



## President and CEO Report to the Board Eric Doeh September 2023

### LEGISLATIVE EFFORTS

Working with our lobbyists, Public Affairs Associates (PAA), as we continue having conversations with legislators and leadership from MDHHS 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. Discussions include Speaker Tate, Senator Santana, Representative Brabec, Representative McFall, Representative Morse, Senate Majority Leader Brinks and Senator Anthony.

We continue to share ongoing meetings with MDHHS to discuss procedures and guidelines for our upcoming Crisis Care Center.

### ADVOCACY AND ENGAGEMENT

August 26: DWIHN partnered with Senator Stephanie Chang's Community Resource event at the Ford Recreation Center in Highland Park distributing behavioral health and access to care information during the back-to-school event.

September 8: Tri-County Community Mental Health Summit. Judge Freddie Burton hosted a panel on Behavioral Health, Law Enforcement, and the Judicial System with Eric Doeh as one of the panelists.

September 9: DWIHN was co-host of the Annual Celebrate Recovery Walk with hundreds of participants in the tri-county area joining at the Freedom Hill Amphitheatre. Keynote speakers included Eric Doeh, Macomb County Executive Mark Hackel, Former Detroit Lion Herman Moore, and Dr. Benjamin A. Jones from National Council on Alcoholism and Drug Dependence (NCADD).

September 13: DWIHN partnered with Michigan Radio and Wayne State University to address non-law enforcement crisis intervention.

Shelley Nelson won the Community Mental Health Association's Cookie Gant Award. She is a Certified Peer Support Specialist and works at Our Place Drop-In Center in Redford. Mrs. Nelson diligently devotes an incredible amount of her personal time as a Behavioral Health advocate and is committed to the members and families served by DWIHN and she goes above and beyond to assist and help people navigate the behavioral health system.

### 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

Health Plan 1 hired an individual in the end of July and DWIHN staff worked with the new staff in August on how to use the shared platform.

DWIHN and IHC meet monthly for care coordination. Nine members (9) were discussed, four (4) members required coordination with their assigned CRSP, all members were connected.

DWIHN and Health Plan 1 set a goal of servicing 100 members for the year, due to Health Plan 1 not having staffing for three months we have serviced 60 members. These members had high medical and behavioral health. DWIHN care coordinator is planning to bring 20 more members before the end of the year.

### **Health Plan Partner Two**

Care Coordination with Health Plan 2 was initiated in September 2020, these meetings occur monthly. Health Plan 2 had 6 members identified of having gaps in care. All 6 members needed assistance with connecting to their assigned CRSP. Two of the 7 members needed assistance with the FUH appointment. This appointment was obtained and member was satisfied.

DWIHN and Health Plan 2 serviced 55 members in the year who had high needs for medical and behavioral health. Health Plan 2 and DWIHN IHC directors and managers met in August to go over data and HEDIS scores.

### **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.

There are 4 CRSP's in the pilot: Neighborhood Services Organization, Lincoln Behavioral, Hegira and Guidance Center. This started on June 16, 2022

Dashboards are now created. Data can be tracked on discharges and appointments made with CRSP's. Data shows that appointments are being made. DWIHN, Health Plan 3 and PCE met with the 4 CRSP's August 8<sup>th</sup> to go over data that is pulled from this new radio button and it matches Health Plan 3. Dashboards are further being expanded for each individual CRSP to track their own data.

### **Shared Platform and HEDIS Scorecard**

Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by health plans to measure performance on important areas of care. DWIHN has developed a HEDIS scorecard based on claims from our CRSP and claims pulled from the MDHHS claims warehouse CC360. DWIHN is following the guidelines set from NCQA as to the behavioral health HEDIS measures to monitor and report on. These measures are a combination of medical interventions and behavioral health interventions that affect one's recovery and independence in the community.

Certain HEDIS scores have goals set by the state, for the ones that do not DWIHN purchased Quality Compass. Quality Compass is how the Health Plans set and evaluate their HEDIS measure goals. DWIHN set our HEDIS measure goals in line with the Health Plans.

