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

FAX: (313) 833-2156
TTY: 711

PROGRAM COMPLIANCE COMMITTEE MEETING
Administration Bldg.
8726 Woodward, 1st Floor Board Room
Wednesday, June 11, 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. **Children's Initiatives' Quarterly 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.
B. **Outpatient Clinics' Quarterly Report –** Provide information on outreach and awareness to get more men into outpatient care instead of going to crisis.
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?
D. Provide information on the Mental Health Act Fund

VI. Approval of the Minutes – May 14, 2025

VII. Report(s)

A. Chief Medical Officer – ***Deferred to July 9, 2025***
B. Corporate Compliance – ***Deferred to July 9, 2025***

VIII. Quarterly Reports

A. Autism Spectrum Disorder
B. Children's Initiatives
C. Outpatient Clinics Services

D. Customer Service
E. Integrated Health Care

IX. Substance Use Disorder (SUD) Initiatives' CHESS eRecovery App Pilot Program Presentation

X. Utilization Management (UM) Program Description FY 2025-2027 Executive Summary

XI. Strategic Plan - None

XII. Quality Review(s)
A. QAPIP Work Plan Update FY 25

XIII. VP of Clinical Operations' Executive Summary

XIV. Unfinished Business
A. **BA #25-24 (Revised 4)** – Autism Service Providers FY 25
B. **BA #25-51 (Revised 4)** – DWIHN Provider Network System FY 25

XV. New Business (Staff Recommendations)
A. **BA #25-64 –** HUD Permanent Supporting Housing (PSH)
B. **BA #25-65 –** Western Wayne Therapeutic

XVI. 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).

XVII. Adjournment

Program Compliance Committee Meeting
Children Initiative Department

June 2025

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.

1. Education and awareness of behavioral health services and prevention programs. Children Initiatives department provides presentations on Accessing Community Mental Health Services in Wayne County to schools, Department of Health and Human Services (DHHS), parents, and other stakeholders throughout the year.

2. DWIHN offers prevention programs through the School Success Initiative, GOAL Line, Youth United to provide positive activities, education, and resources to prevent crisis.
    - The Children Center:
      Dream Builders Mentorship Group, Parent Café, Family Resource Center.

3. DWIHN Children Initiative participates in monthly meetings with Department of Health and Human Services (DHHS) and various case consultations with DHHS to discuss service options.
    - Youth involved in foster care experience crisis events pertaining to gap of filling medication and lack of housing placement options.

4. Further analysis of crisis screening trends to assess risk factor trends, zip code locations, referral source, and housing status. This will help identify how to best target prevention and intervention efforts.

5. New Initiatives started FY2025:

    - The Michigan Collaborative (MC3):
      University of Michigan provide psychiatric consultation at The Children's Hospital emergency room.
    - 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 following an emergency room visit for acute suicide risk.

6. Build a qualified workforce including diversity and relatability to the children and youth receiving services. Survey within the network the number of male therapists.

PROGRAM COMPLIANCE COMMITTEE

MINUTES **MAY 14, 2025** **1:00 P.M.** ***IN-PERSON MEETING***

MEETING CALLED BY	I. Commissioner Jonathan Kinloch, Program Compliance Chair at 1:09 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Commissioner Jonathan Kinloch, Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	**Committee Members:** Angelo Glenn and Commissioner Jonathan Kinloch **Committee Member(s) Excused:** Angela Bullock, Dr. Lynne Carter, and William Phillips **Board Member(s):** Dr. Cynthia Taueg, Board Chair **Staff:** Brooke Blackwell; Yvonne Bostic; Dr. Shama Faheem; Monifa Gray; Sheree Jackson; Melissa Moody; Ryan Morgan; Cassandra Phipps; Manny Singla; Andrea Smith; Yolanda Turner; James White; Rai Williams; and Matthew Yascolt

AGENDA TOPICS

II. Moment of Silence

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

III. Roll Call

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

IV. Approval of the Agenda

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

V. Follow-Up Items from Previous Meetings

DISCUSSION/ CONCLUSIONS	A. **Chief Medical Officer's Report** – The committee requested a deeper dive to determine reasons individuals are returning to the Crisis Center for services – Are they not receiving the services they need? – Dr. Shama Faheem, Chief Medical Officer submitted and gave an update. It was reported that nine (9) members had 62 presentations and were referred to inpatient five times; Members who started using DWIHN Crisis Care Center, though were coming back to it at times of crisis multiple times, had very low probability to be referred to inpatient psychiatric admission (8 %); Most of those members were dual SMI and SUD and had significant substance use histories; Lack of engagement with outpatient provider was a common factor; Lack of coordination between SUD and MH CRSP is a common observation; and Team Wellness and Central City Integrated Health were the common Clinically Responsible Service Providers (CRSP). Team Wellness had closed cases on several of them with their outpatient teams, though they were open as CRSP pending disenrollment, as they were continuing to use Crisis Services. AOT was not used on any member; One member who was placed in the ACT program improved and had no crisis episodes after that. Members who continue to come to DWIHN CSU are encouraged to use our Crisis Call line, Mobile crisis services, and CSU, given high chances of stabilization and low chances of inpatient referral. Staff will improve coordination between mental health and substance use CRSP; Utilize the Substance Use Complex Case Manager; Encourage Team Wellness and CCIH's participation and visits in discharge planning during Crisis episodes to develop rapport with patients and develop plans for direct transport to discharge appointments. This seems not to be a problem with these 9 members only, but a problem in general, particularly with certain CRSP. Recent education to CRSP was provided on Assisted Outpatient Treatment (AOT). Will provide more education and guidance to improve utilization for the appropriate population. Staff will develop more specific Disengagement and recidivism Guidelines and increase ACT referrals on these and other similar members. Commissioner Kinloch opened the floor for discussion. Discussion ensued. B. **Managed Care Operations' Quarterly Report –** Provide a mapping of providers in Wayne County and Detroit to determine if there is a gap in service – Rai Williams, Director of Managed Care Operations, and Manny Singla, Executive VP of Operations, submitted and gave an update. It was reported that the map shows that DWIHN has adequate network coverage for Wayne County and Detroit. The map also shows providers that have 24-hour locations and are within a 10-minute/20-mile radius and a 10-minute and five (5) mile radius. DWIHN is putting together a robust map on our website that will give our members the ability to look at all the services by zip code, and the ability to drill down into what is the closest service to them. President/CEO, James White, informed the committee that staff are looking at identifying ways we can improve the map for the services that they provide. We are working through what that looks like going forward and believe it will be beneficial for us to be able to hover over the dots on the map and know precisely the service that is provided. Commissioner Kinloch opened the floor for discussion. Discussion ensued.

VI. Approval of the Minutes

DISCUSSION/ CONCLUSIONS	Commissioner Kinloch called for a motion to approve the April 9, 2025, meeting minutes. **Motion:** It was moved by Dr. Taueg and supported by Mr. Glenn to approve the April 9, 2025, meeting minutes. Commissioner Kinloch asked if there were any

	changes/modifications to the April 9, 2025 meeting minutes. There were no changes/modifications to the meeting minutes. **Motion carried.**

VII. Reports

17B**DISCUSSION/** 18B**CONCLUSIONS**	A. **Chief Medical Officer** – Dr. Shama Faheem, Chief Medical Officer, submitted and gave highlights of the Chief Medical Officer's report. It was reported that: 1. **Behavioral Health Education, Advocacy, and Outreach –** Opioid Impact Conference was held under the partnership of Detroit Wayne Integrated Health Network, Michigan Public Health Institute (MPHI), and the Michigan Recovery Friendly Workplace Program. Dr. Faheem received a Certificate of Appreciation from MPHI. May is Mental Health Awareness month. 2. **MDHHS Updates –** As part of efforts to increase access to substance use disorder (SUD) treatment, the Michigan Department of Health and Human Services (MDHHS) is offering student loan repayment to providers if they begin providing or expand opioid addiction treatment programs. Through the Michigan Opioid Treatment Access Loan Repayment Program, providers may be eligible for student loan repayments between $15,000 and $30,000. The program is available to medical doctors and osteopathic medicine doctors, psychiatrists, nurse practitioners, physician assistants, and substance use disorder counselors who begin offering opioid treatment or expand treatment that is already being offered. Providers who work in a variety of health care settings are eligible to apply. Applications must be submitted by Monday, May 19. Applications and other resources are available at Michigan.gov/miota. Health care providers are encouraged to review the materials and submit applications when the cycle begins. This information has been sharedwith our CRSP Medical Directors and Opioid Treatment providers. 3. **Crisis Center Medical Director's Update** – DWIHN has completed its Joint Commission Accreditation Process and had minimal findings. The surveyor was impressed at how well the programs were prepared for its first year. We are working on addressing the small areas of low/medium areas of findings that we had, so we could receive our Certificate. DWIHN has been working with MDHHS to go through our recertification. We have submitted all the documentation and have been receiving feedback on it. Our site visit is scheduled for the end of the month. The State has appreciated DWIHN on several of our policies and protocols, many of which are related to Substance use withdrawal management at a Crisis Center, and has asked for our permission to include them in their Best Practice Handbook. To improve the discharge process for members with elevated risk, Intensive Crisis Stabilization Services though our Mobile Crisis Teams have been incorporated within the Crisis Center where those cases would be referred to the ICSS teams to help them stabilize and connect with outpatient services until follow-up is established which is one of allowable scope of ICSS in Michigan. 4. **Quality Updates** - Racial Disparity in Follow Up After Hospitalization rates was identified as a PIP based on MDHHS request for a Quality improvement

	project addressing disparity in 2021. DWIHN started with a baseline disparity of 4.51 and the goal was to lower it each year, it was unfortunate that we encountered aftereffects of pandemics and staffing shortages in 2022 and ending of Public health emergency which lead to members losing their coverage as well as changes in MDHHS telemedicine policy which became more restrictive which also disproportionately affected African American population in 2023 and widened the disparity. However, with targeted interventions with CRSP, who had the highest disparity, and interventions such as help with transport, reinstatement of coverage, and expansion of providers, we were able to bring it back close to baseline in 2024. The preliminary data for 2025 (though it has a claim lag) does indicate further improvement in disparity, and we are hopeful that we may be able to meet the State's expectation of going below our baseline for the first time, but we are still encouraged to see that the trend has been in the right direction. The Chair opened the floor for discussion. Discussion ensued. B. **Corporate Compliance – *There was no Corporate Compliance report to review this month.*** The Chair noted that the Chief Medical Officer's report has been received and placed on file.

VIII. Quarterly Reports

DISCUSSION/ CONCLUSIONS	A. **Access Call Center** – Yvonne Bostic, Director of the Access Call Center submitted and gave highlights of the Access Call Center's quarterly report. It was reported that: 1. **Activity 1: Call Center Performance – Call detail report** – MDHHS' Standards and Call Center Performance for 2nd Quarter FY 24/25 (January through March 2025) were met. For the 2nd Quarter of FY 24-25 there were 44,081 calls handled by the access call center: 11,663 (26.0%) calls handled related to SUD services with an average handle time of 16:00 minutes; 5,607 (13.0%) calls handled, related to MH services, with an average handle time of 19:00 minutes; and 26,811 (61.0%) calls handled, related to other requests: provider inquiries, information and referrals for community programs and services, screening follow up calls, 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 2nd Quarter FY 23-24 (4.0%) to 2nd Quarter FY 24-25 (1.0%) abandonment rate, there was a 3% improvement. There has also been an improvement in the service level and speed to answer. 2. **Activity 2: Appointment Availability and Scheduling -** In comparison to FY 23/24 to FY 24/25, there was an increase in all areas of focus for appointment availability, with the greatest increase for SUD appointment availability by approx. 11%. There was also an increase in appointment availability for the hospital discharge follow-up appointments of approximately 8%. For MH and I/DD intake appointments, there was very little change in appointment availability across the network. To address concerns related to appointment availability, representatives from DWIHN's quality department, Children / Adult Initiatives, Integrated Care and Access Call Center have 30–45-day meetings with the CRSP providers to identify barriers and discuss interventions and the DWIHN Access Committee meet monthly to discuss how the network can be improved by the addition or removal of providers.

3. **Activity 3: Accomplishments and Updates – Staffing and Training –** Medicaid Fraud, Waste and Abuse (DWC online training); Infection Prevention and Control Practices (DWC online Training); Infant Mental Health Training (Carolyn Dayton, LMSW, Wayne State University; Advance Directives (DWC online training); Access Call Center Demographic Review Policy (Policy Stat); Access Call Center Information and Referral Policy (Policy Stat). The department is working on filling two SUD vacancies. There is a tentative start date of May 19, 2025, for all three (3) shifts (7a-3p, 8a-4p, and 9a-5:30p) to be working from the 707 W. Milwaukee location.

Commissioner Kinloch opened the floor for discussion. Discussion ensued.

B. **Innovation and Community Engagement** – Andrea Smith, Associate VP of Innovation and Community Engagement, submitted and gave highlights of the Innovation and Community Engagement's quarterly report. It was reported that during FY 25 (Q2), the department advanced its mission through a series of impactful initiatives targeting justice-involved populations, homeless outreach, and veteran support. Across these initiatives, a total of 2,153 individual encounters were recorded, with 520 individuals connected to critical services.

1. **Activity 1: Justice-Involved Initiatives** – The department continued its robust collaboration with law enforcement and the judicial system. Highlights include **247 jail releases** tracked, **41 individuals navigated** to mental health treatment via the Jail Navigator, and **1,125 co-responder encounters**, resulting in 114 service connections. **Drug, mental health, and veterans' courts facilitated 223 referrals** to DWIHN services, despite Mental Health Court facing referral limitations due to a vacant assessor position. The department also enhanced its collaboration with the Highland Park Police Department by delivering Crisis Intervention Team (CIT) and Mental Health First Aid (MHFA) training. The Detroit Homeless Outreach Team (DHOT) engaged 740 individuals during street outreach, successfully connecting 188 to housing and behavioral health services.
2. **Activity 2: Veteran Navigator** - The Veteran Navigator program made significant strides, **connecting 89 veterans and engaging 4 family members**. Over **100 outreach connections** were logged, including 97 referrals across housing, legal, and employment services. Survey results showed that 89% of veterans reported an increased willingness to seek help after engagement. Staff are coordinating meetings with key housing stakeholders to identify strategies for improved collaboration and systems integration, including colocation models. The Veteran Navigator will continue advocacy and resource expansion efforts with MDHHS, VA, and local partners to close service gaps.

Commissioner Kinloch opened the floor for discussion. Discussion ensued.

C. **Residential Services** – Ryan Morgan, Director of Residential Services, submitted and gave highlights of the Residential Services' quarterly report. It was reported:

1. **Activity 1: Monitoring Residential Authorization -** The Residential Authorizations unit consists of four (4) staff who processed (3,302) residential authorizations during the second quarter. Additionally, 96% of those authorizations were approved within the fourteen (14) day timeframe. During the second quarter, the Residential Authorizations Unit began to complete Adverse Benefit Determination letters (ABD) for any member assessed for a reduction in services. In the first month of implementing this new process, the department completed two (2) Adverse Benefit Determination letters. The Residential Authorizations Unit will continue to monitor and track this data moving forward.

2. **Activity 2: Updating Residential Assessments –** The Residential Services Department was able to complete 897 Residential Assessments during the quarter, 515 of those were completed with Adults with Mental Illness, and 382 were completed with Individuals with Intellectual and Developmental Disabilities. During the second quarter, the Residential Services Department was able to develop an internal quality audit tool that will be utilized to ensure that staff are incorporating the necessary information needed to complete a high-quality assessment. We were able to make the assessment electronic so that managers can complete the assessment with staff in individual supervision. Each staff member will have two (2) assessments reviewed monthly in individual supervision utilizing this audit tool.
3. **Quarterly Update -** During the second quarter, the Residential Services Department had 173 new members referred to Residential Services. Upon receiving the referral, Residential Care Specialists contact the referral agent within twenty-four (24) hours. After that, they work with the referral agent to schedule the Residential Assessment within seventy-two (72) hours. This process has improved referral efficiency. The Residential Services Department was able to add an additional Residential Care Specialist to our staff working with Individuals with Intellectual and Developmental Disabilities, who will be able to complete Residential Assessments. The Residential Services Department continued to update and finalize eleven (11) policies and procedures that previously did not exist within the department. They are currently in the final stage of development. These policies outline the best practice guidelines within Residential Services.

Commissioner Kinloch opened the floor for discussion. Discussion ensued.

D. **Substance Use Disorder Initiatives** – Matthew Yascolt, Interim Director of the Substance Use Disorder Initiatives, submitted and gave highlights of the Substance Use Disorder Initiatives' quarterly report. It was reported:
   1. **Activity 1: Analysis of MDOC and Veteran Members leaving all levels of treatment against medical advice** – Members who leave treatment against medical advice (AMA) are choosing to discontinue treatment without the recommendation of the member's treatment planning team. Leaving against medical advice can expose the member to increased risks, including the need for readmission or exacerbation of their condition. Data from 10/1/24 to 5/1/25 was reviewed, and AMA benchmarks were established for the different populations we serve. Staff will educate the service provider network on population risk factors associated with leaving AMA. Notify MDOC partners of higher AMA rates to ensure effective communication and coordination of care with MDOC. Notify service providers with high rates of members leaving AMA and provide training and education. Staff will continue to assess AMA designations for all levels of care, compare AMA rates to quality scores, and environmental scores. Provide technical assistance at the provider level as needed to improve outcomes.
   2. **Activity 2: Women's Specialty Services program analysis and longitudinal review** – The goals of Women's Specialty Services are to ensure that pregnant women and women with parental rights to their children receive priority admission to substance use disorder treatment, to provide gender specific trauma informed care, support healthy pregnancies and child development, strengthen family well-being, and improve access to comprehensive care. Data from 10/1/2024 to 4/30/2025 was reviewed, and recovery encounters were analyzed. Recovery encounters include recovery planning, relationship building, nutrition, financial management,

	coping skills, and parenting skills. The number of recovery encounters each member enrolled in women's specialty services (WSS) was compared to the number of recovery encounters that general female members received. On average, members enrolled in WSS received 9 more recovery-based encounters than their counterparts. Staff will continue to analyze programming and build out programming across more providers, monitor programming, and look at possibilities of enhancement at current provider locations and opportunities for replication. 3. **Activity 3: Members receiving Recovery Supports (T1012) employment analysis** - Employment helps develop a sense of purpose and establish goals and objectives necessary for members in recovery from substance use disorder. The Current Procedural Terminology (CPT) code T1012 for recovery supports can be used for skills development, coping skills, financial management, and assistance with employment. Members who received T1012 services between 10/1/24 and 4/22/25 were analyzed. The analysis found that 82.45% of members who received T1012 services this fiscal year self-reported being unemployed. Looking closer at the age distribution of members who were unemployed and receiving T1012, the majority of members were in the 30-39 age group. We will continue to monitor the utilization of T1012, investigate additional avenues to provide employment services to our members, and share information with providers and stakeholders. Staff will meet with treatment providers to discuss strategies and plans to engage members in employment services. The Chair opened the floor for discussion. There was no discussion. The Chair noted that the quarterly reports for Access Call Center, Innovation and Community Engagement, Residential Services, and Substance Use Disorder Initiatives have been received and placed on file.

IX. Strategic Plan – None

DISCUSSION/ CONCLUSIONS	***There was no Strategic Plan to review this month.***

X. Quality Review(s)

DISCUSSION/ CONCLUSIONS	***There were no Quality Review(s) to review this month.***

XI. VP of Clinical Operations' Executive Summary

DISCUSSION/ CONCLUSIONS	Melissa Moody, VP of Clinical Operations, submitted and gave highlights of the Clinical Operations executive summary. It was reported: 1. **Utilization Management** – The goal is to improve the efficiency of utilization review and decrease/eliminate delays in service delivery or authorization. The current goal is that 95% of prior authorization dispositions are provided within 14 days of request. The UM team was not historically meeting that goal (Q1-72%). The Utilization Management Department did a thorough evaluation of internal processes and procedures as related to prior authorization review and disposition. This resulted in an internal plan of correction in January 2025 that clearly outlined processes, procedures, and included staff re-training. In the month of April, the Utilization Management prior authorization review teams

approved 92% of authorization requests within fourteen (14) calendar days, up from 90% in March. The team continues to demonstrate improvement, following the implementation of a departmental performance improvement plan to address not meeting the 95% 14-day timeframe standard for non-urgent requests. Beginning in 2026, payers will be required to make decisions for all standard, non-urgent requests within seven (7) calendar days. UM has continued in the development of non-clinical Quality Impact Assessment (QIA) for timeliness of non-urgent, preservice authorization decisions, with the goal of decreasing decision time to seven (7) calendar days. UM is actively working to implement process and procedural changes to meet this new requirement for authorization requests in all service areas.

2. **Adult Initiatives –** Individual Placement and Support (IPS) is a form of Evidence-Based Supported Employment (EBSE) that focuses on aiding individuals diagnosed with mental illness in securing gainful employment in a community setting while providing comprehensive support to increase their success. There are a total of 437 members receiving IPS services in April 2025 from the 8 CRSPs (ACCESS< Central City, Community Network Services, MiSide, The Guidance Center, Hegira, Lincoln Behavioral Services, and Team Wellness).
3. **Integrated Health Care Services –** Health Effectiveness Data and Information Set (HEDIS): Follow-up after hospitalization (FUH)- FUH Assesses the percentage of inpatient discharges, for a diagnosis of mental illness or intentional self-harm among patients aged 6 years and older, that resulted in follow-up care with a mental health provider within 7 and 30 days. DWIHN has worked diligently in this area to improve member outcomes and care. This includes providing a HEDIS Scorecard to Clinically Responsible Service Providers with their data for follow-up after hospitalization and meeting with CRSPs every 45 days to review data and barriers. DWIHN scores are based on open members only, so there is a difference in scores when compared to MDHHS. Currently, DWIHN is meeting the Michigan Department of Health and Human Services HEDIS Goals for FUH. In April 2025, each Clinically Responsible Service Provider was presented with their FUH 2023-2024 scores, and new interventions were discussed. Clinically Responsible Service Providers who did not meet the goal for FUH were asked to provide a plan on how it will be met. Sixteen out of 23 Adult CRSPs (70%) met the goal of 58% FUH. Thirteen out of twenty Children CRSPs (65%) met the goal of 70% FUH.
4. **Health Home Initiatives -** *Certified Community Behavioral Health Clinic (CCBHC) – 20,144 members* **-** MDHHS supplied an update to CCBHC demonstration sites and PIHPs to clarify what they currently know about proposed cuts to Health and Human Services programs at the Office of Management and Budget (OMB). Currently proposed cuts would not affect the CCBHC demonstration, only expansion grants (which were awarded by SAMHSA in the past). A reminder that the CCBHC demonstration is approved through FY27. DWIHN is still awaiting CCBHC certification from CMS. *Behavioral Health Home (BHH)- 862 members and Substance Use Disorder Health Home (SUDHH)- 766 members* - BHH and SUDHH continue to work toward the department's enrollment goal of 1,000 enrollees in each program. This is provided through ongoing education with the provider network. A DWIHN network provider is seeking to join the SUDHH program, which would bring the total number of SUDHH providers up to nine (9) if they become certified. DWIHN currently has the most BHH enrollees of any Michigan region, representing 27% of statewide enrollment. DWIHN has the second highest SUDHH regional enrollment, representing 18% of statewide enrollment.

The Chair opened the floor for discussion. There was no discussion. Commissioner Kinloch noted that the VP of Clinical Operations' executive summary has been received and placed on file.

