



**Detroit Wayne
Integrated Health Network**

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**PROGRAM COMPLIANCE COMMITTEE MEETING
Wednesday, October 11, 2023
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. ***Children's Initiatives Quarterly Report (Juvenile Restorative Program)*** – Are programs on Black History provided to help participants understand their past and are the participants involved in discussions regarding gang participation?
- VI. **Approval of the Minutes – September 13, 2023**
- VII. **Report(s)**
 - A. Chief Medical Officer
 - B. Corporate Compliance - ***None***
- VIII. **Quarterly Reports**
 - A. Adults Initiatives
 - B. Crisis Services
 - C. Innovation and Community Engagement
 - D. Utilization Management
- IX. **Strategic Plan Pillar – *None***
- X. **Quality Review(s) - *None***
- XI. **VP of Clinical Operations' Executive Summary**

Board of Directors

Kenya Ruth, Chairperson
Karima Bentounsi
Angelo Glenn

Dr. Cynthia Tauog, 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



XII. Unfinished Business

- A. **BA #23-08 (Revised)** – Crisis Intervention Services Contract Extension FY23 – Hegira Health/Community Outreach for Psychiatric Emergencies (COPE)
- B. **BA #23-41 (Revised)** – Michigan Peer Review Organization Contract Renewal
- C. **BA #23-56 (Revised)** – Leaders Advancing and Helping Communities (LAHC), Community Health, Workforce Development and Training Hub
- D. **BA #24-23 (Revised)** – Quest Analytics

XIII. New Business (Staff Recommendations)

- A. **BA #24-02** – Wayne County Juvenile and Youth Services (formerly Wayne County Health Human and Veteran Services)
- B. **BA #24-16** – Therapeutic Foster Care Oregon (TFCO) Wayne State University Grant
- C. **BA #24-20** – Central City PSH CoC Program Leasing Project
- D. **BA #24-21** – Projects for Assistance in Transition from Homelessness (PATH) - Neighborhood Service Organization (NSO) and Wayne Metro
- E. **BA #24-22** – Southwest Counseling Solutions (SWCS) Housing Resource Center
- F. **BA #24-35** – Hope Mobile Outreach Services – Black Family Development, Inc. (BFDI)
- G. **BA #24-36** – Credentialing Verification Organization - Medversant Technologies, LLC

XIV. Good and Welfare/Public Comment

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

XV. Adjournment

PROGRAM COMPLIANCE COMMITTEE

MINUTES

SEPTEMBER 13, 2023

1:00 P.M.

IN-PERSON MEETING

MEETING CALLED BY

I. Dr. Cynthia Taueg, Program Compliance Chair at 1:08 p.m.

TYPE OF MEETING

Program Compliance Committee

FACILITATOR

Dr. Cynthia Taueg, Chair

NOTE TAKER

Sonya Davis

TIMEKEEPER

Committee Members: Angela Bullock; Dr. Lynne Carter; Commissioner Jonathan Kinloch; Bernard Parker; William Phillips; and Dr. Cynthia Taueg

ATTENDEES

Staff: Yvonne Bostic; Jacquelyn Davis; Judy Davis; Eric Doeh; Dr. Shama Faheem; Monifa Gray; Sheree Jackson; Melissa Moody; Cassandra Phipps; Vicky Politowski; April Siebert; Manny Singla; Andrea Smith; Maria Stanfield; Brandon Taylor; and Michele Vasconcellos

AGENDA TOPICS

II. Moment of Silence

DISCUSSION

The Chair called for a moment of silence.

CONCLUSIONS

Moment of silence was taken.

III. Roll Call

DISCUSSION

The 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**

The Chair informed the committee that BA #24-17 (School Success Health Quality Initiative) needs to be added to the agenda under Item XIII (New Business: Staff Recommendations). The Chair called for a motion to add BA #24-17 to the agenda under New Business. **Motion:** It was moved by Commissioner Kinloch and supported by Mrs. Bullock to add BA #24-17 to the agenda. **Motion carried.** The Chair called for a motion to approve the agenda as amended. **Motion:** It was moved by Mr. Parker and supported by Dr. Carter to approve the agenda as amended. Dr. Taueg asked if there were any further changes/modifications to the agenda. There were no further changes/modifications to the agenda. **Motion carried as amended.**

V. Follow-Up Items from Previous Meetings

DISCUSSION/ CONCLUSIONS

- A. **Corporate Compliance** – Please provide a recommended-criteria when items may be reported to the Program Compliance Committee or Board of Directors outside the quarterly report – Sheree Jackson, Corporate Compliance Officer reported that Office of Corporate Compliance will report quarterly to the Program Compliance Committee and if any additional/emergent things occur, she will report to the committee at that time.
- B. **Children’s Initiatives’ Quarterly Report** – Provide more information on the number of preventative services versus in-depth services – Cassandra Phipps, Director of Children’s Initiatives will provide information in her quarterly report.

VI. Approval of the Minutes

DISCUSSION/ CONCLUSIONS

The Chair called for a motion to approve the July 12, 2023, meeting minutes.

Motion: It was moved by Mr. Parker and supported by Dr. Carter to approve the July 12, 2023 meeting minutes. Dr. Tauег asked if there were any changes/modifications to the July 12, 2023 meeting minutes. There were no changes/modifications to the meeting minutes. **Motion carried.**

VII. Reports

DISCUSSION/ CONCLUSIONS

- 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 DWIHN continues its’ outreach efforts for behavioral health services. Staff are focusing on collaborating with Wayne State University (WSU) and University of Michigan Child and Adolescent Services to increase awareness about community mental health and to create pipeline programs for various services. DWIHN was awarded a \$400,000.00 (per year for 5 years) SAMHSA Grant for launching DWIHN’s Zero Suicide Initiative to eliminate suicides in Wayne County through system-wide culture change, workforce training, comprehensive screening, evidence-based treatment, and care management. DWIHN was approved \$200,000.00 MDHHS’ Grant for MI Kids Now Mobile Services pending submission of revisions which have been submitted. DWIHN is awaiting final response/approval. Dr. Faheem gave an update on the move and visit of the children from Hawthorn to Walter Reuther Psychiatric Hospital. Dr. Faheem also gave updates on the CRSP Medical Directors, State Medical Directors’, IPLT and QISC meetings. Dr. Tauег opened the floor for discussion. Discussion ensued. The committee suggested that DWIHN reach out to Wayne State University’s Nursing School to include psychiatry nurses in the rotation.
- B. **Corporate Compliance** – Sheree Jackson, Corporate Compliance Office submitted and reported on the Corporate Compliance’s quarterly report. Mrs. Jackson gave an update on compliance investigations and reported that all claims have been voided and recoupment has been reported to the OIG. The department has verified with the OIG that there are no further pending encounters that necessitate recoupment. Mrs. Jackson also gave an update on the Central City Integrated Health’s data breach investigation. There were 1,364 members that were active with DWIHN. It is noted that there were no social security numbers or financial information affected. All members have been notified and upon stakeholder approval, Central City will be getting their high-tech certification to ensure this doesn’t happen again. Dr. Tauег opened the floor for discussion. Discussion ensued regarding the percentage of folks the 1,364 represents of Central City’s total population. (Action) Discussion ensued regarding NSO and for the record Commissioner Kinloch stated that NSO should not be attempting to contact DWIHN regarding the incident that occurred on

their site and this matter is being handled by the legal dept. Compliance noted that since this is a legal matter, and any discussion should be held off-line. The Chair noted that the Chief Medical Officer and Corporate Compliance reports have been received and placed on file.

VIII. Quarterly Reports

- A. **Access Call Center** – Yvonne Bostic, Director of the Access Call Center submitted and gave highlights of the Access Call Center’s quarterly report. Ms. Bostic reported that there was a total of 54,246 incoming calls for FY 23 (Q3) which was a decrease from FY 23(Q2) by 315 calls. An annual comparison from FY 22 to FY 23 was completed and there were 12,000 more calls in FY23. DWIHN’s Access Call Center met State’s standards for the FY 22/23(Q3). Ms. Bostic gave updates on the Access Call Center’s goals, accomplishments, areas of concern and plans for FY 22/23(Q4). Ms. Bostic also reported that staff completed a silent-monitoring of 373 calls for Q3. The average score was 91.3% and the goal is 95%. Staff will have additional training, one-on-one supervision and updates to the silent-monitoring process in order to reach the 95% goal and some of the training has been completed. Dr. Taueg opened the floor for discussion. Discussion ensued.
- B. **Children’s Initiatives** – Cassandra Phipps, Director of Children’s Initiatives submitted and gave highlights of the Children’s Initiatives’ quarterly report. Mrs. Phipps reported that there was a total of 11,455 unduplicated children, youth and families in Wayne County, ages 0 up to 21 years old with both Serious Emotional Disturbance (SED) and Intellectual/Developmental Disability (I/DD) designations. Mrs. Phipps also reported:
1. **Activity 1: Timely Access to Children’s Services** – Performance Indicators 1, 3, 4a and 10 were met and Performance Indicator 2a (Access to Services and completing the Integrated Biopsychosocial Assessment within 14 days of a non-emergency request for service) was not met for Q3. Mrs. Phipps also provided data comparison from FY22 to FY23 on Performance Indicator 2a. An update was provided on significant tasks, major accomplishments, needs/concerns and plans for improving this indicator.
 2. **Activity 2: Juvenile Restorative Program** – The program was launched by Team Wellness in July 2023 and there are currently 19 youths enrolled as of August 30, 2023. Mrs. Phipps gave an update on the significant tasks, major accomplishments, needs/concerns and plans with Team Wellness on this collaboration. **Response to Follow-up Question** – The majority of the members of this program are males involved in gang activity and safety measures are put into place to keep them separated; outside speakers have spoken with Team Wellness about gang activity involving student-teacher ratio; there are two evidence-based practices provided; cognitive behavioral therapy and aggression, replacement training to address conflict, resolution and interventions; and I.T. department has firewall restrictions in place to prevent participants from viewing unauthorized sites.
 3. **Activity 3: School Success Initiative** – A data comparison was presented to the committee for FY23, Q2 and Q3. An update on accomplishments and successful discharges were provided. Mrs. Phipps reported that the number of students that received services from Q2 to Q3 has increased and they are working on streamlining the enrollment process by training providers to do screenings to get students enrolled in the program. A Request for Information was submitted to prepare for school year 2024 to address the prevention versus in-depth services. Mrs. Phipps gave updates on launches, conferences, workshops, and initiatives that DWIHN has participated in.

DISCUSSION/ CONCLUSIONS

Dr. Tauzeg opened the floor for discussion. Discussion ensued. The committee inquired if the Juvenile Restorative Program provides education or has discussions on black history, assisting youth to understand their past and reasons for their gang participation. **(Action)** The committee suggested that staff reach out to the Statewide Association of School-Based Health Centers to inquire about presenting the School Success Initiative program to them.

(Action)

- C. **Customer Service** – Michele Vasconcellos, Director of Customer Service submitted and gave highlights of the Customer Service’s quarterly report. Ms. Vasconcellos reported:
1. **Customer Service Calls** – Data comparisons for calls activity for FY 22 and FY 23 on the reception/switchboard and the Customer Service’s Call Center were presented to the committee. Staff continue to monitor call abandonment rates and addresses staffing concerns.
 2. **Grievances and Appeals** – There were 709 complaint/grievance calls received for FY22/23 (Q3) and 174 for FY 21/22 (Q3). There were 5,650 Advance Notices for FY 23 (Q3)/2,979 FY22 (Q3); and 1,335 Adequate Notices for FY 23 (Q3)/1,729 FY 22(Q3)
 3. **Member Engagement** – Ms. Vasconcellos gave updates on the members’ activities, Constituents’ Voice meetings, peer professional development and member experience surveys. Staff continues to maintain its efforts to engage members with implementation of collaborative venues and initiatives.

Dr. Tauzeg opened the floor for discussion. Discussion ensued.

- D. **Integrated Health Care** – Vicky Politowski, Director of Integrated Health Care submitted and gave highlights of the Integrated Health Care’s quarterly report. Mrs. Politowski reported:
1. **Integration of OBRA Services within DWIHN/IHC** – DWIHN has received 1,977 referrals; 251 assessments were completed and out of the 251, there 37 assessments MDHHS had questions/concerns about. The State’s goal for pending assessments is 25% or less, DWIHN had 14%. Congruency with MDHHS on assessments was 95% which means MDHHS agreed with 95% of DWIHN’s recommendations for level-of-care. Mrs. Politowski gave an update on major accomplishments, needs/current issues and upcoming plans for the department.
 2. **Increase of HEDIS Scores focusing on Follow-up After Hospitalization (FUH)** – DWIHN has received their HEDIS Scorecard to keep track of this measure and right now DWIHN is about 15% lower that we should be for adults and 10% lower than we should be for children due to a lag in tracking the FUH measures. Staff are meeting with providers to come up with a solution to solve this problem. For the FUA (Follow-up after emergency room visit for alcohol or other drugs), DWIHN has historically been less than 20%, but as of this quarter, DWIHN is over 40%. DWIHN is now in-line with everyone else in Michigan.
 3. **Complex Case Management (CCM)** – There were 12 new cases opened this quarter; 9 cases closed (7 met their goals, 1 was unable to reach their goal and 1 passed away). There were 73 presentations to the community on CCM and three satisfactions surveys were returned with 100% satisfaction of services. Mrs. Politowski gave updates on the significant tasks, major accomplishments, needs/current issues and upcoming plans for the CCM.

Dr. Tauzeg opened the floor for discussion. Discussion ensued. The Committee requested that persons served be tracked after discharge to determine if they are seeing the same person or are they seeing someone different each visit.

The Chair noted that the Access Call Center, Children’s Initiatives, Customer Service and Integrated Health Care’s quarterly reports have been received and placed on file.

IX. Strategic Plan Pillar

**DISCUSSION/
CONCLUSIONS**

There was no Strategic Plan Pillar to review this month.

X. Quality Review(s)

**DISCUSSION/
CONCLUSIONS**

A. **Disparity Performance Improvement Project (PIP) Update** – April Siebert, Director of Quality Improvement submitted and gave an update on the Disparity Performance Improvement Project. Ms. Siebert reported that HSAG (MDHHS’ contracted external auditor) directed PIHPs to create a three-year PIP focusing on racial disparities in the network. The data revealed that there is a disparity gap between the percentage of African American members versus white members who received follow-up care within 7 days of discharge from a psychiatric inpatient unit. The PIP was submitted to HSAG for validation on July 25, 2022; resubmitted revisions in the summer of 2022; accepted by HSAG in November 2022 and received a 100% on our baseline data report. Ms. Siebert gave an overview of the initial interventions to improve compliance with 7-day discharge appointments after psychiatric admissions. Ms. Siebert also gave an update on the preliminary data from January to July 2023 and the PIP next steps to keep improving services. Ms. Siebert will keep the committee updated on how DWIHN is doing with their interventions in place to improve appointment scheduling. *(Action)* Dr. Taueg opened the floor for discussion. Discussion ensued. The Chair noted that the update on disparity performance improvement project has been received and placed on file.

XI. VP of Clinical Operations’ Report

**DISCUSSION/
CONCLUSIONS**

Melissa Moody, VP of Clinical Operations submitted and gave highlights of the VP of Clinical Operations report. Mrs. Moody reported:

- A. **Habilitative Support Waiver (HSW)** – In March 2023, DWIHN implemented an internal corrective action plan in an effort to reach 95% HSW enrollment and in July 2023, DWIHN hit that 95% benchmark and it continues to go up.
- B. **Substance Use Disorder (SUD) Services** – Data on discharges from withdrawal management detox and the number of persons that follow-up within 7 days – July (92.6%) and August (96.3%) which shows an improvement from the

previous month. Staff will continue to encourage providers to actively participate in developing aftercare planning with the guidance of treatment professionals.

- C. **Certified Community Behavioral Health Clinic (CCBHC) – CCBHC Expansion SAMHSA Grant** – DWIHN is still waiting to hear if our application was accepted by MDHHS. **CCBHC Demonstration Expansion** - Five more providers in our network have been added to the list of CCBHC Demonstration sites.
- D. **Provider Network** – DWIHN has done multiple RFPs and RFIs to make sure that we have the provider capacity in our network to ensure members have access to those needed appointments as well. Mrs. Moody informed the committee that DWIHN has launched its’ “Our Peers to Higher Education” partnership with Wayne State University which focuses on enhancing the behavioral health workforce by creating a pathway for peer specialists to become licensed social workers and addiction counselors.

Dr. Tauег opened the floor for discussion. Discussion ensued. The Chair noted that the VP of Clinical Operations’ report has been received and placed on file.

XII. Unfinished Business

- A. **BA #21-08 (Revised 2)** – Healthcare Effectiveness Data Information Set (HEDIS) Certified Population Health Management and Data Analytics Tool – Vital Data Technology, LLC - Staff requesting board approval to exercise 2-one-year extensions with Vital Data Technology for the period of October 1, 2023 – September 30, 2025 for an amount not to exceed \$1,686,564.00 (\$840,564 increase). The Chair called for a motion on BA #21-08 (Revised 2). **Motion:** It was moved by Commissioner Kinloch and supported by Mr. Phillips to move BA #21-08 (Revised 2) to Full Board for approval. Dr. Tauег opened the floor for discussion. There was no discussion. **Motion carried.**
- B. **BA #23-20 (Revised)** – ProtoCall Services – Staff requesting board approval for a one-year extension in the amount not to exceed an additional \$335,500.00 for FY 24 for a total of two years. The Chair called for a motion on BA #23-20 (Revised). **Motion:** It was moved by Mr. Phillips and supported by Mrs. Bullock to move BA #23-20 (Revised) to Full Board for approval. Dr. Tauег opened the floor for discussion. There was no discussion. **Motion carried.**
- C. **BA #23-46 (Revised 2)** – MI Health Link Demonstration Project FY 22/23 – Staff requesting board approval to move BA #23-46 (Revised 2) to Full Board for approval to re-allocate \$50,000.00 of funding to an approved Medicare provider of speech, occupational and physical therapies. The need for these services has been identified for the Medicare/Medicaid Dual Eligible population within DWIHN’s MI Health Link program. The Chair called for a motion on BA #23-46 (Revised 2). **Motion:** It was moved by Mrs. Bullock and supported by Commissioner Kinloch to move BA #23-46 (Revised 2) to Full Board for approval. Dr. Tauег opened the floor for discussion. There was no discussion. **Motion carried with Mr. Phillips abstaining from Henry Ford Hospital.**

DISCUSSION/ CONCLUSIONS

XIII. New Business: Staff Recommendation(s)

DISCUSSION/ CONCLUSIONS

- A. **BA #24-01** – Children’s Initiatives’ Michigan Department of Health and Human Services (MDHHS) Grants FY 23/24 – Staff requesting board approval for a one-

year contract with the System of Care Block Grant; Infant and Early Childhood Mental Health Consultation (IECMHC); Infant and Early Childhood Mental Health Consultation in Home Visiting (IECMHC-HV); Infant and Early Childhood Mental Health Consultation (IECMHC) Expansion Grant; and the Infant Toddler Court Program effective October 1, 2023 to September 30, 2024. The Chair called for a motion on BA #24-01. **Motion:** It was moved by Dr. Carter and supported by Mrs. Bullock to move BA #24-01 to Full Board for approval. Dr. Taueg opened the floor for discussion. There was no discussion. **Motion carried.**

- B. **BA #24-09** – Michigan Rehabilitation Services (MRS) FY 24 – Staff requesting board approval for a one-year contract for the fiscal year ending September 30, 2024 for the continued funding for an Interagency Cash Transfer Agreement (ICTA) between Detroit Wayne Integrated Health Network (DWIHN) and MRS for the amount of \$443,565.00. The Chair called for a motion on BA #24-09. **Motion:** It was moved by Commissioner Kinloch and supported by Mrs. Bullock to move BA #24-09 to Full Board for approval. Dr. Taueg opened the floor discussion. There was no discussion. **Motion carried.**
- C. **BA #24-10** – Jail Diversion FY 23/24 – Staff requesting board approval for a one-year contract for an amount not to exceed \$1,305,000.00 with providers listed in this board action for jail diversion and improving health care quality initiative programs. The Chair called for a motion on BA #24-10. **Motion:** It was moved by Mr. Phillips and supported by Commissioner Kinloch to move BA #24-10 to Full Board for approval. Dr. Taueg opened the floor for discussion. There was no discussion. **Motion carried.**
- D. **BA #24-12** – Substance Use Disorder (SUD) Treatment Services Provider Network FY 24 – Staff requesting board approval to contract for the delivery of SUD Treatment services for FY 24 in an amount not to exceed \$6,765,483.00. The Chair called for a motion on BA #24-12. **Motion:** It was moved by Mr. Phillips and supported by Mrs. Bullock to move BA #24-12 to Full Board for approval. Dr. Taueg opened the floor for discussion. Discussion ensued. **Motion carried with Commissioner Kinloch abstaining.**
- E. **BA #24-13** – Substance Use Disorder (SUD) Prevention Services Provider Network FY 24 – Staff requesting board approval to contract for the delivery of SUD Prevention services for FY 24 in the amount not to exceed \$6,492,847.00. The Chair called for a motion on BA #24-13. **Motion:** It was moved by Mr. Phillips and supported by Mrs. Bullock to move BA #24-13 to Full Board for approval. Dr. Taueg opened the floor for discussion. There was no discussion. **Motion carried with Commissioner Kinloch abstaining.**
- F. **BA #24-14** – Multicultural Integration Programs and DWIHN’s Veteran’s Navigator – Staff requesting board approval to enter into a one-year contract for an amount not to exceed \$765,837.00 for FY 24. The memorandum of understanding is between CMHAM, MDHHS and PIHPs for the PIHP Veteran Navigator, Peer Navigator, Navigator Assistant and the Multicultural Integration Providers (formerly known as the Multicultural Programs). The Chair called for a motion on BA #24-14. **Motion:** It was moved by Commissioner Kinloch and supported by Mr. Phillips to move BA #24-14 to Full Board for approval. Dr. Taueg opened the floor for discussion. Discussion ensued. The committee requested that staff make sure that the dollar amounts match-up in the board

action and procurement memo before going to Full Board for approval. *(Action)*
Motion carried.

