



# President and CEO Report to the Board

## Eric Doeh

### November 2023

## CLINICAL OPERATIONS

### CCBHC Demonstration Expansion

FY2023 was an exciting year of significant expansion for the CCBHC demonstration in Michigan. DWIHN manages the administrative oversight for Michigan's Certified Community Behavioral Health Clinic (CCBHC) demonstration initiative for Region 7. The demonstration expands access to comprehensive behavioral health and substance use services to people regardless of insurance status, level of care, or geographic location, and utilizes Medicaid dollars to fund CCBHC model services. The Guidance Center launched as Region 7's first CCBHC site on October 1, 2021. In June 2023, MDHHS performed a condensed CCBHC site visit at the Guidance Center where they achieved a score of 100% and full certification. In addition, The Guidance Center met all six of the Quality Bonus Payment (QBP) performance measures.

As of October 1, 2023, five additional sites joined the CCBHC demonstration: Arab Community Center for Economic and Social Services (ACCESS), CNS Healthcare, Development Centers, Elmhurst Home, and Southwest Counseling Solutions. These five new sites were certified through a state certification process. The DWIHN team provides onboarding and technical assistance.

Region 7 currently has 4,829 members that have been enrolled and are actively receiving CCBHC services. This count is expanding rapidly as it is estimated that up to 15,803 people may be served in the CCBHC demonstration in our Region in FY2024.

### DWIHN CCBHC Effort

Although DWIHN was notified that we did not receive the SAMHSA CCBHC grant, we continue to move our direct clinical care efforts forward. CCBHCs are the behavioral health model of the future and DWIHN is preparing to establish that provision of outpatient services. This will prepare us to join the MDHHS CCBHC Demonstration FY2024-2025. Clinical services will align with the CCBHC model and will provide a focused set of services based on demonstrated gaps in care.

### Health Homes

DWIHN has two Health Home programs: Opioid and Behavioral Health Homes. Health Homes are a supplementary comprehensive care coordination model for Medicaid beneficiaries with select diagnoses. Participation is voluntary for people, and participation in Health Homes generally does not preclude other services. The Opioid Health Home launched October 2021 and the Behavioral Health Home launched in May 2022. These services provide behavioral and physical health care coordination to treat the person holistically, and help people navigate the healthcare system. DWIHN continues to expand Health Home enrollment and onboard new Health Home partner providers. To date, DWIHN's Opioid Health Home has 593 beneficiaries, and DWIHN's Behavioral Health Home has 628 beneficiaries.

Health Home FY2024 focus areas will be on ensuring provider fidelity to the model, preventative health initiatives, and engaging with provider partners to ensure good outcomes and reach program pay for performance and quality measures. DWIHN's Health Homes are on track to meet two of three of their respective Pay for Performance measures for FY23, however the two measures that are not on track are being examined by MDHHS to determine how the measures will be recalculated, as no regions in Michigan are meeting them and the measures are not reflecting outcomes as intended. The data below is pulled from

MDHHS' CareConnect 360 application. These data are available six months in the past, so we have FY23 Q1 and Q2 currently.

Opioid Health Home Pay for Performance Measures:

Initiation and engagement of alcohol and other drug dependence treatment (0004), Initiation of AOD Treatment within 14 days:

- Q1: MI Goal: 37.55%, DWIHN OHH: 75%
- Q2: MI Goal: 37.32%, DWIHN OHH: 62.79%

Follow-up after Emergency Department Visit for Alcohol or Other Drug Dependence (FUA-AD), Follow up within 7 days after discharge:

- Q1: MI Goal: 27.45%, DWIHN OHH: 64%
- Q2: MI Goal: 27.04%, DWIHN OHH: 52.50%

Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries. This measure is coming in high across the state due to how the measure is calculated and people using MAT services through ERs (which is a positive thing that resulted from SUD provider advocacy). People are initiating these services in the ER, and then returning the very next day to receive their medication. This counts against this measure. MDHHS is redetermining how this measure will be calculated considering this discovery.

