



Detroit Wayne Integrated Health Network

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

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

PROGRAM COMPLIANCE COMMITTEE MEETING Wednesday, January 10, 2024 St. Regis Hotel, 1st Floor Conference Room 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. **Autism Spectrum Disorder (ASD) Year- End Report** – Please provide information on how DWIHN’s numbers for service are compared to other entities; Provide an updated report on the State Diagnostic Evaluation and plan to revisit the data points for Autism.
 - B. **Crisis Services’ Quarterly Report** – Provide more information on members including demographics with difficult cases that are being turned away from receiving treatment in the emergency rooms.
 - C. **Innovation and Community Engagement’s Quarterly Report** – Provide more information on the Philadelphia trip regarding the challenges on drug prevention.
 - D. **Care Centers’ Update** – Provide updates on additional safety protocols for the Care Centers.
- VI. Approval of the Minutes – November 8, 2023
- VII. Report(s)
 - A. Chief Medical Officer – *Deferred to February 14, 2024*
 - B. Corporate Compliance
- VIII. Quarterly Reports
 - A. Adults Initiatives
 - B. Crisis Services
 - C. Utilization Management
- IX. Zero Suicide Initiative Presentation

Board of Directors

Kenya Ruth, Chairperson
Karima Bentounsi
Angelo Glenn

Dr. Cynthia Tauег, Vice-Chairperson
Angela Bullock
Jonathan C. Kinloch

Dora Brown, Treasurer
Lynne F. Carter, M.D.
Kevin McNamara

William Phillips, Secretary
Eva Garza Dewaelsche
Bernard Parker

Eric W. Doeh, President and CEO



- X. **Direct Clinical Provision of Services' Presentation**
- XI. **Strategic Plan Pillar - *None***
- XII. **Quality Review(s) - *None***
- XIII. **VP of Clinical Operations' Executive Summary - *Deferred to February 14, 2024***
- XIV. **Unfinished Business**
 - A. **BA #21-64 (Revised)** – COVID Supplemental
 - B. **BA #22-66 (Revised 3)** – HPS Consulting, LLC Amendment for NCQA
 - C. **BA #23-08 (Revised)** – Crisis Intervention Services – Hegira Health, Inc.
 - D. **BA #23-41 (Revised 2)** – iMPROve Health (formerly MPRO)
 - E. **BA #24-06 (Revised 2)** – DWIHN's Provider Network System FY 23/24
- XV. **New Business (Staff Recommendations) - *None***
- 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 that do not want to identify themselves may still address the Board. Issues raised during Good and Welfare/Public Comment that are of concern to the general public and may initiate an inquiry and follow-up will be responded to and may be posted to the website. Feedback will be posted within a reasonable timeframe (information that is HIPAA related or of a confidential nature will not be posted but rather responded to on an individual basis).
- XVII. **Adjournment**

**Program Compliance Committee Meeting
Autism Services Department
January 2024 – Follow Up**



Please provide information on how the number for services are compared to other entities:

- **Wayne County:** 2,190 members enrolled in the Autism Benefit
- **Macomb County:** 600 members enrolled in the Autism Benefit
- **Lapeer County:** 500 members enrolled in the Autism Benefit

Provide an updated report on the State Diagnostic Evaluation and plan to revisit the data points for Autism.

During FY 23, Q4 there were a total of 457 Kept Autism Independent Evaluations completed. The overall goal is to increase the number of eligible individuals who are receiving ABA services from an ABA Behavior Technician within 90 days of the ABA referral date. The total average of timely access to begin ABA services was 47% during FY 2023.

Time Period	Measurement	Numerator	Denominator	Rate	Goal	Statistical Significance
FY23 – Q1 10/1/22 – 12/31/22	Remeasurement 1	89	247	36%	100%	Below Goal
FY 23 – Q2 1/1/23 – 3/31/23	Remeasurement 2	78	223	35%	100%	Below Goal
FY 23 – Q3 4/1/23 – 6/30/23	Remeasurement 3	76	125	61%	100%	Below Goal
FY 23 – Q4 7/1/23 – 9/30/23	Remeasurement 4	63	111	57%	100%	Below Goal
FY 2023 Total	47%					

Next Steps: After reviewing the data and continuing to address the needs of ABA services as of Dec 2023 the Performance Improvement Plan will consist of monitoring ABA services starting within 14 days of the ABA authorization effective date in accordance to MDHHS requirements. DWIHN has established a goal of 70% for ABA services to begin within 14 days of the authorization effective date.



**Philadelphia Stakeholder Group Trip
1/10/2024**

**DETROIT WAYNE INTEGRATED
HEALTH NETWORK**

800-241-4949

www.dwihn.org



Check out the Blog:
<https://www.csh.org/2023/11/peer-visit-philadelphia-michigan-joint-effort-address-homelessness/>



Philly & Detroit
September 2023



Who/What?

- ▶ Mayor Duggan's Office (2 staff), Housing and Revitalization Department (2 staff), Detroit Wayne Integrated Health Network (3 staff) , and the Detroit Police Department (2 staff), joined counterparts from Philadelphia.
- ▶ The meeting served as a platform for an exchange of best practices, lessons learned, successes, and challenges in addressing homelessness, mental illness, and substance use disorders.

When/Where?

- ▶ Monday, September 25, 2023 -
Wednesday, September 27, 2023
- ▶ Coordinated by the CSH Michigan and Metro (NY, NJ, and PA) teams.

CSH is the national leader in supportive housing, focusing it on person-centered growth, recovery and success that contributes to the health and wellbeing of the entire community.

Why?

- ▶ Both cities are roughly 142 square miles in area.
- ▶ Both cities have proportionally larger Black residential populations than any other racial or ethnic group.
- ▶ As of 2021, four of the top five largest industries by employment in both cities are the same. - Healthcare, local government, professional services, and retail.
- ▶ Both Philadelphia and Wayne County have high poverty rates. Between 2003 and 2020, both recorded poverty rates higher than 20 percent and a median household income (the combined income of all earners in a single household) below \$50,000.

Philadelphia Site Visit

Areas of Focus

24/7 street outreach
and police coordination

Mental health/crisis
response outreach

Pathways to Housing PA -
understand the work
with street outreach,
hospital discharge, etc.

Circle of Care (CoC)-
how it is set up within
the city and interaction
with the rest of city
government

Funding for homeless
response

How the clearinghouse
functions and what the
benefits of that has
been

Day 1 Agenda

Detroit Site-Visit to Philadelphia

Monday, September 25th	
10:00am*	Kick-off @ Municipal Services Building 1401 John F. Kennedy Boulevard (19102), 16 th floor Innovation Lab Welcome and introductions Liz Hersh, Executive Director, Philadelphia Office of Homeless Services
10:30am	View from the Managing Director's Office Mary Horstmann, Deputy Managing Director for Health & Human Services
11:00am	Homeless Services/CoC Overview, Strategy, Plan and Operations Liz Hersh
11:30am	Role of Police, Police led alternatives to criminalization Kurt August, Director, Office of Criminal Justice Office of Policy and Strategic Initiatives for Criminal Justice and Public Safety
12:30pm	Working Lunch provided by CSH/The McGregor Fund Intake, overflow, managing demand Bruce Johnson, Director of Homelessness Prevention, Diversion, and Intake
1:30pm	Adjourn to site visits to shelters
2:00pm	Shelter site visit: Families Forward Family Shelter – 111 N. 48 th St. (19139)
3:30pm	Shelter site visit: House of Passage Women's Shelter and Access Point visit – Next door to Families Forward Family Shelter on 48 th street.
5:30pm	Adjourn for dinner

Day 2 Agenda

Tuesday, September 26th	
8:00am	Dept. of Behavioral Health & Intellectual Disability Services Overview 1101 Market St. (19107), 7 th floor, main conference room Commissioner Dr. Jill Bowen
9:00am	Travel to Project Home 1515 Fairmount Ave. (19130)
9:30am	Outreach Operations Services Tour of the OCC, 1515 Residences Review of DBHIDS outreach operations, AOH program
11:00am	Travel to Pathways to Housing 5201 Old York Rd. (19141), 4 th Floor
11:30am	Housing First presentation & lunch provided by CSH/The McGregor Fund
1:15pm	Travel back to Center City, 1601 Market (19103), 7th floor Contact Bridgette Tobler
2:00pm	DBHIDS Acute Services (988, co-response, and CIT)
3:00pm	Opioid Response Unit presentation
4:00pm	Wrap-up Bridgette Tobler & Tim Sheahan

**Detroit Police Department will do ride-along Tuesday morning with Philly Police Department



..”not approved for human use - the danger is amplified when cut with fentanyl. Plus, it’s not an opioid.”
“It’s not responsive to Narcan so if someone overdoses on xylazine, all the Narcan in the world is not going to get you back”

Special Agent in Charge Orville Greene of the Detroit DEA

Philly Overdose Rates

- ▶ Mirroring national trends, 3 overdose fatalities increased most dramatically among Philadelphia’s communities of color.
- ▶ In 2022, there were 1,413 unintentional drug overdose deaths, an 11% increase from 2021.

Philly warns Detroit of Xylazine (Tranq)

- ▶ Since 2021, Kensington, a low-income neighborhood in North Philadelphia, has been ground zero for a new and dangerous sedative called “tranq”. Also known as “xylazine”, a side-effect of this drug can be struggling to stand upright, which is why users are commonly described in the media as “zombies.”
- ▶ From 2010 to 2015, xylazine was found in only 2% of heroin and/or fentanyl overdoses in Philadelphia. In 2019, that number jumped to 31% and in 2021, xylazine was found in over 90% of the city’s lab-tested opioid samples.

Points of Consideration for Implementation

- ▶ Modify our homeless outreach to create a team similar to Philadelphia's City Center District team who facilitates engagement with the unsheltered alongside the police.
- ▶ Additional DPD staffing to be able to have longer hours of coverage equipping scout cars with sandwiches (from the DDC for example), waters, etc.
- ▶ Designated heavily populated areas that are cleaned up nearly daily.
- ▶ Create a centralized hub specifically for intake where everyone who wants it sleeps indoors for the night.
- ▶ Increase number of Wound Care providers to address wounds from drug use.
- ▶ Increase access to Recovery Housing.

100 Day Challenge

The National 100-Day Challenge (100DC) is an onramp for community members to become active in the movement to prevent and end homelessness among youth and young adults.

Teams start by setting reasonable goals and developing innovative plans to achieve them.

To set the stage for the journey, a challenge is shaped, and everyone functions in a “safe space” allowing the team to experiment and learn.

Development of programming was to begin in January 2024, but there have been competing priorities with partners, causing this effort to be placed on pause.



Questions?

▶ Andrea Smith
asmith1@dwihn.org

▶ Manny Singla
msingla@dwihn.org



Program Compliance Committee Meeting January 10, 2024

Crisis Care Centers' Safety Update Grace Wolf, VP of Crisis Care Services

707 Crisis Care Center staff will be equipped with multiple safety measures including facility, equipment, and training. The facility was constructed to ensure all the guest spaces at 707 are ligature resistant, all units are either locked or alarmed. In addition, there is a safety vestibule at the entrance of the building which includes a metal detector.

Safety equipment is utilized throughout the building, including live feed cameras on the exterior and interior of the building which are monitored via an observation room on the first floor. All staff are assigned a walkie talkie that is always on their person, which allows them to communicate throughout the building quickly and easily with their team.

Lastly, two different safety training courses are being implemented for all staff that have access to the units. The first training is "Crisis Prevention Institute" or "CPI". This training covers verbal de-escalation skills, disengagement techniques, physical intervention techniques and post-crisis debriefing. The second training is "Ukeru" which focuses on a trauma informed care, restraint free approach that utilizes blocking pads instead of physical intervention during a period of escalation.

PROGRAM COMPLIANCE COMMITTEE

MINUTES

NOVEMBER 8, 2023

1:00 P.M.

