



President and CEO Report to the Board Eric Doeh November 2022

The November 8th election results were of significant importance to us. Democrats were able to do something we have not seen in Michigan for nearly 40 years – seize control of virtually all aspects of state government. Democrats were able to retain control of the Governor, Attorney General and Secretary of State’s offices. In addition to having control of the above offices, Democrats were able to gain control of both chambers in the Michigan Legislature after winning a number of very close battleground seats in the House and Senate. This is of significance to us because of the threat of behavioral health redesign that has been one of the hallmarks of a Republican led legislature. I believe that there will be some changes to the system, however, the input of advocacy groups, stakeholders and the people we serve will be paramount to any changes or system redesign. We will continue to cultivate those relations we have established in Lansing and those new ones especially considering that fact that there will be some new incoming legislators.

FINANCE

Detroit Wayne Integrated Health Network (DWIHN) will have its audited September 30, 2022, financial statements available in accordance with the State of Michigan reporting deadline of March 31, 2023. Consistent with prior years, DWIHN’s finance team is actively working on closing the books to meet this deadline.

As previously reported, DWIHN expanded the financial stability payments to other lines of services that were previously not considered. DWIHN submitted financial stability letters to thirty-one (31) providers across the SUD, Autism, Skill Building, Children’s and Adult service providers. DWIHN received a response from 29 providers; eleven of the 29 either declined assistance or were not eligible due to no projected operating losses for the fiscal year. Eighteen providers were issued a total amount of approximately \$18 million in financial assistance.

On October 29, 2022, DWIHN submitted a financial stability letter to all residential providers requesting information to determine the amount of uncompensated payroll expenses related to direct care staff. The deadline for submission is November 10, 2022.

On October 31, 2022, DWIHN submitted financial stability letters to 19 SUD Prevention Providers requesting information to determine the amount of operating losses incurred for fiscal year ended September 30, 2022. The deadline for submission is November 9, 2022.

On November 11, 2022, DWIHN submitted a letter to the Wayne County Provider network (excluding hospitals, governmental entities, universities, school districts, nursing homes and Medicare MHL providers) announcing a one-time retention payment to all clinical and non-clinical staff. The survey deadline is November 18, 2022. The amount of the retention payment will be determined upon accumulation of the survey results.

Based on both DWIHN’s and Health Alliance Plan’s (HAP’s) legal counsels’ interpretation of the MI Health Link (MHL) contract, DWIHN is not required to cost settle the contract outside of the first year of the demonstration pilot. This has resulted in DWIHN retaining approximately \$9 million in one-time funds that is considered local funds. DWIHN cost settled the first year of the contract with HAP for approximately \$3.8 million.

Due to the aforementioned, DWIHN has one-time excess cash to settle the outstanding Milwaukee loan balance of approximately \$5 million and will not re-finance the loan incurring unnecessary interest.

CHIEF CLINICAL OFFICER

Innovation and Community Engagement:

DWIHN's Veteran Navigator connected with 17 new Veterans and three family members in the month of October. The Navigator participated in over a dozen events during the month of October. The Mental Health Jail Navigator referrals remain consistent, as 10 individuals were referred and interviewed, and did not meet criteria and/or released prior to placement. Currently, four individuals are monitored and receiving treatment services from the Team Wellness Center and/or Detroit Rescue Mission Ministries.

Behavioral Health Home (BHH):

- Current enrollment - 300 members (September - 262, 14.5% increase)
- Detroit Wayne is one of 5 PIHPs in the State that participates in the Behavioral Health Home model
- Behavioral Health Home is comprised of primary care and specialty behavioral health providers, thereby bridging two distinct delivery systems for care integration.
- Utilizes a multi-disciplinary team-based care comprised of behavioral health professionals, primary care providers, nurse care managers, and peer support specialists/community health workers.
- Michigan's BHH utilizes a monthly case rate per beneficiary served
- Added Community Living Services as a BHH provider and currently in the process of adding Psygenics as well. This will result in a total of seven Health Home partners for DWIHN.

Opioid Health Home (OHH):

- Current enrollment- 394 members (August - 392)
- Michigan's OHH is comprised of primary care and specialty behavioral health providers, thereby bridging the historically two distinct delivery systems for optimal care integration. Michigan's OHH is predicated on multi-disciplinary team-based care comprised of behavioral health professionals, addiction specialists, primary care providers, nurse care managers, and peer recovery coaches/community health workers.
- Michigan's OHH utilizes a monthly case rate per beneficiary served
- Michigan's OHH affords a provider pay-for-performance mechanism whereby additional monies can be attained through improvements in key metrics.

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

- Current enrollment- 3,343 members (September - 3,152, 6% increase)
- 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.
- This State demonstration model launched on 10/1/2021 and The Guidance Center is the designated provider for Region 7.

CRISIS SERVICES

Requests for Service (RFS) for children increased by 9% this month and the diversion rate increased from 72% to 75% as compared to September. There were 140 youth intensive crisis stabilization service (ICSS) cases for the month of October, a 34% increase compared to September. There was a total of 43 cases served by The Children's Center Crisis Care Center in October, a 72% increase from the month of September.

There was a 3% increase in the number of requests for service for adults in October compared to September, and the diversion rate decreased by 2% in October. The Crisis Stabilization Unit (CSU) at COPE served 193 cases in this month, a 14% decrease from September at 226.

DWIHN received 155 Assisted Outpatient Treatment (AOT) orders from Probate Court this month and respective CRSPs were notified to incorporate these orders in treatment planning. Deferral Conferences continue with CRSP engagement. Additionally, two citizens returned and were connected to DWIHN services upon release from MDOC.

In October 2022, there were 151 contacts made with community hospitals related to the movement of members out of the emergency departments, which is a 28% decrease in contacts from September at 194. Out of the 151 encounters, 41 were diverted to a lower level of care, an overall diversion rate of 27%. Hospital liaisons received 14 “crisis alert” calls collectively in October and four of those members were diverted to lower levels of care (29% diversion rate for crisis alert calls).

Mobile Outreach Services, October 2022:

Number of Mobile Events Attended	12
Number of Meaningful Engagements	475
Number of Subsequent Contacts	170

One on One Guidance and Support

- DWIHN’s Contract, Access, Clinical, Quality and Integrated Health teams have been meeting with providers every 30-45 days to discuss quality of care and challenges in timely access to care standards. Workforce shortages continue to be an active concern and several best practices have been shared with them based on results and information shared by organizations who have been able to hire, retain and improve.
- We realized that our Providers are often challenged with acute and difficult cases and hence created Outcome Improvement Committee where we offer collective information and non-judgmental recommendations to help assist cases.

