



President and CEO Report to the Board

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July 2023

LEGISLATIVE EFFORTS

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

ADVOCACY AND ENGAGEMENT

July: DWIHN staff kicked off Mental Health Mondays on 910am with Anthony Adams. Discussing everything from Autism supports; children's behavioral health services; and substance use prevention, treatment and recovery programs offered throughout Wayne County.

July 2: Children's Initiatives Director, Cassandra Phipps, was part of a guest panel on Flashpoint with Devin Scillian discussing the impact of social media on today's youth.

INTEGRATED HEALTH REPORT

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

Health Plan Partner One

DWIHN IHC staff and Health Plan 1 continue with monthly care coordination meetings to review a sample of shared members who experienced psychiatric inpatient admission within the past month. DWIHN and Health Plan 1 use the Vital Data Shared Platform to find new members and see what claims and diagnosis there are. Five members were discussed and three attended the FUH appointment. Six members were discussed in data sharing and two had positive outcomes. Health Plan 1 currently has staffing problems and do not have a assigned care manager to this project. DWIHN will work with the staff covering.

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

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

Health Plan 1 stated in June they are working with their leadership and will follow up. DWIHN informed Health Plan of a similar project that is being piloted with another health system. DWIHN will meet with Health Plan 1 on 7/10/2023 to discuss.

Health Plan Partner Two

Health Plan 2 and DWIHN are using the shared platform in care coordination meeting to stratify shared members based on HEDIS measures due and follow up after hospitalization. Six members were discussed

in May for care coordination that had needs after hospitalization. Four of those had successful outcomes. Five members were discussed for data sharing and three had positive outcomes

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

Health Plan Partner Three

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

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

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

Shared Platform and HEDIS Scorecard

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

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

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

The HEDIS Scorecard was rolled out to all CRSP providers. DWIHN IHC staff 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 8 of these meetings in May.

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

Measure	Measure Name	Eligible	Total Com	Non Compliant	HP Goal	23-Apr	23-Mar
ADD	Follow-Up Care for Children Prescribed ADHD Medication Conti	0	0	0	70.25	3.45	0
ADD	Follow-Up Care for Children Prescribed ADHD Medication Initiat	43	7	36	58.95	34.69	16.28
AMM	Antidepressant Medication Management Acute Phase	3543	1526	2017	77.32	47.8	43.07
AMM	Antidepressant Medication Management Continuation	3543	726	2817	63.41	27.2	20.49
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics						
APM	Blood Glucose and Cholesterol 1-11 age	451	15	436	23.36	4.71	3.33
APM	Blood Glucose and Cholesterol 12-17 age	887	53	834	32.71	8.46	5.98
APP	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics						
APP	Ages 1-11	61	39	22	67.39	64.89	63.93
APP	Ages 12-17	76	52	24	71.16	75.33	68.42
BCS	Breast Cancer Screening	11706	2124	9582	59.29	17.96	18.14
CBP	Controlling High Blood Pressure	11789	1211	10578	79.08	13.2	10.27
CCS	Cervical Cancer Screening	31826	9540	22286	63.99	30.26	2998
COL	Colorectal Cancer Screening	0	0	0	0		0
FUH	Follow-Up After Hospitalization for Mental Illness 30 day						
FUH	Ages 6-17	136	81	55	70	60.19	59.56
FUH	Ages 18-64	1439	571	868	58	42.83	39.68
FUM	Follow-Up After Emergency Department Visit for Mental Illness						
FUM	Ages 6-17	132	109	23	84.33	84.2	82.58
FUM	Ages 18-64	250	102	148	61.05	47.16	40.8
SAA	Adherence to Antipsychotic Medications for Individuals With Sc	2508	1989	519	85.09	72.48	79.31
SMD	Diabetes Monitoring for People With Diabetes and Schizophren	846	91	755	85.71	15.89	10.76
SPR	Use of Spirometry Testing in the Assessment	938	154	784	31.48	15.9	16.42
SSD	Diabetes Screening for People With Schizophrenia or Bipolar Dis	3739	1000	2739	86.36	34.52	70.82
UAM45	Use of three or more antipsychotics for 45 or more days	10894	134	10760	<10	1.24	1.23

VICE PRESIDENT OF CLINICAL OPERATIONS

Behavioral Health Home (BHH): Current enrollment - 557 members (May- 546)

DWIHN added an additional provider to the BHH program (Psygenics) with a target start date of August 1, 2023. DWIHN met our MDHHS BHH outcome incentive goal for year 1. DWIHN continues to work with providers on data clean-up and ensuring members are being seen as expected in this program model. A Health Home Coordinator was added to support the administration of these programs.

Opioid Health Home (OHH): Current enrollment - 598 members (May- 601)

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

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

Current enrollment 3,530 members (May- 3,492). A CCBHC site provides a coordinated, integrated, comprehensive services for all individuals diagnosed with a mental illness or substance use disorder. It focuses on increased access to care, 24/7/365 crisis response, and formal coordination with health care. The Guidance Center is the designated CCBHC provider for Region 7. The Guidance Center met all outcome incentive measure for year 1 of the program.

DWIHN CCBHC Efforts: DWIHN submitted the SAMHSA CCBHC Expansion grant in May 2023. Awards will be announced by September 2023. The State of Michigan has also announced that they are expanding the CCBHC Demonstration in Michigan starting 10/1/23. DWIHN has met with MDHHS advocating to allow us to apply as we have internal firewalls already established. DWIHN will continue to advocate for this expansion opportunity.