IN-PERSON MEETING

MEETING CALLED BY	I. Bernard Parker, Program Compliance Acting Chair at 1:08 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Bernard Parker, Acting Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	<p>Committee Members: Angela Bullock and Bernard Parker</p> <p>Board Member: Kenya Ruth, Board Chair</p> <p>Committee Member Excused: Dr. Lynne Carter; Commissioner Jonathan Kinloch; William Phillips; and Dr. Cynthia Taueg</p> <p>SUD Oversight Policy Board Chair: Tom Adams (Virtual)</p> <p>Staff: Yvonne Bostic; Jacquelyn Davis; Judy Davis; Eric Doeh; Dr. Shama Faheem; Shirley Hirsch; Sheree Jackson; Melissa Moody; Cassandra Phipps; Vicky Politowski; April Siebert; Manny Singla; Andrea Smith; Yolanda Turner and Michele Vasconcellos</p> <p>Staff Virtual: Brooke Blackwell</p>

AGENDA TOPICS

II. Moment of Silence

DISCUSSION	Mr. Parker, Acting Chair called for a moment of silence.
CONCLUSIONS	Moment of silence was taken.

III. Roll Call

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

IV. Approval of the Agenda

DISCUSSION/ CONCLUSIONS	Mr. Parker, Acting Chair called for a motion to approve the agenda. Motion: It was moved by Mrs. Bullock and supported by Mrs. Ruth to approve the agenda. Mr. Parker 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	<p>A. Integrated Health Care Quarterly Report – Provide data report on follow-up hospitalization for the next 90 days – Vicky Politowski, Director of Integrated Health Care reported that there were 345 children who made their follow-up after hospitalization within 90 days and 221 of those had another follow-up appointment scheduled for a score of 72%. There were 2,729 who made their follow-up appointment after hospitalization and within 90 days 1,721 of those had another follow-up appointment scheduled for a score of 63%. Staff have been in discussion on building a crisis continuum database so that this information can be tracked from the point of their crisis to the 90-day after discharge to ensure continuity of service. Discussion ensued.</p>
------------------------------------	---

VI. Approval of the Minutes

DISCUSSION/ CONCLUSIONS	<p>Mr. Parker, Acting Chair called for a motion to approve the October 11, 2023, meeting minutes. Motion: It was moved by Mrs. Ruth and supported by Mrs. Bullock to approve the October 11, 2023 meeting minutes. Mr. Parker asked if there were any changes/modifications to the October 11, 2023 meeting minutes. There were no changes/modifications to the meeting minutes. Motion carried.</p>
------------------------------------	--

VII. Reports

DISCUSSION/ CONCLUSIONS	<p>A. Chief Medical Officer – Dr. Shama Faheem, Chief Medical Officer submitted and gave an update on the Chief Medical Officer’s report. Dr. Faheem reported:</p> <ol style="list-style-type: none"> 1. Zero Suicide Update - The Zero Suicide grant aims to improve care and outcomes for individuals at risk of suicide in the health care systems. Several health care systems who have implemented this comprehensive approach have already seen significant reductions in suicide among their patient population. This is a priority of the National Action Alliance for Suicide Prevention and the core elements are lead, train, identify, engage, treat, transition and improve. DWIHN was notified on September 8, 2023 that we had been awarded this grant (\$400,000.00 a year for five (5) years) to eliminate suicides in Wayne County through system-wide culture change, workforce training comprehensive screening, evidence-based treatment and care management. The Zero Suicide Council (20 members) must include representatives from senior leadership, emergency departments/crisis systems, primary care and behavioral health care providers and people who have lived an experience of suicidal ideation/suicide attempts from diverse racial, ethnic and sexual gender minority groups. An invitation was extended to Board Members (Dr. Cynthia Taueg, Karima Bentounsi and Dr. Lynne Carter) and Dr. Taueg has accepted the invitation. Letters are being sent this week with a response expected by the end of next week and an anticipated introductory meeting in mid-November. 2. State Medical Directors’ Meeting - The October meeting with Dr. Pinal focused on updates related to the Assisted Outpatient Treatment (AOT) orders with robust discussion on barriers, particularly related to funding and staffing. An update on the State’s efforts to roll out the new Psychiatric Residential Treatment Facilities (PRTF) was also given. This is a new model for Michigan and will provide an environment that allows someone to transition or step-down from inpatient care services to community placement. <p>Mr. Parker opened the floor for discussion. Discussion ensued.</p>
------------------------------------	--

	<p>B. Corporate Compliance – No report this month. Mrs. Jackson informed the committee that she will be meeting with Dr. Taueg to discuss Corporate Compliance matters for January’s report.</p> <p>The Acting Chair noted that the Chief Medical Officer’s report has been received and placed on file.</p>
--	---

VIII. Year-End Reports

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. Access Call Center – Yvonne Bostic, Director of the Access Call Center submitted and gave highlights of the Access Call Center’s year-end report. It was reported:</p> <ol style="list-style-type: none"> 1. Activity 1: Call Detail Activity – A comparison between FY 21-22 and FY 22-23 was presented on the number of incoming calls, calls handled, calls abandoned, average speed to answer, average length of calls, percentage of calls answered and the service level. All standards were met for this year. There was a slight decrease of 6.6% in the abandonment rate for MDHHS’ requirements from this last year to this year, which could be resulting from scheduling and staffing issues. 2. Activity 2: Appointment Availability and Outside of 7/14-day report – A comparison between FY 21-22 and FY 22-23 was presented on the number of appointments scheduled within the 14 days and appointments scheduled outside of the 14 days for mental health services (SMI, SED, DD, ABA and SUD). An update was given on follow-up appointments after a hospital discharge within seven (7) days and outside of the seven (7) days. Activities that have been implemented in an effort to improve the state of appointment availability, timely access to services and to decrease the barriers were presented to the committee. 3. Activity 3: Staffing, Training, Silent Monitoring – An update was given on staffing, training and silent monitoring for FY 22/23. 4. Activity 4: Plans for FY 23/24 – Upcoming plans/projects for FY 23/24 was presented to the committee. <p>Mr. Parker opened the floor for discussion. Discussion ensued. The committee requested information for the following: In relation to a standard for appointment availability outside of the 7/14 days, is there a goal and if so, how are we doing? (Action); Provide a rationale for why the third group is lower with staffing at provider levels; transportation; making appointments/no shows which includes cancellations counting towards the 57%. (Action); Add the number of people that make it to their appointments to future reports (Action)</p> <p>B. Autism Spectrum Disorder (ASD) - Cassandra Phipps, Director of Children’s Initiatives submitted and gave highlights of the Autism Spectrum Disorder’s year-end report. It was reported:</p> <ol style="list-style-type: none"> 5. Activity 1: Monitoring Autism Benefit Enrollment – An average number of individuals enrolled in the Autism Benefit in Wayne County for FY 22 and FY 23 was presented to the committee. Providers report capacity shortages resulting from ABA staff shortages as well as ABA therapy sites reaching maximum capacity as the largest barrier they are facing which prevents DWIHN from meeting timeliness standards. The State of Michigan has discontinued the Web Support Application (WSA) Data System for the Autism Benefit in March 2023, which allows the opportunity for DWIHN to establish a new effective system focused on more specific deliverables. This Benefit continues to grow at a fast rate impacting the need for more qualified staff.
---	---

6. **Activity 2: Provider Staffing Shortage (RFQ)** – A five (5) year RFQ was posted to increase the number of ABA providers available in DWIHN’s provider network. There are six (6) new ABA providers being added to the DWIHN network. Providers will increase service locations from 36 to 54 locations for ABA services throughout Wayne County. The RFQ rebid will be posted in November 2023.
7. **Activity 3: Timely Access to ABA Services** – A percentage of eligible members that start ABA service within the 90-day service approval date per quarter was presented to the committee. ABA providers already in the network were able to expand their site locations; major accomplishments, needs/current issues and plans on how to address staff shortages were presented. Updates on the various trainings that staff presented to providers and entities was also provided.

Mr. Parker opened the floor for discussion. Discussion ensued. The committee requested information on how DWIHN’s numbers for service are compared to other entities? **(Action)**; Provide an updated report on the State Diagnostic Evaluation and plan to revisit the data points for Autism. **(Action)**

C. **Children’s Initiatives** – Cassandra Phipps, Director of Children’s Initiatives submitted and gave highlights of the Children’s Initiatives’ year-end report. It was reported that there was an increase in the total youth served from FY 23 compared to FY 22 due to staff starting to track youth and young adults with I/DD up to their 21st birthday for FY 23, whereas, historically information was only captured to their 18th birthday.

1. **Activity 1: Juvenile Restorative Program** – There are currently 25 active members and 29 referrals for the Juvenile Restorative Program.
2. **Activity 2: School Success Initiative** – There are nine (9) Children Providers within 70 schools in Wayne County. The data for FY 22 focused on all of SSI services, whereas the shift transitioned to the total number of students who received SSI services for FY 23, which resulted in a decrease in reported SSI services for FY 23. There was a slight decrease in the total completion of SDQ screenings from FY 22 to FY23 due to barriers with a few schools allowing providers to provide the screening tool due to stigma of mental health services. DWIHN merged from the Redcap System to MH-WIN system as a result of security challenges with the former database system in October 2023 and Children providers were trained on how to use the new module and input data. Children providers were also trained on the process for completing community mental health screenings for members in the SSI program. An RFI was issued to identify providers to provide services and one (1) new provider was obtained.
3. **Activity 3: Performance Improvement Plan (PHQ A)** – There was an increase from FY 22 (mid 60s) to FY 23 (mid 70s) on completions of the PHQ A.
4. Board members were invited to the Annual Report to the Community, December 7, 2023 at the Marriott in Livonia from 9:00 a.m. to 11:00 a.m.

Mr. Parker opened the floor for discussion. Discussion ensued.

D. **Customer Services** – Michele Vasconcellos, Director of Customer Service submitted and gave highlights of the Customer Service’s year-end report. It was reported:

1. **Activity 1: Customer Service Calls** – Comparison of FY 21/22 and FY 22/23 showed that the number of calls continues to vary from year-to-year that comes into the switchboard area, yet the abandonment rate remained well below 5%. Comparison of FY 21/22 and FY 22/23 showed calls increased significantly for the Customer Center Call Center.

2. **Activity 2: Grievance and Appeals** – Comparisons of FY 21/22 and FY 22/23 on Complaint and Grievance Related Communications, Grievance processed and issues by category, MI Health Link grievances/appeals, Appeals Advance and Adequate Notices, Appeals Communications, Appeals filed and DWIHN State Fair Hearings were presented to the committee.
3. **Activity 3: Member Engagement** – An update was given on the Member Experience Surveys, significant activities and accomplishments to the committee.

Mr. Parker opened the floor for discussion. Discussion ensued.

E. **Integrated Health Care (IHC)** – Vicky Politowski, Director of Integrated Health Care submitted and gave highlights of the Integrated Health Care’s year-end report. It was reported:

1. **Activity 1: Integration of OBRA Services within DWIHN** – DWIHN’s OBRA Team is running smoothly and providing all services. The State’s goal for pended assessments is 25% or less and the pended assessments during 3rd and 4th quarters for FY 23 was 8.3% (MDHHS had questions/concerns on 46 out of 544 assessments); and 3,551 referrals were processed as of April 2023. Congruency with MDHHS on assessments was 96% which means MDHHS agreed with 96% of DWIHN’s recommendations for level of care. The cases that MDHHS disagreed with were due to MDHHS wanting a higher level of behavioral health services.
2. **Activity 2: Complex Case Management (CCM)** – There were 63 cases served this year (54 opened this year and 9 were carryovers from FY 22; 31 of the 35 cases closed for FY 23 were due to meeting the treatment plan goals; 40 surveys were done out of the 63 opened cases and they were all satisfied with their services; Q18 (Complex Case Management) is monitored in Cascade and all 88 tasks are completed for CCM.
3. **Activity 3: Special Care Coordination with Two (2) Medicaid Health Plans** – Staff meets with each Health Plan two times a month and discussed cases for follow-up; 88 members were discussed and had coordination during the year and 34 of those members had their gaps in care closed within 30 days.
4. **Health Effectiveness Data and Information Set (HEDIS) Scorecard and Affinite Care Management shared data base development** - DWIHN and Vital Data continue to make improvements and how to expand the platform to provide information to increase integration of care; Measure goals are based on Quality Compass which is what the Health Plans base their goals on. Plans to increase the coordination of care to best service members of Wayne County were presented to the committee.
5. In the 4th quarter of FY 22, IHC and the SUD departments worked together on Follow-Up after Emergency Department visit for Alcohol or Other Drugs (FUA), MDHHS set a goal of 27% and DWIHN was below 20% historically.

Mr. Parker opened the floor for discussion. There was no discussion.