Current Internship Opportunities within DWIHN and Provider Network

The internship program is primarily focused on clinical services. The program started in 2014, and since that period, we have supported this process for several hundred students, many of whom were offered employment and chose to remain within the DWIHN system of care.

While we have several university partners, an important one to highlight is the University of Michigan which gave DWIHN approximately \$500k to support students, and our collaborative partnership was highlighted at several professional conferences – including one in Italy.

Opportunities

Our students complete an Interprofessional Clinical Decision-Making Course with medical, nursing, pharmacy, and dentistry students. Students have access to certificate programs that they can complete while working towards degree completion. Field Instructors have access to specialized training and certificate programs as well at no cost to them. Students receive training in IPOS, PCP, SBIRT, Integrated Healthcare, Power and Oppression, DBT, CBT, Motivational Interviewing, Mental Health First Aid, and suicide prevention. Our goal with this is for them to be prepared to address member needs just as a full-time staff would be. They also have access to support towards obtaining licensure through practice tests and study material.

Purpose

The philosophy of the Student Learner Program is to develop sustainable structures that will allow for workforce development throughout the Detroit Wayne Integrated Health Network provider system. The Student Learner Program’s mission is to support the development of a learning and service culture with the aim of developing and retaining competent professionals, collaborative work, and promoting research and continual improvement of supports and services provided to adults with mental illness, individuals with developmental disabilities, children with serious emotional disturbances and persons with substance use disorders and their families and the community through implementation of evidence-based best and promising practices in Community Mental Health.

Placement

Students are typically placed with us by a university and have strict guidelines from what the students must learn, number of hours required, and whether compensation can be accepted.

Agency Name		
All Well-Being Services (AWBS)	American Indian Health & Family Services of Southeast Michigan, Inc.	Arab American & Chaldean Council
Assured Family Services	Beginning Step	Black Family Development, Inc
Central City Integrated Health	CNS Healthcare	Community Care Services*
Community Health and Social Services (CHASS) Center	Covenant Community Care	Detroit Wayne Integrated Health Network (DWIHN)
Development Centers, Inc.	Elmhurst Home, Inc.	Growth Works, Inc.
Hegira Health, Inc.	InSight Youth and Family Connections (formerly StarrVista)	Lincoln Behavioral Services
New Oakland Family Centers	Positive Images	PsyGenics, Inc
Ruth Ellis Center, Inc.	Southwest Solutions	Starfish Family Services
StoneCrest Center d.b.a. BCA of Detroit, LLC	The Children's Center of Wayne County	The Guidance Center
The Youth Connection (TYC)	Western Wayne Family Health Services	

Who do we accept & what do we pay?

Students have been accepted from Eastern Michigan University, University of Michigan, Wayne State University, Michigan State University, Madonna University, Loyola University, Oakland University, University of Phoenix, North Carolina A & T, Spring Arbor, Case Western Reserve, Schoolcraft College, Wayne County Community College District, Southern California, and Walden University.

Disciplines range from nursing, psychiatry, social work, counseling, public health, criminal justice, technology, human resources, health administration, public administration, and communications. Terms/duration of service varies depending on the individual requirements of the student. Students are placed within the organization or within the system of care depending on their interests and learning goals/objectives.

Payment for students depends on whether they are allowed to accept stipends (some schools/programs do not allow this). We increased the rate of pay to \$15/hour in 2022.

Future Program Expansion

We are considering to launch a multidisciplinary student-run clinic that will offer practical experience to student learners, save costs to the organization, and provide behavioral health services at no cost to the community. This is an in-person extension of Reach Us Detroit and would be a huge benefit to our service array while supporting growth and innovation.

In addition to this, we would offer select students the opportunity to serve in a fellowship capacity. These individuals will receive tuition support and will also be paid over the course of their stay, with the hope that their position will become permanent with DWIHN.

Other Initiatives to Improve Future Workforce

- DWIHN has partnered with WSU on a 'pathway' to a professional program which is geared toward Recovery Support Specialists who are interested in furthering their career in behavioral health by way of continuing education, certifications, bachelor or Master level programs. As we lay out these 'stackable' credentials for peers – we are meeting to review participant interest and how we can include Peers on multiple projects collectively.
- DWIHN partnered with WSU to apply for the Gilbert Family Foundation for a program that would pay a stipend for social workers to intern in CMH specific settings. It would include up to 30 interns and would offer \$5,000 per semester. To date, no decision has been made by the Foundation so we are still hopeful this funding will be awarded.

Pipeline Programs:

Psychiatrists continue to be a major shortage in Michigan. Some evidence suggested that Michigan had just over 1,100 psychiatrists in 2016, and a federal health study found the state is expected to be 890 psychiatrists short of need by 2030, including a shortage of 100 psychiatrists who see children. This is important to consider, given our upcoming Crisis Centers.

- DWIHN supports and promotes pipeline programs like Wayne State BCAP that encourages high school students to join medical fields. They have opportunity to work with DWIHN and attend lectures on Community Mental Health System and get financial sponsorship from DWIHN too.
- DWIHN has also been part of a grant given to Wayne State Psychiatry Residents for them to learn about community mental health system and to support it through rotations. We recently met with Program Directors to discuss plans that include:
 - Provide education and didactics to Residents on Community mental health system and opportunities to work for CMH.
 - Hoping to finalize plans to have Psychiatry Residents and Child adolescent Fellows rotate at DWIHN Crisis Care Center. More information will be shared in subsequent months as things get finalized.

HR Initiatives:

Internally, HR has offered a 4-day (10-hour) work option to offer flexibility to employees. We have also given option to staff with appropriate credentials to do overtime hours for Call Center that helps them have additional earnings and assist Access Center with callbacks and screening. With the help of our Board, we have also been able to help our employees with Insurance premiums. We plan to share these strategies with the provider network as well.

Our HR Director and Team has recently attended various job fairs and we plan to share knowledge learned from those with our providers. We are also planning a virtual or hybrid job fair for our Provider network.

We are planning to have our staff with Social Work, Psychology, Nursing, Psychiatry and other clinical degrees to arrange visits with graduating classes of various universities in Michigan to talk about advantages of working in CMH system and sharing their personal experiences.

