



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

### LEGISLATIVE EFFORTS

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

We have been engaging in ongoing meetings with MDHHS to discuss procedures and guidelines for our upcoming Crisis Care Center.

### ADVOCACY AND ENGAGEMENT

The DWIHN SUD Department has been working with the City of Highland Park and as a result of their efforts, they will be getting their first permanent Prescription Drop Off Box at their Justice Center on Hamilton Avenue in the coming weeks.

October 18: There will be a DeMaria Construction \$15,000 check presentation at the Full Board meeting that will directly benefit DWIHN persons for purposes of community inclusion and personal skills development.

The DWIHN Constituent's Voice Advisory Group was the recipient of the 2023 CMHA Partners in Excellence Award. This award recognizes those who have, in the process of utilizing community mental health services, enhanced the perception of those services and their recipients within the community. This award will be presented during CMHA's 2023 Fall Conference.

NAMI Walk – DWIHN had the largest team, with just over 100 participants walking around the Wayne State Campus.

Justin Zeller, Clinical Specialist in DWIHNs Quality Department and DEI Committee Member, was featured in the MI Response to Hate Campaign by the Michigan Department of Civil Rights and Michigan Alliance Against Hate Crimes. <https://www.youtube.com/watch?v=mUw-gEbZjnw>

September 30: Marcus Stout Motor City Cruise Sports Basketball Camp at Harper Woods High School. Attendees heard from speakers about the importance of mental health, investing in yourself and how to be more than your sport.

September 28: Dreams Come True Luncheon and Awards Ceremony with Member Engagement.

September 16: Outreach and Engagement at the Senior Summit in Canton to over 450 attendees.

September 13: Annual Walk-A-Mile in My Shoes Rally on the Capitol Steps in Lansing.

## **INTEGRATED HEALTH REPORT**

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

### **Health Plan Partner One**

Health Plan 2 data analytics staff were trained on the shared platform and will give ideas of further projects/reports that can be implemented.

DWIHN and IHC meet monthly for care coordination. Ten (10) members were discussed, five (5) members required coordination with their assigned CRSP, three (3) members were connected. One (1) member will be carried over to November.

### **Health Plan Partner Two**

Care Coordination with Health Plan 2 was initiated in September 2020, these meetings occur monthly. Health Plan 2 had 16 members identified as having gaps in care. Seven (7) members needed assistance with gaps in care.

Health Plan 2 has reached out on two cases in the community who needed linking to services. IHC was able to give resources for these individuals.

### **Health Plan Partner Three**

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

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

Dashboards are created and being refreshed monthly. Data can be tracked on discharges and appointments made with CRSP's. Dashboards were expanded for each individual CRSP to track their own data. This will be presented to CRSP in November as two of the CRSP have little to no data for releases, but the dashboard shows hospitalizations.

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

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

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

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

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

During the month of September, the HEDIS scorecard was reviewed at 11 CRSP monthly meetings and FUH data was shared. IHC hosted a lunch and learn on all HEDIS scores and the policies that drive them. IHC met with new staff in Adult Initiatives who will be assigned to individual CRSP's and trained on the scorecard and how it relates to quality of services.

IHC, Crisis services, UM and Adult Initiatives met to discuss our different platforms of collecting data and the need for a Crisis Continuum and FUH. This will show from the onset of a crisis visit through to 90 days after. IHC will have this proposal to Mr. Singla and Dr. Faheem in November.

## **FINANCE**

As in previous years, Detroit Wayne Integrated Health Network (DWIHN) utilizes a data-driven process to determine which providers will receive provider stability letters. A total of twenty (20) providers across children, adults, substance use disorders and clubhouse lines of business will receive a letter requesting their projected amount of operating loss for FY23.

Effective October 1, 2022, DWIHN provided a \$1.00/hr. rate increase (\$18 million) to residential providers in addition to the 3% one-time rate increase (\$10.5 million). Therefore, residential providers will not receive letters as they have already received an additional \$30 million during the fiscal year.

## **CLINICAL OPERATIONS**

### **Clinical Program Updates:**

Behavioral Health Home (BHH): Current enrollment- 622 members

DWIHN providers met the MDHHS BHH outcome incentive goal for year 1 and are actively monitoring year 2 outcome goals. DWIHN continues to work with providers on data clean-up and ensuring members are seen as required in this program model.