F. **Managed Care Operations (MCO)** – Manny Singla, Assoc. VP of Operations submitted and gave highlights of the Managed Care Operations’ year-end report. It was reported that the department’s primary responsibilities are to go over the providers’ network adequacy, look at our existing needs and work closely with all the departments in DWIHN to assess members’ needs and to determine gaps in services. The classic challenge we always face through the meetings that staff conduct with the providers on a 45-day period is a balance of caseloads, in terms of how many members can one effectively serve without diluting the services. DWIHN has put out incentives to the network to make sure that they are able to hire adequate staffing to address those gaps and it is a continuous work in progress. The department has been working on credentialing and

contracting throughout the network. As part of our NCQA requirements for FY 23, we are expected to do two years of NCQA credentialing (both initial and re-accreditation) based upon the provider onboarding as well as managing over 400 contracts, effectively reviewing various data points, leveraging technology using risk matrix and other quarterly reports. There are approximately 1,600 quarterly reports that get reviewed across the network throughout the year to ensure contractual compliance. The department is working on bringing in a network adequacy tool that is state-approved and will best assist us in automating some of those efforts to see where the gaps are based upon our population health. We need to assess, address and bring in providers in a more effective fashion based on where the needs and services are, and how to address the provider onboarding in an effective way. Mr. Parker opened the floor for discussion. There was no discussion.

- G. **Residential Services** – Shirley Hirsch, Director of Residential Services submitted and gave highlights of the Residential Services’ year-end report. It was reported that the department has been working is their timing to service and respond to the referral agent and they are making some improvements. They are looking to increase the number of assessments completed within one to five days by bringing staff in for additional training on inter-rater reliability to assure that residential staff are scoring assessments similarly. The department has also been focusing on youth aging out of foster care. They have been meeting with Wayne County and MDHHS to make sure that they identify individuals that need our specialized services after they have aged-out foster care. The department has been doing robust training throughout the network to educate our CRSP providers as well as our residential providers in all matters across our system to make sure that we are all on board with all of the metrics and measures we have established throughout the residential process. Mr. Parker opened the floor for discussion. Discussion ensued.
- H. **Substance Use Disorder (SUD)** – Judy Davis, Director of SUD services submitted and gave highlights of the Substance Use Disorder’s year-end report. It was reported:
1. **Activity 1: Number of Admissions for FY 23** – SUD treatment admissions show that there has been an increase in admissions from FY 22 (10,960) to FY 23 (14,537). The increase in admissions can be attributed to awareness through various outreach efforts and referrals from health fairs, conferences and media efforts.
 2. **Activity 2: DWIHN distributed 3,606 Xylazine Test Strips in the community for FY 23** – The strips are intended to help individuals who use drugs to determine whether their substance include Xylazine. This harm reduction approach emphasizes the importance of meeting people where they are and providing them with tools and resources that they need to make safer choices. DWIHN uses media efforts to promote awareness campaigns to educate the community and public healthcare professionals about the risk associated with the issues of Xylazine and develop ways to prevent the onset of illicit use. Out of 83 counties in Michigan, 61 counties have reported at least one death for analysis. From 2019 to 2023, the number of deaths were majority white males between the ages of 25 to 44 years of age.
 3. **Activity 3: Facilitated Narcan training and the expansion of the Methadone Mobile Unit and proactively promoted Narcan Training in Detroit Public Schools** – In 2021, females aged 11-14 years old had the highest increase in drug overdose emergency department visits (+43%). To combat this, the SUD Team proposed a plan to provide Narcan training to all

	<p>students aged 14 years old and up and staff in Detroit Public Schools and place Naloxone boxes in each school for easy access in case of an emergency. Staff is also working with The Forgotten Harvest which serves thousands of people through their food distribution to implement the Narcan training as well. In 2020, the number of overdose deaths in Wayne County was 902 and it has reduced in 2022 to 864, so we are seeing decreases in overdose. Mr. Parker opened the floor for discussion. Discussion ensued.</p> <p>The Acting Chair noted that the Access Call, Autism Spectrum Disorder, Children’s Initiatives, Customer Services, Integrated Health Care, Managed Care Operations, Residential Services and Substance Use Disorder’s year-end reports have been received and placed on file.</p>
--	--

IX. Strategic Plan Pillar

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

X. Quality Review(s)

DISCUSSION/ CONCLUSIONS	<p>A. QAPIP Work Plan FY 23 – April Siebert, Director of Quality Improvement submitted and gave highlights of the QAPIP Work Plan FY 23. It was reported DWIHN is subject to External Quality Reviews (EQR) through the Health Services Advisory Group (HSAG) to ensure compliance with all regulatory requirements in accordance with the contractual requirements with MDHHS. For FY 23, DWIHN has received the final report findings for the Compliance Monitoring Review Corrective Action Plans and have successfully met all (33/35) standards except for the Health Information System, Standard XII, which is an MDHHS system issue with all the PIHPs. The new three-year review cycle will begin in September for FY 24; DWIHN met all the standards with no corrective action plan or additional TA sessions required for FY 23 Performance Measure Validation Review; and DWIHN submitted the FY 23 identified barriers and targeted interventions for the HSAG Performance Improvement Project and are awaiting HSAG’s final report. The first re-measurement period for FY 23 is due to HSAG by March 2024. Mr. Parker opened the floor for discussion. There was no discussion.</p>
--------------------------------	---

XI. VP of Clinical Operations’ Report

DISCUSSION/ CONCLUSIONS	<p>Melissa Moody, VP of Clinical Operations submitted and gave highlights of the VP of Clinical Operations’ executive summary. It was reported that her report is in the packet for their review and that she will be doing a presentation on Clinical Operations in January 2024.</p> <p>The Acting Chair noted that the VP of Clinical Operations’ report has been received and placed on file.</p>
--------------------------------	---

XII. Unfinished Business

DISCUSSION/ CONCLUSIONS	<p>A. BA #23-20 (Revised 2) – ProtoCall Services, Inc. - Staff requesting board approval to add \$27, 200.00 to the existing contract for rate increases not originally accounted for under BA #23-20 (Revised). The two-year contract amount is not to exceed \$698,200.00 with the revised FY 24 amount not to exceed \$362,700.00. All other contract terms remain the same. The Acting Chair called for a motion on BA #23-20 (Revised 2). Motion: It was moved by Mrs. Ruth and supported by Mrs. Bullock to move BA #23-20 (Revised 2) to Full Board for approval. Mr. Parker opened the floor for discussion. There was no discussion. Motion carried.</p> <p>B. BA #24-06 (Revised) – DWIHN Provider Network System FY 23/24 – Staff requesting board approval to add 12 additional providers to the DWIHN Provider Network. There is no budget increase due to the reallocation of funds within the total budget. The Acting Chair called for a motion on BA #24-06 (Revised). Motion: It was moved by Mrs. Bullock and supported by Mrs. Ruth to move BA #24-06 (Revised) to Full Board for approval. Mr. Parker opened the floor for discussion. Discussion ensued. Motion carried.</p> <p>C. BA #24-12 (Revised) – Substance Use Disorder Treatment Provider Network – The Empowerment Plan (Sleeping bags/coats) - Staff requesting board approval for additional PA2 funding in an amount not to exceed \$90,000.00 for the 2024 fiscal year purchase of 588 sleeping bag/coats. The purpose of this request is to assist individuals who is experiencing homelessness and substance used disorder throughout Wayne County. The Acting Chair called for a motion on BA #24-12 (Revised). Motion: It was moved by Mrs. Ruth and supported by Mrs. Bullock to move BA #24-12 (Revised) to Full Board for approval. Mr. Parker opened the floor for discussion. There was no discussion. Motion carried.</p>
------------------------------------	--

XIII. New Business: Staff Recommendation(s)

DISCUSSION/ CONCLUSIONS	<p>A. BA #24-11 – Comprehensive Adult Block Grant – Staff requesting board approval to use Block Grant dollars for several vendors and individuals who have been approved by the MDHSS through the FY 24 Comprehensive Services for Behavioral Health Block Grant from October 1, 2024 through September 30, 2024 for six (6) projects. The Acting Chair called for a motion on BA #24-11. Motion: It was moved by Mrs. Ruth and supported by Mrs. Bullock to move BA #24-11 to Full Board for approval. Mr. Parker opened the floor for discussion. Discussion ensued. Motion carried.</p> <p>B. BA #24-32 – Hudson-Webber Jail Dashboard Grant – Staff requesting board approval to utilize \$150,000.00 of local grant funds from Hudson-Webber to further advance the Hudson-Webber Dashboard Project. The Acting Chair called for a motion on BA #24-32. Motion: It was moved by Mrs. Ruth and supported by Mrs. Bullock to move BA #24-32 to Full Board for approval. Mr. Parker opened the floor discussion. Discussion ensued. Motion carried.</p> <p>C. BA #24-34 – SAMHSA Zero Suicide Grant – Staff requesting board approval to allocate \$400,000.00 Federal SAMHSA Zero Suicide Award funds to deliver upon DWIHN’s Zero Suicide Initiative. This initiative will provide a framework for holistic, clinical suicide prevention within DWIHN’s network of 300 providers</p>
------------------------------------	--

	<p>throughout Wayne County, Michigan. The Acting Chair called for a motion on BA #24-34. Motion: It was moved by Mrs. Bullock and supported by Mrs. Ruth to move BA #24-34 to Full Board for approval. Mr. Parker opened the floor for discussion. Discussion ensued. Motion carried.</p> <p>D. BA #24-41 – ARCs – Detroit, Northwest Wayne and Western Wayne – Staff requesting board approval to a one-year contract with ARC Detroit (\$117,369.00), ARC Northwest Wayne (\$269,101.00) and ARC Western Wayne (\$185,927.00) from October 1, 2023 through September 30, 2024. This will provide advocacy, supportive services and educational information by addressing issues facing persons with intellectual/developmental disabilities (I/DD). The Acting Chair called for a motion on BA #24-41. Motion: It was moved by Mrs. Bullock and supported by Mrs. Ruth to move BA #24-41 to Full Board for approval. Mr. Parker opened the floor for discussion. There was no discussion. Motion carried.</p> <p>E. BA #24-43 – Michigan Department of Health and Human Services (MDHHS) Donated Funds Agreement – Staff requesting board approval for a one-year contract with MDHHS to continue the DHHS’ Outstation Services in Wayne County and the placement of six Medicaid Eligibility Specialists to facilitate timely enrollment of DWIHN’s consumers for Medicaid eligibility. The contract term is from October 1, 2023 through September 30, 2024 and funding is not to exceed \$444,900.00. The Acting Chair called for a motion on BA #24-43. Motion: It was moved by Mrs. Ruth and supported by Mrs. Bullock to move BA #24-43 to Full Board for approval. Mr. Parker opened the floor for discussion. There was no discussion. Motion carried.</p> <p>F. BA #24-44 – Direct Care Workers Training Program – Community Living Services (CLS) – Staff requesting board approval to a one-year contract with CLS to continue provision of Direct Care Workers training program and Individual Plan of Services (IPOS) for DWIHN’s Provider Network staff. The contract term is from October 1, 2023 through September 30, 2024 and funding is not to exceed \$600,000.00. The Acting Chair called for a motion on BA #24-44. Motion: It was moved by Mrs. Bullock and supported by Mrs. Ruth to move BA #24-44 to Full Board for approval. Mr. Parker opened the floor for discussion. Discussion ensued. Motion carried.</p>
--	---

XIV. Good and Welfare/Public Comment

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

ACTION ITEMS	Responsible Person	Due Date
<p>1. Access Call Center's Year-End Report – In relation to a standard for appointment availability outside of the 7/14 days, is there a goal and if so, how are we doing?; Provide a rationale for why the third group is lower with staffing at provider levels; transportation; making appointments/no shows which includes cancellations counting toward the 57%.; Add the number of people that make it to their appointments to future reports.</p>	Yvonne Bostic	<i>February 14, 2024</i>
<p>2. Autism Spectrum Disorder (ASD) Year-End Report – Provide information on how DWIHN's numbers for service are compared to other entities?; Provide an updated report on the State Diagnostic Evaluation and plan to revisit the data points for Autism.</p>	Cassandra Phipps Rachel Barnhart	<i>January 10, 2024</i>

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

ADJOURNED: 2:56 p.m.

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

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



Main Activities during Quarter 4 Reporting Period:

- **Compliance Investigations**

Progress On Major Activities: In the 4th Quarter of Fiscal Year 2023, spanning from July 1, 2023, to October 1, 2023, Compliance obtained three new referrals and retained six from the previous quarter, as received by the Office of Inspector General. Additionally, eight internal referrals were received, bringing the overall count of investigations conducted during the fourth quarter to seventeen.