Burnout and Wellbeing Initiatives

Evidence indicate that healthcare faces higher burnouts and work injuries.

Some of DWIHN resources that are available to our providers as well as members include:

- The DWIHN website offers a free and anonymous assessment to help you determine if you or someone you care about should connect with a behavioral health professional.
<https://screening.mentalhealthscreening.org/DWIHN>
- Another excellent digital tool to support mental health is myStrength, an app with web and mobile tools designed to support your goals and wellbeing. myStrength's highly interactive, individually tailored resources allow users to address challenges, while also supporting the physical and spiritual aspects of whole-person health.

SIGN UP TODAY

1. Visit www.mystrength.com and click on "Sign Up."
2. Enter the **Access Code** marked below.
3. Complete the myStrength sign-up process and personal profile.

DWIHNc

Go Mobile! Download the **myStrength** mobile app, log in, and get started today.

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is presented by



- We share “Askthedoc” newsletter with our Providers that cover several wellbeing topics, ways to cope with stressors and preventative health topics.

Other Resources: Michigan State Loan Repayment Program

The Michigan State Loan Repayment Program (MSLRP) helps employers recruit and retain primary medical, dental, and mental healthcare providers by providing loan repayment to those entering into service obligations.

<https://www.michigan.gov/mdhhs/->

[/media/Project/Websites/mdhhs/Folder4/Folder6/Folder3/Folder106/Folder2/Folder206/Folder1/Folder306/MSLRP_Period_Update.pdf?rev=ab17483045294913b97cccc7317255dc](https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder4/Folder6/Folder3/Folder106/Folder2/Folder206/Folder1/Folder306/MSLRP_Period_Update.pdf?rev=ab17483045294913b97cccc7317255dc)

CHIEF MEDICAL OFFICER

DWIHN has continued outreach efforts for behavioral health services:

- November Ask the Doc addresses the rise in respiratory infections like RSV, influenza and COVID.
<https://www.dwihn.org/ask-the-doc>
- Interview for TODAY magazine on Holiday Stress.

Improvement in Practice Leadership Team (IPLT):

IPLT is charged with developing work plans, coordinating the regional training and technical assistance plan, working to integrate data collection, developing financing strategies and mechanisms, assuring program fidelity, evaluating the impact of the practices, and monitoring clinical outcomes. In the month of August, the committee looked at Assisted Outpatient and combined treatment procedures, Conflict-free case management policy.

WORKFORCE SHORTAGES

There is currently a critical shortage of healthcare workers, particularly in behavioral health. The shortage is not just in our county or State but is Nationwide. Unfortunately, according to data, Michigan is in the top five states with a healthcare workforce shortage. Evidence and resources indicate that the shortage is attributed to several factors:

- 1) Covid-19 resulted in many staff resignations
 - More options to work from home
 - People changing career paths
- 2) Shortage of behavioral health workforce particularly: Master’s Level Licensed Social Works, psychiatrists and Nurses.
 - Organizations are pulling from the same limited pool of professionals
- 3) Current staff are moving into private clinical practice as there is less paperwork and what is described as administrative burden.
- 4) Current shortage staff shortages have resulted in high caseloads and creates a vicious cycle
- 5) Staff believe that they do not have training and resources that help them feel supported.
- 6) Increasing staff burnout due to all of the above

DWIHN’S RESPONSE

Addressing Administrative Burden

- Established a modifier that allows clinicians with a bachelor’s degree with proper credentials the option of completing the readmission and annual IBPS. This supported the provider network by reducing the strain on Master level clinicians.
- Removed the pre-authorization requirement for Assessments and Treatment Plans which allows staff to provide those services without any potential pre-authorization barrier.
- Added additional Service Utilization Guidelines so frequently used, medically necessary services could be automatically approved in the system based on a member’s level of care.
- Removed duplicative provider reporting in the Children’s Initiative Department

- Ongoing discussion with the providers in a workgroup to do a crosswalk that streamlines areas of assessed need from the IBPS to populate as goals that should be addressed in the IPOS (this is announced and will be in development).
- To help our providers and members, we have continued to support the use of Telemedicine at this time, though we are waiting for finalized State guidelines that are moving towards the use of audio-visual and not just audio.

Financial Incentives

- In addition to a 5% Rate increase for FY 22, DWIHN provided additional 5% Supplemental Rate increase with Retrospective payments to providers. DWIHN highlighted in our letters that the expectation is that the funding is to be used to address the workforce shortage, increase in wages and fringe benefits required to retain and recruit quality staff, tangible improvements to the consumer’s quality of care, and other fixed costs due to the inflation experienced throughout the nation.
- DWIHN has been offering Stability payments to our Providers for the last two years and is currently working on this year’s Stability plans. Though not prescribed, it is expected that the providers who are struggling with workforce shortages impacting their finances, will use the amount for hiring and retention which could then help them bill for clinical services and improve their financial stability.
- DWIHN has Created Value Based Incentives that provide an opportunity for our Clinical service organizations and their workforce to be rewarded for high-quality services.

Current Value Based Incentives

I/DD Population/ Provider Network

□ Habilitation Supports Waiver Enrollment Incentive (\$36K/yr.)

- DWIHN pays a provider \$1,000 for enrolling a member in the HSW

□ Timely Intake Assessment Incentive (\$200K/yr.)

- DWIHN will reimburse an additional \$100 per encounter (H0031) when the provider successfully schedules and performs the intake assessment within 14 calendar days of the first point of contact.

SED Population/ Provider Network

□ Performance Indicator Improvement Incentives (\$1.76M/yr.)

Four incentives, each measured quarterly

- PI 2a - biopsychosocial assessment is completed within 14 days of a non-emergent request for services at least 80% of the time. (Potential payout of \$165,000 per quarter to providers).
- PI 3a - services start within 14 days of the Biopsychosocial Assessment 100% of the time (Potential payout of \$110,000 per quarter).
- PI 4a - member is seen within 7 days of inpatient discharge 100% of the time (Potential payout of \$55,000 per quarter).
- PI 10 - readmission for inpatient hospitalization within 30 days of hospital discharge less than once or 5% of the time (Potential payout of \$110,000 per quarter).

□ Home Based Services Fidelity Incentive (\$750K/yr.)

