



Detroit Wayne Integrated Health Network

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PROGRAM COMPLIANCE COMMITTEE MEETING Wednesday, September 13, 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. 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.
 - B. Children’s Services Quarterly Report** - Provide more information on the number of preventative services versus in-depth services.
- VI. Approval of the Minutes – July 12, 2023**
- VII. Report(s)**
 - A. Chief Medical Officer
 - B. Corporate Compliance
- VIII. Quarterly Reports**
 - A. Access Call Center
 - B. Children’s Initiatives
 - C. Customer Service
 - D. Integrated Health Care
- IX. Strategic Plan Pillar – *None***
- X. Quality Review(s)**
 - A. Disparity Performance Improvement Project (PIP) Update

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



XI. VP of Clinical Operations' Executive Summary

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
- B. **BA #23-20 (Revised)** – ProtoCall Services
- C. **BA #23-46 (Revised 2)** – MI Health Link Demonstration Project FY 22/23

XIII. New Business (Staff Recommendations)

- A. **BA #24-01** – Children's Initiatives' Michigan Department of Health and Human Services (MDHHS) Grants FY 23/24
- B. **BA #24-09** – Michigan Rehabilitation Services (MRS) FY 24
- C. **BA #24-10** – Jail Diversion FY 23/24
- D. **BA #24-12** – Substance Use Disorder (SUD) Treatment Services Provider Network FY 24
- E. **BA #24-13** – Substance Use Disorder (SUD) Prevention Services Provider Network FY 24
- F. **BA #24-14** – Multicultural Integration Programs and DWIHN's Veteran's Navigator
- G. **BA #24-23** – Quest Diagnostics, 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

JULY 12, 2023

1:00 P.M.

IN-PERSON MEETING

MEETING CALLED BY

I. Dr. Cynthia Taueg, Program Compliance Chair at 1:10 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

Board Member(s) – Kenya Ruth (Board Chair)

ATTENDEES

Staff: Brooke Blackwell; Jacquelyn Davis; Judy Davis; Eric Doeh; Dr. Shama Faheem; Sheree Jackson; Melissa Moody; Cassandra Phipps; Ebony Reynolds; Manny Singla; Andrea Smith; Yolanda Turner; Leigh Wayna; and Dan West

Staff (Virtual): Stacie Durant

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 Item V) Follow-Up from Previous Meeting, B) Corporate Compliance will be deferred to the August 9, 2023 Program Compliance Committee Meeting. The Chair called for a motion to approve the agenda as amended. **Motion:** It was moved by Mr. Parker and supported by Mrs. Ruth 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

A. Chief Medical Officer's Report (Mobile Crisis Presentation) – Please provide the following information:

- 1) Out of the \$317 million, What is DWIHN responsible for?
- 2) Who is paying for the system now?
- 3) What is the system costing DWIHN?
- 4) Who is paying for the changes?
- 5) What are the savings to DWIHN?
- 6) What is the financial increase/decrease to DWIHN?
- 7) Provide the number of beds.

Dr. Faheem reported that out of the \$317 million, with the use of emergency departments and psychiatric hospitalizations for last fiscal year cost DWIHN \$70,264,617.00 and \$4,837,555.00 for pre-admission screenings in the emergency departments (\$75,102,172.00 DWIHN's total cost last fiscal year). There is a combination of various entities that pays for the system now when someone is in crisis (i.e., Medicaid, Medicare, Health Plans, DWIHN, etc.). There is a combination of dollars from grants and the Michigan Department of Health and Human Services (MDHHS). Dr. Faheem also reported that the cost savings, financial increase/decrease cannot be predicted until the new system has been implemented. DWIHN's estimated number needed for the Mobile Crisis Teams is approximately 13 (5 available currently and the gap is approximately 9-10 teams and DWIHN is in the process of launching the mobile crisis through the mobile grant that DWIHN received last year; 194 estimated Crisis Stabilization chairs and beds (Crisis Now Model calculated the need of 260, adjusted to length of stay of 72 hours vs. 5 days). DWIHN has 32 available beds; the gap is approximately 162 and over 50 of this need would be addressed through DWIHN's Milwaukee and 7 Mile locations. (detailed chart included in the CMO's report). DWIHN has received \$60 million to cover the new 7 Mile crisis stabilization facility. Stacie Durant, VP of Finance informed the committee that the PIHPs have a legal responsibility in accordance with the PIHP contract and the Mental Health Code to provide Crisis Services to the members. There has been a lot of issues regarding who should be the responsible payor of someone showing up in the emergency department. The State is currently in the process of developing a policy where it states that if a member shows up in the E.D. for a psychiatric matter, the PIHPs will be billed. The State is supposed to increase or adjust rates for the hospitals and PIHPs because they recognized that there was a gap in policy in terms of addressing who was responsible for those persons in the E.D. Discussion ensued. The committee requested more information on how the payments of structure works and add it to the Board Study Session agenda. **(Action)**

B. Children's Initiatives' Quarterly Report

1. *Please provide the number of people that attended the Suicide Conference* – The conference was held on November 8, 2022 and there were 184 participants that attended the entire conference and 31 participants attended the breakout session on Accessing Community Mental Health Services in Wayne County.
2. *Please provide information regarding why we are seeing less children; Is it because there is less of a need or are there other reasons?* Staff reviewed Q1 data again and confirmed with the I.T. department to verify accuracy as well as account for the processing of claims for rendered services. For Q1, there was a total of 11,523 youths that received services; Q2 data showed a total of 11,889 youths received services, which is showing a slight increase.

DISCUSSION/
CONCLUSIONS

Discussion ensued. The committee requested more information on the number of preventative services versus in depth services. Provide demographics for School Success Initiative (per provider, school, age, ethnicity and gender being serviced). **(Actions)**

VI. Approval of the Minutes

DISCUSSION/ CONCLUSIONS

The Chair called for a motion to approve the June 14, 2023 meeting minutes.

Motion: It was moved by Mr. Parker and supported by Mrs. Bullock to approve the June 14, 2023 meeting minutes. Dr. Tauzeg asked if there were any changes/modifications to the June 14, 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 the youth from Hawthorn have moved to the Walter Reuther Psychiatric Hospital (WRPH) site. DWIHN is scheduled for a tour on July 18, 2023 and information about has been shared with the Board Liaison as requested. The new Caro State Hospital is a 100-bed facility built with a person-centered approach and the move of the hospitalized individuals from the old to new facility is scheduled around the week of July 11, 2023. The State Performance Indicators are all moving in the right direction including recidivism for adults. The Quality Department is currently going through various compliance reviews and once they are completed, this committee will receive an update. A training was conducted on June 8, 2023 (54 participants) with the CRSPs because it was observed that the Critical Sentinel Events are not being entered as needed. A process has been put into place to make sure the only people who know how to enter the events will have access to that module. An update on the State's new process where they were ending funding for people who were found to be on the heightened scrutiny list with the Home and Community Based Services was given. Staff is working on a remediation for those services, three out of nine have already been reviewed and taken off the heightened scrutiny list and payments have been reinstated. DWIHN is heading in the right direction with a number of our HEDIS measures especially the follow-up after alcohol use in the emergency department. The Omnibus Budget Reconciliation Act/Pre-Admission Screen Annual Resident Review (OBRA/PASRR) Services overall has been going in the right direction since being brought internally into DWIHN. Staff has caught up on the assessments that were in the queue and it is going as expected. Discussion ensued. The committee requested that Mr. Doeh and Dr. Faheem revise and revamp the way reports are submitted to the committee and provide comparisons, and qualitative statements with quantitative information by the new fiscal. Dr. Faheem will provide a one-page document of the Performance Indicators to the Board Liaison to share with Mrs. Bullock. **(Actions)**

B. **Corporate Compliance** – There was no Corporate Compliance report to review this month

The Chair noted that the Chief Medical Officer report has been received and filed.

VIII. Quarterly Reports

**DISCUSSION/
CONCLUSIONS**

- A. **Adults Initiatives** – Ebony Reynolds, Clinical Officer on behalf of Marianne Lyons, Director of Adults Initiatives submitted and gave highlights of the Adults Initiatives’ quarterly report. Ms. Reynolds reported that there were 276 referrals, 276 admissions, 170 members obtained competitive employment with an average hourly wage of \$14.30 and 39 individuals transitioned from EBSE services to a lower level of care after successfully completing their employment goals for the Evidence-Based Supported Employment/Individual Placement and Support. There are currently 475 open members and 21 have maintained six months of employment. There are currently eight ACT providers agencies in Wayne County and 832 individuals with severe and persistent mental illness (SPMI) within the adult population that have been serviced and 27 individuals have been hospitalized in Q2. Staff facilitated two ACT Fidelity Reviews for Central City Integrated Health and The Guidance Center. The remainder of the ACT providers’ fidelity reviews have all been scheduled. Staff met with three providers to provide an in-service of the Med Drop program. There are currently 70 active clients. There has been an 84% reduction in the number of psychiatric hospital admissions and a 100% reduction in jail admissions for clients participating in the program. There are currently 6,915 members open with I/DD designation. The predominant age range for I/DD designation is 26-39 years old and most are African American males with White Americans being the second largest population. The Community Law Enforcement Liaison engaged with 56 individuals this month and 100% have repeat interactions/hospitalizations without follow-up by the CRSP. There were 11 returning citizens connected to DWIHN services upon release from the Michigan Department of Corrections (MDOC); three were paroled with an active combined AOT and they all followed up with their initial intake appointment. Dr. Taueg opened the floor for discussion. Discussion ensued.
- B. **Crisis Services** – Dan West, Director of Crisis Services submitted and gave highlights of the Crisis Services’ quarterly report. Mr. West reported that the data for June is from a partial reporting period. There was a 6% decrease for requests for services for children from Q2 (867) to Q3 (813). There was a 6% increase in requests for service for adults from Q2 (2,700) to Q3 (2,862). There was a 3% decrease in inpatient admissions for children from Q2 (256) to Q3 (247); 14% increase for inpatient admissions for adults from Q2 (1,828) to Q3 (2,086). There was a 6% decrease in the number of children diverted to a lower level of care from Q2 (586) to Q3 (550); 12% decrease in the number of adults diverted to a lower level of care from Q2 (803) to Q3 (699). There was 20% increase from Q2 (629) to Q3 (760) for the number of members serviced at COPE. Staff introduced a plan and procedure to COPE in August 2022 in an effort to decrease recidivism. There was a 7% decrease in member inpatient admissions that were considered recidivistic from FY22, Q4 (289) to FY23, Q1 (267). There was a 5% increase from Q1 (267) to Q2 (283); a Corrective Action Plan was implemented and after the Plan was implemented, there was a 14% decrease from Q2 (283) to Q3 (238). In April 2023, there were 657 admissions and 15% were recidivistic; May 2023, 722 admissions and 115 were recidivistic; and June 2023, 707 admissions and 49 members recidivistic. There was a 24% decrease in members considered recidivistic without a CRSP from FY22, Q4 (49) to FY23, Q1 (37); there was a 94% decrease in members considered recidivistic from FY23, Q1 (37) to FY23, Q2 (19); and a 68% decrease from Q2 (19) to Q3 (6). The committee was updated on the Crisis Services department FY22/23 accomplishments and plans for FY 22/23, Q4. Dr. Taueg opened the floor for discussion. Discussion ensued. The committee requested that the information be provided in a table instead of a narrative form for more clarity. Board

Member Bullock will advise Mr. Doeh and Dr. Faheem on the format and how data is presented to the committee. **(Actions)**

- C. **Innovation and Community Engagement (ICE)** – Andrea Smith, Director of Innovation and Community Engagement submitted and gave highlights of the ICE's quarterly report. Mrs. Smith reported that the Mental Health Co-Response Partnership saw a total of 768 encounters and 132 were connected to services. There are two shifts being utilized 11:00a.m-7:00p.m. and 7:00p.m.-3:00a.m.). There is coverage for the entire City of Detroit. The goals are to reduce recidivism from hospitals or incarceration, improve access to mental health services, increase treatment retention and increase public safety. Referrals remain consistent for the Jail Navigator program. There were 22 individuals referred and interviewed for the program. DWIHN continues to have a Behavioral Health Specialist (BHS) embedded at the Detroit Police Department's Communication Center to assist with any calls that need mental health support or resources. There were 39 individuals referred for follow-up. DWIHN hosted two Crisis Intervention Team (CIT) Trainings this quarter and 35 officers were in attendance; two courses for new 911 call-takers and dispatchers for 26 staff; and one Crisis Response Training (CRT) for 24 Police Academy cadets. There continues to be an increase in the use of the AOT and Mental Health programs. There were 384 AOTs and 384 jail releases this quarter. DWIHN held 30 network training/events this quarter and 695 individuals in attendance. There will be an additional focus on outreach and engagement within various communities in the next quarterly report. There are several events planned with law enforcement and other community partners. Dr. Tauveg opened the floor for discussion. There was no discussion.

The Chair noted that the Adults Initiatives, Crisis Services and Innovation and Community Engagement'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**

There was no Quality Review(s) to review this month.

XI. Utilization Management (UM) Annual Program Evaluation FY 21/22

**DISCUSSION/
CONCLUSIONS**

Leigh Wayna, Director of Utilization Management submitted a report and gave a PowerPoint presentation on the Utilization Management Annual Program Evaluation FY 21/22. Mrs. Wayna reported that there were 73,624 unique members served in FY21 and 75,934 served in FY22. An overview of the Strategic Plan Pillars and Goals were presented to the committee. The Customer, Access, Workforce, Quality and Advocacy Pillars met their goals. The Finance Pillar's goals were partially met and the goal is to promote collaboration and provide guidance to the system by identifying patterns of behavioral health service utilization by funding

source and by monitoring over and under-utilization of services using dashboards. HSW enrollment dropped from October 2021 to September 2022, however efforts have been made that have brought enrollments up to 94.3% as of June 2023. Goals for FY 23 were presented to the committee. Dr. Tauzeg opened the floor for discussion. The committee requested a report on the goals set for FY24 in October 2023. The Chair called for a motion on the Utilization Management Program Evaluation FY21-22. Motion: It was moved by Mr. Parker and supported by Mrs. Bullock to move the Utilization Management Program Evaluation FY21-22 to Full Board for approval. Dr. Tauzeg opened the floor for discussion. Discussion ensued. **Motion carried.**

XII. 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 noted that her report was in the packet, however due to time constraints she would highlight two items from her report. The Juvenile Justice partnership with Team Wellness has received their first referral and they are going through those assessments to start the program in the next couple of weeks. DWIHN has an RFP out for our Crisis Continuum of Care; a RFP expansion that will go out next week for our Children Services; and a RFI for our School Success Initiative to expand that opportunity to other providers. Dr. Tauzeg opened the floor for discussion. Discussion ensued. Dr. Tauzeg noted that the VP of Clinical Operations' report has been received and filed.

XIII. Unfinished Business

DISCUSSION/ CONCLUSIONS

- A. **BA #23-27 (Revised 4)** – Substance Use Disorder (SUD) Treatment Services Provider Network FY 23 – Naloxone/Lakeridge Conference - Staff requesting board approval to spend \$725,000.00 in PA2 Funds. The funds would be used to purchase \$680,500.00 in Naloxone Kits (\$94 each) from Novaceuticals, LLC over a two-year period; 5,000 Xylazine test strips (\$24,500.00 @ \$4.99 each); and \$20,000.00 to fund the SUD Annual Conferences in coordination with Lakeridge Village to bring awareness to important topics in SUD. The revised treatment services program of \$11,698,670.00 consists of Federal Block Grant of \$9,561,670.00 and Public Act 2 funds of \$2,137,000.00. The Chair called for a motion on BA #23-27 (Revised 4). **Motion:** It was moved by Mr. Parker and supported by Mr. Phillips to move BA #23-27 (Revised 4) to Full Board for approval. Dr. Tauzeg opened the floor for discussion. There was no discussion. **Motion carried.**

XIV. New Business: Staff Recommendation(s)

DISCUSSION/ CONCLUSIONS

There was no New Business (Staff Recommendations) to review this month.

XV. 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. Chief Medical Officer’s Report (Mobile Crisis Presentation) – Provide more information on how the payments of structure works and add it to the Board Study Session agenda.	Eric Doeh Dr. Shama Faheem	COMPLETED
2. Children Services’ Quarterly Report – A. Provide more information on the number of preventative services versus in depth services. B. Provide demographics for School Success Initiative (per provider, school, age, ethnicity and gender being serviced).	Cassandra Phipps	August 9, 2023 TBA
3. Chief Medical Officer’s Report – A. Revise and revamp the way reports are submitted to the committee and provide comparisons, and qualitative statements with quantitative information by the new fiscal year.	Mr. Doeh Dr. Shama Faheem	September 13, 2023
B. Provide a one-page document of the Performance Indicators to Board Liaison to share with Mrs. Bullock.	Dr. Shama Faheem	COMPLETED
4. Crisis Services’ Quarterly Report – A. Provide information in table format instead of a narrative form for more clarity in future reports.	Dan West	All Future Reports
B. Board Member Bullock will advise Mr. Doeh and Dr. Faheem on the format and how data is presented to the committee.	Eric Doeh Dr. Shama Faheem	COMPLETED

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

ADJOURNED: 3:09 p.m.

NEXT MEETING: Wednesday, August 9, 2023 at 1:00 p.m.

Program Compliance Committee
Chief Medical Officer's Report
September 2023

Behavioral Health Updates, Education and Outreach:

- DWIHN has continued outreach efforts for behavioral health services: Last edition of Ask the Doc Newsletter in August discussed Back to School stress and children's vaccinations.
- We have focused on collaborating with teaching programs such as Wayne State University, not only to increase awareness about community mental health but also to create pipeline programs for various disciplines.
 - Chief Medical Officer scheduled for lectures on CMH and CMH services for Psychiatry Residents as well as Child and Adolescent Psychiatry Fellows over the next 6 months.
 - We met with Wayne State Chairman of Psychiatry as well as Adult and Child/Adolescent Psychiatry Program Directors to discuss clinical rotations for residents and fellows at our Crisis center. Both programs are interested in these rotations so that the psychiatrist in-training have experience in Emergency Psychiatry. Sample GME contract was shared by WSU. We will implement teaching contracts once the Crisis center location is ready and available and at that point it will require the programs to notify and seek approval from ACGME, Accreditation Council for Graduate Medical Education.
 - Met with Physician Assistant School at WSU in July 2023. The Program Director was very interested in rotations of PA students at Crisis center. They shared general expectations from the rotations. We will work on rotation schedules and finalization of teaching contract once Crisis center opening date is confirmed.
 - We met with WSU School of Social Work who are interested in rotation of their students and interns at the Crisis center. The rotation runs from Oct to April. We will meet again in January to see if we can accommodate the incoming class or to wait until October 2024.
 - I met with the University of Michigan Child and Adolescent Service Chief for introductory meeting and we have scheduled quarterly meetings. Updated them on Children services in Wayne County, referral processes, waiver services, crisis services and provided flyers. I will discuss their community mental health teaching and rotation plan for residents at the next meeting.

New Initiatives Highlights:

DW IHN completed a grant application for Zero Suicide. We were notified on 9/8/23 about being awarded with \$ 400,000 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.

DW IHN submitted a proposal for MDHHS grant for MI Kids Now mobile crisis services in May. DWIHN was notified that we are approved for the \$200,000 grant pending submission of some revisions which have already been submitted. Awaiting final response/approval. This will

give DWIHN the opportunity to be in the pilot that drafts MDHHS mobile crisis standards and best practices.