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

Activity 1: Compliance Investigation

- *Description:* Identified credible allegation of fraud.
- *Current Status:* Out of the three recent referrals, one provider (Community Living Services) led to the recovery of \$19,184.19. This occurred because CLS did not follow contractual standards related to a Self-Directed Contract.
- *Needs or Current Issues:* None
- *Plan:* DWIHN Compliance has referred this provider to the Medicaid Fraud Control Unit and the Office of Inspector General (OIG). DWIHN was advised to stand down.

Activity 2: Compliance Investigation

- *Description:* Provider recoupment of an internal referral for FWA.
- *Current Status:* As of now, DWIHN has processed a recoupment totaling \$46,491.31 due to the provider (Services to Enhance Potential-STEP) failing to adhere to workforce background check guidelines. The overall recoupment amount is set at \$278,947.88, but the provider has been granted a payment schedule for the purpose of repayment.
- *Significant Tasks During Period:* The provider submitted an appeal request, which underwent a comprehensive review and processing in adherence to Compliance standards. Subsequently, the original decision was upheld, and it was noted that the action was not classified as a credible allegation of fraud but rather recognized as an oversight within the operations division of STEP.
- *Needs or Current Issues:* None
- *Plan:* The Office of Inspector General recommended that DWIHN proceed with recoupment and claims adjustment.

Quarterly Update:

- **Things the Department is Doing Especially Well:**
The DWIHN Program Integrity report has been submitted to the Office of the Inspector General for 4th Quarter and has been duly acknowledged and accepted.
- **Identified Opportunities for Improvement:**
Conduct audits and monitoring activities in accordance with the results of interdepartmental risk assessments.

- **Progress on Previous Improvement Plans:**

Community Living Services and Services to Enhance Potential were placed on corrective action plans by the Compliance Department. To date all necessary plans have been approved.

Program Compliance Committee Meeting
Marianne Lyons, LMSW, CAADC
1/1/2024



Adult Initiatives First Quarter Report October-December 2023

Main Activities during quarter Reporting Period:

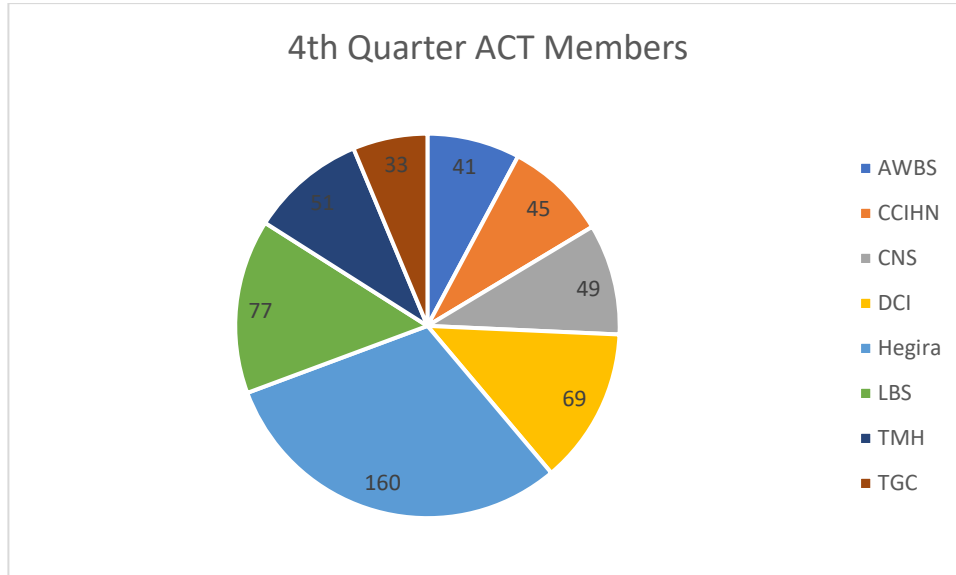
- Assertive Community Treatment (ACT)
- Med Drop
- Evidence-Based Supported Employment (EBSE)
- Assisted Outpatient Treatment (AOT)
- Outcome Improvement Committee (OIC)

Progress On Major Activities:

Activity 1: Assertive Community Treatment (ACT)

- *Description:* Assertive Community Treatment (ACT) is an intensive, community-based, mobile team of clinical professionals who provide treatment to members who are diagnosed with severe and persistent mental illness. The staff to member ratio is 1:10, interventions and services are delivered in vivo and are comprehensive. ACT staff members are available 24 hours, 7 days per week, for 365-days per year.
- *Current Status:* There are **8 ACT** provider service agencies in Wayne County. Those agencies are: All Wellbeing Services, Central City Integrated Health Network, CNS Health Care, Development Centers Incorporated, Hegira, Lincoln Behavioral Services, Team Wellness and The Guidance Center. Currently, there are **536** members receiving ACT services. For the most recent quarter, the ACT program experienced a total of **77** psychiatric hospitalizations, and **1127** inpatient days. While the last quarter witnessed **70** inpatient hospitalizations, totaling **1003** days of inpatient hospitalization. This identified a **1% decrease** in the number of members hospitalized, and a **1% decrease** in the number of days spent in the hospital. There have also been **11** new admissions, and **20** discharges from the ACT program.
- *Significant Tasks During Period:* ACT providers responded to a list of members who had previously been identified as having an excess of underutilized service units. Two common themes emerged: 1. A substantial number of initial units were given to each member as a blanket to cover each ACT member regardless of need, and 2. The need to reassess several cases to determine appropriateness to participate in the program. As of the fourth quarter, All ACT providers had reviewed their lists to determine appropriateness for participation in the ACT program and explanations were provided. This resulted in each program identifying methods to reduce their underutilized units going forward. The outcome has resulted in case closures (step-downs, changes in level of care, etc.), and more stringent monitoring of initial authorization units for each member. Appropriateness for participation in the ACT program continues to be discussed at the monthly ACT Forum. .
- *Major Accomplishments During Period:* Fidelity review report was sent to the state and CRSPS for technical assistance and improvement of scores.
- *Needs or Current Issues:* Further monitoring of underutilized and overutilized services needs to be addressed on an ongoing basis.
- *Plans:* Adult Initiatives will assist each provider to assess their ACT rosters monthly to determine the appropriateness of each member to be included in their respective ACT program which will be

evident in changes of level of care, step-downs, enrollment in MedDrop, enrollment on the MyStrength application, etc.



Activity 2: Med Drop

- *Description:* Adult Initiatives team is working to increase the participation with members accessing Med Drop services. This is a community-based intervention that focuses on improving medication adherence for adults.
- *Current Status:* There were 61 members who participated in the program.
Med Drop successfully completed 4050 deliveries for the 1st quarter.
October 2023 1329 successfully completed.
November 2023 1336 successfully completed.
December 2023 1385 scheduled to be completed
There were ten new clients assigned to the program this quarter:
AWBS- 1
Development Center Inc- 1
Lincoln Behavioral Services- 2
Team Wellness- 3
The Guidance Center- 3
- *Significant Tasks During Period:* Adult Initiatives presented information regarding the benefits of Med Drop at Arab Community Center for Economic and Social Services (ACCESS) Club House, Hegira Club House, Central City Integrated Health (CCIH) and DWIHN Residential Unit.
- *Major Accomplishments During Period:* Through the above-mentioned presentations and outreach efforts, the following providers will be implementing the Med Drop Program:

ACCESS has started the Memorandum of Understanding (MOU) process with Genoa in preparation to begin the program in January 2024 with their Club House members

CCIH has started the MOU process with Genoa and will begin the program with Assisted Outpatient Treatment (AOT) members in January 2024

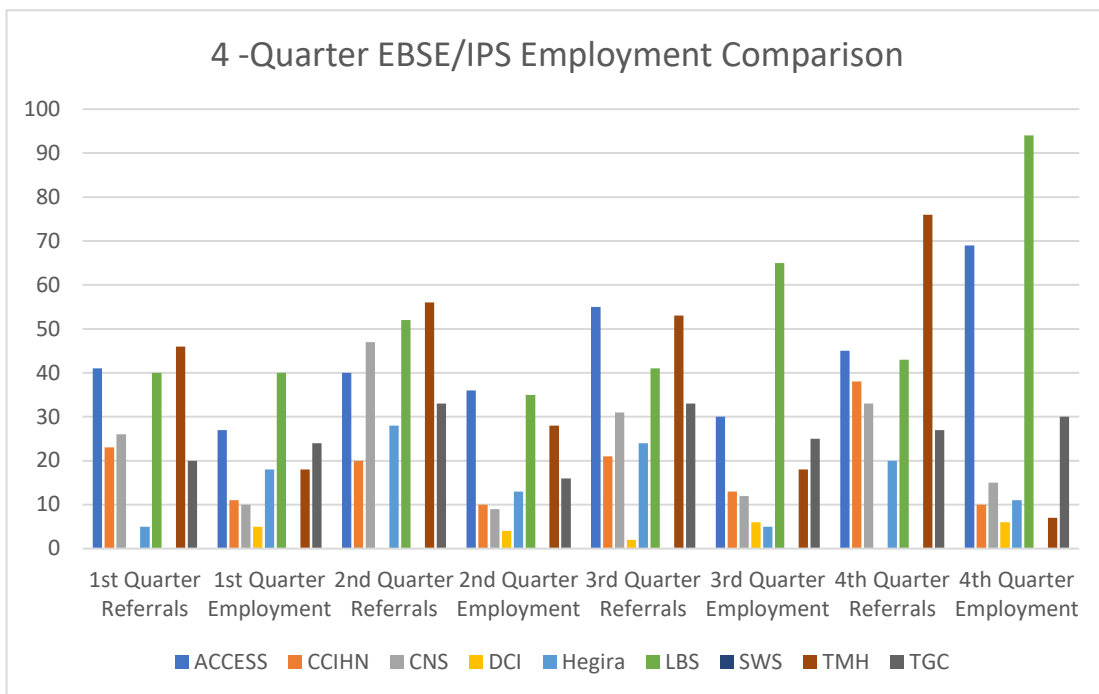
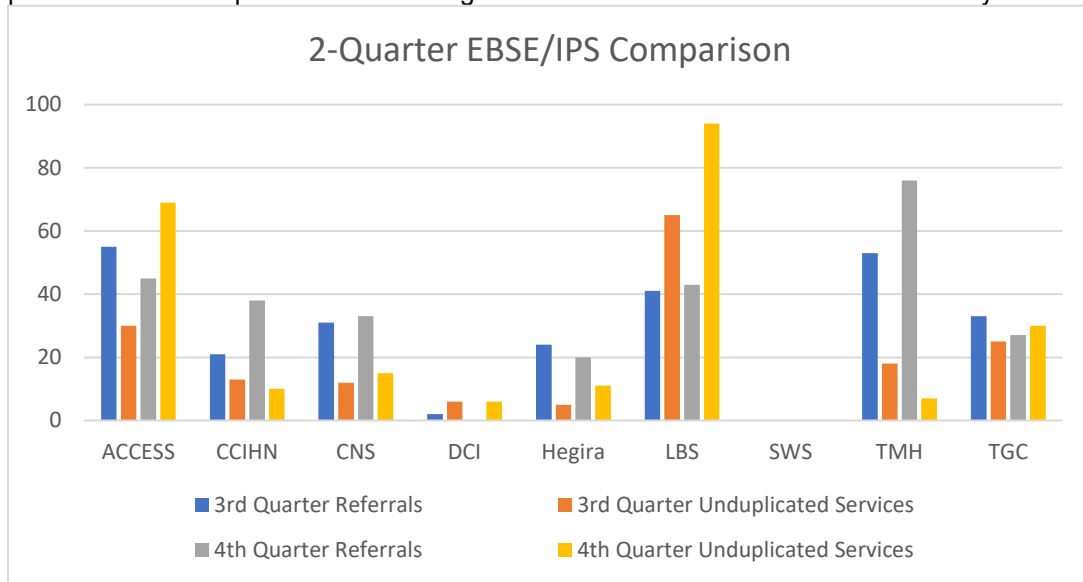
We are working with DWIHN Residential Unit to develop a 60-day pilot program which will consist of three Semi-Independent Living Providers (SIL) that will begin in January 2024.