The HEDIS Scorecard was first presented and provided trainings to CRSP's in October-November 2022. Trainings have been created and put on the DWIHN website and IHC meets with CRSP agencies to show them how to navigate the system and pull claims data that will assist in the treatment of members. Trainings and education occur monthly. The current HEDIS certified platform displays individual CRSP provider data to allow early intervention and opportunity to improve outcomes. HEDIS scores are cumulative and based on a year-end score.

The HEDIS certified platform will include measures for Opioid Health Home and Behavior Health Home by December 2023. DWIHN and Vital Data continue to work on the HEDIS platforms that show the data for these QIP for providers.

During the month of August, the HEDIS scorecard was reviewed at 9 CRSP monthly meetings and FUH data was shared. IHC created an educational presentation on HEDIS measures and definitions for CRSP's and medical directors, there is a place on the DWIHN website under Provider Resources for HEDIS.

HEDIS Measure FUH has consistently increased but at this time the estimated score is not going to meet the goal. IHC and the Quality Department are working on a new QIP for racial disparities that seems to be a large factor. IHC and Quality met with 5 largest CRSP in August to discuss FUH scores and racial disparities.

## FINANCE

Detroit Wayne Integrated Health Network (DWIHN) issued a onetime 3% (\$20 million) rate increase to our fee-for-service (FFS) providers on September 5, 2023.

DWIHN received its 2024 healthcare plan renewal; costs increased by 17% due to actual plan costs of members. The DWIHN VP of Finance will present a board action in October, 2023 requesting a waiver of the PA 152 Health Care Act to fund the plans at the same percentage as prior year (89/11). The PA 152 Health Care Act provides language surrounding the amount a public organization is allowed to pay toward employee healthcare benefits.

Plan Year 2024 DWIHN Healthcare Analysis							
	Total	DWIHN		Employee		Per PA152 Hard Cap Limit	Cost of Waiver
Plan Year 23 Current Plan as 8/29/23 @ 351 employees	\$5,597,435	\$4,984,767	89.1%	\$612,668	10.9%	\$4,426,452	\$558,315
Plan Year 24 Proposed - board and employee share consistent with 2023	\$6,548,181	\$5,802,756	88.6%	\$745,425	11.4%	\$4,607,937	\$1,194,819
Plan Year 24 Proposed - no board contribution	\$6,548,181	\$4,607,937	70.4%	\$1,940,244	29.6%		\$0
Plan Year 24 Proposed - with half excess hard-cap board contribution	\$6,548,181	\$5,271,725	80.5%	\$1,276,456	19.5%		\$663,788
Plan Year 24 Proposed - with full excess hard-cap board contribution	\$6,548,182	\$5,935,514	90.6%	\$612,668	9.4%		\$1,327,577
Note 1: Analysis based on enrollment as of 8/29/23 @ 351 employees							

DWIHN 5 Year Historical Budget vs Actual Administrative Costs					
	FY18	FY19	FY20	FY21	FY22
DWIHN Administrative Budget (as amended)	\$31,261,188	\$42,909,531	\$41,088,442	\$42,354,782	\$43,221,842
DWIHN Administrative Actual Costs per 460 (audited)	(\$30,910,013)	(\$38,422,117)	(\$39,877,115)	(\$38,306,349)	(\$39,619,724)

Excess budget over actuals	\$351,175	\$4,487,414	\$1,211,327	\$4,048,433	\$3,602,118
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Requested amount per PA152 \$1,194,819  
Five (5) year average excess budget \$2,740,093