New Initiatives:

Juvenile Detention Facility (JDF) Treatment Services: Team Wellness has established an outpatient day treatment program for adjudicated youth. This will be at Team Wellness- Russel location. Currently six (6) youth have been identified for the program, but it has a projected capacity of 70 youth. This program will offer mental health and co-occurring treatment, education, recreational activities, and community living skills. Team Wellness will also be providing Prevention Services within the JDF facility.

RFP Updates: DWIHN will be publishing RFPs for both the Crisis Continuum of Care and the expansion of Children’s Services. The Crisis Continuum will include Crisis Stabilization Units, expansion of Crisis Residential Services, and Intensive Crisis Stabilization Services (Mobile Crisis Response), and Pre-Admission Reviews. The Children’s Service expansion RFP is in response to provider capacity issues and the need to add additional supports in Wayne County.

CHIEF MEDICAL OFFICER

Behavioral Health Education and Outreach:

DWVHN has continued outreach efforts for behavioral health services

- Ask the Doc Newsletter for July addresses the importance of applying for Medicaid redetermination and also address the importance of post-hospitalization follow-up appointments.

DWVHN Crisis Care Center

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

CRU: 15 adult beds

Peer Respite Program (Pilot): 6 beds

Facilities	Construction is going timely. Generator is expected now in November. Certificate of occupancy is dependent on it. Equipment and various other vendors such as food service, telephone/fax, pharmacy and lab are been explored. RFP process has started. RFP's should be ready to begin process by 8/15/23
HR	Updated Draft Staffing plan established with some ongoing changes based on State’s draft guidelines. 2 nd Unit administrator offer accepted and begins at the end of July. Office administrator position posted and interviews will begin in the next week. Staffing plan has been started including job descriptions, schedules, and staffing plan. Bulk hiring expected in August/ September/ October
Credentialing	Developing expedited Credentialing process for new hires for Care Center. Also started the process to get credentialed by health plans. Credentialing for JCO readiness document completed.
Quality Control, Policies and Procedures	Policies are now being entered into Policystat. Consents with legal for approval. Assessing needs for certificates and licenses.
IT/Electronic Health Record	PCE is working on developing Crisis Module for DWVHN Versions and requirements of assessments such as Intake BH assessment, Nursing assessment, Triage form, Shift note, Progress note, Crisis Safety Plan, Medication Administration Record, Psychiatric evaluation, Psychiatric Progress Note, Bed Board with Bed availability have been created and several added in development mode

IT/Electronic Health Record (cont.)	<p>Ongoing work in progress with PCE on remaining forms, notes and documents.</p> <p>Other IT equipment needs are being reviewed and assigned to IT department</p> <p>CPT codes have been finalized.</p>
Finance	<p>Draft version of Operational Budget created</p> <p>Started discussions on codes that are applicable to the setting.</p>
Crisis Clinical Operations	<p>Draft work flows and SOPs created for each unit.</p> <p>Ongoing and adjusting workflows as CSU standards are changing.</p> <p>6 bed Pilot Project criteria, staffing requirements and SOPs being developed. B.E.S.T program workflows and documentation are currently being created.</p> <p>The team is concentrating on workflows, processes, vendors, cert's and licensing and will be ongoing throughout the month of July.</p> <p>Vendor needs have been addressed and RFP processes will begin by the end of July. Purchasing tab on project plan is being worked on and an area to store items is being worked on with facilities.</p> <p>More line items have been added to the project plan to include objectives for each goal that is being worked on. Percentage of staffing plan goals/objectives completed is 35% with expectations of reaching just over 50% by the end of the month once HR sections/staffing sections are completed.</p>

State Medical Director Meetings/State Hospital Update:

The youth from Hawthorn have moved to the Walter Reuther Psychiatric Hospital (WRPH) site. DWIHN is scheduled for a tour of WRPH on July 18th and information about it has been shared with Board liaison as requested.

Dr. Pinals, the State Medical Director, scheduled her monthly Medical Director meeting at Caro State hospital last month on June 27th. The new hospital is a 100-bed facility built with a person-centered approach and the move of hospitalized individuals from the old to new building is scheduled around the week of July 11th.

CRISIS SERVICES

Mobile Outreach: In June, DWIHN’s Mobile Outreach Clinician continued their partnership with Black Family Development and Wayne Metro. DWIHN participated in 15 events; educated 846 persons on DWIHN services; made 46 follow-up calls, and referred five (5) persons to the Access Center for services. Several resource vendors were added including Empowerment Zone Coalition, Focus Hope, Save Detroit, Authority Health, Metro EHS Pediatric Therapy, Terra Defoe was made a contact (Advisor to the Mayor of Detroit) and also Sabina Underwood from Jefferson East.

Requests for Service (RFS): Requests for Service (RFS) for children decreased by 37% this month and the diversion rate decreased slightly from 68% to 64% compared to May. There were 77 intensive crisis stabilization service (ICSS) cases for the month of June, which is a 21% decrease from May. Of the 98 cases, there were 39 initial screenings. The Children’s Center (TCC) Crisis Care Center serviced 8 members

this month, a significant decrease from 44 in May. The Children’s Center reported that this is largely related to school dismissal as the majority of their referrals come from the schools.

There was a 9% decrease in the number of requests for service for adults in June compared to May, and the diversion rate decreased slightly in June. The Crisis Stabilization Unit (CSU) at COPE served 252 members this month, a 12% decrease from May at 288. The Mobile Crisis Stabilization Team provided services to 59 members in June, down from 87 in May.

Crisis Residential/Hegira (COPE):

The number of available beds is 9.

