



President and CEO Report to the Board Eric Doeh June 2023

LEGISLATIVE EFFORTS

Mackinac Policy Conference, May 30-June 2, 2023: Working with our lobbyists, Public Affairs Associates (PAA), as we continue having conversations with legislators and leadership in Lansing surrounding support for DWIHNs Crisis Continuum for persons served throughout Wayne County including step-down long-term care and offering behavioral health interventions for families to connect them with programs and services.

\$227 million 4-point plan to expand mental health treatment and add 450 behavioral health beds to the crisis continuum in Wayne County: The funding would address the state's immediate need to increase treatment capacity for inpatient psychiatric centers by providing an additional 160 beds, while the complete four-point plan establishes a fully integrated crisis continuum care system. The plan would increase capacity for short and long-term care at newly developed inpatient psychiatric care facilities, crisis care centers and specialized and integrated housing.

Reps. Whitsett and Chang penned an article in the Detroit News as they represent Detroit, Dearborn, Highland Park, and Hamtramck. They are supportive of DWIHNs 4-point plan and asked the public to encourage other elected officials to fund the comprehensive efforts toward long-term care; attesting that residents with mental health needs are suffering, and Wayne County communities are devastated because of the state's inadequate mental health system.

ADVOCACY AND ENGAGEMENT

June 5 - 7, CMHA Summer Conference:

- CMHAM Board votes to donate one (1) monthly stipend to the CMHA PAC.
- Eric Doeh and Commissioner Jonathon Kinloch both reappointed to the Legislative and Policy Committee of the CMHA Regional Boards.
- Kevin McNamara Reappointed to the CMHA Regional Board Bylaws Committee
- DWIHN nominated Fox 2 Anchor/Reporter Josh Landon to receive the Jim Neubacher Media Award for his work and support of DWIHN over the years in helping to advance the conversation surrounding mental health and substance use in Wayne County.

June 15: Roncelli Construction fundraiser for DWIHN youth initiatives, along with the YMCA and the Parade Company, raising close to \$15,000 towards each organization.

INTEGRATED HEALTH REPORT

The Detroit Wayne Integrated Health Network (DWIHN) continues to make progress with integrating with Medicaid Health Plans. Below is a list of updates of the collaborations with Medicaid Health Plan Partners One, Two, and Three.

Health Plan Partner One

DWIHN IHC staff and Health Plan 1 continue with monthly care coordination meetings to review a sample of shared members who experienced psychiatric inpatient admission within the past month. DWIHN and

Health Plan 1 use the Vital Data Shared Platform to find new members and see what claims and diagnosis there are. Four members were discussed and two attended the FUH appointment. Six members were discussed in data sharing and four had positive outcomes.

DWIHN and Health Plan 1 are working on individuals who present at the Emergency Department for substance use-related issues. DWIHN pulls data from CC360 and filters the information. DWIHN follows up with open cases and gives other names to Health Plan 2. There were 0 FUA shared members who had an ED visit in May.

DWIHN and Health Plan 1 met in March to discuss further projects. DWIHN expressed concern over members in the ED and the difficulty of coordination. Health Plan 1 agreed this is an area of concern and will take it back to the hospital system to see if a pilot project can be created.

Health Plan 1 stated in June they are working with their leadership and will follow up. DWIHN informed Health Plan of a similar project that is being piloted with another health system.

Health Plan Partner Two

Health Plan 2 and DWIHN are using the shared platform in care coordination meetings to stratify shared members based on HEDIS measures due and follow up after hospitalization. Eight members were discussed in May for care coordination that had needs after hospitalization. Five of those had successful outcomes. Five members were discussed for data sharing and three had positive outcomes.

DWIHN and Health Plan 2 are working on individuals who present at the Emergency Department for substance use-related issues (FUA). DWIHN pulls data from CC360 and filters the information. DWIHN follows up with open cases and gives other names to Health Plan 2. There was 1 FUA shared member who had an ED visit in May.

Health Plan Partner Three

DWIHN staff are working with Health Plan 3 on a new project of monitoring individuals who utilized the emergency room department or inpatient psychiatric unit and how to perform data sharing.

Health Plan 3 will be able to obtain the CRSP's name for a member in the ED (for any reason) and start coordination of care with that CRSP. There are four CRSP's in the pilot: Neighborhood Services Organization, Lincoln Behavioral, Hegira and Guidance Center. This started on June 16, 2022.

Data was shared in April 2023. One location of Health Plan 3 is making more referrals. Health Plan 3 will look into this. DWIHN met with all four CRSP in May to look at the data. DWIHN will stratify the data per CRSP to see trends. PCE created a radio button in the CRSPs EHR's to track the referral from Health Plan 3.

Shared Platform and HEDIS Scorecard

DWIHN and VDT continue to conduct weekly collaboration meetings to review project timelines, tools, and trainings.

DWIHN and VDT continue to work on updating the scorecard with new data feed, adding all members into Carespace, this will allow all Medicaid health plans and CRSP to see shared members and careflow rules created. DWIHN can now filter members by CRSP and Health plan. Member demographics, encounters, conditions diagnosed, and physicians can be seen for behavioral health and medical. This has been presented to CRSP's in the 45-day meeting.

DWIHN and VDT met on the mobile app and gave feedback for changes, and it was decided not to roll out the trainings until phase two is complete this was to be in May, but it was discovered that there is securities issue with documents coming from a PCE system to the mobile app. IHC is meeting with PCE to discuss other options. PCE has a member portal that all PCE clients have instituted in their EHR's. DWIHN is in discussions with VDT to see if the care gaps can be transferred in to MHWIN.

