



President and CEO Report to the Board

Eric Doeh

April 2023

LEGISLATIVE EFFORTS

We are working with our lobbyists, Public Affairs Associates (PAA), as we continue having conversations with legislators and leadership in Lansing surrounding our integrated behavioral care centers around Detroit and Wayne County and other matters that best serve the people in our region. We continue to have ongoing conversations to discuss major issues pertinent to behavioral healthcare services and the people we serve; constantly looking at ways to expand access to care, improve services and maximize our funding.

We are seeking funding support for DWIHNs Crisis Continuum for persons served throughout Wayne County including step-down long-term care, expanded residential services, programs for youth aging out of foster care, and offering behavioral health interventions for families to connect them with programs and services.

On April 14, 2023, we will host a Legislative Breakfast for the Wayne County Delegation members. The breakfast is being held at Detroit Port Authority.

On April 19, 2023, PAA will do a presentation before the DWIHN Full Board Meeting to go over legislative objectives for 2023.

ADVOCACY AND ENGAGEMENT

On March 10 and 29, 2023, DWIHN participated in meetings with O’Hair Park Neighborhood Association to gather community input and provide updates on our Integrated Behavioral Wellness Campus on 7 Mile.

On March 22, 2023, appeared at City of Detroit Planning Department for an update on the DWIHN Woodward Administration Building in the North End.

On March 30, 2023, DWIHN participated in a Behavioral Health Town Hall with House Speaker Pro Tem Laurie Pohutsky and Rep Stephanie Young on how to best access services and resources.

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 and DWIHN are using the shared platform in care coordination meeting to stratify shared members based on HEDIS measures due and follow up after hospitalization. Four members were discussed in March for care coordination that had needs after hospitalization. Nine members were discussed for data sharing.

DWIHN and Health Plan 1 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 1. There was one FUA shared member who had an ED visit in March.

Health Plan Partner Two

DWIHN IHC staff and Health Plan 2 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 2 use the Vital Data Shared Platform to find new members and see what claims and diagnosis there are. Seven members were discussed and three attended the FUH appointment. Five members were discussed in data sharing.

DWIHN and Health Plan 2 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 was one FUA shared members who had an ED visit in March.

DWIHN and Health Plan 2 met in March to discuss further projects. DWIHN expressed concern over members in the ED and difficulty of coordination. Health Plan 2 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. DWIHN informed Health Plan 2 of a similar project that is being piloted with another health system.

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.

DWIHN's IT Department and PCE are still working together to create a SharePoint site where all data report will be located. Data was shared at the next meeting in March 2023.

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 in May. First phase will allow members to access different departments within DWIHN, for example; Office of Recipient Rights, Complex Case Management, Customer Service, Marketing and DWIHN website.

The second phase will allow members to see claims data, authorizations and limited clinical documents.

The HEDIS Scorecard was rolled out to all CRSP providers. DWIHN IHC staff has 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 eight of these meetings in March.

Below are the HEDIS scores as shown in the Scorecard as of December 2022 compared to 2021. This is all CRSP scores combined.

Measure	Measure Name	Eligible	Total Compliant	Non Compliant	HP Goal	FY 22 Oct	FY 2021
ADD	Follow-Up Care for Children Prescribed ADHD Medication	451	161	290	62.04	35.7	6.25
ADD	Follow-Up Care for Children Prescribed ADHD Medication	738	379	359	46.1	51.91	15.76
AMM	Antidepressant Medication Management Acute Phase	1856	648	1208	77.32	34.91	41.28
AMM	Antidepressant Medication Management Continuation	1856	98	1758	63.41	5.28	13.36
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics						
APM	Blood Glucose and Cholesterol 1-11 age	527	86	441	23.36	16.32	19.34
APM	Blood Glucose and Cholesterol 12-17 age	1192	274	918	32.71	22.99	29.35
APP	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics						
APP	Ages 1-11	196	140	56	67.39	71.43	83.06
APP	Ages 12-17	497	371	126	71.16	74.65	74.71
BCS	Breast Cancer Screening	10272	2439	7833	59.29	23.74	22.76
CBP	Controlling High Blood Pressure	13024	2365	10659	79.08	18.16	16.58
CCS	Cervical Cancer Screening	28847	9293	19554	63.99	32.21	33.41
COL	Colorectal Cancer Screening	0	0	0	0	0	
FU H	Follow-Up After Hospitalization for Mental Illness 30 day						
FU H	Ages 6-17	485	318	167	70	65.57	66.32
FU H	Ages 18-64	5479	2616	2863	58	47.75	46.67
FU M	Follow-Up After Emergency Department Visit for Mental Illness						
FU M	Ages 6-17	839	705	134	84.33	84.47	81.7
FU M	Ages 18-64	2561	1126	1435	61.05	43.97	42.11
SAA	Adherence to Antipsychotic Medications for Individuals With Schizophrenia or Bipolar Disorder	5239	2693	2546	85.09	51.4	46.42
SMD	Diabetes Monitoring for People With Diabetes and Schizophrenia or Bipolar Disorder	1622	540	1082	85.71	33.29	35.97
SPR	Use of Spirometry Testing in the Assessment	243	30	213	31.48	12.35	13.41
SSD	Diabetes Screening for People With Schizophrenia or Bipolar Disorder	8054	4917	3137	86.36	61.05	64.86
UAM45	Use of three or more antipsychotics for 45 or more days	15854	85	15769	<10	0.54	0.35

CHIEF CLINICAL OFFICER

Site Review and Training:

The Substance Abuse Services Department is scheduled for a 115 Waiver/SABG site review on April 19, 2023. The review will encompass projects from the following grants: American Rescue Plan Act Substance Abuse Block Grant, Partnership for Success, Pregnant and Post-Partum Women Pilot, Prescription Drug Overdose, State Opioid Response 2 No Cost Allocation, State Opioid Response 3, and Tobacco II. Home Based Recertification training was held on 4/3/2023.

SUD Credentials:

MDHHS is working with MCBAP to remove the requirement to receive a CADC for those individuals with appropriate professional experience. Certified Clinical Supervisors would remain the same.

Senate Bills Introduced:

H.R. 1359 (Modernizing Opioid Treatment Access Act) - to expand the take-home prescribing of methadone through pharmacies. in an effort to reduce barriers to patient care through opioid treatment programs.

FDA:

Approves First Over-the-Counter Naloxone Nasal Spray. The FDA approved Narcan, 4 milligram (mg) naloxonehydrochloride nasal spray for over-the-counter (OTC), nonprescription, use – the first naloxone product approved for use without a prescription.

Termination of the Public Health Emergency status as of May 11, 2023:

The end of the Public Health Emergency will impact several areas including Medicaid re-determinations, use of telehealth, and session rounding rules. These upcoming changes have been shared with the provider network and internally. They will have a significant impact on the way services are provided and member's benefit status. DWIHN is monitoring all aspects of this closely.

Support Intensity Scale:

MDHHS has eliminated the use of the Support Intensity Scale (SIS) as of March 2023. This is a functional scale that was used with the Intellectually/Developmentally Disabled population. No replacement has been identified to date. DWIHN is currently adjusting Service Utilization Guidelines to align with this recent change.