State Hospital Update:

DWIHN visited Walter Reuther Psychiatric hospital on 7/18/23 after the children hospitalized at Hawthorn moved to WRP. Hawthorn Center (HC) is not a hospital anymore and the staff at HC have been merged with WRP. Information was provided by Dr. Mellos and the hospital leadership on the processes incorporated to separate the adult and children's wings, both physically and operationally. Several critical spots have been marked where security has been placed and the children's or adult clinical teams and individuals could not pass without an announcement and clearance. Very stringent scheduling has been put in place for common areas like the library, outdoor space and other areas that could be used by both age groups and the areas cannot be used until reserved. They talked about the adult population going through some accommodations as some of their activities have been restricted and limited. The admissions for children to WRP was put on hold for approximately 1.5-2 months with expected return this month.

CRSP Medical Director Meeting

Met with the Medical Directors of CRSP on July 13th, next meeting scheduled in October. The Medical Directors had requested information on Crisis Services and our VP of Crisis, Grace Wolf was invited to the meeting to discuss new evidence in Crisis area as well as DWIHN's progress on the Crisis Continuum. The information was very well received. CRSP Medical Directors had questions about funding on use of Medication Assisted treatment for individuals with dual diagnoses who are served by primary mental health CRSP. The Substance Use Director is scheduled to provide more information to them at the next meeting in October 2023. DWIHN's HEDIS Measures and State Performance Indicators were discussed with Medical Directors and information on how to review their own data was discussed. Medical Directors were encouraged to be more involved in these measures and work with their organizations on improvement plans. There was a request for a joint meeting with inpatient psychiatry Medical Directors. I am in the process of compiling a list of Medical Directors with our contracted Psychiatric hospitals to facilitate meetings with them.

State Medical Director Meeting:

August meeting was cancelled. PIHP/CMHSP Medical Director Meeting with Dr. Pinals in July covered topics around the new assessment tool (MichiCANS) that will be launched to replace CAFAS and PECFAS. Medical Directors had feedback on the limitations of these tools. Telemedicine Policy was discussed again. Medical Directors continued to express their concerns around the language in the last State bulletin that emphasizes periodic in-person appointments in between telemedicine appointments. They were concerned about the out-of-State providers who provide medication management and could not provide periodic in-person follow-ups esp. given the shortages in psychiatry. Dr. Pinals will escalate it to the relevant group. There was also a discussion around State's guidelines that often lag Federal guidelines esp. around Substance use. Recently, the relaxations around Federal standards for methadone take-home doses did not translate to the State which has created confusion for SUD prescribers. Dr. Pinals indicated that she will address it with the State SUD team and will discuss quicker updates on State policies.

Improving in Practice Leadership team Committee Updates

Improving in Practice Leadership team Committee continues to review new evidence, clinical policies, procedures, and practice guidelines in an effort to improve clinical services across network and has provider representation in addition to internal specialty representation. In August, IPLT reviewed and discussed the CRSP discharge procedures. The new form that has been created by the Children's Department was reviewed to capture CRSP discharge information pertaining to the reasons for case closures as this was identified as a gap. The summary of new DSM-5 TR changes that were recently released was shared, particularly the new diagnoses that were added. Information on the DSM-5 TR changes was shared with providers so they can share it with the network. IPLT also reviewed the Autism Access policy. Very robust discussion happened on ways to decrease barriers for members yet assuring that an accurate diagnosis is made. The Autism lead will work on incorporating feedback from the group around having options to refer youth for diagnostic evaluations if referred by pediatricians, schools and/or other PIHP without having to go through screening at Access center. IPLT also reviewed and voted on replacing an old Clinical practice guideline on eating disorder with a new version released by American Psychiatric Association this year. September's IPLT reviewed the new Telemedicine Policy that incorporated the MDHHS standards released in May/June. Providers discussed how MDHHS standards could create potential barriers for some members. September IPLT also reviewed several HEDIS PIP with updates on recent data trends and potential new interventions on PIPS that have not improved particularly, Diabetic monitoring for members on antipsychotics and compliance with antipsychotics for members with Schizophrenia.

Quality Improvement Steering Committee Updates

QISC Meeting on July 18th focused on 2 areas: The 1st one was review of Behavior Treatment Plan data and analysis. Feedback from the group included closer review of sample cases on BTPs to identify if IPOS interventions were followed.

QISC also reviewed improvement plans and steps based on the last member satisfaction ECHO survey that has been shared by Customer Services. Any item where the score was less than 60% were assigned to leads in those areas and interventions to improve member satisfaction were discussed. The four areas of focus based on the survey were: Improve overall treatment, improve member and or family's perceived progress with treatment, decrease office wait times, Improve member's information of treatment options after benefits are depleted. A target to improve these scores to a minimum of 10% was discussed. Draft interventions were proposed by Customer Service, Adult and children department around policy updates, training for network, happy or not kiosks as well as improvement arounds member's understanding of improvement during IPOS meetings. CRSP Quality directors as well as person-served, who are members of QISC, provided valuable feedback. Revisions were presented again to QISC in August and were approved with feedback to attach a timeline for completion of each intervention.

**Program Compliance Committee Meeting
Corporate Compliance Report
September 13, 2023**



Main Activities during Quarter 3 Reporting Period:

- **Compliance Investigations**
- **Data Breach**

Progress On Major Activities: A key focus of the Compliance Department has been preventing and identifying rule violations, and safeguarding DWIHN against potential financial penalties and legal actions.

Activity 1: Compliance Investigations

- *Description:* The 3rd Quarter of Fiscal Year 2023 (from April 1, 2023, to June 30, 2023) concluded with the receipt of nine new referrals from the Office of Inspector General. Among these nine cases, five are reminiscent of historical referrals from 2020. These cases arose due to claims that were not voided, leading to non-recovery of payments when the investigations were finalized.
- *Current Status:* To date all claims have been voided and recoupment has been reported to the OIG.
- *Plan:* DWIHN Compliance has verified with the Office of Inspector General (OIG) that, up to the present date, there are no further pending encounters that necessitate recoupment.

Activity 2: Provider Data Breach

- *Description:* On July 3, 2023, Detroit Wayne Integrated Health Network (DWIHN) was informed by Central City Health about an unauthorized access incident involving Central City Health member information. It's worth noting that Central City Health has a Business Associate Agreement in place with DWIHN.
- *Current Status:* Starting on August 22, 2023, Central City Health initiated the process of notifying individuals who may have been impacted by this incident. Members have been provided with guidance to place a fraud alert and/or security freeze on their credit files and obtain a free credit report.
- *Significant Tasks During Period:* Central City Health initiated an investigation, involving an external cybersecurity firm. The investigation revealed that between January 13, 2023, and January 18, 2023, unauthorized individuals gained access to two employee email accounts. These accounts contained a limited amount of protected health information. On June 1, 2023, following a manual review, Central City Health found that one file within an affected email account contained the full names, dates of service, diagnostic scores, primary care physicians, and treatment recommendations of 1,364 members. It's important to note that no Social Security numbers were affected, or financial information were accessed.
- *Needs or Current Issues:* None
- *Plan:* DWIHN customer service will provide monthly updates regarding member calls related to the breach.

Quarterly Update:

- **Things the Department is Doing Especially Well:**
The DWIHN Program Integrity report has been submitted to the Office of the Inspector General for 3rd Quarter and has been duly acknowledged and accepted.
- **Identified Opportunities for Improvement:**
Conduct audits and monitoring activities in accordance with the results of interdepartmental risk assessments.
- **Progress on Previous Improvement Plans:**
To date no providers are on a corrective action plan by the Compliance Department.



**DWIHN Access Call Center 3rd Quarter FY 22-23: April - June 2023
Executive Summary Report**

Yvonne Bostic, Director

- The majority of the calls that come into the call center are from members in the community seeking mental health and SUD services, information and referrals. The rest of the incoming calls are from in network providers and other community agencies like local hospitals, foster care workers, etc.
- For the third quarter of FY 22-23 there were a total of 54,256 incoming calls or which 52,368 were handled by the access center reps, clinical screenings and SUD screeners. There was an abandonment rate of 3.4% (Requirement is less than 5%) which is made up of calls that the caller decided to hang up or the call dropped/disconnected during engagement.
- In the quarterly comparison of FY 22-23 2nd to 3rd Quarter there was a decrease in incoming call volume by 315 calls with an overall service level decrease by approximately 3.6%
- In an annual comparison of 3rd quarter performance of FY 21-22 to FY 22-23 there were over 12,000 more incoming calls this year than last year.
- The DWIHN Access Call Center met state standards for the FY 22-23 third quarter. These standards are as follows:
 - % Abandoned Goal is < 5% (3.4%)
 - Avg. speed to answer Goal <30 sec. (:28 sec)
 - % of calls answered Goal > 80% (96.5%)
 - Service level Goal >80% (81.83%)

The Access Call Center continues to work towards the goals of improved productivity and quality a call interaction by working with phone vendor to troubleshoot problem areas, recruiting & training new staff, coaching existing staff, rearranging schedules to address high call volumes and streamlining procedures.

Recently the Call Center made an addition to the script, informing callers of times of high and low call volumes, giving the option to wait or callback and informing them that if they decide to hang up while waiting, they will receive a callback.

FY 22/23 Q3 Accomplishments

- Filled Vacancies: Access Call Center Quality Improvement Manager and Access Call Center Clinical Manager
- Hired 2 part-time Call Center Clinicians and 1 part time SUD Tech

- Silent Monitoring: Completed “Silent Monitoring” for 373 calls for this quarter. The average score was 91.3%. The goal is 95 %. Weak points this quarter include informing callers about free translation services, 3 factor verification and completing screening in a timely manner. Strengths include treating callers with dignity and respect, informing callers about duty to warn and confidentiality and informing the caller about the screening process. I training.
 - There have been updates to the silent monitoring process that will allow the evaluator to look at more areas of the call and incorporate requirements for HSAG, ICO and NCQA standards. There has also been a increase in the number of calls that will be monitored from a minimum of 50 to a minimum of 90 calls, of which will include 2 or more calls from each staff person.

Area of Concern

- Shortage of appointments/ appointment availability
 - 3rd quarter 3215 appointments scheduled with 391 scheduled outside of 14 days (12%) noncompliance (SED, SMI and DD intake appointments)
- Caller and provider complaints about long hold times
 - Working with IT and the phone vender to improve the hold process
 - Hiring more staff
 - Streamline screening process
 - Addition to script to inform callers in advance of high and low volume call times and options to hold, callback or request the access center to make a follow up call within 24 hours

Plans for FY 22/23 Q4

- Complete DWIHN Internal Quality Review – in progress
- Work with TTECH to design new phone system
- Discuss plan to move call center from NCO to the purple building on 707 Milwaukee

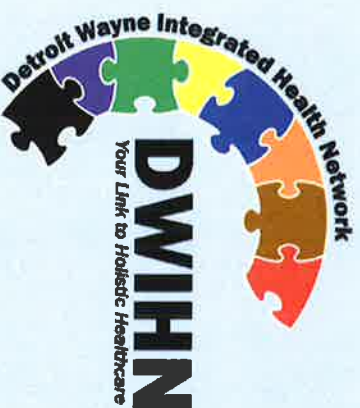
DETROIT WAYNE INTEGRATED HEALTH NETWORK

PCC

Access Call Center

Quarterly Report(3rd Quarter)

April 2023- June 2023



Access Call Center

Data Analysis (Quarter Comparison)

	2 nd quarter (FY 22-23)	3 rd quarter (FY 22-23)	
Incoming Calls	54,571	54,256	(decrease)
Calls Handled	53,166	52,368	(decrease)
Abandoned Calls	2.6%	3.4%	(increase)
Service Level			
ACCR	85.71%	81.83%	(decrease)
SUD	62.70%	62.61%	(decrease)
Clinical	37.30%	37.32%	(increase)

Access Call Center

Data Analysis (Quarterly Comparison)

- There has been a decrease in the number of offered calls and handled calls from 2nd quarter (fy22-23) to 3rd quarter (fy22-23), however an increase from this period in FY 21-22.
- There is a decrease in the services levels for the Access Call Center Rep unit (approx. 3%) and the SUD Unit (approx. 9%); Clinical Unit had a slight increase (approx. .02%).
- The call abandonment rate had a slight increase this quarter by less than 1% (consistent with FY 21-22), however we are in compliance with less than 5%.
- Onsite and remote technical issues along with changes in staffing due to PTO/UPTO and turnover affected the call centers performance levels.

Access Call Center Appointments Scheduled Outside of 14 days 3rd Quarter

Total # of Screenings completed by Access Call Center (DD/ ABA), SED, SMI)	3726
Total # of Appointments scheduled by Access Call Center (DD / ABA, SED, SMI, ABA)	3215
% of Provider Appointment Availability (DD / ABA, SED, SMI) this # is calculated by the number of appointments scheduled by the number of appointments needed.	86.2%
Scheduled outside of 14 days of the screening date (caller request 127, no network 177, no provider 87)	391
% out of compliance -- this # is calculated by total outside of 14 days by total scheduled	12%
Total # of Hospital Discharge appointments scheduled	2340
Hospital Discharge appointments out of compliance (appt outside of 7 days of discharge date)	973
% out of compliance -- this # is calculated by total outside of 7 days by total scheduled	41.5%

Access Call Center

Silent Monitoring / Quality Review

3rd Quarter FY 22/23 (April 2023 – June 2023)

- Silent Monitoring is an internal quality evaluation measurement utilized to ensure adherence to best practice standards.
- All Customer Service Specialists are required to notify callers that their call may be recorded, and all silent monitoring is conducted in an unobtrusive manner.
- A minimum of 1,080 calls are monitored annually with a minimum of 90 calls a month.
- These calls are randomly pulled from recordings or assessed during live monitoring of calls.
- Any item receiving a score of 80% or below will receive corrective response – training / coaching, one on one, group setting.

Access Call Center

Silent Monitoring / Quality Review

3rd Quarter FY 22/23 (April 2023 – June 2023)

There was a total of 373 calls monitored for the 3rd quarter, with an overall call center performance average of 91.3%.

Silent Monitoring Breakdown

Access Call Center Representatives:

- Total of 189 calls monitored, with an overall an average score of 87%.
 - Strong area: “Quickly identified caller’s needs”.
 - Area to improve: “informing callers that translation services were free”

Silent Monitoring / Quality Review

3rd Quarter FY 22/23 (April 2023 – June 2023)

Substance Use Specialists:

- 126 calls monitored with an overall average of 90%.
 - Strong area: Greeting Section: “informed callers of the time frame of the screening”.
 - Area to improve: “3-factor verification” and “completing demographic reviews”.

Clinical Specialists:

- 58 calls monitored with an overall average of 97%.
 - Strong area: Greeting Section, “informing about confidentiality and duty to warn” and “timeframe of screening”.
 - Area to improve: “Completing screening in less than 30 minutes.”

Access Call Center

Staffing Updates 3rd quarter FY 22/23

- 1 - Access Call Center Director
- 2 - Access Call Center Administrators
- 3 - Access Call Center Managers
- 1 - Access Call Center Quality Assurance Manager
- 22- Access Call Center Representatives
- 11 - Access Call Center SUD Technicians-Screener
- 9 - Access Call Center Clinical Specialist-Screener
- Vacancies
 - 2 full time clinical
 - 2 part time clinical
 - 1 full time SUD
 - 2 part time SUD



Access Call Center

Plans for 4th Quarter (FY 22/23) and beyond

- Work with TTECH to design new phone system and coordinate training for access call center staff
- Recruiting, Interviewing and Hiring of Full and Part-time Staff for SUD and Clinical vacancies.
- Management to review how scheduling changes can improve coverage of high call volume times
- Show a decrease in the number of abandoned calls, Increase department productivity and meet timeliness standards
- Continue to work with staff through coaching and add additional trainings to improve call interaction quality
- Complete DWIHN (internal) Quality Review
- Complete HSAG CAP requirements
- Discuss / Plan Moving into the “Purple Building on 707”



Program Compliance Committee Meeting



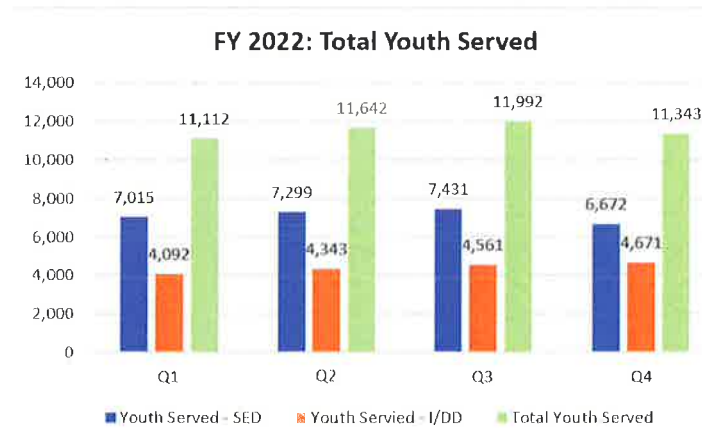
Children's Initiative Department

FY 23 / Quarter 2 (January – March 2023) and Quarter 3 (April – June 2023)

Overall Clinical Services: During Q3 2023 DWIHN served a total of 11,455 unduplicated children, youth, and families in Wayne County ages 0 up to 21; including both Serious Emotional Disturbance (SED) and Intellectual/Developmental Disability (I/DD) disability designations.

Disability Designation	Q1	Q2	Q3
Youth Served - SED	6,721	6,933	6,558
Youth Served - I/DD	4,802	4,956	4,897
Total Youth Served	11,523	11,889	11,455

Fiscal Year 2022: Average of Total Youth Served = 11,522 (unduplicated)



Main Activities during the Reporting Period:

- Activity 1: Timely Access to Services
- Activity 3: Juvenile Restorative Program
- Activity 4: School Success Initiative

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:

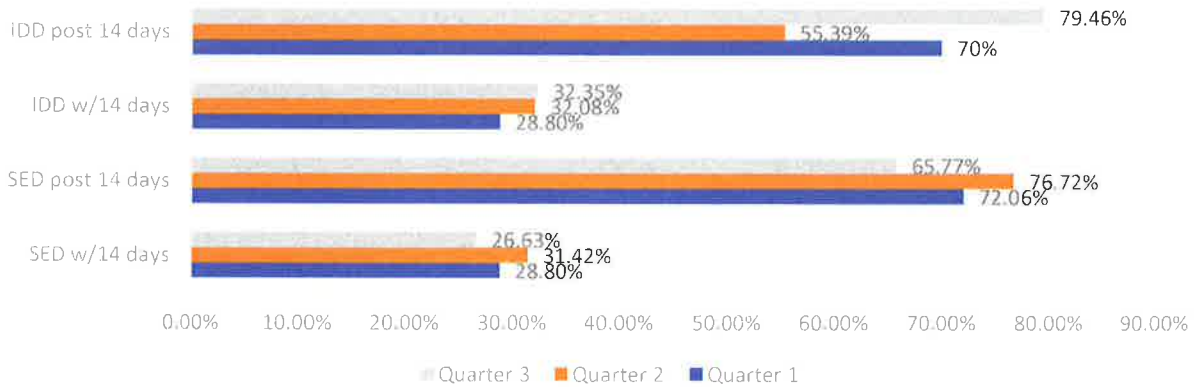
Indicator #	Description	Status
1	Pre-Admission Screening within 3 hours (All Children) <i>The percentage of persons during the quarter receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.</i>	Met

2a	Access: 1st Request Timeliness (Child – SED / IDD) <i>The percentage of new persons during the Period receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service</i>	Below Avg
3	Access: 1st Service Timeliness (Children – SED / IDD) <i>Percentage of new persons during the Period starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment</i>	Met
4a	Hospital Discharges Follow Up (All Children) <i>The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days</i>	Met
10	Inpatient Recidivism (All Children) <i>The percentage of readmissions of children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge</i>	Met

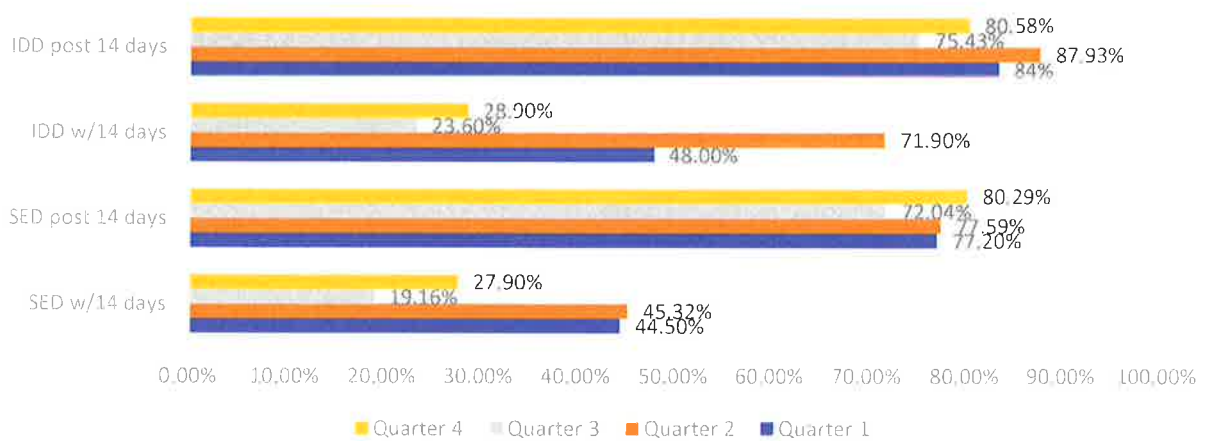
Why is this Important?: Specifically focusing on Indicator #2a that presents below average. The objective is to connect children and youth to community mental health services timely. Effective 10/1/2023 Michigan Department of Health and Human Services (MDHHS) will establish an official goal for this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

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

FY 2023 - Performance Indicator 2a



FY 2022 - 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. These meetings consist of representatives from various departments: Access Department, Managed Care Operations, Quality Department, Clinical Department, and Integrated Health Department. Also reviewed monthly Capacity Report Forms that includes Provider plans to improve capacity for services.

