



## **President and CEO Report to the Board**

### **Eric Doeh**

### **February 2023**

#### **FINANCE**

On November 30, 2022, Detroit Wayne Integrated Health Network issued \$7.4 million in residential stability payments. The survey was distributed to 211 residential providers; 120 provided a response. Out of the 120 responses – 44 (37%) responded with no losses; 47 (39%) responded with no loss calculated; 29 (24%) were eligible for the retention payment.

On December 5, 2022, DWIHN issued \$40.8 million in retention payments. The survey was distributed to 332 Wayne County providers (excluding school districts, governmental entities, hospitals, nursing homes and universities); 322 provided a response and 10 (3%) were nonresponsive. Approximately 14,650 full and part time clinical and non-clinical staff employed on September 30, 2022 were eligible for the retention payment. Full time clinical and non-clinical employees received \$3,000; part time clinical and non-clinical employees received \$1,500. In addition, DWIHN's internal staff also received the retention payments; the payment was made within the board approved budget for administration.

On December 20, 2022, DWIHN paid out approximately \$17.2 million for the 4th quarter retroactive one-time rate adjustment. It should be noted that the amount exceeded 5% for the three-month period July 1 through September 30, 2022.

Effective FY23, Michigan Department of Health and Human Services (MDHHS) changed the Prepaid Inpatient Health Plan (PIHP) contract language whereby DWIHN is no longer required to cost settle the direct care hazard payments. In the past, excess revenues were required to be returned to MDHHS as part of the year end closing process.

#### **LEGISLATIVE EFFORTS**

Received communication from MDDHS confirming that an appropriation was made through the December 2022 supplemental to the Detroit Wayne Integrated Health Network to support the costs for the DWIHN health network integrated behavioral health campus. DWIHN was allocated an additional \$15 million in the fiscal year beginning October 1, 2022 in the FY23 supplemental appropriation passed in December 2022; these funds are in addition to the \$45 million appropriated in Public Act 166 of 2022, for a total of \$60 million going towards this project.

On February 8, 2023, the Michigan State Budget Director Chris Harkins presented Governor Whitmer's Fiscal Year (FY) 24 Executive Budget recommendation before a joint meeting of the Michigan Senate and House Appropriations Committees. The Governor's proposal includes a \$1.50 per hour increase in pay for Direct Care Workers.

Working with our lobbyists as we continue conversations with Lansing leadership surrounding our advancements towards building care centers around Wayne County to best serve our region.

We will be sitting down with 2023 lawmakers as they start this next term to tackle major issues pertinent to the behavioral healthcare services and the people we serve: workforce shortages, general fund, expanding access to care services that already exist and additional funding. Individual meetings are scheduled in Lansing throughout February.

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 been providing information to our providers and community stakeholders titled “*What Does Ending the Public Health Emergency Mean for Michigan’s Medicaid Population*”. Helpful links can we found on the DWIHN website homepage [www.dwihn.org](http://www.dwihn.org).

## **CHIEF CLINICAL OFFICER**

### **Behavioral Health Home (BHH):**

- ❖ Current enrollment- 446 members (December - 399)
  - 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
  - There is a total of seven (7) Health Home partners for DWIHN. DWIHN has also opened this up to our CRSP Network in an effort to provide these integrated services to more members. A Request for Information (RFI) is being distributed to the provider network in an attempt to add more Behavioral Health Home providers.

### **Opioid Health Home (OHH):**

- ❖ Current enrollment - 355 members (December - 344)
  - 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 - 3,434 members (December - 3,383)
  - 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.
  - Baseline outcome data has been established for year 1 and during year 2 outcomes will be a major focus, including outcome incentives.

## **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 on the collaborations with Medicaid Health Plan Partners One, Two, and Three.

### **Health Plan Partner One**

Health Plan 1 agreed to use the shared platform and was trained on December 12, 2022. The platform will be used in care coordination meetings to stratify shared members based on HEDIS measures due and follow-

up after hospitalization. Three members were discussed in January for care coordination that had needs after hospitalization. Sixteen 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 (FUH). 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 zero FUA shared member who had an ED visit in January.

### **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. Ten members were discussed, and three 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 were two FUA shared members who had an ED visit in January.

DWIHN sends 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 which happened in December. The shared platform will be used to find more members who need care coordination.

### **Health Plan Partner Three**

DWIHN staff are working with Health Plan 3 on a new project of monitoring individuals who utilize 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. Since the program began in June, there are 1000 shared consents for treatment coordination between the four CRSP's and Health Plan 3.

DWIHN's IT Department and PCE are still working together to create a SharePoint site where all data reports will be located. As of January, the 2021-22 data has been established for a baseline for discharges and readmits.

### **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 a 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. Some problems were discovered, and this will push back training. Training for phase one is planned for February. The 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 five of these meetings in January 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 as of September 31, 2022. This is all CRSP scores combined.