Wayne State University Partnership:

DWIHN is working with Wayne State University on a career pipeline plan that will potentially make it easier for persons to go back to school and complete clinical internships. We have identified some initial provider partners and will be meeting to discuss further in the next few weeks. This is another effort to address the worker shortage issue.

CHIEF MEDICAL OFFICER

Behavioral Health Education and Outreach:

DWIHN has continued outreach efforts for behavioral health services

- Panelist for discussion around Suicides in Muslims at Muslim Mental Health Conference organized by Michigan State University, Lansing March 11th 2023
- Attended and was panelist at The Impact of Adverse Childhood Conference organized by Institute of Trauma and Economic Justice, sponsored and coordinated by DWIHN-March 31st 2023

DWIHN Crisis Continuum Updates

DWIHN continues our construction at the Milwaukee location. We have hired Site Director, Unit administrator and Director of Quality who are focusing on creating Electronic Medical Records forms and templates, policies, procedures, job descriptions, reviewing training requirements and workflows. We also continue to work with the State as they revise Crisis Stabilization Unit guidelines. Numerous updated drafts have been completed by the State with the most recent version released 4/5/23 but final guidelines are yet to be released.

We are also working on mobile crisis grant and have interviewed and offered position to Mobile Crisis Director and will be working on next steps of the project plan.

Collaborated with Wayne State University Department of Psychiatry on educational partnership opportunities and Crisis Center rotation opportunities that will help create pipeline programs for psychiatry residents, child and adolescent psychiatry fellows and other fields such as Physician assistant program and psychology to get knowledge and experience with CMH system.

Integrated Health (IHC) Department: DWIHN Completed its hiring needed for the start of services and went live April 1st, 2023. DWIHN has hired four full-time RNs, two contingent RNs, none Full-time Evaluators, one Occupational Therapist, one Intake Specialist, one contingent Evaluator, one Manager, one Administrator, and one part-time psychiatrist. The only positions left to hire are the support staff. Communications were sent to hospitals and nursing homes about the new number and to ensure smooth transition. Close collaborations continued with NSO.

Improvement in Practice Leadership Committee (IPLT): IPLT reviewed and Medication Assisted Treatment for Opioid Use Disorder Policy. PHQ-A compliance as well as intervention steps to improve scores for Children HEDIS measures were discussed during the meeting. IPLT continues to strive for improving clinical practices throughout our network.

Quality Improvement Steering Committee: QISC reviewed Behavior Treatment Advisory Committee's (BTAC) analysis of report for FY 22 and identified that more and more CRSP have established Behavior

Treatment review committees. Monitoring of members on Behavior treatment plans has been made easier by adding alerts in their chart. Trainings continue to be provided by our BTAC lead. Quantitative and Qualitative review of FY 23 Q1 Critical and Sentinel Events was done and opportunities to make system wide improvements such as Fall study on members with multiple psychotropics was discussed as well as updating and revising the Fall Risk protocols, education and policies on Choking Hazards, and IPOS identification of SUD needs at the onset of treatment. Opportunities to make systemic improvement based on ECHO survey result from last year were also discussed.

HCBS Status Update: Home and Community Base compliance to CMS Final Rule has been a huge project with several subprojects. DWIHN successfully completed the Transition project for members identified by the State as needing transition to State identified pathways. Quality, Clinical and Residential team have been working collaboratively to achieve these deadlines. Next and ongoing Project is about surveying settings that were identified by State on Heightened Scrutiny list. These activities will continue for the month of April.

CRISIS SERVICES

Request for Service:

Requests for Service (RFS) for children increased by 40% this month. The diversion rate increased from 68% to 71% as compared to January. There were 122 intensive crisis stabilization service (ICSS) cases for children for the month of March, which is a 27% increase from February. There were 908 requests for service in the month of March, which is a 14% increase compared to February. There was no significant change in the diversion rate.

Community Law Enforcement Liaison Activity:

The Community Law Enforcement Liaison engaged 55 individuals this month. DWIHN received 129 Assisted Outpatient Treatment (AOT) orders from Probate Court this month and respective CRSPs were notified to incorporate these orders in treatment planning. Eleven (11) Citizens returned and were connected to DWIHN services upon release from MDOC.

There were 13 ACT consumers referred to COPE: 69% went inpatient, 31% went Outpatient, and less than 1% were admitted to Partial Hospital Program.

Community Hospital Liaison Activity:

In March 2023, there were 253 contacts made with community hospitals related to movement of members out of the emergency departments, which is a 19% increase in contacts from February. Out of the 253 encounters, 94 were diverted to a lower level of care, an overall diversion rate of 37%. In March, there were 20 members who repeated an emergency encounter at least twice within the month, and between those 20 members there were 29 encounters. 21 of those encounters resulted in a diversion due to liaison involvement resulting in a 78% diversion rate for those members considered recidivistic.

Mobile Outreach Services:

The DWIHN Mobile Outreach Clinician was able to add new events to the DWIHN community calendar and continued our partnership with Wayne Metro and Black Family Development. DWIHN and partners had a great turnout at “Michigan Department of Health Human Services- Pathways to Potential” at Henry Ford High School. DWIHN held 3 March Madness events with Detroit Area Agency on Aging. Our Mobile Outreach Clinician was able to meet new Supervisors at MDHHS. They requested DWIHN to attend several school resource events in Wayne County within the next month and moving forward.

Mobile Outreach Activities:

Number of mobile events attended	15
Number of meaningful engagements	250

Number of follow-up calls made	34
Number of referrals made as a result of follow up	4
Benefit Assistance Referral	1
Bill Payment Referral	1
Complex Case Management referral	1
Connection to Access Center	4

HUMAN RESOURCES

The Department of Human Resources hired 30 new employees, including three new employees for the Crisis Center: Site Director, Rebecca Markonni; Unit Administrator, Lafarra Hemphill; and Director of Quality and Compliance, Rahiem Hampton. The HR Department hired six new employees for the Call Center, including 2 new managers.

The HR Department also completed the hiring of the Clinical Assessor for the 36th District Court. The 36th District Court reached out to DWIHN because it was unable by itself or through our providers to staff a Clinical Assessor position to provide mental health assessments for their specialty courts (Drug, Alcohol, Mental Health, Homelessness, Veterans). DWIHN HR was able to assist the 36th District Court in successfully filling this position.

The HR Department successfully hired the required staff for the OBRA program for the April 1, 2023 start date and this program implementation was approved by the State of Michigan.

DWIHN HR promoted three employees, including Emily Patterson to the position of Health Home Director. DWIHN HR also hired one new student intern.

DWIHN started Supervisory Institute Training Academy C for upper-level management as part of the ongoing training for management/supervisor level staff.

