



Quality Improvement Steering Committee (QISC)

June 24, 2025

10:30am – 12:00pm

Via Zoom Link Platform

Agenda

- | | |
|---|------------------------------------|
| I. Welcome | T. Greason |
| II. Authority Updates | S. Faheem |
| III. Approval of Agenda | S. Faheem/Committee |
| IV. Approval of Minutes <ul style="list-style-type: none">○ May 27, 2025 | Dr. Faheem/Committee |
| V. QAPIP Effectiveness | |
| DWIHN Access Call Center <ul style="list-style-type: none">○ Access Call Center Appt. Availability | Y. Bostic |
| Children Initiatives <ul style="list-style-type: none">○ Children's Services I/DD (PIP) | L. Gogliotti |
| Customer Services <ul style="list-style-type: none">○ Adult ECHO (FY2024)○ Children ECHO (FY2024) | M. Keyes-Howard
M. Keyes-Howard |



Quality Improvement Steering Committee (QISC)

June 24, 2025

10:30 am – 12:00 pm

Via Zoom Link Platform

Meeting Minutes

Note Taker: DeJa Jackson

Committee Chairs: Dr. Shama Faheem, DWIHN Chief Medical Officer, and Tania Greason, DWIHN Provider Network QI Administrator

1) Item: Welcome: Tania asked the committee to put their names, email addresses, and organization into the chat for attendance.

2) Item: Authority Updates: Dr. Faheem shared the following updates:

The Crisis Center celebrated one year of operations on June 10. Over 2,000 individuals served. Less than 20% required inpatient psychiatric hospitalization, significantly lower than the national CSU average of 20–30%. Demonstrated benefits of early psychiatric intervention vs. ER visits. Emphasis is placed on diverting members from emergency departments to the Crisis Center, where specialized staff is available. Mobile Crisis Line: 844-IN-CRISIS available 24/7. It's encouraged to include this number in crisis planning instead of defaulting to 911. Data shows most individuals using mobile crisis services are stabilized or connected to outpatient care without needing ER visits. Also mentioned are the upcoming policy guidelines for Recidivism and Non-engagement in treatment.

3) Item: Approval of Agenda: Dr. Faheem and the QISC approved the agenda for the June 24th, 2025, meeting with added changes.

4) Item: Approval of Minutes: Dr. Faheem and the QISC approved the QISC meeting minutes for May 27th, 2025.



5) Item: QAPIP Effectiveness

Goal: DWIHN Access Call Center

Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems ☐ Quality ☐ Workforce

NCQA Standard(s)/Element #: QI ☐ CC# ☐ UM # ☐ CR # ☐ RR # ☐

Discussion		
<p>Yvonne Bostic, Director of DWIHN's Call Access Center shared the <i>Access Call Center Appt. Availability Appt. Availability summary for May 2025</i>:</p> <p>Background: The Access Call Center schedules the following types of appointments:</p> <ul style="list-style-type: none"> • Hospital discharge/follow-up appointments (within the 7-day requirement) for individuals being discharged from short-stay inpatient psychiatric treatment. • Mental Health initial intake appointments (within 14-day requirement) for individuals new to the system or seeking to re-engage in services if their case has been closed (SMI, SED, I/DD). • SUD intake appointments for routine (within 14 days), urgent /emergent (within 24-48 hours) levels of care (Outpatient, Withdrawal Management, Residential, Recovery Support Services, MAT). <p>The Access Call Center schedules these types of appointments based on the CRSP (Clinically Responsible Service Providers) availability and ability to provide services in a timely manner. Appointment availability is based on the number of appointments scheduled within the allotted timeframe. Rescheduled appointments often impact the data recorded for appointments scheduled within the standard timeframe (7 days and 14 days).</p> <p>This report will also include the availability and timeliness of scheduling appointments for Hospital Discharge Appointments, MH, and SUD services.</p> <p>o Appointment Availability Summary:</p> <ul style="list-style-type: none"> o For the month of May 2025 there were 1211 MH (SMI - 610, SED - 275, I/DD- 48 (adult) / 278 (child), ASD Eval - 199) appointments scheduled. o There was a decrease in appointment availability in this area from April to May (decrease by approx. 8%); (October 91.6%, November 89.3%, December 88.2%, January 86%, February 84%, March 88.4%, April 87.5 %, May 79%). o For the month of May 2025, there were 890 Hospital Discharge follow-up appointments scheduled through the DWIHN Access Call Center (Adult 827, Child 63); appointment availability was 95%, which is a decrease by approx. 2.5% from last month. (October 97.9%, November 97.2%, December 99.9%, January 99.2%, February 98.3%, March 98.2%, April 97.5%, May 95%) 		