The HEDIS Scorecard was rolled out to all CRSP providers. DWIHN IHC staff have met with CRSP' individually to help them better understand the platform and the capabilities. IHC has been added to the 45-day meeting with CRSP's and the FUH score is added to the measures tracked. IHC has attended 8 of these meetings in May.

Below are the HEDIS scores as shown in the Scorecard as of March 2023. This is all CRSP scores combined

Measure	Measure Name	Eligible	Total Com	Non Comp	HP Goal	23-Mar
ADD	Follow-Up Care for Children Prescribed ADHD Medication Continuation Phase	0	0	0	70.25	0
ADD	Follow-Up Care for Children Prescribed ADHD Medication Initiation Phase	43	7	36	58.95	16.28
AMM	Antidepressant Medication Management Acute Phase	3543	1526	2017	77.32	43.07
AMM	Antidepressant Medication Management Continuation	3543	726	2817	63.41	20.49
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics					
APM	Blood Glucose and Cholesterol 1-11 age	451	15	436	23.36	3.33
APM	Blood Glucose and Cholesterol 12-17 age	887	53	834	32.71	5.98
APP	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics					
APP	Ages 1-11	61	39	22	67.39	63.93
APP	Ages 12-17	76	52	24	71.16	68.42
BCS	Breast Cancer Screening	11706	2124	9582	59.29	18.14
CBP	Controlling High Blood Pressure	11789	1211	10578	79.08	10.27
CCS	Cervical Cancer Screening	31826	9540	22286	63.99	2998
COL	Colorectal Cancer Screening	0	0	0	0	0
FUH	Follow-Up After Hospitalization for Mental Illness 30 day					
FUH	Ages 6-17	136	81	55	70	59.56
FUH	Ages 18-64	1439	571	868	58	39.68
FUM	Follow-Up After Emergency Department Visit for Mental Illness					
FUM	Ages 6-17	132	109	23	84.33	82.58
FUM	Ages 18-64	250	102	148	61.05	40.8
SAA	Adherence to Antipsychotic Medications for Individuals With Schizophrenia	2508	1989	519	85.09	79.31
SMD	Diabetes Monitoring for People With Diabetes and Schizophrenia	846	91	755	85.71	10.76
SPR	Use of Spirometry Testing in the Assessment	938	154	784	31.48	16.42
SSD	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are	3739	1000	2739	86.36	70.82
UAM45	Use of three or more antipsychotics for 45 or more days	10894	134	10760	<10	1.23

VICE PRESIDENT OF CLINICAL OPERATIONS

New Initiative:

Juvenile Detention Facility (JDF) Treatment Services: DWIHN is working on two programs to assist youth to receive behavioral health treatment services. The first is a partnership between DWIHN, Team Wellness, and JDF. Team Wellness has established an outpatient day treatment program for adjudicated youth. This will be at Team Wellness-Russel location. Currently twelve (12) youth have been identified for the program, but it is projected that it could increase to upwards of 70 youth. This program will offer mental health and co-occurring treatment, education, recreational activities, and community living skills. This program is projected to start by June 2023. Team Wellness will also be providing behavioral health services for youth in JDF to prepare them for more community-based treatment.

Integrated Healthcare Services:

Behavioral Health Home (BHH): Current enrollment - 546 members (April - 532)

- DWIHN added an additional provider to the BHH program (Psygenics) with a target start date of August 1, 2023. DWIHN met our MDHHS BHH outcome incentive goal for year 1. DWIHN

continues to work with providers on data clean-up and ensuring members are being seen as expected in this program model. A Health Home Coordinator was added to support the administration of these programs.

Opioid Health Home (OHH): Current enrollment - 601 members (April - 591)

- DWIHN met the MDHHS OHH outcome incentive for this fiscal year. DWIHN continues to work on increasing OHH enrollment and ensuring enrollment data is accurate in both the DWIHN and State systems. DWIHN is working specifically with one provider on performance-related issues in regard to fulfilling program requirements.

Certified Community Behavioral Health Clinic- State Demonstration (CCBHC):

Current enrollment - 3,492 members (April - 3,340)

- A CCBHC site provides a 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. The Guidance Center is the designated CCBHC provider for Region 7. The Guidance Center met all outcome incentive measures for year 1 of the program.

DWIHN CCBHC Efforts:

DWIHN submitted the SAMHSA CCBHC Expansion grant in May 2023. Awards will be announced by September 2023. The State of Michigan has also announced that they are expanding the CCBHC Demonstration in Michigan. CMHSPs were originally eligible to apply, but since that time MDHHS has informed DWIHN that we cannot as MDHHS does not currently have policies and firewalls in place for organizations that are both a PIHP and CMHSP. DWIHN has met with MDHHS advocating to allow us to apply as we have internal firewalls already established. DWIHN will continue to advocate for this expansion opportunity.

CHIEF MEDICAL OFFICER

Behavioral Health Education and Outreach:

DWIHN has continued outreach efforts for behavioral health services

- Ask the Doc Newsletter on Mental Health Awareness Month completed addressed the importance of mental health, common warning signs and coping strategies.
- Ask the Doc Digital recorded addressing mental health concerns in athletes.

State Hospital Update:

As previously mentioned, MDHHS has announced the location of a new inpatient psychiatric hospital located at the current site of Hawthorn Center, 18471 Haggerty Road in Northville Township. The new hospital is being made possible by a \$325 million FY23 budget allocation by Gov. Gretchen Whitmer and the legislature. The two facilities serve nearly 200 patients and are among the state's five inpatient psychiatric hospitals for individuals who have severe mental illness or intellectual and developmental disabilities. The State is now well into the design phase of a 264-bed facility that will house 80 children/adolescents and 184 adults.