COMMUNICATIONS

Student Athlete Campaign Update:

Shout out to Cass Tech for winning their first state basketball championship (congratulatory posts on Facebook, Instagram, Snap Chat, TikTok)

Social Media Influencer-Sports Psychology Solutions (SPS Edge) Six-month campaign, contract was signed in early April. Has already started posting, working on mental health posts as well. Scope of Services includes:

SPS Monday Motivation - Every Monday, Lindsay Huddleston of SPS provides an approximate 7–10-minute motivational speech based on personal experiences or current events. The following statement will be made: “SPS Monday Motivation is brought to you by the Detroit Wayne Integrated Health Network”.

SPS Team of the Week - The SPS Team of the week highlights selected teams through the following deliverables:

- In practice full team interviews converted to a YouTube link.
- Head Coach interview converted to a YouTube link.
- Branding to include “This is brought to you by the Detroit Wayne Integrated Health Network. Please Like and Subscribe”.

SPS Game of the Week - The SPS Game of the week is a highly anticipated match-up between two high school teams. SPS will interview the Game of the Week coaches and select players along with providing

updates and highlights on Sports Psychology Solutions Facebook Live page and other social media platforms. SPS will promote the SPS Game of the Week as “Sponsored by the Detroit Wayne Health Integrated Network. Please Like and Subscribe”.

The SPS Edge Show Podcast - The SPS Edge Show Podcast is a weekly 1-hour show that discusses current events and topics that relate to sports culture, mental toughness and social justice. The show airs every Thursday at 6:00 p.m. and can be watched live on Facebook and YouTube at The SPS Edge. The SPS Game of the week will be highlighted during all sponsor acknowledgements during the show with a minimum of three mentions stating: “Sponsored by the Detroit Wayne Health Integrated Network. Please Like and Subscribe”.

The SPS Edge Digital Platforms Include:

- Sport Psychology Solutions Facebook
- Sport Psychology Solutions Twitter (@TheSPSEdge)
- Sports Psychology Solutions Instagram (SPS Edge)
- Sports Psychology Solutions YouTube (The SPS Edge)
- www.TheSPSEdge.org

Along with weekly interviews of players and teams, here are examples of spring/summer events: Promotion during the Horatio Williams Foundation Annual Coaches Clinic, Promotion at AAU Games and Interviews with Wayne County Players and Teams

DWIHN Outreach to student athletes also includes:

- DPSCD Track & Field “9th Annual Courageous Invitational” at Wayne State on April 29th
- DPSCD City Championship on May 27th at Renaissance High School
- 2 MHSAA Events (could be Track & Field, Baseball, Golf, Lacrosse, etc.) date and time TBD
- Planning student athlete Courageous Conversation with Youth United in early June
- Detroit PAL - Will begin partnering in June
- Peyton Kemp - 8th grade basketball player and social media influencer-has passed on the opportunity to work with DWIHN as he wants to focus on being eligible for the NCAA.
- No Blood, No Foul - still researching
- Cassius Winston “Smooky”, Albion University - still researching, 89 followers on Instagram, 216 followers on Insta Fan page.
- Zach Winston (Cassius’ brother), Albion University - 4,192 followers on Insta (have college athletics covered with SPS Edge) looking for younger, middle school athletes.
- The Communications Department wants to acknowledge the messages on Instagram sent from Ms. Ruth
- Mr. Basketball 2023, Tyler Jamison, Port Huron Northern High School
<https://www.instagram.com/reel/CqTVN81Ak2V/?igshid=YmMyMTA2M2Y=>
https://www.instagram.com/p/Cqnrn_ELsN0/?igshid=YmMyMTA2M2Y=
<https://www.instagram.com/reel/CqyG7CdgHiF/?igshid=YmMyMTA2M2Y=>

Media:

CBS Detroit

CBS National produced a documentary called, Connecting the Dots, taking a look at kids and mental health. The local CBS Detroit affiliate aired a weeklong series and invited DWIHN to talk about access to services, resources and crisis services. DWIHN president/CEO Eric Doeh was interviewed as well as Clinical Officer Ebony Reynolds and NAMI Michigan Executive Director Kevin Fischer.



WDIV TV 4

The DWIHN Communications team along with Channel 4 videotaped the new *Who is DWIHN?* campaign began airing in March. The messaging consists of people served by DWIHN, providers and community members talking about DWIHN services. The message can be seen at the link below on the DWIHN YouTube channel: <https://www.youtube.com/watch?v=W6ge7Z1Qdgg>

Radio:

Youth United's Youth Involvement Specialist Bianca Miles was interviewed for the Anthony Adams live radio talk show on March 14th as they discussed youth activities and the state of young people and their mental health. His show airs on 910 AM Superstation.



Outdoor Media:

DWIHN Communications is working with outdoor media vendors on third quarter creative designs which will include messaging near bus shelters and bike racks near Huntington Place and the downtown area in time for the International CIT Conference in Detroit in August. Also, billboards are being created for the Youth United 20th anniversary, below is a sample. 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.



Media Partners:

El Central and Community Publishing

WE ARE ONE - A COMMUNITY OF CARE

DWIHN
Integrated Health Services
For Children, Families & Adults

- Behavioral Health
- Children's Services
- Crisis Care
- Disability Services
- Mental Health Help
- Substance Use Treatment
- Veterans Assistance

DWIHN Helps Nearly 75,000 People

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Do You Need Help? Contact Us. 24-Hour Helpline 800-241-4949

Autism in Kids

Early detection helps ensure better treatment, resources

By Diane Gule Anderson

Early detection of autism is a key component of helping children the help they need to lead happy, productive lives.

Detroit Wayne Integrated Health Network provides behavioral health services for adults with mental illness, children with emotional/behavioral issues, people with autism, individuals with intellectual and developmental disabilities and those with substance use disorder.

For individuals and families seeking support for Autism Spectrum Disorder, DWIHN also provides access assessments and referrals for Medicaid-eligible children ages 0-21 years of age.

Don't hesitate to reach out

Better diagnostic tools are helping doctors diagnose autism earlier and more often than 30 years ago, said Rachel Barnhart, DWIHN ASD program administrator.

"Typically our children are seeing that pediatricians more often, getting wellness checkups and receiving a bit of oversight in those first years," she said. "It used to be autism was identified at three or four years old."

Getting an early diagnosis is the best thing parents can do to help their children thrive, said Ebony Reynolds, DWIHN clinical officer.

"The moment that the parent or caregiver thinks there is anything wrong that child's parents to reach out to their primary care physicians or call us for access screening," Reynolds said. "Once those well check visits, it's our biggest support of helping people with autism lead active lives in the community and go on to graduate high school and college."

She added that DWIHN also treats families and caregivers, ensuring participation in the treatment process.

Autism is a bio-neurological developmental disability that generally manifests before age three. Signs of the disorder continue to pop up as children grow and especially when they reach around four.

Children on the autism spectrum usually don't have eyes to eye contact by six months or have the ability to grasp objects, feed themselves or get involved in reciprocal play.

At about nine to 18 months, children should begin imitating, family members and copying smiles or facial expressions. They're not aware of what their parents are doing and they don't engage in interactive play.

"That's a look to a lot of that is used as a tool for family members to connect with little ones," Barnhart said. "There's anticipation, excitement and smiles that builds that support. Doing those really simple play activities can be profound at giving them a chance to catch up with their peers."