- *Needs or Current Issues:* Adult Initiatives will be working with the remaining providers to help educate and reinforce the positive benefits of the program. There are currently only two providers who have not decided if they would like to participate – Neighborhood Services Organization (NSO) and Arab Community Center (ACC).
- *Plans:* Adult Initiatives will continue to use various outreach platforms to promote the program to members and providers. The team will continue to meet with the Med Drop coordinator and program providers for Med Drop to discuss ways to increase admission and barriers to the referral process. Adult Initiatives will also continue to work towards increasing the number of AOT members who participate in the Med Drop program.

Activity 3: Evidence-Based Supportive Employment (EBSE)

- *Description:* Individual Placement and Support (IPS) is a form of Evidence-Based Supported Employment (EBSE) that focuses on aiding individuals diagnosed with mental illness in securing gainful employment in a community setting, while providing comprehensive support to increase their success in those acquired positions. For this quarter, there was a total of **242** members who were receiving supported employment services and are gainfully employed. During Quarter 1, **282** referrals for service were made.
- *Current Status:* Efforts to strengthen collaboration between Michigan Rehabilitation Services (MRS) have been established via the inclusion of MRS to the monthly EBSE/IPS forum which was held on the first Monday of each month at 2 PM. Adult Initiatives participated in the monthly IPS Supervisors meetings sponsored by the state of Michigan, facilitated by Joseph Longcor.
- *Significant Tasks During Period:* One of the significant tasks discussed was the completion of the 2023 IPS fidelity review. Of the **9** providers of IPS services (ACCESS, Central City Integrated Health Network, CNS, Development Centers Inc., Lincoln Behavioral Services, Hegira, Southwest Solutions, The Guidance Center, and Team Wellness), **4** agencies received a fidelity rating of 'Good,' in the scoring of their reviews. The rest of the providers scored in the 'Fair' range.
- *Major Accomplishments During Period:* Increased numbers of unduplicated placements were made over the 4th quarter in comparison to the 3rd quarter (see graph below).
- *Needs or current issues:* Adult Initiatives is working with the identified providers to assist them with improving their fidelity scores to arrive at a 'Good' status. Staffing has been identified as one of the major issues with several of the agencies. Sponsoring job fairs and continued advertisements on employment sites has been somewhat fruitful in the agencies' recruitment efforts. Intensified collaboration between the providers and MRS is ongoing which helps to remove barriers to employment services as well.
- *Plan:* Adult Initiatives plans to monitor each program and its viability as an IPS provider to determine next steps which could include referring to other providers if the identified providers do not have the staff to work with members. To assist the providers in their efforts to increase their fidelity scores from fair to good, Adult Initiatives will provide additional support and training by reintroducing the

policies and procedures assigned to EBSE/IPS via bi-weekly check-ins.



Activity 4: Assisted Outpatient Treatment (AOT)

- Description:* Assisted outpatient treatment (AOT) – sometimes known as “court-ordered outpatient treatment” or “outpatient commitment” – is the practice of placing individuals with severe mental illness and a history of struggling with voluntary treatment adherence under court order to follow a prescribed treatment plan while living in the community. Wayne County Probate Court (WCPC) has created a Behavioral Health Unit (BHU) to provide oversight and ensure AOT compliance.

- *Current Status:* DWIHN received 312 combined AOT orders and uploaded within MHWIN (it should be noted that due to the holiday, this number has not been updated since 12/12/23; upon receiving the final numbers from WCPC the numbers will be updated and adjusted). Orders have been uploaded within the members EMR chart. Providers have been identified and communications have been sent with the request to acknowledge receipt of the order by submitting form WCPC 355 identifying the member's Individualized Plan of Service (IPOS). Of the orders received, 165 deferrals were granted, and 63 transport orders were issued.
- *Significant Tasks During Period:* In collaboration WCPC BHU trained Hegira staff on DWIHN & BHU AOT process 11/13/23.
- AOT Team attended Sequential Intercept Mapping with WSU, WCPC, BHU and other collaborative partners 11/14/23.
- AOT Team met with Oakland County Mental Health regarding their AOT process 11/21/23.
- *Major Accomplishments During Period:* The AOT Team members continue to attend all Deferral Conferences as required by MHC statute whereas the PIHP for those members who do not have a CRSP assigned and/or private insurance must be present at Deferral Conferences.
- *Needs or Current Issues:* Inpatient facilities are not in compliance with submitting the Case Management (WCPC 366) Plan 5 days prior to discharge as stated in the Mental Health Code (MHC). In addition, CRSPs are not submitting the Case Management Plan stating the members IPOS has been amended to reflect the member is on a current AOT (WCPC 366). This should be done within 30 days of receiving of the member's order and updated IPOS to reflect the member is on an order.
- *Plans:* With the addition of two team members in the AOT program, role and program development has been discussed. This will continue in January with a plan to address the concerns mentioned that have been out of compliance and to ensure member engagement and adherence.

Activity 5: Outcome Improvement Committee (OIC)

- *Description:* Adult Initiatives developed and facilitates the Outcome Improvement Committee; this committee brings together internal DWIHN staff from other departments as well as supervisors, therapists, case managers and peer support from our providers to confer on challenging cases with high-risk members. This committee reviews, makes recommendations and provides follow-up. The goal of this committee is to ensure safety and increase the well-being of members.
- *Current Status:* The OIC meetings occur twice per month; an agenda is sent out prior to the meeting as a review of what cases are due for updates. The meeting is for two hours, with 9-10 cases presented during this time. Cases are brought back for updates every 2-4 weeks, depending on severity of case and most recent level of functioning.
- *Significant Tasks During Period:* Adult Initiatives created new master form for meeting minutes to break down the three "w"s of recommendations-Who? What? When? -to better identify and track accountability of tasks for follow-up. This has been instrumental in assisting providers with identifying more concrete objectives for further interventions/treatment.
- *Major Accomplishments During Period:* Through the collaboration and teamwork of the OIC, we have been able to "graduate" members from the list, meaning they have stabilized enough (no hospitalizations or crisis episodes, maintaining compliance with treatment staff and medication) to

no longer require the more intensive monitoring that the OIC provided. In September of 2022 we had 18 cases that we were monitoring; as of December 2023, we have graduated 9 of those 18.

- *Needs or Current Issues:* It has been noted by Adult Initiatives that there is one provider who presents with more members at the OIC meeting than other providers in our network. We will continue to review these cases with their staff members and will work within our department to assess need for increased support and/or additional training for this provider.
- *Plans:* Members of the OIC have inquired as to the possibility of check-ins on those cases that have been graduated. Adult Initiatives will look at adding space into the meeting to do a “catch-up” in which we invite staff members to share updates on those that have graduated.

Annual Update:

- **Things the Department is Doing Especially Well:** In November, the Adult Initiatives team began holding monthly meetings with all of our adult providers-The Adult Provider Forum. These meetings are held the 2nd Wednesday of every month and are hosted by the Adult Initiatives team and attended by representatives from each CRSP providing adult services. Our first two meetings have been very successful, with over 30 people attending both meetings. The focus of these forums is to develop increased collaboration with our CRSP’s, as well as “spotlight” each month, where an assigned CRSP presents their agency to the group, highlighting their services and educating not only DWIHN staff but their colleagues in the field, on their program and any new initiatives within their agencies.

Program Compliance Committee Meeting
Crisis Services Department, Quarterly Report, 1st Quarter FY 23/24
Daniel West, Director of Crisis Services
Date: 12/31/2023



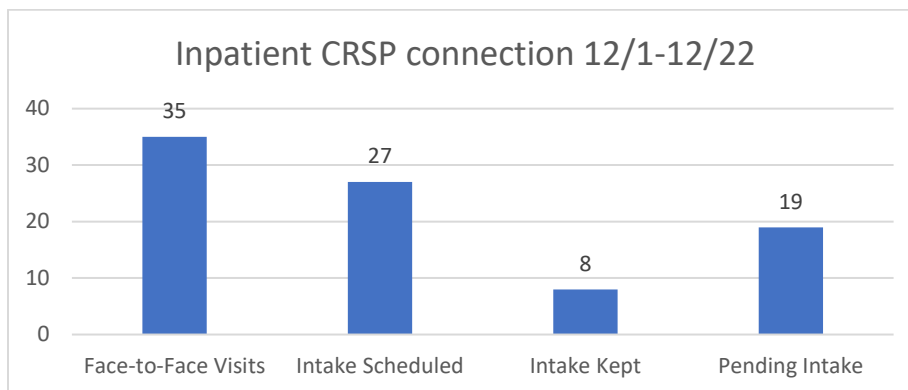
Main Activities during Quarter 1 Reporting Period: FY23/24

- **Conduct face-to-face inpatient discharge planning and CRSP coordination.**
- **Coordinate with the CRSPs for members discharging from the ED.**
- **Provide Pre-Admission Review (PAR) trainings for screening agency clinicians.**

Progress On Major Activities:

Activity 1: Hospital liaison face-to-face inpatient discharge planning and CRSP coordination.

- *Description:* Hospital Liaisons are meeting with members on inpatient units, in person, that are not assigned to a CRSP. Coordination is taking place with the Access Center to ensure members keep their hospital discharge appointments.
- *Current Status:* Liaisons are assigned to three different hospitals, BCA Stonecrest, Kingswood and Beaumont Behavioral Health. Liaisons are provided a daily report identifying members that are not assigned to a CRSP. Liaisons coordinate with the staff at the hospital, schedule time to visit, and meet with members on the inpatient unit. Liaisons complete a discharge planning worksheet, coordinate with all parties involved, and upload the worksheet into MHWIN.
- *Major Tasks and Accomplishments During Period:* The team developed a discharge planning worksheet to address any barriers to keeping hospital discharge appointments. These discharge planning worksheets are uploaded into MHWIN and shared with the member's CRSP of choice. As of December 1st, Liaisons have visited 35 members on inpatient units to ensure CRSP connection.



- *Needs or Current Issues:* Coordination will need to occur with DWIHN Access Department to ensure DWIHN liaisons will have the ability to access provider calendars to schedule intake appointments. DWIHN liaisons will need to have a working knowledge of available supports and services at each CRSP to coordinate member preference of treatment in the community.
- *Plan:* The Crisis Services Department and DWIHN Access will develop a process to schedule intake appointments after face-to-face meetings. The team met with adult and children's initiatives to gain information related to specific CRSP services per location. Information

regarding service availability per CRSP in the community will ensure members are informed about available services appropriate to their needs.

Activity 2: Coordinate with the CRSPs for members discharging from the ED.

- *Description:* The Crisis Services Department and Adult/Children’s Initiatives work together to ensure member CRSPs are notified of crisis encounters. Liaisons provide a warm handoff to Adult and Children’s Initiatives in order for service coordination to take place upon discharge from an ED.
- *Current Status:* When Liaisons encounter a member in the emergency department, they complete a warm handoff to either Adult or Children’s Initiatives to follow up with the assigned CRSP.
- *Major Tasks and Accomplishments During Period:* The Crisis Services Department worked with Children’s Initiatives to develop a smartsheet to ensure members who are seen by DWIHN Liaisons ensure connection to a current or prospective CRSP prior to discharge from an ED. This process was implemented on November 20, 2023. The team also developed a process with Adult Initiatives to notify CRSPs for adult members. A warm handoff occurs between the Crisis Services Department and Adult Initiatives to ensure members are connected to appropriate services in the community. Adult Initiatives has designated staff to coordinate with specific CRSPs.
- *Needs or Current Issues:* Members who are discharged from the ED to a lower level of care without a CRSP need to be connected prior to discharge.
- *Plan:* The team will identify members in the ED discharging without an assigned CRSP and coordinate with Access to ensure members are service connected.

Activity 3: Conduct Pre-Admission Review (PAR) trainings for screening agency clinicians.

- *Description:* Clinicians complete PAR screenings for members in crisis. These screenings provide documentation of medical necessity criteria to authorize higher levels of care for members in crisis. The Crisis Services Department provided training to 100+ clinicians that are completing pre-admission reviews. The team conducted 6 separate trainings held at The Guidance Center. Trainings were recorded and shared with the screening agencies. MCG trainings focused on the evidence-based practice embedded in the PAR to determine medical necessity of authorized services. The PAR trainings focused on specific sections of the PAR to be completed for members in crisis.
- *Current Status:* DWIHN is now providing PAR trainings, whereas previously COPE was conducting PAR trainings. This training has increased the amount of clinicians that have been trained in conducting PARs.
- *Major Tasks and Accomplishments During Period:* Training in pre-admission reviews increase knowledge of medical necessity documentation when clinicians complete initial evaluations for members in crisis.
- *Needs or Current Issues:* As staffing changes occur, clinicians will need to complete the PAR and MCG trainings. Clinicians will require refresher courses over time to ensure quality of medical necessity documentation.
- *Plan:* The team will provide PAR trainings on an annual basis, and refresher trainings as needed.