Hawthorn site is temporarily closing and the children at Hawthorn will be accommodated at Walter Reuther Psychiatric Hospital (WPSH) for the next 2-3 years. The current youth are expected to be transferred there in between June 28th-July 5th.

Information from the State Director Dr. Mellos indicates that multiple accommodation and measures have been taken to get the space ready for the youth. 1st and 2nd floor of the hospital is renovated to accommodate the youth. 1st floor will have the School and the Recreational unit. 2nd floor will have the living and dining

area for the youth that is totally separate from adults. There are separate elevators and separate kitchens for the youth. The outdoor space and gym area are common, but a separate scheduling department is created to strictly coordinate the separate use and timing of the common areas.

Phase 1 includes move of 32 youth to WPSH between June 28th-July 5th. Phase 2 will include more work on the 3rd floor before it is ready as a living and dining area for additional youth with the expectation of a 60-bed capacity before the end of the year.

We have also requested a tour of WRPB which will happen in later part of July.

DWIHN Crisis Care Center

707 Crisis Care Center:

CSU: 12 adult (6 recliners, 6 beds), 6 child (beds)

CRU: 15 adult beds

Peer Respite Program (Pilot): 6 beds

Peer Respite Program: Building Empowerment Support Transition (B.E.S.T) Program

Goal: It is the purpose of Detroit Wayne Integrated Network (DWIHN)-Crisis Care Center (C3) to ensure individuals who enter the DC3, develop self-sufficiency skills in navigating their mental health wellbeing post-crisis. DWIHN C3 plans to offer BEST program which is a peer run residential providing non-clinical crisis supports to help people find new understanding and ways to move forward after a crisis in a safe environment surrounded with people who have similar lived experiences.

Description: BEST is a peer run residential setting for individuals who have entered DC3 and have completed their Crisis Stabilization and/or Crisis Residential admission but are not ready for community discharge. It can be overwhelming for individuals to transition back into the community after experiencing a behavioral health crisis. This transitional time will allow individuals to implement the crisis skills they learned in Crisis Stabilization and/or Crisis Residential Units and to develop self-sufficiency skills. In addition, this time can solidify after care treatment, appointments, and concrete needs. Often, individuals once discharged from care, may have limited resources in maintaining their continuity of care. The BEST unit will assist with inculcating therapeutic and self-independence skills, providing warm transfer to SUD/mental health services, housing and employment resources, and community-based support systems related to individuals' personal interest.

Staffing: The BEST unit will be staffed 24/7 by Peer Support staff. Individuals will receive support and encouragement from those who have experience and are still navigating through their own wellbeing. Thus, Peer Support Staff will provide real-life experiences, their knowledge of vast community-based services, support groups and provide hands on assistance to help individuals with their concrete needs. While the BEST unit is staffed by Peer Support staff, it will be overseen daily by Clinical Shift Supervisor with Crisis Residential Unit RN and Unit Administrator.

The individuals accepted at the BEST Program will identify measurable goals for the stay at the unit within 24 hours of admission. Those goals will be reviewed daily by the Peer support staff for completion.

Outcomes: Success of the programs will be measured by:

Primary Outcomes:

- The individuals will meet the admissions goals identified for the BEST program at the time of discharge.
- Discharge survey will indicate satisfaction.

Other Expected Outcomes that will be tracked:

- Expected improvement in Inpatient, CSU and CRU Recidivism rate for the individuals attending BEST program- measure for at least 2 months after discharge.
- Improved Compliance with Follow-up after discharge appointments and care

Monthly 707 C3 Updates:

Care Center Project Plan is reviewed daily.

151 tasks have been completed 100%

82 tasks have been started and are 55-99% complete

68 tasks have been started and are 10-50% complete

70 tasks have not been started

Facilities	Construction is going timely. Generator is expected now in November. Certificate of occupancy is dependent on it. Equipment and various other vendors such as food service, telephone/fax, pharmacy and lab are being explored. RFP process has started.
HR	Updated Draft Staffing plan established with some ongoing changes based on State's draft guidelines. Nursing administrator has been onboarded. Unit administrator interviews have begun. Office administrator position posted for the approval of the staffing plan. Unit administrator and Quality Director completed CIT instructor training. Nurse administrator waiting for approval to take training to be an instructor for CPR, including ACLS. Most of the job descriptions are completed. Bulk hiring expected in August/September/October.
Credentialing	Developing expedited Credentialing process for new hires for Care Center. Also started the process to get credentialed by health plans.
Quality Control, Policies and Procedures	Policies are now being entered into Policystat. Consents with legal for approval. Assessing needs for certificates and licenses.
IT/Electronic Health Record	PCE is working on developing Crisis Module for DWIHN. Versions and requirements of assessments such as Intake BH assessment, Nursing assessment, Triage form, Shift note, Progress note, Crisis Safety Plan, Medication Administration Record, Psychiatric evaluation, Psychiatric Progress Note,

	<p>Bed Board with Bed availability have been created and several added in development mode</p> <p>Ongoing work in progress with PCE on remaining forms, notes, and documents.</p> <p>Other IT equipment needs are being reviewed and assigned to IT department</p> <p>CPT codes have been discussed. Meeting on 6/7/23 to confirm use of codes to finalize and provide to PCE.</p>
Finance	<p>Draft version of Operational Budget created</p> <p>Started discussions on codes that are applicable to the setting. Codes will be finalized this week.</p>
Crisis Clinical Operations	<p>Draft workflows and SOPs created for each unit. 6 bed Pilot Project criteria, staffing requirements and SOPs being developed. Workflows and documentation are currently being created.</p> <p>The team is concentrating on workflows, processes, vendors, cert's and licensing. Moving to staffing needs such as job descriptions, interview questions, training model in the month of July.</p>

CRISIS SERVICES

Mobile Outreach: In May, our Mobile Outreach Clinician was able to garner a collaborative relationship with the Michigan Department of Health and Human Services Pathways and was invited to Earhart Elementary School in southwest Detroit. DWIHN participated in 13 events; educated 235 persons on DWIHN services; made 55 follow-up calls, and referred four (4) persons to the Access Center. Several new resource vendors were added including Empowerment Zone Coalition, Focus Hope, Save Detroit, Authority Health, Metro EHS Pediatric Therapy, Terra Defoe was made a contact (Advisor to the Mayor of Detroit) and also Sabina Underwood from Jefferson East.