Measure	Measure Name	Eligible	Total Com	Non Com	HP Goal	Year to Date
AMM	Antidepressant Medication Management Acute phase	1974	496	1478	77.32	25.13
AMM	Antidepressant Medication Management Continuation Phase	1974	41	1933	63.41	2.08
FUH	Follow-Up After Hospitalization for Mental Illness Adults	5728	2634	3094	58	45.98
FUH	Follow-Up After Hospitalization for Mental Illness Children	512	321	191	70	62.7
SAA	Adherence to Antipsychotic Medications for Individuals With Schizophrenia	5235	2862	2373	85.09	54.67
SSD	Diabetes Screening for People With Schizophrenia or Bipolar Disorder	8117	5210	2907	86.36	64.19

From FY 20 to 21, we observed a 15 % improvement in amount earned. From FY 21 to FY 22, the total amount increased but the potential amount that could have been earned also went up so DWIHN ended up with similar percentage.

## CRISIS SERVICES

**Request for Service:** There were 283 Requests for Service (RFS) for children this month and the diversion rate decreased from 71% to 64% as compared to December. There were 89 intensive crisis stabilization service (ICSS) cases for the month of January, a 35% increase compared to December at 89. There were 1,017 adult Requests for Service (RFS) for adults this month, which is a 12% increase from December. The diversion rate increased by 1%. The Crisis Stabilization Unit (CSU) at COPE served 198 members this month, a 12% decrease from December at 225. The Mobile Crisis Stabilization Team provided services to 84 members in January, up from 47 in December.

**Mobile Outreach:** The DWIHN Mobile Outreach Clinician was participated in 5 events in the month of January with 471 meaningful engagements and 2 referrals. DWIHN added new events to the calendar in continuing our partnership with Wayne Metro and Black Family Development. Our clinician added several new resource vendors to the ongoing list of community partners including Chandler Park Academy, Hope Network, Suicide Prevention Coordination from the VA, Penrickton Center for Blind Children, and Zaman.

## HUMAN RESOURCES

The Department of Human Resources hired 11 new employees, including our new Deputy Chief Information Officer, Keith Frambro, during the month of January 2023. There were also seven staff promotions during this period. The Human Resources Department also facilitated a successful Leadership Training for Department Heads during a two-retreat in January.

The Executive Leadership Team structure has been changed to a health plan corporate structure.

## COMMUNICATIONS

Print:

DWIHN was mentioned as a resource and community asset in multiple stories during the month of January.

**How the Therapeutic Recreation program in Canton Township is making a big difference--Township supervisor raised money to keep costs low for families.**

Local 4 WDIV 1/4/23

<https://www.clickondetroit.com/news/local/2023/01/04/how-the-therapeutic-recreation-program-in-canton-township-is-making-a-big-difference/>

### Mental Health Specialist Share Ways to Combat Illness Struggles

Arab American News 01/06/23

<https://arabamericannews.com/2023/01/06/mental-health-specialists-share-ways-to-combat-illness-struggles/>

DWIIHN was also featured in three editorials:

Southgate Today 1/2023 Q1

### TRUST Your Gut

Pay attention to your child's mental health, and seek help if you need it

BECOMING aware of your child's mental health and initiating dialogue are among the strongest tools parents can use. Ask them if they're feeling depressed if you have any concerns they're struggling, said Dr. Shama Fahem, chief medical officer of Detroit Wayne Integrated Health Network (DWIHN), which serves as a community safety net for 75,000 people with mental health concerns throughout Wayne County.

Open-ended questions are best. Focus on listening, as well as acknowledging and respecting their feelings. "Don't blame but rather encourage them to share what's going on and do it in their comfort and pace," she said. "If you think you should reach out for professional help, trust that gut feeling."

**Pandemic strikes again**  
Mental health professionals began to see a corresponding increase in issues, like depression, anxiety, loneliness and suicidal thoughts, among youth when the pandemic peaked.

"We're looking for more data to see if those numbers are starting to get better," Fahem said. "We should be noticing some improvement."

In fact, the U.S. Surgeon General addressed childhood mental health in a December 2021 advisory speaking to what he referred to as a "youth mental health crisis." The advisory is at <https://www.hhs.gov/ashhsa/advisory-guidance/youth-mental-health-crisis>.



Meanwhile, DWIHN and its Children's Initiatives department continue to place an enhanced emphasis on its branding campaign called "Putting Children First," by assisting children and families based on what kids were facing and their access to mental health services.

The new year and the holiday season could be the source of happiness for many kids with gifts and celebrations, but depending on individual situations, it could also lead to memories of their losses that can trigger emotions and stress, Fahem said.

"Our youth are facing serious challenges," she added, pointing to a finding by the Center for Disease Control and Prevention that found one in five youth has depression, anxiety, Attention Deficit Hyperactivity Disorder or some other mental health issue. "This has been on the rise and it's an important area that needs a lot of advocacy and outreach. Parents and guardians who are mindful and supportive play an extremely important role."

Each child expresses emotions differently. Some don't express their feelings well but they may show signs. Parents should take note if their children are crying easily, have any changes in their behavior, eat more or less, become easily irritated, have an increased sensitivity to criticism, are withdrawn or lose interest in things they used to enjoy.

Sometimes children who have mental illness aren't social at home and yet they can be outgoing with friends. Their self-esteem may change and they may begin talking bad about themselves, or they feel guilty easily, their grades drop and/or they're not completing homework.

They might complain about body aches, stomach problems and headaches. Fahem suggests promoting physical activity, maintaining good sleep schedules and adhering to routines.

**Seek help**  
If you are looking for mental health help for your child, no matter the age, consider the following resources:  
• DWIHN Access Helpline has a 24-hour seven day a week hotline at 800-241-4949  
• Free mental health check-up at [dwhi.org](https://www.dwhi.org) may help identify a problem.