<ul style="list-style-type: none"> ○ For the month of May 2025, there were 1573 SUD appointments scheduled; SUD appointment availability increased by approximately. 6.5%, from April to May (October 84.2%, November 83.6%, December 86.3%, January 89.6%, February 81.4%, March 84.8%, April 82.6%, May 89%). <p>Barriers:</p> <ul style="list-style-type: none"> ○ Staffing shortages across providers. ○ Delayed intake scheduling due to manual calendar updates. ○ Increased community demand for services. <p>For additional information, please refer to the handout “ QISC (May 2025 Access Call Center Appointment Availability).”</p>		
Provider Feedback	Assigned To	Deadline
No provider feedback was provided		
Action Items	Assigned To	Deadline
<p>Plans and Interventions:</p> <ul style="list-style-type: none"> ○ A Memo was sent to providers in April and May to review expectations about appointment availability and request appointment additions more frequently ○ Access Call Center Management with work with IT to develop reports to give more accurate information about appointments kept, using claims data. ○ Continue to meet with CRSP (30-45 days) to discuss appointment availability and interventions ○ CRSP providers report that they continue to work on recruiting qualified staff to provide ongoing services ○ Access Committee continue to review applications for new providers to expand the network 	DWIHN’s Access Call Center (Yvonne Bostic)	October 1, 2025



5) Item: QAPI Effectiveness

Goal: Children's Initiatives

Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems ☒ Quality ☐ Workforce

NCQA Standard(s)/Element #: QI 1 CC# _____ UM # _____ CR # _____ RR # _____

Discussion		
<p>Luke Gogliotti, Children Initiatives, shared the following Performance Improvement Project (<i>Children's Services I/DD</i>) with the committee:</p> <p>Purpose:</p> <ul style="list-style-type: none"> ○ The Children Initiative Department is requesting IPLT's approval for Intellectual developmental disability (IDD) services: Performance Improvement Project. ○ Looking for additional feedback regarding the data and analysis <p>Goal:</p> <ul style="list-style-type: none"> ○ MDHHS Performance Indicator Goal: PI-2a <ul style="list-style-type: none"> ○ <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> ○ Effective 10/1/2024 – the new goal is 57% ○ MDHHS does not allow any exceptions <p>Barriers:</p> <ul style="list-style-type: none"> ○ Supports Coordination staffing challenges ○ The needs for children with IDD are lifelong needs resulting in services lasting longer. ○ High caseload sizes for office based and community-based services. ○ Fewer intake appointment slots with the MHWIN calendar ○ Increase of children receiving IDD services compared to FY24 ○ Providers accept members outside of the 14-day requirement per request from DWIHN Access which lowers Provider compliance. (Will not count for MDHHS indicator requirement; however, can still qualify for financial incentive). ○ Families are requesting an intake outside of the 14 days because they want a specific Provider. ○ Families rescheduling their intake appointments and missing 14-day window ○ Increase of Recipient Rights and Grievances for not having enough staff to deliver IDD services. 		