CRISIS RESIDENTIAL/HEGIRA May 2023		
<ul style="list-style-type: none"> The number of available beds is 9. 		
Referral Source	Total Referrals	Accepted Referrals
ACT	0	0
COPE	49	25
DWVHN Residential	7	1
Step Down from Inpatient	11	3
Total	67	29

Requests for Service (RFS): Request for Services for children decreased by 11% this month and the diversion rate decreased slightly from 70% to 68% compared to April. There were 98 intensive crisis stabilization service (ICSS) cases for the month of May, which is a 33% decrease from April (148). Of the 98 cases, there were 44 initial screenings. There was a 12% increase in the number of Adult requests for service in the month of May and the diversion rate improved by 1%. The Crisis Stabilization Unit (CSU) at COPE served 188 members this month, a 30% decrease from April at 220. Team Wellness CSU served 130 members in May, which is a 7% se from April.

Community Hospital Liaison Activity: In May 2023, there were 142 contacts made with community hospitals related to movement of members out of the emergency departments, which is a 33% decrease in

contacts from April at 215 (due to changes in the Crisis Services Department staffing). Out of the 142 encounters, 19 were diverted to a lower level of care, an overall diversion rate of 13%. In May, there was one (1) member who repeated an emergency encounter twice within the month, and both of those encounters resulted in an admission.

HUMAN RESOURCES

The Department of Human Resources hired the following employees:

Clinical Specialist	Adult Initiatives
IT Desktop Support Specialist II	Information Technology
OBRA RN - Contingent	OBRA
Appeals Coordinator	Utilization Management
Psychiatrist (Part-Time)	Crisis Services
Manager of Clinical and Practice Improvement	Utilization Management
Clinical Specialist - Performance Monitor	Quality Improvement
Regional Youth Coordinator	Communications
Clinical Specialist - Performance Monitor (Autism and Children's Services)	Quality Improvement
Hospital Liaison	Access and Crisis Services
Call Center (SUD) Part-Time	Call Center
Call Center (SUD)	Call Center
Health Home Coordinator	Health Home Initiatives
Nurse Administrator - Crisis Services	Crisis Services
Human Resource Assistant	Human Resources

DWIHN also hired three student interns through our Grants and Community Engagement department. DWIHN completed open enrollment with TMR Associates and AFLAC to provide additional voluntary benefits for DWIHN employees. Finally, HR has continued its Financial Wellness seminars for DWIHN employees.

COMMUNICATIONS

Student Athlete Campaign/Influencers Update:

Social Media Influencer	# of Posts	Engagement/Impressions
SPS Edge/Lindsay Huddleston	9 Instagram & YouTube	1,069 total views
The Capital Brand/Randi Rosario	7 Instagram	Over 181.1K total views
Detroit Youth Choir	6 Instagram & YouTube	Over 11.6K total views

Youth United supported the Student Athlete Campaign by attending multiple youth sports related events, including DPSCD High School games, “Strong Minds Strong Body” Youth Mental Health Summit at Downtown Boxing Gym and Detroit PAL's Teen Wellness Summit.

The team is currently planning a student athlete “Courageous Conversation” that will take place later in the quarter at the Pistons practice facility.

Social Media Performance Report Summary for May:

- Impressions: 603,328 **up 13.3%**
- Engagements: 7,191 **down 20.2%**
- Post Click Links: 2,045 **up 24.1%**
- Engagement Rate: 1.2% **down 29.6%**
- **Total Audience Growth over the last month was 13,026 up 3.4%.**

On all social media accounts, impressions, engagements, and post link clicks grew in May. Our net audience growth across all platforms increased by 11.2% from March to May 2023.

Website Analytics:

- Website sessions increased by **44.84%** when compared to April 2023, totaling 52,166 sessions. The number of users entering via social media, **91.93%**.
- Facebook was the top social media platform driving the most users to the website.
- The top pages (excluding the Home page) were "**Substance Use Disorders**" with **11,019 views**. *This is significant as the SUD page recorded over 10K sessions just for the month of April 2023.*

Google Analytics:

- 1009 Business Profile interactions
- 2,496 People viewed the DWIHN Business Profile
- 2,233 (89% Google search - desktop)
 - 158 (6% Google search - mobile)
 - 87 (3% Google Maps - mobile)
 - 18 (1% Google Maps - desktop)
- 1,650 Searches DWIHN was shown in users search results.
 - DWIHN - 945
 - Detroit Wayne Integrated Health Network - 442
 - DWIHN – 99
 - DWIHN training - 54

MEDIA	TOPIC	TIMELINE
Scripps Media, Channel 7, TV 20, Bounce	Kids in Crisis Smoking	Campaign runs all year includes social media posts and streaming
WDIV	Who is DWIHN?	Campaign runs 5 months
Fox 2 Detroit	Addiction	Campaign runs 5 months includes social media posts
Cumulus Radio	Kids in Crisis	5-month campaign
MI Chronicle	Monthly stories	Year-long
Latino Press	“	“
Arab American News	“	“
Hamtramck Review	“	“
Yemeni News	“	“
Ask the Messengers	SUD messaging	“
Metro Parent	Addiction Kids & Suicide	May/June
Comcast/Effect TV	Addiction	August/September
Mind Matters Dr. Michele Leno	Access Helpline	Year-long
Global Recovery Live	SUD	Year-long
Global Media TV (Middle Eastern TV)	SUD	June-September

Outdoor Media:

Between both the SUD and Communications campaigns, thousands of people see the DWIHN billboards every day and on average about two million impressions are estimated weekly.