Referral Source	Total Referrals	Accepted Referrals
ACT	0	0
COPE	38	18
DWIHN Residential	2	1
Step Down from Inpatient	15	7
Total	55	26

Team Wellness Crisis Stabilization Services (CSU):

Team CSU served 130 (123) members in June which is a 5% decrease from May at 130 members. 37 referrals resulted in a higher level of care. Fourteen (14) members seen at Team Wellness CSU were on an AOT and one (1) on a Transport Order.

Community Hospital Liaison Activity:

In June 2023, there were 196 contacts made with community hospitals related to movement of members out of the emergency departments, which is a 38% increase in contacts from May at 142. Out of the 196 encounters, 37 were diverted to a lower level of care, an overall diversion rate of 19%. Hospital Liaisons received 38 “crisis warning” calls in June and ten (10) of those members were diverted to lower levels of care (26% diversion rate for crisis warning calls).

HUMAN RESOURCES

The Department of Human Resources hired the following employees:

Hospital Liaison	Access and Crisis Services
OBRA Evaluator	OBRA
Embedded 911 Response Behavioral Health Coordinator	Grants and Community Engagement
Medical Director - Crisis Services	Crisis Services
Manager of Clinical and Practice Improvement	Adult Initiatives
Administrative Assistant	Children's Initiatives

DWIHN HR has continued its Financial Wellness seminars for DWIHN employees and Supervisory Institute for management staff.

COMMUNICATIONS

Student Athlete Campaign/Influencers Update:

Social Media Influencer	# of Posts	Engagement/Impressions
SPS Edge/Lindsay Huddleston	40 posts	1,346 total views

The Capital Brand/Randi Rosario	7 Story Posts, 2 Posts	Over 46.9K total views
Detroit Youth Choir	5 Story Posts, 1 Post	4,450 total Views

Youth United held an introduction “Courageous Conversation” with the Detroit Youth Choir to talk about the importance of mental health. Youth United will meet with NYC for more conversations regarding mental health, college readiness, high school transition and more topics in the future.

All three influencers assisted in promoting the DWIHN "Youth Mental Health Ambassador" Scholarship as the deadline was extended to July 31st, 2023. June focused primarily on promoting the scholarship in Instagram Story Posts, posts on Instagram, and YouTube video interviews.

Randi Rosario and Detroit Youth Choir partnered to discuss more on the importance of youth in mental health and other topics. (Content from the discussion will be published this month.)

Youth United will hold its Courageous Conversations called, Defining Your Sports Mentality on July 12 at the Pistons Performance Center. An update will be provided in next month’s Communications Executive Summary.

An episode of Ask the Doc, DWIHN’s YouTube series with the Chief Medical Officer was produced and it focused on Student Athletes. A high school sophomore and college freshman participated in the interview. It will be posted on the DWIHN website and You Tube the week of July 10.

Social Media Performance Report Summary for June

- Impressions: 546,134 down 9.5%
- Engagements: 5,035 down 29.9%
 - *Instagram Engagements Increase 49.4%*
 - *Tik Tok Engagements Increase 33.3%*
 - *YouTube Engagements Decrease 3.8%*
 - *LinkedIn Engagements Decrease 18.7%*
 - *Facebook Engagements Decrease 37.9%*
 - *Twitter Engagements Decrease 36.8%*
- Post Link Clicks: 1,990 down 2.6%
- Engagement rate: 0.9% down 22.8%
- Total Audience Growth: 14,494 3.6% Increase
 - Net audience growth, 507 (3.2% Decrease), Twitter losing followers due to inactive profiles being deleted due to new Twitter guidelines and the introduction of a new platform called, Threads.

Summary:

- Facebook is now the social media channel that brings in the most traffic to the website (previously Snapchat during the SUD campaign)
- The Kids in Crisis video was posted to Facebook had high impressions and engagement.
- NYC interview videos are bringing in more views and subscribers on the YouTube channel.
- The decrease in engagements for June is not a cause for concern. Twitter being one of the biggest decreases in engagement from last month is due to a lot of new guideline changes on the platform. We also noticed increases in engagement on Instagram and Tik Tok, while also still increasing our total audience on all of our platforms.

Google Analytics

- 928 Business Profile Interactions
- 2,419 people viewed the DWIHN Business Profile
 - 2,190 - 91% (Google Search - desktop)
 - 151 - 6% (Google Search - mobile)
 - 58 - 2% (Google Maps - mobile)
 - 20 - 1% (Google Maps - desktop)
- 1,498 Searches DWIHN was shown in users search results
 - DWIHN - 833
 - Detroit Wayne Integrated Health Network - 429
 - DWIHN - 67
 - DWIHN training - 64
 - DWIHN – 31

Website Analytics

- Facebook was the top social media platform driving the most users to the website.
- In June the website received 51,970 page views.
- Average time on page increased 2.44% with an average time of 1 minute and 19 seconds
- Top page views:
 - SUD Page - 11,153 page views (11,019 in May)
 - Homepage - 10,980 pageviews
 - Programs and services-880

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

Outdoor Media

Between the SUD and Communications campaigns, thousands of people see the DWIHN billboards every day and on average about two million impressions are estimated weekly. Eleven billboards are scheduled to go up in August in time for the International CIT Conference August 13-17, 2023. They will be located in 11 bus shelters and bike racks around the downtown metro Detroit area. Below is a sample.



Community Outreach: DWIHN/Youth United/ Youth Move Detroit

DWIHN participated in numerous outreach events in June, including the Children's Center's Faces of Trauma event, The City of Detroit's Project Clean Slate and Detroit PAL's Wellness Walk.