**Note: Costs charged to grants are excluded as they are reported as grant expenses.**

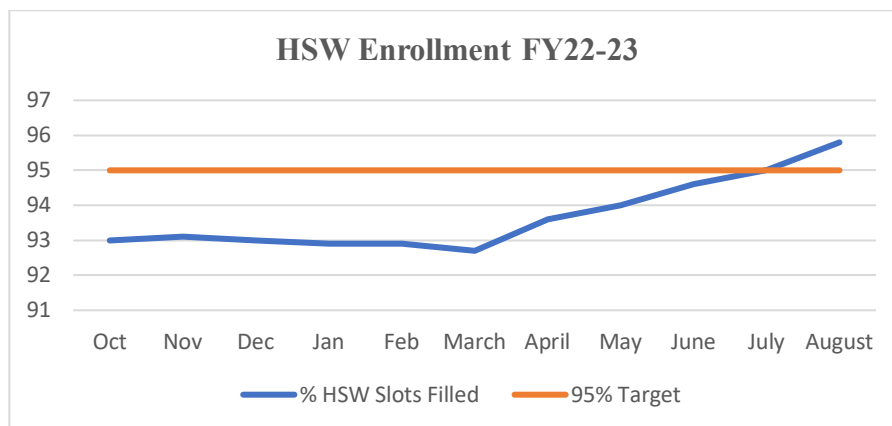
## VICE PRESIDENT OF CLINICAL OPERATIONS

### 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):**

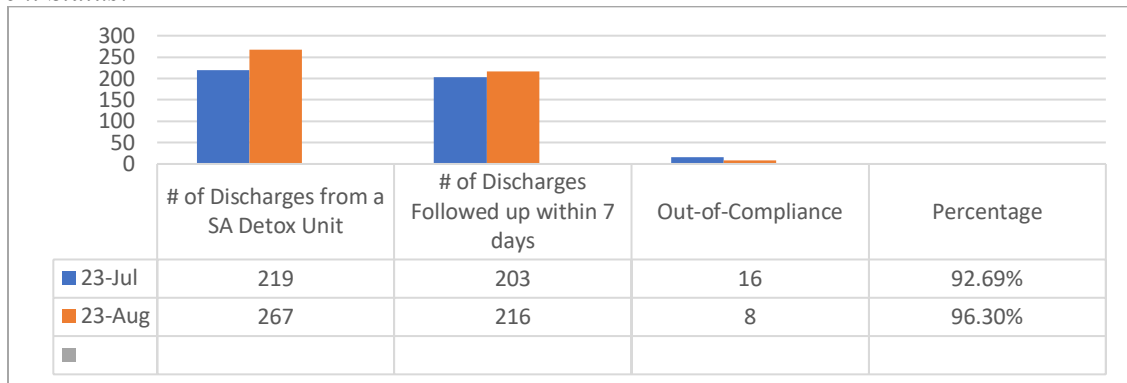
DWIHN received 144 Assisted Outpatient Treatment (AOT) orders in the month of August. Respective CRSPs were notified to incorporate these orders in treatment planning. It has been reported that some CRSP Providers have not been following the AOT requirements. DWIHN has developed an Assisted Outpatient 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 award.
- *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.

### **Juvenile Restorative Program (JRP):**

Team Wellness launched the Juvenile Restorative Program (JRP) in 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 adjudicated youth in the program. This program assists with preventing juvenile justice recidivism and having community-based services specifically to address the high risk needs of youth. As of 8/30/23 there are 15 youth enrolled in the program and 3 intakes pending. Most of the youth are male participants.

During this period DWIHN provided Team Wellness with technical assistance on submitting new referrals versus requests to change primary provider status. A gang unit from the Detroit Police Department educated Team Wellness' staff on gang activities and how address it within the program to ensure appropriate security measures and interventions. Team Wellness was also approved by Wayne County to develop an additional phase of offering therapeutic services to youth currently in the juvenile detention facility (JDF).

*Next Steps:* 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.

### **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 to expand services within school systems through our School Success Initiative.

## **CHIEF MEDICAL OFFICER**

### **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 continued our collaborations with various Health plans to establish more Integrated care coordination opportunities.

### **New Initiatives Highlights:**

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



- DWIHN 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/Intensive Crisis stabilization services standards and best practices. While most of DWIHN’s mobile teams will be trained and credentialed to serve children and adults, the grant will give us an opportunity to have a specific child ICSS team. The first meeting of Cohort 2 is in the beginning of October.

**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. 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:**

ECHO survey Improvement plan revisions were presented to QISC in August and were approved with feedback to attach a timeline for completion of each intervention. The new ECHO survey preliminary findings were briefly reviewed, more comprehensive presentation to follow.