<p>Interventions to support this project:</p> <ul style="list-style-type: none"> ○ Ongoing 45-day meetings with Providers to discuss barriers, progress, and next steps. ○ FY25 gather IDD staffing status and caseload sizes quarterly (Supports Coordinator vs. Supports Coordinator Assistants). ○ FY25 started allowing IDD staff to attend the Core Competency Trainings ○ Financial incentives for IDD services <p>New Proposed Interventions:</p> <ul style="list-style-type: none"> ○ Further analysis of the length of treatment for IDD services. ○ Further analysis of discharge data for children with IDD services. ○ Incorporate in the FY26 Statement of Work a minimum requirement of MHWIHN availability calendar appointments <p>For additional information, please see the handout “Children IDD services PIP”.</p>		
Provider Feedback	Assigned To	Deadline
<p>Questions/ Concerns:</p> <ol style="list-style-type: none"> 1. What seems to be the greatest barrier in terms of the inability to get the psychosocial assessment done as quickly? 2. How to explain to members that they can no longer get all services from one provider due to the shift to conflict-free case management? <p>Answers:</p> <ol style="list-style-type: none"> 1. Primary barrier is limited intake appointment slots, largely due to staffing shortages. Some CRSPs are limiting new intakes out of concern for recipient rights violations and case management overloads. 2. Care coordination should occur across agencies when needed, via updated treatment plans. Full implementation guidance from MDHHS is still pending, and more detailed updates will be shared as available. 		
Action Items	Assigned To	Deadline
<p>Dr. Faheem and the QISC approved the Children's Initiative PIP for implementation. Children's Initiatives will continue to review and provide updated data/analysis to the QISC for ongoing approval.</p>	<p>DWIHN's Children Initiatives (Luke Gogliotti)</p>	<p>Ongoing</p>



5) Item: QAPI Effectiveness

Goal: Customer Service

Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems ☐ Quality ☐ Workforce

NCQA Standard(s)/Element #: QI ☐ CC# ☐ UM # ☐ CR # ☐ RR # ☐

Discussion		
<p>Margaret Keyes-Howard, Administrator - Office of Strategic Operations, shared the following:</p> <p>The data shared includes DWIHN’s baseline study conducted in 2017. The full survey represents composite scores of 728 participants and composite scores of several areas, including perceived improvement over the lookback period. A full report can be found on our website at www.dwihn.org. DWIHN will conduct a new review of the FY 2024 lookback period during FY 2025.</p> <p>Adult ECHO (FY2024):</p> <ul style="list-style-type: none"> ○ Seen within 15 min: Increased to 73% (from 49%) ○ Informed of rights: 89% ○ Confidence in privacy: 89% ○ Cultural needs met: Decreased to 5% ○ Perceived improvement: 60% – lowest satisfaction indicator ○ Family engagement: 53% – a noted concern for follow-up <p>Member Satisfaction Survey:</p> <ul style="list-style-type: none"> ○ DWIHN will begin implementing standardized provider-level satisfaction surveys to complement the Echo results. ○ These will be aligned with NCQA expectations and track more specific service areas. 		
Provider Feedback	Assigned To	Deadline
No provider feedback provided.		
Action Items	Assigned To	Deadline
Margaret Keys Howard has a new position with DWIHN. The CS department will provide ongoing information and updates.		

New Business Next Meeting: August 26th, 2025

Adjournment: June 24th, 2025, 11:55 a.m.

DWIHN Access Call Center
Yvonne Bostic, MA, LPC (Call Center Director)
QISC - Appointment Availability May 2025
Date: 6/24/2025



Background:

The Access Call Center schedules the following types of appointments:

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

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

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

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

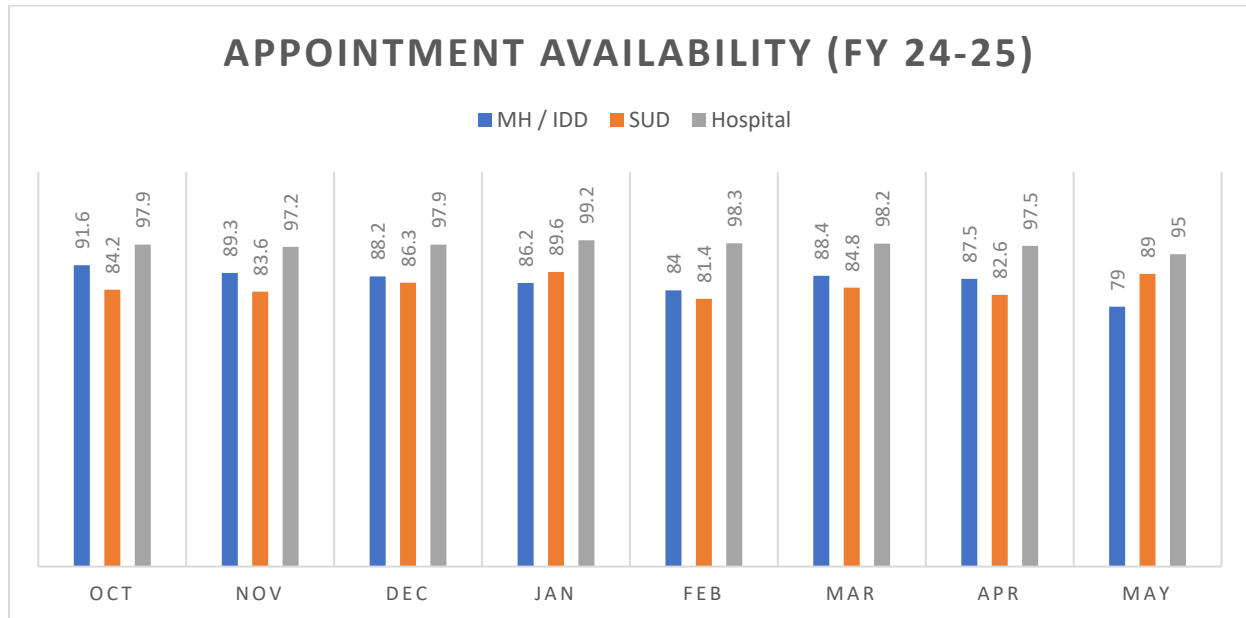
Summary:

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

○ **Appointment Availability Summary:**

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

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



Barriers continue to be:

- Limited appointment availability for SED, I/DD (child) and ASD Evaluations related to staffing and increase of requests for services

Plans and Interventions:

- A Memo was sent to providers in April and May to review expectations about appointment availability and request appointment additions more frequently
- Access Call Center Management with work with IT to develop reports to give more accurate information about appointments kept, using claims data.
- Continue to meet with CRSP (30-45 days) to discuss appointment availability and interventions
- CRSP providers report that they continue to work on recruiting qualified staff to provide on going services
- Access Committee continue to review applications for new providers to expand the network

Monthly Data Comparison

Raw Data / Data Breakdown:

2024 - 2025	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
SMI/DD/SED/ASD eval								
Appointments scheduled	1261	997	947	1925	1222	1285	1348	1410
DD Adult				61	36	48	55	48
DD Child				Pending	37	47	227	278
Adult MI (SMI)				1166	728	714	646	610
Child MI (SED)				361	217	281	272	275
ASD eval				pending	204	195	148	199
Routine appts scheduled outside of 14 days	106	107	112	272	195	160	169	258
Appointment Kept	799	601	577	1325	Pending	Pending	Pending	Pending
No Show	212	142	151	215	Pending	Pending	Pending	Pending
Cancelled					Pending	Pending	Pending	Pending
Hospital								
Hospital discharge appts scheduled	839	737	807	1201	692	738	799	890
Scheduled outside of 7 days	18	21	17	10	12	14	20	49
Adult				1135	650	701	749	827
Child				66	40	37	51	63
Appointment Kept	198	218	226	Pending	Pending	Pending	Pending	Pending
No show	305	345	387	Pending	Pending	Pending	Pending	Pending
Cancelled				Pending	Pending	Pending	Pending	Pending
SUD								
SUD appointments scheduled	1625	1801	1566	2495	1487	1472	1568	1573
Routine Appt. Outside of 14 days	200	297	216	207	280	225	215	129
Urgent/Emergent	352	369	328	486	280	276	333	350
Adult				2495	1486	1472	1568	1573
Child				0	1	0	0	0
Appointment Kept	877	995	1014	Pending	Pending	Pending	Pending	Pending
No Show	129	64	85	Pending	Pending	Pending	Pending	Pending
Cancelled				pending	Pending	Pending	Pending	Pending
SUD Timeliness referral data								
Total Routine – % referred within 24 hours				82.0%	79.0%	80%	85%	79%
Total Urgent /Emergent -% referred within 24 hours				80%	81.0%	83%	79%	80%
Detox – % referred within 24 hours				82%	84.0%	81%	80%	79%