Major Accomplishments During Period: For FY 2023 / Q2 the youth with IDD completed an intake within 14 days remained close to the same as Q1 at 32.08%; indicating there was not a decrease this quarter. The youth with SED completed an intake within 14 days slightly increased by 5% compared to Q1. As of 7/21/2023, for indicator 2a, 3 of the 10 SED Providers received the value-based incentive and 3 out of 13 IDD Providers received the value-based incentive. In August 2023 provided additional requirements to add to the Provider Inquiry Form specific to children services for potential providers to complete for review at the Access Committee.

Needs or Current Issues: The DWIHN network is unable to support timely access to services in over 70% of cases. Barriers reported from Providers include challenges with maintaining and recruiting clinical staff. Providers report availability to complete intake appointments; however, concerned of not having available staff to deliver the services consistently. Brainstormed the option of Providers initiating walk in hours to offer intake sessions; however, the concern was not having adequate staff to support the walk-in demand.

Plans: DWIHN posted a Request for Proposal (RFP) in August 2023 to add additional Children Providers to the DWIHN to increase availability and capacity and increase timeliness to services. 1 new Children Provider submitted an initial application to MDHHS to request to deliver home based services; in which final approval is pending. Effective 10/1/2023 all of the Wrap Around Providers to also deliver services for youth on the SED Waiver; thus, the SED Waiver Providers to increase from 5 Providers to 9 Providers.

Activity 2: Juvenile Restorative Program

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

Why is this Important?: Assist with preventing juvenile justice recidivism and having community based services specifically to address the high risk needs of youth.

Current Status: As of 8/30/23 there are 15 youth enrolled in the program and 3 intakes pending. The majority of the youth are male participants.

Significant Tasks During Period: Provided Team Wellness with technical assistance on submitting new referrals versus requests to change primary provider status.

Major Accomplishments During Period: A gang unit from the Detroit Police Department educated Team Wellness staff on gang activities to incorporate with the program to ensure appropriate security measures and interventions. Team Wellness was approved by Wayne County to develop an additional phase of offering therapeutic services to youth currently in the juvenile detention facility (JDF).

Needs or Current Issues: Increase census to the program. There are varying educational and safety needs for younger youth versus older youth. Barrier of obtaining school transcripts from the Care Management Organizations. Bring more awareness to community partners of the program.

Plans: Follow up with Team Wellness and CMOs to ensure there are no barriers to referrals being submitted and members admitted to the program. Team Wellness will carve out a more specialized program geared to older youth. Judges to start including school transcripts into the court orders for these reports to be given to Team Wellness. Team Wellness is scheduled to present on the program with a local DHHS office on 9/11/2023. Team Wellness to attend the CMH / JJ Partnership meeting in October 2023 to meet with the Care Management Organizations to explain the program and discuss coordination of care.

August 2023 PCC Board Questions

Demographics: As of 8/30/23 there are 15 youth enrolled in the program and 3 intakes pending. The majority of the youth are male participants.

Gang Activity: Youth profile is reviewed by Team Wellness staff prior to youth starting the program. Preliminary information is accessible via the JAIS system and coordination with the Care Manager regarding any gang affiliation. There are currently 4 youth enrolled in the program with gang involvement; in which, transportation has been adjusted so those involved in gangs are not transported together. In addition, there are guest speakers from the community to discuss gang interventions during weekly group sessions.

Student / Teacher Ratio: Currently there are 2 youth to 1 staff ratio with a maximum of 8 youth to 1 staff ratio for the program.

Provide information on Conflict Resolution Training: The two evidenced based practices used to address conflict resolution is Cognitive Behavioral Therapy (CBT) 2.0 and Aggression Replacement Training (ART). Research shows when utilizing these practices together assist with gaining the best outcomes to decrease recidivism and aggressive behavior. These curriculums are used in daily therapeutic group and individual sessions. Lastly, there is a specific intervention that is focused on weekly as well during sessions (Examples of Interventions: Slowing down before responding, Patterns, Target Problems, Positive Self Talk, Relaxation Strategies, Managing Risk, Recognizing Triggers, Alternative Response, Conflict Resolution).

Provide information on Online Schooling: The online schooling curriculum is Keystone Academy and Kaplan GED prep.

Provider information on Cybersecurity: Team Wellness IT Department installed firewall restrictions on all of the computers youth have access to while in the program. In addition, youth are not permitted to bring cell phones to the program.

Outcomes: The following outcomes are to be measured quarterly

Services:

- Initial CAFAS, Quarterly CAFAS, Exit CAFAS (measure decrease from initial scoring)
- Motivational Interviewing (stage of change)
- Active participation in Individual Therapy
- Active Participation in Group Therapy
- Active Participation in Family Therapy
- Medication Compliance
- For any co-occurring disorders, active participation in co-occurring treatment

School Curriculum:

- Grades at start of program/Grades quarterly/Grades at end of program

- Any successful completion of online learning courses

Successful Linkage to Services:

- Employment
- Skill Building

Community Reintegration:

- No incidents while in program
- Number of youth connected to CMH services
- No further incidents of recidivism
- No probation violation
- No arrests

Activity 3: School Success Initiative

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

Why is this important?: The SSI program is needed to address the behavioral health needs of students by providing Tier 1, Tier 2, and Tier 3 services to students in school.

Current Status: ***Note: The total # of students does not include the total # of students who attended the Presentations

School Success Initiative FY 2023	# of Student Presentations*	# of Student Received SDQ Screenings	Tier 1	Tier 2	Tier 3	Total # of Students Received SSI Services
Q1	86	429	22	220	119	790
Q2	137	486	18	140	111	755
Q3	152	2628	19	97	36	2780

Quarter 2 Summary	Quarter 3 Summary
<ul style="list-style-type: none"> • Total New SSI Referrals = 100 • Total Discharges = 63 • Total Crisis Screenings / Hospitalizations: <ul style="list-style-type: none"> ○ # of Crisis Screenings = 15 ○ # of Partial Hospitalizations = 2 ○ # of Inpatient Hospitalizations = 13 • Total Risk Factors Presentations: <ul style="list-style-type: none"> ○ Anger = 38 ○ Depression / Anxiety = 65 ○ Bullying = 64 ○ Suicide Prevention = 21 ○ Dating Violence = 5 ○ Trauma = 25 ○ Grief = 16 ○ Substance Abuse = 13 ○ School Violence = 15 ○ Other = 34 	<ul style="list-style-type: none"> • Total New SSI Referrals = 47 • Total Discharges = 222 • Total Crisis Screenings / Hospitalizations: <ul style="list-style-type: none"> ○ # of Crisis Screenings = 3 ○ # of Partial Hospitalizations = 0 ○ # of Inpatient Hospitalizations = 3 • Total Risk Factors Presentations: <ul style="list-style-type: none"> ○ Anger = 42 ○ Depression / Anxiety = 72 ○ Bullying = 33 ○ Suicide Prevention = 32 ○ Dating Violence = 2 ○ Trauma = 35 ○ Grief = 11 ○ Substance Abuse = 22 ○ School Violence = 10 ○ Other = 35

Significant Tasks During Period: Addressed the barriers of youth and families completing the screening to start community mental health services. Reviewed the quarterly data in the MHWIN system after the merger from the Redcap system and worked with the IT Department to make updates.

Major Accomplishments During Period: During Q2, 181 out of the 222 total discharges was due to successful completion of the SSI program (81.5%). There was a decrease of the total number of crisis screenings and hospitalizations from Q2 to Q3. There was an increase in the total number of students who received SSI services from Q2 to Q3.

Needs or Current Issues: Improve students getting connected to the SSI program timely. Increase in crisis screenings and hospitalizations during Q2.

Plans: In August 2023 Children Providers were trained on completing community mental health screenings for youth enrolling into the SSI Program. Continue to review the youth with crisis screenings and or hospitalizations with the Children Providers to review the treatment plan and services. During August 2023 issued a Request for Information (RFI) to identify current Children Providers to provide SSI services for FY 24.

Quarterly Update

Things the Department is Doing Especially Well:

MichiCANS: Received confirmation from MDHHS that DWIHN and The Children Center was selected to participate in MichiCANS Soft Launch on 9/11/2023.

Child Abuse Prevention Month: Children's Initiative partnered with Child's Hope to support Child Abuse Prevention Month in April 2023 by connected 6 agencies to receive blue and silver pinwheels to display at their locations: The Guidance Center, Assured Family Services, Development Centers, Hegira Health, Growth Works, and Team Wellness Center. DWIHN and Children's Initiative Department received the 2023 Child Advocate Award on behalf of Child's Hope this month.

Fatherhood Initiative: 11TH Annual Fatherhood Forum was held 6/22/2023 at Greater Grace Temple in Detroit. Eric Doeh, President and CEO of DWIHN delivered the welcome speech. Cole Williams, a parent, mentor, community leader, social worker, and Executive Director of the Delta Project was the keynote speaker. (64 attendees).

Detroit Chempreneurist: Partnered with Detroit Chempreneurist who hosted a summer workshop with The Children's Center show kids K-12 entrepreneurship skills and building self-care products (36 attendees)

Interviews:

- Children's Initiative IDD Clinical Specialist was featured in Woodhaven Today Article "Making Sure They Have a Voice" to advocate for those with disabilities.
<http://mymediaflip.com/publication/?m=32390&i=787237&p=12&ver=html5>
- Children's Initiative Director participated in an interview with Metro Parent Magazine on youth suicide prevention.
- Children's Initiative Director and School Success Initiative Specialist participated in an interview article focusing on "Back to School Stress."
- Children's Initiative Director was aired on Anthony Adams Radio Show to discuss Children Services in Wayne County with DWIHN.

Identified Opportunities for Improvement:

Crisis Plans: Started reviewing Crisis Plan compliance among the Children Providers. DWIHN is expected a goal of at least 85% of Crisis Plans for members served are completed. For FY 2023 / Q3 SED Children Providers = 68.64% and IDD Children Providers = 71.07%. The Crisis Plan compliance is available in the Risk Matrix for

Provider to review. Informed all of the Children Providers of the expectation of completing Crisis Plans and two Crisis Plan Training sessions will be scheduled before the end of the year.

Progress on Previous Improvement Plans:

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. Children Providers continue to exceed the compliance goal of 95% of completing PHQ A during intake. The quarterly PHQ A has consistently been a challenge during FY 22; however, there was noted improvement for FY 2023.

Fiscal Year 2023:

PHQ A (ages 11 – 17)	Q1	Q2	Q3	Q4
Intake Goal = 95%	99.7%	99.9%	99.7%	NA
Quarterly Goal = 95% (score at least a 10)	73.8%	73.4%	78.4%	NA

Fiscal Year 2022:

PHQ A (ages 11 – 17)	Q1	Q2	Q3	Q4
Intake Goal = 95%	98.3%	99.3%	97.1%	98%
Quarterly Goal = 95% (score at least a 10)	62.9%	60.3%	58%	66.3%

Interventions: Sent quarterly status reports to Children Providers. Held meetings with Providers during Q1 and Q2 to review barriers. Worked with IT Department to update the Provider location numbers in the MHWIN system to include all of the Provider locations.

Plan: 1). Working with IT to develop a discharge section in MHWIN for Providers to inform when services have been discontinued to include in the data reports, 2). There are 2 Providers who do not have PCE capability and will submit quarterly reports to DWIHN.



**Program Compliance Committee
Michele Vasconcellos Director, Customer Service
September 13, 2023**

Main Activities During Quarter 3 Reporting Period:

- Customer Service Calls
- Grievances and Appeals
- 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

	3rd Quarter FY 22/23		3rd Quarter FY 21/22	
	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%
Reception/Switchboard	3,964	1.0%	6,826	0.8%

Customer Service Call Center

	3rd Quarter FY 22/23		3rd Quarter FY 21/22	
	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%
DWVHN Customer Service	1,436	3.1%	2,770	7.5%

- In comparing the Fiscal years, FY21/22 had a substantial number of calls that came into the switchboard, yet the abandonment rate remained well below the 5% standard. Call Center Activity however in FY 21/22 recorded an abandonment rate of 7.5%. This was attributed to staffing challenges and phone issues.
- During this Fiscal Year the department participated in the RFP evaluation for a potential vendor for a new more efficient phone system. Participants on the evaluation team were Customer Service, the Access Center, IT and Procurement.
- Position posting for both the Reception/Switchboard and Call Center was conducted to address staffing concerns.
- Customer Service continues to monitor call abandonment rates and addresses staffing concerns as a result of PTO being taken. Customer Service has entertained cross training of some staff to act as back up phone coverage.



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

	3rd Quarter FY 22/23	3rd Quarter FY21/22
Complaint/Grievance Calls	709	174

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

Grievance Processed Quarterly Comparison

Grievances	3rd Quarter FY22/23	3rd Quarter FY21/22
Grievances Received	27	20
Grievances Resolved	25	19

Grievance Issues by Category

Category	3rd Quarter FY 22/23	3rd Quarter FY21/22
Access to Staff	5	0
Access to Services*	8	7
Clinical Issues	2	1
Customer Service	7	3
Delivery of Service*	10	9
Enrollment/ Disenrollment	0	0
Environmental	0	0
Financial	1	0
Interpersonal*	8	3
Org Determination & Reconciliation Process	0	0
Program Issues	1	0
Quality of Care	1	2
Transportation	0	0
Other	2	1
Wait Time	0	6
Overall Total	45	32

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

Program Compliance Committee Meeting Michele Vasconcellos Report



Grievance	3rd Quarter FY22/23	3rd Quarter FY21/22
Aetna	0	0
AmeriHealth	0	0
HAP Empowered	0	0
Meridian Complete	0	0
Molina	1	0
Overall Total	1	0

Appeals Advance and Adequate Notices

Notice Group	3 rd Quarter FY 22/23	3 rd Quarter FY 22/23	3 rd Quarter FY 21/22	3 rd Quarter FY 21/22
	Advance Notices	Adequate Notices	Advance Notices	Adequate Notices
MI	4,416	915	2,267	1,303
ABA	150	103	95	194
SUD	249	21	153	48
IDD	835	386	464	184
Overall Total	5,650	1,335	2,979	1,729

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.

Appeals Communications

	3rd Quarter FY22/23	3rd Quarter FY21/22
Appeals Communications Received	431	81

*communications include emails and phone calls to resolve appeals.

Appeals Filed

Appeals	3 rd Quarter FY 22/23	3 rd Quarter FY 21/22
Appeals Received	16	8
Appeals Resolved	14	8

DWHN State Fair Hearings

SFH	3 rd Quarter FY 22/23	3 rd Quarter FY 21/22
Received	0	0
Scheduled	0	0
Dismissed or Withdrawn	0	0
Transferred out	0	0
Upheld by MDHHS	0	0
Pending	0	0



**MI Health Link (Demonstration Project) Appeals and State Fair Hearings
(Data is reflected for both FY22/23 and FY 21/22) 3rd Quarters)**

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

- There has been a slight increase of Grievances and requests for Appeals as compared to the previous Fiscal year for DWIHN. 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 Hearing in either Fiscal years.
- The MI Health Link Demonstration Project continues to yield low rates of grievances with the 0-1 per quarter being the norm. The 0 rate for request for State Fair Hearings tends to continue to be the norm.
- Adequate and Advance Notices that are generated by the CRSP have shown a significant increase from the previous fiscal year. The Customer Service Grievance division randomly audits these notices to ensure that processes are being followed and members are provided timely access to their ability to appeal.
- 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.
- To address the significant amount of work that goes into the handling of inquiries regarding Due Process, Customer Service began to document all activity which involves the inquiry, follow-up calls, and correspondence i.e. emails and mailings. This is noted in this Fiscal Year's data.
- Customer Service is addressing those CRSP who are attempting to circumvent the mandated grievance process by addressing their issues internally and not reporting to DWIHN. Education and training is the first phase approach to dealing with this issue. Continuance will be addressed as non-compliance with appropriate accompanied sanctions.
- Customer Service is represented on the Access Committee and reports on Access to care complaints and needed processes. Member Surveying and Mystery Shopping have been discussed as well as monitoring of staff shortages and network adequacy and provider gaps in service.

Activity 3: Member 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 prioritizing of new initiatives.

Member Activities

EVOLVE	3 rd Quarter FY 22/23 Avg Attendance	3 rd Quarter 21/22 Avg Attendance
Monthly Meeting	40 in person	25 online

Program Compliance Committee Meeting Michele Vasconcellos Report



Constituents' Voice	3 rd Quarter FY 22/23 Avg Attendance	3 rd Quarter 21/22 Avg Attendance
General Meeting	8	23
CV Leadership Meeting	7	10
Advise Action Group Meetings	Nonattendance /disbanded	3
Advocacy Action Group Meetings	11	4
Empower Action Group Meeting	7	7
Engage Action Group Meeting	7	8

Note: FY 21/22 meetings were being conducted remotely.

Peer Professional Development

Events	3 rd Quarter FY 22/23 Attendance	3 rd Quarter FY 21/22 Attendance
Tri-County Peers Connect	32	52
Bridging the Gap: Peer & Community Health Workers Collaboration	City suspended meetings due to funding	79

Member Experience Surveys

Data Collection	3 rd Quarter FY 22/23 Count/Response Rate	3 rd Quarter FY 21/22 Count/Response Rate
ECHO (Member Experience) Adult Survey	4,000/797 Complete	4,000/809
ECHO (Member Experience) Children Survey	4,000/1,143 Complete	4,000/1,415
National Core Indicator Background Profiles	288/288	288/288
Peer Workforce Surveys	N/A	457/79
Peer Liaison Questionnaires	102/50	N/A

- 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.
- In-Person DWIHN Member Engagement Monthly Member Meetings have resumed and hosted at Clubhouses and Drop-in Centers, with attendance gradually increasing.
- Due to lack of attendance on the Advise subcommittee of the Constituent Voice, this activity will be merged with the Advocacy Committee.
- Recruiting efforts are being conducted to increase membership on DWIHN's Constituent Voice advisory committee.
- The newly appointed Customer Service Manager of Member Engagement, Margaret Keyes Howard continues to focus on process improvements efforts and initiatives that will enhance member engagement via social and community outreach, education, advocacy, peer development, and surveying member experiences.
- Customer Service continued to assess member experience via various survey activity. DWIHN's partnership with Wayne State University School for Urban Studies, assists with the administering

Program Compliance Committee Meeting Michele Vasconcellos Report



of the ECHO Adult and Children's member satisfaction tool. Data findings are shared with DWHN's Quality division for coordination of reporting to valued stakeholders. Quality also initiates the cross departmental collaboration for prioritizing of focus areas for process improvement.