XII. Unfinished Business

DISCUSSION/ CONCLUSIONS	A. **BA #25-02 (Revised 3) – Substance Use Disorder (SUD) Health Home Incentive-Based Wellness Challenge** – The SUD Department is requesting $43,600.00 of PA2 funds to support the SUD Health Home Incentive-Based Wellness Challenge. It is a contingency management program designed to encourage our members enrolled in SUD Health Home programming to meet physical health objectives outlined in the challenge. Members' incentives will not exceed $100.00 per participant per quarter. Incentivized physical health objectives will address and aim to improve HEDIS measures, specifically follow-up after emergency department visit for substance use (FUA), which is a pay-for-performance metric. Members who are enrolled in the MDHHS Recovery Incentive Pilot program are not eligible for the SUD Health Home Incentive-Based Wellness Challenge. Controls have been established to ensure that there is no duplication of incentives. **Motion:** It was moved by Mr. Glenn and supported by Dr. Taueg to move BA #25-02 (Revised 3) to Full Board for approval. Commissioner Kinloch opened the floor for discussion. There was no discussion. **Motion carried.** B. **BA #25-24 (Revised 3) – Autism Service Providers FY 25** – Staff requesting board approval to add one (1) new ABA Provider, Karing Kids to receive a seven-month contract effective March 1, 2025 through September 30, 2025 to deliver Applied Behavior Analysis (ABA) and Autism Evaluations. The total projected budget for Autism services for FY 25 remains unchanged and is not to exceed $102, 905,784.00. The amounts listed for each provider are estimated based on the prior year's activity and are subject to change. Amounts may be reallocated amongst providers without board approval. The Chair called for a motion on BA #25-24 (Revised 3). **Motion:** It was moved by Dr. Taueg and supported by Mr. Glenn to move BA #25-24 (Revised 3) to Full Board for approval. Commissioner Kinloch opened the floor for discussion. There was no discussion. **Motion carried.** C. **BA #25-51 (Revised 3) – DWIHN Provider Network System FY 25** – Staff requesting board approval to add six (6) providers (five residential providers, and one outpatient provider) to the DWIHN Provider Network. 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 Chair called for a motion on BA #25-51 (Revised 3). **Motion:** It was moved by Mr. Glenn and supported by Dr. Taueg to move BA #25-51 (Revised 3) to Full Board for approval. Commissioner Kinloch opened the floor for discussion. There was no discussion. **Motion carried.**

XIII. New Business: Staff Recommendation(s)

DISCUSSION/ CONCLUSIONS	A. **BA #25-60 – Summer Youth Employment Program (SYEP)** – Staff requesting board for $1.9 million to fund the continuation of the DWIHN Summer Youth Employment Program (SYEP) from June 1-September 30, 2025. The SYEP program has been funded for the last six years and involves collaboration with organizations that thrive on community outreach to

	adolescents, focusing heavily on youth recruitment plans and educational and mentoring goals to be accomplished over the summer months. The program provides subsidized part-time/temporary employment or training opportunities for individuals between the ages of 14-24 living in Wayne County. In addition to work experience, this funding will ensure that the employed youth receive educational information on prevention, treatment, and access to care. The Chair called for a motion on BA #25-60. **Motion:** It was moved by Mr. Glenn and supported by Dr. Taueg to move BA #25-60 to Full Board for approval. Commissioner Kinloch opened the floor for discussion. Discussion ensued. **Motion carried.**

XIV. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS	***There was no Good and Welfare/Public Comment this month.***

ACTION ITEMS	Responsible Person	Due Date
There are no action items to review this month.		

The Chair called for a motion to adjourn the meeting. **Motion:** It was moved by Mr. Parker and supported by Mrs. Bullock to adjourn the meeting. **Motion carried.**
ADJOURNED: 2:16 p.m.
NEXT MEETING: Wednesday, June 11, 2025, at 1:00 p.m.

Program Compliance Committee Meeting
Autism Services Department
FY 25 – Quarter 2 (January-March 2025)
June 11, 2025

Main Activities during Reporting Period:

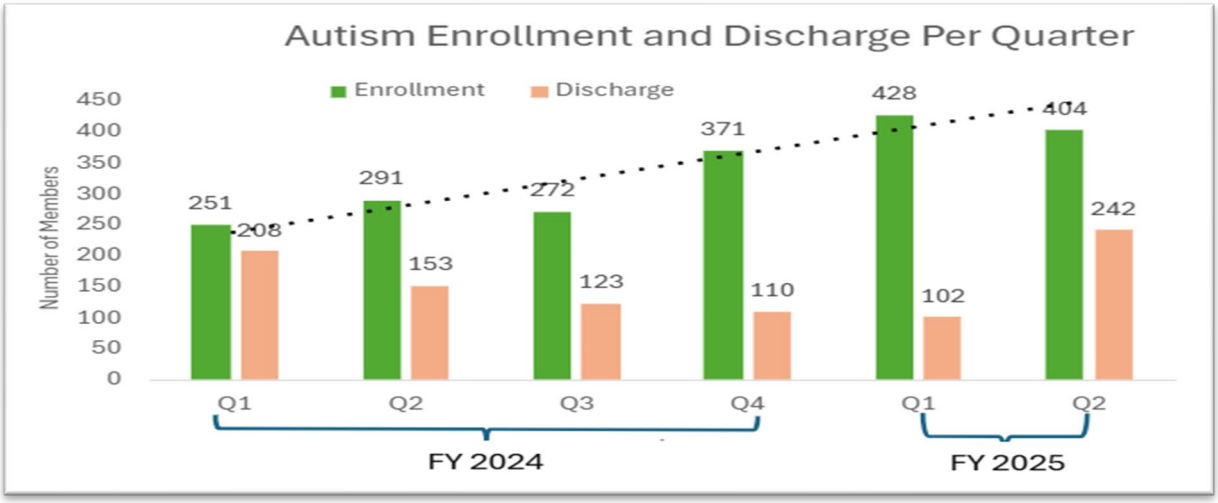
- Expansion of Autism Services (RFQ)
- Timely Access to Eligibility Results
- New Autism Initiatives

Progress On Major Activities:

Activity 1: Expansion of Autism Services (RFQ)

Description: To address provider capacity shortages 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.

Current Status: 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. The chart below outlines the number of new eligible members enrolled into autism services and the number of members discharged from autism services.

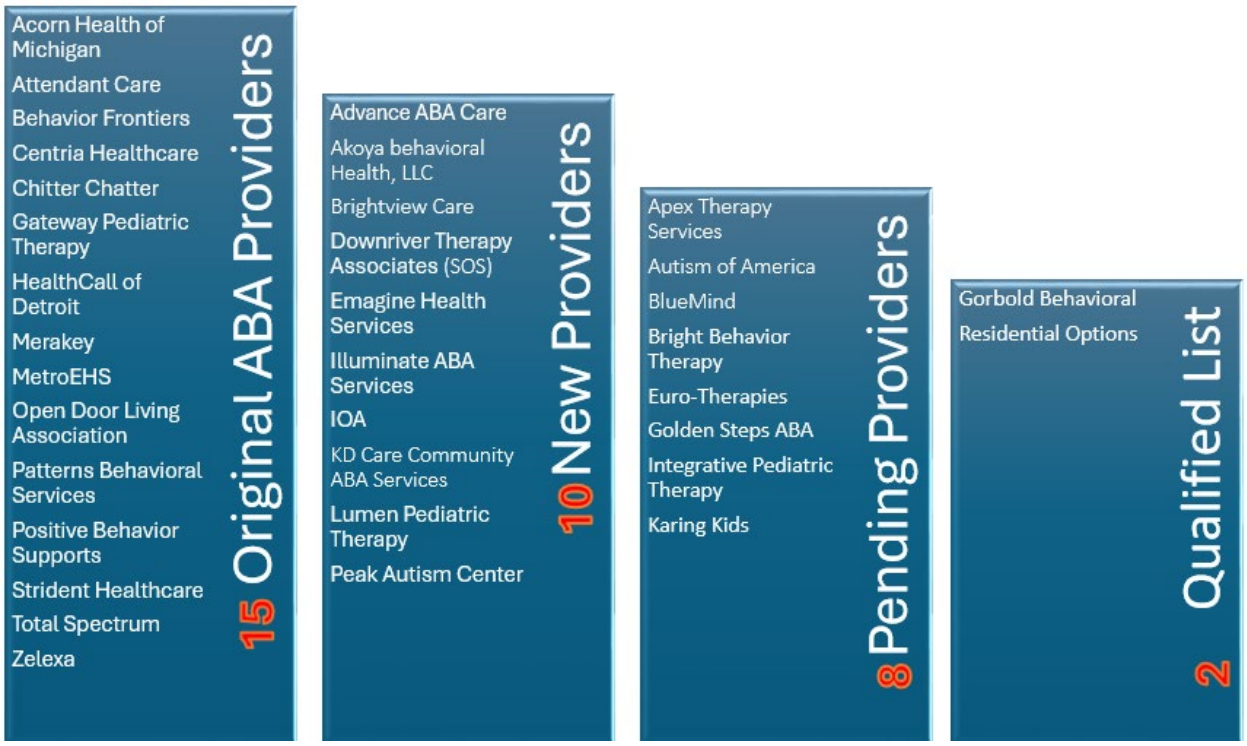


Throughout FY24, enrollments steadily increased each quarter, peaking in Q4 with 371 new members. Discharges steadily declined over the same period, indicating improved service retention and stability across the network.

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.

Significant Tasks During Period: The image below lists the status of ABA Providers since the RFQ 2023-005 REBID began in March of 2023. The columns indicate 4 different categories of onboarding providers. The first column represents original ABA providers which indicates a total of 15 providers that were within network prior to the RFQ being posted. The second column represents new providers that were added to the network which indicates a total of 10 providers. The third column represents pending providers that were also added and are currently completing the credentialling process, which indicates a total of 8 providers. The fourth column represents the

qualified list which are the providers that are available to onboard if needed which indicates a total of 2 providers. At the end of the 2nd quarter of fiscal year 2025, there were 25 ABA Providers in network.



Major Accomplishments During Period: To support the expansion of autism services and ABA Providers, the Request for Qualifications (RFQ) 2023-005 REBID continues until 5/1/2028. Between January to 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 network to 25.

Needs or Current Issues:
The Qualified List of ABA Providers pending credentialing are as follows: Apex Therapy Services, Autism of America, Mohamdali Maxloum (dba BlueMind), Bright Behavior Therapy, Mansch Enterprises LLC (dba Euro-Therapies), Golden Steps ABA, Integrative Pediatric Therapy, and Karing Kids.

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

Activity 2: Timely Access to Eligibility Determination

Description: The DWIHN Autism Department is focused on improving timely access to ABA services for individuals with autism ages 0 to the 21st birthday covered by Medicaid in Wayne County. A key area of improvement is reducing delays in receiving diagnostic evaluation reports, which are required to determine eligibility for the Autism 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.

Current Status: In response to feedback from providers and evaluators, DWIHN extended the allowable reporting window for ASD diagnoses from 10 to 15 business days, 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 are supporting both quality evaluations and access to services.

Fiscal Year/Quarter	Timely Access to ABA Services (Numerator)	Total Requests for ABA Services (Denominator)	Percentage of Reports On Time
FY 24 / Q1	285	427	**67%**
FY 24 / Q2	325	384	**85%**
FY 24 / Q3	527	578	**91%**
FY 24 / Q4	479	525	**94%**
FY 25 / Q1	411	465	**88%**
Performance Measure Modification			
FY 25 / Q2	513	528	**97%**

***Significant Tasks and Major Accomplishments During Period**:* All diagnostic evaluations submitted through the system continue to be reviewed and approved before members are authorized for ABA services. This helps ensure that documentation is complete and aligned with eligibility requirements.

Needs or Current Issues: While timeliness has improved, there is still a need to ensure standardized quality across evaluation reports. Some clinicians encounter complex cases that require reviewing external records, differentiating co-occurring conditions, and navigating diagnostic considerations for older children. These scenarios benefit from the extended reporting window but also highlight the need for clearer expectations around best practice documentation and consistent evaluation outcomes across the network. Additionally, there is a need to ensure that evaluators are meeting with families for a dedicated feedback session to discuss results and next steps. Feedback sessions should occur on a separate day from the evaluation to allow time for thoughtful review, tailored recommendations, and family engagement, though some providers currently complete both on the same day.

Plan: 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.

Activity 3: New Autism Initiatives

***Description**:* The Autism Benefit at DWIHN supports medically necessary treatment for children and youth with Autism Spectrum Disorder. 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.

***Significant Tasks During Period**:* 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.

Major Accomplishments During Period: Hosted multiple provider trainings throughout Q2 to strengthen understanding of Autism Benefit requirements and improve consistency in documentation, service delivery, and network expectations.

Needs or Current Issues: Some providers continue to face challenges with completing credentialing requirements, uploading assessments to the correct location, and fully understanding documentation expectations during program closures. In addition, there's a continued need for clearer communication during coordination of care efforts, especially around member transitions. We're hopeful that the full implementation of the EDT Form will support providers in navigating these steps more smoothly and consistently

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

Quarterly Update

Things the Department is Doing Especially Well:

- **Provider Engagement & Service Enhancements:**
  - Held multiple provider workgroups in March to gather feedback on the Enrollment, Discharge, and Transfer Form.
  - During March 2025 hosted the Meet and Greet & Provider Training Part 2 to strengthen relationships and review expectations.
  - Onboarded KDCare, Brightview, and Akoya through a New Provider Orientation March 2025.
  - During March 2025 new ABA Providers completed the MHWIN Training with Success on the Spectrum, Advance ABA Care, Lumen, and Integrative Pediatric Therapy.
  - Promoted Autism Awareness Month with a flyer and network-wide activity.
- **Data & Process Improvements:**
  - Finalized and piloted the Enrollment, Discharge, and Transfer Form with select providers to track transitions more effectively.
  - Continued use of the ABA Availability Log to support quicker matching of members to open spots.
  - Maintained accuracy of the ASD Department's training log and tracked provider capacity changes.
- **Service Delivery & Case Management:**
  - Completed over 375 case assignments, connecting members to appropriate ABA providers.
  - Improved timeliness in diagnostic evaluation reports, reaching 98% on time completion in FY25/Q1.
  - Ensured all evaluations are reviewed before ABA authorizations are approved, supporting eligibility compliance.

Identified Opportunities for Improvement:

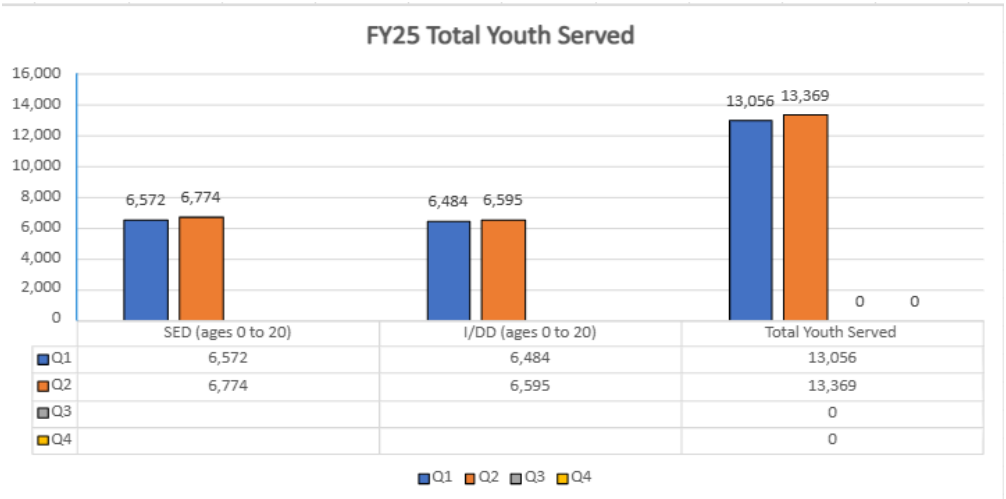
- Continue monitoring use of the ABA Availability Log to support timely referrals and placement.
- Finalize and share the ABA Program Assignment Referral & Closing Form to streamline member transitions.
- Finalize and distribute the ABA Program Assignment Referral & Closing Form to improve the referral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

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

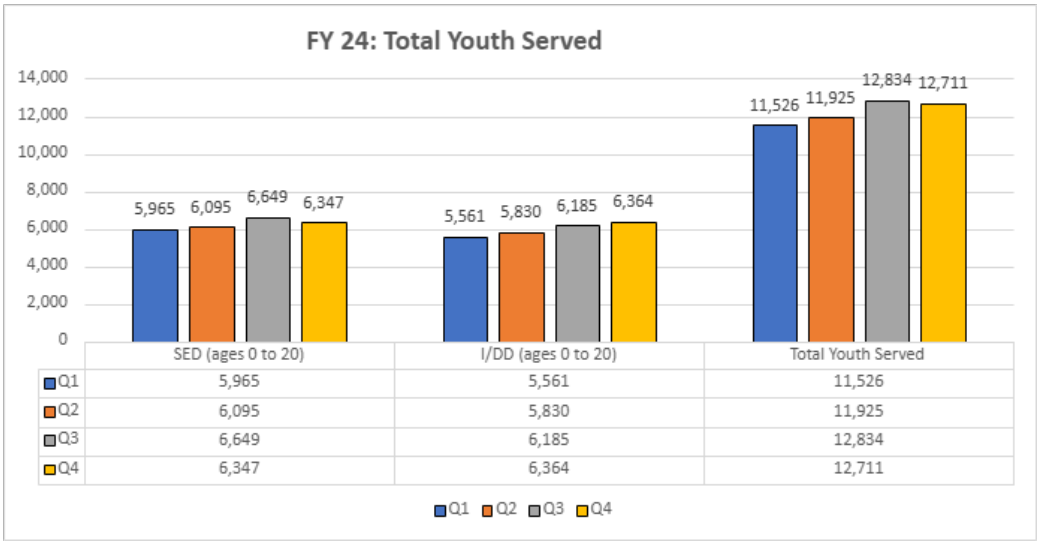
Program Compliance Committee Meeting

Children's Initiative Department
FY 2025 / Quarter 2 (Jan – March 2025)

Overall Clinical Services: 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 during FY24 the average children, youth, and families served was 12,249 and a total of 48,996. As of FY25/Q2 the total children, youth, and families served was 26,425.



	SED (ages 0 to 20)	I/DD (ages 0 to 20)	Total Youth Served
Q1	6,572	6,484	13,056
Q2	6,774	6,595	13,369
Q3			0
Q4			0



	SED (ages 0 to 20)	I/DD (ages 0 to 20)	Total Youth Served
Q1	5,965	5,561	11,526
Q2	6,095	5,830	11,925
Q3	6,649	6,185	12,834
Q4	6,347	6,364	12,711

Main Activities during the Reporting Period:

- Activity 1: Access to Children Services
- Activity 2: School Success Initiative Program
- Activity 3: Pediatric Integrated Health Program

Progress On Major Activities:

Activity 1: Access to Children Services

Description: 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 for services was identified at 57%. It is the expectation children receive an intake assessment within 14 days of the screening date.

Why is this Important?: It is important for children, youth, and families to receive timely behavioral health services.

Current Status: See chart below.

Fiscal Year 2025

Quarter	# of Screenings	# of Intakes w/ 14 Days	Total %
Q1	681	360	52.86%
Q2	781	485	62.10% (+)

Fiscal Year 2024

Quarter	# of Screenings	# of Intakes w/ 14 Days	Total %
Q1	629	190	30.21%
Q2	701	363	51.78% (+)
Q3	806	476	59.06% (+)
Q4	628	325	51.75% (-)

Significant Tasks and Major Accomplishments: During FY25/Q1 the new children services screening code for specialty children services that was not previously included in the data report. The children's specialty services Children Providers complete screenings for are:

- Infant Mental Health and Early Childhood
- Infant and Early Childhood Mental Health Consultation (IECMHC)
- Intellectual Developmental Disabilities *(ages 0 to 5)*
- Youth involved in Foster Care
- Youth Juvenile Justice
- Juvenile Restorative Program
- Children Waiver
- SED Waiver
- School Success Initiative

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 Providers were trained on the new screening submission process. The interventions resulted in an increase of compliance and meeting the 57% goal for FY25/Q2.

Needs or Current Issues: The juvenile justice screenings are not included in the report due to finalization of the signed contract. Ensure all appropriate Children Providers submit screenings correctly.

Plans: Continue to review the screening report.

Activity 2: School Success Initiative Program

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

Why is this Important?: The SSI program is needed to address the behavioral health needs of students by providing Tier 1, Tier 2, and Tier 3 services to students in school as a result of the administered Strengths and Difficulties (SDQ) questionnaire.

- **Tier 1** – Classroom Observation, Conflict Resolution, Consultation, Crisis Intervention
- **Tier 2** – Group Prevention, Individual Prevention, Michigan Model for Health, Psychoeducation

- **Tier 3** – Enrolled in Community Mental Health Services

Risk Factors *Tier 1 & 2*	**Michigan Model for Health** *Tier 1 & 2*
• Anger Management • Bullying • Depression / Anxiety • Suicide Prevention • Dating Violence • Trauma / Grief & Loss • Integrated Health • Substance Abuse • School Violence • Other	• Social & Emotional Health • Nutrition & Physical Activity • Safety • Alcohol, Tobacco, & Other Drugs • Personal Health & Wellness • HIV, AIDS, and other STI

Goals of the SSI Program: The success of the program is measured by the accomplishments of the goals listed above. Goal to increase awareness of behavioral health/integrated health prevention and treatment among students, parents, and teachers. Also, to reduce school suspension and expulsions as well as for students to remain in school and avoid crisis events and hospitalizations.

FY25 - Goals:

1. Develop Integrated Health Risk Factor Presentation
2. Asthma Initiative of increasing awareness of youth asthma and treatment options
3. Completion of SSI Program
4. Reduction in school suspensions and expulsions
5. Reduction in crisis events and hospitalizations

Current Status: 10 Children Providers deliver SSI services within 64 schools within Wayne county.

Strengths and Difficulties Questionnaire (SDQ): During FY25/Q2 a total of 203 students accepted to participate in SSI Tier services.

Reporting Period	Students Accepted Tier 1 Services	Students Accepted Tier 2 Services	Students Accepted Tier 3 Services	Total Students Accepted Tier Services
FY24	30	654	202	**886**
FY25/Q1	6	223	46	**275**
FY25/Q2	13	153	37	**203**
Total FY25	**19**	**376**	**83**	**478 students**

Referrals / Discharges: The goal is for students to successfully complete the SSI program. However, students might discharge from the SSI Program for other reasons such as transfer schools and or providers, graduated from school, and or medical reasons. The expulsion rate and students declining to participate has remained low. The program is voluntary; thus, students declining to participate involves a discussion with the family, discontinue from the program, and provide additional resources and supports.

Reporting Period	New Referrals	Total Discharges	Successful Completion Discharges	Unsuccessful Discharge
FY 24	181	466	272	Expelled = 1 Declined to Participate = 10
FY 25/Q1	79	15	1	Expelled = 0 Declined to Participate = 2
FY 25/Q2	44	31	24	Expelled = 0 Declined to Participate = 2
Total FY25	**123**	**46**	**25**	**Expelled = 0 Declined to Participate = 4**

Crisis Screenings / Hospitalizations: The goal is for students to remain at school and in the community and avoid hospitalizations.

Reporting Period	Crisis Screenings	Partial Hospitalizations	Inpatient Hospitalizations
FY 24	42	4	38
FY 25/Q1	4	0	4
FY25/Q2	3	0	3
Total FY25	**7**	**0**	**7**

Risk Factors: Various Risk Factor Presentations are provided to students, educators, and or parents. FY25 implemented the Integrated Health Risk Factor option.