Meeting milestones

Some of the key symptoms of autism in infants are looking poorly and looking away, doesn't respond to bright lights or loud noises, doesn't follow a reality about moving side to side, rarely moves arms and

YouTube:

The National Council on Alcoholism and Drug Dependence created an alcohol awareness message for the month of April with the assistance of DWIHN. It can be seen on the DWIHN YouTube channel: <https://www.youtube.com/watch?v=10XUyMg-Nsw>

DWIHN continues its SUD messaging with various local media and on social media platforms including: Ask the Messengers, Comcast, Cumulus Radio, Fox 2 News, Global Media Television (formerly Middle Eastern TV), Mind Matters with Dr. Michele Leno, Scripps Media, WDIV-TV 4, Facebook, Instagram, Linked In, Twitter, TikTok, SnapChat, streaming platforms include Pandora and Spotify. This month's Recovery Live Global show which can be seen on YouTube focuses on SHAR House, a SUD treatment and prevention provider: https://www.youtube.com/watch?v=n_20WpqLEZI

Social Media:

Social Media Influencer contracts were negotiated in March with The Capital Brand and Detroit Youth Choir and will be completed in April. In next month's report we will share information and the marketing plan.

March was Development Disabilities Awareness month, celebrating CV member and Miss Wheelchair Michigan Jaime Junior with a mental health message posted on Snapchat, TikTok, Instagram Reels, and YouTube Shorts.



Top Performing Posts:

Facebook

[Looking for community events to share?](#)

LinkedIn:

[It's World Autism Awareness Day](#)

Instagram:

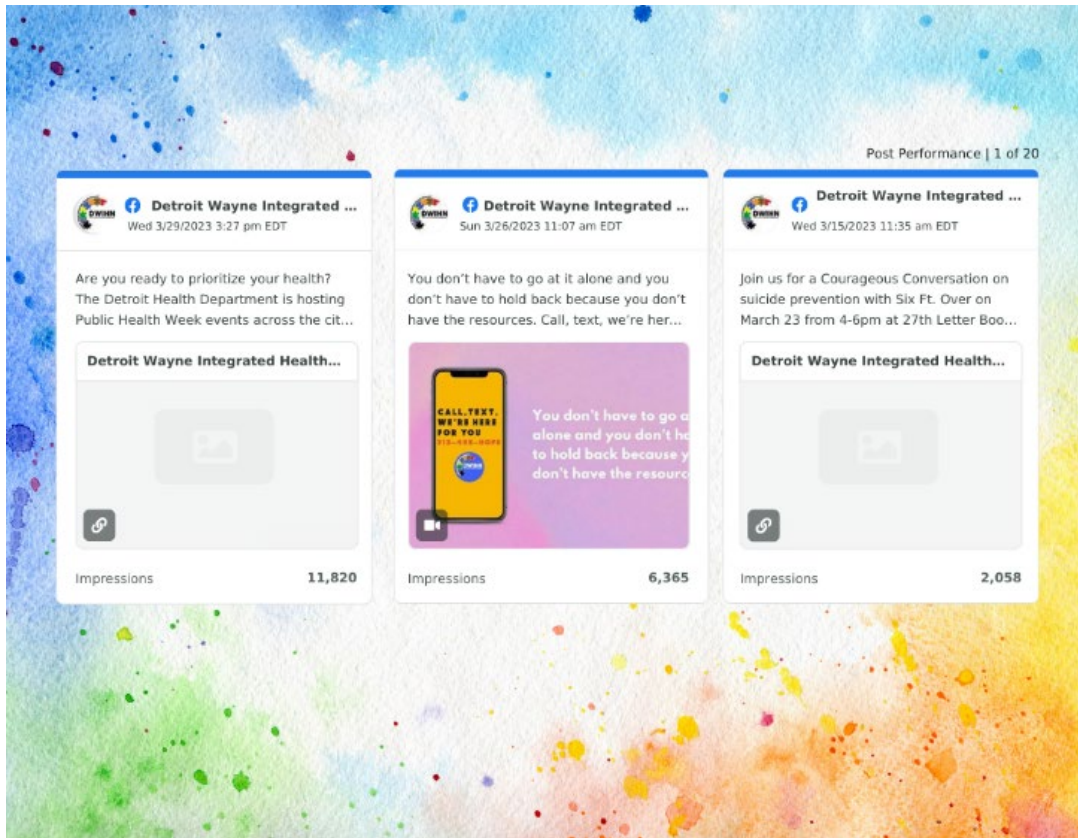
[Celebrate Counseling Awareness Month!](#)

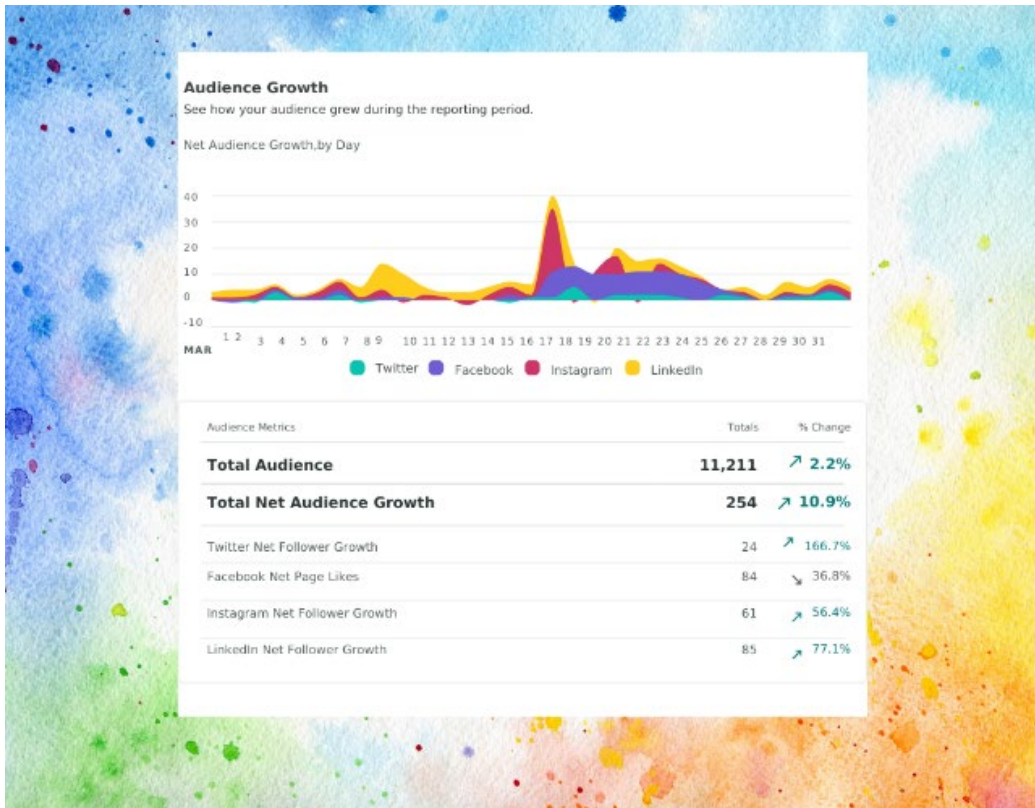
Twitter:

[Tune in Sunday to hear Eric Doeh](#)

Impressions are different from reach because **it doesn't count people who click or engage with your content, just those who are exposed to it.** If your ad was displayed 500 times on social media, your impressions would be 500. On all social media accounts, impressions, engagements, and post link clicks grew in March. Our net audience growth across all platforms increased by 10.9%.