SOUTHGATE TODAY 15

Hamtramck Review 1/12/23

### Other Voices: Guest Editorial

#### Helping children one family at a time

By DWIHN  
Positive and healthy mental health is critical to everyone especially to children and youth and it includes overall well-being such as their emotional, physical and behavioral health. It can affect how they think, feel, and act and it can affect how they handle stress and make healthy decisions.

The Detroit Wayne Integrated Health Network (DWIHN) serves 75,000 individuals in Detroit and Wayne County who are struggling with mental illness, substance use and disability related concerns.

DWIIHN also has a robust Children's Initiatives Department serving children and families and providing them with the help they need at home, at school and in the community.

"There's a wide spectrum when addressing mental health problems in young people," said DWIHN Director of Children's Initiatives Cassandra Phipps.

"For example, some youth might present with something called 'adjustment disorder' where they are having a hard



time adjusting, and we have to figure out if it is something on that level or more serious like a mood disorder."

DWIIHN manages several different grant opportunities and programs. One very successful program is called "Parenting Management Training Oregon Model" (PMTO), where parents can learn the skills they need to provide adequate care for their kids.

This program is designed for children from preschool to adolescents and it helps parents promote positive change in their families.

DWIIHN also offers early childhood infant mental health services for mothers struggling with pregnancy or addiction and may be experiencing a high-risk pregnancy. In addition, services are offered to youth involved in the investiga-

tion or abuse of parent or children who are considered mentally ill.

"There are many different aspects of the your person's life that DWIHN can assist with whether it is a mental illness or disability-related concern said Phipps. "We have providers, clinicians, therapists, school based programs that can help children and parent flourish and learn how to cope with what is happening in their lives."

For parents, grandparents and guardians who may be raising teen and young adults, DWIHN offers many resource and programs through its Youth United program. These young people are advocates an ambassadors for mental health and they are on in the community every day spreading the word about stigma and mental health.

DWIIHN also has providers including Black Family Development that offer Leadership and Trainee by preparing young adult to transition out of the home.

<https://www.blackfamilydevelopment.org/>  
To learn more about

Latino Press - 1/23

**12 SALUD MENTAL**

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Latino Press - Detroit  
Enero 13, 2023

Here to Talk. Here to Help.

**DWIIHN**  
For All Detroit Residents

**Integrated Health Services**  
For Children, Families & Adults

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

[www.dwhi.org](http://www.dwhi.org)  
@DetroitWayneIHN

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

**Ayudando a los niños una familia a la vez**

La salud mental positiva y saludable es fundamental para todos, especialmente para los niños y los jóvenes, e incluye el bienestar general, como su salud emocional, física y conductual.

**DWIIHN**  
Your Link to Holistic Healthcare

El bienestar emocional y físico de los niños y los jóvenes es fundamental para su salud mental y su bienestar general. La salud mental positiva y saludable es fundamental para todos, especialmente para los niños y los jóvenes, e incluye el bienestar general, como su salud emocional, física y conductual.

DWIIHN ofrece servicios de salud mental para niños, adolescentes y jóvenes. Nuestros servicios incluyen: atención de crisis, apoyo emocional, terapia individual y grupal, y servicios de salud mental para la familia. DWIHN también ofrece servicios de salud mental para la familia, incluyendo apoyo emocional, terapia individual y grupal, y servicios de salud mental para la familia.

Si usted o su hijo/a están experimentando problemas de salud mental, no dude en contactar a DWIHN. Nuestro equipo de profesionales está listo para ayudarlos. Para más información, visite [www.dwhi.org](http://www.dwhi.org) o llame al número de atención al cliente al 800-241-4949.

### Television:

Fox 2 Detroit 1/22/23

I was a featured panelist along with other mental health experts who discussed where to find help and how to respond during a mental health crisis.

<https://www.fox2detroit.com/video/1169912>



Media Messaging Campaign:

WDIV-LOCAL 4

In January, DWIHN had a message which focused on Human Trafficking and tips to protect your children along with support available through DWIHN.

