



Detroit Wayne Integrated Health Network

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PROGRAM COMPLIANCE COMMITTEE MEETING Administration Bldg. 8726 Woodward, 1st Floor Board Room Wednesday, July 9, 2025 1:00 p.m. – 3:00 p.m.

AGENDA

- I. Call to Order**
- II. Moment of Silence**
- III. Roll Call**
- IV. Approval of the Agenda**
- V. Follow-Up Items from Previous Meeting**
 - A. Crisis Direct Services –**
 1. Provide information on the admission trends for the children's unit for ages 10-14.
 2. Provide data on those ages 10-14 on suicidology presenting at the Crisis Care Center – **August 13, 2025**
 - B. Children's Initiatives Quarterly Report –** Provide information on whether grandparents will be included in the Pediatric Integrated Health program. Is there a follow-up after a member has been connected to services?
 - C. Customer Service's Quarterly Report –** Provide information on why there are 25% fewer switchboard calls compared to FY 24. Define what the "call being answered in 10 seconds" means.
 - D. Substance Use Disorder (SUD) Initiatives' CHES eRecovery App Pilot Program**
- Provide information on the CBT exercises that are provided to users of the app and if they are specifically tailored or boilerplate.
- VI. Approval of the Minutes – June 11, 2025**

Board of Directors

Dr. Cynthia Taueg, Chairperson
Karima Bentounsi
Kevin McNamara

Jonathan C Kinloch, Vice Chairperson
Angela Bullock
Bernard Parker

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

Eva Garza Dewaelsche, Secretary
Angelo Glenn
Kenya Ruth

James E. White, President and CEO



VII. Report(s)

- A. Chief Medical Officer
- B. Corporate Compliance

VIII. Quarterly Reports

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

IX. Strategic Plan - None

X. Quality Review(s)

XI. VP of Clinical Operations' Executive Summary

XII. Unfinished Business

- A. **BA #25-02 (Revised 4)** – ARPA Transitional Funding
- B. **BA #25-11 (Revised 2)** – Substance Use Disorder (SUD) Health Homes FY 25 – Mariner's Inn
- C. **BA #25-51 (Revised 5)** – DWIHN Provider Network System FY 25

XIII. New Business (Staff Recommendations)

XIV. Good and Welfare/Public Comment

Members of the public are welcome to address the Board during this time up to two (2) minutes ***(The Board Liaison will notify the Chair when the time limit has been met).*** Individuals are encouraged to identify themselves and fill out a comment card to leave with the Board Liaison; however, those individuals who do not want to identify themselves may still address the Board. Issues raised during Good and Welfare/Public Comment that are of concern to them and may initiate an inquiry and follow-up will be responded to and may be posted to the website. Feedback will be posted within a reasonable timeframe (information that is HIPAA-related or of a confidential nature will not be posted but instead responded to on an individual basis).

XV. Adjournment

Board Report Summary: Child & Family Crisis Unit Admissions Trends

Reporting Period: June 10, 2024 – May 31, 2025

Total Admissions: 406 of all ages

Key Insights

Age Distribution

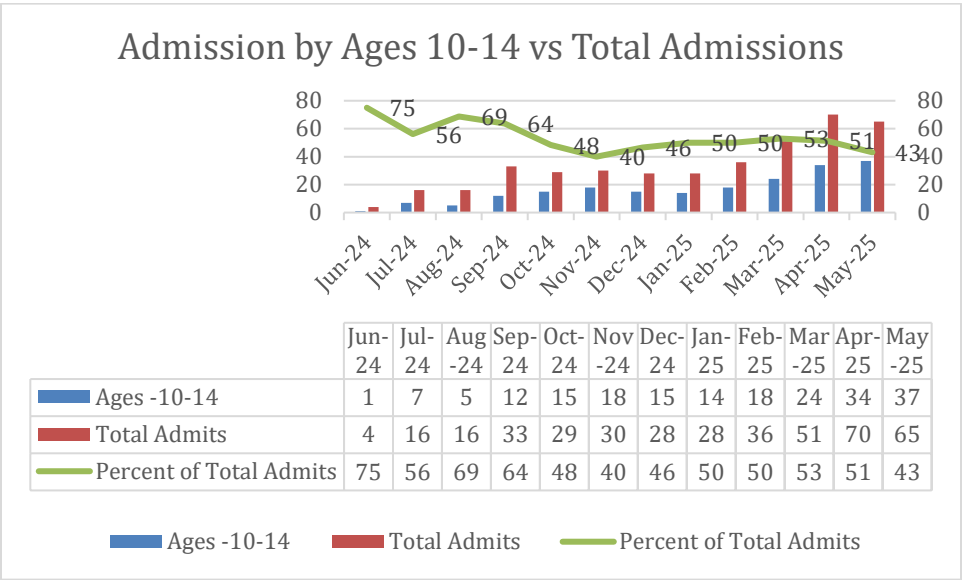
- The 10–14 age group accounts for 49% of all admissions during this period—200 of the 406 total admissions.
- Within this group, 12-year-olds represented the highest number of admissions.

Demographics

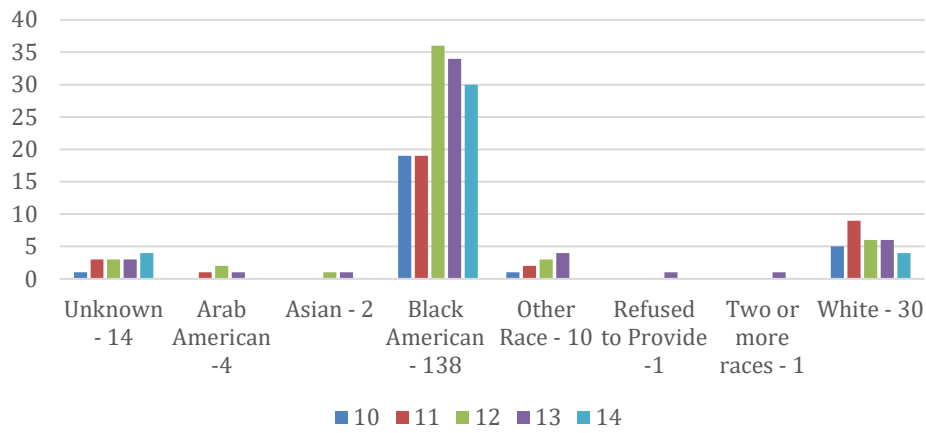
- Race/Ethnicity: Black/African American youth represented the highest proportion of admissions.
- Gender Trends:
 - Females aged 12 had the highest admission rates overall.
 - Among males, 13-year-olds showed the highest frequency of admission.

Referral Sources

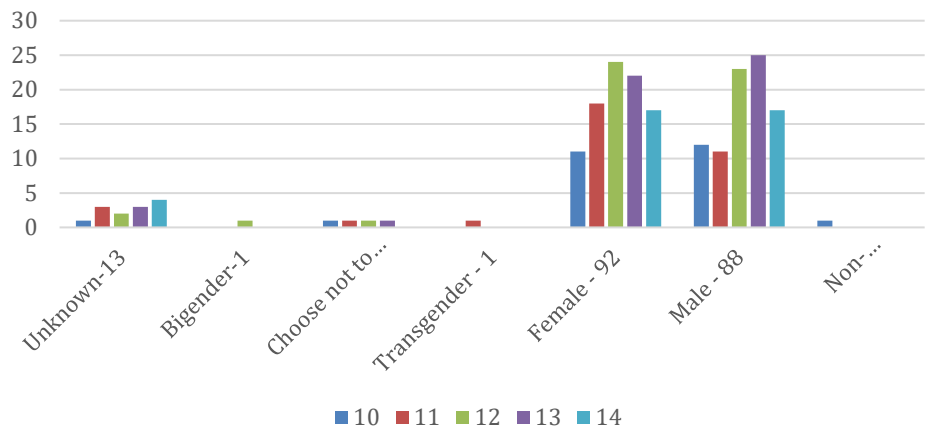
- Most referrals for 12-year-olds came from family members or support systems.



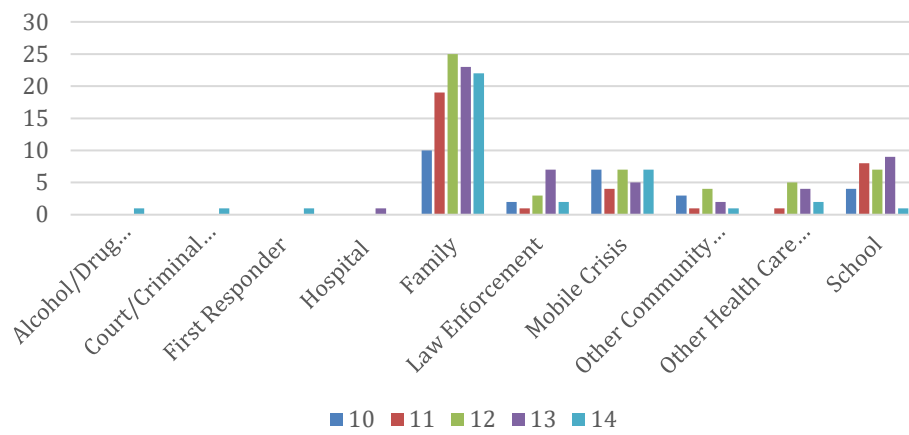
Admissions by Race Ages 10-14



Admissions by Gender Ages 10-14



Admissions by Referral Source Ages 10-14





Program Compliance Committee Meeting July 9, 2025

Matthew Yascolt, Interim SUD Director

Follow-Up Items from Previous Meeting (June 11, 2025)

Substance Use Disorder (SUD) Initiatives' CHESS eRecovery App Pilot Program Presentation: The committee requested additional information about the CBT exercises integrated into the app – Are the CBT exercises specifically tailored to the member based on responses to the in-app questionnaire, or are they boilerplate?

This question was passed on to our vendor CHESS, The response is that the CBT exercises are not specifically tailored at this time. But 3 modules are offered, that the member can select from, they are: General SUD curriculum, General SUD curriculum with Opioid Specific addition, General SUD curriculum in Spanish.

PROGRAM COMPLIANCE COMMITTEE

MINUTES

JUNE 11, 2025

1:00 P.M.

IN-PERSON MEETING

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| MEETING CALLED BY | I. Commissioner Jonathan Kinloch, Program Compliance Chair at 1:09 p.m. |
| TYPE OF MEETING | Program Compliance Committee |
| FACILITATOR | Dr. Lynne Carter, Vice-Chair |
| NOTE TAKER | Sonya Davis |
| TIMEKEEPER | |
| ATTENDEES | <p>Committee Members: Angela Bullock, Dr. Lynne Carter, and William Phillips</p> <p>Committee Member(s) Excused: Angelo Glenn and Commissioner Kinloch</p> <p>Staff: Brooke Blackwell; Monifa Gray; Marlena Hampton; Sheree Jackson; Melissa Moody; Cassandra Phipps; Ebony Reynolds; April Siebert; Manny Singla; Andrea Smith; Yolanda Turner; Michele Vasconcellos; James White (Virtual0; Rai Williams; and Matthew Yascolt</p> |

AGENDA TOPICS

II. Moment of Silence

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| DISCUSSION | Dr. Carter called for a moment of silence. |
| CONCLUSIONS | A moment of silence was taken. |

III. Roll Call

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

IV. Approval of the Agenda

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| DISCUSSION/ CONCLUSIONS | Dr. Carter called for a motion to approve the agenda. Motion: It was moved by Mrs. Bullock and supported by Mr. Phillips to approve the agenda. Dr. Carter asked if there were any changes/modifications to the agenda. There were no changes/modifications to the agenda. Motion carried. |
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V. Follow-Up Items from Previous Meetings

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| DISCUSSION/ CONCLUSIONS | A. Children's Initiatives' Quarter Report – Provide information on what efforts are in place to reach African American boys between the ages of 10 to 14 to help them before they are in crisis – Cassandra Phipps, Director of Children's Initiatives reported that the department provides presentations on accessing |
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Community Mental Health Services to schools in Wayne County, Department of Health and Human Services (DHHS), parents, and other stakeholders throughout the year; DWIHN offers prevention programs through the School Success Initiative program, GOAL Line, and Youth United to provide positive activities, education, and resources to prevent crisis; the department participates in monthly meetings with DHHS and various case consultations with DHHS to discuss service options; and further analysis of crisis screening trends to assess risk factor trends, zip code locations, referral source and housing status. New initiatives started in FY 25, The Michigan Collaborative (MC3) with University of Michigan to provide psychiatric consultation at The Children's Hospital's emergency room and Southwest Counseling Solutions (MiSide), Youth-Nominated Supported Model at The Children's Hospital emergency room providing Cognitive Behavioral Therapy for Suicide Prevention and the Youth-Nominated Support team for black adolescents ages 12-17 years old following an emergency room visit for acute suicide risk and build a qualified workforce including diversity and relatability to the children and youth receiving services. Dr. Carter opened the floor for discussion. Discussion ensued. The committee requested information on the admission trends for the children's unit for ages 10-14. Provide data on those ages 10-14 on suicidology presenting at the Crisis Care Center. **(Action)**

- B. **Outpatient Clinics' Quarterly Report** – Provide information on outreach and awareness to get more men into outpatient care instead of going to crisis – The outpatient clinic has recently recruited three (3) African American male staff, that are in process of developing outreach efforts focused on education and destigmatizing myths associated with accessing mental health services as a means of prevention and to boost overall physical and mental health. The outpatient clinic is actively working on identifying places in the local community and will report in more detail on the outcomes during the quarter 3 updates. DWIHN Outpatient Clinic is also partnering with the DWIHN Communications team to better inform the community about outpatient clinic services, which will include more social and news media highlighting the direct services that DWIHN provides. Dr. Carter opened the floor for discussion. Discussion ensued.
- C. **Provide the impact of grants not continuing past March 31, 2025, would have on our members; What programs might be affected by the loss of these dollars?** DWIHN had six (6) months of funding available, and that was discontinued at the end of March 2025. We had a total of over \$1.7M in ARPA Grant, and that funded 11 different initiatives. Eight of those 11 initiatives were related to substance use services, and for the first six months, we used approximately 46% of those funds. Of the eight programs, we are able to continue a good majority of almost all the programs. The response teams, recovery housing, and recovery support can all be fee-for-service billed codes so the providers can continue to do and get reimbursed for those services. There are funds available for evidence-based practice, prevention, and student assistance programming through various sources (SOR block grants and PA2 funds). When looking at just those services that directly impact on the members, it is actually not 46% but more than 70% of those funds have been used.
- D. **Provide information on the Mental Health Act Fund—** This program is specifically for our Assertive Community Treatment (ACT) team providers and did not go directly to members or services. This program was an incentive program for providers to offer hiring incentives, bonuses, retention, and training. Four of the seven ACT Team providers used the expenses, and three did not submit any expenses on that line item. DWIHN also had three other initiatives that were related to staff incentives, training supplies and materials for our CIT,

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| | mental health first aid, and some allocation for SUD administrative expenses. Of the \$538,000.00 that DWIHN received for that program, there is \$429,000.00 left. Dr. Carter opened the floor for discussion. Discussion ensued. |
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VI. Approval of the Minutes

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| DISCUSSION/ CONCLUSIONS | Dr. Carter called for a motion to approve the May 14, 2025, meeting minutes. Motion: It was moved by Ms. Bullock and supported by Mr. Phillips to approve the May 14, 2025, meeting minutes. Dr. Carter asked if there were any changes/modifications to the May 14, 2025, meeting minutes. There were no changes/modifications to the meeting minutes. Motion carried. |
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VII. Reports

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| 17B DISCUSSION/ 18B CONCLUSIONS | <p>A. Chief Medical Officer - <i>The Chief Medical Officer's Report was deferred to the July 9, 2025, Program Compliance Committee meeting.</i></p> <p>B. Corporate Compliance - <i>The Corporate Compliance Report was deferred to the July 9, 2025, Program Compliance Committee meeting.</i></p> |
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VIII. Quarterly Reports

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| DISCUSSION/ CONCLUSIONS | <p>A. Autism Services – Cassandra Phipps, Director of Children’s Initiatives, submitted and gave highlights of the Autism Services’ quarterly report. It was reported that:</p> <p>1. Activity 1: Expansion of Autism Services (RFQ) – To address provider capacity shortages affecting beneficiaries seeking Autism Services in Wayne County a 5-year Request for Qualifications (RFQ) was posted to increase the number of ABA providers available in Detroit Wayne Integrated Network (DWIHN) provider network. The RFQ started in 2023 and expected to continue until 2028. Over the course of Fiscal Year 2024 and the first two quarters of Fiscal Year 2025, the Autism Benefit program has continued to grow in both member engagement and service activity. Throughout FY24, enrollments steadily increased each quarter, peaking in Q4 with 371 new members. Discharges steadily declined over the same period, indicating improved service retention and stability across the network. In FY25, enrollments remained high, with a record-setting 428 new members in Q1. While Q2 also maintained strong enrollment (404 members), the number of discharges rose significantly to 242, more than doubling the prior quarter. This increase is largely attributed to Chitter Chatter’s contract conclusion, which prompted a high number of discharges and member transitions. To support the expansion of autism services and ABA Providers, the Request for Qualifications (RFQ) 2023-005 REBID continues until 5/1/2028. Between January and March, a total of 3 ABA Providers were officially awarded a contract: Akoya Behavioral Health, Brightview Care, and KD Care Community ABA Services. The new ABA Providers were promptly onboarded and provided orientation training to support the influx of transferring members needing placement due to a nonrenewal ABA Provider contract. The addition of the 3 ABA Providers and the non-renewal brought the total ABA Providers in the network to 25. The department will continue to coordinate with the Contracts and Credentialing departments regarding onboarding new ABA providers and facilitating ABA orientation for the new providers.</p> |
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2. **Activity 2: Timely Access to Eligibility Results** - The DWIHN Autism Department is focused on improving timely access to ABA services for individuals with autism, ages 0 to 21st birthday, covered by Medicaid in Wayne County. A key area of improvement is reducing delays in receiving diagnostic evaluation reports, which are required to determine eligibility for the Autism Benefit. Historically, delays of up to three months were common, significantly impacting how quickly members could begin services. The goal is to ensure diagnostic reports are completed within 7 calendar days for non-spectrum evaluations and within 15 business days for evaluations resulting in an ASD diagnosis. In response to feedback from providers and evaluators, DWIHN extended the allowable reporting window for ASD diagnoses from 10 to 15 business days, while maintaining the 7-day requirement for non-spectrum evaluations. Since this update, timeliness has improved significantly. In FY24, the average on-time completion rate was 84%. In FY25/Q2, that number rose to 513 out of 528 reports, reaching a 97% on-time rate, well above the 80% target. This demonstrates that the revised timelines support both quality evaluations and access to services. DWIHN will continue to review all incoming diagnostic evaluations to ensure eligibility is accurately determined before authorizations are issued. Evaluators will be held to an 80% adherence rate to ensure thorough and individualized recommendations are made. In addition, DWIHN will emphasize the importance of separating the evaluation and feedback sessions, reinforcing this expectation with providers to support comprehensive family-centered care, and improve the quality of recommendations shared with families.
3. **Activity 3: New Autism Initiatives** – From January to March 2025, new initiatives focused on improving provider coordination, streamlining enrollment and discharge processes, and enhancing access for families. These efforts aim to ensure timely services, stronger oversight, and better outcomes for members. From January to March 2025, the Autism Services team launched several initiatives to improve coordination and access, including piloting the ABA Enrollment, Discharge, and Transfer Form, rolling out the Provider Availability Form for Support Coordinators, and addressing overdue six-month assessments. A training series was also launched to support new providers entering the network. The department hosted multiple provider trainings throughout Q2 to strengthen understanding of Autism Benefit requirements and improve consistency in documentation, service delivery, and network expectations. In the coming months plan to fully implement the ABA Enrollment, Discharge, and Transfer (EDT) form across all providers to streamline transitions and improve documentation. Continue offering targeted technical assistance and training for both new and existing providers to strengthen understanding of compliance and coordination requirements.

Dr. Carter 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. It was reported that during FY25/Q2, DWIHN served a total of 13,369 unduplicated children, youth, and families in Wayne County, ages 0 up to the 21st birthday, including both Serious Emotional Disturbance (SED) and Intellectual/Developmental Disability (I/DD) disability designations. This total is slightly higher than FY25/Q1 of 13,056 members served as well as significantly higher than the previous FY24/Q2 of 11,925 members served. It is noted that during FY24, the average children, youth, and families served was 12,249, and a total of 48,996. As of FY25/Q2, the total number of children, youth, and families served was 26,425.

1. **Activity 1: Access to Children's Services** – The Michigan Department of Health and Human Services (MDHHS) implemented Performance Indicator 2a: Timely access to services. Effective 10/1/2024, the new goal for timely access to services was identified at 57%. It is the expectation that children receive an intake assessment within 14 days of the screening date. In addition, the new screening service was incorporated into the data reports. Children Providers also participate in 45-day meetings to inform of progress, challenges, and solutions. Children's Providers were trained in the new screening submission process. The interventions resulted in an increase in compliance and meeting the 57% goal for FY25/Q2.
2. **Activity 2: School Success Initiative Program** – The School Success Initiative (SSI) is an evidence-based and prevention-based mental health program provided to students K-12 in Wayne County. The SSI program is needed to address the behavioral health needs of students by providing Tier 1, Tier 2, and Tier 3 services to students in school as a result of the administered Strengths and Difficulties (SDQ) questionnaire. There are 10 Children Providers that deliver SSI services within 64 schools in Wayne County. During FY25/Q2, a total of 203 students were accepted to participate in SSI Tier services. There was a big decrease in crisis screenings in FY 24 (42) compared to FY 25, Q2 (3). There was also a big decrease in inpatient hospitalization from FY 24 (38) compared to FY 25, Q2 (3). There were 603 various risk factor presentations provided to students, educators, and/or parents for FY 25. During FY 25, Q2, there was an increase in total tier services and total students receiving tier services compared to Q1.
3. **Activity 3: Pediatric Integrated Health Program** - The new Integrated Pediatric Program is a pilot program that was launched on 10/1/2025 with Starfish to support perinatal health. This project would create capacity to provide coordination between 6 OBGYN practices, Perinatal Programming throughout Wayne County, pregnant and new mothers' issues, including mental health conditions, substance abuse, and social determinants of health. The objectives of the program are to increase access to services for identified patients in OB/GYN clinics and the likelihood of desired health outcomes for pregnant and new mothers. During FY25/Q2, 72 patients were seen at the OBGYN clinics, and 56 patients presented with perinatal health needs. Out of the 56 with perinatal health needs, 12 declined ongoing services, and 32 enrolled in community mental health services. The program served six (6) fathers in Q2 as well. The updated parameters are to include fathers in future data reports. Southeast Michigan Perinatal Quality Improvement Coalition (SEMPQIC) issued a Request for Information (RFI) among children's providers, resulting in 5 providers and DWIHN staff having the opportunity to participate in postpartum depression training this year. In addition, 3 Providers were selected to pilot HT2. HT2 is an e-screening, brief intervention, and connection to care for behavioral health in pregnancy. Michigan State University is offering gift cards to cover the cost of diapers for pregnant mothers who participate in the pilot screening program. DWIHN will be issuing RFPs for several children's services programs for FY 26.

Dr. Carter opened the floor for discussion. Discussion ensued. The committee requested information on whether grandparents will be included in the Pediatric Integrated Health program. Is there a follow-up after a member has been connected to services? **(Action)**

C. **Outpatient Clinics Services** – Ebony Reynolds, Executive Director of Outpatient Clinics Services, submitted and gave highlights of the Outpatient Clinics Services’ quarterly report. It was reported:

1. **Activity 1: Joint Commission Survey** – The DWIHN Outpatient Clinic completed the Joint Commission survey on April 14-15, 2025, in partnership with the DWIHN Crisis Care Services team. The review went very well. There was one recommendation to add a rating scale to the Columbia Suicide Rating Scale (C-SSR) to accompany the existing comprehensive C-SSR screening. All items have been sent to the Joint Commission, and DWIHN did receive a full three-year accreditation, effective April 16, 2025.
2. **Activity 2: Certified Community Behavioral Health Clinic (CCBHC)** – The DWIHN Outpatient Clinic has submitted additional documentation to MDHHS for DWIHN’s CCBHC application. MDHHS requested additional clinical information regarding crisis services and catchment area as well as a new cost report. MDHHS informed DWIHN that they have submitted all requested documents for full approval, and now DWIHN is awaiting a response on full certification.
3. **Activity 3: Quarter 2 Performance Indicator Data** - As a directly operated service provider, the DWIHN outpatient clinic is required to meet State Performance Indicators (PI). The PI data for the outpatient clinic is as follows: Indicator #2a - Access/1st Request Timeliness-Benchmark 57%; Indicator #3 - Access/1st Service Timeliness-Benchmark 83.8%; Indicator #4(a) Follow-up care within seven (7) days of discharge from inpatient-Benchmark 95%; and Indicator #10 - Inpatient Recidivism-Benchmark 15%. All performance indicator benchmarks were met for FY 25, Q2.
- 4 **Activity 4: Current Enrollment/Demographic Data** - The DWIHN outpatient clinic began providing services in Quarter 4 of Fiscal Year 2024 (Q4 FY 24). To date, the outpatient clinic has a current enrollment of 343 individuals. The current goal is to enroll 350 by September 2025.

Dr. Carter opened the floor for discussion. Discussion ensued. The committee requested a timeline on the completion of the dashboard in Power BI. **(Action)**

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

1. **Activity 1: Customer Service Calls** – For the 2nd Quarter fiscal years 23/24 and 24/25 comparison for DWIHN’s Reception/Switchboard, we showed that there was a decrease in both the number of offered calls and the number of calls answered. There was also a reduction in the abandonment rate from 2% to 1%, demonstrating our efforts to promptly address callers. The average speed to answer was 10 seconds. The service level increased from 95% to 97%. In comparing the Customer Service Call Center data, we've seen increases in both the number of offered calls and calls answered, reflecting our enhanced capacity to handle rising call traffic. With an abandonment rate of just 3%, well below the <5% standard. Our average speed of answer continued at 10 seconds. Both our service level and percentage of calls answered surpass the 80% standard, achieving an impressive 95%.
2. **Activity 2: Grievances and Appeals** – Grievances may contain more than one issue. For the 2nd Quarter FY 24/25, the trend of the top 3 categories for grievances was in the areas of: **Access to Services, Customer Service, and Delivery of Service**. For 2nd Quarter 2, FY 23/24, the trend of the top

3 categories for grievances was in the areas of **Interpersonal, Delivery of Service, and Access to Services**. Overall, FY24/25 showed decreases in grievance categories in comparison to the previous fiscal year. Most Due process activities halted due to Disenrollment process collaboration, Chitter Chatter outreach letters, and addressing adverse benefit determination letters that had to be created and mailed by Customer Service. The department continued preparing Grievance and Appeals files for the upcoming HSAG Review and working with the HSAG consultant and conducted multiple Due Process trainings with the provider network.

3. **Activity 3: Member Engagement** - The department facilitates various survey activities. This feedback is essential to DWIHN's ability to address members, providers, and community concerns and prioritize new initiatives; Member Engagement sponsored a Mental Health Awareness event in March, which focused on expanding resources and opportunities in the community; and preparing for the publishing of the Spring member newsletter, Person Point of View was addressed.

Dr. Carter opened the floor for discussion. Discussion ensued. The committee requested information on why there are 25% fewer switchboard calls compared to FY 24. Define what the "call being answered in 10 seconds" means. **(Action)**

- E. **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 that:

1. **Omnibus Budget Reconciliation ACT (OBRA)** – 1,795 referrals were triaged, and 524 full assessments and 166 partial assessments were completed. Within the next year, 363 individuals in nursing homes will require an annual assessment.
2. **Complex Case Management** – In quarter two, Complex Case Management focused on increasing the number of individuals entering the program. This was accomplished by increasing the number of community presentations at local CRSPs, hospitals, primary care offices, substance use clinics, and DWIHN Care Center. Complex Case Management also reached out to 101 other individuals for care coordination. Case Management increased the number of open cases from ten (10) new cases in quarter one to sixteen (16) new cases in quarter two. At the end of December 2024, Complex Case Management started going to the DWIHN Care Center weekly to discuss the service's benefits. Of the sixteen (16) referrals, nine (9) were from the DWIHN Care Center. Referrals from CRSP and DWIHN Care Center are the highest.
3. **Health Effective Data Information Set (HEDIS)** – The Integrated Health Care Department has quality improvement plans for 4 of the 11 measures. DWIHN created a HEDIS Scorecard, which was rolled out in the first quarter of 2024. DWIHN shares these measures with CRSP providers at the 45-day meetings. In quarter two, during the 45-day meetings, HEDIS scores for each CRSP were shared. Scores from 2023 and 2024 were compared, and CRSPs were asked how they are monitoring and improving scores. Nineteen CRSPs are involved in HEDIS scores. In March, a new HEDIS Specialist was hired in the Integrated Health Care Department. Integrated Health Care met with a local diabetes clinic to discuss opportunities to improve the health of members who are prescribed antipsychotics and need diabetes testing. The HEDIS specialist is working with CRSP to monitor HEDIS scores and interventions. DWIHN will work with two FQHCs and a local diabetes clinic to increase care for individuals.

