CAP:

During this reporting period DWIHN received CAP plan request for the following areas: (1) UM for failing to ensure that members and providers receive written notification of member acceptance for inpatient services, and (ICO Meridian) (2) Credentialing/Recredentialing for file reviews of verifications of sanctions oversight process. All four departments have completed CAP plan and waiting acceptance from ICO Molina. (1) UM CAP has been submitted awaiting review. (2) ICO Molina was provided requested additional information for review. No updates at this time from information presented. DWIHN met with ICO Amerihealth and ICO Aetna to review credentialing updates to resolve CAP awaiting official outcome.

ICO AmeriHealth CAP

Access Department who was responsible to implement software updates for 3-point verification for HIPPA compliance this update has been sent internally to production but has past requested timeline on additional information to report. This has not been implemented. CAP remains with Credentialing additional information has been submitted awaiting determination.

Program Compliance Committee Meeting
Ryan Morgan LMSW Residential Services
Date: July 10, 2024



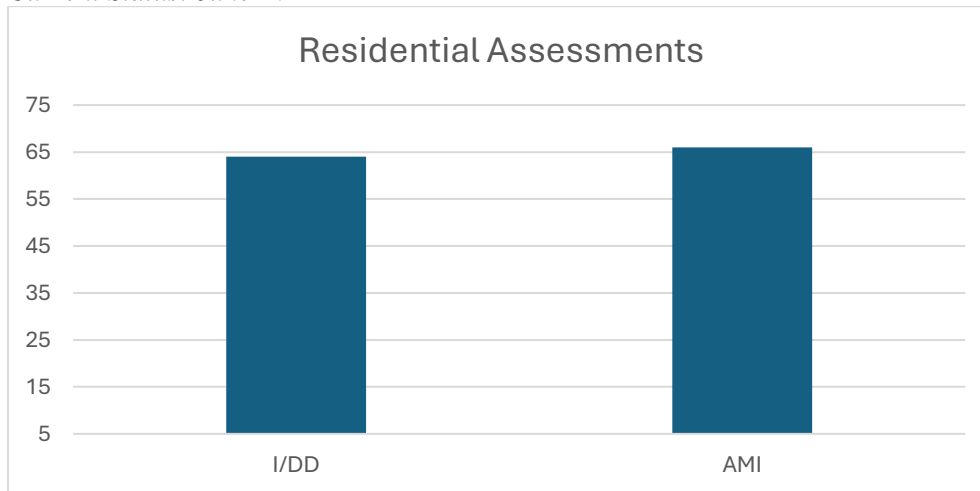
Main Activities during Quarter Reporting Period: June 2024

- Residential Assessment Updates
- Residential Hospitalization Trends
- Review Internal Transfer Process

Progress On Major Activities:

Activity 1: Updating Residential Assessments

- *Description:* During the month of June, the Residential Services Department continued the process of updating residential assessments. Outdated Adults with Mental Illness (AMI) assessments have been updated throughout the course of the year and are currently up to date. The unit is focusing on maintaining updated assessments moving forward.
- *Current Status: June 2024*