- In order to increase fidelity to the Home-Based Services model, DWIHN is offering providers an additional \$50 per member month when a member is provided four or more hours of service in the given month. All Home-Based Services providers are eligible to receive this incentive.

AMI Population/ Provider Network

□ Performance Indicator Improvement Incentives (\$5.28M/yr.)

Incentive designed to improve DWIHN’s performance indicator scores, improve corresponding quality of care, and financially stabilize the SED provider network. Four incentives, each measured quarterly.

- PI 2a - biopsychosocial assessment is completed within 14 days of a non-emergent request for services at least 80% of the time (Potential payout of \$495,000 per quarter to providers).

- PI 3a - services start within 14 days of the Biopsychosocial Assessment 100% of the time (Potential payout of \$330,000 per quarter).
- PI 4a - member is seen within 7 days of inpatient discharge 100% of the time (Potential payout of \$165,000 per quarter).
- PI 10 - readmission for inpatient hospitalization within 30 days of hospital discharge less than once or 5% of the time (Potential payout of \$330,000 per quarter).

□ ACT Program Fidelity Incentive (\$660K/yr.)

- ACT providers can earn an additional \$100 per member per month for services provided to the members, if their overall score on the annual CPA fidelity audit score for that year is 93% or higher. This incentive is measured at year end.

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 met in August 2022 and Health Plan 1 has decided to increase care coordination and to use the shared platform once built, to stratify members for care coordination. Health Plan 1 and DWIHN have created a statement of work which was signed by DWIHN's CEO in September and is out for Health Plan 1 signature. Five new members were discussed in the month of October and three of them attended their follow up after hospitalization appointment (FUH).

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. Seven members were discussed and the team is waiting on verification as to how many attended the FUH appointment.

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 member who had an ED visit in October.

DWIHN is sending Health Plan 2's data to Vital Data (VDT). DWIHN and VDT are expanding the shared platform to include gaps in care reports. The platform is developed and training and use will happen in November. Care gap reports will be established after that date.

DWIHN met with Health Plan 2 Leadership on October 24th and demoed the shared platform.

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 working together to create a SharePoint site where all data report will be located.

Meetings in October were canceled by Health Plan 3 but DWIHN and PCE are still working on the SharePoint site.

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 to see shared members and careflow rules created. This is finished for the MHP to utilize but, DWIHN cannot see the same data. VDT is unsure why, and is working on the issue.

DWIHN and VDT met on the mobile app and gave feedback for changes. Training for phase one is planned for November 14th. 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’s 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 nine of these meetings in October and then had two separate meetings with providers to train more in depth on the Scorecard.

Below are scores for the FUH measure as shown in the Scorecard. This is all CRSP scores combined.

Measure	Measure Name	Eligible	Total Compliant	Non Compliant	HP Goal	Year To Date
FUH30	Follow-Up After Hospitalization for Mental Illness (30 days)	0	0	0	50	0
FUH301	Follow-Up After Hospitalization for Mental Illness Age 6 - 17 (30 d...	485	318	167	70	65.57
FUH302	Follow-Up After Hospitalization for Mental Illness Age 18 - 64 (30 ...	5479	2616	2863	58	47.75
FUH303	Follow-Up After Hospitalization for Mental Illness (30 days) Age 65+	163	46	117	58	28.22
FUH7	Follow-Up After Hospitalization for Mental Illness (7 days)	0	0	0	50	0
FUH71	Follow-Up After Hospitalization for Mental Illness Age 6 - 17 (7 days)	485	216	269	50	44.54
FUH72	Follow-Up After Hospitalization for Mental Illness Age 18 - 64 (7 d...	5479	1629	3850	50	29.73
FUH73	Follow-Up After Hospitalization for Mental Illness (7 days) Age 65+	163	38	125	50	23.31

ADVOCACY/LEGISLATIVE EFFORTS

We continue working with our lobbyists on conversations with Lansing leadership surrounding our advancements towards building care centers around Wayne County to best serve our region.

We are having conversations with MDHHS leadership surrounding the Public Health Emergency that was recently announced will soon come to an end and its impact on the individuals we serve. DWIHN has proactively provided information to our providers and community stakeholders titled *“What Does Ending the Public Health Emergency Mean for Michigan’s Medicaid Population.”* Helpful links can be found on the DWIHN website homepage at www.dwihn.org.

On October 4, DWIHN supported the Conference of Western Wayne Leadership Banquet as its panel addressed regional issues such as educational disparities, behavioral health issues impacting our families and creating opportunities for employment for the next generation.

On October 23, through heavy last-minute campaigning and a nomination from the floor at the Community Mental Health Association of Michigan (CMHAM) Fall Conference, DWIHN Board Treasurer Dora Brown was voted in as Treasurer of the CMHAM Board of Directors.

On October 25, I participated in Attorney General Nessel and Lt. Governor Gilchrist’s Fireside Chat to discuss community safety priorities. Others involved in the roundtable included leadership from Detroit Police Department, Wayne County Sheriff’s Department, Inkster Police Department, local advocates and more.

ENGAGEMENT INITIATIVE

Customer Service worked collaboratively with its members hosting the annual Reaching for the Stars Award Ceremony, during which it recognized DWIHN members, awarding six people with a “Dreams Come True” scholarship to advance their dreams for a more significant presence and participation in their community. The proud recipients of this year’s awards and their planned initiatives were:

Tommi Badon-King, “Laurie Creations”
 Starlette Carpenter, “Mental Health Solutions”
 Torria Love, “Well, College Education”

Bethany Boik, “Diary of a Schizophrenic”
 Delores Kimbrough, “Project Beautification”
 Stephen White, “Insurance License”

Registered new voters during various voting and advocacy events. Topics included the legislative process, self-advocating, voting registration, and participation rules. Coordinated the distribution of more than 200 hygiene kits to engage underserved populations. Worked on several initiatives to connect members with digital devices and internet service, e.g., computer training. Held various professional development opportunities for peers. Over 350 peers and community health workers registered for the bi-monthly series. Quarterly, peers from the tri-county area convened for information, networking and training.

COMMUNICATIONS

Print:

The articles listed below are both stories that discuss DWIHN’s direct efforts to address the homeless crisis, and its partnership with the City of Detroit’s Housing Department and homeless Outreach Teams.