Risk Factors	FY24	FY25/Q1	FY25/Q2	FY25 Total
Anger	300	52	42	**94**
Depression / Anxiety	288	64	59	**123**
Bullying	173	55	28	**83**
Suicide Prevention	64	10	10	**20**
Dating Violence	11	1	0	**1**
Trauma	100	25	11	**36**
Grief	83	25	9	**34**
Substance Abuse	40	9	3	**12**
School Violence	40	8	3	**11**
Integrated Health	17	18	8	**26**
Other	221	75	88	**163**
Total	**1337**	**342**	**261**	**603**

Tier Services: During FY25/Q2 there is an increase of total tier services and total students receiving tier services compared to Q1.

Total Tier Services	Tier 2	Tier 3
FY24	5841	3995
FY25/Q1	190	844
FY25/Q2	1784	1174
FY 25 Total:	**1974**	**2018**
Total Students Received Tier Services	**Tier 2**	**Tier 3**

FY24	11	253
FY25/Q1	26	95
FY25/Q2	364	157
FY25 Total:	**390**	**252**

Significant Tasks and Major Accomplishments: Hold monthly provider meetings to discuss program status, referrals, strengths and difficulties screenings (SDQs), and Tier services. Detroit Public School District (DPSCD) also attends meetings to discuss the status of the SSI program in schools. Updated the School Readiness Checklist for the school to inform if there is a current behavioral health Provider providing services.

Needs or Current Issues*:* Nine (9) schools were identified as having more than one behavioral health provider within the school. After reviewing the school needs two of the schools were discontinued from the SSI Program due to inactivity in the program and preferring to use services with the other behavioral health provider. Delay in Providers providing SSI services due to needing approval from DPSCD prior to schools added to the referral que. In addition, lack of Therapists to provide SSI services among the network.

Plans: Work with IT Department to update the SSI module to track mid review SDQ screenings to obtain outcomes of SDQ scores. Complete Request for Proposal (RFP) for this program for FY26 (update the staffing qualifications to allow bachelor level to deliver Tier 1,2 services. Finalize the integrated health risk factor presentation.

Activity 3: Integrated Pediatric Program

Description: The new Integrated Pediatric Program is a pilot program that was launched on 10/1/2025 with Starfish to support perinatal health.

Why is this Important*?:* 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:

1. Increase access to services for identified patients in Ob/Gyn clinics
2. Increase the likelihood of desired health outcomes for pregnant and new mothers

Current Status: 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 into community mental health services.

Reporting Period	Patients Seen	Perinatal Health (Pregnant / Postpartum)	Enrolled in Services
FY25/Q1	47	24	19
FY25/Q2	72	56	32
FY25 Total	**119**	**80**	**51**

Significant Tasks and Major Accomplishments: Updated data paraments to include in data reports. Including fathers into the data reports.

Needs or Current Issues*:* Update data to track screening outcomes.

Plans: Provider report on number of screenings resulting in meeting criteria for specific areas such as anxiety, trauma, social determinants of health. DWIHN issue Request for Proposal (RFP) for FY26.

Quarterly Update

Things the Department is Doing Especially Well:

Southeast Michigan Perinatal Quality Improvement Coalition (SEMPQIC): Issued a Request for Information (RFI) among children 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 for diapers for pregnant mothers who participate in the pilot screening program.

FY26 Request for Proposal: Issuing RFPs for the following children services programs:

- Wayne County Youth Services (Clinical and Care Management)
- Autism Independent Evaluators
- School Based Health Quality Initiative (School Success Initiative Program and GOAL Line Program)
- Pediatric Integrated Health
- Juvenile Restorative Program
- HOPE Mobile Crisis

Resource Fairs and Events: Participated in various resource fairs:

- 3rd Annual Special Needs
- Mumford High School
- Game Time at the Michigan Science Center
- Baby Court Active Community Team Meeting: Child Welfare System
- Lincoln Park Community Partnership Meeting
- Trinity Health (Livonia)

Trainings / Events: The following trainings and events occurred this quarter

- Children Mental Health Lecture Series: Beyond the Wound (Trauma)
- Children Mental Health Lecture Series: Signs of Suicide
- Children Mental Health Lecture Series: Leveraging the Power of Father Engagement
- CAFAS Initial Training
- PECFAS Initial Training
- Core Competency Booster Training
- Peer to Peer Training: Navigating the Workplace for New Staff and Student Interns
- Leadership Training: Managing vs. Coaching

Identified Opportunities for Improvement:

There is opportunity to focus more on IDD children services according to challenge of IDD children providers meeting MDHHS Performance Indicator 2a – Intake Appointment occurs within 14 days of screening date. Initiated gathering additional staffing information for supports coordinators. Presented children services IDD performance Improvement Plan during Improving Practices Leadership Team (IPLT) 6/3/2025.

Progress on Previous Improvement Plans:

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

Disability Designation	FY 24 – Q1	FY 24 – Q2	FY 24 – Q3	FY 24 – Q4	Total = 78.5%
Serious Emotional Disturbance (SED)	77%	77%	78%	78%	**77.5%**
Intellectual Developmental Disability (IDD)	76%	80%	81%	81%	**79.5%**
Disability Designation	**FY 25 – Q1**	**FY 25 – Q2**	**FY 25 – Q3**	**FY 25 – Q4**	**Total = 78.25%**
Serious Emotional Disturbance (SED)	80%	76%			**78%**
Intellectual Developmental Disability (IDD)	79%	78%			**78.5%**

Program Compliance Committee
Michele Vasconcellos, Director, Customer Service
2nd Quarter FY 24/25 Report
June 2025

Unit Activities

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

Activity 1: Customer Service Calls

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

Reception/Switchboard Reception/Switchboard

	Number of Offered	Number of Calls Answered	Abandonment Calls	Abandonment Rate Standard <5%	Average Speed Answered (ASA) <30sec)	Service Level Standard 80%	% of Calls Answered Standard 80%
FY 24/25	3,172↓	3,018↓	45↓	1%↓	10	97%↑	95%
FY 23/24	4,250	4,047	90	2%	10	95%	95%

Customer Service Call Center

	Number of Calls Offered	Number of Calls Answered	Abandonment Calls	Abandonment Rate Standard <5%	Average Speed Answered (ASA) <30sec)	Service Level Standard 80%	% of Calls Answered Standard 80%
FY 24/25	2,723↑	2,592↑	77↓	3%↓	10	95%↑	95%↑
FY-23/24	2,467	2,294	124	5%	10	92%	93%

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

Significant Activities:

- 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%.

- Overall, in looking at the metrics for both The Reception/Switchboard and Call Center it illustrates our strong performance and efforts to delivering exceptional customer service.

- Hired and trained a new Reception/Switchboard staff due to a staff promotion.

Activity 2: Grievances, Appeals State Fair Hearings

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

Complaint and Grievance Related Communications

	FY 24/25	FY 23/24
Complaint/Grievance Correspondence	**881↓**	**949**

Grievance Processed

Grievances	FY 24/25	FY 23/24
Grievances Received	**13 ↓**	**30**
Grievances Resolved	**17↑**	**14**

Grievance Issues by Category

Category	FY 24/25	FY 23/24
Access to Staff	5	5
Access to Services*	8↓	9
Clinical Issues	0↓	3
Customer Service	6↑	4
Delivery of Service*	7↓	14
Enrollment/ Disenrollment	0↓	3
Environmental	0↓	1
Financial	0↓	3
Interpersonal*	3↓	11
Org Determination & Reconciliation Process	0	0
Program Issues	1↑	0
Quality of Care	1↓	3
Transportation	0	0
Other	0	0
Wait Time	0↓	1
Overall Total	31↓	57

Grievance Trends

Grievance 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.*

Definitions

Interpersonal: *Any personality issue between the enrollee/member and staff member (Therapist, Doctor, Program Director, etc.)*

Delivery of Service: *Any issue that reflects how services are being delivered to the enrollee/member (i.e. How long did the enrollee/member have to wait before he/she was seen for scheduled appointments? How long did the consumer have to wait before he/she was able to receive a specified or requested service? The consistency of case management or therapy.*

Access to Services: *Any service that the enrollee/member requests which is not available or any difficulty the enrollee/member experiences in trying to arrange for services at any given facility (i.e. reasonable accommodation, difficulty scheduling initial appointments or subsequent ones).*

Access to Staff*: Any problem the enrollee /member experiences in relation to staff's accessibility [return of phone calls, staff's availability].*

MI Health Link (Demonstration Project) Grievances

Grievance	FY 24/25	FY 23/24
Overall Total	0	0

Appeals: Advance and Adequate Notices

FY 24/25		FY 23/24	
Adequate	Advance	Adequate	Advance
1,092 ↑	6,439↑	902	6,117

***Appeals Communications**

	FY 24/25	FY 23/24
Appeals Communications Received	148↓	484

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

***Communication was down drastically in the 2nd quarter due to lack of staff. One Appeals Specialist was on medical leave beginning February 2025 and the new appeals specialist did not start until mid-March 2025.**

Appeals Filed

Appeals	FY 24/25	FY 23/24
Appeals Received	8 ↓	14

DWIHN State Fair Hearings

SFH	FY 24/25	FY 23/24
Received	1↓	2

.

MI Health Link (Demonstration Project) State Fair Hearings

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

Significant Activity:

- 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.
- Welcomed new Appeals Specialist on 3/17/25.
- Continued preparing Grievance and Appeals files for upcoming HSAG Review and working with HSAG consultant.
- Conducted multiple Due Process trainings with provider network.

Activity 3: Member Engagement and Experience

Customer Service ensures that members are provided with the opportunity for DWIHN and Community inclusion through various initiatives. In addition to promoting outreach, principles of advocacy are promoted via DWIHN's Constituent Voice Committee and focus groups. Through these venues members have the opportunity to share with DWIHN's key Administration i.e. CEO, issues, concerns and recommendations for process improvements. The Unit also facilitates various survey activities. This feedback is essential to DWIHN's ability to address members, providers, and community concerns and prioritize new initiatives.

Significant Activity:

- Facilitated February's Valentine's Day SOUL's Chat.
- In March Member Engagement sponsored a Mental Health Awareness event which focused on expanding resources and opportunities in the community. The Zoom platform event showcased information particularly for people/members with Intellectual Disabilities which touched on topics of: Housing, Financial Literacy, Skills Building, Work Opportunities, Supported Education, Supported Employment, and other resources. A panel of peers and professionals addressed the topics.
- Participated in Review of Communication Plan and newsletter condensing
- Worked on preparations for HSAG and NCQA requirements
- Preparation for the publishing of the Spring member newsletter, Person Point of View was addressed.
- Monthly Member Meetings Continued at Clubhouses
- Early preparations began for the planning of member activities for Mays' Mental Health Awareness month.
- CV Meetings were moved from Considine Center to Administration building.

Submitted by: Michele Vasconcellos, Director, Customer Service 5/30/2025

Program Compliance Committee Meeting
Outpatient Clinic Quarterly Report
June 2025
Ebony Reynolds-Executive Director of Outpatient Clinics

Main Activities during Quarter 2 Reporting Period:

- Follow up item- Provide information on outreach and awareness to get more men into outpatient care instead of going to crisis.
- Joint Commission Survey
- Certified Community Behavioral Health Clinic (CCBHC)
- Quarter 2 Performance Indicator Data
- Current Enrollment/Demographic Data

Follow up from PCC April 2025:

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 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.

Joint Commission:

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 Joint Commission and DWIHN is awaiting a final response on accreditation.

Certified Community Behavioral Health Clinic (CCBHC):

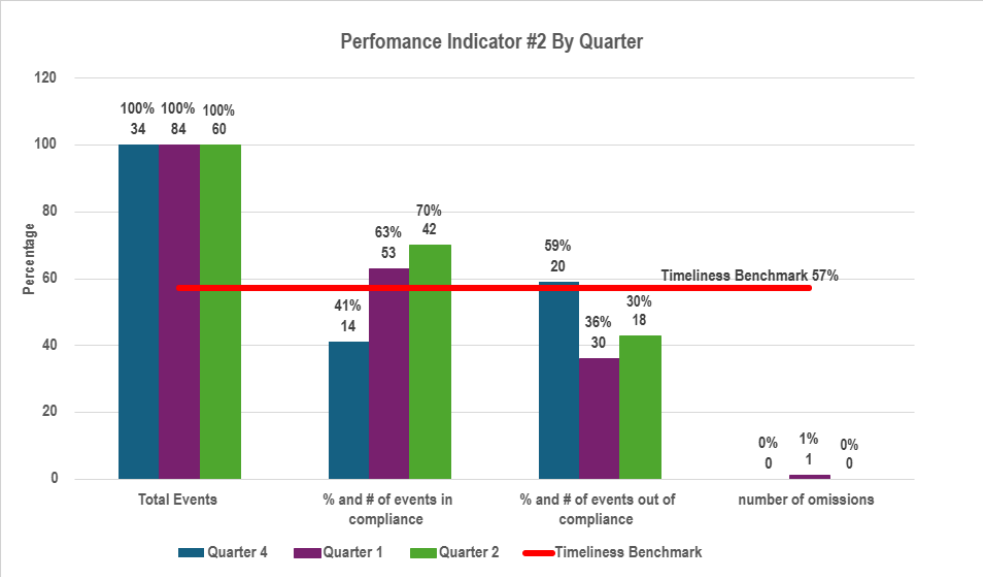
The DWIHN Outpatient Clinic has submitted additional documentation to MDHHS for DWIHN's CCBHC application. MDHHS requested additional clinical information regarding crisis services and catchment area as well as a new cost report. MDHHS informed DWIHN that they have submitted all requested documents for full approval and now DWIHN is awaiting a response on full certification.

Quarter 2 Performance Indicator #2a

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:

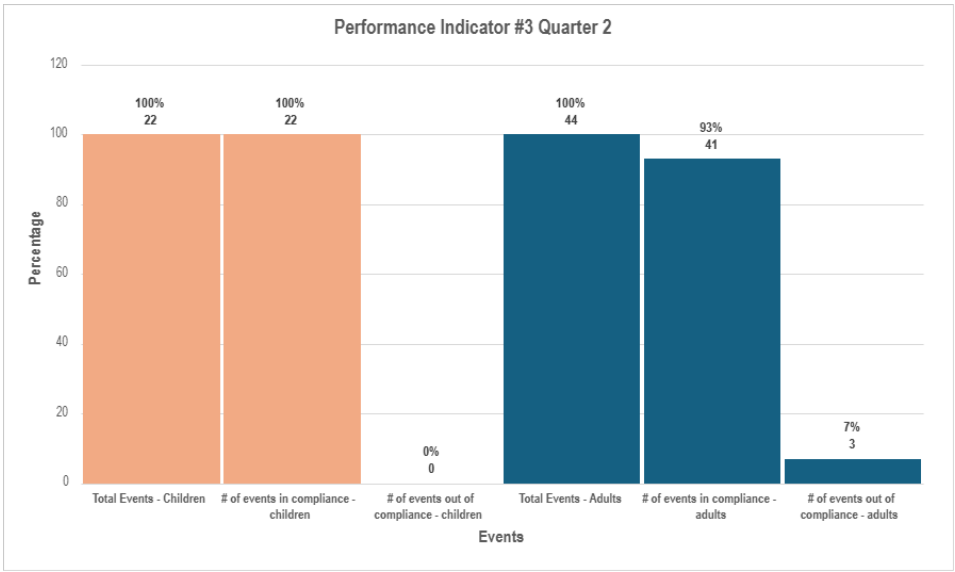
- Indicator #2a - Access/1st Request Timeliness-Benchmark 57%
- Indicator #3 - Access/1st Service Timeliness-Benchmark 83.8%
- Indicator #4(a) Follow-up care within seven (7) days of discharge from inpatient-Benchmark 95%
- Indicator #10 - Inpatient Recidivism-Benchmark 15%

Indicator #2a: Below is DWIHN's outpatient clinic data from the beginning of service provision, which was July 2024 to end of March (Quarter 2 FY 25.)



The timeliness standard was not met FY 24, Q4, which was the baseline quarter for the outpatient clinic. The clinic needed to resolve encounter reporting and technology challenges. Once these were remedied, the clinic met the standard for the subsequent quarters.

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

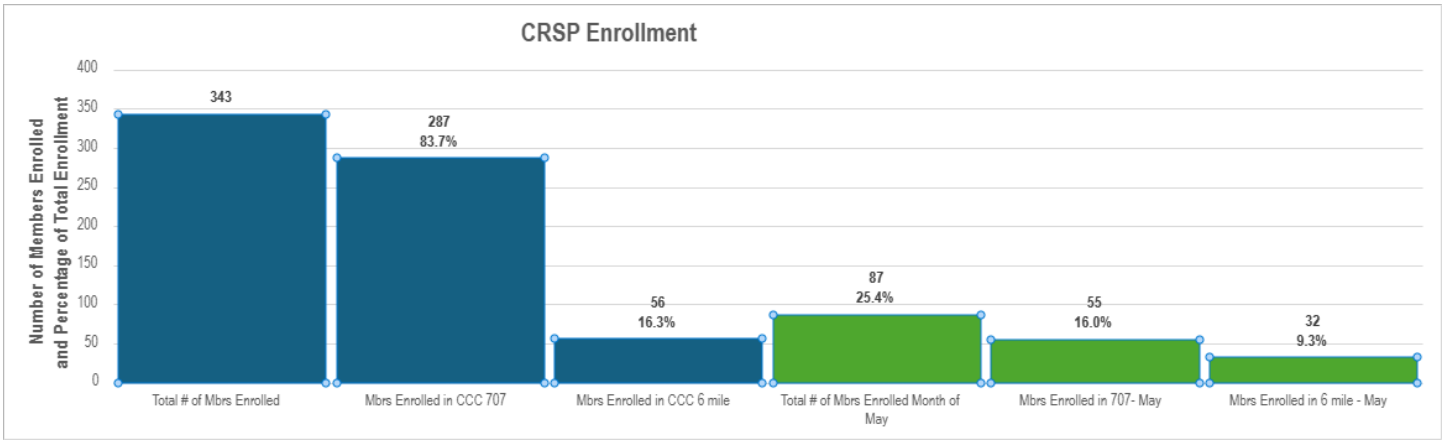


Indicator #4(a) is the percentage of discharges from psychiatric inpatient unit who are seen for follow-up care within seven (7) days. The standard is 95% or above. For Quarter 2 there was one inpatient admission for an adult and the standard was met.

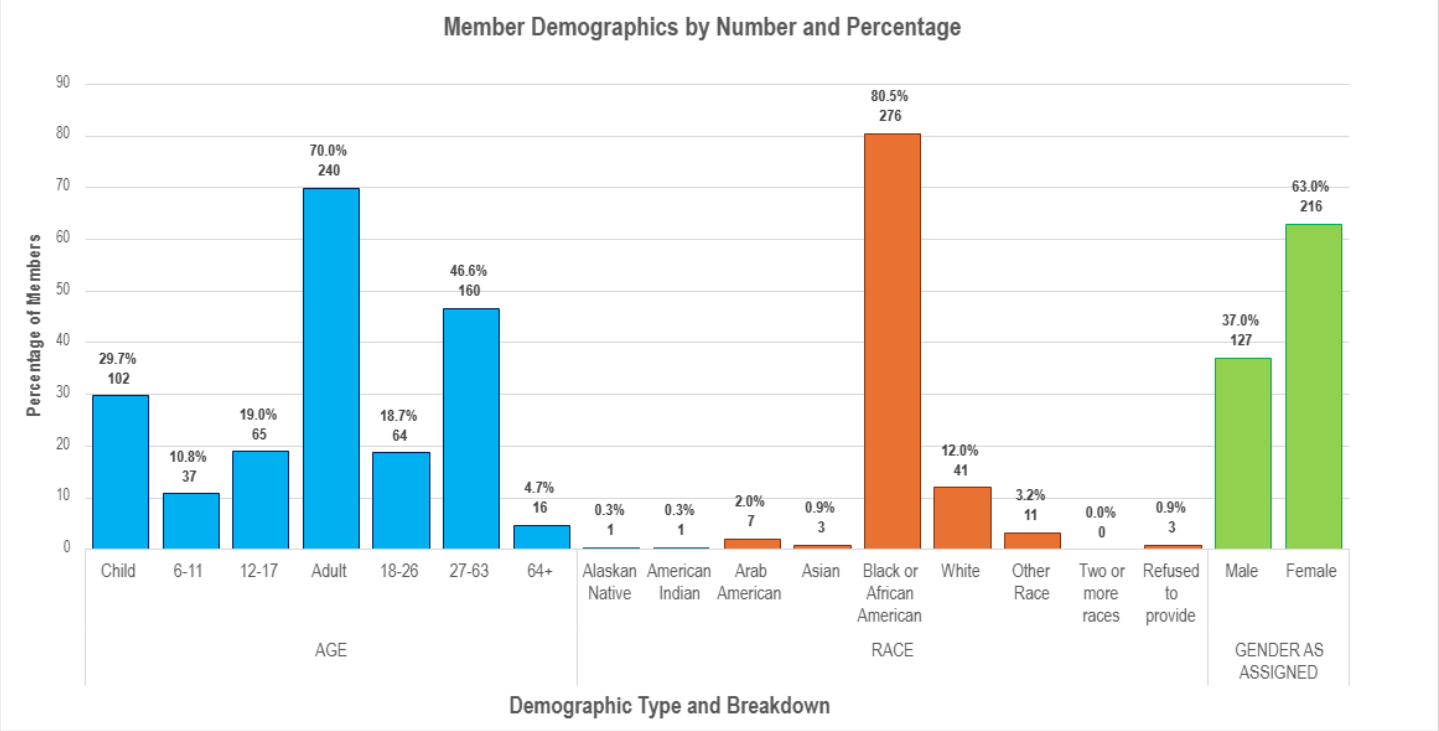
Indicator #10 is the percentage of readmissions during the quarter to an inpatient psychiatric unit. The standard is 15% or less. The clinic met this benchmark for the quarter.