Behavioral Health Home Pay for Performance Measures:

- Increase in Controlling High Blood Pressure (CBP-HH):
  - Q1: MI Goal: 28.07%, DWIHN BHH: 31.61%
  - Q2: MI Goal: 29.86%, DWIHN BHH: 33.45%
- Access to Preventive/Ambulatory Health Services (AAP):
  - Q1: MI Goal: 74.70%, DWIHN BHH: 97.90%
  - Q2: MI Goal: 74.20%, DWIHN BHH: 97.67%
- Reduction in Ambulatory Care: Emergency Department (ED) Visits (AMB-HH): No region in Michigan is meeting this measure; the state is looking for a new way to measure improvement. This measure looks at the rate of emergency department (ED) visits per 1,000 enrollee months among the Health Home beneficiaries. MDHHS found this measure to be high across all regions due to uneven data distribution when comparing BHH beneficiaries to regional and statewide beneficiaries, resulting from a significant disparity in numbers between these groups.

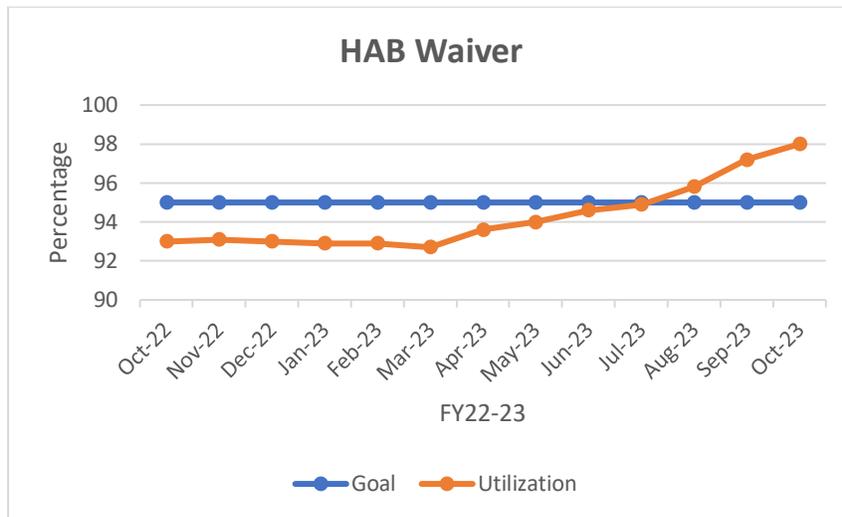
Habilitation Supports Waiver (HAB)

Is available under Section 1915© of the Social Security Act to provide home and community-based services to those diagnosed with an intellectual/developmental disability, and without these services, would require placement into an Intermediate Care Facility. The goal of these services is for individuals to acquire skills needed to gain as much independence as possible and prevent loss of functional living skills so they can remain living in a community-based setting. Intensive supportive services include Supported Employment and Skill Building/Vocational Services, Respite, Enhanced Medical Equipment and Pharmacy, Community Living Supports, Environmental Modifications, Family Training, Private Duty Nursing, and Fiscal Intermediary Services.

MDHHS provides each region with a specific number of HAB waiver "slots". It is expected that 95 % of slots will be filled continuously. If this rate is not consistently maintained, MDHHS may re-allocate slots to other regions and/or implement a Plan of Correction with the PIHP.

At the beginning of 2023, DWIHN was not meeting the expected utilization rate. DWIHN was actively working with the provider network but seeing very little overall improvement. In March of 2023, DWIHN implemented an internal Plan of Correction using multiple strategies in collaboration with the UM

Department, Residential Departments, and the Clinically Responsible Service Providers. As a result, DWIHN met the 95% utilization rate by July 2023. Results are depicted below.