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

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| | The Chair noted that the quarterly reports for Autism Services, Children’s Initiatives, Outpatient Clinic Services, Customer Service, and Integrated Health Care have been received and placed on file. |
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IX. Substance Use Disorder (SUD) Initiatives’ CHESS eRecovery App Pilot Program

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| DISCUSSION/ CONCLUSIONS | Matthew Yascolt, Interim SUD Director, submitted and gave an overview of the SUD Initiatives’ CHESS eRecovery App Pilot Program. It was reported that the project scope is a partnership with CHESS, beginning May 2024 through September 30, 2025, unlimited use by members and alumni, community engagement, on-demand peer recovery support, and milestone and achievement progress. The participating providers are Quality Behavioral Health (QBH) and Personalized Nursing Lighthouse (PNLH). The current funding for May 20, 2024, through September 30, 2025, is \$36,000.00. There were 41 enrollments in August 2024 for QBH and 14 enrollments in March 2025 for PNLH. Through surveys, daily check-ins, community posts, and the recovery help button, members can reach out for help through a series of escalations. There were four (4) escalations in December 2024. There were 14 individuals at QBH and 41 individuals at PNLH who set their sobriety date within the app. The next proposed steps are to build out provider participation, incorporate contingency management, and incorporate appointment reminders to improve initiation or engagement of alcohol and other drug abuse or dependence treatment (IET-HEDIS measure). Dr. Carter opened the floor for discussion. Discussion ensued. The committee requested information on the CBT exercises that are provided to users of the app and if they are specifically tailored or boilerplate. (Action) |
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X. Utilization Management (UM) Program Description FY 2025-27 Executive Summary

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| DISCUSSION/ CONCLUSIONS | Marlena Hampton, Director of Utilization Management submitted and gave highlights of the UM Program Description FY 2025-27 Executive Summary. It was reported that the Utilization Management Program Description outlines the expectations and standards set by the Michigan Department of Health and Human Services (MDHHS) and the Centers for Medicare and Medicaid Services (CMS). The DWIHN Chief Medical Officer plays a significant role in developing, implementing, supervising, and evaluating the UM program. Ultimately, the Board of Directors (BOD) is responsible for ensuring the overall quality of the support and services provided to residents of Wayne County. The UM Program Description defines and describes processes that will align the Utilization Management program with DWIHN’s Strategic Plan as identified by the Board of Directors. The UM Program involves activities that ensure the appropriate allocation of resources for behavioral health and substance use programs for individuals managed by DWIHN staff and Crisis Service Vendors. The processes managed within the Utilization Management program include pre-service, concurrent, and post-service reviews, denials & appeals, discharge planning, monitoring of network service utilization, and other care management activities. The required revisions and additions are for the Certified Community Behavioral Health Clinic (CCBHC) Requirements of Utilization Management, Timeliness of Expedited UM Decisions, and UM Health Equity Analysis. The changes recommended and approved by the UM Committee are updates to job descriptions and the derivation of UM department goals. |
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| | Dr. Carter opened the floor for discussion. There was no discussion. The Chair called for a motion on the UM Program Description FY 2025-27 Executive Summary. Motion: It was moved by Mrs. Bullock and supported by Mr. Phillips to move the UM Program Description FY 2025-27 Executive Summary to Full Board for approval. Motion carried. |
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XI. Strategic Plan – None

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

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| DISCUSSION/ CONCLUSIONS | <p>A. QAPIP Work Plan FY 25 Update – April Siebert, Director of Quality Improvement, submitted and gave highlights of the QAPIP Work Plan FY 25 Update. It was reported that:</p> <ol style="list-style-type: none"> 1. Activity 1: Performance Indicators Data Q1 and Q2 Reporting – The finalized rates for the first quarter of 2025 are included in this report, along with the preliminary rates for the second quarter of 2025. Please note that the second quarter rates are still subject to change and are expected to be finalized by June 30, 2025. DWIHN has consistently met the standards for Performance Indicators #1 (Children and Adults), 4a (Children and Adults), and #10 (Children). Notably, we have made progress in Indicator #10 (Adult Recidivism), reducing the rate from 16.94% in the first quarter to 15.46% in the second quarter, an improvement of 1.48 percentage points. However, we acknowledge the need for ongoing improvement in Performance Indicator #2a, which involves completing Biopsychosocial Assessments within 14 days. Currently, our performance in this area is at 53.38% for the second quarter, falling short of the established benchmark of 57%. To address this issue, the Quality Team is collaborating with the Children's Initiatives Department to launch a Performance Improvement Project (PIP) focused on Indicator #2a for children. The department will analyze data from the past six months to identify patterns and trends aimed at improving outcomes. 2. Activity 2: External Quality Review (HSAG) Updates—DWIHN is currently in the second year of a comprehensive three-year compliance review cycle. The next review, scheduled for June 13, 2025, will assess 8 out of the remaining 13 compliance standards. This evaluation is crucial for ensuring that we meet regulatory requirements and maintain the quality of our services. The following standard will be examined during this review for FY 25 – Standard II: Emergency and post-stabilization; Standard VII: Provider Selection; Standard VIII: Confidentiality; Standard IX: Grievance and Appeal; Standard X: Sub-contractual Relationships and Delegation; Standard XI: Practice Guidelines; Standard XII: Health Information Systems; and Standard XIII: QAPIP. Previous year's performance - In the first year of the three-year compliance review cycle, DWIHN achieved a compliance score of 88%. This reflects strong performance from FY2021, which received a score of 77%. Strengths - Our scores have significantly improved since the previous evaluation, increasing by 11 percentage points. This substantial improvement positions us third among all Prepaid Inpatient Health Plans (PIHPs) in the state. It reflects our strong commitment to delivering high-quality health services and underscores our proactive approach to responding to feedback. This responsiveness allows us to make meaningful enhancements to our |
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| | <p>programs, ultimately leading to better outcomes for the individuals and communities we serve.</p> <p>Dr. Carter opened the floor for discussion. There was no discussion.</p> |
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XIII. VP of Clinical Operations' Executive Summary

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| DISCUSSION/ CONCLUSIONS | <p>Melissa Moody, VP of Clinical Operations, submitted and gave highlights of the Clinical Operations executive summary. It was reported:</p> <ol style="list-style-type: none"> 1. Autism Services – There has been a 31% increase in members receiving treatment and a 74% increase in members evaluated for autism from FY22 through FY24. This is in line with what is being seen nationally. In 2022, a CDC report, across 16 national sites, indicated the prevalence of autism was 1 in 31 for 8-year-olds and 1 in 34 for 4-year-olds (up 22% since 2020 and up 375% since 2000). In response to the rising need for autism services in Wayne County, DWIHN launched a Request for Qualification in 2023 to expand Autism Services over the next five years. As a result, the ABA provider network has grown from 13 to 26 providers. 2. Health Home Initiatives – <u>Certified Community Behavioral Health Clinic (CCBHC)</u> – 20,780 members, 7 providers - On Thursday, 5/22/25, MDHHS announced that it would be moving forward with taking over both the payment and all administrative functions for the CCBHC demonstration starting October 1, 2025. MDHHS held a PIHP-CCBHC Payment Transition Meeting on May 30, 2025, to have initial discussions about this transition. This meeting left many unanswered questions, and MDHHS is meeting internally to review. DWIHN's Health Home team is not interrupting or making changes to CCBHC demonstration processes at this time, as more information is needed and potential changes to the MDHHS plan may occur. <u>Behavioral Health Home (BHH)</u> - 854 members, 9 providers – All measures, Adults Access to Preventive/Ambulatory Health Services (AAP), Follow-Up After Hospitalization for Mental Illness (FUH7), and Controlling High Blood Pressure (CBP) were met. <u>Substance Use Disorder Health Home (SUDHH)</u> – 754 members, 8 providers – All measures, Initiation and Engagement of Substance Use Disorder Treatment (IET14), Follow-Up After Hospitalization for Substance Use (FUH7), and Emergency Department Utilization for SUD (SUD-EDYR) rate per 1,000 people, were met. The SUD-OHH Wellness Challenge has continued to yield positive results. Part of the Wellness Challenge activity for members was to go to a primary care provider and have screening labs completed. Through this initiative, New Light identified two (2) members who had undiagnosed Hepatitis, and several others had undiagnosed diabetes. This screening and identification have enabled members to start receiving the appropriate medical care. <p>The Chair opened the floor for discussion. There was no discussion. Dr. Carter noted that the VP of Clinical Operations' executive summary has been received and placed on file.</p> |
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XIV. Unfinished Business

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| DISCUSSION/ CONCLUSIONS | <p>A. BA #25-24 (Revised 4) – Autism Service Providers FY 25 – Staff requesting board approval to add three (3) new ABA Providers (Blue Mind Therapy, Bright Behavior, and Integrated Pediatric Therapy) to the Network. The contract to be effective June 1, 2025 through September 30, 2025 to deliver ABA and/or Autism Evaluations. The total projected budget for Autism services for FY 25 remains</p> |
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| | |
|--|---|
| | <p>unchanged and is not to exceed \$102,905, 784.00. The Chair called for a motion on BA #25-24 (Revised 4). Motion: It was moved by Mr. Phillips and supported by Mrs. Bullock to move BA #25-24 (Revised 4) to Full Board for approval. Dr. Carter opened the floor for discussion. There was no discussion. Motion carried.</p> <p>B. BA #25-51 (Revised 4) – DWIHN Provider Network System FY 25 – Staff requesting board approval to add three (3) residential providers (Caring for Others Homecare Solutions, Inc dba CFO Homecare and Staffing Agency, Memee, LLC., and Real People Care, LLC) to the Network. 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 Chair called for a motion on BA #25-51 (Revised 4). Motion: It was moved by Mrs. Bullock and supported by Mr. Phillips to move BA #25-51 (Revised 4) to Full Board for approval. Dr. Carter opened the floor for discussion. There was no discussion. Motion carried.</p> |
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XV. New Business: Staff Recommendation(s)

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| DISCUSSION/ CONCLUSIONS | <p>A. BA #25-64 – HUD Permanent Supporting Housing (PSH) – 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 the five (5) providers listed in this board action. Additionally, this board action recommends approval for the disbursement of the required local match to DCI, COTS, and CCIH. Approval of this board action will authorize the renewal, acceptance, and disbursement of HUD CoC Permanent Supportive Housing grant funds in the amount of \$2,664,614.00 along with the Detroit Wayne Integrated Health Network’s general fund local match of \$109,321.50, for a total amount not to exceed \$2,773,935.50. The Chair called for a motion on BA #25-64. Motion: It was moved by Mrs. Bullock and supported by Mr. Phillips to move BA #25-64 to Full Board for approval. Dr. Carter opened the floor for discussion. Discussion ensued. Motion carried.</p> <p>B. BA #25-65 – Western Wayne Therapeutic Recreation – Staff requesting board approval for an agreement between DWIHN and The Charter Township of Canton-Department of Leisure Services Therapeutic Recreation in the amount of \$75,000.00. The Therapeutic Recreation program specifically provides positive and appropriate skill-building and leisure services to individuals with disabilities, including Intellectual and Developmental Disabilities (I/DD), Serious Emotional Disturbance (SED), and Serious Mental Illness (SMI) within Wayne County. The Chair called for a motion on BA #25-65. Motion: It was moved by Mrs. Bullock and supported by Mr. Phillips to move BA #25-65 to Full Board for approval. Dr. Carter opened the floor for discussion. There was no discussion. Motion carried.</p> |
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XVI. Good and Welfare/Public Comment

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| DISCUSSION/ CONCLUSIONS | <p>A. The committee requested a summary overview of each department's responsibilities. (Action)</p> <p>B. Mr. White, President/CEO informed the committee that Commissioner Irma Clark-Coleman has passed away.</p> |
|------------------------------------|---|

| Action Items | Responsible Person | Due Date |
|---|-----------------------------|---|
| <p>1. Follow-Up Item from Previous Meeting (Children's Initiatives' Quarterly Report) – Provide information on the admission trends for the children's unit for ages 10-14.</p> <p>Provide data on those ages 10-14 on suicidology presenting at the Crisis Care Center.</p> | Grace Wolf | <p>July 9, 2025</p> <p>August 13, 2025</p> |
| <p>2. Children's Initiatives Quarterly Report – Provide information on whether grandparents will be included in the Pediatric Integrated Health program. Is there a follow-up after a member has been connected to services?</p> | Cassandra Phipps | July 9, 2025 |
| <p>3. Outpatient Clinics Services – Provide a timeline for the completion of the dashboard in Power BI.</p> | Ebony Reynolds | TBD |
| <p>4. Customer Service's Quarterly Report – Provide information on why there are 25% fewer switchboard calls compared to FY 24. Define what the "call being answered in 10 seconds" means.</p> | Michele Vasconcellos | July 9, 2025 |
| <p>5. Substance Use Disorder (SUD) Initiatives' CHES eRecovery App Pilot Program - Provide information on the CBT exercises that are provided to users of the app and if they are specifically tailored or boilerplate.</p> | Matthew Yascolt | July 9, 2025 |
| <p>6. Good and Welfare – Provide a summary overview of each department's responsibilities.</p> | Clinical Departments | August 13, 2025 |

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

ADJOURNED: 2:42 p.m.

NEXT MEETING: Wednesday, July 9, 2025, at 1:00 p.m.

Chief Medical Officer Board Report

Dr. Shama Faheem

Reporting Period: July 2025

Educational Initiatives:

- Wayne State Psychiatry Residents started their Emergency Psychiatry rotations at our Crisis center in July 2025. There will be one resident per month. Child and Adolescent Psychiatry Fellows will be starting soon. Medical students have also outreached; however, we are taking a pause to avoid supervisor burnout.
- I have done annual Community Mental Health Lecture Series to 4th year Psychiatry Residents for last two years and completed another series in June. However, requested them to transition it to 2nd year Psychiatry training so they have early opportunity to learn about CMH and get interested in taking job opportunities within CMH at graduation. Scheduled to do 4-week lectures with 2nd years residents in July.

Initiatives and Innovations

Care coordination expansion: Within last month, DWIHN focused on improving its relationship with hospital systems. Collaborative meetings with two major health systems (Henry Ford and Corewell Health) were held and identified two common themes:

- Lack of information about all services offered by DWIHN and their provider and processes on how to access them
- Delay in finding inpatient psychiatric beds resulting in prolonged ED wait times

Plans:

- DWIHN will be creating an ED Resource Guide for Emergency Departments and Hospitals with estimated completion by end of July that will include menu of all services (such as inpatient, partial hospitalization, mobile crisis/intensive crisis stabilization), and brief process on how to access them.
- Inpatient psychiatric beds are State-wide shortage; however, this has been gradually improving with increased CON beds. DWIHN has been working on expansion with its long-term project as well. With State's re-opening of Walter-Reuther Psychiatric Hospital next year, it will also address the backlog that has caused some extended length of stay in community hospitals.

PIHP Clinical Operations Overview

- a. Utilization Management Committee in June reviewed May utilization of Crisis/Higher level of services (inpatient, partial hospitals, crisis residential). During month of May, there were a total of 1,186 admissions as compared to 1,012 in April which is a 17.1% increase.
- b. Practice Guidelines
 - i. **Lack of Member engagement** in outpatient care and recurrent inpatient admission/**Recidivism** are two major clinical risk areas not only for members served by DWIHN but also for the Severe Mentally Ill and Co-occurring Substance Use population in general. With that, two Evidence Based Practice Guidelines have been created that include steps that CRSP could and should take to help our members in those respective group improve care.
 1. **Practice Guideline for Recurrent Hospitalization and Recidivism**
 - I. **Key Evidence Based interventions for:**
 - a. General population
 - b. Adults

Chief Medical Officer Board Report

Dr. Shama Faheem

- c. Youth
- d. Special Population

II. Discharge care Pathway

- PHASE 1: Pre-Discharge Planning (Start within 24–48 hours of admission)
- PHASE 2: Discharge Day
- PHASE 3: Post-Discharge Follow-Up (First 30 Days)
 - a. Adults
 - b. Youth

2. Practice Guidelines for Persons Served Who Are Non-Engaging and Non-Adherent to Treatment

| General Best Practices | Mental Health Best Practices | Substance Use Disorder Best Practices | Co-Occurring Disorders (COD) Best Practices | Michigan Specific Practices |
|---------------------------------|--|--|---|-----------------------------|
| Person-Centered, Strength-Based | Use of Assertive Community Treatment (ACT) or Home-Based | Low-Threshold Services ○ Provide services without requiring abstinence or | Screening, Brief Intervention and Referral to Treatment (SBIRT) | Utilize MDHHS Guidelines |

I. Lack of Capacity Protocol



Quality and Compliance Oversight

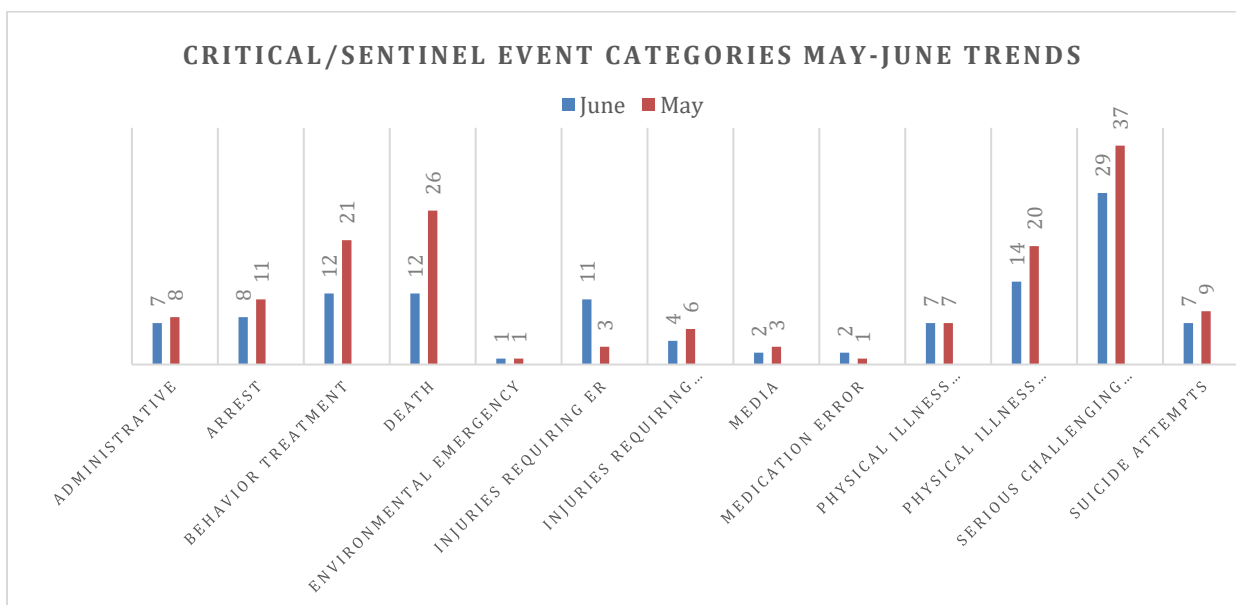
a. Network Quality Oversight

Quality Indicator Trends

- Critical/Sentinel event data indicated a decline in most categories in June as compared to May except injuries that required ER visits.

Chief Medical Officer Board Report

Dr. Shama Faheem



- Compliance Review for 8 standards was completed. Results are expected in September. Network Adequacy Verification and Primary Source Verification (IT Data for Quality) Audit scheduled for July 7th.

Provider Audit Trends

| Audit Area | Completed | Key Findings | Follow-up Actions |
|--|---|--|---|
| Claims Verification (Quarterly Sample) | 798 out of 1324 for 60% | Concerns regarding unsigned IPOS. | There are no CAPs or recoupments at this time. |
| HCBS Site Audits | QI completed 42, and ORR completed 5 (YTD total of 252 out of 784 completed). | Concerns regarding the documentation for community involvement. | Onsite training, CAPs: 34 CAPs issued, 19 completed, 56% completion rate. YTD, 94 CAPs were issued and 56 completed for a 60% completion rate. |
| Mental Health Provider Audits | 13 out of 26 CRSP providers | Concerns regarding unsigned IPOS | Training, CAPs, follow-up audit |
| Substance Use Prevention Provider Audits | 18 out of 29 | Concerns regarding non-qualified prevention staff. | Training, CAPs, follow-up audit; |
| Substance Use Treatment Provider Audits | 17 out of 29 | Concerns regarding poor IPOS and documentation | Recommendations issued. QI conducts bi-weekly meetings with the SUD Dept and provides pre-review technical assistance sessions. |
| Autism & Other Specialty Reviews | 5 annual and 11 CAP reviews = 16 reviews out of 22 providers | CAP monitoring indicates improvements in the areas previously highlighted, ABA standards and staff qualifications. | TA sessions provided. |

Chief Medical Officer Board Report

Dr. Shama Faheem

| Audit Area | Completed | Key Findings | Follow-up Actions |
|------------|---|--------------|-------------------|
| | + 8 new providers and 5 seeking contracts (RFQ process) | | |

***Rate based on the number of providers with final scores

Corrective Action Plans:

- **Total CAPs Initiated: 76**
 - Performance Monitoring: 55
 - Performance Improvement: 21
- **CAP Completion Rate:** The completion rate for auditing/Performance Monitoring is below 50%. 100% of Quality/Performance Improvement indicator CAPs were approved, completion rates will be tracked by the end of the given time period.
- **Substance Use Disorder (SUD)**
 - Prevention: Out of the 17 issued Corrective Action Plans (CAPs), 2 have been completed and closed. Quality team has been working closely with Substance Use Department to address these gaps
 - Treatment: A total of 13 out of 15 treatment providers have been issued CAPs; none have been completed and closed. Quality team has been working closely with Substance Use Department to address these gaps
- **Average Time to CAP Completion:** 30 days.
- **Most Common Trigger Type:** Lack of updated IPOS and signatures, and poor documentation.
- **Provider Type with Most CAPs:** Substance Use Disorder Prevention and Treatment.
- **Number of Trainings Conducted:** In May and June, Quality staff conducted 10 HCBS Case Management/Supervisory (CM/SC) training sessions, training a total of 332 staff members across all three modules.
- **Total Staff Trained:** 534.
- **Other training Recommended to Clinical teams:**
 - IPOS and Crisis Plan training given the audit findings and Critical/Sentinel event trends respectively.

CMHSP Oversight

AOT trends:

- Assisted Outpatient Treatment is court ordered treatment that help certain members who lack insight into need for treatment to comply with it. It requires our providers to adhere to certain mental health code and court requirements such as compliance with outpatient visits, renewing court orders when needed, submission of documents to court which was a challenge in certain areas for our providers and often resulted in increased transport orders and hospitalization for AOT members.
- In last two months DWIHN worked not only on revising its Assisted Outpatient Treatment EMR Module for better data capturing and tracking but also provided multiple

Chief Medical Officer Board Report

Dr. Shama Faheem

trainings to its provider network. Simultaneously, MDHHS also collaborated with CMHA to provide a three series AOT training which was well received.

| Month | # of Orders | # of New Orders | Transport Orders | Non-Compliance | Hospitalizations | Avg Hospitalization/AOT member/month | Hosp Avg LOS | Total Hospital Cost |
|------------------|-------------|-----------------|------------------|----------------|------------------|--------------------------------------|--------------|---------------------|
| 4/1/25 – 5/12/25 | 780 | 102 | 57 | 35 | 151 | 0.12 | 21.03 | \$2,099,963 |
| June 2025 | 845 | 120 | 22 | 24 | 31 | 0.03 | 24 | \$513,388.16 |

Direct Services

1. Crisis:

a) Crisis Stabilization Unit:

- Crisis Services (Crisis Care Center and Mobile Crisis) received Joint Commission accreditation for three years, effective April 16, 2025.
- The Crisis Care Center's Adult Crisis Stabilization Unit was recertified with provisional certification status by MDHHS through June 18, 2026, with eligibility for extension
- June marked one year anniversary of Crisis center. Being able to see a psychiatrist and getting a psychiatric evaluation and follow-up is a valuable but difficult resource to find. During the one year from June 10th 2024-June 10 2025, our Crisis Center Psychiatrist and APPs completed:
 - Case reviews on all member presentations and dispositions.
 - Full Psychiatric evaluations on 1746 members
 - Follow Up Progress Notes on 3637 members

More recent trends:

| Date Range | Psychiatric Evaluations | Psychiatric Progress Notes | Request for Service Triage Notes |
|-----------------|-------------------------|----------------------------|----------------------------------|
| 4/1–6/26/2025 | | | |
| 4/1 - 4/30/2025 | 200 | 386 | 50 |
| 5/1 - 5/31/2025 | 188 | 430 | 54 |
| 6/1 - 6/26/2025 | 138 | 318 | 28 |
| Total | 526 | 1134 | 132 |

- Strengths: Psychiatrist and rest of the treatment teams continued to provide high quality care, typical summer trends with some drops in presentations
- Opportunities for Improvements: There are few gaps in documentation identified in chart review where rationale for psychiatric and medical holds was not clearly documented on individuals asking to leave against medical advice. Root cause analysis identified gaps in understanding of capacity versus petition and how to document and different staff's role in such evaluations
- Plans:
 - The following Policy and Protocol was created:

Chief Medical Officer Board Report

Dr. Shama Faheem

- Treatment Decisions and Involuntary Hold Policy
 - Against Medical Advice Protocol
- Psychiatrist and APPs trained.
- EMR modifications in process to assist with the protocol.
- Shared with rest of the clinical leadership team who will help in training the rest of the staff.

b. Intensive Crisis Stabilization Services/Mobile Crisis:

MDHHS has revised ICSS guidelines to include Mobile Crisis Response, Follow up Stabilization Services, Police Co-response, Behavioral Health Urgent care and will be working on developing new certification process for the new components of the service.

| Metric | Target | Actual | Comment |
|--------------------------------------|-----------------|-------------|---|
| Crisis Response Time <30 min (urban) | 60 mins (urban) | 44.43 (avg) | excluding 1 unusual circumstance. |
| ICSS Referrals initiated in June | NA | 17 | Active care coordination with CRSP with warm hand-off |

2. Outpatient:

- The clinic serves more than 300 individuals.
 - 100 psych evals and >200 psychiatric Evaluation and Managements have been completed on those individuals by the psychiatrists.
- Multiple New Psychiatric Protocols have been revised to improve Quality of Care

**Program Compliance Committee Meeting
Corporate Compliance Report
July 9, 2025**



Main Activities during April 2025-June 2025

Major Activities:

Activity 1: Compliance Investigations

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

April 2025-June 2025

| Compliance Referrals | Outcomes |
|---|-----------------|
| Accepted Referrals | 16 |
| Referrals Opened for Investigation | 13 |
| Referrals Carried Over from The Previous Quarter | 8 |
| Investigations Completed | 17 |
| Substantiated Allegations Resulting in Recoupment | 8 |
| Total Recoupment Identified for the Substantiated Allegations | \$248,576.99 |

| Compliance Referrals | October 2024-December 2024 | January 2025-March 2025 | April 2025-June 2025 |
|-----------------------------|-----------------------------------|--------------------------------|-----------------------------|
| Cases opened | 7 | 22 | 13 |
| Cases closed | 12 | 12 | 17 |
| Recoupment | \$73,319.31 | \$22,252.47 | \$248,576.99 |

- *Significant Tasks During Period:* During this reporting period, the Corporate Compliance team maintained its focus on identifying, investigating, and addressing fraud, waste, and abuse within the Medicaid system. A total of **16 referrals** were accepted, and **13 cases (81%)** were opened for formal investigation. In addition to new cases, **8 allegations** were carried over from the prior quarter, highlighting the team's ongoing case management responsibilities.
- *Current Status:* The team successfully completed **17 investigations**, closing both new and pending cases. This represents a **41.7% increase** in closed cases compared to the prior quarter (from 12 to 17). The case closure rates this quarter (17 closed out of 21 active: 13 new + 8 carryover) was approximately **81%**, demonstrating strong investigative follow-through and timely resolution.

- *Major Accomplishments During this Period:*

Financial Impact: A total of **8 substantiated allegations** resulted in financial recoupment of **\$248,576.99**, which is an **over 1000% increase** from the previous quarter (January–March 2025: \$22,252.47) and a **239% increase** from October–December 2024 (\$73,319.31).

Substantiation Rate: 8 out of 17 completed investigations (approximately **47%**) were substantiated, all resulting in monetary recoupment.

Trend Highlights: While the number of accepted referrals remained steady quarter over quarter, the significant rise in recoupment suggests improved targeting, case prioritization, and effectiveness in identifying recoverable violations.

Notably, **self-referrals from outpatient providers have increased** 36% since the launch of the **Compliance Academy** in **May 2025**. This trend indicates enhanced provider engagement and awareness, as providers are now more likely to identify and report their own fraud, waste, and abuse (FWA) concerns, demonstrating the positive impact of proactive compliance education.

Update

Two members of the Compliance team transitioned to an internal department within DWIHN in June of 2025. The Compliance Department is currently hiring for two positions: a Compliance Specialist and a Management Assistant.

Adult Initiatives 3rd Quarter Report
Marianne Lyons, LMSW, CAADC
7/9/2025



Main Activities during quarterly reporting period:

- Mental Health Services for Adults over 55
- Dialectical Behavior Therapy
- Intellectual/ Developmental Disability (IDD)

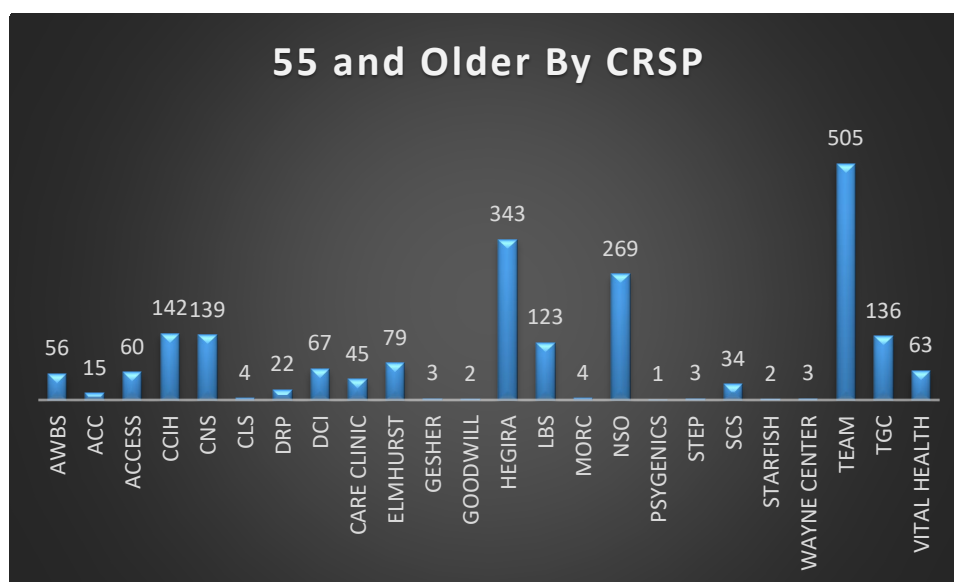
Progress on Major Activities:

Activity 1: Mental Health Services for Adults over 55

- *Description:* According to a report published in 2024 by the Substance Abuse and Mental Health Services Administration (SAMHSA), it is estimated that **1 in 8 older adults (60 and over) experienced a mental health disorder, and 1 in 11 had been diagnosed with a substance abuse disorder in the previous year.** The report, “Behavioral Health Among Older Adults: Results from the 2021 and 2022 National Surveys on Drug Use and Health” further states that among those older adults, **only 46% received treatment for their mental health illness, and only 30% received treatment for a substance abuse issue.** Several factors were cited as contributing to the increased risk for both, such as medical conditions related to aging, significant change in life circumstances and losses, and social isolation. Stigma, cost, transportation and difficulties with health care system were identified as barriers to receiving treatment.