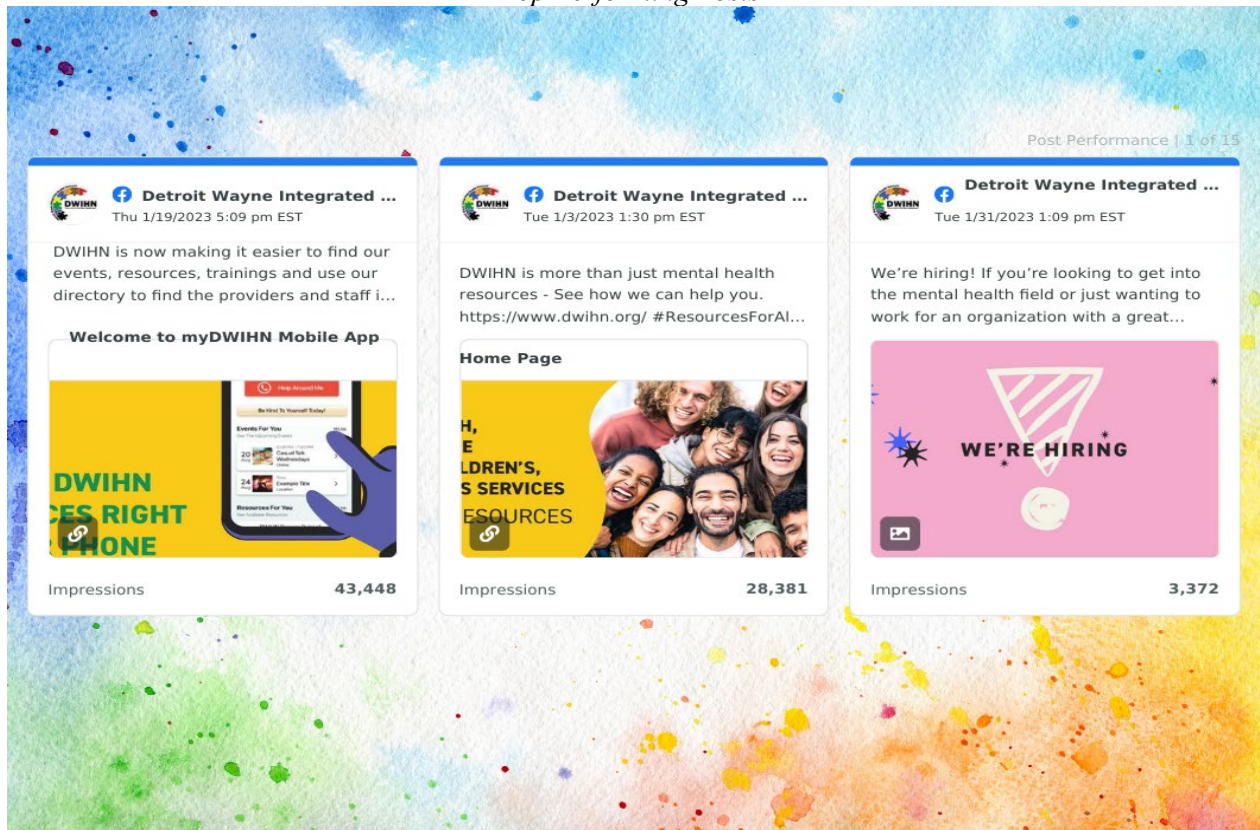
<https://youtu.be/SnH2ZeZ6EVg>



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, SnapChat, streaming platforms include Pandora and Spotify.

Social Media:

*Top Performing Posts*



Top posts included DWIHN'S myDWIHN App post which garnered almost 43,500 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 December.

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. Topics this season include influenza, seasonal affective disorder and RSV in children.

Community Outreach:

*1/20* - DWIHN attended the 11th Annual MLK Community Health Fair at Chandler Park Academy in Harper Woods.

*1/23* - DWIHN assisted with assembling toiletry bags at Wayne Metro in preparation for distribute to the unsheltered population.



*1/25* - DWIHN staff spoke at a DPSCD PTA Event at Jerry L. White Center High School in Detroit.

*1/26 -1/28* - DWIHN participated in Kevin's Song 7th Annual Conference on Suicide: Building Roads to a Better Tomorrow. The event was livestreamed via DWIHN's Facebook page to increase viewership.



*(Kevin's Song Conference)*

## CHILDREN'S INITIATIVES

**Access:** DWIHN created an Intellectual Developmental Disability (I/DD) Flyer explaining intellectual developmental disability and cognitive disability services, including a list of I/DD providers. Youth United is launching a logo creation contest to celebrate Youth United 20<sup>th</sup> Anniversary

**Prevention:** On 1/30/23, Children's Initiative Department met with Detroit Police Department's 3<sup>rd</sup> Precinct to discuss plans for the Here Me Out Campaign. Four Goals are: 1). Training police, parents, and youth about sexual assault, 2). Awareness via panel discussions and social media, 3). Enforcement to issue warrants and assist police when questioning victims, 4). Response Team to share trauma resources. Children's Initiative Department and the Crisis Department met with Homeless Resource Agency and Methodist Children Home Society to discuss DWIHN partnering to offer community mental health expertise on the Youth Homelessness Demonstration Program. For this grant the focus is to provide case management, short term therapy, crisis services, and connect long term community mental health services. On 1/24/23, Children's Initiative and Communications Department met with Institute of Trauma and Economic Justice organization to discuss collaboration to participate in organizing an annual Trauma conference in Wayne County scheduled for 3/31/23.

**Crisis Services:** Updated the Children Crisis Flyer to include the Intensive Crisis Stabilization contact information and the 988-contact information. The Juvenile Justice / CMH Stakeholder meeting was held this month to discuss Juvenile Justice Mental Health Court and status of youth at the new Dickerson location. The plan is for youth in detainment to transfer to the new building in July 2023. Children's Initiative also met with Oakland County CMH to discuss coordination of care for youth at Children's Village and was informed those services are funded via grant dollars or general funds. Medicaid is unable to pay for community mental health services while youth is in a jail setting.

**Treatment Services:** Meetings were held to discuss the expansion of SED Waiver services to address capacity challenges within the Provider network. Children's Initiative Department and Clinical Officer, Ebony Reynolds met with 3 out of 4 Wrap Around Providers to explain SED Waiver services and gain interest with providing SED Waiver services. In addition, Children's Initiative Department analyzed current capacity and outcome included four (4) of the five (5) SED Waiver Providers had capacity to accept SED Waiver referrals; however, a few providers had challenges with capacity to provide additional clinical services such as outpatient and home-based therapy.