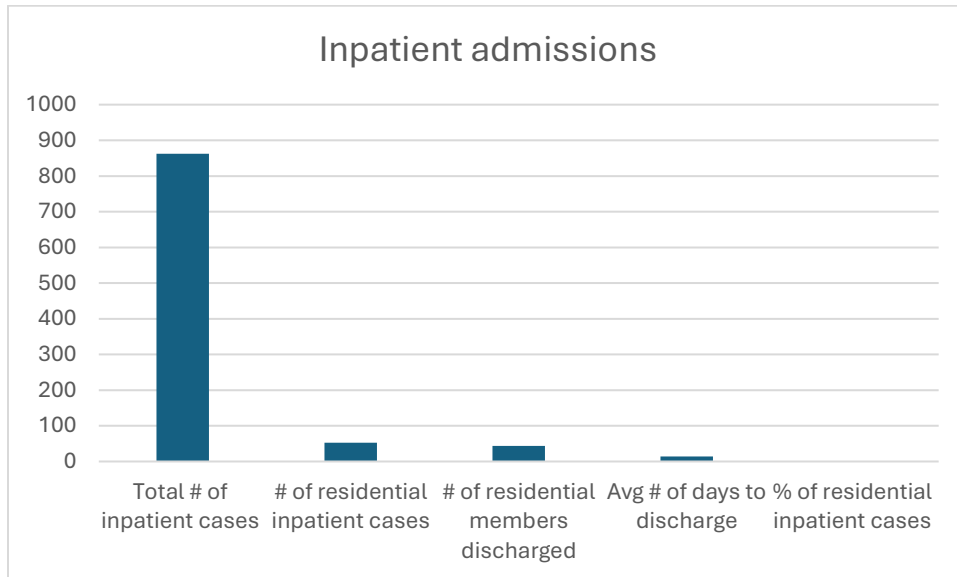
I/DD	AMI
64	66

- *Significant Tasks During Period:* The residential services department completed 130 total residential assessments in June. Overall, the department was able to complete 87.8% of all assigned assessments in the month. The residential services department has been able to complete 1,535 total assessments this fiscal year. Some barriers to completion include difficulty coordinating the attendance of case managers from the Clinically Responsible Service Provider.
- *Major Accomplishments During Period:* The department has implemented a forward-thinking strategy where the Authorizations Unit Manager will provide reports on authorizations coming due in the next quarter. This will allow the Residential Supports Coordinators to schedule the assessment in advance with the Clinically Responsible Service Provider's case holder, thus giving them more notice and increasing the likelihood of their availability and participation.

- *Needs or Current Issues:* At times it can be difficult to coordinate with CRSP case holders, so they are in attendance for completion of the residential assessment.
- *Plan:* We have two additional staff slated to start next month who will be able to assist with completion of the residential assessment and brokering placement.

Activity 2: Residential Hospital Trends

- *Description:* We continue to examine the inpatient hospitalization data in order to reduce the frequency and duration of inpatient hospitalizations within residential services.
- *Current Status:*



Total # of inpatient cases	862
# of residential inpatient cases	53
# of residential members discharged	44
Avg # of days to discharge	14.1
% of residential inpatient cases	3.60%

- *Significant Tasks During Period:* We were able to see a decrease in hospitalization days this month compared to May. On average the number of days it took to discharge a member (from the date of referral) was 2.5 days less than the previous month. Additionally, the residential unit received 43 referrals in June.
- *Major Accomplishments During Period:* We have a total of 211 licensed and unlicensed providers in Wayne County serving 1,842 members. The percentage of residential inpatient admissions dropped by almost half from 6.35% to 3.60% in June compared to May.
- *Needs or Current Issues:* The residential department continues to need more barrier-free facilities capable of managing older adults with significant medical needs and providers willing to take higher acuity young adults with behavioral concerns. We were able to add two barrier free facilities over the past two months.
- *Plan:* Continue to consult with hospital staff to discuss barriers and improvements within the hospital system to increase discharge efficiency. We have been able to meet with DMC Sinai,

Samaritan, and Beaumont hospitals. We will continue to engage in discussions with hospital Emergency Departments.

Quarterly Update:

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

- Developed an Age-out brochure that will be utilized for MDHHS foster care staff to provide education and information when youth are preparing to transition into adult services and the residential unit.
- We were able to update the Internal Transfer Process form and met with all providers to review the updated form and process. The goal is to prevent providers from moving members to other homes prior to DWIHN approval.
- Completed over 1,500 residential assessments to date, this fiscal year.

- **Identified Opportunities for Improvement:**

- Ensuring that CRSP providers have updated treatment plans in MHWIN and at least one accompanying residential goal.
- Ensure all clinical documentation supports residential placement.

- **Progress on Previous Improvement Plans:**

- We have made progress on completing the updated residential progress note. We have recorded video training on how to complete the note and are looking to conduct live training for the network in July and implement the updated note by August 15th.
- We are scheduled to bring in 2 additional staff in the next month that will make our department fully staffed.