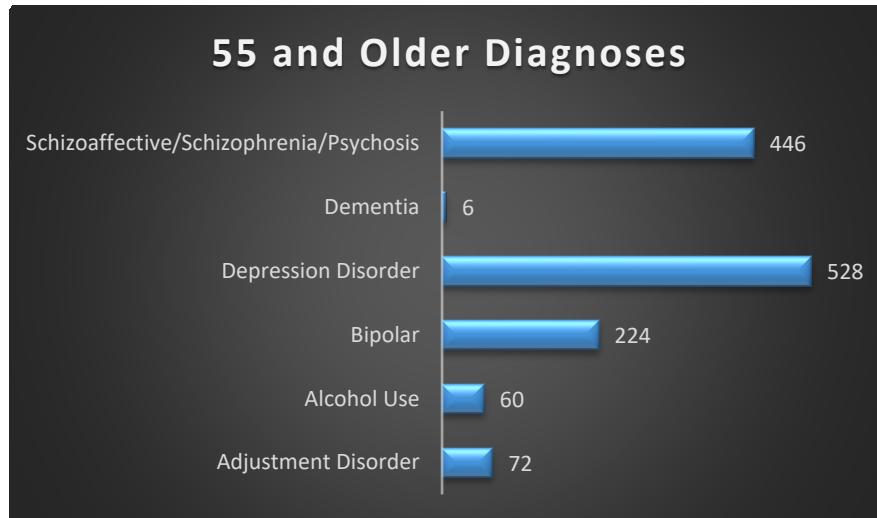
Substance Abuse and Mental Health Services Administration. (2024/2025). Behavioral health among older adults: Results from the 2021 and 2022 National Surveys on Drug Use and Health (SAMHSA Publication No. PEP24-07-018). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/report/older-adult-behavioral-health-report-2021-2022>

- *Current Status:* For **FY 24/25 to date**, there have been **19,223 new members enrolled with DWIHN**, with **2120 of them being age 55 or older**, seeking mental health services. These **2120** are being served by **24 of our DWIHN providers:**



While the presentation and diagnosis codes were varied, review of the data resulted in

identifying three categories that represent most of this older population, with **1198 members being diagnosed with bipolar disorders, depression disorders and schizoaffective, schizophrenic and psychotic disorders.** This analysis of our DWIHN population falls in line with the national data presented in the SAMHSA report identified previously.



- *Significant Tasks During Period:* Increased need for higher monitoring of this population was noted by the Adult Initiatives team and a clinical specialist on the team has been tasked with continued monitoring of the providers and the programs they offer to serve this population. More focused data collection has also been identified and will begin to be gathered monthly to correctly graph trends and patterns.
- *Major Accomplishments During Period:* Adult Initiatives reviewed and verified the services offered by 16 of our adult providers to identify what programs are already in place for the older adult population and what areas our services are lacking. Research and review of the national data report, “Behavioral Health Among Older Adults” and the older population within DWIHN to compare on a national level and to gain a better understanding of obstacles and barriers to treatment.
- *Needs or current issues:* Of the 16 adult providers that were reviewed, only three (3) providers - Arab American Chaldean Council, (ACC), All Well-Being Services, (AWBS) and Neighborhood Service Organization, (NSO) - specifically mention services that are geared toward the older adult population. Further examination of the providers will continue, however, the initial numbers are an indication of the need for more comprehensive programs for this population.
- *Plan:* With the data reflecting that Team Wellness and Hegira also serve many members in this population, Adult Initiatives will begin to work with these two providers to identify services in place and where they could possibly expand their service array to accommodate the 55 and older population.

Activity 2: Dialectical Behavioral Therapy

- *Description:* Adult Initiatives oversees and monitors the Clinically Responsible Service Providers (CRSP) agencies implementing the evidence-based Dialectical Behavioral Therapy (DBT) program. DBT has proven to be effective for treating and managing a wide range of mental health conditions. Initially developed in the 1970's to address the intense emotions associated with borderline personality disorder, it is rooted in Cognitive Behavioral Therapy with increased focus on distress tolerance and mood regulation. It reduces anxiety, depression, trauma, and stress symptoms and decreases suicidal and self-harming thoughts and behaviors. **The objective is to increase the member's ability to manage moods/emotions through skills training and is utilized in individual and group settings.**
- *Current Status:* Currently, four (4) providers have received training through DWIHN to provide this program, and three (3) have successfully implemented: Hegira with (6) members, The Guidance Center with (61) members, and DCI/MiSide (DCI/MiSide just began the program in mid-May, so we do not yet have reportable data).
- *Significant Tasks During Period:* As The Guidance Center (TGC) has shown tremendous success with their implementation of the DBT program, the Adult Initiatives team has worked with their supervisor and staff to identify key areas that TGC has identified as the reasons for success. With this "deep dive" it will assist our Adult Initiatives team in understanding the foundation of a successful program which we will be able to utilize in helping other providers develop a plan for implementation of their own programs. Areas identified included team training, team consultations, weekly supervision and the necessity of fidelity to the model as identified in MiFast reviews.
- *Major Accomplishments During Period:* Adult Initiatives have chosen to highlight the significant growth of TGC's program, which now boasts **61 members and provides a total of 10 groups per week.** This growth is a testament to their collective efforts and promising trajectory for the future. We have attached a brief overview of TGC DBT program:

Dialectical Behavior Therapy (DBT)

Dialectical Behavior Therapy (DBT) is a type of psychotherapy developed to better treat individuals with borderline personality disorders and/or suicidal ideation. DBT has four main components – individual weekly psychotherapy, weekly group skills training sessions, phone coaching when participants need help between sessions, and weekly therapist consultation team meetings.

DBT-Ways of Coping Checklist (DBT-WCCL)

The DBT-WCCL is a self-report questionnaire that measures frequency of DBT skills use and dysfunctional, non-DBT coping strategies. Participants rate how often they use each thought or behavior to deal with problems over the last month on a 4-point Likert scale.

81.3%

of DBT participants increased their **DBT Skills Use** score

81.3%

of DBT participants decreased their **General Dysfunctional Coping** score

56.3%

of DBT participants decreased their **Blaming Others** score



Participants graduated
9 graduated stage 1
3 completed post graduation

52

Participants Served

20 participants dropped out of the program

Borderline Symptom List 23 (BSL-23)

The BSL-23 assesses symptoms and complaints commonly reported by individuals with Borderline Personality Disorder (BPD).

86.0%

of DBT participants decreased their BSL score between time of enrollment and **post-enrollment**, indicating a **decrease** in borderline symptoms.

- *Needs or Current Issues:* Adult initiatives continue to work with providers to explore ways to increase participation and enable active groups at the agency.
- *Plans:* The Adult Initiatives team will continue to use various outreach platforms and methods to educate the CRSPs and members about the benefits of DBT. The team will also explore training options available to CRSP providers interested in starting a DBT Program.

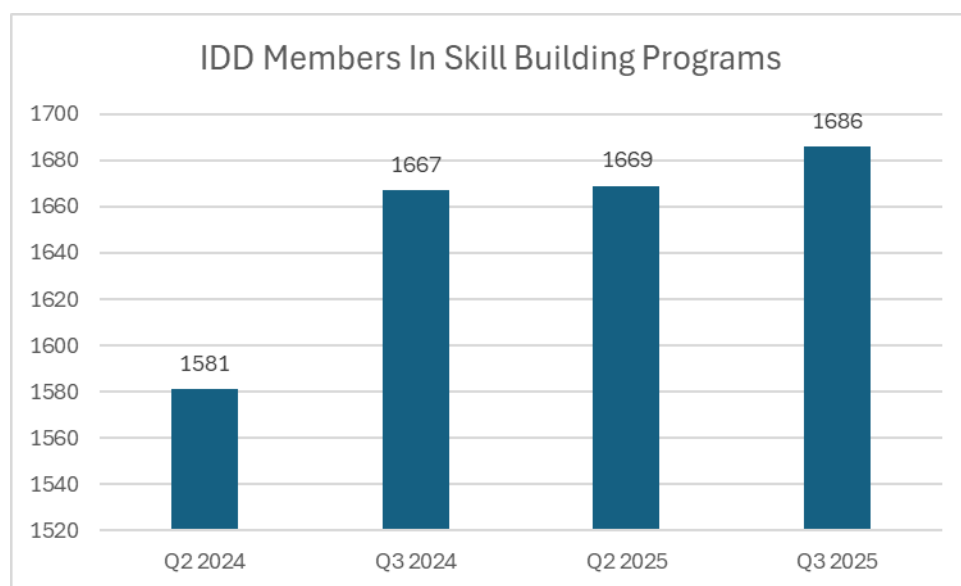
Activity 3: Intellectual Development Disability (IDD)

- *Description:* The Adult Initiatives team facilitates the provision of services to adult members with Intellectual and/or Developmental Disabilities. The IDD service array aims to assist members in remaining active in their community based upon their needs, preferences and dreams. CLS, respite, psychiatry, psychology, behavioral supports, skill-building, speech/physical/occupational therapies, and vocational services are available to members.
- *Current Status:* As of June 2025, DWIHN provides services to **5755 adults with an IDD diagnosis through 14 providers**. In the fiscal year **2023/24 the enrollment increased by 122 members from Quarter 1 to Quarter 2**. In fiscal year **2024/25 enrollment increased by 134 from Quarter 1 to Quarter 2**. This suggests an increase in capacity within the

network.

Many IDD Members receive a guardian after turning 18. **The Michigan Developmental Disability Council estimates that Michigan's rate of guardianship is 81% while the national average is 43%. During Quarter 3, 2025, DWIHN had 2803 members that were designated IDD and had a Guardian, which equates to 48.7 %.** Adult Initiatives will continue to educate providers on the guardianship process and alternatives to guardianship. Supported Decision making alternatives can include designating a patient advocate, a durable power of attorney or a payee.

- *Significant Tasks During Period:* Adult Initiatives collaborated with Children's Initiatives for the network IDD provider meeting. Adult initiatives reached out to several providers to learn more about the services they offer to members with IDD and toured several agencies.
- *Major Accomplishments During Period:* Adult Initiatives collaborated with the Evaluation Committee to evaluate new providers applying to provide Applied Behavior Analysis (ABA) Services in the network. In addition, we met with a special education provider to discuss transition services for members aging out of school programs as well as with MDHHS to ensure services were being provided to high needs cases.
- *Needs or current issues:* Currently members with IDD engage in supported employment that is NOT considered evidence based. The Individual Placement and Support, (IPS) method is an evidence based supported employment program (EBSE) that is implemented by providers who support members with mental illness. It is not currently offered to members designated as IDD, but this is a possible goal for the future. The current timeline for the State of Michigan to possibly implement IPS is in the earliest of observation by the state. It is expected that FY 26 will be a year of study and possible transition to extending this IPS service to possibly support persons with IDD.



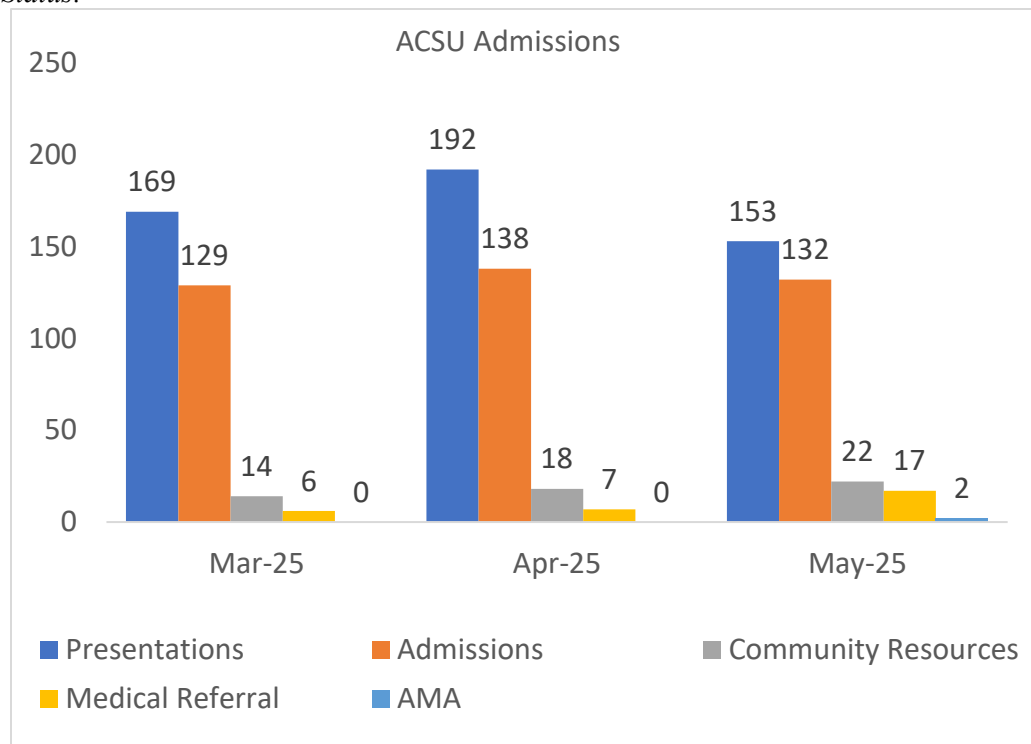
Program Compliance Committee Meeting
Grace Wolf, VP of Crisis Services / 707 Crisis Care Center Report
July 9th, 2025

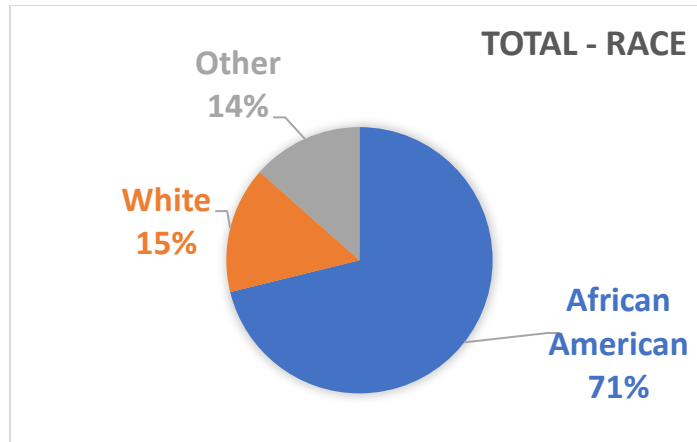


Main Activities during March 2025 – May 2025, Reporting Period:

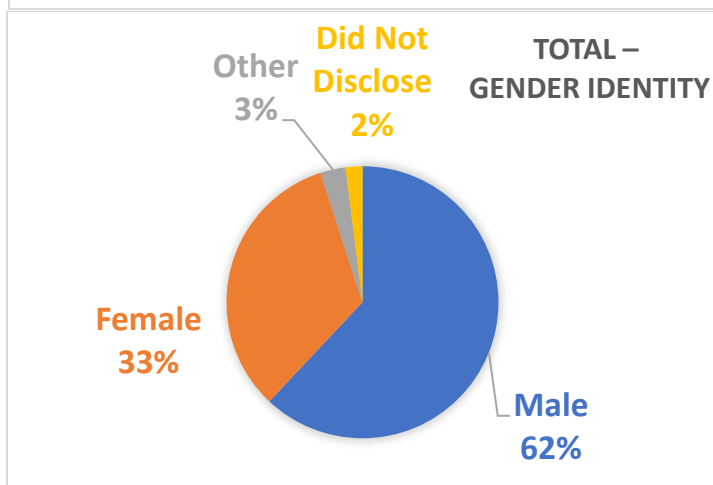
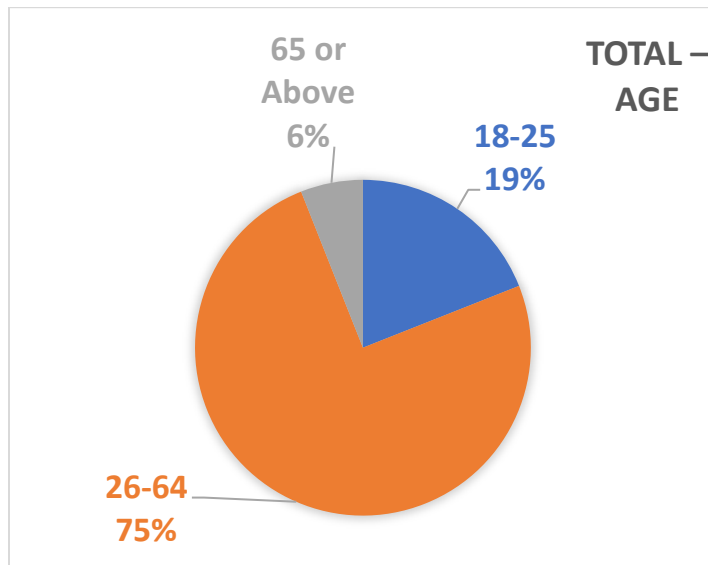
Activity 1: Adult Crisis Stabilization Data

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

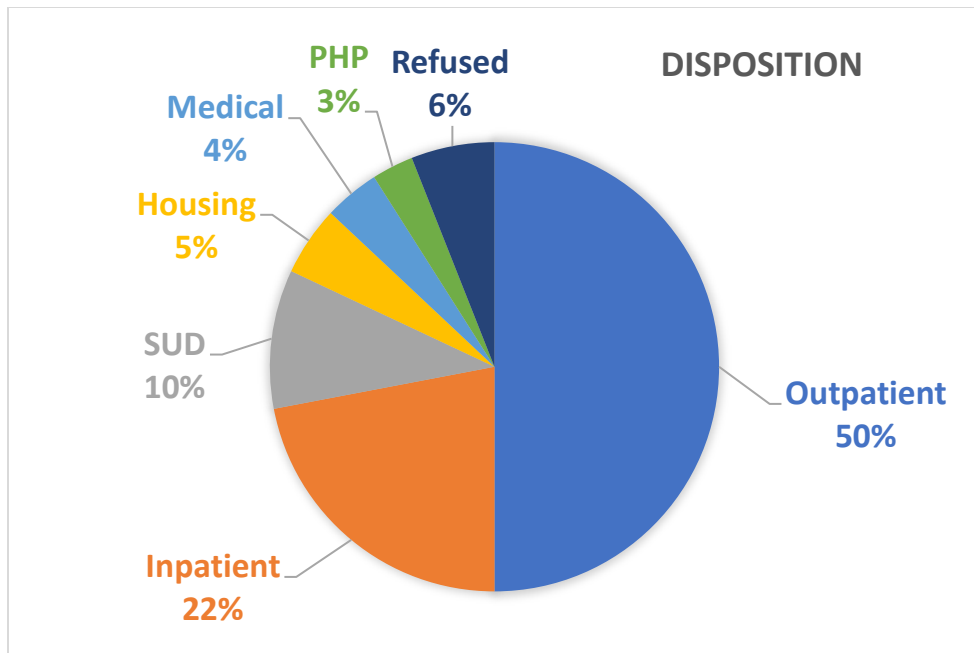




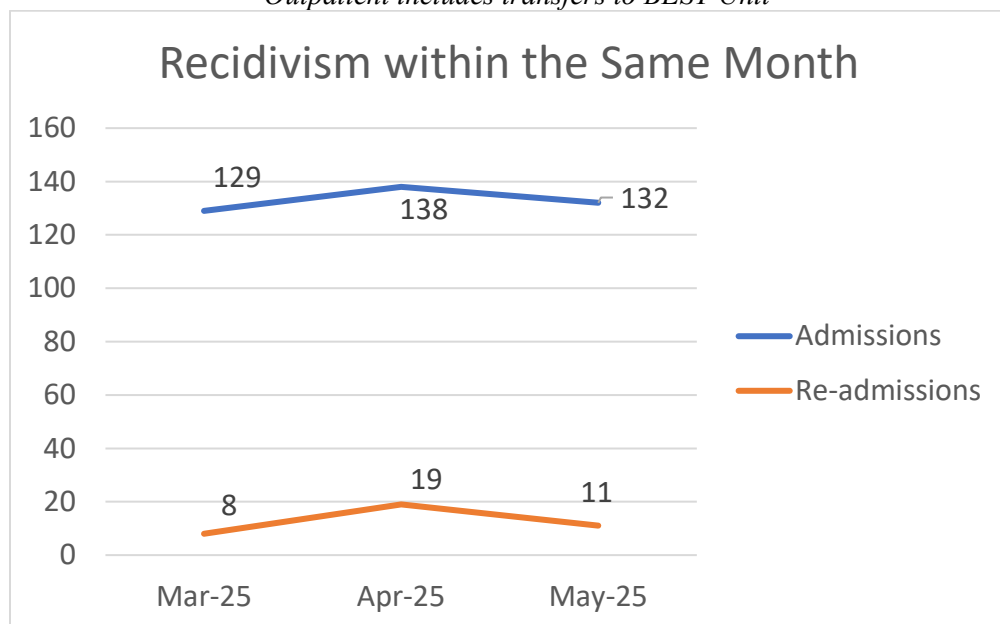
**Other includes: two or more races, American Indian, Arab American, Asian, or Native Hawaiian/other Pacific*



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

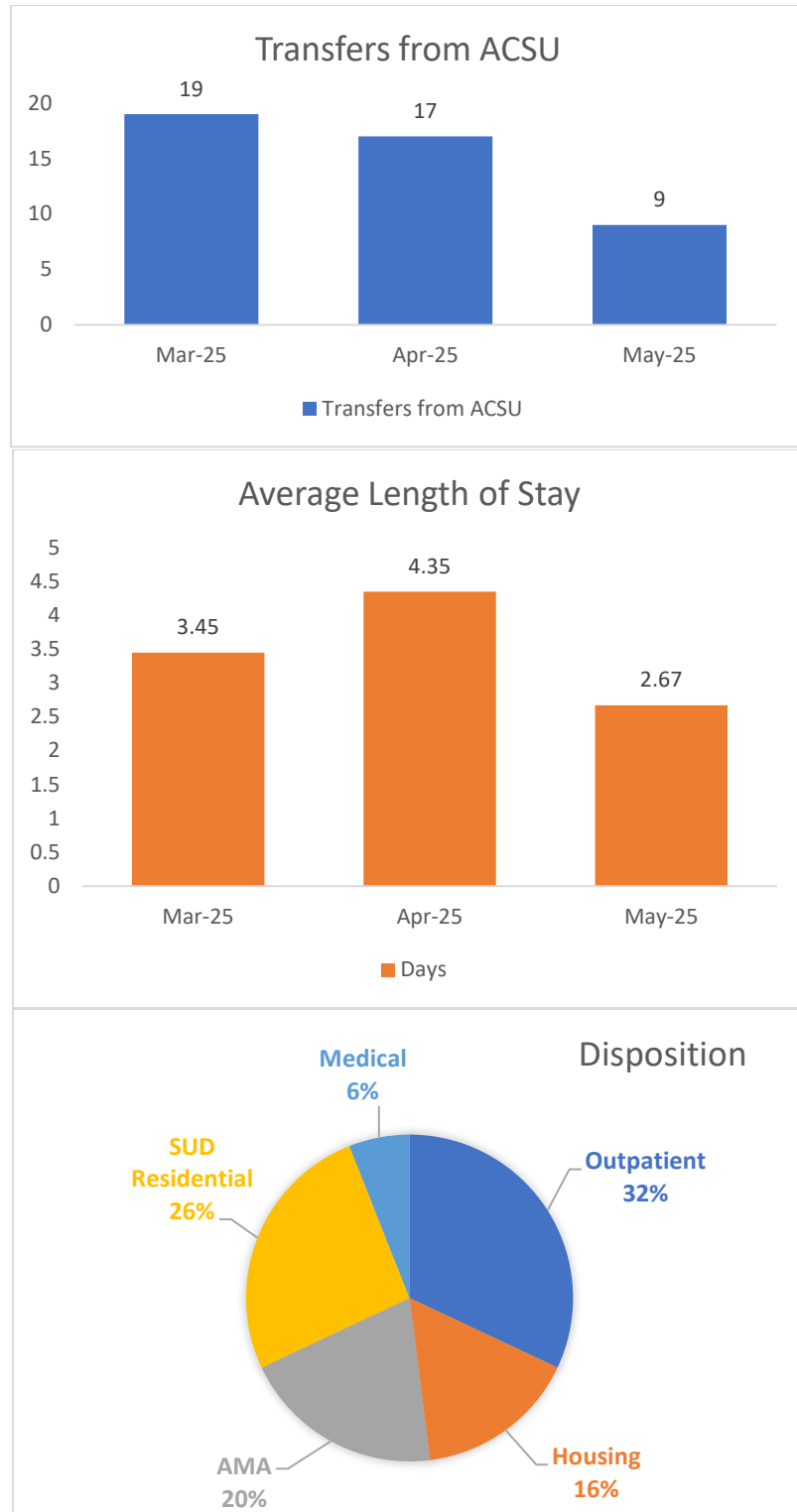


**Outpatient includes transfers to BEST Unit*



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

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

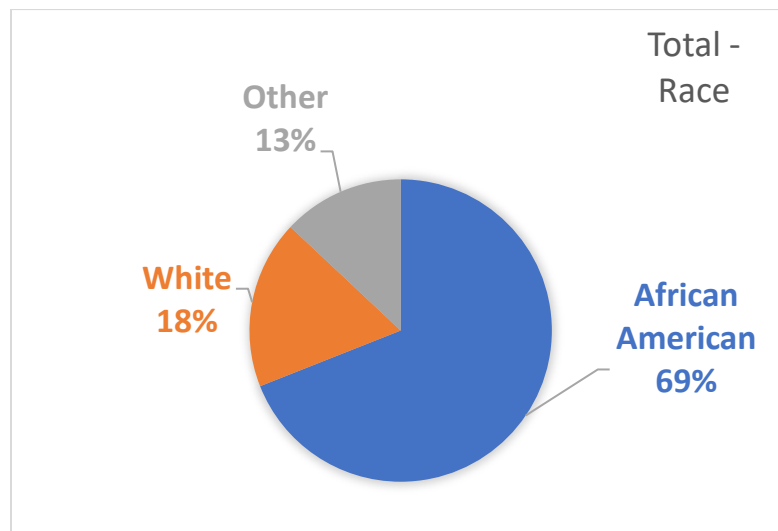
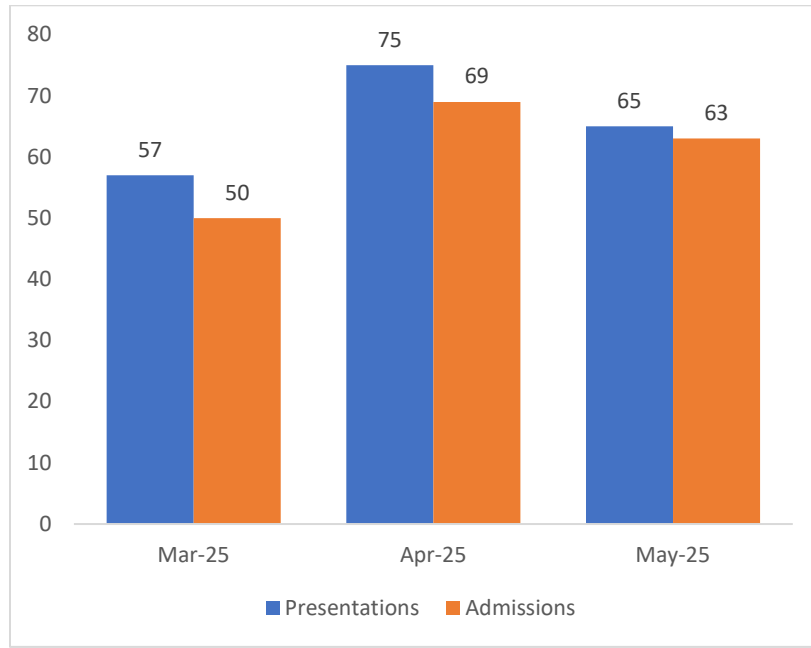


Activity 3: Child and Family Crisis Unit (CFCU)

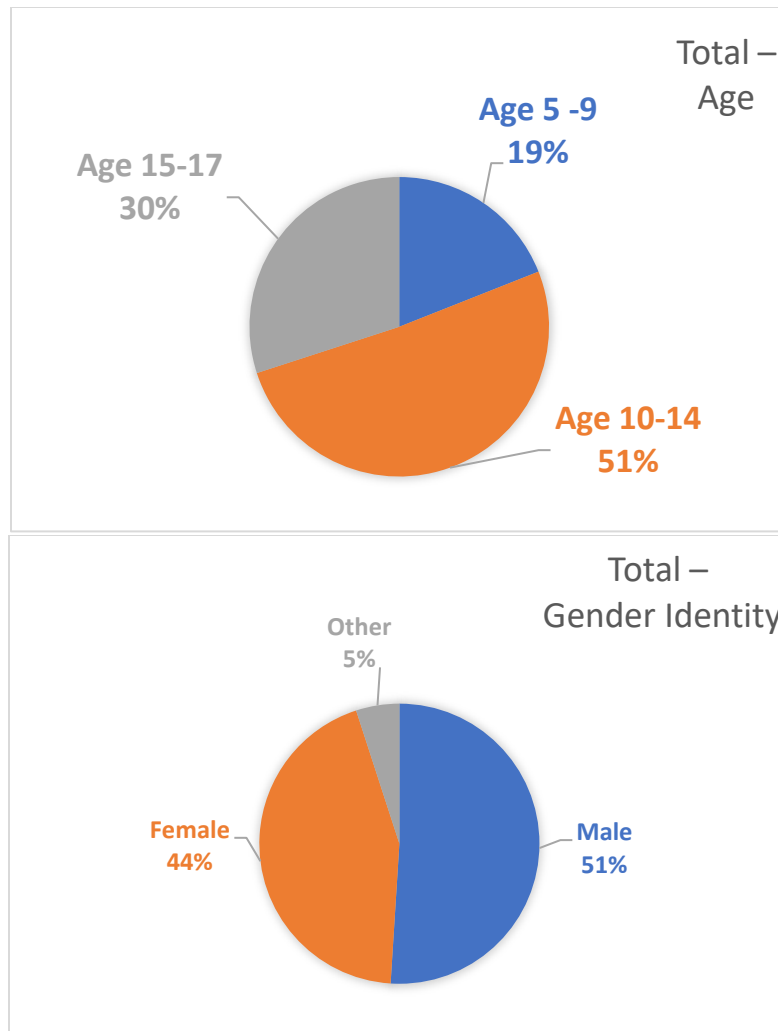
- *Description:* The CFCU serves individuals 5-17 years old, regardless of their insurance status, who are seeking mental health or substance use services. The unit is open 24/7/365 and accepts

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

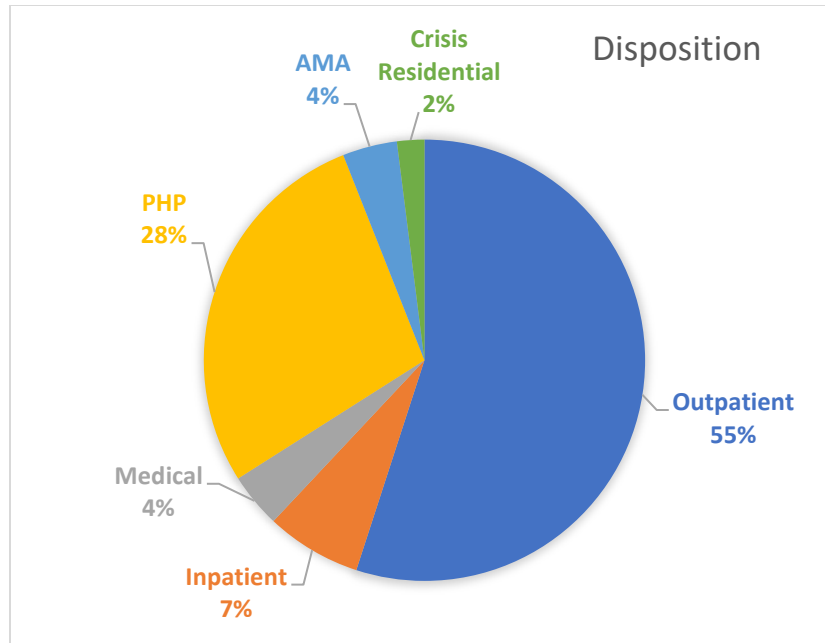
- *Current Status:*



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



**Other includes: transgender man, bigender, non-binanry and did not disclose*



Quarterly Update:

- **Things the Department is Doing Especially Well:**
April 2025 was our busiest month ever across both the Adult and Children's unit. In April alone we triaged 267 individuals at the 707 Crisis Care Center.
- **Identified Opportunities for Improvement:**
Continued engagement with MDHHS towards the development of the Youth Crisis Stabilization administrative rules.
- **Progress on Previous Improvement Plans:**
No current plans of improvement/correction.