Quarterly Update:

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

The Crisis Services Department has focused on coordinating with the provider network to ensure members are receiving medically necessary services in the least restrictive environment. The team established methods of communication with inpatient facilities, EDs, and CRSPs to coordinate transitions in care. This communication allows the CRSP to update treatment planning for members who have been in a crisis encounter.

- **Identified Opportunities for Improvement:**

The Crisis Services Department has recognized the need to continue efforts to reduce recidivism, reduce inpatient hospitalizations, and increase utilization of lower levels of care.

- **Progress on Previous Improvement Plans:**

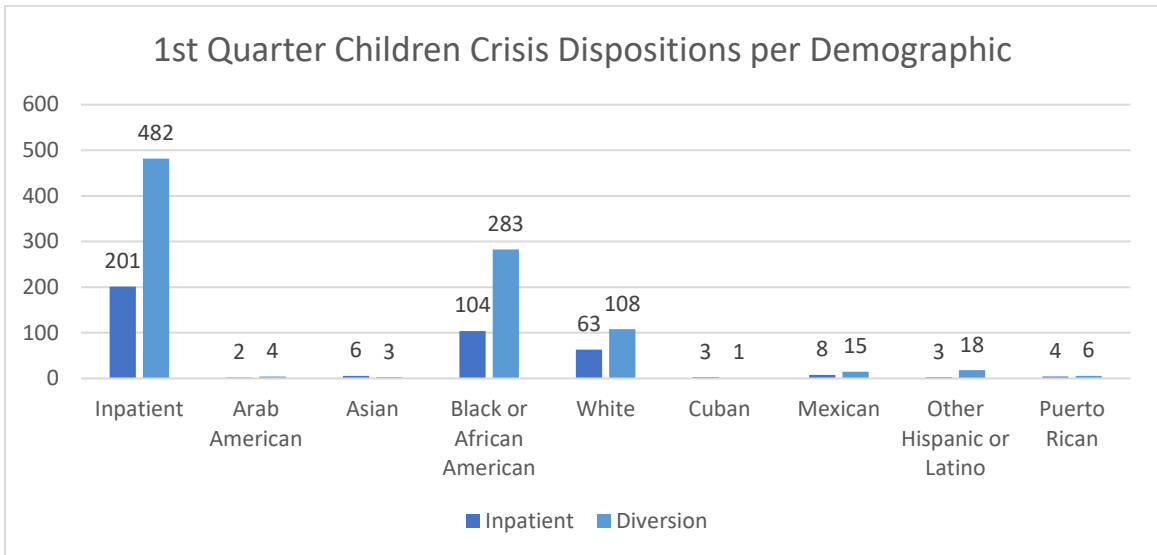
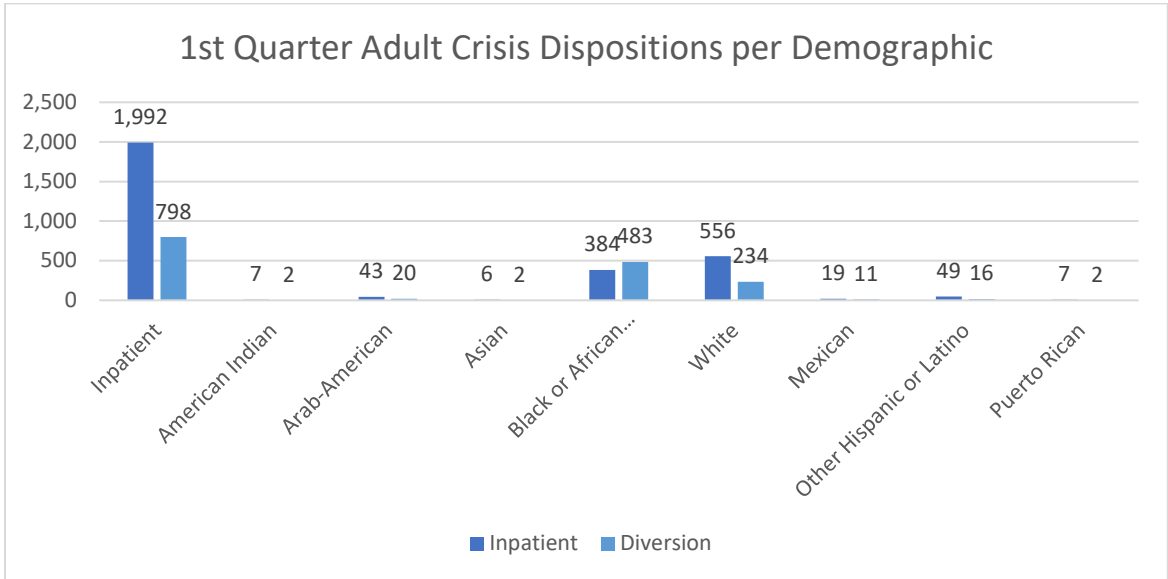
Overall recidivism percentage in the 4th quarter FY 22/23 was 16.09%, and remained the same in preliminary data for the 1st quarter FY 23/24. Face to face screenings increased in the 1st quarter to 99% from the 4th quarter at 86% (standard 80%). The number of members admitted to inpatient has decreased from 2,468 in the 4th quarter to 1,881 in the 1st quarter.

Recidivism Percentage	Child	Adult
4th Quarter	11.58%	16.09%
1st Quarter (preliminary)	6.62%	16.09%

Face to Face Evaluations	Requests	Face to Face	% Face to Face
4th Quarter	3,762	3,230	86%
1st Quarter	3,059	3,050	99%

Inpatient Hospitalizations	
4th Quarter	2,468
1st Quarter	1,992

Follow up:



Program Compliance Committee Meeting
Leigh Wayna, LMSW – Director of Utilization Management
FY 2024 Q1 Report



Main Activities during Reporting Period (FY 24 Q1):

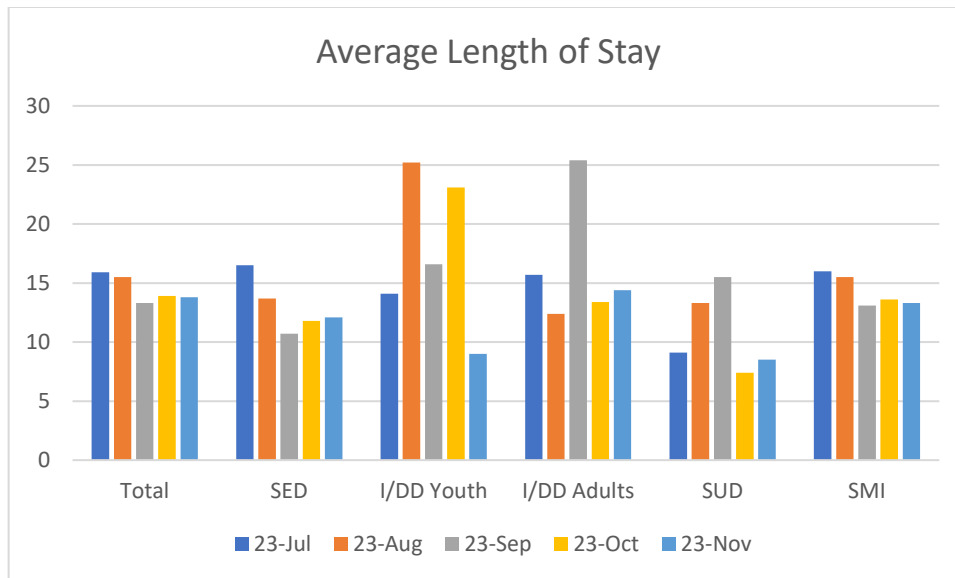
- Monitoring of Length of Stay in Acute Inpatient Hospitals
- Monitoring of General Fund Authorization Requests
- Monitoring of Timeliness of disposition of authorization requests

Progress On Main Activities:

Activity 1: Length of Stay Monitoring in Acute Inpatient Hospitals

- *Description:* The Utilization Management Department monitors average length of stay to ensure medical necessity is met and to ensure that the appropriate level of care is being authorized.
- *Current Status:* The average length of stay (LOS) for all inpatient admissions was examined for July 2023-November 2023 and is 13.8 days as of 11/30/23. Data for December 2023 is not yet available as claims for the final days of the month have not yet been processed. Please note that youth in the state hospital have been removed from this data. Please also note that the average LOS for adults increases, if members awaiting state hospitalization are included. Length of stay by primary disability designation is outlined in the chart below:

Average Length of Stay FY 23 - 24					
	July 23	August 23	September 23	October 23	November 23
Total	15.9	15.5	13.3	13.9	13.8
SED	16.5	13.7	10.7	11.8	12.1
I/DD Youth	14.1	25.2	16.6	23.1	9
I/DD Adults	15.7	12.4	25.4	13.4	14.4
SUD	9.1	13.3	15.5	7.4	8.5
SMI	16	15.5	13.1	13.6	13.3



- *Significant Tasks During Period:* Collaborative Meetings with Clinical and Residential Teams to discuss discharge planning and case management of the members who have longer lengths of stay.
- *Major Accomplishments During Period:* Collection of annual length of stay data. Development of “Roundtable” Meetings to manage discharge and care planning for members. An overall decrease in length of stay is noted. Areas of focus where a decrease was NOT noted are in the I/DD Adult Population and the SUD Population. We continue to work to identify the cause of this pattern.
- *Needs or Current Issues:* To impact (and decrease) length of stay for members, it will be important to explore options for alternative levels of care available to those individuals. We will need to work closely with the Residential, Crisis and Clinical Teams as well as the CRSP providers to develop these options.
- *Plan:* UM Representatives will continue to be present at meetings in which complex cases are discussed. We will also continue to participate in hospital liaison meetings, partnering with our Crisis Services Department.

Activity 2: General Fund Authorization Monitoring.

Description: During December, the number of General Fund requests continued to increase as a result of member non-compliance with MDHHS reinstatement of the Medicaid annual renewal process. Of the General Fund Exception authorization requests reviewed during December, there were 486 approvals. Other numbers usually reported out are not available due to the absence of the General Fund UM Specialist during part of the month of December.

- *Current Status:* Ongoing Monitoring of Trends. Revision of the General Fund Benefit Grid and discussions of CCBHC authorizations that show as “General Fund”.

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

	Oct	Nov	Dec	Year-to-Date Totals/Patterns
1 st Time Requesters	210	267	* N/A	
1 st Time Adult Requester	53%	62%	* N/A	
1 st Time Child Requester	38%	27%	* N/A	
1 st Time Adult W/Guardian Requester	9%	11%	* N/A	
Approvals	425	586	486	1497
Administrative Denials	56	80	* N/A	
Administrative Denials Insured	82%	77%	* N/A	
Administrative Denials Other	18%	23%	* N/A	

- *Significant Tasks During Period:* Attention has been given to CCBHC Authorization Requests that come through as General Fund Requests. For these requests, we have determined that the typical 90 day authorization period for GF is inappropriate, and instead authorizations will be allowable for any medically necessary period of time for this population. Additionally, we have reviewed and revised the General Fund Benefit Grid to include important services for our members. This will reduce the number of denials we must issue and will provide a safety net for members who may lose Medicaid Insurance Benefits due to the reapplication process or due to not meeting their spend down amounts during a given month.

- *Major Accomplishments During Period:* The review and revision of the General Fund Benefit Grid.
- *Needs or Current Issues:* Continued discussion and messaging to the provider network regarding the importance of including the maintenance of health insurance benefits in their discussions with the members and their families.
- *Plan:* Continued collaboration with CRSP Providers regarding reinstatement of member insurance plans. Continued education and support for CRSP providers with regard to processing Spend Downs.