Community Outreach: DWIHN/Youth United/ Youth Move Detroit:

DWIHN participated in numerous outreach events in May, including Detroit Police Week, Wellness Fairs with the Department of Health, DHHS, DPSCD and more.

Youth United hosted Children's Mental Health Awareness Day at Say Detroit Play in Detroit. YU also hosted a Mental Health Panel w/ Member Engagement Services & NAMI and attended ACMH CMHAD: Rally in Lansing.

June 2023

- June 13-14: MI Teen Conference, Saginaw Valley
- June 22nd: Fatherhood Forum - *The 11th Annual Wayne County Fatherhood Forum is focused on developing, empowering, supporting, and advocacy for Wayne County fathers. DWIHN President/CEO Eric Doeh will provide remarks.*
- June 23rd: Youth Resource Night -Umoja Village (6-10pm) - *What better way to end the school year than with a bonfire, open mic, s'mores, prizes, and more! Come learn about the importance of mental health and have some fun! Sign up today! <https://www.eventbrite.com/e/627193963027>*

(Flyers have been shared with L. Blackshire)

July 2023

- TBD-Mini Courageous Conversation w/ DYC
- TBD- Courageous Conversation- Youth Athletes
- Saturday July 22nd, 12-4pm -Youth BBQ Bash- Riverside Park, Detroit

CHILDREN'S INITIATIVES

Putting Children First:

Access:

On Saturday, May 6th, Youth United hosted their annual Children's Mental Health Awareness Day at Say Detroit Play Center. The event was carnival themed with Anthony Grupido, magician and mental health advocate, who used his magic show to tell his journey to mental health recovery. In addition, there was a youth panel to talk about coping mechanisms for trauma and how recent mass events has impacted them. The day included carnival games, mobile video game truck, food, giveaways and resource tables from organizations in Wayne County. There were 80 people in attendance.

Prevention:

NatCon23 Conference: Children’s Initiative Director attended this conference 5/1/23 – 5/3/23 in Los Angeles, California. Various sessions were informational: Moving America’s Soul on Suicide, Soul Shop for Black Churches, Story of Resilience, Reimagining Mental Health and Substance Use Services, and Coaching Leadership.

Metro Parent Magazine: Children’s Initiative Director participated in an interview with Metro Parent coordinated by the Communications Department on youth suicide prevention.

Crisis Intervention:

Juvenile Justice Partnership: Various meetings were held with MDHHS, DWIHN, Children Providers, and Care Management Organizations to brainstorm resources and referral pathways for youth discharging from juvenile justice placements. Children’s Initiative, Crisis Department, and Access Departments are currently participating in subcommittees to offer support. Also met with Havenwyck Hospital, GrowthWorks, Assured Family Services, and Wayne County to discuss proposal of Inpatient Adolescent Stabilization Program for youth involved in the juvenile justice system who are in need of inpatient services.

Treatment:

CLS Assessment Tool: Administered survey to Children Providers regarding feedback to discontinue paper version of the CLS Assessment Tool to transition to using only the CLS Assessment Tool in MHWIN. The majority of the feedback resulted in using the electronic version instead. **Next Steps:** IT Department to finalize updates to the CLS Assessment Tool in MHWIN and continue to offer technical assistance to Providers as needed.

Outcome Reports: Children’s Initiative Department coordinated with the IT Department to develop the following reports to assist with measuring trends and outcomes: 1) Last date of service report for children with SED and IDD disability designation, 2) Including the Total Score to the PHQ A report, 3) Developing a Total CAFAS Score report.

I/DD Home Based Services: Children’s Initiative Department gained feedback from Children’s Providers on implementing Home Based Services for youth with intellectual and developmental disabilities. Discussed 2 screening tools to use to assist with criteria eligibility.

MDHHS Home Based Recertification: Children’s Initiative Department submitted HB Recertification applications to MDHHS for thirteen (13) Children Providers via the new electronic system.

Baby Court: Coordinator completed the Zero to Three Community Coordinator Academy. Also started to facilitate the monthly Baby Court Stakeholder Committee Meetings.

MichiCANS: Children’s Initiative Director facilitated a survey among Children Providers to gain interest in the MichiCANS soft launch pilot to start October 2023. Two (2) Children Providers volunteered to participate. Also submitted to MDHHS the number of DWIHN staff who will need to be trained in this new assessment for October,

School Success Initiative:

Monthly SSI Provider Meeting was held. Children’s Initiative Department discussed with School Success Initiative Providers plans to transition screenings from DWIHN Access Department to the Children Providers due to various barriers. The barriers included: 1) Families avoiding answering unknown phone numbers when screeners make phone calls, 2) Families not being available to complete the screening, 3). Longer wait time when families call for the screening. **Next Steps:** Train Providers on the new process and launch new process by 8/1/2023.