Program Compliance Committee Meeting
PIHP Crisis Services Department, Quarterly Report, 3rd Quarter FY25
Daniel West, Director of PIHP Crisis Services
Date: 7/9/2025



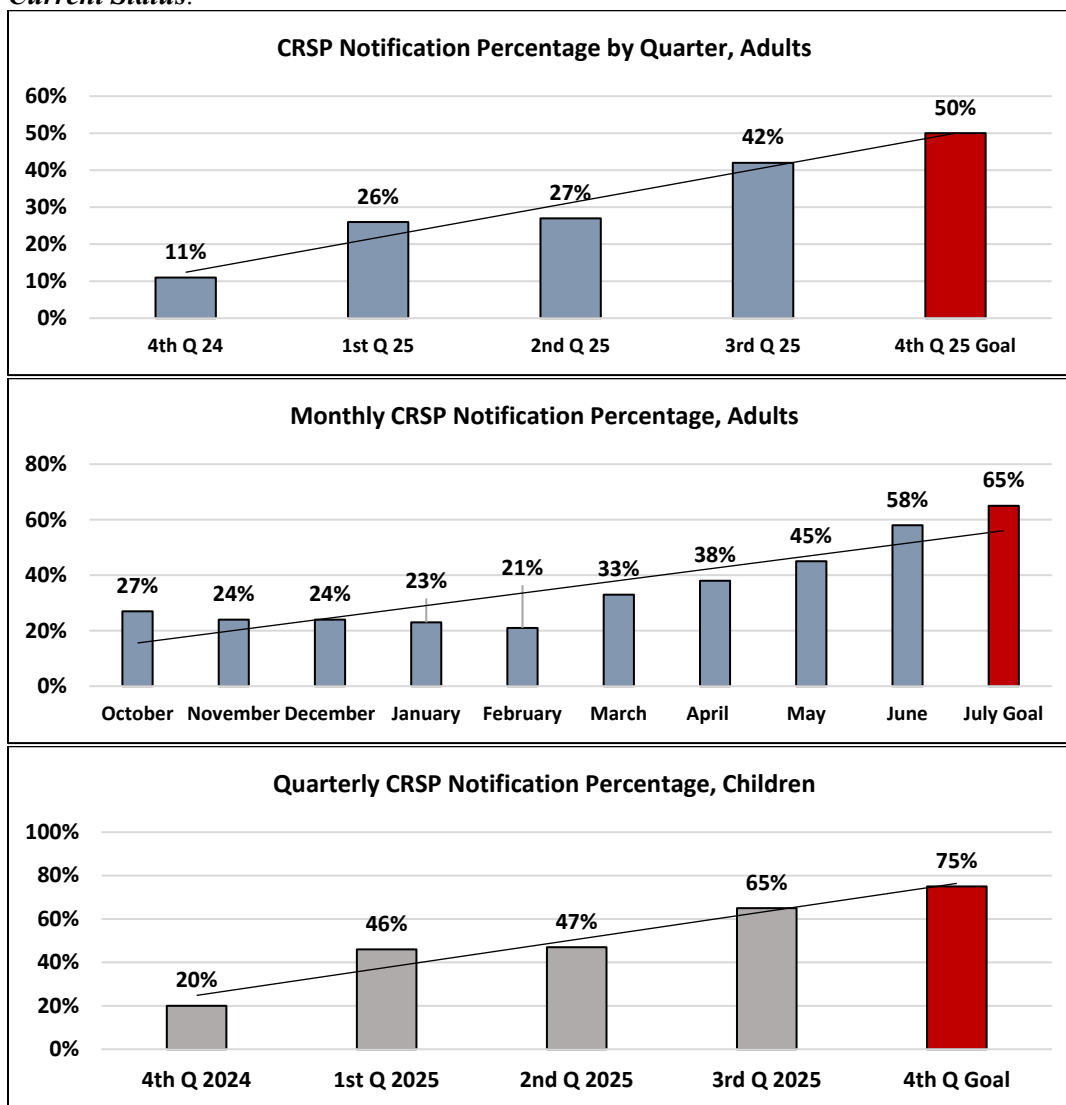
Main Activities during 3rd Quarter Reporting Period: FY25

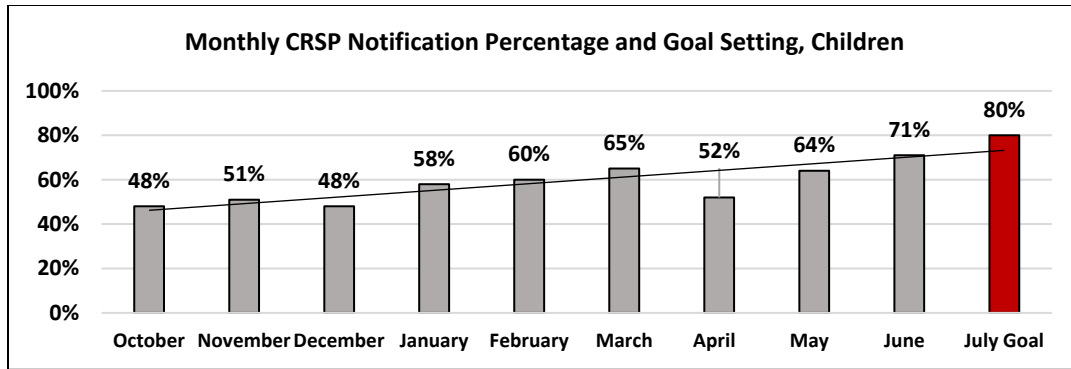
- CRSP Crisis Screening Notifications.
- CSU Transfers, Recidivistic Requests for Service (RFS).
- Discharge Planning, No CRSP at Admission.

Progress On Major Activities:

Activity 1: CRSP Crisis Screening Notifications.

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

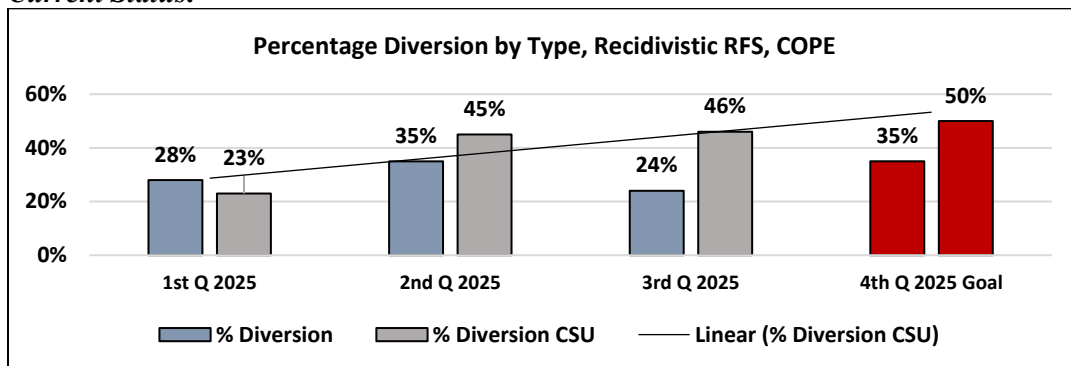


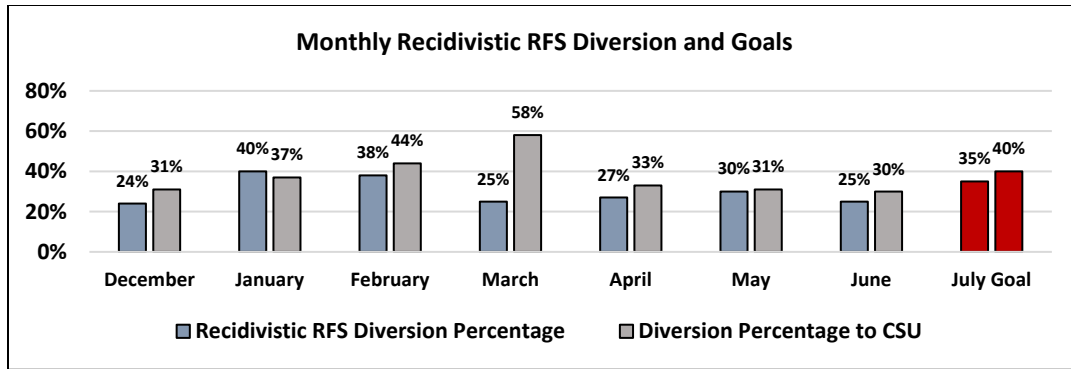


- **Major Tasks and Accomplishments During Period:** The team began focusing on CRSP notification toward the end of the 2nd quarter 2025, and since that time CRSP notification percentage has increased for children and adults. Percentages are trending toward goals set for the 4th quarter 2025. The team has received specific crisis contacts from every CRSP to ensure the appropriate staff who receive the notification are aware of the need to disseminate the information to the treating staff. The team is seeing an increase in responses from the CRSPs who receive the notifications.
- **Needs or Current Issues:** The team has recognized the need for continued efforts to increase CRSP notifications, but also to ensure the CRSPs are trained in actions to put in place for the members upon receipt of the notification.
- **Plan:** The team will work with Adult and Childrens Initiatives Departments to facilitate a discharge planning training for the CRSPs.

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

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

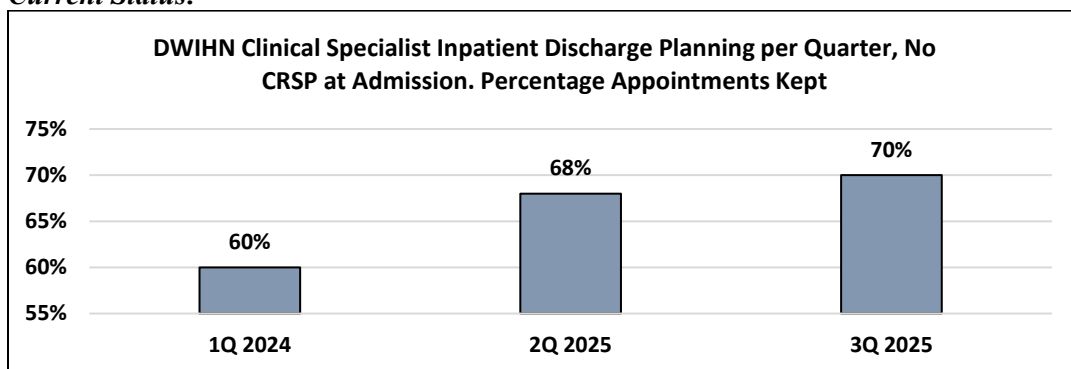


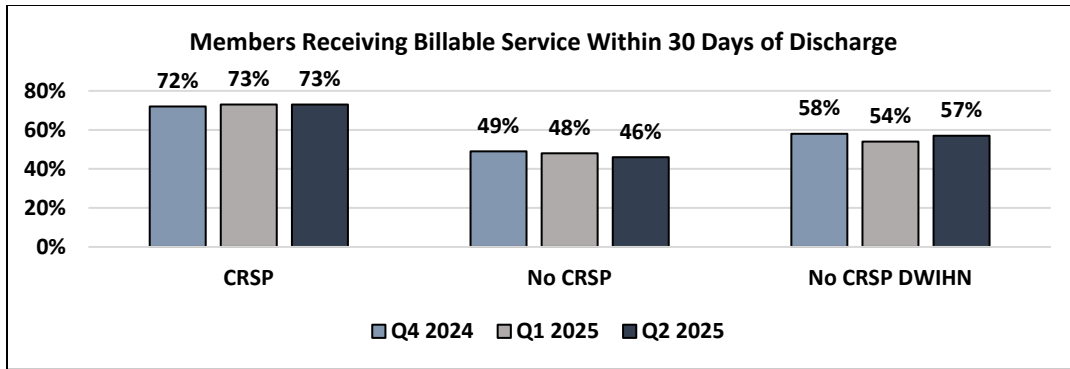


- **Major Tasks and Accomplishments During Period:** The team began to focus on tracking data for members who receive a crisis screening within 30 days of a discharge from an inpatient facility. The team is focusing on increasing not only utilization of a CSU to avoid unnecessary hospitalizations, but also increase diversions for this targeted population. The team has seen an increase over the quarters in members being transferred to CSU, and continue to work on increasing the percentage of members diverted in this population, which has remained relatively constant.
- **Needs or Current Issues:** The team has recognized a need to increase diversions from inpatient overall, but the need to specifically utilize Team Wellness CSU and the DWIHN Care Center as an alternative to unnecessary inpatient hospitalizations.
- **Plan:** The team will continue to create mutually agreed-upon goals with the screening agencies and review monthly, and increase communication with requesting facilities regarding the availability of CSUs as an alternative to unnecessary inpatient hospitalizations.

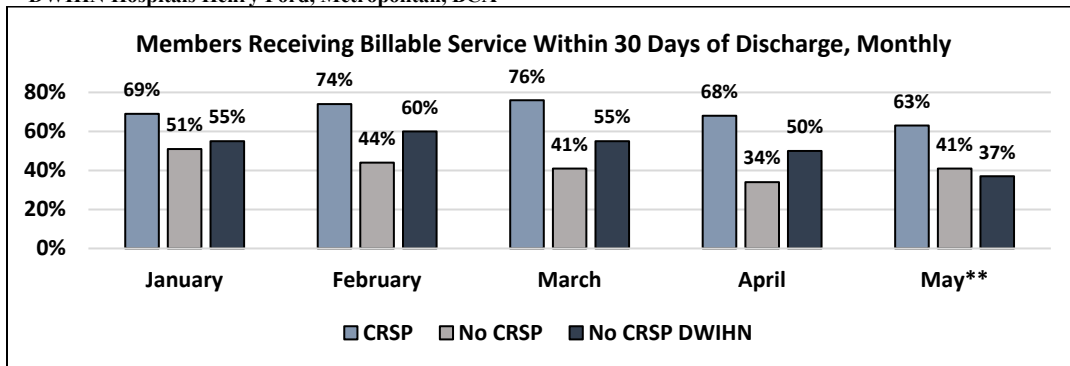
Activity 3: Discharge Planning, No CRSP at Admission.

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

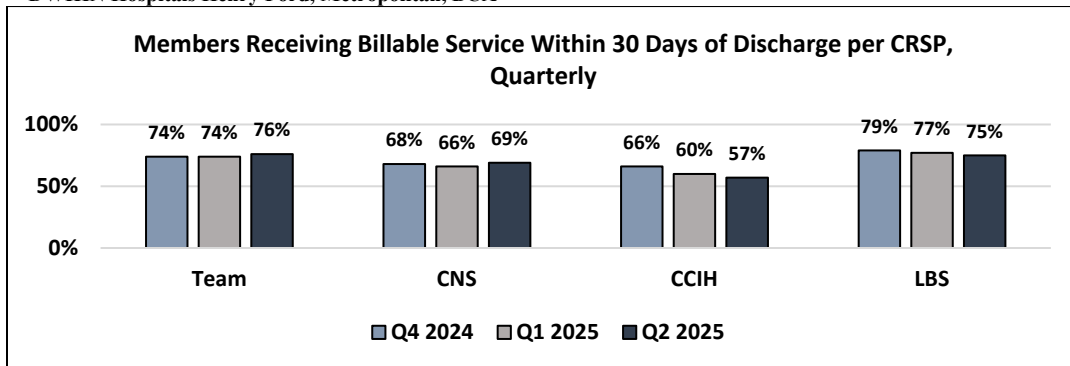




**DWIHN Hospitals Henry Ford, Metropolitan, BCA



**DWIHN Hospitals Henry Ford, Metropolitan, BCA



- Major Tasks and Accomplishments During Period:** The team has consistently contributed to higher percentages of members receiving a billable service within 30 days of discharge in targeted hospitals. The team has added CNS to a team including Central City Integrated Health, Lincoln Behavioral Services, and Team Wellness to monthly meetings. These CRSPs are trained in discharge planning as per the process created by the DWIHN team. We are actively engaged in goal setting with these CRSPs and troubleshooting, and this will be a valuable source of data to gain opportunities for improvement in discharge planning.
- Needs or Current Issues:** The team has recognized the need to increase members seen and supported in this intervention, but also the need to ensure participating CRSPs are setting goals and meeting them in this area. The team will focus on CNS as they are new, and revisit data for CCIH and LBS as their data is trending downward.
- Plan:** The team will add this area to the list of participating CRSPs in the training to be applied to discharge planning in the network.

Quarterly Update:

- **Things the Department is Doing Especially Well:** The DWIHN PAR Dispatch team continues to meet and exceed their goals. Service level has improved over the quarters as well as average speed of answer.

| PAR Dispatch Data | Service Level | Avg Speed of Answer | Calls Received | Requests Completed |
|-------------------|---------------|---------------------|----------------|--------------------|
| Q1 2025 | 83% | 26s | 3,092 | 1,681 |
| Q2 2025 | 84% | 24s | 4,926 | 2,516 |
| Q3 2025 | 92% | 14s | 4,299 | 2,496 |

- **Identified Opportunities for Improvement:** The team has recognized that there is an opportunity for growth and quality improvement with the identified liaisons at CNS, Team Wellness, Lincoln Behavioral, and Central City Integrated Health. Data obtained and areas of opportunity will assist in improvement in discharge planning in the network.
- **Progress on Previous Improvement Plans:**
 - Recidivism for adults has decreased in the 3rd quarter, Recidivism for children has increased..

| Recidivism | Adults | Children |
|---------------------|--------|----------|
| 1st Quarter 2024 | 17.58% | 8.62% |
| 2nd Quarter 2024 | 16.65% | 8.82% |
| 3rd Quarter 2024 | 17.62% | 15.69% |
| 4th Quarter 2024 | 16.52% | 12.14% |
| 1st Quarter 2025 | 16.94% | 10.57% |
| 2nd Quarter 2025 ** | 15.57% | 11.11% |
| 3rd Quarter 2025** | 15.09% | 13.21% |

**Results Preliminary

Program Compliance Committee Meeting
Rai Williams/Director of Managed Care Operations Quarterly Report
January 2025 – March 2025



MANAGED CARE OPERATIONS PROGRAM DESCRIPTION – FY 2024-2025

The Managed Care Operations (MCO) Division at the Detroit Wayne Integrated Health Network (DWHN) is responsible for the strategic oversight and operational execution of key system functions that support network integrity, service access, and regulatory compliance. MCO plays an essential role in coordinating activities across provider contracting, credentialing, network adequacy, and service expansion to ensure timely, equitable, and high-quality care for the Medicaid, uninsured, and underinsured populations of Wayne County.

MCO's priorities are driven by federal and state standards, including those established by the Michigan Department of Health and Human Services (MDHHS), the Centers for Medicare and Medicaid Services (CMS), the National Committee for Quality Assurance (NCQA), and the Health Services Advisory Group (HSAG). These standards are embedded in every MCO process to ensure that provider services are not only accessible but also delivered in a manner that supports individual health outcomes and system-wide efficiency.

Operational leadership and oversight are provided by the Deputy Chief Executive Officer (Deputy CEO), the Associate Vice President of Operations, and the Director of Contract Management. This tri-level leadership structure ensures that Managed Care Operations maintains alignment with DWHN's mission, vision, and strategic goals. The Board of Directors (BOD) maintains ultimate accountability for ensuring that all MCO activities reflect DWHN's commitment to quality, transparency, and compliance.

Key Functions of Managed Care Operations Include:

- **Provider Contracting:**
Oversees the full lifecycle of provider agreements, from initiation and execution to renewals and terminations. Ensures that all contracts align with programmatic needs, State guidelines, and fiscal accountability.
- **Credentialing and Recredentialing:**
Ensures that all network providers meet minimum standards for licensure, training, and professional qualifications. This includes oversight of DWHN's Credentialing Verification Organization (CVO) and adherence to NCQA and MDHHS standards.
- **Network Adequacy and Expansion:**
Monitors provider capacity and geographic access to care, conducting regular gap analyses to identify areas of underservice. Leads efforts to recruit new providers, manage expansion requests, and support readiness reviews.
- **Operational Readiness and Monitoring:**
Supports implementation of new programs and services through structured onboarding, technical assistance, and documentation tracking. Maintains tools such as the Readiness Review, Expansion Tracker, and Provider Inquiry Log to facilitate collaboration and system-wide transparency.
- **Data Tracking and Reporting:**
Leverages internal systems and analytics to monitor provider performance, track credentialing timelines, and assess compliance with contract deliverables. These metrics inform leadership decision-making and continuous quality improvement efforts.
- **Stakeholder Engagement and Support:**
Serves as a liaison between DWHN and the provider network through regular communication, training, technical support, and issue resolution. Formal engagement protocols ensure consistent experiences across the network.

Through the continued leadership of the Deputy CEO, Associate Vice President of Operations, and Director of Contract Management, MCO remains committed to operational excellence, regulatory alignment, and strategic growth that advances access and quality for all members.

Main Activities during FY 24/25 Quarter 2:

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

Progress On Main Activities:

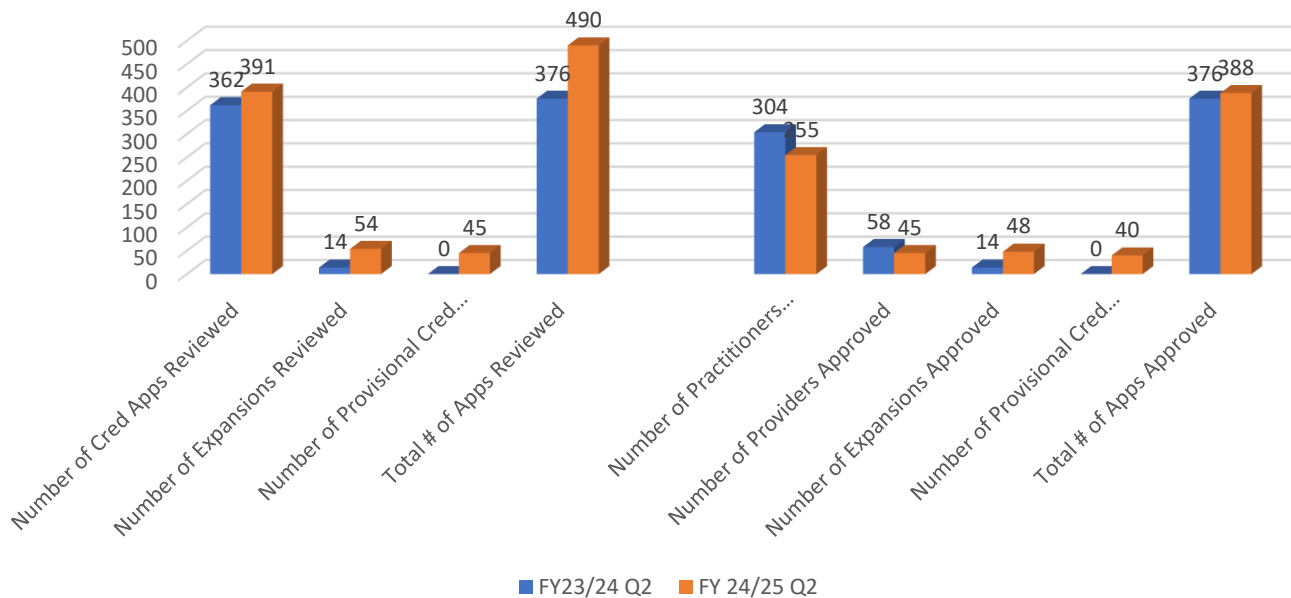
Activity 1: **Credentialing**

- *Description:* The vetting and approval process for both current and new provider(s) into the DWIHN provider network.
- *Current Status:* For Q2 Fiscal Year 2024/2025:
-

| | |
|---|------------|
| Number of Credentialing Applications Reviewed | 391 |
| Number of Expansion Requests Reviewed | 54 |
| Number of Provisional Credentialing Applications Reviewed | 45 |
| Total # of Applications Reviewed | 490 |

| | |
|--|------------|
| Number of Practitioners Approved | 255 |
| Number of Providers Approved | 45 |
| Number of Expansion Requests Approved | 48 |
| Number of Provisional Credentialing Applications Approved | 40 |
| Total # of Applications Approved by Credentialing Committee | 388 |

FY 23/24 vs FY 24/25 Q2 Credentialing Activity



- Significant Tasks During Period:** Expansion approvals more than tripled, showcasing a focused push to meet network adequacy goals and broaden service capacity. The addition of provisional credentialing in FY 24/25 helped maintain provider access amid delays or process transitions in full credentialing. While total approvals still increased slightly (+3.2%), the dip in practitioner (-16%) and provider (-22%) approvals is likely linked to the 12 denials this quarter.
- Major Accomplishments During Period:** During this reporting period, several key accomplishments were achieved that strengthened our credentialing operations and provider network management. In collaboration with IT and Operations Leadership, we conducted our introductory meeting with HealthStream, Inc., marking the beginning of our transition to a new credentialing platform. Training is currently underway using a train-the-trainer model to ensure widespread internal adoption. We are proud to report a 100% score on the 2024 AmeriHealth Annual Delegation Audit, reflecting our commitment to compliance and operational excellence. We also received a 94.42% score of the 2024 Molina Annual Delegation Audit. The Managed Care Operations team led proactive outreach and engagement efforts, supporting providers through targeted communication, follow-up, and reminder campaigns that significantly improved credentialing file completion. To streamline operations, site visits are now scheduled within three business days of file review, reducing delays and creating a more predictable credentialing process. Additionally, the Credentialing Committee meeting frequency was increased from monthly to bi-weekly, resulting in faster application approvals, a reduced backlog, and improved onboarding timelines for new providers and practitioners.
- Plan:** Looking ahead, DWIHN is focused on strengthening and modernizing its credentialing operations through several key initiatives. We are actively executing a new Credentialing Verification Organization (CVO) contract, which will introduce a hybrid model that enables the organization to complete primary source verifications (PSVs) in-house or on demand through contracted services. This model provides the flexibility to scale during periods of high volume while maintaining NCQA-compliant turnaround times and reducing strain on internal resources. We will also continue to hold bi-weekly Credentialing Committee meetings to ensure timely review and approval of credentialing files, particularly as application volume increases. In addition, we

plan to institutionalize our outreach practices by developing a formal Credentialing Engagement Framework. This framework will define standard response timelines, follow-up procedures, and escalation pathways to create a consistent and supportive provider experience. Lastly, we will closely monitor key performance indicators, including average time-to-credential, site visit completion rates within service level agreements (SLAs), and the ratio of inquiries to completed files, in order to drive continuous improvement and operational transparency.