Top posts included DWIHN'S Public Health Week post which garnered 11,820 impressions.





DWIHN/Youth United/Youth Move Detroit Community Outreach Recap

March 8: DWIHN: Staff attended the National Disability Institute’s Intersectionality of Diversity and Disability event at Wayne County Community College in Detroit.

March 10: DWIHN was presented with the Community Champion of the Year Award from Sobriety House during a special ceremony sponsored by DMC.

March 13: March DADness, at The Children’s Center, Youth Involvement Specialist Bianca and NW regional coordinator Natalie provided resources.

March 17: Wayne County Fatherhood Initiative at The Children’s Center, Youth Involvement Specialist Bianca and NW regional coordinator Natalie attended.

March 23: DWIHN Staff attended the Care to the Core DHS Wellness Fair at Dearborn High School.

March 23: Courageous Conversations with 6ft Over, Topic: Suicide Prevention. Youth Advocates and community members attended the event in Corktown.

March 24: Youth MOVE Detroit Bowling Meet n Greet at Thunderbowl Lanes with about 40 participants.

March 25: Crisis to Connection: Imperative for our Black Boys. Youth MOVE Detroit & Youth MOVE advocates attended Panel and press conference.

March 25: DWIHN staff attended a Wellness & Wholeness Community Outreach event in Detroit.

March 31: DWIHN staff attended and President/CEO Eric Doeh and Chief Medical Officer Shama Faheem was a panelist at the Institute for Trauma and Economic Justice conference.

CHILDREN’S INITIATIVES

Putting Children First:

Access:

- Hosted resource tables at March DADness on 3/13/2023 and 3/17/2023 at The Children’s Center in Detroit, MI.
- Youth MOVE Detroit hosted a Bowling Meet and Greet at Thunderbowl Lanes in Allen Park, MI and shared DWIHN resources (42 in attendance).

- On 3/29/2023, hosted a resource table at Crisis to Connection: Imperative for our Black Boys Townhall.
- Children’s Initiative IDD Clinical Specialist, Kim Hoga was interview and featured in Woodhaven article “Making Sure They Have a Voice” to advocate for those with disabilities. <http://mymediaflip.com/publication/?m=32390&i=787237&p=12&ver=html5>

Prevention:

- Children’s Initiative, Innovation Community and Engagement, Substance Use Department, and Communications Department collaborated with the Institute of Trauma Economic Justice organization to present the ACE Trauma Conference on 3/31/2023 for Wayne County. Conference included an ACE presentation, panel discussions, small group discussions, and a DWIHN resource table. In addition, Customer Service and Crisis Department assisted as well.
- Children’s Initiative partnered with Child’s Hope to support Child Abuse Prevention Month in April 2023 by connected 6 agencies to receive blue and silver pinwheels to display at their locations.
- Youth United hosted a Courageous Conversations on Suicide Prevention in Detroit on 3/23/2023.
- Children’s Initiative partnered with Utilization Management and Residential Departments to attend Jerry L. White Parent Teacher Association meeting on 3/24/2023 and explain guardianship, self-determination, and transition planning options.

Treatment:

- 1915i SPA: Clinical Officer, Ebony Reynolds facilitated a meeting with Children Providers to explain the 1915i SPA expectations. All forms are to be submitted to the WSA system by 9/30/2023 for Respite and Fiscal Intermediary Services for members receiving children services.
- Patient Health Questionnaire for Adolescents (PHQA): Children’s Initiative met with 3 Providers to review progress, barriers, and interventions to improve quarterly compliance of completing the PHQ A. Noted barriers included: 1) All of the Provider locations were not included in the report, 2) 3 Providers PCE system is not compatible; as a result, data is not included in the report, 3) Providers allowing Psychiatrists to complete the PHQ A during psychiatric appointments. Next Steps: 1) Provider Locations has been updated to the report and is now resolved, 2) Send memo to Providers informing to submit PHQ A data quarterly if PCE system is not compatible, 3) Continue to meet with Providers to review progress and barriers, 4) Follow up with Providers to allow Psychiatrists to complete PHQ A.
- Outcome Reports: Children’s Initiative Department submitted requests to 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 (completed), 2). Including the Total Score to the PHQ A report (pending), 3). Developing a Total CAFAS Score report (pending).

Crisis Intervention:

- Juvenile Detention Facility
Children’s Initiative presented the proposed JDF/Havenwyck/Case Management Organizations (CMO) FY 24 program to DWIHN Procedure Code Workgroup. Children’s Initiative received data from 3 Care Management Organizations. Children’s Initiative to summarize the data and schedule another joint planning meeting in April 2023 with partners.

Working in partnership with JDF and Wayne County on providing behavioral health services to adjudicated youth in a phased approach.

- Moral Reconciliation Therapy (MRT): Children Practice Standards Committee reviewed the MRT group therapy evidenced based practice and discussed pros and cons. As a result, decision to not proceed with training Providers on this group therapy model due to research indicating lack of outcomes, barriers with families committing to 40 weeks of group therapy.

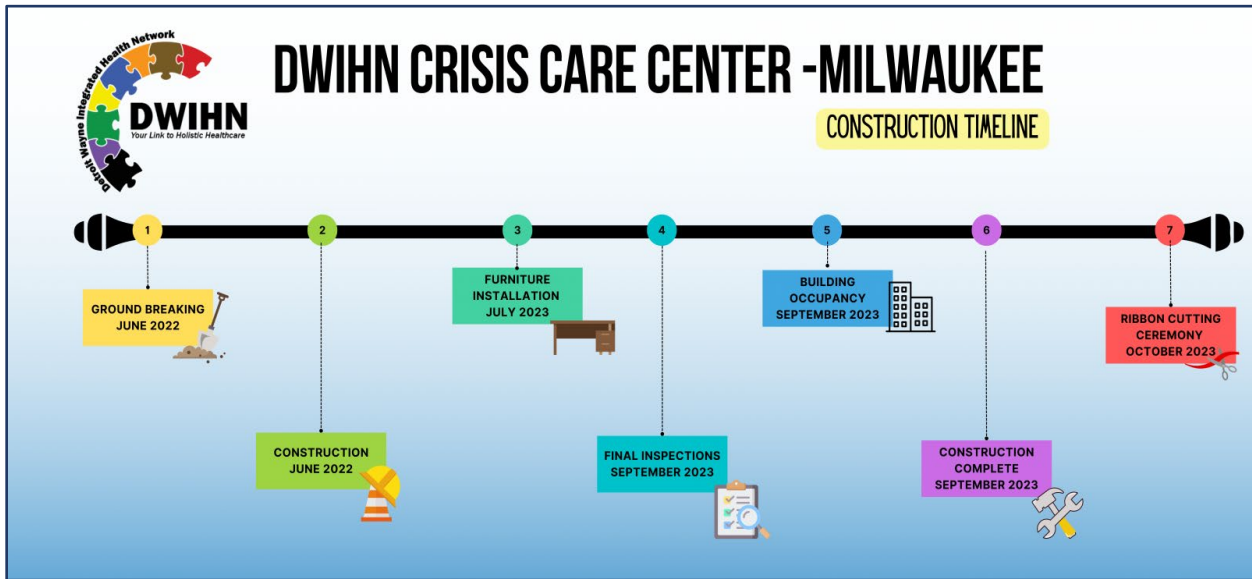
School Success Initiative:

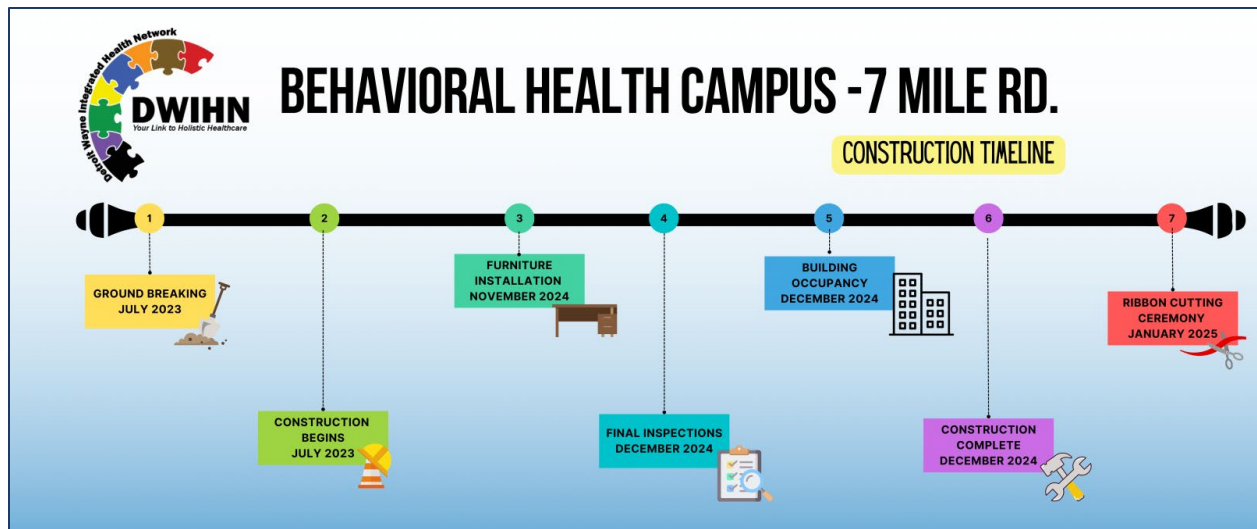
There were 25 referrals for the month of March 2023. Children’s Initiative Department met with the Access Department to review the status of SSI referrals from FY 2022 to present time. There were barriers with students and families completing the screening to start the SSI Program. Barriers included: 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. As a result, discussed proposed solutions of SSI Providers also being able to complete screenings. Next steps are to discuss options during the next SSI Provider meeting on 4/13/2023.

Go On And Learn (GOAL Line):

There are currently 340 students enrolled in the program this school year. GOAL Line to administer the Devereux Student Strengths Assessment (DESSA) through Aperture Education. This screening tool is normed for K-8 that measures outcomes for social emotional learning in the areas of 8 core competencies: 1) Self Awareness, 2) Self-Management, 3) Social Awareness, 4) Relationship Skills, 5) Goal Directed Behavior, 6) Personal Responsibility, 7) Decision Making, 8) Optimistic Thinking.

FACILITIES





ADULT INITIATIVES

Assertive Community Treatment (ACT):

During 1st quarter 2023, Assertive Community Treatment (ACT) providers serviced 832 members. There are currently 8 ACT provider agencies in Wayne County. Adult Initiatives monitors ACT program admissions and discharges of Lincoln Behavioral Services, Hegira- Westland, Hegira-Downriver, All Well Being Service, Central City Integrated Health, Development Centers, Team Wellness Center and The Guidance Center including the appropriateness of the level of care determinations and technical assistance ensure program eligibility requirements were met. Please see graph below.

Adult Initiatives facilitated the ACT Forum where topics discussed were completion of clinical documentation with regards to the PAR, PHQ-9 updates, hospital recidivism, Assistance Outpatient Treatment orders and ACT members, ways to engage members, and staff providing coordination of care while in the member is in the hospital as well as provider discussion, feedback and questions/concerns were discussed. Adult Initiatives also provided, technical assistance to All Well Being Services and Team Wellness, surrounding 2022 ACT Fidelity Review.

Med Drop:

During 1st quarter, Adult Initiatives facilitated follow up monthly meetings with all of our pilot program providers for Med Drop, who are Lincoln Behavior Services, CNS, All Well Being Services, Hegira Development Centers, The Guidance Center, Team Wellness and DWIHN internal staff. Discussed ways to increase admission rates, talking points, and recommendations for providers with regards to presenting the program to members, med drop new process, and any authorization concerns. Adult Initiatives and Med Drop coordinator discussed the addition of another CRSP to the program.

In the month of March there were 52 active members.

Med Drop Outcomes (1st Quarter):

- 39% reduction in the number of psychiatric hospital admissions for members
- 45% reduction in psychiatric hospital days for members participating in Med Drop Program, compared to the number of psychiatric hospital days used by the Med Drop clients in the 12 months prior to entering the Med Drop Program.
- 50% reduction in jail admissions for clients while participating in the Med Drop Program compared to the number of jail admissions for the Med Drop clients in the 12 months prior to entering the Med Drop Program.

Home and Community Based Services, (HCBS) Monitoring-Pathway Three:

Home and Community Based Service (HCBS) are Medicaid services for people with disabilities to help them live in their own homes and communities. The HCBS Rule identifies how specific services and supports must be provided in all states in order for the states to continue to receive Medicaid funding. Residential homes that did not meet HCBS guidelines and requirements were placed on heightened scrutiny and become non-Medicaid funded. Individuals who chose to remain in the home, rather than move to an approved HCBS home, are being monitored with their CRSP and weekly updates are being provided. Adult Initiatives is monitoring 46 individuals to ensure HCBS compliance including well-being and safety.

PHQ-9:

DWIHN monitors network providers PHQ-9 performance at intake and at the 90-day follow up period. Meeting compliance is completing both with at least 95% completion rate. For the month of February and March 2023, at intake, it is currently 99.0% completion at intake for both months. Regarding the follow up completion within 90 days for the month of February and March 2023, it is at 69.3% completion. Currently developing a plan to continue to address at the provider level.