Opioid Health Home (OHH): Current enrollment- 590 members (May- 601)

DWIHN providers 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.

Health Homes FY2024 focus areas include ensuring provider fidelity to the model, increasing preventative health initiatives, and engaging with provider partners to ensure improved outcomes to reach program pay for performance and quality measures.

### **Certified Community Behavioral Health Clinic (CCBHC):**

A CCBHC site provides coordinated, integrated, comprehensive services for all individuals diagnosed with a mental illness or substance use disorder. It focuses on increased access to care, 24/7/365 crisis response, and formal coordination with health care. CCBHC's incorporate Quality Based Performance Measures in the form of an incentive model. CCBHC are supported both on the national level and State level. This model is the future of behavioral health and DWIHN is currently planning for this change.

- *CCBHC Demonstration Expansion* - Up until October 1, 2023, our region had one CCBHC Demonstration site, The Guidance Center, who serves 3,412 individuals under this model. The State of Michigan announced it was expanding the CCBHC State Demonstration sites, starting October 1, 2023. DWIHN was informed that six (6) providers applied for certification and five (5) providers were ultimately approved for certification (ACCESS, CNS Healthcare, Elmhurst Home, Development Centers, Southwest Counseling Solutions). DWIHN is working with these providers on this transition and the launch of these services by providing technical assistance.
- *CCBHC Expansion SAMHSA Grant* - This grant application was submitted by DWIHN in May 2023. This grant provides funds to assist in establishing and implementing CCBHC locations in the community. DWIHN has received notification that we were not awarded this grant. We are awaiting the application feedback from SAMHSA to see how this determination was made for future planning purposes. DWIHN is still moving forward with developing clinic services that align with the CCBHC model and provide a focused set of outpatient services. This will help ensure DWIHN is ready to join the MDHHS State Demonstration when that application is available.

### **Residential Services:**

#### *Youth Aging out of Foster Care (DHHS):*

DWIHN Residential Staff have been working with MDHHS and a pilot group of residential and Clinically Responsible Service Providers (CRSPs) to develop a program to support the successful transition of Age-Out Youth into adult services. A specific process flow, set of criteria, and referral requirement for Age-Out youth referrals was developed to assure that all services can be transitioned seamlessly. Meetings are held weekly with this pilot group. The Residential Manager continues to work with the MDHHS Director of Wayne County Children's Services to schedule training on the Residential Referral Process for Age-Out youth to all MDHHS District Managers and Supervisors. This is to ensure consistency among all MDHHS staff's understanding of the process and requirements.

DWIHN has seen success with multiple referrals and placements because of this collaboration; including returning members from out of county placements back to Wayne County. DWIHN is developing brochures outlining what residential services are available and how to access them. One brochure will be tailored to Age-Out Youth and one to DHHS staff. It will be a quick go-to guide on when and how a referral should be made to our department. Weekly meetings with DHHS staff, CRSPs, and residential providers will continue to ensure the program is comprehensive.

## **Substance Use Disorder Services (SUD):**

### *New Emerging Trend Update: Xylazine.*

Xylazine is a potent veterinary tranquilizer not approved for human use, but has increasingly been found in the illicit drug supply and is often used along with fentanyl. Out of 83 counties in Michigan, 61 have reported at least one death. Since October 2019, Xylazine-positive deaths have occurred in 29 counties, with the highest number of fatalities happening in Genesee (45 deaths), Ingham (44), Calhoun (39), Kalamazoo (27) and Muskegon (25), accounting for 67% of all xylazine-related deaths.

The CDC reports that Xylazine may be underreported in overdose deaths in Michigan because routine toxicology tests may not detect it. DWIHN is spreading awareness about the potential hazards of using xylazine and has provided 2850 Xylazine test strips as a harm reduction strategy. These strips are intended to help individuals who use drugs to determine whether their substance include Xylazine. This harm reduction approach emphasizes the importance of meeting people where they are and providing them with tools and resources, they need to make safer choices.