1915iSPA Waiver

Traditional Medicaid B3 Services have been transitioned to the 1915iSPA Waiver. The start of this transition began in October 2022 with a target final implementation date of October 1, 2023. DWIHN has approximately 7,000 individuals that receive one or more of the eleven (11) 1915iSPA services. This change resulted in all individuals having to be enrolled and approved by MDHHS for continuation of these services using the Waiver Support Application System (WSA). As of October 2023, over 99% of individuals were successfully enrolled and approved for these services. The remaining individuals were either not interested in receiving the specific services or were unable to be engaged in services. 1915iSPA services must be renewed on an annual basis.

MichiCANS

MDHHS is currently in the process of transitioning from utilizing the CAFAS/PECFAS/DECA as level of functioning assessment tool for youth to the MichiCANS assessment. Several regions and providers are currently participating in a “soft launch” of this assessment tool and an official implementation date is slated for FY2025. The MichiCANS includes youth with serious emotional disturbance and intellectual/developmental disabilities up to age 21 and supports cross system collaboration and early identification of needs and supports. DWIHN and The Children’s Center are participating in the soft launch with MDHHS.

Assisted Outpatient Treatment (AOT)

The court orders an individual to receive community-based mental health treatment. It is aimed at individuals who are consistently non-adherent to needed treatment for mental illness. DWIHN works with the Behavioral Health Unit (BHU) on these shared individuals. Areas of reported concern are providers not following AOT statutes/the Mental Health Code, Not Guilty by Reason of Insanity (NGRI) timeliness, engaging individuals at Deferral Conferences, or appropriate coordination of care.

DWIHN, BHU and COPE instituted weekly meetings with resultant actions steps to address these concerns. This includes:

- Development of BHU FAQ
- Met with BHU/DPD on 10/28 to address and AOT and transport concerns
- Updated AOT policy and procedure and will distribute to provider network by 11/23
- CRSP must ensure services match AOT by adding to IPOS, Reviews must be uploaded every six months. This information was provided to the network September 2023.

- DWIHN training video completed
- Tracking AOT orders in MHWIN
- BHU/DWIHN to train individual providers in AOT, FY23-24

### 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. DWIHN Residential Department is also working closely with Managed Care Operations and Quality Management to expand the residential provider network due to the increase in complex cases, some of which require barrier-free settings.

### 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 pace 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 annually.

DWIHN participates in a substance use provider workforce collaboration that includes several substance use (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**

### **Zero Suicide Update**

#### What is Zero Suicide:

Suicide deaths for people under care are preventable. The Zero Suicide approach aims to improve care and outcomes for individuals at risk of suicide in health care systems. The bold goal of zero suicides among persons receiving care is an aspirational challenge that health systems should accept. Attempting to reduce suicides for patients in care to zero may seem scary or even impossible, but what other number should we strive for?

Several health care systems who have implemented this comprehensive suicide care approach have already seen significant reductions in suicide among their patient populations -- with rates of suicide being reduced by as much as 70% -80% for those in their care.

The Zero Suicide initiative is a priority of the National Action Alliance for Suicide Prevention. It emphasizes the need to transform health care for those at risk for suicide through a focus on safety and error reduction as well as through the use of best practices in suicide care by health systems and providers.

### Core Elements:

<b>LEAD</b>	Lead system-wide culture change committed to reducing suicide.
<b>TRAIN</b>	Train a competent, confident, and caring workforce.
<b>IDENTIFY</b>	Identify individuals at-risk of suicide via comprehensive screening and assessment.
<b>ENGAGE</b>	Engage all individuals at-risk of suicide using a suicide care management plan.
<b>TREAT</b>	Treat suicidal thoughts and behaviors using evidence-based treatments.
<b>TRANSITION</b>	Transition individuals through care with warm hand-offs and supportive contacts.
<b>IMPROVE</b>	Improve policies and procedures through continuous quality improvement.

### DWIHN: A Zero Suicide Organization:

DWIHN completed a grant application for Zero Suicide. We were notified on 9/8/23 about being awarded with \$ 400,000/ year for 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.