DIVERSITY, EQUITY AND INCLUSION OFFICER

The DEI Officer participated in the following events during the month of March:

- Detroit Partner Call/National Disability Institute: Continuing the Conversation Financial Stability Challenges at the Intersection of Race, Ethnicity, Poverty and Disability – Steering Committee Meeting
- One Day Conference: Intersectionality of Diversity & Disability Convening and Partnership Building: Held on March 8, 2023 at WCCC Downtown campus - Next Steps: Formation of Detroit Coalition on the Intersectionality of Disability, Race, Ethnicity, and Poverty
- Completion of DEI Survey – Final 3/16/2023
- MDHHS - Racial Health Equity Plan Grant Strategies - DWIHN & WSU

INFORMATION TECHNOLOGY

Business Processes:

- DSM-V Conversion - CRSP provider systems completed DSM-V conversion & MHWIN conversion is underway with a tentative go live date of 5/1/23. Once converted, will review and embed the Social Determinants of Health in conjunction with the DWIHN business units.
- 1915(i) SPA - Specs have been identified and underway for programming.
- CRSP Risk Matrix - Revisions made to health scores and risk scores (i.e. crisis plan, disability designation, SIS)

Applications and Data Management:

- Henry Ford Joint Project
- DWIHN team working on expanding this collaboration to develop insights and member engagement for ADT's when members show up in the Emergency Department.
- Dashboards for Behavioral Health Homes and Opioid Health Homes
- Currently in the process of creating new PowerBI dashboards for monitoring health home information.
- Delivered the first nine dashboards for Children's services
- Provider Network Adequacy Dashboard - In the process of developing dashboards to analyze provider network adequacy as it relates to HSAG standards.

Infrastructure/Security/IT Compliance

- Building Construction
 - Woodward – RFP 2023-006 (Audio/Video) submitted and vendor validation to be completed.

- RFP 2023-003 Phone System evaluation underway. Sandbox testing in progress to evaluate ease of use, functionality and support.
 - Network Assessment – Hardware pricing and quotes received and being verified. IT team is continuing to establish labor and vendor selection to finalize prior to submission for board review.
 - Crisis Center systems received and evaluation / testing underway for product viability.
 - 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.
 - Network closet on 3rd floor wired and Nutanix installation planned for 4/11/2023.
 - Working on the Badging system Camera, Printer, and photo configuration standards needed to support the building access system and other security systems that will dovetail on the photos etc.
- Security
 - Completed work on the IT security maturity assessment. vCISO project has moved on to identifying gaps and analyzing Policies and SOP needed 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.
 - Onboarding/Offboarding
Working with HR to develop a new automated onboarding/offboarding process in Therefore to meet Access Control standards in compliance frameworks.

AUTISM

Total open members for the month of March are 2,357, which is an increase of 90 members from February to March. The total number of referrals scheduled by the Access Call Center was 166. Of those scheduled referrals, 139 appointments were kept. Of the 139 appointments kept, 20 members were found not eligible (non-spectrum) for the Autism Benefit. The other 119 members were diagnosed with autism spectrum disorder (ASD) and found eligible for services under the Autism Benefit.

The ASD Department provided training and support to The Children’s Center I/DD program and Psygenics IMH and SED programs on how to access ASD services, necessary documentation for benefit, and communicating with ABA providers.

To improve access to the Autism Benefit, the DWIHN Autism page was updated with 4 different videos 1) Significance of Early Intervention; 2) Is My Child at Risk for Autism; 3) Autism Evaluation & Applied Behavioral Analysis Services; and 4) ASD Diagnosis.

INNOVATION AND COMMUNITY ENGAGEMENT

Co-Response Services:

The DWIHN/DPD Mental Health Co-Response Partnership – The co-responders responded to a total of 646 encounters second quarter; 132 were connected to a service. DWIHN continues to have a Behavioral Health Specialist (BHS) embedded at DPD’s Communication Center to assist with any calls that need mental health support and resources. During this quarter, there were 59 individuals referred for follow-up.

Jail Navigator Program:

DWIHN continued to oversee and manage the Mental Health Jail Navigator Project. The goals are to Reduce the length of stay in jail. The Jail Navigator program received 18 referrals and of those interviewed, 5 were accepted into the program and connected to residential treatment. Other individuals not interested in residential were referred to the 36th District Mental Health Court. DWIHN has partnered with the 36th

District Court to hire a Court Assessor to attempt to ensure that individuals with a behavioral health needs are properly screened and referred to the Mental Health or Drug Treatment Court Docket.

Justice Involved Initiative	Number of Encounters/Screened
Co-Response Teams	646
Mental Health Jail Navigator	22
Communications Behavioral Health Specialist	59
Detroit Homeless Outreach Team	215

Crisis Intervention Teams (CIT):

Divert people with mental illness away from jail and into treatment. CIT creates partnerships between law enforcement, mental health providers, hospital emergency services, and individuals with mental illness and their families. Through collaborative community partnerships and intensive training, CIT improves communication, identifies mental health resources for those in crisis, and ensures officer and community safety.

DWIHN hosted two CIT 40-hour block trainings during the quarter, one course for dispatchers and call-takers, and one course in Crisis Response Training for Detroit Police Academy cadets. DWIHN also held one CIT for Executives course and two CIT Advanced courses which focused on responding to crisis situations when weapons are involved.

INTEGRATED HEALTHCARE

Behavioral Health Home (BHH):

- ❖ Current enrollment - 510 members (February- 486)

Opioid Health Home (OHH):

- ❖ Current enrollment - 532 members (February- 381)

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

- ❖ Current enrollment- 3,390 members (Jan.- 3,297)

DWIHN continues to work at ensuring enrollment data is accurate in both the DWIHN and State systems.

There has been a reported issue with the number of reported claims/contacts per month compared to the number of enrollees. The number of enrollees is higher than the number of monthly contacts reported, which is resulting in MDHHS recoupment. The DWIHN Health Home Director has done a detailed review all provider enrollee, met with each provider individually, and has given deadlines for claim submission for both BHH and OHH services. It is anticipated that there will be a large decrease in OHH enrollees following this effort as they are not meeting the criteria for these supportive services. There are also some providers that have been billing for OHH but the member is not enrolled in the State system. Providers have been working with DWIHN to update these enrollments. This information, along with health home outcome measures, is being developed in a dashboard for easier monitoring moving forward.

QUALITY

For FY 23 1st Quarter, DWIHN met all State standards for Performance Indicators. Two of the eight DWIHN reported indicators do not have standards yet but are likely to be released later this year. Indicator 10, or the percentage of readmissions of children and adults to an inpatient psychiatric unit within 30 days of discharge from an inpatient, for the 1st Quarter of FY 23 met State standard of less than 15% and was at 14.03% total (7.51% for children and 14.69% for adults). This has been a challenging Indicator for DWIHN historically but has continued to improve steadily. The reporting percentage for Indicator 2a (Access of services or Biopsychosocial within 14 days of request) continues to show improvement from Q3 (37.8%) to (45.15%) Q1 and very preliminary Q2 at 46.55%.

SUBSTANCE USE SERVICES

SUD Authorizations: SUD UM staff approved 1359 authorizations between 3/1/23 and 3/30/23. Of these 1359 authorizations, 1327 (97.6%) were approved within applicable timeframes.