## **Children's Initiatives:**

*Patient Health Questionnaire Adolescent (PHQ A):* Providers complete this screening tool for youth with Serious Emotional Disturbance (SED) designation ages 11 to 17 to screen for suicidality and depression symptoms. The PHQ-A intake and quarterly reporting data has officially been added to the Risk Matrix this month. Currently PHQ-A Intake completion rate is at 99.7% and PHQ-A Quarterly completion rate is at 74.5%.

*SED Waiver:* Facilitated Wrap Around / SED Waiver training on 9/26/2023 to train children's providers on Wrap Around / SED Waiver requirements (132 attendees). This training focused on the following:

- New Provider Advanced Therapeutic Solutions that offer Music Therapy, Art Therapy, and Music Therapy.
- Authorizing SED Waiver services
- Additional training hours for Wrap Around Facilitators
- Updated Wrap Around Statement of Work
- New SED Waiver Forms: SED Waiver Information Letter, SED Waiver Transition Letter, SED Waiver Renewal Certification Checklist.
- New WSA duties

*Crisis Plans:* Facilitated DWIHN / CRSP Crisis Plan training in partnership with Adult Initiatives Department on 9/21/23 in Redford, MI. The network Crisis Plan Compliance percentage was added to the Risk Matrix to track and measure outcomes of training and provider performance. Prior to this training (3<sup>rd</sup> Quarter 2023) 62% of members had an active Crisis Plan. An additional training is scheduled for 11/2/2023.

*Discharge Planning:* IT department finalized the discharge record link in MHWIN and received confirmation that discharge summaries HIE (health information exchange) to MHWIN.

*Baby Court Grant:* Attended the Baby Court Kick Off training in Lansing on 10/1/23. Developed the Wayne County Active Community Team; in which, the first meeting was held 9/8/23 in

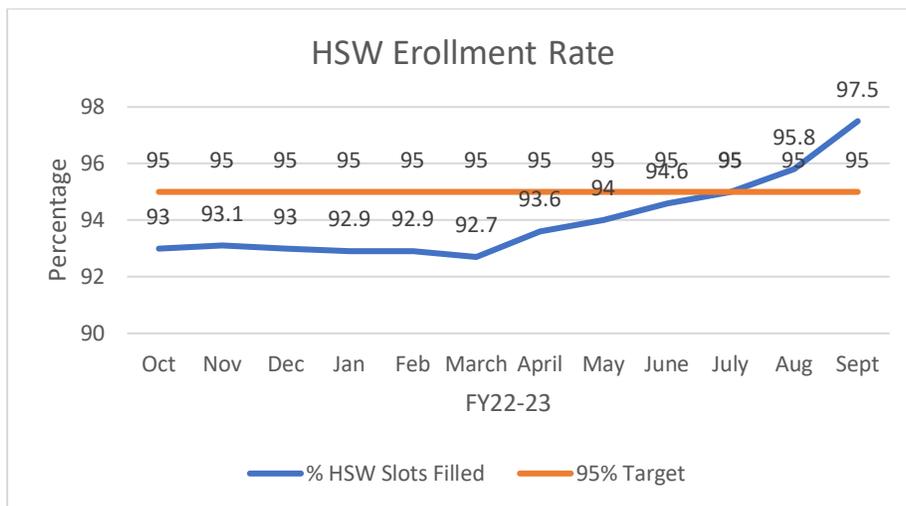
Detroit, MI. This team includes community partners, parents, advocates, infant mental health specialists, DHHS to brainstorm and support the needs of children ages 0 to 3.

**Adult Services:**

1915iSPA: As of 10/1/2023, MDHHS (as required by CMS) has implemented its new approval process for 1915iSPA services. These services include Community Living Supports, Respite, Fiscal Intermediary, Housing Support, Supported Employment, Skill Building, Medical Equipment, Environmental Modification, and Enhanced Pharmacy Services. Individuals recommend for any of these services are first required to be assessed and reviewed for approval through DWIHN and then MDHHS. DWIHN has over 6,800 members that receive at least one of the above-mentioned services. To date, 99.3% of all eligible individuals have been approved and enrolled.

**Habilitative Support Waiver (HSW):**

*Goal* - At least a 95% enrollment rate of available HSW slots. As a result of recent and ongoing initiatives, enrollment has continued to increase in HSW. In the month of September 2023, there was a 97.5% enrollment rate, which currently exceeds the MDHHS target of 95%.