- G. **BA #24-23** – Quest Analytics, MSA – Staff requesting board approval for a one-year contract for an amount not to exceed \$282,988.00 for FY 24 with Quest Analytics, MSA. The purpose of this contract is to develop DWIHN’s provider network access, accuracy and adequacy analyses based on DWIHN’s population, providers and practitioners related accreditation organizations (NCQA, HSAG and other accrediting bodies). The Chair called for a motion on BA #24-23. Motion: It was moved by Commissioner Kinloch and supported by Mr. Phillips to move BA #24-23 to Full Board for approval. Dr. Tauzeg opened the floor for discussion. There was no discussion. **Motion carried.**
- H. **BA #24-17** – School Success Health Quality Initiative – Staff requesting board approval for FY 23/24 contract totaling \$3,530,000.00 to provide funding for the new School Success Health Quality Initiative in accordance with 45 CFR 158.150. The Chair called for a motion on BA #24-17. Motion: It was moved by Mrs. Bullock and supported by Mr. Phillips to move BA #24-17 to Full Board for approval. Dr. Tauzeg opened the floor for discussion. Discussion ensued. **Motion carried with Mr. Parker abstaining.**

XIV. Good and Welfare/Public Comment

**DISCUSSION/
CONCLUSIONS**

There were no comments for Good and Welfare/Public Comment to discuss this month.

ACTION ITEMS	Responsible Person	Due Date
1. Children’s Initiatives’ Quarterly Report: A. Juvenile Restorative Program) – Are programs on Black History provided to help participants understand their past and are the participants involved in discussions regarding gang participation?	Cassandra Phipps	<i>October 11, 2023</i>
B. School Success Initiative - Staff reach out to the Statewide Association of School-Based Health Centers to inquire about presenting the School Success Initiative program to them.		<i>TBA</i>
2. Provide the percentage that the 1,364 people that were impacted by the breach represents of Central City’s total population.	Sheree Jackson	<i>TBA</i>
3. Quality Review (Disparity Performance Improvement Project (PIP) Update) – Provide updates on how DWIHN is doing with their interventions in place to improve appointment scheduling.	April Siebert	<i>TBA</i>

ACTION ITEMS

Responsible Person

Due Date

- 4. **BA #24-14** – Multicultural Integration Programs and DWIHN's Veteran's Navigator - Make sure that the dollar amounts match-up in the board action and procurement memo before going to Full Board for approval

Andrea Smith

COMPLETED

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

ADJOURNED: 2:56 p.m.

NEXT MEETING: Wednesday, October 11, 2023 at 1:00 p.m.

Program Compliance Committee

Chief Medical Officer's Report

October 11, 2023

Teaching Collaborations

- In order to expand our efforts to collaborate with the teaching programs at Wayne State University, and as a follow up to the last PCC Board suggestion, we had following additional collaborations:
 - I had an introductory meeting with the Psychiatric Nurse Practitioner (NP) program at WSU who were not only very excited to collaborate with us and use our Care Center as a teaching site for Psych NPs but also discussed how they can facilitate the upcoming hiring of NPs for our Care Center through their alumni connections.
 - NP Program Director will be coordinating a meeting with the School of Nursing Director as she discussed how they will be interested in having that option for RN students. Already received the affiliation agreements and forwarded them to legal and compliance for review.
 - Contacted the Masters in Public Health program Director few weeks back, awaiting response.
 - Requested follow-up meeting with Psychiatry and Child and adolescent psychiatry Program Director to finalize rotation plans.

Zero Suicide Grant Update:

DWIHN completed a grant application for Zero Suicide. We were notified on 9/8/23 about being awarded with \$ 400,000/ year for 5 years for launching DWIHN's Zero Suicide Initiative to eliminate suicides in Wayne County through system-wide culture change, workforce training, comprehensive screening, evidence-based treatment, and care management. Our goal is to launch Zero Suicide Evidence based practices at our direct CMHSP functions such as the Crisis Services that will be launching soon as well as across network.

We had our general cohort meeting with SAMSHA on 9/27/23 and individual introductory meeting with them on 10/6/23. We will be completing a project plan based on the goals and timelines established in our Project application starting with formation of Zero Suicide administrative and clinical council within 2 months who will oversee it.

We will incorporate all elements of Zero Suicide model in the form of enhanced screenings, trainings, enhancements of electronic medical records to assure utilization of best practices.



Crisis Updates:

DWIHN has continued our work on the construction of the Crisis Center. Hiring of supervisory staff is in the process. Medical Director has been hired. Psychiatrists, Physician Assistants and Nurse Practitioners will be hired over the next 2-3 months. The Electronic Medical Record work is getting close to finalization. The MDHHS Crisis Stabilization team visited DWIHN on 9/18/23 and overall liked our facility and provided positive feedback. Awaiting more formal feedback from them at the next meeting. MDHHS invited the Pilot CSU sites for an in-person meeting in Lansing to showcase and discuss our site and program plan on 9/20/23. It was an informative meeting to see what all potential CSU sites are planning and doing and learn from each other's experience. Person-served have been added to the CSU Pilot and provided valuable feedback during the meeting.

DWIHN is getting close to our Mobile Crisis Response launch over the next 1-2 months. DWIHN is approved for the \$200,000 grant for child mobile Crisis/ Intensive Crisis Stabilization team and is 1 of the 5 State Awardees for the 2nd Cohort. We attended our first introductory meeting on 10/4/23 and our Mobile Crisis Director in collaboration with our Grants Director will be working on assuring satisfactory completion of our Project plan. Lessons learned from the Cohort will be incorporated into State's Mobile Crisis Best Practice Handbook.

State Medical Director Meeting:

September meeting with Dr. Pinals focused on Alternative Treatment Order and had invited speaker judge Mack and leads from Center for Behavioral health and Justice at WSU. Successes and challenges with successful implementation of a robust AOT program were discussed. Medical Directors discussed staffing challenges for the psychiatrist to review and provide court testimony on anyone with AOT. This is even more crucial for NGR population as their requirements are more stringent. A subgroup is being formed to work on these challenges and come back with recommendations.

Program Compliance Committee Meeting
Marianne Lyons, LMSW, CAADC
Date 10/11/2023



Adult Initiatives Third Quarter Report

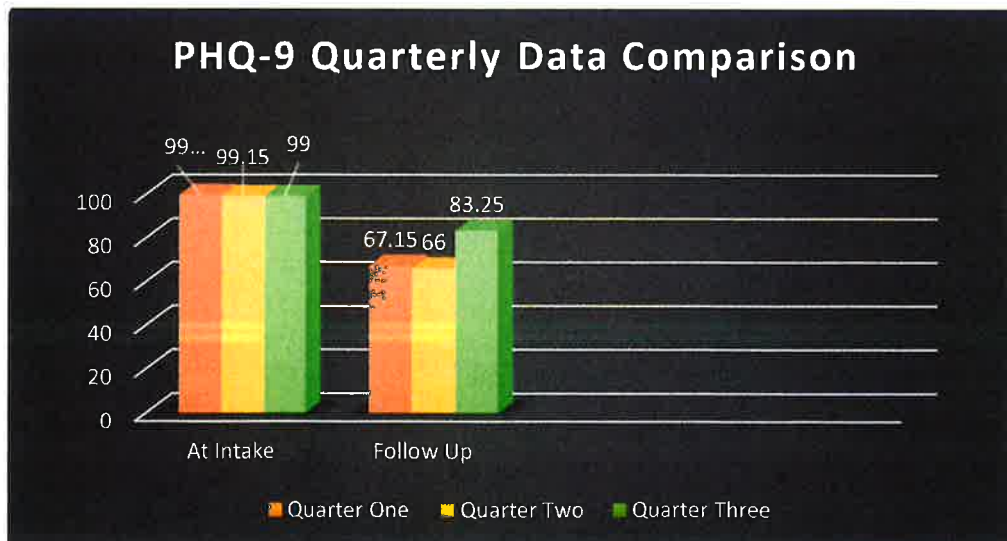
Main Activities during monthly Reporting Period:

- PHQ-9 Intake and Follow Up Compliance
- Outcome Improvement Committee
- Increase members and monitor the Med Drop Program

Progress On Major Activities:

Activity 1: PHQ-9 Intake and Follow Up Compliance

- **Description:** Completion of PHQ-9 depression inventory at time of Intake and Annual Assessment; follow up assessment at 90 days for those who score greater than 10
- **Current Status:** Adult Initiatives worked with the IT team to develop a report to monitor/track PHQ-9 assessments completed by providers. The goal was 95% completion for both Intake/Annual and for those who require follow-up.
- **Significant Tasks During Period:** Due to staffing changes in the department, Adult Initiatives met with our IT team on several occasions to verify how data is pulled to ensure numbers are accurate and giving the most concise representation of compliance. Adult Initiatives identified there may have been some confusion regarding follow-up for the PHQ-9 completed at Annual Assessment. Policies and procedures have been reviewed and reminders are shared with providers at monthly meetings and forums to address this.
- **Major Accomplishments During Period:** Our goal of 95% at Intake/Annual has been consistently exceeding for the last year.
- **Needs or Current Issues:** Compliance for follow-up PHQ-9 at 90 days for those who scored greater than 10 has increased since November 2022 (63%) April (85.7%) May (82.5%) and for June (82.0%) This is moving in a positive direction, but our goal continues to be 95%.
- **Plans:** The goal of 95% compliance has been surpassed consistently at initial intake and annual reassessments. This success is attributed to the PHQ-9 being embedded in the Integrated Biopsychosocial Assessment. Adult Initiatives will look towards increasing this goal to 100% for FY 2024. Regarding follow-up PHQ-9, Adult Initiatives will continue to send out emails to the CRSPs and address at monthly meetings.



Activity 2: 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-supports 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.
- **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.
- **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 the need for increased support and/or additional training for this provider.
- **Plans:** We are working to develop an outcome report that will demonstrate success of this program with increased data collection.

Activity 3: Increase members and monitor the Med Drop Program

- **Description:** Increase the participation of members accessing Med Drop services. This is a community-based intervention that focuses on improving medication adherence for adults.
- **Quarterly Status:** There were 61 members that participated in the Med Drop Program.
 - **Med drop successfully completed 3464 drops for the 3rd quarter:**
 - April 2023- 1124 (74%) successful drops of the 1502 drops scheduled
 - May 2023- 1094 (68%) successful drops of the 1592 drops scheduled
 - June 2023- 1128 (72%) successful drops of the 1570 drops scheduled
 - **There were 13 new clients assigned to the program:**
 - Development Center Inc- (1)
 - Hegira – (5)
 - Lincoln Behavioral Services (1)
 - Team Wellness (1)
 - The Guidance Center (5)
- **Significant Tasks During Period:** Adult Initiatives sent memos to all CRSP's to ensure knowledge of and participation with the Med Drop Program. The goal was to reach out to CRSP who are not enrolled with Med Drop program and provide presentation with the organization.
- **Major Accomplishments During Period:**

The following agencies; Arab Community Center for Economic and Social Services, (Access), Arab-American and Chaldean Council, (ACC) and Southwest Solutions were all contacted and provided a presentation with their Case Management Department.
- **Needs or Current Issues:** To continue to help educate consumers and staff about the program and reinforcing the positive benefits of the program.

- **Plan:** Adult Initiatives will continue to promote and increase member participation by using various outreach platforms to promote the program. Adult Initiatives has scheduled speaking platforms at our Clubhouses to present to members directly and provide education and motivation.

Quarterly Update:

- **Things the Department is Doing Especially Well:**
Adult Initiatives worked collaboratively with Childrens Initiatives and Utilization Management to develop and facilitate a training for providers regarding the Individualized Plan of Service (IPOS); DWIHN policies, procedures and documentation were referenced as well as tips on how to engage the member during the process. The first training was held in May, a second training was held in July and an additional training will be held on October 4th.
- **Identified Opportunities for Improvement:**
Crisis planning and engagement efforts with the CRSPs.
Increased partnership and collaboration with the CRSPs.
Assisted Outpatient Treatment, (AOT) monitoring, procedures, and collaboration.
ACT PARS and hospitalizations.
PHQ-9 Data Comparison by each Quarter.

Program Compliance Committee Meeting
Crisis Services Department, Quarterly Report, 4th Quarter FY 23/24
Daniel West, Director of Crisis Services
Date: 10/11/23



Main Activities during Quarter 4 Reporting Period:

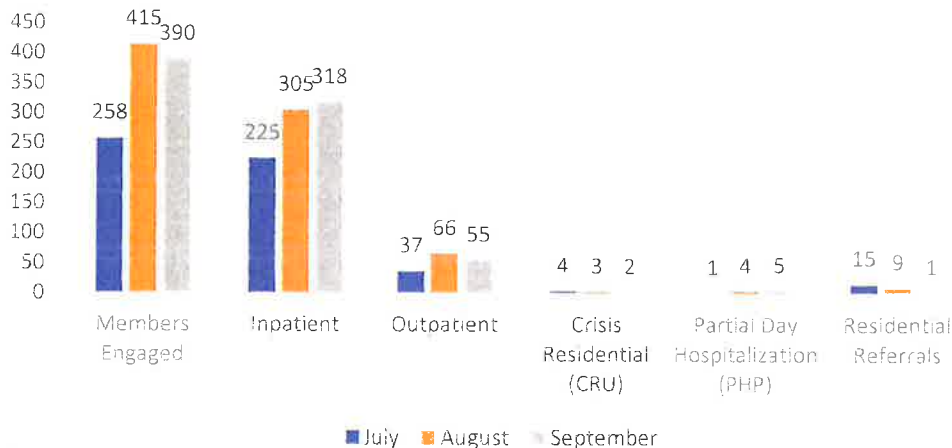
- **Onboard and train new Liaisons to increase the number of members served.**
- **Increase face-to-face pre-admission reviews (PARs).**
- **Improve working relationships with inpatient hospitals.**

Progress On Major Activities:

Activity 1: Onboard and train new Liaisons to increase the number of members served.

- **Description:** The Crisis Services Department has added 3 new Liaisons to maximize the number of members served. With the addition of Liaisons to the team, more members will be seen in crisis. Liaisons see members face-to-face that are in the emergency department 23 or more hours after a disposition of inpatient is determined. The team consults with the screening agencies to promote services in the least restrictive environment where clinically appropriate.
- **Current Status:**

Members Served by Liaisons with Disposition



	Members Engaged	Inpatient	Outpatient	Crisis Residential (CRU)	Partial Day Hospitalization (PHP)	Residential Referrals
July	258	225	37	4	1	15
August	415	305	66	3	4	9
September	390	318	55	2	5	1

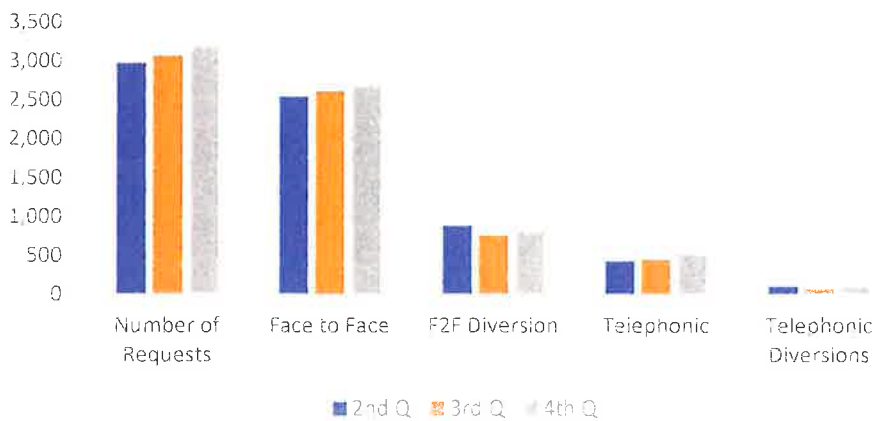
- **Significant Tasks During Period:** Training has been completed for 2 new Liaisons this quarter, and a third Liaison has recently begun training, allowing the Crisis Services Department to be fully staffed.
- **Major Accomplishments During Period:** As a result of onboarding, the Crisis Services Department showed an increase in members served compared to July of this quarter.
- **Needs or Current Issues:** The Crisis Services Department has identified an increase in the number of inpatient admissions for members in the 23-hour report.

- **Plan:** Liaisons will focus on CRSP connection in the community and follow up on the diversions made from crisis encounters when members were originally given a disposition of inpatient and diverted to a lower level of care. The Crisis Services Department will continue to partner with adult and children’s initiatives departments to ensure services are appropriate and authorized as necessary.