- Peer Workforce Surveys were previously conducted to track where individuals were working in our system. This information can now be tracked in MHWIN as part of the Provider Profile.
- The third Quarter of this fiscal year begins the planning for the State's annual Walk-A- Mile In My Shoes member event in Lansing. Member Engagement takes the DWHN lead in assuring Detroit Wayne is well represented at this crucial opportunity to engage members with legislative issues and topics for discussion with legislators.

**Program Compliance Committee Meeting
Third Quarter Report FY 2023
Integrated Health Care Department
Vicky Politowski Director
09/13/2023**



Main Activities during Quarter 3, 2023 Reporting Period:

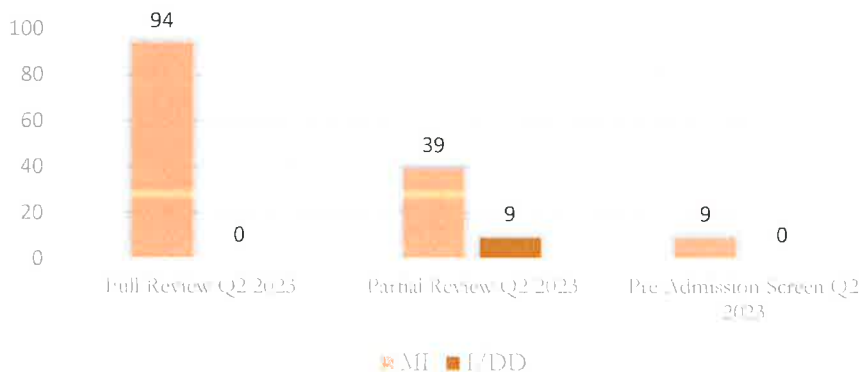
- **Integration of OBRA services within DWIHN/IHC**
- **Increase of HEDIS Scores focusing on Follow Up After Hospitalization (FUH)**
- **Complex Case Management**

Progress On Major Activities:

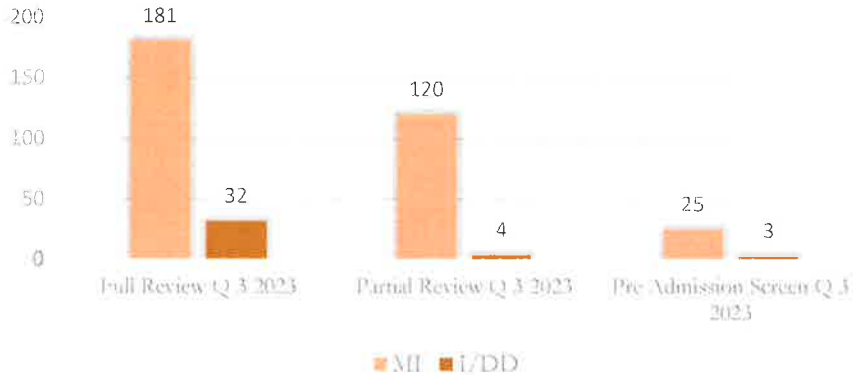
Activity 1: Integration of OBRA services within DWIHN

- Description: DWIHN did not renew the OBRA contract with Neighborhood Services Organization after March 30, 2023. DWIHN made this decision as DWIHN is responsible for ensuring the appropriate level of services are identified and provided to the members and residents of Wayne county. The OBRA program is a Federal mandated program that determines if an individual requires nursing home level of care and what level of treatment they would need for their behavior health condition, or from their developmental disability.
- Current Status: DWIHN OBRA Team is running smoothly and providing all services.
- Significant Tasks During Period:
 1. DWIHN hired and onboarded 21 staff within a three-week time period.
 2. Clinical staff were assigned assessments starting April 1st.
 3. OBRA trainer worked with all hospitals and nursing homes on new contacts numbers, email address and agency change.
 4. More assessments were completed by DWIHN OBRA team in 3rd than the second quarter.
 5. 1,977 referrals were processed.
 6. The state goal for pended assessments is 25% or less. The pended assessments during this quarter were 14% which indicates that out of a total of 251 assessments, MDHHS had question/concerns on 37.
 7. Congruency with MDHHS on assessments was 95%. This means MDHHS agreed with 95% of our recommendations for level of care. The cases that they disagreed upon were where MDHHS wanted a higher level of behavioral health services.

Quarter 2: Assessments completed by NSO



Quarter 3: Assessments completed by DWIHN



- Major Accomplishments During Period: The OBRA program was successfully implemented at DWIHN and able to service more members than previously. Community stake holders were not affected by the transition and MDHHS is pleased with how smoothly DWIHN completed the process.
- Needs or Current Issues: Nursing home referrals are on the rise and coming back to pre-pandemic numbers. DWIHN will need to look at hiring more contractual staff. There are two deadlines to meet: 4 days for a person in the hospital and 14 days for annuals. OBRA has been meeting the timelines for the 4 days at a 100% but is behind on the 14 day because of inheriting 300 overdue assessments from NSO.
- Plan: IHC director is working with Human Resources on staffing recommendations and how to hire contractual staff that get paid per assessment. This keeps costs down since they are not fulltime staff. OBRA administrator monitors all timeliness of when assessment is due, and will report on the timelessness of progress.

Activity 2: HEDIS Scores focusing on Follow Up After Hospitalization (FUH)

- Description: Health Effectiveness Data and Information's set (HEDIS) tool is used to measure performance on important dimensions of care and services that the certified responsible service providers (CRSP) are contracted to perform. DWIHN contracted with Vital Data to create a HEDIS Score Card with 15 measures that are important in behavior health and a few that are related to preventative medical care. Scores are based on the calendar year. One measure that is an important indicator of service is, follow up after hospitalization (FUH) and measures a 7 and 30 day compliance to follow-up appointments after discharge from inpatient psychiatric hospital. Michigan Department of Health and Human Service monitors each PIHP on this measure. The current goal set at 58% for adults and 70% for children.
- Current Status: As of June 2023, there were 3099 adult members hospitalized and 1356 made their FUH appointment within 30 days with a clinician or psychiatrist. This gives a score of 43.76%. 299 children were hospitalized with 182 seen within 30 days by a clinician or psychiatrist for a 60.87%. When comparing percentages to year 2022 the numbers are about the same.
- Significant Tasks During Period: DWIHN IHC team works on this measure in many ways.
 1. IHC works with 5 Medicaid health plans on care coordination for individuals who were hospitalized or have high needs. 418 members were contacted to assist with making their appointment
 2. Complex Case management contacted 215 members
 3. HEDIS scores were sent out to CRSP medical directors for follow up plans

4. IHC, Quality, Access and MCO met with 23 different CRSP and went over their specific FUH scores.
 5. HEDIS scores were presented at the Medical Director meeting between DWIHN and Providers.
- Major Accomplishments During Period: Successfully onboarding the OBRA program within DWIHN.
 - Needs or Current Issues: FUH scores have not increased as expected and during DWIHN meetings with CRSP's, , an identified barrier is lack of coordination between the CRSP and the hospital to facilitate discharge. Some providers have asked for separate payments to do this
 - Plan:
 1. CRSP are being informed that most of them are on a PMPM payment model which is an enhanced payment to cover coordination of care.
 2. Many of the same CRSP providers are low on many different indicators tracked.
 3. Adult initiatives have hired new staff to work with CRSP providers directly. IHC will make sure these staff have access to the HEDIS Scorecard and are trained.
 4. Separate meeting will be held with the 5 CRSP that are performing low on all indicators tracked.
 5. Will review performance incentive models and goals for HEDIS measures.
 - **Activity 3: Complex Case Management (CCM)**
 - Twelve (12) new cases opened during the quarter.
 - Nine cases closed, 7 met their goals and 1 was unable to reach and one passed away.
 - 73 presentation to the community on CCM were completed.
 - 3 satisfaction surveys were returned with 100% satisfaction of services.
 - Description: Consistent work on NCQA preparation documents to ensure successful outcomes from NCQA Audit.
 - Current Status: Successfully reviewed 4-6 CCM charts monthly for audit preparation which has been an increase from 1-3 charts in the past. CCM team has become more confident, knowledgeable and efficient in documentation and pointing out evidence.
 - Significant Tasks During Period:
 1. CCM monthly Audits, CCM program documents are being consistently edited and uploaded to SharePoint for approval.
 2. CCM program Description was presented and approved by IPLT and QISC.
 3. CCM evaluation was presented and approved by IPLT.
 4. DWIHN Population Assessment was presented and approved by IPLT and QISC.CCM
 5. Clinical Specialist presented to peers at staff NCQA Meeting to provide guidance on document preparation and submission to SharePoint.
 6. NCQA gives the organization its accreditation, QI8 (Complex Case Management) is a huge portion of the audit
 - Major Accomplishments During Period: CCM has increased the number of charts reviewed monthly in which positive feedback has been received from Clinical Specialist and NCQA Consultant. NCQA consultant has provided positive feedback in regards to document submission and timeliness of task completion.
 - Needs or Current Issues: The amount of paperwork and timelines to be completed with members is difficult due to engagement of members. Lower amount of cases
 - Plan: Continuation of our due diligence for preparation to have a successful audit which includes completing tasks within a timely manner, welcoming feedback/updating documents, and making necessary changes to benefit the organization. DWIHN CCM staff were approved for an

intensive three-month cohort training on Motivational Interviewing to aid in engagement of members.

Quarterly Update:

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

During quarter 3 the OBRA team was successfully integrated into DWIHN and were able to meet the rising needs of members who are referred for nursing home care.

- **Identified Opportunities for Improvement:**

When DWIHN took over the OBRA contract there were 300 referrals in the que and this has gone up to 485. Staff are working diligently on decreasing this. The team is down two clinicians and the contractual person is not taking assessments.

HEDIS scores are an indication of coordination of care and meeting with CRSP providers leadership is needed.

- **Progress on Previous Improvement Plans:**

In the 4th quarter of 2022 IHC and the SUD department worked together on, Follow-up after Emergency Department Visit for Alcohol or Other Drugs (FUA). MDHHS had set a goal of 27% and DWIHN was below 20% historically.

IHC would pull CPT codes on members in CC360 that were in Emergency Department and substance use related and send these members to the SUD department for follow up. In June of 2022 DWIHN was at 21.68% by December of 2022 DWIHN had doubled the score to 40.97%. This was a great success between the two departments and this process continues.



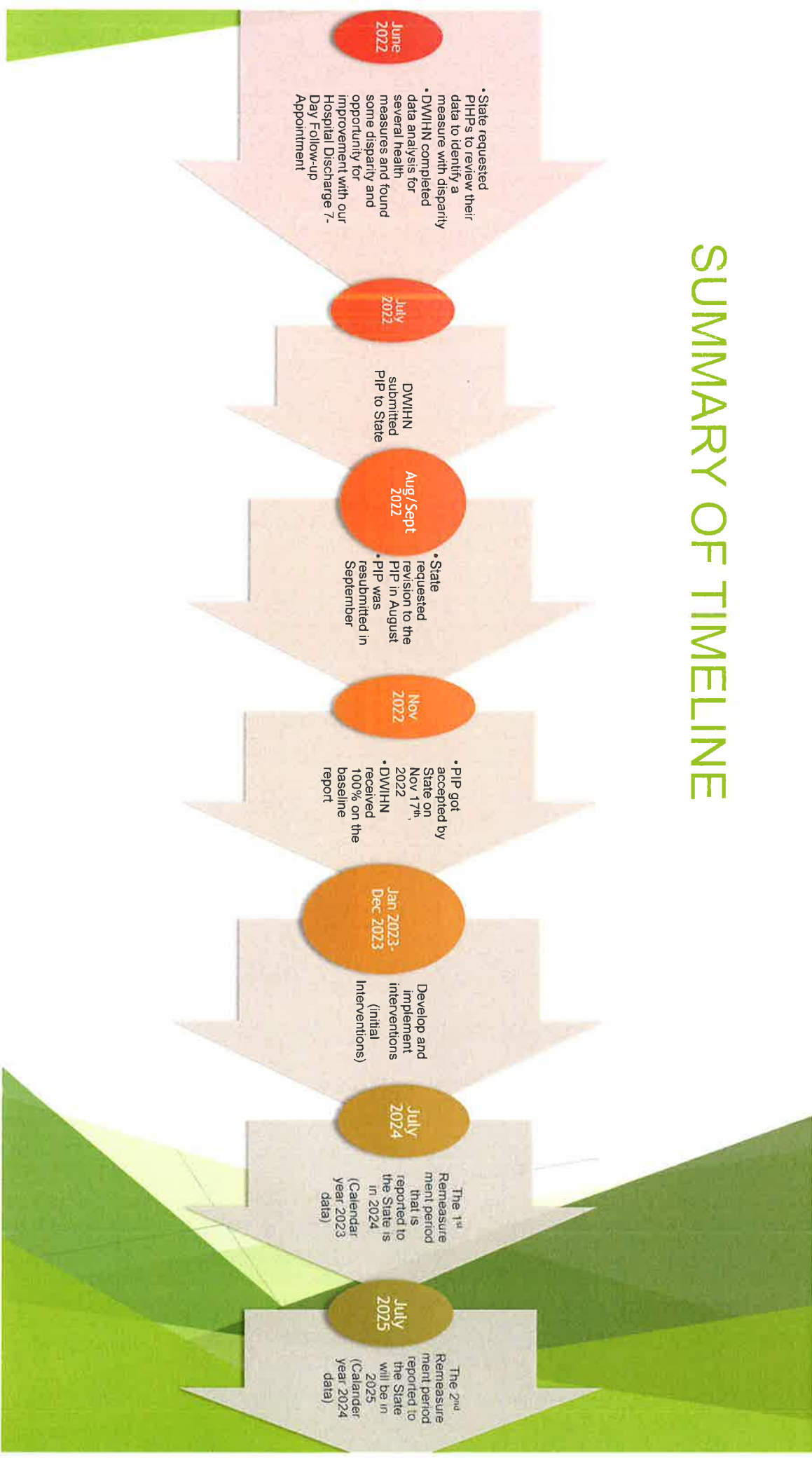
**HOSPITAL DISCHARGE
FOLLOW-UP RACIAL
DISPARITY PIP**



BACKGROUND & PURPOSE

- ▶ HSAG, the MDHHS contracted External Auditor, directed PIHPs to create a 3 year PIP focusing on racial disparities in the network.
- ▶ The data reveals a disparity gap between the percentage of African American (AA) members compared to white members who received follow-up care within 7 days of discharge from a psychiatric inpatient unit.
- ▶ The purpose of this report is to provide an update on the targeted interventions to increase the follow-up care within 7 days of discharge from a psychiatric inpatient unit for the African American (AA) members, without demonstrating a decrease in the overall compliance scores for the White population.

SUMMARY OF TIMELINE



BASELINE DATA (CALANDER YEAR 2021)

Table 1: DWIHN 2021 Performance Indicator #4a

Race	Total Events	Compliant Events	Non-Compliant Events	Compliance Rates
Black or African American	4,252	1,516	2,736	35.65%
White	1,890	759	1,131	40.16%
Disparity Gap	-	-	-	4.51%

Data was collected and submitted to State in Summer 2022. Approved Nov 2022.

INITIAL INTERVENTIONS

- ▶ Following the analysis of the baseline data, DWIHN initiated general Interventions to improve compliance with 7-day discharge appointments after psychiatric admissions:
 - ▶ Monthly meetings with CRSP to educate them on the importance of hospital discharge appointments. Data on their compliance was reviewed and barriers were discussed.
 - ▶ Access was provided to CRSP for the Performance Indicator module in MHWIN and job aide was created so the providers can self-monitor their data.
 - ▶ Medical Directors of CRSP were notified of the data and gaps at their agencies and were provided education to access their own data.
 - ▶ Value-based performance incentives were provided to compliant providers on quarterly basis.

Preliminary Data African American/Black Members Follow-Up After Hospitalization (January-July 2023)

Seen Within 7 Days	Member Rescheduled but seen Outside of 7 Days
794	648
32.94%	26.88%

- ▶ The preliminary data reveals that there is an 9.01 percentage point disparity gap.
- ▶ July 2023 (Preliminary data) reveals a disparity gap of 5.63%.
- ▶ There were a total of 2,410 AA members events during January – July 2023.
- ▶ While the 7 day compliance for AA members was 32.94%, the data demonstrates that the AA members that were not seen within the 7 days were eventually seen at an overall compliance rate of (59.82%).
- ▶ With additional reengagement efforts (appointment reminders, letters and calls) an additional 648 AA members followed up with providers after discharge but not within 7 days.

PIP NEXT STEPS

- ▶ DWIHN's Integrated Health Care (IHC) has been reached out to hospitalized members by calling the members 2 to 3 days after inpatient discharge to assist with care coordination focusing specifically with Black/ African American population. These efforts will encourage members to attend their 7-day follow-up appointment and enroll in the voluntary Complex Case Management (CCM) programs. Data collection and outcomes will be tracked and reported to PCC quarterly.
- ▶ DWIHN is working to reduce transportation barriers for members to attend their scheduled 7-day follow up appointments. We have contracted with two vendors, God Speed Transportation and Mariners Inn to provide transportation. Services begin September, 2023.
- ▶ DWIHN's Member Experience and Quality Improvement teams are working in collaboration to administer a survey tool that will assess racial disparity amongst our African American population in our system who are non-compliant with their required 7-day follow-up appointments, lack services between hospitalizations, and have high recidivism inpatient encounters.
- ▶ The survey will also contrast data from white member/participants within the same non-compliant categories, to determine if there is any baseline similarities related to social determinants of health or to determine if there are more relevant cause for the racial disparity. Data collection and outcomes will be tracked and reported to PCC quarterly.
- ▶ Continue to conduct targeted meetings with providers that have highest disparities and high number of AA population hospitalized.
 - ▶ **Neighborhood Services Organization (18.42%)**
 - ▶ **Hegira Health (17.50%)**
 - ▶ **Team Wellness (7.74%)**
- ▶ DWIHN's Quality Monitoring team through the annual monitoring process, has been focusing on reviewing a sampling of cases for members that did not make their appointment to ensure that the provider is practicing re-engagement and engagement attempts, per DWIHN's policy i.e., phone, letter, in-person, etc
- ▶ No less than monthly, DWIHN's Quality Improvement team will continue to remeasure the data for effectiveness of the interventions and report outcomes to PCC quarterly

**Program Compliance Committee Meeting
Vice President of Clinical Operations' Report
September 13, 2023**

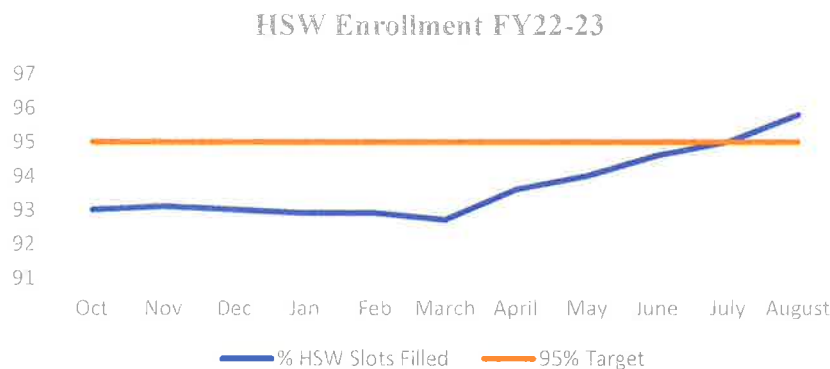


Clinical Program Updates:

Habilitative Support Waiver (HSW)- In an effort to reach 95% enrollment of available HSW slots, DWIHN implemented several strategies as a part of an internal corrective action plan. These strategies were initiated in March 2023 and include:

- DWIHN Residential Team identifies potential HSW enrollees, educates members on HSW benefits, and obtains the initial certification/consent form.
- DWIHN utilizes data from MHWIN to help Clinically Responsible Service Providers (CRSPs) identify potentially eligible members. Every 60 days the UM department sends out a list of identified members to the CRSPs asking them to, if appropriate, explain HSW to those members and begin enrollment as a part of the Individual Plan of Service (IPOS) process.
- Ongoing training with CRSPs to educate on HSW services to identify and enroll members into HSW.