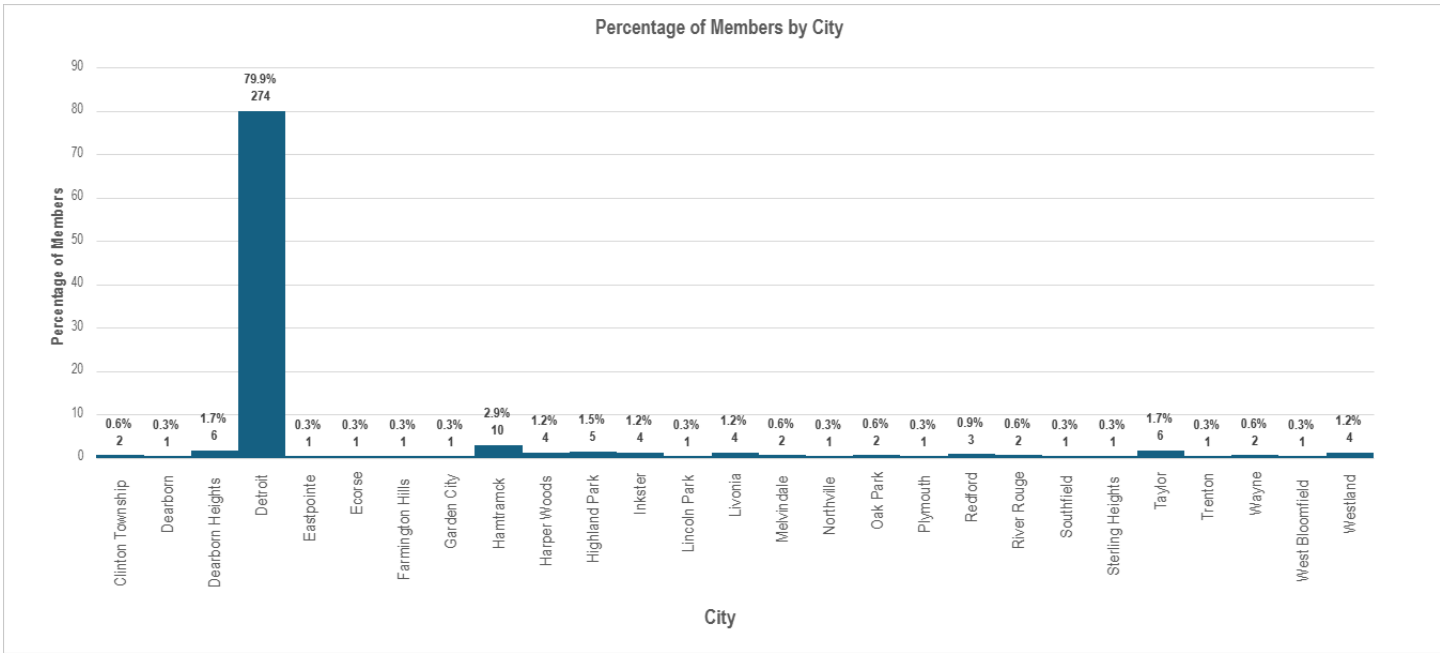
Current Enrollment/Demographic Data:

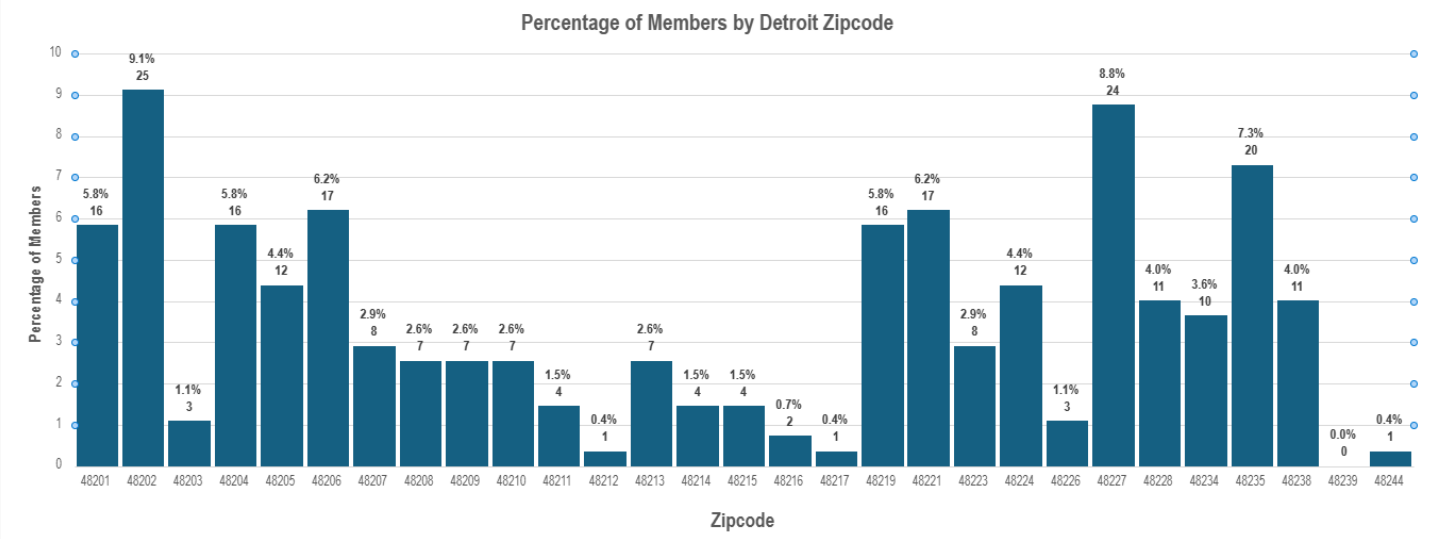
The DWIHN outpatient clinic began providing services in Quarter 4 of Fiscal Year 2024 (Q4 FY 24). To date the outpatient clinic has a current enrollment of 343 individuals. Current goal is to enroll 350 by Sept 2025. Data for enrollment is as follows:



Demographic data of the clinic is as follows:







Updates:

The DWIHN Outpatient Clinic had one promotion. Melissa Peters was promoted from Outpatient Administrator to Director of Outpatient Services. In addition to that the outpatient clinic welcomed and onboarded additional clinical and administrative staff to the team. Staff are actively seeing members in person and providing services. These additional staff will support program development, improved access for members, aid in ensuring members receive services they need to be successful and set the foundation to ensure program is compliant with regulatory requirements while meeting best practice qualitative standards.

Things the Department is Doing Especially Well:

- Meeting performance indicator benchmarks for FY 25 Q2.
- Improving overall electronic medical record to better capture data and performance benchmarks.
- Participation in the Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) cohort.
- Supported two staff in completing the certification for peer support specialist.

Identified Opportunities for Improvement:

Identified opportunities to enhance clinical documentation and service delivery. To address this the outpatient clinic has developed a performance improvement plan to be measured quarterly on progress. Standard will be set to meet DWIHN-PIHP and all other certification and accreditation requirements.

Developing a Dashboard in Power BI to capture all reporting metrics for MDHHS, CCBHC and Joint Commission requirements.

Increase enrollment of beneficiaries. To address this, the outpatient clinic has hired three (3) full time intake clinicians to offer intakes at both locations. DWIHN has also added inpatient discharge appointment to the schedule to be a choice option, for individuals discharged from the hospital that are unassigned to a clinically responsible service provider (CRSP).

Program Compliance Committee Meetingك
Quarter 2 FY 25 Report
Integrated Health Care Department
Vicky Politowski Director
06/11/2025

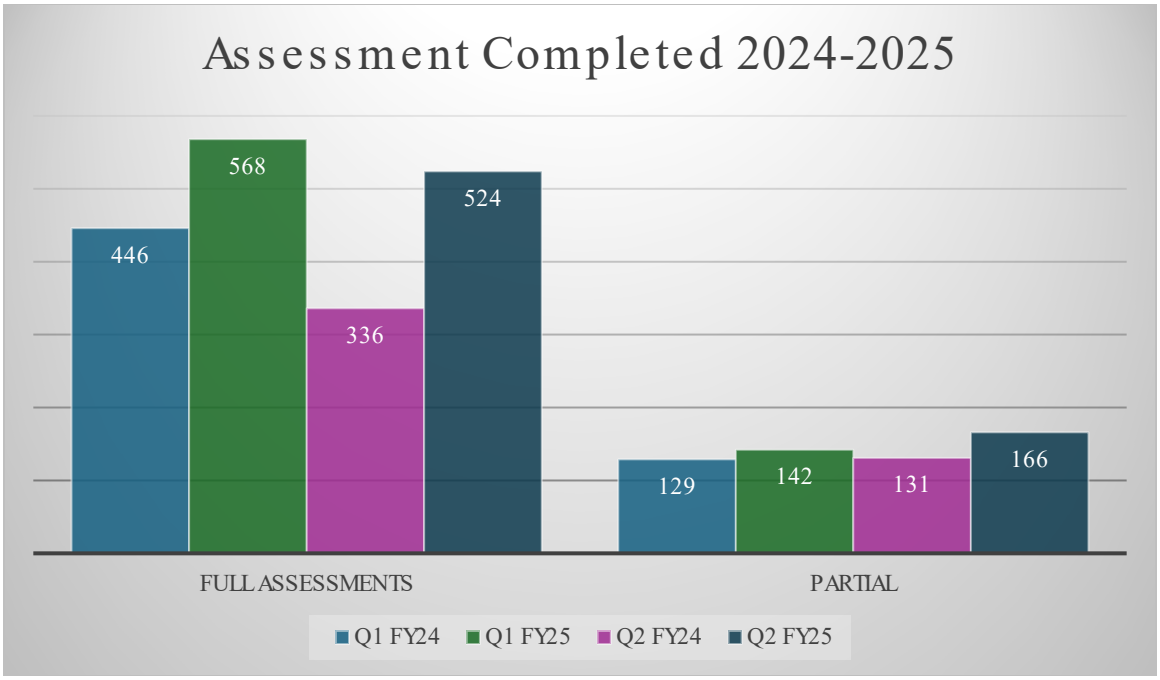
Main Activities during the year Reporting Period: FY 2025

- **Omnibus Budget Reconciliation ACT (OBRA)**
- **Complex Case Management**
- **Health Effective Data Information Set (HEDIS)**

Progress On Major Activities:

Activity 1: Omnibus Budget Reconciliation ACT Services

Description: Omnibus Budget Reconciliation ACT Services screens any individual going into a nursing home to determine if a serious behavioral health, intellectual, or developmental disability is present. Assessments determine eligibility for nursing home care, and if there is a behavioral health disability, what type of services are needed. Assessments are completed for any new individual going into a nursing home and anyone who has been in a nursing home for over a year.
Why is this Important: The goal is to ensure individuals are not placed in a nursing home due to their disability and that their mental health needs are being met if placed in a nursing home.
Current status: 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.
Significant Tasks and Major Accomplishments: Referrals have stayed consistent with last year's number of referrals, but the number of individuals needing an assessment has increased. The OBRA department has completed 188 more assessments in quarter two 2025 than quarter two 2024. Please see the chart below:

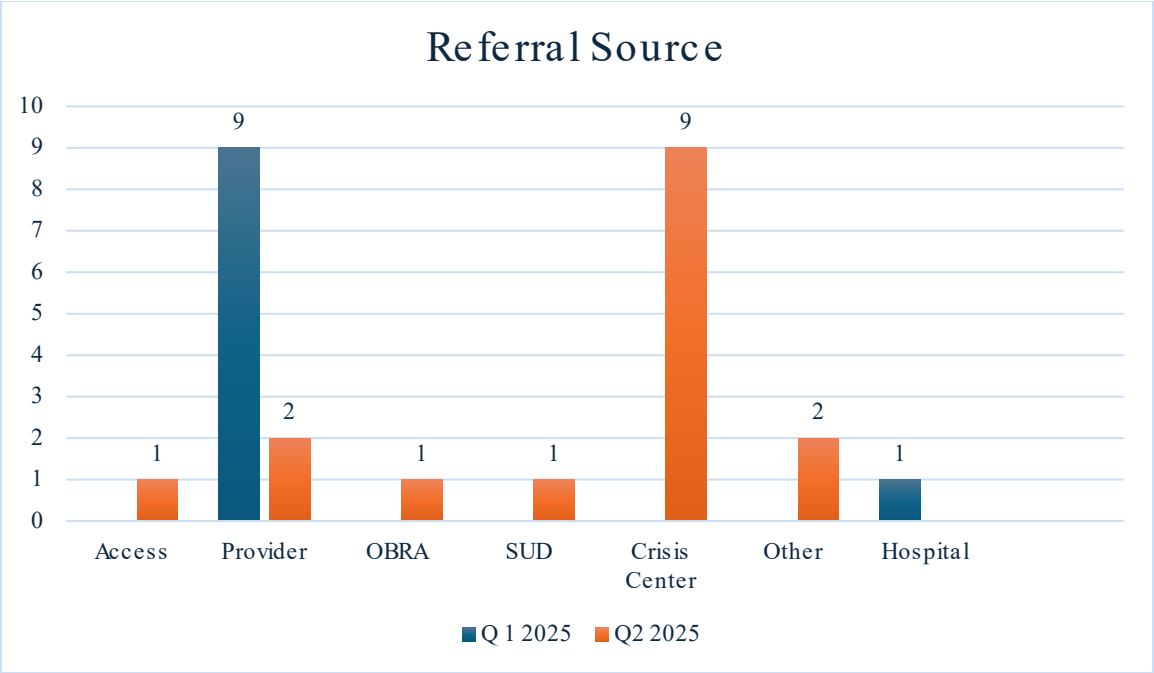


Needs or Current Issues: Assessments are time-consuming because of all the documentation that must be gathered and coordinated with the hospital, nursing home, member, and guardian. With the number of assessments continuing to rise, more staff are needed in the department.
Plans: In quarter 2, the OBRA department worked with human resources to post and interview 3 more contingent staff.

<u>Activity 2:</u> Complex Case Management (CCM)

Description: Complex Case management aims to assist members in progress towards recovery, enhance wellness, and build resilience through self-care and empowerment for members with medical and behavioral health concerns. Complex Case Management assists members with being connected to community resources, primary care doctors, behavioral health providers, peer advocates, and other needed services/supports.
Why is it Important: Increasing natural and paid supports for individuals with disabilities increases their recovery and assists them with remaining independent in the community. Complex Case Management Services have shown to be effective due to intensive outreach; therefore, it is important to increase the number of individuals served in the program.
Current Status: In quarter 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.
Significant Tasks and Major Accomplishments: Complex 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.



Needs or Current Issues: Complex Case Management does not have key performance indicators for the number of members it expects to open each month**.**
Plans: The Integrated Health Care Director and Manager developed key performance indicators for the team.

<u>Activity 3:</u> Health Effective Data Information Set (HEDIS)

Description: Healthcare Effectiveness Data and Information Set (HEDIS) is a set of performance data developed and maintained by the National Committee for Quality Assurance (NCQA) and is the most widely used standardized performance measure in the managed care industry. HEDIS is part of an integrated system to establish accountability in managed care
Why is it Important: HEDIS is a comprehensive set of defined measures with a methodology that aligns with state and national requirements. Therefore, DWIHN providers can assess and set standards of care. Michigan Department of Health and Human Services has rolled out 11 HEDIS measures that will be established over the next three years and added to DWIHN Quality Standards.

Current Status: 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.

Significant Tasks and Major Accomplishments: 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 HEIDS 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.

Needs or Current Issues: Policies and procedures to be developed with the Quality Department. All CRSP who are not meeting HEDIS goals will be sent memos to follow up on how they will improve scores.

DWIHN does not have access to Medicare Claims, which affects the scores of HEDIS Measures**.** Members who have Medicare are included in the denominator, but DWIHN does not have access to the claims.

Two HEDIS measure quality plans require networking with medical health.

Plans: 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.

Things the Department is Doing Especially Well:

Omnibus Budget Reconciliation ACT Services: OBRA staff completed 310 more assessments in the first two quarters of 2025 than in 2024 with only one new staff.

Complex Case Management (CCM): Complex Case Management is an effective program that improves members' health, as evidenced by lower PHQ and WHO-DAS scores after completing the program. It also increases connections with behavioral health, primary care, and natural supports. Having the team at the DWIHN Care Center weekly has increased the number of individuals in the program.

Health Effective Data Information Set (HEDIS): New HEDIS Specialist is working with each CRSP on how to improve scores.

Identified Opportunities for Improvement:

Omnibus Budget Reconciliation ACT Services: DWIHN is working with MDHHS on the referral process. Currently when a referral is made into the State's electronic system the referring agency

cannot include any documentation. DWIHN must contact the referring agency to obtain documentation which causes a lag in completing assessments.

Complex Case Management (CCM): Complex Case Management are actively working on new ways to engage members, and the number of open members is increasing. Complex Case Management has been working with the SUD Department to train their Complex Case Manager and give recommendations on how the program can be adopted into SUD.

Health Effective Data Information Set (HEDIS): Work with the HEDIS vendor to exclude Medicare members from the total score for HEDIS Measures.

Substance Use Disorder Initiatives
eRecovery App Pilot Program

Project Scope

- Partnership with CHESS began May 2024
  - Term is May 2024 – Sept 30, 2025
- Unlimited use by members and alumni
- Community engagement
- On Demand peer recovery support
- Milestone and achievement progress

Participating Providers

- Quality Behavioral Health
- Personalized Nursing Lighthouse

Current funding

- FY24 Purchase Order: $15,000
- FY25 Purchase Order: $21,000
- Total: $36,000

Demographics by Providers

Age	QBH	PNLH	
0 to 20 years old	0	0	
21 to 30 years old	3	11	
31 to 40 years old	24	13	
41 to 50 years old	19	27	
51 to 60 years old	17	15	
61+ years old	24	14	
Gender	**QBH**	**PNLH**	
Male	55	49	
Female	26	25	
Non-Binary	1	0	
Prefer not to respond	5	3	
TOTAL	**87**	**77**	**=164**

Monthly Enrollments by Provider

Month	QBH Enrolled	PNLH Enrolled	
July 2024	12	4	
Aug 2024	41	7	
Sept 2024	4	6	
Oct 2024	1	7	
Nov 2024	4	7	
Dec 2024	6	8	
Jan 2025	5	11	
Feb 2025	5	6	
Mar 2025	0	14	
April 2025	9	7	
TOTAL	**87**	**77**	**=164**

Escalations

- Through surveys, daily check-ins, community posts, and the recovery help button, members can reach out for help through a series of escalations.
- Steps in an Escalation:
  - Recovery help button provides CBT exercises
  - Push Notification and in app messaging by a Michigan-based peer recovery coach
  - Phone call from Michigan-based peer recovery coach
  - Phone call to emergency contacts
  - Communication with SUD CRSP

Escalations to-date

Month	Escalations
July 2024	1
Aug 2024	2
Sept 2024	1
Oct 2024	0
Nov 2024	1
Dec 2024	4
Jan 2025	0
Feb 2025	0
Mar 2025	3
April 2025	0
TOTAL	**12**

Escalations drill down - QBH

Type	# Escalations
Member reported in a survey or daily check-in that they were not confident in their recovery. This escalation is requested by the member	3
The member reported that they started using substances again and requested that a peer recovery coach reach out	1
Concerning community post	1
Contact requested from recovery help button	0
TOTAL	**4**

Escalations drill down - PNLH

Type	# Escalations
Member reported in a survey or daily check-in that they were not confident in their recovery. This escalation is requested by the member	6
The member reported that they started using substances again and requested that a peer recovery coach reach out	1
Concerning community post	1
Contact requested from recovery help button	0
TOTAL	**8**

Additional Data by Provider

QBH	PNLH
14 individuals set their sobriety date within the app	41 individuals set their sobriety date within the app
333 surveys were answered by 19 individuals	155 surveys were answered by 26 individuals
4 recovery help button presses by 1 individual (no escalations)	1 recovery help button pressed by 1 individual (no escalations)
Recovery Reflections	Creative Expressions Gallery
Mind Matters	Owning Your Recovery

In-app member support

Activity	Volume	Average time per encounter	Total time
1:1 messaging by CHESS peer recovery coach (non-escalation)	133	15 minutes	1,995 minutes
SMS messaging by CHESS peer recovery coach (escalation)	12	2 minutes	1,314 minutes
1:1 support call by CHESS peer recovery coach	994	60 minutes	720 minutes
Peer community moderation	657	2 minutes	1,988 minutes

Member Feedback (survey)

- Member reported favorite features:
  - Recovery Date Tracking
  - Daily Check-Ins
  - Meetings
  - Library
  - Community Achievements / Community Discussions

Proposed Next Steps

- Build out provider participation
- Incorporate contingency management
- Incorporate appointment reminders to improve Initiation or engagement of alcohol and other drug abuse or dependence treatment (IET-HEDIS measure)

EXECUTIVE SUMMARY

Marlena J. Hampton, MA, LPC - Director of Utilization Management

UTILIZATION MANAGEMENT PROGRAM DESCRIPTION – FY 2025-2027

Utilization Management (UM) functions are guided by the Detroit Wayne Integrated Health Network's (DWIHN) commitment to providing effective, consistent, and high-quality behavioral health services that lead to positive financial outcomes.

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 supports and services provided to residents of Wayne County.

UM PROGRAM PURPOSE

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 description will:

- Guard against conflict of interest and protect the integrity of clinical decision-making using written evidence-based and professional consensus criteria.
- Promote DWIHN accountability for any delegated functions and responsibilities.
- Confirm that individuals have a significant role in the design of the systems that support them.
- Promise UM decisions are made in a fair, impartial, and consistent manner that is in the best interest of the person.
- Assure UM decisions are timely, efficient, and consistent with standardized guidelines to increase the likelihood that services for vulnerable persons are equal in amount, duration, and scope.
- Ensure compliance with state and federal law, regulatory, and accreditation standards. Use of Level of Care criteria, Clinical Practice Protocols, and best practices to improve processes and reduce inappropriate variations in practice.
- Assure that people get individualized, appropriate behavioral health services and supports that are sufficient in scope, frequency, and duration to achieve effective outcomes.
- Encourage equitable access to behavioral health services across the network.
- Promote the availability of cost-effective behavioral health services within available resources for a greater number of people.
- Respond in a timely manner to member and practitioner/provider complaints/appeals regarding UM issues after coordinating a comprehensive and timely investigation.

UM PROGRAM SCOPE

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.

REQUIRED REVISIONS AND ADDITIONS

- **Certified Community Behavioral Health Clinic (CCBHC) Requirements of Utilization Management**. PIHP utilization management of CCBHC services is limited to retrospective review of approved/rendered services to confirm that the care was medically necessary. Michigan Department of Health and Human Services (MDHHS) CCBHC demonstration requirement.
- **Timeliness of Expedited UM Decisions.** A statement that indicates expedited decisions must be made no later than 72 hours after receiving the request for service. This element, though unchanged and present in other documentation, was missing from the FY 22-24 program description. HSAG and NCQA requirements.
- **UM Health Equity Analysis**. UM Committee to conduct annual health equity analysis of prior authorization policies and procedures used. Goals include creating additional transparency and identifying disproportionate impacts of UM policies and procedures on enrollees. Centers for Medicare and Medicaid Services (CMS) requirement.

CHANGES RECOMMENDED AND APPROVED BY THE UM COMMITTEE

- **Update of Job Descriptions**. Streamlining job description information to remain aligned with accreditation requirements without providing details unrelated to Utilization Management scope (e.g., Chief Medical Officer). Updating job titles. Removing obsolete positions.
- **Derivation of UM Department Goals.** Removal of the nonessential requirement of program goals being derived from the DWIHN Strategic Plan. While the Utilization Management department works in service of the strategic plan, goals should be aligned with the department's purpose and directly inform our annual evaluation.

Program Compliance Committee Meeting
Director of Quality Improvement QAPIP Work Plan Update FY25
June 11, 2025

Main Activities during Quarter 2 Reporting Period:

- Performance Indicators Data Q1 and Q2 Reporting
- Quality Improvement Steering Committee (QISC)
- External Quality Review (HSAG) Updates

Performance Indicators Data from Q1 and Q2

Below are the finalized rates for the first quarter of 2025, 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.

Performance Indicators	Population	FY25 1st Quarter	FY25 2nd Quarter Preliminary	Standard
Indicator 1: Percentage who Received a Prescreen within 3 Hours of Request	Children	97.06%	99.12%	95% or higher
	Adults	97.28%	95.16%	95% or higher
	Total	97.24%	96.00%	
Indicator 2a: Percentage who received a completed Integrated Biopsychosocial within 14 days.	Total Population Rate	51.81%	53.38%	57% or higher
Indicator 3: Percentage of those who received completion of follow-up services within 14 days of completed Biopsychosocial.	Total Population Rate	94.11%	94.26%	83% or higher
Indicator 4a & 4b: Percentage who had a Follow-Up within 7 Days of Discharge from a Psychiatric Unit/SUD Detox Unit	Children	98.36%	98.31%	95% or higher
	Adults	97.56%	93.06%	95% or higher
	Total	97.63%	93.46%	
	SUD	97.18%	88.87%	95% or higher
Indicator 10: Percentage who had a Re-Admission to Psychiatric Unit within 30 Days	Children	10.57%	11.06%	15% or less
	Adults	16.94%	15.45%	15% or less
		16.16%	14.94%	

Quality Improvement Steering Committee (QISC):

The Quality Improvement Steering Committee (QISC) reviewed the Performance Improvement Project (PIP) aimed at reducing racial and ethnic disparities in follow-up care for African Americans after psychiatric inpatient hospitalization. During the meeting, the committee discussed new interventions designed to improve health outcomes for this population. Members engaged in detailed discussions, exploring a variety of innovative strategies to enhance the overall quality of care provided. The goal of these discussions was to identify new interventions that could further reduce existing racial disparities compared to the previous year.