Youth United facilitated workshops at the MI Teen Conference at Saginaw Valley State University as well as a Courageous Conversation with Detroit Youth Choir and a Youth resource Night at Umoja Village where more than 50 people participated in the event.

CHILDREN'S INITIATIVES

Putting Children First (Access, Prevention, Crisis Intervention, Treatment):

Access:

- 6/1/2023 - The Children's Center Annual Faces of Trauma at the Durfee Innovation Society in Detroit, MI.
- 6/8/2023 – The Children's Center Youth Group Open House for members served
- 6/28/2023 – Ruth Ellis Center Community Resource Fair
- 6/8/2023 - Children's Initiative Director, Cassandra Phipps and School Success Initiative Specialist, Rasha Bradford participated in an interview article focusing on "Back to School Stress."
- 6/20/2023 - Children's Initiative Director, Cassandra Phipps was aired on Anthony Adams Radio Show to discuss Children Services in Wayne County with DWIHN.

Prevention:

- Fatherhood Initiative: 11TH Annual Fatherhood Forum was held 6/22/2023 at Greater Grace Temple in Detroit. Eric Doeh, President and CEO of DWIHN delivered the welcome speech. Cole Williams, a parent, mentor, community leader, social worker, and Executive Director of the Delta Project was the keynote speaker

- Youth United:
 - 6/13/2023 participated in panel discussion for Parent Forum to address the topic of “Navigating Transitions within our System.”
 - 6/14/2023 Presented at the Michigan Teen Summit at Saginaw Valley State University on “Take Charge, Take Care” by discussing self-care for youth and teen
 - 6/21/2023 Youth MOVE Detroit hosted a Game Night to support the “Returning to Youth Series” at The Children’s Center in Detroit, MI.
 - 6/28/2023 hosted “Courageous Conversations” with the Detroit Youth Choir at Marygrove Conservancy

- **Detroit Chempreneurist:** 6/20/2023 assisted The Children’s Center partner with Detroit Chempreneurist to facilitate a workshop for students grades K-12 on entrepreneurship skills and developing self-care products

Crisis Intervention:

- Juvenile Justice Partnership:
 - Meetings were held with MDHHS, DWIHN, Children Providers, and Care Management Organizations to brainstorm resources and referral pathways for youth discharging from juvenile justice placements. Children’s Initiative, Crisis Department, and Access Departments participated in the subcommittee meetings.
 - Met with Havenwyck Hospital, GrowthWorks, Assured Family Services, and Wayne County to discuss proposal of Inpatient Adolescent Stabilization Program for youth involved in the juvenile justice system who need of inpatient services. Discontinued this initiative due to Care Management Organizations unable to assist with funding the program due to funding regulations.
 - Met with Team Wellness this month to discuss status of the Juvenile Restorative Program and develop quarterly Outcomes Report. Team Wellness has received six (6) referrals for the program and expecting an additional 10 referrals and have staffing to manage 25 youth. Explained the process for Team Wellness to apply to become a Wrap Around Provider.

Treatment:

- CLS Assessment Tool: IT Department updated the CLS Assessment Tool in MHWIN. Updates include: 1) Definitions in the Medial/Physical section, 2) Fixed a calculation error on the Member Summary page 3) Added additional comment box to provide further clinical justification if needed.
- MichiCANS: DWIHN and The Children’s Center was selected to participate in the MichiCANS soft launch pilot to start October 2023.
- Advanced Therapeutic Solutions: New Provider to offer Art Therapy, Music Therapy, and Recreational Therapy for members with SED Waiver and or Children’s Waiver.

School Success Initiative: Monthly SSI Provider Meeting was held. Children Providers attended the Michigan Model for Health (MMH) Training this month as well. Children’s Initiative Department discussed with School Success Initiative Providers plans to transition screenings from DWIHN Access Department to the Children Providers due to various barriers. The barriers included: 1) Families avoiding answering unknown phone numbers when screeners make phone calls, 2) Families not being available to complete the screening. Training on the new screening process is scheduled for 7/13/2023 and launch new process by 8/1/2023.

Goal Line: Monthly GOAL Line meeting was held this month. Discussed GOAL Line implementing the new Social Emotional Learning screening tool as well as parent events and programs. GOAL Line will provide a status report of the new Social Emotional Learning tool and provide a summary of community events.

FACILITIES

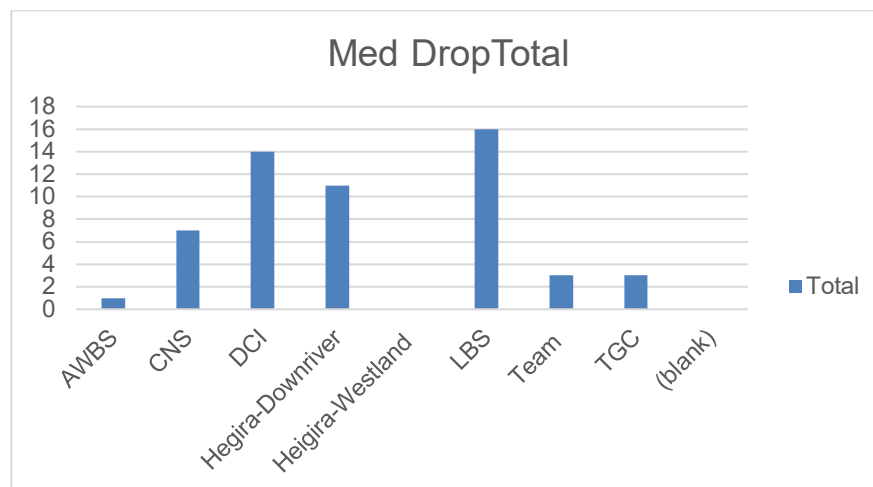
- Clinical Care Center: Construction in-progress. Estimated completion is November 2023.
- Woodward Administrative Building: Construction in-progress. Estimated completion is December 2023.
- 7 Mile Behavioral Health Wellness Campus: Preliminary space planning meetings occurring.
- Downriver Crisis Center: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

ADULT INITIATIVES

Med Drop: There are currently 70 individuals open in the Med Drop program (May- 64). During the month of June, Adult Initiatives met with Med Drop coordinator to discuss the updates to the med drop referral process and any barriers.