**Provider Network Updates:**

To ensure that our members receive timely access to a full array of behavioral health services, DWIHN initiated several provider expansion efforts. This includes RFP/RFQs for the Crisis Continuum, expansion of Children’s Provider network, and Applied Behavioral Analysis Services.

The DWIHN Residential Department is also working closely with Managed Care Operations and Quality Management to expand the residential provider network due to a continued increase in complex cases, some of which require barrier-free settings. These departments meet weekly to review the status of provider contracts and onboarding of new facilities that can meet our members’ needs. DWIHN is also reviewing vacancy management processes and ways to create more internal efficiencies.

**Workforce Initiatives:**

DWIHN is working collaboratively with Wayne State University School of Social Work and select CRSPs to increase a pipeline of individuals obtaining both bachelor’s and master’s degrees in

social work. This effort is aimed at Peer Recovery Support staff who would like to go to college and further their education by obtaining a degree or certification in social work or addiction studies. This program allows students to complete internships at their current mental health/substance use provider, so they do not have to do an internship outside of their current place of employment after hours. They also offer guaranteed tuition and childcare services. The impact this has on increasing people's interest in higher learning and subsequently, workforce development, will be assessed each semester.

DWIHN participates in a substance use provider workforce collaboration that includes several Substance Use Disorder (SUD) providers and representatives from MCBAP. The workgroup is exploring avenues to increase the workforce, specifically in the SUD field. Starting to work with colleges (both 2 and 4-year) on presenting information to their students about the rewards of working in the substance use field. Discussions also center around social work licensing testing requirements, incentives, and parity.

## **CHIEF MEDICAL OFFICER**

### **Teaching Collaborations:**

In order to expand our efforts to collaborate with the teaching programs at Wayne State University and as a follow-up to the last Program Compliance Committee Board suggestion, we had the following additional collaborations:

- Introductory meeting with the Psychiatric Nurse Practitioner (NP) program at WSU who were not only very excited to collaborate with us and use our Care Center as a teaching site for Psych NPs but also discussed how they can facilitate the upcoming hiring of NPs for our Care Center through their alumni connections.
- NP Program Director will be coordinating a meeting with the School of Nursing Director as she discussed how they will be interested in having that option for RN students. Already received the affiliation agreements and forwarded them to legal and compliance for review.
- Contacted the Masters in Public Health program Director few weeks back, awaiting response.
- Requested follow-up meeting with Psychiatry and Child and adolescent psychiatry Program Director to finalize rotation plans.

### **Zero Suicide Grant Update:**

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

We had our general cohort meeting with SAMSHA on 9/27/23 and individual introductory meeting with them on 10/6/23. We will be completing a project plan based on the goals and timelines established in our Project application starting with formation of Zero Suicide administrative and clinical council within 2 months who will oversee it.

We will incorporate all elements of Zero Suicide model in the form of enhanced screenings, trainings, enhancements of electronic medical records to assure utilization of best practices.



**Crisis Updates:**

DWIHN has continued our work on the construction of the Crisis Center. Hiring of supervisory staff is in the process. Medical Director has been hired. Psychiatrists, Physician Assistants and Nurse Practitioners will be hired over the next 2-3 months. The Electronic Medical Record work is getting close to finalization. The MDHHS Crisis Stabilization team visited DWIHN on 9/18/23 and overall liked our facility and provided positive feedback. Awaiting more formal feedback from them at the next meeting. MDHHS invited the Pilot CSU sites for an in-person meeting in Lansing to showcase and discuss our site and program plan on 9/20/23. It was an informative meeting to see what all potential CSU sites are planning and doing and learn from each other’s experience. Person-served have been added to the CSU Pilot and provided valuable feedback during the meeting.

DWIHN is getting close to our Mobile Crisis Response launch over the next 1-2 months. DWIHN is approved for the \$200,000 grant for child mobile Crisis/ Intensive Crisis Stabilization team and is 1 of the 5 State Awardees for the 2<sup>nd</sup> Cohort. We attended our first introductory meeting on 10/4/23 and our Mobile Crisis Director in collaboration with our Grants Director will be working on assuring satisfactory completion of our Project plan. Lessons learned from the Cohort will be incorporated into State’s Mobile Crisis Best Practice Handbook.