Autism Spectrum Services:

Total open cases for the month of May were 2,295, which is an increase of 56 members from April to May (data pulled on 5/26/2023). The total number of referrals scheduled by the Access Call Center was 157. Of those scheduled referrals, 133 appointments were kept. Of the 133 appointments kept, 15 members were found not eligible (non-spectrum) for the Autism Benefit. The other 118 members were diagnosed with autism spectrum disorder (ASD) and found eligible for services under the Autism Benefit.

DWIHN updated the ABA provider network on the 6 new MDHHS bulletins that focused on: Program coverage, Telemedicine services, Impact on the termination of the public health emergency, and CPT code changes. The Michigan Department of Health and Human Services (MDHHS) provided clarification on the reporting of ABA Adaptive Behavior Treatment. The SFY 2023 Behavioral State Code Chart and Behavioral Qualifications were updated indicating that services should be reported with the Behavior Technician's NPI number instead of reporting under the BCBA's or other clinical equivalents NPI. By June 15, 2023, all Behavior Technicians will need to have an NPI number submitted to DWIHN via MHWIN.

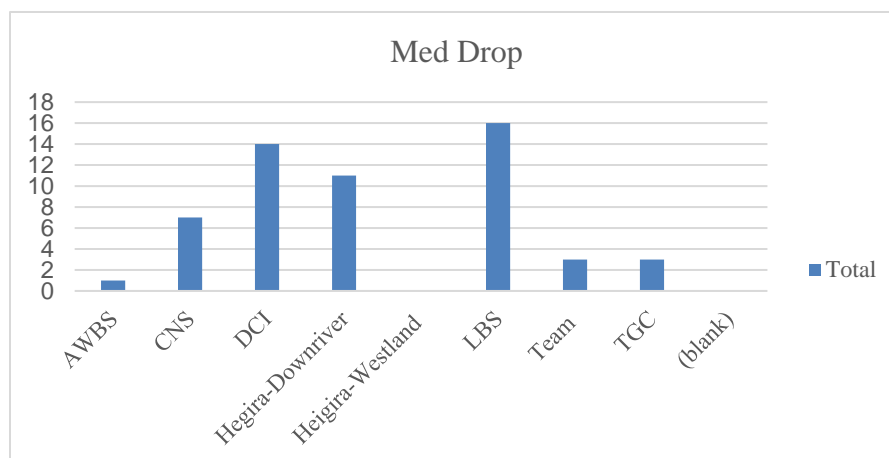
FACILITIES

- Clinical Care Center: Construction in-progress. Estimated completion October 2023.
- Woodward Administrative Building: Construction in-progress; estimated completion Dec 2023.
- 7 Mile Behavioral Health Wellness Campus: Preliminary space planning meetings occurring.
- Downriver Crisis Center: Working to identify site selection for suitable location for services

ADULT INITIATIVES

Med Drop:

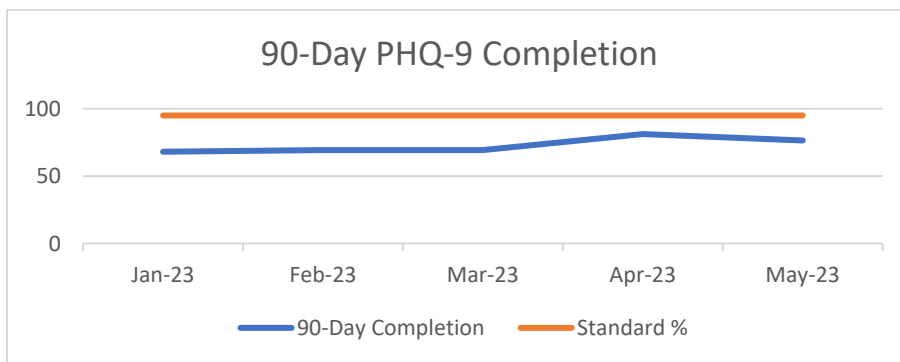
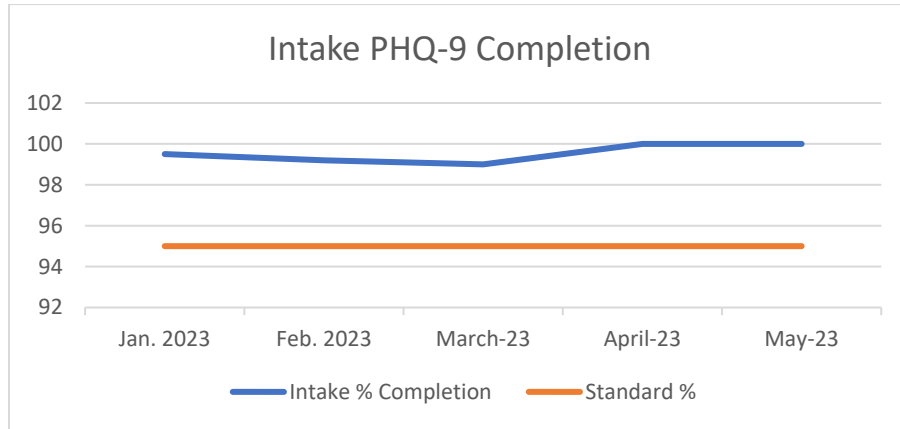
CPI held a monthly meeting with Med Drop providers, which consisted of Hegira, Lincoln Behavior Services, CNS, Team Wellness, Development Centers, All Well Being Service and The Guidance Center. Topics discussed were ways to increase admissions, strengths, barriers, referral process. It was noted that there are 64 open members.



Arab Community Center for Economic and Social Services, (Access), Arab-American and Chaldean Council, (ACC), and Southwest Solutions has requested more information on Med Drop. Adult Initiatives attended in person staff meetings at ACCESS and ACC to provide educating Southwest Solutions is in the process of being scheduled.