DWIHN is making significant progress in reducing racial disparities between White/Caucasian members and Black/African American members. Preliminary data indicate that we are currently 0.69 percentage points, or 3.82%, below the baseline of 4.51% for the Calendar Year 2025. This achievement marks the first time we have met this target since implementing the performance improvement plan.

HSAG UPDATES:

DWIHN is currently in the second year of a comprehensive three-year compliance review cycle. The next review is scheduled for June 13, 2025, and 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: FY2025.

- Standard II: Emergency and post-stabilization
- Standard VII. (Provider Selection
- Standard VIII. (Confidentiality)
- Standard IX (Grievance and Appeal)
- Standard X (Subcontractual Relationships and Delegation)
- Standard XI (Practice Guidelines)
- Standard XII. (Health Information Systems
- 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 programs, ultimately leading to better outcomes for the individuals and communities we serve.

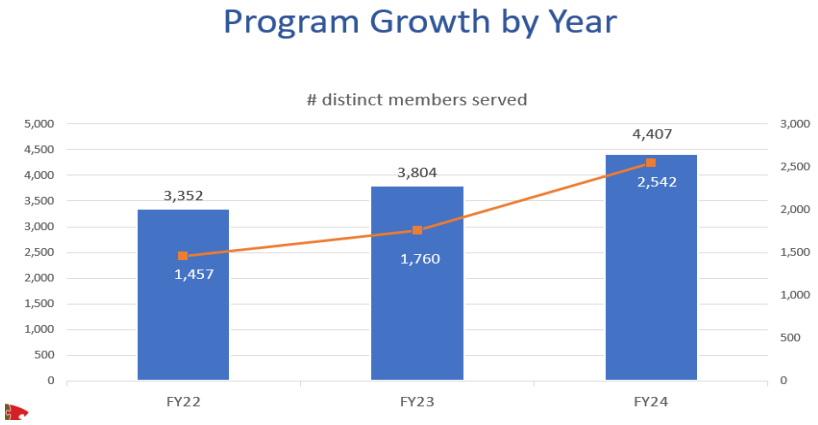
Program Compliance Committee
Vice President of Clinical Operations' Report
June 11, 2025

CLINICAL PROGRAM UPDATES

AUTISM SERVICES-

The Autism Service Department completed a budget analysis to assess and establish a baseline of program growth by year. Autism Services can be provided multiple hours a day, several days throughout the week. The member participates in services with a trained behavior technician who is supervised by a behaviorist. The behaviorist may observe the member's program multiple times a week, depending on the complexity of treatment, the skill range of the member, and/or emergent challenging behaviors. In one day, the Applied Behavioral Analysis (ABA) provider may bill anywhere between 1 to 6 different ABA service types (ABA treatment, observation, parent guidance, behavioral assessment for progress review, social skill group).

There has been a 31% increase in members receiving treatment (blue bar) and a 74% increase in members evaluated for autism (red line) 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. in 2022 (up 22% since 2020 and up 375% since 2000). In response to the rising need of 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.

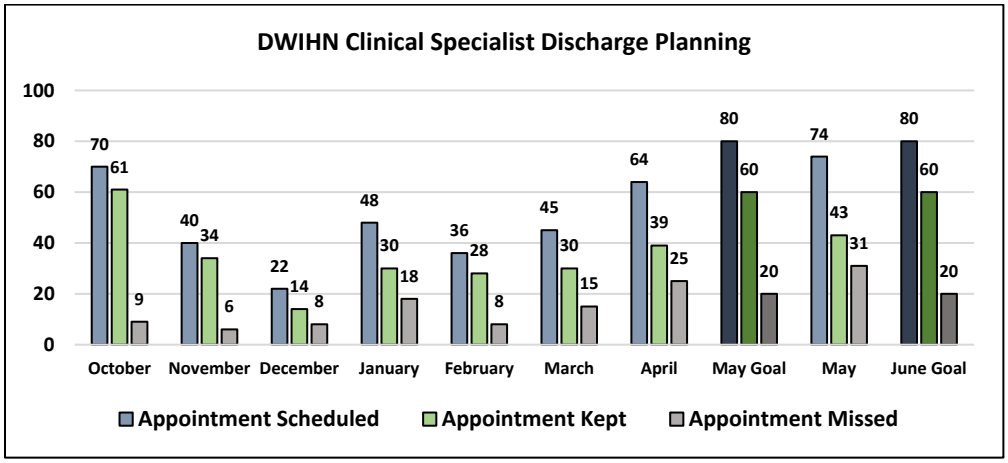


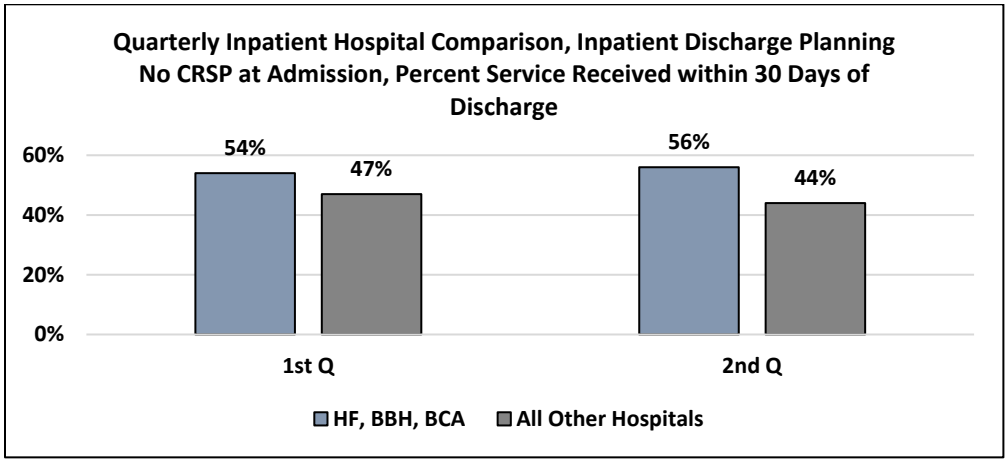
An analysis of fiscal year 2022 to fiscal year 2024 payments to providers across all Autism Service lines was conducted. Each Autism Service type was evaluated to determine if the growth in payments was due to members served or cost/utilization. In relation to diagnostic evaluations the increase of cost was directly related to the significant increase in members referred. Whereas the modifications made by Michigan Department of Health and Human Services (MDHHS) to the CPT code 97151 had an impact on the cost/utilization of this service line item. Alternatively, the increase observed within ABA direct therapy was related to the increase in members served and not utilization. Further discussion is needed to proactively plan for capacity needs and budget alignment for FY26 and beyond.

CRISIS SERVICES

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

Current Status:





Clinical Specialists within the PIHP Crisis Services Department were able to connect 58% of members to their aftercare appointments to their CRSP of choice in May. As compared to hospitals where this intervention is not provided, the team has contributed to an improvement in the percentage of members receiving services within 30 days of discharge. DWIHN is adding additional CRSPs to this program model that have shown interest in this process. The team has since added CNS to the CRSPs providing this service (Lincoln Behavioral, Team Wellness, and Central City Integrated Health).

ADULT INITIATIVES

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

For the month of May 2024, there were a total of 533 members receiving ACT services; for the month of May 2025, there were a total of 535. During this reporting period, there were 24 face-to-face encounters that occurred after 5 PM (26% increase from April). Out of the 14 presentations for PAR screenings at hospital emergency departments, COPE completed 6 screenings, Team Wellness CSU completed 1 screening, and the CRSP completed 7 screenings for their members. Two of the members were identified as being recidivistic, resulting in at least 2 inpatient admissions in less than 30 days.

HEALTH HOME INITIATIVES

Certified Community Behavioral Health Clinic (CCBHC) – 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.

Behavioral Health Home (BHH)- 854 members, 9 providers
Pay for Performance Results- Year 2:

P4P Number	Metric	BHH Measure	Regional Measure	Statewide Measure	P4P Met?
1	AAP	98.11	77.88	79.24	Y
2	FUH7	61.11	40.01	45.43	Y
3	CBP-HH	58.24	43.46	40.74	Y

- AAP: Adults' Access to Preventive/Ambulatory Health Services
  - % of members age 20+ who had an ambulatory or preventive care visit.

- FUH7: Follow-Up After Hospitalization for Mental Illness
  - % of discharges for members age 6+ who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses & had a follow-up visit with a mental health practitioner within 7 days.

- CBP: Controlling High Blood Pressure

- % of members 18-85 years who had a diagnosis of hypertension and whose BP was adequately controlled (systolic & diastolic both <140/90 mm HG)

Substance Use Disorder Health Home (SUDHH)- 754 members, 8 providers
Pay for Performance Results- Year 3

P4P Number	Measure	OHH Rate	Regional Rate	Statewide Total	P4P Met?
1	IET14	*	37.46	37.04	Awarded for All
2	FUA7	51.72	21.29	24.02	Y
3	SUD-EDYR	571.66	Yes		

- IET14: Initiation and Engagement of Substance Use Disorder Treatment
  - % of new SUD episodes that result in treatment through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit, or medication treatment within 14 days.

- FUH7: Follow-Up After Hospitalization for Substance Use
  - % of emergency department visits among members age 13+ and with a principal diagnosis of SUD, or any diagnosis of drug overdose, for which there was follow-up within 7 days.

- SUD-EDYR: Emergency Department Utilization for SUD rate per 1,000 people

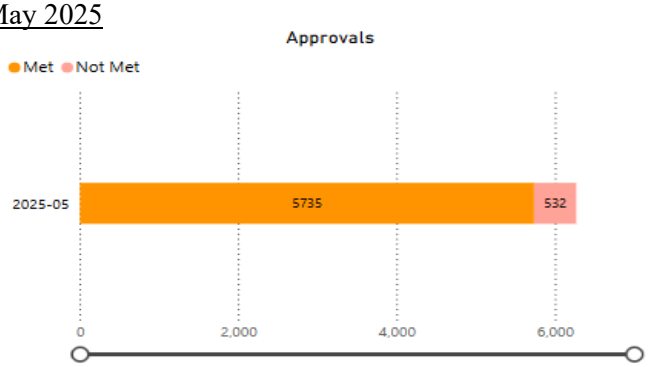
Successes: The SUD-OHH Wellness Challenge has continued to yield positive results. Part of the Wellness Challenge activity for members was to go to a primary care provider and have screening labs completed. Through this initiative, New Light identified two (2) members that had undiagnosed Hepatitis, and several others had undiagnosed diabetes. This screening and identification have enabled members to start receiving the appropriate medical care.

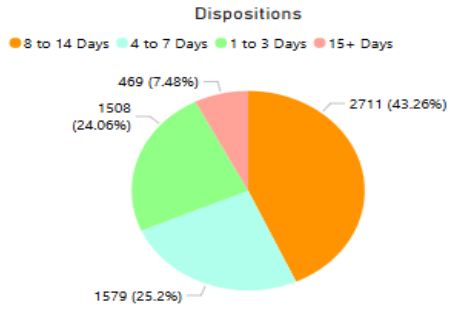
UTILIZATION MANAGEMENT

Timeliness of UM Decision-Making- 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.

In the month of May, the Utilization Management prior authorization review teams provided disposition on 92.5% of authorization requests within fourteen (14) calendar days, a slight increase from 92% in April. As noted in previous reports, a departmental performance improvement plan was implemented to address not meeting the 95% 14-day timeframe standard for non-urgent requests.

:May 2025

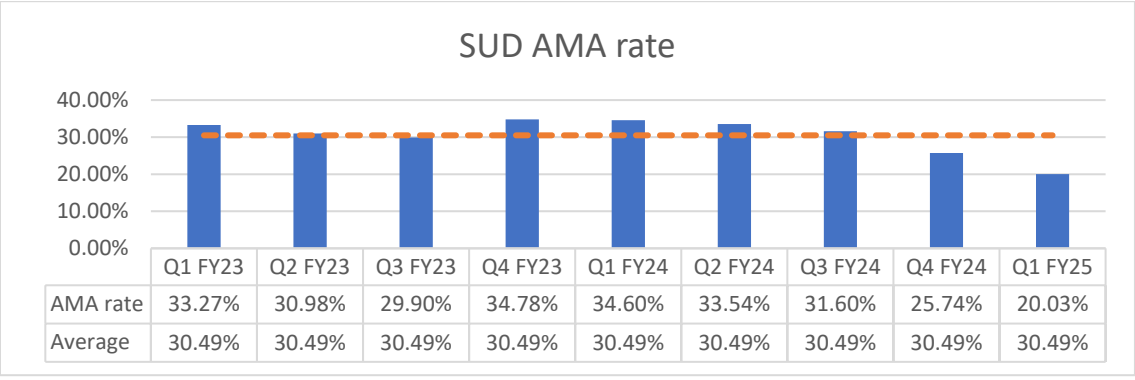




Beginning in 2026, payers will be required to make decisions for all standard, non-urgent requests within seven (7) days. In May, DWIHN met this 7-day requirement for 49.3% of requests. UM, with support from the VP of Clinical Operations, Director of Strategic Operations, and Chief Medical Officer, is working to implement process changes to meet this new requirement. This includes IT notifications to our providers indicating the need for timely updates, dedicating a staff person to monitor the return to requester queue and communicate with providers, UM Administrator audit and staff review of select cases to determine when/how a disposition could be expedited, and expansion of standard verbiage in response to requests, to increase clarity and reduce the number of returns. In addition, The UM Director Met with the Vice President of IT Services to complete a demonstration of the current authorization process to assess efficiency and create an initial project plan for improvements.

SUBSTANCE USE SERVICES (SUD)- *Against Medical Advice (AMA)*- Members who leave treatment against medical advice (AMA) are choosing to discontinue treatment without the recommendation of the member's treatment planning team. Leaving against medical advice can expose the member to increased risks, including the need for readmission or exacerbation of their condition. Data from the first quarter of fiscal year 2023 to the end of the first quarter of fiscal year 2025 was reviewed, and AMA benchmarks were established for the different populations we serve.

Current Status:



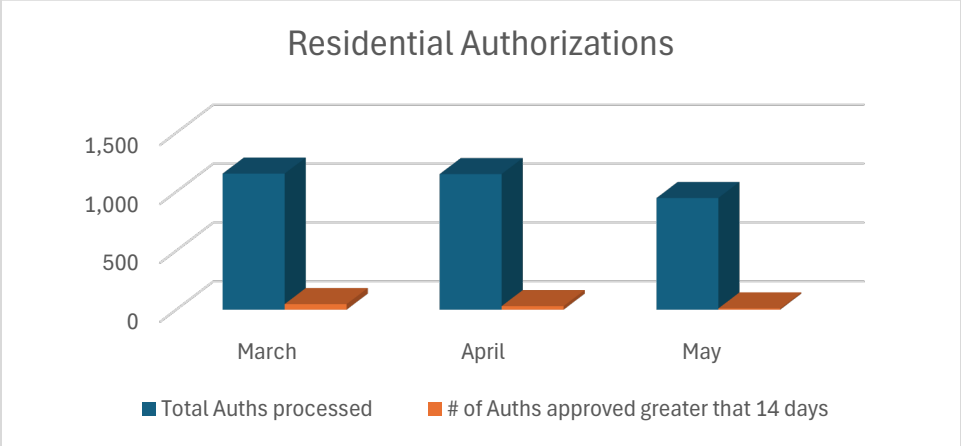
	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25
AMA rate	33.27%	30.98%	29.90%	34.78%	34.60%	33.54%	31.60%	25.74%	20.03%
Average	30.49%	30.49%	30.49%	30.49%	30.49%	30.49%	30.49%	30.49%	30.49%

Over the last 2 quarters, AMA rates have decreased below the average rate. DWIHN is working to educate the service provider network on risk factors associated with leaving AMA. This includes

providing technical assistance to the service provider network as needed to ensure members do not leave for quality-related concerns.

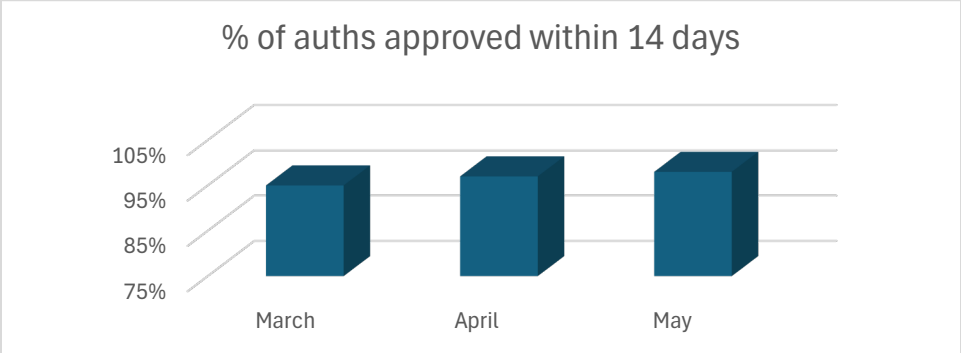
RESIDENTIAL SERVICES:

Monitoring Residential Authorizations- Residential Services Department continued to monitor the number of authorizations processed in May 2025. Additionally, we continue to monitor the amount of time it takes for an authorization to be approved. It is important to monitor this data to ensure that authorizations are processed within the expected fourteen (14) day timeframe. It is essential that all members have up-to-date authorizations to prevent interruption in services.



	March	April	May
Total Auths processed	1,154	1,150	947
# of Auths approved greater that 14 days	47	30	10

During the Month of May the Residential Services Department had three (3) staff who processed (947) Residential Authorizations and 98% of authorizations were approved within 14 days.



	March	April	May
% of auths approved within 14 days	95%	97%	98%

In the next fiscal year, the expected timeframe for authorizations to be approved will change from fourteen (14) to seven (7) days. Due to this fact the Residential Services Department has begun to track the amount of authorizations approved in this timeframe. In the month of May 69% of

authorizations were approved within seven (7) days. The Residential Services Department's Authorizations Unit currently has one open position. Due to the upcoming timeliness changes, it will be important that this position is filled quickly to accurately track timeliness data and gauge staffing needs.

VP of CLINICAL OPERATIONS' REPORT
Program Compliance Committee Meeting
Wednesday, June 11, 2025

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

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

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

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

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

CUSTOMER SERVICE – Director, Michele Vasconcellos
No Monthly Report

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

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

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

RESIDENTIAL SERVICES –Director, Ryan Morgan
Please See Attached Report

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

UTILIZATION MANAGEMENT – Interim Director
Please See Attached Report

DWIHN Access Call Center
Yvonne Bostic, MA, LPC (Call Center Director)
Monthly Report: April 2025
Program Compliance Committee 6/11/2025

Main Activities during April 2025:

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

<u>Activity 1:</u> Call Center Performance – Call Detail Report

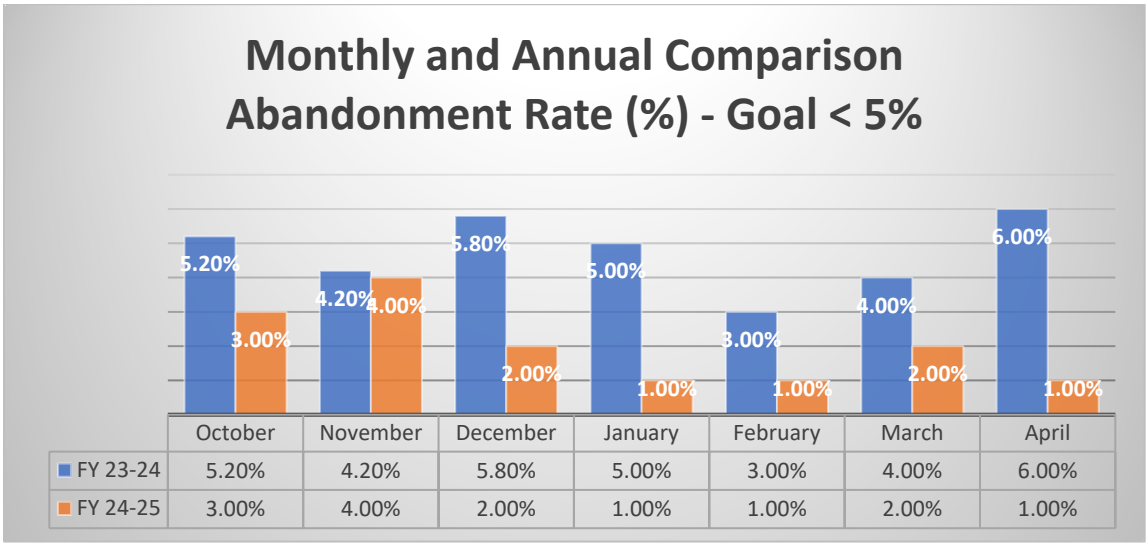
- **Description**: The majority of the calls that come into the call center are from members in the community seeking mental health and SUD services, information, and referrals. The rest of the incoming calls are from in-network providers and other community agencies like local hospitals, foster care 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 **April 2025**:
- % Abandoned Goal is < 5% (1.0%)
- Avg. speed to answer Goal <30 sec. (11 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	16,231	15,769	169	1.0%	:11 sec	4:34 mins	97.0%	93.0%
SUD Techs	4,365	3,662	481	11%	1:22 mins	12:24 mins	84.0%	71.0%
Clinical Specialist	2,783	1,876	588	21%	2:10	14:53 mins	67.0%	53.0%
March 2025 Totals	15,363	14,757	299	2.0%	:12 sec	4:38 mins	96.0%	90.0%
April 2024 Totals	16,970	15,069	1,085	6.0%	:37 sec	6:25 mins	89.0%	68.0%

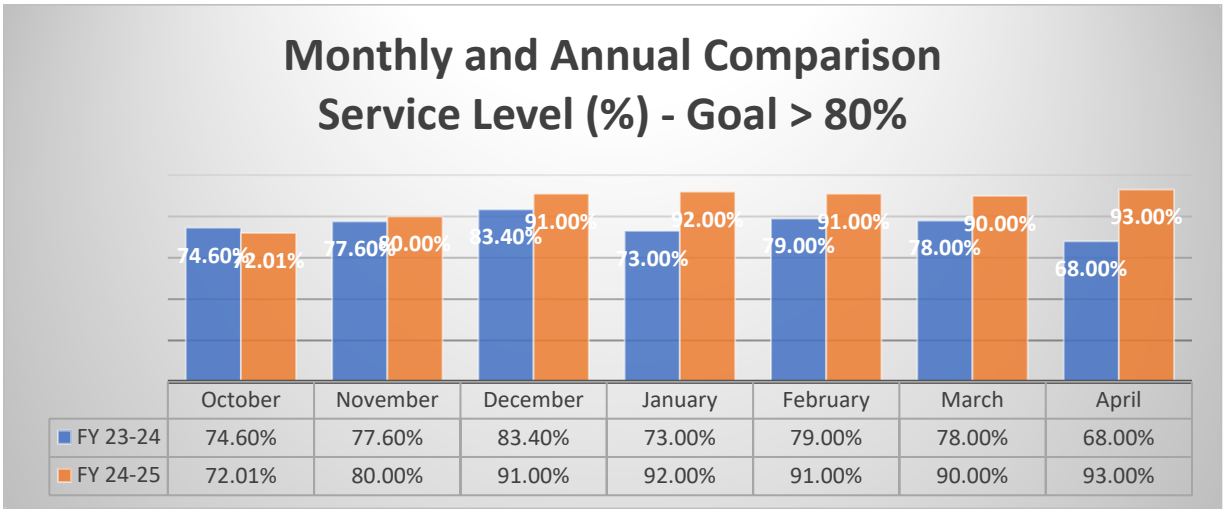
- For the month of April 2025 there were 15,769 calls handled by the access call center. This is 1,012 more calls than the previous month.
  - Of the total number of calls handled (15,769) for the month of April 2025:
- 3,662 (23.0%) calls handled for SUD services
- 1,876 (12.0%) calls handled for MH services
- 10,258 (65.0%) calls were for provider inquiries, information and referrals for community programs and services, screening follow up calls, request to release SUD cases, Hospital

Discharge appointments, enrollments (Infant Mental Health (IMH), Foster Care, TCW/ PCW, Hospital Inpatient, Etc.), Transfer calls (Crisis, ORR, Customer Service, Grievance, etc.)