Activity 2: Increase face-to-face pre-admission reviews (PARs)

- **Description:** Pre-admission reviews and re-evaluations of members in crisis are more beneficial when conducted face-to-face. The percentage of face-to-face evaluations have been consistent from Q2 to Q4 for adults and children.
- **Current Status:**

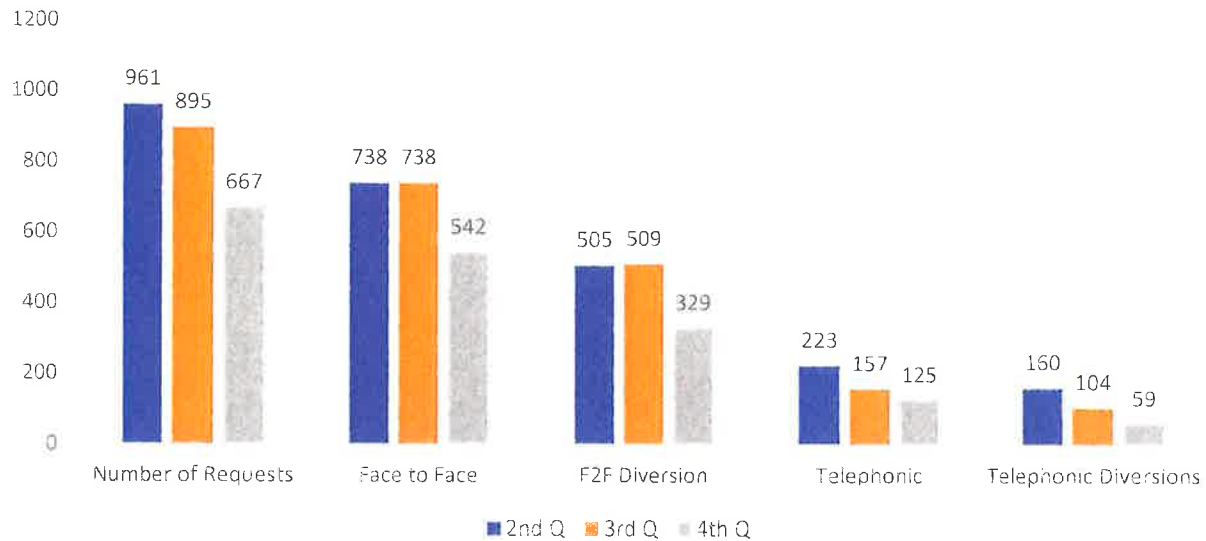
Adult Requests for Service by Type and Outcome



Adults	Number of Requests	Face to Face	F2F Diversion	Telephonic	Telephonic Diversions
2nd Q	2,976	2544 (85%)	888 (35%)	432 (15%)	105 (24%)
3rd Q	3,069	2615 (85%)	757 (29%)	454 (15%)	74 (16%)
4th Q	3,185	2671 (84%)	804 (25%)	514 (16%)	99 (19%)

- The expectation is that face-to-face evaluations occur 80% of the time.

Child Requests for Service by Type and Outcome



Children	Number of Requests	Face to Face	F2F Diversion	Telephonic	Telephonic Diversions
2nd Q	961	738 (77%)	505 (68%)	223 (23%)	160 (72%)
3rd Q	895	738 (82%)	509 (69%)	157 (18%)	104 (66%)
4th Q	667	542 (81%)	329 (61%)	125 (19%)	59 (47%)

- The expectation is that face-to-face evaluations occur 80% of the time.

- **Significant Tasks During Period:** The Crisis Services team meets bi-weekly and daily with the contracted screening entities to reinforce that face-to-face evaluations are a more effective measure of determining the disposition and appropriate level of care.
- **Major Accomplishments During Period:** As a result of meeting with the screening entities, we have seen an increase in the number of face-to-face evaluations.
- **Needs or Current Issues:** Staffing for the screening entities is an issue. There are multiple requests for service daily, and the key performance indicators (PI#1) require a disposition within 2 hours of the request. Therefore, in some instances, telephonic evaluations are necessary to meet KPIs.
- **Plan:** The Crisis Services Department will work with the contracted screening entities to gauge workload and subsequent staffing, assisting in prioritizing cases to be seen face-to-face where necessary based on presenting concerns and knowledge of the cases to increase face-to-face evaluations.

Activity 3: Improve working relationships with inpatient hospitals.

- **Description:** The Crisis Services Department has recognized the need for communication and relationship-building with contracted inpatient hospitals' admissions departments. The team has had initial meetings with each of the inpatient hospitals during this quarter in focused groups to improve stabilization of members and promote effective discharge planning.

- **Current Status:**

<u>Inpatient Meetings, 4th Quarter</u>		
BCA Stonecrest/Harbor Oaks	Detroit Receiving/Sinai Grace	Samaritan/Behavioral Centers of Michigan
8/15/2023	8/15/2023	8/31/2023
Havenwyck/Corewell Behavioral Health	Henry Ford Kingswood and Wyandotte	St. John
8/25/2023	9/11/2023	8/11/2023
Trinity Livonia/Garden City	Pontiac General	
8/31/2023	8/29/2023	

- **Significant Tasks During Period:** The Crisis Services Department worked with the treatment team contacts at the hospitals to establish initial communication and set up standing meeting schedules to be a continued source of communication.
- **Major Accomplishments During Period:** As a result of this communication, a youth member with very high acuity with limited placement options was discussed within this forum and was admitted to an inpatient level of care, giving this member access to the most appropriate level of care.
- **Needs or Current Issues:** Communication continues to be a challenge in this area between the inpatient hospitals and DWIHN for admission and discharge.
- **Plan:** The team will continue to meet bi-monthly with the hospital treatment teams for discussion moving forward. The plan also includes increasing participation of the CRSP in the discharge planning for the members. DWIHN Liaisons will also coordinate care for those members who are not assigned a CRSP.

Quarterly Update:

- **Things the Department is Doing Especially Well:**
The Crisis Services Department is now fully staffed. The focus is on coordination with the CRSPs to share information related to members in crisis and ensure that the clinical staff at the CRSP level is actively involved in the discharge planning.
- **Identified Opportunities for Improvement:**
The Crisis Services Department has identified the following areas which present an opportunity for improvement. 1) reducing recidivism 2) engaging the CRSP in discharge planning and 3) increasing face to face evaluations for pre-admission reviews.
- **Progress on Previous Improvement Plans:**
The Crisis Services Department has increased collaboration with adult and children’s initiatives departments to actively engage the CRSP in discharge planning. The team has improved partnerships with Utilization management and residential to link and coordinate members with high acuity.

**Program Compliance Committee Meeting
Innovation & Community Engagement Qtr. 4
October 11, 2023**



Main Activities during Quarter 4 Reporting Period:

- Continued partnership with Detroit Police and Wayne County Sheriff’s Office
- Trauma/Suicide Prevention and Outreach
- Workforce Development/Compliance Training

Progress On Major Activities:

Activity 1: Partnership with Detroit Police and Wayne County Sheriff’s Office

- *Description:* These partnerships include several components specific to improving mental health services and outcomes for individuals with mental health needs. With Detroit PD, emphasis is placed on jail diversion. With the Wayne County Sheriff’s Office, emphasis is placed on community reintegration and connecting individuals to treatment.

The DWIHN/DPD Mental Health Co-Response Partnership – *to improve the law enforcement response to individuals experiencing mental health crises and to prevent future crises by connecting them early on to supportive services.*

1. **Co-response teams** responded to a total of 1,033 encounters for the quarter, with 132 individuals connected to a service.
2. **Communications Behavioral Health Specialist** –This service component screened 113 individuals this quarter.
3. **Detroit Homeless Outreach Team** –This team provided outreach services to 397 individuals during the quarter.
4. **Mental Health Jail Navigator Project** - The goals are to reduce the length of stay in jail, reduce recidivism, improve access to mental health services, increase treatment retention, and increase public safety. The Mental Health Jail Navigator referrals remained consistent, as 27 individuals were referred and interviewed this quarter, with 5 being monitored in the program.

Current Status: Data were not yet available for September.

Justice Involved Initiatives – July-August 2023	Number of Encounters/Screened
Co-Response Teams	1033
Mental Health Jail Navigator	27
Communications Behavioral Health Specialist	113
Detroit Homeless Outreach Team	397

Wayne County Jail Data:

Jail Releases	272
AOT Orders Processed by staff	415
On an AOT	6
Not in MHWIN	22
Linked to Provider	134

- *Major Accomplishments During Period:*
 - During this period, 29 new veterans were assisted with various needs.
 - Staff processed 415 AOT orders.
 - DWIHN hosted **three** CIT 40-hour blocks during the quarter, training **45 individuals, two** courses for dispatchers and call-takers (**26 staff**), and **three** courses in Crisis Response Training for Detroit Police Academy cadets (**24 cadets**).
 - DWIHN, the City of Detroit, and the Police Department participated in a 2-day (September 24-26) site visit with the City of Philadelphia, PA to learn more about their strategic efforts to manage and support their un-housed population. Planning to address Wayne County's population will occur in the next quarter.

- *Needs or Current Issues:*
 - Direct contact hours between CIT units, non-CIT trained scout units, and consumers across the city may be opportunities for stakeholders to familiarize themselves with the role of CIT in mental health-related 9-1-1 calls. Currently, it is not uncommon for CIT units to remind non-CIT trained scout units on the need for the latter to transport consumers in crisis as needed. This is more of an occurrence among officers from the 6th precinct compared to the 8th precinct officers. As of 8/28/2023 CIT DPD leadership shared that there would be an upcoming teletype for consumers to submit their involuntary transport orders to the appropriate precinct to initiate pickup of individuals in question. CIT will then be utilized to support with any potential need for de-escalation while non-CIT precinct offers to execute the involuntary transport orders.

- *Plan:* DWIHN will continue to coordinate with the City of Detroit to attempt to streamline processes between law enforcement, behavioral health services, and access to housing.

Activity 2: Trauma Awareness/Suicide Prevention and Outreach

- *Description:* DWIHN is known for hosting suicide prevention and trauma-focused events led by our Summer Youth Employment Program, Reach Us Detroit, and other initiatives. These events are developed for primary and secondary consumers as well as practitioners and the general community.
- *Current Status:*
 - Throughout the quarter, various activities were overseen, and managed by the department.
- *Significant Tasks During Period:*

- The summer youth employment program partnered with fifteen (15) organizations (Alke-Bulan Village, Charter Township of Van Buren, City Connect Detroit, WSU Bio-Career Advancement Program, City of Belleville, Dearborn Police Department, City of Hamtramck, City of Inkster, City of Westland, Downriver Community Conference, Life Builders and Eastside Community Network, Team 84, Charter Township of Redford and City of Highland Park) throughout Detroit and Wayne County – May – September 2023 (5 months).
- We partnered with Connect Detroit and Downriver Community Conference to plan and coordinate a “Young Professional Conference” on August 3, 2023. The conference educated youth on various topics that build resiliency for behavioral health, self-care, social skills, and employment development. Topics included: bullying, conflict resolution, suicide prevention, substance use, financial literacy, and employment readiness. The YPC was held at the Detroit Marriott Hotel Conference Center, there were approximately 600 youth attendees.
- Staff assisted in the procurement of school supplies to provide backpacks (800) stuffed with school supplies to youth preparing for the school year.
- Reach Us Detroit 24/7 Virtual Therapy Line continues to be offered to residents of Wayne County who are 14 and up. 224 calls were supported, which is three times the number of calls supported in July.
- The collection of data and information to submit for consideration of National Health Service Corps Site Designation was continued to address revisions requested.
- Detroit at Work initiatives, including the JumpStart initiative received consultation for trauma-informed services for participants and staff. Connections continue to develop with community college collaborative to identify resources and supports.
- There were extensive outreach efforts, including resource distribution, information sessions, and visits to homeless shelters. Collaboration with veteran-focused organizations like Soldiers Haven and Soldiers Angels continued. The month also saw involvement in events such as Vet Fest, resource fairs, and core partnership meetings with the Michigan Veterans Affairs Agency (MVAA). Mental health initiatives, advocacy for specialist accessibility, and support for veterans in need remained ongoing priorities.
- *Major Accomplishments During Period:*
 - The team spent 4 days at the North American Auto Show providing information on programs and services available to the community.
 - On August 11th, the Wayne State University Summer Youth BCAP program held a closing ceremony for all 150 youth participants. Each youth had the opportunity to present their research experience.
 - One student learner has returned to support RUD for two semesters. A partnership with University of Michigan School of Social Work continued to support the centralized behavioral health training program that oriented 12 new students. One student will be placed with City of Detroit call response center with our support.
 - Closing plenary for CONNECTIONS Cultural and Linguistic Competency Conference was delivered that included ethics continuing education units for participants.

Activity 3: Detroit Wayne Connect Learning Management System Training

- *Description: Detroit Wayne Connect (DWC) is the learning management system utilized by the network to provide continuing education opportunities for the workforce.*

Current Status:

Several of the online training courses are in various stages of update and approval:

- Eight courses have been updated and fully approved. These courses are pending upload to the site.
- Three courses are under review by various subject matter experts and pending final approval.
- Two courses are in the final stages of editing and review:
- One course is in outline form pending export.
- One course that is in the first draft.
- Eleven supplemental courses are in the development software and pending approval.
- *Significant Tasks During Period:*
 - Outlined and updated course material for 12 training courses
 - Secured approval of course content by in-house teams for eight courses
 - An external subject-matter expert developed course content for eleven supplemental Autism-specific courses. These courses are pending approval by various staff.
- *Major Accomplishments During Period:*
 - Six online training courses were updated, revised, and fully approved during this quarter.
 - Eleven supplemental courses were developed by Dr. Krista Clancy.
- *Needs or Current Issues:*
 - There had been delays in securing final approvals for updated courses.
- *Plan:*
 - A target date has been communicated with SME's. Assistance will be provided to ensure the release date for loading these courses to the compliance site is met by October 15, 2023.

Quarterly Update:

The Department continues to see great success with community outreach and engagement.

There were **45 events** during the quarter. We reached a total attendance count of fifteen hundred and five (**1505**) individuals who registered and attended Detroit Wayne Integrated Health Network-sponsored training, seminars, and community outreach events.

We hosted our annual back-to-school block party, a first-time back-to-school event at the Corner Ballpark, and we joined Durfee Elementary-Middle School to host their back-to-school open house. We distributed **800** backpacks with supplies.

This quarter a total of nineteen (19) Continuing Education Unit (CEU) applications were processed with a total of **57.5 CEU hours awarded** to provider network training aimed at increasing staff competence, retention, and motivation.

Two hundred and ninety (**290**) Detroit Wayne Connect Help desk calls were logged for the quarter addressing login issues, transcript information, online training module troubleshooting, event registration, and compliance inquiries.

Program Compliance Committee Meeting
Leigh Wayna, LMSW – Director of Utilization Management
FY 2023 Q4 Report



Main Activities during Reporting Period (FY 2023 Q4):

- In FY23 Q4 The Utilization Management Team reached 97.2% enrollment for HSW (Habilitation Service Waiver)
- Monitoring of Length of Stay in Acute Inpatient Hospitals
- General Fund Authorization Monitoring.

Progress On Major Activities:

Activity 1: HSW Enrollment

Description: In the month of September, the Utilization Management Department was able to achieve 97.2% enrollment for our Habilitation Supports Waiver (HSW) population. This is DWIHN's highest utilization since November 2020. This increase in utilization is the direct result of multiple initiatives launched to directly target increasing utilization:

- In late March DWIHN's UM and Residential Teams partnered to launch a new collaborative effort to increase utilization. DWIHN's residential team agreed that when completing residential assessments for members that they would use that opportunity to identify potential members that would be eligible and benefit from HSW enrollment. The residential team would brief members on HSW benefits and obtain the initial signature on the certification/consent form, making it easier for CRSP's to complete the enrollment process.
- In April DWIHN's UM Department began to utilize data from MHWIN to help CRSPs identify potentially eligible members to enroll in HSW. DWIHN's IT team developed a report using a number of data points to select DWIHN members who may meet eligibility for HSW enrollment. They then updated the list to sort by upcoming IPOS due dates and CRSPs. Every 60 days DWIHN's UM department sends out the list of identified members to the CRSPs asking them to, if appropriate, explain HSW to these members and begin the enrollment process to that it aligns with the new IPOS.
- The fact that both the residential team and the IPOS report are pulling potential HSW enrollees that the CRSPs did not identify suggests that the CRSPs needed additional training on the benefits and eligibility requirements of HSW. In Q2 of this FY the HSW began meeting with CRSP teams to complete a training covering these topics to empower the CRSPs to identify and enroll members into HSW.

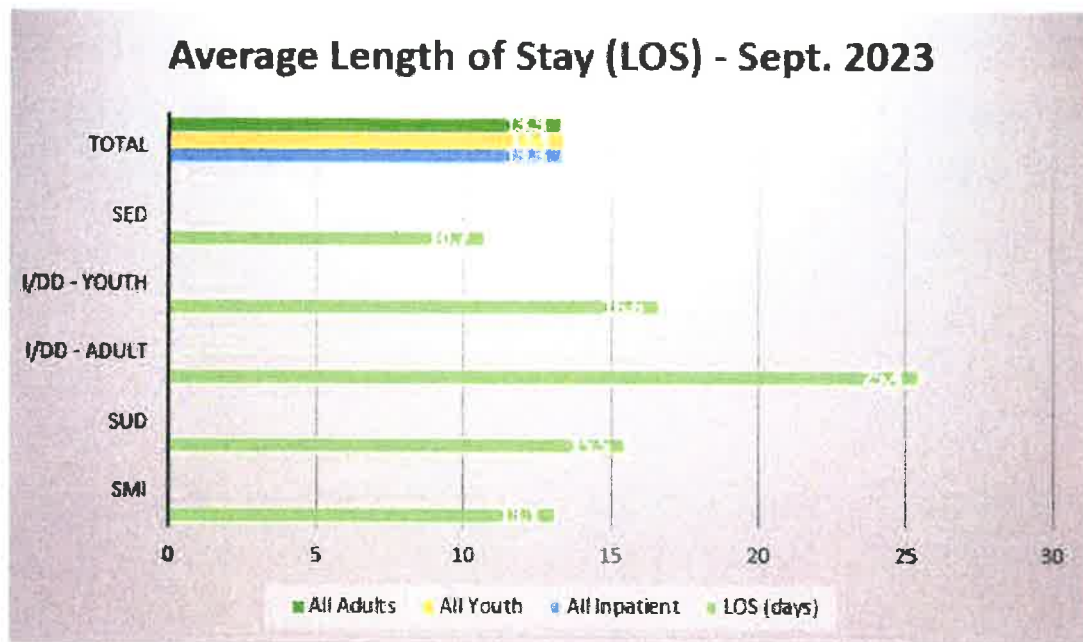
Since these initiatives have been in place HSW enrollment has significantly increased. Please refer to the aggregated data below for a breakdown and to view trends.

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

- *Current Status:* Ongoing, but compliance goal has been met.
- *Significant Tasks During Period:* as described above.
- *Major Accomplishments During Period:* Highest Enrollment since January 2023.
- *Needs or Current Issues:* No ongoing needs or issues reported. Continued monitoring of this metric will occur.
- *Plan:* Continue current efforts as described.