Detroit Wayne Integrated Health Network

Program Compliance Committee Meeting

Judy Davis, SUD Director

Date: July 10, 2024

Main Activities during the month of June 2024:

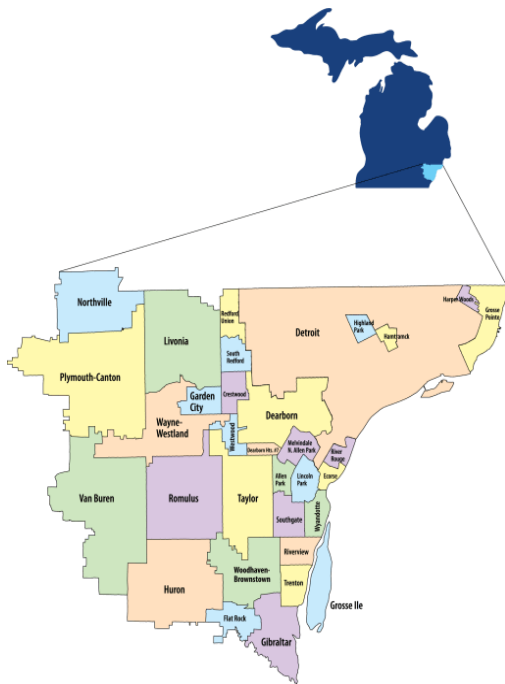
- Substance Use Disorder (SUD) Treatment Status
- Follow Up After Emergency Visit
- Recovery Self-Assessment

PROGRESS ON MAJOR ACTIVITIES

Activity I: SUD Treatment Status

Description: DWIHN partners with 51 prevention and treatment agencies to meet the needs of individuals with substance use disorders across 125 provider sites in the region. These providers collectively served **14,405** individuals in FY2023. Despite persistent poverty and health challenges in the region, along with evolving political dynamics, DWIHN remains committed to ensuring access to top-quality SUD services while also upholding financial stability.

Current Status:



DWIHN REACH

Total population in Wayne County: 1,749,343

Number of Medicaid enrollees: 526,357

Number of SUD providers: 51

Number of SUD provider sites: 125

Significant Tasks During Period: DWIHN offers cutting-edge screenings for individuals struggling with substance use disorders. Our Screening Brief Intervention Referral to Treatment (SBIRT) model is backed by evidence and is designed to provide support to people in hospital and health clinic settings. DWIHN is committed to providing specially trained Peer Recovery Coaches who work with individuals from diverse backgrounds, offering ongoing support from a peer perspective to aid in their journeys of recovery. Currently, we have **4** hospitals collaborating with SBIRT and integrating Peer Recovery Coaches into their services to enhance patient care and support.

Major Accomplishments During Period: DWIHN addresses substance use disorders affecting thousands each year. The organization implements "No Wrong Door" policies to improve access to SUD services, guiding individuals toward recovery. Through close collaboration with our partners, we strive to ensure a responsive system that addresses an individual's service needs as they arise, providing timely and effective support to meet those needs. DWIHN prioritizes timely access to both physical and mental health services in collaboration with our partners.

Timeliness of First Service	Timeliness of Initial Assessment
87.61%	91.15%
of our new beneficiaries started receiving services within two weeks of their assessment	Of the discharges from SUD Detox are seen within 7- days for follow-up care

Needs or Current Issues: Some current pressing issues include accessibility to affordable healthcare, increasing mental health awareness, fostering diversity and inclusion, and the impact of technological advancements on various aspects of life.

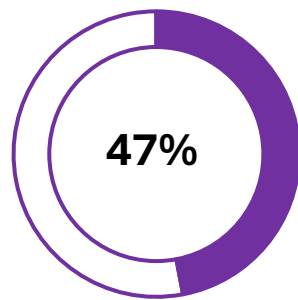
Plan: SUD plans to continue implementing education and outreach programs to reduce stigma and improve access to SUD services. Regarding diversity and inclusion, the plan includes initiatives for promoting diversity in the workplace and fostering inclusive community environments. Lastly, SUD plans to invest in workforce training programs and support research and development in emerging technologies.

Activity II: Follow Up After Emergency

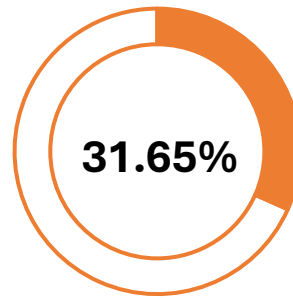
Description: DWIHN actively promotes total-person care through strong working relationships with eight (8) out of eleven (11) Medicaid Health Plans operating in Michigan. This highlights the organization's commitment to collaboration and comprehensive care for individuals enrolled in the following Medicaid Health Plans:

- Blue Cross Complete
- Aeta Better Health of Michigan
- Meridian Health Plan
- Molina Healthcare of Michigan
- HAP Caresource
- Amerihealth
- Priority Health Choice
- United Healthcare Community Plan

Current Status: SUD has led care coordination efforts with these health plans through conducting regular joint case reviews of high-risk individuals and guiding follow-up activities to ensure access to needed SUD services. These activities have resulted in improved care, reduced costs, lower emergency room utilization, and integrated planning focused on the individual's SUD and behavioral health needs, including addressing social determinants of health and health disparities.