- In an annual comparison of April 2024 and April 2025, there were 739 less incoming calls in 2025. There was a 5.0% decrease in the abandonment rate, 6.0% to 1.0%. There was a 25% increase in the service level (68.0% (2024) to 93.0% (2025).



	October	November	December	January	February	March	April
FY 23-24	5.20%	4.20%	5.80%	5.00%	3.00%	4.00%	6.00%
FY 24-25	3.00%	4.00%	2.00%	1.00%	1.00%	2.00%	1.00%



	October	November	December	January	February	March	April
FY 23-24	74.60%	77.60%	83.40%	73.00%	79.00%	78.00%	68.00%
FY 24-25	72.01%	80.00%	91.00%	92.00%	91.00%	90.00%	93.00%

- **Significant Tasks During Period:**
  - Review staff time management and Customer Experience Skill Accuity; provide additional training and coaching
  - 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 are in need of improvement
  - Audit staff attendance, timeliness and performance: utilize performance improvement plans where needed (ongoing)
  - Regular customer service skill and overview of programs and community resources will occur 1-2 x month with the goal of increasing staff proficiency and knowledge base (ongoing)

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

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

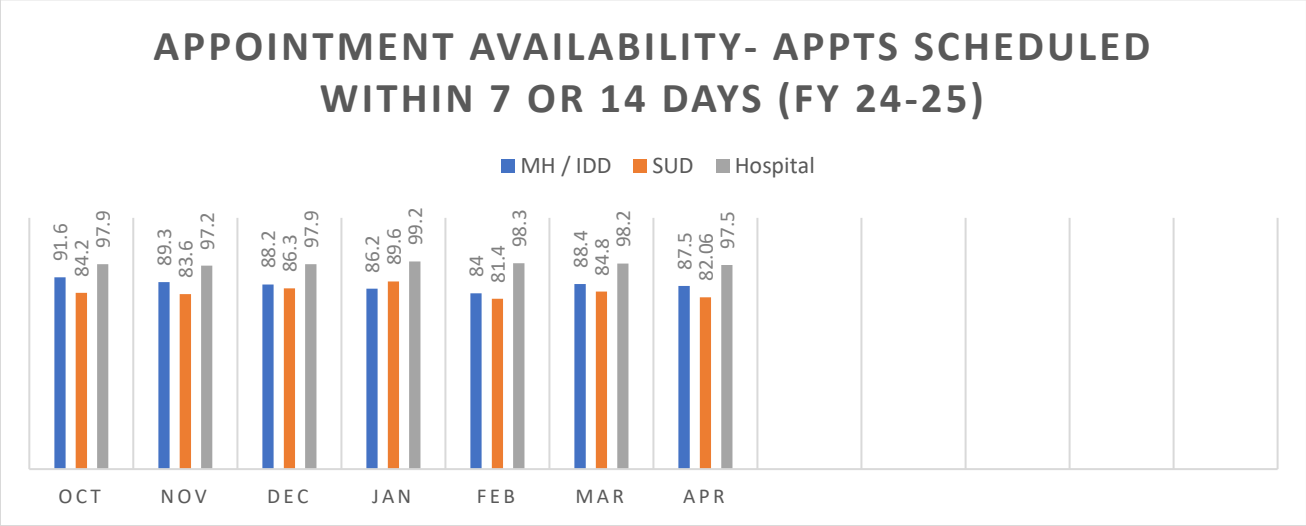
- **Hospital discharge/ follow up appointments** (within 7-day requirement) for individuals being discharged from short stay inpatient psychiatric treatment.
- **Mental Health initial intake appointments** (within 14 days requirement) for individuals new to the system or seeking to re-engage in services 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).

Summary:

Appointment Availability:

- For the month of April 2025 there were 1348 MH (SMI - 646, SED - 272, I/DD- 55 (adult) / 227 (child), ASD Eval - 148) appointments scheduled. There is very little change in appointment availability in this area from February to March (increase by 4%); (October 91.6%, November 89.3%, December 88.2%, January 86%, February 84%**,** March 88.4%, **April 87.5 %).**
- For the month of April 2025 there were 799 Hospital Discharge follow up appointments scheduled through the DWIHN Access Call Center (Adult 748, Child 51); appointment availability was 98.2%; which is a decrease by approx.. 1% from last month. (October 97.9%, November 97.2%, December 99.9%, January 99.2%, February 98.3%**,** March 98.2%, **April 97.5%)**
- For the month of April 2025 there were 1568 SUD appointments scheduled; SUD appointment availability decreased by approx. 2%, from March to April (October 84.2%, November 83.6%, December 86.3%, January 89.6%, February 81.4%**,** March 84.8%**, April 82.6%).**

- **Monthly Comparison Charts**:



- **Significant Tasks During Period:**
  - DWIHN staff engage in regular follow up meetings with identified CRSP, every 30-45 days to discuss interventions and review data (Meeting Attendees – MCO, Quality, Adult/Child Initiatives, Integrated Care, Access Call Center)
  - Attended DWIHN Access Committee to review network service availability and make recommendations for network revisions and expansion~~, monthly~~.

- **Plan**:
  - A monthly and quarterly analysis of data will be performed over the next quarter and DWIHN will continue to meet regularly with Providers and Hospital Discharge departments to identify more ways to support members in making appointments and engaging in necessary treatment (ongoing).
  - Continue to meet with CRSP to identify additional appointments for intake and follow up services (ongoing).
  - Coordinate intake appointments with newly onboarded CRSP providers (ongoing).

Activity 3: Accomplishments and Updates

- **Department Overviews and Trainings** – PIHP Crisis Services (Dan West, Director of PIHP Crisis Services), Navigating Special Education Services (DWC online training site), Recipient Rights Review (DWC online training site), Access Call Center Legal Decision Making Authority (Yvonne Bostic, PolicyStat)
- **Staffing** – Due to recent staffing turnover and promotions, the Access Call Center has 6 vacancies: SUD Tech x 2 (part-time), Clinical Specialist x 1 (contingent), Clinical Specialist x 1 (Full-time), Clinical Specialist x1 (Part-Time), Access Center Rep x 1 (part time).
- Ongoing review of 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

- **Plans :**

    - 2nd group (shifts: 10a-6p, 12p-8p, 3p-11p, 11p-7a) prepare to return to work from the 707 Milwaukee Bldg (4th floor) – 20+ staff (tentative transition date May 19, 2025)
    - TTEC Discovery Meetings to discuss current Genesys phone system Utilization and use of additional features (8 week session, starting May 8th, 2025)

Program Compliance Committee Meeting
Marianne Lyons, LMSW, CAADC
6/11/2025

Adult Initiatives Monthly Report May 2025
Marianne Lyons, LMSW, CAADC

Main Activities during May 2025 monthly reporting period:

- Assertive Community Treatment (ACT)
- Intellectual/Developmental Disability (IDD)
- Clubhouse

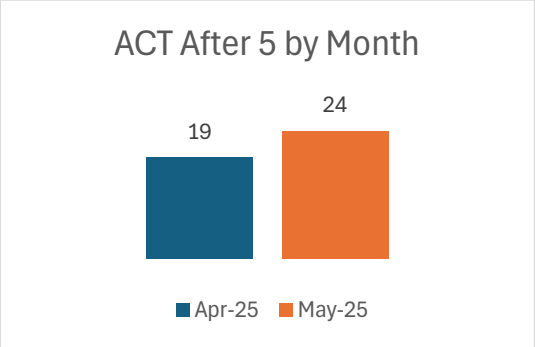
Progress On Major Activities:

Activity 1: Assertive Community Treatment (ACT)

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

- *Current Status:* During May's reporting period, there were 199,016 service units that received approval from Utilization Management. Of those approved service units, 68,745 units were delivered. For the month of May 2024 there were a total of 533 members receiving ACT services; for the month of May 2025 there were a total of 535.

- *Significant Tasks During Period:* During this reporting period, there were **24** face-to-face encounters that occurred after 5 PM. For the month of April there were **19** encounters that took place after 5 PM. This indicates a **26.3%** increase in after 5 PM face-to-face encounters with the members for the month of May. Out of the **14** requests for PAR screenings this month, COPE completed **6**, Team Wellness Center completed **1** screening, and the CRSPs completed **7** screenings for their members. Of the presentations for PAR screenings, **3** resulted in diversion and **9** members received dispositions of inpatient status (2 PARS were administratively closed with no assessment completed). Two of the members were identified as being recidivistic resulting in at least **2** inpatient admissions in less than 30 days.



- *Major Accomplishments During Period:* A major accomplishment during this reporting period is the successful onboarding of two new advocates to the ACT staff roster. The Guidance Center (TGC) added a Team Leader, and Central City Integrated Health Network (CCIHN) added a new bachelor's level advocate. The 2025 ACT Fidelity Review was scheduled for all the ACT providers during the last reporting period. During the current reporting period, two (2) of the nine (9) ACT service providers have completed their 2025 ACT Fidelity Reviews.

- *Needs or current issues:* Adult Initiatives needs to complete the summary of findings for each program that has completed their fidelity review. Currently, there are several opportunities for the ACT teams to grow, which allows them to increase their team membership (population) and staff totals. Additionally, the utilization of services needs to be examined and addressed with each ACT team individually.

- *Plan*: Adult Initiatives plans on continuing quarterly roster reviews to ensure accuracy on the ACT team staff and member rosters. During the quarterly roster reviews, Adult Initiatives will address all members who have not received services in more than 30 days but are still assigned to the ACT program.

Activity 2: Intellectual/Developmental Disability (IDD)

- *Description:* The Adult Initiatives team facilitates the provision of services to adult members with Intellectual and/or Developmental Disabilities. The IDD service array aims to assist members in remaining active in their community based on their needs, preferences and dreams.

- *Current Status:* Adult Initiatives is working to gather information on the services provided to members regarding community engagement after the member has finished school. The members can participate in skill building programs or supported employment programs post education, if they choose. Adult Initiatives is also working with providers to provide information regarding supported decision making as an alternative to legal guardianship through monthly forums.

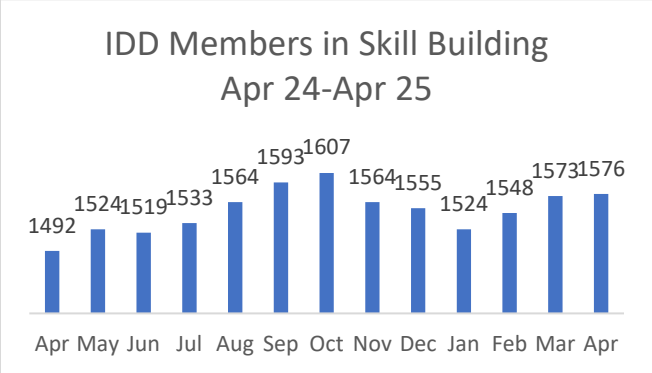
- *Significant Tasks During Period:* Adult Initiatives continues to collect more information on supported employment and skill building services for members with IDD, as well as the number of guardianships for members with an IDD designation. Adult Initiatives collaborated with members of the Access Committee in a Request for Proposal (RFP) for providers who either wish to expand their service array already provided or for those providers who wish to join the DWIHN network.

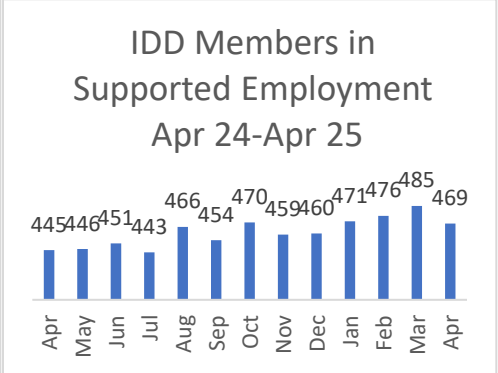
- *Major Accomplishments During Period:* Adult Initiatives met with a school for autism to hear concerns for graduating students and share resources. Adult Initiatives also identified additional providers for services and initiated contact to visit and obtain more information.

- *Needs or Current Issues:* Adult Initiatives needs additional information from vocational providers to learn specifics of supported employment for members and the jobs in which

they are employed, such as which skills members struggle with the most and how many members are or have the ability to be competitively employed. Additional information and/or training may also be needed regarding entering guardianship data accurately, as was shared anecdotally at the IDD Provider meeting.

- *Plans:* Adult Initiatives to contact each vocational provider to request list of all IDD members enrolled in supported employment and their employer including specific job titles/duties. Adult Initiatives will also focus on educating providers on the guardianship process and alternatives to guardianship.





Activity 3: Clubhouse

- *Description:* Clubhouse is an accredited service, reviewed every 3 years by Clubhouse International, and provides daily activities to members with persistent mental illness, as provided services by corresponding providers. Clubhouse is voluntary and without membership term lengths. Members choose how to utilize their clubhouse, including participation in varying activities, roles, and responsibilities within the clubhouse, and who they wish to interact with. Clubhouse offers varying opportunities, applicable to individuals with varying cognitive capabilities, including working within administration, enrollment, hiring, training, public relations, and advocacy. The goal is to help members regain self-worth, purpose, and confidence.

- *Current Status:* All the Clubhouses within DWIHN's provider network are accredited. The following data is based on the total number of members attending Clubhouse during May 2025 from the 5 CRSPs providing the service:

ACCESS *Hope House*	DCI (MiSide) *New Direction*	Goodwill *A Place of Our Own*	Hegira *Turning Point*	Lincoln Behavioral Services *The Gathering Place*
192	47	122	118	126

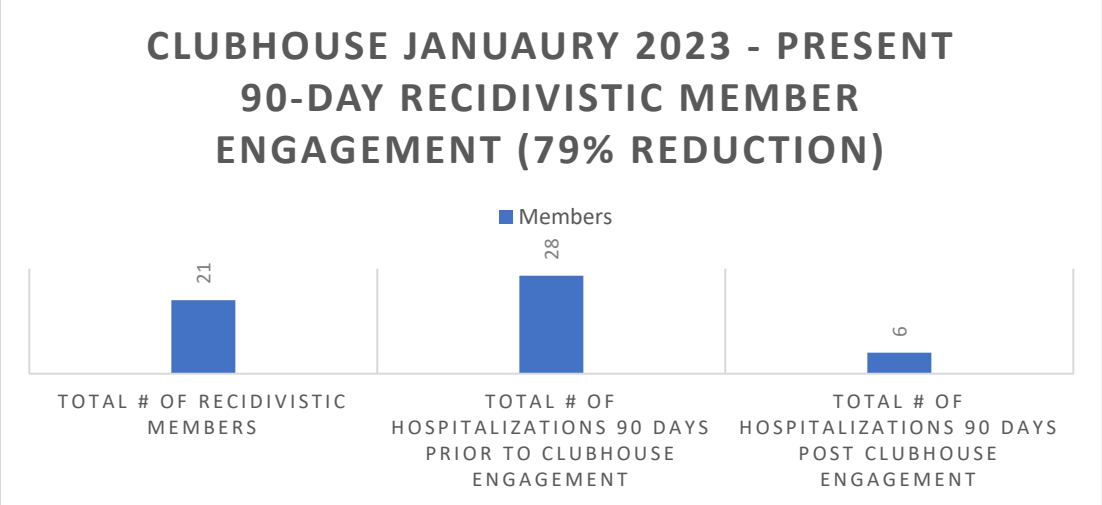
- *Significant Tasks During Period:* Adult Initiatives attended the grand opening of Motor City Clubhouse on April 30th. In attendance were administrative and clinical staff from CNS, DWIHN, and several outside agencies, as well as representatives from state agencies. Members provided tours and told stories about the clubhouse. Motor City Clubhouse will begin promoting to increase member attendance.

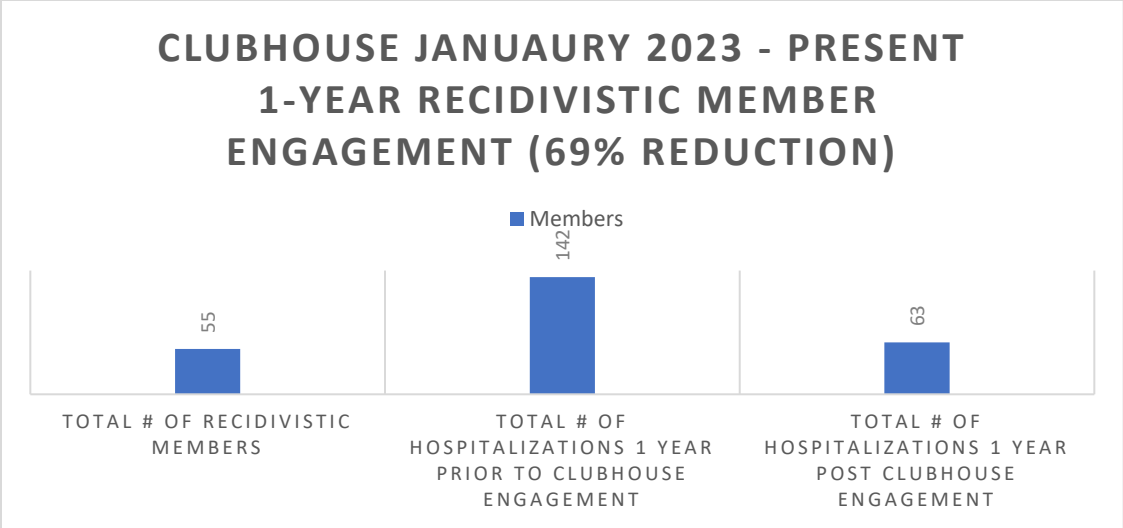
- *Major Accomplishments During Period:* Adult Initiatives met with staff and students from Wayne State University to begin discussion of a collaboration between Wayne State and Clubhouse. In attendance was also the director from Goodwill – A Place of Our Own Clubhouse. The outcome appears that Wayne State will be looking to assist in obtaining data to assist with comparing PHQ-9 and GAD-7 scores to Clubhouse engagement.

  Adult Initiatives has created and utilized data reports to collect and measure data to compare member recidivism to Clubhouse engagement. Reports have reflected a significant decrease in hospitalization following clubhouse engagement.

- *Needs or current issues:* Adult Initiatives presented during the May 2025 ACT provider forum. In attendance with Adult Initiatives was the Director from ACCESS – Hope House Clubhouse. Together, clubhouse was promoted and discussed to go over clubhouse benefits for ACT members, how the models work together to mutually benefit both programs and encouraged typically recidivistic members to potentially reduce hospitalization which is a reoccurring goal for ACT

- *Plan:* Adult Initiatives will continue to collect clubhouse data, in correlation with recidivism, monthly to continue to compare clubhouse engagement to recidivism rates. Advocacy for clubhouse engagement will continue to be brought up within various meetings including provider meetings, ACT forums, AOT meetings, and throughout DWIHN departments to ensure that the understanding of clubhouse, expectations, and the process to join clubhouse, are all clear.




CLUBHOUSE JANUAURY 2023 - PRESENT
1-YEAR RECIDIVISTIC MEMBER
ENGAGEMENT (69% REDUCTION)
Members
55
142
63
TOTAL # OF RECIDIVISTIC MEMBERS
TOTAL # OF HOSPITALIZATIONS 1 YEAR PRIOR TO CLUBHOUSE ENGAGEMENT
TOTAL # OF HOSPITALIZATIONS 1 YEAR POST CLUBHOUSE ENGAGEMENT

PIHP Crisis Services Department Report, May 2025
Daniel West, Director of PIHP Crisis Services
6/11/25

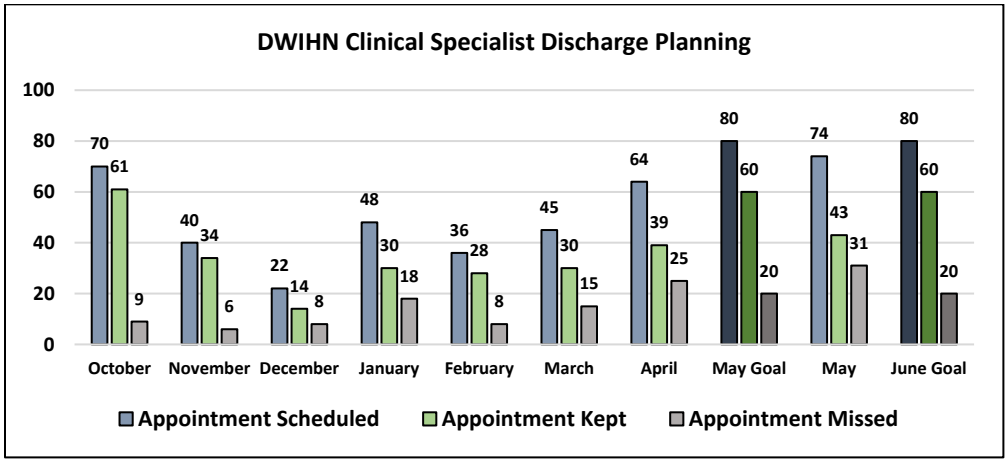
Main Activities during May 2025:

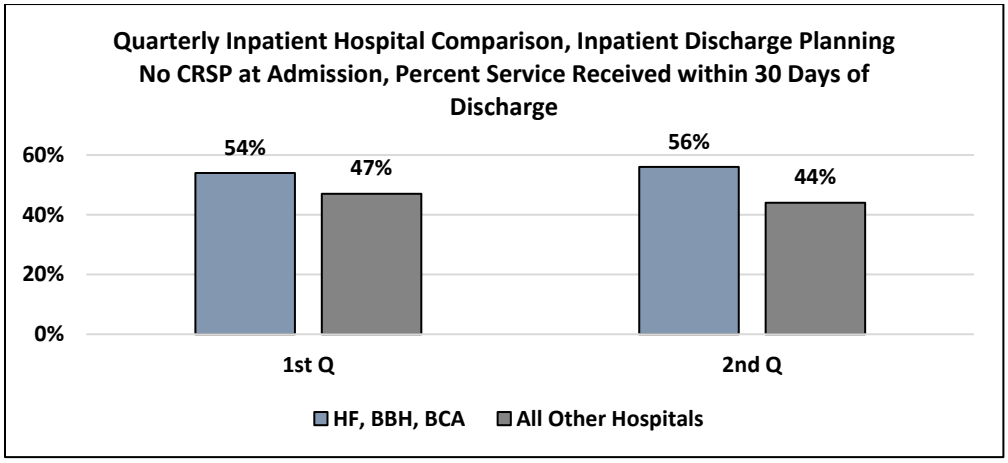
- **Discharge planning for members in inpatient hospitals.**
- **Clinically Responsible Service Provider (CRSP) notification for crisis screenings.**
- **Familiar face identification and diversion in crisis.**

Progress On Major Activities:

<u>Activity 1:</u> Discharge planning for members in inpatient hospitals.