### Zero Suicide Council:

According to SAMSHA grant, the Council must include representatives from senior leadership, emergency department or crisis systems, primary care providers, behavioral health care providers, and providers and people with lived experience of suicidal ideation or suicide attempts from diverse racial, ethnic, and sexual gender minority groups. Letters are being sent this week with a response expected by the end of next week and anticipated introductory meeting mid-November.

### State Medical Director Meeting:

The October meeting with Dr. Pinals focused on updates related to the Alternative Treatment Order with robust discussion on barriers, particularly related to funding and staffing. There was an update on the State's efforts to roll out the new State plan, Psychiatric Residential Treatment Facilities (PRTF). PRTFs are a new model for Michigan and provide an environment that allows someone to transition or step-down from inpatient care services to community placement. The facilities also relieve pressure on hospital emergency departments by expanding the number of beds for people who need short-term crisis stabilization or residential treatment.

### Quality Improvement Steering Committee:

QISC in the month of October review ECHO satisfaction survey Improvement Plan and Timeline from last year. Preliminary findings from this year's survey were discussed and will continue at the next meeting. Access Center appointment availability report was reviewed and a follow-up on the provider trends was requested to look at providers giving least and most intake appointments. There was discussion around Safety Plan use and compliance and recommendations to revise policy language to reflect it as a requirement rather than optional.

### Improving in Practice Leadership Team Committee (IPLT):

November IPLT was heavily focused on review of NCQA performance Improvement project, to review data, analyze it and modify interventions. PIPS reviewed were:

- FUH QIP (rates, barriers & interventions)
- Antipsychotic Medication HEDIS PIP
- ADD Medication HEDIS PIP
- Autism PIP
- Habilitation Supports Waiver PIP
- SUD Satisfaction Survey PIP

## Quality Department Updates

### Michigan Mission Based Performance Indicators

The Michigan Mission Based Performance Indicators (MMBPI) data is a way of measuring how well DWIHN is helping the people we serve by meeting standards of care that include timeliness; by reducing problems like hospitalizations; or by helping people improve their lives in other ways. There are five indicators that have been established by Michigan Department of Health and Human Services (MDHHS) that are the responsibility of the Pre-Paid Inpatient Health Plan (PIHP) to collect data and submit on a quarterly basis. The established standards for Performance Indicators #1 and #4 are (95% or above) and the standard for Performance Indicator #10 is (15% or less). Indicators #2, 2b(e) and Indicator #3 are indicators in which there are no established standard/benchmark set by MDHHS. The new benchmark will be effective starting Quarter 1 FY2024.

The 4<sup>th</sup> Quarter data is preliminary as claims are still being finalized. DWIHN is on track to meet all the state performance indicators except for PI#10 (Adult) 15.88%, which improved from Q3 (17.71%) by 1.83 percentage points. The 4th Quarter Performance Indicator data for Q4 is due to MDHHS on January 2, 2024. Plan includes Interdepartmental review of Recidivism events and CRSP Performance Improvement Plans for Recidivistic members.

Performance Indicators	Population	1st Quarter	2nd Quarter	3rd Quarter	PRELIMINARY 4th Quarter
<b>Indicator 1: Percentage who Received a Prescreen within 3 Hours of Request (95% Standard)</b>	Children	99.24%	99.11%	96.68%	97.56%
	Adults	99.12%	98.18%	96.88%	95.69%
	Total	97.29%	98.65%	98.05%	97.88%
<b>Indicator 2a: Percentage who Received completed Integrated Biopsychosocial within 14 days. (No Standard)</b>	Total population rate	45.15%	49.66%	48.04%	49.85%
<b>Indicator 2b(e): Percentage of New Persons Receiving a face-to-face service for Treatment or Supports within 14 calendar days of a request for persons with SUD</b>	Total population rate	89.38%	84.45%	85.84%	86.12%
<b>Indicator 3: Percentage who Received completion of follow up services within 14 days of completed Biopsychosocial. (No Standard)</b>	Total population rate	87.24%	89.63%	90.33%	89.11%
<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	98.15%	93.75%	85.00%	90.74%
	Adults	94.80%	95.94%	95.10%	90.16%
	Total	95.09%	95.71%	94.14%	90.21%
	SUD	100%	99.43%	98.86%	94.72%
<b>Indicator 10: Percentage who had a Re-Admission to</b>	Children	7.51%	8.24%	7.27%	11.17%