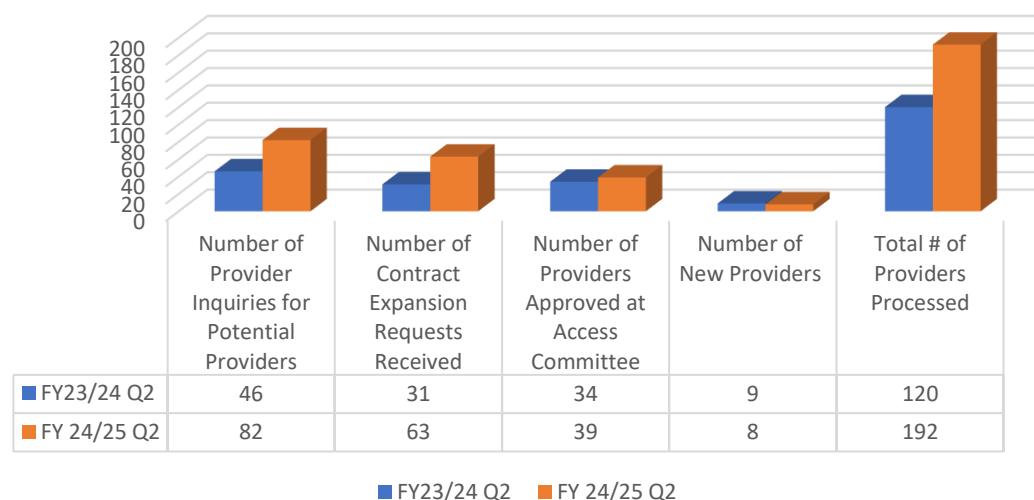
Activity 2: New Provider Changes to the Network/Provider Challenges

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

- **Current Status: In FY 24/25 Quarter 2:**

| | |
|--|------------|
| Number of Provider Inquiries for Potential Providers | 82 |
| Number of Contract Expansion Requests Received | 63 |
| Number of Providers Approved at Access Committee | 39 |
| Number of New Providers | 8 |
| Total # of Providers Processed | 192 |

FY 23/24 vs FY 24/25 Q2 Onboarding Activity



DW IHN continues to monitor and notice changes in the network. We are adding additional providers to our network based on need. Request for Proposals (RFP) are also utilized as a means

of recruiting new providers, particularly in areas of shortages (e.g. Autism, SUD, Behavioral Treatment Planning, etc.).

- *Significant Tasks During Period:* During this reporting period, the Provider Network Management team successfully advanced several critical initiatives and demonstrated strong performance. Provider inquiries nearly doubled (+78.3%) from the prior year, signaling increased interest in joining the DWIHN network. Likewise, contract expansion requests more than doubled (+103.2%), reflecting sustained engagement from existing providers seeking to broaden their service offerings. These trends indicate both network stability and growing provider confidence. However, a slight dip in new inquiries may be attributed to a more stable provider landscape, recent procedural adjustments, overall network coverage. Additionally, the team earned a 99% score on the 2024 AmeriHealth Annual Delegation. These accomplishments underscore the team's commitment to excellence, compliance, and strategic growth.
- *Major Accomplishments During Period:* MCO has successfully submitted required documentation for the FY 2024 HSAG Compliance Review Standards, FY 2024 HSAG NAV Review Standards, 2024 HAP/CareSource Annual Delegation Audit, 2024 Aetna Annual Delegation Audit and 2024 Molina Annual Delegation Audit, 2024 Meridian Annual Delegation Audit. We are currently awaiting final results from HSAG and ICOs, with the exception of Molina. We received a 93.15%.
- *Plan:* As part of our ongoing strategy to enhance provider engagement and streamline network growth, DWIHN is actively implementing centralized tracking for expansion requests and provider inquiries. This includes revising our project management tool (Smartsheet) to support improved workflow visibility, automate follow-up tracking, and provide real-time insight into provider status across departments. Concurrently, we are developing a comprehensive Provider Engagement Toolkit designed to address network adequacy and improve outreach effectiveness. The toolkit will feature a standardized outreach script and a compelling one-pager titled “Why Contract with DWIHN?” which highlights our mission-driven commitment to serving Medicaid, uninsured, and underserved populations; timely reimbursement practices; provider support through dedicated relations managers and onboarding assistance; and the benefits of joining a data-informed, growing network of over 300 partners. This approach will ensure that our engagement efforts are strategic, consistent, and aligned with reducing health disparities in the communities we serve.

Activity 3: MCO Provider Satisfaction Survey

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

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

Collect feedback in real time

Monitor trends throughout the year

Identify pain points as they emerge

Make incremental improvements before the formal annual survey

- *Current Status:* Since inception (February 2025 – May 2025) , the ongoing provider satisfaction survey embedded in MCO staff email signatures has received 52 responses — a promising engagement rate given that:

FY 23's annual survey only received 40 responses
FY 24's annual survey reached 74 responses

This shift to year-round feedback has increased total participation and created a more dynamic channel for real-time input.

Average Scores (Out of 5)

| <i>Domain</i> | <i>Average Rating</i> |
|------------------------|-----------------------|
| <i>Professionalism</i> | 4.58 |
| <i>Courtesy</i> | 4.58 |
| <i>Responsiveness</i> | 4.62 |
| <i>Knowledge</i> | 4.56 |

- *Significant Attributes:* All scores are trending positively, with no domain falling below the 4.5 threshold, indicating a strong baseline for staff performance and provider satisfaction
- *Major Accomplishments:*

We also capture how long it takes providers to receive a response:

| Response Time | % of Responses | Count |
|----------------------------|----------------|-------|
| 2–3 Business Days | 88% | 46 |
| 3–5 Business Days | 4% | 2 |
| 5–10 Business Days | 6% | 3 |
| More than 10 Business Days | 2% | 1 |

Key Insight: 92% of providers receive a response within 5 business days.

- *Plan:* To foster a positive team culture and reinforce high-performance standards, the Managed Care Operations (MCO) division has implemented a recognition program based on provider survey feedback. Survey results are routinely reviewed during staff meetings, and one team member is selected each cycle for outstanding performance, as identified through provider

comments and ratings. Recognized staff receive a small leadership-sponsored token of appreciation and a public acknowledgment during team meetings. This initiative has not only boosted morale but also encouraged team members to actively request survey completion following positive provider interactions. Moving forward, we will continue to integrate survey feedback into staff development conversations and explore additional ways to celebrate excellence, reinforcing a culture of recognition, accountability, and provider-centered service.

- Provider Recognition:

- *Yes! A special award for consistently showing up through a challenging process. Even once the process on my end she informed me that my part was completed and informed me of the next steps. I have never had this level of communication from anyone related to this process. Thank you, a million times.*
- *It is not that often someone seems delighted to be doing their job. You can tell that she has a passion for people and her work. Our conversation is always filled with God's presents. She truly cares about addressing/resolving issues. I thank whom ever assigned [PNM's Name] as Abound Contract Manager. I give her 10 ***** stars*
- *Yes, for Excellency in servicing the providers. She makes sure you understand the assignment that is put before us in order to keep this train going.*
- *Please keep servicing your providers with prompt and accurate information!*

**Program Compliance Committee Meeting
Utilization Management – Quarterly Report
Marlena J. Hampton, MA, LPC – Director of Utilization Management
July 9, 2025**



Main Activities during Quarterly Reporting Period:

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

Progress On Major Activities:

Activity 1: Habilitation Supports Waiver (HSW) Program

- *Description:* The Habilitation Supports Waiver (HSW) program provides home and community-based services to Medicaid beneficiaries with intellectual or developmental disabilities. HSW's goal is to assist people with developing skills to live independently in community settings (vs. institutions or more restrictive settings).
- *Current Status:* The HSW program continues to exceed the state program requirement of 95% slot utilization. DWIHN's HSW has an average of 97.13% utilization per month (1,093 slots) fiscal year to date.

| Utilization Fiscal Year to Date | | | | | | | | | |
|---------------------------------|-------------|-------------|-------------|-------------|-----------|-------------|-------------|-------------|-------------|
| | Oct | Nov | Dec | Jan | Feb | March | April | May | June |
| Total Slots Owned | 1125* | 1125 | 1125 | 1125 | 1125 | 1125 | 1125 | 1125 | 1125 |
| Waitlist | | | | | | | 0 | 0 | 0 |
| Used | 1098 | 1096 | 1095 | 1095 | 1093 | 1092 | 1095 | 1088 | 1086 |
| Available | 27 | 29 | 30 | 30 | 34 | 33 | 30 | 37 | 39 |
| New Enrollments | 19 | 8 | 7 | 6 | 5 | 8 | 6 | 8 | 3 |
| Disenrollments | 2 | 7 | 3 | 5 | 7 | 4 | 12 | 3 | 7 |
| Utilization % | 97.6 | 97.4 | 97.3 | 97.3 | 97 | 97.1 | 97.3 | 96.7 | 96.5 |

- *Significant Tasks During Period:*
 - The HSW team continues the identification, monitoring, and follow-up of members who have not utilized the required one (1) HSW service per month. The Utilization Manager continues to work with CRSPs regarding barriers and remedies to appropriate service utilization.
 - This quarter, in conjunction with overall monitoring efforts, the HSW team began capturing certification renewal data. In May, there were 109 renewals due, and 88 renewals submitted (81%).

- *Major Accomplishments During Period:*
 - The Michigan Department of Health and Human Services (MDHHS) has removed its limit of five (5) new members per PIHP pending approval at any given time, imposed while they caught up on new enrollee applications. This eliminates DWIHN's waitlist and allows all referred members to be served without delay.
- *Needs or Current Issues:*
 - HSW members usually remain enrolled for their entire lives. They are only disenrolled when a member passes away or, in rare instances, when a member consistently fails to meet their Medicaid spenddown requirements or loses their Medicaid eligibility. In situations involving Medicaid issues, all efforts are made to resolve the problem, and transition planning occurs before any disenrollment takes place.
- *Plans:*
 - The HSW team recognizes that it does not yet serve all DWIHN members eligible for the HSW program. It plans to renew its efforts to offer targeted education to the CRSPs on program requirements, member benefits, and provider incentives.

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

- *Description:* Self-Directing Services (SD) is a partnership between Detroit Wayne Integrated Health Network and members using specialty mental health services. Self-directing services are a method of service delivery that shifts budget authority and control of services to the person, as identified in their Individual Plan of Service (IPOS). Based on services authorized in the IPOS, the members select qualified service providers of their choice. The costs of services is outlined in an individual budget and managed by the person through a Financial Management Service (FMS).
- *Current Status:* More than 1,300 members self-direct their services. At the time of this report, 1,332 members were enrolled. This is a 4% increase since the start of the fiscal year, when we served 1,281 members. Of those self-directing, 388 utilize agencies and 944 direct hires. This continues to reflect lower use of traditional agency-supported arrangements.

| Self-Directed Services | | | | | | | | |
|------------------------|------|------|------|------|------|-------|-------|------|
| | Oct | Nov | Dec | Jan | Feb | March | April | May |
| Total Members | 1281 | 1290 | 1297 | 1301 | 1301 | 1311 | 1324 | 1332 |

- *Significant Tasks During Period:*
 - The SD team continues to move forward with system improvements to streamline the process for our members and participating providers. This quarter, the team implemented the following changes:
 - Developing a formal process to track approved items in the individual budget.

- Ensuring all Financial Management Services (FMS) are offering budget spending plans.
 - Tracking the onboarding timeline by ensuring referrals include the date sent.
 - Confirming that budgets correspond with the Individual Plan of Service (IPOS) year.
 - Ensuring all FMS complete the Service Agreement at the start, which allows direct hire staff to be paid for initial training.
- *Major Accomplishments During Period:*
 - The Self-Directed Services team attended the annual MDHHS Self-Determination Conference. We are proud to report that an individual supported by DWIHN presented, sharing her success with hiring staff.
 - We continue active participation with Partners Advancing Self-Determination (PAS), a collaboration with MDHHS to offer free state-level technical assistance, training, and support to advance self-directed services in our community.
- *Needs or Current Issues:* The Self-Directed Services onboarding process, including treatment planning and purchase agreements, involves a great deal of paperwork. Most documents are signed manually, and at multiple appointments. The SD team, participating providers, and supported individuals participating in Partners Advancing Self-Determination agree that this can be a hinderance to initiating services.
- *Plan:* The Director of Utilization Management and I/DD Program Administrator will work with DWIHN's Information Technology Department to discuss leveraging technology to reduce or eliminate manual processing of required SD documentation, including our Community Electronic Health Records (CEHR) system.

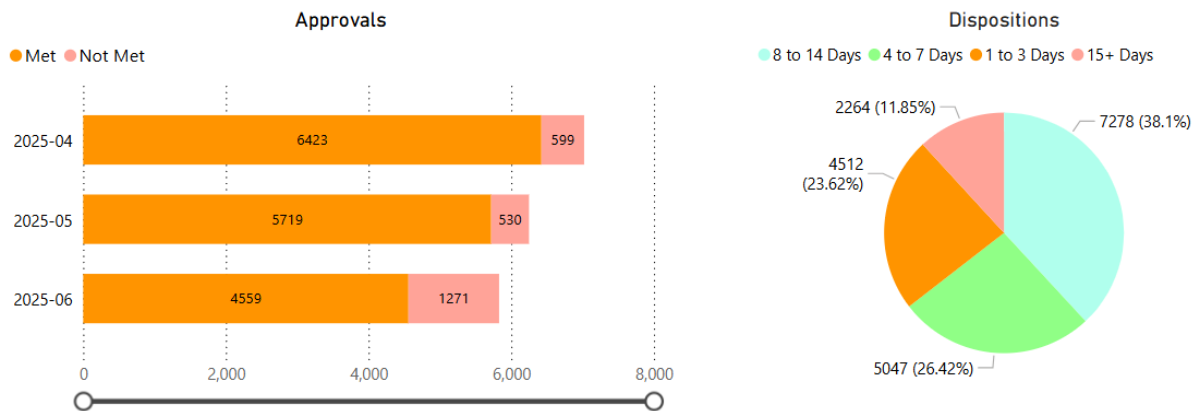
Activity 3: Timeliness of UM Decision-Making

- *Description:* DWIHN Utilization Management reviews standard and expedited authorization requests for several lines of business, including (but not limited to) outpatient services, substance use disorder (SUD) services, General Fund, Autism services, and Waiver programs.
- *Current Status:* Utilization Management is frequently involved with audits and system updates to ensure the department meets various Michigan Department of Health and Human Services (MDHHS) regulatory requirements. Services should be of the highest quality and timely, cost-effective, clinically appropriate, and medically necessary. We accomplish this through consistent review and update of our processes, procedures, and documentation. Our goal is to improve the efficiency of utilization review and decrease/eliminate delays in service delivery or authorization.
- *Significant Tasks During Period:*
 - IT implements changes to Chart Documents module in MHWIN, which contributes to reduction in time required to review authorization requests.
 - Review of current SUD treatment planning and authorization procedures with Associate Vice President of Clinical Operations and Interim Director of Substance Use Disorder (SUD) Initiatives.
 - Review of Service Utilization Guidelines functionality and its impact on authorization requests from DWIHN and provider standpoints.

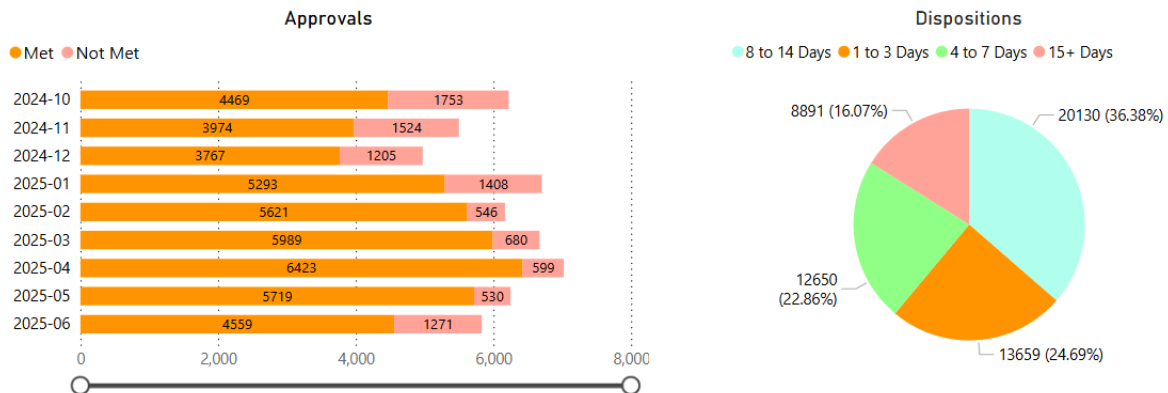
- *Major Accomplishments During Period:*

- The Utilization Management prior authorization review teams continue to focus on their overall decision-making timeliness. In the 3rd Quarter, despite a significant increase of requests in the latter part of June, the Utilization Management prior authorization review teams approved 90% of authorization requests within fourteen (14) calendar days. We continue the implementation of our departmental performance improvement plan to address not meeting the 95% 14-day timeframe standard for non-urgent requests, as well as the development and update of internal & provider network authorization procedures.

Quarter 3 – FY 2025

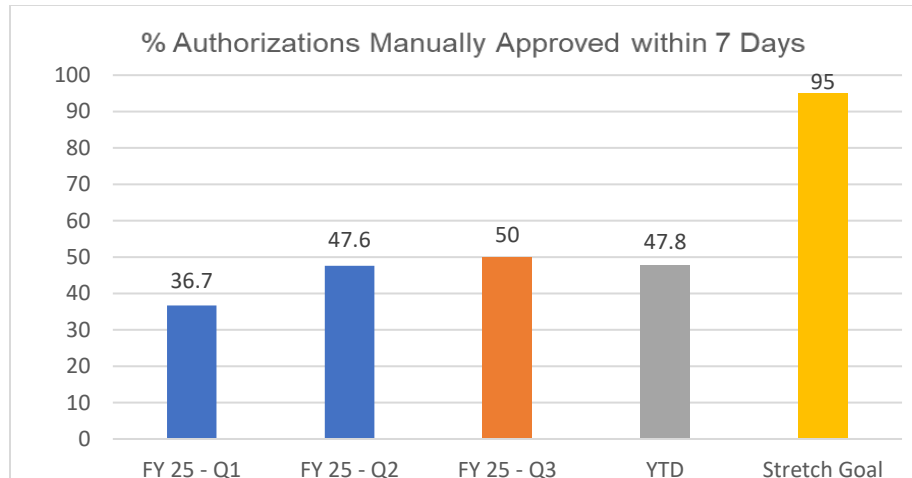


Year to Date – FY 2025



We continue to track the percentage of authorizations manually approved within seven (7) calendar days.

- In Q1, we manually approved 5,507 authorizations (36.7%).
- In Q2, we approved 8,947 authorizations (47.6%).
- In Q3, we approved 9,559 authorizations (50%).



***Data does not include Residential Services authorizations*

- **Plans:**
 - Training opportunities for the provider network on submitting authorization requests, which will reduce disposition time and improve service delivery.
 - Collaboration with the Substance Use Disorder (SUD) Initiatives and Access Call Center Departments to review and update SUD initial authorization process.
 - Continue monitoring individual staff progress with coaching as appropriate.

Quarterly Update:

- **Things the Department is Doing Especially Well:**
 - The Director of Utilization Management, with support from the Chief Medical Officer, has updated and implemented new meeting structure and reporting requirements for the Utilization Management Committee (UMC), which is an essential area of the UM program.
 - Utilization Management provides technical assistance to Crisis Services and Customer Service during preparation for Year 2 of HSAG external quality review.
- **Identified Opportunities for Improvement:**
 - Director continues discussion with Outpatient UM Administrator ways to actively improve response and disposition time for standard prior authorization requests.
 - The Director, in conjunction with Strategic Operations and available consultants, will continue the update and implementation of the UM Work Plan, which will promote timeliness and compliance with accrediting and regulatory bodies.
- **Progress on Previous Improvement Plans:**
 - The Utilization Management Director and Administrators participate in the Health Services Advisory Group (HSAG) review on June 13, 2025. Official results will be provided to DWIHN in Fall 2025.

**Program Compliance Committee
Vice President of Clinical Operations' Report
July 9, 2025**



CLINICAL PROGRAM UPDATES

HEALTH HOME INITIATIVES:

Certified Community Behavioral Health Clinic (CCBHC) – 21,266 members, 7 providers

The Health Homes team continues without pause on its CCBHC projects and technical support of the CCBHC sites. We are still awaiting updates from MDHHS about the upcoming administrative transition set for October 1st, 2025, as there are still many unanswered questions at this time about the transition.

All six (6) CCBHC sites who participated in the demonstration in FY2024 have received their **preliminary** Quality Bonus Payment award notice. CCBHC's were assessed on 6 measures and could earn a 5% bonus on their Medicaid cost volume.

CCBHC Performance Measures:

- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)
- Follow-Up After Hospitalization for Mental Illness, ages 18+ (adult) (FUH-AD) – 30-day
- Follow-Up After Hospitalization for Mental Illness, ages 6 to 17 (child/adolescent) (FUH-CH) – 30-day
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-BH) - Initiation
- Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-BH-C)
- Major Depressive Disorder: Suicide Risk Assessment (SRA-A)

| CCBHC | % of Possible Award |
|------------------------------------|----------------------------|
| ACCESS | 72% |
| CNS | 95% |
| DEVELOPMENT CENTERS | 100% |
| ELMHURST HOME, INC | 85% |
| SOUTHWEST COUNSELING & DEVELOPMENT | 77% |
| THE GUIDANCE CENTER | 95% |

Behavioral Health Home (BHH)- 862 members, 9 providers

SUD Health Home- 730 members, 8 providers

The Health Homes team is excited to be working with BizAnalytix developing a custom Health Homes Claims Audit Toolset (CATS) which will allow the team to efficiently review Health

Homes enrollments, claims, and care plans in a uniform manner with samples selected by the tool. The team will be using the customized toolset this month.

Mariner's Inn is presented to this body this month for approval to join as a SUD Health Home service provider; Mariner's is excited to join and bring the Health Home service to members served. DWIHN is currently working with another provider to join the Health Home program.

INTEGRATED HEALTHCARE SERVICES:

Omnibus Budget Reconciliation ACT (OBRA)- OBRA assessments are completed for members who have behavioral health or I/DD diagnoses who may need nursing home services. Preadmission Reviews are to be completed within 4 days of referral, and annual reviews are completed within 14 days of referral. These referrals come from hospitals, community referrals, or nursing homes.

In June, OBRA processed **661** referrals, **352** were assigned to be completed, and **309** were triaged and provided with exemption letters. The PASRR (preadmission Screening and Resident Review) trainer has provided training to **23** Nursing homes and one hospital. Psygenics, a Clinically Responsible Service Provider, requested and received a PASRR training that included **26** staff. In addition, an in-person PASRR training was held at the Guidance Center on June 18th with 53 staff in attendance. In total, **106** staff were trained in June.

CHILDREN'S INITIATIVES:

Postpartum Depression Grant- Southeast Michigan Perinatal Quality Improvement Coalition (SEMPQIC) represents Oakland, Wayne, and Macomb County to support activities in the community to reduce maternal and infant mortality. SEMPQIC is offering Perinatal Mental Training Support with a 1-year grant through Blue Cross Blue Shield and other institutions.

Perinatal depression is a common and potentially serious mood disorder that impacts about 1 in 7 individuals during pregnancy or within the first year postpartum. It arises from a combination of hormonal shifts, genetic vulnerability, and environmental influences. This condition often presents with intense symptoms such as ongoing sadness, low self-worth, disrupted sleep, heightened anxiety, and challenges in forming a bond with the baby. Early identification and proper treatment are crucial to support the well-being of both the parent and the child. (*National Library of Medicine*) <https://www.ncbi.nlm.nih.gov/books/NBK519070/>

Six (6) Children Providers and ten (10) Infant Mental Health clinicians were selected to participate in the SEMPQIC postpartum depression 3-day training opportunity. Six (6) of the ten (10) clinicians completed the June 2025 training. The remaining 4 clinicians attend the postpartum depression training in September 2025. Provide grant report to SEMPQIC by September 2025.

RESIDENTIAL SERVICES:

Residential Assessments- During the month of June, the Residential Services Department continued the process of ensuring that all members receiving residential services have up to date Residential Assessments. The Residential Services department has twenty (20) Residential Care Specialists (RCS) completing assessments daily. Each member is required to have an assessment completed annually or at any time there is a change in the member's condition. It is important that all members have up to date assessments to ensure that they are receiving the medically necessary services that meet their clinical needs.

| Assessments Completed | | | | |
|-----------------------|--------|--------|--------|--------|
| | Apr-25 | May-25 | Jun-25 | QTR #3 |
| AMI | 202 | 171 | 162 | 535 |
| IDD | 164 | 162 | 128 | 454 |
| TOTAL | 366 | 333 | 290 | 989 |

The Residential Services Department was able to complete (290) Residential Assessments during the month of June, (162) assessments were completed with Adults with Mental Illness (AMI) and (128) assessments were completed with individuals with Intellectual and Developmental Disabilities (IDD).

Implementation of the Quality Assessment Audit Tool- During the month of June, the Residential Services Department completed the Quality Assessment Tool to review a sample of completed Residential Assessments. This audit tool was developed earlier this year and implementation began in May. It is important that we establish a process to review completed Residential Assessments to ensure that they are consistently thorough and accurate.

| Residential Assessment Audit Compliance percentage | |
|--|-------|
| Benchmark | 80.0% |
| May-25 | 80.3% |
| Jun-25 | 82.3% |

Over ninety percent (90%) of assessments reviewed clearly explain why residential services are needed and contain a summary of the member's medical history. These were two (2) of the highest scoring areas identified by the audit tool. The audit tool indicated that less than half of the assessments completed identified a Primary Health Care Physician (PHCP) for the member. Additionally, staff are not consistently informing the assigned Clinically Responsible Service Provider (CRSP) of the assessment recommendations. These are target areas for improvement moving forward. The Residential Services Department will initiate departmental trainings based on the trends indicated from completed audits.

SUBSTANCE USE SERVICES (SUD):

Withdrawal Management- Withdrawal management is a crucial level of care and often a first encounter of substance use disorder treatment. It is typically delivered across a span of three days, addressing physical withdrawal symptoms from stopping substance use. Aftercare is crucial to support and maintain abstinence from drugs. Since withdrawal management is frequently a starting point for treatment services, we looked at the average number of levels of care post-withdrawal management and the utilization rate of those different levels of care from 10/01/2023 to 06/23/2025.

The most frequently utilized level of care after residential withdrawal management is Outpatient and Outpatient MAT, followed closely by SUD recovery services, often done in tandem with outpatient programming. Between 10/01/2023 and 06/23/2025, 20.23% individuals had no SUD services post-withdrawal management. The SUD Team is working with providers on improving engagement strategies to ensure more individuals receive appropriate ongoing clinical services.

MDHHS CLINICAL UPDATES:

MDHHS has announced that it has postponed the full implementation of Conflict Free Access and Planning (CFAP) until FY2027. Those providers who already had a Home and Community-Based Service MDHHS review must adhere to the CFAP requirements currently. MDHHS will be implementing the World Health Organization Disability Assessment Schedule (WHODAS 2.0). FY2027, replacing the previously utilized Supports Intensity Scale. This tool will be used to measure disability and functioning across various domains for persons 18 years and older that are diagnosed with intellectual/developmental disability.