As a result of these initiatives, enrollment has significantly increased. In the month of August 2023, there was 95.8% enrollment, which currently meets the MDHHS 95% target.



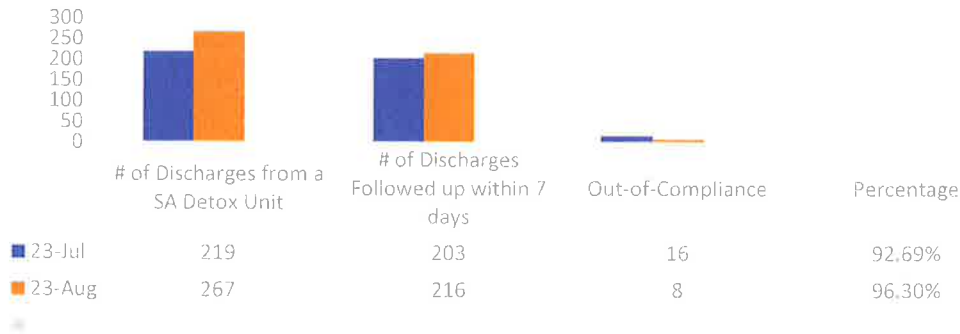
Assisted Outpatient Treatment (AOT)- DWIHN received 144 Assisted Outpatient Treatment (AOT) orders in the month of August. Respective CRSPs were notified to incorporate these orders in treatment planning. It has been reported that some CRSP Providers have not been following the AOT requirements. DWIHN has developed an Assisted Outpatient Team within our Adult Initiatives Department that will work closely with both the Court's Behavioral Health Unit and CRSP Provider Network to ensure AOT requirements are being met. This includes notification of required documentation and timelines, re-training provider staff, and monitoring to ensure court hearings are completed timely. This initiative now also includes monitoring of those person's found Not Guilty by Reason of Insanity (NGRI) who are on a State Hospital Authorized Leave Status (ALS) 5-year Contract. There are currently 65 members on this ALS status.

Substance Use Disorder Services (SUD)-

SUD Strategic Plan: The 3-year strategic plan (FY 23/24-25/26) covers the demographic profile for the region. It identifies barriers and disparities and displays the Michigan profile for healthy youth accompanied by substantial data to support outcomes. The strategic plan was submitted to MDHHS and will be used as a guide for the next three years. Plan looks at ways invest in workforce development initiatives to address the shortage of trained professionals in substance use disorders. This can include offering incentives for professionals to specialize in addiction and supporting ongoing professional development opportunities.

Follow-up after Withdrawal Management- Members typically transition to SUD Residential Services (at the same provider or a provider of choice) following withdrawal management. It is ideal for this to occur no more than 7 days between discharge and subsequent residential admission.

Current Status:



For members admitted to Withdrawal Management- July rate was 92.69% and August was 96.30%, showing an improvement from the previous month. DWIHN will continue to encourage providers to actively participate in developing aftercare planning, with the guidance of treatment professionals.

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 considered to be the future of behavioral health and DWIHN is currently planning for this change.

- *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. This funding would support the hiring and training of staff to provide outpatient behavioral health services to both adults and children with behavioral health needs. DWIHN is currently waiting for the award announcements to be shared. If awarded, the grant would begin October 1, 2023, with clinical services to be initiated within 4 months of ward.
- *CCBHC Demonstration Expansion-* Currently our region has one CCBHC Demonstration site, The Guidance Center, who serves 3,533 individuals under this model. In July, the State of Michigan announced that they were expanding the CCBHC Demonstration sites, which could potentially add 6 additional providers in our region starting on 10/1/23. DWIHN was informed that six (6) providers applied for certification and five (5) providers were approved for

certification. DWIHN is working with these providers on CCBHC contracts and onboarding in preparation for the October 2023 launch.

- DWIHN continues to meet with MDHHS to advocate on becoming a CCBHC direct service provider. DWIHN is currently working on strengthening our PIHP/CMHSP firewalls to ensure compliance with state standards and expectations. Plans for providing direct outpatient services are currently being developed to ensure DWIHN can meet State certification requirements when the application becomes available.

Provider Network:

To ensure that our members receive timely access to a full array of behavioral health services, DWIHN announced several provider expansion efforts. DWIHN issued a Crisis Continuum RFP, which is currently in process, with a target start date of October 1, 2023. In addition, due to the ongoing capacity issues in the Children's Provider network, DWIHN has issued a Request for Expansion for Children's Behavioral Health and an RFP for Applied Behavioral Analysis Services. DWIHN has also sent out a Request for Information to our existing provider network in an effort to expand services within school systems through our School Success Initiative.



**VP of CLINICAL OPERATIONS' REPORT
Program Compliance Committee Meeting
Wednesday, September 13, 2023**

ACCESS CALL CENTER – Director, Yvonne Bostic
No Report

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

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

CHILDREN'S INITIATIVES – Director, Cassandra Phipps
No Report

CRISIS SERVICES – Director, Daniel West

Below is the monthly data for the Crisis Services Department for August 2023 for adults and children (8/1/23-8/30/23).

CHILDREN'S CRISIS SERVICES August 2023

Month	RFS	Unique members	Inpatient admits	% Admitted	# Diverted	% Diverted	Crisis Stab Cases
July	192	172	81	47%	108	56%	116
August	173	160	65	38%	106	61%	88

- Requests for Service (RFS) for children decreased by 9% this month. The diversion rate decreased from 47% to 38% as compared to July along with the number of requests. Although August had less requests for service, the percentage of children diverted to a lower level of care went up.
- There were 88 Intensive Crisis Stabilization Services (ICSS) cases for the month of August. ICSS is able to visit members face to face in the community and provide de-escalation as well as referrals to ongoing service. There was a 24% decrease in ICSS referrals (116-88) compared to July.
- The Children's Center (TCC) Crisis Care Center serviced 6 members this month, similar to 6 members served in July.

COPE August 2023

Month	RFS	Unique consumer	Inpatient admits	% Admitted	# Diverted	% Diverted	# Inpt due to no CRU
July	1,057	947	731	72%	254	25%	12
August	1,018	930	733	67%	263	26%	16

- There was a 3% decrease in the number of requests for service for adults in August compared to July, and the diversion rate increased slightly in August.

- The Crisis Stabilization Unit (CSU) at COPE served 253 members this month, a 10% increase from July at 227.
- The Mobile Crisis Stabilization Team provided services to 89 members in August, down from 97 in July. Mobile Crisis Stabilization assigns a clinician specific to the member who has been discharged to outpatient from the ED to provide coordination of services in the community for up to 28 days.

CRISIS RESIDENTIAL/HEGIRA August 2023

- The number of available beds is 9.

<u>Referral Source</u>	<u>Total Referrals</u>	<u>Accepted Referrals</u>
ACT (Assertive Community Treatment)	0	0
COPE	54	25
DWIHN Residential	0	0
Step Down from Inpatient	12	6
Total	66	31

PROTOCOL August 2023

<u>Month/Year</u>	<u># Incoming Calls</u>	<u># Calls Answered</u>	<u>% answer w/in 30 secs</u>	<u>Avg. Speed of answer</u>	<u>Abandonment rate</u>
June	889	877	93.4%	14s	.7%
July	732	724	96.7%	11s	.5%

- Protocol is the contracted entity to provide 24/7 support to members when DWIHN clinicians are not available.
- August 2023 data not available at the time of this report

HOSPITAL LIAISON ACTIVITY REPORT August 2023

- August 2023, there were 415 contacts made with community hospitals related to movement of members out of the emergency departments, which is a 28% increase in contacts from July at 298 (data reflects a continuous increase in members seen due to completion of training for newly hired liaisons). Out of the 415 encounters, 77 members were diverted to a lower level of care, resulting in an overall diversion rate of 19%.
- 1 admission was made to Walter Reuther Psychiatric Hospital (WRPH), now combined with residents of Hawthorn due to renovations of Hawthorn campus.
- In July, Hospital liaisons were involved in 15 encounters between 7 members on the recidivism list. Of those 15 encounters, 9 encounters resulted in a lower level of care, and 6 encounters resulted in an inpatient admission.

DATA SPECIFICALLY RELATED TO 23 HOUR REPORT August 2023

- Hospital liaisons receive a list of members awaiting inpatient placement for more than 23 hours after an inpatient disposition has been made.
- Of the 23-hour report activities during this reporting period there were 347 encounters (a 34% increase from July (258) for members specifically related to the 23-hour report).

- Liaisons were involved in 67 cases that were not on the 23-hour report, and of those cases, 13 were diverted to a lower level of care.
- 65 of the 347 cases specifically related to the 23-hour list were diverted, resulting in a 18% diversion rate for those members specifically related to the 23-hour report.

DISPOSITION TOTALS 23 HOUR REPORT, August 2023

- After having been seen by the DWIHN contracted screening entities, and after having been in the ED for more than 23 hours after a disposition has been reached, the following indicates members' dispositions.

Admission Type	Members
Beaumont Behavioral	10
BCA Stonecrest	59
Detroit Receiving	4
Garden City	6
Harbor Oaks	39
Havenwyck	19
Henry Ford Wyandotte	6
Henry Ford Kingswood	25
Pontiac General	122
Samaritan	5
Sinai Grace	7
St. Mary Mercy	3
St. Joes Ann Arbor	0
Discharge with Mobile Crisis Stabilization	66
Medical Admissions	6
Crisis Residential	3
Partial Day Hospitalization	4
Residential	9
Cedar Creek	0
Pine Rest	0
Ascension Providence	3
St. John Main	0
SUD	0
UofM	0

CUSTOMER SERVICE – Director, Michele Vasconcellos
No Report

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

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

Main Activities during Reporting Period (August 2023):

- **Achieved 95.8% enrollment for HSW**
- **Ongoing trainings provided to CRSPs regarding Self Directed Service Arrangements. Trained Hegira and All Well Being Services this month.**
- **Collaboration with IT to attempt to eliminate discrepancies between MHWIN Reporting a member as General Fund and MDHHS reporting them with active Medicaid.**
- **HSAG Review**

Progress On Major Activities:

Activity 1: HSW Enrollment

- *Description:* The Habilitation Services Waiver is an opportunity to provide appropriate funding for services needed by our members with I/DD. It ensures that the level of care the member needs is supported and available to them. DWIHN has 1,084 available HSW Slots assigned to us by the State of Michigan and we must maintain enrollment in those slots or redistribution of them may occur and DWIHN will no longer have them available to us.
- *Current Status:* We have reached 95.8% enrollment in August. This is the highest since January 2023.
- *Significant Tasks During Period:* Multiple initiatives launched to directly target increasing utilization:
- In late March, UM Department and Residential Department partner to launch an effort to identify members potentially eligible for HSW. Residential would identify these members during Residential Assessment process and would discuss the Waiver program with the member, obtaining initial consent and providing this to the CRSP to complete the enrollment.
- 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 Manager began meeting with CRSP teams to complete a training covering these topics to empower the CRSPs to identify and enroll members into HSW.

- *Major Accomplishments During Period:* Yes, the initiatives above assisted us in reaching our goal of 95% enrollment.
- *Needs or Current Issues:* We continue to train our network of CRSPs regarding the importance of the HSW and the enrollment process.
- *Plan:* Continue above activities as they are already resulting in positive impact.

Activity 2: Self Directed Arrangements

- *Description:* Self-Directed Services are a partnership between the PIHP/CMHSP and the individual. The PIHP/CMHSP is required to develop and maintain a system that supports people who choose to use any method of the self-directed options, (i.e. direct-employment, purchase of service, agency-supported self-direction). The PIHP/CMHSP must actively educate people about the option to direct services, ensure all CMHSP staff are aware of self-directed services, the different levels of control available, and the methods to exercise that control. A PIHP/CMHSP may not deny someone the option to direct services. A PIHP/CMHSP may not limit access to any self-directed options (direct-employment, purchase of service, agency-supported self-direction). : The Clinical Specialist on the SD Team also process individual budgets for each new IPOS, Durable Medical Equipment requests for all members, coordinate transitions to Residential living arrangements, and follow up to ensure safety of SD members for ORR allegations.
- *Current Status:* There are currently about 1,089 members who self-direct their services; (number may be slightly off due how some of the Financial Management Service agencies report Independent Support Coordination.)
- *Significant Tasks During Period:* The SD Team started making direct visits to train CRSPs on the Self-Directed Service process and requirements; this month the team trained All Well Being and Hegira.
- *Major Accomplishments During Period:* No significant accomplishments to report though this activity continues positive progress.
- *Needs or Current Issues:* Ongoing CRSP Training.

Plan: The SD Team will continue direct visits to train CRSPs on the SD Service process an requirements.

Activity 3: Eliminate discrepancies between MHWIN and MDHHS reporting of Medicaid Status

- *Description:* We have identified discrepancies between MHWIN and MDHHS Records regarding active status of members' Medicaid. Members are showing as "General Fund" in MHWIN when there is active Medicaid indicated via MDHHS Records.
- *Current Status:* Ongoing
- *Significant Tasks During Period:* Met with IT Department representative on 8/25/23 to discuss this error and potential causes/fixes.
- *Major Accomplishments During Period:* None at this time.
- *Needs or Current Issues:* Awaiting response/feedback from IT Department representative.
- *Plan:* Awaiting information from IT.

Activity 4: HSAG Accreditation Review

- *Description:* DWIHN had our HSAG Review on 8/18/23.
- *Current Status:* Completed

- *Significant Tasks During Period:* All departments collaborated to submit documentation to HSAG for the review. The UM Department submitted documentation to show evidence of specified standards.
- *Major Accomplishments During Period:* Completion of this review.
- *Needs or Current Issues:* During the review, it was identified that some language needed to be adjusted in one of our UM Department policies. HSAG Reviewer provided constructive feedback on what was needed and UM Department staff made the necessary corrections.
- *Plan:* Ongoing training of UM Staff to align with newly adjusted language in the policy.

Monthly 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.

Self-Directed Service Arrangements are consistently managed with processes that provide a clear and efficient system for members to access these arrangements. This provides an opportunity for members to take ownership of their care and services and to maintain independence in the community.

- **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. 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.

Currently, 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.

- **Progress on Previous Improvement Plans:** N/A

**ADULT INITIATIVES/ CLINICAL PRACTICE IMPROVEMENT (CPI)
MONTHLY EXECUTIVE SUMMARY August 2023**

Assertive Community Treatment

Assertive Community Treatment (ACT) providers currently services **835 adult members with Severe Mentally Illness, (SMI)**. There are currently **8 ACT provider agencies** in Wayne County. Adult Initiatives monitors the ACT program admissions and discharges of Lincoln Behavioral Services, Hegira- Westland, Hegira- Downriver, All Well Being Service, Central City Integrated Health, Development Centers, Team Wellness Center, and The Guidance Center, including the appropriateness of the level of care determinations and technical assistance to ensure program eligibility requirements were met. There were **19 psychiatric hospitalizations** within all eight ACT programs during the month of August 2023. There has been a decrease in hospital days for the month of August. Adult Initiatives facilitated 2 ACT Fidelity Reviews that took place in a virtual format. These reviews were completed with DCI and CNS Healthcare on August 10th and August 15th.

Adult Initiatives facilitated the monthly ACT forum where topics discussed included ACT 101 training dates for the year, addressed Nurse Practitioner question on the fidelity review tool and the changes that took place regarding how that score was weighted, hospital recidivism, ways to engage members, as well as provider discussion, feedback and questions/concerns were discussed. A total of **690** instances were discovered of underutilized ACT authorizations for service and this will be addressed at the next ACT Forum meeting scheduled for September 7th. Correspondence addressing this has been made and each provider will have their list distributed to them for addressing this situation.

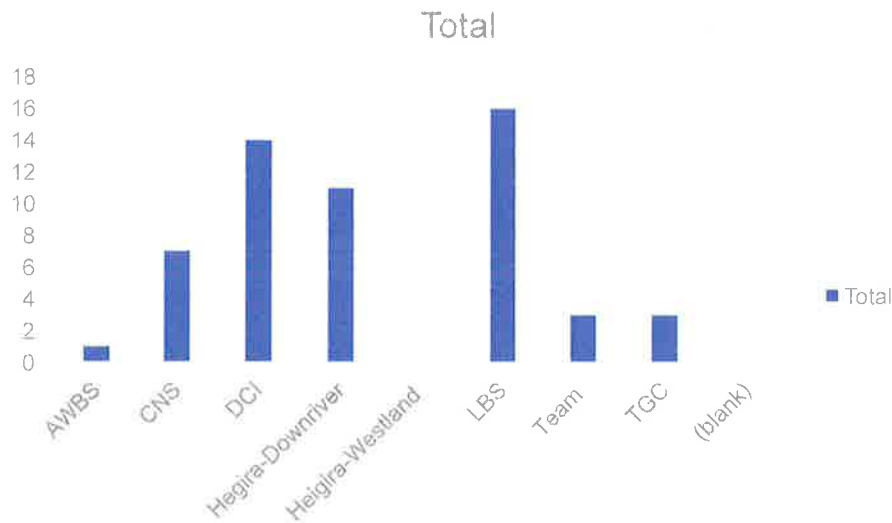
Med Drop

During the month of August, the Adult Initiatives Program received admission requests from case holders who indicated that their members were interested in enrolling with the Med Drop program.

Adult Initiatives met with Med Drop for a monthly follow up meeting, where it was noted that there are, **58 open clients**. AWBS = 1; Hegira-Downriver = 12; Hegira-Westland- 1; CNS = 5 DCI = 10; LBS= 18; TGC = 7; Team Wellness= 4 Please see report attached.

The Med Drop Program completed 1042 successful drops for members in August. Adult Initiatives sent out memos to all CRSP's to ensure knowledge of and participation in Med Drop Program.

In the next 60 days, Adult Initiatives is scheduled to make presentation at Development Center and Hegira Club Houses which is a consumer run program.



PHQ-9 Performance Improvement Project (Q1.7 AND Q1.11 Element: B)

DWIHN monitors network providers PHQ-9 performance at intake and at the 90 day follow up period. Within compliance is completing both with at least 95% completion rate. For the month of August 2023, it is currently **99.6 %** completion at intake and annual reassessment for the month, and follow up completion within 90 days, is currently **80% completion (this is a 4.7% increase from July 2023 and an 11.5% increase from March 2023).**

Evidence Based Supportive Employment

The state of Michigan describes Evidence-based Supported Employment as a two-factor program that focuses on assisting people with securing gainful employment in the community, and providing supports that are necessary to increase success in their respective positions (www.michigan.gov, 2023). During this quarter, **441** members received supported employment services, **260** referrals were made, and **27** were successfully transitioned into gainful, full-time employment. During the month of August, the Fidelity review was completed for Team Wellness. They received a score of **Fair** in their overall service delivery. Clinical Specialist completed a telephone screen with the state of Michigan representative, Dominic Daguanno to discuss methods to improve their scores and what negatively impacted their score the most. Dominic reported that Team Wellness' staffing changes made the most impact on their score. The findings of each CRSP fidelity review will be discussed individually to address their challenges and make changes accordingly.