Activity 2: Length of Stay Monitoring in Acute Inpatient Hospitals

- *Description:* The average length of stay (LOS) for all inpatient admissions is 13.3 days. The average LOS for adults and youth is 13.3 days & 13.4 days, respectively. Please note that youth in the state hospital have been removed from this data. Length of stay by primary disability designation is outlined in the chart below:



- *Current Status:* Ongoing
- *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 baseline length of stay data. Development of “Roundtable” Meetings to manage discharge and care planning for members.
- *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 Staff will be instructed to conduct “Roundtable” meetings with Hospital clinical staff, DWIHN Clinical Staff, DWIHN Residential Staff, CRSP Provider Staff and any other interested parties (Such as but not limited to DWIHN Hospital liaisons, DWIHN Court Liaison, DWIHN’s Medical Director etc) to discuss a holistic approach to stepping the member into an alternative level of care outside of the inpatient hospital unit.

Activity 3: General Fund Authorization Monitoring.

- *Description:*
Of the General Fund Exception authorization requests reviewed during September 2023, there were 273 approvals. This is consistent with the increase that began in the month of

August and is due to individual Medicaid recipient failure to comply with the MDHHS reinstatement of the active reapplication process in April 2023. This is equally distributed among children and adults receiving behavioral health services. It is anticipated that this trend will continue during the next quarter or so as individuals become increasingly aware of the active vs. Passive reapplication process.

The majority of all approved requests were for first time requests for General Fund, as repeat requests are trending downwards as a result of enhanced efforts to engage providers in assisting consumers/parents/guardians with the Medicaid reinstatement/acquisition. One of the exceptions to this downward trend is the group of consumers receiving H2X15 –Community Living Supports, T1020 – Personal Car Per Diem and/or H2016 -- Comprehensive Community Support Services through General Fund. Work is ongoing with *all* CRSPs to engage these and all consumers, parents & guardians to actively pursue Medicaid reinstatement/acquisition.

- *Current Status:* Ongoing Monitoring of Trends.
The following chart shows the FY 2022-2023 General Fund patterns:

General Fund Fiscal Year 2022-2023 to Date													
	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	FY 2022-2023 TOTAL
Approvals	332	327	260	316	295	335	258	195	187	171	268	273	3217
The Guidance Center	12	12	11	5	36	23	22	13	17	45			
Advance Notices	257	266	203	285	196	211	200	147	159	214	297	278	2,713
Administrative Denials	9	10	9	9	11	8	13	39	48	101	76	66	399

- *Significant Tasks During Period:* Attention was given during the quarter to eliminating the discrepancies between the erroneous listing of General Fund as the payor source in MHWIN and the actual *active* Medicaid status in the MDHHS.

- *Major Accomplishments During Period:* The majority of all approved requests were for first time requests for General Fund, as repeat requests are trending downwards as a result of enhanced efforts to engage providers in assisting consumers/parents/guardians with the Medicaid reinstatement/acquisition. One of the exceptions to this downward trend is the group of consumers receiving H2X15 –Community Living Supports, T1020 – Personal Car Per Diem and/or H2016.
- *Needs or Current Issues:* Continued difficulties with the discrepancies between the erroneous listing of General Fund as the payor source in MHWIN and the actual *active* Medicaid status in the MDHHS.
- *Plan:* Actively working with IT and with Benefits Specialist Supervisor/Finance to resolve discrepancies. Continued collaboration with CRSP Providers regarding reinstatement of member insurance plans. Continued education and support for CRSP providers with regard to processing Spend Downs.

Quarterly Update:

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

HSW Enrollment increases have been our biggest project and biggest accomplishment this quarter. The HSW Team has developed consistent processes by which to maintain this achievement.

Downward trend for subsequent General Fund authorization requests after first request is made.

- **Identified Opportunities for Improvement:**

- As identified within our HSAG Review, the UM Department will focus on improvement in the area of timeliness of authorization disposition and this will be an area I will provide data trends for next quarter. While we strive to provide dispositions within 72 hours (for urgent pre-service requests) or 14 days (for non-urgent preservice requests) we have not met our 95% compliance threshold for this metric. As reported above, The UM Director and the 3 UM Administrators have developed a process improvement plan by which we will do the following:
 - Staff will be instructed to provide disposition for urgent pre-service requests within 24-48 hours – this will subsequently provide additional time to follow up with the requester should there be any corrections needed to the requests in order to make a disposition.
 - Staff will be instructed to utilize Authorization Extension Letters should they need additional time to make a clinical decision regarding the disposition.
- Going into FY 2024, Q1 we are examining ways to reduce our average length of stay in acute inpatient psychiatric settings. Current ALOS is 13.3 days. We would like to reduce this by engaging in the following:

- UM Staff will continue to attend “High Priority” meetings with other clinical departments to discuss complex cases of members with intensive needs.
 - UM Staff will begin to hold “RoundTable” meetings for members who have lengthy hospital stays. These meetings will include all relevant parties such as- Hospital Social Worker, DWIHN Hospital Liaison, DWIHN Clinical Departments, DWIHN Residential Department (as needed), CRSP Provider Staff, ACT Team Staff, etc. The goal of these meetings will be to develop a holistic plan for the member that addresses social determinants of health as well as any other discharge planning needs. In this way, we hope to reduce the length of time a member needs to remain at the highest levels of care, and transition them into the community with an abundance of support.
- **Progress on Previous Improvement Plans:**
 - Last month, I had identified the Timeliness of dispositions as an area for improvement. The processes have been disseminated to staff over the last month and we are beginning to collect data related to this plan for improvement.
 - The additional identified Improvement plan of reducing the length of stay has also just begun data collection.

Program Compliance Committee Meeting
Vice President of Clinical Operation's Report
October 11, 2023



CLINICAL PROGRAM UPDATES:

Behavioral Health Home (BHH): Current enrollment- 622 members

DWIHN providers met the MDHHS BHH outcome incentive goal for year 1 and are actively monitoring year 2 outcome goals. DWIHN continues to work with providers on data clean-up and ensuring members are seen as expected in this program model.

Opioid Health Home (OHH): Current enrollment- 590 members (May- 601)

DWIHN providers met the MDHHS OHH outcome incentive for this fiscal year. DWIHN continues to work on increasing OHH enrollment and ensuring enrollment data is accurate in both the DWIHN and State systems.

Health Homes FY2024 focus areas will be on ensuring provider fidelity to the model, preventative health initiatives, and engaging with provider partners to ensure improved outcomes reaching program pay for performance and quality measures.

Certified Community Behavioral Health Clinic (CCBHC)- A CCBHC site provides coordinated, integrated, comprehensive services for all individuals diagnosed with a mental illness or substance use disorder. It focuses on increased access to care, 24/7/365 crisis response, and formal coordination with health care. CCBHC's incorporate Quality Based Performance Measures in the form of an incentive model. CCBHC are supported both on the national level and State level. This model is the future of behavioral health and DWIHN is currently planning for this change.

- *CCBHC Demonstration Expansion-* Currently our region has one CCBHC Demonstration site, The Guidance Center, who serves 3,412 individuals under this model. The State of Michigan announced has expanded the CCBHC State Demonstration sites, starting October 1, 2023. DWIHN was informed that six (6) providers applied for certification and five (5) providers were approved for certification (ACCESS, CNS Healthcare, Elmhurst Home, Development Centers, Southwest Counseling Solutions). DWIHN is working with these providers on the transition and launch of these services by providing technical assistance.
- *CCBHC Expansion SAMHSA Grant-* This grant application was submitted by DWIHN in May 2023. This grant provides funds to assist in establishing and implementing CCBHC locations in the community. DWIHN has received notification that we were not awarded this grant. We are awaiting the application feedback from SAMHSA to see how this determination was made for future planning purposes. DWIHN is still moving forward with developing clinic services to align with the CCBHC model and provide a focused set of services. This will help ensure DWIHN is ready to join the MDHHS State Demonstration when that application is available.

Residential Services:

Youth Aging out of Foster Care (DHHS):

DWIHN Residential Staff have been working with MDHHS and a pilot group of residential and Clinically Responsible Service Providers (CRSPs) to develop a program to support the successful transition of Age-Out Youth into adult services. A specific process flow, set of criteria, and referral requirement for Age-Out youth referrals was developed to assure that all services can be transitioned seamlessly. Meetings are held weekly with this pilot group. The Residential Manager continues to work with the MDHHS Director of Wayne County Children's Services to schedule training on the Residential Referral Process for Age-Out youth to all MDHHS District Managers and Supervisors. This is to ensure consistency among all MDHHS staff's understanding of the process and requirements.

DWIHN has seen success with multiple referrals and placements because of this collaboration; including returning members from out of county placements back to Wayne County. DWIHN is developing brochures outlining what residential services are available and how to access them. One brochure will be tailored to Age-Out Youth and one to DHHS staff. It will be a quick go-to guide on when and how a referral should be made to our department. Weekly meetings with DHHS staff, CRSPs, and residential providers will continue to ensure the program is comprehensive.

Substance Use Disorder Services (SUD)-

New Emerging Trend Update: Xylazine.

Xylazine is a potent veterinary tranquilizer not approved for human use, but has increasingly been found in the illicit drug supply and is often used along with fentanyl. Out of 83 counties in Michigan, 61 have reported at least one death. Since October 2019, Xylazine-positive deaths have occurred in 29 counties, with the highest number of fatalities happening in Genesee (45 deaths), Ingham (44), Calhoun (39), Kalamazoo (27), and Muskegon (25), accounting for 67% of all xylazine-related deaths.

The CDC reports that Xylazine may be underreported in overdose deaths in Michigan because routine toxicology tests may not detect it. DWIHN is spreading awareness about the potential hazards of using xylazine and has provided 2850 Xylazine test strips as a harm reduction strategy. These 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, they need to make safer choices.

Children's Initiatives:

Patient Health Questionnaire Adolescent (PHQ A): Providers complete this screening tool for youth with serious emotional disturbance (SED) designation ages 11 to 17 to screen for suicidality and depression symptoms. The PHQ-A intake and quarterly reporting data has officially been added to the Risk Matrix this month. Currently PHQ-A Intake completion rate is at 99.7% and PHQ-A Quarterly completion rate is at 74.5%.

SED Waiver: Facilitated Wrap Around / SED Waiver training on 9/26/2023 to train children's providers on Wrap Around / SED Waiver requirements (132 attendees). This training focused on the following:

- New Provider Advanced Therapeutic Solutions that offer Music Therapy, Art Therapy, and Music Therapy
- Authorizing SED Waiver services
- Additional training hours for Wrap Around Facilitators
- Updated Wrap Around Statement of Work
- New SED Waiver Forms: SED Waiver Information Letter, SED Waiver Transition Letter, SED Waiver Renewal Certification Checklist
- New WSA duties

Crisis Plans: Facilitated DWIHN / CRSP Crisis Plan training in partnership with Adult Initiatives Department on 9/21/23 in Redford, MI. The network Crisis Plan Compliance percentage was added to the Risk Matrix to track and measure outcomes of training and provider performance. Prior to this training (3rd Quarter 2023) 62% of members had an active Crisis Plan. An additional training is scheduled for 11/2/2023.

Discharge Planning: IT department finalized the discharge record link in MHWIN and received confirmation that discharge summaries HIE (health information exchange) to MHWIN. DWIHN will collaborate with the Customer Service Department regarding training the providers.

Baby Court Grant: Attended the Baby Court Kick Off training in Lansing on 10/1/23. Developed the Wayne County Active Community Team; in which, the first meeting was held 9/8/23 in Detroit, MI. This team includes community partners, parents, advocates, infant mental health specialists, DHHS to brainstorm and support the needs of children ages 0 to 3.

Provider Network Updates:

To ensure that our members receive timely access to a full array of behavioral health services, DWIHN initiated several provider expansion efforts. This includes RFP/RFQs for the Crisis Continuum, expansion of Children's Provider network, and Applied Behavioral Analysis Services. DWIHN Residential Department is also working closely with Managed Care Operations and Quality Management to expand the residential provider network due to the increase in complex cases, some of which require a barrier-free settings.

These departments meet weekly to review the status of provider contracts and onboarding of new facilities that can meet our members' needs. DWIHN is also reviewing vacancy management and ways to create more internal efficiencies.

Workforce Initiatives:

DWIHN is working collaboratively with Wayne State University School of Social Work and select CRSPs to increase a pipeline of individuals obtaining both bachelor's and master's degrees in social work. This effort is aimed at Peer Recovery Support staff who would like to go to college and further their education by obtaining a degree or certification in social work or addiction studies. This program allows students to complete internships at their current mental health/substance use provider, so they do not have to do an internship outside of their current pace of employment after

hours. They also offer guaranteed tuition and childcare services. The impact this has on increasing people's interest in higher learning and subsequently, workforce development, will be assessed each semester.

DWIHN participates in a substance use provider workforce collaboration that includes several substance use (SUD) providers(and representatives from MCBAP. The workgroup is exploring avenues to increase the workforce, specifically in the SUD field. Starting to work with colleges (both 2 and 4-year) on presenting information to their students about the rewards of working in the substance use field. Discussions also center around social work licensing testing requirements, incentives, and parity.



VP of CLINICAL OPERATIONS' REPORT
Program Compliance Committee Meeting
Wednesday, October 11, 2023

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

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

Autism Spectrum Disorder (ASD) – Clinical Officer, Ebony Reynolds
Please See Attached Report

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

CRISIS SERVICES – Director, Daniel West
No Report

CUSTOMER SERVICE – Director, Michele Vasconcellos
Please See Attached Report

INNOVATION AND COMMUNITY ENGAGEMENT (ICE) – Director, Andrea Smith
No Report

INTEGRATED HEALTH CARE (IHC) – Director, Vicky Politowski
Please See Attached Report

MANAGED CARE OPERATIONS – Director, Brandon Taylor
Please See Attached Report

RESIDENTIAL SERVICES – Director, Shirley Hirsch
Please See Attached Report

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

UTILIZATION MANAGEMENT – Director, Leigh Wayna
No Report

DWIHN Access Call Center
Yvonne Bostic, MA, LPC (Call Center Director)
Monthly Report: September 2023
Date 10/5/2023



Main Activities during September 2023:

- **Call Center Performance – Call detail report**
- **Call Center Performance – Appointment Availability Report**
- **Call Center Trainings – Kevin’s Law and Southeastern Michigan Veteran Affairs**

Activity 1: Call Center Performance – Call Detail Report

- **Description:** Majority of the calls that come into the call center are from members in the community seeking mental health and SUD services, information and referrals. The rest of the incoming calls are from in-network providers and other community agencies like local hospitals, foster care workers, etc. Incoming calls are monitored from the first point of contact with the DWIHN Access Call Center Representatives and then after they are transferred to a screener (MH/SUD or other resource).
- MDHHS Performance goals were met for the month of September 2023
 - MDHHS Standards and Call Center Performance:
 - % Abandoned Goal is < 5% (2.0%)
 - Avg. speed to answer Goal <30 sec. (:16 sec)
 - % of calls answered Goal > 80% (98.0%)
 - Service level Goal >80% (87.9%)

Queues	Incoming Calls	Calls Handled	Calls Abandoned. /Hang Ups	% Abandoned.	Average Speed to Answer	Average Call Length	% of Calls Answered	Service Level
Call Reps	16,375	16,041	333	2.0%	.16 sec	5:16 mins	98.0%	87.9%
SUD Techs	3,762	3,499	263	7.0%	3:39 mins	16:42 mins	93.0%	57.2%
Clinical Specialist	2,039	1,832	207	10.2%	6:40 mins	25:35 mins	89.8%	40.2%
Department Totals	16,375	16,041	333	2.0%	.16 sec	5:16 mins	98.0%	87.9%
August 2023 Totals	17,803	17,207	596	3.3%	.25 sec	5:25 mins	96.7%	83.0%
September 2022 Totals	17,826	16,799	1027	5.8%	.47 sec	5:01 mins	94.2%	74.6%

- **Current Status:** For the month of September 2023 there were 16, 041 calls handled by the access call center. This is 1, 166 less calls than the previous month. The overall service level increased by 4 percent. In an annual comparison of September 2023 and September 2022, there were 758 less calls handled this year and there was a difference of 13% in the service level.

Activity 2: Call Center Performance - Appointment Availability Report

- **Description:** The appointment availability report gives a summary of appointments scheduled after an eligibility screening is completed by the access call center for individuals seeking SMI, SED, DD, ABA and SUD services; the number of appointments a CRSP has available for use and a summary of the hospital discharge appointments scheduled through the access call center.
The outside of 7/14-days report gives a summary of appointments scheduled by the access call center outside of the 14 day standard for intake appointments and the 7 day standard for hospital discharge appointments.
- Appointments are scheduled based on the CRSP provider availability.

Month	July	August	September
(SMI, SED, I/DD, ABA) Appointments scheduled	1049	1223	1054
Scheduled outside of 14 days	106 (38 child)	145 (66 child)	157 (58 child)
Hospital discharge appts scheduled	788	906	821
Scheduled outside of 7 days	272	330	199
Sud appointments scheduled	1422	1482	1345
Outside of 14 days	236	281	266
Urgent/Emergent	166	162	151

- **Current Status:**
 - For Mental Health (SMI, SED, I/DD, ABA) services, the Access Call Center experienced a network appointment availability of 85% for the month of September 2023. That means that 15% of those persons in our community calling for a MH intake appointment were not scheduled within the MDHHS required timeframe of 14 days for the original intake appointment or the person called back to change or reschedule their original appointment.
 - For SUD services, the Access Call Center experienced a network appointment availability of 80% for the month of September 2023. That means that 20% of those persons in our community calling for a SUD intake appointment were not

scheduled within the MDHHS required timeframe of 14 days for the original intake appointment or the person called back to change or reschedule their original appointment.

- For Hospital Discharge follow up appointments, 24% were scheduled outside of 7 days due to no provider availability at the time of request or rescheduling of the original appointment. The access call center experienced 76% appointment availability for Hospital Discharge appointments, occurring within 7 days of discharge.
- **Significant Tasks During Period:** The Access Call Center, along with Quality Improvement and Provider network management, meet regularly with the CRSPs every 30-45 days to discuss performance indicators and appointment availability, barriers and strategies for improvement.
- **Major Accomplishments During Period:** DWIHN has started a transportation initiative with the goal of removing transportation barriers to access to services. In addition to Modvcare Medicaid covered transportation, the Access Call Center will offer other options for transportation through Mariner's Inn Transportation Services and God Speed Transportation. There has also been an updated list of CRSP that offer transportation services.
- **Needs or Current Issues:** Many of the network's providers are having staffing challenges which affects the appointment availability or timeliness of scheduling intake appointments and follow-up services.
- **Plan:** Identify and implement ways to increase workforce and retention of staff. Provide additional training. DWIHN is also posting RFP's to bring on additional mental health providers.

Activity 3: Access Call Center Staff Trainings

- **Description:** In addition to the DWIHN required trainings, during monthly department and team meetings, staff and management participate in live and virtual trainings to increase knowledge base and increase clinical and customer service skills.
- **Current Status:**
 - All Call Center staff completed a virtual training on Kevin's Law/ AOT. Staff are also required to complete a post quiz for this training.
 - All Call Center staff attended a presentation, via zoom, given by representatives from the Southeastern Veterans Affairs office gave a presentation on the services available to individuals with veteran and non-veteran status and how to connect members of this population with services. This presentation was followed by a Q & A session.
 - Selected SUD Technicians and Management Staff attended The 24th Annual Substance Use and Co-Occurring Disorder Hybrid Conference
 - Selected Clinical Specialist and Management Staff attended the MDHHS MichiCANS soft launch.