During the 2nd Quarter of 2023, the following outcomes have been noted:

- 84% reduction in the number of psychiatric hospital admissions (compared to pre-Med Drop)
- 100% reduction in jail admissions while participating in the Med Drop Program (compared to the number of jail admissions for the Med Drop clients in the 12 months prior to entering the Med Drop Program).



Evidence-Based Supported Employment (EBSE): The State of Michigan describes Supported Employment as a two-factor program that focuses on assisting people with securing gainful employment in the community, and providing supports that are necessary to increase success in their respective positions.

Outcomes for EBSE this reporting period (3rd Quarter):

- 475 open members
- 276 referrals and admissions
- 21 have maintained 6 months of employment
- 170 obtained competitive employment with an average hourly wage of (\$14.30)
- 39 individuals transitioned met their employment goals and moved to a lower level of care

Alternative Outpatient Treatment (AOT): DWIHN received 116 Assisted Outpatient Treatment (AOT) orders from Probate Court this month. Respective providers were notified to incorporate these orders in treatment planning with their members. Deferral Conferences continue with provider engagement.

Wayne County Probate Court (WCPC) received 375 clinical packets for the month of June, which is an increase of 12.61% compared to May.

- Community Law Enforcement Liaison engaged with 56 individuals this month.
- 100% have repeat interactions/ hospitalizations.
- 33% have no CRSP assigned, as they have not been discharged.
- .06% have a history of SUD hx. and .08% homeless.

Eleven (11) Returning Citizens were connected to DWIHN services upon release from the Michigan Department of Corrections, (MDOC). Three (3) were paroled with an active combined AOT order. All members followed up with their initial intake appointments.

1915iSPA: MDHHS, as required by CMS, has implemented its new approval process for 1915iSPA services. These services included Community Living Supports, Respite, Fiscal Intermediary, Housing Support, Supported Employment, Skill Building, Medical Equipment, Environmental Modification, and Enhanced Pharmacy Services. Individuals recommendation for any of these services are first required to be assessed and referred for approval through DWIHN and then MDHHS. DWIHN has approximately 6,000 members that receive at least one of the above-mentioned services. DWIHN has approved and enrolled 2,740 to date (61% increase since last month). All members receiving 1915iSPA services have to be enrolled with the State by 9/30/23. DWIHN is working closely with our provider network to ensure this timeline is met.

DIVERSITY, EQUITY AND INCLUSION OFFICER

The DEI Officer has been requested to serve on the Planning Committee for the 2023 WSU Community-Engaged Research (CEnR) Summit. Groups served include (but not limited to) Middle Eastern and North African (MENA) and Immigrant Health, LGBTQ Health, and Black Health and Racial Equity.

Detroit Community Health Equity Alliance Meeting (D-CHEA) – Kickoff

- *D-CHEA will work to inform and develop initiatives to advance health equity with emphasis on Detroit's persistent poverty areas, where a substantial proportion of the neighborhood has lived in poverty for decades. The committee plans to collaborate to bring about community-level change towards health-promoting opportunities and behaviors. (Funded through CVS Health)*

The DEI Officer met with George Winn from The Children's Center to help facilitate in-person DEI training for staff. Topics are still to be determined.

The DEI Officer presented to BCAP – What is DEI and what does it mean to you? (Teen Summer Program Curriculum with ICE Department)

INFORMATION TECHNOLOGY

Business Processes:

- **CRSP Risk Matrix Revisions**
 - Updated the Complaint logic & currently working on adding the PHQ-A to the matrix
- **Autism Risk Matrix**
 - Working on business rules & logic to be used by the ABA Providers & Diagnostic Evaluators

Applications and Data Management:

- **Henry Ford Joint Project**
 - Linking the dashboard to the HFH Pilot Project status site

- **Dashboards for Behavioral Health Homes and Opioid Health Homes**
 - Currently in the process of creating new PowerBI dashboards for monitoring health home information.
- **Children's Services Dashboard**
 - Delivered the first nine dashboards for Children's services. Continuing to work on additional dashboards.
- **Provider Network Adequacy Dashboard**
 - Adding measures for HSAG reporting
- **Warehouse Data Reconfiguration**
 - Continue testing the restructured tables for performance issues
- **VDT**
 - Converting data feeds to version 2.06
- **EQI reporting**
 - Completed EQI period 1 for MDHHS

Infrastructure / Security / IT Compliance:

1. **Building Construction**
 - Woodward / Milwaukee Network project approved, and the purchases has been submitted through supplier(s).
 - Phone System approved. Navigating transition services between outgoing to incoming vendor.
 - Crisis Center IT Hardware to be purchased to provide Proof of Concept (POC) for hands on use and evaluation.
 - Continuing to work to configure the building security and video camera systems to meet the needs of the new Crisis Center as well as support a Multi-Campus system Going forward.
 - Nutanix migration of virtual machines completed. Physical servers on-hold pending file server migration.
 - Purchasing process underway for badging system camera, printer, and backdrop and other needed items to support the building access system and other security systems.
2. **Security**
 - vCISO project is continuing to identify gaps in various policy and SOP to meet compliance standards.
 - CISA remediations addressed: Multifactor Authentication enablement (underway); Password security and enhancement (underway); Highly Privileged Account separation; Self Service Portal updated to address security vulnerability
 - Standards/compliance required Security Awareness Training program is under development and will soon be introduced as a part of the Cybersecurity Initiatives.
3. **Onboarding/Offboarding**
 - Ongoing and continuous development process with HR to finalize a new automated onboarding/offboarding process in Therefore to meet Access Control standards in compliance frameworks.
 - Developed C# and SSIS tools to retrieve non-sensitive staff information (no Payroll, SSN, DOB, etc.) from ADP on an ongoing basis. This will allow IT to keep Azure, AD, Onboarding/Off-boarding forms up to date as well as perform needed security audit and checks to comply with standards.

QUALITY

State Performance Indicators:

Indicators	Previous Quarter	Most recent Quarter (2 nd)	Standard Met/Trend	Plans/interventions completed to address negative trends
1 (Adult)	99.12	98.18%	Continues to meet	Ongoing monitoring with Crisis Screeners to address this
1 (Children)	99.24	99.11%	Continues to meet	Ongoing monitoring with Crisis Screeners to address this
2a (Adult)	48.94	55.86%	Improved	Monthly Individual Meeting to address barriers, incentive support to help workforce shortage
2a (Children)	28.76	31.75%	Improved	Monthly Individual Meeting to address barriers, incentive support to help workforce shortage Plan to post RFP
2b (Total)	83.38	84.45	Improved	Monthly meetings with SUD providers, expansion of SUD network
3 (Adult)	82.92	86	Improved	Monthly meetings with providers, incentive payments
3 (Children)	85.07	91.16	Improved	Monthly meetings with providers, incentive payments
4a (Adult)	98.14	98.16	Continue to meet	Reminder calls, engagement efforts, incentive pays
4a (Children)	100	100	Continue to meet	Reminder calls, engagement efforts, incentive pays
4b (Total)	100	99.43	Continue to meet	Monthly meetings with SUD providers, expansion of SUD network
10 (Adult)	14.69	15.71	Not met/slight decrease	ADT alerts, Screeners coordinate with CRSP, explore detailed dc plans before recommending admissions
10 (Children)	7.51	8.24	Met	ADT alerts, Screeners coordinate with CRSP, explore detailed dc plans before recommending admissions

HSAG Compliance Review:

DWIHN is in Year 3 of the 3-year compliance review cycle where the 2 previous year's CAP will be reviewed for implementation. The deadline to submit supporting evidence is July 25th. Quality Department is currently reviewing the evidence collected by other departments to do a mock review. Final review is scheduled for August.

Behavior Treatment Plan Review:

The quantitative data for Quarter 2 of the Behavior Treatment Plans Report submitted to MDHHS. Total number of BTPRCs submitted data: 9 (CLS, Development Center, The Children Centre, The Guidance Center, Team Wellness, Neighborhood Services Organization, Easterseals-MORC, PsyGenics, Wayne Center)

- Total BTP reviewed: 379

- New: 70
- Continued: 305
- Discontinued: 4
- Reported Psychotropics: 1113
- Anti-Psychotics: 424
- Restrictive Interventions: 328
- Intrusive Interventions: 51* *Many plans overlap in the use of restrictive and intrusive interventions.*
- 911 Calls: 91
- SE/CE: 37

The QI staff continues to work with network BTPRCs to improve the under-reporting of the required data of Behavior Treatment beneficiaries that includes 911 Calls, Deaths, Emergency Treatment, and Use of Physical Management. Staff continues to provide consultation to the twenty Behavior Treatment Plan Review Committees (BTPRC), Performance Monitoring unit, Sentinel Events Review Committee and DWIHN departments (Utilization Management, ORR, Residential, Children's) on Technical Requirements of BTPRC processes and conducts trainings for network providers on the Technical Requirements of Behavior Treatment Plans. The most recent BTPRC training was with Guidance Center clinical team. The BTAC team continues to review complex cases presented by network providers

Critical Sentinel Events Review:

2nd quarter CE/SE were submitted to the State. It was observed that CRSP were not entering the CE/SE as needed so a training was conducted on June 8 for 54 participants. Those who did not achieve an 80% score were not provided access to the MH-WIN module (11 participants scored between 59-79). Further trainings will be provided to narrow the gap.

HCBS Updates:

Quality Residential/HCBS Team presents evidence for the Non-Responder Providers on Heightened Scrutiny who allowed their Identified Members slated to be transferred from their present homes to stay. The Members "suspended" their HCBS Services and Supports to remain in the home and the provider agreed to provide continued HCBS Services and Supports without Payment since March 17, 2023. The Quality HCBS Team's goal through this process is to present these providers as 100% HCBS Ready and currently providing HCBS Services and Supports to their Members. Successful presentation will result in the provider being removed from the Heightened Scrutiny List and being able to receive HCBS Funding for HCBS Services and Supports. One review was conducted in June and services with payments were successfully reinstated after the review. All of the other interviews are scheduled for the month of July.

SUBSTANCE USE SERVICES

Treatment Services: Wayne County residents can access Treatment and Recovery services through funds provided by MDHHS. These services are intended to help individuals maintain sobriety, secure employment, find stable housing, and avoid involvement with the criminal justice system. Over 50 licensed providers offer treatment services, including ancillary services for women and children, case management, and recovery support services. 3377 persons received treatment services in third quarter 2023.