[MyStrength](#)

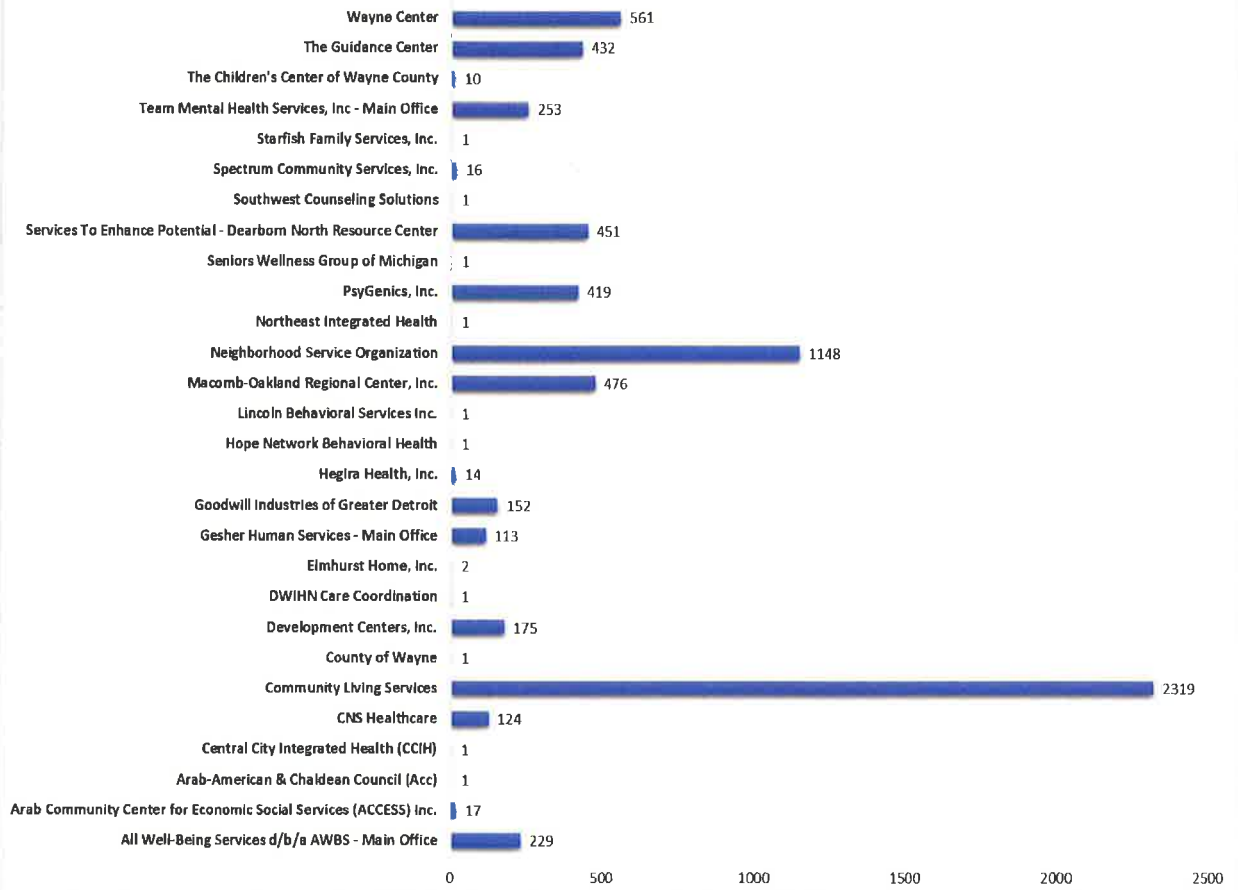
Adult Initiatives participated in presentation at the **Faith-Based Community event** held in Dearborn on August 18th. A goal of **5** new enrollments per event was the goal for each community-based presentation. Adult Initiatives assisted **2** members of the public by using the QR code on the DWIHN myStrength flier that was distributed. Adult Initiatives collaborated with Managed Care Operations to ensure that the web address and QR codes were placed in the provider manual on August 17th.

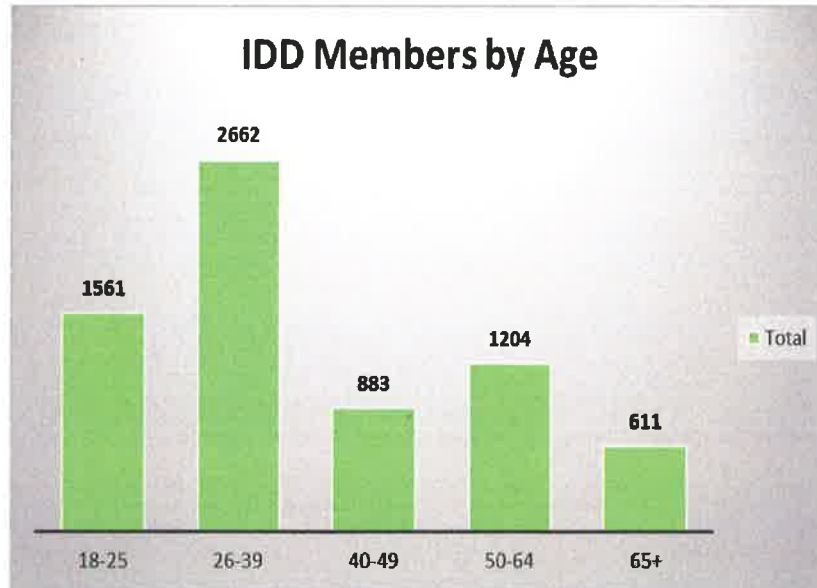
Adult Intellectual Developmental Disabilities

Adult Initiatives hired a new Clinical Specialist to oversee the adults in our system of care with Intellectual Developmental Disabilities who will be starting in September. The Clinical Specialist will monitor for compliance, best practices and address any areas of concern, need or patterns being seen.

For the month of August, there are 6912 I/DD members being served through DWIHN. The predominant age range for I/DD designation is 26-39. Most members are African American males with White Americans being the second largest population. For the month of August, there were a total of 8 hospitalizations for individuals with Intellectual Developmental Disabilities.

IDD by CRSP





Alternative Treatment Orders and Court Liaison

The Court liaison was transferred to Adult Initiatives for improved collaboration and support for members involved with forensic concerns. Adult Initiatives also interviewed and selected two candidates for the AOT Case Manager positions. The Case Managers will provide support related to compliance, linkage and monitoring, as well as address any lack of follow up from the CRSP's and provide training to assist members with improved outcomes.

COMMUNITY LAW ENFORCEMENT LIAISON ACTIVITY REPORT August 2023:

- The number of clinical packets Wayne County Probate Court, (WCPC) received for the month of August increased by 8.5% (242 completed for this month as compared to 223 in July).
- Community Law Enforcement Liaison engaged 48 individuals this month. CRSP were alerted and an email was sent to begin discharge planning for engagement/reengagement.
- 31% have no CRSP assigned.

- 10 Returning Citizens were connected to DWIHN services upon release from Michigan Department of Corrections, (MDOC). 2 were paroled with an active combined AOT. 2 did not attend their initial intake appointment. An email was sent for follow-up.
 - DWIHN received 144 Assisted Outpatient Treatment (AOT) orders and respective CRSPs were notified to incorporate these orders in treatment planning. Deferral (66 members this reporting period) 28 transport orders were issued.
 - There were 33 ACT consumers this month to COPE. 33% disposition was outpatient.
-

Outcomes Improvement Committee, (OIC)

Adult Initiatives met with DWIHN internal departments and CRSP's to discuss 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 well-being.



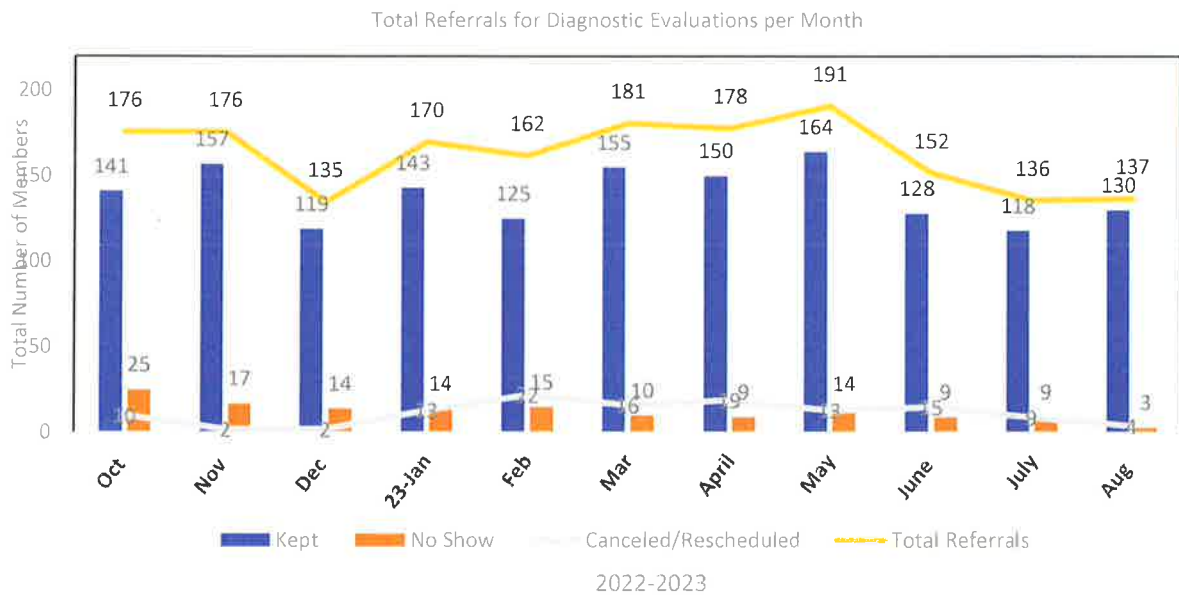
Autism Spectrum Disorder Benefit Monthly Summary – August 2023

Enrolled in ASD Benefit:

For the month of August 2023 there were a total of 2,201 children and youth who were enrolled in the Autism Benefit. In addition, there was a decrease of 5 members enrolled from the previous month of July 2023. (According to data as of 8/24/2023).

Summary of Initial Diagnostic Evaluations:

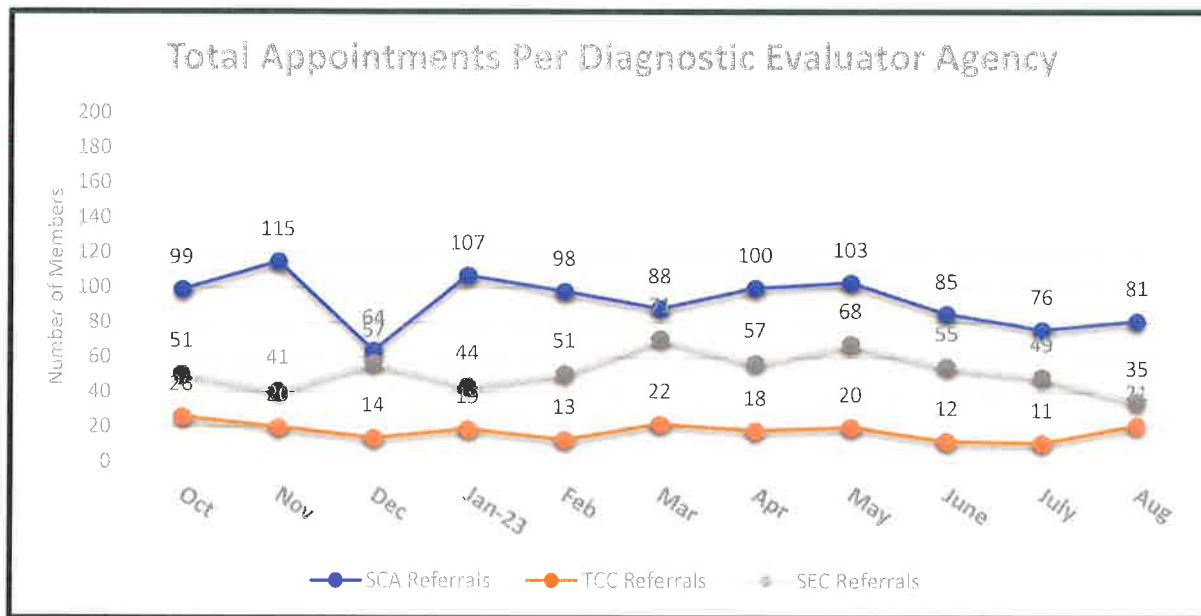
Data below is from the three (3) Diagnostic Evaluators: Social Care Administrator (SCA), The Children’s Center (TCC), and Sprout Evaluation Center (SEC). The total number of referrals scheduled by the Access Call Center was 137. Of those scheduled referrals, 130 appointments were kept. Of the 130 appointments kept, 9 members were found not eligible (non-spectrum) for the Autism Benefit. The other 121 members were diagnosed with autism spectrum disorder (ASD) and found eligible for services under the Autism Benefit.





Individual Data Points for Diagnostic Evaluators:

The below graph represents all three (3) Diagnostic Evaluator’s total appointments that were kept from fiscal year 2022 to present time. For the month of August 2023 Social Care Administration (81) kept appointments, The Children’s Center (21) kept appointments, and Sprout Evaluation Center (35) kept appointments.



Autism Benefit Trainings & Technical Assistance:

- On August 23, 2023, Dr. Krista Clancy presented, “Using Behavior Assessment Data to Choose Effective Treatment” to the DWIHN network and community providing deeper insight into assessment data and treatment to 23 individuals.
- In the month of August, the ASD Department provided 10 provider meetings to oversee provision of autism services, authorization issues, and on-boarding new providers.

Autism Department Updates:

- The ASD RFQ 2023-005 Outpatient MH to provide Applied Behavior Analysis Services completed the 1st evaluation and awarded (4) four new ABA providers: Emagine Health Services, Illuminate ABA Services, IOA, peak Autism Center. DWIHN is onboarding the providers to begin services.
- Expansion to the ASD outpatient ABA providers occurred when three contracted ABA providers requested to add additional locations to their current contracts. The three ABA providers will collectively add an additional 5 new locations to Wayne County.
- DWIHN will provide a one-time 3% increase in rates or approximately \$20 million distribution across all fee for service codes. The rate will be applied across all claims submitted in March, April and May of 2023.
- The ASD Department hosted the monthly meeting which included the individual diagnostic evaluating agencies, the support coordinating agencies, and the ABA providers. Topics included introducing new ABA providers, Closed Case Access, change to coordination of care criteria, reviewing the ABA referral process, authorization update, and behavior plan update.

**Innovation & Community Engagement
Monthly Highlights
July 2023**

Justice Initiatives

DPD/DWIHN Partnership

During the month of July, there was participation in weekly Detroit Homeless “DHOT” Outreach Meetings. Identified complex cases assisted with coordination of care to address individual needs. At the time of the report, the DHOT Team had 137 encounters, 7 were connected to housing supports, and 5 were connected to an outreach provider.

In the month of July, two (2) 911Embedded Behavioral Health Specialists (BHS) began working full-time at DPD’s Communication Center. Both will assist with any calls that need mental health support and resources. There were 66 referred mental health-related calls, all received follow-up support.

DPD co-responders had an approximate total of 258 encounters, 37 mental health-non-violent, 23 mental health-violent armed, 33 mental health-violent not armed, 10 suicide in-progress related and 26 suicide threats. Individuals were provided various resources for assistance with mental health, substance use and homelessness.

At the time of this report, the Mental Health Jail Navigator referrals from the Wayne County Jail’s Classification Unit remain consistent. Currently 5 individuals are monitored and receiving treatment services from Team Wellness Center and/or Detroit Rescue Mission Ministries.

Justice Involved Initiative	Number of Encounters/Screened	Follow-up/Connected to a service/resources/supports
Co-Response Teams	258	37
Mental Health Jail Navigator	5	5
Communications Behavioral Health Specialist	66	66

Wayne County Jail

For the month of June, there were 82 releases from the jail. Of those releases, 30 were linked back with the provider for follow-up with the member; 10 were not in MHWIN because the

mental health designation from jail mental health may not meet DWIHN criteria; 0 were sent directly to another correctional facility (i.e. prison or another county jail); 1 was on an active AOT; and 42 were not assigned to a provider within the MHWIN system.

Staff met with the mental health director of Naphcare and Wayne County for the second quarter review. The enrollment process was further discussed and how the discharge planners can determine appropriate referrals.

Specialty Court/AOT/Diversion Efforts

The Board Action for Jail Mental Health Services FY 23/24 was completed. For the month of July there was 80 releases from the jail. Of those releases, 25 were linked back with the provider for follow-up with the member; 7 were not in MHWIN because the mental health designation from jail mental health may not meet DWIHN criteria; 1 was sent directly to another correctional facility (i.e. prison or another county jail); 2 were on an active AOT; and 45 were not assigned to a provider within the MHWIN system.

The contract manager processed 121 AOT orders; with 26 orders not in the MHWIN system. The provider is responsible for sending an updated treatment plan to the court and filing a notice of non-compliance when required. The hospitals continue to send notifications of pending discharge dates. The coordination between the hospital discharge and warm hand-off to the CRSP is working well.

Mental Health Court has 22 participants. The current providers for the program are AWBS and Hegira. Judge Deborah Thomas is the presiding judge over the mental health court docket. The quarterly specialty courts meeting was held and presided over by the Third Circuit Court. Mental Health Court has the capacity for additional participants, to increase its' program size and is actively seeking new referrals. The court asked its coordinating agencies and partners to consider other entities that should be involved in the specialty court collaboration.

There were three returning citizens for the month of July. The returning citizens are likely to come out of the prison system on an AOT order. The assigned providers for returning citizens are CNS; CCIH; Team Wellness; and Hegira.

Downriver Veterans Court currently has 16 participants. The Third Quarter review was held. The court has received drug testing vouchers; they are given to participants who have been compliant with the program. They anticipate new participants going into the fourth quarter. Participants continue their community service with armed forces related organizations i.e. American Legion; VFW; and Downriver Veterans.

Veteran Navigator

Connections were established with Ford Hospital and Beaumont Behavioral Health, both expressing interest in supporting the veteran community.

Additionally, 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.

In summary, the month was marked by dedicated work to enhance veteran support, strengthen community ties, and address key challenges. During this period, 29 new veterans were assisted (3 female and 26 male veterans), including ongoing support for 5 individuals spanning over 6 months. Additionally, assistance was extended to 1 friend of a veteran, 2 spouses with hospice and funeral arrangements, and 1 son in finding hospice care for his father. The commitment to veterans' well-being and service accessibility remains unwavering.

Reach Us Detroit

Reach Us Detroit 24/7 Virtual Therapy Line continues to be offered to residents of Wayne County that are 14 and up. There were 68 calls for service.

During the month of July, two additional clinicians were identified to provide support for individuals seeking short term counseling. One clinician has been trained on the current processes and has begun providing services. Two student learners completed their training program and will engage in ongoing supports in Wayne County post-graduation.

A reduction in calls were observed that is consistent with the last two years. Paid community engagement also decreased that may be contributing to the lower rates of calls. Referrals from tri-county court referrals for mental health screenings continue to occur. Collaboration with callers to identify specific needs has been a primary focus to connect them with appropriate services.