Accomplishments and Updates:

- **Things the Department is Doing Especially Well:**
 - Completed and Passed HSAG Corrective Action Review
 - Completed and Passed DWIHN Internal QI Review
 - Hired 2 Clinical Specialist and 1 SUD Tech

- **Identified Opportunities for Improvement:**
 - Long hold times (30 minutes or less) after being transferred for a Clinical or SUD screening - staff is in the process on being trained on how to streamline the screening process.
 - One call resolution – management is in the process of developing help aids for access call center representatives to help them troubleshoot and direct calls more effectively.

- **Progress on Previous Improvement Plans:**
 - Corrective Action Plan from Aetna ICO: Documentation of 3 factor verification in the screening tool.
 - This has been submitted to IT/PCE
 - Once implemented staff will need training

Program Compliance Committee Meeting
Autism Department
September 2023 Monthly Report



Main Activities during Reporting Period:

- Census of Autism Benefit
- Initial Diagnostic Evaluations

Progress On Major Activities:

Activity 1: Census of Autism Benefit

- *Description:* The largest barrier providers are facing is the continued shortage of ABA staff as well as ABA centers being at maximum capacity for adding new referrals. This barrier affects DWIHN's ability to meet the Performance Indicator measures.
- *Current Status:* The data below highlights the average number of members assigned or "open" for the entire DWIHN Autism Benefit per quarter and fiscal year.

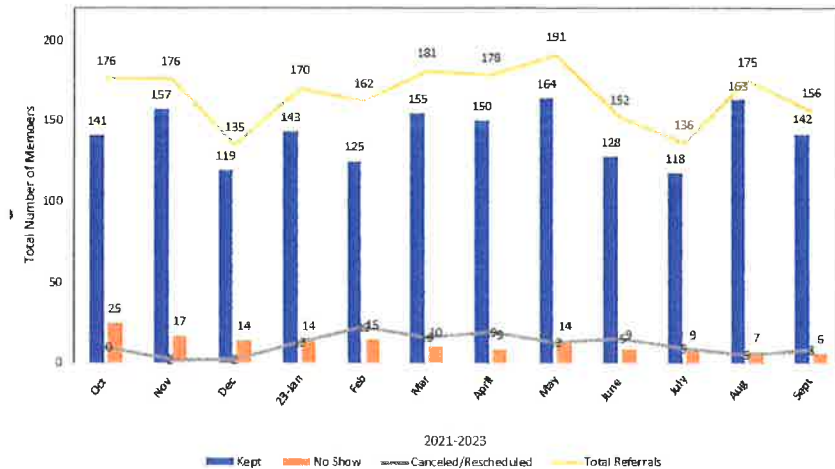
Fiscal Year 2023	Q1	Q2	Q3	Q4
Total Open Members in ASD Benefit	2597	2615	2291	2215

- *Significant Tasks During Period:* Participated in provider meetings to review referral process, highlighted availability at newly added sight locations, and reviewed Performance Indicator measurement expectations. Additionally, the Customer Service department provided technical assistance on submitting delay of service notifications and following up with members to ensure there is not a wait list within the organization.
- *Major Accomplishments During Period:* Data analysis occurred with various ABA Providers allowing for identification of members that are no longer engaged or not interested in services. Issued Request for Qualifications (RFQ) to identify qualified ABA Providers.
- *Needs or Current Issues:* Lack of capacity to accept new referrals for autism services.
- *Plan:* ABA providers will be required to submit a census of members. The ASD Department will continue to complete discharge, transfer, and approvals based on submitted ABA provided census. Collecting this information will help DWIHN-ASD department ensure all current beneficiaries are receiving services that are based on medical necessity criteria. Continue to identify a qualified list of Autism Providers through the Request for Qualification (RFQ) process.

Activity 2: Initial Diagnostic Evaluations

- *Description:* Data below is from the three (3) Diagnostic Evaluators: Social Care Administrator (SCA), The Children's Center (TCC), and Sprout Evaluation Center (SEC).
- *Current Status:* The total number of referrals scheduled by the Access Call Center was 156. Of those scheduled referrals, 142 appointments were kept. Of the 142 appointments kept, 14 members were found not eligible (non-spectrum) for the Autism Benefit. The other 128 members were diagnosed with autism spectrum disorder (ASD) and found eligible for services under the Autism Benefit.

Total Referrals for Diagnostic Evaluations per Month



- *Significant Tasks During Period:* Completed and approved members for the benefit.
- *Major Accomplishments During Period:* The Diagnostic Evaluators were able to support the ABA providers with completing eligibility redeterminations in addition to completing the Initial Diagnostic Evaluations.
- *Needs or Current Issues:* Independent Evaluation Providers scheduling a feedback session to review the results of the Autism Diagnostic Observation Schedule (ADOS).
- *Plan:* Monitor compliance of the Independent Evaluation Providers completing feedback sessions as well as review progress and barriers.

Quarterly Update:

- **Things the Department is Doing Especially Well:**
 - Onboarding new ABA providers
 - Interdepartmental coordinating of tasks to support onboarding
 - Supporting the expansion of current ABA providers through the Request for Qualification (RFQ) process
 - Coordinating with Customer Service on trainings for the ABA providers
 - Reduced errors on early termination requests
 - Provided a compliance training to the ABA provider network
 - Provided a Customer Service training to the ABA provider network
- **Identified Opportunities for Improvement:**
 - Improve coordination of care between ABA Providers and Clinically Responsive Service Providers regarding treatment updates, treatment planning, and authorization of services.
- **Progress on Previous Improvement Plans:**
 - Continue to work on the data report for the 90-day access to ABA services.

Program Compliance Committee Meeting



Children's Initiative Department September 2023

Main Activities during the Reporting Period:

- Activity 1: Timely Access to Services

Progress On Major Activities:

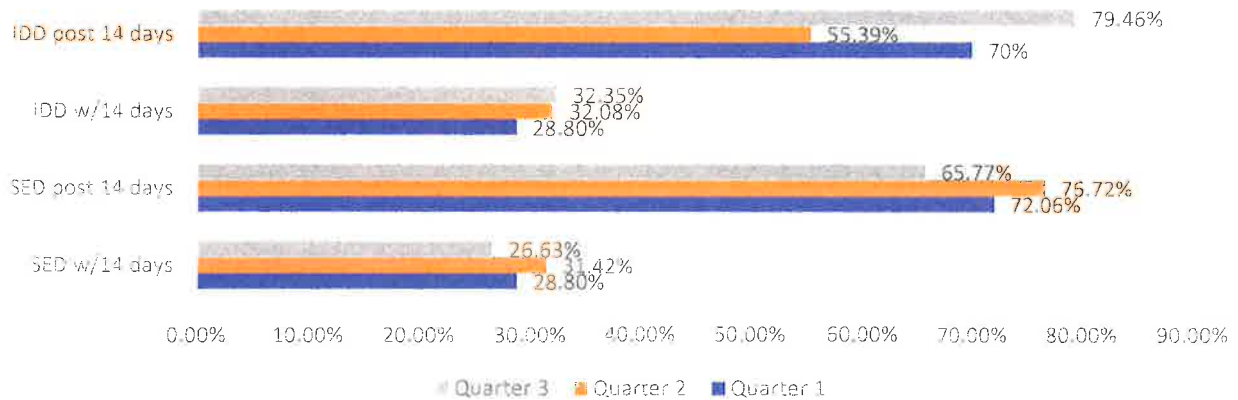
Activity 1: Timely Access to Children's Services

Description: There are Performance Indicators established by Michigan Department of Health and Human Services (MDHHS) specifically relating to children. **Indicator 2a - Access: 1st Request Timeliness (Child – SED / IDD)** The percentage of new persons during the period receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergent request for service.

Why is this Important?: Specifically focusing on Indicator #2a that presents below average. The objective is to connect children and youth to community mental health services timely. Effective 10/1/2023 Michigan Department of Health and Human Services (MDHHS) established the official benchmark for this indicator as 57%

Current Status: See chart below (Note: Q3 data is preliminary)

FY 2023 - Performance Indicator 2a



Significant Tasks During Period: Participated in bi-monthly collaborative provider meetings to discuss current data, trends, and barriers to providing timely services. Also reviewed monthly capacity report forms that include provider plans to improve capacity for services. Discussed Q3 data with children providers during Children System Transformation (CST) Meeting on 9/22/23.

Major Accomplishments During Period: Posted Request for Proposal (RFP) opportunity to expand children behavioral health services; in which the submission date was extended to 10/19/2023. SED Waiver training was held 9/26/2023 with all Wrap Around children providers; in which there will be 4 new SED Waiver providers effective 10/1/2023.

Needs or Current Issues: 1). Children providers reported having clinical staff to complete intakes; however, not having enough staff to deliver clinical services. 2). It was also identified that some children providers have designated intake slots for specific children programs that are not required (Ex: Cornerstone, School Success Initiative, etc). 3). Experienced challenges with submitting the Home-Based renewal applications to MDHHS via the new electronic system; currently there are 6 applications pending.

Plans: 1). Collaborate with Access Department to determine the type of intake appointments children providers are adding to the MHWIN calendars, 2) Collaborate with Access and Quality Departments regarding obtaining data for screenings children providers complete, 3). Collaborate with Finance Department to review the current value-based incentive and consider updating, 4). Explore access to services requirements for CCBHC Providers since there are additional children providers that will begin the CCBHC expansion 10/1/23.

Monthly Update

Things the Department is Doing Especially Well:

Patient Health Questionnaire Adolescent (PHQ A): Providers complete this screening tool for youth with serious emotional disturbance (SED) designation ages 11 to 17 to screen for suicidality and depression symptoms. The PHQ-A intake and quarterly reporting data has officially been added to the Risk Matrix this month.

Next Steps: Send a memorandum to providers informing of the new report available via the Risk Matrix.

SED Waiver: Facilitated Wrap Around / SED Waiver training on 9/26/2023 to train childrens providers on Wrap Around / SED Waiver requirements (132 attendees). This training focused on the following:

- New Provider Advanced Therapeutic Solutions that offers Music Therapy, Art Therapy, and Music Therapy
- Authorizing SED Waiver services
- Additional training hours for Wrap Around Facilitators
- Updated Wrap Around Statement of Work
- New SED Waiver Forms: SED Waiver Information Letter, SED Waiver Transition Letter, SED Waiver Renewal Certification Checklist
- New WSA duties

Outpatient Provider Meeting: Children's Initiative informed the network on 9/29/23 of the following updates

- Authorization requirements for speech therapy, occupational therapy, and physical therapy that require a prescription for service
- Updated service utilization guidelines for community living supports and respite services
- Current RFP-expansion opportunity for children behavioral health services
- Discontinuation of children walk in crisis services at The Children Center effective 9/30/23.

Crisis Plans: Facilitated DWIHN / CRSP Crisis Plan training with Adult Initiatives department on 9/21/23 in Redford, MI (11 attendees). Requested IT Department add the compliance percentage to the Risk Matrix that has been updated this month.

Next Steps: The next training is scheduled for 11/2/2023.

Discharge Planning: IT department finalized the discharge record link in MHWIN and received confirmation that discharge summaries HIE (health information exchange) to MHWIN.

Next Steps: Collaborate with Customer Service department regarding training the providers. Update the discharge summary form in MHWIN. Update policies and procedures.

Baby Court Grant: Attended the Baby Court Kick Off training in Lansing on 10/1/23. Developed the Wayne County Active Community Team; in which, the first meeting was held 9/8/23 in Detroit, MI. This team includes community partners, parents, advocates, infant mental health specialists, DHHS to brainstorm and support the needs of children ages 0 to 3.

Evidenced Based Practices: Collaborated with Procedure Code Workgroup to develop modifiers to track the various evidenced based practices and include in outcomes reports. The new modifiers were finalized in MHWIN this month.

Next Steps: Issue bulletin communication to explain the changes

Crisis Discharge Planning: Developed the Children Services Crisis Clinical Review Form for childrens providers to complete when a crisis occurs to discuss the discharge planning.

Next Steps: Send memorandum to children providers informing of the new procedure, add the new form to Policy Stat.

Outreach Activities:

- Attended the **Child’s Hope Softball Game Fundraising Event** 9/17/23 held in Lincoln Park, MI to support raising funds for child abuse and neglect training and resources (10 attendees)
- Facilitated resource table at the **Suicide Note Workshop** on 9/20/23 held at Wayne County Community College – East Campus in Detroit, MI (20 attendees)
- Facilitated resource table at **Zion Hope Missionary Baptist Church Women’s Ministry Fireside Chat** on Women’s Issues in Detroit, MI (25 attendees)
- Team Wellness explained the **Juvenile Restorative Program** with DHHS Residential Department 9/11/2023 and to the Human Service Collaborative Committee (HSCC) on 9/15/23.

Identified Opportunities for Improvement:

Antipsychotic Medication HEDIS: According to NCQA requirements, Healthcare Effectiveness Data and Information Set (HEDIS) measures are measured for children prescribed antipsychotic medication. It is the goal for children receiving these medications to assess the percentage of children and adolescents with ongoing antipsychotic medication use who had metabolic testing during the year. Currently under performing with this HEDIS measure.

Next Steps: Submit updated performance improvement plan to Strategic Operations. Send Quarter 3 data reports to providers to review and provide feedback.

Progress on Previous Improvement Plans:

ADHD Medication HEDIS: According to NCQA requirements, Healthcare Effectiveness Data and Information Set (HEDIS) Measures are measured for children prescribed ADHD medication. The goal is for children receiving these medications to follow up with their primary doctor at the frequency recommended by their treating physician.

Quantifiable Measure #1: Percentage of children between 6-12 years of age who were diagnosed with ADHD and had one follow up visit with a practitioner with prescribing authority within 30 days of their first prescription of ADHD medication.

3/1/2022 – 2/28/2023 Reporting Period	681 Compliant Members	1154 Eligible Members	59.01% Score	46.1% Goal
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Quantifiable Measure #2: Percentage of children between 6-12 years of age who were diagnosed with ADHD and remained on the medication for at least 210 days and had at least 2 follow up visits with a practitioner in the 9 months after the initiation phase.

3/1/2022 – 2/28/2023 Reporting Period	188 Compliant Members	264 Eligible Members	71.21% Score	62.04% Goal
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**Program Compliance Committee
Michele Vasconcellos Director, Customer Service
October 2023**

Main Activities September 2023

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

Activity 1: Customer Service Calls

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

Reception/Switchboard

	Number of Calls	Abandonment Rate Standard <5%	Call Answer Service Level	Answer w/in 30 seconds Goal
Reception/Switchboard	994	1.1%	100%	80%

Customer Service Call Center

	Number of Calls	Abandonment Rate Standard <5%	Call Answer Service Level	Answer w/in 30 seconds Goal
DWVHN Customer Service	432	4.9%	98%	80%

- In September, both Reception/Switchboard and Customer Service Call Center ADB Rate was within the <5% standard. Calls in both areas exceeded the 30 second answer rate goal of 80%.
- Unit continues to meet with IT and New phone vendor to design new phone system for Customer Service and Access Center.
- Customer Service continues to monitor call abandonment rates.
- The Unit continues to assist Integrated Care with outreach calls to SUD members who were seen in ED and needed follow-up care.

Activity 2: Grievances and Appeals

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

Complaint and Grievance Related Communications

	September 2023
Complaint/Grievance Calls	332

Note: Began to track all communications, calls. Emails and mail mid FY 21/22



Grievance Processed Quarterly Comparison

Grievances	September 2023	
Grievances Received	9	
Grievances Resolved	7	

Grievance Issues by Category

Category	September 2023	
Access to Staff	3	
Access to Services*	2	
Clinical Issues	0	
Customer Service	1	
Delivery of Service*	3	
Enrollment/ Disenrollment	0	
Environmental	0	
Financial	0	
Interpersonal*	5	
Org Determination & Reconciliation Process	0	
Program Issues	0	
Quality of Care	0	
Transportation	0	
Other	0	
Wait Time	0	
Overall Total	14	

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

MI Health Link (Demonstration Project) Grievances

Grievance	September 2023	
Aetna	0	
AmeriHealth	0	
HAP Empowered	0	
Meridian Complete	0	
Molina	0	
Overall Total	0	

Appeals Advance and Adequate Notices

Notice Group	September 2023 Advance Notices	September 2023 Adequate Notices		
MI	1810	418		
ABA	123	7		
SUD	111	19		
IDD	310	53		
Overall Total	2324	497		



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

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

*Information may be skewed as providers are not obligated to turn in their logs until the 5th of each month.

Appeals Communications

	September 2023	
Appeals Communications Received	128	

*communications include emails and phone calls to resolve appeals.

Appeals Filed

Appeals	September 2023	
Appeals Received	17	
Appeals Resolved	19	

DWIHN State Fair Hearings

SFH	September 2023	
Received	0	
Scheduled	0	
Dismissed or Withdrawn	0	
Transferred out	0	
Upheld by MDHHS	0	
Pending	0	

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

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

- The trending grievance pattern shows the 3 top areas of complaint categories are, Access to Services, Delivery of Services and Interpersonal.
- There has been no request for a DWIHN State Fair Hearings for DWIHN or the MI Health Link Program in September.
- Adequate and Advance Notices that are generated by the CRSP are monitored by Customer Service via random audits to ensure that processes are being followed and members are provided timely access to their ability to appeal.

Program Compliance Committee Meeting Michele Vasconcellos Report



- Several grievance and appeals training sessions and technical assistance continued to be provided for several CRSP providers and their new staff.
- Via the Customer Service Quarterly Service Provider meetings, DWIHN continues to address all updates and concerns particularly on the topic of Grievances and Appeals and promotes technical assistance to CRSP to ensure compliance with Due Process standards.
- Customer Service continues to address those CRSP who are attempting to circumvent the mandated grievance process by addressing their issues internally and not reporting to DWIHN. Education and training have begun to deal with this issue. Continuance will be addressed as non-compliance with appropriate accompanied sanctions.

Activity 3: Member Engagement and Experience

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

- Customer Service continues to maintain its efforts to engage members with the implementation of collaborative venues and initiatives. With the initial restrictions of COVID, the Member Engagement division is gradually incorporating in-person initiatives that had previously been done remotely.
- The ECHO Adult and Children 2023 Summary Reports have been completed. A summary of the Adult survey outcomes were discussed at the August QISC meeting and also presented at the Quality Ops meeting. The Children's survey will be reviewed at both committees respectively in September. Preparations for renewing ECHO 2024 contracts are underway.
- After the Unit's Member Experience developed and conducted an On-Line Provider Directory survey to determine user friendliness, MCO has since taken the lead on developing interventions based on the recommendations offered by Member Experience.
- In-Person DWIHN Member Engagement Monthly Member Meetings have resumed and hosted at Clubhouses and Drop-in Centers, with attendance gradually increasing.
- Recruiting efforts are being conducted to increase membership on DWIHN's Constituent Voice advisory committee.
- DWIHN was well represented at the State's annual Walk-A- Mile In My Shoes member event in Lansing. One of DWIHN's Peers was selected to moderate the event on the steps of the capital. DWIHN attendees were over 300.
- Three Peer Agent positions remain open, HR is assisting with recruitment.
- The Member Experience team developed a Disparity Survey to assist the Quality Department in its efforts to address the disparity of African Americans that fail to keep their 7-day post discharge from the hospital appointments.
- The Unit presented 10 Dreams Come True Mini Grant Awards of \$500 each to 10 well deserving recipients at the Dreams Come True Gala Luncheon.