The Arab American News 10/11/2022

Homeless Crisis: Mental Health Agencies Provide Resources

<https://www.arabamericannews.com/2022/10/11/homeless-crisis-mental-health-agencies-provides-support/>

Latino Press 10/14/2022

Crisis de Personas sin Hogar: Mental Brindan Apoyo

DE MUJER A MUJER © FROM WOMAN TO WOMAN October/Octubre 2022

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Crisis de personas sin hogar: las agencias de salud mental brindan apoyo

La falta de vivienda es una preocupación creciente en los EE. UU., con muchas personas que luchan por sobrevivir en casi todas las comunidades. Si bien no es un problema nuevo, la cantidad de personas sin hogar ha aumentado significativamente en los últimos años. Según una organización llamada End Homelessness, el número de personas sin hogar creció un 2% entre 2019 y 2020.

Comprender los diversos

Estas personas a menudo enfrentan desafíos adicionales como problemas de salud mental, falta de transporte y falta de recursos básicos. DWIHN también trabaja con muchos centros de acogida para personas sin hogar, como Detroit Health Housing, que se ofrece a través de la Organización de Servicios Vecinales (NSO) del proveedor de DWIHN. Si usted o alguien que conoce está sin hogar, comuníquese con la línea de ayuda de DWIHN 247 Ac-cess at 800-241-2929 o visite www.dwihn.org. Además, se puede comunicar con CAM Detroit por teléfono al 313-305-0311 o en el sitio web: http://www.camdetroit.org/servicio a Detroit, Hamtramck y J

Other Voices: Guest Editorial

Homeless crisis: Mental health agencies provides support

By the Detroit Wayne Integrated Health Network

Homelessness is a growing concern in the US, with many people struggling to get by in almost every community.

While it's not a new problem, the number of people experiencing homelessness has increased significantly over the past couple of years. According to an organization called End Homelessness, homeless numbers grew by 2% between 2019 and 2020.

Understanding the various factors that contribute to this issue is crucial to developing effective strategies and programs in addressing the problem.

The Detroit Wayne Integrated Health Network (DWIHN), an organization in Wayne County that helps people with mental health and substance use disorder concerns, works with several different organizations that can help find shelter for people experiencing homelessness.

DWIHN has a partnership with the City of Detroit Housing Department and its homeless Outreach Teams. This team consists of a DWIHN behavioral health specialist and homeless street outreach providers who conduct preventative outreach and coordinate with DPD Neighborhood Police Officers to



connect unsheltered residents with mental health services.

This team provides individuals with wraparound housing and behavioral health services including a potential transfer to permanent housing for those who qualify. Detroit HOT follows best practices in building trust with participants through outreach and immediate transportation to services as needed. Since the partnership began two years ago, there have been over 6,000 homeless outreach encounters.

DWIHN also has providers that work with the Coordinated Assessment Model (CAM) which is a local organization that provides individuals and families, with or without Medicaid, with the necessary resources to address their needs.

The process works like this: CAM Detroit will prioritize the most vulnerable cases such as those suffering from significant health conditions or impairments that require a high level of support to maintain their housing and can be considered homeless.

These individuals often rely on emergency services such as jails, psychiatric facilities, and emergency rooms to meet their basic needs. Also, children and youth who are unable to find permanent housing is also a risk factor.

Once the assessment is completed, individuals are referred through CAM. DWIHN also works with many homeless drop-in centers, such as Detroit Healthy Housing which is offered through DWIHN provider Neighborhood Services Organization (NSO) <https://www.nso-mi.org/homeless-recovery-services.html>

If you or someone you know are experiencing homelessness, contact the DWIHN 24/7 Access Helpline at (800) 241-2929 or visit www.dwihn.org

In addition, CAM Detroit can be reached by phone at (313) 305-0311 or our website: <http://www.camdetroit.org/> serving Detroit, Hamtramck and Highland Park. Also, there are multiple warming centers listed on the Wayne County website for anyone that may need it: <https://www.waynecounty.com/elected/executive/wayne-county-warming-centers.aspx>

SUPPORT LOCAL BUSINESS

Television:

WDIV-TV 4 10/9/22

President and CEO, Eric Doeh and Detroit Police Chief James White discussed mental health and policing on the 10/9/22 episode of Flashpoint.



<https://www.clickondetroit.com/video/news/2022/10/09/flashpoint-detroit-police-chief-james-white-speaks-about-mental-health-and-policing/>

MY TV20 10/16/22

President and CEO, Eric Doeh was a highlighter on Ask The Messengers during the 2022 Celebrate Recovery Walk.



<https://www.youtube.com/watch?v=csmQNY-tL9Y>

Also, in October DWIHN content began streaming on *Channel 19 Hamtramck's public access channel*.

Radio:

DWIHN President and CEO, Eric Doeh was interviewed by Billie Branham on K-LOVE radio.



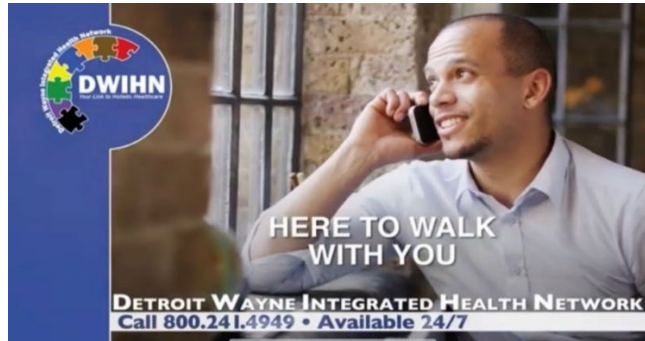
<https://www.klove.com/News/Closer-Look/hot-topx/local-closer-look-detroit-wayne-integrated-health-network-3990>

SUD Media Messaging Campaign:

WJBK-FOX 2

In October, DWIHN had a message airing on WJBK which focused on youth turning to substances to cope and the help and resources available through DWIHN.