Children's Initiative Director participated in ongoing MDHHS workgroup for transitioning Therapeutic Foster Care Oregon (TFCO) service to a Medicaid service. DWIHN also participated in monthly Michi CANS workgroup where we discussed community mental health screening and intake processes.

**School Success Initiative:** Discussed updates to MHWIN for Providers submitting data for the School Success Initiative Program. There is noted progress with Providers now having access to view reports in MHWIN for referrals, risk factors, tier services, and discharges. A student from Southwest Counseling Solution was selected as recipient of the Spotlight Award. School Success Initiative Specialist, Rasha Bradford attended the quarterly School Social Justice Partnership Meeting on 1/31/23; in which, focus was on educating youth and parents on consequences for students making school threats.

**Grants:** New Infant and Early Childhood Specialist started at DWIHN this month to be the coordinator for the Infant Toddler Program Grant that started January 2023. The new coordinator will collaborate with MDHHS, Wayne County Courts, Children Providers, and DHHS for children that are involved in the Baby Court Program. DWIHN attended the initial Infant and Early Childhood Mental Health Consultation Expansion Grant launching collaborative meeting on 1/9/2023.



## ADVOCACY/ENGAGEMENT

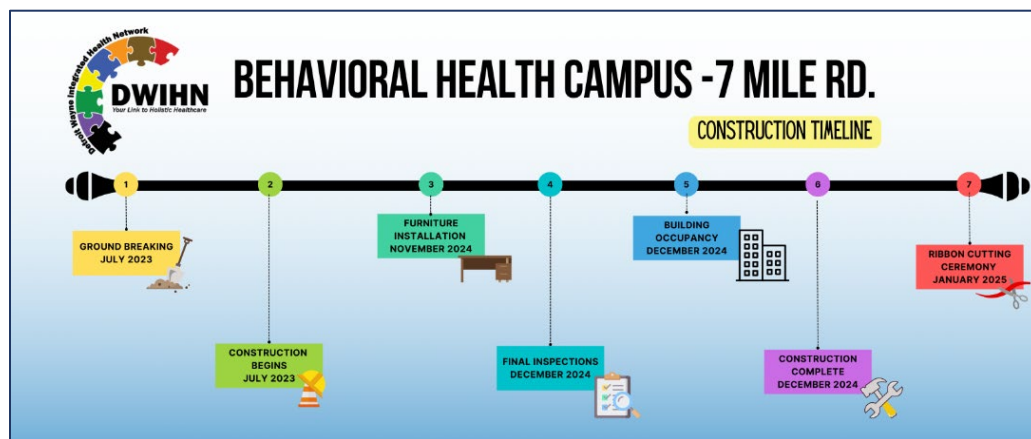
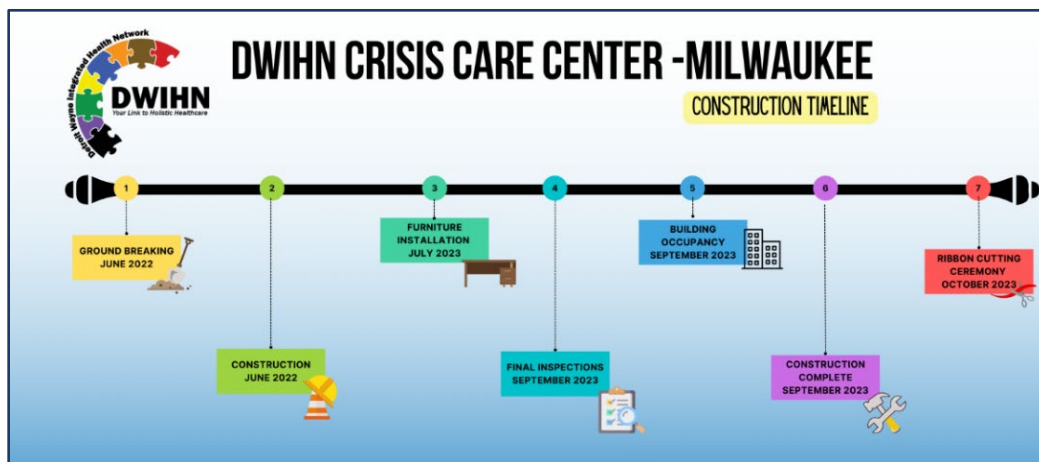
January 30 – 31: DWIHN held its very first CIT for Executives 2-Day course that was extended to our community partners and leadership throughout Detroit and Wayne County. The 2 -Day course was centered around Mental Health First Aid, Suicide Prevention and Crisis Intervention Training. Invited guests present included: DPD leadership, DPSCD Chief, DPD Board of Police Commissioners, Harper Woods Police Department leadership, Wayne County Commissioners, Southgate Police Chief, 36<sup>th</sup> District Court leadership, and others.

January 26: DWIHN Presentation before the City of Detroit Board of Police Commissioners on our community outreach and engagement efforts.

February 10: DWIHN partnership with the City of Detroit Homeless Resource Outreach distributing hundreds of items to our unsheltered population at Grand Circus Park. This opportunity allows us to engage and provide resources and services on-the-spot.