VP of CLINICAL OPERATIONS' REPORT
Program Compliance Committee Meeting
Wednesday, July 9, 2025

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

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

AUTISM SPECTRUM DISORDER (ASD) – Director, Cassandra Phipps
Please See Attached Report

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

PIHP CRISIS SERVICES – Director, Daniel West
No Monthly Report

CUSTOMER SERVICE – Director, Michele Vasconcellos
Please See Attached Report

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) – Interim 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 2025
Program Compliance Committee: July 9, 2025



Main Activities during May 2025:

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

Activity 1: Call Center Performance – Call Detail Report

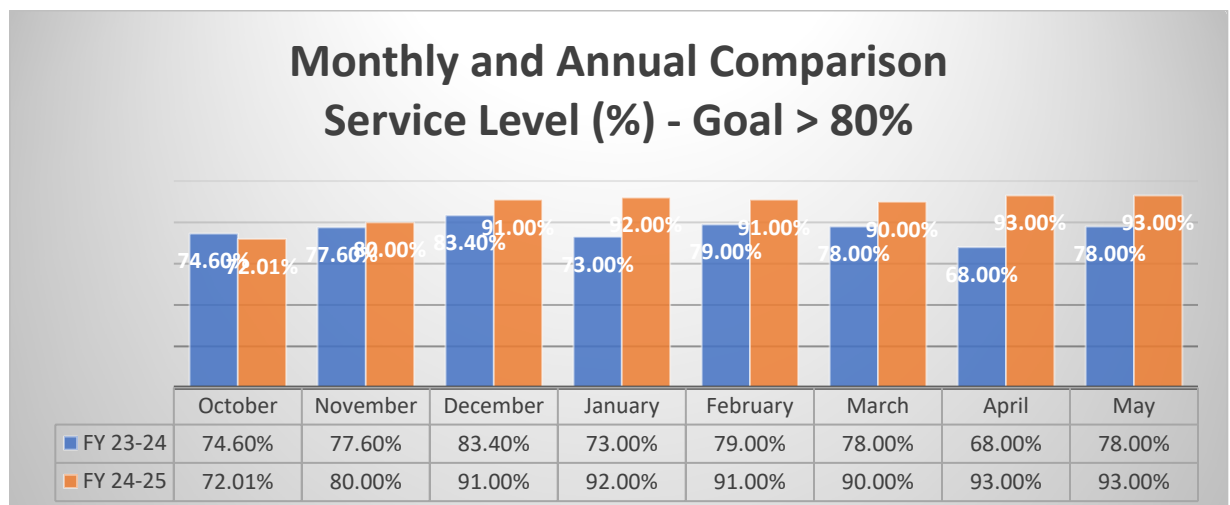
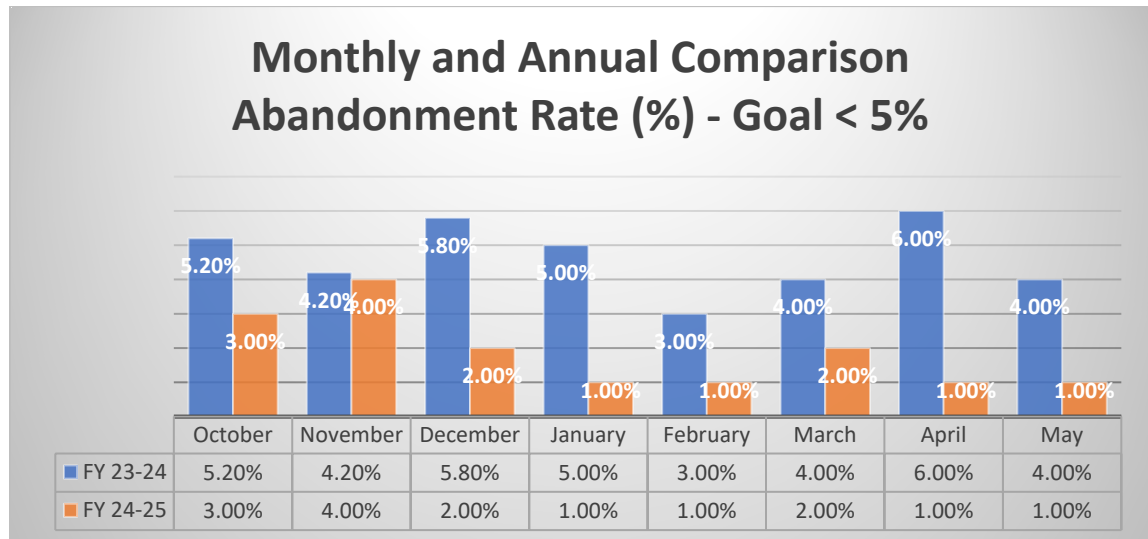
- **Description:** Majority of the calls that come into the call center are from members in the community seeking mental health and SUD services, information and referrals. The rest of the incoming calls are from in-network providers and other community agencies like local hospitals, foster care workers, 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 2025:**
 - % Abandoned Goal is < 5% (1.0%)
 - Avg. speed to answer Goal <30 sec. (10 sec)
 - % of calls answered Goal > 80% (97.0%)
 - Service level Goal >80% (93.0%)

| Queues | Incoming Calls | Calls Handled | Calls Abdoned . /Hang Ups | % Abdoned. | Avg. Speed to Answer | Average Call Length | % of Calls Answered | Service Level |
|---------------------|----------------|---------------|---------------------------|------------|----------------------|---------------------|---------------------|---------------|
| Call Reps | 16,736 | 16,214 | 229 | 1.0% | :10 sec | 4:23 mins | 97.0% | 93.0% |
| SUD Techs | 4,295 | 3,709 | 397 | 9% | 1:21 mins | 12:03 mins | 86.0% | 72.0% |
| Clinical Specialist | 2,487 | 1,788 | 431 | 17% | 2:47 | 14:36 mins | 72.0% | 52.0% |
| | | | | | | | | |
| April 2025 Totals | 16,231 | 15,769 | 169 | 1.0% | :09 sec | 4:34 mins | 97.0% | 93.0% |
| | | | | | | | | |
| May 2024 Totals | 16,291 | 15,203 | 671 | 4.0% | :25 sec | 5:36 mins | 93.0% | 78.0% |

- For the month of May 2025 there were 16,214 calls handled by the access call center. This is 445 more calls than the previous month.
- Of the total number of calls handled (16,214) for the month of May 2025:
 - 3,709 (23.0%) calls handled for SUD services
 - 1,788 (11.0%) calls handled for MH services
 - 10,717 (66.0%) calls were for provider inquiries, information and referrals for community programs and services, screening follow up calls, request to release SUD cases, Hospital Discharge appointments, enrollments (Infant Mental Health

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

- In an annual comparison of May 2024 and May 2025, there were 445 more incoming calls, and 1011 more calls handle in 2025. There was a 3.0% decrease in the abandonment rate, 4.0% to 1.0%. There was a 15% increase in the service level (78.0% (2024) to 93.0% (2025)).



- **Significant Tasks During Period:**
 - Review staff time management and Customer Experience Skill Accuity; provide additional training and coaching (ongoing)
 - Increase frequency of Silent Monitoring to identify areas of strengths and weaknesses (ongoing)
- **Needs or Current Issues:** Fill vacancies for ACCR, Clinical and SUD units

- **Plan:**
 - Add monitoring of calls categorized as Negative Sentiments to increase knowledge of customer experience areas that need improvement
 - Audit staff attendance, timeliness and performance: utilize performance improvement plans where needed (ongoing)

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

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

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

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

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

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

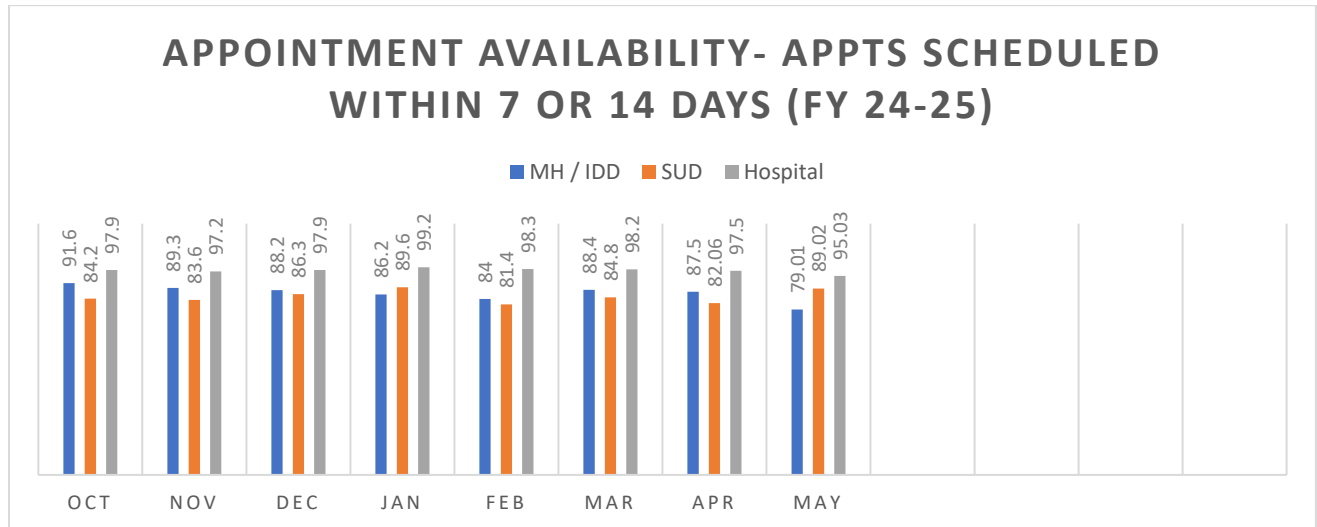
Summary:

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

- **Appointment Availability Summary:**
 - For the month of May 2025 there were 1211 MH (SMI - 610, SED - 275, I/DD- 48 (adult) / 278 (child), ASD Eval - 199) appointments scheduled. There was a decrease in appointment availability in, this area from April to May (decrease by approx 8%); (October 91.6%, November 89.3%, December 88.2%, January 86%, February 84%, March 88.4%, April 87.5 %, **May 79%**).
 - For the month of May 2025 there were 890 Hospital Discharge follow-up appointments scheduled through the DWIHN Access Call Center (Adult 827, Child 63); appointment availability was 95%; which is a decrease by approx. 2.5% from last month. (October 97.9%, November 97.2%, December 99.9%, January 99.2%, February 98.3%, March 98.2%, April 97.5%, **May 95%**)
 - For the month of May 2025 there were 1573 SUD appointments scheduled; SUD appointment availability increased by approx. 6.5%, from

April to May (October 84.2%, November 83.6%, December 86.3%, January 89.6%, February 81.4%, March 84.8%, April 82.6%, **May 89%**).

- If an appointment cannot be scheduled within the prescribed timeframe, Access Call Center staff will engage in communication with CRSP providers (via phone call and/or email) to coordinate an intake appointment within 30 days or less, when possible.
- **Monthly Comparison Charts:**



- **Significant Tasks During Period:**
 - DWIHN Access Committee review network service availability and make recommendations for network revisions and expansion, monthly. (ongoing)
- **Needs or Current Issues:**
 - Increased appointment availability from providers
- **Plan:**
 - A memo was sent to providers in April and May to review expectations about appointment availability and request appointment additions more frequently
 - 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 (ongoing).
 - Continue to meet with CRSP to identify more appointments for intake and follow up services (ongoing).
 - Coordinate intake appointments with newly onboarded CRSP providers (ongoing).

Activity 3: Special Projects

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

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

Summary:

For the month of May 2025, 474 referrals were received, 91% were processed within 14 days and 9% were processed outside of 14 days. During the month of April 2025, the call center was not prepared for the drastic increase in number of referrals from 60 in March 2025 to 538 in April 2025. Management made the decision to assign staff to monitor this queue daily instead of 3 x week.

| Month FY 24/25 | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun |
|-----------------------|-----|-----|------|------|------|------|-----|-----|-----|
| # of Referrals | 91 | 57 | 29 | 63 | 42 | 60 | 538 | 474 | |
| % processed timely | 93% | 98% | 100% | 97% | 100% | 96% | 88% | 91% | |
| Month FY 23/24 | 85 | 93 | 55 | 67 | 77 | 16 | 152 | 76 | |
| % processed timely | 95% | 93% | 100% | 100% | 97% | 100% | 90% | 97% | |

Needs or Current Issues:

- There was a significant increase in the number of monthly referrals starting in April 2025; ICO's report a change in the electronic system that identifies cases based on a keyword search, which is designed to identify individuals with history or behaviors; health related concerns.

Plans:

- Assign additional staff daily (Mon-Sun, 9a-7p) to process referrals timely

Activity 4: Staffing, Trainings and Updates

- **Staffing** – During the month of May 2025, the Access Call Center has 3 vacancies: SUD Tech - 1 (part-time), Clinical Specialist - 1 (contingent), Clinical Specialist - 1 (Part-Time).
 - Review of newly submitted applications, interviewing, hiring and training so that vacancies can be filled.
 - Use of overtime and contingent staff to cover UPTO/PTO and expected increase in call volumes
 - Starting May 19, 2025 all call center full time shifts are scheduled to work onsite (707 Milwaukee (4th Floor), Detroit, MI. Part time and contingent have the option to work on site or remotely depending on scheduled shift.

- **Department Overviews and Trainings** – Anti Harassment and Non-Discrimination Training for Employees (DWC online training site), Medicaid and Medicare General Compliance Training (DWC online training site), Data Privacy, Confidentiality and Info Security (Career Improvement Practices Series, YouTube)

- **Plans :**
 - Ongoing recruitment and training of staff
 - TTEC Discovery Meetings to discuss current Genesys phone system Utilization and use of additional features (8 week session, in progress, started May 8th, 2025)
 - Assign additional staff to assist with eligibility screenings and enrollments for DWIHN Outpatient Clinic (Starting July 2025)

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



Main Activities during Reporting Period:

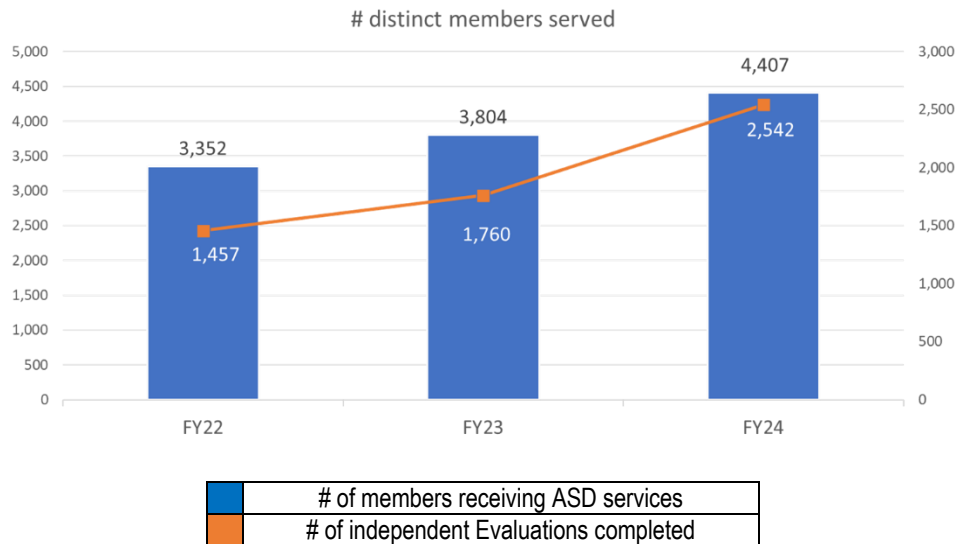
- Activity 1: Autism Service Growth Trends
- Activity 2: Monitoring Autism Service Expansion
- Activity 3: Diagnostics Outcomes

Progress On Major Activities:

Activity 1: Autism Service Growth Trends

Description: DWIHN Autism Service Department oversees the Autism state plan for youth and young adults up to 21 years of age. Applied Behavior Analysis (ABA) is an intensive, behaviorally based treatment that uses empirically supported techniques to bring about meaningful and positive changes in communication, social interaction, and repetitive/restrictive behaviors that are typical of ASD.

Current Status: This graph presents a comparative analysis of growth trends in Autism Treatment and Evaluations. The blue bars reflect a 31% increase in members receiving treatment, while the orange line highlights a 74% surge in individuals being evaluated for Autism. In response to this rising demand, DWIHN launched a 2023 RFQ to expand Autism services over five years. As a result, the ABA provider network has grown from 13 to 26 providers. Although this has initially strengthened capacity to meet community needs, the graph below indicates diagnostic need will eventually exceed treatment capacity.



Significant Tasks During Period: This month the department completed a data analysis on the demographics of evaluated members for the previous fiscal year.

Major Accomplishments During Period: In addition, about 170 members from Chitter Chatter were transferred to other providers in a timely manner to continue providing ABA services.

Needs or Current Issues: The chart below represents demographic need of both diagnostic and service settings. The three cities Lincoln Park, Inkster, and Hamtramck highlighted in red represent the highest need as there are no sites or locations.

Plan: Send communication to Autism Providers and Independent Evaluators updated expectation for Autism Providers to also complete autism re-evaluations every three years to meet the expansion needs effective 7/1/2025.

Cities Where Services are Needed:

| City | Members |
|--------------------------|---------|
| Detroit | 1563 |
| Taylor | 155 |
| Dearborn | 151 |
| Westland | 146 |
| Lincoln Park | 108 |
| Inkster | 96 |
| Dearborn Heights | 86 |
| Hamtramck | 85 |
| Redford Charter Township | 69 |
| Romulus | 64 |
| Canton Charter Township | 57 |
| Belleville | 52 |
| Livonia | 45 |
| Garden City | 37 |
| Southgate | 37 |
| Wayne | 33 |
| Flat Rock | 32 |
| Harper Woods | 32 |
| Highland Park | 31 |



Activity 2: Monitoring Autism Service Expansion

Description: As demand for Autism services continues to rise, DWIHN has focused on expanding provider capacity and strengthening access to diagnostic evaluations, the first step in determining eligibility for services. This includes both the onboarding of new ABA providers and enhanced oversight of diagnostic timelines to ensure families can access timely evaluations and enter care without unnecessary delays.

Current Status: The chart reflects the status of ABA providers since the launch of RFQ 20023-005 REBID in March 2023. At the time of release, 15 providers were active within the network. Since then, 10 new providers have been fully onboarded, with 5 additional organizations currently in the credentialing phase. Two more providers have also been added to the Qualified List.

This expansion is designed to improve access to services, reduce wait times, and ensure members across Wayne County have timely and adequate coverage as demand for Autism services continues to grow.

Acorn Health of Michigan
 Attendant Care
 Behavior Frontiers
 Centria Healthcare
 Chitter Chatter
 Gateway Pediatric Therapy
 HealthCall of Detroit
 Merakey
 MetroEHS
 Open Door Living Association
 Patterns Behavioral Services
 Positive Behavior Supports
 Strident Healthcare
 Total Spectrum
 Zelexa

15 Original ABA Providers

Advance ABA Care
 Akoya behavioral Health, LLC
 Brightview Care
 Downriver Therapy Associates (SOS)
 Emagine Health Services
 Illuminate ABA Services
 IOA
 KD Care Community ABA Services
 Lumen Pediatric Therapy
 Peak Autism Center

10 New Providers

Apex Therapy Services
 BlueMind Therapy
 Bright Behavior Therapy
 Integrative Pediatric Therapy
 Karing Kids

5 Providers Onboarding

Gorbold Behavioral Consulting
 Residential Options Inc. (ROI)

2 Qualified List

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. Currently the RFQ Evaluation Committee is meeting to begin the 4th evaluation for 2023-005 REBID.

Major Accomplishments During Period: As of June 2025, an additional 3 ABA Providers were approved during the DWIHN full board meeting and are working with finance to finalize documentation prior to a contract (Integrative Pediatric Therapy, BlueMind Therapy, and Bright Behavior Therapy).

Needs or Current Issues: The Qualified List of ABA Providers pending credentialing are as follows: Autism of America and Mansch Enterprises LLC (dba Euro-Therapies).

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

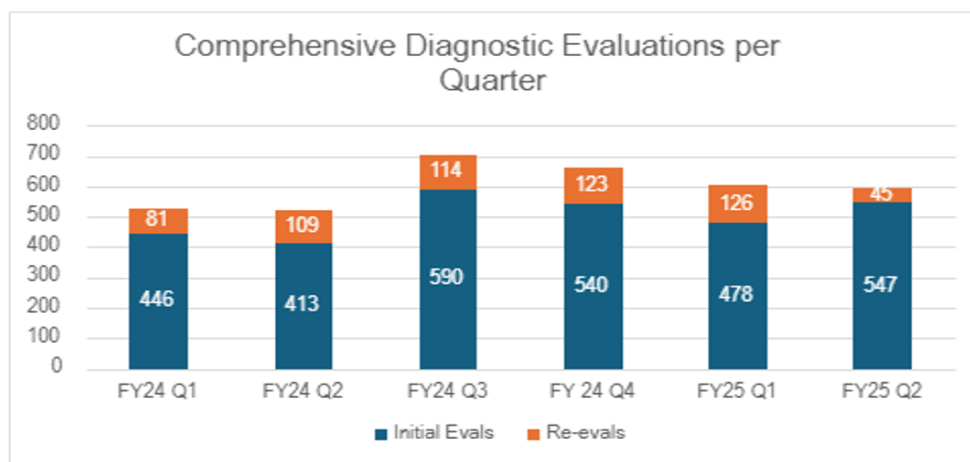
Activity 3: Comprehensive Diagnostic Evaluation

Description: DWIHN uses a “no wrong door” approach to make sure individuals can access Autism evaluations through multiple pathways, such as referrals through the Access Call Center. A comprehensive diagnostic evaluation is used to determine whether a person meets the criteria for autism spectrum disorder (ASD). It typically includes reviewing the person’s developmental history, speaking with caregivers or professionals involved in their care, observing symptoms, and using standardized tools. These evaluations help identify the individual’s needs and guide decisions about appropriate treatment and services.

Current Status: Following the end of the Public Health Emergency in May 2023, the number of Autism evaluations increased significantly. This led to a rise in provider payments from 1.5 million to 2.8 million dollars, driven largely by a 74 percent increase in evaluation volume and a smaller increase in the cost per evaluation.

In early Quarter 3 of Fiscal Year 2024, the Autism Team began collaborating with the Access Call Center to identify and address delays caused by a growing backlog of physician referrals and outside diagnostic requests. To improve coordination and reduce confusion, the provider network was informed that all physician referrals must now be submitted using a single Smartsheet Form. This updated process was implemented by the Access Call Center in June to support clearer and more consistent communication with the Autism Services team.

The chart below displays the number of evaluations completed each quarter. Initial evaluations are shown in blue, and re-evaluations are shown in orange. In Fiscal Year 2024, the average number of initial evaluations per quarter was 497. In Fiscal Year 2025, that number has increased slightly to 512. While this growth reflects expanded access to services, it has also created challenges in ensuring timely diagnostic decisions and smooth entry into care.



Significant Tasks During Period: Reviewed the re-evaluation data and trends. Decided to allow autism providers to complete re-evaluations to meet the improve capacity needs.

Needs or Current Issues: To improve quality and comprehensive diagnostic evaluations, DWIHN will develop a diagnostic evaluation template to be added to MHWIN. Send communication to Autism Providers and Independent Evaluators updated expectation for Autism Providers to also complete autism re-evaluations every three years to meet the expansion needs effective 7/1/2025.

Monthly Update

Things the Department is Doing Especially Well:

- Shared the updated ABA Provider Availability Form with CRSPs and providers to support faster access to services and smoother transitions for members entering care.
- Hosted the June ABA Provider Network Meeting with updates on availability, QBHP transition planning, and network-wide compliance efforts.
- Sent follow-up emails to ABA providers requesting updated availability forms and clarified the differences between the Availability and Capacity forms.
- Continued promoting the ABA Program Enrollment & Program Closing Form ahead of the full rollout
- Reached out to ABA providers to confirm which organizations conduct diagnostic evaluations in preparation for the July 1, 2025 re-evaluation memo clarifying provider options.
- Cleaned and updated the ADOS-2 Worksheet by removing outdated categories and working with IT to improve structure and clarity.
- Created PowerPoint training for incoming ABA providers to support onboarding and orientation to the DWIHN Autism Benefit.
- Updated the ABA Provider Contact Log to ensure accurate and complete contact information across all provider locations.
- Revised the Statement of Work (SOW) for the upcoming RFP to expand the network of diagnostic evaluators and streamline access to timely assessments.
- Provided targeted support and communication to providers with remaining QBHPs to support transition planning before the September 30 deadline.
- Maintained and refined internal tracking tools, including the Evaluation Referral Log, Member Status Lists, and Provider Assignment Records.
- Received recognition for successfully completing the Chitter Chatter member contact and transfer process.
- Joined the RFQ 2023-005 REBID for Outpatient Mental Health Providers to Provide ABA Services, supporting network expansion and service availability.
- Completed over 125 case assignments, successfully connecting members to appropriate ABA providers and services.

- Submitted the MDHHS Waiting Member Report, improving transparency and contributing to statewide oversight.
- Onboarded new Providers from the RFQ-qualified list, supporting network growth and increased service capacity.
- Provided coordination of care and support for new providers, assisting them with onboarding member information and navigating system requirements.
- Attended the in-person MDHHS Autism meeting on 4/29/25 in Lansing, MI to gather updates on Autism Benefit policy changes and discuss system-level barriers and progress.
- Attended Behavior Treatment Plan (BTP) meetings and developed a PowerPoint presentation for future provider trainings on BTP documentation and process.
- Sent compliance follow-up to Open Door ABA regarding the timely upload of required 6-month assessments into MHWIN
- Created an Excel tracker documenting MHWIN payments by business from 2024–2025.
- Reviewed Open Door ABA member records and created a spreadsheet to track current vs. closed cases for monitoring and follow-up.

Identified Opportunities for Improvement:

- Clarify expectations around QBHP phase-out and ensure providers are actively planning to maintain service coverage beyond September 30.
- Refine internal tracking tools (e.g., ADOS-2 Worksheet, Evaluation Referral Log) to flag delays and improve communication loops between evaluators and the Autism team.
- Coordination of transfers could be improved to ensure providers complete early termination of authorizations and submit ABDs in a timely manner.
- Continue encouraging timely re-engagement efforts for members who remain unassigned or inactive in ABA services, especially those recently transferred or passively assigned.

Progress on Previous Improvement Plans:

ABA Service Delivery Performance Improvement Plan (PIP):

The department continued efforts to strengthen ABA service delivery and streamline processes. The ASD Enrollment, Transfer, Discharge (EDT) Form was further developed and integrated into workflow conversations with providers, supporting improved documentation and tracking when members start, transfer, or close services. The ABA Provider Availability Log remains in active use, helping CRSPs identify openings and match members to services more efficiently.

Program Compliance Committee Meeting



Children's Initiative Department

June 2025

Main Activities during the Reporting Period:

- Activity 1: Intensive Care Coordination Wrap Around (ICCW)
- Activity 2: Juvenile Restorative Program
- Activity 3: Postpartum Depression Grant

Progress On Major Activities:

Activity 1: Intensive Care Coordination Wrap Around (ICCW)

Description: Intensive Care Coordination Wrap Around (ICCW) is an evidenced informed approach ensuring comprehensive coordination and holistic planning for children, youth, young adults, and their families with the most intensive needs. ICCW service is for children, youth, and young adults ages 0 to 21st birthday with serious emotional disturbances (SED), intellectual developmental disabilities (IDD), and or serious mental illness (SMI).

Why is this Important?: ICCW is an intensive care coordination services to organize, coordinate, link, and monitor services and supports and advocacy for members served. ICCW is family-driven and youth-guided. This service is to assist children and youth to remain in the community, avoiding hospitalization and probation.

Current Status:

- 371 youth received ICCW services in FY25/Q2
- 87 new referrals
- There was a 4.8% increase in the number of new youths receiving ICCW services compared to FY25/Q1

Significant Tasks and Major Accomplishments During Period: Effective 4/1/2025 discontinued the H2022 SEDW code; in which, all ICCW services to be billed with the H2021 code. In addition, MDHHS allowed for indirect services to be incorporated with the ICCW model. As a result, collaboratively met with DWIHN Finance Department and ICCW Providers to address the 20% increase of ICCW utilization of services. Finance Department issued a memorandum informing of new ICCW rates; in which, face to face enhanced rate to continue. Implemented a weekly capacity sheet for ICCW Providers to complete that informs DWIHN Access Department and Crisis Department of staff availability.

Needs or Current Issues: ICCW Providers require ICCW from MDHHS.

Plans: ICCW Providers attend MDHHS required trainings. Monitor utilization of services for ICCW. Continue to educate Providers on ICCW indirect service expectations.

Activity 2: Juvenile Restorative Program

Description: Team Wellness launched the Juvenile Restorative Program (JRP) July 2023. JRP is a short-term 3-to-6-month program that includes a comprehensive array of services including therapeutic services (individual, group, and family), care management, peer supports, educational services, skill building services, meals and transportation to all members.

Why is this Important?: During FY24 there have been 102 referrals to the program and 87 youth actively enrolled in the program (attended consistently minimum of 30 days). During FY25, there has been a total of 26 new referrals to the program.

| Census | FY24 | FY25/Q1 | FY25/Q2 | FY25/Q3 | FY25 Total |
|----------------|------|---------|---------|---------|----------------------------|
| # of Referrals | 102 | 6 | 10 | 10 | 26 <i>As of 5/31/25</i> |

Significant Tasks and Major Accomplishments During Period: Team Wellness was credentialed for Home Based therapy as a service to address engagement challenges, medication compliance, and family therapy. About 15 youth in the program attended the Youth United Mario Kart event this month and appropriately demonstrated community inclusion skills.

Needs or Current Issues: Barriers with receiving referrals from Care Management Organizations (CMO). Loss of judges with the Wayne County court; meaning, lack of awareness of the program.

Plans: Team Wellness develop a plan to implement home-based therapy with the JRP program. Team Wellness begins issuing a quarterly newsletter to show highlights of the program and referral data. Coordinate with new judges to educate on the program. Team Wellness attend the next JJ/CMH Partnership Meeting July 2025. DWIHN issue a Request for Proposal (RFP) for this program July 2025.

Activity 3: Postpartum Depression Grant

Description: Southeast Michigan Perinatal Quality Improvement Coalition (SEMPQIC) represents Oakland, Wayne, and Macomb County to support activities in the community to reduce maternal and infant mortality. SEMPQIC is offering Perinatal Mental Training Support with a 1-year grant through Blue Cross Blue Shield and other institutions. In addition, SEMPQIC is partnering with Michigan State University to provide perinatal screenings through High Touch HighTech (HT2) electronic screening platform.

Why is this Important?: Perinatal depression is a common and potentially serious mood disorder that impacts about 1 in 7 individuals during pregnancy or within the first year postpartum. It arises from a combination of hormonal shifts, genetic vulnerability, and environmental influences. This condition often presents with intense symptoms such as ongoing sadness, low self-worth, disrupted sleep, heightened anxiety, and challenges in forming a bond with the baby. Early identification and proper treatment are crucial to support the well-being of both the parent and the child. (*National Library of Medicine*)

<https://www.ncbi.nlm.nih.gov/books/NBK519070/>

Current Status: 6 Children Providers and 10 Infant Mental Health clinicians were selected to participate in the SEMPQIC postpartum depression 3-day virtual training opportunity.

Significant Tasks and Major Accomplishments During Period: 6 of the 10 clinicians complete the June 2025 training. Meeting held with MSU, Children Providers, and SEMPQIC to discuss HT2 project. Thus far 1 Provider agreed to participate in the pilot project and DWIHN Legal Department provided a business agreement to complete.

Needs or Current Issues: Providers decide if want to proceed with the HT2 pilot project.

Plans: Provider signed the business agreement to participate in MSU HT2 pilot. The remaining 4 clinicians attend the postpartum depression training in September 2025. Provide grant report to SEMPQIC by September 2025.