September 2023 Report
Vicky Politowski IHC Director
9/29/2023



Main Activities during September 2023 Reporting Period:

- **Complex Case Management**
- **OBRA/PASRR**
- **Mi Health Link**
- **HEDIS- FUH, AMM, SAA,**

Activity 1: Complex Case Management

- **Description:** The Complex Case Management team is constantly utilizing efforts to gain and serve more members.
- **Current Status:** Complex Case Management has 18 active case, 1 new and 2 were closed. Of the two closed both met their goals. Care coordination was completed for 23 members and 30 individuals were trained in the community on Complex Case Management. One hundred and nine (109) members were contacted for FUH follow up and 9 were reached.
- **Significant Tasks During Period:** FUH follow up for African Americans, 31 members were called, 2 were reached and 7 attended their 30 day follow up and 0 attended the 7 day follow up, one was readmitted to the hospital.
- **Major Accomplishments During Period:** This month we received 4 satisfaction surveys from our members in which all of them rated services received as an 100% rate of satisfaction
- **Needs or Current Issues:** Many members do not answer calls or call back and low number if survey returned.
- **Plan:** IHC RN will assist in engaging members as individuals are more prone to call a RN back. The Clinical Specialist call out to all members who haven't returned a survey within 30 days of closure. The Clinician Specialist will also ask for assistance reaching members from Complex Case Managers if it is seen members were reachable when they attempted them.

Activity 2: OBRA/PASRR Reducing the # of referrals in the INP que.

- **Description:** We currently have 458 referrals in the INP process que. It is important to eliminate these back referrals so that referrals can be processed and completed as received. This will allow us to meet the required turnaround times of 14 days for annual assessments and 4 days for PAS's.
- **Current Status:** *Intake referrals were down this month by about 100 from last month. We received 450 referrals, 144 were assigned to be completed and 306 were triaged and provided exemption letters.*
- **Significant Tasks During Period:**
 1. We have completed 91 full assessments this month and 43 partial assessments.
 2. Two new staff were provided with training.

3. PASRR educator provided training to 20 Nursing homes and 5 hospitals.

- **Major Accomplishments During Period:** During this quarter we have been able to reduce the overall number in the queue by about 30, while continuing to complete the incoming referrals. Pends were at 3% this month which is well below the 25% standard.

Month	Total	ARR's	14 days	% in 14	PAS's	4 days	% in 4	Partials
July	115	69	1	1%	13	12	92%	33
August	152	89	0	0%	8	8	100%	55
Sept	124	77	0	0%	4	1	25%	43
MI Evals								

Month	Total	ARR's	14 days	% in 14	PAS's	4 days	% in 4	Partials
July	18	17	0	0%	1	1	100%	0
August	15	15	0	0%	0	0	N/A	0
Sept	10	7	0	0%	3	3	100%	0
DD evals								

- **Needs or Current Issues:** Identified a need for additional FFS evaluators to assist with this additional work.
- **Plan:** We have identified a need to hire FFS staff on a temporary basis to assist in completing the backlog of referrals. These positions have been approved and we are waiting for the positions to be posted.

Activity 3: MI Health Link

Main Activities during Month Reporting Period: September 2023

- MI Health Link
 - Referrals
 - Operations (Care Coordination, CAPS, Audits)
- Special Project
- Data Sharing

MI Health Link Demonstration

IHC department under the MI Health Link Program received total of **38** request for level II in the month of **September 2023** from the ICO organizations.

Current Status: IHC department reached out to all five ICOs due to referrals for BH services were low. All indicated that due to updates to system internally they were unable to send referrals to DWIHN for this population after 9/15/2023. In addition to the deployment of new add-ins to software ICO HAP and ICO Meridian are undergoing operational updates that has reduced the amount of referrals request for the month.

Major accomplishments: IHC completed successful training of new Access Center Staff during this reporting period in efforts to support understanding of program and importance of timeliness of referral to BH service request. DWIHN was successfully in returning 90% of the referrals timely for the month 10% of the referral responses were delayed due to Access Center not processing timely for submission.

No current needs at this time. Access department, IT has been notified of the issues with the CareBridge for any stale referrals that should have been processed in this reporting period that may populate for next reporting period.

ICO Care Coordination:

IHC department conducted a meeting with each ICO to discuss gaps in care, follow up after hospitalization and shared member updated contact information for 38 members for this reporting month.

Major accomplishments were: 21 members presented with a Gap in care 15 of the 21 cases were closed with a successful outcome. To close the gap in care PIHP Coordinators assisted with providing members education on the importance of follow up, connected members with last CRSP Providers, assisted with information on how to change last reported CRSP and Provided ICO with updated contact information.

Issues: 7 Cases were unsuccessful in outreach efforts due to bad contact information. The 7 cases unable to reach were sent mailing information to last reported address to contact Care Coordinator and/or DWIHN Access Department to identify a new CRSP provider for reengagement.

Plan: 16 Cases will carry over until next month due continued efforts of collaboration with CRSP, ICOs and members.

MI Health Link Audits: IHC has been notified that DWIHN will undergo an annual delegation audit with ICO Molina of policies, procedures, and evidence source for period September 1, 2022 – August 31, 2023. IHC has set up a meeting to kick off audit collections with internal department and has scheduled for virtual audit timelines to maintain compliance. IHC will review all documents prior to submission and provide support to department within DWIHN. 7

areas are expected to **score 95%** or above to be in compliance with demonstration (areas: Business Operations, ACCESS, Member/Provider Appeals Grievances, Claims, Quality, Care Coordination, UM, Credentialing)

Special Care Coordination Project:

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

Major Accomplishments: **26** cases were reviewed and determined to have gaps in care. **8** Cases were reviewed and closed successfully without presentation to MHP these cases were a combination of BH gaps and FUH. **11** Members were discussed between both plans, **5** members had successful outcomes of gaps closed. **3** members will carry over until the next month due to more time is dedicated to resolve issues.

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

Plan: Care Coordinator is responsible for reviewing **10-15** cases per plan per month to determining care needs based on Vital Data Platform.

Plan Name	BCC	Priority
Number of cases reviewed this month	16	10
Gaps Closed with/out MHP	5	3
Number of Cases Presented in Meeting	6	5
Number of UTR	2	1
Total Number of Successful Outcomes	2	3
Number of cases to carry over next month	2	1

Data Share with Medicaid Health Plans:

IHC Manager has been assigned oversight of MHP/PIHP Data Sharing Coordination staff, all 8 MHP plan meetings have occurred in the month of **September**. Joint Care Plans between DWIHN and the Medicaid Health Plans were developed and/or updated, and outreach completed to members and providers to address gaps in care.

Major accomplishments were: 36 individuals were identified with gaps in care, 14 of those were successful in closing at least one or more gaps.

Issues: 13 members it was identified that they were unable to reach.

Plan: A total of 9 will care over to October 2023 due to continued efforts to report results of attempt to close care gaps.

Things the Department is Doing Especially Well:

Care coordination team has been focusing efforts on reducing **racial disparities** with post FUH/FUA with targeted population of African American Men. On average the population is about 38%-42% of the inpatient monthly admissions the department has been outreaching to CRSP, MHPs, ICOs and directly to members to indicate the importance of following up. The data indicates that this small effort of contact of approx. 50-60 cases per month has improved overall outcomes for this measure. FUH there were 537 inpatient hospitalizations of those 282 were discharged of those 106 were African American males that outreach was to either CRSP or member directly to educate on the importance of post follow up.

Identified Opportunities for Improvement:

Additional software improvements to record care coordination efforts for services outside of complex care management. This will allow for proper data collection and reduce recording errors.

Progress on Previous Improvement Plans:

MI Health Link CAPS: DWIHN is under CAPs with two ICOs, HAP Empowered and ICO Amerihealth. DWIHN was able to successfully close CAP with ICO HAP Empowered during this report period. IHC Department in collaboration with Credentialing. IHC department were met with ICO HAP during this reporting period and provided the necessary updates to close the CAP. IHC has met with the following departments to close determine status updates of the CAP from ICO Amerihealth, Access Department who was responsible to implement software updates for 3-point verification for HIPPA compliance this update has been sent internally to production but has past requested timeline on additional information to report. UM/Crisis department are to provide evidence aside from policy and procedures from PARs of verbal notification.

Activity 4: HEDIS- FUH, AMM, SAA, SSD, HEP C

Description:

- **FUH:** Assess the percentage of inpatient discharges for a diagnosis of mental illness or intentional self-harm among patients age 6 years and older that resulted in follow-up care with a mental health provider within 7 and 30 days. Providing follow-up care to patients after psychiatric hospitalization can improve patient outcomes, decrease the likelihood of re-hospitalization and the overall cost of outpatient care.

Measure	Measure Name	Eligible	Total Compliant	Non Compliant	HP Goal	Year To Date	Estimated Year End
FUH30	Follow-Up After Hospitalization for Mental Illness (30 days)	0	0	0	50	0	0
FUH301	Follow-Up After Hospitalization for Mental Illness Age 6 - 17 (30 days)	513	312	201	70	60.82	66.11
FUH302	Follow-Up After Hospitalization for Mental Illness Age 18 - 64 (30 days)	5346	2491	2855	58	46.6	51.43
FUH303	Follow-Up After Hospitalization for Mental Illness (30 days) Age 65+	206	66	140	58	32.04	39.99
FUH7	Follow-Up After Hospitalization for Mental Illness (7 days)	0	0	0	50	0	0
FUH71	Follow-Up After Hospitalization for Mental Illness Age 6 - 17 (7 days)	513	209	304	70	40.74	43.86
FUH72	Follow-Up After Hospitalization for Mental Illness Age 18 - 64 (7 days)	5346	1553	3793	58	29.05	31.05
FUH73	Follow-Up After Hospitalization for Mental Illness (7 days) Age 65+	206	45	161	58	21.84	26.95

- AMM:** Assess adults 18 years of age and older with a diagnosis of major depression who were newly treated with antidepressant medication and remained on their antidepressant medications. Two rates are reported, Effective Acute Phase Treatment: Adults who remained on an antidepressant medication for at least 84 days (12 weeks) and Effective Continuation Phase Treatment: Adults who remained on an antidepressant medication for at least 180 days (6 months). Effective medication treatment of major depression can improve a person's functioning and well-being and can reduce the risk of suicide. With proper management of depression, the overall economic burden on society can be alleviated, as well.

Measure	Measure Name	Eligible	Total Compliant	Non Compliant	HP Goal	Year To Date	Estimated Year End
AMM2	Effective Acute Phase Treatment	1525	489	1036	77.32	32.07	42.49
AMM3	Effective Continuation Phase Treatment	1525	57	1468	63.41	3.74	14.16

- SAA:** Assess adults 18 years of age and older who have schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period. Using antipsychotic medications as prescribed reduces the risk of relapse or hospitalization.

Measure	Measure Name	Eligible	Total Compliant	Non Compliant	HP Goal	Year To Date	Estimated Year End
SAA	Adherence to Antipsychotic Medications for Individuals With Schizophrenia	5066	2629	2437	85.09	51.89	44.27

- SSD:** *Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications:* Assesses adults 18–64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year. Heart disease and diabetes are among the top 10 leading causes of death in the United States.¹ Because persons with serious mental illness who use antipsychotics are at increased risk of cardiovascular diseases and diabetes, screening and monitoring of these conditions is important. Lack of appropriate care for diabetes and cardiovascular disease for people with schizophrenia or bipolar disorder who use antipsychotic medications can lead to worsening health and death. Addressing these physical health needs is an important way to improve health, quality of life and economic outcomes downstream.

Measure	Measure Name	Eligible	Total Compliant	Non Compliant	HP Goal	Year To Date	Estimated Year End
SSD	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Med	7562	4603	2959	86.36	60.87	67.37

- Hep C:** The percentage of members 18 to 79 years old with a substance use disorder (SUD) diagnosis who were tested for hepatitis C using the HCV RNA test. National estimates suggest that between 1% and 2% of the population may be impacted by

hepatitis C (HCV) and that as many as 50% are unaware they are carrying the virus. At least 115,000 Michiganders are known to be infected with HCV, but the number of infected persons could be as high as 200,000. HCV is easily diagnosed with a simple blood test. However, because the infection can be symptom-free for many years, persons carrying the virus are often not tested and opportunities to cure infection early are missed.

Measurement Period	Measurement	Numerator	Denominator	Rate or Results
2023 Q1	Remeasurement 9	13	3354	0.38%

Significant Tasks During Period: Hosted Lunch and Learn quarterly with an average of 58 network providers. Focused on the importance of follow up care. Meet with Quality directors and CMO of several provider sites to assess barriers to care. Met with 11 CRSP providers and went over FUH numbers and barriers.

Needs or Current Issues: HEDIS Scores remain low.

Plan: Work with other departments within DWIHN to educate on interventions and develop more cohesive plan on how to hold the network responsible.

Program Compliance Committee Meeting
Brandon Taylor/Director of Managed Care Operations Monthly Report
September 2023 – October 2023



Main Activities during August:

- **Contracting**
- **Credentialing**
- **PCWG**

Progress On Main Activities:

Activity 1: Contracting

- *Description:* Collection of the pre – contracting documents from the provider network. Its importance is to ensure that all providers within the network have their contracts renewed. Routing for signature the returned agreements.

Current Status: DWIHN is in the process of fully executing contracts with providers eligible for a FY 23-24 contract with an effective date of October 1, 2023; expiring September 2024. The contracts will include outpatient, residential, autism and SUD contracts. The status of the FY 23 -24 contracts are as follows:

		OUTPATIENT CONTRACT	RESIDENTIAL CONTRACT	SUD CONTRACT	Subtotals
9/29/2023	Signature Routing Final	27	75	15	117
	Pending	11	1	0	12
	Provider Signed	10	14	0	24
	Legal Signed	12	9	9	30
	Fully Executed	40	129	7	176
	Totals	100	228	31	359

- The contracts in the signature routing final category are contracts that have been routed to providers to sign and awaiting providers’ signature. The contracts in the provider signed category are contracts that have been signed by providers and are awaiting Legal and CEO signature. The contracts in the Legal signed category have been signed by Legal and are awaiting CEO signature. Fully executed contracts have been all required signatures.
- *Significant Tasks During Period:* **We are currently following up on the remaining**
- *Major Accomplishments During Period:* **Aggressively following up with providers**
- *Needs or Current Issues:* **None currently**
- *Plan:* **Follow up efforts on underway for the collection of outstanding documents.**

Activity 2: Credentialing

- *Description:* The vetting and approval of provider to the network
- *Current Status:* September 2023—35 practitioners were approved. 0 facilities were approved. FY 22/23-- 677 practitioners were approved and 28 providers were approved.

- *Significant Tasks During Period: Working around a deficient CVO server*
- *Major Accomplishments During Period: N/A*
- *Needs or Current Issues: As a contingency, we've provided Provisional Credentialing to certain providers based on Network necessities. But even this will only take us so far. Provisional Credentialing only has a shelf life of 120 days.*
- *Plan: Create an RFP to procure another platform. Meanwhile, extend (not renew) Medversant's current agreement (which expires in Oct.) while we work to transition away.*

Activity 3: Procedure Code Workgroup (PCWG)

- *Description: Assisting providers with troubleshooting claims and authorization concerns.*
- *Current Status: 52 resolved tickets; 261 rate updates; 98 new codes*
- *Significant Tasks During Period: N/A*
- *Major Accomplishments During Period: N/A*
- *Needs or Current Issues: N/A*
- *Plan: N/A*

**Program Compliance Committee Meeting
Shirley Hirsch/Residential Services Department Report
September 2023**



Main Activities during September 2023 Reporting Period:

- **Review of Residential Medicaid Inpatient Stays**
- **Timeliness of Residential Assessment Completion**
- **DHHS Youth Aging out of Foster Care**

Progress On Major Activities:

Activity 1: Review of Residential Medicaid Inpatient Stays

- *Description:* Residential will review the Medicaid Inpatient Grid provided by DWIHN UM to determine how many individuals are actually awaiting residential placement. This will allow the Residential Unit the opportunity to review whether the referrals for placements have been made by the inpatient personnel; whether residential staff (admin, residential care specialists, and/or residential care coordinators) have responded in a timely fashion to the referrals; and finally identify barriers to placement that could potentially prolong inpatient stays.
- *Current Status:* The number of members awaiting residential placement versus the overall inpatient numbers is significantly low. However, this does not change the need to improve discharge rates within a reasonable time once members are identified as being stable to return to the community. The residential challenges in identifying placement should not be a factor in the length of inpatient stay. However, because most of DWIHN's inpatient admissions are multiple time users, they are well-known to the residential providers and so are often declined placement by most if not all residential providers. Consideration is being given to increase the number of preplacement settings for both SMI and I/DD members; however, there is one caveat – it may be necessary to increase rates and also to put in contract that denial of members for placement must be at a minimum if at all. Residential will continue to monitor trends related to community placements in specialized residential (licensed and unlicensed) settings by reviewing the inpatient admissions on a weekly basis.

	September 2023
# of Inpatient (per MHWIN report)	1,103
Patients referred to Residential Dept.	50
% of Residential Inpatient	4.5%

- *Significant Tasks During Period:* Residential management has become more active in monitoring residential staff almost twice per week to ensure that assignments are being completed timely. There are certain assignments that are given to specific residential care specialists because they recognize the urgency of completing assessments timely. Some residential staff are better at working with families in their homes and/or in outpatient clinics, etc. Additionally, the residential care specialist is being paired with a residential care coordinator so that the two functions occur in tandem – i.e., one will complete the assessment while the other begins the brokering process. The two staff are to remain in contact and provide updates as needed. It is believed that if these two functions occur simultaneously, the time to place members will decrease.
- *Major Accomplishments During Period:* Collaboration between Quality, Residential and MCO continues to improve the on-boarding process for new residential providers. This collaboration has allowed the group to identify the weaknesses and make adjustments to ensure increased efficacy and efficiency. Upper management has taken a more active role in their participation in these meetings and that oversight has improved the overall functioning of the process. The Credentialing function has improved; however, the contracting piece is lagging.

Performance Evaluations have been completed. Performance was measured using information from the monthly review of cases and the number of assignments that were left incomplete. Productivity based on SAL's was low. Many have been left unhappy with the results however, they have been informed that the monthly evaluations that they have been presented demonstrate a lack of awareness of assignments and the need to complete every aspect of the assignments – i.e., chart notes, pre-assessments, assessments, and SAL's. The idea that these are bundled together still seems to escape many staff. The disciplinary process for staff may need reviewing and enforcing if assignments remain incomplete in the coming months.

Residential collaboration with the hospital liaisons continues; however, there have been some challenges. Residential is able to manage cases that are inpatient and/or in the ED. It was hoped that the liaisons would be able to facilitate outpatient services; referrals to CRU/CSU, and the like. There are times when the two teams are at odds, and it will be up to the management of both teams to continue communication and identify ways that the two teams can complement one another.

Another accomplishment is that the residential managers facilitate the monthly CRSP meetings. This has led to some case discussion with resolution of issues related to benefits, placement, and guardian concerns. The overall relationship between CRSP and Residential seems improved and more collegial with less defensiveness.