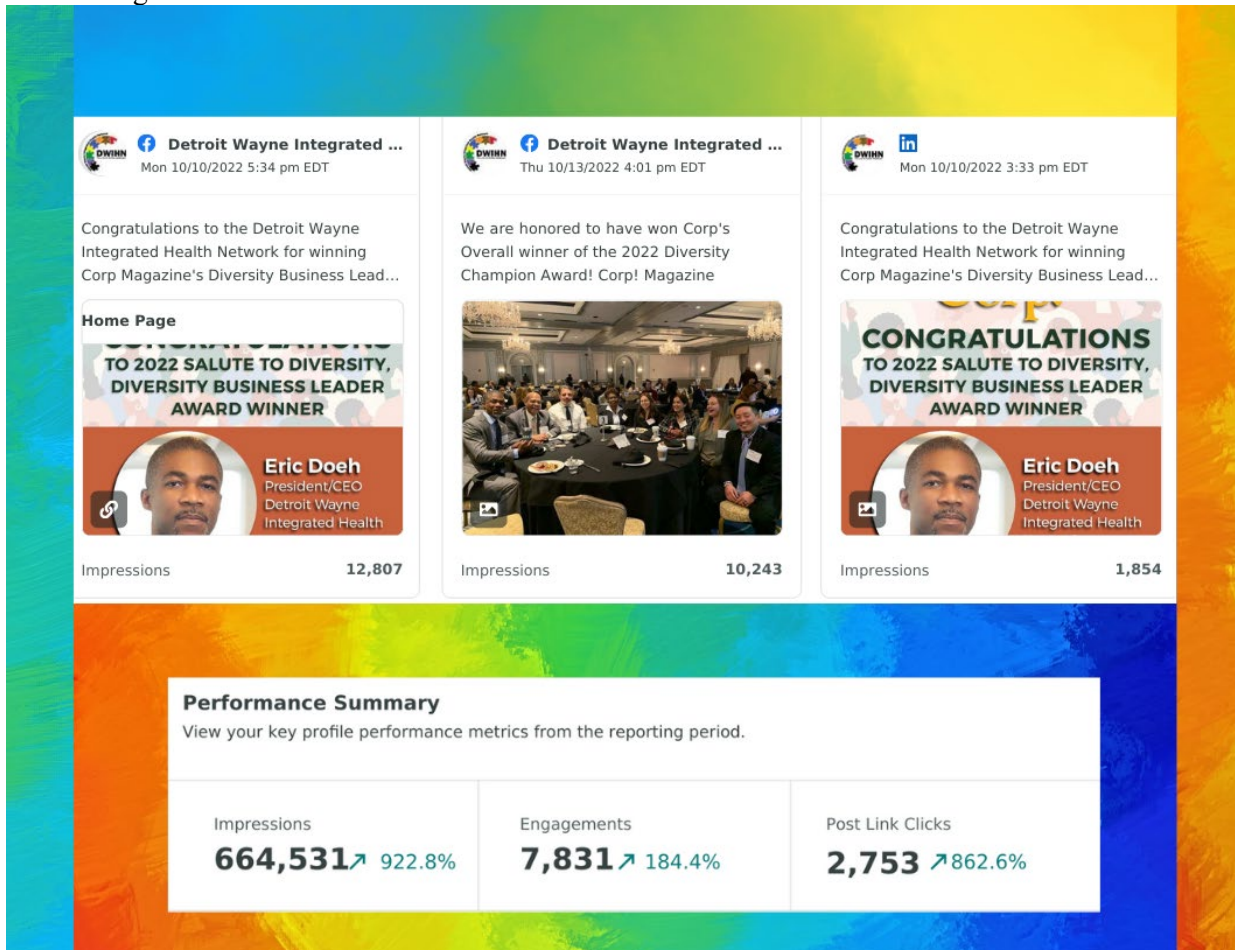
https://www.youtube.com/watch?v=q91yDgW_aWA



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, Tik Tok, steaming platforms include Pandora and Spotify.

Social Media:

Top Performing Posts



Top posts included DWIHN's Corp Award announcement which saw as many as 12,807 impressions. Impressions are different than 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 October.

Ask the Doc:

DWIHN's Chief Medical Officer Dr. Shama Faheem continues to educate the public and DWIHN stakeholders with her bi-monthly newsletter and digital content.

In October Dr.Faheem also shared digital back to school messaging for parents and students that was shared on DWIHN's social media platforms.

Community Outreach:

10/03 - DWIHN participated in the Families Against Narcotics Resource Fair in Canton.

10/08 - DWIHN participated in the Men's Health Event in Detroit at Ford Field.



10/18 - DWIHN participated in a General Meeting of Kiwanis Club of Dearborn.

10/19 - Youth United hosted Youth Move Meeting in Detroit.

10/22 - DWIHN participated in the Fueled by Life Youth Summit in Detroit.

10/27 - DWIHN participated in the National Heritage Academies Harvest Fest in Detroit

10/29 - DWIHN participated in the Impact Detroit Youth Community Harvest Trunk- a-Treat in Detroit.



Company & Staff Recognition:

DWIHN President and CEO Eric Doeh, was recognized with the Team Cares Law & Justice Award during the 2022 Team Cares Luncheon.



DWIHN was recognized as Corp's Overall winner of the 2022 Diversity Champion Award during it's Salute to Diversity Award Ceremony!



FACILITIES



Administration Building

- Estimated Completion Date December 2023



Care Center

- Estimated Completion Date October 2023

DIVERSITY, EQUITY AND INCLUSION OFFICER

Attended a meeting with the Michigan Chamber of Commerce - Civility Session. Participated in the Corp! Magazine Salute to Diversity Awards & Conference. Met with the new Macomb County DEI Officer, Melvin Lunkin. A DEI page has been added to the DWIHN Internet.

Participated in the CEnR* (Community Engaged Research) Symposium Series: Black Health & Racial Equity Symposium: Structural Racism & Implicit Bias and Health Outcomes; Black Health & Racial Equity Symposium: Food Access; Black Health & Racial Equity Symposium: The Digital D Community Engaged Research (CEnR).

*Community-engaged research (CEnR) is a process in which academic researchers work collaboratively with and through community members to identify and address issues affecting the well-being of communities. CEnR has been endorsed and recommended by many but applied by relatively few. This one-day symposium will provide opportunities to learn about and discuss the benefits gained from CEnR, as well as its challenges and strategies for conducting this CEnR successfully. This meeting will also be an opportunity to learn from and network with community members who have identified research priorities for their communities. Led by Wayne State University and Karmanos Cancer Institute.