Monthly Update

Things the Department is Doing Especially Well:

System of Care: Fatherhood Initiative held the 13th annual Fatherhood Forum at Greater Grace Temple. DWIHN CEO, James White rendered opening remarks and former Assistant Secretary of State, Heaster Wheeler provided the keynote presentation. Additional workshop topics included:

- Adverse Childhood Experiences
- Obtaining custody and parenting time
- Fathers fighting stigma
- Toxic masculinity

Youth United Events: YU hosted various events this month:

- Youth MOVE Detroit, in collaboration with Detroit PAL, hosted Meet & Greet Mario Kart Tournament with themed workshop stations including mental health, gaming and advocacy.

Youth from the Juvenile Restorative Program and the University Yes Academy were personally invited to attend the event. (44 attendees)

- Facilitated the monthly Youth Under Construction Training on Mental Health Disorders and Navigating the System. The goal was to understand mental health and how it impacts youth, identify different mental health disorders, and direct youth on the right path to receiving mental health services. (6 attendees)
- Youth MOVE Detroit held a Self-Care Workshop as a part of their 6-part series of workshops. The event was held at The Children Center including “STAR” Jars, Journal Creations, affirmation jars, and each attendee had a chance to make their own self-care kit. The self-care kit included lotions, face masks, bath bombs, essential roll-on oils, and more. (12 attendees)

MDHHS MiKids Now Dashboard: Children Initiative Director participated in the initial Mi Kids Now Dashboard Workgroup hosted by Michigan Department of Health and Human Services (MDHHS) to review the progress of the new dashboard system. Within the workgroup discussed data across the state for the MichiCANS Screener, MichiCANS Comprehensive, and intensive crisis stabilization services (ICSS).

Evidenced Based Practices: Current evidenced based practice cohorts include the following:

- **TFCBT Cohort 34:** Starfish
- **TFCBT Cohort 36:** America’s Community Council, Ruth Ellis, Starfish
- **TFCBT Cohort 38:** DWIHN Community of Care, Starfish
- **Motivational Interviewing Cohort 9:** Team Wellness
- **Motivational Interviewing Cohort 11:** Black Family Development
- **Caregiver Education Cohort 30:** Assured Family Services
- **DBT Cohort 4:** Black Family Development, Team Wellness, The Guidance Center

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

- Children Mental Health Lecture Series: Child Sexual Assault Signs and Symptoms

Performance Improvement Plans:

MDHHS Performance Indicator 2a – IDD Children: Presented Performance Improvement Project at Improving Practices Leadership Team (IPLT) this month that was approved by the committee.

PI2a - The percentage of new persons during the Period receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service

- Effective 10/1/2024 – the new goal is 57%
- MDHHS does not allow any exceptions

| FY24 | FY25 |
|------------------------|---|
| Q1: 303 / 425 = 21.78% | Q1: 200 / 558 = 35.84% |
| Q2: 146 / 523 = 27.92% | Q2: 239 / 698 = 34.24% (<i>preliminary</i>) |
| Q3: 155 / 493 = 31.44% | Q3: 149 / 499 = 29.86% (<i>preliminary</i>) |
| Q4: 369 / 655 = 56.34% | |

Identified Barriers:

- Supports Coordination staffing challenges
- The needs for children with IDD are lifelong needs resulting in services lasting longer.
- High caseload sizes for officed based and community-based services.
- Fewer intake appointment slots with the MHWIN calendar
- Increase of children receiving IDD services compared to FY24

- Providers accept members outside of the 14-day requirement per request from DWIHN Access which lowers Provider compliance. (Will not count for MDHHS indicator requirement; however, can still qualify for financial incentive).
- Families are requesting an intake outside of the 14 days because they want a specific Provider.
- Increase of Recipient Rights and Grievances for not having enough staff to deliver IDD services.

Interventions to support this project:

- Ongoing 45-day meetings with Providers to discuss barriers, progress, and next steps.
- FY25 gather IDD staffing status and caseload sizes quarterly (Supports Coordinator vs. Supports Coordinator Assistants).
- FY25 started allowing IDD staff to attend the Core Competency Trainings
- Financial incentives for IDD services

New Proposed Interventions:

- Further analysis of length of treatment for IDD services.
- Further analysis of discharge data for children with IDD services.
- Incorporate in FY26 Statement of Work a minimum requirement of MHWIHN availability calendar appointments.

Program Compliance Committee
July 2025
Michele Vasconcellos, Director, Customer Service
June 2025 Report

Unit Activities

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

**Please note that Customer Service data captured is impacted by the shortage of days of operation due to the holidays. **

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 | Number of Offered | Number of Calls Answered | Abandonment Calls Standard <5% | Abandonment Rate Standard <5% | Average Speed Answer (ASA) <30sec | Service Level Standard 80% | % of Calls Answered Standard 80% |
|-----------------|--------------------------|---------------------------------|--|---|---|-----------------------------------|---|
| FY-23/24 | 1,286 | 1,234 | 20 | 2% | 9 Sec | 97% | 96% |
| FY-24/25 | 883 | 853 | 7 | 1% | 8 Sec | 98% | 97% |

Customer Service Call Center

| June | Number of Offered | Number of Calls Answered | Abandonment Calls Standard <5% | Abandonment Rate Standard <5% | Average Speed Answer (ASA) <30sec | Service Level Standard 80% | % of Calls Answered Standard 80% |
|-----------------|--------------------------|---------------------------------|--|---|---|-----------------------------------|---|
| FY-23/24 | 723 | 678 | 33 | 5% | 10 Sec | 93% | 94% |
| FY-24/25 | 879 | 831 | 33 | 4% | 11 Sec | 94% | 95% |

DWIHN transitioned to a new phone system, Genesys Cloud in December of 2023

Significant Activity

Reception/Switchboard

The data clearly demonstrates a decrease in the number of calls offered and answered; however, this is a direct result of our strategic enhancements through the installation of the Genesys phone system in fiscal year 23/24. The initial months were dedicated to comprehensive training and troubleshooting, which are crucial steps in transitioning to a more efficient system. The lower call volumes in FY 24/25 highlight our success—calls are now being routed more effectively, and we are obtaining invaluable data for continuous evaluation and improvement. In addition, marketing of key phone numbers has assisted in educating callers on direct phone numbers and reduction in need of calls coming directly into the DWIHN Switchboard. We are confidently moving forward, ensuring an optimized experience for our callers.

Customer Service Call Center

In June FY24/25, we observed an increase in both the number of calls offered and those answered in comparison to the previous fiscal year. The abandonment rate was below the standard; however, we have faced a few challenges in the past couple of months. We are currently short one person in the call center due to medical leave. Despite this, we still achieved outstanding service levels, with 94% of calls answered and a remarkable 95% adherence to our response standards. These metrics highlight our commitment to excellence in call management.

Activity 2: Grievances and Appeals

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

Complaint and Grievance Related Communications

| | June FY 24/25 | June FY 23/24 |
|---|--------------------------|--------------------------|
| Complaint/Grievance Correspondence | 301 | 264 |

Note: Began to track all communications, calls. Emails and mail mid-FY 23/24

Grievances Processed

| Grievances | June FY 24/25 | June FY 23/24 |
|----------------------------|------------------------------|--------------------------|
| Grievances Received | 5 | 8 |
| Grievances Resolved | 5 | 2 |

Grievance Issues by Category

| Category | June FY24/25 | June FY 23/24 |
|---|-----------------|------------------|
| Access to Staff | 1 | 1 |
| Access to Services* | 1 | 2 |
| Clinical Issues | 0 | 2 |
| Customer Service | 2 | 1 |
| Delivery of Service* | 2 | 0 |
| Enrollment/ Disenrollment | 0 | 0 |
| Environmental | 0 | 0 |
| Financial | 1 | 6 |
| Interpersonal* | 0 | 0 |
| Org Determination & Reconciliation Process | 1 | 0 |
| Program Issues | 0 | 0 |
| Quality of Care | 1 | 0 |
| Transportation | 0 | 0 |
| Other | 1 | 0 |
| Wait Time | 0 | 0 |
| Overall Total | 10 | 12 |

Note: A grievance may contain more than one issue.

MI Health Link Grievances: For both fiscal years, MI Health Link members filed 0 grievances in June.

Appeals, Advance, and Adequate Notices*

| Notice Group | May FY 24/25 Advance Notices | May FY 24/25 Adequate Notices | May FY 23/24 Advance Notices | May FY 23/24 Adequate Notices |
|----------------------|---------------------------------------|--|---------------------------------------|--|
| MI | 1251 | 223 | 1204 | 206 |
| ABA | 64 | 16 | 132 | 7 |
| SUD | 57 | 93 | 108 | 82 |
| IDD | 240 | 60 | 228 | 17 |
| Overall Total | 1612 | 392 | 1672 | 312 |

*This grid is populated for FY '25 is based on the provider network's report for the previous month. The information per provider report is not available until after the 5th.

Adequate Notice: A Written statement advising the 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 the individual plan of service or master treatment plan.

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

Appeals Communications

| | June FY 24/25 | June FY 23/24 |
|---------------------------------------|------------------|------------------|
| Appeals Communications Received | 94 | 92 |

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

Appeals Filed

| Appeals | June FY 24/25 | June FY 23/24 |
|---------------------|------------------|------------------|
| Appeals Received | 0 | 3 |
| Appeals Resolved | 2 | 2 |

*Appeals Specialists received multiple requests for reconnection to services that did not become appeals.

DWIHN State Fair Hearings

For the month of June 2025, there was 1 Pre-Conference Hearing held with the Michigan Office of Administrative Hearings and rules. DWIHN received notification of 1 State Fair Hearing scheduled and 1 Pre- Conference Hearing scheduled for July 2025.

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

For both fiscal years, for the month of June, there were no MI Health Link Appeals and State Fair Hearings filed by MI Health Link members.

Significant Activity:

- The trending grievance pattern for the top grievance categories for June '25 were Customer Service and Delivery of Service.
- The Grievances team has collaborated with Adult Initiatives, Deputy CEO, VP of Governmental Affairs, Chief Legal Officer and Central City Integrated Health to assist a member who, by the end of June, sent over 500 emails and left a multitude of voicemails/email voicemail messages.
- Participated in a Pre-Conference Hearing that resulted in a decision in favor of DWIHN.
- Due Process had a lengthy team meeting to discuss the department standing, needed improvements, resources needed and most importantly things we do well.

- Defended Standard IX before the Health Services Advisory Group (38 standards and 12 case file reviews)
- Trainings held to support Grievance liaisons and creators of Adverse Benefit Determinations.
- Connected with MDHHS to get additional support regarding Grievances and Appeals.

Activity 3: Member Engagement and Experience

Customer Service ensures that members are provided with the opportunity for inclusion with DWIHN and the Community. This is carried out through various initiatives. The unit functions with three primary operations: Member Experience, Member Engagement, and Peer Coordination. The goals are to assist the facilitation of member activities, while promoting advocacy, member rights, and collecting feedback and data essential to better understanding the members' experience throughout our system. In addition, the Office of Peer Services assists in the facilitation of essential training, initiatives, and interaction with Peer development, focusing primarily on the Certified participants, both the internal workforce and the system-wide workforce.

Significant Activity:

| EVENT | DATE | LOCATION | ATTENDANCE | OBJECTIVE |
|---|-------------|--------------------------------|----------------------------|--|
| Peer Chat | 06/12/25 | Zoom Meeting | 3 | Chat offers opportunities for CPSS casual support through conversation and skills-building. |
| CV General Membership Meeting | 6/20/25 | In Person | 19 | Administrative updates, included presentation on Advance Directives, Overview of ECHO Children and Adult |
| Member Dreams Come True Outdoor Social | 6/27/25 | Milliken Park Member Outing | 87 from various clubhouses | Socialization with an opportunity to discuss services, updates and programs while enjoying clubhouse camaraderie. |
| Needs Assessment Survey | Data Review | N/A | N/A | Survey analysis will be used to assist with the FY26 QAPIP plan and used as a source for information related to Community feedback |
| Consumer Monthly Forum | 6/27/25 | | | June's Meeting occurred as an outdoor event at Milliken Park. Next meeting 7/30 at Motor City Clubhouse. |

Michele Vasconcellos, Director, Customer Service 7/2/2025

Innovation & Community Engagement

May 2025

Main Activities during Reporting Period:

- **Justice-Involved Initiatives**
- **Community Engagement/Workforce Development**
- **Zero Suicide**

Introduction

This comprehensive report consolidates key activities, accomplishments, and challenges across multiple initiatives during the reporting period. The report encompasses Zero Suicide initiatives, community relationships, justice-involved activities, and workforce development efforts. The purpose is to provide leadership with a unified view of organizational progress and identify areas requiring attention or support.

Activity 1:

Returning Citizens & AOT Orders

- *Description:* This section will report on jail diversion programming.
- *Current Status:* There was one Returning Citizens exiting prison on an AOT order. The writer continues to process AOT and deferral orders.
- *Significant Tasks During Period:* The new changes to the AOT and deferral processes began May 1. The process has increased detail in MHWIN and requires the crsp to input additional information into MHWI. The Returning Citizens meeting was held.
- *Major Accomplishments:* Post release process was discussed. Professional Counseling Services has requested that a person be named in lieu of a department for ease of information for the member. Returning citizens (in addition to the case manager and parole board) are given a copy of the paperwork with post-release information. PCC has requested a single person be listed in the paperwork, and preferably someone from the Access Center. Yvonne Bostic suggested that she be the main contact for DWIHN.
- *Needs or Current Issues:* None to report.
- *Plan:*

Jail Mental Health

- *Description:* Mental Health Services in Wayne County Jail
- *Current Status:*
- *Significant Tasks During Period:* For the month of May there was 149 releases from the jail; 17 were sent to another correctional facility: 1 was sent to a hospital or treatment facility: 5 were on an AOT; 69 had an assigned CRSP: and 11 were not in MHWIN.
- *Major Accomplishments During Period:* All outstanding claims have been entered into the system without incident. The Naphcare Director indicated her staff is working well and is now out in the jail common area working with the inmates. A second Discharge

Planner has begun working and a third discharge planner should begin in the next two weeks. Individual therapy is held in the common area unless the mental health professional is familiar with the inmate. Admissions to the mental health unit have decreased due to the therapeutic skills of the mental health staff. Inmates are now able to ask questions about medicine, therapy, etc. or voice concerns from iPads that are placed on the floor. This helps the inmates get quicker results to questions and concerns. Groups are continuing with the anticipation of holding 8 groups per week. The inmates are receptive to group therapy and enjoy attending. The MAT counselor would like to begin holding groups in general population although a start date has not been set.

- *Needs or Current Issues:* Discharge Planners are working on getting SUD discharge dates in advance of release. Although this is not always possible, the discharge planners will work with the Access Center to secure placement.

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

Description: Brief description of activity

During the month of May, at the time of this report, there was weekly Detroit Homeless “DHOT” Outreach Meetings. The team assisted with the 423 encounters and various crises related to housing; approximately 412 individuals/families were connected to behavioral health services, housing/shelter and basic needs in the Metro Detroit area. Identified complex cases and assisted with coordination of care to address individual needs. DWIHN’s team provided 47 transports to a housing shelter and 68 received postvention/follow-up.

A Homeless Outreach Peer Specialist encountered 148 individuals residing in various shelters, Cass Community Services, St John, Lakeridge Village and Detroit Rescue Mission Ministries Oasis. Peer support services offer assistance that help individuals toward permanent housing status, obtaining vital records, birth certificates, social security and legal identification. In addition, connecting to DWIHN’s Access services.

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 386 encounters. Various resources were provided for mental health, substance use and unhousing needs.

During the month, DWIHN resumed a co-location office within the Wayne County Jail’s Classification Department. The Mental Health Jail Navigator has assisted with connecting 57 individuals to DWIHN’s Access Services. Also, in alignment with the original process of jail navigation services, 49 recommendations for administrative jail release referrals. Individuals were screened and interviewed, 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 for 6-8 weeks.

The 36th District Court Clinical Assessor position is vacant, however, DWIHN maintains engagement while connecting individuals to mental health, substance use and veteran treatment services. The collaboration demonstrates cohesiveness and continuity of support services throughout the individual's court relationship. At the time of the report, there was no data reported on how many individuals monitored and connected through mental health, drug and veteran court.

The Justice-Involved Initiatives are implemented to offer support to our law enforcement and jail partners. This collaboration has enhanced community mental health awareness and linkage to DWIHN's provider network.

| Justice Involved Initiative | Number of Encounters/Screened | Connected to a service/resources/supports |
|---|-------------------------------|---|
| Co-Response Teams | 386 | 65 |
| Mental Health Jail Navigator | 57 | 49 |
| 911 Communications Behavioral Health Specialist | No data reported | No data reported |
| Detroit-Homeless Outreach Team | 423 | 412 |
| 36 th District Clinical Assessor | No data reported | No data reported |
| Homeless Outreach Peer Support Services | 148 | 148 |

Significant Tasks During Period:

DWIHN offered mental health first aid and crisis intervention team and suicide prevention trainings throughout the reporting month.

Major Accomplishments During Period:

- At the time of this report, major accomplishments included 1014 encounters from all justice-involved teams, and 674 individuals were connected to DWIHN and other community resources. DHOT was a significant partner during the Detroit apartment building explosion incident. The team assisted the City of Detroit Police and Fire Departments with coordinating the intake process with Red Cross, in addition, offering supportive resources daily.

Needs or Current Issues:

The challenges are the lack of housing resources for individuals within Detroit and Wayne County. The point of entry/access is through CAMS, individuals are placed on a list, regardless of housing needs. In addition, follow-up is minimal, individuals report being placed on the list for 2 years or longer. Housing shelters aren't adequately staffed, and living conditions are deplorable, because of this, individuals decline shelter resources.

Plan:

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

Activity 2: Workforce Development and Retention

DWC Training Calendar/Zoom

Description: The **DWC help desk** provides information, support, and troubleshooting help to platform users M-F 8:30 am – 4:30 pm. Help desk support includes password resets, account merges, event registration, cancellation, transcript requests, TAP enrollment, and tutorial demonstrations for new users. The help desk also links to other DWIHN departments, as we frequently reroute misdirected calls.

Current Status: In May 2025, 375 people attended 10 DWC training events, eight (8) virtual and two (2) in-person.

- Online Required Trainings Taken: 14,428
- Online Optional Training Taken: 14,459

Significant Tasks During Period:

- DWC Training hosted 10 Training events in May. Eight (8) virtual and two (2) In-person.
- Meet with Quality staff to coordinate and launch the Home & Community Based Services 3 Module Training for Supports Coordinators and Case Managers on the DWC training platform.
- Meet with Compliance staff to coordinate and assist with delivery of the Compliance Academy trainings on DWC, based on survey results thus far, trainings have been well received. This series of trainings will conclude fall 2025.

Zoom Administrator

Hosted 17 Webinars/Meetings. Provided Technical Assistance to operate A/V equipment used to stream meeting and deliver live Audio and video feeds to audience. Post-event support includes sharing data reports, distribution of training surveys, share links to recorded meetings and verify attendance (upon request).

Major Accomplishments During Period:

In May, Helpdesk operators logged 198 call responses for the month. The writer responded to 44 helpdesk calls. Eleven 11 calls received via Genesys IP phone system. Most inquiries were resolved. The remaining calls were escalated to Web support team and resolved in a timely manner.

DWC TAP

Account Creation and Coaching

Description: Prioritize TAP access for newly contracted DWIHN providers staff to help improve agency compliance with DWC training requirements.

- Current Status: Current/Active
- Significant Tasks During Period: Added 5 New TAP accounts for DWIHN providers and provided system overview.

Major Accomplishments During Period: Assisted Quality Residential department with planning and launch of HCBS Zoom based online Training for DWIHN Network, Case Managers and Supports Coordinators. There are three modules: Nine sessions during June, July and August respectively. Sessions will conclude in September for those unable to experiencing scheduling conflicts during the summer.

Needs or Current Issues: Establish a workflow for adding new provider TAP accounts to prevent compliance lags for new providers. I am interested in learning Managed Care Operations' process of determining how and when new provider TAP accounts are initiated.

Community Relationships

- Description: Connecting with community organizations and spaces that offer support services in one of the 8 dimensions of wellness to Wayne County residents to support their awareness and accessibility of DWIHN services
- Significant Tasks During Period: One trauma-informed training session was implemented for youth-serving organizations preparing for GDYT. Resources on trauma-informed care were provided to provider agencies.
- Significant Accomplishments During Period: Maintaining relationships with partners
- Needs or Current Issues: Providers are concerned about federal executive orders and funding implications
- Description: Support provider network with technical assistance to utilize state and federal funding for recruitment and retention.
- Current Status: Technical assistance was provided to two staff to apply for NHSC student loan repayment.
- Significant Tasks During Period: Shared NHSC student loan repayment site application process. Review of intern manual with recommendations
- Needs or Current Issues: Ongoing attempts to identify opportunities for interprofessional training in on-site practice and opportunities. Planning for upcoming fiscal year training topics for interprofessional training.

Clinical Supervision

- Description: Clinical Supervision of RUD agents and student learners
- Current Status: Supervision for staff and student learners continues. Two students interviewed and accepted to begin during the fall term.
- Significant Tasks During Period: 261 calls in May
- Major Accomplishments During Period: Ongoing services provided with callers not eligible for CMH. Resource connections occurred. Connections with crisis center and

mobile crisis teams. Identified direct contact information for crisis center referrals/warm handoffs. Increased staffing for coverage.

Dual Diagnosis Capable Fidelity Reviews and Community Partner Meetings

Major Accomplishments During Period:

- Resumed facilitation of Dual Diagnosis Capable Fidelity Reviews with providers, Hegira Health Outpatient Mental Health and Detroit Rescue Mission Ministries Substance Use Residential. The purpose is to learn how the providers are integrating both mental health and substance use disorder interventions, and continuity of care.
- Participated in community partnerships meetings, Building Emotional and Mental Strengths (BEAMS). The planning committee explored ways to involve young people in planning and execution of Town Hall Meetings and drafted a mission and vision statement.

Activity 4: Zero Suicide

Data Management

- *Description:* Ensure that data for zero suicide screenings and treatment are accurately tracked and reported by partners monthly. Clean and compile monthly data and prepare data inputs for the SPARS system.
- *Current Status:* All data and reporting are up to date.
- *Significant Tasks During Period:* Compile data for the month of April
- *Major Accomplishments During Period:* Cleaned and compiled data for the month of April
- *Needs or Current Issues:* Timeliness of data submission by internal stakeholders continues to be a major issue. Data for the month of April were not received until May 28th. Several reminders were sent to no avail.

Advisory Board and Council

- *Description:* Prepare agendas, attend meetings, and monitor progress on tasks and requirements for the grant.
- *Current Status:* Both the Advisory Board and the Council meeting for May were cancelled.
- *Significant Tasks During Period:* The comprehensive follow-up policy was updated and approved by Advisory Board members via email. Since the Advisory Board meeting was cancelled, at the June meeting, the next steps for the strategic plan will be addressed.
- *Major Accomplishments During Period:* The comprehensive follow-up policy for Zero Suicide has been posted to PolicyStat.
- *Needs or Current Issues:* Attendance continues to be a major issue for the Advisory Board.
- *Plan:* Connect with the CEO's office about sending a memo to the directors stressing the importance of these meetings.

Overarching Evaluation and other Federal Requirements

- *Description:* Monthly meetings with the Federal program manager are mandated and SPARS data inputs are required quarterly. (Implementation of the overarching evaluation is still pending.)
- *Current Status:* We have been current with all federal requirements including the IRB approval and the identification of staff numbers for all providers.
- *Significant Tasks During Period:* Attended the monthly meeting with the program manager.
- *Major Accomplishments During Period:* The director was able to work with legal to get the IRB agreement in place. All providers were able to identify the number of staff at their specific locations. This information was submitted to the feds.

Report on Data: April 2025

| April | TEAMS | | Crisis Center | | Mobile Crisis | | Access | |
|----------------------------------|--------------|------------|----------------------|-----------|----------------------|-----------|---------------|-----------|
| Initial Setting | Screened | Positive | Screened | Positive | Screened | Positive | Screened | Positive |
| Inpatient | 761 | 308 | 28 | 5 | 117 | 19 | | |
| Outpatient | 290 | 81 | 108 | 16 | | | 1282 | 28 |
| Total | 1051 | 389 | 136 | 21 | 117 | 19 | 1282 | 28 |
| Age Groups | | | | | | | | |
| 18-24 years | 192 | 80 | 23 | 8 | 14 | 5 | 106 | 1 |
| 25-44 years | 608 | 214 | 102 | 11 | 59 | 8 | 659 | 13 |
| 45-64 years | 238 | 92 | | 2 | 33 | 5 | 441 | 14 |
| 65 years or over | 13 | 3 | 11 | | 11 | 1 | 76 | |
| Not Available | | | | | | | | |
| Total | 1051 | 389 | 136 | 21 | 117 | 19 | 1282 | 28 |
| Gender Identity | | | | | | | | |
| Female | 464 | 182 | 53 | 6 | 62 | 10 | 528 | 14 |
| Male | 587 | 207 | 77 | 14 | 51 | 9 | 754 | 14 |
| Non-binary | | | 3 | | 1 | | | |
| Other | | | 2 | 1 | | | | |
| Not Available | | | 1 | | 3 | | | |
| Total | 1051 | 389 | 136 | 21 | 117 | 19 | 1282 | 28 |
| Race/Ethnicity | | | | | | | | |
| American Indian/Alaska Native | 3 | 3 | 1 | 1 | | | 6 | |
| Asian | 9 | 6 | 1 | | | | 6 | |
| Black/African American | 639 | 202 | 96 | 15 | 87 | 15 | 838 | 22 |
| Hispanic/Latino | 27 | 10 | 13 | | 1 | | 60 | 1 |
| Middle Eastern/North African | 15 | 5 | | | | | 19 | |
| Native Hawaiian/Pacific Islander | 2 | 1 | | | | | | |
| White | 296 | 145 | 23 | 4 | 23 | 4 | 349 | 5 |
| Not Available | 60 | 17 | 2 | 1 | 6 | | 4 | |
| Total | 1051 | 389 | 136 | 21 | 117 | 19 | 1282 | 28 |

| SPARS | Training (TR3) | Screening (S3) | Referral (R3) | Access (AC1) |
|-----------------------|-------------------|-------------------|---------------|-----------------|
| April | 4 | 2586 | 457 | 457 |
| May | 0 | 0 | 0 | 0 |
| June | 0 | 0 | 0 | 0 |
| Quarter Totals | 4 | 2586 | 457 | 457 |

| Trainings | Date | Number Trained |
|----------------|-------|-------------------|
| Columbia Scale | April | 4 |

- **Things Doing Especially Well:**
The tracking and compilation of data for SPARS.
- **Identified Opportunities for Improvement:**
Data for SPARS has been very late over the past few months. There is an urgent need to address this issue. Also, governance groups continue to have attendance issues.

May reflected strong organizational performance with various initiatives. The organization maintained federal compliance while expanding community partnerships and improving operational efficiency. Critical attention is required for data submission timeliness and housing resource development. The organization's strength in community engagement and service innovation positions DWIHN well for continued impact while addressing identified challenges through strategic partnerships and operational improvements.

Integrated Healthcare Monthly Report
Vicky Politowski, Integrated Healthcare Director
June 30, 2025



Main Activities during April 2025 Reporting Period:

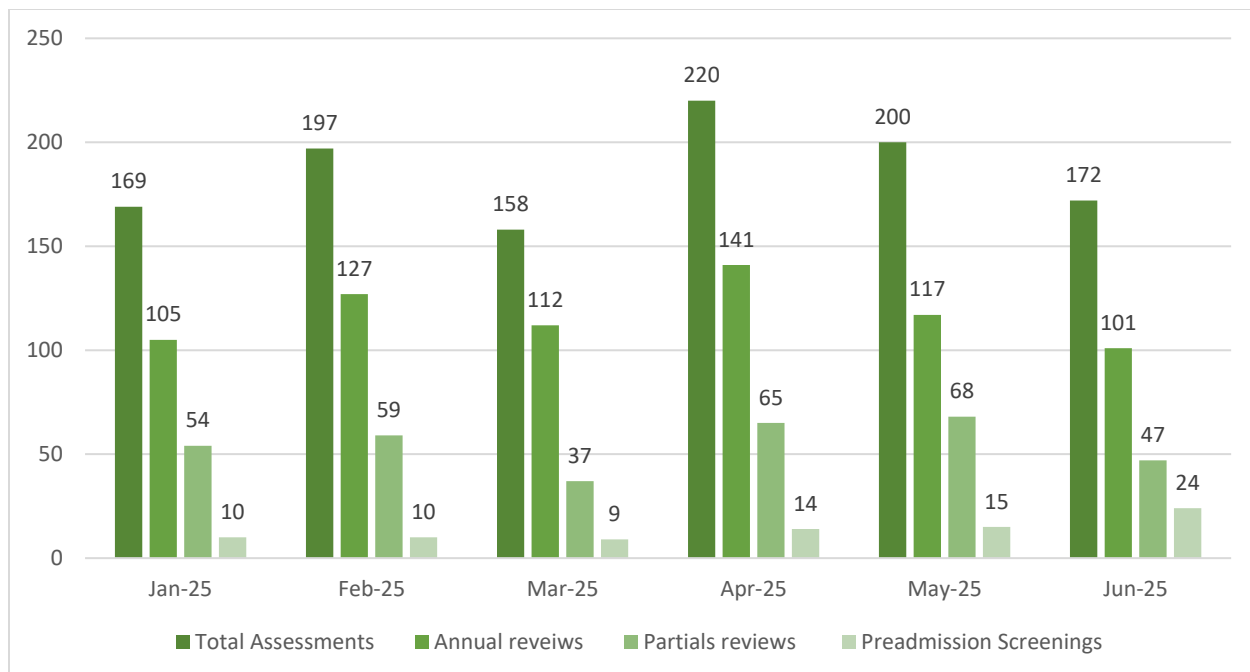
- **Complex Case Management**
- **Omnibus Budget Reconciliation ACT (OBRA)**
- **Care Coordination**

Activity 1: Complex Case Management

- **Description:** Complex Case Management (CCM) is an intensive 120-day program that aims to improve individuals' quality of life by connecting them to appropriate community resources and developing support teams that include family, medical, and behavioral health professionals.
- **Current Status:** Complex Case Management is working on increasing the caseloads of the staff and is currently at **19** individuals, which is four more than in May. One (**1**) was from calling from proactive outreach, one (**1**) from the DWIHN Care Center, three (**3**) from Clinically Responsible Service Providers, and two **2** were internal referrals within DWIHN.
- **Significant Tasks During Period: Major Accomplishments During Period:** Complex Case Management completed training at the Presentation for Discharge Planning meeting, Team Mental Health Services, and PsyGenics were present. In-service meetings were conducted with three new providers within the network (Humanity Outreach, Starr Commonwealth, and Illuminate Applied Behavioral Analysis Therapy). Complex Case Management opened more new cases this month than last month. Complex Case Management has also connected almost all active members (93%) to a Clinically Responsible Service Provider after program enrollment.
- **Needs or Current Issues:** The network has new Clinically Responsible Service Providers who need training on complex case management.
- **Plan:** Complex Case Management has reached out to five new CRSPs.