March 2: Per Wayne County Commission Enabling Resolution, DWIHN will present its Annual Report before the Wayne County Commission and provide other pertinent DWIHN updates.

## FACILITIES



## **CHIEF MEDICAL OFFICER**

### **Behavioral Health Education:**

DWIHN has continued outreach efforts for behavioral health services

- Ask the Doc Digital addressing various mental health topics
- Ask the Doc February newsletter highlighting the President's State of Union Address on mental Health and COVID data.
- Interview for CBS on crisis services for youth

**Improving in Practice Leadership Team:** IPLT continues to meet monthly. Currently the main focus of IPLT is to revise its Clinical Practice Guidelines. Extensive literature search was conducted by our Clinical Officer and myself for common behavioral health disorders with intentions of providing our Network with resources on clinical guidelines and best practices. Though the standard for reviewing it is every 2 years, DWIHN reviews it internally on an annual basis. The guidelines were presented to IPLT members that include providers, in Jan 2023. They were given opportunity to provide feedback and draft version was shared. Draft guidelines were also presented to CRSP Medical Directors in Jan 2023 for feedback. They will be presented again next week at IPLT for final voting on approval and implementation by March.

### **Med Drop Program:**

Current Active Participants

FY 2022- Started the year (10/1/21) at 34 participants.

FY2023- Started the Fiscal Year (10/1/22) with 51 participants.

As of February 1, 2023, we have 55 participants.

Number of Drops per month:

Started the FY 2022-- October 2021= 754 drops.

Ended the FY 2022 – September 2022= 1015 drops successful (84%) of the 1208 drops scheduled.

Rest of the CY:

October 2022- 1157 (85%) successful drops of the 1352 scheduled drops.

November 2022- 1008 (67%) successful drops of the 1492 scheduled drops.

December 2022- 1114 (67%) successful drops of the 1656 scheduled drops

We have changed the process to make the referrals easier for members and CRSP. Will monitor for improved numbers over the next 3-6 months or else will re-evaluate process and interventions.

## **ADULT INITIATIVES**

**Evidence-Based Supported Employment (EBSE):** During the reporting period, there were: (175) referrals, (128) admissions, (370) individuals obtained competitive employment with an average hourly wage of (\$14.25). Of the (370) individuals who obtained competitive employment, (1) was a returning citizen. Individuals served were employed in a variety of jobs/positions. Twenty-nine (29) individuals transitioned from EBSE services to a lower level of care after successfully completing their employment goals.

Beginning the 2nd quarter of FY2023, an EBSE/IPS focused Motivational Interviewing training will be provided to EBSE/IPS employment specialists by MDHHS to enhance their job development skills and provide tools to increase member job retention as well as a training on member benefits planning for EBSE supervisors. In addition, Diversity, Inclusion and Equity principles will be examined and incorporated into EBS/IPSE staff's daily practice. MDHHS in-person/onsite EBSE/IPS provider fidelity reviews will also resume after a two-year suspension resulting from health and safety concerns resulting from the pandemic.

**Outpatient Improvement Committee:** This committee meets with providers to consult on cases and look at trends within organizations. As a result of these meetings with Providers, the CPI Team was requested to provide a training to Team Wellness employees on completing a clinically appropriate Biopsychosocial. In partnership with Quality, Children’s Initiative, Adult Initiatives and several DWIHN departments, an on-site training took place with 35 Team Wellness employees. This training was very well received.

## **DIVERSITY, EQUITY AND INCLUSION OFFICER**

One Day Conference: Intersectionality of Diversity & Disability Convening and Partnership Building: Held on March 8, 2023, (9:00 AM ET-2:00 PM ET) @WCCC Downtown campus. Participated in *Recruitment and Retention of African American Males in the Mental Health and Substance Use Workforce: View from the Field* Webinar.

## **INFORMATION TECHNOLOGY**

### **Business Processes**

- **DWIHN Mobile Application**  
DWIHN has been developing a Member mobile application titled myDWIHN-Health. This is a collaboration with Vital Data to configure and start TestFlight (the beta testing portion).
- **DSM-V Conversion**  
Coordinating with CRSP providers to convert their PCE systems and MHWIN from DSM-IV to DSM-V. CRSP providers have until 4/1/23 to convert their systems at which point MHWIN will begin conversion. Once converted, will review and embed the Social Determinants of Health in conjunction with the DWIHN business units.
- **1915(i) SPA**  
Collaborating with business units to modify MHWIN to include a module or functioning related to the new 1915(i) SPA. A module has been delivered to MHWIN training and the various business units are in the testing phase.

### **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.
- **Detroit Wayne Connect Backup**  
This project has been completed & is awaiting final signoff to maintain a backup system for the data and system modules of the Detroit Wayne Connect training system. This backup is housed on DWIHN servers so that we are protected from any outage of the production system.
- **Dashboards for Behavioral Health Homes and Opioid Health Homes**  
Currently in the process of creating new PowerBI dashboards for monitoring health home information.

### **Infrastructure/Security/HIPAA**

- **Building Construction**
  - NCO Alternate Worksite stabilized. Hardwire call center staff to allow consistent service and calls.
  - Woodward – RFP 2023-006 submitted and vendor evaluation underway.
  - Network Assessment – Vendor engaged and completing tasks towards completing hardware evaluation and ordering phase.
  - Working 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.
  - 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  
Continuing to work with the vCISO on the IT security maturity assessment. The initial assessment was completed and working to identify any gaps and prioritize applicable corrective actions.