**Quality Department Updates:**

**HSAG Reviews:** All PIHPs go through 3 HSAG reviews that include Performance Measures validation review, a Performance Improvement Project and HSAG Compliance Review. DWIHN received the report for the annual PMV review and met all standards indicating that the process of our data collection, measurement of Performance indicator reports, claims and BHTEDS data is meeting their standards. DWIHN concluded the three (3) year Compliance Review Cycle on August 18th, 2023. All follow-up requests from the Compliance Review were submitted to HSAG on August 22nd, 2023, as required. The preliminary report will be provided from HSAG to DWIHN by Mid-September 2023. DWIHN submitted baseline data for the HSAG racial Disparity PIP in 2022 and was accepted with 100% in Nov 2022. PIHPs were given 2023 to identify barriers and draft interventions for their PIP. These were submitted to HSAG in July 2023. HSAG requested some follow-up items that were submitted in August. Final report on the PIP is expected in September.

### Medicaid Claims Verification (MCV) – Q1 & Q2 FY2023 Summary

1035 or 99% of the Q1 & Q2 claims have been reviewed and scored and are now complete. Fifteen claims still need to be finalized; 14 of these are from a drop-in center. The cutoff date for receiving additional information is 8/31/2023. All scoring completed by 9/07/2023.

- Number of Claims: 1058
- Number of internal DWIHN Claims: 11 – cannot be reviewed by DWIHN QI team.
- Number of Claims to complete by QI: 1047

Home and Community Based Services: DWIHN’s HCBS team has been able to meet the requirements of getting the heightened scrutiny settings that lost funding in March to get off. Few final decisions are pending but most of those settings were able to resume funding. HCBS team is working on the next goal where they have to review thousands of HCBS standards by November. The team is on track with the project plan and have received most of the documents from for first review.

### **Integrated Health Department:**

**OBRA:** DWIHN did not renew the OBRA contract with Neighborhood Services Organization (NSO) after March 30, 2023. DWIHN made this decision as we are 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 Federally-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 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 1<sup>st</sup>.
  3. OBRA trainer worked with all hospitals and nursing homes on new contacts numbers, email address and agency change.
  4. 1,977 referrals were processed.
  5. 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 questions/concerns on 37.
  6. 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.

**FUA:** 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. In the 4<sup>th</sup> quarter of 2022 IHC and the SUD department worked together on. IHC pulls 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% and by December of 2022 DWIHN doubled the score to 40.97%. This was a great success between the two departments and this process continues contributing to compliance with State’s standard.

## **COMMUNICATIONS**

### **Student Athlete /Social Media Influencers Campaign Update:**

<b>Social Media Influencer</b>	<b># of Posts</b>	<b>Engagement/Impressions</b>
SPS Edge/Lindsay Huddleston	30 Posts (Instagram and YouTube)	1,222 total views (YouTube)
The Capital Brand/Randi Rosario	5 Story Posts, 4 Posts	Over 98.3K total views
Detroit Youth Choir	2 Story Posts, 2 Posts	3,941 total Views



- SPS Edge attended Detroit PSL Media Day to talk with numerous schools in Detroit about the importance of mental health and how student athletes balance school, sports and life.
- SPS Edge has also been interviewing student athletes at the collegiate level at Michigan State University, Men’s Basketball and Football, to talk about the importance of mental health.
- The Detroit Youth Choir and Youth United collaborated on several posts highlighting the importance of mental health in youth, how to access resources, and Youth United events during the month of August.
  - Promoting DWIHN’s two back-to-school events
  - Attended Musician Big Sean’s DON Weekend event and handed out information to the hundreds of people that attended the event

### **Social Media Performance Report Summary for August**

- Impressions: 417,734 **down 40.3%**
- Engagements: 10,123 **up 31.3%**
- Post Click Links: 2,055 **down 24.6%**
- Engagement Rate: 2.4% **up 120.2%**
- **Total Audience Growth over the last month was 15,489 up 4.7%.**
  - *Instagram audience grew in August by 295.5%*