FY 22



FY 23

The graphic above shows the impact of care coordination efforts between SUD and Medicaid Health Plans in reducing the number of emergency room visits for certain high-risk individuals compared to the previous year. The graph represents the percentage of individuals with care coordination plans between DWIHN and the Provider who had fewer emergency room visits compared to the previous year.

Significant Tasks During Period: SUD has been instrumental in driving care coordination efforts with SUD providers. This includes regular communication, review of high-risk individuals, and offering guidance for follow-up activities to ensure access to essential healthcare services.

Major Accomplishment During Period: Some major accomplishments include significant improvements in member care coordination, evidenced by the regular evaluation of the process monthly for continual improvement. This has resulted in reduced emergency room visits and better access to essential healthcare services for high-risk individuals.

Needs or Current Issues: DWIHN recognizes the pressing need for improved access to mental health services and substance use treatment in Region 7. By leveraging collaborative relationships and diverse skill sets, SUD intends to enhance coordination and expand services to meet the growing demand for comprehensive care.

Plan: Regular evaluation of the member care coordination process monthly has been maintained by DWIHN. This ongoing commitment has contributed to further reducing emergency room visits and enhancing access to essential healthcare services for high-risk individuals.

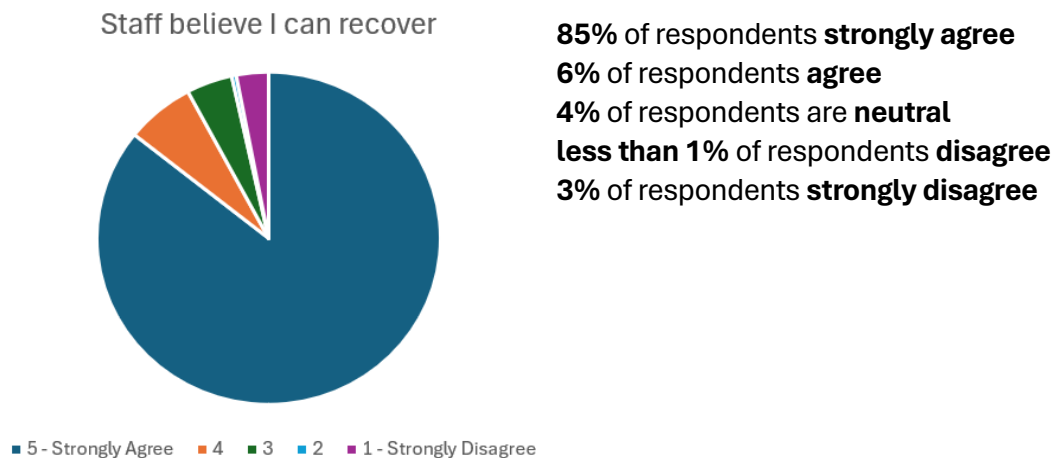
Activity III: Recovery Self- Assessment

Description: The Recovery Supports Assessment serves as a pivotal tool for evaluating the satisfaction levels of individuals receiving substance use disorder services in Region 7. This comprehensive survey is distributed in both paper and digital formats to ensure maximum accessibility to participants. The confidentiality of respondents is strictly upheld, with data kept entirely separate from providers and the network.