Of those reporting daily substance use at their first date of service:

- 78% reported a reduction in use of primary substance at their last date of service (*63% reported complete abstinence*)
- Nearly 60% of members who reported being homeless at the time of their admission into treatment found a more stable living situation by the time they were discharged
- Over 132 members were unemployed and seeking work at the time of their admission into treatment found employment by the time they were discharged

- 32 fewer members reported an arrest in the 30 days prior to their discharge from treatment than within the 30 days prior to their admission
- Providers reported 52 drug-free births to women receiving substance use disorder treatment services, 86% of pregnant women reported being abstinent at discharge

Age at First Use of primary drug:

12 and under	11%
13-16	37%
17-20	25%
21-24	9%
25-28	6%
29 and older	9%

(Median age 17)

Gambling Treatment: Michigan residents have access to residential gambling services that include a 24-hour helpline (1800-270-7117) and treatment and prevention programs. The state receives restricted revenue for problem gambling services from various sources, such as casinos, lottery, and racetracks. In FY 23, six providers participated in gambling programs to offer education and treatment services to individuals through the SUD network.

FY 2023 Admissions to Problem Gambling	
<i>Agency</i>	<i># of members</i>
Elmhurst Home	11
Mariners Inn	8
Sobriety House	2

FY 2023 Received Education on Gambling	
<i>Agency</i>	<i># of members</i>
Empowerment Zone	350
CCMO	553
LAHC	5812

RESIDENTIAL SERVICES

There were 122 residential referrals for Adults with Mental Illness (AMI) in the month of June 2023.

Total Referrals (AMI)- 122

Cases assigned prior to 6/1/23- 17

Assigned Directly to a Residential Care Coordinator for Brokering- 19

Rescinded prior to assessment completion- 35

AMI assessments complete- 53

Assigned cases with assessments scheduled after 6/30/23- 15

Total Referrals (I/DD)- 52

Assessment completed from provider referrals- 16

Referrals Rescinded- 4

Assessments to be scheduled- 10

Assessments scheduled in July- 8

Incomplete assessments- 14

HAB Waiver cases identified and referred for enrollment- 4

Service Authorizations: There were a total of 858 residential authorizations received in the month of June, with 789 approved:

- AMI Authorizations - 266
- IDD Authorizations – 592
 - Approved in less than 14 Days – 787 (91.8%)
 - Approved in greater than 14 days- 2 (.02%)
 - Returned in less than 14 Days – 69 (8%)

Meeting and Trainings: The Residential Team conducts the following meetings and trainings with the provider network:

- Weekly Residential/DHHS/Specialized Providers/CRSP Collaboration Project
- Monthly CRSP (Supervisory)/Residential meetings
- Residential Assessment and Clinical Alignment of Documentation Training
- Service Authorization Training
- Standardized Residential Progress Note Training
- DWIHN CRSP Presentation: SSA-787 (Payee) Form & Process: Friday, 6/23/23

INTEGRATED HEALTH

Integrated Quality Improvement Plans

The IHC department manages five Quality Improvement Plans (QIPs) that are in alignment with NCQA requirements. The focus of the QIPs includes the following: 7 and 30 day Follow Up After Hospitalization for Mental Illness (FUH), Adherence to Antipsychotic Medication (AMM), Diabetes Screening for members prescribed atypical antipsychotic medications (SSD), and Hepatitis C treatment.

All measures saw an increase in HEDIS scores from March to April except for Adherence to antipsychotics (SAA). In order to address the decline in SAA, we are reviewing provider trends to see which providers have the highest non-compliance. A meeting with those organization’s prescribers is being scheduled to understand the barriers with compliance. This will also be addressed at Medical Director’s meeting next week.

Measure	Measure Name	Eligible	Total Com	Non Com	HP Goal	23-Apr	23-Mar
AMM2	Effective Acute Phase Treatment	4052	1937	2115	77.32	47.8	43.07
AMM3	Effective Continuation Phase Treatment	4052	1102	2950	63.41	27.2	20.49
FUH301	Follow-Up After Hospitalization for Mental Illness Age 6 - 17 (216	130	86	70	60.19	59.56
FUH302	Follow-Up After Hospitalization for Mental Illness Age 18 - 64	2099	899	1200	58	42.83	39.68
SAA	Adherence to Antipsychotic Medications for Individuals With	3267	2368	899	85.09	72.48	79.31
SSD	Diabetes Screening for People With Schizophrenia or Bipolar	4962	1713	3249	86.36	34.52	26.75

MI Health Link Demonstration

IHC department under the MI Health Link Program received total of 735 level II requests in June which was an increase of 704 requests. This increase was Molina was unable to send referrals through the care bridge for several months. Molina sent 537 referrals the first week of June. Access was able to process all referrals within 10 days. Out of these referrals 593 were voided for the reasons:

	Number of Voided Referrals	Member Declined Assessment	Member Declined Services	Member not available before deadline	Referrals in error	Unable to reach
June 2023	593	14	302	43	29	295

DWIHN will be holding discussion with the plans to address the referral errors. Next steps also include coordination with plans to understand the barriers for members whom Access is unable to reach or who decline assessment/services and to discuss alternative plans.

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 35 individuals who had gaps in care and 16 of those were successful in June.

FUH:

In June 582 members admitted of those 300 are still inpatient. IHC staff contacted 162 of those members and 28. attended outpatient appointments due to connecting with IHC Care Coordination team.