### **Website Analytics**

- Website sessions increased by **44.92%** totaling 58,192 sessions for the month of August.
- Facebook was the top social media platform driving the most users to the website.
- The top pages (excluding the home page 11,338 views) were "**Substance Use Disorders**" with 10,779 views.
  - *“For Providers” with 5,182 views*
  - *“Program and Services” with 968 views*

### **Google Analytics**

- 1,259 Business Profile interactions
- 3,415 People viewed the DWIHN Business Profile
  - 2,946 (86% Google search - desktop)
  - 335 (10% Google search - mobile)
  - 108 (3% Google Maps - mobile)
  - 26 (1% Google Maps - desktop)
- 2,040 Searches DWIHN was shown in users search results.
  - DWIHN - 946
  - Detroit Wayne Integrated Health Network - 651
  - DWHIN – 91
  - DWIHN training - 87

### **All Local Media:**

The DWIHN Communications department shared a QR code that included a list of suicide prevention resources and shared it with all local media in response to the tragic death/suicide of a woman who lived in the Jeffersonian apartments.

### **Channel 4:**

Media story on Hamtramck Public Schools installing 10 Narcan vending machines. DWIHN President CEO Eric Doeh was interviewed.



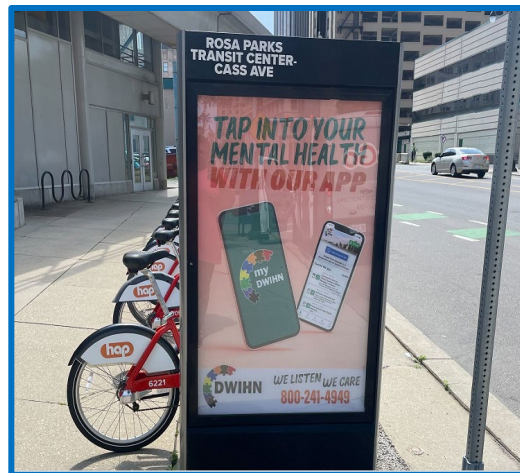
**Fox 2 News:**

The National Council on Alcoholism and Drug Dependence (NCADD) included DWIHN in a Public Service Announcement.

WDIV	“Who is DWIHN?”	Campaign runs 5 months
Scripps Media, Channel 7, TV 20, Bounce	Kids in Crisis Smoking	Campaign runs all year includes social media posts and streaming
Fox 2 Detroit	Addiction	Campaign running August/September 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	August/September
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:**

DWIHN messaging is up in bus shelters and bike racks (MOGOs) in 11 different locations in the downtown Detroit area. 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 August, including two very large Back-to-School events that collectively supported more than 2,000 families in Detroit. (Youth United hosted one of the Back-to-School events.) DWIHN also supported Senator Stephanie Chang’s Outdoor Resource Fair.

Youth United participated in DON Weekend hosted by the Boys & Girls Clubs of Southeastern Michigan in partnership with the Sean Anderson Foundation. The weekend started back in 2018 as a celebration of Detroit families, entrepreneurs and institutions who make up the backbone of the city. To this day, DON Weekend works to empower residents with economic mobility and highlights the power of Detroit.

DWIHN hosted the International CIT conference at Huntington Place in Detroit as well as the Faith-Based Conference that was held in Dearborn.

Youth United scholarship applicants submitted applications. The announcement of the 11 winners will be made at the YU Spotlight Awards on Sept. 22<sup>nd</sup>. A media campaign will also be initiated.

**HUMAN RESOURCES**

During the month of August, the Department of Human Resources hired the following employees:

- |  |                      |
|--|----------------------|
| Residential Care Specialist            | Residential Services |
| Budget Administrator                   | Finance              |
| Call Center SUD Technician (Part-time) | Call Center          |
| Peer Agent                             | Customer Services    |
| Call Center Clinical Specialist (2)    | Call Center          |

DWIHN HR has continued its Supervisory Institute for management staff. DWIHN HR has continued contract negotiations with the GAA and AFSCME unions. The DWIHN HR completed GOALS training for all DWIHN employees, including a special training for supervisory/executive staff. DWIHN HR has offered Early Retirement Incentives to eligible DWIHN employees. Finally, DWIHN HR has started Performance Appraisals for all DWIHN staff.