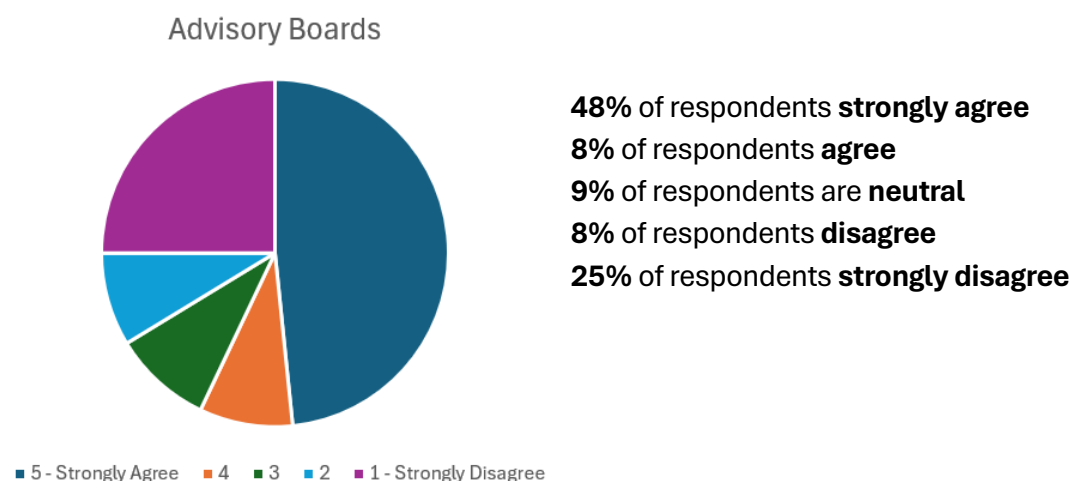
Current Status: The survey garnered a total of 467 responses, with 51% of participants opting for the computer-based format and 49% favoring the traditional paper format. These findings demonstrate the diverse preferences among respondents, highlighting the significance of offering multiple survey formats to accommodate individual needs.

Preliminary outcomes from members:

The most agreed with sentiment was “Question 7. Staff believe that I can recover”



The most disagreed with sentiment was “Question 25. I am encouraged to attend agency advisory boards and/or management meetings if I want”



Significant Tasks During Period: The SUD department shared a detailed report outlining the key findings from the Recovery Supports Assessment, including a breakdown of satisfaction levels based on different survey formats. Additionally, the team provided specific recommendations for improving substance use disorder services, such as implementing additional support services based on identified needs and enhancing the accessibility of survey formats to better accommodate diverse participant preferences. Providers are encouraged to engage in collaborative discussions to develop and implement targeted strategies for enhancing substance use disorder services in the region based on the report's insights.

Major Accomplishment During Period: Continuous measuring and monitoring satisfaction levels through regular follow-up surveys to track the impact of implemented strategies on the quality of substance use disorder services over time. Using the data from these follow-up surveys to adjust and refine improvement strategies, ensuring that they are responsive to the evolving needs and preferences of individuals receiving these services. This ongoing feedback loop will demonstrate a dedication to continually improving the delivery of substance use disorder services and achieving lasting positive outcomes for participants.

Needs or Current Issues: The current issues revolve around the need to address the diverse preferences of individuals receiving substance use disorder services, as highlighted by the varied response rates between paper and digital survey formats in the Recovery Supports Assessment. Additionally, there is a need to ensure that the improvement strategies implemented are effectively targeting the identified areas of concern and that the support services provided align with the evolving needs of participants. Ongoing monitoring and adjustment of these strategies based on feedback will be crucial in achieving sustained improvements in satisfaction levels over time.

Plan: Utilize insights from ongoing follow-up surveys to evaluate the effectiveness of adjustments to the survey process and improvement strategies. Regularly communicate with providers and service stakeholders to ensure alignment and understanding, fostering a collaborative approach to improving the overall quality of substance use disorder services in the region.

Highlights:

- The FY 25 Budget adds \$25.0 million on a one-time basis for regional community mental health entities PIHPs will receive \$10.0 million
- PIHP Peer Supports Increase – Conference includes \$4.0 million state restricted Opioid Healing and Recovery Fund to increase non-hospital peers supports provided through the PIHPs
- House Bills 647-650 would repeal Michigan’s ban on local governments from passing policies that regulate the sale of tobacco and nicotine products. These bills would establish a new tax on e-cigarettes. This new revenue would specifically be used for tobacco prevention and cessation programs.
- House Bill 649 and House Bill 650 address the use of flavors in tobacco. Tobacco flavors would be illegal, this also includes rolling papers and filters. The lack of flavors will make vaping less attractive to youth.
- House Bill 651-House Bill 654 would establish fines for retailers who sell to minors, and modifies the Purchase, Use, Possession (PUP Laws). Retailers who violate these laws would be fined \$1,500 for the first violation. If four violations are found in a 36-month period, the retailer will be fined and their license will be revoked. Any individual who supplies tobacco products to a minor will be guilty of a misdemeanor and will be fined.
- Overdose Awareness Day (OAD): We are hosting our fourth Overdose Awareness Day event on August 30, 2024. You can register for the Narcan Training on our website. The day starts with a rally at the DWIHN's Administration Office, 8726 Woodward with snacks during check-in at 11 am. We will visit several locations throughout the day with our mobile units distributing harm reduction resources including fentanyl test strips, xylazine test strips, and deterra bags, and will end the day with the Narcan Training at NCADD in Detroit.