**State Medical Director Meeting:**

The September meeting with Dr. Pinals focused on Alternative Treatment Order and had invited speaker Judge Mack and leads from Center for Behavioral Health and Justice at WSU. Successes and challenges with successful implementation of a robust AOT program were discussed. Medical Directors discussed staffing challenges for the psychiatrist to review and provide court testimony on anyone with AOT. This is even more crucial for NGRI population as their requirements are more stringent. A subgroup is being formed to work on these challenges and come back with recommendations.

**Quality Department:**

**Performance Improvement Activities:**

- a. Michigan Mission Based Performance Indicator (MMBPI)**
  - The 3<sup>rd</sup> Quarter Performance Indicator data reporting (April 1 – June 30, 2023) was submitted to MDHHS on September 29, 2023.
  - DWIHN met the state standards for all performance indicators except PI#10 (Adult)

- For indicator 2a (Access of services or Biopsychosocial within 14 days of request) has continued to improve steadily from Q1(45.15%) to Q2 (49.66%) and Q3 48.07% and Q4 very preliminary (46.01%).
- Effective October 1, 2023, a new benchmark (MDHHS) of 57.0% or higher will be implemented for PI#2a.
- For PI# 10 (The Percentage of Adults Readmitted to Inpatient Psychiatric Units Within 30 Calendar Days of Discharge from a Psychiatric Inpatient Unit), 3<sup>rd</sup> Quarter 2023 readmission rates are up from 2<sup>nd</sup> Quarter 2023. Q3 (17.71%) data for adult which is an increase of 1.97 percentage points from the previous Q2 15.74% (Adult) with overall compliance rate of 16.86%. The standard is 15% or less.

Performance Indicators	Population	2nd Quarter	3 <sup>rd</sup> Quarter	Notable Trends
<b>Indicator 1: Percentage who Received a Prescreen within 3 Hours of Request (95% Standard)</b>	Children	98.66%	97.29%	Met/Slight decrease from Q2
	Adults	98.17%	98.27%	Met/Slight increase from Q2
<b>Indicator 2a: Percentage who Received completed Integrated Biopsychosocial within 14 days. (No Standard)</b>	Total population rate	49.66%	48.07%	No standard/ Slight decrease from Q2. Continue with monthly CRSP meetings to address barriers, performance incentive to support help with staff shortage.
<b>Indicator 3: Percentage who Received completion of follow up services within 14 days of completed Biopsychosocial (No Standard)</b>	Total population rate	89.62%	90.62%	No standard/ Slight increase from Q2
<b>Indicator 4a &amp; 4b: Percentage who had a Follow-Up within 7 Days of Discharge from a Psychiatric Unit/SUD Detox Unit (95% Standard)</b>	Children	100%	100%	Met
	Adults	96.62%	96.74%	Met/Slight increase from Q2
	SUD	98.59%	97.50%	Met/Slight decrease from Q2
<b>Indicator 10: Percentage who had a Re-Admission to Psychiatric Unit within 30 Days (&lt;15% Standard)</b>	Children	8.24%	8.64%	Met/Slight increase from Q2
	Adults	15.74%	17.71%	Not Met/Increase from Q2

### Action Steps PI#10:

- Trend analysis for 3<sup>rd</sup> Quarter from FY2021 – FY2023 to review possible seasonal affects (April through June).
- Continue ongoing collaboration and efforts towards working with the providers to target recidivistic individuals to improve recidivism outcomes.
- Continuing to discuss the process of reviewing recidivist members in the COPE huddles.
- Continue to review the development of automatic alerts for clinicians in MHWIN to indicate the last admission date.

So far, preliminary 4th quarter data is 12.35% as claims are being finalized. As a result of the 3rd quarter increase, the Crisis Services Department met with the screening agencies to share this increase and discuss reasons. PCE was leveraged in July to automatically indicate the recidivism status in section 6 (treatment history) on the PAR. The date of the last discharge pre-populates for the clinicians to see when they are completing the PAR. When this pre-populates, the clinician is prompted to discuss the case with the psychiatrist/supervisor to ensure medical necessity is met for a readmission. This consultation is documented in the PAR, as well as documentation that the DWIHN Liaison is contacted, who subsequently contacts the CRSP if one is assigned. A recidivism process is in place and this addition to MHWIN serves as a prompt to engage in the process.