PHQ-9 Performance Improvement Project:

DWIHN monitors network providers PHQ-9 performance at intake and at the 90-day follow up period. The PHQ-9 is a self-report tool administered to screen, diagnose, and measure the severity of depression. It is required that all providers administer this tool with at least a 95% completion rate. DWIHN is currently working with the provider network to increase the 90-day compliance rate using monitoring and training tools.



Alternative Outpatient Treatment (AOT):

The Court Liaison was transferred to Adult Initiatives to continue to improve collaboration and support for members involved with judicial and treatment concerns. Adult Initiatives is in the process of interviewing for an Alternative Treatment Order (AOT) Case Manager. The Case Manager will provide support related to compliance, linkage and monitoring, as well as address any lack of follow-up from the clinical providers and facilitate training to assist members with improved outcomes.

DWIHN received 139 Assisted Outpatient Treatment (AOT) orders from Probate Court this month and respective providers were notified to incorporate these orders in treatment planning. Deferral Conferences continue with provider engagement. The Community Law Enforcement Liaison engaged 56 individuals this month. Fourteen percent (14%) have a history of substance abuse; 16% are homeless; and 11% are in residential services. Thirteen (13) Citizens returned and were connected to DWIHN services upon release from Michigan Department of Corrections, (MDOC). Three (3) members were paroled with an active combined AOT.

1915iSPA:

MDHHS, as required by CMS, has implemented its new approval process for 1915iSPA services. These services included Community Living Supports, Respite, Fiscal Intermediary, Housing Support, Supported Employment, Skill Building, Medical Equipment, Environmental Modification, and Enhanced Pharmacy

Services. Individuals' recommendation for any of these services are first required to be assessed and referred for approval through DWIHN and then MDHHS. DWIHN has over 6,000 members that receive at least one of the above-mentioned services. DWIHN has approved and enrolled over 1,703 members to date (an increase of 24% since last month). All members receiving 1915iSPA services have to be enrolled with the State by 9/30/23. have to be completed in the by 9/30/23.

DIVERSITY, EQUITY AND INCLUSION OFFICER

The DEI Officer participated in the following activities/trainings on behalf of DWIHN:

- Detroit Partner Call Continuing the Conversation Financial Stability Challenges at the Intersection of Race, Ethnicity, Poverty and Disability
- Webinar: Minimizing Employee Burnout: Strategies for Managers
- DEI Training Topic: Build Trust as a Leader (In Progress)

An interest form was sent to the DWIHN Provider Network regarding interest in working with the DEI Coalition.

INFORMATION TECHNOLOGY

Business Processes:

- **1915(i) SPA**
 - Programming and testing completed; notification sent to provider network with a go live date of 6/15/23.

Applications and Data Management

- **Henry Ford Joint Project**
 - Adding CRSP to the dashboard.
 - Linking the dashboard to the HFH Pilot Project status site
- **Dashboards for Behavioral Health Homes and Opioid Health Homes**
 - Currently in the process of creating new PowerBI dashboards for monitoring health home information.
- **Children's Services Dashboard**
 - Delivered the first nine dashboards for Children's services. Continuing to work on additional dashboards.
- **Provider Network Adequacy Dashboard**
 - Geo Mapping process largely complete. Still working through some errors from the GEO Mapping service.
- **Warehouse Data Reconfiguration**
 - Working with PCE to specify the data feed from MH-Win.
 - DWIHN Warehouse procedures are finished.

Infrastructure/Security/IT Compliance

1. Building Construction

- Woodward / Milwaukee Network procurement submitted for board approval
- Phone System selected. Procurement submitted for board approval. Work with vendor for transition planning and implementation anticipated to begin early July.
- Crisis Center evaluation systems received, and evaluation completed; Hardware procurement to be prepared for submission
- Continuing to work to configure the building security and video camera systems to meet the needs of the new Crisis Center as well as support a Multi-Campus system going forward.
- Nutanix migration underway. Nearly complete with only physical servers remaining.

- Purchasing process underway for badging system camera, printer, and backdrop and other needed items to support the building access system and other security systems.

2. Security

- Completed work on the IT security maturity assessment. vCISO project is continuing to identify gaps in various policy and SOP to meet compliance standards.
- USB Block policy established and deployed in phases to DWIHN Departments. To date, no adverse issues reported or impact to users and operations.
- CISA penetration testing was conducted. Areas of concern identified were added to Cybersecurity Initiatives program for resolution.
- Standards/compliance required Security Awareness Training program is under development and will soon be introduced as a part of the Cybersecurity Initiatives.
- MFA (Multifactor Authentication) for all Microsoft and VPN systems is ready for rollout and will soon be introduced as a part of the Cybersecurity Initiatives.

3. Onboarding/Offboarding

- Continue developing process with HR to complete a new automated onboarding/offboarding process in Therefore to meet Access Control standards in compliance frameworks.
- Developed C# and SSIS tools to retrieve non-sensitive staff information (no Payroll, SSN, DOB, etc.) from ADP on an ongoing basis. This will allow IT to keep Azure, AD, Onboarding/Off-boarding forms up to date as well as perform needed security audit and checks to comply with standards.

INNOVATION AND COMMUNITY ENGAGEMENT

Detroit Police Department Partnership: Organized and coordinated Bi-weekly DWIHN Co-Response check-in w/ Team Wellness and CNS. Identified complex cases and assisted with coordination of care to address individual needs. In the month of April DPD co-responders had an approximate total of 268 encounters, 27 suicide related and 28 connected to a service. Individuals were provided various resources for assistance with mental health, substance use and homelessness.