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 24-06R7 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 7/17/2024

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: 7/10/2024

Proposed Contract Term: 6/1/2024 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: 7/1/2024

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 R7 is requesting the addition of the following 4 providers to the DWIHN provider network:

Residential Providers:

1. Complete Best Care LLC

(Credentialed 5/29/2024 for Personal Care in Licensed Residential Setting; Community Living Support)

2. Emerald Care LLC

(Credentialed 5/29/2024 for Personal Care in Licensed Specialized Residential Setting; Community Living Support)

3. Agape Care Extended Inc

(Credentialed 6/25/2024 for Community Living Support)

Outpatient Providers:

1. Vital Health Management

(Credentialed 6/25/2024 for Case Management; Outpatient Therapy; Home Based Therapy (ages 7 to 21); SED/IDD Wrap Around; SED/Children Waiver; Supports Coordination; Psychiatric Services)

BA # 24-06 R7 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

Signed: Wednesday, July 3, 2024

Signed: Wednesday, July 3, 2024

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 24-12R4 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 7/17/2024

Name of Provider: Novaceuticals LLC

Contract Title: Substance Use Disorder- Treatment

Address where services are provided: 754 Lounsberry, Rochester, Michigan 48307

Presented to Program Compliance Committee at its meeting on: 7/10/2024

Proposed Contract Term: 8/1/2024 to 9/30/2024

Amount of Contract: \$ 7,901,781.00 Previous Fiscal Year: \$ 6,765,483.00

Program Type: Continuation

Projected Number Served- Year 1: 500 Persons Served (previous fiscal year): N/A

Date Contract First Initiated: 8/1/2024

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 revised board action requests approval for two projects, totaling \$255,300.00 in PA2 funds

Below are the details of the two programs to be funded.

SUD is requesting \$5,300 in PA2 funds to support their participation in Overdose Awareness Day (OAD) on August 30, 2024. The funds will cover the costs of food, promotional items, t-shirts, and water bottles at four different locations. The total cost breakdown for necessary items is with C. Wendling include: Purple T-shirts - \$3,597, biodegradable balloons - \$250, purple ribbons - \$250, water bottles - \$700, water - \$400, and additional park pass - \$75, bringing the total to \$5,272. This financial support will ensure that the SUD team is well-equipped to effectively raise awareness about OAD and its impact.

The SUD Department is requesting \$250,000 in PA 2 funds to purchase Naloxone Kits from Novaceuticals, LLC at \$94.00 each due to the number of drug overdose deaths in Wayne County. Naloxone is essential for reversing the effects of opioid medication and saving lives in the Detroit Wayne County area. DWIHN will oversee the purchase, training, and dissemination of the medication to the community, along with educating individuals on accessing SUD prevention, treatment, and recovery services in Wayne County

Treatment services will be funded with Federal Block Grant dollars (\$5,717,381) and PA2 funds (\$2,184,400), together totaling \$7,901,781 for the fiscal year ending September 30, 2024.

DWIHN has the discretion to allocate the funds among providers based on utilization without board approval up to an amount not to exceed \$7,901,781

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

Source of Funds: PA2

Fee for Service (Y/N): N

Revenue	FY 23/24	Annualized
Block Grant	\$ 5,717,381.00	\$ 5,717,381.00
PA 2	\$ 2,184,400.00	\$ 2,184,400.00
Total Revenue	\$ 7,901,781.00	\$ 7,901,781.00

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: Thursday, June 27, 2024

Signed: Thursday, June 27, 2024