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

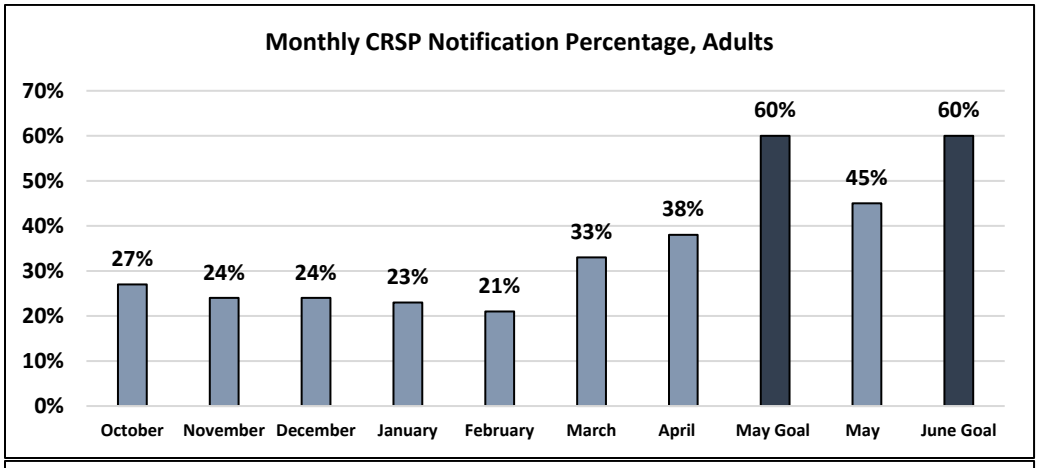


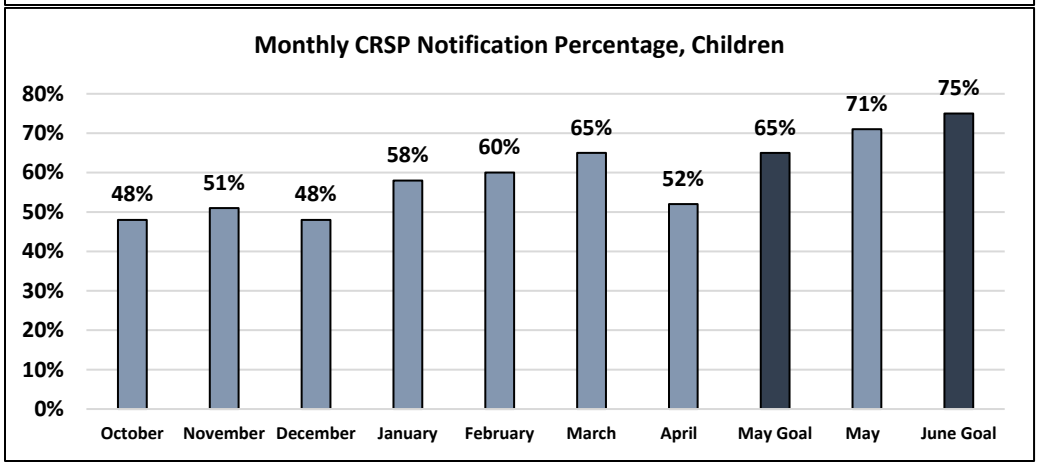


- ***Significant Tasks and Major Accomplishments During Period****:* Clinical Specialists within the PIHP Crisis Services Department were able to connect 58% of members to their aftercare appointments with their CRSP of choice in May. The team is trending toward their goal of 80 members seen. As compared to hospitals where this intervention is not present, the team has contributed to an improvement in the percentage of members that received a service within 30 days of discharge.
- ***Needs or Current Issues:*** The team has found a need to incorporate additional CRSPs that have shown interest in this process. The team has since added CNS to the previous CRSPs (Lincoln Behavioral, Team Wellness, and Central City Integrated Health). This process will be monitored and expanded to support CRSP discharge planning for their own members.
- ***Plan****:* The team has invited CNS to ongoing meetings with the liaisons identified at the CRSP level and will engage in goal setting and identification of barriers in discharge planning.

<u>Activity 2:</u> CRSP notification for crisis screenings.

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





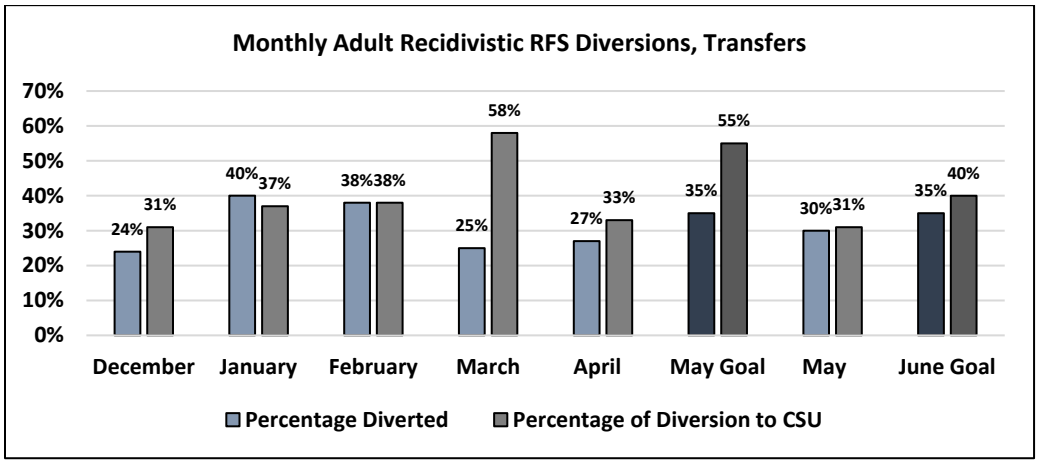
- ***Significant Tasks and Major Accomplishments During Period:*** The screening agencies are working toward increasing the percentage of CRSP notifications made to members with an

assigned CRSP. COPE increased the percentage of member CRSPs notified from April to May and there is an upward trend in this area. The children's screening agencies also increased the percentage of member CRSPs notified from April to May. The team received crisis contacts from each individual CRSP and updated the list of contacts. The team provided and explained these contacts to the screening agencies.

- ***Needs or Current Issues**:* The team has met regularly with the crisis screening agencies to engage them in goal setting, and the leadership of the screening agencies has agreed to address the issues preventing goal attainment. The team has recognized the need for the screening agencies to engage their members in an outpatient level of care, and to visit their members on inpatient units because of these notifications.
- ***Plan:*** The team will participate in upcoming training and workgroups with the CRSPs to ensure these notifications are acted upon.

<u>Activity 3:</u> Familiar face identification and diversion in crisis.

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



- ***Significant Tasks and Major Accomplishments During Period*:** COPE increased the percentage of members diverted after having been identified as recidivistic to a crisis screening.
- ***Needs or Current Issues:*** The team recognizes the need to continue identifying members who are recidivistic to a crisis screening and the importance of diversion to the least restrictive environment.
- ***Plan:*** The team will share these outcomes with COPE and continue to address any and all barriers to goal achievement.

Monthly Update:

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

    . The team has added an additional CRSP to provide support in discharge planning. Previously, the team has been working to share methods and process of discharge planning with Team Wellness, Central City Integrated Health, and Lincoln Behavioral. Now, the team is working with CNS.

- **Identified Opportunities for Improvement:**

    . The team has found there to be a need to focus on the action provided by the CRSPs when receiving notification of DWIHN members in crisis.

- **Progress on Previous Improvement Plans:**

    . The team has identified an increase in recidivism for children since the 1st Q 2025 but also identified a decrease in recidivism for adults.

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 **	15.46%	11.06%
3rd Quarter 2025**	13.95%	11.19%

****2Q and 3Q 2025 Data preliminary**

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
36th 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.

<u>Activity 4:</u> 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: A*ttendance 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 stong 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.

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

Main Activities during August:

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

Progress On Main Activities:

Activity 1: Credentialing

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

- *Current Status:* May 2025:

Number of Credentialing Applications Reviewed	243
Number of Expansion Requests Reviewed	2
Number of Provisional Credentialing Applications Reviewed	29
Total # of Applications Reviewed	**274**

Number of Practitioners Approved	103
Number of Providers Approved	25
Number of Expansion Requests Approved	34
Number of Provisional Credentialing Applications Approved	29
Total # of Applications Approved by Credentialing Committee	**191**

- *Significant Tasks During Period:* Targeted Outreach campaign for 99 providers for incomplete applications. This project ensures providers are timely with their submissions to the CVO and prevents any delays receiving full credentialing. These campaigns have already garnered 74% increase in providers and 42% of practitioners credentialed over the last two months.
- *Major Accomplishments During Period:* Executed contract with new CVO vendor Healthstream, Inc. Implementation to begin in June.
- *Plan:* We are developing job aids to upload credentialing files to MDHHS Universal Credentialing Platform. This will give us access to applications statewide and the ability to grant providers credentialing via MDHHS reciprocity policy.

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 May 2025:**

Number of Provider Inquiries for Potential Providers	22
Number of Contract Expansion Requests Received	10
Number of Providers Approved at Access Committee	3
Number of New Providers	7
Total # of Providers Processed	**42**

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

- *Significant Tasks During Period:* MCO updated multiple MHWIN records for accurate reporting and compliance with our accrediting bodies/funding sources. These results will improve our Provider and Practitioner Directory results for members' viewing pleasure on our website. In addition, there were several policy revisions to capture new standards and requirements for NCQA proposed standards.
- *Major Accomplishments During Period:* Analyzed our Provider Satisfaction Survey results for the last 3 months. MCO has garnered 52 responses and an average of 4.5 out of 5 stars in regard to professionalism, courtesy, responsiveness and knowledge. The positive trend indicates a strong baseline for staff performance and provider satisfaction. Amber Moorman, Housing PNM, was awarded the President's Award of Heroic Distinction from Mr. James White for her actions connecting an unhoused member to a shelter within 24 hours.
- *Plan:* MCO is finalizing our submission of the FY 2025 HSAG NAV Review. We are working on developing a provider engagement toolkit to expand services and reduce health disparities. Finalizing making precontracting documents for the upcoming contracting season electronic and quarterly contract status reports.

Activity 3: Procedure Code Workgroup (PCWG)

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

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

Number of PCWG Resolved Tickets	44
Number of MDHHS Rate Updates	87
Number of Provider Requested Changes	59
Total # of MHWIN Updates	**190**

- *Significant Tasks During Period:* Added new DWIHN and provider locations, contract programs, codes and modifiers timely to ensure authorizations, encounters and billing were timely. In addition, the addition and deactivation of provider locations ensure our provider directory is accurate and accessible for public viewing. Added 276 codes/rate to existing Provider Contracts records, 1524 deployed new codes, and expired 1337 auth errors for contract fee schedules.

- *Major Accomplishments During Period:* IT deployed a new ticketing system that captures more data elements, gives transparency and live updates to tickets as progress has been made and improved turnaround times for resolving tickets.
- *Plan:* Ensure new programs and services are added and available for use. Continue to run cube reports to monitor and verify services credentialed/contracted are in alignment with contract fee schedules deployed.

Program Compliance Committee Meeting
Ryan Morgan Director of Residential Services May 2025 Report
Date: June 11, 2025

Main Activities During Reporting Period: May 2025

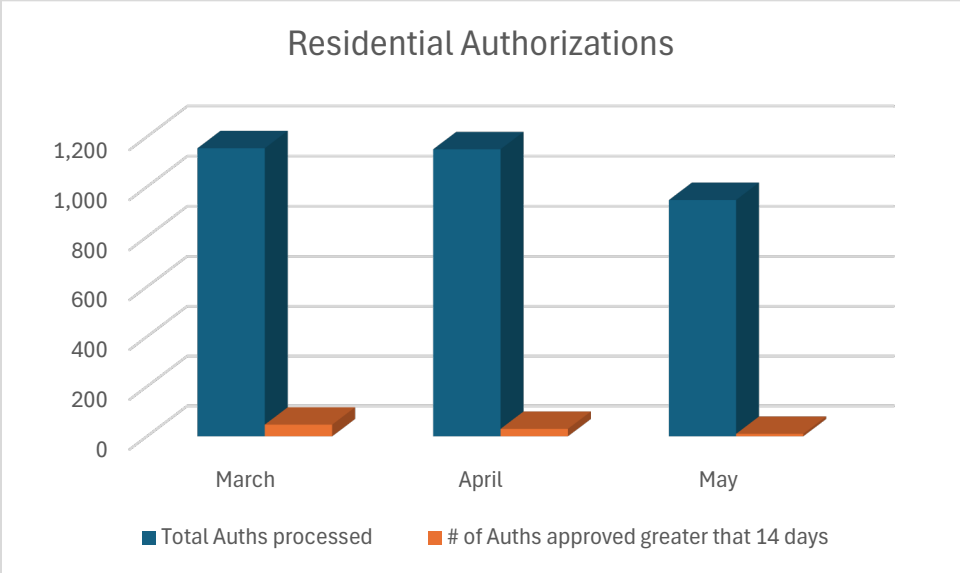
- **Monitoring Residential Authorizations**
- **Monitoring State Facility Discharges**
- **Monitoring the Completion of Residential Assessments**

Currently the Residential Services Department is serving approximately 3,015 members in contracted residential settings.

Progress On Major Activities:

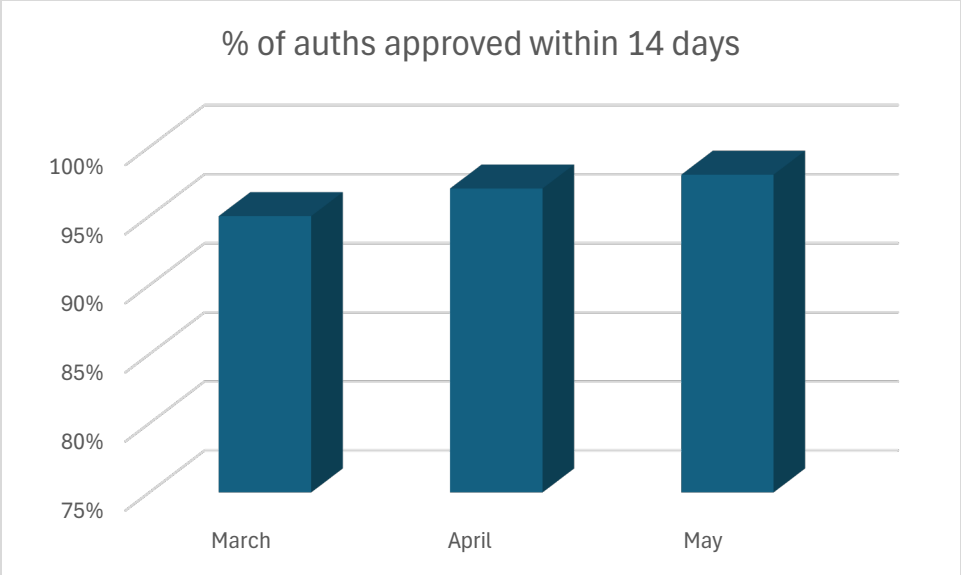
<u>Activity 1:</u> Monitoring Residential Authorizations

- *Description:* Throughout the month of May the Residential Services Department continued to monitor the number of authorizations processed. Additionally, we continue to monitor the amount of time it takes for an authorization to be approved. It is important to monitor this data to ensure that authorizations are processed within the expected fourteen (14) day timeframe. It is essential that all members have up to date authorizations in order to prevent an interruption in services.
- *Current Status:*



	March	April	May
Total Auths processed	1,154	1,150	947
# of Auths approved greater that 14 days	47	30	10

- *Significant Tasks During Period:* During the Month of May the Residential Services Department had three (3) staff who processed (947) Residential Authorizations and 98% of authorizations were approved within 14 days.

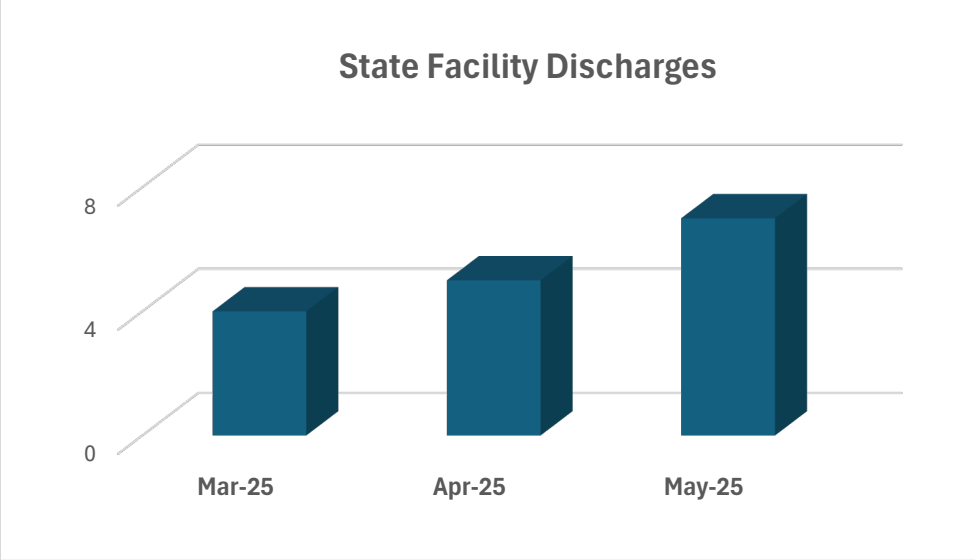


	March	April	May
% of auths approved within 14 days	95%	97%	98%

- *Major Accomplishments During Period:* In the next fiscal year the expected timeframe for authorizations to be approved will change from fourteen (14) to seven (7) days. Due to this fact the Residential Services Department has begun to track the amount of authorizations approved in this timeframe. In the month of May 69% of authorizations were approved within seven (7) days.
- *Needs or Current Issues:* The Residential Services Department's Authorizations Unit currently has one open position. Due to the upcoming timeliness changes it will be important that this position is filled quickly in order to accurately track timeliness data and gauge staffing needs.
- *Plan:* The Residential Services Department plans to closely monitor the authorization information specifically related authorization approvals. We will make any adjustments needed to ensure that staff are able to meet the approval expectations.

<u>Activity 2:</u> Monitoring State Facility Discharges

- *Description:* During the month of May the Residential Services Department continued to track the number of individuals discharged from state facilities and into community placements. It is important to track this information to ensure that we are efficiently discharging individuals into clinically appropriate placements. Currently, there are four (4) long term facilities in the state of Michigan that the State Facility Liaison coordinates discharge planning for.
- *Current Status:*

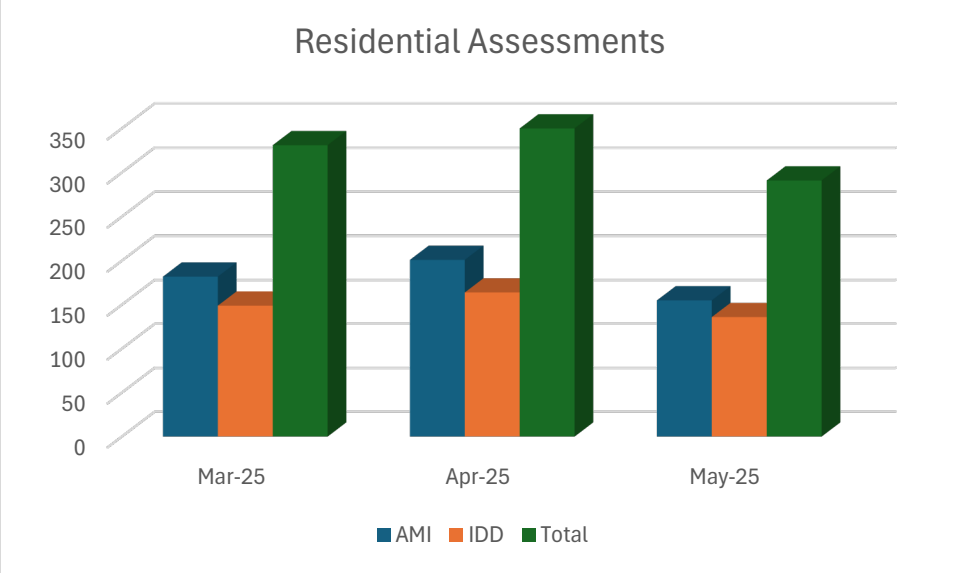


State Facility Discharges	Mar-25	Apr-25	May-25
	4	5	7

- *Significant Tasks During Period:* During the month of May the Residential Services Department saw an increase in the number of members discharged from state facilities to seven (7). This is the highest number of members discharged in one month so far this year.
- *Major Accomplishments During Period:* In addition to the discharge information, during the month of May, the Residential Services Department began to track the number of state facility admissions. During May there were two (2) state facility admissions compared to the seven (7) members discharged.
- *Needs or Current Issues:* Also, during the month of May, the Residential Services Department continued the transition process of adding the responsibility of admission and discharge planning for children in state facilities. The Residential Services Department will manage admission and discharge planning for both children and adults moving forward.
- *Plan:* The Residential Services Department will continue to work closely with the Utilization Management Department for continued training and support on state facility applications for children as needed.

<u>Activity 3:</u> Monitoring the Completion of Residential Assessments

- *Description:* During the month of May the Residential Services Department continued the process of ensuring all members receiving Residential Services have up to date assessments. Each member receiving residential Services should have an assessment completed annually or any time there is a change in the member's condition. It is important that all members have an up-to-date assessment to ensure that they are receiving the medically necessary services that meet their clinical needs.
- *Current Status:*



Assessments Completed	Mar-25	Apr-25	May-25
AMI	182	201	155
IDD	149	164	136
Total	331	365	291

- *Significant Tasks During Period:* The Residential Services Department was able to complete (291) Residential Assessments during the month of May; (155) assessments were completed with Adults with Mental Illness (AMI) and (136) were completed with Individuals with Intellectual and Developmental Disabilities (I/DD).
- *Major Accomplishments During Period:* During the month of May the Residential Services Department was able to begin the implementation of an electronic internal quality audit tool that allows managers to review residential assessments completed by each Residential Care Specialist. This tool will help managers set a standard of expectations that will ensure staff are including the necessary information in each assessment to determine medical necessity.
- *Needs or Current Issues:* The department would benefit from the development of an electronic report that encapsulates the data obtained from completed residential assessments. It is anticipated that this report will help show trends and indicate where resources need to be allocated.
- *Plan:* The Residential Services Department will continue to work closely with Information Technology to develop the report that will summarize the necessary data points. It is expected that this report will be implemented in June.

Quarterly Update:

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

  - The Residential Services Department was able to hire Joshua Stroud, as a Residential Care Specialist, who will be working with Individuals with Intellectual and Developmental Disabilities (I/DD) to complete residential assessments.

- The Residential Services Department was able to onboard four (4) new residential providers to the network. This will add twenty-six (26) new placement opportunities for members in Wayne County.

- During the month of May the Residential Services Department was granted permission to add an additional administrative staff to the department. This will be an important addition and contribute significantly to overall department efficiency and data reporting.

- **Identified Opportunities for Improvement:**

  - The Residential Services Department continues to work on creating a set of Key Performance Indicators (KPI) for all positions. This will help establish a clear set of expectations for all positions within the department.

- **Progress on Previous Improvement Plans:**

  - The Residential Services Department continues to send monthly reports to Clinically Responsible Service Providers (CRSP) that indicate any Individual Plans of Service (IPOS) that are out of date. This is designed to assist with communication and coordination between the members' treatment team and helps ensure that each member maintains an up to date individualized plan that authorizes medically necessary services.