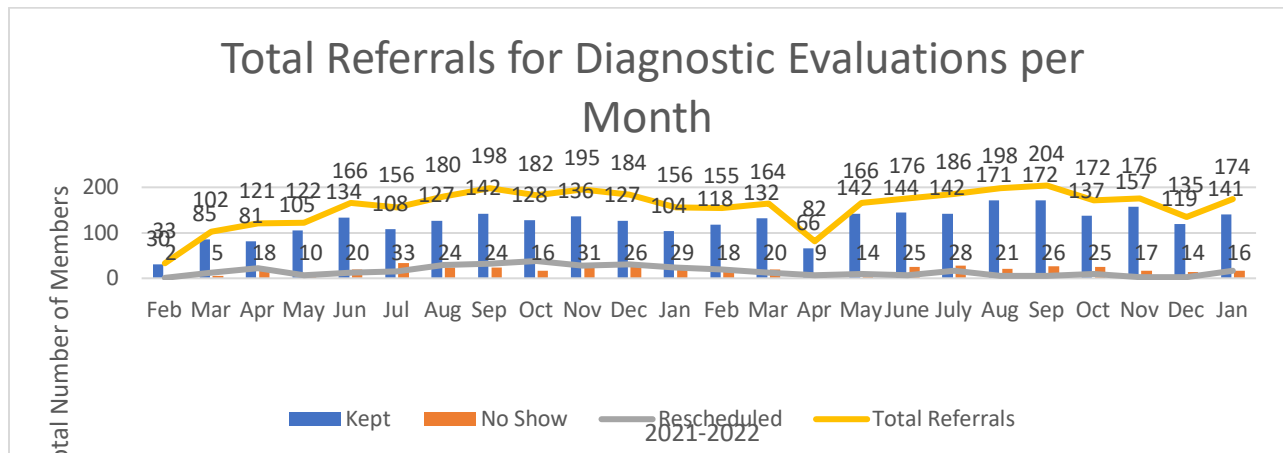
## AUTISM

Total open cases for the ASD Benefit for the month of January is 2,728 members, which is an increase of 49 members from December to January.

### Provider Updates:

- MetroEHS hosted Dr. a 2-day workshop on practical functional assessment, skill-based treatment processes, procedures for maximizing the safety, televisibility, and shared rapport of the process were emphasized. Additionally, effective and parent-validated treatment process were taught along with minimizing risks and expanding the practitioner’s scope of practice.
- In the effort to meet the increase in service requests for ABA therapy, DWIHN posted a Request for Qualifications (RFQ) for Outpatient Mental Health Providers to provide Applied Behavior Analysis (ABA) services. Award will only be issued to the list of qualified vendors that result from the RFQ.

**Diagnostic Evaluations:** Total Diagnostic Evaluation referrals scheduled by the Access Call Center was 174. Of those scheduled, 141 appointments were kept resulting in 14 members not eligible (non-spectrum) for the Autism Benefit and 127 diagnosed with autism spectrum disorder (ASD).



## INTEGRATED HEALTHCARE

DWVHN was commended on their reports around BH Teds, Veterans navigators. DWVHN was appreciated on their work with Wayne county Probate court. MDHHS was impressed with our decrease in hospital readmission rate.

## QUALITY

### Indicator Data:

For indicator 2a (Access of services or Biopsychosocial within 14 days of request), the reporting percentage increased from Q3(37.8%) to (44.6%) final. The preliminary score for Q1 is noted at 45.1% which is a 0.5 percentage point increase from Q4. The average score for the state is noted at 51.03% for Q3.

DWVHN 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 final results at (15.89%) for adults, with an overall compliance score of 15.19%, the standard is 15% or less. The preliminary score for Q1 Adults is noted at 14.73%. 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 PIP on Racial and Ethnic Disparity with African Americans Seen for Follow-Up Care Within 7-Days of Discharge from a Psychiatric Inpatient. DWIHN has received Full Compliance 100% with all the reportable areas for the HSAG PIP (Reducing the Racial Disparity of African Americans Seen for Follow-Up Care Within 7-Days of Discharge from a Psychiatric Inpatient Unit). The goal of the PIP is to achieve, through ongoing measurements and interventions, significant improvement sustained over time. The next scheduled reporting remeasurement period for DWIHN's PIP to HSAG will include data from 01/01/2023–12/31/2023. The interventions have been identified and the data will be shared with the provider network after the internal meeting.

Performance Monitoring Activities: QI staff reviewed (92) network providers during the FY. These reviews consisted of administrative, case records, and comprehensive staff reviews. The completed reviews were inclusive of the Clinically Responsible Service Providers (CRSP), and Substance Abuse Disorder (SUD) treatment and prevention providers. Additional reviews occurred with (17) Autism providers, (59) B3 providers, and (8) Inpatient Hospital settings. Plans of correction were required for providers with review scores less than 95%. Follow-up validation reviews were completed on those providers to ensure the implementation of the plan. Monitoring of trends and practices to improve quality outcomes was also exhibited through CRSP Self-monitoring Audits. Data from these provider self-reviews were analyzed on a quarterly basis by performance monitoring staff and consultation was provided as needed.