Michigan Department of Corrections: MDOC individuals are screened and referred to treatment within 24 hours from contacting the Access Center.

Month	MDOC SUD Referrals	Number Admitted to Treatment
January	207	103
February	209	96
March	254	107

March- Admitted Members Level of Care

IOP Level 1	2
IOP Level 3	1
OP MAT	5
Outpatient	26
Residential 3.5	40
Residential 3.7	51
Residential Detox	17
Recovery Services	11
Total	107

Universal Audit Tool:

PIHPs have formed a group to create a universal audit tool for both prevention and treatment services. The goal is to have to accepted at all regions with this process completed this fiscal year for implementation.

Recovery Coach Outreach Initiative with Sobriety House:

SBIRT via AUDIT/DAST is being delivered at DMC-RH (Receiving Hospital) by Peer Recovery Coaches from 5 am-1 am (20hrs) Monday thru Friday, with occasional services provided at DMC-HH (Harper Hospital) and on-call for weekends. These services delivered are SBIRT screenings with brief interventions that include distributing educational materials on the harmful effects of substance abuse, referrals for treatment, transportation assistance, additional educational material on healthy living, safe sex, and harm reduction. There have been 65 SBIRT screenings, with 49 admitted into residential treatment for March. A total of 75% were admitted to treatment.

Training and Events:

6th Annual Rally and Advocacy Day at the Michigan State Capitol- Be the Voice of Change - UFAM Rally 2023 is a great opportunity for those in Michigan to be heard! The UFAM Rally creates Strength in Unity to eliminate stigma, highlight improved access to treatment, support prevention, and promote recovery from addiction through advocacy, education, and outreach. The rally will be held on May 18 from 10am-4pm, <https://ufamichigan.org/>

2023 Michigan Harm Reduction Summit- MDHHS is pleased to announce that registration is now open for the 2023 Michigan Harm Reduction Summit! This year's summit will be hosted in-person in Lansing on May 16-17, 2023 at the Lansing Center.

Co-Occurring Disorder Conference: The 25th annual Co-Occurring Disorders Conference will be held on Monday, April 17th, called "Brave New World: Balancing Ethics, Pain Management and Addictions." The conference will be held at the NMC Hagerty Center in Traverse City from 8am-5pm; 7 CEs available.

RESIDENTIAL SERVICES

There were 135 residential referrals to the Residential Department in March 2023. Referral trends include: six identified Intellectual/Developmentally Disabled (I/DD) members that qualify for HAB Waiver services, 15 DHHS referrals received for youth aging-out of the foster care system, and a significant increase of I/DD CRSP referrals (31 cases for March) for members requesting to go into specialized placement from their family homes. There were two facility closures and seven member discharges in the month of March.

Service Authorizations:

Authorizations Processed	1228
Authorizations Approved	1088
Authorizations Returned	140

*63% increase in authorization requests from February to March 2023.

- Interim IPOS Completed by DWIHN Auth Team 54
- Requests Submitted to Residential Care Specialists 355
- Requests Processed Through MHWIN Queues 873

State Hospitals:

- New Referrals Received: 5
- Number of members placed: 5
- Pending Charges: 12

COVID-19 Cases:

# of COVID-19 Positive Cases: 2/27/23 – 3/29/23	0
AMI 0	
IDD 0	
Related Death Cases: 2/27/23 – 3/29/23*	0
AMI 0	
IDD 0	
DCW Staff COVID-19 Positive cases	0

Departmental Projects:

- 1) Develop specific programs as they pertain to increased placement requests of MDHHS age-out foster children and LGBTQI+ communities. Work with identified CRSPs to develop programming to meet increase service needs of the DHHS foster care and LGBTQI+ communities.
- 2) Implementation of quarterly meetings with guardianship corporations to begin dialogue addressing needs and concerns as they relate to DWIHN members.
- 3) Review current specialized residential facilities to develop detailed service gap analysis of over- and under-utilized facilities.
- 4) Overview and reinstatement of DWIHN pre-placement facilities and provider quarterly meetings to review policies and procedures.
- 5) Identify and contract with new provider partners that are trained to work with special populations in both transitional and long-term residential sites.

UTILIZATION MANAGEMENT

Habilitation Support Waiver (HSW):

There are 1,084 HSW slots as of 3/31/23. A total of 1,004 slots are filled and 80 are open, for a utilization rate of 92.6% (target is 95%). The collaboration between the Residential and UM Departments has recently

launched and, in a short period of time, has already identified 2 members to enroll into HSW. The HSW team has also been notifying CRSPS on a monthly basis of identified potential enrollees with IPOS' due within a month and have asked that the CRSPs enroll those members into HSW. For the months of March and April the providers are actively working to enroll approximately 10 additional members. We anticipate both strategies to improve enrollment numbers. The HSW team has begun meeting with individual CRSP teams to re-educate them on HSW and enrollment as well.

To address timeliness of recertifications; a clear timeline which includes follow up by ELT has been established. To improve efficiency and ease of data tracking, Wayne Center has fully transitioned to direct entry into the WSA and NSO is in the final stages of the process.

General Fund:

Members requesting General Fund Exceptions are:

- Without health care benefits at the time of the start of behavioral health services
- Returning for services without health care benefits after an absence
- Actively receiving services and experiencing a lapse in insurance benefits

The following chart shows the FY 2022-2023 number of approved authorization requests, the number of Guidance Center CCBHC approvals and the number of Advance Notices for corrections to requests and Administrative Denials issued.

General Fund Fiscal Year 2023:

	Oct	Nov	Dec	Jan	Feb	March	FY to Date
Approvals	332	327	260	316	295	335	1,865
The Guidance Center	12	12	11	5	36	23	99
Advance Notices	257	266	203	285	196	211	1,418
Administrative Denials	9	10	9	9	11	8	56

Higher Level of Care Admissions:

As of 3/31/23, the UM Team managed a total of 711 new admissions across the provider network. This data includes inpatient, partial hospitalization, and crisis residential services. In the month of March there were 696 (non-MI Health Link) admissions for inpatient treatment, reflecting a 12.8% increase from the 617 inpatient admissions during February 2023.

Total Admissions as of 3/31/2023:

- Inpatient: 696
- MHL Inpatient: 4
- Partial Hospital: 113
- Crisis Residential: 32 (adults – 25 and children - 7)
- Total Admissions: 845

The UM and Crisis Services teams continue to work on increasing education & utilization of other step down and diversion resources. UM Higher Levels of Care (HLOC) staff has completed MiTel phone system training with IT and to start an aftercare scheduling pilot on 4/5/23.

Authorization Timeliness:

There were 1,621 authorizations manually approved by the UM department in March. This number is reflective of non-SUD, non-residential, non-urgent pre-service authorizations. Of these manually approved authorizations, 93.3% were approved within 14 days of request. Timeframes of Outpatient Service Authorizations continues to be examined for possible adjustments in accordance with the feedback being received from providers. At this time, the UM department is preparing a training to assist CRSP Providers in inputting authorization requests correctly in order to minimize delays caused by authorizations needing to be sent back to be corrected.