Workforce Development

Throughout the month of July various activities were overseen and managed by the Innovation and Community Engagement (ICE) Department.

The summer youth employment program has 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). ICE is mentoring six (6) youth participating in the WSU Bio-Career Advancement Pipeline program. The mentoring session offers the opportunity for students to research and learn about the impact of a mental illness.

ICE has partnered with Connect Detroit to plan and coordinate a “Young Professional Conference” on August 3, 2023. The conference will educate youth on various topics that build resiliency for behavioral health, self-care, social skill and employment development. Topics included: bullying, conflict resolution, suicide prevention, substance use, financial literacy, and employment readiness.

Collection of data and information to submit for consideration of National Health Service Corps Site Designation was completed.

Detroit at Work initiatives, including JumpStart received consultation for trauma informed services. Connections continue to develop with community college collaborative to identify resources and supports.

Engagement with DPSCD was limited to one encounter this month due to changes in leadership and shift for summer focus.

For the month of August, identifying new student learners and revising professional development content to support the orientation and readiness to deliver services will be a primary focus.

It is critical to continue to be present within community organizations that are observing an increase in behavioral health challenges but are not equipped to deliver services to individuals. Community engagement has been beneficial to increase awareness, and it also provides data on where individuals are frustrated with accessing services. Continuing to offer opportunities to share strengths and challenges will be a primary focus.

Program Compliance Committee Meeting
September 13, 2023



Managed Care Operations Monthly Report
Brandon Taylor, Director

August 2023 – September 2023

Main Activities during August:

- Pre – Contracting Document Collection
- Addressing CVO Server Issues
- Finalizing Provider Onboarding Process

Progress On Main Activities:

Activity 1: Pre – Contracting Document Collection

- *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.
- *Current Status:* In August, we were at 79% of pre-contracting documents reviewed and approved by Legal
- *Significant Tasks During Period:* We are currently following up on the remaining 21%
- *Major Accomplishments During Period:* Aggressively following up with providers led us to the 79% completion percentage.
- *Needs or Current Issues:* None currently
- *Plan:* Follow up efforts on underway for the collection of outstanding documents.

Activity 2: Addressing CVO Server Issues

- *Description:* Since June, DWIHN has not had access to our CVO due to server issues
- *Current Status:* Medversant's servers are still down.
- *Significant Tasks During Period:* We've not been able to credential providers nor Practitioners during this time period.
- *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: Finalizing Provider Onboarding Process

- *Description:* Develop a seamless workflow for the onboarding of providers of varying specialties
- *Current Status:* Due to issues with Medversant (which is integral to the onboarding process) it is difficult to finalize this process.
- *Significant Tasks During Period:* Created a Tiger Team to develop the process, and a Red Team to try and poke holes in it.

- *Major Accomplishments During Period: N/A*
- *Needs or Current Issues: Needs – the TAT from departments with whom MCO partners to facilitate the onboarding process. A working CVO to provide credentialing data.*
- *Plan: Work to resolve/replace CVO*

**Program Compliance Committee Meeting
Shirley Hirsch/Residential Services Department Report
FY 2023-Quarter 3**



Main Activities during Quarter 3 Reporting Period:

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

Progress On Major Activities:

Activity 1: Review of Residential Medicaid Inpatient Stays

- *Description:* Residential reviews the Hospital Inpatient report provided by DWHN Utilization Management to determine how many individuals are awaiting residential placement.
- *Current Status:* The number of members and their lengths of stay in inpatient settings have been high over the last months. An in-depth review of these members and their needs is essential in understanding the factors contributing to these extended stays.

A review of the grids over the last quarter have revealed that the percentage of members waiting for specialized placement is minimal compared to those inpatient for other reasons.

	April 2023	May 2023	June 2023
# of Inpatient (per MHWIN report)	940	608	813
Patients referred to Residential Dept.	41	58	62
% of Residential Inpatient	4.4%	9.5%	7.6%

- *Significant Tasks During Period:* Residential management encourages residential staff to maintain direct communication with UM reviewers, hospital personnel, guardians/families, and CRSPs to provide updates related to placement.
- *Major Accomplishments During Period:* As a residential unit, we collaborate weekly with Quality Improvement, Credentialing, and MCO to work through issues related to on-boarding new residential providers.
- *Needs or Current Issues:* Increased efficiency with on-boarding new residential providers for specialty residences.

Residential management will continue to increase staff development to improve productivity.

- *Plan:* Residential management will:
 - Continue staff training and development related to timely completion of residential assessments and brokering services as defined in the Residential staff metrics
 - Revise the current monthly CRSP meetings to be more focused on challenging cases and discuss possible interventions that could sustain a given residential placement

Activity 2: Timeliness of Residential Assessment Completion

- *Description:* Residential management has identified there is a gap between residential referrals are assigned and when residential assessments are completed.
- *Current Status:* Residential management has identified the staff that are completing residential assessments outside of the unit’s metrics.
- *Significant Tasks During Period:* Residential management has had to organize and keep a list of all residential referral assignments for each staff.
- *Major Accomplishments During Period:* Managers are working closely with staff to encourage timely and accurate completion of these assessments.
- *Needs or Current Issues:* There are external factors that are outside of Residential Care Specialist’s and Management’s control - i.e., significant decrease in residential workforce, setting parameters as to when to move forward to complete the residential assessment; and/or rescheduled assessments because of unforeseen circumstances.
- *Plan:* Weekly supervision has been scheduled with each staff to review case referrals.

Metrics

Notify the referral source and assigned residential staff of referral within 24 hours.

	543 (2022)	462 (2023)
Receipt returned within 24 hours	58.0%	52.2%
Completed by next business day (weekend/holidays)	41.9%	47.8%

Barriers:

- Referral received after business hours, weekends, and/or holidays

Residential Care Specialist contacts referral source within 24 hours or by next business day after case assignment.

	543 (2022)	462 (2023)
Within 1-2 days	76.4%	66.7%
3-5 days	17.5%	18.8%
6 or more days	5.3%	14.5%

Barriers:

- Referral received after business hours, weekends, and/or holidays
- Referral contact does not call back; unavailable during initial call (responses sent by email and phone)
- Referral contact has changed since submission of case

Residential Assessment completed within 1-3 business days after first contact.

	543 (2022)	462 (2023)
No assessment needed when assigned	---	29.0%
Completed within 1-5 days	---	31.0%
6-10 days	---	18.2%
11 or more days	---	21.9%

Barriers:

- Member is not stable/unable to participate in completing the assessment.
- Member is no longer at referral site (discharged soon after referral submission)
- Member/Guardian refusal of services through DWIHN

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

- *Description:* Residential Manager 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 the community with adult outpatient services.
- *Current Status:* Meetings are held weekly with the pilot group of residential providers and CRSPs alongside DHHS.

- *Significant Tasks During Period:* A ward from Genessee County has been referred to DWIHN residential for placement. There are continued discussions with that county to support their understanding of the residential process and the need for that county's oversight in this ward's care.
- *Major Accomplishments During Period:* Wayne County ward, residing in Genessee County, was moved into specialized residential placement in Wayne County.
- *Needs or Current Issues:* There is a need for DHHS staff to consistently follow the DWIHN Residential Referral Process when referring eligible age-out youth.
- *Plan:* There is a plan to develop brochures outlining what residential services are available for age-out youth with details on how to access them.

Quarterly 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
- **Progress on Previous Improvement Plans:**
 - ✓ None at this time.

Program Compliance Committee Meeting

Judy Davis, SUD Director

Date: September 7, 2023



Main Activities during the August 2023 Reporting Period:

- SUD Three-Year Strategic Plan FY 23-26
- SUD Treatment Trends
- Performance Indicators

Progress On Major Activities

Activity 1: Substance Use Disorder Three-Year Strategic Plan 23-26

- **Description:** The SUD Strategic Plan is important because it provides a comprehensive roadmap for addressing substance use disorders. Focusing on prevention, treatment, recovery, integration, and stigma reduction. The plan aims to improve the health and well-being of individuals, families, and communities affected by substance abuse.
- **Current Status:** The 3-year strategic plan covers the demographic profile for the region. It identifies barriers and disparities and displays the Michigan profile for healthy youth accompanied by substantial data to support outcomes. The data outlined in the current system address SUD plans for communicable disease logic models for prevention and treatment. The strategic plan was submitted to MDHHS and will be used as a guide for the next three years. The plan is intended to provide a glimpse of the SUD strategic plan's goals, objectives, and intentions upon finalization.
- **Significant Tasks During Period:** DWIHN collaborated with providers and our SUD Board members by undertaking this task. This collaboration facilitates information sharing, resource sharing, and coordinating efforts for a comprehensive and effective response to substance use disorders.
- **Major Accomplishments During Period:** Overall, the positive impact of implementing the SUD Strategic Plan can include reduced substance use disorder rates, improved access to treatment and recovery support, integrated healthcare services, and reduced stigma.
- **Needs or Current Issues:** A shortage of trained professionals specializing in SUD can limit the availability of quality treatment services. Insufficient workforce capacity can hinder timely access to care and place an additional burden on existing providers.
- **Plans:** Invest in workforce development initiatives to address the shortage of trained professionals in substance use disorders. This can include expanding services and support in the field by leveraging improved technology to increase productivity, offering incentives for professionals specializing in addiction, and supporting ongoing professional development opportunities.

Program Compliance Committee Meeting

Judy Davis, SUD Director

Date: September 7, 2023



Activity 2: Substance Use Disorder Treatment Trends

- **Description:** SUD trends are constantly evolving due to various factors, such as changes in social attitudes, new drug developments, and different treatment approaches. Below are some trends in SUD in Wayne County.

- **Current Status:**

SUMMARY OF Monthly TRENDS by FY 22 and 23		
Activity	DATA	Trend
<u>MDOC:</u> Activity Admissions with MDOC involvement	MDOC members receiving SUD treatment have significantly increased in recent months. In July, 238 members were referred for service, while the number went up to 293 in August. It's worth noting that most members referred for assistance opt for the residential service, enabling them to receive round-the-clock care in a residential setting while continuing their daily routines and responsibilities.	
<u>Primary Drug Use:</u> Admission by Drug Use	Alcohol continues to be the primary drug of choice in Region 7. In addition to alcohol, there has been an increase in the number of members reporting marijuana use as the secondary and tertiary drug choice. This trend may reflect broader societal changes regarding attitudes towards marijuana. During July, the 348 members reported marijuana use, and in the month, of August, 485 reported the use of marijuana	
<u>Level of Care:</u> Admissions by Level of Care	The admission by the level of care for individuals seeking services has remained relatively consistent throughout July and August for FY23. In July 1356 people entered services, with the majority receiving residential services. In August 1277 people entered SUD treatment services, with 38% receiving residential treatment services.	

- **Significant Tasks During Period:** DWIHN aims to raise awareness about potential health effects, impaired driving, and other related concerns.
- **Major Accomplishments During Period:** DWIHN began to look at internal collaboration and information sharing on marijuana policies and best practices.
- **Needs or Current Issues:** It is essential to note that attitudes and policies around marijuana are continually evolving.
- **Plan:** Preventing underage marijuana use remains a priority. Efforts are focused on implementing effective prevention programs, restricting access to minors, and educating young people about the potential risks.

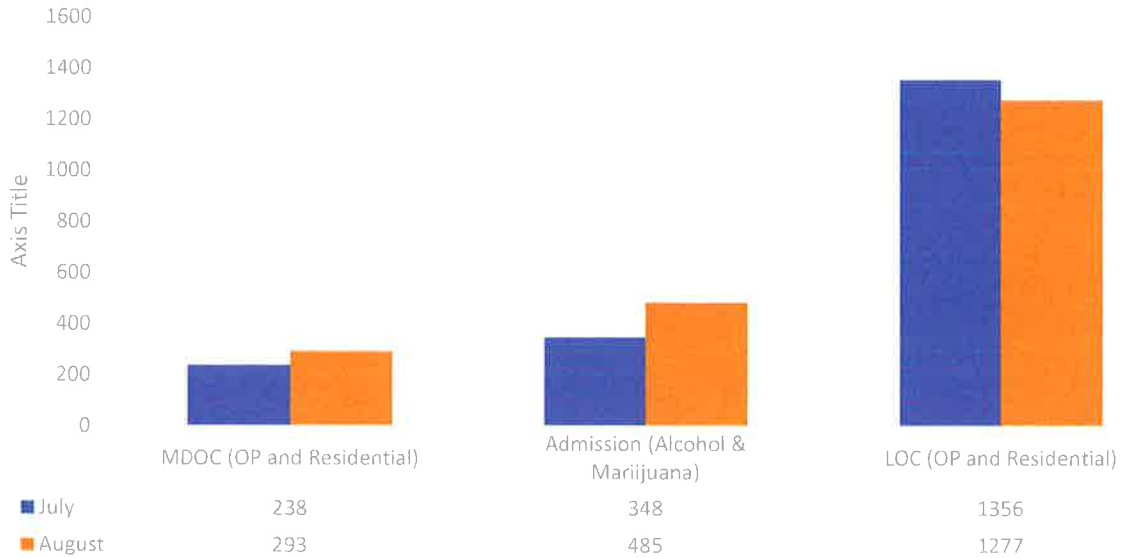
Program Compliance Committee Meeting

Judy Davis, SUD Director

Date: September 7, 2023



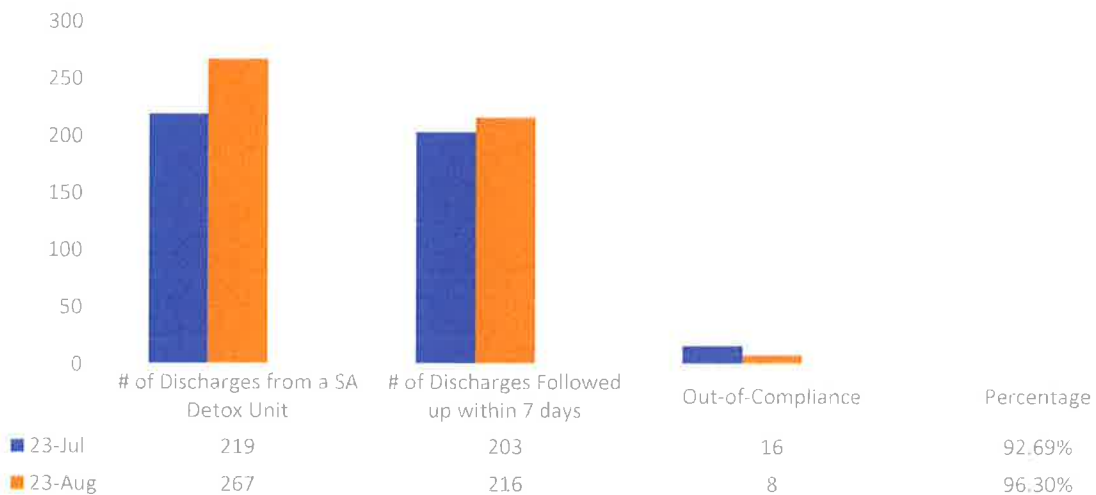
Monthly Trends



Activity 3: PI 4b: Follow-up After Detox.

- Description:** Members typically transition to Residential at the same provider or a provider of choice following withdrawal management. It is ideal for this to occur no more than 7 days between discharge and subsequent admission.

- Current Status:**



Program Compliance Committee Meeting

Judy Davis, SUD Director

Date: September 7, 2023



- **Significant Tasks During Period:** DWIHN aims to improve the next LOC within 7 days following detox
- **Major Accomplishments During Period:** For members admitted to detox, it varies from month to month. For July the rate was (92.69%), and for August, the rate was (96.30%), showing some improvement.
- **Needs or Current Issues:** DWIHN will encourage providers to actively participate in developing aftercare planning, with the guidance of treatment professionals.
- **Plan:** DWIHN will continue to work with providers to ensure this process is consistent with MDHHS requirements

Commonly Used Acronyms in this report:

SUD: Substance Use Disorder

MDOC: Michigan Department of Corrections

LOC: Level of Care

FY: Fiscal Year

WM: Withdrawal Management (formally known as detox)

PI: Performance Indicator

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 21-08R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 9/20/2023

Name of Provider: Vital DataTechnology LLC

Contract Title: Health Care Effectiveness Data and Information Set (HEDIS) Certified Population Management and Data Analytics Tool/Vender Solution

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 9/13/2023

Proposed Contract Term: 10/1/2023 to 9/30/2025

Amount of Contract: \$ 1,686,564.00 Previous Fiscal Year: \$ 846,000.00

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2020

Provider Impaneled (Y/N)? N

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

DWIHN requests board approval to exercise two one year extensions, with Vital Data Technology for the period October 1, 2023- September 30, 2025 for an amount not to exceed \$1,686,564, an increase of \$840,564.

The extensions also include additional costs of approximately \$247,500 for the two years related to software modifications. The modifications represent the costs associated with twenty seven (27) HEDIS measures required for OHH, BHH and CCBHC. The initial platform supported DWIHN's projects with NCQA, Medicaid Health Plans, Care Coordination, HEDIS Scorecard with current fifteen (15) different measures.

In response to a RFP, Vital Data Technology, LLC, a Healthcare Effectiveness Data and Information Set (HEDIS) Certified Population Health Management and Data Analytics Tool vendor solution, was awarded a 3 year contract with two one year renewal options for \$846,000 through approved board action 21-08R.

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	\$ 1,686,564.00	\$ 1,686,564.00
	\$	\$
Total Revenue	\$	\$

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

Type of contract (Business/Clinical): Business

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:

Board Action #: 21-08R2

Eric Doeh

Stacie Durant

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 23-20R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 9/20/2023

Name of Provider: ProtoCall Services Inc

Contract Title: FY 23-24 Crisis Line

Address where services are provided: 621 SW Alder, Ste.400, Portland, OR & 2845 St. SW

Presented to Program Compliance Committee at its meeting on: 9/13/2023

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

Amount of Contract: \$ 671,000.00 Previous Fiscal Year: \$ 335,500.00

Program Type: Continuation

Projected Number Served- Year 1: 10,000 Persons Served (previous fiscal year): 9000

Date Contract First Initiated: 9/7/2023

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 approval for a one year extension in the amount not to exceed an additional \$335,500 for the fiscal year ended September 30, 2024 for a total two year amount of \$671,000.

ProtoCall Services Inc. currently operates the DWIHN 24/7 crisis line. Crisis Calls are warm transferred from the DWIHN Access Call Center to ProtoCall. ProtoCall was initially awarded the Behavioral Health Response Crisis Line in March 2016 via an RFP bid.

MDHHS has established a statewide crisis line, MiCAL. Implementation of the services began Summer 2022, however, all PIHP's, including DWIHN, have not been included in full implementation at this time. DWIHN will decide if Crisis Line services may need to issue a RFP or consider directly staffing the crisis line.

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Board Action #: 23-20R

Revenue	FY 23/24	Annualized
Multiple	\$ 671,000.00	\$ 671,000.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 671,000.00	\$ 671,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64924.815000.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:
Eric Doch

Stacie Durant

Signed: Monday, September 11, 2023
Eric Doch, President CEO

Signed: Monday, September 11, 2023
Stacie Durant, Vice President of Finance

Signature/Date:
09/11/2023

Signature/Date:

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 23-46 R2 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/20/2023

Name of Provider: All Well-Being Services

Contract Title: FY22-23 MI Health Link Demonstration Project

Address where services are provided: See Attachment (Multiple Providers)

Presented to Program Compliance Committee at its meeting on: 9/13/2023

Proposed Contract Term: 1/1/2023 to 12/31/2023

Amount of Contract: \$ 9,886,123.00 Previous Fiscal Year: \$ 9,886,123.00

Program Type: Continuation

Projected Number Served- Year 1: 5,000 Persons Served (previous fiscal year): 5000

Date Contract First Initiated: 1/1/2023

Provider Impaneled (Y/N)? Y

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

BA 23-46 R2

Board Action 23-46R is being revised to reallocate \$50,000 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. Establishing BA 23-46 R2.