<b>Psychiatric Unit within 30 Days (&lt;15% Standard)</b>	Adults	14.69%	15.71%	17.71%	15.88%
	Total	14.05%	15.63%	16.86%	15.04%

**HSAG Reviews**

DWIHN is subject to External Quality Reviews (EQR) through the Health Services Advisory Group (HSAG) to ensure compliance with all regulatory requirements in accordance with the contractual requirements with MDHHS. HSAG completes three separate reviews annually: The Compliance Monitoring Review, Performance Measure Validation (PMV) and Performance Improvement Project (PIP).

- For SFY2023, DWIHN has received the final report findings for the Compliance Monitoring Review Corrective Action plans. We have successfully met all (33/35) standards except for the Health Information System, Standard XII. which is an MDHHS system issue with all the PIHP’s. The new 3-year review cycle will begin September SFY2024.
- For SFY2023 Performance Measure Validation review, DWIHN met all the standards with no CAP’s or additional TA sessions required.
- HSAG Performance Improvement Project (PIP) – Reducing the Racial Disparity of African Americans seen for Follow-Up Care within 7 days of Discharge from a Psychiatric Inpatient Unit. DWIHN submitted the 2023 identified barriers and targeted interventions for the PIP, awaiting HSAG final report. The first re-measurement period 2023 is due to HSAG by March of 2024. The HSAG PIP on Racial and Ethnic Disparity with African Americans Seen for Follow-Up Within 7-Days of discharge. The preliminary data for January – September 2023, revealed a racial disparity decrease of 1.85 percentage points for 8.67% compared to 9.52% for January -August 2023. Continuation of the efforts to reduce the Racial Disparity gap.

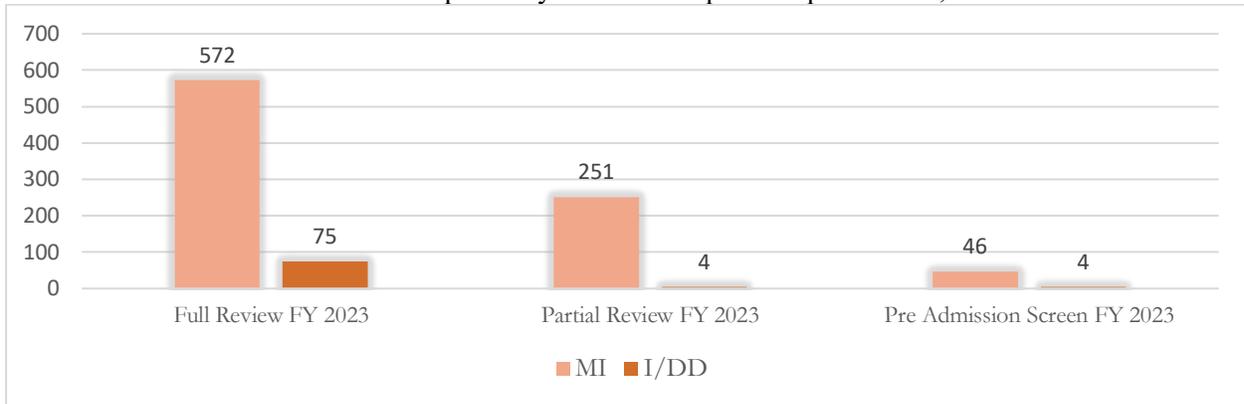
**OBRA Services within DWIHN**

DWIHN did not renew the OBRA contract with Neighborhood Services Organization after March 30, 2023. DWIHN made this decision as DWIHN is responsible for ensuring the appropriate level of services are identified and provided to the members and residents of Wayne County. The OBRA program is a Federal mandated program that determines if an individual requires nursing home level of care and what level of treatment they would need for their behavior health condition, or from their developmental disability.