- *Needs or Current Issues:* Many of the issues that are identified are similar to the previous month. This is because these are complicated issues and though they are being addressed it will take time to actually get to a complete resolution. In some cases, these issues will be on-going and the issues within a subcategory may change in time.
 1. Increased efficiency with on-boarding new residential providers is necessary. The following should be considered:
 - a) Specialty residences – i.e., barrier-free; smaller settings with 3-4 members to simulate a more home-like environment; residential providers that are specializing in caring for youth or geriatric members; those specializing in caring for members with behaviors, I/DD members, etc.
 - b) Improved efficacy with obtaining contracts for new residential providers.
 2. Mobile Crisis Support for residential providers – teams that can respond timely to residential providers who are having issues with member behaviors, aggression, and/or mental health decompensation.
 3. Increased CRSP involvement with member care – i.e., availability of emergency psychiatric appts; increased access to ACT teams; updated behavior plans with more rigorous residential provider and DCW staff trainings.
 4. Decreased morale within the Residential Unit
 - a) Managers in the unit have broken the team into groups of 4-5 (the team is large) and will take each group out for dinner throughout the month of October as a way to meet and greet in the age of virtual communication that has damaged professional interpersonal relationships.
 - It is hoped that in this way, staff will feel more comfortable in expressing concerns, frustrations, etc. in a more effective way – there is a belief that low morale leads to decreased productivity.
 - Management also understands that it can change the culture of the unit – but overall DWIHN culture cannot be changed from within the unit – in fact, many employees have verbalized that some of their frustrations are related to the overall organizational culture.

- *Plan:* Residential Management will:
 - Provide continued staff training and development related to engaging members, hospital personnel, guardians/families, residential providers and CRSP's in an effort to complete accurate residential assessments but also to develop safe community discharges.
 - Residential staff will be encouraged to collaborate with DWIHN support units – i.e., Hospital Liaison, Clinical Initiatives, etc. to access other resources that will support the safe placement of members and provide support for Residential Provider.
 - Continue to identify residential providers that accommodate the needs of the medically fragile, the elderly, youth, etc.
 - Residential management will attempt to facilitate more meet and greet events within the unit to promote the team and hopefully improve morale.

Activity 2: Timeliness of Residential Assessment Completion

- *Description:* Residential management has identified a gap between receipt of residential referrals and completion of residential assessments.
- *Current Status:* Residential Managers have identified the staff that are completing residential assessments outside of the unit's metrics. Residential Managers have scheduled time, on a weekly basis, sometimes more, to review Residential Care Specialist's (RCSs) calendars and schedules to better track how quickly assessments are being scheduled. Residential Managers are checking to ensure that the assessments are completed in their entirety.
- *Significant Tasks During Period:* Residential Managers have had to organize and keep a list of all residential referral assignments for each staff. Managers use this list to track and ensure that each one is being added to RCS Smartsheets and calendars. Managers meet with each staff to review assessments for accuracy and follow-up with case assignments. Opportunities to discuss barriers to scheduling and completing assessments are offered on a regular basis.
- *Major Accomplishments During Period:* Managers are working closely with staff to encourage timely and accurate completion of these assessments. Case discussion with suggestions on how to address particular member needs are included in these weekly, sometimes daily, review of cases.
- *Needs or Current Issues:* There are external factors that are outside of Residential Care Specialist's and Management's control - i.e., availability of members and guardians; member's unstable mental health status preventing completion or participation in the residential assessment process; and/or rescheduled assessments because of unforeseen circumstances, etc. Residential staff terminations and transfers have caused some challenges in meeting some of the unit's metrics.
 1. Residential managers are working with the HR Dept to identify suitable candidates for both the RCS and RCC positions.
 2. Residential Care Specialists are encouraged to move forward in completing an assessment after several attempts to contact guardian, CM/SC's have not been successful. Waiting for a response from outside support people extends the inpatient stay.
 3. Cases will have a team of residential staff assigned to them – a residential care specialist and a residential care coordinator, one to complete the assessment and the other to begin brokering. It is hoped that these teams can work closely together, in tandem at times, to expedite the completion of assessment and placement. This is also an effort at improving teamwork.

- *Plan:* Weekly supervision has been scheduled with each staff to review case referrals and members' needs related to care that would be most effective for successful and sustained placements.
 1. Barriers related to work completion identified.
 - a) Management attempting to develop a more welcoming environment for staff so they can be honest about their challenges, frustrations, etc.
 - b) Poor time management on the part of staff – will need to offer training on time management and keeping a grid of all assignments – even breaking assignments into smaller components.

Metrics

Verifies with referring agent of received referral request, identifying assigned residential staff.

Within 24 hours	(93) 55.1%
Completed by next business day (weekend/holidays)	(20) 11.8%
Over 3 days	(56) 33.1%

Within 24 hours, cases assigned to residential staff contacts referring agent by phone and/or email, scheduling Residential Assessment appointment.

Within 24 hours	(102) 60.4%
2 or more days	(67) 39.6%

Residential Assessment is completed within 1-2 business days after first contact.

No assessment needed (verified by assigned staff)	(11) 6.5%
Completed within 1-5 days	(81) 47.9%
6-10 days	(29) 17.2 %
11 or more days	(48) 28.4%

Activity 3: Youth Aging out of Foster Care (DHHS)

- *Description:* Residential Manager, Josie Maples, has been working with DHHS and a pilot group of residential providers and CRSPs to develop a program to support the successful transition of Age-Out Youth into adult services. A specific process flow, set of criteria, and referral requirements for Age-Out youth referrals to assure that all services can be transitioned seamlessly. There are specific staff at DWIHN Residential, CRSP agencies, and Residential Providers who will be referred to these cases to assure that the process is streamlined and consistent.
- *Current Status:* Active. Meetings are still being held weekly with the pilot group of residential providers and CRSPs alongside DHHS. Josie Maples continues to work with DHHS Director of Wayne County Children's Services, Lynette Wright, to schedule a training on the Residential Referral Process for Age-Out youth to all DHHS District Managers and Supervisors on so that there is consistency among all DHHS staff's understanding of the process and requirements.
- *Significant Tasks During Period:* Genesee County ward as described in August report. Josie Maples worked strenuously with DHHS from multiple counties and departments, explaining processes that needs to be followed. The correct DHHS staff became involved and helped their team understand that Genesee County Health System needs to have oversight of this case and engage in COFR agreement if Wayne County placement is being sought. The proper steps were taken, and the member was successfully placed by- and in- his COFR.

- *Major Accomplishments During Period:* Wayne County ward was moved into specialized residential placement in Wayne County. Transferred back to Wayne from Genesee County placement. All services were successfully transferred. KW's primary disability designation was changed from SED (pre-SMI) to I/DD as is most appropriate. There was consistent back and forth with PsyGenics, DWIHN Access department, DWIHN Children's Initiatives Department, and member's CCI to get the evidence needed and processed for this change to happen in time so that his move would not be prolonged.
- *Needs or Current Issues:* Inconsistency remains among DHHS staff regarding DWIHN Residential Referral Process and eligible members. Often, cases are received when placement is needed immediately. Many DHHS staff have little understanding of what Specialized Residential Settings look like and what they can offer.
- *Plan:* To develop brochures outlining what residential services are available and how to access them. One brochure will be tailored to Age-Out Youth and one to DHHS staff. It will be a quick go-to guide on when and how a referral should be made to our department. Weekly meetings with DHHS staff, CRSPs, and residential providers will continue to assure the program is comprehensive and understood by all.

Monthly Update:

- **Things the Department is Doing Especially Well:**
 - ✓ Decrease wait-time from state hospital into specialized community settings.
 - ✓ Majority of service authorizations have been approved within 10 days versus previous 14-day timeframe.
 - ✓ Increased understanding of I/DD members and their needs leading to the identification of residential providers better equipped to provide care for this population – i.e., providers hiring certified nurse's assistants, medical assistants, to address member needs.
 - ✓ Improved communication between hospital staff and residential personnel leading to fewer complaints as well as improved professional relationships – i.e., improved relationships with Corewell group evidenced by multiple positive emails/phone messages acknowledging the improvement.
- **Identified Opportunities for Improvement:**
 - ✓ Standardized progress note changes per Compliance department request with implementation and development for live roll-out with established pilot group of residential providers. Expectation of full rollout is October 1, 2023.
 - ✓ Increase Residential Unit's completion of I/DD residential assessments to ensure accuracy of scoring but also to ensure that medically necessary services are being authorized.
 - ✓ Continue work with staff to improve time management and assignment completion.

- **Progress on Previous Improvement Plans:**

- ✓ **Youth Aging out of Foster Care (DHHS):**

- More inquiries have been made by MDHHS staff to RDM, Josie Maples, regarding specific cases. Some inquiries have been made far before youths' 18th birthday and they're being made to the same staff person (J Maples) each time, which has aided in quicker responses and more immediate action as appropriate.
- There were 3 cases opened in September for members that required immediate relocation. These cases were resolved within the matter of weeks and even in 1-day for one youth due to the work of DWIHN residential staff, residential providers, and CRSP staff that are involved in this program and are suited to provide needed services.



Program Compliance Committee Meeting

Judy Davis, SUD Director

Date: October 2, 2023

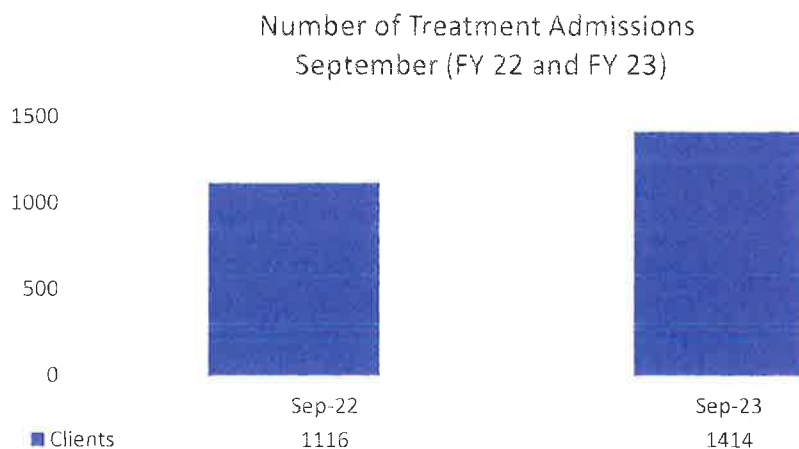
Main Activities during Monthly Reporting Period:

- Monitored the Number of SUD Treatment Admissions for September
- DWIHN distributed 2850 xylazine test strips in the community for September.
- Facilitated Narcan training and the expansion of the Methadone Mobile Unit

Progress On Major Activities

Activity 1: Number of Admissions for September 2023

- **Description:** Below is a table of SUD Treatment Admissions that shows an increase in admissions from Sept 22 to Sept 23.
- **Current Status:**



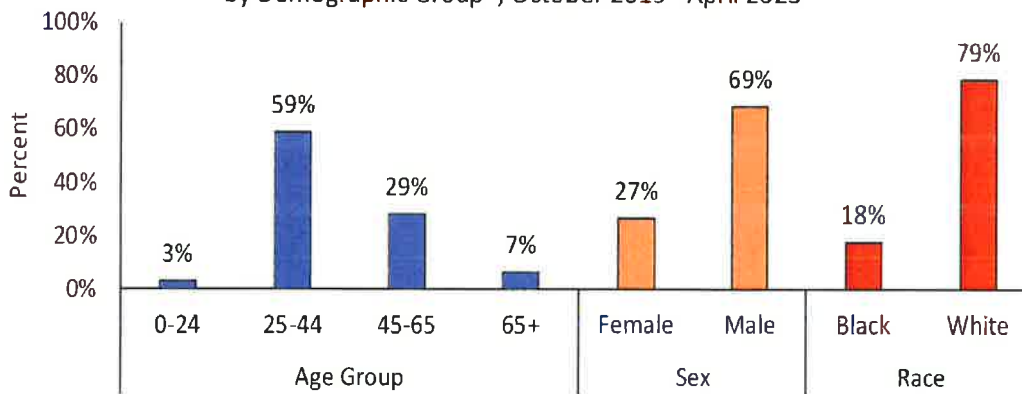
- **Major Accomplishments During Period:** The increase in admissions can be attributed to various activities, such as increased awareness through outreach efforts and referrals from health fairs. DWIHN participated in several outreach activities (Recovery Walk and FAN resource health fair, Overdose Awareness Drive, All Well Being Health Fair, Coogan Terrace Health Fair, Faith Base Initiative, Wellness Behind Walls, Opioid Town Hall, Annual Men's Conference, and Lakeridge Annual Conference) These activities have played a significant role in raising awareness about the prevalence of substance use and the importance of seeking help.
- **Needs or Current Issues:** Stigma is a major obstacle that often discourages individuals from seeking help. Other factors include lack of access to treatment services, limited availability of resources, and financial constraints.
- **Plan:** Continue to de-stigmatize accessing services. Offering assistance and resources to individuals at greater risk of developing substance use disorders, including those

homeless or living in poverty. Increase screenings and assessments to address the underlying factors contributing to substance use disorder, such as mental health conditions, traumatic experiences, and social determinants of health.

Activity 2: DWIHN distributed 2850 xylazine test strips in the community for September.

- **Description: New Emerging Trend Update: Xylazine in Michigan** Xylazine is a potent veterinary tranquilizer never approved for human use but increasingly found in the illicit drug supply and frequently used along with fentanyl. Out of 83 counties in Michigan, 61 have reported at least one death for analysis. Since October 2019, xylazine-positive deaths have occurred in 29 counties, with the highest number of fatalities happening in Genesee (45 deaths), Ingham (44), Calhoun (39), Kalamazoo (27), and Muskegon (25), accounting for 67% of all xylazine-related deaths.
- **Current Status:** CDC reports that xylazine may be underreported in overdose deaths in Michigan because routine toxicology tests may not detect it.

Figure 2. STORM - Percent of Xylazine-Positive Decedents (n=270) by Demographic Group*, October 2019 - April 2023**



*Unknown and groups with counts <6 not shown on graph

**April 2023 data incomplete; updated with dates of death through April 17, 2023

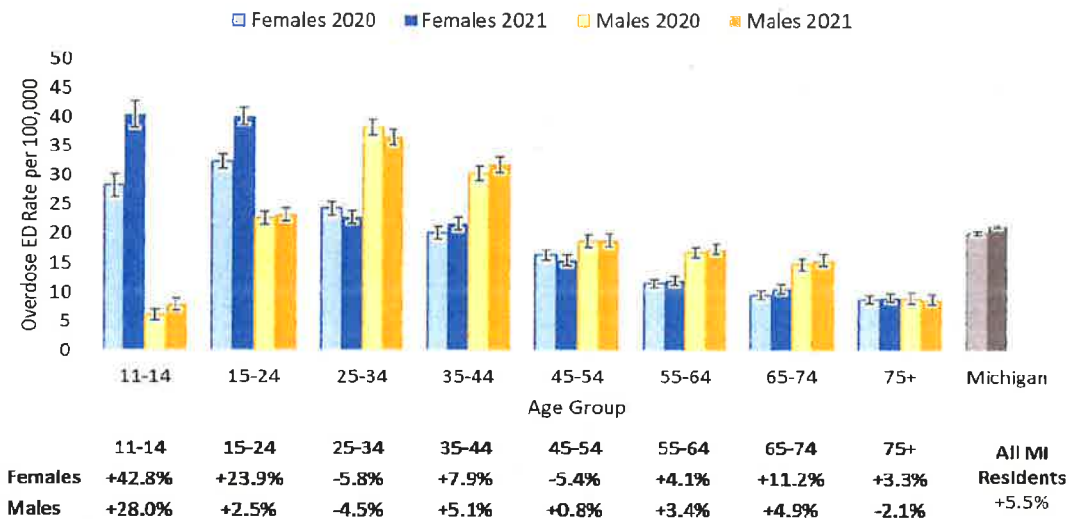
- **Significant Tasks During Period:** DWIHN is spreading awareness about the potential hazards of using xylazine.
- **Major Accomplishments During Period:** Provided 2850 xylazine test strips as a harm reduction strategy. These strips are intended to help individuals who use drugs to determine whether their substance include xylazine. This harm reduction approach emphasizes the importance of meeting people where they are and providing them with tools and resources, they need to make safer choices.
- **Needs or Current Issues:** The Michigan Poison Control reports that fentanyl detection in xylazine-related deaths is very concerning, placing users at increased risk of toxicity and even death.

- **Plan:** Use media efforts to promote awareness campaigns to educate the community and public healthcare professionals about the risks associated with the issues of xylazine and develop ways to prevent the onset of illicit use. Continue with the distribution of xylazine test strips.

Activity 3: Narcan training and expansion of Methadone Mobile Unit

- **Description:** The overdose death rate in Wayne County indicates the severity of substance use in the area. From 2020 to 2021, females between 11-14 years old had the most significant increase in drug overdose emergency department visits (+43%) among age-sex groups, followed by males 11-14 years old (+28%) and females 15-24 years old (+24%). All Michigan residents' overdose ED visit rate increased 6% from 2020 to 2021.
- **Current Status:**

Figure 1. Overdose ED Visit Crude Rate per 100,000, 95% Confidence Intervals¹, and Percent Change² from 2020-2021 by Age Group and Sex, Michigan



¹Error bars in graph represent normal 95% confidence intervals of drug overdose ED visit crude rates.

²Percent in table below graph is the relative percent change in drug overdose ED visit rate from 2020-2021.

Data Sources: ED Data: 2020-2021 Michigan Syndromic Surveillance System (MSSS) (Michigan Department of Health and Human Services (MDHHS)), Rate Denominator: National Center for Health Statistics (NCHS) Bridged-Race 2020 Population Estimates, (Centers for Disease Control and Prevention (CDC))

- **Significant Tasks During Period:** Although quite a few significant tasks have been completed around opioid overdose in recent years. One of the most important achievements has been the increased availability of naloxone. In September, DWIHN conducted Narcan training sessions with St. Patrick Senior, Wayne County Sheriff’s Department, Alternative for Girls and Alkebulan Village agency, totaling 4 sessions. Additionally, DWIHN provided training to five barbershops in Wayne County, training a total of 160 individuals. DWIHN also distributed 425 kits to members for further distribution. Lastly, we have begun discussions with Deputy Superintendent for Detroit Public Schools to provide training to all DPS students and staff for FY24. As a result of our efforts, DWIHN were able to report 17 successful lives saved for the month of September.

- **Major Accomplishments During Period:** The first Methadone Mobile Unit started in mid-July 2023 in Wayne County, and since its start date, the unit has served 58 members to receive methadone medication via a mobile unit.
- **Needs or Current Issues:** One of the most common issues is equitable access to healthcare and resources.
- **Plan:** The initiation of the Methadone Mobile Units will help increase access to healthcare and resources. The specific actions taken to combat the growing epidemic of drug overdoses are expanding access to treatment and naloxone, including medication-assisted treatment, and making naloxone more widely available, especially to our youth.

Monthly Update:

- **Things the Department is Doing Especially Well:**
The DWIHN Peer Recovery Coach SBIRT Program is an effective and ongoing initiative that identifies individuals with substance use disorder problems while being treated in the emergency department at DMC. The program utilizes trained Peer Recovery Coaches (PRC), who provide support, guidance, and resources to those struggling with substance use disorders. The PRC connects those in need with appropriate substance use disorder treatment services. Since its launch on March 8, 2022, at DMC, the program has completed **1,418** SBIRT screenings, out of which **986** individuals were admitted to residential treatment, indicating the program's effectiveness in identifying and helping those in need.
- **Identified Opportunities for Improvement:** The SUD Department will continue to collect and analyze data on program outcomes, such as retention rates, completion rates, and relapse rates.
- **Progress on Previous Improvement Plans:** The SUD Department achieved full compliance on the SOR audit to meet the federal and state requirements during a site visit conducted by MDHHS in September 2023

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

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

Presented to Full Board at its Meeting on: 10/18/2023

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: 10/11/2023

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

Amount of Contract: \$ 2,853,333.00 Previous Fiscal Year: \$ 8,400,000.00

Program Type: Continuation

Projected Number Served- Year 1: 5,000 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 service.