Activity 2: Omnibus Budget Reconciliation ACT (OBRA)

- **Description:** OBRA Assessments are completed for members who have behavioral health or I/DD diagnoses who may need nursing home services. Preadmission reviews are to be completed within 4 days of referral, and annual reviews within 14 days of referral. These referrals come from hospitals, community referrals, or nursing homes.
- **Current Status:** In June, OBRA processed **661** referrals, **352** were assigned to be completed, and **309** were triaged and provided with exemption letters.
- **Significant Tasks During Period:** The PASRR trainer has provided training to **23** Nursing homes and one hospital, and Psygenics (Clinically Responsible Service Provider) requested another PASRR training with **26** staff. In addition, an in-person PASRR training was held at the Guidance Center on June 18th with 53 staff in attendance. In total, **106** staff were trained in June.



- **Major Accomplishments During Period:** OBRA had a 2% pending rate for June, which is the lowest it has been. **Needs or Current Issues:** Improve behavioral health services for individuals in nursing homes
- **Plan:** OBRA Trainer to work with Clinically Responsible Service Providers to educate them on what services are to be provided in the nursing homes.

Activity 3: Care Coordination with health plans

- **Description:** DWIHN completes care coordination with **8** Medicaid Health Plans and 5 Integrated Care Organizations monthly. The goal of the program is to close any gaps in care between medical and behavioral health.
- **Current Status:** DWIHN completed care coordination on **115** individuals with the health plans.
- **Significant Tasks During Period:** DWIHN opened **79** of those cases in CC360 for care plans due to gaps in care that the team thought needed to be closed.
- **Major Accomplishments During Period:** DWIHN care coordinators are discussing HEDIS measures and what gaps in care are needed for every member in care coordination. Eighteen (**18**) needed A1C testing, **44** had medication reconciliation for antidepressants refills, and **6** were in the emergency department for SUD.
- **Needs or Current Issues:** The Integrated Care Organizations that were contracted to perform MI Health Link will be ending that contract on December 31, 2025.
- **Plan:** DWIHN is meeting with the Integrated Care Organization to develop a new contract that is in line with the State of Michigan specialty plan called HID D-SNP.

Things the Department is Doing Especially Well:

- *Omnibus Budget Reconciliation Act (OBRA)*- OBRA has developed standard training on what services are to be provided in the nursing homes and has been training Clinically Responsible Service Providers.
- *Complex Case Management*- Complex Case Management continues to grow the number of members it serves.
- Care Coordination focuses on HEDIS measures to meet the gaps in care.

Identified Opportunities for Improvement:

- *Omnibus Budget Reconciliation ACT (OBRA)* monitors the behavioral health services provided to members in nursing homes and sees a lack of services to being provided.
- Complex Case Management—**DWIHN has onboarded many new providers who are unaware of** complex case management services and how they can help them provide services to the population.
- Care Coordination- Health plans will keep members in care coordination for over 90 days, which affects the number of cases to be opened in CC360. DWIHN will bring new members to the meetings and open cases in CC360.

Program Compliance Committee Meeting
Ryan Morgan Director of Residential Services June 2025 Report
Date: 7/9/2025



Main Activities During Reporting Period: June 2025

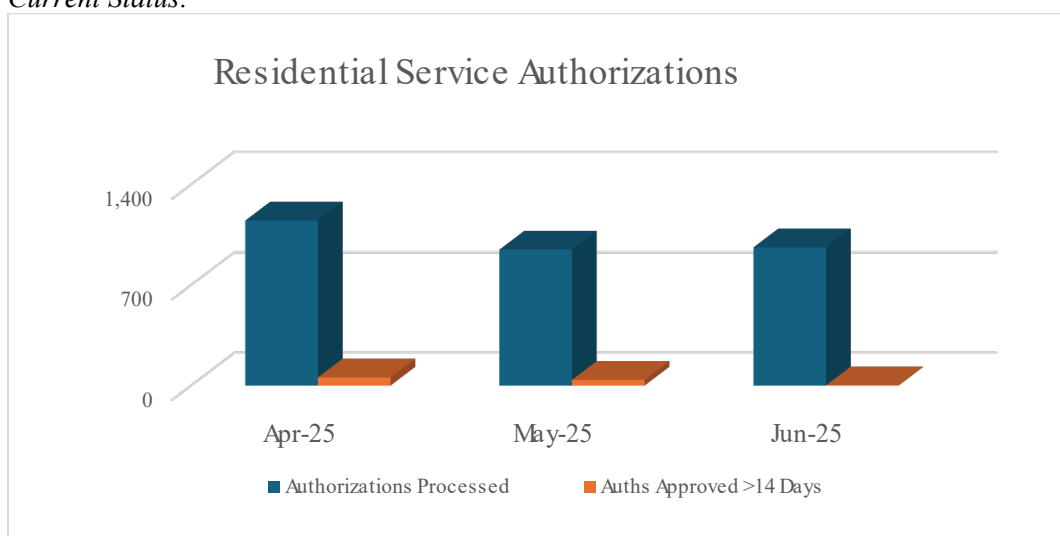
- **Monitoring Residential Authorizations**
- **Monitoring Residential Assessments**
- **Implementation of the Quality Assessment Tool**

Currently the Residential Services Department is serving approximately 3,068 members in contracted residential settings.

Progress On Major Activities:

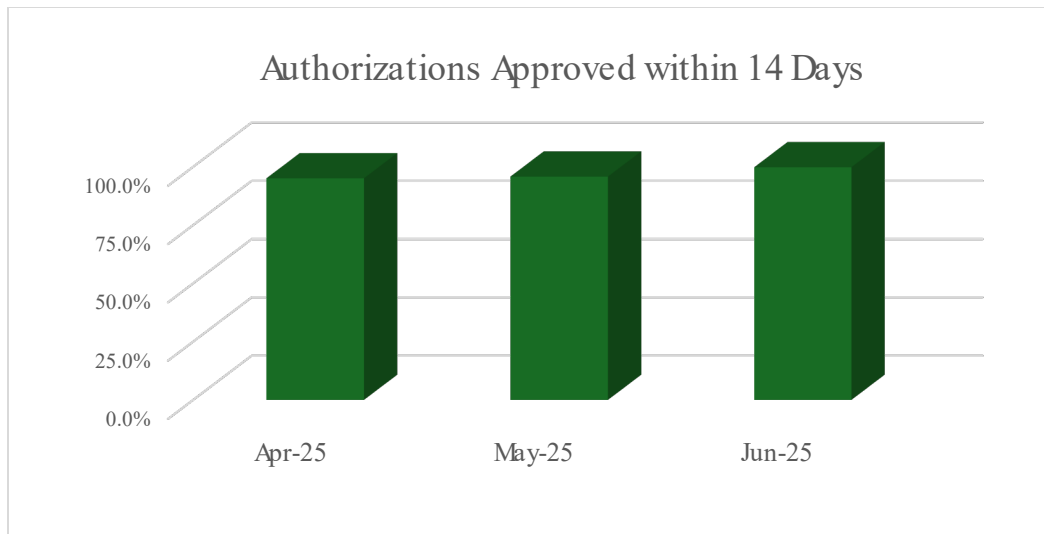
Activity 1: Monitoring of Residential Authorizations

- *Description:* Throughout the month of June, the Residential Services Department continued to monitor the number of residential authorizations processed. Additionally, we were able to examine the amount of time it takes for each authorization to be approved. It is important that we continue to monitor this data to ensure that authorizations are being approved within the fourteen (14) day timeframe.
- *Current Status:*



| Residential Service Authorizations | | | |
|------------------------------------|--------|--------|--------|
| | Apr-25 | May-25 | Jun-25 |
| Authorizations Processed | 1,150 | 947 | 963 |
| Auths Approved >14 Days | 57 | 40 | 2 |

- *Significant Tasks During Period:* It is imperative that members maintain up to date authorizations in order to prevent an interruption in services. Throughout the month of June, the Residential Services Department had three (3) staff that processed (963) Residential authorizations. Additionally, authorizations are being approved over 95% of the time within fourteen (14) days.

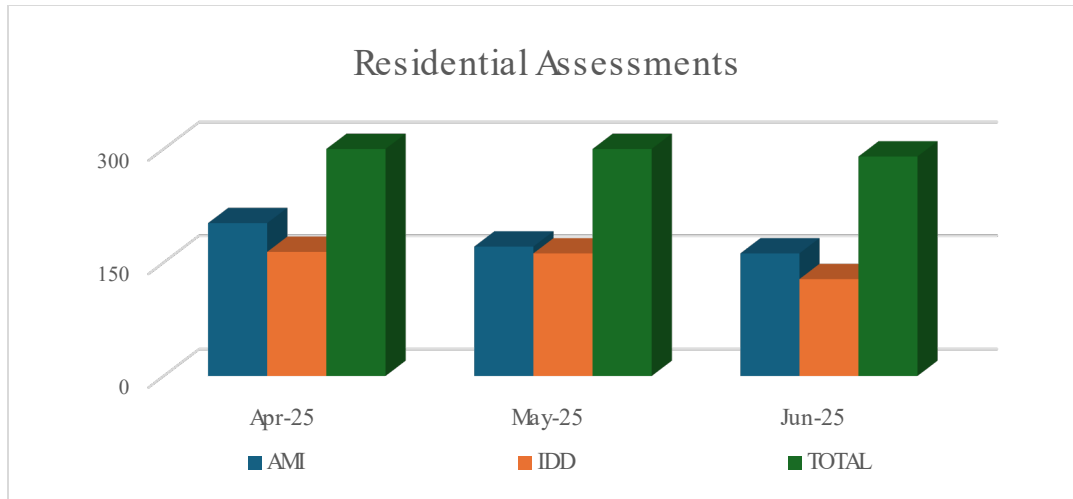


| | | | |
|-------------------------------|-------|-------|-------|
| Auths Approved within 14 days | 95.0% | 95.8% | 99.8% |
|-------------------------------|-------|-------|-------|

- *Major Accomplishments During Period:* Recently the Residential Services Department was informed that timeliness expectations for authorizations to be approved will change next fiscal year from fourteen (14) days to seven (7) days. In preparation for this the department began tracking the number of authorizations approved within seven (7) days. In the month of June 68.4% of authorizations were approved within the seven (7) day timeframe.
- *Needs or Current Issues:* Currently the Residential Services Department has an open Residential Care Specialist (RCS) position within the Authorizations Unit. It will be important to fill this position to assist with the timely processing of authorizations.
- *Plan:* The Residential Services Department plans to continue to track authorization data specifically focusing on timeliness standards. We will track the number of authorizations approved within seven (7) days and allocate resources accordingly within the department to ensure that timeliness expectations are met.

Activity 2: Monitoring Residential Assessments

- *Description:* During the month of June, the Residential Services Department continued the process of ensuring that all members receiving residential services have up to date Residential Assessments. The Residential Services department has twenty (20) Residential Care Specialists (RCS) completing assessments daily. Each member should have an assessment completed annually or at any time there is a change in the member's condition. It is important that all members have up to date assessments to ensure that they are receiving the medically necessary services that meet their clinical needs.
- *Current Status:*



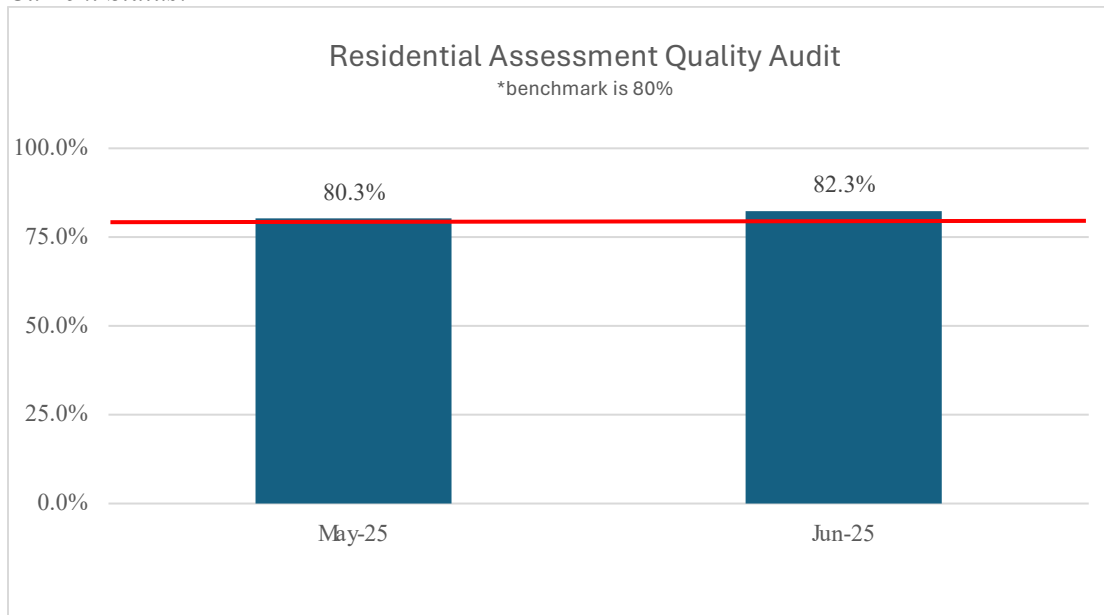
| Assessments Completed | | | | |
|-----------------------|--------|--------|--------|--------|
| | Apr-25 | May-25 | Jun-25 | QTR #3 |
| AMI | 202 | 171 | 162 | 535 |
| IDD | 164 | 162 | 128 | 454 |
| TOTAL | 366 | 333 | 290 | 989 |

- *Significant Tasks During Period:* The Residential Services Department was able to complete (290) Residential Assessments during the month of June, (162) assessments were completed with Adults with Mental Illness (AMI) and (128) assessments were completed with individuals with Intellectual and Developmental Disabilities (I/DD).
- *Major Accomplishments During Period:* At the end of May the Residential Services Department filled an open Residential Care Specialist (RCS) position within the I/DD unit. In June we were able to successfully onboard Joshua Stroud, who is now completing Residential Assessments daily for our members.
- *Needs or Current Issues:* The Residential Services Department was able to work with the Information Technology Department to finalize a report that summarizes the data contained within completed assessments. This report is intended to reveal data trends within the Residential population so that resources can be focused on specific areas. Since this is a new report more time is needed before the data can be fully analyzed.
- *Plan:* Moving forward it is the intention of the Residential Services Department to be able to utilize this report to show data elements like the average age of the residential population, the aggregate race of members receiving Residential Services, and a summary of the services recommended.

Activity 3: Implementation of the Quality Assessment Audit Tool

- *Description:* During the month of June, the Residential Services Department continued with the new process of implementing a Quality Assessment audit to review completed Residential Assessments. This adult tool was developed earlier this year and implementation began in May. It is important that we establish a process to review completed Residential Assessments to ensure that they are consistently thorough and accurate. Additionally, this will establish a clear expectation for staff to know exactly what information needs to be contained within an assessment to determine the medical necessity of services.

- **Current Status:**



| Residential Assessment Audit Compliance percentage | |
|--|-------|
| Benchmark | 80.0% |
| May-25 | 80.3% |
| Jun-25 | 82.3% |

- **Significant Tasks During Period:** At this time managers within the Residential Services Department are reviewing two (2) residential assessments per Residential Care Specialist within the AMI (Adults with Mental Illness) and I/DD (Individuals with Intellectual and Developmental Disabilities) units each month.
- **Major Accomplishments During Period:** Over ninety percent (90%) of assessments reviewed clearly explain why residential services are needed and contain a summary of the member's medical history. These were two (2) of the highest scoring areas identified by the audit tool.
- **Needs or Current Issues:** The audit tool indicated that less than half of the assessments completed identified a Primary Health Care Physician (PHCP) for the member. Additionally, staff are not consistently informing the assigned Clinically Responsible Service Provider (CRSP) of the assessment recommendations. These will be targeted areas for improvement moving forward.
- **Plan:** The Residential Services Department plans to initiate departmental trainings based on the trends indicated from completed audits. These trainings will be focused on lower scoring areas. We also will be able to implement staff specific training for those clinicians consistently struggling in certain areas.

Quarterly Update:

- **Things the Department is Doing Especially Well:**
 - During the month of June, the Residential Services Department was able to discharge four (4) members out of long-term state facilities and into the community.

- The Residential Services Department was able to add two (2) new provider locations to the network in the month of June.

- **Identified Opportunities for Improvement:**

- There is an opportunity for DWIHN's Direct Clinical Services Department to provide outpatient services to members within the Residential Services Department. This would provide another option for members to choose from when selecting a clinical service provider. Leadership from both departments are scheduled to meet later this month.

- **Progress on Previous Improvement Plans:**

- The Residential Services Department has been working to develop Key Performance Indicators (KPI's) for all positions within the department. This will establish clear performance expectations for all staff, and they are expected to be finalized this month.

Substance Use Disorder Initiatives Report, July 2025

Matthew Yascolt, Interim Director of Substance Use Disorder Initiatives



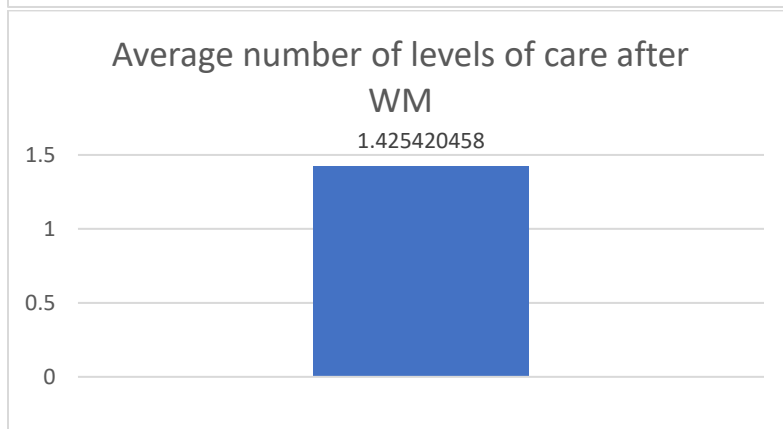
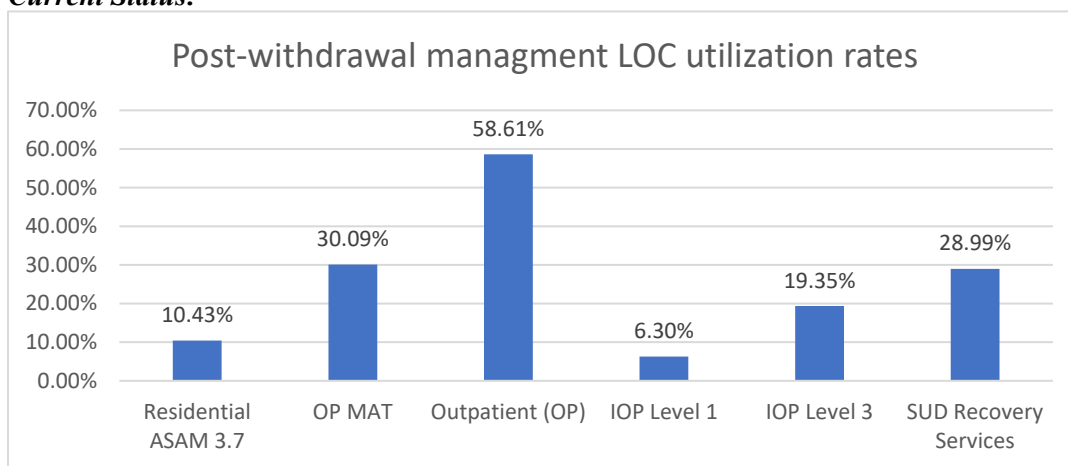
Main Activities during June 2025:

- An analysis of post-withdrawal management level of care utilization rates
- An analysis of withdrawal management recidivism
- An analysis of withdrawal management encounters with no claims following the initial encounter

Progress On Major Activities:

Activity 1: An analysis of post-withdrawal management level of care utilization rates

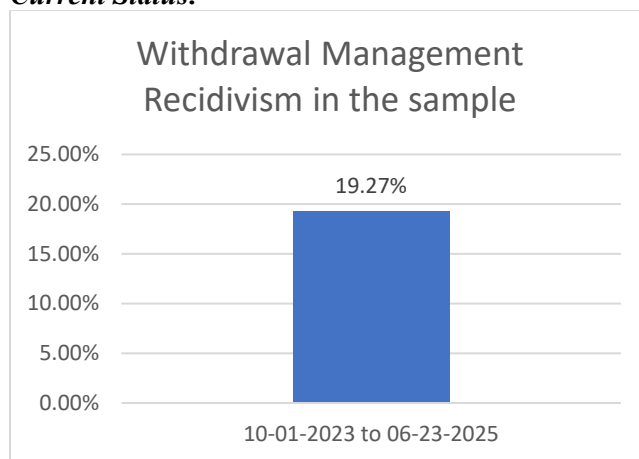
- **Description:** Withdrawal management is a crucial level of care and often a first encounter and impression of substance use disorder treatment. It is typically delivered across a span of three days, addressing physical withdrawal symptoms from stopping substance use. Aftercare is crucial to support and maintain abstinence from drugs. Since withdrawal management is frequently a starting point for treatment services, we looked at the average number of levels of care post-withdrawal management and the utilization rate of those different levels of care from 10/01/2023 to 06/23/2025
- **Current Status:**



- **Significant Tasks and Major Accomplishments During Period:** The most frequently utilized level of care after residential withdrawal management is Outpatient and Outpatient MAT, followed closely by SUD recovery services, often done in tandem with outpatient programming. The average number of levels of care each member receives following withdrawal management is 1.42, indicating a need for more comprehensive aftercare plans
- **Needs or Current Issues:** Investigate the aftercare planning process, identify providers with higher utilization of services following withdrawal management episodes, and seek to replicate aftercare services offered.
- **Plan:** Continue to assess and monitor post-withdrawal management level of care utilization rates and investigate aftercare planning.

Activity 2: An analysis of withdrawal management recidivism.

- **Description:** Between 10/01/2023 and 06/23/2025, member recidivism to withdrawal management was investigated. The total number of members served was compared to the population that returned to withdrawal management during that period.
- **Current Status:**

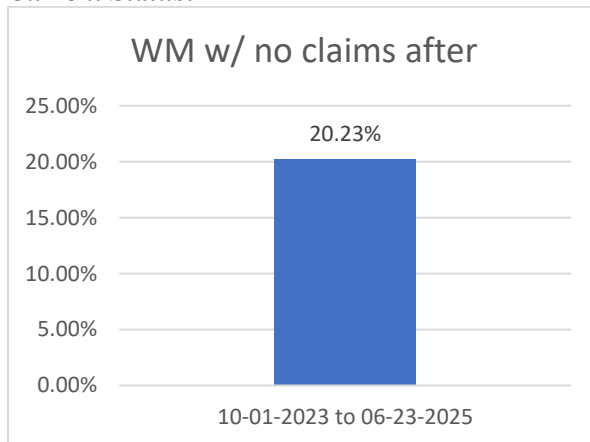


- **Significant Tasks and Major Accomplishments During Period:** Recidivism to withdrawal management in that time period was 19.27%
- **Needs or Current Issues:** Identify trends in recidivism to higher levels of care by year, and work to see if certain providers trigger a higher volume of recidivism events after claims occur at those locations.
- **Plan:** Review trend data. If providers are identified as recidivistic triggers, compare them to current quality scores and review technical assistance options.

Activity 3: An analysis of withdrawal management encounters with no claims following the initial encounter.

- **Description:** Between 10/01/2023 and 06/23/2025, member drop-off following withdrawal management episodes was investigated. The total number of members served was compared to the population that had no encounters following withdrawal management.

- **Current Status:**



- **Significant Tasks and Major Accomplishments During Period:** The analysis found that 20.23% of members who went through withdrawal management did not receive any additional aftercare services by the DWIHN provider network.
- **Needs or Current Issues:** Identify trends in drop off rates by year, and work to see if certain providers trigger a higher volume of drop off.
- **Plan:** Review trend data. If providers are identified as high drop-off providers, compare them to current quality scores and review technical assistance options.

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-02R4 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 7/16/2025

Name of Provider: Elmhurst Home Inc.

Contract Title: Transitional Funding for ARPA Services

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 7/9/2025

Proposed Contract Term: 4/1/2025 to 9/30/2025

Amount of Contract: \$ 6,318,023.00 Previous Fiscal Year: \$ 7,951,781.00

Program Type: Continuation

Projected Number Served- Year 1: 286 Persons Served (previous fiscal year): 570

Date Contract First Initiated: 10/1/2024

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).

To ensure the seamless and sustainable transition of APRA programs to alternative ongoing funding streams the SUD department is requesting \$25,291 in PA2 funds to support the transition of recovery housing and recovery support service programs as ARPA funding for these initiatives was rolled back. This financial assistance enables these programs to maintain service continuity, stabilize operations, and facilitate program adaptation.

The Detroit Wayne Integrated Health Network has the discretion to distribute these funds amongst service providers based on utilization without further board approval, provided the total does not exceed the approved budget of \$6,318,023.

The revised not to exceed contract for SUD Treatment totals \$6,318,023 for the fiscal year ending September 30, 2025.

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

Elmhurst is currently on a CAP due to recent audit results

Source of Funds: PA2

Fee for Service (Y/N): Y

| Revenue | FY 24/25 | Annualized |
|----------------------|-----------------|-------------------|
| Block Grant | \$ 4,478,032.00 | \$ 4,478,032.00 |
| PA2 | \$ 1,839,991.00 | \$ 1,839,991.00 |
| Total Revenue | \$ 6,318,023.00 | \$ 6,318,023.00 |

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Signed: Monday, July 7, 2025

Stacie Durant

Signed: Thursday, July 3, 2025

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-11R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 7/16/2025

Name of Provider: Star Center Inc.

Contract Title: SUD Health Home FY2025

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 7/9/2025

Proposed Contract Term: 8/1/2025 to 9/30/2025

Amount of Contract: \$ 1,170,663.00 Previous Fiscal Year: \$ 918,000.00

Program Type: Continuation

Projected Number Served- Year 1: 1,310 Persons Served (previous fiscal year): 661

Date Contract First Initiated: 10/1/2021

Provider Impaneled (Y/N)?

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

This Board Action is requesting the approval to add Mariner's Inn as an SUD Health Home (previously referred to as Opioid Health Home) provider. Mariner's Inn is an existing partner in DWIHN's network. Mariner's Inn submitted a Health Home certification packet which DWIHN developed in consultation with the National Council on Mental Wellbeing. The certification was reviewed and approved by DWIHN's Health Home Director and SUD Health Home Administrator. The certification outlined the provider's ability to meet SUDHH organizational and program requirements. Topics addressed in the certifications include confirming providers meet basic MDHHS and Medicaid requirements, anticipated enrollment, meeting staffing ratios, and the providers plans and infrastructure to perform the six core SUDHH services: Comprehensive Care Management, Comprehensive Transitional Care, Care Coordination, Individual and Family Support Services, Health Promotion, and Referral to Community and Social Support Services. DWIHN's Access Committee and Credentialing Committee have reviewed and approved this request.

The funding that shall pass through DWIHN because of Mariner's Inn's delivery of this service is estimated to be an additional \$12,663 for FY2025, bringing the total estimate of this revised BA to \$1,170,663. The amounts listed for each provider are estimates based on prior year activity and are subject to change without Board approval.

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

Source of Funds: Medicaid

Fee for Service (Y/N): N

Board Action #: 25-11R2

| Revenue | FY 24/25 | Annualized |
|----------------------|-----------------|-----------------|
| Medicaid | \$ 1,170,663.00 | \$ 1,170,663.00 |
| | \$ | \$ |
| Total Revenue | \$ | \$ |

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64938.827040.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Stacie Durant

Signed: Thursday, June 26, 2025

Signed: Thursday, June 26, 2025

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-51R5 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 7/16/2025

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Provider Network System FY 24/25

Address where services are provided: Service Provider List Attached

Presented to Program Compliance Committee at its meeting on: 7/9/2025

Proposed Contract Term: 10/1/2024 to 9/30/2025

Amount of Contract: \$ 905,684,000.00 Previous Fiscal Year: \$ 805,847,768.00

Program Type: Continuation

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

Date Contract First Initiated: 5/1/2025

Provider Impaneled (Y/N)? Y

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

DWIHN is requesting the addition of the following 2 providers to the DWIHN provider network as outlined below, **without change to the total provider network amount.**

Residential Providers:

1. Heaven's Angels Residential Services

(Credentialed 5/5/2025 for Community Living Support)

2. Rose's Home Care LLC

(Credentialed 5/15/2025 for Personal Care in Licensed Specialized Residential Setting; Community Living Support)

Board approval 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 and are subject to change.

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

| Revenue | FY 24/25 | Annualized |
|----------------------|-------------------|-------------------|
| Multiple | \$ 905,684,000.00 | \$ 905,684,000.00 |
| | \$ | \$ |
| Total Revenue | \$ | \$ |

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Stacie Durant

Signed: Wednesday, July 2, 2025

Signed: Wednesday, July 2, 2025