INFORMATION TECHNOLOGY

Business Processes:

- Critical Incidents HIE to CRM
 - Worked with PCE to ensure the Critical Incidents from MHWIN HIE to the State's system, CRM. The first batch of CI records sent were on 11/4/22 and the Quality Department verified the information is now contend in the CRM.
- MHWIN Sanctions
 - Structured MHWIN to allow for 2 types of provider sanctions (Monetary, No Expansion) of which the MCO Department will be running and marking providers accordingly.
- DWIHN Mobile Application
 - DWIHN is in process of developing a community mobile application. Currently working on the development phase and will begin beta testing the week of 11/07/22. The app is scheduled to go live the end of November.
 - DWIHN is in process of developing a **Vitals Member** mobile application. The design phase is now complete and working on the development which is expected to be complete by end of November.

Applications and Data Management

- Henry Ford Joint Project
 - DWIHN team working on expanding this collaborative to develop insights and member engagement for ADT's when members show up in the Emergency Department
- RedCap
 - Completed phase 1 of RedCap migration.

Infrastructure/ Security/ HIPAA

- Building Construction
 - NCO alternate work location in place. Internet established for baseline services, while dedicated bandwidth plan for installation on 11/14/22. Office configuration to support 35 work areas underway as of 11/07/22.
 - Woodward – Working on connectivity and infrastructure specifications for the DWIHN admin building.
 - Developing a Wide Area Network strategy for multiple business being developed and procuring/securing network services.
- New phone system
 - Working on RFP for new phone system with focus on Call Center.

HUMAN RESOURCES

During the month of October, the Human Resources Department hired fifteen new staff members. The Human Resources Department also completed the DWIHN Annual Performance Appraisals, including paying the required salary increases.

CHILDREN'S INITIATIVES

Both School Success Initiative Meeting and GOAL Line meetings were held this month. Ricky Fountain presented on GOAL Line program. School Success Initiative Providers, Access Department, and IT Department was trained on the Redcap / MHWIN data merger. The training presentation and materials was uploaded to MHWIN as a resource for Providers.

Children's Outreach, Access, and Prevention Activities:

- Youth MOVE Detroit started a monthly Facebook LIVE chat. Topic was "Would you rather..." activity (15 views).
- Youth United participated in Impact Detroit Community Hub's Trunk or Treat on 10/29/22 and shared children's services resources (100 attendees).
- Several children-related videos were added to DWIHN website:
 - *Youth and Social Media: <https://www.youtube.com/watch?v=4OXsdSfFV-E>
 - *Let's Talk About It: Stigma: <https://www.youtube.com/watch?v=YbaehPHjEv0&list=PLZX9dmYop-Y2jlS6j5tMO9jfMDXF-ZMhH&index=4>
 - *Youth Substance Use: https://www.youtube.com/watch?v=q91yDgW_aWA
- Substance Use Department facilitated the "Collective Call to Action Workshop Series: Engaging Youth in Your Coalition and Community Work on 10/27/22 via zoom. Focused on barriers to youth involvement, opportunities for pro social involvement, and recruitment techniques.

- The Detroit Wayne Tobacco Free Coalition hosted a Youth Advocacy Skills Training was held on 10/22/22 at the Northwest Activity Center in Detroit.
- Children’s Initiative Department distributed the Home Based (HB) Bulletin this month to streamline the billing for home-based therapy in accordance to the Michigan Department of Health and Human Services (MDHHS) expectations. The new billing structure also allows for Children Providers to be in a position to meet the 4-hour minimum monthly requirement and qualify for the HB performance indicator for the Value Based Incentive Program.
- Children’s Initiative Director, Cassandra Phipps attended the MDHHS Funding Opportunity subcommittee to discuss how MDHHS can provide additional funding and supports for clinical staff.
- Children’s Initiative Department submitted the intent letter to MDHHS for two (2) Children Providers to participate in the Infant and Early Childhood Consultation Expansion Grant that is expected to start January 2023.
- Children’s Initiative Department received notification from MDHHS that DWIHN was awarded the Infant Toddler Grant that will start 11/1/2022. As a result, DWIHN will be hiring a full-time coordinator position to full fill the duties of this grant.
- Intellectual Developmental Disabilities Specialist, Kimberly Hoga, hosted a Children Waiver 101 Training with MDHHS and IDD Children Providers on 10/11/22 in person. Discussed the criteria, referral process, array of services, and contracts.

INTEGRATED HEALTHCARE

During the month of October, the HEDIS scorecard was presented to the CRSP monthly meeting and in individual meetings with nine CRSP, FUH data was also shared. IHC created an educational presentation on HEDIS measures and definitions for CRSP medical directors.

Population Health Management and Data Analytics Tool

All Medicaid Health Plans and ICOS were added to the HEDIS Scorecard. DWIHN can now pull data on these individually by CRSP provider.

Data Share with Medicaid Health Plans

In accordance with MDHHS Performance Metric to Implement Joint Care Management, between the PIHP and Medicaid Health Plans, IHC staff performs Data Sharing with each of the 8 Medicaid Health Plans (MHP) serving Wayne County. Mutually served individuals who meet risk stratification criteria, which includes multiple hospitalizations and ED visits for both physical and behavioral health, and multiple chronic physical health conditions are identified for Case Conference. Data Sharing was completed for 40 individuals in October. Joint Care Plans between DWIHN and the Medicaid Health Plans were developed and/or updated, and outreach completed to members and providers to address gaps in care. Care Coordination done on 47 cases, 12 cases where members attended outpatient appointments due to connecting with IHC Care Coordination team. 32 members kept follow up appts currently no encounter data has been submitted to determine HEDIS. 9 clients were re-hospitalized post 30 days as rapid readmit.

QUALITY

Indicator 2a (Access of services or Biopsychosocial within 14 days of request), percentage increased from Q3(36%) to (44%) preliminary, an 8 percent increase from the previous quarter. We will continue improvement efforts with better outcomes expected during 1st Quarter. The average score for the state is

noted at 51.03% for Q3. DWIHN continued to meet the standards for PI#1 (Children and Adult), 4b (SUD) and PI#10 (Children). We have shown a slight improvement in PI#10 (Recidivism or Readmission within 30 days) from Q3 17.79% (Adult) to Quarter 4 preliminary results at (15.76%) demonstrating a 1.41 decrease from Q3. This remains as an opportunity of ongoing improvement. We will continue with the efforts to meet the standard and will continue to evaluate the effectiveness of the interventions.

HSAG Compliance Review: DWIHN has received the draft SFY 2022 Compliance Review Report with an overall compliance score of 83%, with an opportunity to provide feedback to Health Services Advisory Group (HSAG) on October 31, 2022. Awaiting reconsideration of scores due to what we perceived as erroneous markings in some areas.