Activity 3: Timeliness

- *Description:* Outpatient and Substance Use Disorder Authorization Requests are categorized as non-urgent pre-service requests. These requests are to be dispositioned within a 14-day timeframe from the date of the request.
- *Current Status:* Ongoing Monitoring of Trends. Actively examining causation for low compliance rates and determining next steps, to include cross training of other staff as well as hiring of additional staff.
- *Significant Tasks During Period:* Training was conducted again with one of the SUD Providers (Hegira) who has a significant number of admissions and have had several new staff come on board. This training provided guidance to their team on how to enter authorization requests properly to avoid the delay of having the authorization requests returned for corrections. Hegira's staff seems to have significant struggles with providing clinically sound justification for authorization requests and we have had to meet with them several times over the course of the month in order to discuss these challenges.
- *Needs or Current Issues:* Hiring and training of additional staff. Improvement in the quality of authorization requests received from the network is imperative, as much of the timeliness challenge stems from having to manage and return requests for frequent corrections.
- *Plan:* Continued collaboration with other departments to train the provider network on the necessary clinical documentation that is needed to be completed to authorize services.

Monthly Update:

- **Things the Department is Doing Especially Well:**
 - Downward trend for subsequent General Fund authorization requests after first request is made.

- More Collaborative and Integrated approach to utilization management activities and discharge planning.
- Downward trend for Length Of Stay in Inpatient Hospital Setting.
- **Identified Opportunities for Improvement:**
 - As identified above, decreasing our average length of stay in acute inpatient hospitals, increasing our member's enrollment in health insurance coverage and timeliness of authorization dispositions are our three areas of focus at this time.
- **Progress on Previous Improvement Plans:**
 - Last month, identified the Timeliness of dispositions as an area for improvement. The processes have been disseminated to staff over the last month and we have begun to see an upward trend in our compliance rate.
 - Worked with our HR department to open and hire an additional staff to help with our compliance and timeliness goals.
 - Increased our presence at Hospital Liaison Meetings to collaborate regarding discharge planning. Additionally, held regular case consultation meetings to discuss cases and length of stay concerns.
 - Increased our messaging and education to the provider network regarding the reinstatement or enrollment of our members into health insurance plans to decrease the use of General Fund authorizations.



Zero Suicide Initiative Updates

1/10/2024

**DETROIT WAYNE INTEGRATED
HEALTH NETWORK**

800-241-4949

www.dwihn.org



DWIHN: A Zero Suicide Organization:

- ▶ DWIHN responded to SAMHSAs notice of funding announcement for Zero Suicide.
- ▶ We received notice of award on 9/8/23 for 5 years beginning 9/30/2023.

The launch of DWIHN's Zero Suicide Initiative aims to eliminate suicides in Wayne County through system-wide culture change, workforce training, comprehensive screening, evidence-based treatment, and care management.

90 Days In

In our application, we stated that: DWIHN's implementation of the Zero Suicide SAMHSA grant would occur within four months (Jan 2024) of the award.

To date, we have:

- ▶ Received Notice of Award
- ▶ Presented Board Action to the DWIHN Board
- ▶ Invited individuals representing various sectors to participate as members of the Zero Suicide Council
- ▶ Held two Zero Suicide Council Meetings (11/2023 & 12/2023)
- ▶ Met with SAMHSA to review initiative goals (12/15/2023)

Role of The Council

Zero Suicide Council is to ensure data collection methods take into consideration the language, norms, reading levels, and values of the population(s) of focus.

The Council also reviews goals, progress, and makes recommendations to the DWIHN implementation team.

Every quarter, grantees must report on six (6) Infrastructure Development, Prevention and Mental Health Promotion (IPP) Indicators in SAMHSA's Performance Accountability and Reporting System (SPARS).

Zero Suicide Council Structure

Having Multiple sectors ensures that a broad range of community expertise is included.

- ▶ Youth/Youth-serving organizations
- ▶ Parents
- ▶ Business
- ▶ Media
- ▶ School
- ▶ Law enforcement/911 Communications
- ▶ Faith-Based
- ▶ Lived Experience (Attempt and loss survivors)
- ▶ Healthcare professionals
- ▶ Performance improvement or evaluation expertise
- ▶ Information Technology staff
- ▶ Safety and/or risk management staff
- ▶ Education
- ▶ Veterans
- ▶ Death Care Services

What's Coming Up?

- ▶ January 2024 Train internal staff on Zero Suicide Model
- ▶ January 2024 - Begin the organizational self assessment
- ▶ February 2024 - Submit application for continuation to SAMHSA for Year 2 funding



Questions?

- ▶ Andrea Smith
asmith1@dwihn.org
- ▶ Dr. Shama Faheem
sfaheem@dwihn.org



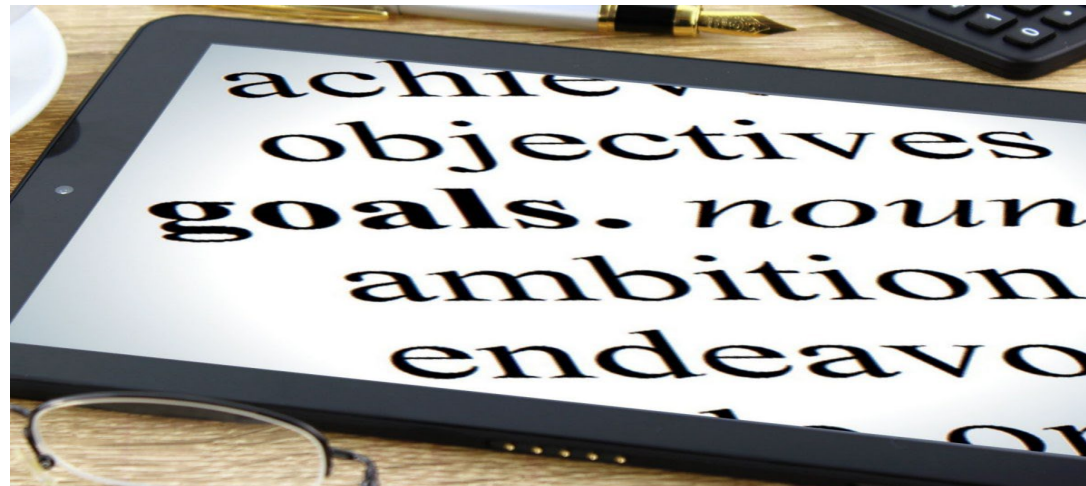
Direct Provision of Clinical Services

Vision

Improve the behavioral and physical health status of those we serve, through partnerships and direct service

Goals:

- ▶ Open direct service outpatient clinics
- ▶ Transition DWIHN clinic services into a CCBHC State certified care model





DWIHN Clinic Plan

- ▶ Increase service capacity and decrease gaps in care by implementing direct provision of outpatient clinical services
- ▶ Populations: SMI, SED, and SUD
- ▶ Services are available to all regardless of residence
- ▶ Establishment of clinic services in Detroit as main location (hub) with additional sites throughout the region (stand alone or in partnership with PHCP/FQHCs)
- ▶ Initially bill Medicaid; add Health Plans and CCBHC funding when available
- ▶ Utilize DCOs for high intensity services (ACT, Home-Based, Wraparound, Clubhouse, Supported employment/Skill Building). DCOs cannot be current CCBHC providers

Clinic Locations

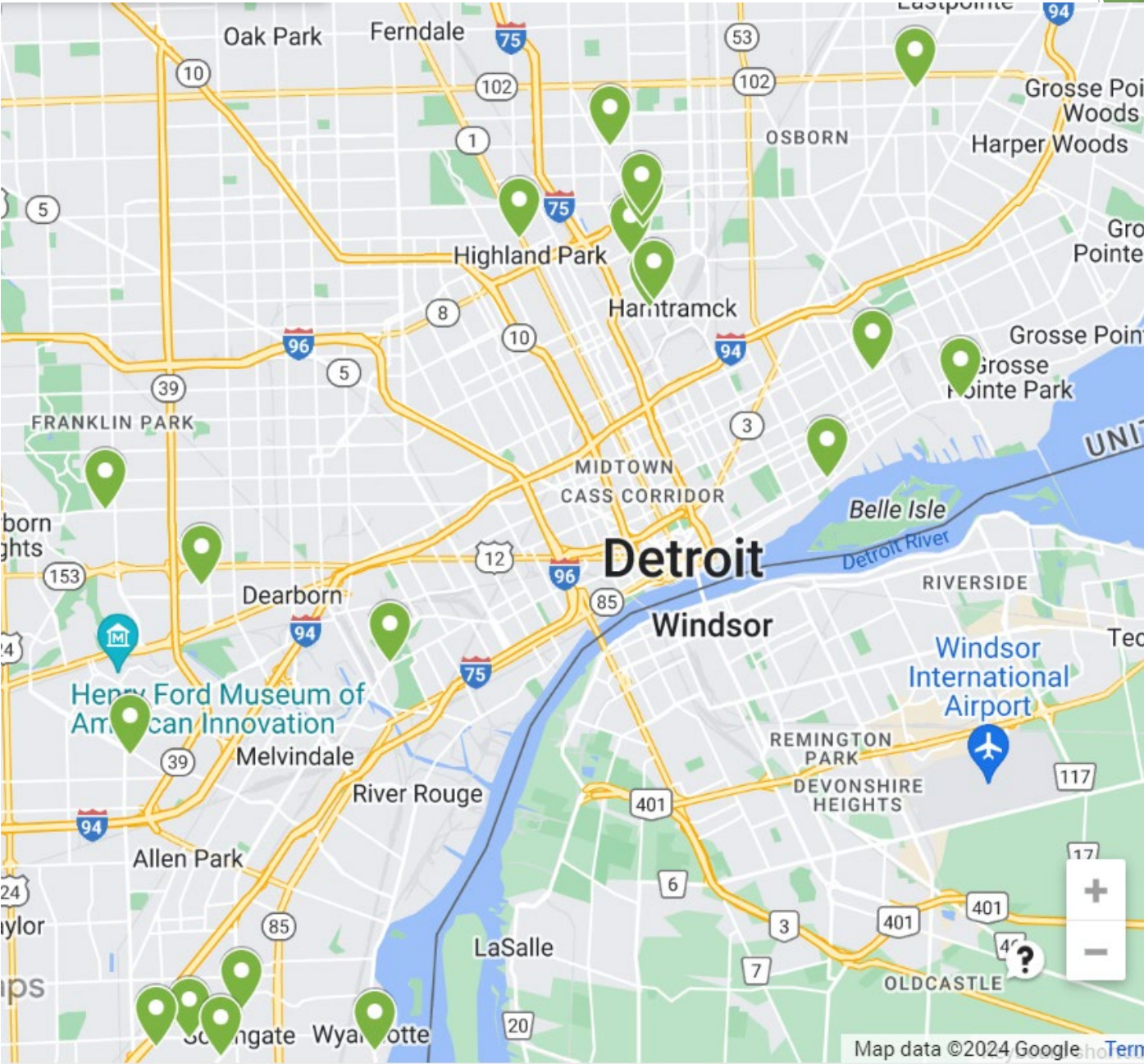
Research:

- ▶ Heat Mapping
- ▶ PHCP location of current members
- ▶ Molina PCHP list (largest number of members enrolled)
- ▶ Current CRSP locations
- ▶ Represent different areas in County

Result:

- ▶ 20 potential clinic sites identified
- ▶ 5 locations expressed initial interest in a co-located partnership
 - ❖ Detroit
 - ❖ Southgate
 - ❖ Dearborn
 - ❖ Highland Park

Clinic Locations

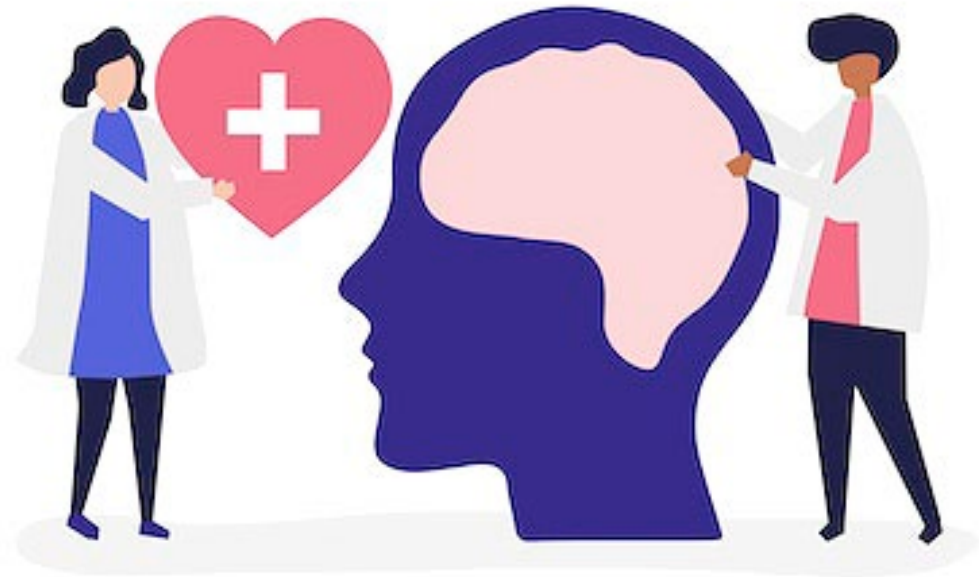


Clinical Integration

Direct provision of clinical services will be aligned with the CCBHC Model

In addition to traditional outpatient treatment, several additional requirements need to be met:

- ▶ Staffing Standards
- ▶ Accessibility Criteria
- ▶ Care Coordination
- ▶ Scope of Services



Clinic Requirements: Staffing Standards

Medicaid-enrolled providers

Appropriately credentialed/licensed Provide services across the

lifespan

- Cultural competence.
- Person-centered and family-centered care.
- Recovery-oriented, evidence-based, and trauma-informed care.
- Primary care/behavioral health integration.
- Risk assessment, suicide prevention and suicide response.
- Collaborating with families and peers.
- Military culture

Clinic Staffing

Each co-located clinic site will initially have the following:

- ▶ 1 FTE Behavioral Health Clinician
- ▶ .2 FTE Psychiatrist
- ▶ 1 FTE Case Manager
- ▶ .5 FTE Peer
- ▶ 1 FTE receptionist (unless shared arrangement)

*Additional staff will be recruited as demand increases



Availability/Accessibility Criteria



Welcoming environment



Outpatient services available at times and locations that meet the needs of the population served

Primary provider within 30 miles or 30 minutes in urban areas and 60 miles or 60 minutes in rural areas



Telehealth is encouraged to ensure access to CCBHC services



Outreach to individuals with new service access under the CCBHC, including those without Medicaid and with mild/moderate levels of behavioral health needs



PIHPs have access to all eligible beneficiaries. CCBHCs and PIHPs should work together to determine best outreach strategy

Care Coordination

Coordinate care across a wide array of health and social services:

- ▶ Referral follow-up: Track referrals and ensure individuals were successfully connected to external supports and resources.
- ▶ Freedom of Choice and Consumer Preference: Recipients can choose their own provider at either a CCBHC or DCO.

Care Coordination Agreements:

- ▶ Health Care Services (FQHCs and other primary care providers)
- ▶ Inpatient Services
- ▶ Community Services
- ▶ VA/Veteran's Services
- ▶ MiCAL

Scope of Services



 Providing  Planned  Contracted

Evidence Based Practices

“Air Traffic Control” Crisis Model with MiCAL	Assertive Community Treatment (ACT)	Cognitive Behavioral Therapy (CBT)	Dialectical Behavior Therapy (DBT)
Infant Mental Health	Integrated Dual Disorder Treatment (IDDT)	Motivational Interviewing (MI) for adults, children, and youth	Medication Assisted Treatment (MAT)
Parent Management Training – Oregon (PMTO) and/or Parenting through Change (PTC)	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	Zero Suicide

 Providing  Planned  Contracted

Clinic Target Completion:	FY 2023-2024											
Key Activity:	<u>Nov.</u>	<u>Dec.</u>	<u>Jan.</u>	<u>Feb.</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>Aug.</u>	<u>Sept.</u>	<u>Oct.</u>
Identify potential clinic PHCP partnerships	X	X										
PHCP Location Review and Analysis	X	X										
Location Outreach and Partnership Discussion	X	X	X									
Staffing Pattern & Recruitment		X	X									
Location Contracting			X	X								
EHR configuration	X	X	X	X								
Update Clinical Policies and Procedures	X	X	X	X								
Hire & Train Staff	X	X	X	X	X							
Build reports and metric tracking infrastructure	X	X	X	X	X	X						
Launch Clinic Services (Locations phased)					X	X	X	X	X	X	X	X
Explore DWIHN Clinic Hub Site Location	X	X	X	X	X	X	X	X	X	X	X	X

Project Plan Timeline

Integration of Care:

- As many as 40% of all patients seen in primary care settings have a mental illness
- 27% of Americans will suffer from a substance use disorder during their lifetime
- 80% of patients with behavioral health concerns present in ED or primary care clinics
- Approximately 67% of patients with behavioral health disorders do not receive the care they need
- 68% of adults with mental disorders have comorbid chronic health disorders, and 29% of adults with chronic health disorders have mental health disorders

Integration of Care is a Worthwhile Investment:

- Increases access to behavioral health care
- Improves health outcomes for patients with mental illness and/or substance use disorders
- Improves health behaviors such as compliance with treatment recommendations, exercise, and diet
- Reduces overall health care costs, thus representing the opportunity for shared savings for primary care practices

Questions?

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 21-64R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 1/17/2024

Name of Provider: Detroit Wayne Integrated Health Network

Contract Title: COVID-19 Mental Health Block Grant Supplemental Funding

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 1/10/2024

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

Amount of Contract: \$ 1,089,622.00 Previous Fiscal Year: \$ 917,138.00

Program Type: Modification

Projected Number Served- Year 1: 1,100 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 10/1/2023

Provider Impaneled (Y/N)? N

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

DWIHN is requesting the approval to access MH COVID-19 Supplemental Block Grant funding not to exceed \$1,089,622.

This amount includes **carryover supplemental COVID-19 funding in the amount of \$483,340 (to be spent by March 14, 2024) and additional funding of \$68,000 for Behavioral Health Workforce Stabilization Support and \$538,282 for ACT/IDDT Teams within the network (both to be spent by September 30, 2024) for a total amount not to exceed \$1,089,622.**

The carryover funds will be used to continue projects focusing on for Mental Health Connections, Training, Technology & Outreach. The new funding will be used for staff incentives (\$68,000) and ACT/IDDT Teams within the network (\$538,282).

DWIHN will enter into several comparable source agreements with vendors (see attached allocation grid) to carry out the approved projects. **A budget adjustment will be forthcoming to certify associated revenues.**

Funds can be reallocated between providers based on utilization up to the amount not to exceed \$1,089,622.

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

Source of Funds: Block Grant

Fee for Service (Y/N): Y

Revenue	FY 23/24	Annualized
Block Grant	\$ 1,089,622.00	\$ 1,089,622.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? N

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Tuesday, January 9, 2024

Signed: Tuesday, January 9, 2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 22-66R3 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 1/17/2024

Name of Provider: HPS Consulting LLC

Contract Title: HPS Amendment for NCQA

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 1/16/2024

Proposed Contract Term: 8/1/2023 to 2/29/2024

Amount of Contract: \$ 219,375.00 Previous Fiscal Year: \$ 146,875.00

Program Type: Continuation

Projected Number Served- Year 1: 75,000 Persons Served (previous fiscal year): 75000

Date Contract First Initiated: 8/1/2023

Provider Impaneled (Y/N)? Y

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

Detroit Wayne Integrated Health Network requests Board approval to modify the existing contract with HPS Consulting LLC to **increase the contract amount by \$20,000 resulting in an amended contract amount not to exceed \$219,375. The contract end date will remain unchanged.**

The amendment will allow for 160 additional hours of consultation during the existing contract period.

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 23/24	Annualized
Multiple	\$ 219,375.00	\$ 219,375.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64910.817000.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Friday, January 5, 2024

Signed: Friday, January 5, 2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 23-08R1 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 1/17/2024

Name of Provider: Hegira Health Inc.

Contract Title: Crisis Intervention Services

Address where services are provided: 33505 Schoolcraft Rd. #3 Livonia, MI 48150

Presented to Program Compliance Committee at its meeting on: 1/10/2024

Proposed Contract Term: 1/31/2024 to 3/31/2024

Amount of Contract: \$ 1,426,667.00 Previous Fiscal Year: \$ 8,400,000.00

Program Type: Continuation

Projected Number Served- Year 1: 3,000 Persons Served (previous fiscal year): 12,365

Date Contract First Initiated: 1/1/2016

Provider Impaneled (Y/N)? Y

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

The Detroit Wayne Integrated Health Network (DWIHN) is requesting a contract extension with Hegira Health, Inc for Community Outreach for Psychiatric Emergencies (COPE) to continue with the provision of mobile crisis intervention team services and in-home community-based stabilization services.

The contract period is extended through March 31, 2024 in an amount not to exceed \$1,426,667 for services to be provided over a two month period (February 1, 2024 through March 31, 2024). This amount is prorated based on the original \$8,560,000 annual contract amount.

In compliance with Medicaid requirements, this extension will continue the provision of intensive crisis stabilization services and pre-admission reviews by a multidisciplinary team to authorize and evaluate for higher and lower levels of care. In addition, this extension will allow Hegira programs to continue providing in person and telephonic clinical evaluations to determine medical necessity criteria for members in crisis, whether in AFC homes, on site in crisis stabilization-like units, or in emergency rooms. These services will allow for evaluations toward stabilization in the community as an alternative to inpatient settings utilizing a variety of options for the least restrictive environment.

DWIHN has delegated the function of completing Pre-Admission Reviews for adults to Hegira Health, Inc. Mobile crisis intervention team personnel will be responsible for authorizing inpatient psychiatric hospital stays, crisis residential, partial hospitalization, SUD Residential and Detox and/or transitions to lower levels of care, i.e., transitional housing and outpatient services. Members of the stabilization team provide mobile outreach crisis services, including screening and assessment, counseling/therapy, and therapeutic support services. The team

attempts to defuse the crisis, enacting a member’s crisis plan when available and appropriate; resolve presenting problems; procure needed services and resources; and arrange extended support. Extended support may include daily on-site visits, or it could mean that a team member-most likely a trained paraprofessional – remains with the member for several hours as needed, to provide supervision, monitoring, support and assistance.

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 23/24	Annualized
	\$ 1,426,667.00	\$ 1,426,667.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 1,426,667.00	\$ 1,426,667.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64931.825004.01668

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Friday, January 5, 2024

Signed: Thursday, January 4, 2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 23-41R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 1/17/2024

Name of Provider: Michigan Peer Review Organization

Contract Title: iMPROve Health (formerly MPRO)

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 1/10/2024

Proposed Contract Term: 10/1/2023 to 3/31/2024

Amount of Contract: \$ 100,000.00 Previous Fiscal Year: \$ 100,000.00

Program Type: Continuation

Projected Number Served- Year 1: 25 Persons Served (previous fiscal year): 60

Date Contract First Initiated: 10/1/2022

Provider Impaneled (Y/N)? Y

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

The Detroit Wayne Integrated Health Network (DWIHN) is requesting Board Action approval to **extend a service contract** with Michigan Peer Review Organization (MPRO) **through March 31, 2024. No additional funds are being added to the contract.**

This service contract will allow the Utilization Management (UM) Department the ability to collaborate on utilization reviews and authorization decisions related to the provision of behavioral health services as well as assist with decision-making process for clinical claims adjudication.

During this two (2) month extension period, we will be utilizing the Request for Proposal (RFP) process to solicit bids from other agencies to determine appropriate market rates for this service.

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

Board Action #: 23-41R2

Revenue	FY 23/24	Annualized
Multiple	\$ 100,000.00	\$ 100,000.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64917.815000.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Thursday, January 4, 2024

Signed: Wednesday, January 3, 2024

01/04/2024

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 24-06 R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 1/17/2024

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Provider Network System FY 23/24

Address where services are provided: Service Provider List Attached

Presented to Program Compliance Committee at its meeting on: 1/10/2024

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

Amount of Contract: \$ 801,567,768.00 Previous Fiscal Year: \$ 804,448,924.00

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2023

Provider Impaneled (Y/N)? Y

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

BA 24-06R2 is requesting the addition of 5 providers (Abound Rehabilitation Services, Emmanuel Care Staffing Agency, Somerset Residence LLC, Uttermost Care, and Vonnie's World Non-Profit Corp) to the DWIHN provider network. BA 24-06R2 requires no budget increase due to the reallocation of funds within the total budget.

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

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

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

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

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 23/24	Annualized
Multiple	\$ 801,567,768.00	\$ 801,567,768.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Wednesday, January 3, 2024

Signed: Wednesday, January 3, 2024