FUA:

There was a total 60 FUA members presented at an ED for the month of June. 9 cases were fee for service Medicaid or plan attached. Of the cases 9 were open to DWIHN and 4 kept the appointment.

Complex Case Management:

Complex Case Management Services require the individual to agree to receive services, have Physical and Behavioral Health concerns and experiencing gaps in care. The enrollee must also agree to receive services for a minimum of 60 days. For the month of June 2023, there are currently 15 active cases, 5 new case opened, 3 case closures, and no pending cases. Three (3) cases were closed, 3 met their goals.

Omnibus Budget Reconciliation Act/Pre-Admission Screen Annual Resident Review (OBRA/PASRR) Services:

June Monthly Referrals:

1. # Referrals processed: 529
2. # Referrals requiring an assessment: 236
3. # Referrals requiring as exemption letter: 293
4. Current # of referrals in 14-day que: 12
5. Canceled assessments: 34
6. Current referrals in INP que: 485 (300 of these were left over from NSO)
7. Congruency was unable to be pulled due to the states system.
8. OBRA completed 27 nursing home trainings.
9. 11 no nursing home determination

Completed Assessments:

Type	Full	PAS	PARTIAL	Total
MI	79	13	38	130
130	19	0	1	20

Pends: Goal is to have minimal pends. While slight increase in pends was observed during month of May, special attention was given to the reasons for pends with a decrease of pends from 19% in May to 10% in June.

April: 9/54 (17%) assessment were pended for April. Reasons include: Type of eval 3, Diagnostic 1, Late/delayed 1, coordinator 3.

16/86 (19%) assessments were pended for May. Reason include: Type of Eval 2, Diagnostic 4, Presenting Problem 2, Other 2, Coordinator 3, Recommendations 3

12/111 (10%) assessments were pended for June. Reason include: Type of eval 2, Diagnostic 2, Other 3, Spelling 1, Coordinator 3, Recommendations 1.

UTILIZATION MANAGEMENT

Habilitation Supports Waiver (HSW/HAB Waiver): There are 1,084 total slots as of 6/30/23. A total of 1026 slots are currently filled and 58 are open, for a utilization rate of 94.6% (target is 95%). This increase is a direct result of multiple initiatives to boost enrollment.

Fiscal Year to Date												
	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept
Total Slots Owned	1084	1084	1084	1084	1084	1084	1084	1084	1084			
Slots Utilized	1009	1009	1008	1007	1007	1005	1015	1019	1026			
Slots Available	76	76	76	77	77	79	69	65	58			
New Enrollments	9	5	6	2	7	6	13	11	13			
Dis-enrollments	4	8	4	8	8	3	4	6	5			
% Utilization	93%	93.1%	93%	92.9%	92.9%	92.7%	93.6%	94%	94.6%			

Higher Levels of Care (HLOC): The Higher Levels of Care (HLOC) team manages the pre-authorized services of members requiring admission to acute inpatient psychiatric units, crisis residential services, and partial hospitalization programs.

A total of 1,290 admissions including Inpatient, MI Health Link, Partial Hospital and Crisis Residential were managed by the UM HLOC team between 6/1/23 and 6/30/23. This is a 4.5% increase from May 2023. As of 6/30/23, the UM HLOC team managed a total of 936 new admissions across the provider network (including MI Health Link members). This is a 7% increase from 875 new admissions in May 2023.

Inpatient Services:

As of 6/30/23, there were 805 new inpatient admissions. This is an 8.6% increase from the 741 new admissions in May 2023. This does not include most out-of-network admissions, which are not captured via MHWIN authorization reports in real time.

Partial Hospital Program Services:

DWIHN primarily utilizes two (2) partial hospitalization programs: New Oakland Family Centers (10 locations) and Havenwyck Hospital. In June 2023, 98 members attended a partial hospital program, which is an increase from 93 members in May 2023.

Adult State Hospital Services: Transfers continue to occur between the state hospital facilities as MDHHS prepares for the Hawthorn rebuild. Inpatient members considered extremely violent or with a history of violence/aggression have been transferred from Walter Reuther to the out-county facilities. Caro and Kalamazoo continue to accept transferred members as determined by MDHHS CareFlow Workgroup. DWIHN continues to manage and maintain a wait list for all community referrals.

Hospital	Caro		Kalamazoo		Walter Reuther	
Census	Total	7	Total	10	Total	65
	NGRI	1	NGRI	5	NGRI	16
	Non-NGRI	6	Non-NGRI	5	Non-NGRI	49
Wait List	0		0		4	
Admissions	Total	3	Total	5	Total	2
	NGRI	0	NGRI	2	NGRI	1
	Non-NGRI	3	Non-NGRI	3	Non-NGRI	1
ALS Status	0		0		72	

Children’s State Hospital Services:

As noted in the Adult State Hospital Services report, MDHHS is preparing for shutdown of the current Hawthorn Center location. Two (2) floors of Walter Reuther Psychiatric Hospital (WRPH) have been designated for continued treatment of Hawthorn Center youth. Safety and transfer protocols have been developed for each youth being transported to WRPH. Two (2) DWIHN-sponsored youth will be moving to WRPH for continued treatment.

In anticipation of this event, the MDHHS State Hospitals Administration coordinated with Pine Rest Christian Mental Health Services to open a second location for the Intensive Community Transition Program (ICTP) stepdown; the first is housed at Hope Network. Three (3) youth monitored by DWIHN were transferred to this program in June 2023. The State Hospitals Administration assumes monitoring of these cases after transfer.