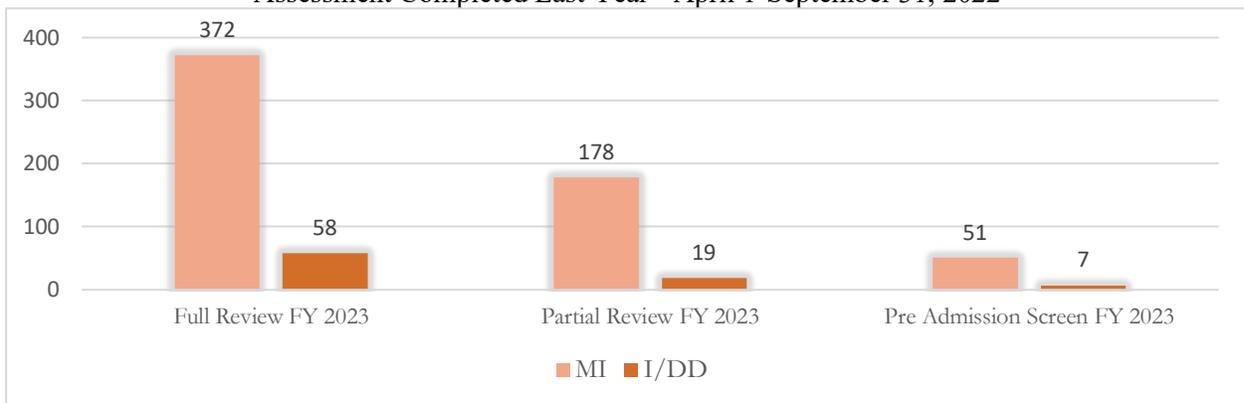
DWIHN OBRA Team is running smoothly and providing all services.

1. DWIHN hired and onboarded 21 staff within a three-week period. An additional three staff were hired in the third quarter of 2023.
2. Clinical staff were assigned assessments starting April 1, 2023.
3. OBRA trainer worked with all hospitals and nursing homes on new contacts numbers, email address and agency change.
4. 3,551 referrals were processed.
5. The State’s goal for pended assessments is 25% or less. The pended assessments during the 3<sup>rd</sup> and 4<sup>th</sup> quarter was 8.3%; this indicates that out of a total of 544 assessments, MDHHS had questions/concerns on 46.
6. Congruency with MDHHS on assessments was 96%. This means MDHHS agreed with 96% of our recommendations for level of care. The cases that they disagreed upon were where MDHHS wanted a higher level of behavioral health services.

Assessment Completed by DWIHN - April 1-September 31, 2023



Assessment Completed Last Year - April 1-September 31, 2022



Nursing home referrals are on the rise and coming back to pre-pandemic numbers. DWIHN will need to look at hiring more contractual staff. There are two deadlines to meet: 4 days for a person in the hospital and 14 days for annuals. OBRA has been meeting the timelines for the 4 days at a 100% but is behind on the 14 day because of inheriting 300 overdue assessments from NSO.

The Integrated Health Care director worked with Human Resources on hiring contingent staff who will only be paid per assessment so that this will not increase the budget for full-time staffing. Currently, two of the five positions are filled and these individuals will be ready to start assessments on December 1. They will be able to increase the number of overdue assessments completed by 30 per month.

### 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.

There will be additional opportunities in the coming weeks for legislators to tour the 707 Crisis Care Center.

We continue to hold ongoing meetings with MDHHS to discuss procedures and guidelines for our upcoming 707 Crisis Care Center.

## **ADVOCACY AND ENGAGEMENT**

November 7: DWIHN's SUD Department installed the first permanent Prescription Drop Off Box at the City of Highland Park's Justice Center on Hamilton Ave.

October 28: DEA National Rx Drug Takeback Day at provider locations and drop off sites throughout Wayne County.