OP MAT – % referred within 24 hours				84%	83.0%	85%	83%	80%
Residential - % referred within 24 hours				76%	74.0%	75%	78%	79%
Other - % referred within 48 hours				90.5%	89.0%	92%	85%	82%
Injecting Users – Screened and referred within 24 hours. Intake within 14 days				97.0%	95.0%	94%	N/A	78%
Parent at risk of losing children – screening and referred within 24 hours appt within 14 days				82.6%	81.4%	80%	76%	73%
MDOC screened and referred within 24 hours, appt within 14 days				81.0%	80.4%	82%	78%	81%
All other populations screened and referred within 7 days and appt within 14 days				90.5%	89.4%	80.0%	82%	93%

Meeting Notes:



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Detroit Free Press
TOP WORK PLACES 2023

Children Services IDD Performance Project

June 24, 2025

Children Initiative Department

Cassandra Phipps (Director)

Lucas Gogliotti (IDD Clinical Specialist)



Purpose

Children Initiative Department is requesting approval from IPLT to approve Intellectual developmental disability (IDD) services Performance Improvement Project.

- Looking for additional feedback regarding the data and analysis



Goal

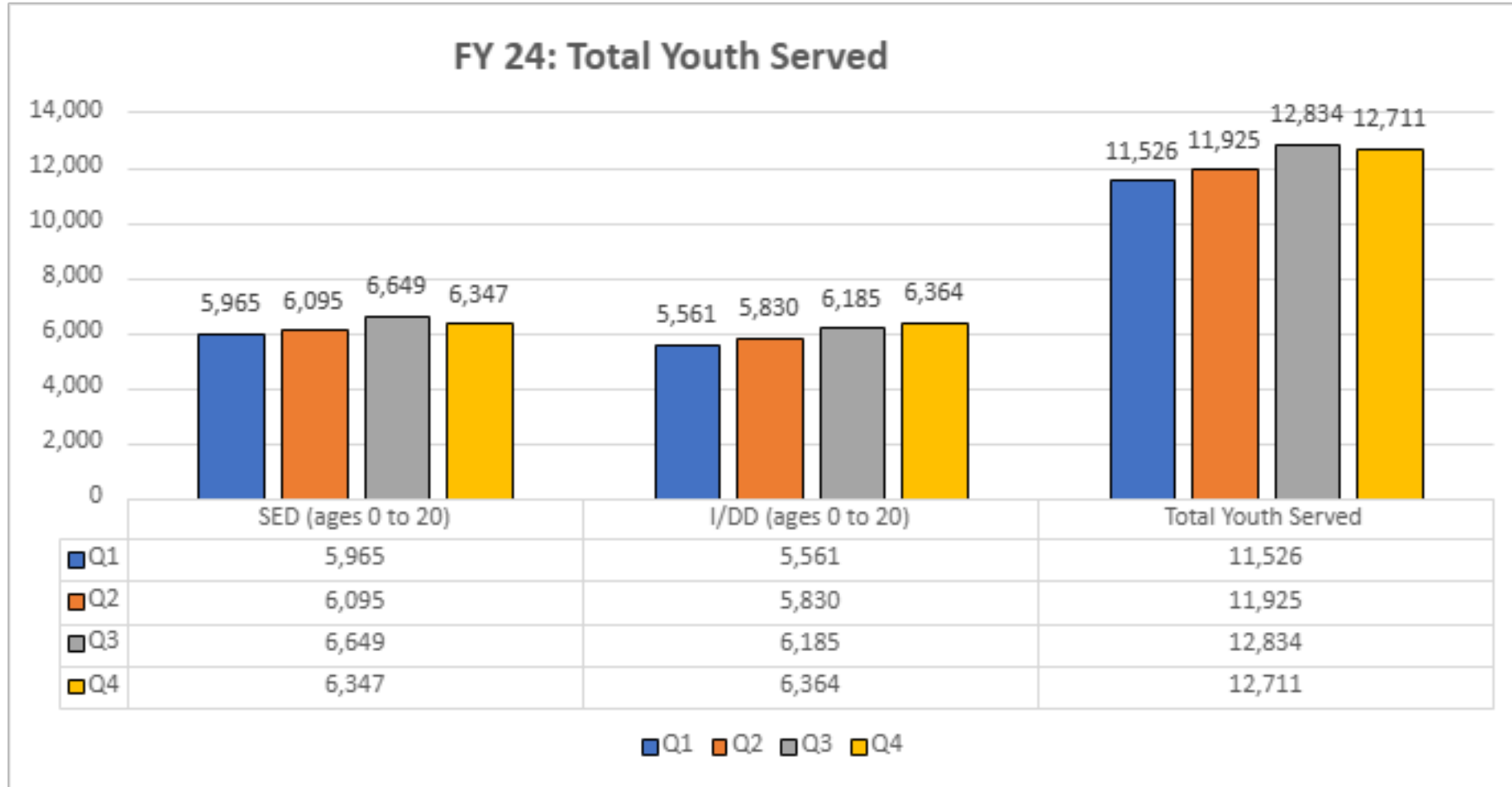
MDHHS Performance Indicator Goal: PI-2a

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

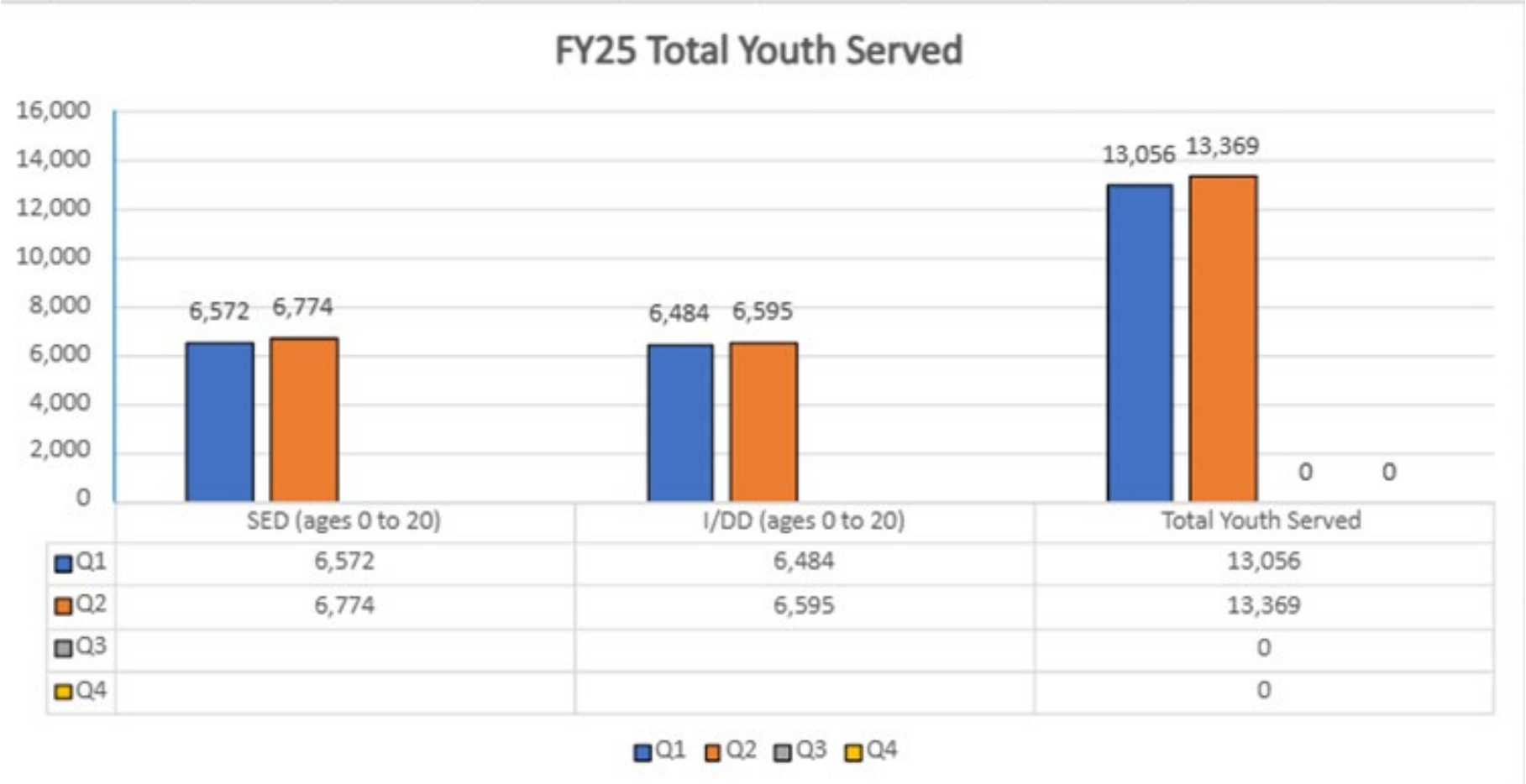
- Effective 10/1/2024 – the new goal is 57%
- MDHHS does not allow any exceptions