### **b. Critical Sentinel Events**

- The QPI Team is in the process of reviewing events over this past fiscal year.

### Notable Trends observed so far:

The QPI team recognized long delays in compliance with remediation requirements of staff retraining. There were continued numbers of members with injuries due to falls, choking (hospitalizations and deaths), overdoses due to inappropriate treatment plans, etc.

### Action Steps:

- The QPI team reviewed training options through the organization, CareAcademy, at the recommendation of Workforce Development Director, Andrea Smith as a remediation step that could be tracked and added to the corrective action plans issued by QPI.
- After careful review of the CareAcademy curriculum and possibilities of subject expansion, the team submitted a recommendation to purchase 500 learner slots to pilot the effectiveness of QPI direct assignment and monitoring of training remediation in high-risk events.
- QPI will begin internal training on the CareAcademy protocols and processes, hoping to launch during the first quarter FY 2023/2024.
- The learners who will be assigned directly by QPI team based on remediation required in the Sentinel Event or through the Root Cause Analysis process.

### Performance Monitoring Activities

- a. **HCBS** - The HCBS team received a list of settings from MSU whose responses suggest they should be the Heightened Scrutiny (HS) list. The team reviewed the list and identified if the member is still receiving HCBS services from the same provider, etc. This “clean up” project was completed on time a submitted to MSU on 9/15/2023.

**b. Non-Responders on Heighten Scrutiny Project**

Eleven settings were on Heighten Scrutiny (HS) and their funding was temporarily suspended because of not complying with the Final Rule. The Quality Department continued to work with the settings and the State and at this point all of those settings have been removed from the HS and their funding is being reinstated.

**c. Remediation and Validation of 2020 State Survey Project**

- The Remediation / Validation project is on target to meet the November 1, 2023, due date.
- The team is working with 75 providers to remediate and or validate responses from the 2020 HCBS Survey. All providers have been cooperating and have submitted supporting evidence/documents. The team is reviewing and organizing evidence. Follow-up activities include requesting amended IPOSs (this is communicated to the site and the CRSP provider), interviewing members/legal representatives, and completing on site follow up activities.

**d. Pre-Operational Reviews**

- Residential Department and Managed Care Operations has been forwarding HCBS reviews for new settings added to the Network, so we are able to assess their compliance with Final Rule at entrance. Most of those reviews are completed in 72 hours with no pending reviews as of 9/29/2023.

Notable trends and Plans:

System-wide training is needed regarding the application of HCBS Final Rule and IPOS documentation expectations which is being completed.

**e. Medicaid Claims Verification Reviews**

The QI Team completed Q1 & Q2 Claims reviews. For Quarter 1 and 2, a total of 1,058 claims were randomly selected for verification.

- Of those claims, 1,035 were reviewed, scored, and validated.
- 1,024 of the claims reviewed were compliant, having received scores of at least 95% or greater, and 11 required a Plan of Correction.
- 23 internal DWIHN claims –cannot be reviewed by DWIHN QI Team.

Noted trends:

- Insufficient/incomplete documentation of services provided.
- Services provided/billed are not being outlined in the IPOS.
- Staff not being fully qualified on the date of service.
- Not current with DWIHN-required training.

Action Steps:

- Retrain the system on the required documentation needed for the Claims verification review.

Nest steps:

- DWIHN needs to have a third party to review all internal claims.

## COMMUNICATIONS

### Student Athlete Campaign/Influencers Update:

Social Media Influencer	# of Posts	Engagement/Impressions
SPS Edge/Lindsay Huddleston	5 Posts (Instagram and YouTube)	389 total views (YouTube)
The Capital Brand/Randi Rosario	5 Story Posts, 3 Posts	Over 53.3K total views
Detroit Youth Choir	3 Story Posts, 2 Posts	1,943 total Views/41 likes

SPS Edge attended Detroit PSL Media Day to talk with numerous schools in Detroit to discuss the importance of mental health with Student-Athletes.

SPS Edge has also been interviewing Student-Athletes at the collegiate level at Michigan State University, Men's Basketball, to talk about the importance of mental health.