SUBSTANCE USE SERVICES

COVID Update:

In October, DWIHN Provider Network provided services to 61 individuals in COVID quarantine compared to thirty-seven (37) the previous month. In addition, of the 61 identified with positive for COVID cases, 43 were vaccinated, 16 did not received a vaccination, and two (2) did not report their status. Several providers had to temporarily close admissions due to COVID including Sobriety House, Quality Behavioral Health, Salvation Army Harbor Light.

Naloxone Initiative:

DWIHN's Naloxone Initiative program has saved 886 lives since its inception. The logs are coming in slowly from law enforcement and the community. DWIHN only reports those saves that we have documentation to support this initiative.

Month of October 2022 DWIHN reports the following: Naloxone saves 0, unsuccessful saves 0.

DWIHN expanded access to Naloxone through the Barbershop Talk Tour Initiative. This permits the life-saving medication to include more people who might encounter someone experiencing an overdose. In addition, it allows family and friends of opioid users to have more knowledge of opioid overdose and the ability to respond appropriately after receiving training in naloxone administration. Training includes topics on Men's Health Issues, Male Responsibilities, Substance Use Disorder, Mental Health, Police Brutality, and Naloxone training. During October, presentations were conducted at 10 locations in Wayne County. Data from the ten barbershops where training was conducted indicate the total number of individuals trained was 39, of which 29 were men and 10 were female, ages 25-63, each received a free naloxone kit at the end of the training. Furthermore, evidence suggests that bystander naloxone administration and overdose education programs are associated with increased odds of recovery and with improved knowledge of overdose recognition and management.

Quality Behavioral Health, Inc offer free Narcan through a vending machine at their main location at 6821 Medbury St, Detroit MI 48211. QBH are the first location in the area to offer this service, which dispenses nasal Naloxone spray, both free of charge and without a prescription.

Coverage (SYNAR) Study:

LAHC completed the coverage study of 35 tobacco retailers in Dearborn in the month of October. The Coverage Study is part of the larger Synar project effort to determine sales rates of tobacco, vaping and alternative nicotine products to individuals under the age of 21 as part of Michigan's compliance with the Synar amendment and observance of the federal Tobacco 21 law. The Synar hold states to a Retailer Violation Rate of twenty percent (20%) or less. Failure to complete this project successfully, may result in significance loss of federal dollars for substance abuse prevention and treatment in Michigan. Enforcement is conducted at combination of outlets randomly selected for the Synar survey combined with law enforcement. The information obtained from these surveys is to increase awareness and encourage retailer

compliance with Youth Tobacco Act. The underage inspector will enter the outlet, attempt to make a tobacco, vapor, or alternative nicotine product purchase, and record the results. For FY 22 we received over 25% in sales of tobacco. Those providers were placed on corrective action plan.

RESIDENTIAL SERVICES

Home Closures: Three homes closed in the month of October. All members were successfully relocated. The DWIHN Residential Team continues to track and monitor requests for assistance from providers for residential placement.

The Residential Department continues to see not only an increase in referrals, but an increase in co-morbid, complex cases. DWIHN is currently exploring more transitional housing options for these high-risk populations. The below table outlines the residential referral sources:

Total Residential Referrals - October 2022 334

CRSP	157
Inpatient Hospitals	106
Assessments in current Specialized Settings	38
Emergency Departments	19
SD-to-Specialized Residential Requests	4
Nursing Homes SNFs	3
Crisis Residential (Oakdale House)	2
COPE referrals to Pre-placement settings	2
Youth Aging Out (DHHS)	2
OTHER (Wayne County Jail)	1

Authorization for Service:

There were 900 authorization requests in the month of October, and of those, 88% were approved within the initial 14 days and 14% were returned for more information and subsequently approved (an increase of 2% compared to September). The Residential Team continues to provide monthly authorization refresher trainings for CRSP providers, in addition, DWIHN meets with CRSPs monthly to review system and process updates, identify potential barriers and discuss resolutions.

Covid-19 Update:

There were no reported positive cases and no reported positive staff cases of Covid-19 or related deaths in the month of October (compared to 1 positive case in September). There was also no utilization of Covid-19 Transitional Homes in October. Currently over ninety percent (90.4%) of persons living in licensed residential settings have been fully vaccinated. Currently, 1,806 residential members have received a booster vaccination (no change from the previous month).

UTILIZATION MANAGEMENT

Autism Services:

There were 373 authorization requests manually approved during the month of October. There were an additional 174 authorizations completed via the auto-approval process for a total of 547 approvals for the month of October. There are currently 2,550 cases open in the benefit.

Habilitation Supports Waiver:

There are 1,084 slots assigned to the DWIHN. As of 10/31/22 1,015 filled, 69 were open, for a utilization rate of 93.6%. The UM Department has identified members that would meet criteria for this service array and has provided this information to those providers to increase enrollment.

Denials and Appeals:

For the month of October, there were three (3) denials and zero (0) appeals reported. There were also Twenty-three (23) inpatient service authorization administrative denials and eighteen (18) administrative appeals. Ten (10) of the administrative appeals were upheld, two (2) were overturned, five (5) were partially upheld and one (1) is pending a determination. This report does not reflect the full month of October.

General Fund:

Of the General Fund Exception authorization requests reviewed during October 2022, there were 332 approvals, including 12 for the Guidance Center (CCBHC). It is the expectation that providers assist the member in applying for benefits within the for 60 days of service.

State Facilities:

There were 2 adult state hospital admissions in the month of October and 69 NGRI consumers are currently managed in the community. Four (4) consumers remain on the wait list. There was one (1) new children's state hospital admission; one (1) member remains in the admission pool (wait list).

Provider/Outpatient Services:

As of 10/31/22, there were 2072 approvals for non-urgent, pre-service authorizations (outside of the ASD benefit). These are authorization requests that required manual review by UM Clinical Specialists. The chart below depicts the number of approvals (2072), those that were approved within 14 days of the request (1951) and the authorizations that were approved beyond 14 days (121). Out of the 1499 approvals, 94.2% were approved within 14 days of the request and 5.8% were approved 15 days or more after the submission.

Service Utilization Guidelines (SUGs):

The UM Team is currently completing an analysis on over and underutilization of service codes and will be updating SUGs accordingly to keep in line with both utilization and medical necessity guidelines.