#### Autism Results

DWIHN QI staff conducted on-site and remote reviews of case records to ensure full compliance with the ASD regulatory requirements. The results from the reviews demonstrated that the average clinical score for the Autism provider has increased when compared to last fiscal year from 76% to 83% in FY2022. The average staff review score has also increased from 91% in FY2021 to FY2022 (95%). In addition, DWIHN has also implemented provider quarterly self-reviews that have contributed to improved performance. This process has allowed plan engagement and case monitoring to ensure each case is moving through the benefit in a streamlined process.

Case Reviews and Consultations: DWIHN services members with high acuity and needs. In order to assure highest clinical standards are met, DWIHN has initiated several forums where providers are able to get peer review and consultation on complex cases. Behavior Treatment Advisory Committee and Outcome Improvement Committee are examples of DWIHN's effort to support our network with information on Evidenced Based Treatment. DWIHN has also started an internal case coordination and review process with developing High Priority Case Consultation and Collaboration group where different departments review cases collectively to address potential barriers in care. BTAC is led by Quality Department and OIC and High priority Case Consult by Clinical Practice Improvement Department.

## **SUBSTANCE USE SERVICES**

**Naloxone Initiative:** DWIHN continues to support access to Naloxone through training. To date, DWIHN has trained 9,232 residents of Wayne County on how to reverse an opioid overdose. In addition, we have also provided each person with a Naloxone kit. DWIHN's Naloxone Initiative program has saved 1,112 lives since its inception.

**Gambling Funding Reduction:** Due to current budget constraints from MDHHS, it was necessary to reduce Gambling funding for Gambling Treatment Services by 50% and 25% for Prevention Gambling Services. Treatment providers effected by the reduction include Sobriety House, Mariners Inn, and Elmhurst. In addition, LAHC, Empowerment Zone and The Youth Connection will each receive a 25% reduction (prevention services).

**ASAM Level of Care:** MDHHS transitioned the ASAM Level of Care application process to the Customer Relationship Module (CRM) of MiCAL. As a result, Providers must submit their application using this system once approved by the PIHP.

**SUD Access:** Currently working with residential treatment providers to ensure they are accepting referrals 24/7. This would include providing intake services as well. It was identified that transportation may be cited as a barrier so DWIHN is also educating providers on transportation resources available to members.

## RESIDENTIAL SERVICES

**DWIHN Serviced in Residential Settings:**

**2,875**

Licensed Settings	2,052
Unlicensed Settings	823

There were 214 referrals to residential services in the month of January. Thirty-eight percent (38%) were referred from Clinically Responsible Service Providers and forty-three percent (43%) were referred by local hospitals. There were 754 authorization requests and 85% were reviewed and approved within 14 days of request. There were six (6) home closures that resulted in forty-four (44) members being successfully moved to other home settings in the month of January. There were no reported cases of Covid-19 in the month of January within Residential Services.

The Residential Department is currently working with our Contract Department to add new providers to our residential provider network. This is particularly important for those members who have highly specialized needs. This includes referrals from State Hospital settings as well.

## UTILIZATION MANAGEMENT

As of 1/31/23, the UM Team has managed a total of 814 admissions across the provider network. This includes inpatient, partial hospitalization, and crisis residential services. In the month of January, there were 701 (non-MI Health Link) admissions for inpatient treatment, reflecting a 1.7% increase from the 689 inpatient admissions during December 2022.

SMI/SED	# Admitted Members	# Admissions	Avg Length Of Stay	Median Length of Stay
SMI	554	577	8.75	8
SED	83	87	8.21	8
IDD	26	29	7.69	7
SUD	4	4	4.50	2.5
		0	0.00	
N/A		0	0.00	
NON		0	0.00	
Not Assesed		0	0.00	
<b>Total</b>	<b>667</b>	<b>697</b>	<b>8.61</b>	<b>8</b>

*Source: Power BI - Hospitalizations and Recidivism - Acute Inpatient*

Inpatient: 701

MHL Inpatient: 8

Partial Hospital: 77

Crisis Residential: 28 (adults – 20 and children - 8)

**Total Admissions: 814**

**Habilitative Waiver (HSW):** There are 1,084 slots assigned to the DWIHN. As of 1/31/23 there are 1,013 filled, 71 were open, which is a utilization rate of 93.5%. The goal is to have a minimum of 95% of slots filled. DWIHN is actively working with providers on enrollments and is working on internal identification of potential enrollees. Two additional providers (NSO and WC) will begin entering their recertifications

directly into the WSA which will increase efficiency and timeliness of certifications and enrollments. DWIHN has a specific team with Utilization Management that will be managing this program.

**Outpatient Services (Non-Urgent, Pre-Service Authorizations):**

Timeframes of Outpatient Service Authorizations are being examined for possible adjustments in accordance with the feedback being received from providers. In January there were 2,892 authorizations manually approved by the UM department. This number is reflective of non-SUD, non-ASD, non-urgent pre-service authorizations. Of these, 95.4% were approved within 14 days of request (an increase of 9.6% from December). DWIHN has identified missing elements within the Service Utilization Guidelines, which will decrease the number of manual reviews required. Currently Utilization Management manually reviews approximately 23% of authorization requests. DWIHN's goal is to not only meet the 14-day expectation, but to reduce that time frame incrementally over the next year.