The contract period is extended through January 31, 2024 in an amount not to exceed \$2,853,333, for services to be provided over a 4 month period. This amount is included as part of the original \$8,400,000 contract.

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.

DWUHN 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
Multiple	\$ 2,853,333.00	\$ 2,853,333.00
	\$	\$
Total Revenue	\$	\$

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: Tuesday, October 3, 2023

Signed: Tuesday, October 3, 2023

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: BA23-41R Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 10/18/2023

Name of Provider: Michigan Peer Review Organization

Contract Title: Michigan Peer Review Organization (MPRO)

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 10/11/2023

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

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 January 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 four (4) 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): N

Board Action #: BA23-41R

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

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

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: Monday, October 9, 2023

Signed: Monday, October 9, 2023

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 23-56R1 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 10/18/2023

Name of Provider: LAHC Leaders Advancing and Helping Communities

Contract Title: Leaders Advancing and Helping Communities, (LAHC) Community Health, Workforce Development & Training

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 10/11/2023

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

Amount of Contract: \$ 190,000.00 Previous Fiscal Year: \$ 190,000.00

Program Type: New

Projected Number Served- Year 1: 10,000 Persons Served (previous fiscal year): 80,000

Date Contract First Initiated: 3/1/2023

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).

This board action is requesting an extension through September 30, 2024 to provide \$190,000 to Leaders Advancing and Helping Communities (LAHC) for start up costs to develop a health, workforce development and training hub that will provide several programmatic and skill building programs that was previously approved in March 2023. No additional funds are being added, and no funds have been paid to LAHC to date.

Due to the unpredictable weather conditions and flooding this summer, it has caused delays in construction. Skilled Building programs were significantly impacted by the pandemic and several programs were reduced or closed as a result the pandemic. In addition, program will be located in Dearborn and will provide outreach to a targeted underserved population. The program will also provide outreach services to members in Northwest Detroit, and Redford.

The hub will enable LAHC to expand on current successful programming (e.g., Cooking with Kids, FEAST, and other evidence-based education programs that benefit from hands-on cooking demonstrations) *and* establish a new workforce development track around the culinary sector.

LAHC will also offer multigenerational cooking classes that will connect older adults with younger generations (K-12th graders).

Finally, with the completion of the hub's construction, LAHC will be able to provide the community with a food pantry, which can also serve as an intake point for families who may require additional services.

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

Source of Funds: Local Funds

Fee for Service (Y/N): N

Revenue	FY 23/24	Annualized
Local Funds	\$ 190,000.00	\$ 190,000.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64931.817003.00000

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, October 5, 2023

Signed: Thursday, October 5, 2023

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 24-23R Revised: Requisition Number:

Presented to Full Board at its Meeting on: 10/18/2023

Name of Provider: Quest Analytics Inc

Contract Title: Quest Analytics, Inc

Address where services are provided: None

Presented to Program Compliance Committee at its meeting on: 10/11/2023

Proposed Contract Term: 10/1/2023 to 9/30/2026

Amount of Contract: \$ 850,000.00 Previous Fiscal Year: \$ 0.00

Program Type: New

Projected Number Served- Year 1: 75,000 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 10/1/2023

Provider Impaneled (Y/N)?

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

This board action is requesting a change to the Quest Analytics MSA contract term from one-year to three-years for the period of **October 1, 2023 through September 30, 2026 for a total amount not to exceed \$850,000.**

The purpose of the sole source contract is for Quest Analytics MSA is to develop DWIHN provider network access, accuracy, and adequacy analyses based on the DWIHN population providers and practitioners related accreditation organizations such as NCQA, HSAG and other accrediting bodies. Quest Analytics software will supply DWIHN with provider accuracy data of providers in the DWIHN network for access to address cultural competency in the areas of race and ethnicity. The software will provide predictive modeling to network expansion and filling gaps in specialty types to meet criteria. The software will serve as an augmentation to the DWIHN IT Department to provide data, reports and evidence of standard compliance. The Quest Analytics MSA is for unlimited licenses to DWIHN users for the software application.

Quest Enterprise Services solves some of the DWIHN business challenges by establishing best practices for measuring, managing, and monitoring network performance, improving the quality of provider data to ensure a current and accurate provider directory, complying with network adequacy and network accuracy requirements across various markets and different lines of business, pinpointing high-risk data anomalies to reduce your regulatory risk, accelerating speed to market, prioritizing provider data remediation efforts, prioritizing service area expansion opportunity by network build efforts and return on investment, trending network adequacy and provider directory accuracy to monitor the impact of initiatives over time, identifying gaps in network adequacy by

county and specialty and understanding exactly who to contract with to quickly and efficiently fill specialty gaps.

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

Source of Funds: General Fund

Fee for Service (Y/N): N

Revenue	FY 23/24	Annualized
Multiple	\$ 850,000.00	\$ 850,000.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical):

ACCOUNT NUMBER: 64915.727020.00000

In Budget (Y/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: Thursday, October 5, 2023

Signed: Thursday, October 5, 2023

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 24-02 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 10/18/2023

Name of Provider: Wayne County

Contract Title: Wayne County Juvenile and Youth Services

Address where services are provided: 500 Griswold Street, Ste. #10, Detroit i. 48226'

Presented to Program Compliance Committee at its meeting on: 10/11/2023

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

Amount of Contract: \$ 7,600,000.00 Previous Fiscal Year: \$ 8,050,000.00

Program Type: Continuation

Projected Number Served- Year 1: 4,300 Persons Served (previous fiscal year): 4200

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).

DWIHN is requesting the approval of a one-year contract with Wayne County for the following programs in an amount not to exceed \$7,600,000 for the fiscal year ended September 30, 2024:

- Wayne County Third Circuit Court - Clinic for Child Study - \$600,000
- Wayne County Department of Juvenile and Youth Services - \$2,000,000
- Wayne County Jail - Mental Health Services - \$5,000,000

Wayne County Third Circuit Court-Clinic for Child Study (\$600,000):

The Clinic for Child Study provides the pre-dispositional assessments including the Youth Assessment Screening Instrument (YASI)/ psychological testing/social history/GAINS (CPT codes: H0001, H0031, 96130, 96131) for youth and their families who have come to the attention of the juvenile justice system through the Court to prevent and/or decrease the number of youth that re-offend, which may result in incarceration or out of home placement. In addition, the Clinic provides Sexual Awareness Information and Treatment (SAIT) Group Therapy services for youth who come to the court's' attention because of sexual misconduct. The targeted population are children and adolescents with Serious Emotional Disturbance (SED) and their families who have come to the attention of the Third Circuit Court or who are at risk of contact with the Court.

Wayne County Department of Juvenile and Youth Services (\$2,000,000)

Wayne County Department of Juvenile and Youth Services (formally a division under the Wayne County Department of Health, Human and Veterans Services) coordinates service provision for identified youth in 2 programs:

1. Children Mental Health Services provided through Assured Family Services CHOICES program to Medicaid eligible youth for \$1,800,000, and
2. Service Coordination, i.e. targeted case management/service coordination for \$200,000 (Medicaid). The program provides improved access into the community mental health system for children and youth in the juvenile justice system and their families. Once an individual is diagnosed with an SED, they are able to rapidly access much needed mental health intervention. The program also improves coordination and collaboration between Community Mental Health providers and Care Management Organizations (CMO) in the juvenile system in support of assisting youth and families in accessing mental health services.

Wayne County Jail (\$5,000,000)

Wayne County Jail Mental Health Services (General and local Funds) for the provision of mental health services for Wayne County residents that have been detained at the jail and have been screened, assessed and determined to meet the criteria for an Intellectual Development Disability (I/DD), a Serious Emotional Disturbance (SED), a Co-Occurring Disorder, a Substance Use Disorder (SUD) or at risk for developing behavioral health issues that will negatively impact their activities of daily living. Behavioral health services are delivered either in the mental health unit or in the general population by appropriately credentialed clinicians. Services include evaluation, diagnosis, crisis intervention, therapy, medication management, education and referrals.

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
Medicaid	\$ 2,600,000.00	\$ 2,600,000.00
State General Funds and Local Funds	\$ 5,000,000.00	\$ 5,000,000.00
Total Revenue	\$ 7,600,000.00	\$ 7,600,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: Multiple

In Budget (Y/N)? Y

Approved for Submittal to Board:
Eric Doeh

Signed: Thursday, September 21, 2023
Eric Doeh, President/CEO

Signature/Date:

Stacie Durant

Signed: Wednesday, September 13, 2023
Stacie Durant, Vice President of Finance

Signature/Date:

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 24-16 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 10/18/2023

Name of Provider: Guidance Center, The

Contract Title: Treatment Foster Care Oregon (TFCO) Wayne State Grant

Address where services are provided: 13101 Allen Road, Southgate, MI 48195

Presented to Program Compliance Committee at its meeting on: 10/11/2023

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

Amount of Contract: \$ 452,525.00 Previous Fiscal Year: \$ 387,273.00

Program Type: Continuation

Projected Number Served- Year 1: 3 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 1/1/2018

Provider Impaneled (Y/N)? Y

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

This board action is requesting the allocation of \$452,525 for Treatment Foster Care Oregon (TFCO) at The Guidance Center for FY 23-24. TFCO is an evidence-based practice developed as a community-based alternative to hospital, residential, and other inpatient treatment settings for children receiving SED Waiver services with significant emotional and behavioral challenges. TFCO offers intensive, behaviorally focused and data-driven clinical treatment in a nonrestrictive setting.

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

Source of Funds: Other

Fee for Service (Y/N): Y

Revenue	FY 23/24	Annualized
State Grant	\$ 452,525.00	\$ 452,525.00

	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64933.822608.01008

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, October 5, 2023

Signed: Thursday, October 5, 2023

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 24-20 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 10/18/2023

Name of Provider: Detroit Central City C.M.H., Inc.

Contract Title: Central City PSH CoC Program & Leasing Project

Address where services are provided: Various Locations - Scattered Sites

Presented to Program Compliance Committee at its meeting on: 10/11/2023

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

Amount of Contract: \$ 165,045.00 Previous Fiscal Year: \$ 165,045.00

Program Type: Continuation

Projected Number Served- Year 1: 134 Persons Served (previous fiscal year): 134

Date Contract First Initiated: 10/1/2015

Provider Impaneled (Y/N)?

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

The Detroit Wayne Integrated Health Network (DWIHN) is requesting Board approval to **disburse General Fund match in the not to exceed amount of \$165,045** to Central City Integrated Health (CCIH) for their approved Department of Housing and Urban Development (HUD) direct grants for the **fiscal year ending September 30, 2024**.

The Continuum of Care grant agreements between HUD and Central City Integrated Health (CCIH) are based on the continued need to provide supportive services and to have housing stock in Detroit for persons experiencing homelessness.

The General Fund match includes annual amounts for supportive services and administrative costs for the Supportive Housing Program and Leasing Project. The project will provide housing and

supportive services including, but not limited to, psychiatric and nursing care, substance use treatment, Intensive Dual Diagnosis Treatment, Assertive Community Treatment (ACT), motivational interviewing, therapy and case management services. The target population is chronically homeless single adults with severe and persistent mental illness, a co-occurring mental illness and substance use disorder, or physical health disabilities and a substance use disorder.

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

Source of Funds: General Fund

Fee for Service (Y/N): N

Revenue	FY 23/24	Annualized
General Fund	\$ 165,045.00	\$ 165,045.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64981.829501.00000

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

Board Action #: 24-20

Signed: Friday, October 6, 2023

Signed: Friday, October 6, 2023

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 24-21 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 10/18/2023

Name of Provider: Neighborhood Service Organization, Wayne Metropolitan Community Action Agen

Contract Title: Neighborhood Service Organization and Wayne Metro PATH

Address where services are provided: Various locations in Wayne and Out-Wayne Counties

Presented to Program Compliance Committee at its meeting on: 10/11/2023

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

Amount of Contract: \$ 254,493.00 Previous Fiscal Year: \$ 254,493.00

Program Type: Continuation

Projected Number Served- Year 1: 500 Persons Served (previous fiscal year): 222 - 3rd Qtr.

Date Contract First Initiated: 10/1/2006

Provider Impaneled (Y/N)?

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

The Detroit Wayne Integrated Health Network (DWIHN) requests Board approval to **disburse Supplemental General Fund** match dollars for the Projects for Assistance in Transition from Homelessness (PATH) for two providers, Neighborhood Services Organization (NSO) and Wayne Metropolitan Community Action Agency (WMCAA), **in the amount not to exceed \$254,493 for the fiscal year ending September 30, 2024** . Both providers receive grant funding directly from the Michigan Department of Health and Human Services (MDHHS) for this program.

The Supplemental General Fund match dollars will be disbursed as follows:

- **NSO in the amount not to exceed \$169,493**

• **WMCAA in the amount not to exceed \$85,000**

DWIHN staff have the discretion to reallocate funds among these providers without board approval based upon supported utilization data provided the total amount does not exceed approved funding for this contract.

The PATH program provides active outreach to individuals who are experiencing homelessness and who have a serious mental illness or co-occurring mental illness and substance use disorder. PATH services include: outreach, assistance with accessing income supports, such as SSI/SSDI, assistance in locating affordable housing and linkage to appropriate medical and mental health services. In an effort to assist the two (2) PATH providers in maximizing outreach to 500 individuals experiencing homelessness throughout Wayne County.

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

Source of Funds: General Fund

Fee for Service (Y/N): N

Revenue	FY 23/24	Annualized
General Fund	\$ 254,493.00	\$ 254,493.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64933.829502.00000

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, October 6, 2023

Signed: Friday, October 6, 2023

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 24-22 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 10/18/2023

Name of Provider: Neighborhood Service Organization, Southwest Counseling Solutions, CNS Healthcare

Contract Title: Southwest Counseling Solutions Housing Resource Center, NSO Detroit Healthy Housing Center and CNS Covenant House

Address where services are provided: Various Locations

Presented to Program Compliance Committee at its meeting on: 10/11/2023

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

Amount of Contract: \$ 2,124,637.00 Previous Fiscal Year: \$ 2,124,637.00

Program Type: Continuation

Projected Number Served- Year 1: 1,050 Persons Served (previous fiscal year): 10,705 -3rd Qtr

Date Contract First Initiated: 10/1/2004

Provider Impaneled (Y/N)?

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

The Detroit Wayne Integrated Health Network (DWIHN) requests Board approval of a one-year contract renewal with the following providers in the **total amount not to exceed \$2,124,637 for the fiscal year ending September 30, 2024.**

Southwest Counseling Solutions - Housing Resource Center in the amount of \$1,089,715, to provide housing assistance, resources, intervention and collaborative community efforts to reduce homelessness of persons with mental illness and co-occurring disabilities.

Neighborhood Service Organization - Detroit Healthy Housing Center in the amount of \$902,050, to provide intensive services to decrease homelessness and residential instability and increase individuals in supportive living arrangements. This initiative is funded with General Fund.

CNS Covenant House Program in the amount of \$132,872, to address gaps in service through the provision of mental health support for young adults experiencing homelessness.

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	\$ 1,222,587.00	\$ 1,222,587.00
General Funds	\$ 902,050.00	\$ 902,050.00
Total Revenue	\$ 2,124,637.00	\$ 2,124,637.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: Multiple

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Eric Doeh

Stacie Durant

Signed: Friday, October 6, 2023

Signed: Friday, October 6, 2023

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 24-35 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 10/18/2023

Name of Provider: Black Family Development

Contract Title: Black Family Development Hope Mobile Outreach

Address where services are provided: 2995 E. Grand Blvd Detroit, MI 48202

Presented to Program Compliance Committee at its meeting on: 10/11/2023

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

Amount of Contract: \$ 650,000.00 Previous Fiscal Year: \$ 760,000.00

Program Type: Continuation

Projected Number Served- Year 1: 5,000 Persons Served (previous fiscal year): 5,000

Date Contract First Initiated: 8/1/2022

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 the renewal of a contract with Black Family Development, Inc. (BFDI) under the HOPE Mobile Outreach Services Program to continue providing health care quality improvement services in accordance with 45 CFR 158.150. **The contract period is from October 1, 2023 through September 30, 2023 for an amount not to exceed \$650,000.**

This program will allow BFDI to continue with the provision of a mobile and electronically accessible behavioral health spectrum of care located in 5 Detroit zip codes. These services will be provided to youth and their families embedded in Detroit neighborhoods. Deployment will be based on the existing relationships garnered by BFDI and upon referral from community partners and neighborhood association leaders among others. This program has shown effectiveness in the ability to increase accessibility to an array of behavioral health services to youth and their families and to reduce escalation to formal systems of care. In addition, the increased access to services for existing and potential members of the DWIHN network will aid in reducing inpatient hospitalization, incarceration, and emergency department encounters.

HOPE Mobile Outreach Services will engage youth and families via progressive web applications to link with BFDI and the DWIHN provider network. This technology provides

supportive messaging, self-assessment options, ecological momentary assessments, and the ability to request service through DWIHN's array of services. HOPE Mobile Outreach services will continue to provide substance abuse prevention of treatment services in-home in the community where they youth resides, engage youth in behavioral health promotion activities and events, and collaborate with neighborhood police officers in an effort to prevent, stabilize, and promote access to services.

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	\$ 650,000.00	\$ 650,000.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64941.827206.00005

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, October 4, 2023

Signed: Wednesday, October 4, 2023

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 24-36 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 10/18/2023

Name of Provider: Medversant Technologies LLC

Contract Title: Credentialing Verification Organization

Address where services are provided: 355 South Grand Ave. Suite 1700 Los Angeles, CA 90071

Presented to Program Compliance Committee at its meeting on: 10/11/2023

Proposed Contract Term: 11/1/2023 to 10/31/2024

Amount of Contract: \$ 274,740.00 Previous Fiscal Year: \$ 274,740.00

Program Type: Continuation

Projected Number Served- Year 1: 3,400 Persons Served (previous fiscal year): 3412

Date Contract First Initiated: 11/1/2017

Provider Impaneled (Y/N)? N

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

The Detroit Wayne Integrated Health Network (DWIHN) is requesting Board approval to enter into a one-year contract, **effective November 1, 2023 through October 31, 2024** for an **amount not to exceed \$274,740** with **Medversant Technologies LLC**, a National Committee for Quality Assurance (NCQA) accredited Credentialing Verification Organization.

Medversant primary source verifies Medicaid and Medicare sanctions, licensure, work history, malpractice history, education and training for practitioners and providers. In addition Medversant conducts continuous monitoring of DEA licenses, Office of Inspector General, and System for Award Management sanctions, and licensure. All Medversant activities are electronic. After the DWIHN Credentialing Committee meets and make appropriate disposition Medversant will send Credentialing/Re-Credentialing letters and certificates to providers or practitioners. Medversant also has the capabilities to share all credentialing data with the State of Michigan's Universal Credentialing CRM platform and is being utilized by other PIHPs, creating synergies of a single solution. The contract ensures that DWIHN is compliant with the credentialing requirements delineated in 42 Code of Federal Regulations 422.204, their executed agreements with MDHHS and the five Integrated Care Organizations.

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	\$ 274,740.00	\$ 274,740.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64934.827211.00000

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, October 6, 2023

Signed: Friday, October 6, 2023