Substance Use Disorder Initiatives Report, June 2025
Matthew Yascolt, Interim Director of Substance Use Disorder Initiatives

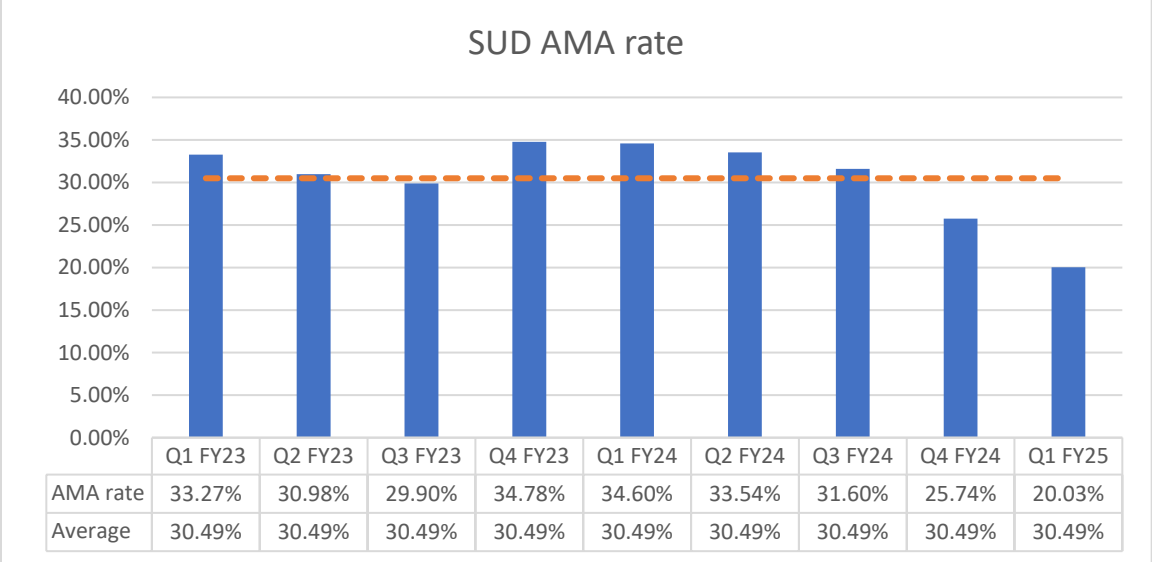
Main Activities during June 2025:

- **A longitudinal analysis of members who left treatment against medical advice**
- **A longitudinal review of the rate of SUD admissions where the member reported homelessness**
- **A longitudinal review of the rate of SUD admissions where the member reported MDOC involvement**

Progress On Major Activities:

<u>Activity 1:</u> A longitudinal analysis of members who left treatment against medical advice

- ***Description:*** Members who leave treatment against medical advice (AMA) are choosing to discontinue treatment without the recommendation of the member's treatment planning team. Leaving against medical advice can expose the member to increased risks, including the need for readmission or exacerbation of their condition. Data from the first quarter of fiscal year 2023 to the end of the first quarter of fiscal year 2025 was reviewed, and AMA benchmarks were established for the different populations we serve.
- ***Current Status:***

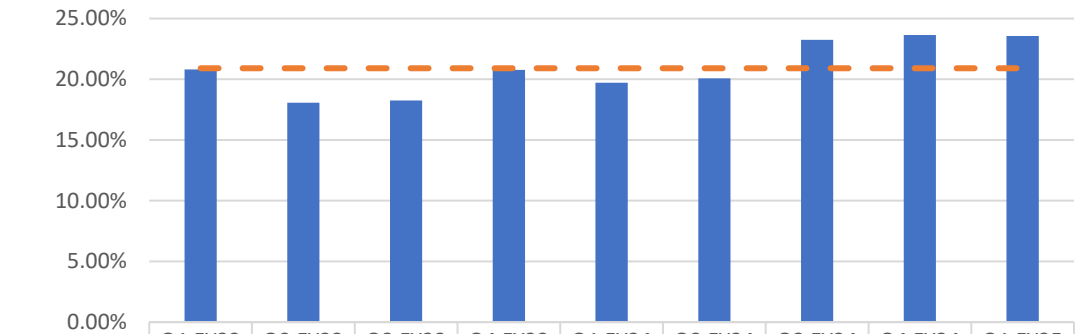


	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25
AMA rate	33.27%	30.98%	29.90%	34.78%	34.60%	33.54%	31.60%	25.74%	20.03%
Average	30.49%	30.49%	30.49%	30.49%	30.49%	30.49%	30.49%	30.49%	30.49%

- ***Significant Tasks and Major Accomplishments During Period****:* Over the last 2 quarters, AMA rates have decreased below the average rate. Assuming that there is not an error due to a reporting delay, homelessness rates, and MDOC involvement were reviewed.
- ***Needs or Current Issues:*** Educate the service provider network on risk factors associated with leaving AMA. Provide TA to the service provider network as needed to ensure members do not leave for quality-related concerns.
- ***Plan****:* Continue to assess AMA designations for all levels of care, compare AMA rates to quality scores, and environmental scores. Provide technical assistance at the provider level as needed to improve outcomes.

<u>Activity 2:</u> A longitudinal review of SUD admissions was conducted, where the member reported homelessness.

- ***Description****:* Within the admission record for a member to begin receiving SUD services, a member can self-report living arrangements. It can be more challenging for people who are homeless to stop using substances due to smaller social support networks, decreased motivation to quit drugs or alcohol, higher priorities such as finding shelter and food, and exposure to trauma from homelessness. Homelessness trends were reviewed, and a relationship was considered between rates of homelessness and a decrease in AMA rates.
- ***Current Status:***



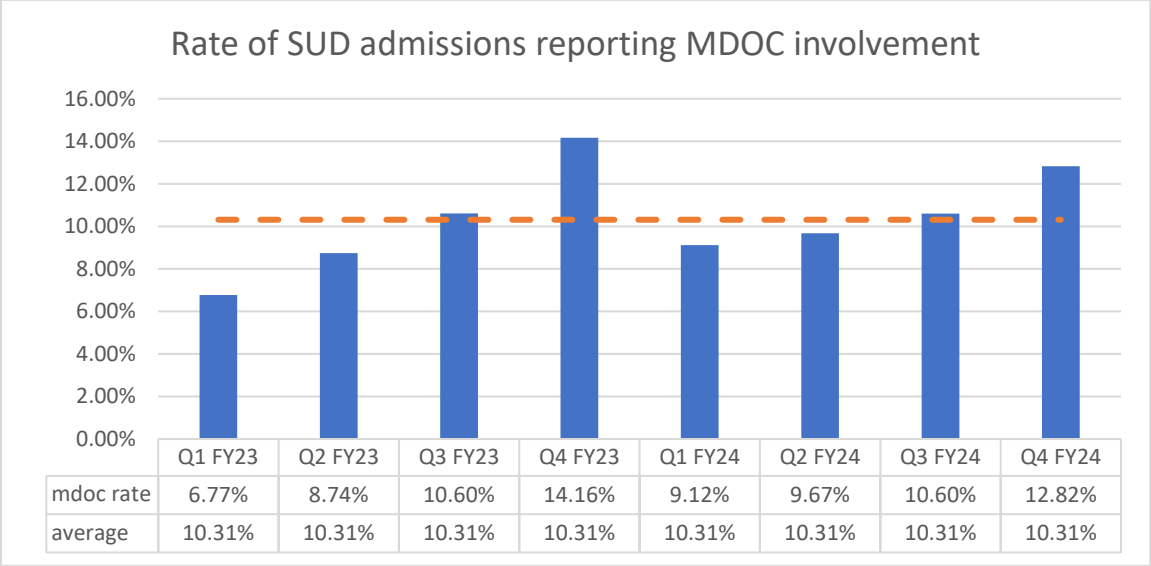
	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24	Q1 FY25
homeless rate	20.81%	18.06%	18.26%	20.77%	19.72%	20.07%	23.25%	23.65%	23.56%
average	20.91%	20.91%	20.91%	20.91%	20.91%	20.91%	20.91%	20.91%	20.91%

- ***Significant Tasks and Major Accomplishments During Period:*** While a decrease in AMA rates were observed in Q4 2024 and Q1 2025 an increase in SUD admissions reporting homelessness was observed. This increase could have influenced the observed decrease in members leaving against medical advice.
- ***Needs or Current Issues****:* Continue to analyze social determinants of health and their impact on substance use disorders.
- ***Plan:*** Coordinate with the housing contract manager to discuss potential housing resources for members and how to direct programs and opportunities for members to the service provider network. Establish a training and standard operating procedure for the service provider network to address housing needs. Monitor programming and share findings with the service provider network.

<u>Activity 3:</u> A longitudinal review of SUD admissions where the member reported MDOC involvement.

- ***Description:*** A member can self-report MDOC involvement or be referred from MDOC to treatment. As reviewed in the last report, members who self-report MDOC involvement are more likely to leave treatment against medical advice.

- ***Current Status:***



	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24	Q2 FY24	Q3 FY24	Q4 FY24
mdoc rate	6.77%	8.74%	10.60%	14.16%	9.12%	9.67%	10.60%	12.82%
average	10.31%	10.31%	10.31%	10.31%	10.31%	10.31%	10.31%	10.31%

- ***Significant Tasks and Major Accomplishments During Period*:** The analysis found that the rate of members self-reporting MDOC involvement increased in the fourth quarter of FY24. This would typically then reflect that there would be an increase in members leaving treatment against medical advice, however those rates decreased.
- ***Needs or Current Issues:*** We will continue to have meetings with MDOC stakeholders, and coordinate and oversee MDOC cases closely.
- ***Plan:*** Continue to monitor MDOC involvement, referrals, and provide oversight and TA to MDOC regarding our members.

Program Compliance Committee Meeting
Utilization Management – Monthly Report
Marlena J. Hampton, MA, LPC – Director of Utilization Management
June 11, 2025

Main Activities During This Period:

- Timeliness of UM Decision-Making
- Utilization Management Committee (UMC)
- Continued Review of Department Processes

Progress On Major Activities:

<u>Activity 1:</u> Timeliness of UM Decision-Making

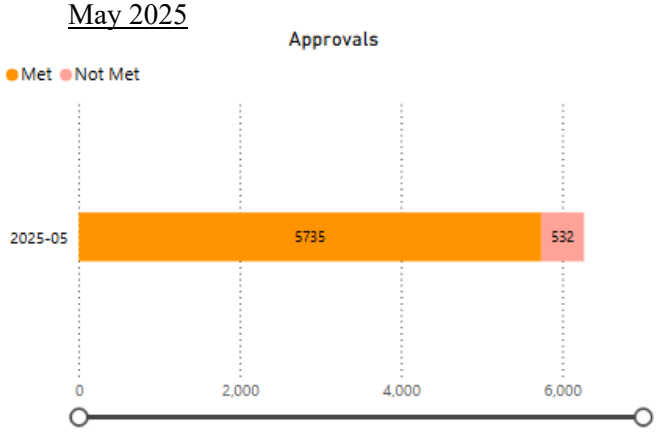
- *Description:* DWIHN Utilization Management reviews standard and expedited authorization requests for several lines of business, including (but not limited to) outpatient services, substance use disorder (SUD) services, General Fund, Autism services, and Waiver programs.

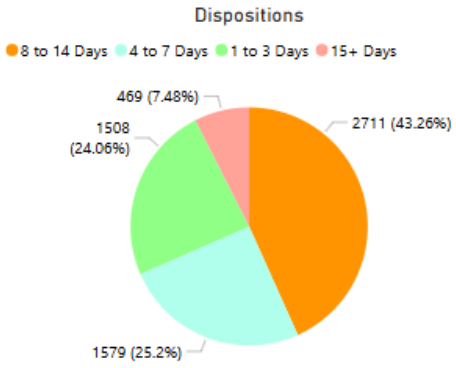
- *Current Status:* Utilization Management is frequently involved with audits and system updates to ensure the department meets various Michigan Department of Health and Human Services (MDHHS) regulatory requirements. Services should be of the highest quality and timely, cost-effective, clinically appropriate, 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:*
    - Meeting with the Vice President of IT Services to complete a demonstration of the current authorization process to assess efficiency and create an initial project plan for improvements.
    - Consultation with the Chief Medical Officer regarding the development of clinical practice guidelines for the authorization of specific ancillary services (e.g., community living support and respite).

- *Major Accomplishments During Period:*
    - In the month of May, the Utilization Management prior authorization review teams approved 92.5% of authorization requests within fourteen (14) calendar days, a slight increase from 92% in April. As noted in previous reports, a departmental performance improvement plan was implemented to address not meeting the 95% 14-day timeframe standard for non-urgent requests.

May 2025

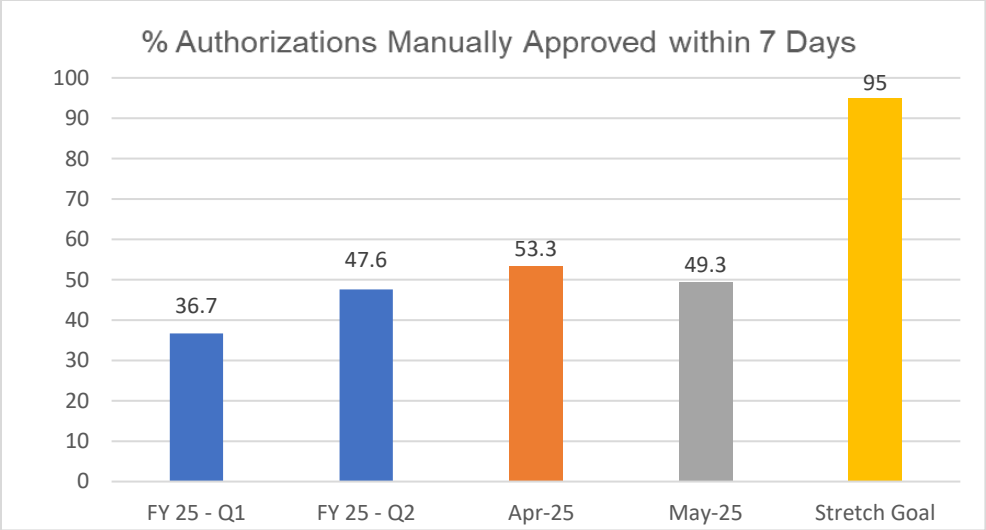




- *Needs or Current Issues:* Beginning in 2026, payers will be required to make decisions for all standard, non-urgent requests within seven (7) calendar days. We currently are allotted fourteen (14) days to make the same determination. Utilization Management, with support from the VP of Clinical Operations, Director of Strategic Operations, and Chief Medical Officer, is actively working to implement process and procedural changes to meet this new requirement for authorization requests in all service areas. This includes IT notifications to our providers indicating the need for timely updates, dedicating a staff person to monitor the return to requester queue and communicate with providers, UM Administrator audit and staff review of select cases to determine when/how a disposition could be expedited, and expansion of standard verbiage in response to requests, to increase clarity and reduce the number of returns.

- *Plans:*
    - Continued consultation with IT to discuss tools and updates that promote increased efficiency and continuity of authorization requests for our MH and SUD populations.
    - Development of a procedure for monitoring Residential Services authorization requests.
    - Continue monitoring individual staff progress with coaching as appropriate.
    - Review and revision of standard operating procedures to assess efficiency and fidelity.
    - Continued monitoring of the team's progress toward the upcoming requirement that all standard, non-urgent requests be processed within seven (7) calendar days.

        - In Q1, we manually approved 5,507 authorizations (36.7%).
        - In Q2, we approved 8.947 authorizations (47.6%).
        - In May, we approved 3,087 authorizations (49.3%).



<u>Activity 2:</u> Utilization Management Committee (UMC)

- *Current Status:* The Utilization Management Committee (UMC) provides ongoing review and oversight of the Utilization Management program. UMC convenes monthly to evaluate utilization of services, monitor trends, and review, evaluate, revise, and approve the Program Description, Program Evaluation, and department work plan.

- *Significant Tasks During Period:*
  - The Utilization Management Committee approves changes and updates to the UM Program Description.

- *Major Accomplishments During Period:*
  - The Utilization Management Committee is utilizing the new reporting guidelines.
  - Director of Utilization Management and Chief Medical Officer present updated requirements to the committee membership.

- *Needs or Current Issues:*
  - Establish a formal schedule for periodic review of relevant UM policies and procedures, as well as Service Utilization Guidelines and Milliman Care Guidelines (MCG) used to determine medical necessity.
  - Creation of a Utilization Management Committee subgroup with Sr. Director of Organizational Culture & Climate to initiate annual Utilization Management Health Equity Analysis, which is required by the Centers for Medicare and Medicaid Services (CMS) as of January 1, 2026.

- *Plans:*
  - The Director of Utilization Management will continue consultation with the Chief Medical Officer regarding the establishment of best practices for the UM Committee.

<u>Activity 3:</u> Continued Review of Department Processes

- *Description:* Utilization Management (UM) processes are being reviewed and updated with a strong emphasis on improving efficiency. Improvements aim to optimize resource utilization and improve service delivery for both staff and providers.

- *Current Status:* Director of Utilization Management and UM Administrators, with support from the Vice President of Clinical Operations, are collaborating with staff to revise and enhance provider and internal procedures to improve efficiency and compliance with regulatory standards.

- *Significant Tasks During Period:*
    - Director of Utilization Management establishes a weekly consultation with the Director of Strategic Operations to ensure alignment of changes with regulatory standards.
    - The remaining data required to develop Key Performance Indicators (KPI) is collected from all UM service areas.

- *Major Accomplishments During Period:*
    - Collaboration with the Substance Use Disorder (SUD) Initiatives and Health Home Departments to review and revise the required documentation to accompany SUD-related authorization requests.

- *Needs or Current Issues:* In addition to completing authorization requests, Utilization Management also coordinates with other departments to ensure utilization management tasks are integrated within their functions. This includes monitoring trends and any patterns of over- and underutilization. The Director will work with administrators and staff to incorporate these tasks and reporting requirements into department procedures.

- *Plans:*
    - The Utilization Management Administrators, with support from the Director, will continue to update standard operating procedures for each UM line of business.
    - Following the implementation of internal processes, redirect our attention to directly monitoring how DWIHN departments incorporate utilization management into their programs, including reviewing policies and procedures.

Additional Updates:

- **Things the Department is Doing Especially Well:**
    - Extensive interdepartmental collaboration in preparation for the upcoming HSAG review on June 13, 2025.
    - The Tri-County Utilization Management Workgroup continues to meet and discuss standardizing regional processes, beginning with inpatient hospitalizations and appeals.
    - The Self-Directed Services (SD) Team continues its participation in Partners Advancing Self-Determination (PAS), a collaboration with MDHHS to offer free state-level technical assistance, training, and support to advance self-directed services in our community.
    - Habilitation Supports Waiver (HSW) continues to exceed MDHHS requirement of 95% program slot utilization.

- **Identified Opportunities for Improvement:**
    - Collaboration with other DWIHN departments on common reporting and projects, with particular focus on Managed Care Operations, Integrated Healthcare, and Autism Services.
    - Implementation of Annual Health Equity Analysis of UM Policies and Procedures.

- **Progress on Previous Improvement Plans:**
    - Director of Utilization Management continues intensive review of UM policies, procedures, and program description. Goals include alignment of documentation with NCQA, HSAG, and PIHP/CMHSP contract requirements & feedback. Additional updates forthcoming after June 13, 2025, HSAG review.
    - The department continues the completion of the corrective action plan from HSAG.

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 25-24R4 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 6/18/2025

Name of Provider: Acorn Health

Contract Title: Autism Service Providers

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 6/11/2025

Proposed Contract Term: 6/1/2025 to 9/30/2025

Amount of Contract: $ 102,905,784.00 Previous Fiscal Year: $ 91,807,643.00

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2014

Provider Impaneled (Y/N)? Y

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

DWIHN is requesting approval to add one (3) new ABA Providers to the network:

- Blue Mind Therapy
- Bright Behavior
- Pediatric Integrated Health

The contract to be effective June 1, 2025 through September 30, 2025 to deliver Applied Behavior Analysis (ABA) and or Autism Evaluations.

The total projected budget for autism services for FY25 remains unchanged and is not to exceed $102,905,784.

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

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 24/25	Annualized
Medicaid	$ 102,405,784.00	$ 102,405,784.00
State General Funds	$ 500,000.00	$ 500,000.00
Total Revenue	$ 102,905,784.00	$ 102,905,784.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64940.827010.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

Signed: Friday, May 30, 2025

5/30/2025 10:33:48 AM

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

Signed: Friday, May 30, 2025

5/30/2025 8:55:43 AM

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 25-51R4 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 6/18/2025

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: 6/11/2025

Proposed Contract Term: 6/1/2025 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: 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).

DWIHN is requesting the addition of the following 3 providers to the DWIHN provider network as outlined below, **without change to the total provider network amount.**

Residential Providers:

1. **Caring for Others Homecare Solutions Inc DBA CFO Homecare and Staffing Agency**
(Credentialed 5/29/2025 for Community Living Support)

2. **Memee LLC**
(Credentialed 5/29/2025 for Personal Care in Licensed Specialized Residential Setting; Community Living Support)

3. **Real People Cares LLC**
(Credentialed 5/29/2025 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

Signature/Date:

James White

Signed: Wednesday, June 4, 2025

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

Signed: Tuesday, June 3, 2025

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 25-64 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 6/18/2025

Name of Provider: Coalition on Temporary Shelter

Contract Title: 25-64: HUD Permanent Supportive Housing (PSH)

Address where services are provided: Various locations throughout Wayne County

Presented to Program Compliance Committee at its meeting on: 6/11/2025

Proposed Contract Term: 5/1/2025 to 12/31/2026

Amount of Contract: $ 2,773,935.50 Previous Fiscal Year: $ 2,495,149.00

Program Type: Continuation

Projected Number Served- Year 1: 330 Persons Served (previous fiscal year): 314

Date Contract First Initiated: 10/1/2004

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 recommends 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 following existing grant programs: **COTS, Development Centers, Inc. (DCI), Central City Integrated Health (CCIH), Southwest Counseling Solutions,** and **Wayne Metropolitan Community Action Agency**.

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**, along with the Detroit Wayne

Integrated Health Network general fund local match of **$109,321.50**, for a total amount **not to exceed $2,773,935.50**.

The providers listed above submitted renewal applications through the local Continuum of Care and have been awarded funding for the HUD 2024 grant cycle. Program dates and details are as follows:

- **Central City Integrated Health**: 5/1/2025 – 4/30/2026 (Permanent Housing) $607,131.75
- **Central City Integrated Health**: 6/1/2025 – 5/31/2026 (Rental Assistance Program - RAP) $501,331.00
- **COTS**: 11/1/2025 – 10/31/2026 (Omega) $469,326.25
- **Development Centers Inc.:** 11/1/2025 - 10/31/2026 (Omega) $215,969.00
- **Southwest Counseling Solutions:** 1/1/2026 - 12/31/2026 (Rental Assistance Program - RAP) $439,869.00
- **Wayne Metro Community Action Agency:** 8/1/2025 - 7/31/2026 (Permanent Housing) $505,216.00
- **DWIHN Administrative Costs** - $35,092.50

Note: Funds may be redistributed amongst providers up to the approved not to exceed amount without Board approval.

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

Source of Funds: General Fund,HUD

Fee for Service (Y/N): N

Revenue	FY 24/25	Annualized
HUD	$ 2,664,614.00	$ 2,664,614.00
General Funds	$ 109,321.50	$ 109,321.50
Total Revenue	$ 2,773,935.50	$ 2,773,935.50

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: Multiple

In Budget (Y/N)? Y

Board Action #: 25-64

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

Signed: Monday, June 9, 2025

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

Signed: Friday, June 6, 2025

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 25-65 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 6/18/2025

Name of Provider: Charter Township of Canton

Contract Title: Western Wayne Therapeutic

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 6/11/2025

Proposed Contract Term: 6/1/2025 to 9/30/2025

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

Program Type: Continuation

Projected Number Served- Year 1: 140 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 1/1/2016

Provider Impaneled (Y/N)?

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

Requesting approval for 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 (IDD), Serious Emotional Disturbance (SED), and Serious Mental Illness (SMI) within Wayne County.

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

Source of Funds: Medicaid

Fee for Service (Y/N): N

Revenue	FY 24/25	Annualized
Medicaid	$ 75,000.00	$ 75,000.00
	$	$
Total Revenue	$	$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64941.827206.00021

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

Signed: Monday, June 9, 2025

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

Signed: Monday, June 9, 2025

Board Action #: 25-65