**DIVERSITY, EQUITY AND INCLUSION OFFICER**

The DEI Officer participated in the following events on behalf of DWIHN:

- 2023 Cultural and Linguistic Competency Summit:

- Welcome Speech/Planning Committee
- Topic: How Are the Children? Adultification and Its Impact on African American Boys and Girls Empowering the “Voice” of Those Who Communicate Non-Verbally
- Topic: Recognizing and Responding to Child and Adolescent Neurodivergence Intersectional Invisibility of Black LGBTQIA+
- Topic: Client Strategies for Bias and Discrimination Prevention
- Reducing Unconscious Bias, (RUBI) Training – Part 2 Trauma is REAL: Identifying and Interrupting Microaggressions:
  - Building inclusive workplaces requires candid, authentic conversations on tough subjects, like sexism, homophobia, and racism — and it’s natural to worry that we may commit microaggressions in these kinds of conversations by saying the wrong thing. The more awareness we have about how microaggressions show up, the more we can work toward decreasing them in the workplace. Yet the reality is that we all make mistakes, so you should know what to do if you witness a microaggression or commit one.
- Detroit Community Health Equity Alliance Monthly Meeting (D-CHEA):
  - *D-CHEA will work to inform and develop initiatives to advance health equity with emphasis on Detroit’s persistent poverty areas, where a substantial proportion of the neighborhood has lived in poverty for decades. The committee plans to collaborate to bring about community-level change towards health-promoting opportunities and behaviors.* Funded through CVS Health.

## INFORMATION TECHNOLOGY

### Business Processes:

- CRSP Risk Matrix Revisions
  - Finalized the PHQ-A Intake logic & deployed to production
  - Working to build the PHQ-A Quarterly logic & deploy for testing
- MHWIN Staff Module Changes
  - Race & Hispanic or Latino Ethnicity categories have been updated in MHWIN for all DWIHN staff & in process for provider network staff
- Close Case Permission Clean-Up
  - Reviewing staff permissions in MHWIN who have closed-case access & removing the permission from users who should not have it, as it overrides the electronic security system
  - Provider administrators previously were able to give this permission to their own staff & that function was removed forcing the MHWIN Helpdesk to control the permission
- MichiCANS
  - Participating in the MichiCANS implementation trainings/meetings with MDHHS & PCE in preparation for the soft launch scheduled for 1/1/24

### Applications and Data Management:

- Henry Ford Joint Project:
  - 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:
  - Adding measures for HSAG reporting

- VDT:
  - Converting data feeds to version 2.06
- EQI reporting:
  - Completed EQI period 1 for MDHHS

**Infrastructure / Security / IT Compliance:**

- Building Construction:
  - Woodward / Milwaukee MDF layout prepared and presented to electricians to illustrate requirements for Rack 1 and Rack 2 at Woodward.
  - Phone System: Ongoing technical and business discussions with vendor, establishing operational and functional requirements.
  - Crisis Center IT Hardware to be purchased to provide Proof of Concept (POC) for hands on use and evaluation. Awaiting hardware shipping.
  - 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 of virtual machines completed. File server initial see completed. Physical server discussion with migration plan discussed with stakeholders on 9/11.
  - Purchasing process underway for badging system camera, printer, and backdrop and other needed items to support the building access system and other security systems.
- Security:
  - vCISO project is continuing to identify gaps in various policy and SOP to meet compliance standards.
  - Multifactor Authentication (Currently >80% of the organization enrolled).
  - Security Awareness Training is now launching monthly testing campaigns that will allow us to track the effectiveness of our SAT and tune the trainings to meet needs.
  - Roll Based Security Phase 1 analysis nearing completion
  - Installation and configuration of Graylog SIEM/SEM (Security Incident and Event Monitoring/Security Event Management) has begun.
- Onboarding/Offboarding:
  - Ongoing and continuous development process with HR to finalize a new automated onboarding/offboarding process in Therefore to meet Access Control standards in compliance frameworks.