October 16: Two-day event at Fellowship Chapel with the VA. We connected local vets to behavioral healthcare supports medical and dental care and expungement services.

The DWIHN Constituent's Voice Advisory Group received 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 was presented during the CMHA 2023 Fall Conference.

## **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 and IHC meet monthly for care coordination. Ten members were discussed, five members required coordination with their assigned CRSP, three members were connected. Two members 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 23 members identified as having gaps in care. Seven members needed assistance with gaps in care. One case will be carried over to November.

### **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 CRSP's in the pilot: Neighborhood Services Organization, Lincoln Behavioral, Hegira and Guidance Center. This started on June 16, 2022

DWIHN will be tracking consents that are obtained from members who have been hospitalized and comparing that to data of members discharged and if a follow up appointment was kept.

### **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.

Vitals Data has updated the HEDIS platform and has added Opioid Health Home (OHH), Behavioral Health Home (BHH) and Certified Community Behavioral Health Clinic (CCBHC) providers to the drop-down list. The HEDIS certified platform will include measures for Opioid Health Home and Behavior Health

Home by December 2023. During the month of October, the HEDIS scorecard was reviewed at 11 CRSP monthly meetings and FUH data was shared during the Program Compliance Committee (PCC) board meeting in September.

## FINANCE

DWIHN utilized a data-driven process to determine which providers would receive provider stability letters. A total of 20 providers across children, adults, substance use disorders, and clubhouse lines of business received a letter requesting their projected amount of operating loss for FY23. DWIHN issued \$16.6 million in provider stability payments to sixteen providers on November 2, 2023. This amount includes \$5.2 million previously paid to several providers earlier in the year.

DWIHN submitted a Section 236 transfer request to the Michigan Department of Health and Human Services (MDHHS). As a result, DWIHN will receive \$1,275,000 in additional General Fund to cover a projected deficit for fiscal year 2023.

Consistent with prior years, Finance will present financial statements through November 30, 2023 at the January 2024 Finance Committee meeting. No financial statements will be available in December 2023, as staff will be preparing for the annual audit.

## HUMAN RESOURCES

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

Call Center Representative (2)	Call Center
Clinical Specialist I/DD - CI	Children's Initiatives
Crisis Care Supervisor (2)	Crisis Center Operations
Peer Agent	Customer Services
Purchasing Manager	Finance
Mobile Crisis Clinician (Team Lead)	Mobile Crisis Operations
Mobile Crisis Clinician (4)	Mobile Crisis Operations
Mobile Crisis Clinician (Part-Time)	Mobile Crisis Operations
Peer Support - Mobile Crisis (Part-Time)	Mobile Crisis Operations
Peer Support - Mobile Crisis (4)	Mobile Crisis Operations
OBRA Evaluator	OBRA
Recipient Rights Investigator (2)	Recipient Rights
Residential Care Specialist (2)	Residential Services

DWIHN has selected Mr. Keith Frambro to be the new Vice-President of IT Services. Mr. Frambro was Associate Vice President of IT Services prior to his promotion.

DWIHN HR has continued its Supervisory Institute for management staff. DWIHN HR has continued contract negotiations with the GAA and AFSCME unions. As part of those negotiations, AFSCME Local 1659 agreed to an extension of their collective bargaining agreement. (Note: GAA had previously agreed to an extension of their collective bargaining agreement).

## IT SERVICES

### Business Processes

#### SUD Risk Matrix

- In the discovery stage for setting up a Risk Matrix specific to SUD CRSPs
- Identified the members and SUD CRSPs who will be accessing this risk matrix

### MichiCANS

- Participating in the MichiCANS implementation trainings/meetings with MDHHS & PCE in preparation for the soft launch scheduled for 1/1/24

### Electronic Visit Verification (EVV)

- The State has set a target implementation date of 3/1/2024 for EVV.
- Provided MDHHS with a report of all providers & fiscal intermediaries who are active with H2015 & T1005 fee schedules for welcome letters to be sent out & portals to be created.