BA 23-46 R

Board Action 23-46 was revised in March 2023 to correct the contract term to coincide with the contract term of January 1, 2023 thru December 31, 2023 for MI Health Link Contracts. Establishing BA 23-46 R.

BA 23-46

This board action is requesting a one year continuation contract with the five (5) Integrated Care Organizations (ICO) to receive and disburse Medicare dollars to reimburse the Affiliated Providers for the fiscal year ended September 30, 2023 for estimated amount of \$9,886,123 in conjunction with the MI Health Link Demonstration Project.

The services performed by the Affiliated Providers are those behavioral health benefits available to the Dual Eligible (Medicare/Medicaid) beneficiaries being managed by the DWIHN through its contract with the Michigan Department of Health and Human Services MDHHS) and its contracts with the five ICOs. The Affiliated Providers consist of inpatient, outpatient and substance use disorder providers. This Demonstration Project is designed to ensure that coordinated behavioral and physical health services are provided to this population.

The Medicaid eligible services for the MHL members are provided by our provider network and such costs were included in the board approved Provider Network board action.

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

Source of Funds: Other

Fee for Service (Y/N): N

Revenue	FY 22/23	Annualized
Medicare	\$ 9,886,123.00	\$ 9,886,123.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 9,886,123.00	\$ 9,886,123.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64936.827020.00000

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

Signed: Thursday, September 7, 2023

Stacie Durant

Signed: Thursday, September 7, 2023

Board Action #: 23-46 R2

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 24-01 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/20/2023

Name of Provider: Black Family Development

Contract Title: Children's Initiatives MDHHS Grants

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

Presented to Program Compliance Committee at its meeting on: 9/13/2023

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

Amount of Contract: \$ 1,593,030.00 Previous Fiscal Year: \$ 1,485,126.00

Program Type: Continuation

Projected Number Served- Year 1: 11,900 Persons Served (previous fiscal year): 11879

Date Contract First Initiated: 10/1/2017

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 approval of a one-year contract effective October 1, 2023, through September 30, 2024, for the following:

1. \$1,043,582 for the System of Care Block Grant. The System of Care Block Grant expands the capacity of Connections Wayne County's System of Care to support the needs of the most complex children and youth with serious emotional disturbance (SED) served within Wayne County's Public Mental Health System. The Michigan Department of Health and Human Services affords this transforming grant in the amount of \$1,043,582 to supplement Medicaid covered services. It also supports research and evaluation as well as special projects such as facilitating professional development trainings for DWIHN children's service providers. DWIHN collaborates with Black Family Development, Inc., Development Centers, Ruth Ellis Center, Starfish Family Services, Southwest Counseling Solutions, The Children's Center, The Guidance Center, Hegira Health, Inc., and Lincoln Behavioral Services to complete the grant goals, objectives, and activities.
2. \$171,419 for Infant and Early Childhood Mental Health Consultation (IECMHC). The service will be provided by Development Centers who will receive \$168,919. The additional \$2,500 will be allotted for indirect costs. The program is a prevention based, indirect intervention that teams a mental health professional with childcare providers to improve the social, emotional, and behavioral health of children.
3. \$58,470 for Infant and Early Childhood Mental Health Consultation in Home Visiting (IECMHC-HV). The service will be provided by Development Centers who will receive \$55,970. The additional \$2,500 will be allotted for indirect

costs. IECMHC-HV is a prevention based, indirect intervention that teams a mental health professional with home visiting programs to improve the social, emotional, and behavioral health of children.

4. \$211,655 for the Infant and Early Childhood Mental Health Consultation (IECMHC) Expansion Grant. The service will be provided by Hegira Health, Inc., and The Guidance Center. Hegira Health, Inc. will receive \$105,086 and The Guidance Center will receive \$101,570. The additional \$2,500 will be allotted for indirect costs. The program is a prevention based, indirect intervention that teams a mental health professional with childcare providers to improve the social, emotional, and behavioral health of children. Through the development of partnerships among providers and families, consultation builds adult's capacity to understand the influence of their relationships and interactions on young children's development.

5. \$107,904 for the Infant Toddler Court Program. The purpose of the Infant Toddler Court Program is to increase the spread and coordination of Michigan Baby Courts to ensure children and their families in the child welfare system (CWS) or at-risk for entry into DWC receive equitable, high-quality, coordinate, and trauma-informed services. DWIHN employed a Coordinator to provide services for this grant.

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

Source of Funds: Block Grant

Fee for Service (Y/N): N

Revenue	FY 23/24	Annualized
FEDERAL GRANT	\$ 1,593,030.00	\$ 1,593,030.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 1,593,030.00	\$ 1,593,030.00

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 Doch

Stacie Durant

Signed: Thursday, August 31, 2023

Eric Doch, President/CEO

Signed: Thursday, August 31, 2023

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 24-09 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 9/20/2023

Name of Provider: Michigan Rehabilitation Service

Contract Title: Michigan Rehabilitation Services (MRS)

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 9/13/2023

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

Amount of Contract: \$ 443,565.00 Previous Fiscal Year: \$ 443,565.00

Program Type: Continuation

Projected Number Served- Year 1: 1,620 Persons Served (previous fiscal year): 2079

Date Contract First Initiated: 8/28/1994

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).

This Board Action request 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 Michigan Rehabilitation Services (MRS) for the amount of \$443,565.00. The agreement was established in 1994 as a means to increase member access to MRS, thereby, enabling members to become employed and self-sufficient. DWIHN funding of \$443,565.00 combined with MRS ICTA Federal Share revenue of \$1,199,268.00 brings the program total revenue to \$1,642,833.00 for 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
State General Fund	\$ 443,565.00	\$ 443,565.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 443,565.00	\$ 443,565.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64931.827206.07226

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, September 7, 2023

Signed: Thursday, September 7, 2023

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 24-10 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 9/20/2023

Name of Provider: See attached list

Contract Title: Jail Diversion/Police Partnerships

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 9/13/2023

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

Amount of Contract: \$ 1,305,000.00 Previous Fiscal Year: \$ 1,305,000.00

Program Type: Continuation

Projected Number Served- Year 1: 3,000 Persons Served (previous fiscal year): 2600

Date Contract First Initiated: 10/1/2020

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).

Detroit Wayne Integrated Health Network is requesting a one year contract for an amount not to exceed \$1,305,000 with the following providers for jail diversion and improving health care quality initiative programs in accordance with 45 CFR 158.150: Central City Integrated Health (CCIH) - Homeless Outreach; CNS Healthcare - Co-Responder Program; Team Wellness - Co-Responder Program and City of Southgate 28th District Court Regional Veterans Treatment Court. Funds can be moved between providers without board action approval however the total amount can not exceed \$1,305,000.

CCIH program is with Detroit Homeless Outreach (DHOT) program, to bridge the gaps that exist between the police, homeless, and service providers. The collaboration between the City of Detroit, homeless outreach providers and behavioral health providers will bring DWIHN closer to the goal of getting people off of the streets by utilizing available resources more efficiently, and reducing the negative issues associated with homelessness and behavioral health challenges (SMI/SUD) improving the health care quality of the members served.

Providers CNS Healthcare and Team Wellness has a Co-Response Program model in multiple precincts within the Detroit Police Department. The program is founded on the basis that by working together, behavioral health specialists and law enforcement can respond appropriately to the needs of individuals in the community who are in crisis and improve the health care quality of the members served. Behavioral health specialists can provide rapid assessment and de-escalation. This allows for a reduction in costly and unnecessary transportation to hospital emergency departments for mental health assessment. Cross-training between the police and the

behavioral health staff will result in mutual understanding and respect for each other's roles, and help respond to crises and determine appropriate outcomes.

City of Southgate 28th District Court Downriver Regional Veterans Treatment Court is a program for individuals who have served in the United States Armed Services. Participants will receive mental health treatment; peer support; judicial supervision; medication; job placement; and education to improve the health care quality of members served. Court staff work with stakeholders including probation officers; veterans administration; attorneys; behavioral health and substance use providers to develop and implement a plan that will result

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

Source of Funds: Medicaid

Fee for Service (Y/N): N

Revenue	FY 23/24	Annualized
Medicaid	\$ 1,305,000.00	\$ 1,305,000.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 1,305,000.00	\$ 1,305,000.00

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: Monday, September 11, 2023

Signed: Monday, September 11, 2023

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

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

Presented to Full Board at its Meeting on: 9/20/2023

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: SUD FY24 Treatment

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 9/13/2023

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

Amount of Contract: \$ 6,765,483.00 Previous Fiscal Year: \$ 10,801,354.00

Program Type: Continuation

Projected Number Served- Year 1: 15,000 Persons Served (previous fiscal year): 15000

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).

The SUD Department is requesting to contract for the delivery of Substance Use Disorder Treatment Services for the 2024 fiscal year in an amount not to exceed \$6,765,483.

Treatment services will be funded with Federal Block Grant dollars (\$5,627,383) and PA2 funds (\$1,138,100), together totaling \$6,765,483.

It should be noted that the SUD treatment, Women's Specialty Services (WSS) and SDA block grant for claims-based activity is included in the overall provider network board action therefore the below amounts do not reflect the entire SUD treatment, SDA and WSS grant.

This board action is subject to the approval of the SUD Oversight Policy board set for 9/18/23, prior to full board. DWIHN is requesting approval contingent on the advisory board to ensure timely contracting with providers.

Treatment programs and amounts are summarized below:

Block Grant Funds (\$5,627,383)

- COVID-19 Treatment Services: \$1,882,394
- Women's Specialty Services:\$550,000
- COVID Women's Specialty Services:\$329,317
- Pregnant and Postpartum Women (Pilot Program):\$243,002
- ARPA: \$754,545
- State Opioid Response (SORIII): \$1,608,125
- Media efforts pending approval from MDHHS:\$260,000

PA2 Funds (\$1,138,100)

Treatment programs include withdrawal management services (fka detoxification), residential services, gambling disorder residential treatment, intensive outpatient with domicile, outpatient (including FDA approved MAT), intensive outpatient, dual diagnosis day treatment, case management, recovery housing, early intervention services, relapse prevention, peer recovery services, intensive wraparound program, communicable disease program, healthy outreach, and SBIRT.

DWIHN has the discretion to allocate the funds among the providers based upon utilization without board approval up to the amount not to exceed \$6,765,483.

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

Source of Funds: Block Grant,PA2

Fee for Service (Y/N): Y

Revenue	FY 23/24	Annualized
SUD Block Grant	\$ 5,627,383.00	\$ 5,627,383.00
Local Funds - Public Act 2 (PA2)	\$ 1,138,100.00	\$ 1,138,100.00
Total Revenue	\$ 6,765,483.00	\$ 6,765,483.00

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: Wednesday, September 6, 2023

Signed: Wednesday, September 6, 2023

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 24-13 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 9/20/2023

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: SUD FY24 Prevention

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 9/13/2023

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

Amount of Contract: \$ 6,492,847.00 Previous Fiscal Year: \$ 9,667,125.00

Program Type: Continuation

Projected Number Served- Year 1: 15,000 Persons Served (previous fiscal year): 15000

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).

DWIHN is requesting to contract for the fiscal year 2024 for an amount not to exceed \$6,492,847 for the delivery of Substance Use Disorder prevention services.

The following prevention programs have been granted funding from MDHHS for fiscal year 2024:

- COVID-19 Prevention Funds: \$534,218
- SUD Prevention Block Grant: \$2,925,480
- Gambling Prevention: \$148,165
- State Opioid Response III (SORIII): \$400,000
- ARPA: \$130,964
- Tobacco Prevention: \$4,000

In addition, \$2,350,020 in PA2 funds are pending the SUD Advisory approval on 9/18/23 (prior to full board) however in the effort to ensure timely contracting, DWIHN is requesting approval contingent on the advisory board vote.

As part of the efforts to adapt to the challenges that COVID has brought, prevention providers will incorporate the following objectives and services for the COVID II Prevention funding: provider will participate in ACCESS to Youth Services held with DWIHN, Increase outreach activities, problem identification and referral - which may include Student Assistance Programming and other youth groups. Provide: EBPs Prime for Life or Botvin

Lifeskills to participants impacted by COVID-19 pandemic. Train prevention staff on the EBP for fidelity, disseminate media, information dissemination by media campaigns, radio & TV PSAs, and social media posts to increase the ability for messaging specific to the population of focus of need. Incorporate the Taking it to the Streets (Treatment Philosophy).

The prevention provider network will address and use one or more of the following 6 CSAP Primary Strategies: Information Dissemination incorporated in all CSAP Strategies, Alternatives - identified as prevention prepared communities, Community Based - identified as prevention prepared communities and capacity building education 0 identified as direct services, environmental change - identified as prevention prepared communities, problem identification, and referral - identified as direct prevention prepared communities. In addition, prevention will increase school-based programming, utilizing peer-to-peer pro-social services, raise public awareness, and mobilize communities to prevent alcohol, tobacco and other drug related problems, environmental changes, including laws and advocacy, reduce consequences of underage and alcohol-related activities.

The state opioid response programs have been granted funding from MDHHS to provide evidence based practices, overdose education and naloxone distribution with hard reduction and peer outreach linkage.

The prevention services are funded with \$4,142,847 of Federal Block Grant dollars and \$2,350,020 of PA2 funding totaling in \$6,492,847.

DWIHN has the discretion to reallocate the dollars within funding sources among the providers without board approval based upon utilization up to an amount not to exceed \$6,492,847.

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

Source of Funds: Block Grant,PA2

Fee for Service (Y/N): N

Revenue	FY 23/24	Annualized
Block Grant	\$ 4,142,827.00	\$ 4,142,827.00
PA2	\$ 2,350,020.00	\$ 2,350,020.00
Total Revenue	\$ 6,492,847.00	\$ 6,492,847.00

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: Wednesday, September 6, 2023

Signed: Wednesday, September 6, 2023

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 24-14 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 9/20/2023

Name of Provider: Detroit Wayne Integrated Health Network

Contract Title: Multicultural Integration Programs and DWIHN Veteran Navigator

Address where services are provided: 707 Milwaukee Avenue, Detroit, MI 48202

Presented to Program Compliance Committee at its meeting on: 9/13/2023

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

Amount of Contract: \$ 765,837.00 Previous Fiscal Year: \$ 902,783.00

Program Type: Continuation

Projected Number Served- Year 1: 900 Persons Served (previous fiscal year): 900

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).

The Detroit Wayne Integrated Health Network (DWIHN) is requesting approval to enter into a one year contract for an amount not to exceed \$765,837 for the fiscal year September 30, 2024. The memorandums of understanding is between Community Mental Health Association of Michigan (CMHAM), Michigan Department of Health and Human Services (MDHHS) and Pre-paid Insurance Health Plan (PIHP) for the PIHP Veteran Navigator (PIHP VN), Peer Navigator, Navigator Assistant and the Multicultural Integration Providers formerly known as the Multicultural Programs.

The Multicultural Integration vendors were selected through MDHHS to provide services for the "Priority Population" who were identified as high risk. The services that will be performed will include outpatient services, case management services, psycho-behavioral treatment, outreach, mental health services, referrals, coordination and treatment services, mental health treatment for victims of trauma, poverty and parental abandonment, Drop-In Center availability, preventive community based mental health service options and assistance with the Healthy Michigan enrollment process.

The duties for the PIHP Veteran Navigator are to identify resources and making linkages in the PIHP region appropriate for Veteran and Military Families (V/MFs), making appropriate referrals, coordinating care, providing follow up and either directly providing or assuring wraparound services are available. Those duties will be conducted through a variety of means and will involve performing basic assessment of needs and planning to address the needs of the V/MF. The PIHP VN will continually assess the quality of services provided, vet organizations for quality delivery to V/MFs and make referrals for V/MFs. The Veteran Navigator will also have the assistance of a Peer Navigator and a Navigator Assistant.

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

Source of Funds: General Fund,Block Grant

Fee for Service (Y/N): Y

Revenue	FY 23/24	Annualized
MDHHS	\$ 747,137.00	\$ 747,137.00
General Fund	\$ 18,700.00	\$ 18,700.00
Total Revenue	\$ 765,837.00	\$ 765,837.00

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 Doch

Stacie Durant

Eric Doch, President/CEO
Signed: Monday, September 11, 2023

Signed: Monday, September 11, 2023

Signature/Date:

Signature/Date:

09/11/2023

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 24-17 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 9/20/2023

Name of Provider: Black Family Development, Development Centers Inc., Guidance Center, The, Hegira Health Inc., Southwest Counseling Solutions, Starfish Family Services , Arab Community Center for Economic & Social Services, Team Mental Health Services, Arab-American & Chaldean Council, Community Education Commission

Contract Title: School Success Health Quality Initiative

Address where services are provided: Multiple

Presented to Program Compliance Committee at its meeting on: 9/13/2023

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

Amount of Contract: \$ 3,530,000.00 Previous Fiscal Year: \$ 0.00

Program Type: New

Projected Number Served- Year 1: 34,300 Persons Served (previous fiscal year): 34000

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).

This board action is requesting the approval for FY23/24 contract totaling \$3,530,000.00 to provide funding for the new School Success Health Quality Initiative in accordance with 45 CFR 158.150.

In response to an RFP issued in August 2023:

School Success Health Quality Initiative: Funding of \$2,980,000 will be distributed to the nine (9) CMH Providers delivering the services include Arab American Chaldean Council, Arab Community Center for Economics and Social Services, Black Family Development Inc., Development Centers, Hegira Health Inc., Southwest Counseling Solutions, Starfish Family Services, Team Mental Health Services

(Team Wellness), and The Guidance Center. The overall performance expectation for the School Success Initiative is to ensure students and their families have access to behavioral and integrated health services within a school-based and community-based setting and provide evidence-based psychoeducation training and intervention to children and school professionals. This initiative will help reduce the stigma surrounding children and families that can benefit from performance expectations, continue providing school-based behavioral health services, and increase integrated health services to children and families, across all of Wayne County, throughout the FY 23/24 school year and fiscal year.

GOAL Line: Community Education Commission to receive \$550,000 for the GOAL Line Program. The purpose is to increase access to behavioral health and social-emotional supports through its enrichment programming at the Northwest Activities Center (NWAC) through the 2023-2024 school year as well as summer 2024. The program objectives include having in-school and out-of-school behavioral health specialists, afterschool enrichment and social emotional learning, youth development, healthy living, and social responsibility programming.

Amounts can be reallocated between providers without Board approval up to an amount not to exceed \$3,530,000.

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	\$ 3,530,000.00	\$ 3,530,000.00
	\$	\$

Total Revenue	\$	\$
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Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64941.827206.06200

In Budget (Y/N)? Y

Approved for Submittal to Board:

Eric Doeh, President/CEO

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Manmohan Singla

Stacie Durant

Signed: Tuesday, September 12, 2023

Signed: Tuesday, September 12, 2023

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

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

Presented to Full Board at its Meeting on: 9/20/2023

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: 9/13/2023

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

Amount of Contract: \$ 282,988.00 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: 9/21/2023

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 the approval of a one year contract for an amount not to exceed \$282,988 for the fiscal year ended September 30, 2024 with Quest Analytics MSA. The software will be depreciated over its useful life in accordance with DWIHN's capitalization policy.

The purpose of the contract is for Quest Analytics MSA is to develop DWIHN's 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 is for unlimited licenses to DWIHN users for the software application.

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	\$ 282,988.00	\$ 282,988.00
	\$ 0.00	\$ 0.00
Total Revenue	\$ 282,988.00	\$ 282,988.00

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 00000,137003,00000

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, September 11, 2023

Signed: Monday, September 11, 2023