Wayne County Jail: For the month of May there were 160 releases from the jail. Of those releases, 47 were linked back with the provider for follow-up with their member; 11 were not in MHWIN because the mental health designation from jail mental health may not meet DWIHN criteria; two (2) were sent directly to another correctional facility; 0 were on an active AOT; and 100 were not assigned to a provider within the MHWIN system.

Veteran Navigator Services: Continued to work with individual veterans and their family members to ensure that they receive services they need to improve their quality of life. We are also continuing to promote how we support the veterans of Wayne County through education, advocacy, and physical resources. Interacted with 21 new veterans via face-to-face, phone, text, and email. Attended food distribution events with Soldiers Angels in Detroit and Veterans Haven in Wayne.

Workforce Development: Evaluated DWIHN required training in DWC, including the frequency of the trainings (annual, bi-annual, etc.). Looked at best practice and training requirements in other counties and as a result made some adjustments. These changes are being communicated to our provider partners at the next provider meeting in June 2023.

QUALITY

Michigan Mission Based Performance Indicator (MMBPI)

For indicator 2a (Access of services or Biopsychosocial within 14 days of request), the reporting percentage increased from Q4 2022 (44.6%) to (45.15%) for Q1 2023. The preliminary score for Q2 2023 is noted at 49.65% which is a 4.50 percentage point increase from Q1 2023. The average score for the state is noted at 51.57% for Q1 2023.

For Quarter 1 2023, DWIHN met the standards for PI#1 (Children and Adult), PI#4a (Children and Adults), 4b (SUD) and PI#10 (Children and Adults). DWIHN will continue our ongoing collaboration and efforts towards working with providers and target recidivistic individuals to ensure all of MDHHS' standards are met and achieved during future quarters.

SUBSTANCE USE SERVICES

Authorizations:

There were 1,458 authorizations SUD authorizations between 5/1/23 and 5/30/23. Of these 1,458 authorizations, 1,390 or 95% were approved within applicable timeframes.

SUD Performance Indicators:

2B. Percentage of Persons Requesting a Service who Received it within 14 days.

Month	# New Persons Requested & Approved for SUD Treatment	# Persons Receiving Service W/I 14 Days of First Request	Percent Complaint
Jan 23	949	793	84.36%
Feb 23	799	661	82.73%
Mar 23	992	849	85.58%
Apr 23	880	737	85.75

4B. Percent of discharges from a substance abuse detox unit seen for follow-up care within 7 days.

Month	# of Discharges from a SA Detox Unit	# of Discharges Followed-up within 7 days	Percent Compliant
Jan 23	286	187	84.62%
Feb 23	205	135	80.84%
Mar 23	286	191	97.45%
Apr 23	263	221	84.16%

RESIDENTIAL SERVICES

There were 158 residential referrals in the month of May 2023.

Residential Referral per Type	AMI	IDD
	126	32
AGE-OUT (DHHS)	0	2
CRSP	60	21
CSU CRU	1	0
Emergency Department	13	4
HOSPITAL	49	3
NURSING HOME/SNF	1	0
Other (C.O.P.E. & Recipient Rights Request)	2	0
SELF-DIRECTED to RESIDENTIAL SERVICES	---	2

Home Closures and Member Discharges:

There were six (6) residential facility closures in the month of May. All members were moved to other residential facilities. Six providers requested that their homes be taken “offline” as they have staff shortages. Having a home “offline” means it is temporarily removed from DWIHN’s vacancy and referral list. There are 15 vacant beds in these six homes. DWIHN received twenty-two (22), 30-day member discharge notifications from 4/27/23 - 5/31/23 (4 of those were subsequently rescinded). Eleven (11) members have been moved and seven (7) are still in process.

UTILIZATION MANAGEMENT

Habilitation Supports Waiver (HSW):

DWHIN’s HSW utilization is currently at 94%. DWIHN continues to see an increase in HSW utilization, which is a result of multiple initiatives to boost enrollment. MDHHS expects each region to be at 95% utilization. DWIHN has put in corrective efforts to increase these enrollments and we are seeing an overall increase. The HSW team continues to meet with providers to provide education and training around HSW, the eligibility criteria, and benefits to DWHIN’s members.

HSW Waiver:

Fiscal Year 2023 to Date												
	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept
Total Slots	1084	1084	1084	1084	1084	1084	1084	1084				
Utilized	1009	1009	1008	1007	1007	1005	1015	1019				
Available	76	76	76	77	77	79	69	65				
Utilization	93%	93.1%	93%	92.9%	92.9%	92.7%	93.6%	94%				

Outpatient Authorizations:

There were 14,123 outpatient authorizations approved between 5/1/23 and 5/31/23, 68% were auto approved (via the Service Utilization Guidelines) and 32% were manually approved (via the Service Utilization Guidelines). The technological corrections in our data collection that occurred in April of 2023 have resulted in a compliance rate of 93.6% of authorizations are being approved within 14 days of request. We have made one additional technological change to improve our compliance rate, whereby the UM department requested assistance from the IT department to implement a choice radio button within the authorization request screens that give the requester the ability to select “Urgent” or “Non-Urgent” to categorize their request, which then will be processed within 72 hours (for Urgent requests) and 14 days (for Non-Urgent requests) respectively.

Inpatient Admissions:

In the month of May, the UM Team has managed a total of 731 inpatient admissions across the provider network, which reflects a 1.4% increase from the 721 inpatient admissions during April 2023. The UM team has managed 875 total admissions in May 2023. This data includes inpatient, partial hospitalization, and crisis residential services.

The data outlined below reflects the number of admissions as of 5/30/2023:

- Inpatient: 731
- MHL Inpatient: 10
- Partial Hospital: 96
- Crisis Residential: 38 (adults – 24 and children - 14)
- Total Admissions: 875