The Detroit Youth Choir and Youth United collaborated on a lot of posts highlighting the importance of mental health in youth, resources, and Youth United events during the month of September. Held another Courageous Conversation with the Detroit Youth Choir.

Focusing on back-to-school tips, great study habits, peer pressure and transitioning into a new school/school year.

### Social Media Performance Report Summary for September:

- Impressions: 144,564, **down 65.4%**
- Engagements: 7,291, **down 28.1%**
- Post Click Links: 2,004, **down 4.2%**
- Engagement Rate: 5%, **up 106.7%**
- **Total Audience Growth over the last month was 15,831 up 2.2%.**

### Website Analytics:

- Website sessions increased by **46.35% New Sessions** totaling 51,473 sessions for the month of September.
- Facebook was the top social media platform driving the most users to the website.
- The top pages (excluding the home page 11,338 views) were "**Substance Use Disorders**", with 12,990 views.
  - **"For Providers"** with 4,698 views
  - **"Program and Services"** with 891 views

### Google Analytics:

- 1,510 Business Profile interactions
- 3,260 People viewed the DWIHN Business Profile
  - 2,841 (87% Google search - desktop)
  - 315 (10% Google search - mobile)
  - 83 (3% Google Maps - mobile)
  - 21 (1% Google Maps - desktop)

2,073 Searches DWIHN was shown in users' search results:

- DWIHN - 927
- Detroit Wayne Integrated Health Network - 601
- DWHIN – 114
- DWC training - 70

**Media:**

DWIHN Quality Clinical Specialist Justin Zeller was featured in a new Public Service Announcement about hate and bias for the State of Michigan's Civil Rights Department "Response to Hate" campaign.



DWIHN was featured in a recent Metro Parent issue focusing on vaping.



DWIHN was a major sponsor of the annual NAMI Walk. This year DWIHN had the largest team with 100 walkers and raised thousands of dollars for those with mental illness.



**Community Outreach: DWIHN/Youth United/Youth Move Detroit:**

DWIHN participated in numerous outreach events in September including Michigan Radio/DWIHN Crisis Scenario event in SW Detroit, Tri-County Celebrate Recovery Walk, Back to School Festival, Autism Awareness Community Day, MIU Men's Health Foundation Event at

Ford Field, Historic Boston-Edison Community Resource Fair, Walk a Mile in my Shoes Rally, NAMI WALK, Canton Township Senior Summit and more.

Youth United hosted the Annual Youth Spotlight Awards at Stefan’s Banquet Hall in Redford. YU also hosted a Courageous Conversation on Youth Suicide Prevention w/Black People Die by Suicide Too Podcast.

**October 2023**

- October 7: Out of the Darkness Walk
- October 13: University Prep Art and Design, Mental Health Fair
- October 19: Youth United Professional Development, All Day, In-person
- October 21: Trunk or Treat Impact Detroit Youth
- October 25: University of Detroit Mercy, Stress & Time Management/Ice Breaker

**HUMAN RESOURCES**

During the month of September 2023, the Department of Human Resources hired the following employees:

Office Manager	Crisis Services Operations
Call Center Clinical Specialist-Part Time	Call Center
Hospital Liaison	Mobile Crisis Deployment
Assisted Outpatient Therapy–Manager	Adult Initiatives
Assisted Outpatient Therapy–Monitor	Adult Initiatives
Administrative Assistant	Managed Care Operations
Administrative Assistant	Administration
Administrative Assistant	Recipient Rights
OBRA Evaluator	OBRA
Residential Care Coordinator	Residential Services
IT Desktop Support Specialist 2	Information Technology

DWIHN HR has continued its Supervisory Institute for management staff. Regarding union negotiations, GAA has agreed to a one-year extension and HR continues negotiations with AFSCME. HR offered Early Retirement Incentives to eligible DWIHN employees. The following employees accepted and will retire effective October 31, 2023: Annette Arnold (Recipient Rights), Dean Baker (Facilities), Dorothy Hamer (Recipient Rights), Ann Mosley (Finance), Karen Poljanac (Utilization Management) and Esther Twitty (Managed Care Operations).

Finally, HR is finalizing its work with Performance Appraisals for all DWIHN staff.