Census Data



Census Data



PI 2a - Data

FY23

Q1: 122 / 425 = 28.71%

Q2: 145 / 452 = 32.08%

Q3: 133 / 408 = 32.60%

Q4: 226 / 491 = 46.03%

FY24

Q1: 303 / 425 = 21.78%

Q2: 146 / 523 = 27.92%

Q3: 155 / 493 = 31.44%

Q4: 369 / 655 = 56.34%

FY25

Q1: 200 / 558 = 35.84%

Q2: 239 / 698 = 34.24% (*preliminary*)

Q3: 149 / 499 = 29.86% (*preliminary*)



Barriers

Identified Barriers:

- Supports Coordination staffing challenges
- The needs for children with IDD are lifelong needs resulting in services lasting longer.
- High caseload sizes for officed based and community based services.
- Fewer intake appointment slots with the MHWIN calendar
- Increase of children receiving IDD services compared to FY24
- Providers accept members outside of the 14-day requirement per request from DWIHN Access which lowers Provider compliance. (Will not count for MDHHS indicator requirement; however, can still qualify for financial incentive).
- Families are requesting an intake outside of the 14 days because they want a specific Provider.
- Families rescheduling on their intake appointments and missing 14 day window
- Increase of Recipient Rights and Grievances for not having enough staff to deliver IDD services.



Interventions

Interventions to support this project:

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

New Proposed Interventions:

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



Conclusion

Any questions?

Outcome:

IPLT approved the performance improvement project.



CATEGORY	FY 2023	FY 2022	FY 2021	FY 2020	FY 2017	STATUS
	CURRENT					
Seen Within 15 Minutes	73%	49%	44%	36%	33%	UP + 24% Improved
Told About Meds and Side Effects	75%	76%	79%	74%	75%	Slight decrease
Engages Family in Treatment	53%	55%	60%	60%	59%	Down -2%
Provides Info on Managing Condition	80%	80%	75%	81%	78%	Maintained at 80%
Info on Rights	89%	88%	88%	88%	91%	ABOVE 85% Up 1%
Member feels able to refuse treatment	78%	78%	84%	81%	78%	NO GAIN
Confidence in Privacy	91%	91%	93%	91%	91%	ABOVE 90%
Cultural Needs Met	71%	76%	69%	69%	76%	Down -5%
Perceived Improvement from Treatment	60%	59%	57%	58%	52%	UP + 1% Improved
Options on Treatment after benefits deplete	61%	56%	56%	55%	48%	UP + 5% Improved
ECHO ADULT						UP 31 %

The Graph Above provides a snapshot view of ECHO Adult (survey) of Member Experience Scores over the last four years (look back period 2023) for the 2024 reporting year. The graph also includes DWIHN's baseline study conducted in 2017. The full survey represents composite scores of 728 participants and composite scores of several areas, including perceived improvement over the look back period. A full report can be found on our website at www.dwihn.org. DWIHN will conduct a new review of the FY 2024 look back period during FY 2025.