## **Applications and Data Management**

### Henry Ford Joint Project

- Releasing Period 2 data for the Governor's award

### Provider Network Adequacy Dashboard

- Preparing provider data for integration in Quest

### Residential Assessment Analysis

- Creating analyses for assessment timeliness and claims adherence to the appropriate modifiers

## **Infrastructure / Security / IT Compliance**

### 1. Building Construction

- Woodward / Milwaukee wiring for MDF provided and indicated completed.
- Tertiary internet provider completed at Woodward.
- Additional network components received, including Firepower firewalls, from vendor, will schedule for installation.
- Woodward network components installed. Scheduling vendor configuration.
- Crisis Center IT Hardware: Full functioning configuration available for testing and evaluation in Trailer B, 707 W. Milwaukee.
- 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.
- Physical server migration RAM upgrade complete.
- 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

- Configuration of Graylog SIEM/SEM (Security Incident and Event Monitoring/Security Event Management) is continuing. (currently in addition of Alert and Log sources phase).
- Preparing for configuration changes needed to MFA, VPN, FMC, etc. for Meraki installation.
- Continuing ICO auditing response on security questioners and CAPs.
- vCISO project currently analyzing the Threat domain.
- Moving DWIHN mobile devices to Managed Apple IDs and evaluating settings needed to prevent PHI/PII risk.
- Continuing working with business units on the DWIHN BCP/DR plan.
- Analyzing risks and working with communications on website visitor tracking.
- Continue working with SAs and ITSD on role-based security implementation.

### 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.

4. Genesys Phone System

- TTEC has entered the build phase of the implementation process. “Train the Trainer” will begin 11/17/2023 with the ‘Go Live’ date for the new phone system set tentatively for 12/18/2023.
- Configuring Genesys for Azure SSO and User provisioning.

**COMMUNICATIONS**

Social Media Influencer	# of Posts	Engagement/Impressions
Detroit Youth Choir	2 Story Posts, 3 Posts	2,316 total Views/246 likes

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 October.

We are currently partnering with two new influencers, Socially Chrissy, mom living in Detroit with a young daughter with autism and Kathleen Springer who has several Facebook pages and is quite influential in the downriver communities. The Communications team believes these two influencers will help expand with these particular audiences.

**Social Media Performance Report Summary for September**

- Impressions: 50,502 **down 64.7%**
- Engagements: 4,078 **down 43.5%**
- Post Click Links: 1,558 **down 22.3%**
- Engagement Rate: 8% **up 59.4%**
- **Total Audience Growth over the last month was 15,220, up 1%.**

Media	Message	Timeline
Scripps Media, Channel 7, TV 20, Bounce	Kids in Crisis Smoking	Campaign runs all year includes social media posts and streaming
WDIV TV 4	Who is DWIHN (SUD message)	Nov/Dec
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
Global Recovery Live	SUD	Year-long

**Outdoor Media**

Between both the SUD and Communications campaigns, thousands of people see the DWIHN billboards every day and on average about two million impressions are estimated weekly.



**Local Media**

TODAY Magazine Van Buren issue focuses on the DWIHN Veteran Navigator program.



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

DWIHN participated in numerous outreach events in October, including the Interfaith Leadership Council Prayer Breakfast, Michigan Senate Senior Summit, The World Medical Relief Community Health Fair, the Southern Wayne County Regional Chamber Mental Health Forum and more.

Youth United also co-hosted a Trunk-a Treat event with Impact Youth Detroit Community Hub that supported more than 150 families.

**November 2023**

November 2: Downriver Disability Agency Expo- 5:30-8:00 p.m.

November 3: Autism in the D- Fall Festival Dance- 5:00-8:00 p.m.

November 8: Livonia Public Schools Parent Fair 5:30-8:00 p.m.

November 27: Youth United-Courageous Conversation “Parents Just Don’t Understand” – 4:00-6:00 p.m.

November 28: Stigma Busting Workshop with Detroit Youth Choir- 5:00-6:00 p.m.